

San Francisco Department of Public Health

Behavioral Health Services Director's Update

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Hillary Kunins, MD, MPH, MS

Director of Behavioral Health Services and Mental Health SF
San Francisco Department of Public Health



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Agenda

- Overdose Update
- Treatment on Demand
- Beds Update
- Department of Health Care Services (DHCS) Funds Withholding
- Behavioral Health Referrals



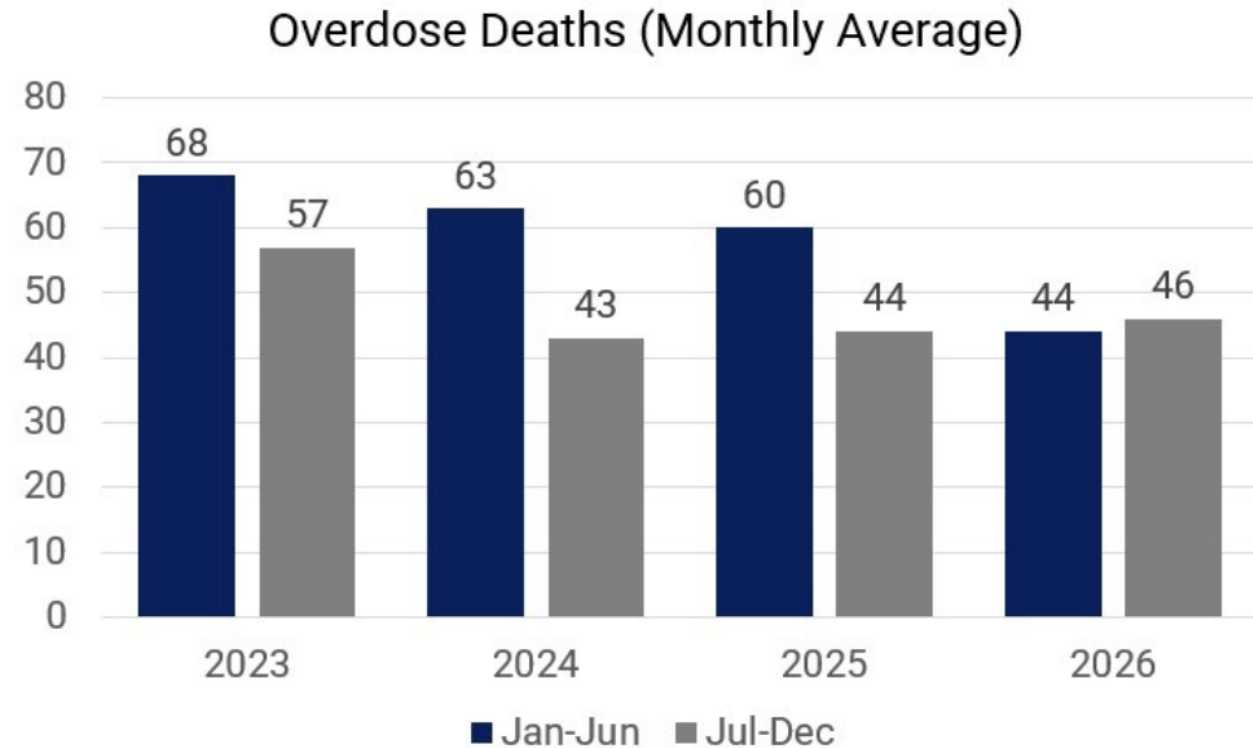
Overdose Update



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Update on Fatal Overdose Trends

- In September 2026, there were 48 overdose deaths, 23% more than in September 2025.
- From January through September 2026, there have been 399 overdose deaths, **20% fewer than in the same period in 2025.**
- This downward trend is encouraging, but **any death related to substance use is one too many.**
- We are focusing our efforts of high impact interventions that increase access to effective treatment and support recovery.



**2026 data only shown through September 2026*



Overdose Response

We have made significant strides in engaging more people in treatment, as is described below (in **Treatment on Demand** section). Treatment engagement has increased alongside investments including:

- Improving our ability to **start people on treatment across settings**, when they request it.
 - From launch through FY25-26, Bringing Expanded Access to Medications (BEAM) has offered access to on-demand medications for opioid use disorder (MOUD) to more than 4,500 unique clients and is now available 8 AM to midnight daily.
- Adapting and **innovating our use of MOUD**.
 - We are expanding access to long-acting injectable buprenorphine, which shows 68% thirty-day retention rates in local studies.
 - We are implementing new approaches to improve methadone retention: contingency management pilots and additional treatment navigation supports.
- **Opening new treatment and care beds at every level of care**, covered below (in **Beds Update** section).



