



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Presented in Committee - September 27, 2019

Hearing - “Treatment on Demand” DPH Substance Use Services

San Francisco Board of Supervisors
September 27, 2019

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Medical Director, Substance Use Services.



1. Substance Use Treatment in San Francisco
2. Proposition T – background and context
3. Move to an Organized Delivery System (ODS)
4. “Treatment on Demand” Lessons Learned



Substance Use in San Francisco

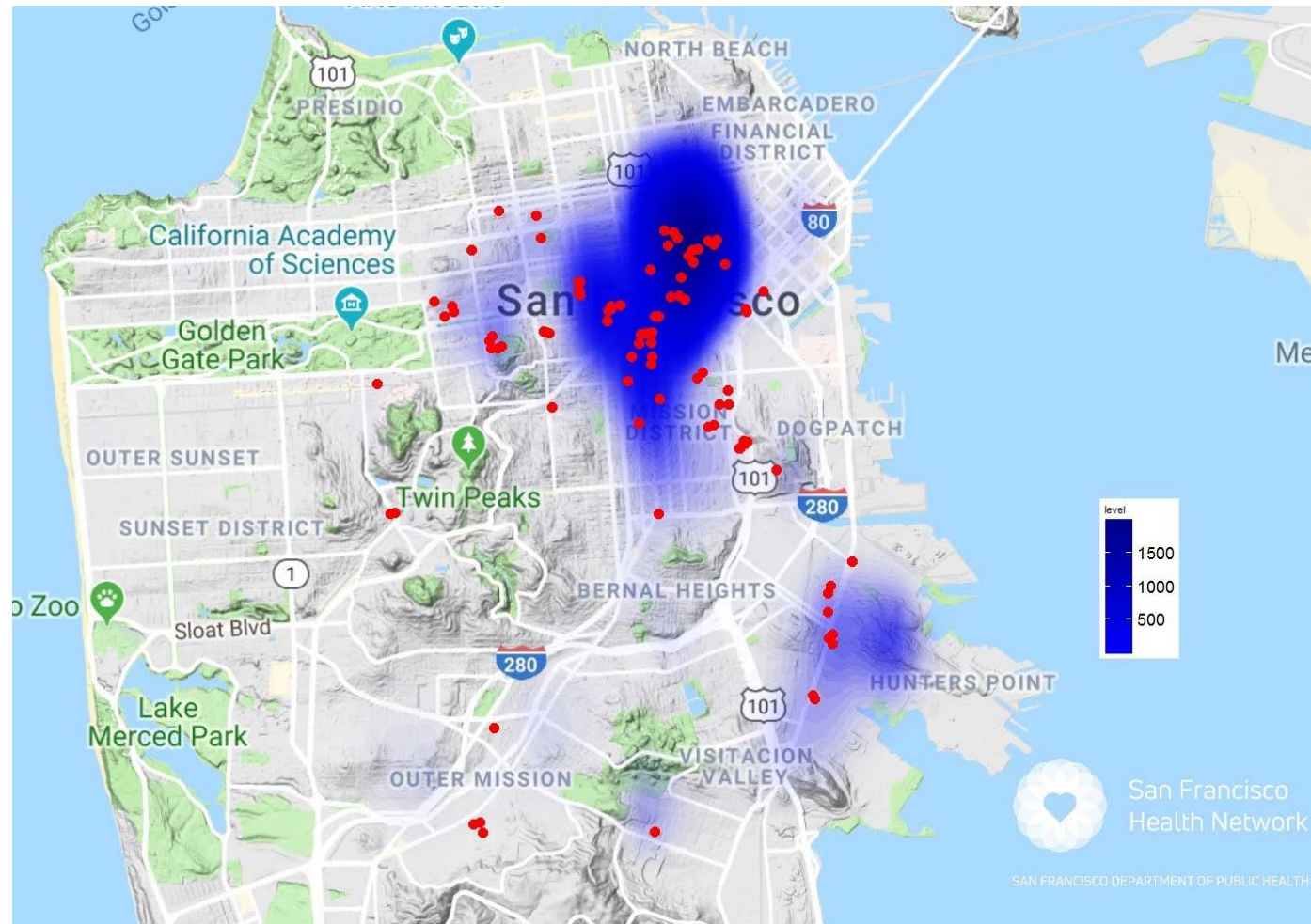
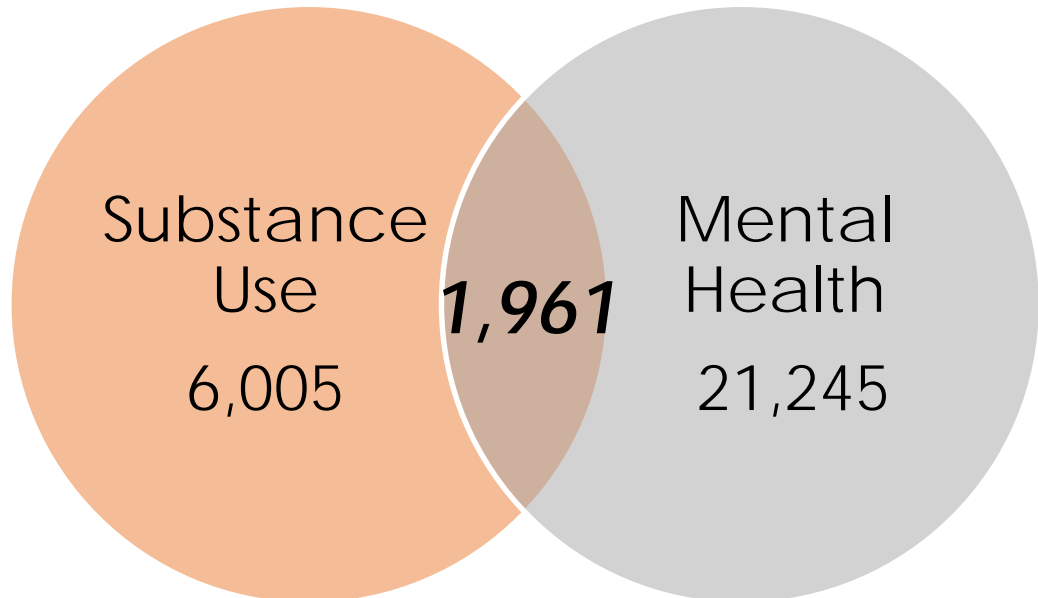
Location of Clients & Services

