Treatment on Demand:
Fiscal Year 2023-2024 Report and 2025 Updates

Board of Supervisors Public Safety and Neighborhood Services Committee

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Agenda

- Breaking The Cycle and SFDPH Roadmap
- Key Updates and Priorities

Breaking the Cycle

Treatment on Demand and the SFDPH Roadmap for the Behavioral Health Crisis

Treatment on Demand requires that SFDPH *"…maintain an adequate level of free and low-cost medical substance abuse [sic] services and residential treatment slots commensurate with the demand for these services."* *

SFDPH has a **roadmap to address the behavioral health crisis** and create a more structured, integrated system of care, which will help meet the goal of Treatment on Demand.

*Section 19A.30, Chapter 19 of the San Francisco City & County Administrative Code

An Epidemic and Crisis

We have an epidemic of untreated or insufficiently treated mental illness, substance use disorder, and homelessness in San Francisco, and we are now taking a more holistic approach.

- Two people die a day, on average, from overdose deaths.
- We have a public health crisis for individuals on the street and for the health of our communities.
- We have a patchwork of services that is fragmented and hard to navigate. Too often, we fail to connect people to what they need, when they need it.
- We don't have enough beds or treatment capacity, and we don't have enough flow through the system (stabilization, treatment, step down, housing).
- We don't have enough drop-in or drop-off capacity to help stabilize folks, connect individuals to treatment, and help them get off the streets.

Tackling San Francisco's Behavioral Health and Homelessness Crisis

Our goals

Build a more responsive and proactive behavioral health system of care that will help move people quickly from the streets into effective treatment and sustained recovery

Reduce fatal overdoses and reduce disparities in overdose rates across the city

SFDPH Roadmap for the Behavioral Health Crisis

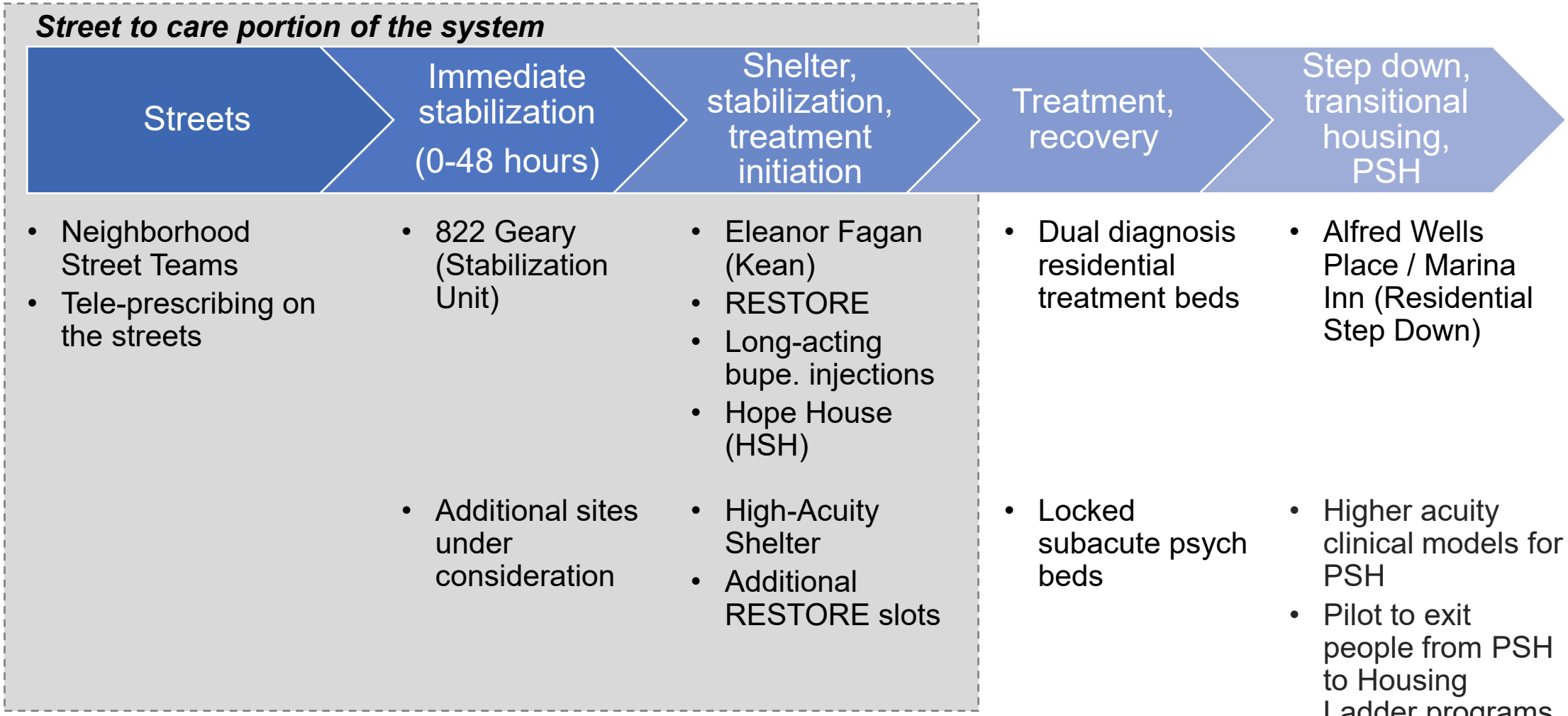
1. **Expand Treatment Beds and Services –** We need to expand treatment beds and services, at the right levels of clinical intensity, including more clinical care in shelters
2. **Accelerate and Simplify Entry to Care** – We need to more quickly connect people to treatment and stabilization services, whenever someone needs or is ready for treatment
3. **Support People To Progress Through Care** – We need to do a better job being "sticky" – supporting people to engage and stay the course through evidence-based treatment and recovery – without falling through the cracks
4. **Restrict Distribution of Safer Use Supplies** – We are requiring that the distribution of safe use supplies be paired with counseling and connections to treatment, better balancing our public health obligations to both those in crisis and our broader community
5. **Build a Comprehensive Pathway to Recovery** – We need all the tools in the toolkit, ranging from low-barrier stabilization to recovery-oriented treatment and step-down services, to help everyone on the street move forward
6. **Prevent overdoses** – We need to continue overdose prevention efforts, especially in permanent supportive housing, through culturally congruent programs, and by moving upstream in care

