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Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Public Safety and Ngbh Services

Date: October 9, 2025

Board of Supervisors Meeting:

Date: _____

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| ☒ | ☐ | <u>Treatment on Demand Annual Report FY23-24</u> |
| ☒ | ☐ | <u>FYI Referral 051325</u> |
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Prepared by: Monique Crayton

Date: October 3, 2025

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Date: _____

Prepared by: _____

Date: _____



City and County of San Francisco
Daniel L. Lurie
Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

Annual Treatment on Demand Report, FY23-24 and the Roadmap Ahead to Advance a Unified Behavioral Health System for San Francisco

Dear Honorable Members of the Board of Supervisors and Staff,

As the Department of Public Health submits the FY 2023-24 Treatment on Demand Report and as Director of Health for the City and County of San Francisco, I want to thank the Mayor's Office, Board of Supervisors, Health Commission, and partner departments for their collaboration and commitment. San Francisco is at a critical turning point in its response to behavioral health and substance use challenges. We have an epidemic of untreated or insufficiently treated mental illness, substance use disorder, and homelessness in San Francisco. The status quo has failed to deliver the outcomes our city needs—we must act with greater urgency, coordination, and accountability.

The attached report reviews the Department's substance use services in FY 2023–24, as required by the 2008 Treatment on Demand Act (Proposition T). Looking ahead, the FY 2024–25 report will reflect the Department's new Behavioral Health Roadmap—a unified, results-driven strategy to expand access, strengthen care, and build a comprehensive recovery system for all San Franciscans.

The Department has launched an ambitious, outcomes-driven Behavioral Health Roadmap to build a system that is faster, more connected, and more accountable—one that meets people where they are and supports them through every step of their recovery journey.

This roadmap is centered on six strategic priorities:

- **Expand Treatment Beds and Services** at the right levels of clinical intensity, including shelters and residential care.
- **Accelerate and Simplify Entry to Care** by creating rapid, direct pathways from street to treatment.
- **Support People to Progress Through Care** by ensuring continuity from crisis to recovery.
- **Pair Safer Use Supplies with Proactive Linkages to Care**, connecting harm reduction efforts directly to counseling and treatment.
- **Build a Comprehensive Pathway to Recovery**, from low-barrier stabilization to housing and support.
- **Prevent Overdoses** by strengthening outreach, intervention, and access to evidence-based care.

This roadmap is more than a plan—it is a commitment to action. We are accelerating access to care by creating clear, rapid pathways from street outreach to treatment. We are expanding capacity and scaling up 24/7 access to drop-in, drop-off, and residential services. We are enhancing clinical services in shelters and permanent supportive housing, and we are ensuring people don't fall through the cracks by strengthening "stickiness"—supporting individuals across crisis, stabilization, treatment, and long-term recovery.

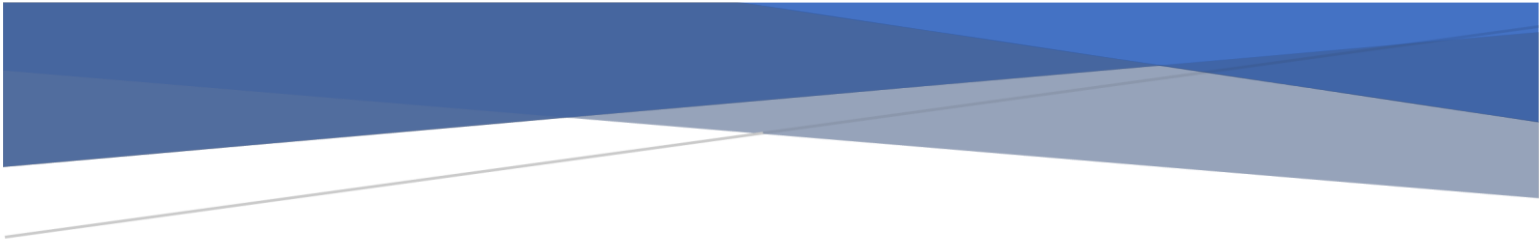
At the heart of this work is a shift from a fragmented system to a unified, person-centered model. One that leverages evidence-based practices, and coordinated care to save lives and create real, lasting stability for our most vulnerable San Franciscans.

We invite you to stand with us as we implement this work. Together, we can transform how San Francisco delivers behavioral health care—turning crisis into connection, and disconnection into sustained recovery.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Tsai", with a stylized flourish at the end.

Daniel Tsai
Director of Health



TREATMENT ON DEMAND

Fiscal Year 2023-2024 Annual Report

San Francisco Department of Public Health
Behavioral Health Services

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I. Summary

This report reviews San Francisco Department of Public Health (SFDPH) substance use services in Fiscal Year 2023-2024 (FY23-24), in accordance with the 2008 Treatment on Demand Act (Prop T). SFDPH is committed to the goal of meeting demand for treatment, with seamless access to care, and is striving to increase demand for treatment among individuals not yet seeking care.

SFDPH is also committed to aggressively approaching drug overdoses as a public health crisis, which is critical to our efforts to meet Treatment on Demand. We know there is much more work to do to prevent further loss of life and support individuals with substance use issues on the path to wellness and recovery. In the coming year, SFDPH will continue to scale key interventions already underway under the [2024 update to the City's Overdose Prevention Plan](#), which aims to reduce fatal overdoses citywide; reduce disparities in fatal overdoses with a particular focus on the Black/African American community, people experiencing homelessness, and people living in supportive housing; and increase the number of people receiving medications for opioid use disorder (MOUD) and other high impact treatments. Notable overdose prevention and response accomplishments from FY23-24 to the present include:

- A 32% increase in new methadone admissions from January to December 2024, compared to the 2023 calendar year.
- A 32% increase in the number of clients who received buprenorphine in the San Francisco Health Network in FY23-24, compared to FY22-23
- The March 2024 launch and subsequent expansion—of a new, on-demand telehealth program to connect people who use opioids with medications for opioid use disorder (MOUD). In its first nine months of operation, this program served 1,923 individuals, half of whom began MOUD.
- In the first 9 months of 2024, there was a 33% increase in the number of people participating in contingency management, which is the most effective treatment for stimulant use disorder. SFDPH has increased to 10 contingency management programs, with more planned for 2025.

SFDPH assesses treatment demand and utilization using proxy measures while working to develop stronger estimates of demand and unmet need. Across SFDPH's substance use services, we saw increases in admissions and numbers of individuals served in FY23-24. Drug Medi-Cal-funded residential treatment admissions increased 35% in FY23-24, while outpatient treatment and opioid treatment program admissions increased by about 25% over FY22-23 admissions.

To better address demand for treatment and unmet need, SFDPH continued to expand key interventions in FYs 23-25, including the addition of treatment and transitional recovery beds and leading applications for state funding to support the development of more than 50 substance use disorder and enhanced dual diagnosis treatment beds, among other projects.

Clinics including Zuckerberg San Francisco General's Opioid Treatment Outpatient Program continued to expand services and hours to improve access to substance use treatment, while SFDPH also continued to expand options to deliver street- and housing-based care. Efforts included tripling the number of street health workers and adding behavioral health clinicians to street teams; telehealth medications for opioid use disorder treatment; home medication delivery to people in permanent supportive housing; and the full expansion of the Permanent Housing Advanced Clinical Services (PHACS) Program, bringing physical and behavioral health care and case management to all site-based permanent supportive housing. SFDPH continues to invest in access and care coordination: SFDPH's Office of Coordinated Care (OCC) served over 8,500 distinct individuals in FY23-24. Despite a nationwide shortage of behavioral health professionals, SFDPH has successfully hired more than 45 new behavioral health clinicians, case managers, and other team members to staff the OCC.

Additionally, in early 2025, SFDPH received a preliminary estimate of the size of the population that uses substances in San Francisco, providing a foundation for further analysis to better assess unmet need for treatment within this population.

SFDPH has worked aggressively since the last Treatment on Demand report to address capacity, workforce, policy, and data challenges, with real progress. Going forward, SFDPH continues to pursue the highest-impact strategies available to address unmet need and fully realize treatment on demand. These include:

- 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 substance use 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 treatment and services. Proposition T is intended to ensure that the City has adequate capacity to meet the community demand for publicly funded substance use 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 slots¹ plus, the total number of individuals seeking such slots as well as the total number of filled residential treatment slots² 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) 2023-2024 funding; estimates of demand; treatment and service design; utilization; and outcomes. We also provide programmatic, policy, and strategic updates in the City's efforts to prevent and respond to overdose, provide treatment, and promote recovery.

III. Overview of SFDPH Substance Use Services and Coordinated Overdose Response

SFDPH substance use services (SUS) aim to provide treatment and care to help people improve their health and wellbeing, by increasing their access to healthcare and supporting recovery. The department achieves these goals by offering a range of evidence-based substance use services that are designed to meet people at different stages of change.

Figure 1. Substance Use Services and Stages of Change ³



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.

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.)

SFDPH Behavioral Health Services provides health services that treat serious mental illness and substance use disorders and operates the specialty Behavioral Health Plan for San Francisco County. Additional behavioral health services are provided within the San Francisco Health Network (e.g., in primary care, Whole Person Integrated Care, and in SFGH). As a managed care plan, SFDPH must adhere to state standards for the delivery of substance use treatment services. Approximately 60 percent of the specialty substance use services budget is comprised of Medi-Cal dollars and local matching funds. To draw down these Medi-Cal dollars, SFDPH must comply with national standards defined by the American Society of Addiction Medicine (ASAM) and adopted by the California Department of Health Care Services. ASAM defines substance use service types including outpatient treatment, medication treatment, withdrawal management (detox), and residential treatment, and sets standards for these services.

All SFDPH substance use services aim to help people to stop using substances and move on the path to wellness and recovery. However, many individuals with substance use disorder are not yet ready to enter treatment. Nationally, only about one-quarter of individuals with SUD accessed treatment in 2023.⁴ SFDPH seeks to increase readiness to enter treatment by also offering a range of outreach, engagement, and low-threshold services (see **Engagement and Street Care Services** below) to build rapport with individuals, mitigate harm from their substance use, and build motivation for treatment.⁵ SFDPH also participates in inter-agency, collaborative efforts to provide coordinated, proactive care and services to people who use drugs and are experiencing homelessness.⁶

SFDPH's treatment and engagement services are offered in alignment with the San Francisco Overdose Prevention Plan (see **Overdose Prevention and Response Strategies and Initiatives**, below). Overdose prevention and response strategies are critical to saving lives, engaging individuals in care, and realizing treatment on demand.

Service Organization and Service Types

SFDPH offers substance use treatment in all care settings including specialty behavioral health programs, ambulatory care programs (e.g. Primary Care, Jail Health, and Whole Person Integrated Care), and Zuckerberg San Francisco General Hospital, in addition to providing outreach and engagement, access and navigation, and street-based services.

⁴ Substance Abuse and Mental Health Services Administration. (2024). 2023 Companion infographic report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP24-07-020). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-2022-2023-nsduh-infographic>.

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.

⁶ For more, see <https://www.sf.gov/street-care>.

