

Review of San Francisco's Drug Court Program

Board of Supervisors Public Safety and Neighborhood Services Committee

May 14, 2026

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Agenda

- SFDPH Role in Drug Court
- Clients Served in Drug Court
- Trends
- Improvements

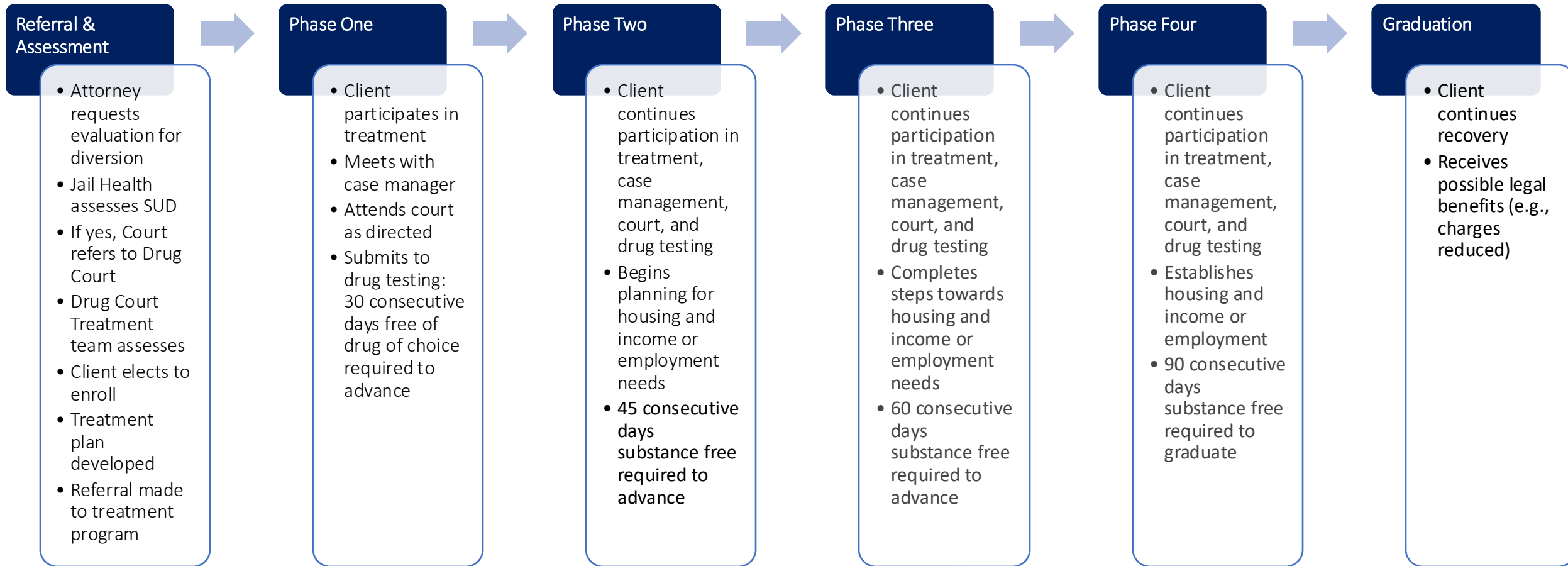


SFDPH Role in Drug Court

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- **San Francisco's Drug Court** (established 1995) is a collaborative court program that allows individuals who are arrested and assessed to have a substance use diagnosis to participate in treatment with regular court appearances, in lieu of other penalties. **Participation is voluntary.**
- SFDPH role:
 - **Jail Health Services** evaluates individuals in custody for behavioral health disorders.
 - If referred to Drug Court, the **Behavioral Health Services** Drug Court Treatment Center (DCTC) team conducts additional assessments and establishes and supports a treatment plan, including referral to treatment programs and ongoing case management.

Drug Court Continuum



- SFDPH DCTC supports clients across referral and assessment and four program phases prior to graduation.
- Clients appear in court every 2-4 weeks and must petition the Court for phase advancement.
- The Court may offer clients incentives (e.g., remote court appearances) or sanctions (e.g., bench warrant) based on program adherence.
- Clients who are terminated from or voluntarily exit Drug Court are sent back to criminal court for trial.

