

January 31, 2022

## **Proposition T (Treatment on Demand Act) 2020-2021 Report**

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## I. Introduction

This report is being submitted in fulfillment of the 2008 Treatment on Demand Act (TOD), Proposition T, which requires San Francisco Department of Public Health (SFDPH) to provide adequate substance use disorders (SUD) services to meet demand for those services. The intent of this act is to assure 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<sup>1</sup> plus, the total number of individuals seeking such slots as well as the total number of filled residential treatment slots<sup>2</sup> 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. That restructuring increased reimbursement and fiscal stability and required formal assessment of medical necessity to match clients to services. Under the DMC-ODS system of care, SFDPH expanded the range and types of services provided, including services not available when TOD was chaptered.<sup>3</sup> To this repertoire, San Francisco expanded funding for low-threshold SUD treatment to increase access to on-demand care.

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<sup>1</sup> 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.

<sup>2</sup> Residential treatment slots mean Residential Treatment bed capacity.

<sup>3</sup> See Figure 1 below describing services provided under Drug Medi-Cal's Organized Delivery System of care.

This report provides an overview of SFDPH's FY2020-21 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 rising rate of drug overdose. These consequences disparately impact people experiencing homelessness, especially individuals from underserved racial and ethnic communities.

## **II. Overview of SFDPH SUD Treatment and Care Services**

In 2020 SFDPH enrolled 6,179 individuals in SUD treatment and provided prevention, linkage and low-threshold services for many more.<sup>4</sup> Overall, 70% of admitted clients experienced homeless, 46% of these clients received a mental health service, 42% were white, 28% African-American and 20% Latino/a.<sup>5</sup> The number of African-American and Latino/a clients in SUD treatment were disproportionate to their relative population in San Francisco.<sup>6</sup>

Opioids, methamphetamine, and alcohol use disorders were the primary diagnoses of clients entering SUD treatment. Opioids, methamphetamine, and cocaine were the most common substances used among people who died of SUD-related drug overdose and toxicity. During 2020, the rate of opioid related hospitalizations and overdose deaths grew almost entirely due to the impact of fentanyl.<sup>7</sup>

In FY2020-21, SFDPH's Behavioral Health Service (BHS), contracted and funded a network of 36 community-based agencies to provide SUD treatment services and programs. Serving the department's uninsured and publicly enrolled Drug Medi-Cal Organized Delivery System clients, these SUD programs include residential, residential step-down, intensive outpatient, outpatient, case management and opioid treatment services. Additional substance use disorder treatment is available through programs and services in DPH's primary care and street-based medicine programs. The department also funds a broad range of low threshold SUD outreach, prevention and emergency services through federal block grants and city general funds (e.g., Street Crisis Response team, Street Overdose Response team, Homeless Outreach team and Emergency Medical Services).

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<sup>4</sup> Source: Avatar substance use treatment admissions in calendar year 2020.

<sup>5</sup> BHS Avatar data reported to EQRO, FY 2020-21

<sup>6</sup> FY19-20 Relative San Francisco Population Size, 5% African American, 15% Latino/a, 46% White, 34% Asian

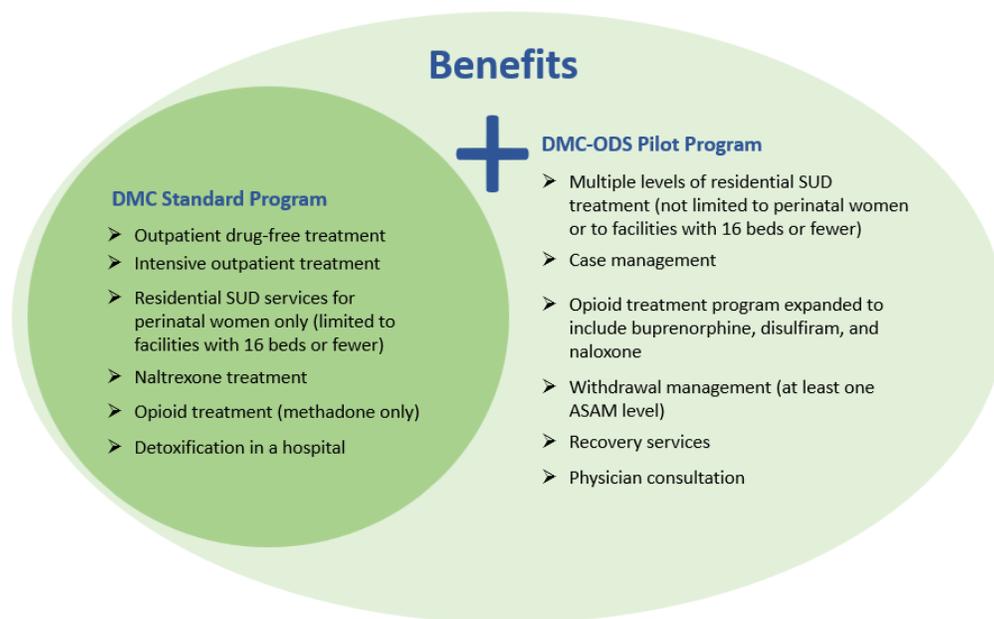
<sup>7</sup> *Substance Use Trends in San Francisco through 2019*, Center on Substance Use and Health; and *Substance Use Trends in San Francisco through 2020* accessed via <https://www.csuhsf.org/substance-use-trends-san-francisco>