Treatment Programs in Specialty and Ambulatory Care

SFDPH Behavioral Health Services (BHS) offers substance use treatment required by California Drug Medi-Cal. The services BHS offers are referred to as “**specialty**” care, **treatment, or services** because behavioral health is a specialty outside of general primary care (as is, for example, cardiology). SFDPH also offers substance use services 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), medication treatment, and contingency management.
 - **Contingency management:** Contingency management is an outpatient behavioral therapy based on psychology principles of learned behavior 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, together with medications, is also effective in improving health outcomes in opioid use disorder, alcohol use disorder, and tobacco use disorder.^{7 8}
- **Opioid Treatment Programs:** SFDPH offers medications for opioid use disorders (MOUD) under Drug Medi-Cal requirements. MOUD is the most effective treatment for reducing death and improving health outcomes among people with opioid use disorder. Methadone is only available in licensed Opioid Treatment Programs (OTPs) and in limited clinical settings for a 72-hour period because of federal and state regulations. SFDPH contracts with seven licensed OTPs. SFDPH also offers buprenorphine—a medication less regulated than methadone—through primary care, specialty outpatient and residential substance use treatment programs, hospitals, and the **Office Based Induction Clinic (OBIC)** co-located with the SFDPH **BHS Pharmacy** at 1380 Howard Street. The SFDPH Behavioral Health Services Pharmacy makes **MOUD deliveries to supportive housing sites** in the Tenderloin and SoMa districts. SFDPH also now offers street-based, **on-demand telehealth consultations** to initiate MOUD for anyone in San Francisco and in partnership with outreach navigators for individuals experiencing homelessness.
- **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 specialty care 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, or for individuals who do not have a

⁷ 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

⁸ 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.

supportive environment to experience withdrawal. SFDPH offers several different residential withdrawal management options for individuals experiencing mild-to-moderate withdrawal. Severe or complicated withdrawal can be life threatening and needs to be treated in an inpatient hospital setting with 24-hour medical staff, frequent monitoring, and instant access to intravenous medications. All residential withdrawal management programs provide 24-hour supportive care with peers and can safely support people with mild-to-moderate withdrawal in stopping substances and taking medications for withdrawal symptoms. Program may provide additional nursing and other medical staff on site and can be certified to provide services for medical conditions associated with substance use.

- **Residential treatment**: Residential substance use treatment occurs in live-in, abstinence-based treatment facilities that help people abstain from substances, build life and social skills, and improve coping strategies to facilitate wellness and recovery. Time in residential treatment varies based on individual need and can range from 30 days to six months. Clients are encouraged to transition to outpatient care and residential step-down programs upon completion of a residential treatment program.
- **Residential step-down (recovery housing)**: Residential step-down (RSD) is a transitional living facility that helps people transitioning from residential treatment to independent living. RSD provides stable housing and support for people for up to two years while they participate in outpatient treatment, strengthen their recovery, and build independent living skills.

SFDPH also offers critical substance use services in ambulatory care and hospital settings, including:

- **Whole-Person Integrated Care**: SFDPH's Whole-Person Integrated Care (WPIC) provides primary care, urgent care, and behavioral health clinical services to people experiencing homelessness, including walk-in, on-demand services at the **Maria X Martinez Health Resource Center**.
- **Primary Care**: Primary Care behavioral health services are available to patients who are enrolled at a San Francisco Health Network primary care clinic.
- **Managed Alcohol Program**: SFDPH operates 20 treatment slots 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 drop-in, appointment based, and telehealth medication treatment, contingency management, supportive counseling, and linkages to other substance use and mental health services, as needed.
- **Addiction Care Team at ZSFG** also provides substance use treatment, starting individuals on medication treatment and providing linkage to ongoing 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.
- **Jail Health**: For individuals in jail with substance use treatment needs, SFDPH Jail Health

Services offers MOUD and psychosocial services.

Engagement and Street Care Services

In the last two years, SFDPH has more than tripled its number of street health workers and significantly expanded options to connect with individuals who use substances and are not in treatment, offering both on-the-spot healthcare and services to facilitate treatment initiation and entry.

Street Care Services

SFDPH—in partnership with the Department of Emergency Management (DEM), San Francisco Fire Department (SFFD), and the Department of Homelessness and Supportive Housing (HSH)—participates in a citywide **street care network** of crisis, rapid response, and planned outreach efforts that aim to increase connections to care and improve street conditions. Within this network, SFDPH and its contracted partners provide behavioral and physical health care and case management. All street care services aim to build trust, coordinate care, link to treatment and other services, and provide pathways to stabilization. Team members include behavioral health clinicians; peer specialists; addiction medicine, psychiatric and medical providers; nurses; and health workers.

Historically, SFDPH street teams have included two targeting overdose response: the **Street Overdose Response Team** (SORT), and the **Post Overdose Engagement Team** (POET). SORT, a collaboration between SFDPH and the San Francisco Fire Department (SFFD), provided an emergency response to people experiencing an overdose in the community. Within 72 hours of an overdose event, POET has outreached to draw individual into treatment and teach skills to prevent future overdoses. At the time of the writing of this report, SFDPH is working to combining teams into one integrated **Street Health Team** and is participating in a citywide effort to streamline all city street teams into a place-based, proactive, and coordinated model.

Engagement Services

Outside of substance use treatment and street care, 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 linkage 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 are described in greater detail below (see **Overdose Prevention and Response Strategies and Initiatives**). Among many other initiatives, these include training people on how to recognize and respond to an overdose and distributing the overdose-reversal medication naloxone in settings with higher risk of overdose, including supportive housing sites and entertainment venues. These efforts also provide information about accessing treatment.
- **Home-based overdose follow-up**: The **HOPE (Home Overdose Prevention and Engagement)** program follows up with housed individuals to encourage treatment and

teach overdose prevention within 24 to 48 hours of a non-fatal overdose.

- **Substance use disorder prevention:** These prevention services utilize evidence-based practices to build family resiliency among at-risk youth and their families. Services are provided in community, school, and virtual settings.

Access and Organization of Services

SFDPH provides substance use services at 14 SFDPH primary care clinics and through a network of contracted community-based organizations located throughout San Francisco, and in supportive housing, shelters, and navigation centers; street settings; hospitals; and jail. SFDPH aims to make it possible for individuals to access substance use and mental health services through many different settings and pathways, as endorsed by California’s Department of Health Care Services [No Wrong Door policy](#).

Individuals can self-refer to substance use treatment services by calling or visiting one of the SFDPH treatment programs, listed on the SF.Gov website, calling SFDPH’s Behavioral Health Access Line, or coming to SFDPH’s **Behavioral Health Access Center (BHAC)**. BHAC is a walk-in, centralized entry point that can conduct assessment, review electronic medical records for treatment history and care coordination, address eligibility for benefits, and make referrals and linkages to care.

BHAC is a part of the **Office of Coordinated Care (OCC)**. Launched in 2022 under Mental Health San Francisco, the OCC manages behavioral health central access points, provides case management, care oversight, and care planning. The OCC’s activities support the delivery of treatment on demand and increase pathways to address individuals’ treatment needs.

Figure 2. Office of Coordinated Care Services

Central Access & Eligibility Services: Information, screening, referral and direct connection to behavioral health care.	Behavioral Health Access Line (BHAL): 24/7 access call center and hub providing connection to behavioral health services.
	Behavioral Health Access Center (BHAC): Walk-in center, open 7 days/week, for access to behavioral health services.
	Eligibility Services: Centralized eligibility support to ensure individuals are enrolled in Medi-Cal and other appropriate benefits.
Care Coordination Services: Focused services for priority populations needing engagement and connections to care.	Triage and Care Management: Manages referrals, ensures connections to care after 5150 or crisis contact, care management for priority individuals.
	Street Health Team: Neighborhood-based teams providing outreach, engagement, coordination for unhoused people with acute behavioral health needs.
	Shelter and Supportive Housing Teams: Behavioral health care coordination and linkage for individuals in shelters, navigation centers, and permanent supportive housing sites.

Overdose Prevention and Response Strategies and Initiatives

Since the release of the 2022 Overdose Prevention Plan, SFDPH has implemented key interventions to meet the increased challenges presented by fentanyl and methamphetamine through expanded, coordinated, and data-driven responses, in coordination with partners citywide. Our work has evolved to meet the needs of San Franciscans and the changing landscape of the overdose crisis. The **San Francisco Overdose Prevention Plan**, updated in 2024, can be found at <https://www.sf.gov/reports--december-2024--overdose-prevention-plan-2024>.

The Overdose Prevention Plan aims to:

- Reduce fatal overdoses citywide
- Reduce disparities in fatal overdoses with a particular focus on the Black/African American community, people experiencing homelessness, and people living in supportive housing
- Increase the number of people receiving medications for opioid use disorder (MOUD) and other high impact treatments

To meet these goals, the Overdose Prevention Plan includes four strategic areas, each with key initiatives, as outlined in **Table 1**.

Table 1. Overdose Prevention and Response Strategies and Initiatives

Strategy	Key Initiatives
Increase availability, accessibility, and effectiveness of substance use services, especially those providing life-saving medication treatment	• Expand, streamline, and improve access to and retention on medication for opioid use disorder (MOUD) • Expand availability of and participation in contingency management • Improve and build capacity for post-overdose response interventions to target people who experience a non-fatal overdose
Strengthen community engagement and social support for people at high risk for overdose	• Scale up public overdose response education, trainings, and naloxone distribution in settings with people at highest risk of overdose • Expand the availability of care coordination services offered to individuals released from the San Francisco Jail • Support overdose champions to promote culture change and manage overdose education and the distribution of naloxone • Reduce overdose disparities in the Black/African American community • Reduce overdose disparities in supportive housing • Increase public awareness of substance use services and reduce stigma
Implement a “whole city” approach to overdose prevention	• Implementation of the Departmental Overdose Prevention Policy legislation (2021), which requires SFDPH, the Department of Homelessness and Supportive Housing (HSH), the Human Services Agency, and the Department of Emergency Management and their contractors to establish overdose prevention policies and training • Collaborating with the SF Port on a comprehensive overdose prevention strategy that covers their sites across 7.5 miles of the Bay shoreline

	• Continuing commitment to a citywide culture of overdose prevention through trainings are available to all City staff and partners • Ensuring overdose response trainings, naloxone, and linkage to treatment are increasingly available in all types of City-supported housing, in partnership with HSH • Ensuring low-threshold buprenorphine and contingency management are increasingly available in housing sites, in partnership with HSH • Training medics with SF Fire Department on decreasing stigma to better connect individuals to care and treatment • Partnership with SF Entertainment Commission to host overdose prevention trainings at nightlife venues, and to produce educational materials on fentanyl testing strips and naloxone
Track overdose trends and related drug use metrics to measure success and inform program development and change	• Launching public data dashboards to track key indicators, available at https://www.sf.gov/data--substance-use-services.

Program and progress updates on key overdose prevention and response initiatives are discussed below.

IV. Substance Use Services Programmatic Updates

In FY23-24, and through the time of the writing of this report, SFDPH has continued to expand and strengthen substance use treatment and engagement services and overdose prevention and response efforts. Highlights are described below.

Growth in Coordinated Overdose Response

In FY23-24 and since, SFDPH has made notable progress on key initiatives to advance overdose prevention and response strategies.

Naloxone Distribution

In FY23-24, citywide distribution of the lifesaving, overdose-reversal medication, **naloxone**, continued to grow. SFDPH has exceeded its initial, 2022 Overdose Prevention Plan goals for naloxone distribution, which were 75,000 doses annually by 2024 and 100,000 doses annually by 2025. The City increased distribution from more than 135,000 doses in FY22-23 to more than 158,000 doses in FY23-24. In addition to community distribution, the Department makes naloxone available at key points of contact for people who are at risk of overdose, including the BHS Pharmacy, pre-release at San Francisco County Jail, shelters, and street care services.