Key Updates and Priorities

Updates and Priorities to Discuss Today

1. Proactively moving individuals from the streets to care
2. Expanding behavioral health stabilization, treatment and recovery capacity
3. Providing rapid access to medication treatment and contingency management
4. Improving system flow and “stickiness”

1. Proactively Moving Individuals From the Street to Care: Recent Expansions and Updates



DPH expects to open >400 treatment beds and capacity across the continuum between 2025-28

1. Proactively Moving Individuals From the Street to Care: Neighborhood Street Teams

- **Neighborhood Street Teams (NSTs)** became citywide May, 2025; streamlining and coordinating street response across five neighborhoods. Cross-departmental collaboration among DPH, SFFD, HSH, DPW, DEM, SFPD, and HSA.
- SFDPH's Street Health focuses on **"Shared Priority"** clients, with coordinated care planning and resource alignment for individuals with complex medical, behavioral, and substance use needs, **alongside targeted general street outreach**
- Integrated teams are leading to **more success quickly placing people** in shelter and treatment and **being able to stabilize** medical and behavioral health care needs.
    - Shared priority clients are linked to ongoing treatment, shelter, and housing, including residential treatment, intensive or enhanced case management, permanent supportive housing, conservatorship, and substance use treatment.

1. Proactively Moving Individuals From the Street to Care: Improving 5150 Coordination

SFDPH is working to **improve coordination around involuntary behavioral health holds (5150s)** to support clear coordination, referrals, and successful engagement in ongoing care.

Efforts include:

- Improving **standard work for referrals** to behavioral health care from the hospital
- Developing workflow to ensure coordination and follow up for **shared priority clients**
- **Establishing best practices** for assessing holds in the emergency room to incorporate clinical information from the community and assess ongoing needs and grave disability
- Ongoing meetings with private hospitals to support **system wide alignment and coordination**
- Improving **rate of follow-up** after involuntary holds
- **High acuity shelter**

1. Proactively Moving Individuals From the Street to Care: Getting Treatment Quickly Through RESTORE

RESTORE addresses 3 structural issues…

- **Quick, 24/7 pathway from the Street to Treatment** for interested individuals
- **Low-barrier access** for individuals historically not willing or unable to navigate treatment
- **Combines Shelter and Treatment** by offering a bed with the requirement to begin treatment
- **About 80% of all clients started medication treatment.** Others opted for other forms of treatment or exited.

