Treatment Access Program (TAP)

Community Substance Abuse Services (CSAS)
Division of Population Health and Prevention

Department of Public Health
San Francisco

QUARTERLY REPORT

April 1, 2001 to June 30, 2001

EXECUTIVE SUMMARY

During the second quarter of 2001, the work of the Treatment Access Program (TAP) of the Community Substance Abuse Services (CSAS) was characterized by its participation in the community planning efforts surrounding the implementation of the new State Crime Prevention Act (otherwise known as Proposition 36). In addition, TAP continued to restructure and refocus itself into a more effective assessment and placement service for residents of the City and County of San Francisco.

With respect to Proposition 36, TAP will be responsible for the assessment, placement and monitoring of the clients mandated to substance abuse treatment by the San Francisco County Courts and the State Board of Prison Terms. However, because the Act did not go into effect until July 1, 2001 – for the quarter under review, no Proposition 36 clients were served. Rather, efforts were spent in hiring staff and developing initial referral protocols with the Adult Department of Probation, the Board of Prison Terms and local treatment providers. Beginning with the third quarter report of 2001, TAP will issue a distinct summary of its assessment and placement efforts with Proposition 36 clients.

Between April 1 and June 30, 2001, TAP screened 503 clients, an increase of one third, up from 379 during the first quarter of the year. The capacity to handle such an increase in service burden can be partially accounted for by the fact that one assessor was added to the TAP team, bringing the total number to five. Another factor is the increasingly efficient support of the clinical work on the part of the TAP administrative staff. Nonetheless, given existing staffing and budget constraints, TAP is currently functioning near its optimum service level and cannot be expected to increase its service burden at such a rate indefinitely.

Of the 503 clients screened, 311 (63%) were “placement clients” – meaning they met TAP’s triage priorities and were primarily clients with comparatively serious access barriers and/or a relatively urgent need for treatment services. (See appendix for detailed list of triage priorities) These clients received short-term case management until they were placed into treatment or disengaged from the process. Of the 311, TAP was able to place 30% (92 clients), into treatment. Another 30% (94 clients) remained actively engaged while awaiting placement as of the last day of the quarter, June 30,2001. Of the placement clients, 125 (40%) disengaged from the process for more than three weeks and were lost to TAP for follow up and placement. Out of

the 92 clients placed in treatment during the second quarter, 54% (50) remained in treatment 30 days or longer.

The most pressing unmet service need in the CSAS supported treatment system remains, overwhelmingly, Dual Diagnosis Residential treatment services. Based upon this quarter's sample, the average wait time for clients into dual diagnosis residential treatment was twice as long as the wait for mainstream residential services (41 days verses 21 days). Median statistics highlight this difference even more sharply. While half of the clients for mainstream residential services waited two weeks or less (15 days), one out of every two of the clients appropriate for dual diagnosis treatment placement were asked to wait 37 days or longer for a dual diagnosis residential treatment slot.

This quarterly summary also contains a special report examining the statistical relationships in this sample between ethnicity and gender, on one hand, and primary drug of choice on the other, as well as "age of onset" (beginning of regular use pattern) and gender.

All TAP Quarterly Reports, including this one, can be found on the
San Francisco Dept. of Public Health Website
http://www.dph.sf.ca.us/PHP/TAP/TAPreports.htm

INTRODUCTION

The Treatment Access Program (TAP) is the assessment / referral and placement unit of Community Substance Abuse Services. TAP directly assesses clients who either self-refer or are referred by various service providers throughout the City.

In attempts to more efficiently allocate scarce resources consistent with public health practice, TAP has established a set of triage priorities for assisting clients' access to substance abuse services. The prioritization is based upon identifying clients with severe access barriers and/or relatively urgent need in light of their overall medical and mental health conditions. (See appendix for list of triage priorities)

For these clients, a thorough assessment is conducted utilizing the Addiction Severity Index. TAP then actively brokers admission for these clients into the existing system of CSAS funded treatment programs. The client and TAP assessor work collaboratively to determine the type of program that best suits the client's needs. TAP arranges for an in-take appointment and keeps track of the tentative admission date. During the wait period, TAP actively attempts to keep the client engaged by using a variety of strategies, including daily groups, acupuncture, check-in phone calls, individual counseling, etc. In addition, crisis intervention and detoxification services are provided whenever necessary in the course of the wait period. For clients who are "on the streets", TAP attempts to broker shelter as well. Each morning, TAP staff reviews all new clients who were assessed the day before, as well as the admissions, progress and crises of the clients actively waiting to get into treatment.

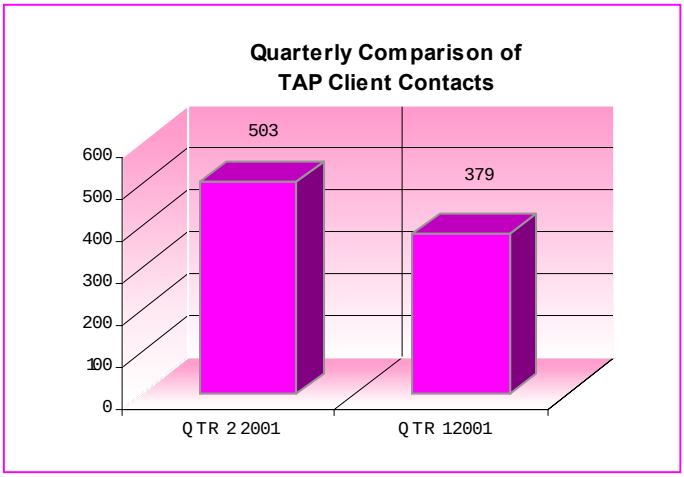
ANY client is welcomed to self-refer to TAP for assistance in finding treatment services, regardless whether they meet TAP triage priorities or not. They should call (1-800) 750-2727. However, service providers are requested to refer clients who they think match TAP triage priorities.

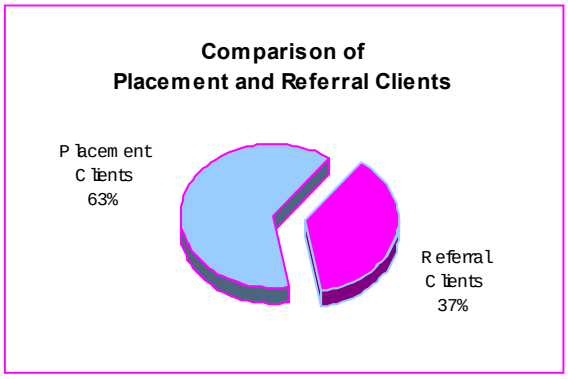
SERVICE BURDEN (Quarterly ending July 31st, 2001)

TOTAL NUMBER OF CLIENT CONTACTS

During the period under review, TAP functioned with a team of five (5) substance use assessors.

There were 503 client contacts for the second quarter of 2001 compared to 379 in *the first quarter*. This amounts to an average of 8.4 individual client assessments / screenings per workday – up from 6.3 clients served per workday in quarter one.





