TREATMENT ON DEMAND

Fiscal Year 2022-2023 Annual Report

March 15, 2024

San Francisco Department of Public Health
Behavioral Health Services

Table of Contents

I. Summary

This report reviews San Francisco Department of Public Health (SFDPH) substance use disorder (SUD) services, in accordance with the 2008 Treatment on Demand Act (Prop T). SFDPH is committed to the goal of meeting demand for treatment and is striving to increase demand for treatment among individuals not yet seeking care. It is critical to acknowledge that in San Francisco, a preliminary total of 811 people died of an overdose in 2023. Every one of those deaths is a tragedy. SFDPH is committed to aggressively approaching drug overdoses as a public health crisis. This is critical to our efforts to meet Treatment on Demand.

Funded primarily by Medicaid dollars through California's Drug Medi-Cal program and City General Funds, SFDPH's Behavioral Health Service (BHS) and its contractors offer services in alignment with Medi-Cal requirements, including residential treatment and residential step-down, outpatient treatment, medication treatment, and withdrawal management. Additional treatment is provided in other settings across the San Francisco Health Network (SFHN). SFDPH also offers low-barrier and engagement services to save lives and build rapport with people not ready to reduce or stop their substance use.

In Fiscal Year 2022-2023 (FY22-23), 4,628 individuals received a SUD service within the SFHN Behavioral Health specialty. Sixty-six percent of clients receiving specialty SUD treatment were experiencing homelessness and 44% of these clients also had a mental health diagnosis. Opioid, methamphetamine, and alcohol use disorders were the most common primary diagnoses.

SFDPH assesses treatment demand and utilization using proxy measures while working to develop stronger estimates of demand and unmet need. In FY22-23, SFDPH observed increases in admissions across most service types compared with FY 21-22, indicating an increase in demand. Wait times held steady or increased slightly over FY21-22 levels. SFDPH is also seeking better estimates of unmet need among people not currently seeking care.

To better address demand for treatment and unmet need, SFDPH expanded critical interventions in FYs 22-24, adding residential step-down, withdrawal management, and dual diagnosis beds; increasing access to medication treatment through expanded program hours and home delivery; expanding contingency management; continuing growth of the Office of Coordinated Care; and further increasing overdose prevention and response efforts.

Looking forward, SFDPH seeks to pursue the highest-impact strategies available to address unmet need and fully realize treatment on demand. These include:

- Improving wait times for care by expanding treatment beds and capacity where needed and contracting for new and as-needed services faster.
- Expanding access to highly effective treatment. This includes medication treatment for opioid use disorder and contingency management for stimulant use disorder.
- Continuing to refine use of available data and seek new data sources to improve measurement of demand and need, as well as the effectiveness of SUD services.

II. Introduction

The San Francisco Department of Public Health (SFDPH, or the Department), Behavioral Health Services (BHS) submits this report in compliance with the **2008 Treatment on Demand Act** (TOD, or Proposition T). Treatment on Demand requires SFDPH to report to the Board of Supervisors each year on its efforts to meet demand for substance use disorder (SUD) treatment. Proposition T is intended to ensure that the City has adequate SUD treatment capacity to meet the community demand for publicly funded SUD treatment.

The Treatment on Demand 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.*

This report describes SFDPH's Fiscal Year (FY) 2022-23 funding; estimates of demand; SUD treatment and service design; utilization; and outcomes. We also provide updates on services intended to engage individuals in care and respond to the health consequences of substance use, including drug overdose.

III. Overview of SFDPH SUD Treatment and Services

The goal of SFDPH SUD services is to provide treatment and care to help people improve their health and wellbeing, by increasing their access to healthcare and supporting recovery from

[1] In Prop T, medical substance abuse slots mean outpatient Opioid Treatment Program (OTP) capacity and does not include capacity for all medication for the treatment of addiction (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.

substance use disorders. The department achieves these goals by offering a range of evidence-based SUD services that are designed to meet people at different stages of change.

Figure 1. SUD Services and Stages of Change[3]

SFDPH both runs the specialty Behavioral Health Plan and provides services through the San Francisco Health Network (SFHN). SFDPH services are aligned with Drug Medi-Cal (DMC) and in order receive Medi-Cal funds, SFDPH must comply with national standards defined by American Society of Addiction Medicine (ASAM). ASAM defines SUD service types including outpatient treatment, medication treatment, withdrawal management (detox), and residential treatment, and sets standards for these services.

All SFDPH SUD treatment programs aim to help people to stop using substances. However, many individuals with substance use disorder are not yet ready to enter treatment. Nationally, less than 10 percent of individuals with SUD regularly access substance use treatment.[4] SFDPH seeks to reduce this unmet need by also offering a range of low-threshold services to build rapport with individuals and motivate them to seek treatment (see **Engagement Services** below). Such services can improve treatment engagement and reduce harm associated with substance use.[5]

Many of SFDPH's engagement services are offered by the Office of Overdose Prevention, established in 2022. Overdose prevention and response strategies are critical amidst rising overdose death rates, and support pathways to realizing treatment on demand. **Table 1** outlines the Department's strategic approach.

[3] Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 34.)

[4] Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. 2022 Dec. Available from: https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf.

[5] Substance Abuse and Mental Health Services Administration. Low Barrier Models of Care for Substance Use Disorders. Advisory. Publication No. PEP23-02-00005.Rockville, MD: Substance Abuse and Mental Health Services Administration, 2023.

Table 1. SFDPH Overdose Prevention and Response Strategies

Strategies	Actions
Prevention: education, engagement, and support	• Saturate high-risk settings with naloxone and overdose response training and connections to care. • Strengthen community engagement and social support for people at high risk for overdose.
Strengthen treatment and other substance use services	• Expand treatment access and availability, especially to medications for addiction treatment (e.g., methadone, buprenorphine), which decrease overdose mortality by 50%.
Collaborate with partners	• Implement a "whole City" approach to overdose prevention.
Reduce racial disparities	• Work closely with Black-led and Black-serving organizations to address the profound racial disparities among overdose decedents.
Inform response with data	• Track overdose trends and related drug use metrics to measure success and inform program development and change.

Service Organization and Service Types

SFDPH's San Francisco Health Network offers substance use treatment in both specialty behavioral health services (BHS) and ambulatory care programs.

Treatment Programs in Specialty and Ambulatory Care

SFDPH Behavioral Health Services (BHS) offers SUD services required by DMC. The services BHS offers are referred to as **"specialty" care, treatment, or services**, because behavioral health is a specialty outside of primary care within the SFHN (as is, for example, cardiology). SFDPH also offers SUD treatment through its Ambulatory Care (Primary Care, Jail Health and Whole-Person Integrated Care) clinics and programs.

Treatment modalities are described below.

- **Outpatient treatment**: Outpatient treatment includes psychosocial services (counseling or therapy). Contingency management is also offered in outpatient specialty and ambulatory care settings.

Contingency Management is a behavioral therapy in which positive behavioral changes – such as abstinence from drugs – are 'reinforced' or rewarded using incentives. It is the most effective treatment for stimulant use disorder and is also effective in improving health outcomes together with medications in opioid use disorder and alcohol use disorder.[6] [7] As recommended by the 2019 Methamphetamine Task Force, SFDPH is working to increase the number of programs in primary care and behavioral health offering contingency management.

- **Opioid treatment programs**: Drug Medi-Cal requires that medications for opioid use disorders (MOUD) (e.g., buprenorphine, methadone; also referred to as MAT, or medications for the treatment of addiction) be offered to people receiving treatment in all settings, as the most effective treatments for reducing death and improving health outcomes among people with opioid use disorder. Methadone is only available in Opioid Treatment Programs (OTPs) because of federal and state regulations: SFDPH contracts with seven licensed OTPs. SFDPH also offers medication for opioid use disorders (buprenorphine) through its **Office Based Induction Clinic (OBIC)**. OBIC is co-located with the SFDPH **BHS Pharmacy** at 1380 Howard Street. Buprenorphine is less regulated than methadone. SFDPH also provides buprenorphine in primary care, contracted outpatient and residential substance use disorder treatment programs, and hospitals.
- **Withdrawal management ("detox")**: Withdrawal management services are short-term interventions that aim to help individuals safely manage the effects of reduced consumption of drugs or alcohol, prior to undergoing longer-term substance use treatment. Most withdrawal management is provided in an outpatient setting, but SFDPH also offers residential withdrawal management programs, which are most appropriate for individuals experiencing moderate to severe withdrawal symptoms that cannot be managed at home or in an outpatient setting, and people experiencing homelessness (PEH). SFDPH also offers different models of withdrawal management, as outlined in **Table 2**.