The following describes SFDPH’s three SUD service domains:

### 1. Drug Medi-Cal Organized Delivery Services

Drug Medi-Cal is a primary funding source for San Francisco’s public sector 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 1). In July 2017, San Francisco enrolled in California’s expanded Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot, which 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. These new DMC-ODS treatment services include case management, withdrawal management, residential treatment, recovery services, physician consultation, and medications for addiction treatment. The goal of this expanded continuum is to provide clients the medically necessary SUD services to achieve sustainable recovery.

Figure 1. Drug Medi-Cal Standard Program and Organized Delivery System Program



### 2. 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, 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 Induction Clinic (OBIC) located in the same building as the DPH BHS-operated pharmacy at 1380 Howard Street in the South of Market neighborhood.

### 3. Expanded Low-Threshold Services for Addiction Treatment and Overdose Prevention

In 2021, San Francisco broadened access to multiple low-threshold on-demand treatment services provided outside of opioid treatment program settings. This included expanded low-threshold access to medications for addiction treatment and overdose reversals, using 1) buprenorphine for opioid use disorders, 2) naltrexone for alcohol use disorders, 3) expanded contingency management therapy for methamphetamine dependence and 4) distribution of naloxone for the reversal of opioid overdose. Additional details below:

- SFDPH's Primary Care, Whole Person Integrated Care (WPIC) and Street Medicine programs provide **low-threshold access to buprenorphine** at primary care clinics, shelters & navigation centers, syringe access sites, parks, and other non-clinical sites. On average, WPIC prescribed buprenorphine to 50 unique clients monthly across sites. WPIC partners worked closely with the BHS pharmacy to ensure patients have easy access to buprenorphine availability and pick up. In December 2021, with Prop C funding, this pharmacy added evening hours of operation to increase access.
- During COVID, BHS launched a **low-barrier telehealth pilot** to provide on-demand access to buprenorphine at the Glide Foundation (in the Tenderloin) and the BHS pharmacy (in SOMA). At these locations, clients can access handheld tablets to speak with a telehealth provider, who can remotely prescribe buprenorphine. Clients can then fill their prescription at the BHS pharmacy, or a pharmacy of their choice. Telehealth buprenorphine services recently expanded to evening hours and are currently available Monday-Friday, 8am-7pm. In 2022, these hours will be extended to include weekends.
- SFDPH also expanded use of medications for the treatment of alcohol use disorders, including the use of naltrexone in its primary care clinic and behavioral health clinics and established a **managed alcohol program** for people with very severe alcohol use disorders.
- In 2019, San Francisco's methamphetamine task force recommended **low threshold contingency management (CM)** for the treatment of methamphetamine use disorders. CM is a type of behavioral therapy in which individuals are 'reinforced', or rewarded, for positive behavioral change including reduced use of methamphetamine. In San Francisco, CM services have been available for gay, bi- and trans-sexual men and women interested in addressing their use of methamphetamine and individuals with dual

mental health and stimulant use disorders.<sup>8</sup> In 2022, CM services will expand to other populations and other parts of the city.<sup>9</sup>

- In 2021, to strengthen overdose prevention services and building on the success of the longstanding community naloxone distribution program, BHS pharmacy expanded distribution of naloxone for overdose reversal. In 2022, **naloxone will be stocked and available at all SFPDH civil and contracted clinics and programs** to add to the many harm reduction, medical care and first responder programs already distributing naloxone.

### III. SUD Funding and Treatment Capacity

In FY2021-22, the city budgeted for \$75,540,606.01 for SUD treatment and services in specialty care (See Table 1). This included \$26,308,237.54 funded through Medi-Cal and \$26,707,947.47 funded through General Funds. Additional low threshold SUD services are funded outside this system of care.<sup>10</sup> Medi-Cal and General Funds largely support contracted community-based organizations (CBO) providing SUD treatment and/or prevention programs. In addition to City funds, SFPDH receives \$13,581,057.00 through federal subsidies or prevention and treatment block grants (SABG, \$8,943,364.00). In FY 2021-22, the department received additional SUD funding to operate the SoMa RISE drug sobering center (\$3,527,0436.00) and other services for people experiencing homelessness under Proposition C. Funding for Substance Use Services also includes an annual 3% increase for cost of living and cost of doing business.

