



TREATMENT ON DEMAND



& Market Streets

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San Francisco Organizations Supporting Treatment on Demand

Senior and Disability Action

Tenderloin Peoples' Congress

The DOPE Project

Taxpayers for Public Safety

Coalition on Homelessness

Voluntary Services First Coalition

GLIDE Foundation

San Francisco Pretrial Diversion Project

Supportive Housing Providers Network

Compass Family Services

Tenderloin Neighborhood Development Corporation

San Francisco Public Defender

Mental Health Association of San Francisco

San Francisco AIDS Foundation

Urban Survivors Union

A coalition of residents and representatives of community organizations working to improve access and availability of mental health and substance use services at every point in San Francisco.

What Is Treatment on Demand?

History/Background

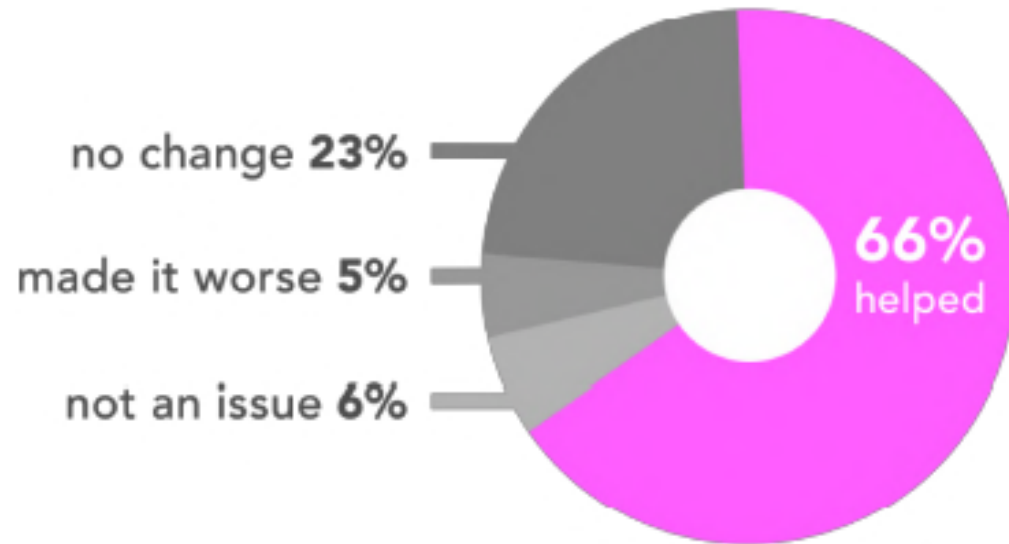
- In 1997, San Francisco passed a policy supporting the immediate entry into substance and mental health treatment for anyone who asks for it.
 - The overarching goal of the policy is to improve access to treatment services for all who need them.
 - Yet access to treatment has gotten worse and not better since then.

The Problem

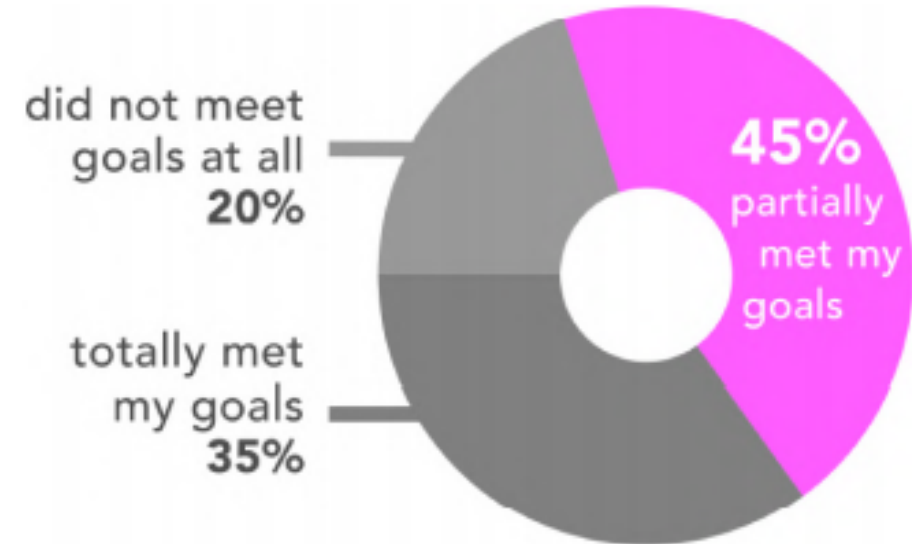
- Low-income San Franciscans face **barriers to accessing behavioral health treatment**: restrictive eligibility requirements, the lack of integration of substance use and mental health treatment, high costs and insurance limitations, stigma and criminalization.
- For many low-income residents, the most effective way to access treatment is to encounter the criminal justice system. This is wrong – no one should have to get arrested to access health care.
- There is a **lack of funding** for many parts of the system and lack of coordination so people fall between the cracks. The system has not recovered the capacity lost in 2008-2010 budget cuts.
- Simply put, **those who actually seek treatment cannot easily access it.**

Stop the Revolving Door report (2020)

did the program help you address underlying issues that led to your substance use? (figure 36, n = 142)



how much did treatment help you meet your goals around drug use? (figure 37, n = 142)