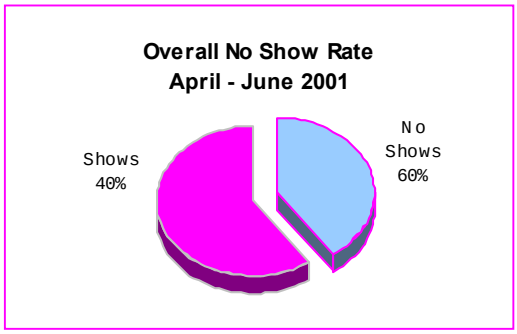
63% of the clients assessed (311 out of 503) matched the TAP Triage Priorities, and received case management until they were either placed into treatment or disengaged from the process. These clients are "placement clients".

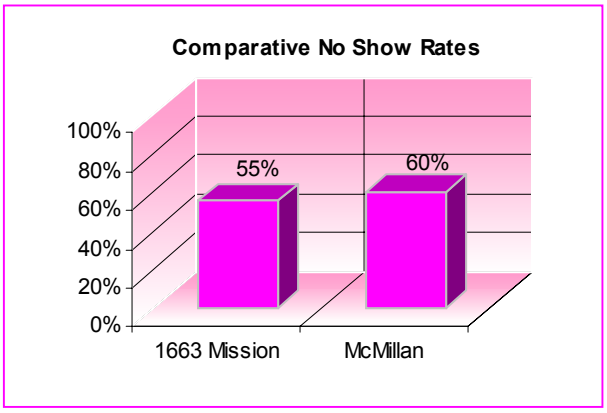
The remaining 192 clients are "referral clients". Their collective profile may be described as having had previous treatment experience and no pronounced co-morbid medical and/or mental health issues. TAP assists referral clients in selecting and contacting treatment programs and provides engagement services while clients await an intake. The difference between referral clients and placement clients, however, is that they are not case managed to the degree placement clients are.

BASIC SERVICE

APPOINTMENTS

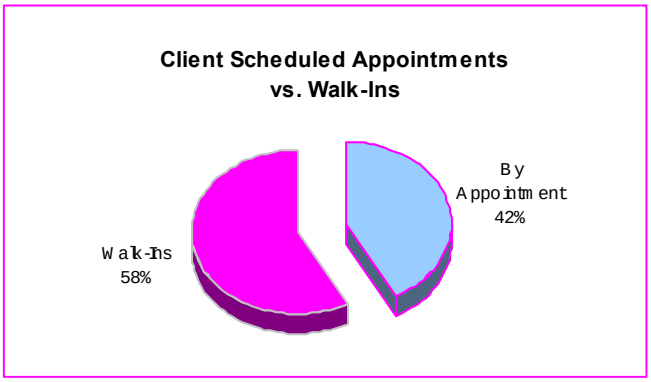
In the second quarter of 2001, TAP scheduled appointments with 525 clients. The source of the appointment can be either client self-referrals or provider referrals. Of the 525 appointments, 60% were "no shows". This is identical to the "no show" rate in the first quarter.





Currently, TAP sets client appointments at two sites: 1) the TAP offices at 1663 Mission and 2) McMillan Drop In Center at 39 Fell Street. Initially, we speculated that the "no show" rate might be significantly higher at McMillan compared to 1663 Mission. However, an analysis of second quarter data indicates this may not be true.

A substantial number of clients served are "walk-in" clients with no scheduled appointments. In the second quarter of 2001, walk-ins accounted for 58% of clients seen.



In addition, TAP tracks the referral sources of all placement clients. The proportional breakdown for the second quarter of 2001 is as follows:

REFERRAL SOURCES N=309

27% Client Self Referral

17% Hospitals / Clinics

16% Detoxification Units

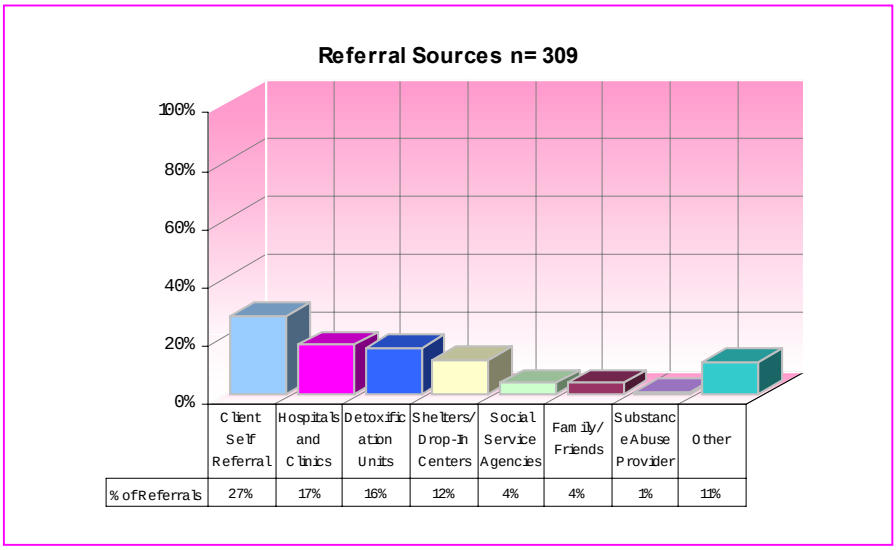
12% Shelters / Drop In Centers

4% Social Service Agencies

4% Family and Friends

1% Substance Abuse Providers

11% Other (Methadone Clinics, Needle Exchange, Acute Diversion Units, Criminal Justice System)



DISCUSSION

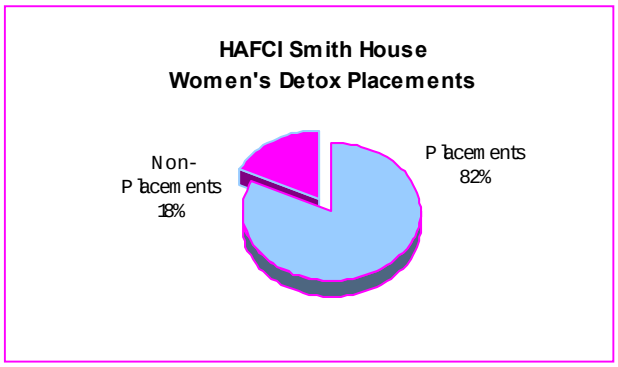
- Over the course of the past two quarters, "self referral" remains the primary source of clients. Medical venues and detox units are almost identical as the secondary source of referrals for placement clients, while shelters and drop-in centers account for the third highest referral source.

- Of the "hospitals / clinics" category, 62% of referrals came from SFGH, with the private hospitals making up another 9%. As for the clinics, half of the referrals came from Tom Waddell Clinic (15%), with another 15% from all the other clinics combined.

- The large number of referrals from the detoxification units reflects the relationship building that TAP has initiated with a number of the detox units. This relationship building has resulted in a structure that includes regular visits by TAP assessors to conduct assessments on site for those clients seeking post-detox treatment services.