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

Funding Source	Fiscal Year 20-21	Fiscal Year 21-22*
County General Fund	\$26,477,240.02	\$26,707,947.47
Federal & State Drug Medi-Cal	\$26,308,238.00	\$26,308,237.54
Substance Abuse Block Grant	\$8,943,364.02	\$8,943,364.00
Grants/Work Orders/Other	\$9,642,947.00	\$13,581,057.00
<b>Total</b>	<b>\$71,371,789.03</b>	<b>\$75,540,606.01</b>

\*Preliminary: Contracts for fiscal year 2021-2022 have not been finalized.

Since 2018 SFPDH has billed Drug Medi-Cal for residential treatment; and since 2019, has billed Drug Medi-Cal for outpatient treatment and case management. See Table 2 for additional details. We anticipate that with additional Drug Medi-Cal revenues under California’s Advancing and Innovating Medi-Cal (CalAIM), California’s new population health reform to Medi-Cal, the department will be able to fund additional outpatient treatment, case management and residential treatment.

<sup>8</sup> Contingency management services are provided through the San Francisco AIDS foundation Positive Reinforcement Opportunity Project (PROP) and UCSF’s Citywide Case Management Stimulant Treatment Outpatient Program (STOP).

<sup>9</sup> Contingency management will expand in partnership with SF AIDS foundation, and seeks additional reimbursement from Drug Medi-Cal to further expand for CM.

<sup>10</sup> See sections II.3, V and VI.6 describing SFDHP Low threshold treatment programs and services.

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

Service	Fiscal Year 2020-2021	Fiscal Year 2021-2022*
<b>Residential Treatment &amp; Residential Step-Down</b>	\$ 22,589,760	\$ 23,069,570
<b>Withdrawal Management</b>	\$ 7,037,480	\$ 7,133,705
<b>Outpatient</b>	\$ 9,690,967	\$ 13,254,017
<b>Opioid Treatment Programs</b>	\$ 20,635,517	\$ 20,635,517
<b>SUD Prevention, Linkage, and Outreach</b>	\$ 11,070,238	\$ 11,099,970
<b>HIV Health Services</b>	\$ 43,603	\$ 43,603
<b>HIV Prevention Services</b>	\$ 304,224	\$ 304,224
<b>Total</b>	<b>\$ 71,371,789</b>	<b>\$ 75,540,606</b>

Table 3 outlines the FY 2020-21 annual contracted SUD service capacity and includes the number of unduplicated clients (UDC) subsequently enrolled (served) within those modalities. The majority of these contracted SUD services are funded through Drug Medi-Cal, with the exception of Residential Step-Down and SUD prevention programs. The lack of DMC-ODS reimbursement for non-clinical supportive services and the board and care component in Residential Step-Down services poses a challenge to maintaining and expanding these needed services.<sup>11</sup>

Table 3. Actual Unduplicated Clients Served and Contracted SUD Service Capacity for Fiscal Year 2020-2021.

Fiscal Year 20-21		
Service Modality	Actual Unduplicated Clients Served	Contracted Capacity
Residential Treatment & Residential Step-Down	900	415 beds
Withdrawal Management	1,050	69 beds
Outpatient	971	1,240 clients
Opioid Treatment	2,732	4,030 clients
SUD Prevention, Linkage, and Outreach	474	1,663 clients

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 May, 2021, these current services include 18 dual diagnosis residential treatment beds<sup>12</sup>, 143 Locked Subacute Beds, 558 Board and Care; and 157 Psychiatric Skilled Nursing Facilities. Of these, MHSF added 30 Locked Subacute Beds,<sup>13</sup> 21 Board and Care Beds,<sup>14</sup> and also 28 low-threshold respite beds at Hummingbird Valencia.<sup>15</sup> Hummingbird Valencia is a behavioral health respite center for adults

<sup>11</sup> See next Section IV below. Additional Residential Step-down beds are needed based upon utilization data.

<sup>12</sup> Ferguson Place (10 beds) and Acceptance Place (8 beds) are contracted as specialty mental health services operated by PRC/Baker Places.

<sup>13</sup> In FY2020-21, Locked Subacute beds were contracted out of county under MHSF.

<sup>14</sup> In FY2020-21, Mental Health Rehabilitation bed were contracted out of county under MHSF.

<sup>15</sup> Hummingbird Valencia is the second of two behavioral respite programs operated by PRC/Baker Places.

experiencing homelessness, 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 stabilizing treatment.<sup>16</sup>

#### **IV. Assessing Demand, Access and Utilization of San Francisco’s SUD Treatment Services**

To assess meeting our goal of treatment on demand in San Francisco, we use a number of measures. Each has strengths and limitations, and we continually work to both assess and improve both our measures and our ability to meet the goal of treatment on demand.

