

LURIE FOR MAYOR

SAN FRANCISCO

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DANIEL LURIE ANNOUNCES PLAN TO GIVE INDIVIDUALS CHOICE BETWEEN IMMEDIATE TREATMENT OR ARREST

Law Enforcement and Behavioral Health Experts Join to Support Lurie's Plan

SAN FRANCISCO—Today, Daniel Lurie proposed a plan to combat San Francisco's drug and mental health crisis. The plan is backed by law enforcement and behavioral health experts and gives individuals who have committed low-level offenses associated with addiction or mental illness a choice between immediate treatment at the initial point of contact or arrest. Lurie discussed part of the plan detailed below at a drug and mental health [strategies summit in January](#). At the summit, [Lurie released a plan](#) backed by law enforcement experts to address the **supply** side of the city's drug crisis to end the era of open-air drug markets and hold drug dealers accountable. The plan released today is intended to address the **demand** side of the city's drug and mental health crisis by getting individuals with addiction and/or mental illness off the streets and into immediate treatment. Daniel Lurie is set to discuss his plan today at a press conference announcing the endorsement of former San Francisco Police Department (SFPD) commander Paul Yep.

*"The crisis of leadership at city hall is visible on street corners across San Francisco," **said Daniel Lurie, a father of two, non-profit founder, and lifelong Democrat.** "The agencies responsible for community safety, public health, and our unhoused population are not coordinating, and that dysfunction has enabled the tragedy on our streets. People need to be held accountable, but systems must be held accountable too. Under my administration we will enforce the laws on the books and people will not be allowed to live on the street. To keep that promise and ensure meaningful, sustainable results, we must finally hold the systems managing this population accountable. From out of control spending on non-profits that have failed to deliver results to an unwillingness to fire staff that are unable to get the job done, City Hall's system has fundamentally failed San Francisco. It is time for a new era of accountable leadership that we know will never come from City Hall insiders."*

Daniel Lurie's plan is based on the Sequential Intercept Model (SIM) developed by [Policy Research Associates](#). The SIM model details how individuals with mental and substance use disorders come into contact with and move through the system. His plan is supported by both law enforcement and behavioral health experts.

*"Daniel's approach to San Francisco's behavioral health crisis will not only enhance our quality of life, it will support officer retention and morale by limiting contact with a population that drives use of force incidents and many injuries to police," **said Paul Yep, former SFPD Commander**. "This approach will also reduce 911 response times by freeing up valuable police resources to respond to emergencies."*

*"Cities across the country are implementing solutions that are working, but San Francisco has fallen behind," **said Jennifer Johnson, a co-founder of San Francisco's Behavioral Health Court, Senior Consultant with the Substance Abuse and Mental Health Services Administration (SAMHSA) and a lecturer in Mental Health and Law at Berkeley Law**. "This is a thoughtful plan that will advance public safety by providing services designed to create a seamless continuum of care that will interrupt the cycle of homelessness, addiction, and criminal activity."*

Daniel Lurie's comprehensive plan to address the city's street-level drug and mental health crisis is as follows:

1. Launch Co-Responder Teams
2. Implement a Deflection Program
3. Open 24/7 Drop-Off Crisis Centers
4. Launch 5150 Care Coordinators
5. Empowered coordinator position directly reporting to Mayor
6. Execute care on-demand

1. Launch co-responder teams to get unhoused, addicted and mentally ill off the street and into treatment.

The co-responder teams will include a behavioral health professional and law enforcement officer who will ride together for the duration of a shift. An effective approach must start at the initial point of contact. Currently, the newly created all-civilian Street Outreach Teams have operated with dubious efficacy and little coordination, meaning police are still the first responders most likely to encounter people in crisis on the street.¹ When police encounter an individual in crisis on the street, the officer may not know if the root cause of the behavior is due to substance use,

¹ <https://www.sfchronicle.com/sf/article/sf-homeless-drug-overdoses-street-teams-breed-18475611.php>

a mental health disorder, a medical issue or some combination of health concerns. Having police continue to be the primary point of contact not only delays and undermines outcomes for individuals suffering with addiction and mental illness, it also taxes police resources at a time wherein the San Francisco Police Department (SFPD) faces a major staffing crisis. The current model therefore increases 911 response times, meaning it hinders our response not only to quality-of-life issues, but violent crime as well.

Daniel Lurie will implement a dual approach of offering real, meaningful help while also allowing law enforcement agencies the discretion to address criminal behavior where appropriate. Effective implementation of this approach includes embedding behavioral health professionals in specialized police units using a co-responder model and implementing a robust **Deflection** program whereby individuals are referred to **Drop-Off Crisis Centers**.

During the shift they will focus on offering the addicted and mentally ill options pursuant to the Deflection program (more details below) while responding to situations to de-escalate individuals in crisis and assess the best course of action (ie Deflect, 5150, or arrest). Embedding trained professionals as partners increases the chances that the situation will be resolved in a way that addresses both the symptoms of the problem and the disease.