DETOXIFICATION SCREENINGS AND PLACEMENTS

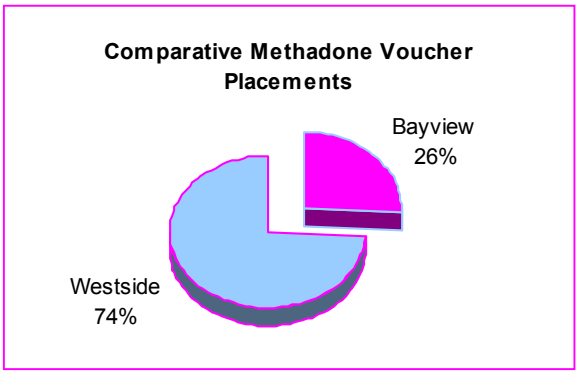
HAFCI SMITH HOUSE WOMEN'S DETOX

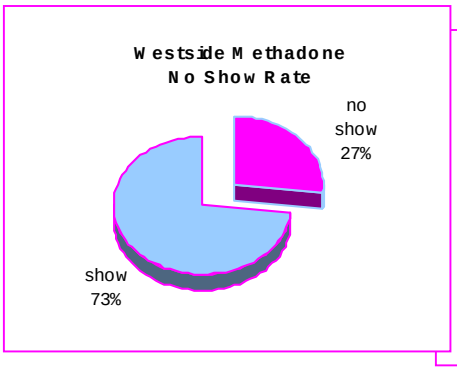


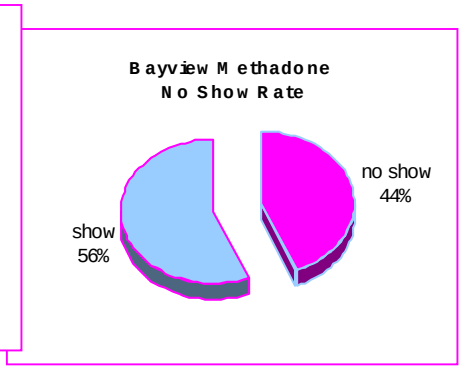
TAP manages admissions to Smith House, a social model detoxification program for women. (See appendix for referral procedures) In the period under review, TAP processed a total of 96 screenings for Smith House, an increase of 52% from the previous quarter (63 clients). Of the 96 women screened, 82% (79) were successfully placed on the same day of the screening.

METHADONE VOUCHER PLACEMENTS

In the second quarter of 2001, a total of 137 screenings / vouchers for 21 Day Methadone Detoxification were processed. (See appendix for referral procedures) The majority of the vouchers were issued to Westside Methadone (74%), the remainder to Bayview Hunters Point Methadone clinic (26%). For Westside, 73% of the clients followed through with their in-take appointments, and for Bayview, there was a 56% follow-through rate.







DISCUSSION

- The relative distribution of vouchers for methadone detoxification between Westside and Bayview marks a big improvement over the first quarter of 2001 – where 93% of the vouchers were for Westside.

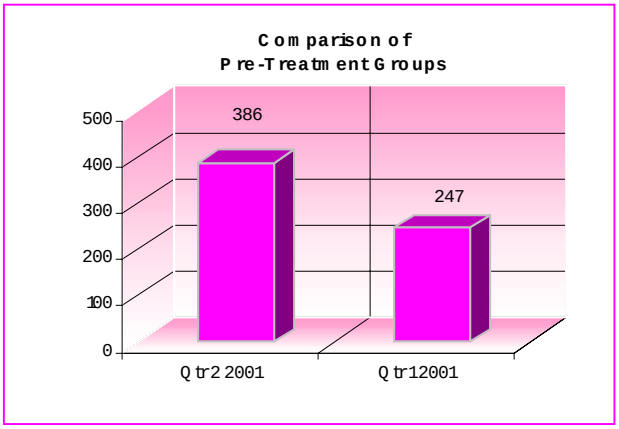
- There is a much higher "no show" rate between clients placed at Bayview compared to Westside clinic. However, on the surface, this is most likely a function of the distance between the central city and the Bayview Hunters Point district – and the fact that transportation to and from the Bayview clinic is quite difficult unless the client already resides in that neighborhood.

TREATMENT READINESS GROUPS AND ACUPUNCTURE

Currently, *Pacific Acupuncture Group* provides services at McMillan Drop-In Center three days a week for TAP clients awaiting admission to treatment programs. (See appendix for scheduling details) In the quarter under review, 135 clients received acupuncture services. Plans to extend acupuncture services to Multi-Service Center South are still underway.

Table 1: TAP Pre - Treatment Services

	Total Number of Clients Attending
Treatment Readiness Groups	386
Acupuncture Groups	135



TAP also co-facilitates daily (M-F) treatment readiness groups at both McMillan Drop-In Center and Multi-Service Center South, along with the substance abuse case management staff of the respective facilities. In the second quarter of 2001, 386 clients awaiting treatment participated in the pre-treatment groups. This number reflects a substantial jump from the previous quarter and primarily reflects the addition of the daily groups at MSC-South.

CLINICAL STAFFING/GROUP SUPERVISION / COLLATERALSERVICES

A significant portion of the service effort of the TAP clinical team cannot be easily tracked or efficiently measured as an "individual client service".

Nonetheless, approximately 1.5 hours per workday are spent collectively in clinical rounds and group supervision / case conferences. This amounts to approximately 7.5 hours per week for each assessor.

A brief time study will be conducted the first and third quarters of each year in order to determine and update the

Table 2: Collateral Services in 15 minute intervals
For the week of April 23rd, through April 27th, 2001

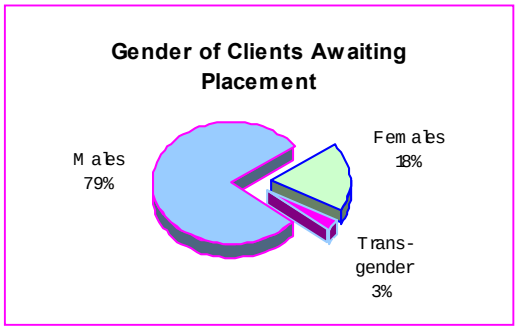
3.9 hours	Calls to Providers
3.6 hours	Calls from Providers
0.9 hours	Calls to Clients
2.2 hours	Calls from Clients
3.6 hours	Brief encounters with Clients
2.15 hours	Brief consultations with fellow staff regarding client dispositions
16.35 Total Hours of Collateral Services	

formula for measuring collateral services.
Currently, a little over 4 hours per week is spent by each assessor in phone calls to and from providers, calls to and from clients, brief encounters with clients, brief consultations with peers regarding client dispositions, etc.

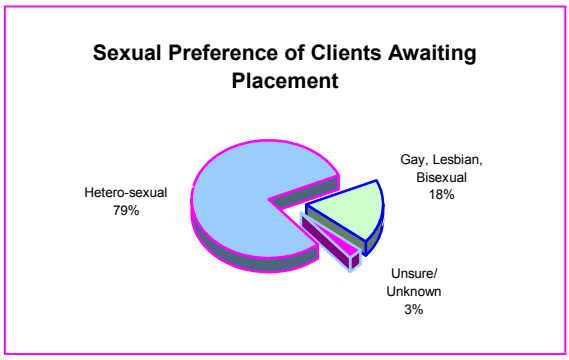
DEMOGRAPHIC PROFILE OF PLACEMENT CLIENTS N=311

The following is the demographic profile on the 311 placement clients.