[6] Bentzley BS, Han SS, Neuner S, Humphreys K, Kampman KM, Halpern CH. Comparison of Treatments for Cocaine Use Disorder Among Adults: A Systematic Review and Meta-analysis. *JAMA Netw Open.* 2021;4(5):e218049. doi:10.1001/jamanetworkopen.2021.8049

[7] Bolívar, H. A., Klemperer, E. M., Coleman, S. R., DeSarno, M., Skelly, J. M., & Higgins, S. T. (2021). Contingency management for patients receiving medication for opioid use disorder: a systematic review and meta-analysis. *JAMA psychiatry*, *78*(10), 1092-1102.

Table 2. Withdrawal management models SFDPH offers.

Social Model	Medically Supported	Medical Model
• Main goal: Physical and emotional support • Not staffed with medical personnel • Manages symptoms with counseling, therapy	• Main goal: Manage physical withdrawal symptoms that require medication • Staffed with medical and non-medical personnel • Manages symptoms with scheduled medications	• Main goal: Prevent life-threatening withdrawal symptoms • Staffed with medical personnel • Manages symptoms with medical intervention (symptoms trigger)
Provided by: Salvation Army (Harbor Lights); HealthRIGHT 360	Provided by: HealthRIGHT 360; Horizon Palm Avenue; Jail Health Services	Provided in hospitals (inpatient)

- **Residential treatment**: Residential SUD treatment occurs in live-in treatment facilities that help people to limit or abstain from substances and build life and social skills, improve coping strategies, and stabilize to facilitate wellness and recovery. Individuals typically remain enrolled in residential treatment for three months, but recent Medi-Cal changes allow for longer term treatment episodes when medically indicated. Additionally, clients are encouraged to transition to outpatient care and residential step-down programs upon completion of a residential treatment program.
- **Residential step-down (recovery transitional housing):** A transitional living facility for people experiencing or at-risk of homelessness who have completed a residential treatment program. Residential step-down (RSD) is not treatment; it provides stable housing and support for people, for up to two years, while they participate in outpatient treatment, and achieve more stability in their recovery and skills to live independently.

SFDPH also offers critical SUD treatment and linkage programs in ambulatory care and hospital settings, including:

- **Managed Alcohol Program**: SFDPH operates 15 beds at our Managed Alcohol Program for individuals who want to reduce their harm from alcohol use.
- **Bridge Clinic**: The Bridge Clinic at Family Health Center, at Zuckerberg San Francisco General Hospital (ZSFG) offers medication treatment, supportive counseling, and linkages to other SUD and other behavioral health services as needed.
- **HOUDINI LINK**: The HOUDINI Link program at ZSFG serves individuals newly starting medications for opioid use disorder while hospitalized, offering treatment initiation and linkage to follow-up treatment and case management.
- The **Addiction Care Team at ZSFG** also provides SUD treatment, starting individuals on medication treatment and providing linkage to ongoing SUD care following hospital discharge.

- **Project JUNO** serves individuals who initiate MOUD while in jail, providing incentivized case management upon release to facilitate linkage to OBIC for ongoing MOUD support.

Engagement Services

Outside of specialty, ambulatory, and hospital-based SUD treatment programs, SFDPH also offers services to save lives and help engage people in care. These include:

- **Sobering centers**: At sobering centers, individuals can spend several hours safely recovering from intoxication in a supervised setting and be offered connection to treatment. SFDPH offers drug sobering at **SoMa RISE** and alcohol sobering at the **Alcohol Sobering Center**.
- **Overdose prevention and naloxone distribution**: Overdose prevention activities include training people on how to recognize and respond to an overdose and distributing naloxone in a range of settings, with recent expansions to housing sites and entertainment venues. These training and engagements include vital information about accessing treatment.
- **Overdose follow up**: The Street Overdose Response Team (SORT) provides an emergency response to people experiencing an overdose in the community. Within 72 hours of an overdose event, the **Post Overdose Engagement Team** (POET) outreaches to draw individual into treatment and/or teach skills to prevent future overdoses. Additionally, the **HOPE (Home Overdose Prevention and Engagement)** program launched in FY22-23 with the goal of following up with housed individuals, including those in permanent supportive housing, within 24 to 48 hours of a non-fatal overdose.

Organization of Services

SFDPH provides SUD treatment and services both directly and through a network of contracted community-based organizations to provide specialty SUD treatment and services. Care and treatment for people with SUD can also be accessed in 14 SFDPH clinic settings located throughout San Francisco. In addition to specialty care, buprenorphine treatment is available across the San Francisco Health Network, including in primary care and hospital settings.

Entry into all behavioral health services (substance use and mental health) is intended to occur through multiple settings and pathways, as shown in **Figure 2**, aiming to create swift and flexible access to care. This approach is endorsed by California's Department of Health Care Services No Wrong Door policy.

Figure 2. Behavioral health services entry points.

Individuals may contact providers directly, but access is centralized through SFDPH's **Behavioral Health Access Center (BHAC)**.

Behavioral Health Access Center (BHAC)

The Behavioral Health Access Center (BHAC) helps more than 3,000 people a year get on the path to recovery. BHAC is a walk-in clinic at 1380 Howard St. where clients can be assessed, referred, and linked to treatment options. In July 2023, BHAC hours were extended to include weekends from 9 am to 4 pm. In combination with an expansion in 2022 to weekday evenings, BHAC is open from 8 am to 7 pm on weekdays and 9 am to 4 pm on weekends. It is designed as a centralized entry point that can conduct assessment, review electronic medical records for treatment history and care coordination, and make referrals and linkages to care.

BHAC is a part of the **Office of Coordinated Care (OCC)**. Launched in 2022 under Mental Health SF, the OCC manages behavioral health central access points, provides case management, care oversight, and care planning, with a focus on priority populations. Priority populations include people experiencing homelessness (PEH); two-thirds of those receiving specialty SUD services are PEH. The OCC's activities support both the delivery of treatment on demand and SFDPH's ability to address unmet need for SUD treatment.

Figure 3. Office of Coordinated Care activities and priority populations.

Access & Navigation – Information, screening, referral and direct connection to behavioral health care

- Behavioral Health Access Line (BHAL): 24/7 state-mandated/regulated call center
- Behavioral Health Access Center (BHAC): Walk-in center, open 7 days/week, for access to behavioral health services

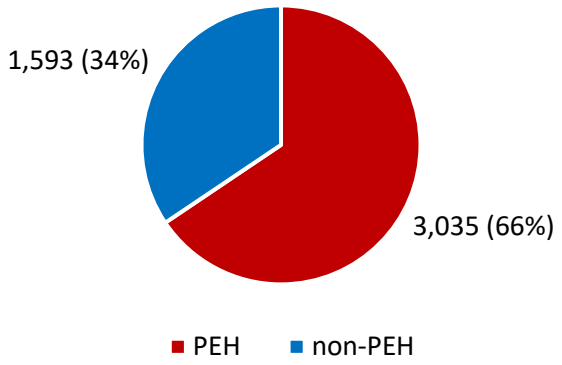
CARE Coordination – Systematic and focused services for priority populations needing engagement and connections to care.

- Priority populations include:
  - People leaving hospital: inpatient, ED, psych emergency (including 5150s)
  - People with crisis contacts
  - People leaving jail
  - People who are experiencing homelessness
  - People with high utilization of multiple systems and high behavioral health needs
  - People in homelessness/housing system: shelters, navigation centers, permanent supportive housing

SUD Treatment Capacity and Service Data

In FY22-23, 4,628 individuals received an SUD service from SFDPH specialty behavioral health care, similar to FY 21-22 (4,534).[8] Two-thirds of individuals receiving specialty SUD services in FY22-23 were people experiencing homelessness (PEH; **Figure 4**), and 44 percent (N= 2,042) also had a mental health diagnosis. These figures are also similar to FY 21-22 levels.

Figure 4. Housing status among individuals receiving specialty SUD services in FY22-23.



