

# San Francisco Department of Public Health

Behavioral Health Services Director's Update

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Behavioral Health Services  
San Francisco Department of Public Health



San Francisco  
Department of Public Health

# Agenda

- Welcome
- SFDPH Organizational Structure & Priorities
- About SFDPH Behavioral Health Division
- About the Behavioral Health Commission



# Welcome!



**Dr. Hillary Kunins**  
**Director of Behavioral Health**  
**Services & Mental Health SF**

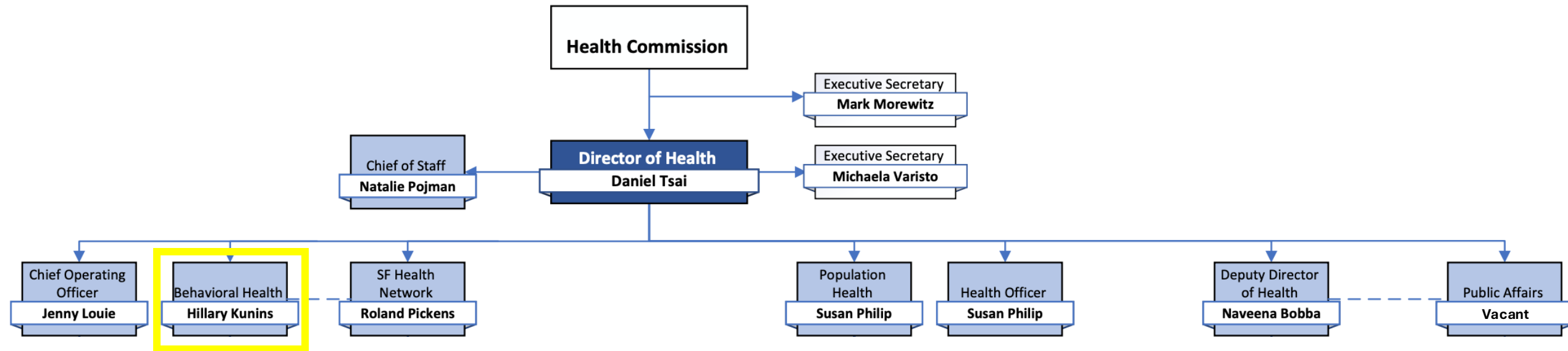
## A little about our Director:

- Led San Francisco Department of Public Health Behavioral Health Services Division since 2021.
- Under Mental Health SF and Mayor Lurie's Breaking the Cycle initiatives, San Francisco has undertaken significant behavioral health reform, including:
  - Establishing behavioral health street teams and an Office of Coordinated Care
  - Adding 600+ residential treatment beds (total inventory: 2,800+) to strengthen the continuum of care (ex: drug sobering center, crisis stabilization unit, etc.)
  - Implementing SB43 (expansion of grave disability for involuntary care)
  - Coordinating overdose response system, including expanded access to substance use treatment such as telehealth medication treatment for people who use opioids)
- Previously served as the Executive Deputy Commissioner of Mental Hygiene and Assistant Commissioner for the Bureau of Alcohol and Drug Use at the New York City Department of Health and Mental Hygiene.
- Primary care and addiction medicine physician who practiced in the Bronx, New York for over 15 years.



# SFDPH Structure and Priorities

# San Francisco Department of Public Health Organizational Structure



# San Francisco Department of Public Health Priorities

## ***Mission and vision***

***Mission:*** Protect and promote the health of all San Franciscans

***Vision:*** Making San Francisco the healthiest place on earth [for all people!]

## ***Overall priorities***

- 1. Getting to Zero on long term health disparities** by deploying world class, systematic public health interventions (upstream, tackling social drivers of health, community engagement)
- 2. Be the best health care delivery system in the world** (quality of care and outcomes, care experience, integrated and population-health based care)
- 3. Tackling the behavioral health and homelessness crisis**