FY 2018-19

City and County SF
Substance Abuse Treatment Services

FY 2018-19

- 6,005 clients served (99% adults)
- 56% homeless





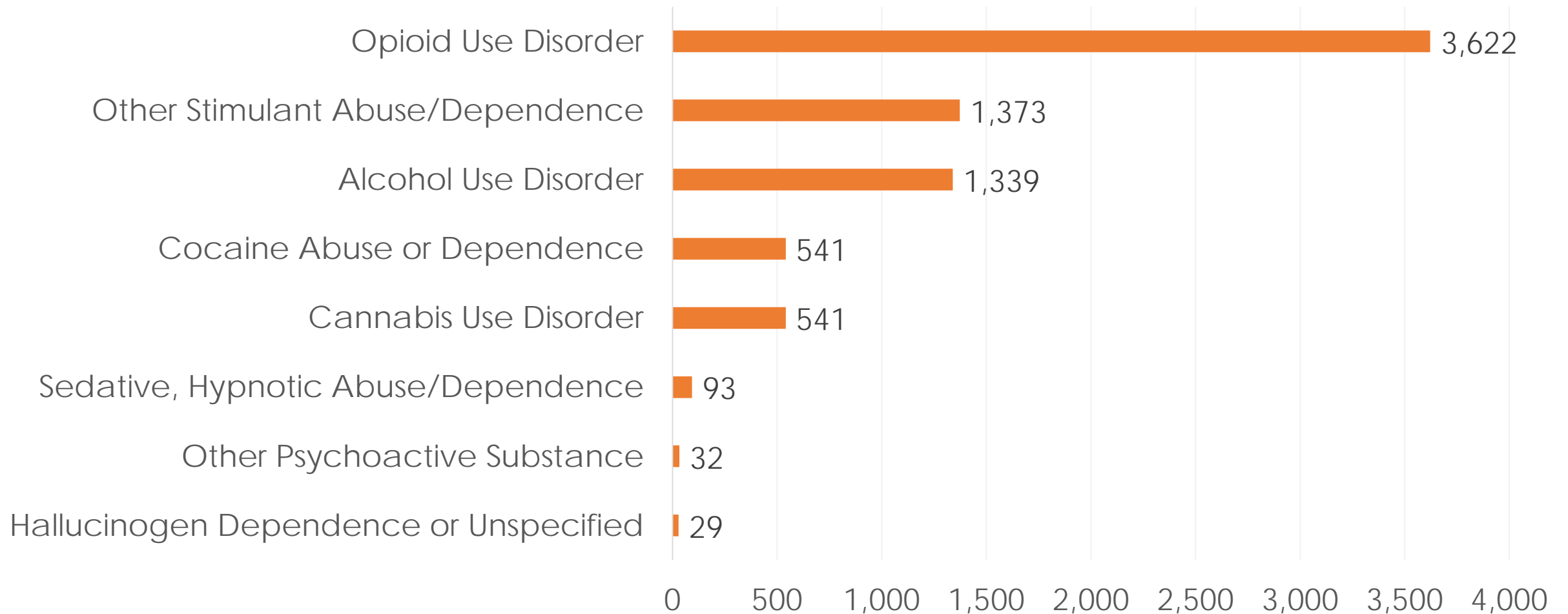
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Substance Use in San Francisco

