

# Behavioral Health Services Treatment on Demand Act (Prop T)

## 2022-2023 Updates to the 2021-2022 Report Submitted February 2023

San Francisco Department of Public Health

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City & County of San Francisco  
**Department of Public Health**

# Agenda

- Review continuum of substance use services available in San Francisco
- Utilization, capacity, and demand for substance use treatment services in San Francisco in FY22-23, updating 2021-2022 Treatment on Demand Report
- Changes in substance use services during FY22-23
- Challenges and looking forward



# Treatment on Demand

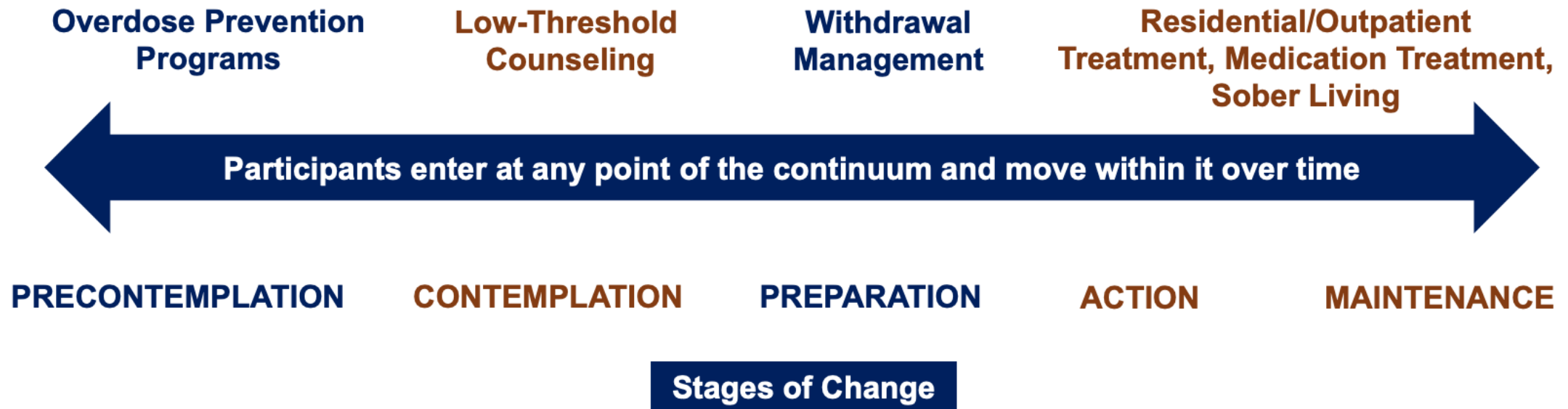
*The Department of Public Health shall maintain an adequate level of free and low-cost medical **substance abuse [sic] services** and residential treatment slots commensurate with the demand for these services.*

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



# **Continuum of Substance Use Services**

# Substance Use Disorder Services are Designed to Meet People at Different Stages of Change



# SFDPH Substance Use Disorder (SUD) Services

- DPH is both a Medi-Cal (insurance) plan and provider and must adhere to state and federal regulations.
- Behavioral Health Services offers "specialty" SUD treatments required of Medi-Cal plans, including: **outpatient treatment, medication treatment, withdrawal management (detox), and residential treatment.**
- SUD treatment is also available in DPH Ambulatory Care programs (primary care; jail health; Whole-Person Integrated Care).
- DPH also offers engagement and post-treatment services, including:
  - Sobering centers
  - Residential step-down (recovery transitional housing)
  - Overdose prevention and naloxone distribution
  - Overdose follow up
  - Street- and shelter-based care

# Specialty Substance Use Disorder Services Budget and Funding

Total SUD Budget	Fiscal Year 2022-2023
Total	\$91,274,936

- **Drug Medi-Cal** matches County General Fund investments for the majority of these services. Other funding sources include Substance Abuse Block Grant, Proposition C, and grants and work orders.
- **34% of budget is City general fund; 14% from Proposition C; 52% state and federal.**
- In FY22-23, the largest service investments were in **residential treatment and residential step-down** (\$28M) and **opioid treatment programs** (\$26M).

Includes contracted services for SUD services. Does not include funding for SUD services outside BHS.