## ***How we will do this***

- Drive decision making, policy and health care based on:
  - **An integrated, systems approach, working as one DPH**
  - **World-class data and analytics** to drive **evidence-based practices**
- **Execute with operational effectiveness, rigor and financial sustainability**
- **Meaningfully engage the community** in what we do
- **Develop & invest in our people** to effectively achieve our mission and support our team

# Tackling San Francisco's Behavioral Health and Homelessness Crisis



## Our goals

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

Reduce fatal overdoses and reduce disparities in overdose rates across the city



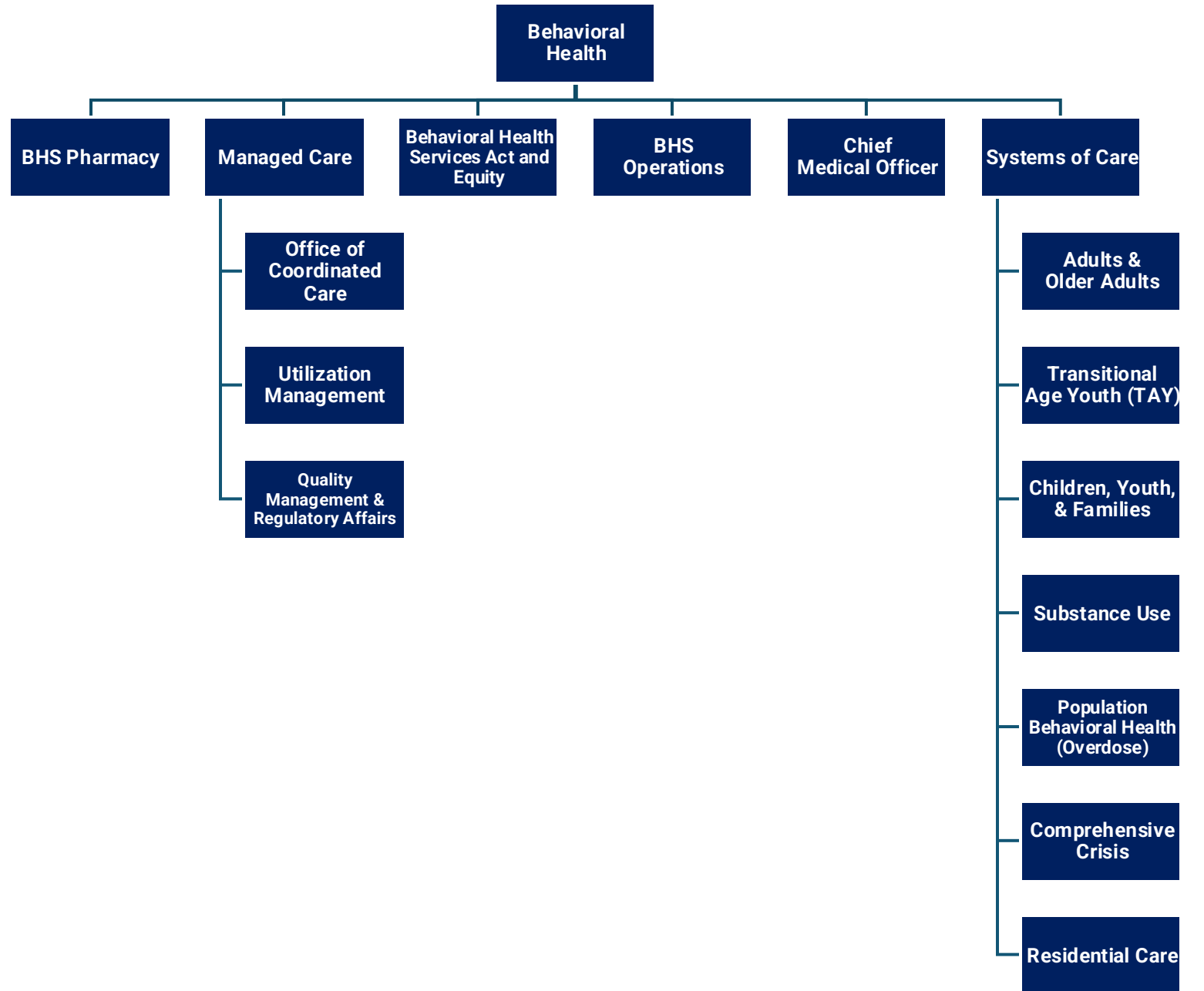
# SFDPH Roadmap for the Behavioral Health Crisis