Primary Diagnoses

FY 2018-19

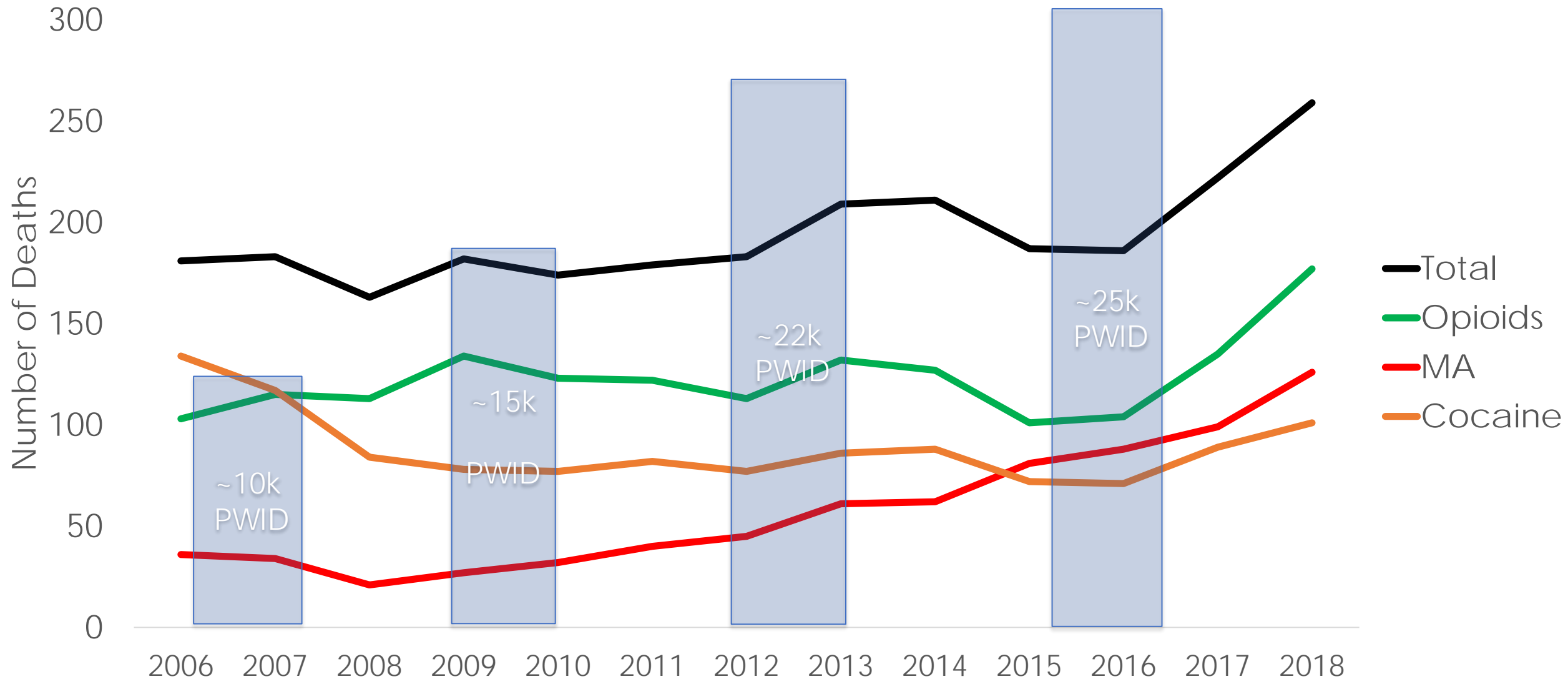




Substance Use in San Francisco

Overdose Deaths in San Francisco

Opioid/Methamphetamine/Cocaine





- **Recognizing that:**

“Substance abuse treatment services are essential services that provide hope and dignity for individuals and a pathway out of addiction, which may lead to homelessness and criminal activity,” [AND] “...the City and County