One measure, population specific enrollment rates or penetration rates<sup>17</sup> are used by California Department of Health Care Services to assess health network or plan’s ability to meet demand for services.<sup>18</sup>

To assess enrollment rate in SFDPH’s San Francisco Health Network (SFHN) in 2019,<sup>19</sup> we examined SUD treatment enrollment rates among 15,752 patients with an SUD diagnosed, including those diagnosed in its primary and specialty care clinics or Zuckerberg San Francisco General hospital. Of those diagnosed, 5,811 (37%) received SUD treatment through BHS-SUD services. In 2020, 4,896 (42%) of SFHN’s 11,570 patients diagnosed with SUD enrolled in BHS-SUD services (See Table 4). Additional patients received SUD treatment in primary care or through its Whole Person Integrated Care (WPIC) programs.

San Francisco’s 42% SUD enrollment rate far exceeds the 4.0-7.3% SUD enrollment rate by other DMC-ODS counties (state estimated) for 2018 and 2019, and shows improvement between 2019 and 2020.<sup>20</sup> This suggests that San Francisco admits relatively more SUD clients needing service than other counties, and far higher than the 10% rate of people with an SUD receiving treatment in national studies. Still, this reflects that the majority of individuals with known SUD diagnoses are not receiving treatment.

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<sup>16</sup> Hummingbird Valencia, located at 2601 Mission Street opened Spring 2021.

<sup>17</sup> Penetration rate is the rate of service enrollment as a percentage of a population, e.g., all San Franciscan’s, Medi-Cal eligible individuals, or people diagnosed with SUD.

<sup>18</sup> DHCS’s county service penetration rate for Medi-Cal enrollees is the most broadly reported benchmark. San Francisco’s penetration rate was 1.6%. This is nearly double the average penetration rate for all county plans (0.81%) and large county plans (0.9%). San Francisco’s Medi-Cal eligible population is 184,604. (Based upon DHCS Medi-Cal Approved Annual Claims reported, 6/29/21 for 2020-21 [not fiscal year])

<sup>19</sup> 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.

<sup>20</sup> See UCLA’s 2020 DMC-ODS Evaluation Report with Appendices, revised 7/9/2021, accessible at [https://www.uclaisap.org/dmc-ods-eval/assets/documents/2020-DMC-ODS-Evaluation-Report-with-Appendices\\_revised\\_2021-07-09.pdf](https://www.uclaisap.org/dmc-ods-eval/assets/documents/2020-DMC-ODS-Evaluation-Report-with-Appendices_revised_2021-07-09.pdf) for details and methodology. Based upon this method, an estimated 16,614 (9%) San Francisco Medi-Cal eligible individuals are estimated to have SUD in 2020, of which, SFDPH’s enrollment of 6,179 individuals represents a 37% penetration rate.

Table 4. San Francisco Health Network clients diagnosed with substance use disorder who received SUD behavioral health treatment services in 2019 and 2020. All clients matched by name and date of birth.

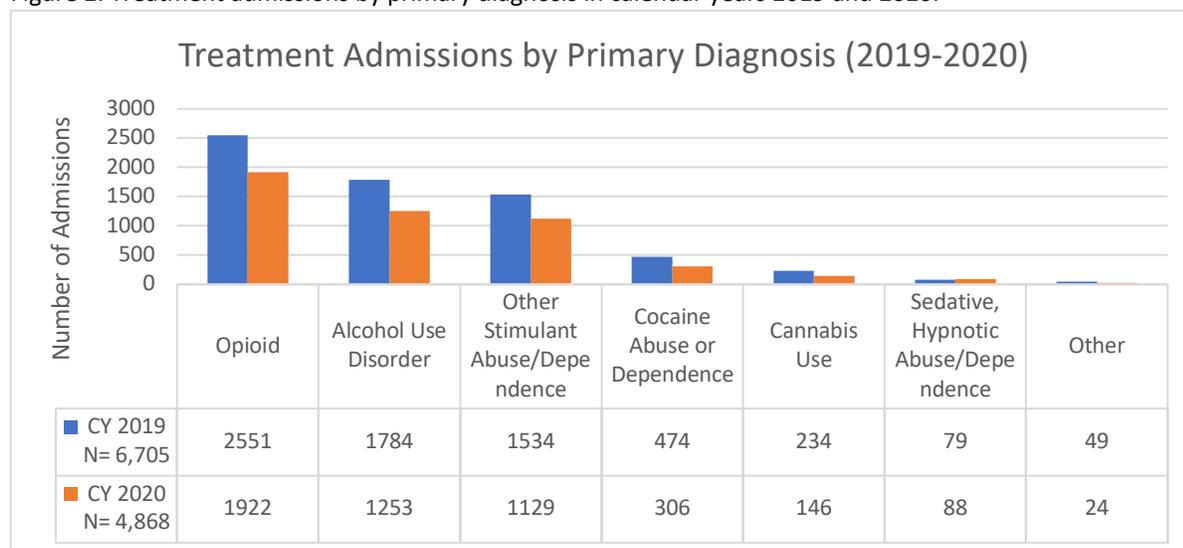
<b>SFHN Patients Who Received SUD Treatment<sup>21</sup></b>	<b>2019</b>	<b>2020</b>
Number of Patients with Substance Use Disorder Diagnosis	15,752	11,570
Number of Patients who Received Substance Use Disorder Treatment	5,811 (37%)	4,896 (42%)