Opioid Update: Novel Opioids

- DPH issued a health alert on April 23 to warn providers and the public about two non-fentanyl, synthetic opioids that have been implicated in overdoses across the US: N-Propionitrile Chlorphine (cychlorphine) and N-Desethyl Isotonitazene. Both substances were implicated in an overdose death that occurred in San Francisco in April 2026.
- DPH also issued a health alert October 21 to warn providers and the public about a kratom-derived opioid, Dihydro-7-hydroxymirtragynine, that caused a fatal overdose in San Francisco in late September. This has been found in products sold in smoke shops and gas stations.
- Naloxone should be given for any suspected drug overdose, even if there is uncertainty about what drugs were used.
- We advise patients who use drugs to avoid using counterfeit or unregulated pills of any kind and access medications and treatment for opioid use disorder.
- Providers should inquire about patients' use of any over-the-counter supplements.



Treatment on Demand



Treatment on Demand

SFDPH recently submitted its [Annual Treatment on Demand report for FY24-25](#) to the Board of Supervisors. **Treatment on Demand (Prop T)** requires the City to have sufficient supply of substance use services to meet demand, and to report on this to the Board annually. There will be a **hearing on Treatment on Demand at the Board on December 10th**, with updated data.

The FY 24-25 report includes **new, improved measurement of timely access** to substance use treatment and provides greater insight into where SFDPH must improve services. Key takeaways:

- The number of people in treatment has **increased 30%** over three years, through mid-2026, as the City has increased treatment capacity and pioneered novel treatment access strategies.
- New patients on medications for opioid use disorder (MOUD) **increased by 29%** in FY24-25 compared to FY23-24. It is a priority to improve retention.
- Across all services, **78% of requests for treatment were offered same- or next-day access.**
- **More must be done to improve timely access to withdrawal management**, a frequently requested service:
 - 59% of requests for withdrawal management were offered same- or next-day intake
 - Common barriers included different or greater clinical needs, bed capacity, or client departure before full intake.