2. Implement a Deflection Program to Incentivize Individuals to Seek Treatment or Face Arrest.

Currently, when a police officer cites someone for a low-level offense often associated with addiction or mental illness, a dysfunctional process begins that rarely produces favorable outcomes. Instead of immediately being taken to treatment, a citation requires the individual to go to court at a specified date, generally 90 days in the future. The population in question often does not show for their court date, and a judge may issue a misdemeanor bench warrant. Law enforcement generally does not seek out individuals with misdemeanor bench warrants, however, and therefore the individual often does not get help or treatment, and accountability is largely non-existent.

By introducing a Deflection program, San Francisco will incentivize individuals to engage in appropriate treatment immediately at the initial point of contact, which is when research has shown that people are most likely to engage in services.² When a co-responder team's behavioral health specialist and law enforcement officer encounter an individual who has committed a low-level offense associated with behavioral health issues (addiction or mental illness), they would be given the option of treatment in lieu of arrest. If they choose treatment they would be taken to a **Drop-Off Crisis Center**.

For individuals who refuse treatment who have committed a low-level offense, the San Francisco Police Department's General Order (SFPD DGO) (which effectively mirrors California Penal Code Section 853.6(i)(7)) allows police to book on a misdemeanor,

² <https://pubmed.ncbi.nlm.nih.gov/31931831/>

rather than merely cite, when there is “a reasonable likelihood that the offense or offenses would continue or resume.”

This strategy creates a system where a co-responder team has the means to identify the problem, a thoughtful place to take this population to treat the root causes driving their addiction or mental illness, and the authority to arrest individuals who have committed low-level offenses who decline to get help. It also keeps individuals in crisis safe while ensuring a more effective adjudication process. Individuals who have committed low-level offenses are also incentivized to stick with their treatment or they may face arrest and prosecution.* Individuals that do not seek treatment may be arrested and prosecuted.

*If a criminal offense has occurred but the individual is Deflected to treatment, the criminal legal system remains a possibility if treatment is not completed. At the time individuals are brought to services, a citation may be issued - but not filed - if the individual is compliant with treatment for a defined period of time. If they don't adhere to treatment, the District Attorney has the option of pursuing the misdemeanor charge.

3. Open Drop-Off Crisis Centers designed for police and co-responder teams to drop off individuals in a mental health crisis or that have opted for treatment pursuant to the Deflection program.

Currently there isn't a suitable place for law enforcement or a co-responder team to take individuals suffering from addiction or mental illness, and certainly not after hours.

Accordingly, we must create a center or centers that are behavioral health partnerships designed for police and co-responder teams to drop off individuals in crisis to a centralized police-friendly location. At these Centers, individuals will have their public health needs assessed by medical and mental health professionals. Centers will also offer food, temporary respite beds, onsite medical detoxification and case management services. After assessment, individuals will be directed to appropriate and timely substance use, mental health and/or medical services. These centers would be open 24 hours per day, seven days a week.

Police are not trained to diagnose whether someone is addicted to drugs, has a mental illness or both. Officers have limited options due to a lack of resources and there are very few, if any, treatment programs that will reliably take someone directly from police custody. Police are left with the choice between taking people to jail or the emergency room, neither of which is equipped to link people with the right care in a timely manner.

4. Launch Care Coordinators for Individuals Placed on a 5150 Hold

Bringing someone to the hospital for a 5150 involuntary hold for 72-hours, which has happened over 13,000 times in a 12-month period,³ often results in them being released without adequate connection to services and they frequently return again and again. For

³ <https://www.sfchronicle.com/sf/article/mental-illness-san-francisco-hospitals-homeless-17772797.php>

individuals put on a 5150 involuntary hold, 64% of people at Zuckerberg San Francisco General Hospital's psychiatric emergency services department experienced homelessness in the past year. Only about one third of these people are connected to another mental health provider, meaning nearly two-thirds are being released directly back to the streets with no services. Therefore, it's imperative that we designate personnel dedicated solely to ensuring better coordination and handoffs through a new Care Coordinators program.

5. Create a New Position in the Mayor's Office of Criminal Justice to Coordinate Response and Data Across City Agencies & Audit Performance

In recognition of the absent coordination across the city's public safety, public health, and health and human services departments, Lurie would create a new role in the Mayor's Office whose job will be to hold agencies accountable and coordinate data and the response across these departments. Part of better coordination must include better data integration and public reporting of the outcomes of treatment or arrest across the many departments involved led by an independent entity like the SF Controller's Office. Code can be written to link the currently disparate data reporting systems to produce a quarterly report on the outcomes of individuals in crisis to guide a data-driven response, as identified by the 2021 SF Street Level Drug Dealing Task Force.⁴

6. Execute Care On-Demand and Incentivize Treatment

Long wait times, poor facilities, and a lack of services create a system of loopholes where people fall through the cracks. People seeking treatment often wait up to 10 days to enter a program due to MediCal regulations and other red tape.⁵ It's well-established that if people don't enter treatment at the moment they're seeking it, they're unlikely to return later.

Accordingly, we will create more treatment beds (especially dual diagnosis and 90-day beds), while scaling models like The Way Out to provide treatment on demand. We will also incentivize treatment by guaranteeing that every person that completes treatment has access to long term transitional housing or permanent supportive housing based on eligibility. Staying with treatment will be further incentivized through accountability through the criminal legal system for those that do not engage in treatment (see **Deflection** program).

