

**From:** [Donovan, Dominica \(BOS\)](#)  
**To:** [Carroll, John \(BOS\)](#)  
**Subject:** FW: Letter of Inquiry from Supervisors Stefani and Mandelman  
**Date:** Thursday, November 9, 2023 11:36:00 AM  
**Attachments:** [Sup. Stefani Mandelman DPH WD-Mgmt 2023.09.05.pdf](#)

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Dominica Donovan  
Office of Supervisor Catherine Stefani, District 2

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**From:** Validzic, Ana (DPH) <ana.validzic@sfdph.org>  
**Sent:** Tuesday, September 05, 2023 5:32 PM  
**To:** Stefani, Catherine (BOS) <catherine.stefani@sfgov.org>; Donovan, Dominica (BOS) <dominica.donovan@sfgov.org>; Rosas, Lorenzo (BOS) <Lorenzo.Rosas@sfgov.org>; Mandelman, Rafael (BOS) <rafael.mandelman@sfgov.org>; Thongsavat, Adam (BOS) <adam.thongsavat@sfgov.org>; Hajee, Zahra (BOS) <Zahra.Hajee@sfgov.org>  
**Cc:** Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>; Ng, Wilson (BOS) <wilson.l.ng@sfgov.org>; De Asis, Edward (BOS) <edward.deasis@sfgov.org>; Mchugh, Eileen (BOS) <eileen.e.mchugh@sfgov.org>; BOS-Operations <bos-operations@sfgov.org>; Bobba, Naveena (DPH) <naveena.bobba@sfdph.org>; Patil, Sneha (DPH) <sneha.patil@sfdph.org>; Colfax, Grant (DPH) <grant.colfax@sfdph.org>; Kunins, Hillary (DPH) <hillary.kunins@sfdph.org>  
**Subject:** Re: Letter of Inquiry from Supervisors Stefani and Mandelman

Dear Supervisor Stefani, Supervisor Mandelman, Dominica, Lorenzo, Adam and Zahra,

Attached is a response from Department of Public Health to the July 25, 2023, Letter of Inquiry issued by Supervisors Stefani and Mandelman regarding withdrawal management centers per my email communication below. I am also including **@BOS-Operations** to track completion of this letter of inquiry.

In addition, below is an update on our temporary withdrawal management diversion due to COVID outbreaks.

- HealthRIGHT 360 (HR360) intakes and withdrawal management are currently closed due to a COVID outbreak. We are working closely with HR360 to track the outbreak and when they can reopen. We anticipate re-opening the week of September 11th.
- Salvation Army has expanded operations to cover withdrawal management needs and currently has enough bed capacity to meet demand. Current bed capacity at Salvation Army is

posted on [findtreatment-sf.org](http://findtreatment-sf.org). Referrals for withdrawal management can be directed to the Salvation Army at 415-503-3054 or <https://thewayoutsf.wixsite.com/referrals/hl-referral>. Individuals seeking inpatient withdrawal management can walk in at the Salvation Army at 42 Mclea Court or call 415-503-3054.

- We are working closely with providers across our system, as well as our hospital and jail partners, to free up capacity to accommodate this temporary closure.
- Our Behavioral Health Access Center (415-503-4730) at 1380 Howard is open for walk-ins Monday through Friday, from 8 a.m. to 7 p.m. and Saturdays and Sundays from 9 a.m. to 4 p.m. and can connect individuals to one of our many programs where they can initiate medications for addiction treatment (MAT). Fort Help-Mission (415-821-1427) at 1101 Capp Street also can conduct MAT intakes over the weekend.
- The Alcohol Sobering program (operated by WPIC) is also currently closed due to site relocation and a COVID outbreak, and will re-open at 1185 Mission at 8 AM on Monday 9/11/23.

