

San Francisco Department of Public Health

Behavioral Health Services Director's Update

September 15, 2025

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San Francisco Department of Public Health



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Department of Public Health

Agenda

- State Initiatives Transforming Behavioral Health Services
 - Behavioral Health Services Act Integrated Plan
 - BH-Connect State Initiative
- Overdose Response
 - Medications for Opioid Use Disorder
 - Contingency Management
 - New Beds
- SB43 Implementation Update



State Initiatives Transforming Behavioral Health Services



Behavioral Health Services Act (BHSA) requires all counties to submit three-year integrated plan and budget for FY26-29

Plans must include:

- All local, state, and federal behavioral health funding (e.g., BHSA, opioid settlement funds, SAMHSA and PATH grants, realignment funding, federal funding financial participation) and behavioral health services, including Medi-Cal.

Additionally:

- Must be developed with consideration of the population needs assessments of each Medi-Cal Managed Care Plan and in collaboration with local health jurisdictions on community health improvement plans.
- Must be informed by local stakeholder input, including additional voices on the local behavioral health advisory boards.
- Performance outcomes will be developed by DHCS with counties and stakeholders.
- Plans are effective July 1, 2026 (programs must comply with BHSA requirements).
- Behavioral Health Outcomes, Accountability, Transparency Report is due annually in January.



Behavioral Health Services Act (BHSA) Three-Year Integrated Plan Workflow

Conduct stakeholder engagement in compliance with
BHSA Community Planning Process requirements

Submit Draft Integrated Plan with County
Administrative Officer Approval, Including Exemption
and Funding Transfer Requests by March 31, 2026

Behavioral Health Board Reviews Integrated Plan

County Board of Supervisors Approves Final
Integrated Plan

Submit Final Integrated Plan to DHCS and Behavioral
Health Oversight and Accountability Commission by
June 30, 2026



State Initiative BH-CONNECT increases access and strengthens continuum of community-based behavioral health services

Prioritizes Medi-Cal members with the most significant behavioral health needs, including those involved in child welfare, the justice system, and experiencing homelessness.

Comprised of a new five-year Medicaid section 1115 demonstration, State Plan Amendments (SPAs) to expand coverage of Evidence-Based Practices (EBPs) available under Medi-Cal, and complementary guidance and policies to strengthen behavioral health services statewide.

Section 1115 Authorities

- Workforce Initiative
- Access, Reform, and Outcomes Incentive Program
- Cross-Sector Incentive Program
- Activity Stipends
- Transitional Rent Services
- FFP for IMDs
- Community Transition In-Reach Services
- Room & Board in Enriched Settings

State Plan Amendment (SPA)

- Assertive Community Treatment (ACT)
- Forensic ACT
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Individual Placement and Supports (IPS)
- Community Health Worker (CHW) services
- Clubhouse services

Existing Medicaid Authorities

- Centers of Excellence (COEs)
- Clarification of coverage of EBPs under EPSDT
- Initial Child Welfare/Specialty Mental Health Assessment
- Foster youth liaison in MCPs
- Alignment of the Child and Adolescent Needs and Strengths (CANS) Tool