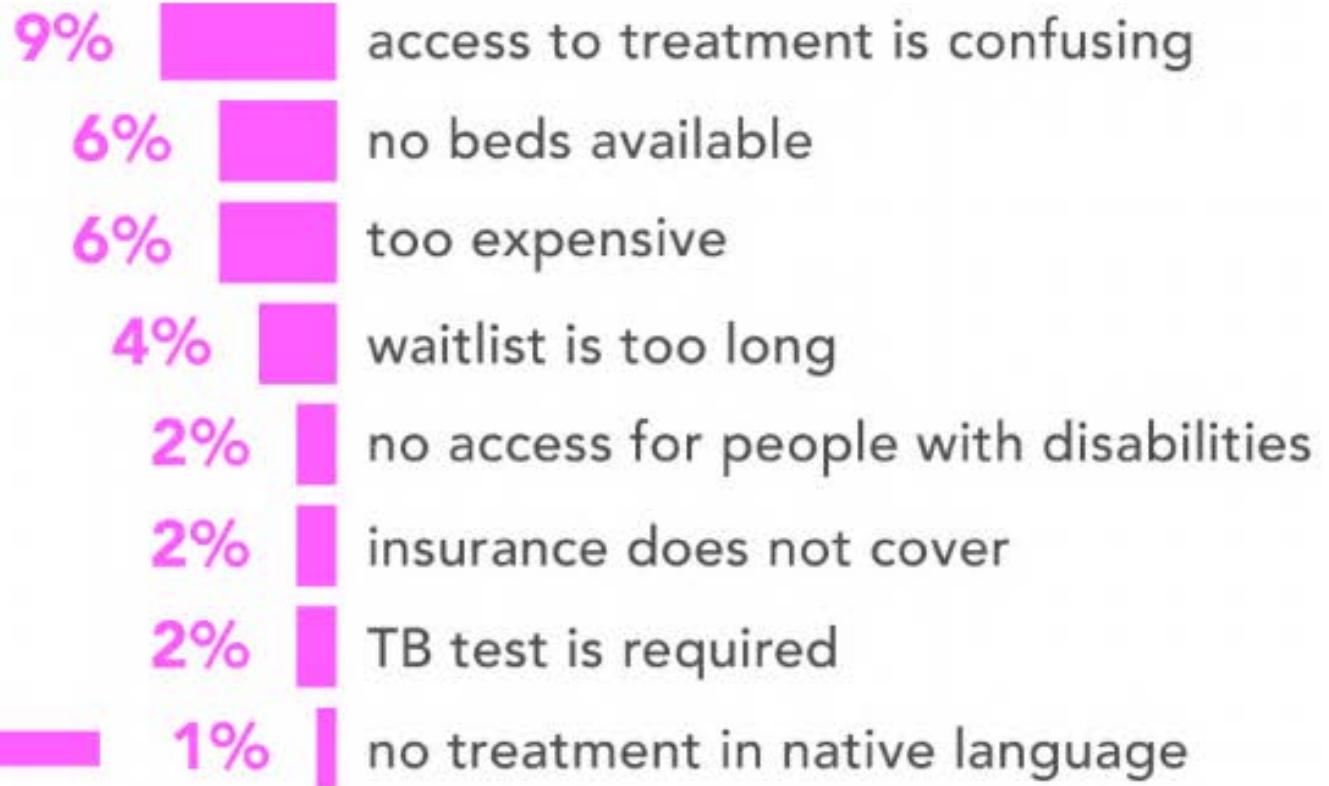


32%



1 / 3 reported access barriers for not receiving treatment

(figure 32, n = 129)



What T.O.D is Doing

- Pushing for a comprehensive needs assessment of existing behavioral health services and funding to identify gaps
- Advocating for more resources for supportive housing, case management, low-threshold drop-in centers, supervised consumption services, and treatment beds
- Representing community voices in creating policy solutions

2.5 X

Low income residents of San Francisco are 2.5 X more likely to experience psychological distress than those from higher income households

Affordability is the number one barrier to receiving mental health services

Source: SF Health Improvement Partnership
<https://bit.ly/31PSJ9Q>

What We are Asking From the Board?

Comprehensive real-time inventory, evaluation and database of behavioral health services from the City is needed – including barriers to care. Open beds does not equal lack of need. **Ask the right questions** to understand the needs and barriers.

Planning for services should include and **center people with lived experience**.

Fix the **gaps in services** to allow a community members in need to be able to smoothly transition from one part of the continuum to another.

No increase of law enforcement as solution to overdose problem; we need alternative responses to come from the community.

Continued Asks for Board of Supervisors

Broadening the definition of **mental health support**

- Low threshold drop-in services: safe place to rest, a warm meal. Not all behavioral health supports are clinical services.

Strengthen and expand **harm reduction & open safe consumption services**

Create more **culturally responsive and inclusive services**

- Address language, culture, digital divide, health coverage, gender, history of trauma, family status, low threshold, peer-based support services, drop-in & mobile models, etc.

Prevent Overdose Deaths

- Keep people alive to access health care, treatment, and recovery options
 - Step up evidence-based, community-informed harm reduction work to prevent overdose deaths in all settings
 - Open supervised consumption services
 - Address causes of overdose vulnerability – discharge from jail, detox, treatment; policing; trauma.
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What We Hope the Board Will Consider



Empathize with the perspective of someone who is looking for treatment but is not able to find it.

What does it look like from the ground level (patient's perspective) in regards to the projection and emphasis on facts and figures that can be argued over?



Scale up City programs to bridge the gaps of outreach, education and barriers that make it difficult for people to find and receive access.

References

- [Stop the Revolving Door \(2020\)](#)
- San Francisco Chronicle, (2020, January 21), “Fentanyl, heroin overdoses in San Francisco more than doubled in 2019.” Retrieved from <https://www.google.com/amp/s/www.sfchronicle.com/bayarea/amp/Fentanyl-heroin-overdoses-in-San-Francisco-more-14993628.php>
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