Best, Ana

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Ana Validzic (she/her)

Government Affairs Manager

San Francisco Department of Public Health

[ana.validzic@sfdph.org](mailto:ana.validzic@sfdph.org) | 650.503.9536 (cell)

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**From:** Validzic, Ana (DPH) <[ana.validzic@sfdph.org](mailto:ana.validzic@sfdph.org)>

**Sent:** Friday, July 28, 2023 3:39 PM

**To:** Board of Supervisors (BOS) <[board.of.supervisors@sfgov.org](mailto:board.of.supervisors@sfgov.org)>; Colfax, Grant (DPH) <[grant.colfax@sfdph.org](mailto:grant.colfax@sfdph.org)>

**Cc:** Rosas, Lorenzo (BOS) <[Lorenzo.Rosas@sfgov.org](mailto:Lorenzo.Rosas@sfgov.org)>; Calvillo, Angela (BOS)

<[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>; Somera, Alisa (BOS) <[alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org)>; Ng, Wilson (BOS) <[wilson.l.ng@sfgov.org](mailto:wilson.l.ng@sfgov.org)>; De Asis, Edward (BOS) <[edward.deasis@sfgov.org](mailto:edward.deasis@sfgov.org)>; Mchugh, Eileen (BOS) <[eileen.e.mchugh@sfgov.org](mailto:eileen.e.mchugh@sfgov.org)>; BOS-Operations <[bos-operations@sfgov.org](mailto:bos-operations@sfgov.org)>; Bobba, Naveena (DPH) <[naveena.bobba@sfdph.org](mailto:naveena.bobba@sfdph.org)>; Patil, Sneha (DPH) <[sneha.patil@sfdph.org](mailto:sneha.patil@sfdph.org)>

**Subject:** Re: Letter of Inquiry from Supervisors Stefani and Mandelman

Thank you for forwarding this letter of inquiry to us. We note the deadline of August 10<sup>th</sup> in the Clerk's Memo. However, this is not a sufficient timeframe to respond to Sup. Stefani's letter of inquiry given the numerous questions.

Rather, **DPH plans on submitting a response by September 5th.** The additional time is needed in order to best respond to the questions and consolidate many contracts per the letter's request, especially during planned summer vacations in August.

Thank you in advance for understanding. Best, Ana

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Ana Validzic (she/her)

Government Affairs Manager

San Francisco Department of Public Health

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**From:** Board of Supervisors (BOS) <[board.of.supervisors@sfgov.org](mailto:board.of.supervisors@sfgov.org)>

**Sent:** Thursday, July 27, 2023 4:49 PM

**To:** Colfax, Grant (DPH) <[grant.colfax@sfdph.org](mailto:grant.colfax@sfdph.org)>

**Cc:** Rosas, Lorenzo (BOS) <[Lorenzo.Rosas@sfgov.org](mailto:Lorenzo.Rosas@sfgov.org)>; Calvillo, Angela (BOS) <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>; Somera, Alisa (BOS) <[alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org)>; Ng, Wilson (BOS) <[wilson.l.ng@sfgov.org](mailto:wilson.l.ng@sfgov.org)>; De Asis, Edward (BOS) <[edward.deasis@sfgov.org](mailto:edward.deasis@sfgov.org)>; Mchugh, Eileen (BOS) <[eileen.e.mchugh@sfgov.org](mailto:eileen.e.mchugh@sfgov.org)>; BOS-Operations <[bos-operations@sfgov.org](mailto:bos-operations@sfgov.org)>; Bobba, Naveena

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**Subject:** Letter of Inquiry from Supervisors Stefani and Mandelman

Dear Dr. Colfax,

Please see the attached memo from the Clerk of the Board of Supervisors regarding a Letter of Inquiry issued by Supervisors Catherine Stefani and Rafael Mandelman at the July 25, 2023, Board of Supervisors meeting.

Sincerely,

**Joe Adkins**

**Office of the Clerk of the Board**

**San Francisco Board of Supervisors**

**1 Dr. Carlton B. Goodlett Place, Room 244**

**San Francisco, CA 94102**

**Phone: (415) 554-5184 | Fax: (415) 554-5163**

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City and County of San Francisco  
London N. Breed  
Mayor

## San Francisco Department of Public Health



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September 5, 2023

Supervisors Stefani and Mandelman  
City Hall  
1 Dr. Carlton B Goodlett Place  
San Francisco, CA 94102

Dear Supervisors Stefani and Mandelman,

Thank you for your letter regarding our withdrawal management services, and for highlighting the experience of the individual whose story you shared. We take any such reports seriously and conduct case conferences to assess the root causes of incidents and identify areas for systemwide improvement.

