



Treatment on Demand
Coalition

SF Treatment on Demand Coalition

*Presentation to the Public Safety and Neighborhood Services
Committee of the San Francisco Board of Supervisors
November 9, 2023*

SF Treatment on Demand Coalition



Member Organizations

3rd Street Youth Services

Larkin Street Youth Services

Cameo House

NAMI San Francisco

Causa Justa :: Just Cause

National Harm Reduction Coalition

Coalition on Homelessness

Providence Foundation

Compass Family Services

PRC Baker Places

Dolores Street Community Services

San Francisco AIDS Foundation

Drug Policy Alliance

San Francisco Drug Users' Union

Epiphany Center

San Francisco Pretrial Diversion Project

Episcopal Community Services

San Francisco Public Defender

GLIDE

San Francisco Supportive Housing Providers Network

Hamilton Families

Senior and Disability Action

HealthRIGHT 360

Taxpayers for Public Safety

Homeless Prenatal Project

Tenderloin Neighborhood Development Corporation

Homeless Youth Alliance

Tenderloin People's Congress

HomeRise

The DOPE Project

Hospitality House

The Gubbio Project

SF Treatment on Demand Coalition

The Treatment on Demand Coalition brings together a broad stakeholder group consisting of people with lived and living experience, community members, advocates, service providers, researchers, and healthcare professionals who are all unified in their desire to improve access to and the quality of behavioral healthcare in San Francisco.

- In 1996, San Francisco passed a policy urging immediate access to substance use disorder treatment to those who requested it.
- In 2008, Proposition T was passed by voters requiring the City to fully fund treatment services to adequately meet the need.
- In 2018, the Treatment on Demand Coalition was established to provide accountability for the promise of Proposition T, which has not yet been fully realized.

San Francisco's System of Care

Compared to most counties, San Francisco has an established system of care, but people remain:

- Unable to access services, particularly population-specific resources (e.g., monolingual non-English speakers, people with dual diagnoses, people experiencing homelessness, etc.);
- Vulnerable to stigmatization, criminalization, overdose, and housing instability; and,
- Subject to racial disparities in health outcomes.

San Francisco needs and deserves a more expansive, inclusive, nuanced, accessible, collaborative, effective behavioral health infrastructure for people experiencing:

- Mental health distress;
- Substance use disorder; and,
- Suicidal thoughts.

Connection is Key



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Barriers to Meeting Demand

Understaffing exacerbates preventable outcomes:

- Significant gap between the demand for and the capacity to deliver services;
- Retirement rates and providers leaving the field have accelerated;
- Lack of equity across City and CBO contracts, especially for outreach and frontline staff; and,
- CBO staff are routinely hired away for City jobs (solving one problem by creating another).

Additional concerns:

- Lack of culturally/linguistically specific resources, neglected/uneven access for communities;
- Medi-Cal assessments, rigid requirements (e.g., MAT), eligibility screening, and wait times;
- Insufficient board-and-care, drop-ins, inpatient, and outpatient services;
- Lack of public information about how and where to access treatment;
- Criminalization, stigmatization;
- Politicization of care; and,
- Housing.

Measuring Demand

Who are we missing and why?

San Francisco does not have an accurate population size estimate of people who need treatment, and there is a general lack of metrics and data concerning overall demand.

- Measuring demand by waitlists and the number of people enrolling in care results in a *dramatic* undercount.
- Current estimates do not capture people:
 - Dissuaded or turned away from accessing care or unable to access care;
 - Unaware of the availability of services;
 - Who have had prior unsatisfactory experiences with treatment.

Evaluating Proposition T Fulfillment

In order to fulfill the promise of Proposition T, San Francisco needs:

- More detail on the categories of services that certain communities and populations require, including: BIPOC, immigrants, LGBTQ+, women, and people impacted by criminal legal systems;
- Measures of racial disparities in both access and outcomes; and,
- To ensure that all initiatives to address substance use are assessed and that they are evidence-based, non-discriminatory, and not causing harm (eg: exacerbating overdose and overdose mortality).

Primary Recommendations

Treatment on Demand has produced the following community-developed recommendations:

- Workforce development, recruitment, and retention:
 - Recruit, train, pay equitably, and provide ongoing support to workers;
 - Establish pathways to employment for people with lived and living experience;
- End criminalization of people who use drugs and implement Overdose Prevention Plan; and,
- Implement a community process for the allocation of opioid settlement funds.

Additional Recommendations

Treatment on Demand has produced the following community-developed recommendations:

- Immediate access – diversify and expand treatment, including drop-ins (sobering, OPCs, etc.);
- Ensure the system is evidence-based, trauma-informed, voluntary, and reduces harm;
- Improve Mental Health SF integration, collaboration with providers, and oversight;
- Conduct an assessment to identify gaps in services across the continuum of care;
- Provide pathways to stable housing for those who are leaving treatment;
- Fully fund, resource, and promote existing programs; and,
- Recenter innovation and public health.