Gender
79% Males
18% Females
3% Transgender



Sexual Preference
79% Heterosexual
18% Gay, Lesbian, Bisexual
3% Unsure / Unknown

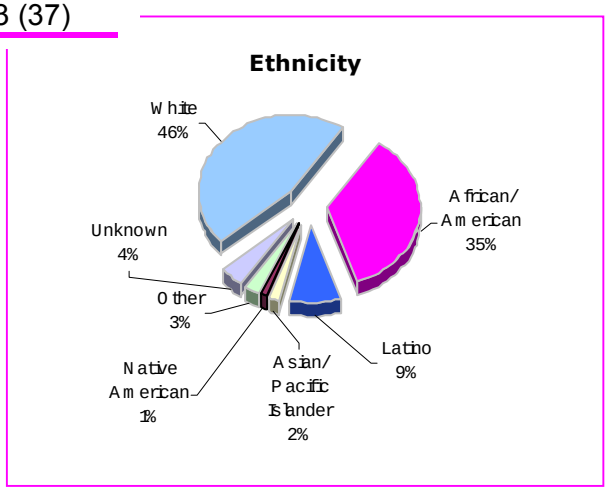


Age
The average age for all the placement clients was 41 years old – males slightly older (42) than females (37).

Table 3: Mean (Median) Age

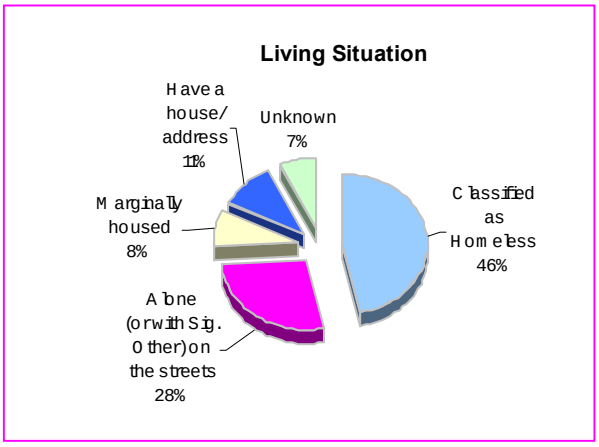
	Male	Female	Transgender
Mean (Median) Age	42 (41)	39 (38)	43 (37)

Ethnicity
45% White
35% African American
9% Latino
2% Asian Pacific Islander
1% Native American
3% Other
4% Unknown



DISCUSSION

- The demographic profile of the clients served in the second quarter of 2001 matches that of the first quarter. Women clients are under-represented, and the average client tends to be older, in her/his late 30s to mid 40s, usually with late stage addictions and numerous co-morbid conditions.



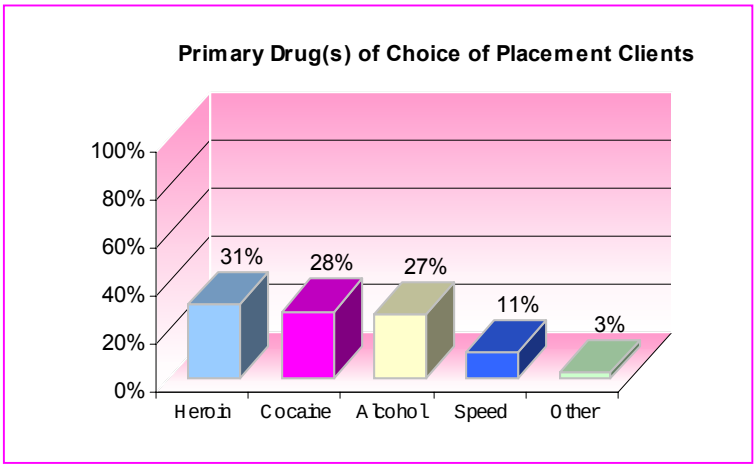
Living Situation
46% = Classified as homeless
28% = Alone (or with Significant Other) on the streets
8% = Marginally housed
11% = Have a house/address
7% = Unknown

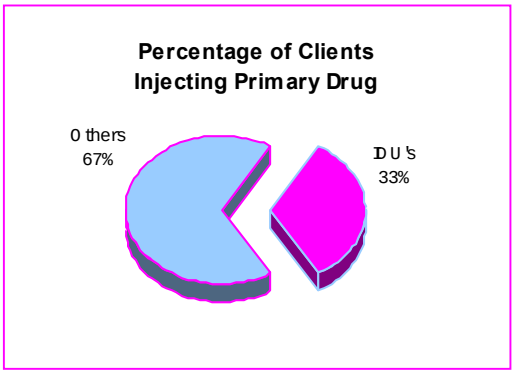
DISCUSSION

- Efforts were begun in the second quarter to improve the precision of the homelessness data TAP was collecting. For instance, assessors now spend more time attempting to ascertain whether or not clients are literally "on the streets" with no place to sleep, or "marginally housed" (i.e., having a variety of "places to crash", but nothing they could call "their own").

CLINICAL PROFILE OF PLACEMENT CLIENTS

Primary Drug of Choice
31% Heroin (88% IDU)
28% Cocaine (99% Crack, Smoke)
27% Alcohol
11% Speed (53% IDU)
3% Other
(Marijuana, Benzodiazapines)
0% Rave Drugs

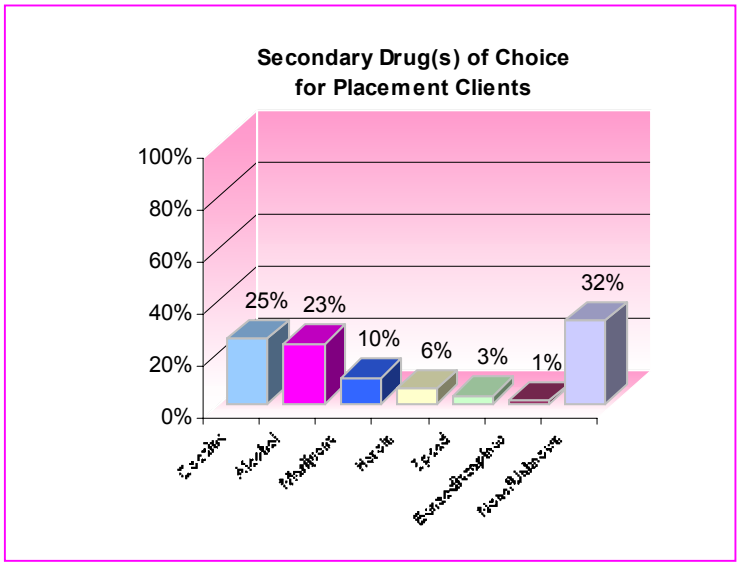




There has been a significant shift in the Primary Drug of Choice between Quarter I and Quarter II of 2001. In the first quarter of the year, alcohol was listed overwhelmingly as the most common primary drug of choice (at 37%), however this quarter it has fallen to third place behind Heroin (31%) and Cocaine (28%).

About one in three in the sample, injected their primary drug of choice, a similar proportion as in the first quarter.