Overdose Response



Tackling SF'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

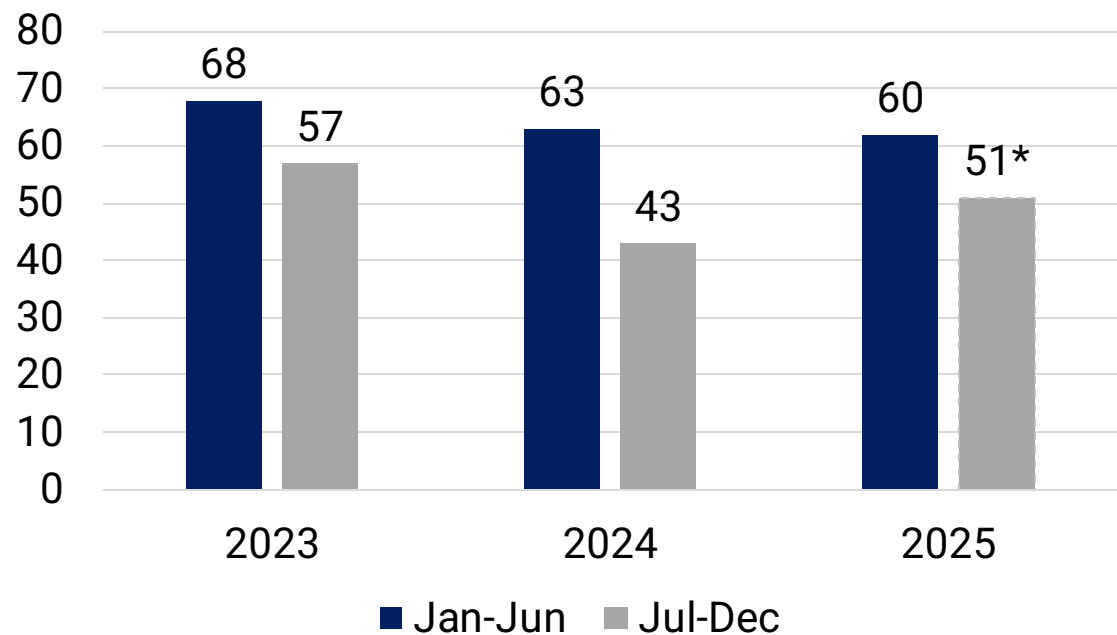
Reduce fatal overdoses and reduce disparities in overdose rates across the city

*Focus of
today's
discussion*



Every overdose death is preventable and unacceptable. Our goal is to dramatically reduce overdose deaths.

Overdose Deaths (Monthly Average)



Overdose Deaths by Month

	2024	2025
Jan	71	62
Feb	63	71
Mar	70	66
Apr	59	59
May	66	58
Jun	49	45
Jul	41	51
Aug	47	-
Sep	41	-
Oct	37	-
Nov	40	-
Dec	51	-