…through a Care Model with 6 core elements

1. **Immediate, 24/7 access to services** to get someone off the Street
2. **Requirement to enter treatment** by agreeing to a structured treatment plan to enter program and receive a bed
3. **Gold-standard MOUD** (Medication for Opioid Use Disorder) **service**, i.e., buprenorphine or methadone treatment
4. **Daily case manager meetings** required to assertively and proactively support progress into longer-term treatment and recover
5. **Enhanced on-site daytime programming** in partnership with **structured outpatient treatment**
6. **Proactive discharge planning** and warm handoffs into next level of care, including treatment and recovery services

2. Expanding Behavioral Health Stabilization, Treatment and Recovery Capacity

SFDPH has 415 treatment and care beds budgeted to open from 2025 to 2028, and ~140 beds in planning. Since January 2025, SFPDH opened new programs with capacity for ~220 new beds toward this goal.

Recovery-Oriented Beds

- **Eleanora Fagan Center (Kean Hotel)**: 72 respite beds (Opened August)
- **Wells Place (Marina Inn):** 62 recovery housing beds (Opened September)
- **Harbor Lights:** 21 substance use treatment beds (Expanded July)

Crisis & Treatment

- **Emergency Stabilization Unit**: +16 beds (Opened April)
- **Psych Skilled Nursing Facility expansion**
- **Locked Treatment expansion** (out-of-county)

In the Pipeline

- **2 Dual Diagnosis programs** +20 beds
- **Locked Subacute bed expansion (ZSFG campus)** + ~90 beds
- **Residential Substance Use Treatment Expansion (Treasure Island)**
- **Board & Care Expansion**

2. Expanding Behavioral Health Stabilization, Treatment and Recovery Capacity: Capital Grants - Prop 1 & Other State Grants

$88 million in state capital funding for behavioral health projects awarded to SFDPH since 2022.

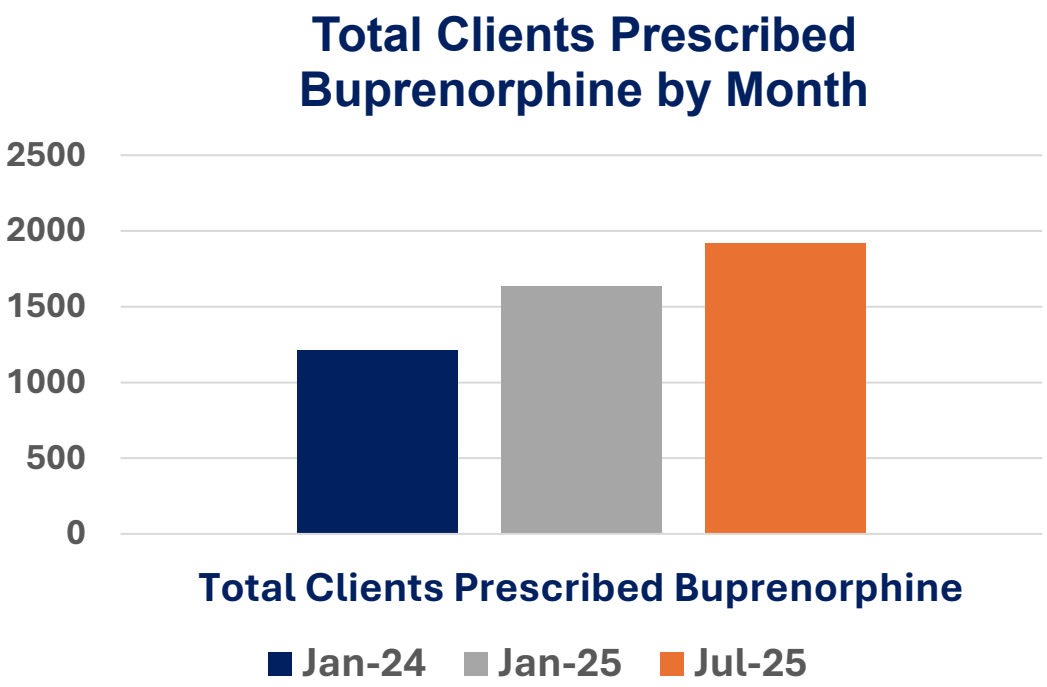
Includes **$27.6 million** in round one of state funding for behavioral health capital projects under Proposition 1:

- $6.3 million to reopen 333 7th Street as a **16-bed enhanced dual diagnosis** (mental health + SUD) treatment facility – opening 2026
- $21.3 million to support expansion of ~90 **new locked mental health rehabilitation center (MHRC) beds** at Zuckerberg San Francisco General Hospital – opening 2027

SFDPH will also apply for additional Prop 1 behavioral health capital funds at the end of October.