We also aim to measure demand by tracking service utilization and absolute enrollment numbers. Despite the high relative service enrollment among SFHN patients with SUD diagnoses, our data show that enrollment in specialty SUD treatment decreased in 2020 (See Figure 2). We do not believe that this decreased enrollment reflects decreased community need or demand. This decrease may have been due to the COVID-19 pandemic-related restrictions on in-person care and sheltering.<sup>22</sup> During the pandemic, SUD programs moved to telehealth visits in lieu of individual and group appointments, and residential programs set aside rooms for COVID-19 isolation. We actively worked with SUD residential treatment programs on bed management to maintain open availability. We believe also that access to outpatient treatment may have decreased because of the temporary change to virtual care. Enrollment may have been offset by an increased number of clients receiving treatment in non-specialty services, such as in primary and whole-person integrated care. We also know that some people may want lower threshold services, such as in street-based or primary-care based settings or need enhanced engagement to enter treatment; for these reasons we are expanding low-barrier services, such as those funded by Prop C to meet these needs.

<sup>21</sup> SUD rates from Epic and Avatar client data matched by name and date of birth.

<sup>22</sup> In 2020, DMC-ODS utilization decreased broadly across all services throughout California. *DMC-ODS Substance Use Services Evolution in California- 2017-2021-Key Lessons Learned and Systems Improvements*, DHCS Substance Use Integrated Conference CalEQRO Meeting 8/24/21, available at <https://calegro.com/data/DMC/Presentations%20and%20Trainings/2021%20Presentations%20and%20Trainings/DHCS%20Substance%20Use%20Integrated%20Conference/Presentation%20Slides%202017%20to%202021%20DMCODS%20Waiver%20Data%20Findings%20SUD%20Conference%208%2024%2021%208-19-21%20Final.pptx>

Figure 2. Treatment admissions by primary diagnosis in calendar years 2019 and 2020.<sup>23</sup>



Finally, the Department uses wait times to measure demand for services, and specifically whether we are achieving treatment on demand. We have a number of sources of data for wait times, each with its own strengths and limitations.<sup>24</sup>

- In California Outcomes Measurement System (CalOMS) data, which reports information collected from clients by providers at the time of admission, clients reported waiting an average of 1.1 days to enter SUD residential treatment in FY 2020-2021.<sup>25</sup> This low reported wait time was enabled by directing most clients who seek residential treatment to residential withdrawal management services prior to entry into 90-day residential treatment. These non-medical residential withdrawal management services are generally available on a walk-in same or next day basis.<sup>26</sup> Once admitted, clients receive immediate services without delay, while continuing to participate in their full assessment for 90-day residential treatment, which may take longer to complete.
- In FY 2020-21, for clients who did not enter residential treatment through withdrawal management, hospital, or jail, the time from assessment to admission was longer, with an average range of 5 to 7 days during COVID-19.<sup>27</sup> Additionally, there are specific populations with more difficult access, including people with dual diagnoses and monolingual Spanish speakers. We have been working to shorten these wait times

<sup>23</sup> Avatar treatment admissions data to SUD treatment programs, regardless of whether an episode had been billed. 27% of patients in this sample did not have a primary diagnosis documented in Cal-OMS and are not reflected in Figure 2.

<sup>24</sup> 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.

<sup>25</sup> California Outcomes Measurement System (CalOMS) data is entered upon admission and discharge. The CalOMS client report data has high fidelity, consistency and is meaningfully relevant to the consumer experience. Response rate: Days Waited to Enter Residential Treatment 2020-21 (n=761)

<sup>26</sup> These non-medical withdrawal management services are provided by HealthRight 360.

<sup>27</sup> In FY2020-21, the department implemented process improvement which resulting in 83% of clients completing formal assessment within 10 days. (EQRO 2021 report)

through several quality improvement and capacity building efforts under MHSF (see Opportunities for Improvement section below).