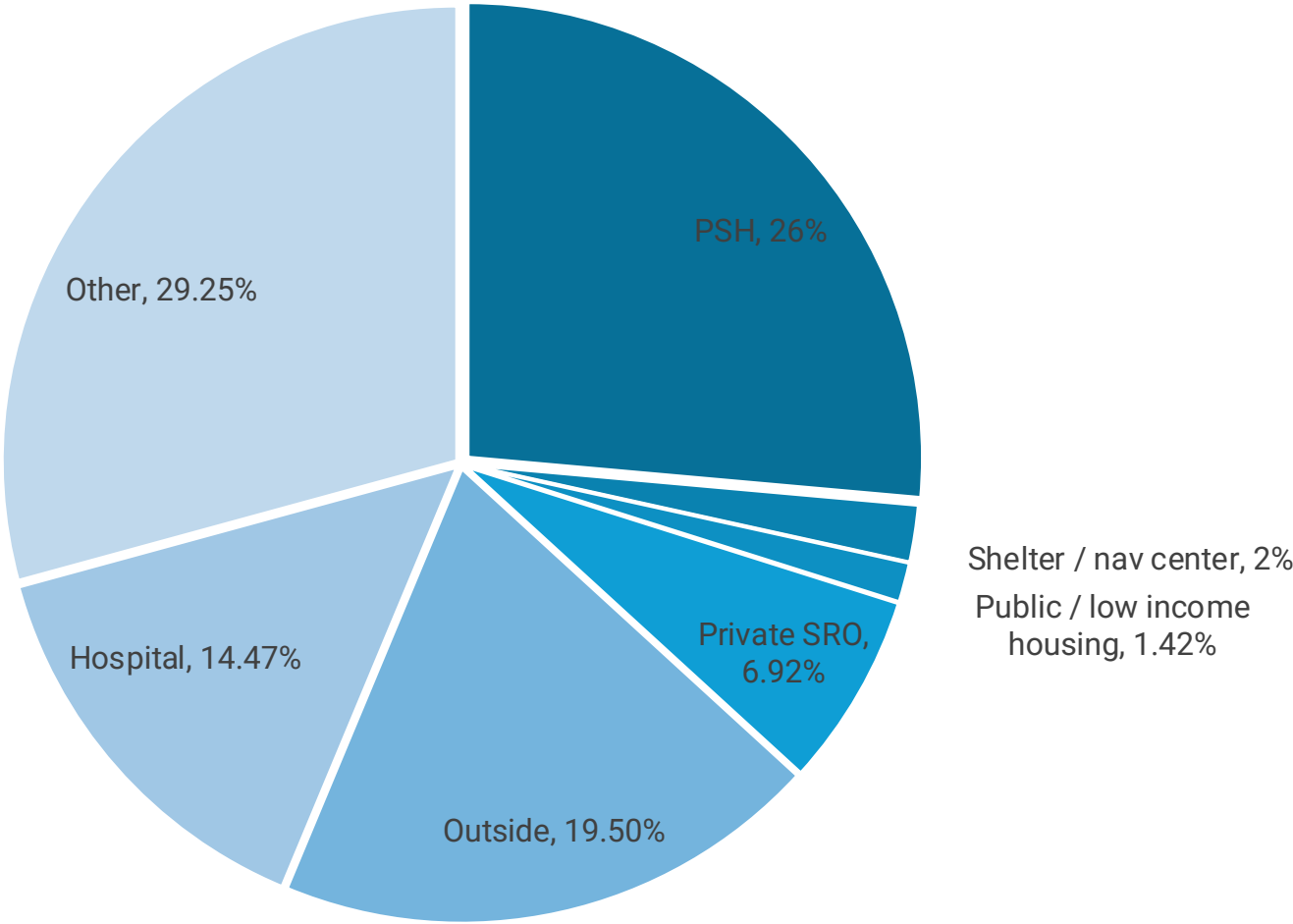
Overdose numbers will continue to fluctuate (up and down)

- Overdose deaths for 1st half of 2025 slightly lower than similar months in prior years.
- July 2025 is 24% higher than July 2024.