Relevant Data⁶

Treatment

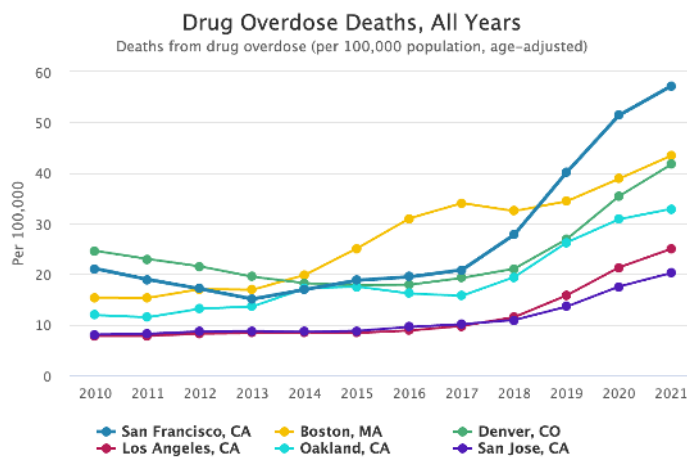
⁴[https://oewd.org/sites/default/files/SF%20Street-Level%20Drug%20Dealing%20Task%20Force%20Report%20\(June%2030%202021\).pdf](https://oewd.org/sites/default/files/SF%20Street-Level%20Drug%20Dealing%20Task%20Force%20Report%20(June%2030%202021).pdf)

⁵https://s3-us-west-1.amazonaws.com/usw-cache.salvationarmy.org/076a03ca-9c92-4e3f-be66-754018ab1855_The+Way+Out_Brochure_10.17.2023.pdf

⁶ Comparison of overdose deaths in 5 cities from Big City Health Coalition using CDC data through 2021

- On average it takes 10 days to get into treatment, according to analysis done by [The Way Out/Salvation Army](#).
- Through Q3 of 2023, San Francisco had only 641 admissions into Drug MediCal-certified residential treatment facilities,⁷ according to SFDPH data.
- Through November 2023, 2,347 people received methadone treatment from a Drug MediCal-certified program. Buprenorphine data for 2023 is incomplete.
- SFDPH distributed 106,188 doses of naloxone through Q3 of 2023.

Overdose and Substance Use Disorder



- In 2023 there were 4,450 opioid-overdose related 911 responses by EMS,⁸ according to SFDPH data.
- 71% of overdose fatalities happen at home, according to The Way Out/Salvation Army Analysis.
- An estimated 52% of the unsheltered population reported a drug or alcohol use disorder in the 2022 Point In Time Count, (a 10 percentage point increase from the previous count).⁹

Law Enforcement

⁷https://data.sfgov.org/Health-and-Social-Services/San-Francisco-Department-of-Public-Health-Substance-Use-Disorders/ubf6-e57x/about_data

⁸https://data.sfgov.org/Health-and-Social-Services/Overdose-Related-911-Responses-by-Emergency-Medications/ed3a-sn39/about_data

⁹<https://hsh.sfgov.org/wp-content/uploads/2022/08/2022-PIT-Count-Report-San-Francisco-Updated-8.19.22.pdf>

- Those who are convicted for sales or possession with intent to distribute spend an estimated median time in jail between 5-15 days, according to the [Street Level Drug Dealing Task Force](#) Quantitative Analysis
- SFPD logged 2,824 (up 24% from 2,274 in 2022) incidents of drug violations in 2023, 60% of which resulted in an arrest, according to SFPD Incident Report Data analyzed by the SFDA's Office.¹⁰
- In 2023 of the 60% of drug violations resulted in arrest, 60% of those went on to result in criminal charges.¹¹

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Daniel Lurie was born and raised in San Francisco. He founded Tipping Point Community in 2005. Under his direction as CEO, Tipping Point has raised over half a billion dollars to help house, employ, educate and support hundreds of thousands of Bay Area families. Last year alone, Tipping Point provided over six thousand people with services that either helped them transition out of homelessness or prevented them from experiencing it.

Last year, he co-founded the Civic Joy Fund, an organization that aims to increase civic engagement and assist in the economic recovery of San Francisco. Daniel also led efforts to construct an 100% affordable housing development with union labor on Bryant Street that came in on-time and under budget.

Former Mayor Ed Lee selected Daniel in 2013 to lead the San Francisco Bay Area Super Bowl 50 Host Committee, an effort that brought over \$240 million in economic impact to the region. Following the devastating fires in the North Bay in 2017, Daniel and Tipping Point partnered with 90 Bay Area business and community leaders to organize Band Together – a benefit concert that raised \$17 million for those hardest hit by the deadly fires. In total, Tipping Point's Emergency Fire Relief Fund raised over \$34 million.

Lurie is a lifelong Democrat. He lives in San Francisco with his wife Becca and two school-aged children.

¹⁰ <https://sfdistrictattorney.org/policy/data-dashboards/#sfda-actions-on-arrests-presented>

¹¹ *ibid*