Drug Court Treatment Center Staffing and Service Model

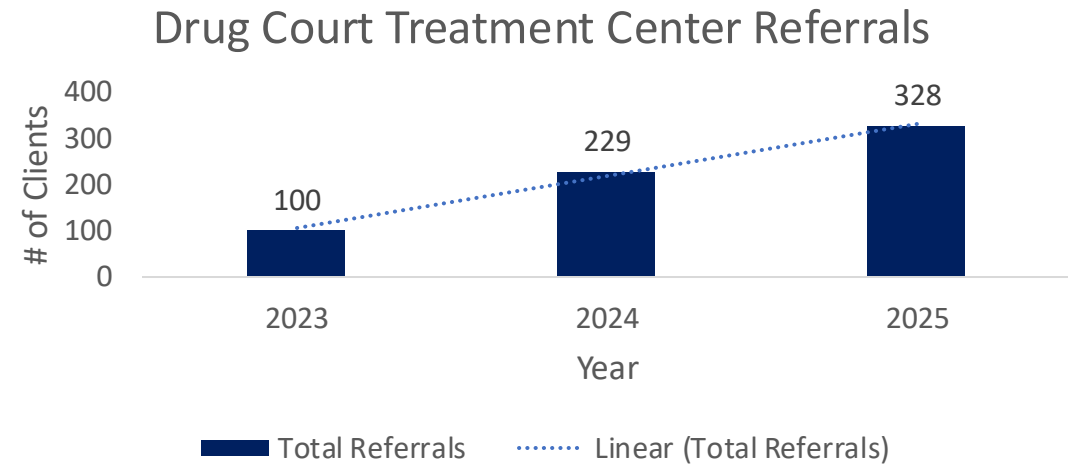
- The SFDPH DCTC is staffed by a program manager (clinician) and 6 case managers. Case manager assignment depends on program phase and needs.
 - 2 behavioral health clinical case managers (more complex clients)
 - 2 Certified Alcohol and Drug Counselors (higher caseload)
 - 2 Health Workers (lower caseloads)
- This team is designed to serve up to 260 clients per year. There is no limit to the number of referrals the Court may make to the program.
 - As of May 2026, current caseload is 420.
- DCTC case managers:
 - Meet with clients once every 1-2 weeks depending on program phase
 - Services include clinical assessment, treatment planning, case management, linkage and referral, drug testing
 - San Francisco's Drug Court program follows established national standards for drug courts
- SFDPH treatment programs:
 - DCTC Case managers coordinate with residential treatment program providers to review progress and adherence
 - Expect Drug Court clients to meet treatment participation standards

Clients Served in Drug Court

Referrals

Referrals to the DCTC have been increasing. As of May 2026, **DCTC is serving 420 clients.**

From 2023-2025, **DCTC staffing has remained flat** and is intended to serve **260 clients/year.**



- Most Drug Court clients **need residential treatment placement** due to housing status.
- There is no priority treatment referral for Drug Court participants: our goal is for everyone to receive timely access to care.
- Drug Court participants may have **complex needs** (e.g. complex medical) or histories (e.g. arson).
- For clients in custody: discharge planning requires close collaboration with criminal justice and community partners. Time to placement in treatment depends upon many steps that must be executed by these stakeholders.

Program Exit

- In 2023, the average Drug Court participant **remained in the program for about 14 months**, inclusive of graduates and non-graduates.
- Year over year, **about 10 percent of Drug Court clients graduate** from the program.
- Apart from program completion, clients may leave Drug Court for a variety of reasons, including:
 - Change in eligibility (e.g., higher level of care needed)
 - Non-compliance
 - Self-discharge
- Participation in Drug Court is voluntary and **the rate of self-discharge is high**. We need to do a better job being “sticky” to keep clients connected to treatment.
- **Additional staffing or reduced caseloads would allow the DCTC to invest more in retention**. As caseloads increased from 2023 to 2025, the average number of client contacts decreased from ~60 per year to 40 per year.