of San Francisco [had] inconsistently prioritized substance abuse treatment services.”

- **Required that DPH...**

“shall maintain an adequate level of free and low cost medical substance abuse services and residential treatment slots commensurate with the demand for these services.”

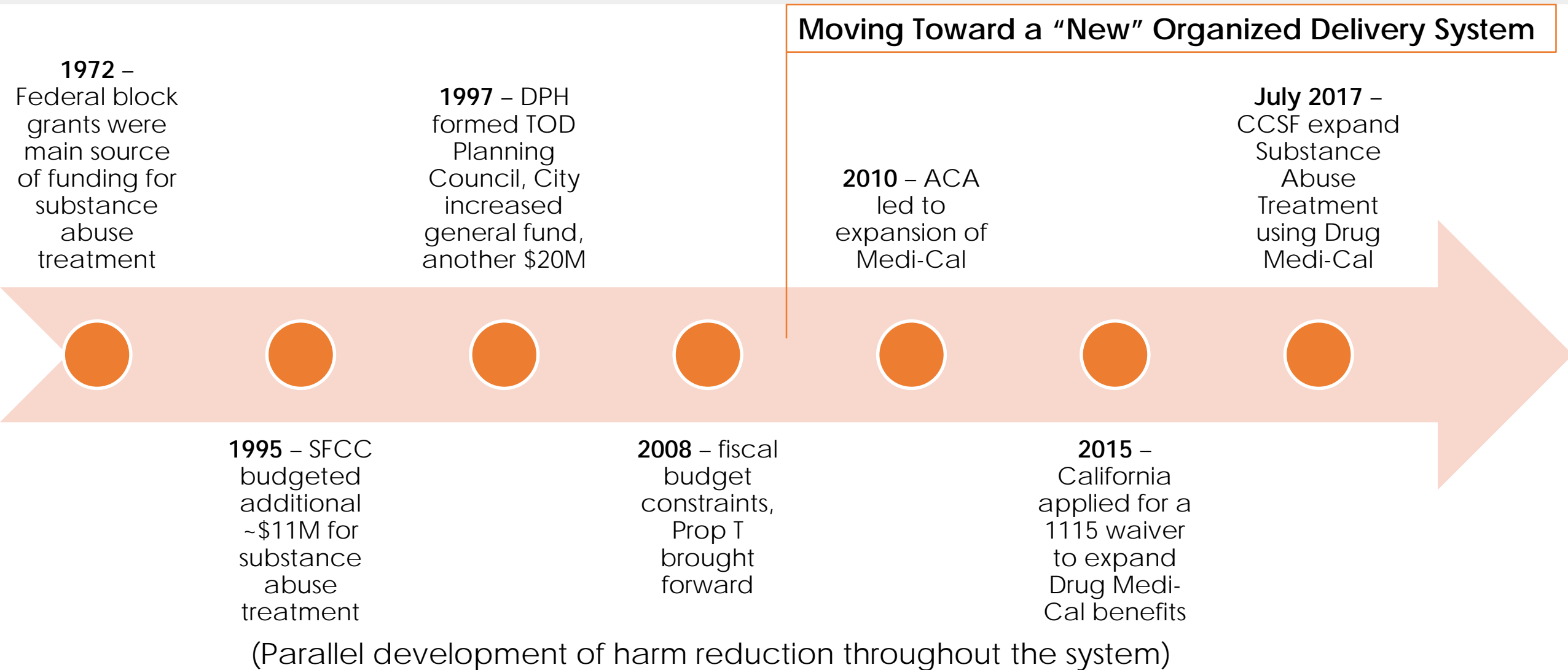
- **Yet, did not provide funding mechanisms or mandate..., but stated the City and County...**