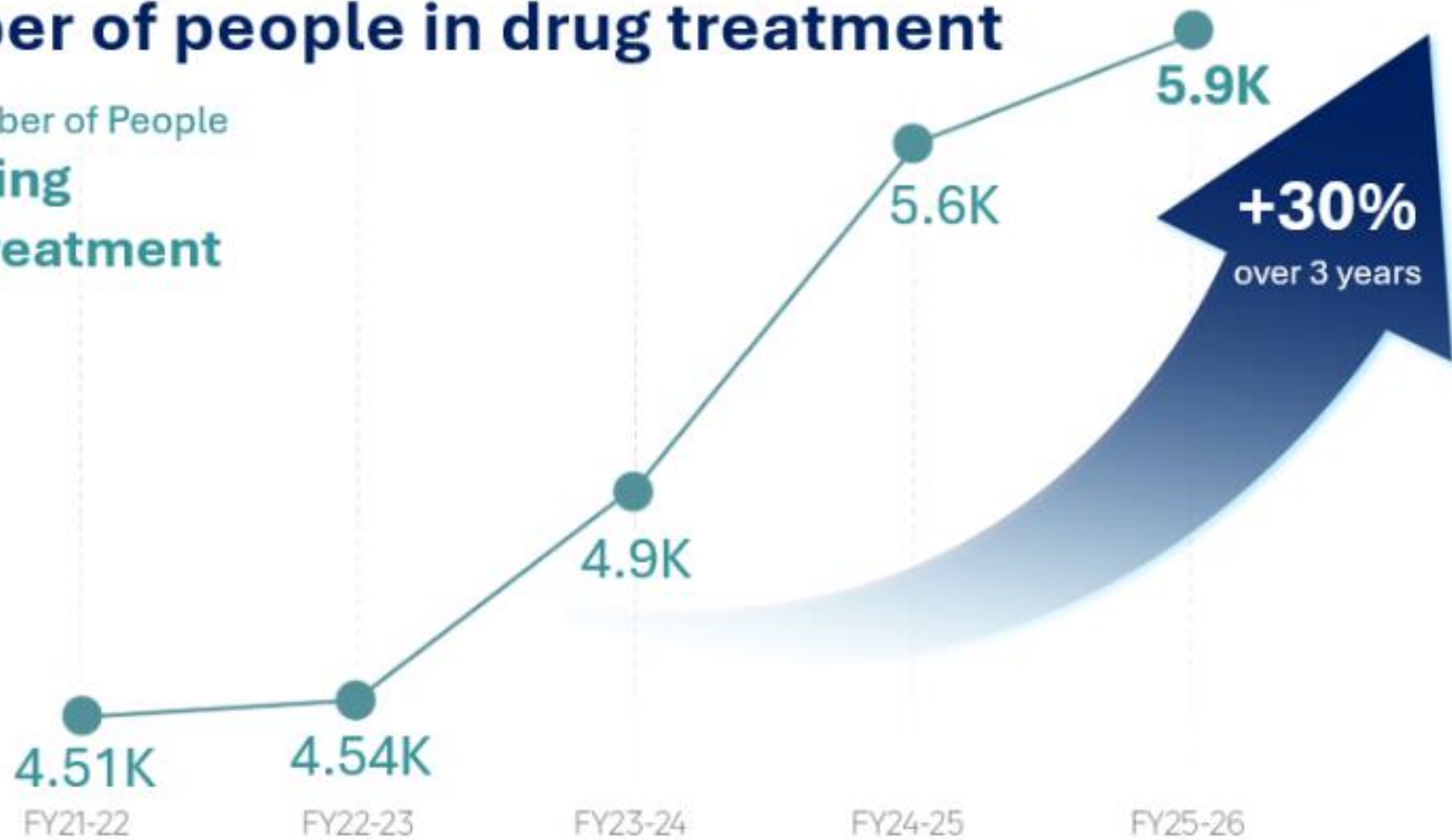


We are succeeding in increasing the number of people in drug treatment



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Total Number of People
Receiving
Drug Treatment

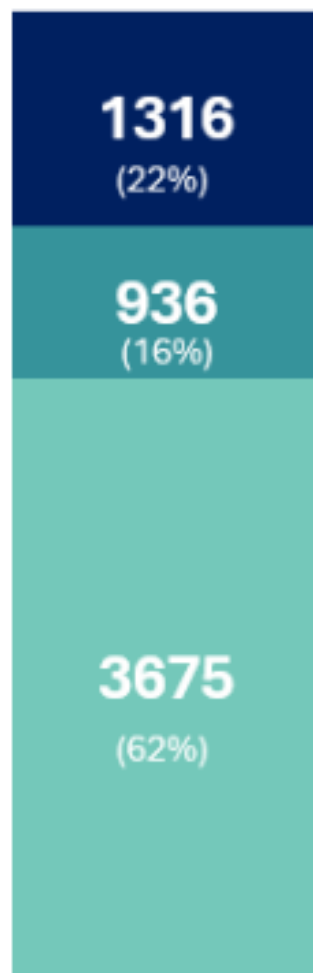


Unduplicated client count in specialty SUD treatment. Each year is May-May to ensure complete data and comparison groups

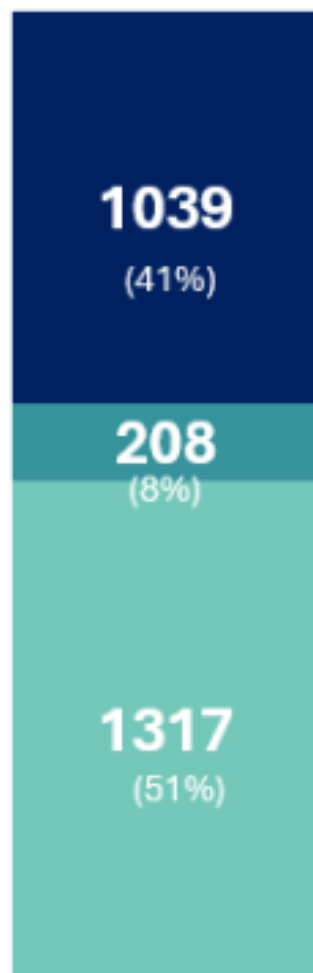
Timely Access by Requested Services



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**All
Services**



**Residential
Withdrawal
Management**

78% of Clients were connected to treatment on demand overall, ~1,000 (~41%) did not receive same/next day admission for withdrawal management / residential treatment

Most common reasons a bed was not available:

- Lack of ability to accommodate mobility or other needs
- Dual-diagnosis needs (mental health + substance use)
- Medical complexity (need higher level of medical supervision)

Fixing this is one of our highest priorities – we will continue removing barriers for people willing to start treatment

- More beds in the pipeline including dual diagnosis and recovery beds
- Requesting waivers from state to meet medically complex needs at existing sites

- No same / next day services availability
- Same / next day services offered
- Same / next day services admission

Beds Update



Residential Care & Treatment Beds Opened Jan 2025 – Sept 2026

We have newly funded **over 300 beds across the continuum**, from crisis to step-down, since January 2025.