SFDPH supported a local ordinance requiring local pharmacies to stock naloxone that passed in November 2023.⁹

⁹ For more, see: <https://sfgov.legistar.com/LegislationDetail.aspx?ID=6275665&GUID=FAD1F150-B33D-4B8F-9700-40757DB8F59F&Options=ID|Text|&Search=naloxone>.

Expanding Medication Treatment

As a key, high-impact strategy of the City's coordinated overdose response, SFDPH continued to expand and strengthen medication treatment access in FYs 23-25.

On Demand Telehealth and Shelter Pilots

As mentioned above, SFDPH now offers on-demand, street-based telehealth consultations with an addiction medicine provider who can prescribe buprenorphine for opioid use disorder in real time or consult on methadone treatment options.

****NEW** Innovative MOUD Pilot Programs in 2024: On-Demand Telehealth and Shelter**

In March 2024, SFDPH launched a pilot program to facilitate on-demand, nighttime **telehealth consultations with an addiction medicine provider** who can prescribe buprenorphine in real time or consult on methadone treatment options for people who use opioids. The SFDPH Night Navigation street care team, staffed by Code Tenderloin, conducts outreach with people experiencing homelessness to connect them to shelters and other city services. Under the pilot, the team connects individuals who say they want addiction treatment with a telehealth doctor who assesses their substance use history and shares the range of treatment options through SFDPH. If they are interested in starting treatment, the telehealth doctor immediately writes a prescription that is sent to a 24-hour pharmacy or is available for next day pick-up. If they want to start methadone, they are connected to an opioid treatment program for intake.

To build on the person's openness to treatment, and ensure the prescription is filled and the medication is taken, the pilot also may provide a safe place to sleep that night. When accommodations are available, people who want to start treatment are sheltered the same night at a shelter funded by the San Francisco Department of Homelessness and Supportive Housing, where they can start MOUD and receive on-site care and services such as case management, medical care, medication delivery, and assistance with Medi-Cal enrollment. A team staffed by the San Francisco Community Health Center and SFDPH works with the individual to create a long-term treatment and housing plan.

Given the pilot's success, in October 2024, SFDPH made on-demand telehealth consultations broadly available, increasing from nighttime hours to **8 AM – 12 AM**. SFDPH also aims to increase temporary stabilization beds to as many as 70 during FY24-25.

Medication Flexibility and Access

Methadone treatment is a vital tool to reduce overdose and promote recovery. Methadone treatment is highly regulated, which can make it challenging for some patients to start or stay on treatment. To improve methadone care, SFDPH and the City and County of San Francisco sponsored and successfully supported the passage of California Assembly Bill 2115 (AB 2115) in September 2024. This law will allow California methadone programs to modernize their practices, make practices more flexible and individualized, and promote patient engagement and retention. AB 2115 aligns California law with federal regulations to reduce barriers for

methadone treatment by permitting physicians to provide up to three days (72 hours) of methadone medication outside of a licensed opioid treatment program (OTP) while someone is connecting to longer term treatment at an OTP.¹⁰ While these state rules get implemented, San Francisco secured approval from the California Department of Health Care Services (DHCS) for San Francisco methadone clinics to allow patients to take methadone doses home, rather than requiring that patient come to clinic every day to receive their medication. SFPDPH continues to work closely with local OTPs to adapt treatment and make it as flexible as possible to better meet the needs of people using fentanyl. Additionally, under the leadership of Supervisor Dorsey, the City passed a local ordinance in August 2024 that requires all San Francisco pharmacies to stock buprenorphine.¹¹

In the last fiscal year, the SFPDPH Behavioral Health Services Pharmacy team continued to support easier access to medication treatment, delivering MOUD directly to nearly 100 people across 32 housing sites, under its PSH **home delivery program**. Also, SFPDPH's Whole-Person Integrated Care (WPIC) continued to support low-barrier access to treatment: at WPIC's **Maria X. Martinez Health Resource Center** alone, over 600 patients were treated with MOUD in FY23-24.

Clinic Expansion and Improvements

In 2024, SFPDPH supported ZSFG's Bridge Clinic and the ZSFGH **Opioid Treatment Outpatient Program** to expand services and hours, including the initiation of a 72-hour methadone program at the Bridge Clinic, which enables people to start methadone treatment outside of an opioid treatment program. Additionally, SFPDPH implemented a number of strategies, including navigation services, to increase rapid treatment access even during periods of high treatment demand or when clinics did not have same-day capacity. In the fourth quarter of 2024, OTOP expanded services to include Saturday intakes and intakes at its Bayview Van site, to increase access to medication treatment.

Reviewing and Improving Post-Overdose Response Interventions

Individuals who have recently experienced a non-fatal overdose are at higher risk of subsequently experiencing a fatal overdose. The City has several interventions aimed at engaging with individuals during this critical period and is continuously working to strengthen these programs. Since the last TOD report, SFPDPH has also strengthened MOUD training for overdose response teams and emergency responders and developed and implemented workflows to guide street care engagements with overdose survivors interested in starting buprenorphine.

¹⁰ Bill text available at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2115.

¹¹ For more, see: <https://sfgov.legistar.com/LegislationDetail.aspx?ID=6696213&GUID=3871A355-1C8A-4C8D-95C6-81D8940F4D90&Options=ID|Text|&Search=buprenorphine>.

Alcohol Sobering Center Overdose Prevention Engagement

In 2024, the City adapted its Alcohol Sobering Center to include sobering beds for people experiencing homelessness to begin treatment following a drug overdose. In FY23-24, the program served 385 individuals.

Expanding Contingency Management

Contingency management is the most effective treatment for stimulant use disorder, and highly effective for opioid use disorder when used in combination with medication. San Francisco's contingency management programs have grown to 10 programs, with more to come in 2025, including one focused on Black/African Americans. Three of the current programs participate in the California Medi-Cal pilot, enabling billing for services.

SFDPH established a Contingency Management Stakeholder Workgroup in 2024 to guide programming and is working to spread information about this effective treatment through webinars, referral guides, and fact sheets for partners and providers.

Strengthening Community Engagement and Social Support for People at High Risk for Overdose

In FY23-24 and since, SFDPH has made progress implementing initiatives intended to reduce racial disparities in overdose, reduce overdose among people living in supportive housing, increase community engagement and awareness, and reduce stigma surrounding treatment.

Reducing Racial Disparities in Overdose

In San Francisco, Black/African Americans (B/AA) experience fatal overdose at a vastly disproportionate rate, compared to other San Franciscans. SFDPH is committed to addressing this profound disparity and invested in strengthening community partnerships with Black-led and Black-serving organizations. In March 2024, SFDPH began co-facilitating monthly B/AA Community Stakeholder meetings aimed at identifying culturally relevant overdose prevention and response strategies. More than 30 groups participate, including nonprofits engaged in substance use treatment and outreach. In August 2024, SFDPH also participated in the first B/AA-led Overdose Awareness Day event, led by this B/AA Community Stakeholder group. In January 2025, the City's first **Overdose Prevention Summit** was convened to discuss culturally driven strategies to reduce overdose disparities in the Black/African American community.

Nine new programs have launched or will launch in FY24-25, contracted by SFDPH to Black-led or Black-serving organizations to provide **overdose prevention and treatment linkage services in the B/AA community**. These contracted services include linkage to treatment; naloxone distribution and training; community outreach, presentations, and speaker series; a Black health and resource fair; a community needs assessment; health educator trainings; navigation to MOUD; the development of culturally congruent overdose prevention materials (print and social media); drop-in, barbershop, and health education services; psychosocial mental health services; contingency management; and sober housing.

Additionally, the City has conducted 48 trainings on overdose recognition and response, substance use services, and stigma with Black-led and Black-serving organizations in FY23-24.

To address **overdose in the Latine/x and Indigenous communities**, SFDPH has been coordinating with the Latino Taskforce and convening planning meetings to strengthen overdose prevention work in these communities. SFDPH has also increased the availability of overdose prevention and resource materials translated in Spanish and Mayan languages.

Reducing Overdose Disparities Among People Living in Supportive Housing

A disproportionate number of fatal overdoses have occurred among San Franciscans who live in permanent supportive housing (PSH). This is a priority population of focus for overdose prevention services, including strategies to provide naloxone; peer and staff training in overdose prevention and response and substance use services; and post-overdose response.

Reducing Overdose in Permanent Supportive Housing: 2024 Activities

- I. Naloxone saturation:
 - a. **Partnering with HSH** to develop and present their naloxone policy for providers
 - b. Establishing 24/7 naloxone stations in 100% of HSH-funded PSH sites, 8 non-HSH PSH sites, and 6 shelter/navigation center sites
- II. Peer training and development:
 - a. Implemented a 10-week pilot training a cohort of 20 community members as first responders to address overdose emergencies.
 - b. Trained over 960 PSH residents in overdose response and substance use treatment education.
 - c. Certifying a contract to recruit and train PSH tenants to be peer overdose prevention educators, under the Peer Overdose Prevention Program
- III. Staff capacity and resource building
 - a. Developing a training plan to increase PSH provider knowledge and ability to connect residents to MOUD
 - b. Providing over 15 events led by BHS pharmacists at PSH sites with higher rates of overdose, offering education and real-time MOUD access
- IV. Post-overdose response in PSH:
 - a. Strengthened collaboration between the Permanent Housing Advanced Clinical Services (PHACS) and Home Overdose Prevention and Engagement (HOPE) programs to better support PSH tenants, post-overdose

Increasing Public Awareness of Substance Use Services, Training, and Reducing Stigma

Since the 2022 Overdose Prevention Plan was created, SFDPH has exceeded its goal for **training people in overdose recognition and response**, training over 4,100 instead of the Plan's original goal of 250. Training uses standardized materials, train-the-trainer programs, and includes materials available in multiple languages. SFDPH overdose training takes a citywide, data-driven approach to reach those in settings with high risk of overdose, including treatment programs, supportive housing sites, and entertainment venues.

In addition to community training, beginning in early 2024, the Department began **training SFFD medics** on connections to care and treatment, buprenorphine initiation, and stigma

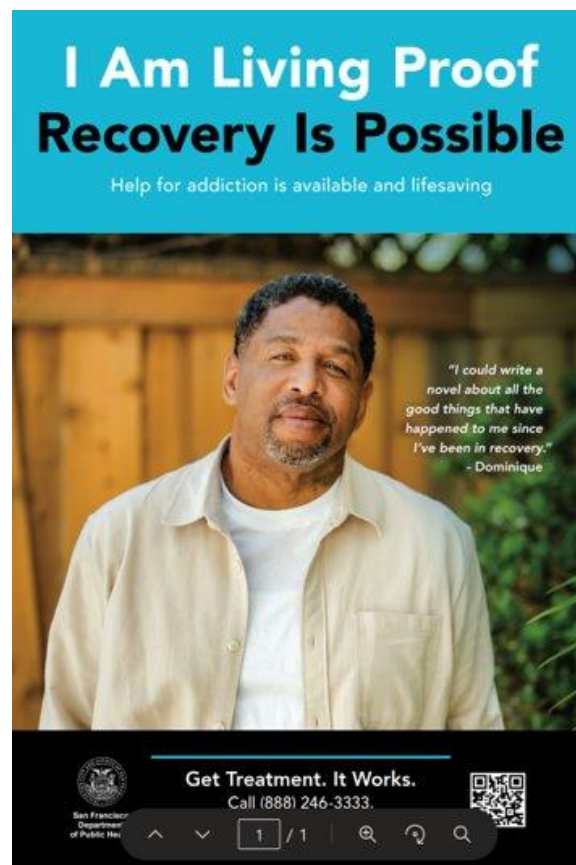
reduction. Thus far, this program has trained approximately 500 medics; training activities will continue into the second quarter of 2025.