Secondary Drug of Choice
25% Cocaine
23% Alcohol
10% Marijuana
6% Heroin (% IDU)
3% Speed
1% Benzodiazapines
32% None or Unknown



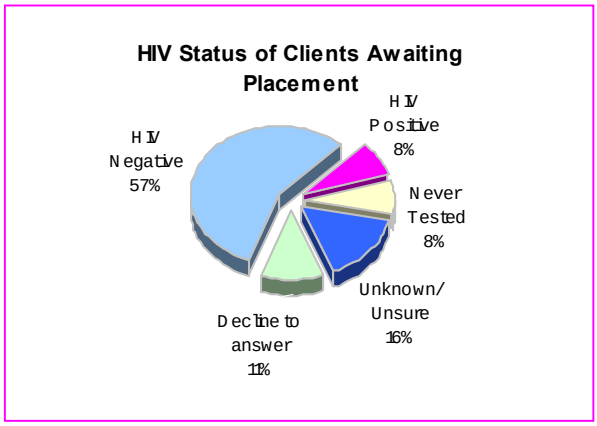
DISCUSSION

- As we hypothesized and reported in the first quarterly report, alcohol was being over-reported as the primary drug of choice (37%). Whereas, in the second quarter, it dropped to third place at 27%. This change is largely the result of quality assurance efforts on the part of TAP assessors**,** who have been trained to carefully tease out clients' primary drug based upon preference (when the necessary money threshold has been reached) and compulsivity. Concretely, crack addicts will maintain themselves on alcohol when their money is low or gone. Consequently, relying upon "number of days" as a means of primary drug identification may mask the cornerstone of the client's addiction.

HIV AND HEPATITIS STATUS

HIV

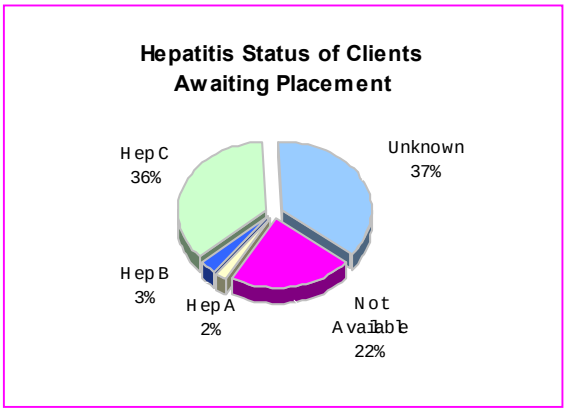
In the second quarter of 2001, TAP implemented quality assurance measures to improve the specificity and accuracy of client data regarding HIV status. TAP developed explicit screening questions and conducted a staff in-service that addressed effective interviewing techniques, as well as increasing referral knowledge of available testing and primary care services.



HIV Status
8% HIV positive
57% HIV negative
8% Never tested
16% Unknown / unsure
11% Decline to answer

HEPATITIS

Of the 311 placement clients, 35% reported being positive for Hepatitis C. Of those who reported being positive, 41% were IDUs. However, the majority of TAP clients know very little about Hepatitis C and have never been tested for it.



DISCUSSION

- Although there has been some improvements in the assessment process for detecting testing and service needs for HIV and Hepatitis, much still needs to be done. During the second quarter, TAP staff attended an in-service regarding HIV and Hepatitis C. However, the referral of TAP clients to testing and treatment tends to be overlooked, even when indicated by the assessment. This shortcoming is part of a much bigger challenge to incorporate a more comprehensive public health approach into the substance abuse assessment process, which traditionally has been limited to making only one referral to a substance abuse treatment program.

ADDICTION SEVERITY INDEX (ASI) SCORES / PROFILE

Each client who meets TAP's triage priority criteria is assessed utilizing the Addiction Severity Index (ASI) survey. The ASI is a multi-axis instrument that examines five related areas of a client's life in addition to alcohol and drug use (i.e., medical, employment, legal, family / social, and mental health). Each area is scored separately and the score is a synthesis of the client's opinion of the severity of the problem and the assessor's impressions of the level of need for services. The range is from 0 to 9 (0 being no evident problem, 9 being a critical problem requiring immediate treatment) – generally, a score of 5 or above indicates the need for some level of treatment and/or action.

Overall, TAP clients tend to be people with late stage addictions – heavy use patterns extending ten or twenty years or longer; persistent and compulsive use in the face of extreme negative consequences, etc.

QUARTER II

Of the 311 placement clients in the second quarter of 2001, 83% had a drug use severity score of 5 or above**,** and 54% had a score of 5 or above for alcohol use. The second quarter severity profile for alcohol use was similar to the first quarter**,** which reported an ETOH severity profile of 57%. However, the drug use severity profile went up 7 points from 76% to 83%.

Table 4

Level	ASI ETOH	ASI Drug
5	11%	16%
6	31%	51%
7	12%	16%
8	0	0
9	0	0
% of TOTAL	54%	83%

Similarly, the severity profiles for co-morbid issues were comparable between the first and second quarter. In the second quarter, 38% of the placement clients had relatively serious, untreated medical issues, 49% serious mental health issues, 21% legal issues and 52% had severe problems with social isolation and pressing family issues.

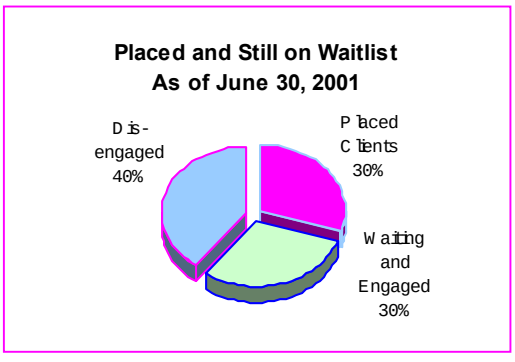
However, there was a noteworthy jump in the severity profile for employment / livelihood issues between the first and second quarter from 15% to 33%. This change is the direct result of quality assurance efforts undertaken by the TAP staff at the beginning of the second quarter. A number of in-service discussions focused on improving interviewing skills and sensitivity regarding clients' literacy levels, individual employment histories, former skills training experiences, etc.

Table 5

LEVEL	ASI Med	**ASI Employ**	ASI Legal	ASI Fam/Soc	ASI Psych
5	15%	**18%**	10%	21%	20%
6	17%	**13%**	9%	24%	21%
7	6%	**2%**	2%	7%	8%
8	0	**0**	0	0	0
9	0	**0**	0	0	0
% of TOTAL	38%	**33%**	21%	52%	49%

CLIENT OUTCOMES

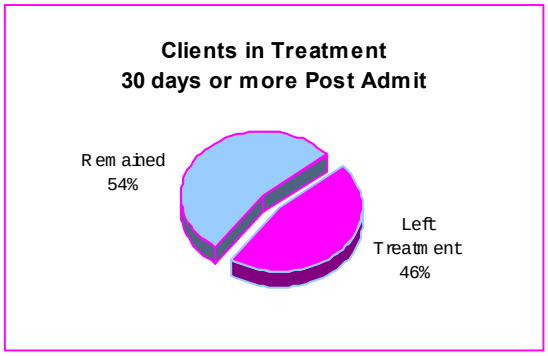
Of the 311 placement clients, 92 (30%) were successfully placed**,** while an additional 94 (30%) remained actively engaged and awaiting treatment as of June 30, 2001. The latter proportion can be considered potentially successful for placement. This raises the rate of successfully placed (and potentially placed) clients from 30% to 60%.



Furthermore, a survey of the 92 clients placed in treatment during the quarter under review (utilizing the BIS database) indicated that 54% (50 out of 92)

remained in treatment for a period of 30 days or longer.

125 (40%) of the 311 placement clients disengaged and were lost to follow-up efforts. A case is considered disengaged when there is no contact between TAP and the client for a period of three weeks or longer. At that point the episode file is closed. However, clients are welcome to return and seek assistance again and the client's file is reopened. TAP maintains no limit on the number of times a client can return for services, nor bars clients for any period because they disengaged from services.