# **Utilization, Capacity, and Demand for Substance Use Services in FY 22-23**



# Measuring Demand and Estimating Capacity and Need

- To measure demand for treatment services, we use:
  - Trends in treatment entry (of all types)
  - Wait times for different services types
- To measure demand and capacity needs, we also use feedback from community members and colleagues from across the City
- These are proxy measures for demand; working to find stronger measures
- Assessing demand for services is not enough: Engagement services seek to reach people who do not believe they need or would benefit from treatment.

# Specialty Substance Use Disorder Services in FY22-23

**4,600** people treated for substance use disorders

**3,000** (66%) of people served were experiencing homelessness

**2,000** (44%) of people served also had a mental health diagnosis

**2,000** (42%) of people served were White

**1,100** (25%) of people served were Black/African American

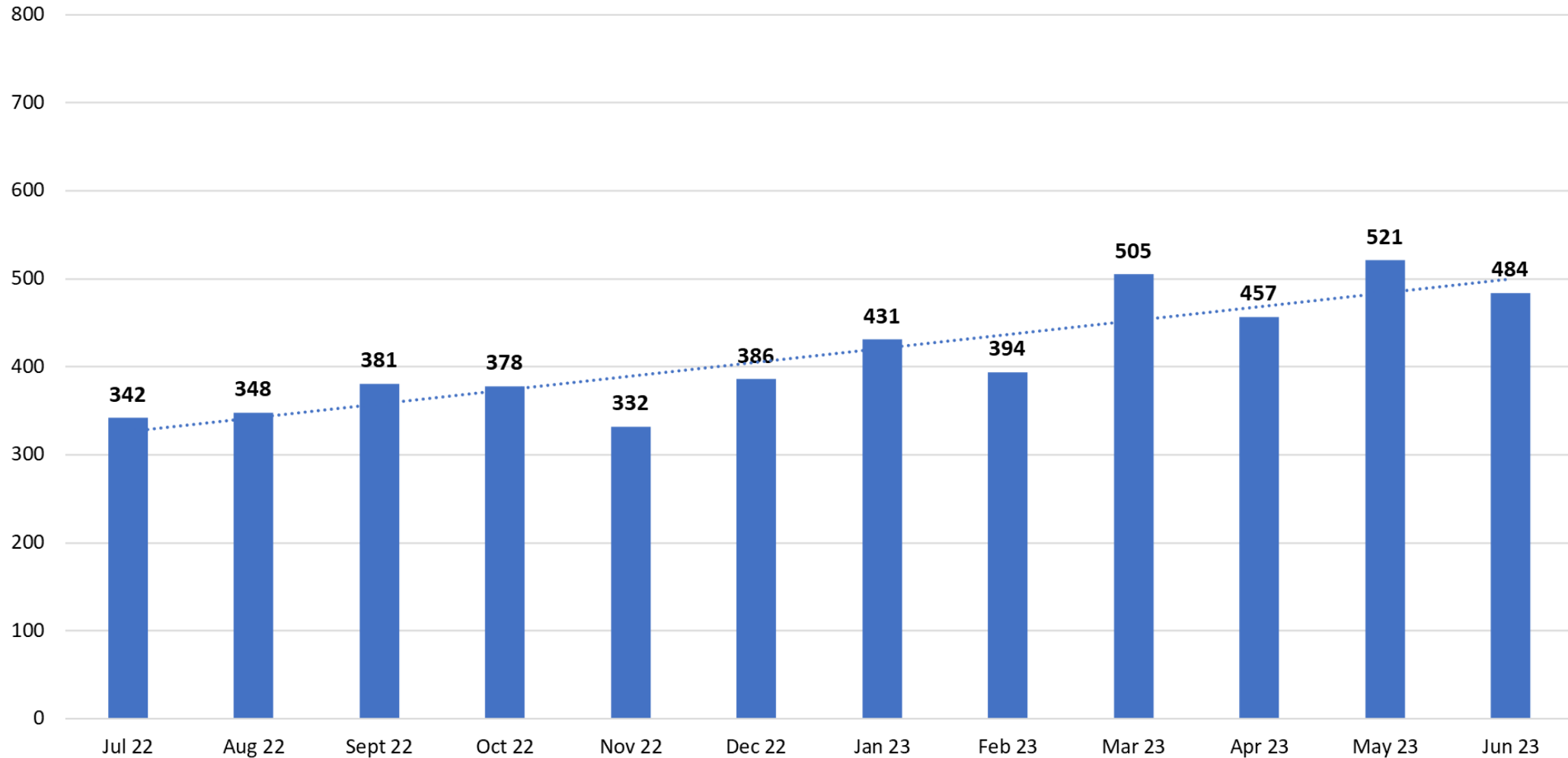
**1,000** (21%) of people served were Latino/a