* Jan-Jul 2025 data
Source: OCME



26% of overdose deaths are in PSH settings



2024, based on address of where the individual deceased as reported to OCME



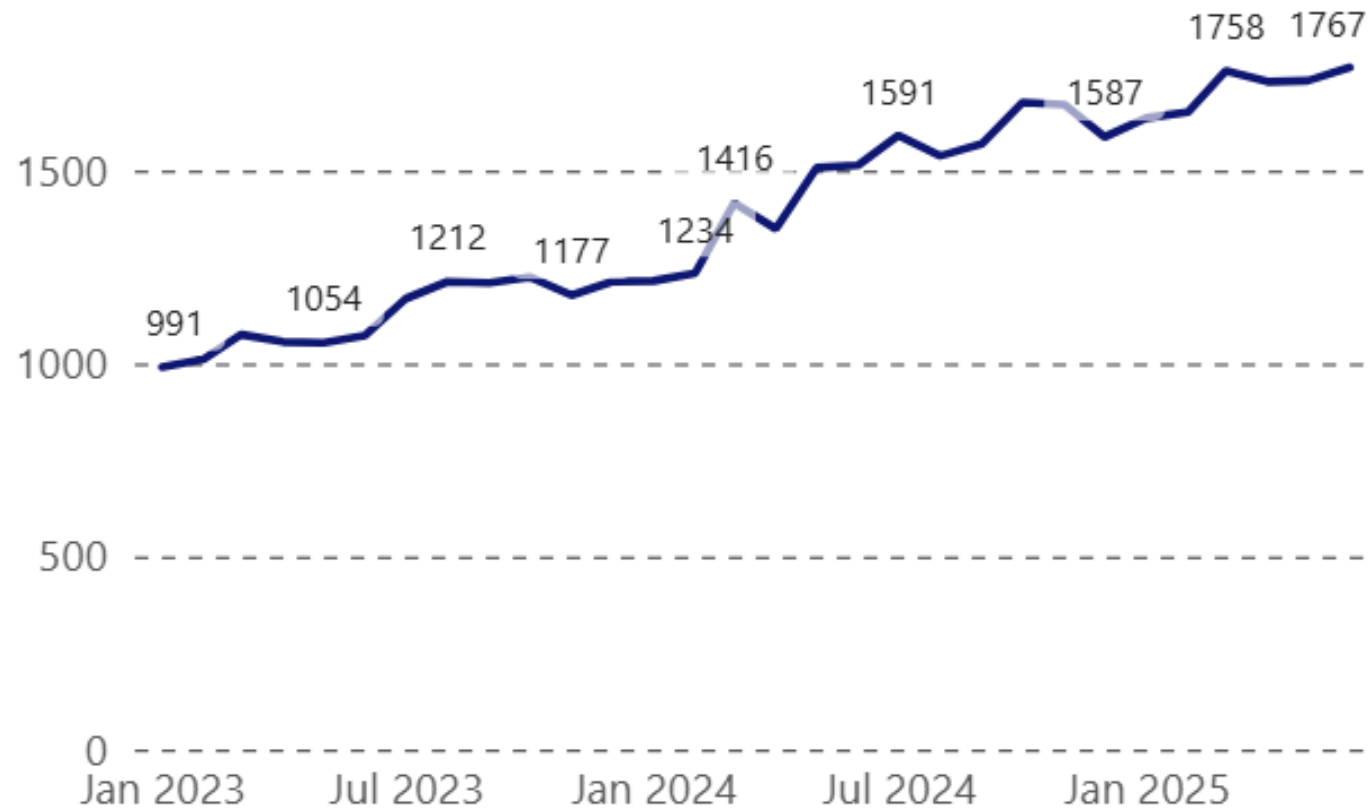
How we are tackling overdoses

1. Build on nationally leading innovations in SF to **significantly increase uptake and retention for Medication for Addiction Treatment (buprenorphine and methadone)**
2. Implement targeted overdose prevention efforts in **Permanent Supportive Housing sites and high-risk communities**
3. Rapidly implement Breaking the Cycle initiatives – **more proactive push and expanded / increased focus on treatment and recovery**



MAT: we have dramatically increased the number of people on gold-standard buprenorphine