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. **Restrict Distribution of Safer Use Supplies** – 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



# About SFDPH Behavioral Health Division

# Behavioral Health Division Organizational Structure



# Our Vision, Mission, and Key Strategies

## Vision

For all San Franciscans to experience **mental and emotional well-being** and **participate meaningfully** in the community across lifespans and generations.

## Mission

To provide **equitable**, effective substance use and mental health care and promote **behavioral health and wellness** among all San Franciscans.

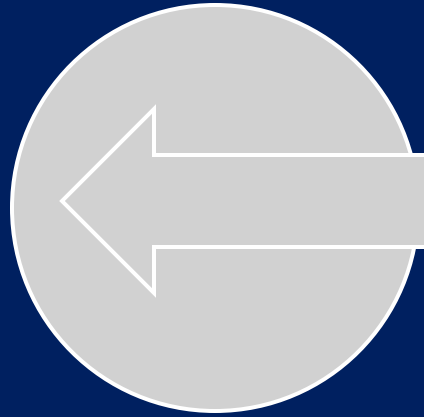


# About San Francisco Behavioral Health Services

Provide services for San Franciscans, including **children, youth, and adults** who are **experiencing mental health** and **substance use challenges** and have low incomes, are uninsured, and/or qualify for Medi-Cal.

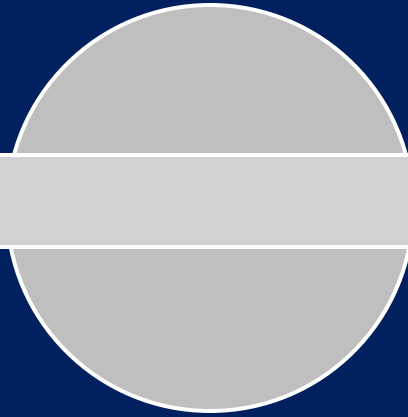
- Operate as a **managed care plan** for Medi-Cal enrollees with **serious mental health** or **substance use disorder**.
- **\$663M budget** in FY24-25 with revenues from Medi-Cal, other federal, state, and local funding.
- A workforce of **~760 staff**, together with **80 contracted partners**, delivers clinical services to **~20,000 people** each year across **50+ sites** throughout San Francisco.
- Accessible behavioral health services are also available via **ZSFG, primary care clinics**, and in the community delivered by **street teams**.