The SFDPH has increased **education to the public** and to people who might need or be seeking treatment. These activities include regular media engagement, including monthly media availabilities regarding overdose fatality numbers; written and radio pieces on treatment programs; and community awareness events and campaigns, including campaigns during Overdose Awareness and Recovery months. Most notably, in November 2024, SFDPH launched its **Living Proof Campaign**, which features individuals with lived experience of recovery and information about how to access treatment (see **Figure 3**).

The Living Proof Campaign aims to:

- Increase awareness that substance use treatment is available and that recovery is possible for every individual.
- Increase awareness that medication treatment for opioid addiction is highly effective and available.
- Direct people with opioid use disorder and/or their loved ones to treatment resources.
- Promote the City's range of treatment services and work to reduce overdoses.

Figure 3. Living Proof Campaign Sample



Living Proof has been shared across more than 100 billboards and bus shelters in San Francisco, and through paid and organic social media. The Department also distributed Living Proof posters to over 160 community organizations and City programs. SFDPH website monitoring showed that during the campaign period, the Living Proof landing page became the most-viewed SFDPH website for behavioral health.¹² Overall, Living Proof made over 72 million total impressions across the campaign’s multi-media channels, exceeding the projected 54 million.¹³

Collaboration to Implement a “Whole City” Approach to Overdose Prevention

Overdose affects San Francisco broadly and requires all City departments to respond. SFDPH is deeply appreciative of the collaboration of many City departments in these efforts. This includes the ongoing implementation of the local Departmental **Overdose Prevention Policy legislation** of 2021, which requires SFDPH, HSH, HSA, DEM, and their contractors to establish overdose prevention policies and have all staff who regularly work with people who use drugs trained in overdose recognition and response.¹⁴ These City agencies continue to partner to review lessons learned in policy implementation and track progress toward shared goals.

SFDPH’s ongoing **partnership with the San Francisco Entertainment Commission** to host overdose prevention trainings at nightlife venues and produce educational materials, begun prior to FY23-24, has continued to increase awareness and community engagement.¹⁵ During Overdose Awareness Month in 2024, four nightlife events resulted in nearly 900 people being trained to recognize and respond to an overdose.

Tracking Overdose Trends and Metrics

In September 2023, SFDPH launched **public data dashboards** to track key indicators related to overdose and substance use services, accessible at <https://www.sf.gov/resource--2023--drug-overdose-and-treatment-data-and-reports>. The Department has worked continuously to refine and update these metrics, including much of the data featured in this report.

Expanding Treatment and Recovery Beds

Since 2020, SFDPH has **added more than 400 residential care and treatment beds** to the existing inventory of approximately 2,200 mental health and substance use beds. SFDPH applied for and has been awarded over \$70 million in one-time, capital state funds in support of these projects.

¹² Living Proof Landing page can be found at <https://www.sf.gov/help-addiction-drugs-and-alcohol-available-and-lifesaving>.

¹³ Impressions represent estimated encounters with the advertisement (e.g., foot traffic, appearances on consumers’ screens). Estimates may include more than one encounter with the same consumer.

¹⁴ More at <https://sfgov.legistar.com/LegislationDetail.aspx?ID=4891635&GUID=700D50F1-1B9E-4297-8C8C-70C9AA5E3151&Options=ID|Text|&Search=overdose>.

¹⁵ For nightlife materials, see <https://www.sf.gov/information--overdose-prevention-resources-nightlife>.

Bed Expansion in 2024

In 2024, SFDPH opened new behavioral health residential treatment beds using Prop C funding and state grant dollars from the [Behavioral Health Bridge Housing \(BHBH\) program](#). SFDPH's completed bed projects in 2024 include:

- The launch of the **Healthy Evolving Radiant (H.E.R.) House**, a therapeutic residence with 33 beds for justice-involved women with behavioral health needs, through a partnership with the Adult Probation Department;
- The expansion of the 70 new **residential step-down** (or “recovery housing”) beds in an existing facility on Treasure Island;
- The addition of 15 new transitional housing beds with behavioral health supports at **A Woman's Place** (BHBH-funded) for women and gender non-conforming people experiencing homelessness; and,
- The opening of **Mission Cabins** (BHBH-funded), a tiny home community with 45 beds reserved for adults with behavioral health needs experiencing homelessness, through a partnership with the Department of Homelessness and Supportive Housing.

As described earlier in this report, SFDPH also began offering stabilization shelter to support individuals in starting MOUD, in partnership with HSH. As of February 2025, the program uses 26 hotel rooms for this program, with plans to expand to 70 rooms by the end of 2025.

In total, 2,320 clients received care through a behavioral health residential program expanded under [Mental Health SF](#) in FY23-24, a 12% increase from FY22-23.¹⁶

In 2024, SFDPH's **Managed Alcohol Program (MAP)** expanded capacity to treat up to 10 clients currently living in PSH, in addition to 10 in-program beds at a medically supervised residence for people with chronic alcohol use disorder who want to reduce their harm from alcohol use. The MAP program served 32 unique clients in FY23-24.

Growth in Access and Care Coordination

As described earlier in this report, the Office of Coordinated Care (OCC) plays a key role in linkage to SUD treatment by managing behavioral health central access points and providing case management and care coordination with a focus on priority populations including people experiencing homelessness, who are the majority of those served in SUD specialty care. The OCC served over 8,500 distinct individuals in FY23-24. Despite a nationwide shortage of behavioral health professionals, SFDPH has successfully hired more than 45 OCC staff members, including behavioral health clinicians and case managers.

BEST Neighborhoods

The OCC's **Bridge & Engagement Services Team: Neighborhoods (BEST Neighborhoods)** is a neighborhood-based team consisting of behavioral health clinicians and peer counselors who

¹⁶ 2025 Mental Health San Francisco Annual Implementation Plan, posted at <https://www.sf.gov/departments--department-public-health--behavioral-health--about>.

provide follow-up and care connections for people on the streets who face significant barriers to engaging and staying in care. BEST Neighborhoods is also part of the multi-agency effort to improve the City's response to people experiencing crisis on the street. In 2024, OCC launched two new BEST Neighborhoods teams, increasing to a total of four teams serving the Tenderloin, Mission and Castro, Bayview and Ingleside, and citywide. BEST Neighborhoods made over 9,00 engagements and over 1,300 direct connections to services in FY23-24.

Permanent Housing Advanced Clinical Services (PHACS)

In addition to other efforts to reduce overdose in permanent supportive housing (PSH), SFDPH increased behavioral health services and care coordination in PSH over the past year under the **Permanent Housing Advanced Clinical Services (PHACS) Program**. PHACS is a team of interdisciplinary healthcare professionals who provide care at PSH sites and is a collaboration between SFDPH, HSH, and contracted housing providers. PHACS provides care coordination and linkage to care, as well as short-term behavioral and physical health care and case management services. Over the past year, PHACS expanded to all site-based permanent supportive housing, covering approximately 7,000 units.

Care for Individuals with Criminal-Legal Involvement

Under CalAIM, the program reforming Medi-Cal, San Francisco has been expanding the availability of care coordination services offered to individuals released from the San Francisco Jail, including people with substance use disorders. The SFDPH BHS Office of Coordinated Care has increased capacity under CalAIM to accept referrals and provide care coordination for individuals being released from jail.

Additionally, the **Minna Project**—a transitional care facility for justice-involved individuals with a dual diagnosis, provided in partnership with the San Francisco Adult Probation Department (APD)—served 113 unique clients in FY23-24. Of the 42 clients who left the program in FY23-24, 69% were considered successful exits, meaning they obtained permanent housing, completed the program in full, or graduated to another recovery residence. Another 29% of those who exited were transitioned to a different level of ongoing care.

Hospital Campus-Based Substance Use Services Program Updates

ZSFG's **Addiction Care Team** expanded and innovated services in FY23-24, including adding a behavioral health clinician and peer support specialist, and launching an initial cohort in an Addiction Care Team Nurse Liaison Program intended to build capacity by empowering nurses to become addiction treatment champions on their units. Overall, the team served 2,176 unduplicated patients in FY23-24, and prescribed MOUD in 78% of eligible patient encounters.

The **Bridge Clinic** at ZSFG served 842 unique patients in FY23-24. Bridge also implemented several program enhancements including initiating longer-acting buprenorphine treatment, 72-hour provision of methadone, opening morning and evening clinics, and adding consultations with an on-site psychiatrist. The Clinic converted its Wednesday afternoon clinics to provide focused services to monolingual Spanish speaking patients.

V. Funding for Substance Use Services

In FY23-24, the City budgeted \$106,434,929 for substance use services in specialty care (see **Table 2**). Funding sources include \$32,581,873 in Medi-Cal dollars and \$41,873,069 in County General Fund dollars. Drug Medi-Cal matches County General Fund dollars for most services. SFDPH also received \$9,115,885 through the federal Substance Use Prevention and Treatment Block Grant (SUBG) program.

Table 2. Total Specialty Substance Use Services Funding by Funding Source, Fiscal Years 2022-2024¹⁷

Funding Source	Fiscal Year 2022-2023 Amount	Fiscal Year 2023-2024 Amount
County General Fund	\$30,901,561	\$41,873,069
Federal & State Drug Medi-Cal	\$27,349,344	\$32,581,873
Substance Use Block Grant	\$9,800,298	\$9,115,885
Proposition C	\$12,460,020	\$12,549,132
Grants/Work Orders/Other	\$10,763,713	\$10,314,970
Total SUS Funding Sources	\$91,274,936	\$106,434,929

In FY23-24, Proposition C funding supported substance use services, including the Street Overdose Response Team and Post Overdose Engagement Team (\$5.83M); SoMa RISE (drug sobering; \$3.8M); opioid treatment programs (\$3.87M); contingency management (\$1.07M); outpatient treatment (\$1.44M); residential step-down (recovery housing; \$2.35M); the Managed Alcohol Program (\$3.83M); substance use services at ZSFG (\$911K); treatment access and navigation (drop-in services and Behavioral Health Access Center expansion; \$2.14M); expanded behavioral health pharmacy services (\$2.9M); and the Minna Project (\$5.02M).¹⁸

Table 3 describes funding for specialty substance use services by service type and illustrates where SFDPH has increased contract investments to strengthen treatment and services. Investments in FY23-24 include strengthening provider reimbursement for higher-acuity services; contracting for as-needed, out-of-county beds to maintain capacity when residential treatment or withdrawal management services are full; expansion of residential substance step-down beds; expansion of MOUD hours and services at ZSFG's Opioid Treatment Outpatient Program (OTOP) clinic; and strengthening drop-in stabilization, support, and linkage-to-treatment services for women experiencing homelessness.

¹⁷ Reflects contracted substance use 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.