We strongly agree that timely withdrawal management services should be available when an individual is seeking them and acknowledge gaps in realizing that goal at times. The San Francisco Department of Public Health (SFDPH) is continually working to gather better data, streamline and improve processes, and explore options for expanding vital services. In recent months we have seen an increase in demand, while the City also faces a limited number of available providers and a nationwide shortage of behavioral healthcare workers. SFDPH remains committed to improving access and expanding treatment services amidst these shortages and welcomes collaboration from our partners across San Francisco—including the Board of Supervisors—to help reach these goals.

We respond to your inquiries below.

### **Overview of the withdrawal management system**

Withdrawal refers to the physiological and psychological symptoms individuals experience as a result of reducing or ceasing their use of drugs or alcohol. 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. Services are provided under the supervision of medical providers and often include the use of medications. Medications for addiction treatment (MAT) are most effective method for reducing death and achieving long-term recovery among people with opioid use disorder. For alcohol use disorder, it is necessary for a provider to manage withdrawal, typically by providing medications tapered over several days to prevent adverse outcomes.

Most withdrawal management is provided in an outpatient setting. Admission into clinically managed, residential withdrawal management is not always required in order to reduce or stop substance use. Residential withdrawal management is most appropriate for individuals who experience moderate to severe withdrawal symptoms that cannot be managed at home or in an outpatient setting, and those who do not have housing or a support system to assist them in managing their withdrawal symptoms safely. Other individuals who do not meet these criteria

have several options to initiate outpatient treatment to help them withdraw from substance dependency, as described below.

### *Residential Withdrawal Management Beds for Drugs and Alcohol*

Currently, SFDPH contracts for 48 residential withdrawal management beds at the HealthRight 360 (HR360) Withdrawal Management facility, where individuals can walk in or be referred, and 10 residential withdrawal management beds for individuals with criminal justice involvement at the Salvation Army's Harbor Light program, which takes referrals and—as of August 2023—walk-ins. The typical length of stay in withdrawal management is one to two weeks.

For individuals experiencing acute drug or alcohol intoxication, the SFDPH operates 20 drug sobering beds at SoMa RISE and 8 alcohol sobering beds at the Alcohol Sobering Center, where individuals can spend several hours safely recovering from intoxication and be offered connection to treatment. We operate 12 beds at our Managed Alcohol Program for individuals who want to reduce their harm from alcohol use.

### *Other Withdrawal Management Services*

For individuals who do not need residential withdrawal management, MAT can be initiated in an outpatient setting. San Francisco offers medication for opioid use disorders through its Office Based Induction Clinic (OBIC), located in the same building as the SFDPH Behavioral Health Services (BHS)-operated pharmacy. SFDPH contracts with seven licensed Opioid Treatment Programs (OTPs), which are federally regulated clinics that provide daily or several times weekly medications for the treatment of opioid use disorders (methadone, buprenorphine, naltrexone) at multiple locations. Buprenorphine and naltrexone are also available through several SFDPH-contracted outpatient and residential substance use disorder treatment programs, as well as in hospitals and federally qualified health centers.

Specialty clinics such as the Bridge Clinic in the Family Health Center, which treats individuals newly released from Zuckerberg San Francisco General Hospital (ZSFGH), also provide medications for substance use withdrawal management, and withdrawal management medications are available at the Maria X Martinez urgent care drop-in clinic and the Tom Waddell clinic. The BHS Pharmacy delivers MAT to individuals who have had difficulties connecting with other treatment models for their substance use; this service includes initiation and ongoing management of treatment.

In addition to City-contracted residential withdrawal management programs, there are other paths to withdrawal management services provided or paid for by other insurers, hospitals and non-profit agencies. These include outpatient withdrawal management services provided or contracted by the SF Veterans Hospital, the Adult Probation Office, St. Anthony's Foundation, and Kaiser Permanente, among others.

### *SFDPH Substance Use Service Contracts*

Enclosed are [copies of 24 substance use disorder \(SUD\) service contracts](#); most include multiple programs. These contracts specify federal, state, and local funding sources.

## **Entering withdrawal management**

SFDPH strives to offer “no wrong door” into care and, as described above, there are many paths to receive withdrawal management services. There are four common entry points: (1 & 2) our Drug or Alcohol Sobering Centers; (3) our Behavioral Health Access Center; and (4) intake at the HR360 Integrated Care Center at 1563 Mission St. Clinical needs determine which program is appropriate for an individual. Individuals are admitted into withdrawal management regardless of their Medi-Cal status.