Count of total clients prescribed buprenorphine by month

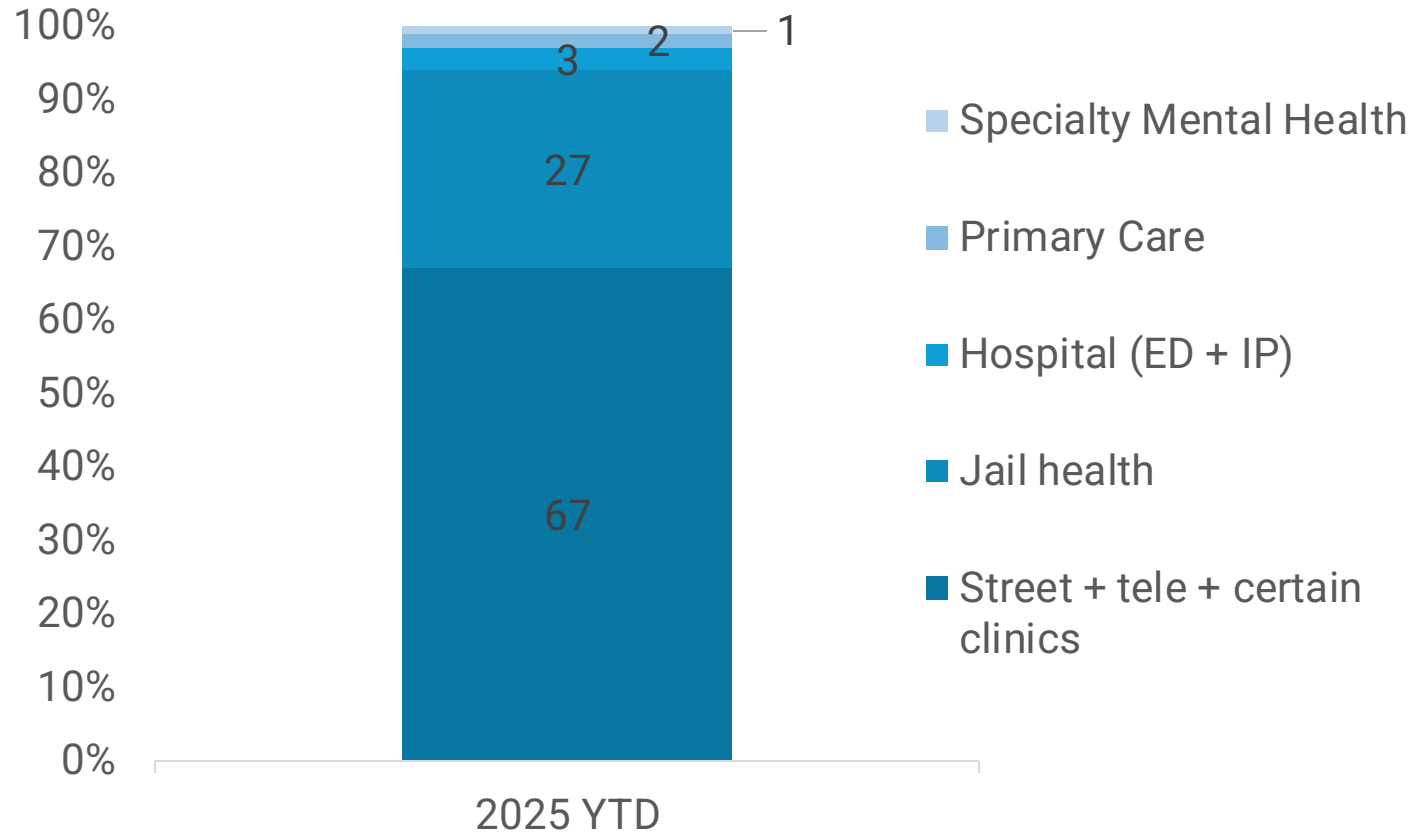


Growth in clients on buprenorphine:

- **+70% since Jan 2023**
- **+40% since Jan 2024**

Our growth in buprenorphine treatment has been the result of highly innovative initiatives on the street and with jail health

Where client is first prescribed buprenorphine
Percent



- **~67% of new patients on buprenorphine are started through highly innovative, nationally leading initiatives:**
 - BEAM (street telemedicine including at night)
 - Street teams / street medicine
 - Bridge and OBIC clinics
- **~27% of new patients started while in jail with jail health**
- More to be done in hospital settings

While we are highly successful at initiating treatment, we are focused on increasing the % of people the stay on buprenorphine over time

30%

All patients
taking buprenorphine

vs

5%

6-month retention of
patients newly
starting buprenorphine

First month of treatment is
the most challenging and
when most patients stop
buprenorphine treatment