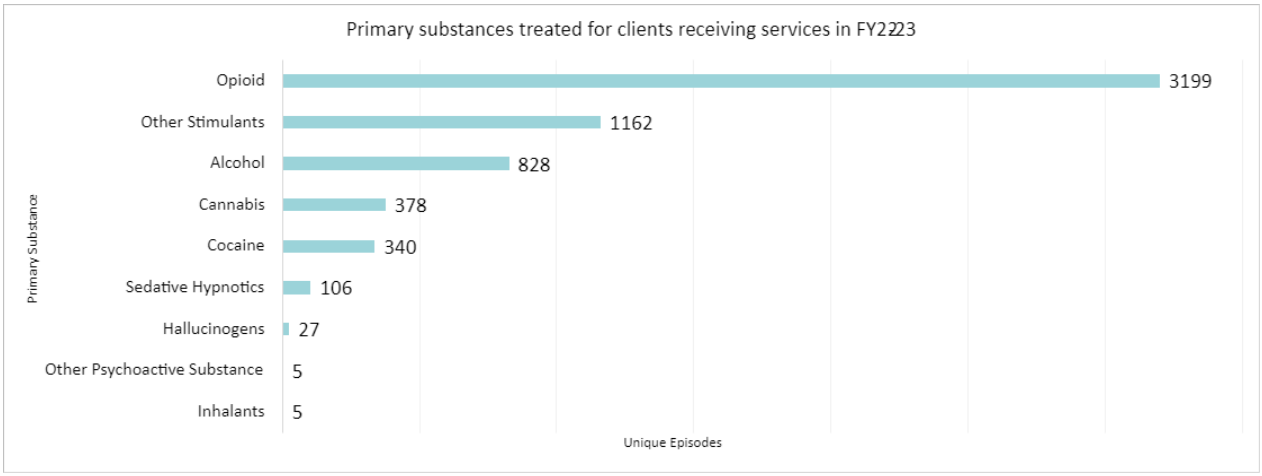
As in previous years, the majority of those receiving specialty SUD services in FY22-23 were White (42%, N= 1,955), Black/African-American (25%, N= 1,138), and Latino/a (21%, N= 957).[9]

[8] Source: Avatar substance use treatment admissions.
[9] Source: BHS Avatar data reported to EQRO, FY 2022-23.

The numbers of Black/African-American and Latino/a clients who received specialty SUD services were disproportionately large relative to their populations in San Francisco.[10] Most individuals receiving specialty SUD services were 25-44 years old (50%, N= 2,326) or 45-60 years old (31%, N= 1,444).[9]

Opioids, stimulants, and alcohol were the primary substances used among individuals who received specialty SUD treatment in FY22-23 (**Figure 5**).

Figure 5. Primary substances treated among individuals who received specialty SUD services in FY22-23.[11] [12]



Opioids (especially fentanyl), methamphetamine, and alcohol were the most common substances used among people who died of drug overdose in San Francisco in Calendar Year (CY) 2022 (**Figure 6**).[13]

[10] Census 2020: Relative San Francisco Population Size, 5% African American, 15% Latino/a, 44% White, 34% Asian.
[11] Each episode has an associated primary substance so clients with more than one treatment episode may be represented with more than one primary substance.
[12] SFDPH presentation for California Department of Health Care Services, External Quality Review Organization, September 2023.
[13] *Substance Use Trends in San Francisco through 2022.* Center on Substance Use and Health. Available at https://www.csuhsf.org/_files/ugd/91710f_ea77b3b62d81455c8143aa2f97b2d5d5.pdf.

Figure 6. Number of substance-related deaths by non-mutually exclusive contributing substance in CCSF, 2013-2022.

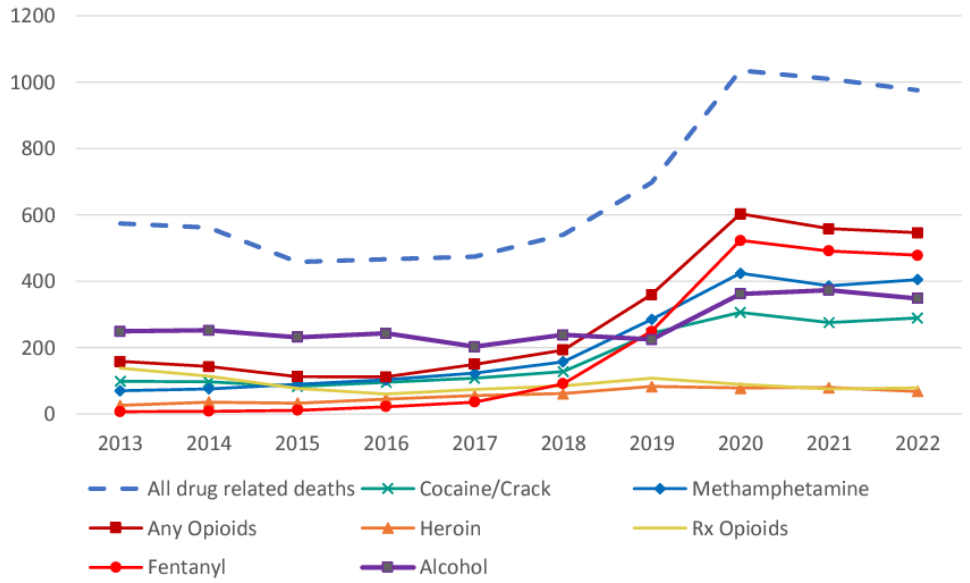


Table 3 outlines the contracted specialty SUD service capacity in FY22-23 and includes the number of unduplicated clients (UDC) subsequently enrolled (served) within each type of treatment. Most contracted SUD services are funded through Drug Medi-Cal or federal block grant dollars.

Table 3. Treatment capacity and services for FY22-23[14]

Service Type	FY 22-23 Capacity (at a single point in time)	FY 22-23 Numbers Served (unduplicated within category unless otherwise noted)
Withdrawal Management	58	1,285 [15]
Residential Treatment	246	830 [15]
Residential Step Down	271	349
Outpatient	1,424	1,454
Opioid Treatment Program (Methadone Maintenance)	4,198	2,408
Buprenorphine treatment provided across San Francisco Health Network	---	2,435
Primary Prevention – Children, Youth, and Families[16]	---	1,109

[14] Sources: https://findtreatment-sf.org/ provides point-in-time contracted capacity. Numbers served taken from Avatar substance use treatment admissions in FY22-23.
[15] May be not be unduplicated within this category.
[16] Inclusive of Japanese Community Youth Council, Horizons Unlimited, Urban YMCA, Jamestown Center, and Youth Leadership Institute. Unique individuals served include 847 children and 262 adults.

SFDPH has additional capacity of more than 1,200 beds not reflected in **Table 3** that serve individuals with mental health needs, many of whom also have a substance use disorder. These include mental health rehabilitation centers, residential, crisis, and skilled nursing beds, as well as dual diagnosis residential treatment.[17]

In FY23-24, SFDPH has added treatment capacity not reflected in the table above, described in more detail under **Section VI, Outcomes .**

IV. SUD Funding

In FY22-23, the City budgeted $91,274,936 for SUD treatment and services in specialty care (see **Table 4**). Funding sources include $27,349,344 in Medi-Cal dollars and $30,901,561 in County General Fund dollars. Drug Medi-Cal matches County General Fund dollars for most services. SFDPH also received $9,800,298 through the Substance Abuse Prevention and Treatment Block Grant (SABG) program. Funding for substance use services also includes an annual 3% increase for cost of living and cost of doing business.

Table 4. Total SUD Specialty Care Funding by Funding Source (Fiscal Years 2021-2023)[18]

Funding Source	Fiscal Year 2021-2022	Fiscal Year 2022-2023
County General Fund	$26,082,382	$30,901,561
Federal & State Drug Medi-Cal	$26,784,583	$27,349,344
Substance Abuse Block Grant	$10,224,371	$9,800,298
Proposition C	$4,817,174	$12,460,020
Grants/Interdepartmental Transfers/Other	$7,655,581	$10,763,713
Total SUD Funding Sources	**$75,564,091**	**$91,274,936**

In FY22-23, Proposition C funding supported increased access to SUD medication treatment ($3.75M), contingency management treatment ($1.0M), the Street Overdose Response Team and POET ($5.85M), SoMa Rise ($3.64M), residential step-down facilities (i.e., recovery transitional housing) ($1.15M), and risk reduction supplies ($540K). Prop C funding also supported the Minna Project ($4.7M; with Adult Probation), the Managed Alcohol Program ($4M); BHS Pharmacy expansion ($2.5M); BHAC expansion ($1.4M); and SUD treatment program navigators ($915K).[19]

Table 5 describes the funding for SUD specialty care by service type.