¹⁸ Pharmacy and access expansions include staffing for evening and weekend hours and medication delivery.

Table 3. Total Specialty Substance Use Services Funding by Service Type, Fiscal Years 2022-2024 ¹⁹

Service	FY 22-23 Amount	FY 23-24 Amount
Children, Youth and Families Prevention and Early Intervention	\$3,531,244	\$3,550,750
Engagement, Outreach, Navigation, and Linkage	\$10,609,918	\$8,891,710
Opioid Treatment Programs	\$23,652,082	\$24,722,378
Outpatient	\$14,971,137	\$16,911,851
Residential Treatment	\$18,677,730	\$26,566,925
Residential Step-Down and Transitional Housing	\$9,617,186	\$11,599,702
Withdrawal Management (Residential)	\$8,997,808	\$13,302,931
Evaluation, Support & Training	\$1,217,831	\$888,682
Total SUS Services	\$91,274,936	\$106,434,929

Treatment on Demand in the FY2024-2025 Budget

The FY24-25 budget reflects priorities for providing treatment on demand and working to address unmet need.

- The budget continues investments in expanded hours and 7 day-a-week operations at the Behavioral Health Access Center (BHAC).
- The budget strengthens investments in opioid treatment services, including on-demand, telehealth access to MOUD.
- The budget continues investments in street-based outreach and care, including the BEST Neighborhoods team and Night Navigators.
- The budget continues investments in culturally congruent care to address the disproportionate impact of the overdose crisis on Black/African Americans in San Francisco.

The FY24-25 budget includes use of opioid settlement funds, first received in FY22-23 and programmed starting in FY23-24.²⁰ Notable investments in FY24-25 include sustaining existing behavioral health treatment and overdose prevention and treatment investments (\$18.1M); navigation and expansion of access to MOUD (\$7.2M); and continued investments in high-impact interventions (\$7.8M), which include methadone expansion, contingency management, and programs that aim to reduce overdoses in permanent supportive housing and among Black/African Americans.

¹⁹ Total funding for FY 22-23 remains the same as was reported in the FY22-23 report, but service categories were updated for this report to better reflect current service activities.

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.

Mayor Lurie has named responding to the opioid epidemic and strengthening the behavioral health system as priorities despite a challenging fiscal picture for the City. The Department looks forward to working with the Mayor on his FY 2025-26 budget proposal.

VI. Assessing Treatment on Demand

SFDPH uses several proxy measures to assess demand for treatment, including trends in treatment entry and wait times. Below, we describe the current system capacity and service data, in addition to available proxy measures for demand.

Substance Use Services Capacity and Service Data

In FY23-24, 4,978 individuals received a substance use service from SFDPH specialty behavioral health care, an increase from FY 22-23 (4,628).²¹ Similar to FY22-23, 69 percent of individuals receiving specialty substance use services in FY23-24 were people experiencing homelessness (PEH), and 44 percent (N= 2,185) also had a mental health diagnosis.

Among individuals who received specialty substance use services, 45% were white (N=2,156), 25% Black/African American (N=1,215), and 21% Latine/x (N=933), as in previous years.²² The numbers of Latine/x and Black/African American clients continue to be disproportionately large relative to the size of their populations in San Francisco.²³ As in FY22-23, individuals who received specialty substance use services in FY23-24 were primarily 25-44 (51%, N=2,533) and 45-60 (30%, N=1,500).²²

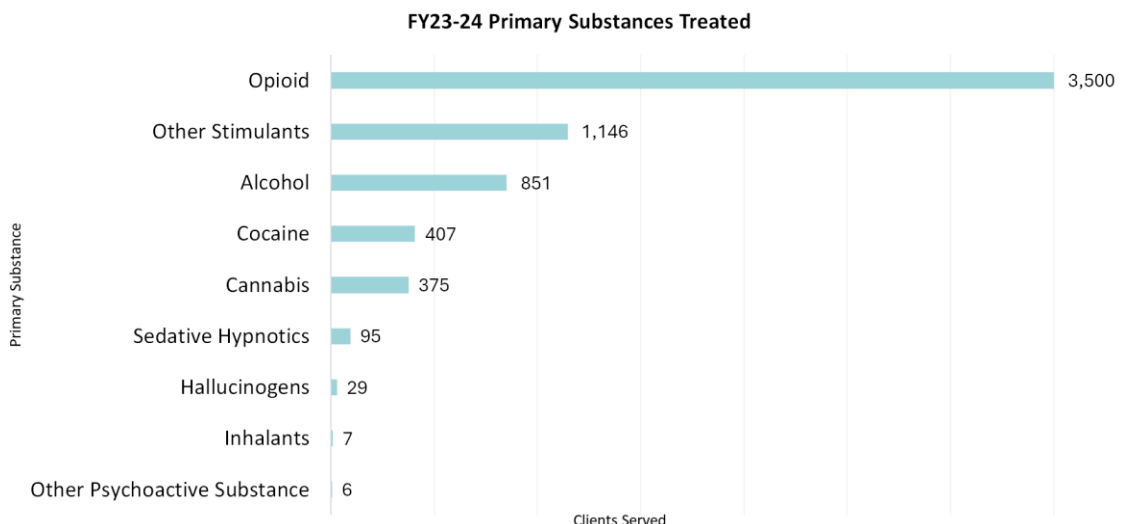
Opioids were the primary substances used among people who received specialty substance use services in FY23-24 (see **Figure 4**).

²¹ Source: Avatar substance use treatment admissions.

²² Source: BHS Avatar data reported to EQRO, FY 2023-24.

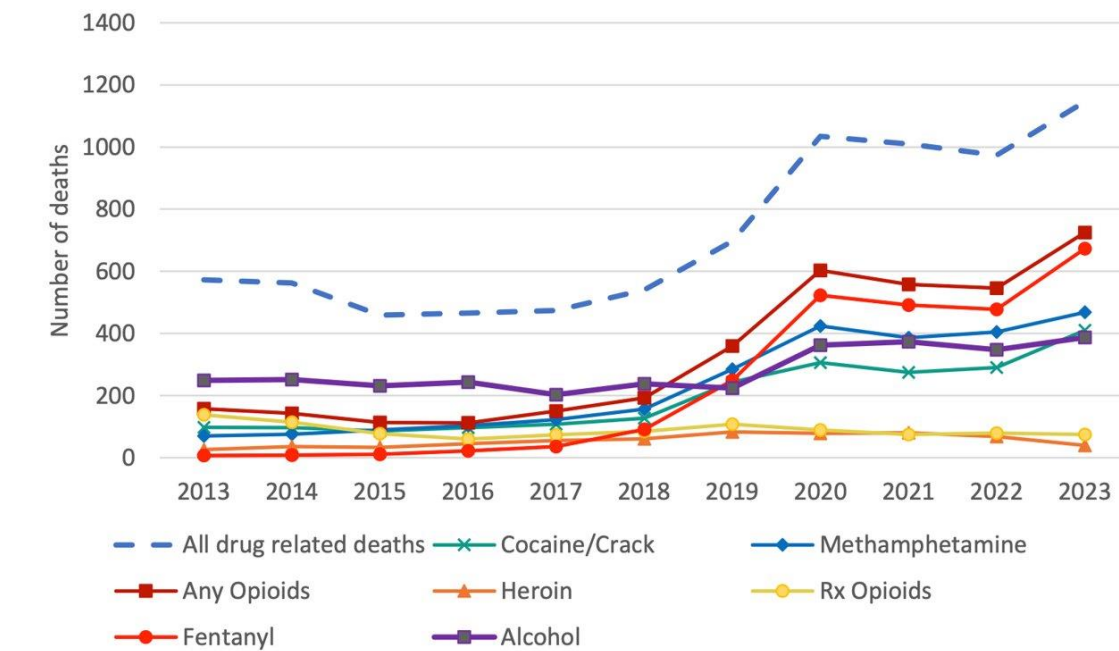
²³ Census 2020: Relative San Francisco Population Size, 5% African American, 15% Latino/a, 44% White, 34% Asian.

Figure 4. Primary Substances Treated Among Individuals Who Received Specialty Substance Use Services in FY23-24.^{24 25}



Opioids—especially fentanyl—and methamphetamine were the most common substances identified in overdose decedents in San Francisco in Calendar Year (CY) 2023.

Figure 5. Number of Substance-Related Deaths by Non-Mutually Exclusive Contributing Substance in CCSF, 2013-2023.²⁶



²⁴ Each episode has an associated primary substance so clients with more than one treatment episode may be represented with more than one primary substance.

²⁵ SFDPH presentation for California Department of Health Care Services, External Quality Review Organization, January 2025.

²⁶ Decedents may have more than one substance present. Source: Coffin P, et al. Substance Use Mortality Trends in San Francisco through 2023. <https://www.csuhsf.org/substance-u-trends-san-francisco>

Table 4 outlines the contracted specialty substance use service capacity in FY23-24 and includes the number of unduplicated clients (UDC) served within each type of treatment. The numbers of individuals served in FY23-24 increased over FY22-23 in every category.

Table 4. Treatment Capacity and Services for FY23-24²⁷

Service Type	FY 23-24 Capacity (at a single point in time)	FY 23-24 Numbers Served (unduplicated within category)	FY 22-23 Numbers Served (unduplicated within category)
Withdrawal Management	58 ²⁸	1,385	1,285 ²⁹
Residential Treatment	258	1,040	830 ²⁹
Residential Step Down	271	437	349
Outpatient	1,424	1,769	1,454
Opioid Treatment Program (Methadone Maintenance)	4,198	2,504	2,352
Buprenorphine treatment provided across San Francisco Health Network ³⁰	---	3,905	2,949
Primary Prevention – Children, Youth, and Families ³¹	---	1,189	1,109

²⁷ Sources: Contracted capacity for all service types except opioid treatment programs, which reflects licensed capacity. Numbers served taken from Avatar substance use treatment admissions in FY23-24.

²⁸ Reflects fixed contracted capacity. In FY23-24, 8 out-of-county, as-needed beds were also contracted to extend capacity as needed.

²⁹ May be not be unduplicated within this category.

³⁰ SFDPH internal buprenorphine dataset, limited to prescriptions for SFHN patients. Includes data from all SFDPH settings including hospitals and jails. This differs from the CURES data (displayed on [SF.gov](https://sf.gov)) which includes buprenorphine prescriptions from all licensed providers in San Francisco (not limited to SFHN) but does not include prescriptions from institutional settings such as hospital and jails.

³¹ Inclusive of Japanese Community Youth Council, Horizons Unlimited, YMCA of San Francisco, Jamestown Center, and Youth Leadership Institute. Unique individuals served include 941 youth and 248 parents.

SFDPH has additional capacity of more than 1,800 beds not reflected in **Table 4** that serve individuals with mental health needs, many of whom also have substance use disorders. These include mental health rehabilitation centers, residential, crisis, and skilled nursing beds, as well as dual diagnosis residential treatment, board and care, psychiatric emergency and inpatient hospital beds, emergency stabilization units, medical respite, transitional and supportive housing, and mental health co-ops.