Our interventions focus on engagement and early retention

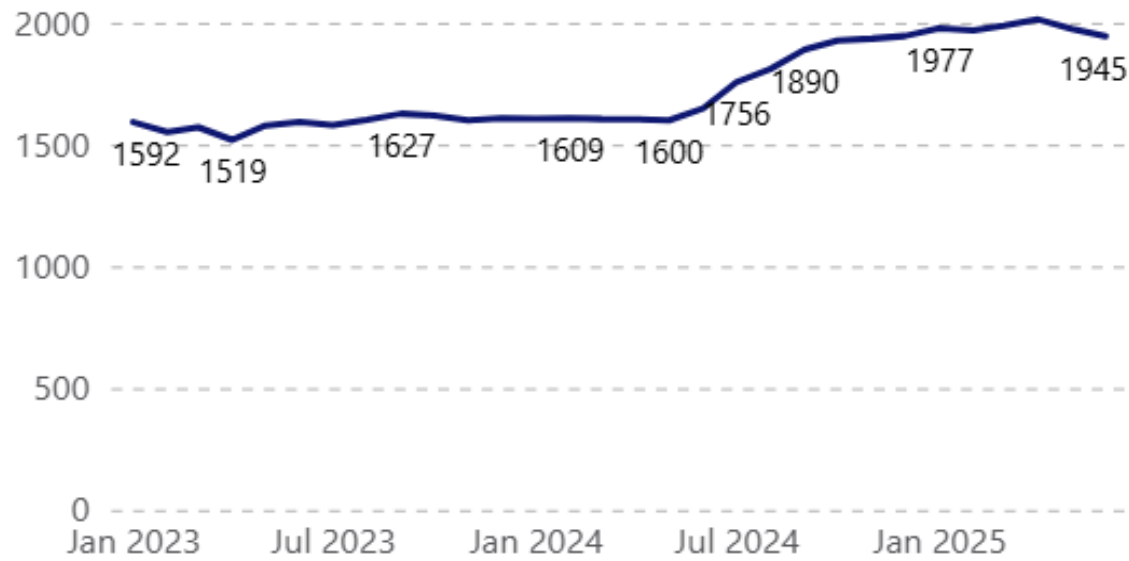
Multiple initiatives to increase retention on treatment, including:

- Expanding access to **long-acting injectable buprenorphine** – Easier to start and provides another option to meet patient needs
- Shelter beds to support people starting treatment – **Expanding RESTORE**
- Pilot **incentive program** for people to stay on buprenorphine treatment

Goal: What would it take to double to triple 6-month retention rates for buprenorphine

More people are starting methadone treatment and staying on it

Count of total unique clients by month



- Patients are **more likely to stay on methadone treatment** than buprenorphine
- **New Patient 6-month Retention**
 - 26% methadone
 - vs
 - 5% buprenorphine

Multiple initiatives to make methadone treatment more accessible, including:

- Expanding access through starting people on **methadone treatment in jail**
- Utilizing new **state flexibilities** that adapt treatment to the needs of people who use fentanyl
- Piloting **contingency management** to support medication retention
- Increasing **navigation support** to get more people in to methadone treatment citywide with a special focus on the Bayview
- **Clubhouse model** for people on methadone

Expanding Stabilization, Treatment, and Recovery Beds

- **72 non-congregate respite beds opened August 2025** at the Elenora Fagan Center (Kean): Operated by Westside Community Services for people exiting street homelessness with 24/7 staffing, on-site nursing and behavioral health treatment, case management, and structured transitions to longer-term care.
- **62 recovery housing beds opening September 2025** at Wells Place (Marina Inn): Abstinence-based transitional living program operated by Salvation Army for individuals transitioning from substance use treatment to independent living. With on-site case management and wraparound support and recovery and treatment requirements.
- **15 new Emergency Stabilization Unit beds** opened August 2025 and **21 withdrawal management** and **substance use treatment beds** at Harbor Lights operated by Salvation Army harbor lights beds opened in July 2025.



SB43 Implementation Update



Overview: LPS Conservatorship

- The **Lanterman-Petris-Short (LPS) Act of 1967** governs the procedures for involuntary commitment (both 72-hour holds and LPS conservatorship).
- LPS Conservatorship is a legal process through which the Superior Court appoints a conservator to authorize treatment of a person who is **gravely disabled**.
- The goal of conservatorship is to connect individuals with the supports and services they need to promote stability and well-being — with the hope that they later no longer meet criteria for conservatorship and can remain safely in the community.
- Within the **Department of Disability and Aging Services (DAS)**, the **Office of the Public Conservator (PC)** works closely with the **Superior Court** and **Department of Public Health (DPH)** to authorize, carry out, and oversee treatment for individuals under conservatorship.