[17] Inclusive of mental health rehabilitation centers (locked subacute), dual diagnosis mental health, crisis residential, Hummingbird, psychiatric skilled nursing, and mental health rehabilitation/board & care beds.
[18] Reflects contracted SUD services. Does not include primary care or all Whole Person Integrated Care services. Totals include one-time carryforward on contracts and varying use of flexible sources.
[19] Managed Alcohol Program funds support Whole-Person Integrated Care (WPIC) staffing. SORT and POET staffing funded at WPIC and SF Fire. Pharmacy expansion includes expanded hours and medication delivery. SUD clinic navigators will be moved to the SUD system of care budget in FY23-24.

Table 5. Total SUD funding by specialty service type (Fiscal Years 2021-2023)

Service	Fiscal Year 2021-2022	Fiscal Year 2022-2023
Residential Treatment & Residential Step-Down	$21,865,056	$28,294,916
Withdrawal Management	$10,884,407	$8,997,808
Outpatient	$9,791,645	$10,890,629
Opioid Treatment Programs	$23,283,856	$26,169,278
SUD Prevention, Linkage & Outreach	$9,432,012	$16,751,846
HIV Prevention Services	$307,115	$170,459
Total Services	**$75,564,091**	**$91,274,936**

Treatment on Demand in the FY23-24 Budget

The FY23-24 budget reflects priorities for providing treatment on demand and working to address unmet need.

- The budget continues investments in Mental Health SF, which supports expansion of treatment for substance use disorders, including medication treatment access, residential care, and services to help people get into and stay in treatment.
- The budget also continues and enhances investments in low-threshold and engagement services to reach people at high risk for overdose who are not seeking treatment. These investments aim to reduce fentanyl and other drug-related deaths; increase support for and reduce the stigma experienced by people at risk of overdose to help them take steps to improve their health; and improve the community conditions in which drug use occurs.
- To address the City's disproportionate overdose deaths among African American people and people experiencing homelessness, the budget funds culturally congruent programs, expanded overdose prevention education, overdose prevention champions, and linkage to care.

The FY23-24 budget includes use of opioid settlement funds, first received in FY22-23 and programmed starting in FY23-24.[20] Specific settlement investments in FY23-24 focus on high-impact SUD interventions include expansion of contingency management ($1.4M), expanded use of methadone ($2.9M), naloxone distribution and overdose prevention in supportive housing ($573K), and support for Black-led and Black-serving organizations to expand and support peer-led, racially-congruent outreach and education to address racial disparities in overdose ($780K).

The Mayor has continued to reaffirm her commitment to Mental Health SF and the behavioral health system as part of her budget, despite a challenging fiscal picture for the City. The mid-year reductions proposed by the Department in response to the Mayor's FY23-24 Fall

[20] In May 2023, San Francisco announced historic settlements with pharmacy chains and distributors that totals $290 million (through FY 38-39) for their role in fueling the opioid epidemic.

instructions and accepted by the Mayor maintain the commitment to behavioral health and homelessness responses.

V. Assessing Treatment on Demand

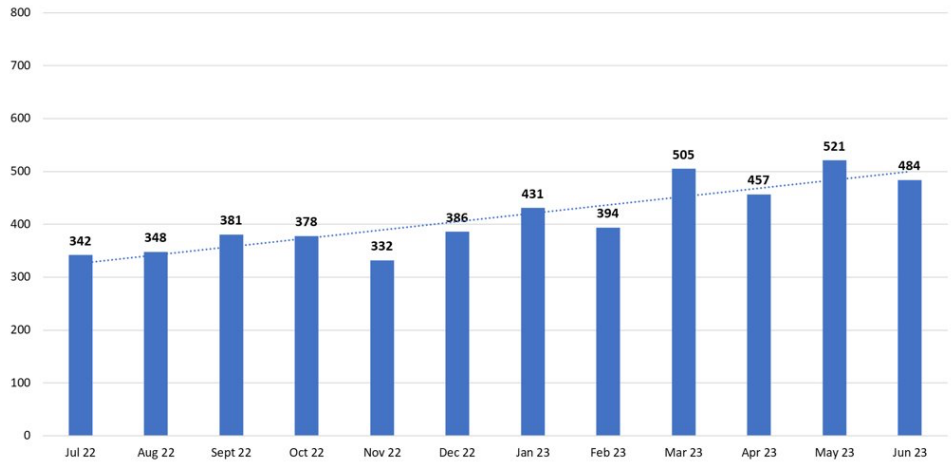
SFDPH uses several proxy measures to assess demand for treatment, including trends in treatment entry and wait times. Demand is challenging to measure. The Department is continually working to develop stronger measures of demand and better estimate unmet need among individuals not seeking care. Current measures are described below.

Estimating Demand

Specialty Care Admissions

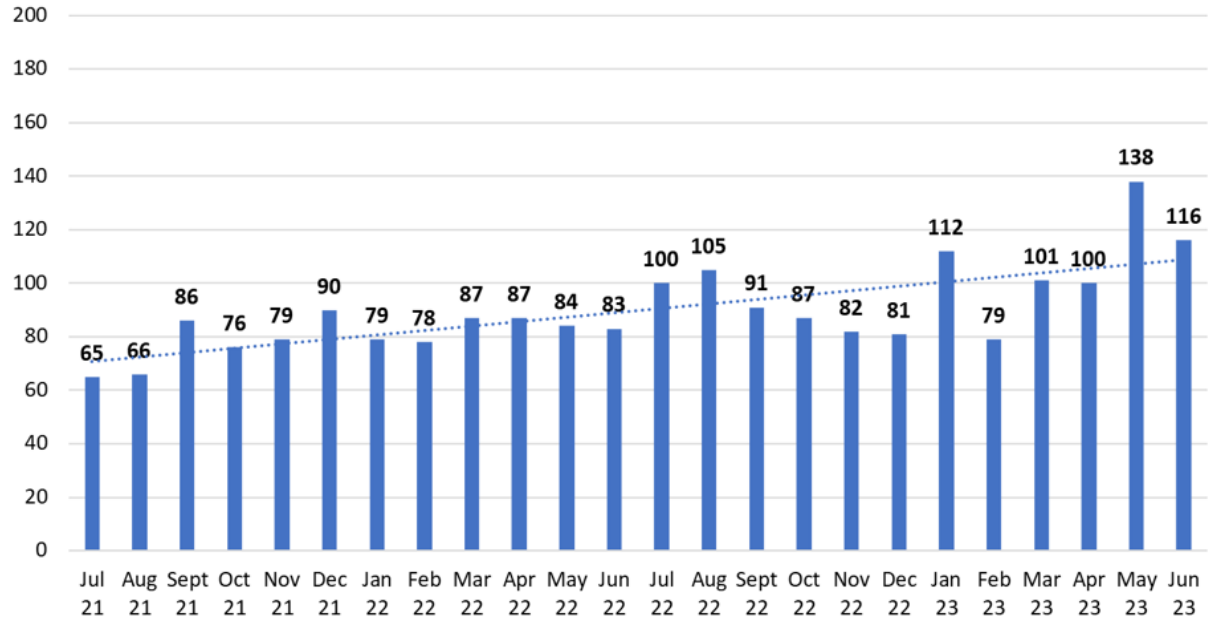
Across SUD services, FY22-23 data show an increase in admissions, especially in the second half of the fiscal year, suggesting an increase in demand. **Figure 7** illustrates increasing admissions across FY22-23, especially in the last quarter of the year.