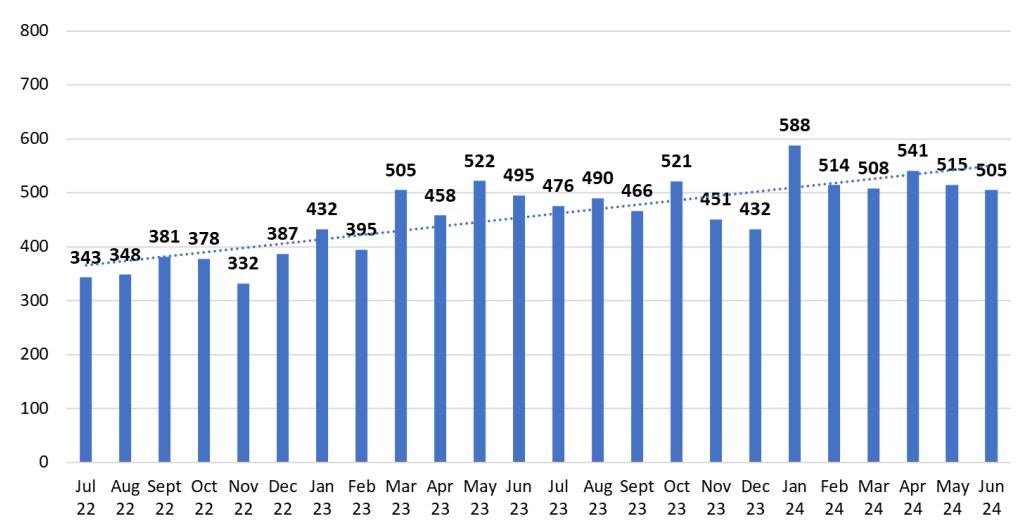
Estimating Demand

Current indicators of demand are described below. The Department is continually working to develop stronger measures of demand and better estimate unmet need among individuals not seeking care.

Service Utilization

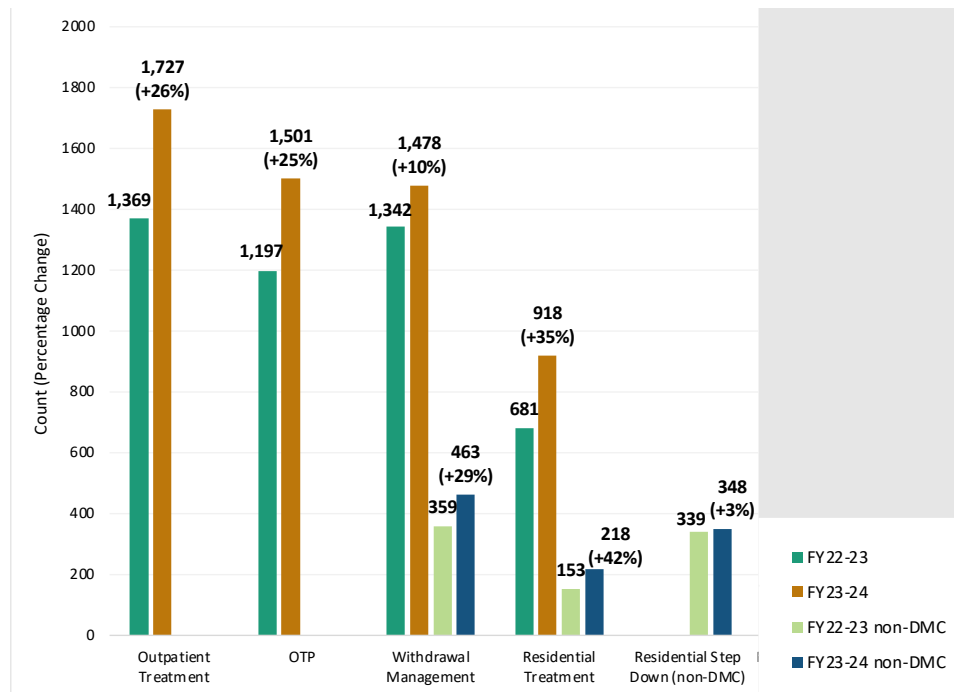
Admissions into services, and the total numbers served, help to indicate the demand for services. Across SFDPH’s substance use services, we saw increases in admissions and numbers of individuals served in FY23-24. As illustrated by **Figure 6**, the number of monthly admissions to specialty substance use services has been on an increasing trend since FY22-23.

Figure 6. Number of Specialty Substance Use Service Admissions per Month, July 2022 - June 2024



As illustrated in **Figure 7**, Drug Medi-Cal **residential treatment admissions increased 35 percent** in FY23-24, while **outpatient treatment and opioid treatment program admissions increased by about 25 percent** over FY22-23 admissions.

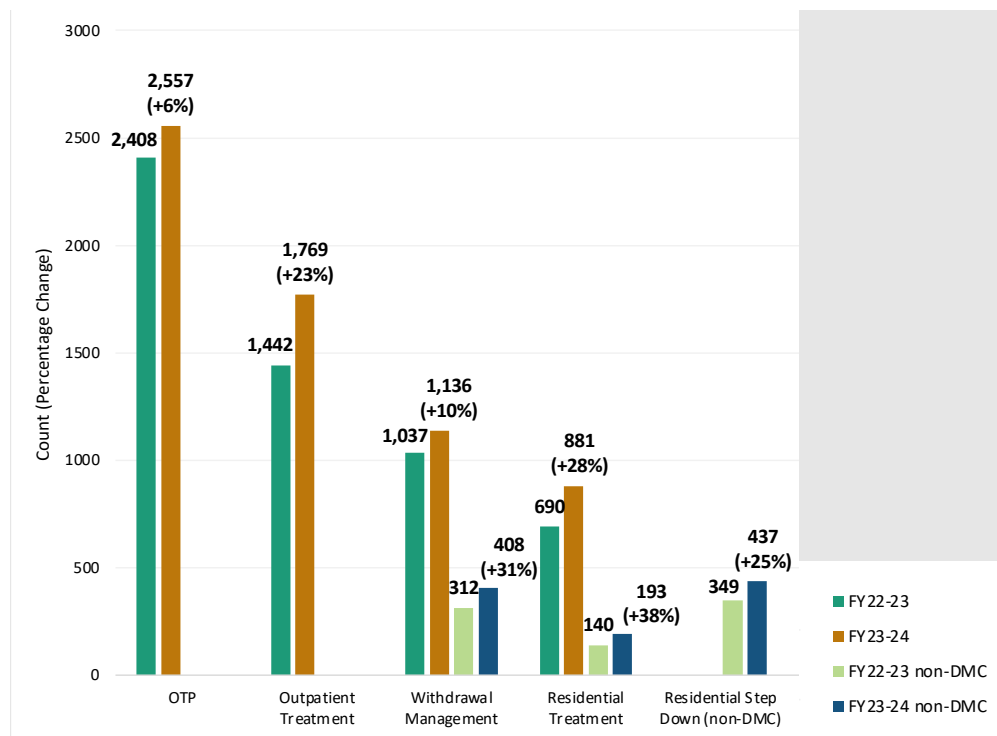
Figure 7. Number of Admissions by Substance Use Treatment Modality: FY22-23 and FY23-24 Comparison ³²



The total number of clients served increased across treatment modalities in FY23-24, as illustrated by **Figure 8**. This includes a 28 percent increase in the number of people served in Drug Medi-Cal residential treatment, and a 23 percent increase in the number of people served in outpatient substance use treatment.

³² Avatar data is used to track admissions. “DMC” stands for Drug Medi-Cal. Withdrawal management and residential treatment “non-DMC” reflect Salvation Army admission episodes.

Figure 8. Number of Unique Clients Served by Substance Use Treatment Modality: FY22-23 and FY23-24 Comparison ³³



Service Utilization Across the San Francisco Health Network

The number of unique individuals who received a substance use service in the San Francisco Health Network (SFHN) **increased about 4.5 percent** in FY23-24, compared to FY22-23.

Table 5. Unique Individuals Receiving a Substance Use Service in the San Francisco Health Network, Fiscal Years 2022-2024 ³⁴

Number of unique individuals receiving a substance use service in the SF Health Network	FY22-23	FY23-24
	13,951	14,581

This measure reflects the significant substance use services and treatment provided in the SFHN outside of specialty behavioral health and includes individuals receiving treatment for a condition related to their substance use diagnosis.

³³ Avatar data. “DMC” stands for Drug Medi-Cal. Residential Step Down has been marked as non-DMC. Salvation Army does not have billed services in Avatar, so their numbers reflect unique clients admitted by treatment modality.

³⁴ This measure counts unique individuals diagnosed with a substance use disorder receiving care in treatment settings across the SF Health Network. Individuals are counted once in the measure but may have received more than one service. Please note this metric may undercount the number served. Due to alternative reporting methods, data from some withdrawal management and residential programs are not captured in this metric. Additionally, this does not include individuals served in drug sobering and street care.

MOUD Utilization

The number of total clients who received buprenorphine increased in FY23-24. The number of clients who received buprenorphine in the San Francisco Health Network increased by 32 percent in FY23-24, compared to FY22-23 (3,905 versus 2,949, respectively).³⁰

Methadone admissions also increased: there was a 32% increase in new methadone admissions in Calendar Year (CY) 2024, as compared to CY 2023 (1,541 and 1,166 new admissions per CY, respectively). For the year, the total unique number of individuals on methadone in FY23-24 was up 6.5 percent over the prior fiscal year (**Table 6**).

Table 6. Number of Unique Individuals Who Received Methadone Treatment in San Francisco, Fiscal Years 2022-2024 ³⁵

Number of unique individuals who received methadone treatment in San Francisco	FY22-23	FY23-24
	2,352	2,504

On-Demand Telehealth Pilot Utilization

SFDPH's new on-demand telehealth program connects people who use opioids with an addiction medicine provider who can prescribe buprenorphine or connect them to methadone treatment during a street-based telehealth visit. Program utilization demonstrates demand for the service: from program launch in March 2024 through the end of December 2024, this program served 1,923 individuals, **half of whom began MOUD**. On September 30th, 2024, the program expanded to 16 hours a day, 7 days a week.

Additionally, from its launch in March to December 2024, 338 clients entered the related pilot program that provides temporary shelter and stabilization services to on-demand telehealth clients. Nearly 50% of stabilization clients exited to shelter, residential treatment, housing, relocation services, or withdrawal management. To date, 75% of all clients in this program have successfully initiated MOUD. This program also served 22 pregnant clients with substance use disorder, linking them and their partners to both substance use treatment and medical care.

Contingency Management Utilization

As the City has continued to expand its contingency management programs—which are the most effective treatment for stimulant use disorder—utilization of this service has increased. San Francisco's contingency management programs have grown to 10 programs, with more to come in 2025, and the City is on target to meet the Overdose Prevention Plan goal of increasing the number of people participating in contingency management by 25%. In the first three quarters of CY 2024, the number of clients increased by about 33% (from 190 to 252).³⁶

³⁵ Number of individuals receiving at least one prescription for methadone during the reporting period.

³⁶ CY 2024 fourth-quarter data is not yet finalized.

Sobering Center Utilization

The Alcohol Sobering Center was adapted in 2024 to include beds for individuals experiencing homelessness to begin treatment following a drug overdose and saw a demand for this service. From its launch in May through Dec 2024, there were 70 care episodes (51 unique clients), during which 35% accepted MOUD and 8 clients (16% of unduplicated clients) discharged to residential substance use treatment.