URGENT UNMET NEED: DUAL DIAGNOSES RESIDENTIAL TREATMENT

Over half (55%) of the clients assessed by TAP in this period were considered most appropriate for dual diagnosis residential treatment services. However, there is a critical deficit in this level of treatment in the publicly funded system of substance abuse treatment services.

The problem is illustrated vividly in waitlist time:

- The average wait time for clients placed in dual diagnosis treatment was twice as long as mainstream residential placements (41 days verses 21 days)
- Of the 125 clients who disengaged from TAP in the second quarter of 2001, 55% were waiting for admission to dual diagnosis residential treatment. The prospect of being asked to wait for one or two months or longer is an important factor in clients becoming discouraged and choosing to disengage. This reflects the system's current failure to meet the treatment needs of a multiply disabled population.

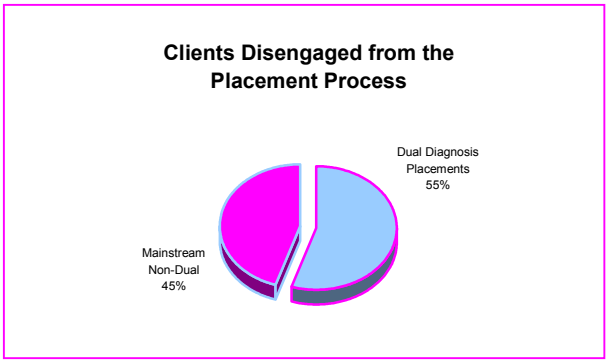
Table 6: Average Median Wait for Treatment

	Mainstream Residential & Outpatient	Dual Diagnoses Residential
Average Wait	21 days	41 days
Median Wait	15 days	37 days

Of the 125 clients who disengaged from the placement process:

55% were awaiting
Dual Diagnosis Placements

45% were awaiting
Mainstream Residential Placements

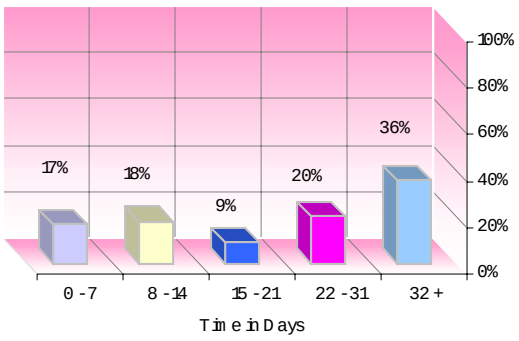


OVERALL WAIT LIST DATA

Of the 92 clients successfully placed into treatment during the second quarter of 2001:

17% waited 0 to 7 days until placement
18% waited 8 to 14 days
9% waited 15 to 21days
20% waited 22 to 31 days
36% waited 32 days or more
(Of these, 61% were awaiting Dual Diagnosis residential placement)

Total wait list days = 2,812
Average wait list days per client = 31
Median wait = 24 days

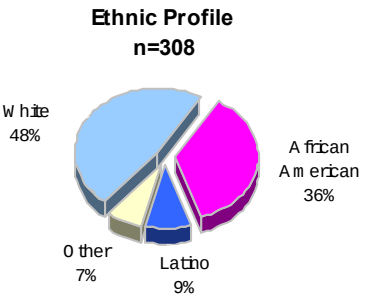


SPECIAL REPORT-Ethnicity & Age of First Use N=308

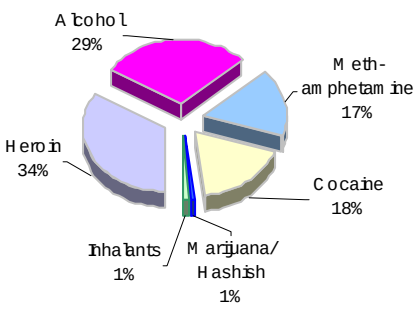
For the second quarter 2001 report, we cross-tabbed ethnicity and primary drug of choice, as well as sex and age of onset.

Like most stereotypes, anecdotal perceptions of ethnic preferences for certain types of drugs are sustained due to an element of statistical truth. The following comparative profiles were drawn from the sample of TAP placement clients served in the second quarter of 2001.

Total Ethnic Breakdown
47% = White
36% = African/American
9% = Latino
7% = Other

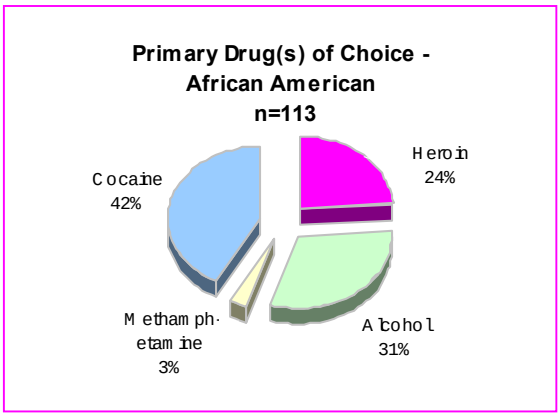


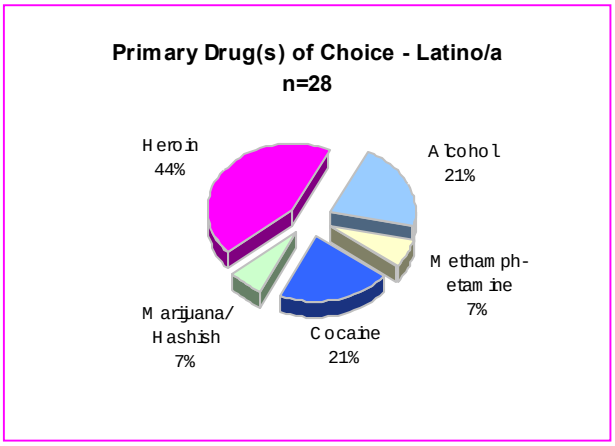
Primary Drug(s) of Choice - White
34% = Heroin
29% = Alcohol
18% = Cocaine
17% = Methamphetamine
1% = Marijuana/Hashish
1% = Inhalants



(put in descending order)

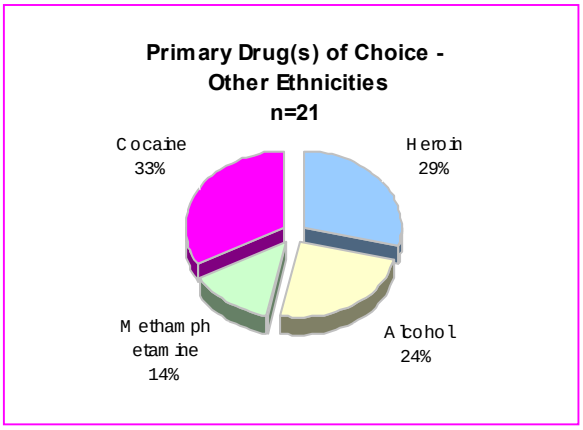
Primary Drug(s) of Choice – African American
42% = Cocaine
31% = Alcohol
24% = Heroin
3% = Methamphetamine