Figure 7. Number of Specialty Substance Use Disorder Admissions Per Month, July 2022 to June 2023



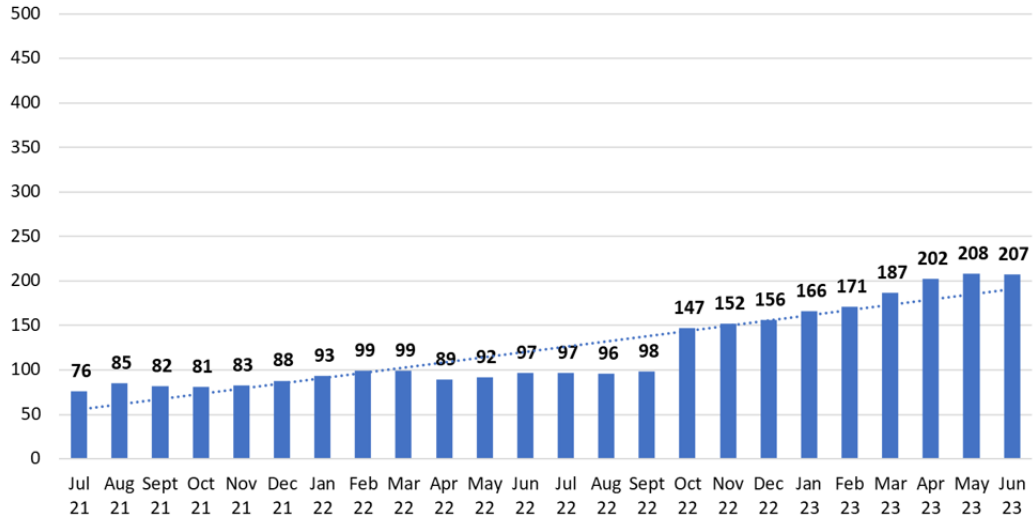
This overall increase in admissions was seen across most SUD service types. For example, **Figure 8** shows an increase in admissions to Opioid Treatment Programs for two fiscal years (FY 21-23).

Figure 8. Number of Opioid Treatment Program Admission Per Month, Fiscal Years 21-23



With the addition of 70 new residential step-down beds in March 2023, the number of clients served per month—already trending upwards—increased (**Figure 9**).

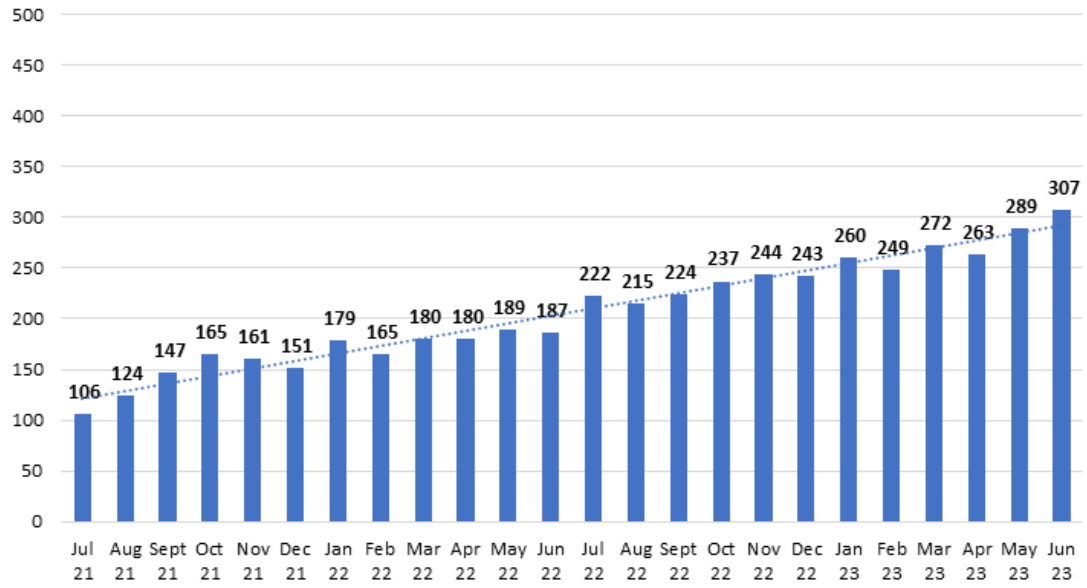
Figure 9. Unique Residential Step-Down Clients Served Per Month, Fiscal Years 2021-2023



The Office-Based Induction Clinic (OBIC), which offers medication for opioid use disorders, expanded hours of operation in June 2022, and the number of unique clients served per month increased (**Figure 10**).[21] OBIC served 328 unique patients during expanded hours alone in FY22-23.

[21] OBIC expanded hours 3-6:30 PM, Monday-Friday (except Wednesdays).

Figure 10. Number of Unique Clients Served per Month at OBIC July 2021 – June 2023



Service Utilization across the San Francisco Health Network

This report has, in prior years, reported on specialty SUD treatment enrollment among San Francisco Health Network (SFHN) beneficiaries with a SUD diagnosis. However, that metric did not account for utilization of the significant substance use services and treatment provided in other parts of the SFHN. For example, much of the City's buprenorphine is prescribed through primary care. To present a fuller picture of utilization and better track trends in substance use care, this year's report includes measurement of the number of individuals who accessed substance use services across the SFHN. In FY22-23, 14,952 unique individuals with a substance use disorder accessed services within the SFHN, including individuals receiving treatment for a condition related to their substance use diagnosis.

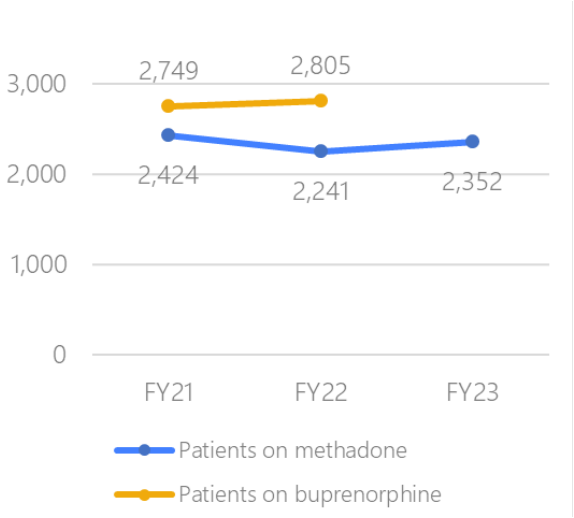
This new measure provides a baseline for future trends. The SFHN is undergoing shifts in billing data with the implementation of CalAIM[22] and is moving parts of the network onto a new electronic health record system, Epic (for more on this, see **Epic in SUD Treatment** below). With these changes, the Department will continue to revise this and other metrics to be more precise and accurate and consider opportunities for additional metrics. Substance use data is updated quarterly at https://sf.gov/data/substance-use-services.

SFDPH is also refining measurement of the utilization of buprenorphine and methadone, two medications that are highly effective at treating opioid disorders. SFDPH has invested in increased buprenorphine use, and a provides it in both primary care and specialty care. The City is also working to expand the availability of methadone, provided only in licensed Opioid Treatment Programs (OTPs) under federal and state regulations. **Figure 11** shows that the

[22] CalAIM (California Advancing and Innovating Medi-Cal) is a multi-year, statewide initiative to transform, standardize, and improve Medi-Cal services.

unique number of patients receiving these medications increased across San Francisco from FY 22 to FY23; this measure includes individuals who received these medications outside of the SFHN, showing city-wide response to demand for medication treatment for opioids.[23] The number of unique individuals receiving buprenorphine for opioid use disorder treatment increased from 2,749 in FY 21-22 to 2,805 in FY22-23.[24] The number of individuals receiving methadone increased from 2,241 in FY22-23 to 2,352 in FY23-24.

Figure 11. Number of Unique Individuals Receiving Methadone and Buprenorphine in San Francisco, Fiscal Years 2021-2023 [23]



Intake Capacity and Wait Times

SFDPH also reviews the intake capacity residential care providers report as an estimate of demand for services. Intake capacity reflects available beds with available staffing capacity to support admissions. A small degree of intake capacity is regularly needed to allow flexibility to provide beds for new admissions in a timely manner.

[23] The numbers of buprenorphine clients are calculated using prescription information from the California Department of Justice database of controlled substance prescriptions. Individuals may receive buprenorphine and methadone in the same year, and may remain on treatment for more than a year.
[24] Buprenorphine data for FY22-23 will be available in Spring 2024.

Table 6. Average Daily Intake Capacity in SUD Residential Treatment, Fiscal Year 2022-2023 [25]

Residential Treatment Capacity [26]	Average Daily Intake Capacity, FY22-23
General Residential (165)	2.3
Forensic Residential (40)	6.7
Perinatal/Women's Residential (41)	0.6
Residential Stepdown (271)	3.9
Withdrawal Management (58) [27]	6.0

In FY22-23, there was, on average, some capacity for intakes across residential categories. Withdrawal management intake capacity fluctuated due to provider transitions during the fiscal year.[27] Average intake capacity for programs serving specific populations (e.g., perinatal, forensic) reflect varying demand for these programs.

