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San Francisco Department of Public Health
Community Substance Abuse Services

Treatment on Demand Planning Process and Evaluation Agenda

Background and Significance

To address the critical substance abuse problem in San Francisco, the city's Mayor and Board of Supervisors have made a historic commitment to make substance abuse treatment services available upon request to active drug users. This mandate is known as "Treatment On Demand", and is supported in the budget by an increased allocation of $7.9 million for Treatment On Demand programs in FY 96-97 and FY 97-98, with an additional projection of $2.4 million in FY 98-99. The implementation of Treatment On Demand has been undertaken by the San Francisco Department of Public Health Division of Community Substance Abuse Services (CSAS).

The movement to provide Treatment on Demand for substance users in San Francisco is unprecedented in the United States, and is an important commitment of public funds and energies. Although the effects of this endeavor will be directly felt in the City and County of San Francisco, the country as a whole will also benefit through careful evaluation of the process and impact of the Treatment on Demand effort. These research findings will have broad applicability to communities throughout the Nation, and have the potential to significantly reduce the damage associated with substance abuse for all users, their families, and the broader community.

Treatment on Demand Planning Process

San Francisco has followed a unique planning process for the accomplishment of Treatment on Demand. In February of 1997, A diverse, thirty-seven member advisory board composed of community leaders, providers of substance abuse treatment and other related services, consumers of these services, and representatives from the Department of Public Health and other City and County offices, was appointed by the Director of Community Substance Abuse Services at the San Francisco Department of Public Health (DPH). Council membership was also representative of the demographic composition of San Francisco in terms of ethnicity, economic status, and sexual orientation. This group met intensively over a 14 week period to assist CSAS in developing a strategic plan, the "First Steps Plan" (Appendix A), and budgetary priorities for Treatment on Demand. Technical advisors from the community and DPH provided specialized information to the council to inform this process. In addition, a series of 3 community forums were held in neighborhoods differentially affected by substance abuse to solicit direct community input to the Plan.

The first phase of the planning process focused on the needs assessed as being critical by the Planning Council. Using a complex rating procedure detailed in the Plan, the Council developed a hierarchy of services which, when fully implemented at all levels, would provide an integrated, comprehensive system of care capable of ensuring appropriate

substance abuse treatment services in a timely manner. Recognizing that the initial funds allocated would not be sufficient to simultaneously implement all levels of the plan, the Council prioritized certain services for immediate funding, with other programs slated for funding in subsequent budgets, and maintained that all aspects of the Plan are necessary to meet the goal of Treatment on Demand. The final approved budget for 1997-1998 is in Appendix B.

Both the planning process and the resulting Plan represent dramatic departures from traditional models of substance abuse services, and provide models for future efforts by other communities across the Nation. The Plan calls for continued funding of some current services, enhancement and expansion of other existing services, and the development of new services. The model of the Plan emphasizes that substance abuse services must provide a continuum of care from identification of substance abuse and related mental and physical health problems, to entry into services, and through aftercare and follow-up. There are three basic components of the Plan: 1. Cultural competency, 2. Program and system integration, and 3. Accountability. The Plan calls for the development of a variety of outreach, engagement, treatment and prevention approaches to help people improve their health and well-being, which respect and are sensitive to cultural diversity. Further, the Plan prioritizes the need to target services to previously unserved or under served populations including women, families, people of color, youth, seniors, and the homeless.

Following the development of the Plan and budget priorities for 1997-1998, the second phase of the planning process (July 1997- January 1998) focused on the development of Request For Proposals (RFPs) for the new services slated for immediate funding, the formation of Planning Council special committees, the reconstitution of Council membership, and the development of Council infrastructure, policies, and procedures.

There were a total of 6 RFPs for these Treatment on Demand programs which were developed between August and December, 1997. These RFPs were developed by committees composed of CSAS staff, DPH staff, other city staff, consumers, Planning Council members, and community members. RFP committee slots were filled through recruitment of volunteers, primarily from advertising in local newspapers. Members volunteered their expertise during planning meetings, while CSAS staff wrote the RFPs based on the guidelines developed in these meetings. The Specific RFPs were: Day Treatment in Public Housing for Women and Families with Children, Neighborhood Based Day Treatment and Aftercare for Women and Families, Day Treatment (with Child care) for Prostitutes, Residential and Aftercare Treatment for Adults in the Mission Neighborhood, Neighborhood Based Residential and Aftercare Treatment for Families, Residential Treatment for Dual/ Triple Disorder Single Adults, and Neighborhood Based Residential Treatment for Women. The RFPs will be issued in February of 1998.

Five special committees were developed by the Planning Council to address designated areas of concern. The following committees were formed and staffed by Planning Council members: 1. Goals and Objectives, 2. Accountability, 3. Evaluation/ Needs Assessment, 4. Strategies and Interventions, and 5. Response (Appendix C) .