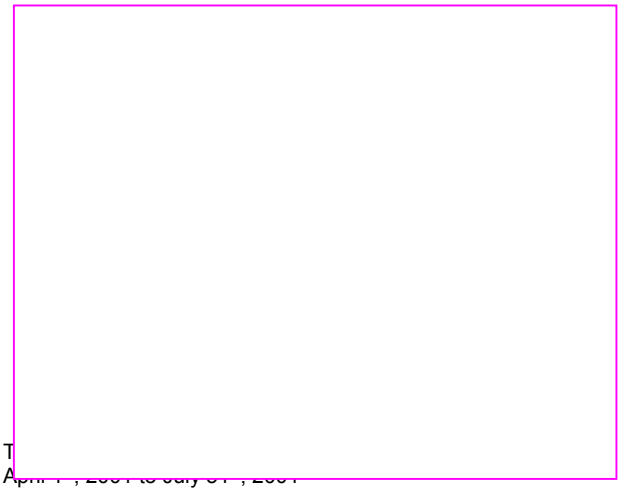




Primary Drug(s) of Choice – Latino/a
44% = Heroin
21% = Alcohol
21% = Cocaine
7% = Methamphetamine
7% = Marijuana/Hashish

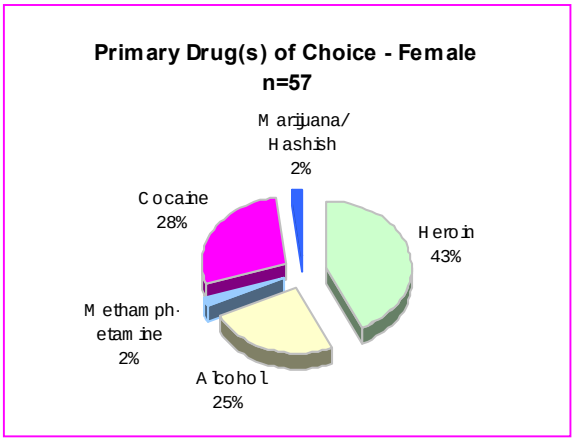
Primary Drug(s) of Choice – Other Ethnicities
33% = Cocaine
29% = Heroin
24% = Alcohol
14% = Methamphetamine

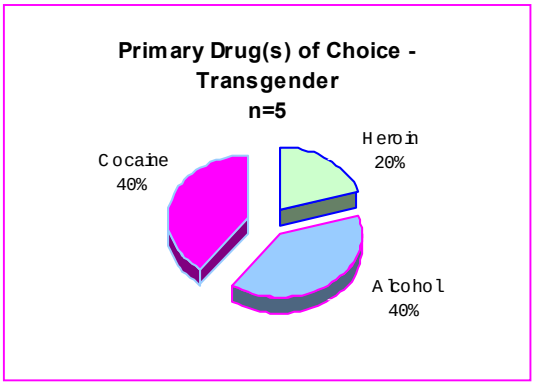




Primary Drug(s) of Chioce - Male
29% = Alcohol
28% = Heroin
28% = Cocaine
11% = Methamphetamine
2% = Marijuana/Hashish
1% = Benzos
1% = Other

Primary Drug(s) of Choice - Female
43% = Heroin
28% = Cocaine
25% = Alcohol
2% = Methamphetamine
2% = Marijuana/Hashish





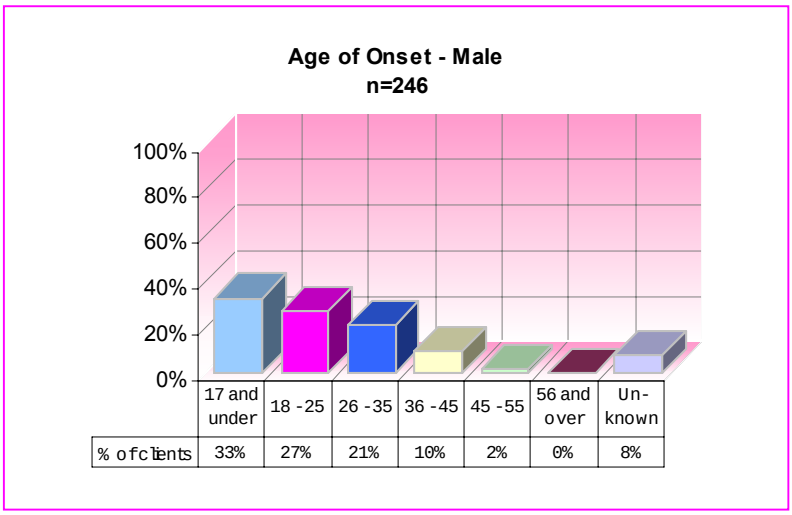
Primary Drug(s) of Choice - Transgender
40% = Alcohol
40% = Cocaine
20% = Heroin

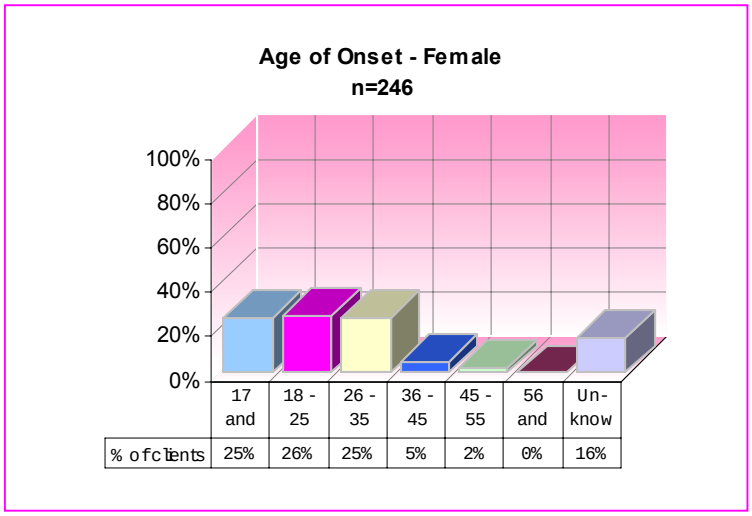
DISCUSSION

- Clearly heroin is a significant primary drug of choice across all ethnicities and genders in this sample. For whites and Latinos it is the top primary drug of choice, with Latinos reporting the highest rate at 44%. Heroin is by far the primary drug of choice among the women seen by TAP (43% verses 28% for males). This suggests that women with less severe drug problems find other ways, other than through TAP, to access treatment and/or receive no treatment whatsoever until their drug problems are at a relatively advanced stage.
- Men and women were matched on the rate of cocaine as primary drug of choice (28%). In almost all instances the form of the cocaine use is crack. Significantly, crack was the top primary drug of choice reported by African Americans at a high of 42%.
- Across the whole sample, approximately one in four clients report alcohol as their primary drug of choice.
- Primary Met amphetamine use is a more significant problem among white males (17%), as well as “other” ethnicities (non-African American or non-Latino) at 14%.
- The small “n” of 5 qualifies the primary drug use profile for transgender clients.