“shall not reduce funding, staffing or the number of substance abuse treatment slots available...”



Treatment on Demand

Historical Context & Funding





New improvements in substance abuse treatment:

- High standards for use of proven treatments administered by licensed providers.
- Placement in levels of care based on evidence-based assessments.
- An implementation plan that results in a nationally sponsored continuum of care.
- External quality monitoring of network access and adequacy of services.
- Extensive documentation to settle DMC reimbursement to cost.

DPH and its contracting partners have created a **quality-driven system of care** for treatment of substance use disorders.



Substance Use Disorder Treatment Programs

- DPH-BHS funds, supports and oversees approximately **45 community-based** substance abuse treatment programs (Bold indicates DMC active in 18-19)
- City & County of San Francisco/UCSF
 - Potrero Hill Health Center
 - Tom Waddell Health Center
 - Positive Health Program/CCSF
 - **Alliance Health Project/UCSF**
 - Community BHS Pharmacy
 - ZSFG Pharmacy
 - **Opiate Treatment Outpatient Program (Ward 93)**
 - **Citywide Stimulant Treatment OP Program/UCSF**
 - **Buprenorphine Induction Clinic**
- Residential/Outpatient Community Based Organizations
 - **HealthRight 360**
 - Golden Gate for Seniors
 - **Curry Senior Center**
 - A Woman's Place
 - Latino Commission
 - Friendship House American
 - Indian Healing Center
 - Epiphany Residential
 - **Joe Healey**, Acceptance Place/Baker Places
 - Jelani Family Program/Bayview Hunters Point Foundation
 - **Mission Council** for the Spanish Speaking
 - **Richmond Area Multi-Services, Inc. (RAMS)**
 - **Stonewall/San Francisco Aids Foundation**
 - **Horizon Unlimited**
- Opioid Treatment Programs
 - **BAART**
 - **Fort Help**
 - **Bay View Methadone maintenance**
 - **Westside Methadone Clinic**



Increase in Residential Beds

Beds	<u>FY 17-18</u>	<u>FY 18-19</u>	+ / (-)
Residential**	315	279	(36)
Residential Withdrawal Mgmt. (Detox)	51	55	4
Residential Step-Down*	49	186	137
Hummingbird Respite**	15	29	14
Total	430	549	119

*RSD is a new service, designed to facilitate transition to community from residential treatment

