Addressing Substance Use Disorders in an Intensive Case Management Setting

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Context

- Overdose deaths tripled in San Francisco from 2017 to 2020 (725 in 2020; 647 in 2022)
- The rise in overdose deaths has been driven by fentanyl (519 deaths due to fentanyl in 2020)
- The majority of overdose deaths also involve methamphetamine (390 in 2020)
- Approximately 70% of Citywide clients have comorbid substance use disorders (SUDs)
- 27 Citywide clients died due to overdose in 2020, per the city medical examiner

Objectives

- To understand the experience of Citywide clinicians in working with clients with SUDs: what has been challenging, what has been effective, and what opportunities for improvement exist?

Methods

- 10 interviews with Citywide clinicians (6 case managers, 4 prescribers) using a structured format
- Interview responses coded by two reviewers; codes analyzed to identify major findings and patterns

Results

SUD interventions mentioned

Clinician engagement styles

Challenges	**Improvement Opportunities**
SUD specialty clinics siloed off from SMI (serious mental illness) clinics	Enhance SUD treatment offered in non-specialty SUD clinics, including more in-house programming and counseling, and better access to MAT (especially buprenorphine)
Bureaucratic, unwieldy referral system	Improve linkage to outside programs and resources
Few options for non-English speakers	Enhance non-English programming and empower current language-congruent clinicians to provide SUD treatment
Clinicians feels under-trained to treat SUDs	Offer additional training to non-specialty SUD clinicians
Hard to address clients' unhealthy living environments and lack of support networks	Explore ways to advocate for our clients and their communities (e.g., better housing options, policy changes)
Underlying trauma, psychosis, depression, anxiety, loneliness, boredom	Provide psychiatric medications and therapy along with social support, connection to resources and community
Clients sometimes deny using; fluctuating insight & stages of change; relapse common	Employ best practices listed below when possible

Best practices

- Maintain a consistent presence, build alliance
- Be persistent and ready to act when clients gain insight and motivation for change (often during crises)
- Empower clients: shared decision-making, treatment plans tailored to clients' preferences and histories
- Universal harm reduction principles; be more assertive when danger is high
- Recognize successes, even minor: safer patterns of use, improved functioning and quality of life