A key element in determining the severity of addiction is the duration and persistence of the drug use. A broad measurement of this can be obtained by contrasting the reported “age of onset” (i.e., beginning of a regular pattern of use) to the average and median ages. A sample of the TAP placement clients in the second quarter of 2001 indicates the following:

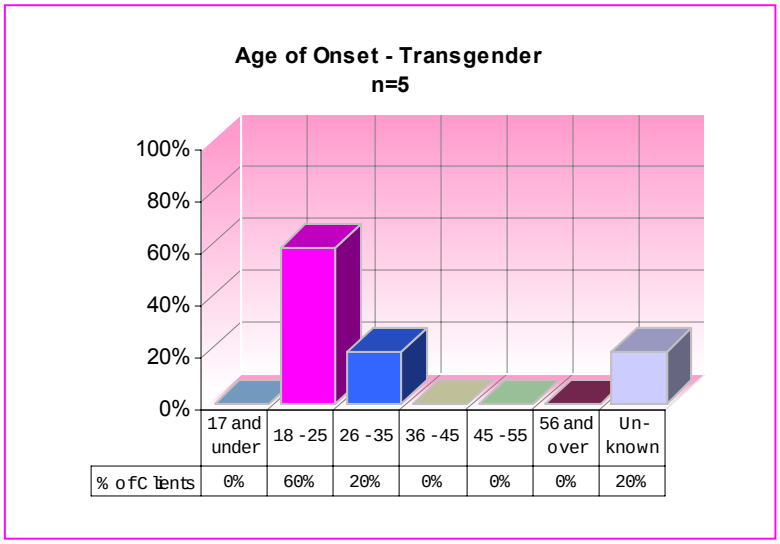
Age of Onset - Male
33% = 17 & Under
27% = 18 – 25
21% = 26 – 35
10% = 36 – 45
2% = 46 – 55
0% = 56 & Over
8% = Unknown





Age of Onset - Female
25% = 17 & Under
26% = 18 – 25
25% = 26 – 35
5% = 36 – 45
2% = 46 – 55
0% = 55 & Over
16% = Unknown

Age of Onset - Transgender
0% = 17 & Under
60% = 18 – 25
20% = 26 – 35
20% = Unknown



DISCUSSION

- One out of every three of the males in this sample began using drugs and/or alcohol in a regular pattern by 17 years old or younger. Similarly, one in four of the females reported early teenage use. Similar rates of men (27%) and women (26%) report an age of onset between 18 years old to 25.
- Given the mean age of the males (40), the data suggests that roughly 60% of the men have been experiencing problematic drug and/or alcohol use anywhere from 15 to 25 years, on average.
- The picture is not much better for the women in the sample. Roughly 50% of the females may have experienced problem use for 15 to 25 years on average.
- Interestingly, 60% of the transgender clients report a later age of onset between 18 to 25, although the sample size (5) restricts our analysis to anything other than noting the response rates.

SYSTEM INTEGRATION EFFORTS

As part of the attempt to integrate services and improve client access into the publicly funded treatment system, TAP continues to focus part of its work with various treatment providers.

During the second quarter, TAP's closest collaborative efforts have been focused on the following projects with the agencies mentioned below:

- Planning efforts on the overall design for implementing Proposition 36 in the City and County of San Francisco. The community planning process was a broad based effort initiated jointly by the Department of Public Health and the District Attorney's Office. It involved representatives from the San Francisco Board of Supervisors, City and County agencies, Probation, Parole, the community, the Treatment on Demand Council, advocacy groups, substance abuse treatment providers and the faith community. Over 250 people participated actively in the development of the plan. The main effort extended over a two-month period. The complete plan can be found at www.dph.sf.ca.us/prop36/prop36sacpaplan.pdf

- Efforts to develop a single, integrated system for screening, admitting and discharge planning for the City's three medically supported detox units – Baker Places, Ozanam (St. Vincent DePaul), DSAAM (Department of Substance Abuse and Addiction Medicine / CHN), and the Tom Waddell Clinic.

- Resuming direct TAP support (which had lapsed over the course of the previous year) for the PPODD Group (Pre-Placement Outpatient Dual Diagnosis Group) located at the Mission Mental Health Clinic

- Initiating additional integrated services and Treatment Readiness groups five days a week for clients awaiting admission to substance abuse treatment services at the Multi-Service Center South (St. Vincent DePaul)

- Ongoing, day to day integrated services – McMillan Drop-in Center, Smith House Detox for Women, Bayview Hunters Point Methadone, Westside Methadone, and HIV Prevention Project (Needle Exchange Programs)

APPENDICES

Appendix A: TAP Triage Priorities

Priorities cannot easily be reduced to a formula and must be triaged on a case-by-case basis. Nonetheless, the key triage considerations are listed below:

- Clients who never have had a "treatment experience" (regardless of age)

- Young adults with relatively serious drug / alcohol problems
  (Between the ages of 18 and 23)

- Individuals with medical "barriers" or conditions that make attempts to stabilize their alcohol and/or drug use a relatively urgent public health priority and/or constitute a serious obstacle to them being able to access treatment.
  Non-ambulatory / frail secondary to a medical condition (i.e., recent gun shot wounds, endocarditis, necrotizing fasciitis, late stage AIDS related conditions, acute hepatitis C, etc.).

- Pregnant women

- People with mental health "barriers" or psychiatric conditions that make attempts to stabilize their alcohol and/or drug use a relatively urgent public health priority and/or constitute a serious obstacle to them being able to access treatment.
  This would be clients with a relatively serious range of mental health problems (currently treated or untreated). It would not apply to those with a range of mental health symptoms routinely associated with late stage drug / alcohol dependency (i.e., moderate depression, moderate anxiety disorders, etc.)

- People with social "barriers" that constitute a serious obstacle to them being able to access treatment.
  > 55 years old
  Non-English monolingual or Limited English Speaking
  Clients with active and sole parenting responsibilities for children
  People with transgender and gay and lesbian treatment issues

Appendix B: General Referral Information

Address: 1663 Mission Street (between South Van Ness and Division), San Francisco, CA 94103

Fax Number: 415-431-9554

Hours of Operation: Monday to Friday, 8:00 a.m. until 5:00 p.m.

Client Self Referrals: 1-800-750-2727

Service Provider Referrals: 415-522-7100 – ask to speak to the Officer of the Day

Engagement Support Services open to the public on a drop-in basis:

Pre-treatment group: McMillan Drop-In Center
Monday to Friday, 3:00 to 4:00 p.m.

Acupuncture: McMillan Drop-In Center
Monday, Tuesday and Thursday, 1:30 to 2:45 p.m.

Needle Exchange -- TAP counselors are on site at the following needle exchanges:
Tuesday at 125 6th (10 AM to 12:00 Noon)
Thursday at 1776 Newcomb St. (11:30 AM to 12:30 PM)
Friday at 125 6th (12:00 Noon to 2:00 PM)

Appendix C: Referral Procedures for Detox Screening / Placement Services

21 Day Methadone Detox – Contact the TAP Officer of the Day (OD) at 415-522-7100 and/or refer client directly to 1663 Mission Street

Smith House Detox for Women – Contact the TAP OD and/or refer client directly to 1663 Mission Street

Medically Supported Detox Units:

- If the client is a patient at SFGH or an active patient at one of the DPH Clinics – contact DSAAM directly at 415-206-5123 (not TAP)

- If the client is an active patient at Tom Waddell Clinic – contact Tom Waddell directly (not TAP) at 415-554-2782

- If the client is a patient at any of the private hospitals or an active patient at any one of the Consortium Clinics in the City – contact DSAAM directly (not TAP)

- If the client is a registered methadone maintenance client at one of the Methadone clinics – contact DSAAM directly (not TAP)

- For everyone else, refer directly to TAP for screening and placement (i.e., clients with no primary care provider whatsoever and/or a dated / lapsed relationship to any primary care providers) – contact the TAP OD at 415-522-7100