1. **Drug Sobering (SoMa RISE):** Individuals who are intoxicated, non-violent, and willing to follow instructions

can walk in or can be transported by street outreach teams and EMT/ambulance services. Once their condition improves and they are ready to leave, staff identify and transport people to their next destination, which can be withdrawal management, a residential or outpatient treatment program, a medical clinic, shelter, or other housing service.

2. **Alcohol Sobering:** SFDPH's Whole Person Integrated Care (WPIC) operates the Alcohol Sobering Center. Adults (18+) who are acutely intoxicated on alcohol may be referred by health care providers and first responders, with a phone consultation. Onward transfer to withdrawal management occurs under a medical protocol to ensure that individuals continue to receive appropriate medications. HR360 and WPIC have met regularly to coordinate care and to design workflows to make it easier for people experiencing homelessness to enter withdrawal management from the Alcohol Sobering Center and other WPIC programs including Street Medicine, Shelter Health, and the Maria X. Martinez Health Resource Center (MXM). Once an individual gets assigned a bed in withdrawal management, they are transported by taxi, with accompaniment by a WPIC staff member if needed.
3. **Behavioral Health Access Center (BHAC):** BHAC helps 3,000 people a year get on the path to recovery and has recently expanded its operations to include evening and weekend hours. Our services operate under a [No Wrong Door policy](#) and individuals may contact providers directly, but we encourage access through the BHAC because it is designed as a centralized entry point that can conduct assessment, review electronic medical records for treatment history and care coordination, and make referrals and linkages to care, including withdrawal management.
4. **HR360 Integrated Care Center:** Individuals can walk in and request withdrawal management, or are referred by providers, hospitals, or EMS/first responders. After check-in, individuals are screened to assess whether withdrawal management is appropriate for them and whether medication support will be needed for their withdrawal. Individuals are assigned a number at check-in and are admitted pending available beds and staffing. HR360 can refer individuals with criminal justice involvement to withdrawal management beds at the Salvation Army; Salvation Army only recently began accepting walk-ins in addition to referrals, in August 2023.

## Demand and wait times

We define someone as seeking withdrawal management when they request it, or when they are referred by family members, providers, or first responders. We expect the quality and completeness of our data to improve soon: in April 2024, we will transition to an electronic health record (Epic), which will enable us to capture requests for services and time to enter the service. What we 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.

In the late spring, we saw an increase in demand for withdrawal management services at HealthRight360: increasing from an average of 245 individuals per month seeking withdrawal management from February through April 2023 to about 330 individuals per month in May and June 2023. At the same time, staffing shortages have affected bed capacity, particularly in June 2023. From February to May 2023, HR360 admitted 45-55% of individuals seeking withdrawal management.

There are several reasons why an individual's needs may not be appropriate for same-day admission to residential withdrawal management. Individuals who are intoxicated are instead cared for at the Alcohol Sobering Center or SoMa RISE Drug Sobering Center. Once they are no longer intoxicated, they can be transported to an available bed in withdrawal management. Others may not be admitted due to medical or psychiatric needs that must be prioritized. Individuals who have acute psychiatric needs are instead cared for at the DORE Urgent Care Clinic; intake staff also call 911 as needed for acute medical or psychiatric issues.

When individuals are not admitted immediately to HR360 due to limited bed or staffing availability, intake staff coordinate with Drug Sobering to provide them a bed to await next-day access to an available bed in withdrawal

management. Or, they may coordinate with BHAC for other options, including seeking a bed at the Salvation Army. Lastly, some referred individuals do not show up and others choose to leave prior to assessment or admission, but many return.

Until August 2023, individuals could not walk in at the Salvation Army for withdrawal management; they had to be referred. Some individuals left the same day they were referred, without admission. Salvation Army reported that seven individuals left prior to admission after referral from December 2022 to July 2023, either due to medical complications or voluntary departure.

In the last six months, Maria X. Martinez—which operates our Alcohol Sobering and Managed Alcohol programs—reports having seen 66 patients with a primary diagnosis of alcohol withdrawal, and 222 patients with a primary diagnosis of alcohol use disorder.