- Specialty medication treatment for opioid use disorder had a less than one-day wait time in FY 2020-2021.<sup>28</sup>
- Residential step-down services for SUD are in need of expansion, based on SFDPH's public website [www.findtreatment-sf.org](http://www.findtreatment-sf.org). Under MHSF, SFDPH is working to expand SUD residential step-down beds urgently.

An additional important aspect of service utilization are retention and satisfaction rates. In FY 2020-21, among clients who entered SFDPH SUD services, most clients engaged in SUD treatment for longer than 90 days. This length of treatment time is associated with substantial behavioral change. The average duration of retention in DMC-ODS services was 176 days. This retention in treatment is longer than statewide averages, and significantly higher than national averages.<sup>29</sup> In BHS's 2020 survey of clients participating in SFDPH funded services, 92.7% of 802 survey participants<sup>30</sup> indicated in the SFDPH *Fall 2020 SUD Treatment Perception Survey* that they were satisfied with their treatment services provided.<sup>31</sup>

## V. Addressing the Health Impact of Substance Use

Similar to national trends, substance-use related emergency department visits, hospitalizations and overdose deaths have steadily increased over the last decade. Since 2017, in particular, overdose deaths involving fentanyl, either alone or in combination with other drugs like heroin and methamphetamine, increased exponentially (See Figure 3). In 2020, males aged 30-39 years, and Black/African Americans had the highest rates of overdose mortality, almost entirely due to fentanyl.<sup>32</sup>

Figure 3. Fentanyl-Related Hospitalizations, Emergency Department (ED) Visits, and Deaths, (2006-2020)

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<sup>28</sup> Average number of business days from Episode Opening date to first dose of NTP services for DMC-ODS clients.

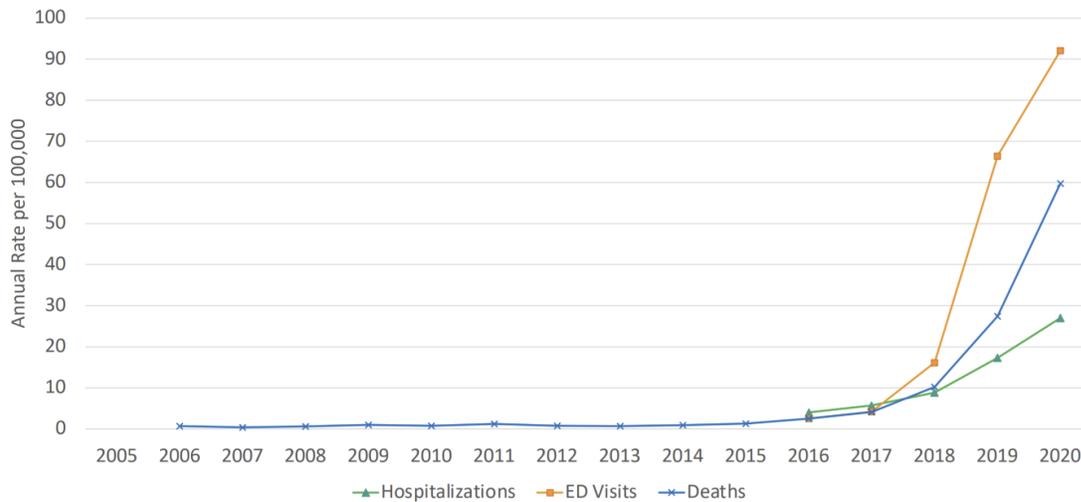
<sup>29</sup> FY 2020-21 EQRO performance report

<sup>30</sup> 92.5% of 802 survey participants rated satisfaction with SUD services at 3.5 or above on a 5 point scale. (65% response rate.)

<sup>31</sup> *Fall 2020 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/QM2020/Fall\\_2020\\_Substance\\_Use\\_Satisfaction.pdf](https://www.sfdph.org/dph/files/CBHSdocs/QM2020/Fall_2020_Substance_Use_Satisfaction.pdf)

<sup>32</sup> *Substance Use Trends in San Francisco through 2019, and preliminary 2020 data.*



### New and Expanded Overdose Response

In response to the steep rise in drug overdose deaths, as well as increasing rates of hospitalizations and emergency department visits, SFDPH added and expanded new services to address the overdose epidemic with a particular focus on low threshold treatment and other services to meet the needs of and engage individuals at risk of overdose but who may not be seeking services. Enabled by Prop C funding that began in mid-2021 to focus on people experiencing homelessness, SFDPH launched a set of initiatives to reduce overdose risk. These activities include broadened distribution and access to naloxone, the emergency medication to reverse on opioid overdose; increased low-threshold medication treatment services for opioid use disorders and overdose prevention; and active outreach and linkage of clients who have experienced non-fatal overdose through 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 Spring of 2022, SFDPH will launch the SoMa RISE drug sobering center, where individuals experiencing intoxication or drug-related crisis from methamphetamines and opioids can receive supportive care, food, showers, and services. This center will provide a safe and welcoming space and opportunities to engage and link people to ongoing care.