333 7th Street (formerly Jo Ruffin Place)

3. Providing Rapid Access to Medication Treatment: Buprenorphine



The number of individuals prescribed buprenorphine each month (including new starts) has increased:

- **20%** as of July 2025, compared to January 2025
- **55%** as of July 2025, compared to January 2024

Innovative new initiatives drove increases: **Our new telehealth program for buprenorphine treatment** provides proactive street outreach using night navigators and immediate access to buprenorphine via telehealth,16 hours/day 7 days/week.

Retention in care at 6 month is ~30%.
Aiming to **increase retention on buprenorphine** by:

- Shifting to long-acting, injectable buprenorphine where possible
- Expanding the **RESTORE program.**

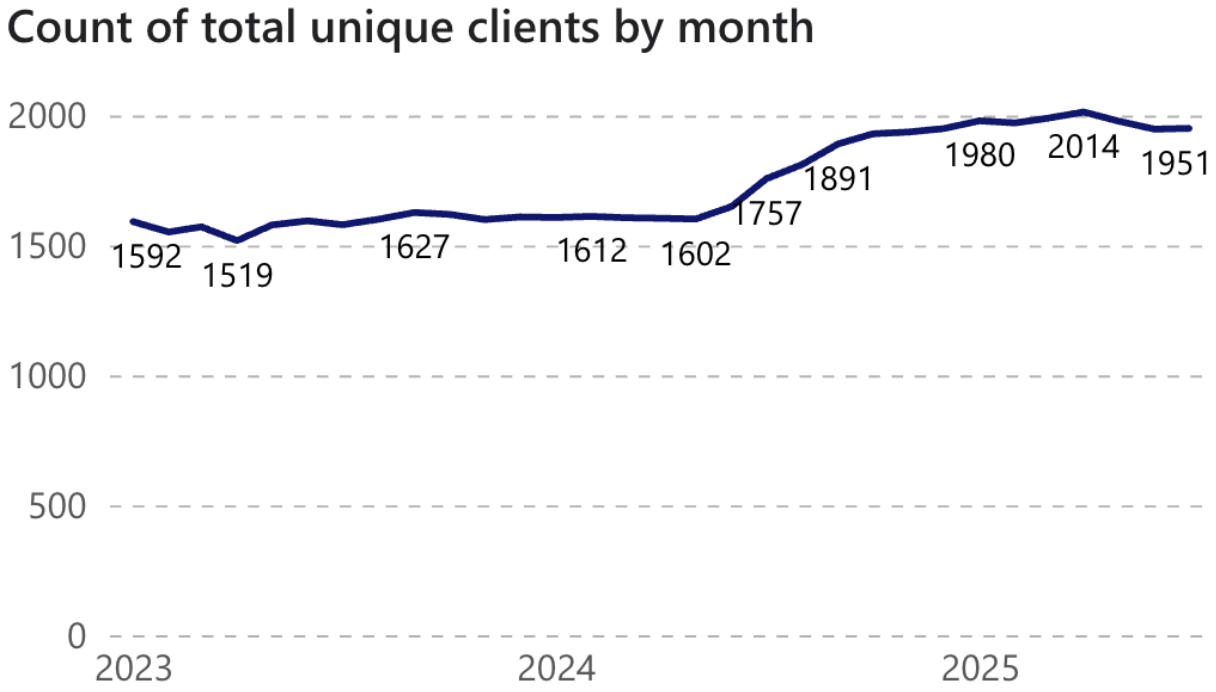
3. Providing Rapid Access to Medication Treatment: Methadone

More people are engaging in methadone treatment.

- **16% increase in total methadone clients** in Calendar Year (CY) 2024, compared to CY 2023.
- **32% increase in new methadone admissions** in CY 2024, as compared to CY 2023

Key methadone priorities to increase retention:

- Implementation of new flexibilities made possible by SFDPH co-sponsored legislation (AB 2115)
- Contingency management pilot programs at clinics
- Navigation supports for getting people into methadone treatment
- Clubhouse model for people on methadone



3. Providing Rapid Access to Medication Treatment: Increasing Effective Contingency Management Treatment

Contingency Management (CM) is the most effective, scientifically proven treatment for stimulant use disorder.

- Provides immediate, tangible rewards (e.g., a gift card) to individuals to incentivize positive behaviors (e.g., clean urine sample, treatment attendance).
- Rewards are paired with regular visits with a provider.

By December 2025, we **aim to increase CM clients by 25%** compared to last year.