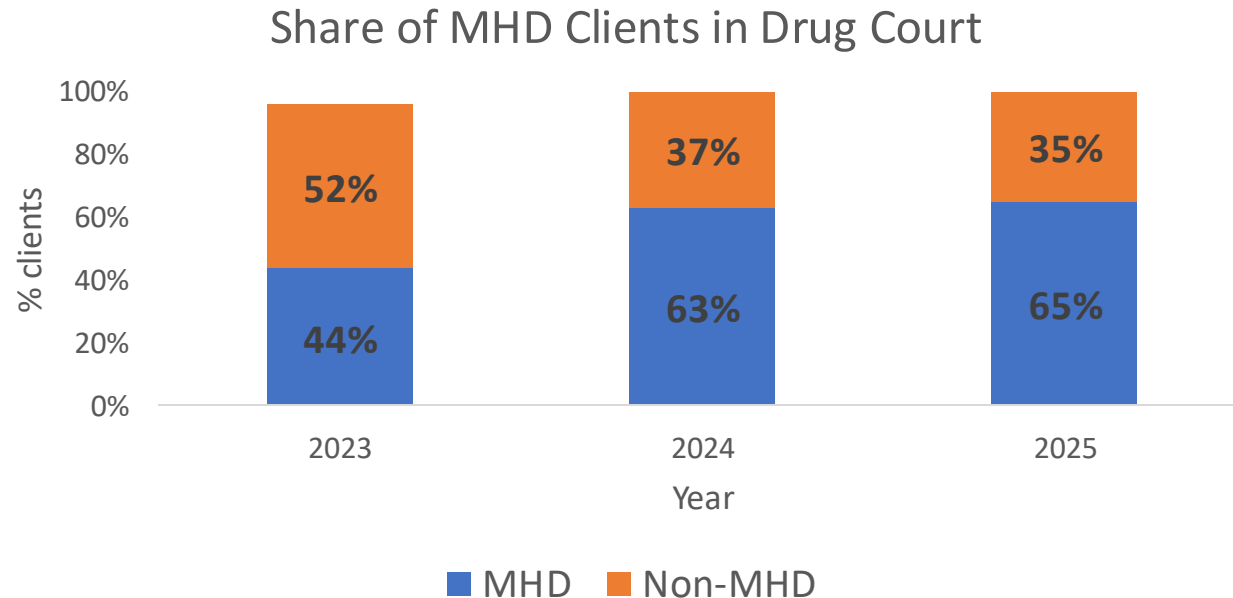
*2023 data used as clients enrolled in 2024 and 2025 may still be in Drug Court.

Trends: Impact of Mental Health Diversion

Impact of Mental Health Diversion

- Expansion of Mental Health Diversion (MHD) has resulted in increases in the number of clients that may be assessed for Drug Court eligibility.
 - The number of unduplicated clients with court dates calendared at Drug Court jumped from 378 in 2024 to 785 in 2025. Current caseload at DCTC is 62% over staffed capacity.
- MHD expansion has increased both assessment burden and caseloads for the DCTC team, resulting in decreased client contacts and delayed data collection.
- The Drug Court and MHD models are different: Drug Court is a collaborative court; MHD is not.

The proportion of MHD clients enrolled in Drug Court has increased.



Improvements

Improvements Needed

- We need to continue to work closely with our criminal-legal partners to improve program referrals and align Drug Court and MHD models.
- To improve retention and program completion with current capacity additional staffing is needed.
 - Additional staffing needed includes clinicians and health workers, with increased capacity to serve monolingual Spanish speakers.
- Efforts to increase capacity across the behavioral health system will help to accelerate entry into treatment for Drug Court participants, especially expansions in residential treatment and placement options for complex needs.
 - Recently, SFDPH has added:
 - 21 new withdrawal management and substance use treatment beds at Harbor Light (July 2025)
 - 62-bed residential step-down / sober living at Wells Place (September 2025)
 - SFDPH expects to add:
 - 16 new beds of Dual Diagnosis Treatment (est. opening 2027)
 - 44 new beds of residential substance use treatment and residential step-down / recovery housing (est. opening 2028)

Thank you