Depending on the type of data available from SUD programs, wait times may be calculated from first request for service to admission, or from an individual needs assessment (Level of Care Assessment) to admission. In FY22-23, median wait times remained steady or increased over FY 21-22 (**Table 7**). Median wait times for opioid treatment programs continued to be less than one day.[28]

Table 7. Treatment Wait Times in Fiscal Year 2022-2023

Service Modality	Median Time to Admission FY22-23	Median Time to Admission FY 21-22
Residential Withdrawal Management	<1 day	<1 day
90-day Residential Treatment	5 days	4 days
Opioid Treatment	<1 day	<1 day

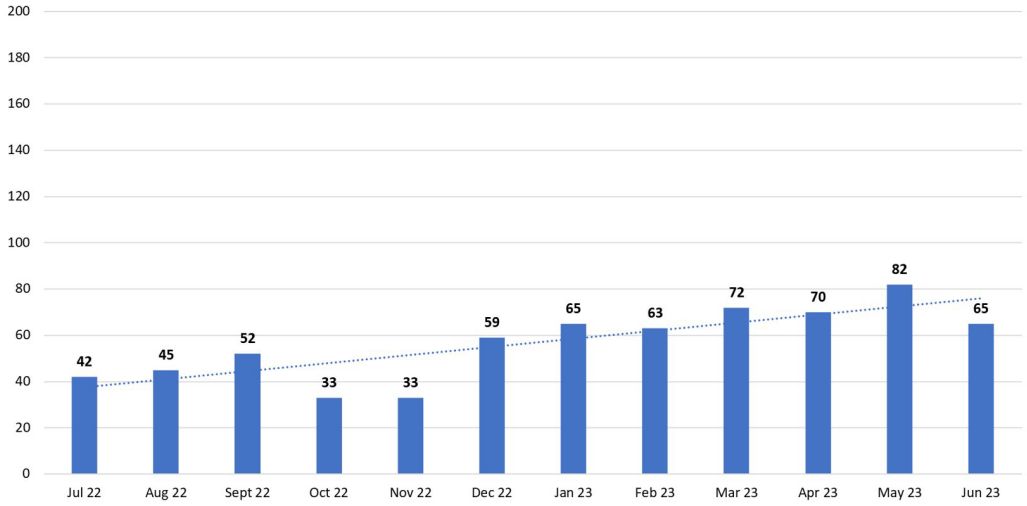
What SFDPH can currently measure for residential withdrawal management is the time from completion of an initial assessment to admission into a withdrawal management bed. For that measure, the median wait time continues to be less than one day. However, this does not

[25] Capacity totals are based on findtreatment-sf.org as of 01/08/2024. Averages that include multiple programs are weighted for program capacity and length of operation during FY22-23.
[26] General Residential inclusive of: HealthRIGHT 360, Ferguson House, Friendship House, Latino Commission Quetzal. Acceptance Place not included in General Residential due to incomplete reporting. Forensic Residential inclusive of Salvation Army. Perinatal/Women's Residential inclusive of HealthRIGHT 360 Women's Hope and Casa Aviva. Residential Step-Down inclusive of Jelani, Casa Ollin, and HealthRIGHT 360. Epiphany perinatal and residential step-down not included due to incomplete reporting (temporary partial closure). Withdrawal management inclusive of Salvation Army, Joe Healy, and HealthRIGHT 360.
[27] Joe Healy closed 11/30/22 and these beds were transferred to HR360; total number of contracted withdrawal management beds (58) remained the same.
[28] Source: FY22-23 Avatar LoC to Admission data.

capture wait prior to assessment or the number of individuals who do not complete an initial assessment.[29] SFDPH is working closely with withdrawal management providers to improve measurement of wait times from first request or referral to admission. In FY23-24, we are continuing to streamline withdrawal management admission processes. SFDPH has also contracted for additional withdrawal management beds to minimize wait times. (see **VI Outcomes**).

While median wait times for residential treatment did increase by one day, from four days in FY 21-22 to five days in FY22-23, the number of residential treatment admissions also increased across FY22-23 (**Figure 12**). We are continuing to work to decrease admission delays.

Figure 12. Monthly Residential Treatment Admissions Fiscal Year 2022-2023



Individuals awaiting admission into residential treatment may receive care in withdrawal management or outpatient programs.

In addition to its efforts to reduce residential wait times through reduction of times to assess and place clients, the Department continually pursues opportunities to expand and strengthen access to care across the SUD treatment continuum. Please see **Section VII Programmatic updates** for an overview of these activities.

Estimating unmet need

In addition to assessing demand for services, SFDPH seeks to estimate unmet need through additional data sources, to inform development of low-threshold and engagement services, as well as planning for treatment capacity. Expanded low-threshold and engagement services seek to reach people who are not seeking—but may benefit from—treatment. The goals of low threshold and engagement services are to promote behavior change and encourage people to

[29] Residential withdrawal management non-admission may occur for several reasons, often including complex medical needs other behavioral health needs that require different levels of care. In some cases, individuals choose to leave prior to assessment or admission.

engage in care. Expansion of these services may have contributed to increased demand observed for withdrawal management, residential treatment, and opioid treatment services.

Additionally, the Department recently completed an initial update to its inventory of residential treatment beds and undertook modeling to develop preliminary recommendations for the number of beds needed for 95 percent of clients to experience zero wait time. This is intended to help address unmet need among individuals seeking care, and improve capacity for additional, anticipated demand.

Under contract with SFDPH, a UC San Francisco analysis is forthcoming, to estimate the number of people who use illicit drugs in the San Francisco. Data from the California Health Interview Survey (CHIS), a state-funded telephone survey that includes questions on behavioral health needs and care, may help further quantify unmet need in San Francisco. The Department has requested—and is awaiting—local CHIS substance use data for further analysis, as publicly available data do not provide the level of analysis needed.

VI. Outcomes and Opportunities for Improvement

Outcomes

SFDPH considers measures to assess the quality and effectiveness of treatment provided. SFDPH also reports on additional quality measures to the State each year, under Drug Medi-Cal oversight.[30]

Retention in Care

Retention in treatment is correlated with positive outcomes in substance use care. In Calendar Year 2022, average length of stay in San Francisco's Drug Medi-Cal services was 247 days, which is longer than statewide averages.[31]

Client Satisfaction

In SFDPH's *Fall 2022 SUD Treatment Perception Survey* of clients participating in SFDPH funded services, nearly 92 percent of 877 survey participants indicated that they were satisfied with their treatment services provided, across domains including treatment access, quality, care coordination, and outcomes.[32] More than 88 percent of respondents indicated that they received the help they felt they needed, and over 92 percent said they were treated with respect. 2022 ratings improved over 2021 rating by up to 3 percent.

SUD Service Transitions

In addition to retention in care, SFDPH reviews available data on transitions between SUD services to assess follow-up care and provide more insight into retention in care. As addiction is

[30] Annual California External Quality Review Organization (EQRO) statewide and county reports can be found at https://www.calegro.com/dmc-egro#!dmc-reports_and_summaries.

[31] From Behavioral Health Concepts-EQRO CY2022. Statewide data available at https://www.calegro.com/dmc-egro#!dmc-reports_and_summaries/FY%202023-2024%20Reports.

[32] 91.7% of 877 survey participants rated satisfaction with SUD services at 3.5 or above on a 5-point scale.

a chronic illness, we expect that individuals may return to treatment, or transition up from lower to higher levels of treatment. Out of 654 individuals discharged from residential treatment in FY22-23, 18 subsequently returned to residential treatment, 95 went to withdrawal management, and 268 received non-residential services (e.g., outpatient).[33] Of these 268 individuals, 67 percent received their follow-up service within 7 days, and 77 percent within 30 days.

Additionally, in FY22-23, there were 1,683 withdrawal management discharges.[34] Of these discharges, 671 transitioned to residential treatment, and 132 transitioned directly to outpatient treatment programs. Those who did not transition directly to treatment include individuals who transitioned to non-SFDPH programs, those who left voluntarily, and those who were exited from withdrawal management due to active substance use. Individuals are offered the chance to repeat withdrawal management as often as needed. Many individuals may not yet be ready to seek additional treatment upon discharge from withdrawal management.