## Top 5 Substances Treated

- Opioid
- Other stimulants
- Alcohol
- Cannabis
- Cocaine

**Additional 2,100 people treated** for substance use disorder in other areas of San Francisco Health Network (e.g. Primary Care)

# Overall Demand for Substance Use Services Increased from 2022 to 2023



**Number of Substance Use Disorder Admissions Per Month, July 2022 to June 2023**

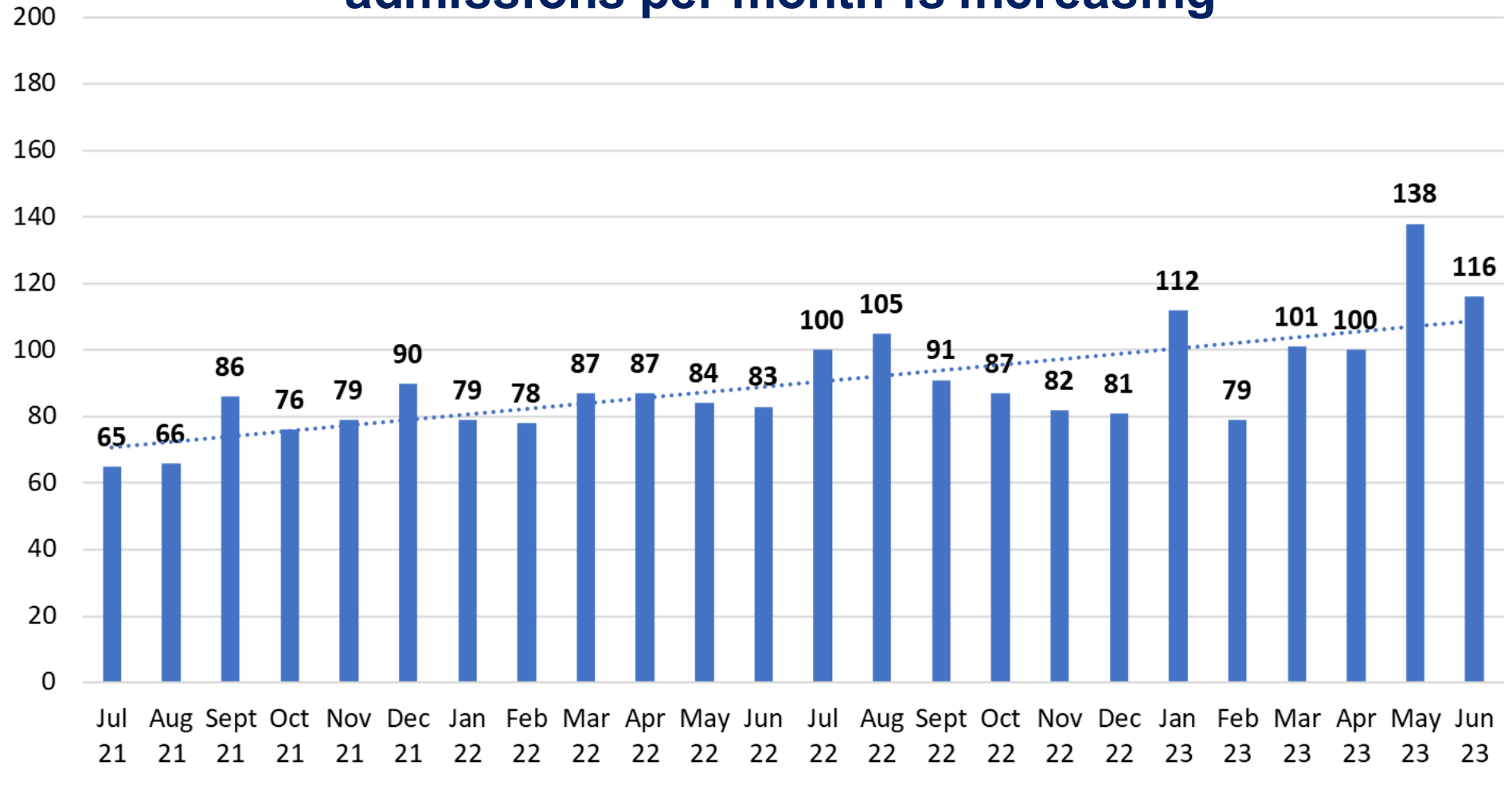
# Specialty Substance Use Disorder Treatment Capacity, Clients Service, and Wait Times