Intake Capacity and Wait Times

SFDPH also uses the intake capacity reported by residential care providers to be an additional estimate of demand for services. Intake capacity reflects available, staffed beds, as reported by providers by 10 AM each day. Even when demand is high, some intake capacity is ideal to allow flexibility to provide beds for new admissions in a timely manner. Intake capacity overall grew in most modalities last fiscal year, compared to the prior year.

Table 7. Average Daily Intake Capacity in Residential Treatment, Fiscal Years 2022-2024 ³⁷

Residential Treatment Capacity	Average Daily Intake Capacity, FY22-23	Average Daily Intake Capacity, FY23-24
General Residential (177)	4.9	10.6
Forensic Residential (40)	6.7	1.0
Perinatal/Women’s Residential (41)	1.1	1.0
Residential Stepdown (271)	10.2	18.7
Withdrawal Management (58) ²⁸	12.8	20.8

Depending on the type of data available from substance use treatment 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 FY23-24, median wait times remained steady or decreased over FY 22-23. **Residential wait times decreased** from five to four days in FY23-24. Individuals awaiting admission into residential treatment may receive care in withdrawal management or sobering or outpatient programs.

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 capture wait prior to assessment or the number of individuals who do not complete an initial assessment.³⁸ SFDPH is working closely with withdrawal management providers to improve measurement of wait times from first request or referral to admission, including by introducing

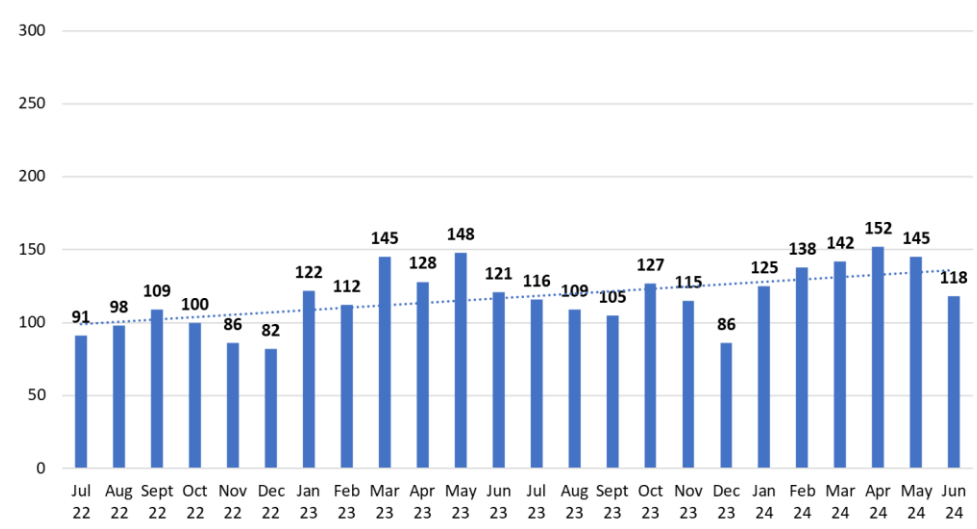
³⁷ Capacity totals are based on voluntary provider reporting for findtreatment-sf.org. Days without data submitted left out of daily intake capacity analysis. FY22-23 intake capacity data was updated to improve data quality.

³⁸ 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.

a **revised Timely Access Policy** in September 2024 that requires Drug Medi-Cal providers to report reasons why a client did not receive same- or next-day care.

In FY23-24, SFDPH also contracted for eight additional, **as-needed, out-of-county beds** for withdrawal management and residential treatment to minimize wait times when in-county services are full. As SFDPH has worked to streamline admissions into residential withdrawal management, the number of admissions into this service has been increasing since FY22-23 (Figure 9).

Figure 9. Number of Withdrawal Management Admissions by Month, July 2022 to June 2024 ³⁹



Estimating Unmet Need

In addition to assessing demand for services, SFDPH has sought to estimate need to inform treatment capacity planning and the development of low-threshold and engagement services that seek to reach people who are not demanding—but may benefit from—treatment.

Population Size Estimate: Individuals Who Use Drugs in San Francisco

SFDPH contracted with UCSF to conduct modeling analysis to estimate the number of people who use opioids or stimulants in San Francisco. Preliminary results became available in early 2025. Using data from 2022, the most recent full year available at the time of analysis, researchers used data from the Epic, Avatar, and UCSF Electronic Health Records (EHRs); fatal overdose data from the Office of the Chief Medical Examiner; and non-fatal overdose data from the San Francisco Fire Department. Individuals were eligible to be included in the estimate if on any of the three EHRs they were 18 years and had a diagnosis of cocaine, opiates, or other stimulants at any time during the 2022 calendar year.⁴⁰ This model does not provide

³⁹ Avatar admissions data.

⁴⁰ This analysis employed a method called Multiple Systems Estimation (Capture-Recapture). This statistical approach estimates the total number of people in a population based on the degree of overlap between two or more incomplete lists of the population.

information on whether someone has a substance use disorder clinical diagnosis nor severity of use.

When the model used the Epic and Avatar electronic health records to create an estimate, the model estimated the size of the population served by SFDPH who uses illicit drugs to be 15,007 (95% CI: 14,958 – 15,196). When modeling the population size using Avatar and UCSF electronic health records, the estimate is 37,484 (95% CI: 36,147 – 38,820). This higher estimate likely also includes people with commercial insurance, reflecting a broader socioeconomic range of San Franciscans who are using substances and are at risk for a drug overdose.

Next Steps: Population Size Estimate

Many of the individuals in this estimate are already in treatment for their substance use disorders, this population size estimate is not necessarily a measure of unmet need for treatment services. SFDPH intends to now use the population size estimate 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.

VII. 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.⁴¹

In the 2024 calendar year, **overdose deaths decreased 22%** over 2023 in San Francisco, which was a significant outcome. However, every overdose death is both preventable and unacceptable, and there is more work to do. In the coming year, SFDPH will continue to scale the interventions already underway. As noted previously, from the launch of the on-demand telehealth program in March 2024 through the end of December 2024, this program served 1,923 individuals, **half of whom began MOUD**. Additionally, from its launch in March to December 2024, 338 clients entered the related pilot program that provides temporary shelter and stabilization services to on-demand telehealth clients. At the time of writing of this report, 75% of all clients in this program have successfully initiated MOUD.

For those in care, one outcome reviewed under State evaluation is the percent of individuals in outpatient specialty care that maintained abstinence or reduced their alcohol and other drug use. In FY23-24, about 81 percent of outpatient treatment clients reported having maintained abstinence or reduced their substance use.⁴²

⁴¹ Annual California External Quality Review Organization (EQRO) statewide and county reports can be found at https://www.calegro.com/dmc-egro#ldmc-reports_and_summaries.

⁴² CalOMS data. <https://www.dhcs.ca.gov/provgovpart/Pages/caloms-treatment.aspx>

Client Satisfaction

In SFDPH's *Fall 2023 SUD Treatment Perception Survey* of clients participating in SFDPH funded specialty services, 91 percent of 1,063 survey participants indicated that they were satisfied with their treatment services provided, across domains including treatment access, quality, care coordination, and outcomes.⁴³ About 87 percent of respondents indicated that they received the help they felt they needed, and 93 percent said they were treated with respect. Respondents also expressed high agreement with having received clear communication and cultural sensitivity (94% and 92%, respectively) in the services they received. Overall, CY 2023 ratings were similar to 2022 ratings.

Opportunities for Improvement

The Department performs continuous quality surveillance, meets frequently with providers to monitor deliverables and troubleshoot issues, and identifies ongoing opportunities for quality improvement.

Enhancing Provider Oversight

In addition to existing oversight activities—which include formal, annual contract monitoring and regular engagement and technical assistance with City program managers—SFDPH has requested the City's Controller's Office perform an analysis to see how monitoring, quality management, and compliance of behavioral health service providers can be strengthened. SFDPH and the Controller's Office have initiated this work in 2025.

Strengthening the Coordinated Overdose Response

In 2024, SFDPH developed and began collecting standard metrics from all contingency management programs, which will allow us to track participation and completion, and identify opportunities to improve these programs. SFDPH began intensive quality improvement and technical assistance for all OTPs in the city to support methadone modernization and innovation.

SFDPH is encouraged by the recent decline in overdose deaths but is monitoring performance closely across all key initiatives of the coordinated overdose response. We will continue to assess the impact of these interventions, monitor the course of the overdose epidemic, and adjust and adapt responses as needed.

VIII. Looking Forward: Challenges and Progress

SFDPH continues to pursue the three key strategies outlined in the [FY22-23 Treatment on Demand Report](#) to fully realize treatment on demand and address unmet need. These include:

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

⁴³ 91.3% of 1,063 survey participants rated satisfaction with SUD services at 3.5 or above on a 5-point scale.

- 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.
- 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.

SFDPH has made progress on each of these strategies, while working to account for capacity, workforce, policy, and data challenges. Each are discussed below, along with next steps for coordinated overdose prevention and response efforts.

Capacity Challenges and Progress

To address capacity challenges within the substance use service system—with the goal of expanding treatment beds and capacity, where needed, to improve wait times for care—SFDPH has worked to analyze and enumerate outstanding bed needs and has several new bed projects planned for the coming year. Additionally, SFDPH is working in partnership with the Board of Supervisors and Mayor’s Office to streamline facility acquisition and leverage new opportunities.

Modeling Unmet Bed Needs

In 2023, SFDPH updated its 2020 behavioral health bed modeling to develop preliminary recommendations for the number of beds needed for 95% of clients to experience zero wait time. The [results of the updated Bed Optimization Report](#) were presented to the Board of Supervisors in February 2024. Upon recommendation from the [Residential Treatment and Care Workgroup](#), SFDPH plans to update the Bed Optimization analysis by the end of 2025 to more accurately project the number and type of beds needed to serve specific populations, including clients with significant barriers to placement. This will create a tool to allow for timely assessment of needs across the system.

Upcoming Bed Expansion

SFDPH currently has 135 beds in the pipeline for 2025. Projects include the opening of the 16-bed Crisis Stabilization Unit; the addition of 66 beds at shelter, emergency respite, and transitional housing projects funded by BHBH; and the expansion of the on-demand shelter pilot program from 17 to 70 beds, in partnership with the Department of Homelessness and Supportive Housing. In addition, SFDPH will pursue potential facility acquisition of a site for a new Adult Residential Care Facility.

SFDPH’s Efforts to Streamline Facility Acquisition

In 2024, SFDPH sponsored local legislation to reduce barriers to bed expansion efforts and make it easier for the City to procure behavioral health beds. This streamlining of administrative processes is particularly important when contracting with private operators located outside of San Francisco, where SFDPH faces competition from other counties for beds

that are in high demand statewide. SFDPH is grateful for the Board of Supervisors' passage of this legislation, which waives the lengthy Request for Proposal process for five years.⁴⁴

Yet, the City needs to pursue additional strategies to achieve timely facility acquisitions. SFDPH is committed to partnering with the Mayor's Office, Board of Supervisors, and community partners to streamline processes to expand its behavioral health infrastructure, including recently passed fentanyl emergency legislation to accelerate the City's procurement process for contracts, grants, and leases that support projects addressing mental health needs, drug overdoses and substance use disorders. In addition, SFDPH plans to pursue the strategies outlined in the Controller's Office's [memo on behavioral health facility acquisition options](#), including using data to prioritize acquisition strategies, building regional partnerships, and strengthening internal capacity to manage new assets and state funding.