Crisis

16

beds

- Crisis Stabilization Unit, 822 Geary St – 24/7 alternative to emergency rooms

Stabilization & Treatment Initiation

122

beds

- Eleanora Fagan Center – 72 stabilization beds
- Emergency Stabilization Units – 30 short-term beds
- Salvation Army Harbor Light – 20 withdrawal management beds

Treatment & Recovery

25

beds

- Harbor Light – 11 SUD residential treatment beds
- Mental Health Rehabilitation Centers – 11 beds
- Psychiatric Skilled Nursing Facilities – 3 beds

Step-Down & Ongoing Recovery

152

beds

- Wells Place – 62 recovery housing beds with on-site case management
- McFee Center – DPH newly funding 83 existing recovery housing beds
- A&A San Pablo Adult Residential Facility – 7 beds



Residential Care & Treatment Beds in Development

We are continuing to work to open new treatment and care beds at every level of care. Over the next four years, **SFDPH plans to add over 200 new behavioral health treatment beds**, including:

- Over 6 new crisis, emergency, and drop-in/drop-off beds
- Over 170 treatment and recovery beds
- Over 40 step-down and ongoing recovery beds



Department of Health Care Services (DHCS) Funds Withholding Update



Department of Health Care Services Withholding

In August, the California Department of Health Care Services (**DHCS**) announced plans to **temporarily withhold funding** from county **Behavioral Health Plans** that **do not meet** required standards for **network adequacy** and **timely access to care**. DHCS identified the gaps listed below. In September, DHCS issued final notice, which **resolved some issues** as noted below:

Mental Health Plan (MHP)

- Timely access for non-urgent, non-psychiatry appointments for adults 21+
- State targets for compliance standards are set to increase from 80% to 90% in July 2027.
- San Francisco uses a more rigorous definition than the State requires.
- Additionally, data integrity (data entry and errors) remains a challenge.

Drug Medi-Cal Organized Delivery System (DMC-ODS)

- Capacity and network adequacy for children and youth (0–17):
 - Outpatient services: This was **resolved** in final notice.
 - Intensive outpatient services: BHS now has a provider at this level of care and **expects resolution soon**.
 - Residential providers: Local residential treatment programs for youth will **launch soon**.

Upon demonstrating compliance, funds will be released back to the Behavioral Health Plan.



Our Action Plan to Reach Full Compliance

Ensuring San Franciscans can access behavioral health care they need, when they need it, is a high priority. We are partnering with DHCS and partners to correct data collection errors, standardize appointment documentation, and more.

Our efforts include:

- Opening additional intake appointment slots.
- Revisiting our definition of timely access.
- Aligning workflows for all clinics and providers to track timely access.
- Building improved workflows in our electronic health record to strengthen data collection and accuracy.
- Reviewing timely access data frequently with clinics and adjusting workflows and processes, as needed.
- Contracting with new providers to expand the children's behavioral health continuum and submitting additional evidence to DHCS to demonstrate where we do meet these standards.
- Following up with providers to ensure timely, complete, and accurate data entry.



Behavioral Health Referrals



Behavioral Health Referrals

Commissioners requested more information on **behavioral health referrals from Primary Care.**

- In FY25-26, BHS received 187 direct referrals from Primary Care Behavioral Health (PCBH).
- These referrals are managed by the BHS **Behavioral Health Access Line (BHAL).**
- As with all referral sources, referrals from PCBH **follow standard procedures and State requirements**, including use of DHCS screening tools and identification of the appropriate service and program for the client.
- Referrals can be initiated directly by clients or made by providers. **Timely access is a priority:**
 - For clients who contact BHAL directly, an intake appointment or referral to care will in most cases be made **same day**; if call comes in after-hours additional follow-up occurs the next morning
 - When BHAL receives a referral from a provider rather than directly from a client, BHAL initiates outreach to the client; this process can take longer depending on client's availability



Behavioral Health Referrals: Shared Investment

BHS has worked in close collaboration with Primary Care to **develop standard work and provide trainings** on the referral flow, and our divisions **communicate regularly** about referral issues that arise.

BHS Office of Coordinated Care (OCC) and PCBH worked closely together to:

- Implement new, DHCS-required screening and care transition tools
- Update standard work to prepare for the launch of behavioral health services on Epic and the launch of centralized access
- To make continued improvements once launched

BHS OCC and PCBH are meeting early this month to review referrals and plan for ongoing training.



Thank you