** In FY19-20, 62 new residential treatment and 50 respite & board and care beds were added to the budget.

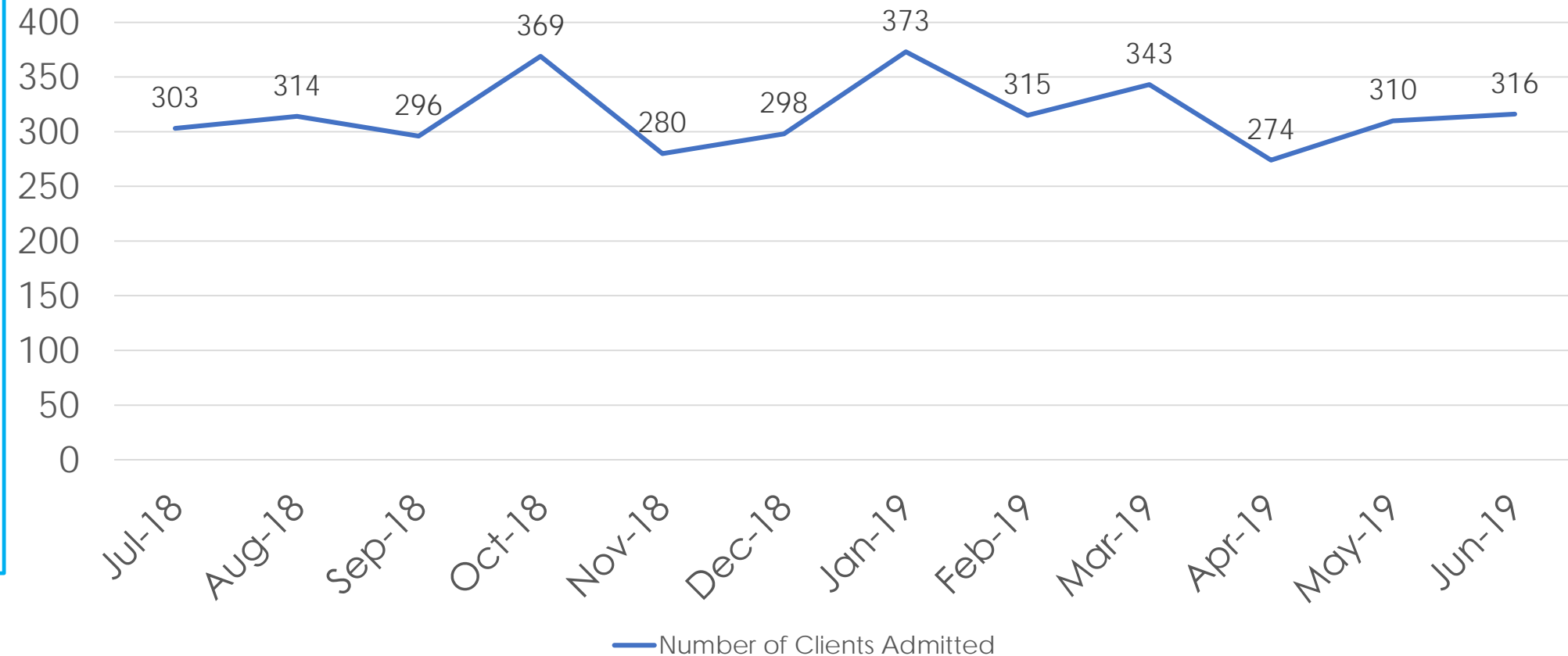


Admission of DMC-ODS clients to DMC-ODS programs

Time period: 7/1/2018 to 6/30/2019

Total number of DMC-ODS Episodes Opened: 4,340

Number of Unique DMC-ODS Clients Admitted: 2,668



“ [DPH] shall maintain an adequate level of free and low cost medical substance abuse services and residential treatment slots commensurate with the demand for these services”

[section 19A.30]