## **VI. Opportunities for Improvement**

Following feedback from last year’s April 2021 Proposition T hearing, the department’s ongoing quality assessment, and needed work as outlined in MHSF, the department identified six areas to improve San Francisco’s SUD services. These performance improvement projects include:

1. Improve Flow of Hospitalized Clients

2. Reduce Time from Initial Assessment to Admission into Residential Treatment
3. Improve Residential Treatment Access for Spanish Speaking Clients
4. Expand Residential Treatment and Services
5. Improve Flow of In-Custody and Justice Involved Clients into Care
6. Expand Low Threshold Treatment, Crisis and Respite Services

Below is a description of these performance improvement projects.

1. Improving Flow of Hospitalized Clients

In FY2020-2021, the SFDPH SUD team aimed to increase referrals from Zuckerberg San Francisco General Hospital (ZSFGH) to SUD services, including SUD residential treatment. BHS worked with staff from the ZSFGH Psychiatric Emergency Services (PES), ZSFGH Psychiatric Inpatient service and the ZSFGH Addiction Care Team to standardize screening, assessment and referral of patients identified with SUD.<sup>33</sup> Of 1,747 ZSFGH patients admitted and screened for possible SUD, 498 were diagnosed with SUD and 189 successfully entered residential treatment.<sup>34</sup> Among clients referred by the Addiction Care Team in 2020, 74 patients were successfully discharged from the hospital to SUD Residential Treatment, compared to 22 patients in 2019, an increase of 237%.<sup>35</sup> Once staffed in 2022, the Office of Care Coordination under MHSF will provide additional coordination to enable further improvements in hospital flow.

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

In 2020-21, the average number of days from initial assessment to admission in 90-day residential treatment ranged from 5 to 7 days.<sup>36</sup> This long process was exacerbated by restrictions in care related to COVID-19. Mitigating this delay, most clients were referred to residential withdrawal management before transitioning to 90-day residential treatment. The BHS SUD team worked closely with three residential treatment providers to reduce the number of days between the SFDPH Level of Care assessment and treatment admission. Throughout 2020-2021, the team held monthly technical assistance meetings to expedite the admissions process. By the end of FY 2020-2021, 83% of clients completed their level of care assessment and were formally enrolled in 90-day residential treatment within 10 days. In the current year, the team is continuing efforts to reduce this lag time; these efforts have been recently hampered by the Omicron Covid-19 variant.

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<sup>33</sup> 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.

<sup>34</sup> From May 2020-May 2021

<sup>35</sup> ACT data is for calendar year 2019 & 2020. Source SFDPH BHS Final FY 2020-21 DMC-ODS Quality Improvement Workplan Evaluation Report

<sup>36</sup> See discussion on access to residential treatment in section IV above.

### 3. Improving Residential Treatment Access for Spanish Speaking Clients

In San Francisco, monolingual Spanish speaking clients have difficulty accessing SUD residential treatment conducted in Spanish because there are insufficient Spanish speaking SUD counselors and only one of our contracted in-county CBO partners can provide immersive SUD residential services in Spanish.<sup>37</sup> In 2020-21, BHS-SUD expanded the use of translation services and improved and expedited SUD residential referrals for Spanish speaking clients in SF Jail. The department is exploring other solutions to this challenging gap in service.

### 4. Expanding Residential Treatment and Services: SUD Step-Down, Dual Diagnosis Residential Treatment, Sobering Center, and Crisis Diversion

As part of Mental Health SF (MHSF), the department developed its New Beds and Facilities expansion plan based on needs identified in SFDPH's Behavioral Health Services Bed Optimization Report (2019), requirements from MHSF legislation (2019), and an analysis of bed capacity as reported on [www.findtreatment-sf.org](http://www.findtreatment-sf.org). In total, the department identified the need for up to 140 residential step-down beds, 30 (thirty) dual diagnosis 90-day residential treatment beds, a drug sobering center, and 15 crisis stabilization beds. When available, each of these facilities will fill critical gaps in our service continuum by providing 1) supportive harm reduction services and engagement through the drug sobering center, 2) rapid transition through drug related crisis to stabilization and care at the crisis stabilization unit, 3) entry into 90-day residential treatment for clients diagnosed with co-occurring mental health and substance use disorder, and 4) easy transition into long-term living in a residential step-down program. The department is scheduled to open the SoMa RISE drug sobering center in Spring 2022. Program planning is underway for a crisis stabilization unit, with targeted launch in 2023.