- SFDPH has **expanded contingency management to 12 programs**, including 4 under a Medi-Cal pilot.
  - From May 2023 through June 2025, **73% of urine tests at the Medi-Cal programs were negative for stimulants.**

Further expansion of Contingency Management

- Five additional programs planned by end of 2025.
- **Integrate** CM into San Francisco Health Network Primary Care and other settings

4. Improving System Flow / "Stickiness": Moving Into A Structured, Integrated System of Care

Currently, SFDPH has **415 treatment and care beds budgeted to open** from 2025 to 2028, as well as **~140 beds in planning**.

System Entry	Crisis / Emergency / Drop-in / Drop-off	Shelter / Stabilization / Treatment Initiation	Treatment / Recovery	Step-Down / On-going Recovery / Permanent Supportive Housing
Street Teams **First responders** **Connection or referral** from CBO, case manager, or health care provider **Walk-ins**	**Hospital** (ED, PES) **Crisis Stabilization beds** (Geary, Dore) **Law enforcement drop-off sites** (diversion) **Sobering centers** Short-term **drop-in / respite** (Hummingbird) DPH **BH Access Point** **(~40)**	**Withdrawal management** **Stabilization beds** (RESTORE, Kean) **Medication for addiction treatment** (street health, MOUD clinic) **Emergency shelter** with **shelter health** **Hotel vouchers** **(~220)**	**Locked inpatient psych unit** **Locked sub-acute treatment** **Residential treatment** **Medication for addiction treatment** **Ongoing outpatient treatment** (contingency mgmt., therapeutic interventions, ACT) **(~190)**	**Residential Step Down** / transitional housing **Board and care** **Permanent Supportive Housing** **Permanent** (subsidized) **housing** **Permanent** (affordable) **housing** **Rapid Rehousing** **Housing Ladder** **(~100)**

Note: DPH is partnering with other departmental partners who are expanding housing capacity and flow

Effective case management and peer supports to help navigate the system of care

Transition to ongoing Primary Care, outpatient Behavioral Health services, and/or Housing

Indicates areas for expansion of beds, slots, or services

Thank you

Additional Slides

Updates: Estimates of Demand and Unmet Need

Specialty Substance Use Disorder Services in FY24-25

5,711 people treated for substance use disorders

4,074 (71%) of people served were experiencing homelessness

2,494 (44%) of people served also had a mental health diagnosis

2,607 (46%) of people served were White

1,157 (20%) of people served were Black/African American

1,230 (22%) of people served were Latino/a

Top 5 Substances Treated

- Opioids
- Other stimulants
- Alcohol
- Cocaine
- Cannabis

16,804 individuals received a substance use service, including specialty and San Francisco Health Network care. This is a **15% increase** over FY23-24.

Specialty Substance Use Services Budget and Funding

Total Specialty SU Budget	Fiscal Year 2023-2024
Total	$106,434,929

- **Drug Medi-Cal** matches County General Fund investments for the majority of these services. Other funding sources include Substance Use and Prevention Block Grant, Proposition C, and grants and work orders.
- 34% of budget is City general fund and 14% from Proposition C. **52% is state and federal.**
- In FY23-24, the largest service investments were in **residential treatment and residential step-down** ($38M) and **opioid treatment programs** ($25M).

Includes contracted substance use services. Does not include funding for substance use services outside BHS.

More Served in FY24-25 Across Specialty Substance Use Service Types

Service Type	FY 24-25 Numbers Served*	Percent Change Over FY 23-24
Withdrawal Management	1,463	+ 5.6%
Residential Treatment	1,146	+ 10.2%
Residential Step Down	501	+ 14.7%
Outpatient	1,851	+ 4.6%
Primary Prevention – Children, Youth, and Families	1,258	+ 5.8%

* Unduplicated within categories.
** Measured from Level of Care assessment to admission

Developing Estimates of Unmet Need

SFDPH contracted with UCSF to model the number of people who use opioids or stimulants in San Francisco. This estimate may inform treatment capacity planning and development of low-threshold and engagement services.

- Preliminary results (2025) estimated the size of the **population served by SFDPH** who uses illicit drugs to be **approximately 15,000**.
- When the model also included **people who likely have commercial insurance**, results estimated the number of people who use illicit drugs to be **approximately 37,500.**
- This model does not tell us whether someone has a clinical substance use disorder diagnosis or how severe their use is.
- Many of the individuals in these estimates are already in treatment for their substance use disorders.

Next steps: SFDPH will use these estimates and other data to further estimate unmet need, considering the number of people already receiving treatment, the severity of the substance use disorders, and the desire to seek treatment.