Service	Capacity (at a single point in time)	Unique Clients Served* FY 22-23	Wait Time FY 22-23
Specialty Outpatient Treatment	1,424	1,450	Variable
Opioid Treatment Programs (Methadone)	4,200	2,400	<1 day
Residential Treatment	276	690	5 days
Residential Step-Down	271	300	---

\*Unduplicated within a service category.

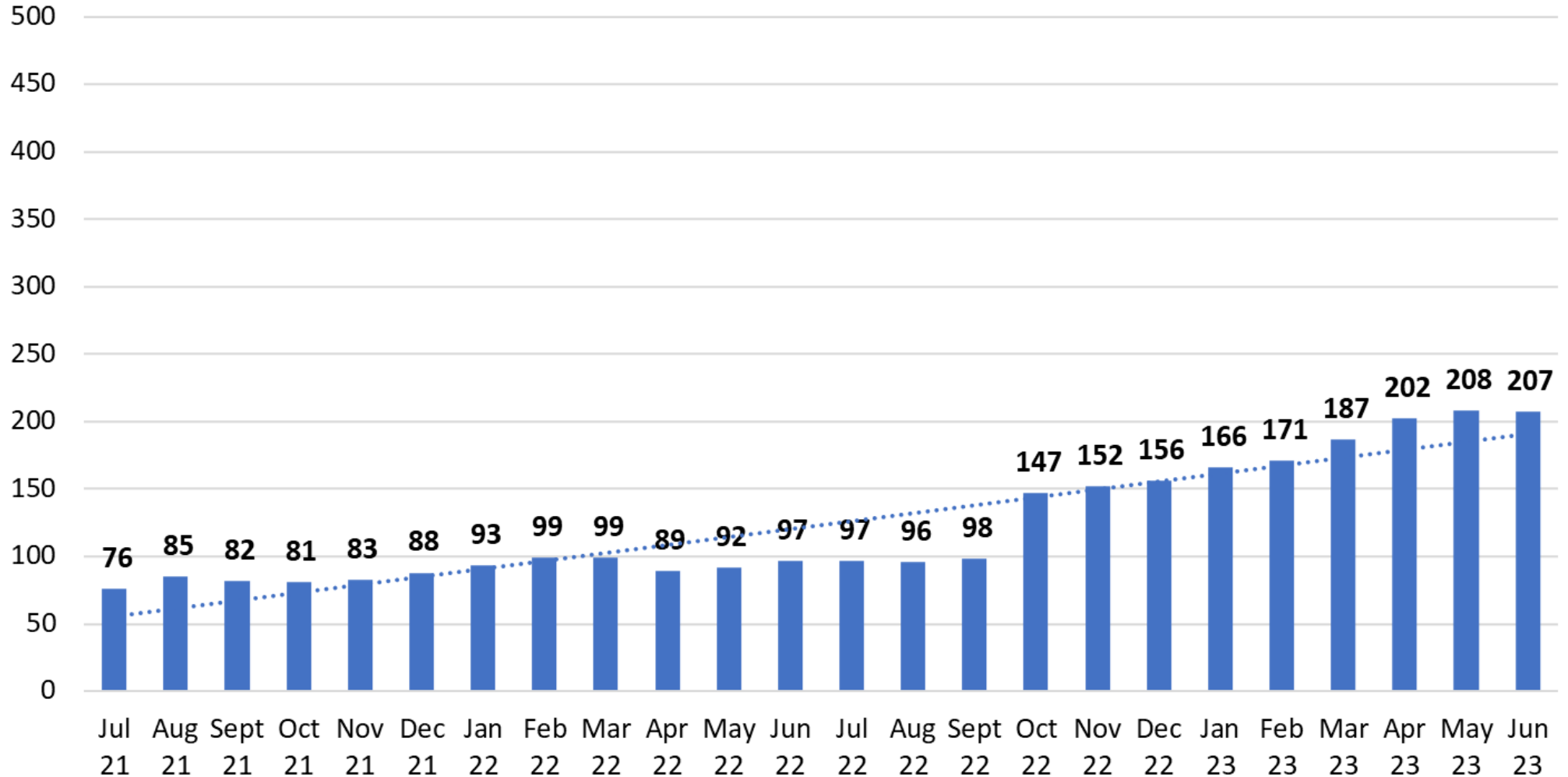
# Example: Admissions to Opioid Treatment Programs, FY 21-23