### 5. Improving 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 and the Adult Probation Department, Pre-trial Diversion Program and the Public Defenders office to evaluate and streamline referral for justice-involved clients needing SUD (and mental health) treatment and services. Together with its inter-agency partners, SUD staff mapped the multiple ways clients enter, exit or transition from justice involved services to mental health and substance use disorder care. In 2022, we will develop assessment tools and standardize workflows to hasten referral for justice-involved clients. Once staffed in 2022, the Office of Care Coordination will have expanded capacity to individualize and manage this referral process.

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<sup>37</sup> Our primary contracted provider of SUD residential treatment services is the Latino Commission, which has programs serving in San Mateo and San Francisco Counties.

## 6. Expanding Low Threshold Treatment, Crisis and Respite Services.

In 2021, the Department increased and will continue to expand low threshold treatment, crisis, and respite services. These services are designed to address the rising rate of overdose death, especially among people experiencing homelessness. These services are developed under MHSF and largely funded by Proposition C. With these funds, the department launched street crisis response teams to respond to mental health and drug related crisis on the streets; opened Hummingbird Valencia, a mental health respite program which accepts clients with mental health and substance use disorders needing respite; opened a managed alcohol supportive housing program, for individuals experiencing homelessness and suffering from severe consequences of alcohol use; and will open the SoMa RISE drug sobering center in Spring 2022, to engage and support participants experiencing methamphetamine and other drug crisis, and to direct them towards linkage to ongoing care and treatment.

In 2021-22, the department has expanded and will continue to expand additional overdose-specific initiatives under Prop C. These include: expanding naloxone distribution for overdose prevention, increasing low-barrier use of buprenorphine treatment of opioid use disorder, and expanding approaches to actively connect people to care, including by expanding HOUDINI Link, expanding hours of methadone treatment to 24/7, and continuing the Street Overdose Response Team to connect and link individuals who have recently overdosed to treatment and other risk reduction services. These low threshold services are the departments fastest growing service domains, and represent our commitment to providing treatment on demand.

## **VII. Summary of 2020-21 Proposition T (Treatment on Demand) Report**

The intent of the Treatment on Demand Act is to assure that the City has adequate SUD treatment capacity to meet the community demand for publically funded SUD treatment, and assure that the City will not decrease funding nor decrease service capacity.

In FY 2020-21, San Francisco increased funding and expanded SUD treatment and services. Drug Medi-Cal ODS was a significant source of funding, primarily reimbursing SFDPH's licensed SUD treatment and services. These DMC-ODS services included withdrawal management, residential treatment, outpatient and opioid disorder treatment. General funds and block grants funded much of the remaining services, including low-threshold access to medications for addiction treatment, expanded availability of naloxone, and the managed alcohol program. The lack of DMC-ODS reimbursement for non-clinical supportive services and the board and care component of Residential Step-Down poses a challenge to expanding these services.

To assess whether SFDPH meets its goal of treatment on demand in San Francisco, the department uses a number of benchmarks, including measures of accessibility, enrollment, timeliness, retention and satisfaction with SUD treatment services. For some types of services using multiple measures, we believe San Francisco is meeting the goal of treatment on demand, particularly access to opioid treatment and in many cases, residential treatment.

However, there remain important gaps to meeting the goal of treatment on demand for other types of services, including Spanish monolingual care, dual diagnosis care, residential step-down care, and referrals for hospitalized and justice-involved individuals. Our efforts include filling gaps by working to expand these specific services, improving processes to access services, and finally, by increasing low threshold and engagement services, which aim to offer care to people who might not be "demanding" treatment in order to prevent overdose deaths and promote health.

Importantly, the availability of Proposition C funds and MHSF greatly expanded opportunity for SFDPH to increase access to care, including bringing low-threshold services to participants. With these funds, SFDPH engaged more people in risk-reducing care, increased access to medication treatment (24/7 access to opioid treatment; increased pharmacy hours to access buprenorphine); strengthened its continuum of care (including plans to expand residential step-down, dual diagnosis residential capacity and contingency management); and expanded activities that actively link people to treatment (HOUDINI link; addiction consult team; Street Opioid Response Team). The design and implementation of the department's overdose response plan is particularly focused on the reduction of overdose deaths among San Franciscans who are Black/African American or experiencing homelessness, whose rate of death are disproportionate to their population.

We will continue to work to improve the flow of clients from the hospital and jail into residential treatment, decrease the time to complete treatment assessments, improve language capacity in residential treatment, and increase the number of residential step-down and dual-diagnosis beds. In 2022, San Francisco is additionally poised to take advantage of reimbursement and care opportunities through California Advancing and Innovating Medi-Cal (CalAIM).