Opportunities for Improvement

The department performs continuous quality surveillance and identifies ongoing opportunities for quality improvement. The *FY 21-22 Treatment on Demand Report* discussed a PIP to **improve Spanish language capacity** in SUD treatment. Since the last report SFDPH has made significant progress building Spanish language capacity in its newest SUD programs: SoMa RISE, the Minna Project, and expanded withdrawal management and dual diagnosis beds all have Spanish language capacity. The Salvation Army Harbor Lights program (residential and withdrawal management) has increased its Spanish language capacity. SFDPH Behavioral Health Services is adding Spanish language capacity to new contracts. In 2024, the Department anticipates that a planned, 33-bed expansion to serve dually diagnosed women with criminal justice involvement will be Spanish-language competent.

VII. Programmatic updates

In FY22-23 and FY23-24, many key SUD initiatives and programs expanded or strengthened services. Highlights are described below.

Expanding Treatment and Recovery Beds

In March 2023, the Department opened 70 new **Residential Step-Down (RSD)** beds on Treasure Island, significantly expanding capacity to house individuals who have completed residential SUD treatment for up to two years. RSD provides individuals a recovery living environment while they engage in outpatient SUD treatment, seek employment, and build life skills.

[33] FY 2023-24 CalEQRO Site Reviews: SUD Assessment of Timely Access.

[34] Avatar substance use treatment discharges. Discharge data gathered from HR360, the Salvation Army, and the Joe Healy program previously provided by Baker Places, which transitioned to HR360 in January 2023.

SFDPH also expanded capacity in the **residential withdrawal management** system, adding eight new residential withdrawal management beds with medical monitoring at Horizon Palm Avenue in San Mateo, in late 2023.

While all SFDPH's behavioral health programs aim to serve dual diagnoses (individuals who have both mental health and substance use diagnoses), the Department is also working aggressively to expand the portfolio of treatment beds that can provide an enhanced service model for this population. In Fall 2023, SFDPH contracted to add 12 additional **dual diagnosis beds**, including two with Horizon Cronin House in Hayward and 10 with Center Point in Marin County.

Additionally, the **Minna Project**—a transitional care facility for justice-involved individuals with a dual diagnosis—expanded its capacity from 48 to the full 75 beds in 2023. In FY 22–23, 117 clients enrolled in the program. Of the clients who left the program in FY 22–23, 93% were considered successful exits, meaning they obtained permanent housing, completed the program in full, or graduated to another recovery residence.

Lastly, SFDPH's **Managed Alcohol Program (MAP)**, which provides a medically supervised residence for people with chronic alcohol dependency who want to reduce their harm from alcohol use, expanded capacity to 15 beds in 2023. This program served 22 unique clients in FY22-23.

Expanding Medication Treatment: A High-Impact Intervention

Medications for the treatment of addiction, or MAT, is one of the most effective strategies SFDPH can invest in to save lives and promote recovery among people who use drugs, especially those with opioid use disorder.

X-Waiver

In December 2022, the federal government lifted the Drug Addiction Treatment Act of 2000 (also known as the **X-Waiver**), which had previously required X-Waiver registration to prescribe buprenorphine. This change now allows all medical professionals with a current Drug Enforcement Administration registration to prescribe buprenorphine to treat opioid addiction. The waiver also allows clinical pharmacists with a practice agreement with a physician to prescribe buprenorphine. This is a critically important policy change in San Francisco, allowing pharmacists at the BHS Pharmacy and elsewhere to join the much-needed pool of buprenorphine prescribers.

Expanded MAT Programs

SFDPH expanded medication treatment access by increasing hours of operation, staff, and in-community treatment.

- The **Opiate Treatment Outpatient Program (OTOP) at** ZSFG serves around 700 individuals each year. It increased hours in FY22-23 and had more intakes through the summer 2023 than it did in all of 2022.

- SFDPH increased hours at **its Office-Based Buprenorphine Clinic (OBIC)** and BHS Pharmacy. OBIC added service hours 3:00-6:30 PM, Monday through Friday (except Wednesdays) and served 328 unique patients during expanded hours in FY22-23. Overall, in 2022, OBIC treated 575 patients with buprenorphine, a 164% increase from 2021.
- In FY22-23, the BHS Pharmacy began **delivering buprenorphine** to individuals who have had difficulties connecting with other treatment models for their substance use. This service includes initiation and ongoing management of treatment. This program served 97 unique individuals in 32 supportive housing facilities in FY22-23.
- The new **Maria X Martinez Health Resource Center** has treated more than 600 patients with medications for addiction treatment.
- The **Bridge Clinic at Family Health Center**, at Zuckerberg San Francisco General Hospital (ZSFG) offers medication treatment and referrals to SUD residential and other behavioral health services. In FY22-23, this program served 365 unduplicated clients.
- The **HOUDINI Link** program at ZSFG serves individuals newly starting medications for opioid use disorder while hospitalized, offering treatment initiation and linkage to follow-up treatment and case management. This program enrolled 53 individuals in FY22-23.
- **Project JUNO** serves individuals who initiate MAT while in jail, providing incentivized case management upon release to facilitate linkage to OBIC for ongoing MAT support. Project JUNO enrolled 52 individuals in FY22-23.

Expanding Contingency Management: A High-Impact Intervention

Contingency management is the most effective treatment for stimulant use disorder and is also an effective treatment for opioid use disorder. In FY22-23, Drug Medi-Cal initiated a new **contingency management pilot program**. In San Francisco, two out of three contingency management programs launched under this pilot in the last quarter of 2023. A third program will launch in FY23-24. Although several County-funded programs have provided contingency management in San Francisco for more than 10 years, the new pilot enables Medi-Cal certified providers to bill Medi-Cal for this service.

Growth in Engagement and Overdose Prevention and Response

Alongside treatment offerings, SFDPH offers low-threshold and engagement services to help address unmet need.

Engagement Services

Sobering Centers

2023 was the second year of operation for **SoMa RISE**, the drug sobering center opened under Mental Health SF.[35] In FY22-23, the program served a total of 1,699 unique individuals. SoMa

[35] More at: https://www.sf.gov/information/mental-health-sf.

RISE serves as a crucial link between street teams and services, receiving direct referrals from the Street Crisis Response Team and first responders.

In FY22-23, SFDPH's **Alcohol Sobering Program** served 317 unique individuals over more than 700 visits.

Linkage and Engagement Services

Syringe Access Services provided more than 113,000 sterile syringes to people who use drugs in FY22-23, to reduce risk of harm from injection drug use. SFDPH funds community organizations to provide syringe access and disposal. These services are an engagement point to build relationships with people who use drugs and offer life-saving overdose prevention services as well as on-site connections to behavioral health and physical health care.[36] Comprehensive services include naloxone; fentanyl test strips; HIV and Hepatitis C testing, linkage, and treatment; medication treatment; linkage to SUD treatment programs and mental and physical health care; case management, counseling, and referral; and referral and linkage to housing services.

Overdose Prevention and Response

In September 2023, SFDPH launched a publicly available **dashboard** to share data on overdose and treatment trends. Metrics are updated regularly at https://www.sf.gov/resource/2023/drug-overdose-and-treatment-data-and-reports.

Through October 2023, the Office of Overdose Prevention's **overdose recognition and response training** has been completed more than 6,000 times. Information about accessing care and treatment is provided in all overdose prevention trainings.

To prevent death from overdose, SFDPH and the DOPE Project distributed more than 135,000 **naloxone doses** in FY22-23, a 109 percent increase from FY21-22. SFDPH also installed more than 100 overdose response cabinets in supportive housing sites. SFDPH is also collaborating with HSH and the SF Supportive Housing Network (SFHSN) to coordinate overdose prevention in housing sites.

The City provides follow-up services for individuals for individuals who recently experienced a non-fatal overdose. The Street Overdose Response Team (SORT) provides an emergency response to people experiencing an overdose in the community. Within 72 hours of an overdose event, the **Post-Overdose Engagement Team (POET)** outreaches to draw individuals into treatment and/or teach skills to prevent future overdoses. In FY22-23, POET successfully reached more than 750 people to provide risk reduction education and linkage to care, and to offer buprenorphine or other treatment. Additionally, the grant-funded **HOPE (Home Overdose Prevention and Engagement)** team launched in October 2022. From October 2022 to June 2023, the team successfully engaged 207 unique individuals in housing sites.