# Range of Behavioral Health Services



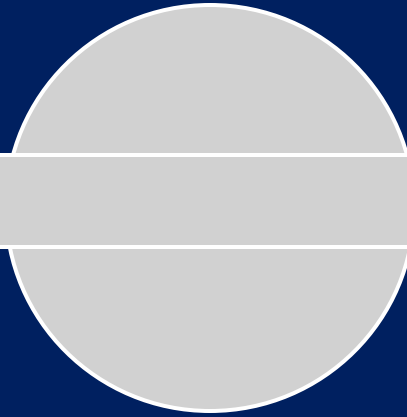
## Prevention

*(Early intervention)*



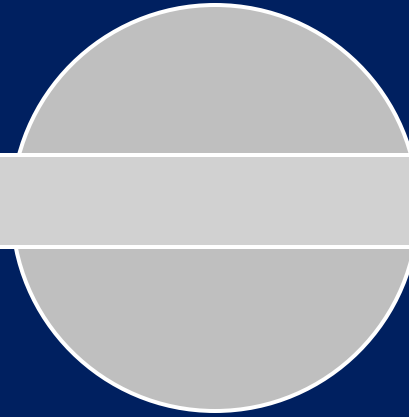
## Crisis

*(Intervention for people experiencing a mental health emergency)*



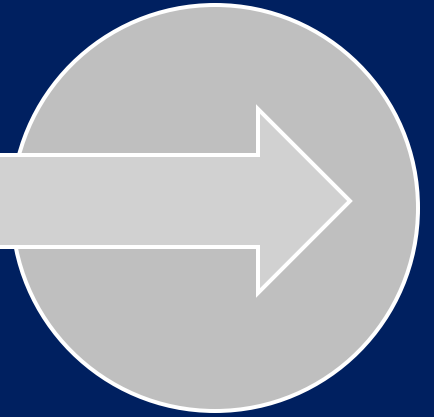
## Access and Navigation

*(Entry to care and coordination)*



## Outpatient Treatment

*(Primary and specialized care settings)*



## Residential Care, Treatment and Support

*(Long-term care in a residential setting, including transitional housing for people who need support)*

# About the Behavioral Health Commission

# Overview

## Established by

- Cal. WIC § 5604.2 (Updated 2025) and SF Admin Code § 15.12–15.14
  - Admin Code was updated 2024 to reduce the number of seats and update seat requirements
- The Behavioral Health Commission (BHC) serves as San Francisco's Local Mental Health Board

## Purpose

- Represent and ensure the inclusion of the diverse voices of consumers, family members, citizens and stakeholders in advising how mental health services are administered and provided.
- The BHC advises the SF Board of Supervisors, Health Commission, SFDPH, and the Director of Behavioral Health Services (BHS).

**SFDPH BHS** presents key behavioral health updates to the BHC at its monthly meeting and receives its advice. SFDPH also provides administrative support to the Commission.

# Behavioral Health Commission Scope

- **Review and evaluate** community behavioral health needs, services, facilities, special problems, and agreements, and **advise the governing body and local behavioral health director** on any aspect of local behavioral health systems.
- Review and approve procedures used to ensure **community and professional involvement** in planning and the development of the behavioral health budget
- **Provide an annual report to the Board** on behavioral health needs and performance
- Participate in the selection process and recommendations for the **appointment of the local behavioral health director**
- **Review and comment on City outcomes data** and communicate findings to the State Mental Health Commission, and assess the impact of service realignment from the State to the City
- Conduct a **public hearing to review the Behavioral Health Services Act** Three-Year Plan and Annual Updates and make recommendations to the Board, Health Commission, and SFDPH and BHS Directors.
- Under Prop 1, the **BHC will also review a new county report**—the Behavioral Health Outcomes, Accountability, and Transparency Report—first due to the State January 2029.

# Commissioner Duties

**Terms:** Serve 3-year terms (maximum 2 consecutive)

**Attendance:** Attend 11+ meetings per year; seat becomes vacant after 4 unexcused absences in 12 months unless excused.

**Committee Participation:** Serve on at least one committee (e.g., Executive and Rules & Reports).

- **Officer Roles:** Chair/Co-Chairs lead the Executive Committee and full commission meetings; Vice Chair and Secretary provide support and coverage.

**Meeting Requirements:** Attend publicly noticed meetings per Brown Act; agendas open for public input.

**Operational Responsibilities:** Participate in program reviews, site visits, BHSA/MHSA/Prop 1 hearings, budget planning, performance discussions, and community engagement; testify or submit letters to the BOS.

**Oversight Scope:** Includes BHSA oversight responsibilities under Prop 1.

# BHSA Oversight Responsibilities

Behavioral Health Commission members are responsible for reviewing the three items the County is required to submit to the State throughout the BHSA three-year cycle.

## Integrated Plan

**Goal:** Global spending plan and roadmap for the Behavioral Health Services Act.

**Timing:** Every three years (Draft submission: Mar 31 | Final: Jun 30)

## Annual Update

**Goal:** Plan update driven by local changes and needs (Years 2 & 3)

**Timing:** Every year (Draft submission: Mar 31 | Final: Jun 30)

## Behavioral Health Outcomes, Transparency, and Accountability Report (BHOATR)

**Goal:** Report on spending, services, and outcomes

**Timing:** Every year (Draft submission: Jan 30, 27 | Final: Jan 30, 28)

**Thank you**