

Presentation to the Public Safety and Neighborhood Services Committee of the San Francisco Board of Supervisors, October 27, 2022 by Laura Thomas, MPH, MPP, Director of Harm Reduction Policy, San Francisco Aids Foundation and Sara Shortt, MSW, Director of Public Policy and Community Organizing, HomeRise

SF TREATMENT ON DEMAND COALITION



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

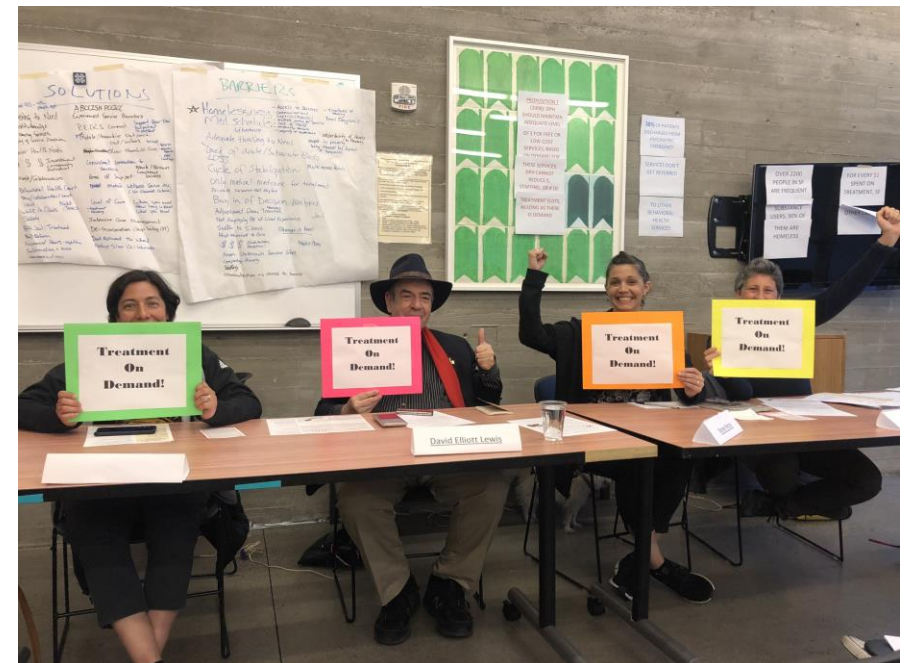
Epiphany Center

Urban Survivors Union

Cameron House

Larkin St Youth Services

Healthright 360



A coalition of people with lived experience,
community organizations and service
providers working to improve access and
availability of mental health and substance use
services at every point in San Francisco.



Our System of Care

San Francisco needs and deserves a more expansive, inclusive, accessible, effective continuum of care for:

- people who use drugs,
- people with substance use disorder,
- and people in recovery.

While San Francisco has a good system of care, people are still falling through the cracks

- unable to access services,
- vulnerable to overdose and criminalization,
- Stigmatized,
- subject to racial disparities in health outcomes.

Barriers to Meeting Demand

Staffing

- We don't have pay equity across city and community organizations
- Poor pay for frontline staff, peers, outreach workers
- Staff hired away for city jobs (solving one problem by creating another)
- Medi-Cal assessments/wait times (5-7 days)
- Uneven access to services
 - Ex: Dual diagnosis
- Certain communities' needs not served
 - Spanish and Mayan-speaking communities
- Lack of information about how/ where to get treatment
- Rigid requirements or eligibility screening
- Pending closure/cutbacks in services (Baker Places)
- Housing



Measuring Demand & Evaluating Prop T Fulfillment

Measuring demand through the number of people enrolling in care misses people dissuaded from accessing, unaware of services, or previously traumatized by services. We need a new way to evaluate this.

- Ask the right questions: who are we missing? And why?
- People repeatedly accessing treatment is a problem with the system, not the individuals
- Need more detail on categories of services which certain communities and population may need
- Need measures of racial disparities in access and outcomes
- Need to ensure that all initiatives to address drug use are assessed, and ensure that they are evidence based and not making the problem worse.

Recommendations

- Integrate better with **Mental Health/SF** process and community oversight
- Create a **community process** for allocation of opioid settlement funds
- Conduct **comprehensive assessment** to identify gaps in services across the full continuum of care
 - Must work with the community
 - Create realistic measures of “demand”
 - Cultural and linguistic specificity
- **Expand low threshold services** - drop in, street-based, harm reduction, etc.
- **Provide overdose prevention services/supervised consumption services**



Recommendations Continued

- Ensure existing essential components such as detox are fully funded and supported and don't close
- Ensure services are trauma informed, harm reduction oriented, and evidence based
- Workforce development –
 - Recruit, train, pay equitably, and provide ongoing support to workers
 - Create pathways to employment for people who use drugs/people in recovery
- Focus on ensuring all who would like treatment are able to receive what they need before creating ways to force others into treatment