New Opportunities: Prop 1 Bond

In March 2024, voters approved California Proposition 1, which authorized \$4.4 billion in state bonds to expand behavioral health treatment infrastructure. The state is distributing the behavioral health capital funding in two rounds under the [Bond Behavioral Health Continuum Infrastructure Program](#) (Bond BHCIP), with \$3.3 billion to be awarded in May 2025 and \$1.1 billion in March 2026. SFDPH is the lead agency for the City's applications for the Bond BHCIP funding opportunity. The City, through SFDPH, submitted applications for Bond BHCIP funding in December 2024 for several new capital projects. If awarded, the bond funding would enable the creation of 100 new locked Mental Health Rehabilitation Center beds, and more than 50 substance use disorder and enhanced dual diagnosis treatment beds.

In March 2024, Mayor London Breed and Supervisor Rafael Mandelman announced the creation of a Residential Care and Treatment Workgroup to consider how the City should expand residential care and treatment and prepare to apply for new state resources from Prop 1 Bond BHCIP. The City's Bond BHCIP applications align with the Workgroup's goals, which were published in a [final report](#) in early 2025.

Workforce Challenges and Progress

Our ability to expand service capacity and increase high-impact treatment is dependent upon having the necessary workforce to deliver care. There continues to be a nationwide shortage of behavioral health professionals. The Controller Office's [2024 MHSF Staffing & Wage Analysis](#) provided a useful analysis of staffing gaps and needs among behavioral health clinicians and health workers, as well as recommendations to improve hiring and staffing levels.

SFDPH and BHS have implemented some of the report's recommendations to recruit behavioral health clinicians, including strengthening the talent pipeline. In the summer of 2024, BHS launched a Behavioral Health Clinician Fellowship intended to help 25 Master of Social Work

⁴⁴ Legislation available at <https://sfgov.legistar.com/LegislationDetail.aspx?ID=6477246&GUID=35D16FED-945D-48B8-9B50-1DDD2FC37258&Options=ID|Text|&Search=Public+Health+solicitation>.

interns enter BHS upon graduation. SFDPH also partnered with the City College of San Francisco to offer information sessions on the Health Worker series to current and former students. Between August 2023 and June 2024, the BHS vacancy rate for the six behavioral health classifications included in the Controller’s analysis decreased from 22% to 14%. This represents a net addition of 30 FTE, including both hirings and separations.

Policy and Regulatory Challenges and Progress

Significant policy changes in behavioral health have altered—and will continue to alter—the landscape in which substance use services are offered.

Policy Changes Improving Access to MOUD and Naloxone

As described earlier in this report, policy changes at the local, state, and federal level over the past year were made to support easier access and adherence to MOUD and naloxone. These include:

- The November 2023 passage of a local ordinance requiring local pharmacies to stock naloxone
- The August 2024 passage of a local ordinance requiring local pharmacies to stock buprenorphine
- The passage of California Assembly Bill 2115 in September 2024, aligning California law with updated federal regulations reducing barriers to methadone treatment, permitting physicians to provide three days (72 hours) of methadone medication outside of a licensed opioid treatment program (OTP)
- Approval from the California Department of Health Care Services (DHCS) for San Francisco methadone clinics to implement several flexibilities including allowing patients to take methadone doses home earlier in treatment, dosing adjustments to meet the needs for people who use fentanyl, and counseling flexibilities.

As described earlier in this report (see **Expanding Medication Treatment**), SFDPH has been working quickly to implement expanded MOUD access in accordance with updated policy.

Policy Changes Under Proposition 1

California voters approved Proposition 1 in March 2024. In addition to many other policy changes, Proposition 1 made substance use services eligible for Behavioral Health Services Act (BHSA; formerly known as the Mental Health Services Act, or MHSA) programming. San Francisco’s current [Behavioral Health Services Act programs](#) provide culturally congruent, recovery-oriented mental health care, and currently serve individuals with substance use issues. SFDPH is working to review Prop 1 guidance as it is being released by the State and to assess how to leverage current programs to meet updated requirements under Proposition 1 by its July 2026 implementation date. Community planning efforts—mandated under MHSA and retained under the BHSA—will be launched pending further guidance from the State.⁴⁵

⁴⁵ Guidance can be accessed at <https://www.dhcs.ca.gov/BHT/Pages/home.aspx>.

Proposition F and Cash Not Drugs

SFDPH is collaborating with Human Services Agency (HSA) on implementation of Prop F, which was passed by voters in Spring 2024 requiring individuals with substance use disorders to engage in treatment to maintain general assistance benefits. SFDPH has partnered with HSA to ensure individuals who opt for substance use treatment are able to connect and get the care they need. This program launched in early 2025 and SFDPH is monitoring impact on treatment demand and capacity. SFDPH is also partnering with HSA to implement Cash Not Drugs ordinance passed by the Board of Supervisors in Fall 2024 which bolsters contingency management treatment options for people participating in treatment through Prop F.

SB 43 Implementation

San Francisco was the first county in the State to implement Senate Bill 43 (Eggman), which went into effect January 1, 2024, and modernizes the definition of grave disability to include those who live with severe substance use disorder and those who are unable to provide for their own personal safety or necessary medical care. This change impacts both emergent psychiatric holds, as well as those who may qualify for a Lanterman Petris Short (LPS) Conservatorship. As part of implementation efforts, SFDPH and the Department of Aging (DAS) have provided detailed SB43 trainings to hospital staff, psychiatrists, and all City staff and health care professionals authorized to initial involuntary psychiatric holds; developed new metrics to track implementation; and created new workflows to improve coordination among agencies to better support individuals when involuntary care may be appropriate.

Data

SFDPH needs accurate, comprehensive, and timely data to evaluate treatment on demand and plan and coordinate services but has contended with data workforce and infrastructure challenges. Additionally, demand can be challenging to measure with data currently available, and the Department must rely on proxy measures for demand, as described above.

In the past year, the SFDPH BHS team has expanded its analytic team and undertaken new projects to strengthen and improve data infrastructure, including the development of internal dashboards for substance use service metrics, and the continued refinement of public websites providing timely data on key substance use service and overdose prevention metrics.⁴⁶

Next Steps for the Coordinated Overdose Response

Overdose deaths remain an epidemic in San Francisco and nationally. We are encouraged by the decline in 2024 overdose deaths, but we know that every overdose death is both preventable and unacceptable. We also know that many of the factors that contribute to overdose risk are longstanding and institutional, and include poverty, racism, lack of housing, and unaddressed trauma. Preventing overdose fatalities means changing the conditions that put people at risk. This complex work requires the collaboration of all City departments and partners, including engaging the most affected communities. In the coming year, SFDPH and its

⁴⁶ See <https://www.sf.gov/resource--2023--drug-overdose-and-treatment-data-and-reports>.

partners will continue to scale the interventions already underway, which are beginning to show success. Among many others, upcoming activities include further enhancements to on-demand telehealth and MOUD programs; implementation of new contingency management contracts and recruiting for additional new contingency management programs under Drug Medi-Cal; developing B/AA culturally congruent overdose education materials and finalizing a plan for MOUD navigation in the Bayview neighborhood; partnering with PSH providers to implement the HSH naloxone policy in 100% of PSH sites; and continuing promotion of the Living Proof campaign.

SFDPH's efforts have and will continue to prioritize interventions that are known to reduce the promote wellness and recovery for people with substance use disorders and reduce deaths from overdose. An overdose epidemic continues and every life lost is one too many. We also recognize that the harms from drug use go beyond overdose for the individual using substances, their loved ones, and our San Francisco community. We believe everyone in San Francisco should have access to healthcare and treatment services that both reduce harms of substance use and progress people along in a path to health, wellness, and recovery. This past year SFDPH aimed to make treatment more accessible and provide more options to meet individual needs. We saw more people entering treatment at every level of care. Yet, we know there is more work to do as we aim to ensure every San Franciscan with a substance use disorder can get care that meets their needs at the time the time they want.

BOARD of SUPERVISORS



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MEMORANDUM

TO: Daniel Tsai, Director, Department of Public Health

FROM: Monique Crayton, Assistant Clerk, Government Audit and Oversight Committee

DATE: May 13, 2025

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Government Audit and Oversight Committee has received the following hearing request, introduced by Supervisor Rafael Mandelman on May 6, 2025:

File No. 250503

[Hearing - Treatment on Demand Fiscal Year 2023-2024 Annual Report]

Hearing on the Treatment on Demand Annual Report for Fiscal Year 2023-2024; and requesting the Department of Public Health to report.

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 or by email at: monique.crayton@sfgov.org.

cc:
Office of Chair Fielder
Office of President Mandelman
Dr. Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health
Ana Validzic, Department of Public Health

President, District 8
BOARD of SUPERVISORS



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RAFAEL MANDELMAN

PRESIDENTIAL ACTION

Date: 05/22/2025

To: Angela Calvillo, Clerk of the Board of Supervisors

Madam Clerk,

Pursuant to Board Rules, I am hereby:

☐ Waiving 30-Day Rule (Board Rule No. 3.23)

File No. _____

(Primary Sponsor)

Title. _____

☒ Transferring (Board Rule No 3.3)

File No. 250503

Mandelman

(Primary Sponsor)

Title. Hearing - Treatment on Demand Fiscal Year 2023-2024 Annual Report

From: Government Audit & Oversight

Committee

To: Public Safety & Neighborhood Services

Committee

☐ Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor: _____ Replacing Supervisor: _____

For: _____

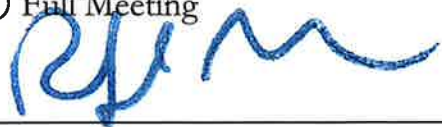
(Date)

(Committee)

Meeting

Start Time: _____ End Time: _____

Temporary Assignment: ☒ Partial ☐ Full Meeting



Rafael Mandelman, President
Board of Supervisors

Introduction Form

(by a Member of the Board of Supervisors or the Mayor)

I hereby submit the following item for introduction (select only one):

- ☐ 1. For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)
- ☐ 2. Request for next printed agenda (For Adoption Without Committee Reference)
(Routine, non-controversial and/or commendatory matters only)
- ☒ 3. Request for Hearing on a subject matter at Committee
- ☐ 4. Request for Letter beginning with "Supervisor _____ inquires..."
- ☐ 5. City Attorney Request
- ☐ 6. Call File No. _____ from Committee.
- ☐ 7. Budget and Legislative Analyst Request (attached written Motion)
- ☐ 8. Substitute Legislation File No. _____
- ☐ 9. Reactivate File No. _____
- ☐ 10. Topic submitted for Mayoral Appearance before the Board on _____

The proposed legislation should be forwarded to the following (please check all appropriate boxes):

- ☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission
- ☐ Planning Commission ☐ Building Inspection Commission ☐ Human Resources Department

General Plan Referral sent to the Planning Department (proposed legislation subject to Charter 4.105 & Admin 2A.53):

- ☐ Yes ☒ No

(Note: For Imperative Agenda items (a Resolution not on the printed agenda), use the Imperative Agenda Form.)

Sponsor(s):

Supervisor Rafael Mandelman, Supervisor Matt Dorsey

Subject:

Hearing on the Fiscal Year 2023-2024 Treatment on Demand Annual Report

Long Title or text listed:

Hearing on the Fiscal Year 2023-2024 Treatment on Demand Annual Report, requesting DPH to report.

Signature of Sponsoring Supervisor:

