



City and County of San Francisco
Daniel L. Lurie
Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

September 3, 2026

San Francisco Board of Supervisors
City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Honorable Members of the Board of Supervisors and Staff,

I am pleased to submit the FY24-25 Treatment on Demand Report. The attached report reviews key metrics regarding the Department's substance use services in FY24-25, as required by the 2008 Treatment on Demand Act (Proposition T). The Department is deeply invested in building a behavioral health system that is faster, more connected, and more accountable alongside every step of the recovery journey.

This report shows progress. As we work to accelerate access, we find that in FY24-25, 78 percent of all recorded requests for treatment from our Drug Medi-Cal programs were offered same- or next-day intake. As we improve pathways from street outreach to treatment, new patients on medications for opioid use disorder increased 29 percent in FY24-25, driven by our on-demand, telehealth access to treatment. We have added capacity to support individuals along the continuum of recovery, opening more than 200 new beds since January 2025, including respite, withdrawal management, residential treatment, and recovery housing beds. With our investments, we are serving more people: in FY24-25, more people received substance use services across SFDPH (17% increase) and from specialty substance use treatment (15% increase), compared to FY23-24.

Yet we must do more to realize the vision of treatment on demand and improve substance use treatment outcomes. The Department is committed to closing gaps in timely access to care, especially in withdrawal management. This report shows that in FY24-25, 41% of individuals who requested residential withdrawal management could not be offered same or next day appointments. This is a key gap we are focused on. We are also dedicated to improving retention on medication treatment and further reducing fatal overdoses.

I thank the Board of Supervisors, Mayor's Office, Health Commission, and partner departments for their collaboration and commitment. We welcome your ongoing partnership as we continue to transform behavioral health care delivery and move towards lasting stability for our most vulnerable San Franciscans and for our communities.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Tsai".

Daniel Tsai
Director of Health



TREATMENT ON DEMAND

Fiscal Year 2024-2025 Annual Report

San Francisco Department of Public Health
Behavioral Health Services

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I. Summary

This report reviews San Francisco Department of Public Health (SFDPH) substance use services in Fiscal Year 2024–2025 (FY2425), in accordance with the 2008 Treatment on Demand Act (Prop T). SFDPH provided substance use treatment for 17,029 unique individuals in FY 24-25. Yet, there is ongoing, unmet need both to engage new people in treatment and keep people progressing forward in their recovery. SFDPH estimates 15,000-19,500 individuals in San Francisco may need substance use treatment and are eligible to receive publicly funded services.

In FY24-25, more people received substance use services across SFDPH (17% increase) and from specialty substance use treatment (15% increase), compared to FY23-24. Across most treatment modalities, numbers served have increased year-over-year since FY22-23. More than 200 new beds have opened since January 2025, including additional respite, withdrawal management, residential treatment, and recovery housing beds.

SFDPH strives to provide same-day access to substance use treatment. This report features new timely access data. Of all recorded requests for treatment from Drug Medi-Cal programs in FY24-25, **78 percent were offered same or next-day intake** with 62% completing same- or next-day admission. We aim to remove barriers to timely access for specific services and improve care transitions.

This report includes expanded outcomes metrics compared to prior years. In FY24-25, **71 percent of clients in Drug Medi-Cal programs had positive discharge outcomes** (defined as treatment completion or satisfactory progress) and 72 percent of all specialty clients reported abstinence or reduction in use. More work is needed to continue to improve connections to care after hospitalization, withdrawal management, and residential treatment. While **new SFDPH patients on medications for opioid use disorder (MOUD) increased by 29 percent** in FY24-25, it remains an SFDPH priority to improve retention on MOUD.

SFDPH continues to lead implementing innovations including expanding access to long-acting injectable buprenorphine, pairing treatment starts with shelter needs, and adding treatment navigation supports. We also are integrating contingency management into primary care within the San Francisco Health Network and community-based settings. In May 2026, specialty substance use treatment transitioned to SFDPH's Epic electronic health record, providing opportunities for improved care coordination, standardization, and outcomes tracking.

There are signs of progress: treatment is expanding and overdose deaths declined 23 percent in FY 24-25. However, any death related to substance use is one too many. We are committed to continuously working towards delivering what this crisis demands: proactive engagement, sufficient capacity, and a more structured, integrated system of care.

II. Introduction

The San Francisco Department of Public Health (SFDPH, or the Department), Behavioral Health Services (BHS) submits this report in compliance with the 2008 Treatment on Demand Act (TOD, or Proposition T), which requires SFDPH to have sufficient supply of substance use services to meet demand. This report describes SFDPH’s Fiscal Year (FY) 2024-2025 funding; estimates of need; timeliness of treatment access; and outcomes. We also provide key programmatic updates to strategic efforts to treat substance use disorder and promote recovery.

III. Key Departmental Goals

SFDPH is working in close partnership across the City to meet the goals of Mayor Lurie’s **Breaking the Cycle** Executive Directive (issued March 2025) which aims to stop behavioral health and homelessness crises before they begin, bring those in crisis inside and into the right care quickly, generate better outcomes including successful completion of care, and strengthen system finances and quality. SFDPH’s goals are:

- To **build a more responsive and proactive behavioral health system of care** that will help move people quickly from the streets into effective treatment and sustained recovery
- To **reduce fatal overdoses** and **reduce disparities in overdose rates** across the city

SFDPH has developed a **roadmap** to address the behavioral health crisis and create a more structured, integrated system of care, which will help to realize Treatment on Demand.

SFDPH Roadmap for the Behavioral Health Crisis

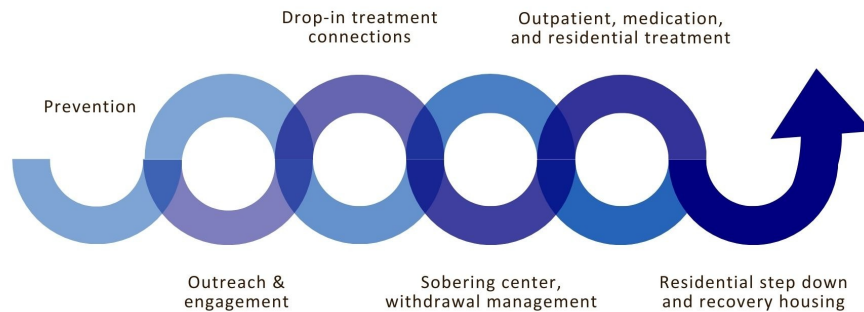
1. **Expand Treatment Beds and Services** – We need to expand treatment beds and services, at the right levels of clinical intensity, including more clinical care in shelters
2. **Accelerate and Simplify Entry to Care** – We need to more quickly connect people to treatment and stabilization services, whenever someone needs or is ready for treatment
3. **Support People to Progress Through Care** – We need to do a better job being “sticky” – supporting people to engage and stay the course through evidence-based treatment and recovery – without falling through the cracks
4. **Update Safer Use Supply Distribution Policy** – We are requiring that the distribution of safe use supplies be paired with counseling and connections to treatment, better balancing our public health obligations to both those in crisis and our broader community
5. **Build a Comprehensive Pathway to Recovery** – We need all the tools in the toolkit, ranging from low-barrier stabilization to recovery-oriented treatment and step-down services, to help everyone on the street move forward
6. **Prevent overdoses** – We need to continue overdose prevention efforts, especially in permanent supportive housing, through culturally congruent programs, and by moving upstream in care

Throughout this report, we will provide key programmatic updates that align with these goals.

IV. Overview of SFDPH Substance Use Services

SFDPH substance use services (SUS) offer a range of evidence-based substance use services that are designed to meet people at different stages of recovery, as seen in **Figure 1**.

Figure 1. Substance Use Services Continuum ¹



Participants enter at any point in the continuum and progress toward health and recovery

SFDPH offers substance use treatment prevention, outreach and engagement, street care services, and access and navigation.

Substance Use Disorder Prevention

SFDPH provides **evidence-based primary prevention programs** that build family resiliency among at-risk youth and their families. Services are provided in community, school, and virtual settings. SFDPH also offers additional forms of prevention services, including universal screening in primary care and hospital care for risky substance use and early youth intervention to prevent progression to substance use disorders. SFDPH also has conducted the *Living Proof* campaign to decrease stigma and increase awareness that treatment is available and effective.

SPOTLIGHT: The Living Proof Campaign

According to the [2024 National Survey on Drug Use and Health](#), many adults do not receive needed substance use treatment because they believe they should be able to handle their alcohol or drug use on their own, do not know how or where to get treatment, or were unable to find a suitable provider. Since Fall 2024, SFDPH's *Living Proof* media campaign has aimed to increase awareness that treatment is available and where to find it, that MOUD is highly effective, and that recovery is possible. *Living Proof* has generated over 100 million impressions across billboards, transit sites, radio, and social media. Surveys show viewers understand the message and believe it reduces stigma, with more than 40 percent reporting they want to share information with others, visit SFDPH's website, or call a toll-free number to connect with treatment.

¹ Adapted from: Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 34.)

Engagement, Outreach, and Connections to Treatment

SFDPH offers services outside of four-walled clinic and residential settings to provide care and treatment to people experiencing homelessness and to engage individuals in services and link them to ongoing care.

Street Care Services

San Francisco's street teams have been streamlined over time. As of July 1, 2026, the DPH Street Team operates two teams across five geographic areas covering the City:

- **Rapid Response Team** is mobilized quickly in response to non-emergency conditions and provides time-limited case management with connections to shelter, services, and care, including immediate medical care and/or Shared Priority
- **Shared Priority Team** delivers high-intensity outreach, outcome-focused case management, and clinical care to individuals with high behavioral health acuity and complex needs

The program is designed to address distressing street conditions, connect people in crisis to services, reduce homelessness-related impacts and ensure that San Francisco streets are welcoming spaces for all.

Navigation Services

SFDPH provides navigation services that conduct outreach to engage people not yet seeking treatment. Navigation teams are embedded in primary care, outpatient, street-based, and hospital settings to support people overcoming barriers to accessing treatment.

Easy Access to Overdose Prevention and Connections to Treatment

SFDPH also offers services to save lives and help engage people in care. These include overdose prevention and response services. SFDPH funds community organizations to provide overdose and disease prevention including naloxone distribution and proactive counseling and connections to treatment.

Service Access

SFDPH provides services at clinics and through community-based organizations in diverse settings. Individuals can self-refer to substance use treatment services by calling or visiting an SFDPH treatment program listed on the SF.Gov website (see <https://www.sf.gov/help-addiction-drugs-and-alcohol-available-and-lifesaving>), calling SFDPH's Behavioral Health Access Line (BHAL, at 888-246-3333), or coming to SFDPH's **Behavioral Health Access Center (BHAC)** at 1380 Howard Street.

Specialty Substance Use Treatment Programs

Publicly funded specialty substance use treatment is overseen by SFDPH Behavioral Health Services (BHS). These programs are licensed by the Department of Health Care Services. Most services are structured by and reimbursed under California's Drug Medi-Cal Organized Delivery

System (DMC-ODS). Core treatment modalities are described below. This report will primarily focus on these specialty treatment programs.

Table 1. Specialty Substance Use Service Types

Modality	Description
Outpatient Treatment	Psychosocial services such as group or individual counseling, therapy, medication treatment, and contingency management.
Contingency Management (CM)	Behavioral treatment utilizing structured meetings and rewards for specific positive behavior changes. Most effective option for treatment of Stimulant Use Disorder.
Medications for Opioid Use Disorder (MOUD) (Methadone/Buprenorphine)	Medications are the most effective treatment for reducing death and improving health outcomes among people with opioid use disorder. Available in general medical and specialty treatment settings including Opioid Treatment Programs (OTPs), outpatient clinics, hospitals and emergency departments, and telehealth services.
Withdrawal Management	Short-term care to manage withdrawal symptoms from cessation of substance use. Provided in outpatient or residential settings.
Residential Treatment	Live-in substance use treatment; typically for 30 days to 6 months.
Residential Step-Down Recovery Housing	Post-treatment transitional housing for up to 2 years providing a supportive environment and connection to outpatient care and recovery supports.

SFDPH also **offers critical substance use services in ambulatory care and hospital settings**, including Primary Care, Jail Health, and through Whole Person Integrated Care, which specializes in caring for people experiencing homelessness.

V. Funding for Substance Use Services

In FY24-25, the City budgeted \$120,879,808 for substance use services in specialty care (see **Table 2**). Funding sources include \$38,182,956 in Drug Medi-Cal dollars and \$39,855,381 in County General Fund dollars. Drug Medi-Cal requires local County General Fund matching dollars for most services. SFDPH also received \$9,462,135 through the federal Substance Use Prevention and Treatment Block Grant (SUBG) program.

Table 2. Total Specialty Substance Use Services Funding by Funding Source, Fiscal Years 2023-2025

Funding Source	Fiscal Year 2023-2024 Amount	Fiscal Year 2024-2025 Amount
County General Fund	\$43,373,069	\$39,855,381
Federal & State Drug Medi-Cal	\$32,581,873	\$38,182,956
Substance Use Block Grant	\$9,115,885	\$9,462,135

Proposition C ²	\$12,358,377	\$10,987,712
Grants/Work Orders/Other	\$11,656,140	\$22,391,624
Total Specialty SUS Funding	\$109,085,344³	\$120,879,808

San Francisco values local investments in treatment but as responsible fiscal stewards, the Department also seeks to maximize revenue from non-local sources. Compared to FY 24-23, the FY24-25 budget reflected increased use of Medi-Cal and grants or other funding and reduced reliance on Proposition C and County General Funds.

Funding and Investments by Service Types

Table 3 describes funding for specialty substance use services by service type and illustrates where SFDPH has increased contract investments to strengthen treatment and services.

Table 3. Total Specialty Substance Use Services Funding by Service Type, Fiscal Years 2023-2025

Service	FY 23-24 Amount	FY 24-25 Amount
Children, Youth and Families Prevention and Early Intervention	\$3,550,750	\$3,595,393
Engagement, Outreach, Navigation, and Connections	\$11,274,643	\$15,372,299
Opioid Treatment Programs	\$24,722,378	\$26,343,568
Outpatient	\$17,179,333	\$19,502,344
Residential Treatment	\$26,566,925	\$30,982,969
Stabilization, Residential Step-Down (Recovery Housing) and Transitional Housing	\$11,599,702	\$14,047,188
Withdrawal Management (Residential)	\$13,302,931	\$10,304,810
Evaluation, Support & Training	\$888,682	\$731,237
Total SUS Services	\$109,085,344	\$120,879,808

The FY24-25 budget reflects increased investment in services that engage and connect individuals to treatment, including new programs that aim to address disproportionate overdose deaths among Black San Franciscans. Increases in Opioid Treatment Programs reflect service expansions to better match demand and increased access to methadone in jail. In outpatient services, increased budget reflects the launch of a new outpatient treatment program for youth, as well as expanded days and hours of operation at ZSFG's Bridge Clinic, which offers outpatient substance use treatment. Increases in the budgets for residential treatment and residential step-down (recovery housing) reflect higher occupancy and utilization in these services in FY24-25 compared to the prior fiscal year, as well as the launch of

² More information on Proposition C investments can be found in the *Our City, Our Home Fund Annual Report FY25*, at <https://www.sf.gov/our-city-our-home-fund-annual-report-fy25>.

³ Total Specialty SUS Funding in FY23-24 has been updated by around \$2.6M from the amount reported in the FY23-24 report to reflect improved categorization of programs.

new programs including residential treatment for youth, stabilization beds, and additional recovery housing.

Substance Use Budget Trends

Over time, **the budget for substance use services has increased due to new investments, growth in existing services and changes in services, as well as cost of doing business** (nearly 20 percent since FY18-19). This and previous reports detail major new programmatic updates made to better meet patient needs and include such improvements as new and expanded contingency management programming, and the establishment of a stabilization center. Expansions of existing services have also been detailed in these reports and include significant expansion of residential step-down (recovery housing), expanded hours and capacity at MOUD programs to increase access to effective treatment, and back-filling residential treatment and step-down costs previously funded by the State under AB109.

Additionally, over time, some existing programs were moved from the mental health services budget to the substance use budget to align with state standards or current practices. Our providers also report that **patient acuity is higher**, requiring greater investment, and we have invested in services that offer a **longer length of stay**, including significant investments in residential step-down (recovery housing), where individuals may stay for up to two years.

San Francisco receives revenue for Medi-Cal billable services and along with budget increases, **revenue opportunities have increased**: Medi-Cal underwent Payment Reform in 2023, changing how counties receive reimbursement.

VI. Assessing Treatment on Demand

As illustrated in **Figure 2**, we will assess Treatment on Demand in this report by examining how many people need substance use services; how easy it is for people to get services; how many people are being served; our treatment outcomes; and our opportunities for improvement.

Figure 2. Treatment on Demand Report Roadmap



How Many People Need Substance Use Services?

Highlight: An estimated 37,500 people in San Francisco are at risk of substance-use related harm. Among these, an estimated **15,000-19,500 may be eligible for SFDPH services**. This estimate includes individuals already in SFDPH care.

As reported in the [FY23-24 Treatment on Demand report](#), SFPDPH used health records and administrative data sources to estimate that there are approximately 37,500 people in San Francisco at risk of drug-related harms from opioid or stimulant use. Of these, approximately 15,000 are primarily served by publicly funded SFPDPH services and 22,500 are primarily served by other health systems in San Francisco, including commercial insurance.

This year, SFPDPH compared these numbers with estimates provided by the California Department of Health Care Services (DHCS). DHCS estimates the number of individuals in need of treatment for substance use disorders by county, using data from the annual National Survey on Drug Use and Health. In FY25-26, DHCS projected there to be approximately 19,500 Medi-Cal beneficiaries ages 18 and older in San Francisco County with substance use disorder and in need of treatment.⁴

Using these approximations, **SFPDPH estimates 15,000-19,500 individuals may need substance use treatment and are eligible to receive publicly funded services from SFPDPH.** This includes individuals already in care with SFPDPH. The methodologies used to generate these estimates have limitations and the population size reported here should be used only as an estimate. As reported in **Table 5** below, SFPDPH provided substance use treatment for 17,029 unique individuals in FY 24-25. Yet, SFPDPH recognizes there is ongoing, unmet need both to engage new people in treatment and keep people progressing forward in their recovery.

How Easy Is It for People to Get Services?

Highlight: SFPDPH strives to provide same-day access to substance use treatment. Of all recorded requests for treatment from Drug Medi-Cal programs in FY24-25, **78% were offered same or next-day intake with 62% completing same- or next-day admission.**

Timely Access Data

When someone is ready to take a step forward in their recovery journey, it is critical that care is accessible. State standards require county behavioral health to offer urgent services within 48 hours of when they are requested and non-urgent services within 3-10 business days following request. Recognizing the importance of treatment on demand, SFPDPH aspires to a higher standard of all treatment services being provided the same or next day.

This report features new timely access data that improves upon measures presented in prior reports. In FY24-25 SFPDPH **improved its capacity to monitor timely access to treatment with greater accuracy.** In Fall 2024, we implemented a requirement that all San Francisco Drug

⁴ Direct communication, DHCS. More can be found at **California Department of Health Care Services. (2023). BH DMC-ODS methodology description [PDF].** Retrieved from <https://www.dhcs.ca.gov/Documents/BH-DMC-ODS-Methodology-Description.pdf>. Public methodology does not provide reported number, which was communicated directly to the Department of Public Health.

Medi-Cal providers document whether same-day treatment was provided when an individual presents seeking specialty care, reasons same- or next-day care was not possible, and what was offered to the patient if they could not start treatment that day. These data provide important insight into how often and why people encounter barriers to receiving treatment on demand.

Figure 3 below illustrates the outcomes of 5,928 requests for treatment recorded by San Francisco Drug Medi-Cal programs from October 1, 2024, through June 30, 2025. **Seventy-eight percent of service requests were given on demand access to treatment.**⁵ **Sixty-two percent completed an admission;** some clients may not finish their intake process, or do not return for a next-day intake. Among the 22 percent of requests that were not offered same- or next-day treatment access, 31 percent were admitted to the same level of substance use treatment within 30 days. In total, **74 percent of treatment requests had a corresponding admission within one month.** While a majority of people get offered intake the same or next day, these data underscore that more remains to be done to achieve the vision of treatment on demand.

Figure 3. Timely Access by Requested Service ⁶

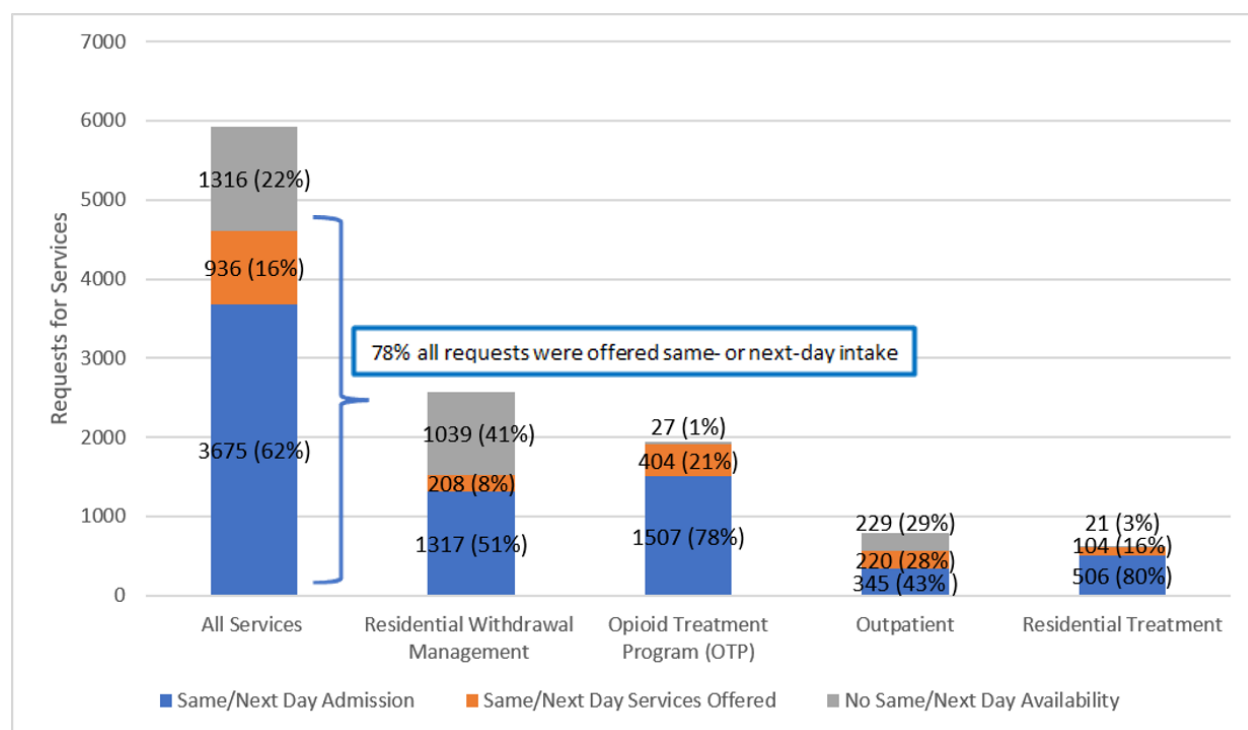


Table 4 provides a more detailed breakdown by level of care of treatment requests, service timeliness, reasons for no same or next day intake, and future admissions.

⁵ A request is considered to have received on demand access to services if the individual is admitted into treatment on the same or next day or if the request is met with an offer for an intake appointment on the same or next day.

⁶ **Data Notes:** 1. This figure represents number of requests. A single person may request services multiple times and be represented by multiple requests. 2. Column 2 captures program responses to the question: "Are the

Table 4. Reasons Cited for No Same- or Next-Day ⁷

Level of Care	Number of Requests	Number Provided on Demand Access to Services	Number of Same- or Next-Day Admissions	Commonly Cited Reasons for No Same- or Next-Day Access (Count)	Admissions Within 1 Month ⁸
Residential Withdrawal Management	2564	1525	1317	Different or Greater Clinical Need (313)	1647 (64%)
				Bed Capacity (219)	
				Left Without Being Seen / Prior to Assessment (152)	
Residential Treatment	631	610	506	Staff Capacity (<10)	546 (87%)
				Needs a Different Level of Care (<10)	
				Eligibility Criteria Not Met (<10)	
Outpatient	794	565	345	Staff Capacity (214)	561 (71%)
				After Intake Hours (<10)	
				Left Without Being Seen / Prior to Assessment (<10)	
Opioid Treatment Programs (OTP)	1938	1911	1507	Staff Capacity (24)	1608 (83%)
				Declined Services Offered (<10)	
				Outside of Intake Hours (<10)	

Timely Access Data Limitations

All timely access data comes from the Avatar electronic medical record. Timely access data has limitations. These data only include Drug Medi-Cal treatment programs, only capture what Drug Medi-Cal programs recorded and only reflect individuals who contacted these programs. To strengthen reporting, SFDPH conducted data quality and validity data reviews. We offer programs ongoing monitoring, oversight, and technical assistance to improve data validity and comprehensiveness. Limitations to specific treatment modalities are described below.

substance use services being requested by the client being offered or provided on the same day or next business day?" and checks the admissions history for a timely admission. Data recorded from Avatar 3. The final column is calculated by looking across San Francisco Avatar episode history for an admission log of the particular client into the requested level of care within a month following the request date.

⁷ Data from Avatar electronic medical record. An individual may request treatment from multiple programs on the same day, and both requests can be associated with a single admission, even if the first request did not result in an offer for same-day services.

⁸ This column represents service requests which can be linked to an admission within 1 month of the request.

Investigating Barriers to Same-day Treatment Access

Table 4 describes common reasons Drug Medi-Cal programs reported on why individuals did not receive an intake on the same or the next day they presented for care. These reasons illustrate where treatment access barriers may exist and inform where more work is needed to provide treatment on demand.

Access in Withdrawal Management

Residential withdrawal management received the most requests for treatment (43% of requests for treatment, N=2,564) in FY24-25. Most people access residential treatment by first completing withdrawal management.

Withdrawal management was the level of care with the lowest rates of on demand access to treatment (51% of requests resulted in same- or next-day admission). Based on program timely access reports, the most frequent reason for non-same- or next-day access to withdrawal management was inability to meet clinical need or acuity (30% of non-same- or next-day admissions), mainly due to physical health or mental health needs. When an individual needs higher levels of care, the standard is for the program to send people to the emergency department or crisis stabilization unit.

Additionally, if a request for withdrawal management could not be met the same or next day, it was often because there was not the right bed available (21%) or because the individual left while waiting for an assessment or during the intake process (15%). Bed capacity and bed expansion are discussed later in this report, in **Expanding Capacity for Stabilization, Treatment, and Recovery**. SFDPH is updating bed optimization data to better understand where adding capacity in the continuum of substance use care will improve system flow and timely access across treatment modalities.

The rate of individuals leaving prior to completing intake highlights the importance of balancing rapid access against the amount of time necessary to properly assess individuals and safely and appropriately triage their needs. SFDPH continues to work closely with its withdrawal management providers to shorten intake processes wherever possible while adhering to Medi-Cal requirements and clinical assessment needs. Lastly, individuals also may present requesting withdrawal management and after assessment, it is determined that are not eligible for withdrawal management services. Most commonly, people are seeking housing or non-treatment services (11% of non-same- or next-day admissions).

Access in Opioid Treatment Programs

Opioid Treatment Programs (OTPs) provide medications for opioid use disorder. Only OTPs can provide long-term methadone treatment. OTPs were the second-most requested service (33%, N= 1938) among requests reported by Drug Medi-Cal programs in FY24-25. Data from OTP reporting indicate that staff capacity was the most common reason why same- or next-day access was not provided. SFDPH implemented a policy requiring OTPs to report intake hours to SFDPH, notify SFDPH of any intake capacity changes, and provide active navigation supports to

other OTPs if they cannot provide same-day services. Additionally, SFDPH provided timely access reporting technical assistance to each OTP and has seen improved data reporting, which will be reflected in the FY25-26 report.

Access in Outpatient Treatment

Outpatient treatment providers reported staff capacity as the most common reason limiting same day access (93% of non-same- or next-day admissions offered). Staff capacity affects all levels of care and outpatient programs continue to report ongoing challenges with hiring and retaining staff. SFDPH is prioritizing improvement of timely access at withdrawal management and OTPs—the most urgent and most desired services—while also continue working to improve timely access to outpatient care. While more work is needed to improve timely access for all ages, SFDPH invested in targeted access to outpatient care in FY24-25, expanding hours at ZSFG’s Bridge Clinic and opening an outpatient youth program (see **Youth Treatment** below).

Addressing Staff Capacity

There continues to be a nationwide shortage of behavioral health professionals, and it can be particularly challenging to develop the behavioral health workforce amidst a challenging budget environment. However, SFDPH has continued to invest in strategies aimed at behavioral health workforce recruitment and retention, including prioritizing clinical positions in hiring. In July 2026, SFDPH applied for a California State grant that provides financial incentives and training supports to attract and retain behavioral health practitioners serving Medi-Cal populations, including recruitment, retention, training and licensure bonuses. Additionally, our Behavioral Health Fellowship program, launched in Fall 2024, offers a year of training in clinical and care coordination services to recent or near graduates of licensed social work, therapist, or counseling programs.

Alternative Supports

Whenever a patient is unable to access same-day services, SFDPH aims to connect them to an alternative option. Providers are required to document the alternative services and recommendations they provided patients in lieu of same- or next-day day services. Of the 1,316 recorded treatment requests which were not admitted same day or offered same-day access, 20 percent resulted in connection to an alternative shelter or stabilization resource (e.g., emergency services, crisis stabilization, sobering center, or shelter) and 11 percent resulted in connection to another provider. Programs frequently report that although alternatives are offered, clients often desire a specific treatment program, decline additional supports, and would rather return later. Changes made to the timely access reporting will improve SFDPH’s ability to quantify how often patients decline additional support.

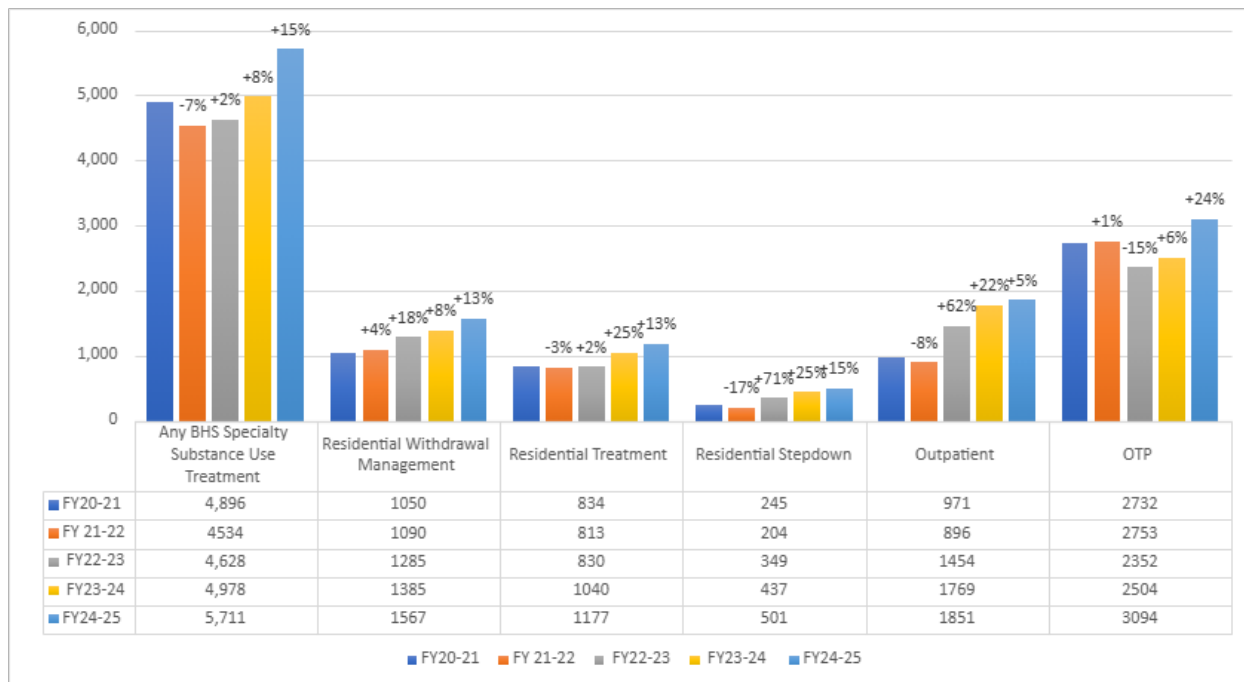
How Many People Are Being Served?

Highlight: In FY24-25, **more people received substance use services** across SFDPH (17% increase) and from specialty substance use treatment (15% increase), compared to FY23-24.

Across every level of care, more people engaged in substance use treatment in FY24-25 compared to FY23-24, as shown in **Figure 4**.

Figure 4 shows trends in the numbers of unique clients served over the past five fiscal years. This illustrates how overall treatment engagement dipped during the COVID-19 pandemic but then began, in most cases, to increase again in FY22-23, with year-over-year increases since.

Figure 4. Unduplicated Clients by Fiscal Year ⁹



In addition to increased specialty services utilization, **17 percent more unique individuals received substance use services across all SFDPH programs in FY24-25**, as compared to FY23-24 (see **Table 5** below). Outside of specialty care, SFDPH also offers critical substance use services in ambulatory care and hospital settings, including in Primary Care, Jail Health, and through Whole Person Integrated Care, which specializes in caring for people experiencing homelessness. Many individuals access medications for opioid use disorder (MOUD) in non-specialty settings, including Primary Care and Jail. Additionally, in 2024 SFDPH launched a telehealth program that is available 12 hours per day for anyone in San Francisco to immediately start medication treatment for Opioid Use Disorder or get supporting connecting to an Opioid Treatment Program for methadone treatment. The impact of these programs is illustrated in **Table 5**, across SFDPH, **29 percent more unique individuals initiated medications**

⁹ Unduplicated within category. Unduplicated clients served taken from Avatar substance use treatment admissions.

for opioid use disorder (MOUD) and 20 percent more individuals were served overall in MOUD treatment in FY24-25.

Table 5. Percent Change in Unique Individuals Served in Substance Use Services Across SFDPH, FY24-25 ¹⁰

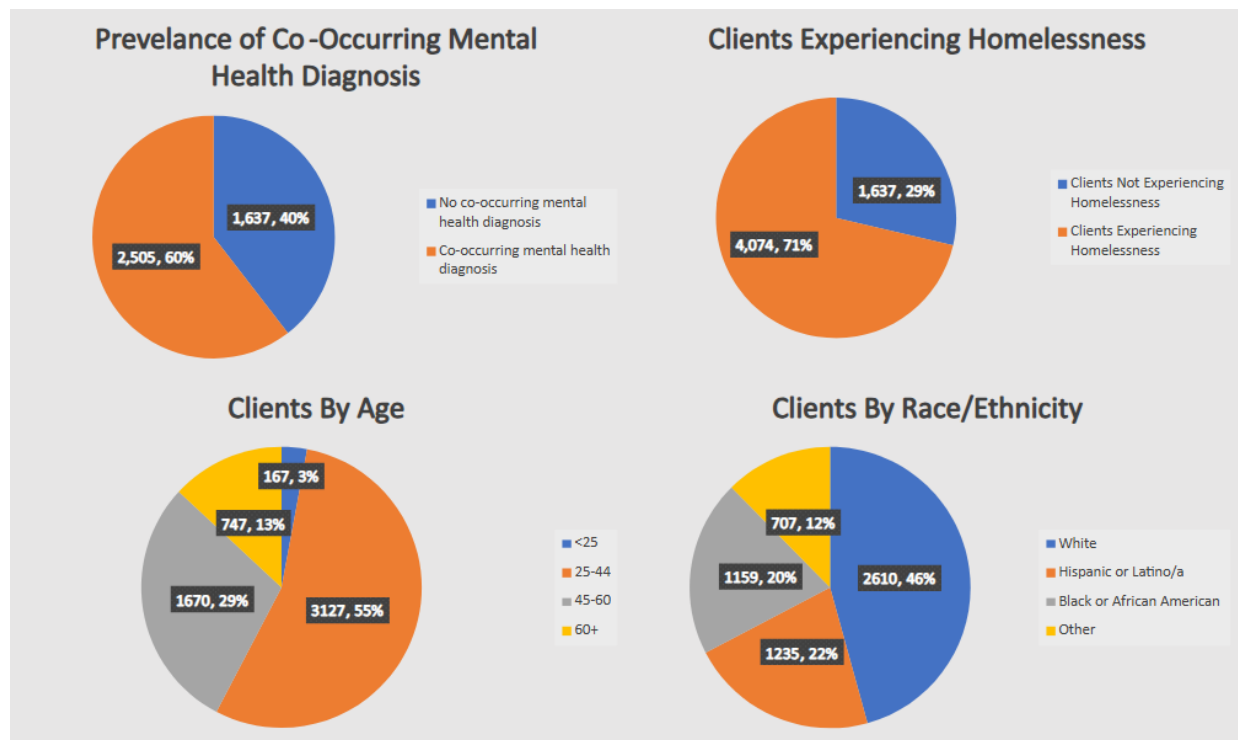
Service	Number of Unique Individuals Served, FY 23-24	Number of Unique Individuals Served, FY 24-25	Percent Change, FY24-25
Substance use service, any SFDPH program	14,581	17,029	+ 17%
New MOUD starts, any SFDPH program	3,452	4,461	+ 29%
MOUD treatment, any SFDPH program (initiation or continuation)	6,292	7,839	+ 25%

Who is Being Served?

We aim to ensure access for everyone. **Figure 5** presents the key demographic characteristics of the individuals who accessed specialty substance use services in San Francisco in FY24-25. As in prior years, a majority of clients using specialty substance use treatment have co-occurring mental health conditions (60%) and have experienced homelessness in the past year (71%).

¹⁰ Data obtained from Avatar for specialty substance use treatment and from Epic electronic health record for all other treatment settings. Clients are unduplicated within the category for the fiscal year. All clients with MOUD starts are also counted in Substance Use Service, any SFDPH program category. New MOUD starts are defined as a new prescription, administration, or dispensing of a Medication for Opioid Use Disorder (MOUD) by an SFDPH program without a previous medication episode in the prior 30 days. MOUD treatment includes clients newly started on MOUD and maintaining on MOUD. Note: Counts from prior years may change due to updated encounter and claims data.

Figure 5. Demographics of Individuals Served in Specialty Substance Use Services in FY24-25 ¹¹



Increasing Reach for Special Populations

Access to localized and culturally congruent services can improve treatment engagement and outcomes. In FYs 24-26, SFDPH launched and expanded several programs aimed at improving care for specific populations.

Expansion of Contingency Management: Cultural and Linguistic Congruent Services

Contingency management is the most effective treatment for stimulant use disorder and is also effective treatment for other substances. Two of three new contingency management programs SFDPH launched with its partners are focused on culturally and linguistically congruent care:

- The PROP Empowerment program, launched in October 2025 at the San Francisco AIDS Foundation, will provide culturally congruent contingency management services for Black/African Americans.
- In December 2025, the first round of Spanish language contingency management was completed with the Gubbio Project and SFDPH's Whole Person Integrated Care.

Additionally, SFDPH launched a new contingency management program with low-barrier, drop-in access at the Glide Foundation.

¹¹ Source: BHS Avatar data

Bayview Daytime Navigation to MOUD and Shelter

Code Tenderloin expanded their Navigation Services to the Bayview neighborhood in September 2025 to provide street-based outreach, connecting individuals starting and staying on MOUD to community shelter sites. In the first three months of this program expansion, Code Tenderloin connected 170 individuals to MOUD services, including with Bayview Hunter's Point Foundation, the UCSF Opioid Treatment Opioid Program Bayview Van, and telehealth Buprenorphine, with shelter services including Mother Brown's and the Bayview Navigation Center.

Youth Treatment

SFDPH funded the Latino Commission to open Casa Lil Hawk, which will open in 2026 after state licensure is approved. Casa Lil Hawk is a youth residential program designed to treat six adolescent males at a time, including Spanish speaking adolescents. Programming blends indigenous and clinical models and includes intergenerational work with families to address trauma and promote healing. Casa Lil Hawk will also partner with the San Francisco Unified School District, Child Welfare, and Probation to create a safety net for youth navigating their recovery and the justice system.

Additionally, in FY24-25, SFDPH funded the Homeless Children's Network to provide outpatient substance use treatment for youth, expanding early intervention for this vulnerable population.

Treatment for Individuals with Criminal-Legal Involvement

In 2025, SFDPH was awarded funding under Prop 47 to continue to support 10 withdrawal management and 18 residential treatment beds at the Salvation Army's Harbor Light program, which focuses on serving individuals with criminal-legal involvement. SFDPH is working with the Department of Homelessness and Supportive Housing to further expand these specialized services at the Salvation Army, by adding additional treatment beds in 2026.

By ensuring that individuals have access to care that respects their cultural backgrounds and identities, people are more likely to start and stay in treatment.

What Are Our Treatment Outcomes?

Highlight: In FY24-25, **71 percent of clients had positive discharge outcomes and 72 percent reported abstinence or reduction in use.** More work is needed to continue to improve connections to care after hospitalization, withdrawal management, and residential treatment, and to improve retention on MOUD.

Outcomes data are critical to know the effectiveness of treatment for individuals and to identify opportunities for improving services. SFDPH utilizes locally developed metrics in addition to performance metrics defined by the California Department of Health Care Services (DHCS) to

evaluate programs and treatment modalities. State-defined metrics change over time and often use different data sources or populations; SFDPH continues to conduct local, supplemental evaluation. In FY 25-26, DHCS implemented new county behavioral health performance metrics in the Behavioral Health Accountability Set (BHAS). Several local SFDPH metrics align with BHAS metrics, but BHAS metrics include outcomes for all Medi-Cal members in San Francisco, regardless of where they received care. Local SFDPH measures include individuals who received care from SFDPH, regardless of insurance status.

San Francisco County Behavioral Health Accountability Set (BHAS)

DHCS measures county performance with five BHAS metrics. Counties meet expected performance by either meeting the minimum performance level—defined as the 50th percentile based on nationwide outcomes—or demonstrating a five percent improvement year to year.

Table 8 outlines San Francisco County’s performance for 2024 and 2025 and the percentage change over time. **San Francisco county is exceeding the national 50th percentile for two metrics:** follow-up care within 30 days after an emergency room visit for a substance use related condition and percentage of individuals who started medications for opioid use disorder. **San Francisco is also meeting state performance standards** by demonstrating a greater than 5 percent increase in 2025 as compared to 2024 for the percentage of individuals initiating substance use treatment within two weeks of a new substance use diagnosis and for retention on medications for opioid use disorder over six months. These metrics highlight areas for improvement that align with SFDPH priorities for tackling the behavioral health crisis: engaging people early in treatment and retention on medications for opioid use disorder.

Table 6. San Francisco County Behavioral Health Accountability Set Performance ¹²

Metric	Rate, Calendar Year (CY) 2024	Rate, Calendar Year (CY) 2025	Minimum Performance Level	Percent Change CY 24 to 25	Meeting performance Goal
Follow-up After Emergency Department Visit for Alcohol and Other Drug Use or Dependence within 30 days ¹³	33.82%	47.35%	39.10%	+13.53%	Yes
Initiation Substance Use Disorder Treatment after New Diagnosis ¹⁴	32.27%	43.27%	45.71%	+11.00%	Yes
Engagement in Substance Use Disorder Treatment after Initiation ¹⁵	9.22%	12.13%	14.80%	+2.91%	No
Use of Pharmacotherapy for Opioid Use Disorder ¹⁶	72.27%	79.39%	60.50%	+7.12%	Yes
Retention on Pharmacotherapy for Opioid Use Disorder ¹⁷	6.31%	14.53%	26.86%	+8.22%	Yes

Specialty Substance Use System Outcomes

This report includes outcomes metrics that expand upon those included in prior reports. This year, we include reporting on discharge outcomes: in FY 24-25, **71 percent of discharges from Drug Medi-Cal (DMC-ODS) programs resulted in a positive discharge outcome**, defined by DHCS as completing treatment or making satisfactory progress in treatment recovery goals. Additionally, among clients transitioning out of any specialty substance use treatment, **72 percent reported cessation of use, reduction in use, or maintaining abstinence** from drugs and/or alcohol.¹⁸

¹² Data obtained from a certified Health Effectiveness Data Information Set (SET) Vendor utilizing claims data. Data definitions can be found at DHCS Accountability website at [Accountability Sets | DHCS](#)

¹³ Defined as the percentage of emergency department visits with a principal diagnosis of substance use disorder or drug overdose for which there was a follow-up within 30 days

¹⁴ Defined as the percentage of new substance use disorder (SUD) episodes that result in treatment initiation within 14 days of SUD episode.

¹⁵ Defined as the percentage of new substance use disorder (SUD) episodes that result in engagement in SUD (2+ visits or medication events) within 34 days of initiation (not including initiation date). This metric excludes residential treatment from numerator and denominator.

¹⁶ Defined as the percentage of patients age 18+ with an Opioid Use Disorder who filled a prescription or were administered or dispensed an FDA-approved medication for the disorder during the measurement year.

¹⁷ Defined as the percentage of Opioid Use Disorder pharmacotherapy events that lasted at least 180 days (without an 8+ day continuous gap) among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event

¹⁸ Previous reports only reported on this outcome for clients in outpatient care; this reflects all specialty clients.

Residential Withdrawal Management and Residential Treatment Transitions

Individuals receiving intensive services in withdrawal management or residential services need to successfully transition to the next step in care. SFDPH assessed how many individuals transition to residential treatment or outpatient treatment after residential withdrawal management. Of the 1,209 unique individuals completing residential withdrawal management in FY24-25, 58 percent initiated residential treatment or outpatient treatment within 30 days.

Individuals also may transition from residential treatment to residential step-down (recovery housing) with outpatient treatment or outpatient treatment services alone. In FY24-25, there were 887 residential treatment discharges. **Thirty-one percent of individuals transitioned to residential step down and 33 percent engaged in outpatient specialty substance use treatment within 30 days.** Residential step-down requires engagement in outpatient treatment or recovery services, including some non-SFDPH outpatient services. These data do not capture non-SFDPH services such as ongoing engagement in mutual help or twelve-step recovery programs. To support people progressing forward in the continuum of care, SFDPH initiatives target referral and care-coordination processes, including new referral pathways and standards. SFDPH also added new residential step-down and recovery beds this fiscal year to support sustained recovery after completing residential treatment.

Outpatient Treatment Outcomes

Below, we examine outcomes for two high-impact outpatient interventions: medications for opioid use disorder (MOUD) and contingency management.

Medications for Opioid Use Disorder Outcomes

Medications for Opioid Use Disorder (MOUD), which include methadone or buprenorphine, are the most effective treatments for addiction to fentanyl, heroin, or opioid pills. MOUD treatment is associated with reduction and cessation of opioid use, improved birth outcomes for pregnant patients, lower incidence of infectious diseases, higher employment rates, reduction in criminal activity, improved quality of life, and lower all-cause mortality. MOUD treatment is provided in specialty outpatient clinics, Opioid Treatment Programs, Primary Care, hospitals, and emergency departments.

In FY24-25, new patients on MOUD with SFDPH increased by 29 percent. SFDPH has successfully started more people on MOUD by using assertive outreach and engagement. Since 2024, night navigators (with Code Tenderloin) link people who use opioids to buprenorphine treatment on demand using telehealth. SFDPH is also proactively navigating people onto methadone treatment during daytime hours.

Retention in care is associated with positive health outcomes. Fentanyl is more potent than prescription opioids and heroin; effective medication treatment requires multiple visits to find the right dose that eases cravings and avoids negative side effects. Staying on medication treatment is particularly difficult when people are starting medications or are experiencing homelessness. Due to these challenges, initiating medication treatment has grown more

difficult and retention rates nationally have declined as fentanyl has become the dominant opioid in the drug supply.¹⁹ For MOUD, retention (defined as individuals consistently taking medication for six months) was 14 percent among all patients newly starting MOUD treatment with SFPDPH in FY24-25. As illustrated in **Figure 6**, retention rates were the same in FY23-24.

Figure 6. Six-Month Retention for Individuals Newly Starting MOUD, FY23-25²⁰



Increasing MOUD retention is a SFPDPH priority. SFPDPH is prioritizing pairing medications with stabilizing environments such as shelters and residential treatment, and **expanding access to long-acting injectable buprenorphine**, which is highly desired by patients and shows strong 30-day retention rates of 68 percent in local studies.²¹ Alongside increasing access to long-acting injectable buprenorphine, SFPDPH is implementing newer approaches to improve methadone retention, including contingency management pilots and additional treatment navigation supports.

Contingency Management Outcomes

In 2023, DHCS began piloting contingency management treatment for stimulant use disorder in Drug Medi-Cal under the Recovery Incentives Program. Participants receive structured sessions with counselors and incentives for abstinence to support them in reducing and stopping stimulant use. **San Francisco currently offers 16 contingency management programs.** Four sites participate in the Recovery Incentives Program which in FY24-25 enrolled 249 unique

¹⁹ DeLisle DE, Mark TL, Katz C, Dowd WN, Barch D, Kluckman M. Opioid Treatment Programs' Medicaid Patient Retention Rates. *JAMA Netw Open.* 2026;9(1):e2553538. doi:10.1001/jamanetworkopen.2025.53538

²⁰ A client is retained if there were no gaps in medication treatment for >7 consecutive days. Data is from Epic and Avatar electronic medical records, pharmacy Surescript data, and Medi-Cal Claims data.

²¹ See: Rosenwohl-Mack, Sarah, et al. "Outpatient initiation of direct-to-inject buprenorphine." *Drug and alcohol dependence* (2025): 113011.

participants. In FY24-25, 57 percent completed the program and 58 percent of urine tests did not have stimulants present.

Qualitative data gathered from Recovery Incentives illustrates the real impact of this treatment:

“I never thought I would be where I am today when I was still using. I have prospects for careers. I have an excitement for life again. It is a complete turnaround.” – San Francisco Contingency Management Participant ²²

Client Satisfaction

SFDPH administers an annual client satisfaction survey to Drug Medi-Cal programs during a one-week period in October each year. Out of 1,300 respondents in FY 24-25, 93 percent were satisfied with treatment, 92 percent would recommend their provider, and 89 percent reported they were better able to do things as a direct result of treatment.

Overdose

Overdose deaths declined 23 percent in FY 24-25 as compared to the prior fiscal year. Although this is promising progress, any death related to substance use is one too many. Overdose prevention and response efforts continue and include many of the programs described in this report, including high-impact MOUD treatment. Naloxone distribution also increased 35 percent in FY24-25 over the prior fiscal year. Additionally, in April 2025, SFDPH implemented a treatment connections policy requiring safer use supply distribution to be paired with counseling and connections to treatment. In the first 10 months, more than a thousand individuals have been connected to substance use treatment through proactive counseling and drop-in treatment connection services.

VII. Opportunities for Improvement and Looking Forward

SFDPH is continuing to bring more individuals into care, expand care capacity, accelerate treatment access, improve flow and retention, and strengthen the data. We also know that there are many opportunities for ongoing improvements.

Proactively Moving Individuals from the Streets to Care

This report estimates that 15,000-19,500 people in San Francisco may need substance use treatment and may be eligible for SFDPH services. This estimate includes individuals already in SFDPH care, and in FY24-25, we saw engagement in SFDPH substance use services increase by 17 percent.

However, too many people in San Francisco have untreated or insufficiently treated mental illness, substance use disorder, and homelessness. Our goal is to transition individuals who need substance use and other behavioral health services from street settings into stabilization,

²² Source: [The Recovery Incentives Program: California's Contingency Management Benefit on Vimeo](#) by UCLA ISAP

initiate treatment, retain them in treatment, and continue to support them in recovery. Street-to-care support highlighted in this report includes:

- The *Living Proof* campaign to increase treatment awareness and engagement
- The launch of citywide Neighborhood Street Teams, focusing on shared priority clients
- Growth of the RESTORE program, which provides a quick, 24/7 pathway to shelter and treatment
- The launch of a treatment connections policy requiring safer use supply distribution to be paired with counseling and connections to treatment.

Expanding Capacity for Stabilization, Treatment, and Recovery

In FY24-25, 78 percent of requests for treatment from SFDPH Drug Medi-Cal programs resulted in offers of same or next-day services, with 62 percent receiving same-day admission. Of those who did not get same day admission, 30 percent were admitted to the same level of care within 30 days. Barriers to more timely access for specific services remain and more work is needed to improve transitions between levels of care.

Improved systemwide capacity at the right clinical intensity can provide clearer pathways for transitions between levels of care and can help to maintain space for individuals seeking treatment to receive it in a timely manner. More than **200 new beds** have opened since January 2025 including:

- **16-bed, 24/7 stabilization center at 822 Geary Street** opened in April 2025 as an alternative to ERs for first responders and law enforcement to connect people in crisis to urgent care.
- **10 additional withdrawal management beds and 22 additional substance use treatment beds** at Salvation Army Harbor Lights.
- **72 respite beds opened at the Eleanora Fagan Center** in August 2025 for people exiting homelessness providing stabilization services with 24/7 staffing, nursing and behavioral health care, and transitions to move people out of street homelessness.
- **62 recovery housing beds opened at Wells Place** in September 2025 for drug-and alcohol-free transitional living with on-site case management and wraparound support.
- **27 emergency stabilization unit beds** opened in December 2025 to provide short-term stays for client stability and service connection.
- **20+ out-of-county beds** available at Mental Health Rehabilitation Centers, Psychiatric Skilled Nursing Facilities, and Adult Residential Facilities.

SFDPH also **plans to add over 200 beds** from 2026 to 2028, including:

- **Locked subacute treatment beds** to provide highly specialized, medically supervised care for individuals with the most complex behavioral health needs.
- **Dual diagnosis treatment beds** for people with both mental health and substance use challenges.

- **Residential step-down recovery beds to support individuals who** are transitioning from substance use treatment to independent living.

Understanding Capacity Needs

SFDPH is currently updating its **bed optimization data** to continue to inform and refine our understanding of where within the continuum of care we should add bed capacity to improve system flow and timely access. Additionally, in FY25-26, SFDPH launched revised, **improved data collection for [Find Treatment SF](#)**, which is a public website that provides information about where treatment beds are available. SFDPH expects all withdrawal management, residential treatment, and residential step-down providers to report intake capacity by 10 AM each business day, and to report on whether **staff capacity** is a barrier to available intakes. Intake capacity is defined as the number of new clients that the program can accept on that day and reflects an open bed with available qualified staff members to assess and admit the client and provide ongoing care. Capacity metrics using improved Find Treatment SF data should be available in future Treatment on Demand reports.

Providing Rapid Access to Effective Treatment and Improving Retention

Initiation of MOUD treatment increased 29 percent in FY24-25 using assertive outreach and engagement. However, retention remains too low and is an area we are working to improve. SFDPH continues to lead in evaluating and implementing innovations that improve retention including expanding access to long-acting injectable buprenorphine, pairing treatment starts with shelter needs, and adding treatment navigation supports.

Going forward, we also plan to **integrate contingency management into primary care** within the San Francisco Health Network and community-based settings. This includes new programs that offer cultural and linguistic congruent contingency management services. Nearly 75 percent of clients reported decreases or cessation of substance use in FY24-25.

Data Improvements and Growth

Improvements in data infrastructure and metrics inform systemwide development and our measurements of success. In May 2026, our specialty substance use programs will also **transition to the Epic electronic health record**, which much of SFDPH currently uses. This transition will support integrated care across SFDPH and provide opportunities for improved standardization and outcomes tracking. Additionally, the BHAS metrics provide additional data sources beyond DPH's health system and opportunities to collaborate with other health systems serving San Francisco residents.

SFDPH is conducting continuous evaluation and quality improvements, including:

- Individual program support to improve access and quality improvement
- Working across the health system to align performance metrics and efforts across DPH care settings including primary care, behavioral health, and hospital care

- Academic partnerships to evaluate the effectiveness of MOUD treatment initiatives
- Establishing partnerships with managed care plans to include data and metrics outside DPH system

Conclusion

It is encouraging that overdose deaths are declining and more people are entering substance use treatment and SFDPH has more work to do to move people quickly into effective treatment and sustained recovery. This report highlights priority areas for improvement to achieve that goal: increasing same day access to residential withdrawal management, improving engagement for people newly entering in substance use treatment, increasing retention rates on medications for opioids use disorder, and connecting more people to residential step-down recovery housing or outpatient treatment after residential care. SFDPH is committed to continuously working towards delivering what this crisis demands: proactive engagement, on-demand treatment, sufficient capacity, and a more integrated system of care.