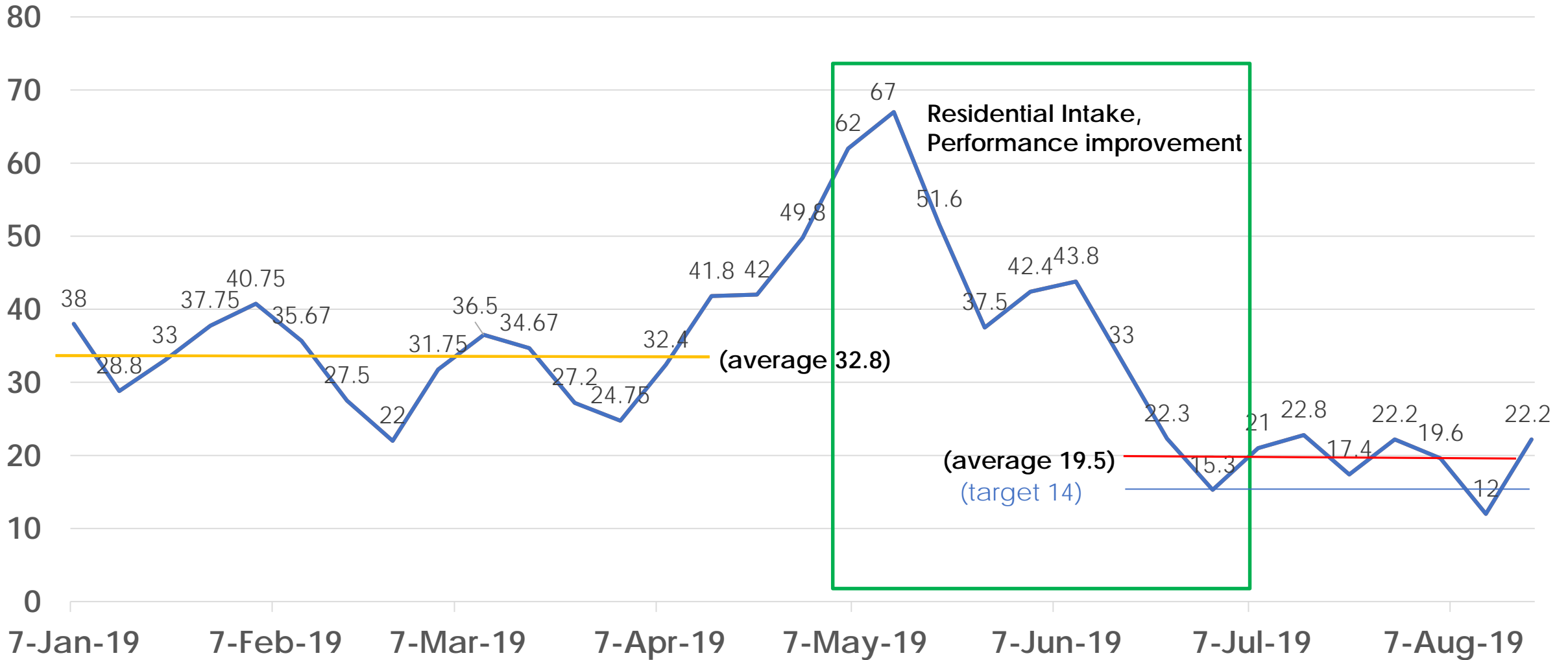


- “**Demand shall be measured** by...total number of filled residential treatment slots plus the number of individuals seeking such slots.”
[Section 19A.30]
- Residential access goal is 90% occupancy of adult beds, considering flow. (indirect measure of need)
- Dr. Nigusse-Bland, Director of Mental Health Reform, is developing a public-facing bed count for all types of bed.

Centrally Authorized Residential Beds	141
Daily Vacancy	19
Daily Admissions	~10-12
Capacity Utilization	86%



SUD Residential Bed Vacancy



Source: (TAP Call Center) weekly average



Treatment on Demand: Success & Challenges

Successes

1. Proven access to medication services for opioid use disorder in an opioid epidemic.
2. Expanded levels of care, including residential step-down to address transitions to community for people experiencing homelessness.
3. Gender and culture-specific programs to serve San Francisco's diverse neighborhoods.

Challenges

1. Extensive administrative requirements to qualify for DMC reimbursement.
2. Even if treatment slots are mathematically sufficient, people experiencing homelessness may have trouble taking advantage of them, making low threshold access a key need - not DMC reimbursable.



Going Forward

- Expansion of Behavioral Health Access Center Hours.
- Web-based listing of Residential Bed vacancies.
- Expansion of DMC-qualified Residential programs.
- 212 New Behavioral Health Beds in FY18-19 & FY19-20.
- 3 years of expanded Medi-Cal funding under demonstration waiver.
- Continued state external quality monitoring of access and timeliness, which aligns with “Treatment on Demand” priorities.
- Ongoing DPH Performance Improvement focus on quality, efficiency and effectiveness.



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Questions?