[36] Centers for Disease Control and Prevention. Syringe Services Program (SSPs) Fact Sheet. https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html.

Growth in Care Coordination and Case Management

Office of Coordinated Care

As described earlier in this report, the **Office of Coordinated Care** plays a key role in linkage to SUD treatment by managing behavioral health central access points and providing case management, care oversight, and care planning, with a focus on priority populations including PEH, who are the majority of those served in SUD specialty care. In 2023, the OCC implemented systematic follow-up for individuals with recent Street Crisis Response Team (SCRT) encounters or 5150 holds (involuntary behavioral health holds) at ZSFG. The OCC also expanded care coordination activities, now operating six days per week. Via the OCC BEST Care Management team, services were provided to 441 clients. In March 2023, the BEST Neighborhood team, dedicated to follow-up and linkage for individuals with street encounters, had >9,292 engagements between March and December. Additionally, the Office, through case conference and coordination with other City departments, is working with highest-risk individuals, including individuals leaving hospital stays or jail.

PHACS Program Growth

Care coordination and behavioral health services have also expanded under the Permanent Housing Advanced Clinical Services (PHACS) Program. PHACS is a team of interdisciplinary healthcare professionals who provide care at permanent supportive housing (PSH) sites and is a collaboration between SFDPH Behavioral Health Services and Whole-Person Integrated Care, the Department of Homelessness and Supportive Housing, and contracted housing providers. PHACS provides care coordination and linkage to care, as well as short-term physical and behavioral health interventions and enhanced case management services. Over the past year, the PHACS Behavioral Health team has expanded clinical staffing. The PHACS team now serves 145 PSH buildings, with expansion to additional buildings planned.

Case Management Expansion

SFDPH has made focused investments in FYs 22-24 to **strengthen case management** within the behavioral health system of care. This supports SUD and mental health treatment. Investments include:

- Added funding to increase capacity and support staff retention at four **Intensive Case Management (ICM)** in 2023. ICM programs provide interdisciplinary care for people with complex mental health and substance needs.
- Opened a new ICM program in late 2023 for older adults experiencing or at risk of experiencing homelessness. Once fully staffed, this program will offer up to 100 treatment slots.
- Added **patient navigators** at ten outpatient substance use treatment programs, with the goals of keeping clients engaged in treatment and connecting them to other services.

Reducing Racial Disparities in Overdose

The overdose death rate among Black/African Americans in San Francisco is five times higher than the citywide rate. In FYs 22-24, SFDPH intensified our work to address this profound disparity. These efforts include, among others, working to establish meaningful **engagement and partnership with Black-led and predominantly Black-serving organizations** around overdose prevention. Through these partnerships, SFDPH has engaged more than 20 organizations. In FY 24, through an RFP process, SFDPH awarded funding to the Children's Homeless Network to further expand and strengthen overdose prevention among Black/African Americans in San Francisco.

VIII. Challenges

The Department faces capacity, workforce, regulatory, and data challenges that impact its ability to realize Treatment on Demand more fully.

Capacity Challenges

The City currently lacks sufficient capacity to admit individuals into treatment during the night and on weekends. Until very recently, SFDPH has not been able to quickly acquire new providers, facilities, or programs to meet updated needs, or increase the diversity of contracted providers, due to lengthy procurement and real estate processes. San Francisco often must compete with other counties and health care systems for out of county beds and may miss opportunities to competing counties and health care systems with fewer bureaucratic barriers.

Workforce Challenges

SFDPH is experiencing recruitment challenges across the behavioral health workforce, and particularly for behavioral health clinicians, for which there is a nationwide shortage. The City is working aggressively to improve hiring and retention in key civil service and contracted programs and awaits the results of staffing and wage analyses currently underway to will help inform its strategies.

Regulatory Challenges

Removal of the X-Waiver requirement significantly improved the capacity of buprenorphine programs to respond to patient needs and leverage existing staffing. However, state and federal regulations still limit the Department's ability to respond flexibly to need for SUD services and treatment, in some settings. For example, methadone is one of the most effective treatments for opioid use disorder but is still highly regulated and can only be provided by licensed Opioid Treatment Programs (OTPs), which limits the settings and methods patients can use to access this highly effective care.

Data Challenges

SFDPH needs accurate, comprehensive, and timely data to evaluate treatment on demand and plan and coordinate services but contends with data workforce and infrastructure challenges. Data analysts are among the positions that have been difficult to recruit and retain for, limiting

analytic capacity. Data infrastructure limitations include both a comprehensive shared data system that can capture a wider range of data, and sufficient provider staffing and workflows to manage data collection.

Additionally, demand can be challenging to measure with data currently available, and the Department must rely on proxy measures for demand, as described above.

Epic in SUD Treatment

Services across SFDPH are moving to the Epic Electronic Health Record (EHR) which will, for those services, allow improvements to data collection and care coordination. The mental health programs of Behavioral Health Services will migrate to Epic by May 2024. However, like other counties in California and nationally, substance use treatment programs are not able to be included in Epic due to federal regulations under 42 CFR Part 2, which imposes additional protections on sharing substance use treatment information related to substance use treatment programs. There is not currently an adequate solution in Epic that protects a client who does not consent to share their substance use treatment in the EHR.

For the time being, BHS 42 CFR Part 2 SUD programs will remain on their current EHR, Avatar. SFDPH will continue to explore other options for these programs to improve data collection and development of new metrics.

Recent Policy Changes

Recent policy changes present both challenges and opportunities for addressing unmet need for SUD treatment.

In October 2023, San Francisco launched its **CARE Court** program, which seeks to engage adults with serious mental health issues in a court-ordered CARE plan—including behavioral health services—for up to 12 months.[37] Although eligibility for this program is targeted toward people with schizophrenia and other psychotic disorders, individuals dually diagnosed with SUD are eligible.

SB43 was implemented on January 1, 2024. SB43 updates the definition of the "grave disability" necessary for involuntary psychiatric holds and conservatorship to include "severe" substance use disorder. Under instructions from the Mayor, the City has formed an executive steering committee to guide implementation, and SFDPH will adopt and implement policies to identify appropriate individuals for conservatorship.

IX. Looking Forward

Looking forward, the Department seeks to pursue the highest-impact strategies available to address unmet need and fully realize Treatment on Demand. These include:

[37] For more on CARE Court in San Francisco, see https://www.sf.gov/care-court.

Improving wait times for care by expanding treatment beds and capacity where needed and contracting for new and as-needed services faster.

New beds tentatively expected in 2024-2025 include up to 46 new beds to serve dually diagnosed individuals, and 20 stabilization beds for individuals transitioning into SUD treatment. The Department has recently undertaken an updated review of its bed inventory and needs to optimize resource use. It will use findings to inform additional decision-making on what additional treatment beds are most needed.

It is vital for the health of people with SUD that SFDPH be able to provide care that is timely and appropriate for their needs. In February 2024, the Department sought and received Board of Supervisors approval for an ordinance authorizing the Department to directly purchase services from entities that would provide behavioral health and public health residential and treatment services, waiving any competitive solicitation or local business enterprise requirements for up to five years. The Department intends to use this waiver to reduce wait times, diversify its providers, increase flexibility to place clients, and relieve administrative burden, all while maintaining commitment to transparency, reporting, and monitoring requirements. The Department is deeply appreciative of Board support for this measure.

Expanding access to treatment that evidence suggests has the highest impact. This includes medication treatment for opioid addiction and contingency management for stimulant use disorder.

As outlined under **VII. Programmatic updates**, SFDPH is already expanding access to medication treatment and contingency management. Further expansion objectives include improving access to and retention in methadone in settings including at ZSFG and via mobile sites; expanding buprenorphine treatment in BHS sites; increasing the number of programs offering contingency management; and improving referral pathways to contingency management programs.

Continuing to refine use of available data and seek new data sources to improve measurement of population demand and need, as well as SUD service effectiveness.

This year, SFDPH aims to continue to refine metrics to better reflect the scope of need and treatment provision across the SFHN. We will continue to pursue new data sources and refined metrics to better estimate unmet need and demand and improve measurement of service utilization and effectiveness within existing data infrastructure.