The number of methadone admissions per month is increasing



# Example:

## Residential step-down admissions increased with addition of additional capacity, FY 21-23



# Withdrawal Management (Detox) Models

SFDPH offers different models of withdrawal management

Social Model	Medically Supported	Medical Model
<ul style="list-style-type: none"> <li>• Main goal: Physical and emotional support</li> <li>• Not staffed with medical personnel</li> <li>• Manages symptoms with counseling, therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Main goal: manage physical withdrawal symptoms that require medication</li> <li>• Staffed with medical and non-medical personnel</li> <li>• Manages symptoms with scheduled medications</li> </ul>	<ul style="list-style-type: none"> <li>• Main goal: Prevent life-threatening withdrawal symptoms</li> <li>• Staffed with medical personnel</li> <li>• Manages symptoms with medical intervention (symptoms trigger)</li> </ul>
<p>Provided by Salvation Army (Harbor Lights) and HealthRIGHT 360</p>	<p>Provided by HealthRIGHT 360; Provided by Jail Health Services</p>	<p>Provided in hospitals (inpatient)</p>

Many individuals we serve have **more acute symptoms** and **need medical support**.



# Residential Withdrawal Management

FY22-23		
Served	Capacity	Median Wait (Assessment to Bed)
1,100	58 Beds	1 Day

- Currently able to measure **residential withdrawal management** wait time from initial assessment to admission into a withdrawal management bed.
- We are working closely with our providers to strengthen data collection around requests for care.
- DPH is working with providers to **streamline flow out of withdrawal management** so more individuals can get in.



# **Services Changes in 2022-2023 – Responding to Increasing Demand and Increasing Need for Engagement Services**

# Responding to Increasing Demand

- Contracting out-of-county medically-supported withdrawal management beds.
- Increasing residential bed capacity to improve access.
  - Expected in 2024:
    - 33 beds for justice-involved women with dual diagnosis
    - 16-bed crisis stabilization unit
    - 8 beds added to the managed alcohol program
    - Enhanced dual diagnosis
- Improving admission and flow processes.



# Critical Engagement Services Have Grown

**Low-threshold engagement and services** save lives and aim to motivate participants to seek treatment or take steps to improve their health.

- **Overdose prevention:** >135K naloxone doses distributed by DPH and the DOPE Project in FY22-23 and 100+ overdose response cabinets installed in supportive housing sites.
- **Follow up after a nonfatal overdose:** the Post-Overdose Engagement Team reached more than 750 people to provide risk reduction education, and link to care, and offer buprenorphine or other treatment
- **Prioritizing people with complex behavioral health needs:** The BEST Neighborhoods team had nearly 8000 street-based contacts from launch (March 2023) through October.

# Successes from expansions in high-impact treatments

- In 2022, the Office-based Buprenorphine Induction Clinic treated **575 patients** with buprenorphine in 2022, a **164% increase** from 2021.
- The Opiate Treatment Outpatient Program at ZSFG, serving **~700 annually**, has more intakes through the summer 2023 than it did in all of 2022.
- Maria X Martinez Health Resource Center has **treated 600+ patients** with medications for addiction treatment.
- Delivered buprenorphine medication to promote retention in care to more than **80 patients in 32 supportive housing facilities**.
- Established **contingency management in 4 programs**; more to come.



# Key Challenges and Impacts to Service Delivery

- Rapid acquisition of new services to meet changing demand
- Insufficient capacity to admit people to treatment nights and weekends
- Workforce **recruitment** and **retention**
- **State and federal regulations** (e.g. methadone)
- Nationwide **shortage** of **behavioral health clinicians**
- **Data infrastructure and workforce**
- Population demand is challenging to **measure**



# Looking forward

- Improve wait times for care:
  - Contract for new and as needed services faster
- Expand access to highest impact care:
  - Medication treatment for opioid addiction;
  - Contingency management for stimulant use disorder
- Improve measurement of population demand and need
- Improve measurement of service effectiveness
  - Transition to Epic, electronic health record, better data



**Thank you**