Our annual [Treatment on Demand](#) report reviews several measures SFDPH uses to assess demand for outpatient and residential treatment. We continually work to both assess and improve our measures and to better address unmet need. Access to MAT in outpatient settings is discussed at greater length in our response to your letter of inquiry regarding MAT, submitted in August 2022 and enclosed here.

SFDPH is working closely with our withdrawal management providers to identify process improvements to improve wait times into withdrawal management, and with our providers system-wide to improve bed capacity and increase the workforce.

### **Next steps following withdrawal management**

In FY22-23, there were 1,683 withdrawal management discharges from HR360, the Salvation Army, and the Joe Healy program previously provided by Baker Places, which transitioned to HR360 in January 2023. Of these discharges, 671 transitioned to residential treatment, and 132 transitioned directly to outpatient treatment programs. Those who did not transition directly to treatment include individuals who transitioned to non-SFDPH programs, those who left voluntarily, and those who were exited from withdrawal management due to active substance use. Individuals are offered the chance to repeat withdrawal management as needed, and many individuals may repeat withdrawal management and residential treatment during the normal course of recovery.

We offer treatment to all individuals in withdrawal management and are actively working to enhance our residential treatment capacity, but also note that many individuals are not yet ready to seek treatment upon discharge from withdrawal management. SFDPH also offers a range of low-threshold engagement and services and endeavors to build relationships with individuals and motivate them to seek treatment.

### **Bed supply**

In recent years, bed supply development has primarily relied upon our Bed Optimization Study (attached), which is being updated; we expect updated results later this year. The new study will include data from withdrawal management programs and sobering centers. We continually assess bed supply needs across our system through quality management data review and our ongoing, active communication with our contracted programs, and primary care providers, hospitals, and jails. We work with and alongside first responder agencies across many initiatives to serve priority clients (e.g., BEST Neighborhoods, Castro Neighborhood Street Care Strategy), providing avenues for communication and feedback regarding access and bed availability.

In addition to updating the Bed Optimization Study, SFDPH is closely reviewing our withdrawal management data and meeting regularly with providers to review and assess workflows and determine how many additional beds may be needed to meet increased demand in the withdrawal management system. The number of providers able to meet staffing and regulatory requirements within their facilities and programs for inpatient withdrawal



management is limited. SFDPH is working aggressively to identify and secure additional withdrawal management beds, including considering options in nearby counties. We also are working to increase residential bed capacity to free up flow out of withdrawal management.

## Staffing

We are experiencing recruitment challenges across the behavioral health workforce, and particularly for clinicians. From May to July, HR360 experienced a shortage of physicians in withdrawal management. HR360 has since hired a half-time nurse practitioner and is continuing to recruit but is competing with other counties for a limited pool of providers. They are working closely with staff at WPIC, the Bridge Clinic at the Family Health Center, and OBIC to extend capacity, initiating medications at these clinics or the hospital before they are admitted to HR360. Current staffing at HR360 includes three counselors and two to three nurses per shift at withdrawal management and 15 intake staff (including both clinical, counseling, and administrative staff) to process requests for withdrawal management and residential treatment. For the Salvation Army's 10 withdrawal management beds contracted to SFDPH, current staffing is stable and includes one dedicated intake staff member. Two to three counselors per shift serve clients across 40 beds, 30 of which are contracted to other entities. SFDPH works closely with both the Salvation Army and HR360 to assess staffing and bed capacity for increased demand, and both agencies have been responsive and willing to temporarily expand bed capacity for SFPDH clients when needed. Our Alcohol Sobering Center also reported onboarding four additional as-needed nurses in August 2023.

SFDPH is working aggressively to improve hiring and retention in key civil service and contracted programs and awaits the results of staffing and wage analyses currently underway that will help inform our strategies.

Thank you again for your interest in our withdrawal management programs. We welcome your ongoing collaboration to better meet the needs of people seeking withdrawal management in San Francisco. If you have any further questions, please contact SFDPH's Government Affairs Manager, Ana Validzic, at [ana.validzic@sfdph.org](mailto:ana.validzic@sfdph.org) for follow-up.

Sincerely,



Hillary Kunins, MD, MPH, MS