Overview: SB 43

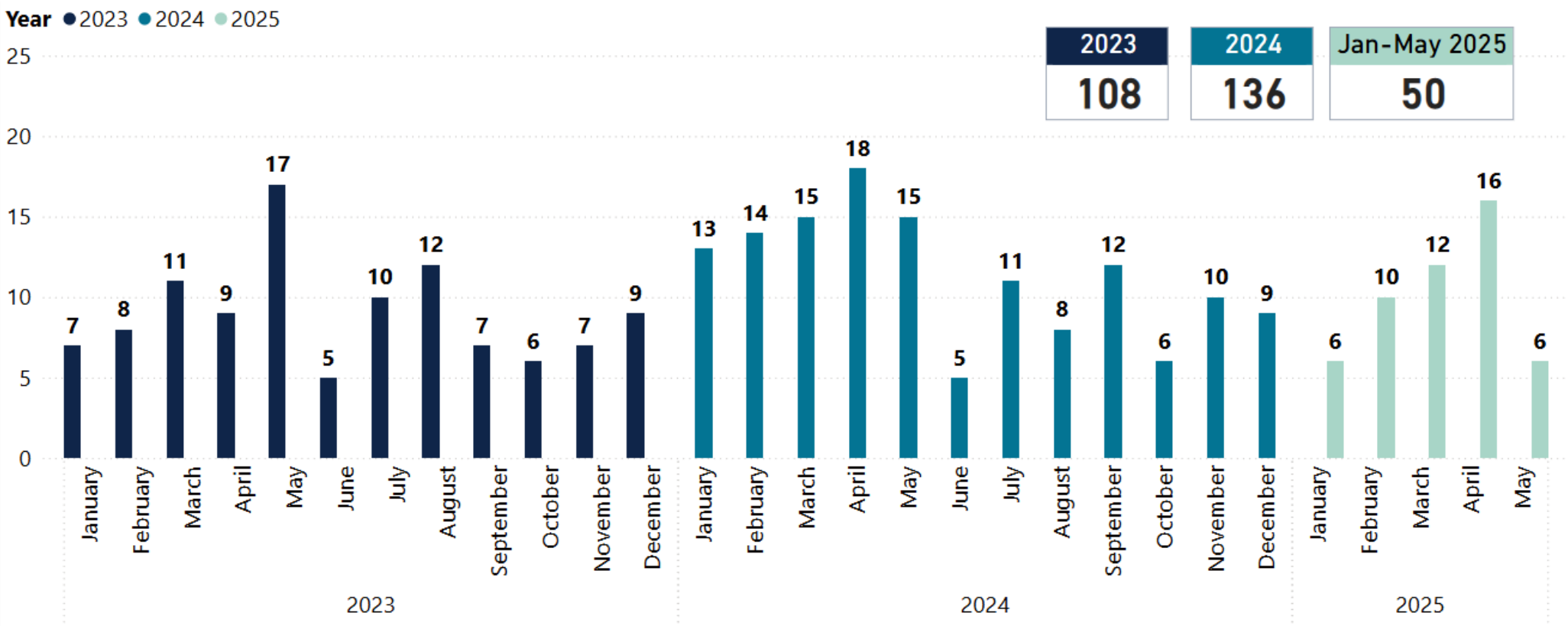
- SB 43 (Eggman) amended the definition of Grave Disability beginning January 1, 2024, to the following:
 - A condition in which a person, as a result of a mental health disorder, a *severe substance use disorder*, or a co-occurring mental health disorder and a substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, *personal safety, or necessary medical care*.
 - Definition applies to involuntary holds (e.g., 5150) and LPS conservatorships
- What did not change under SB 43?
 - The referral, petition and broad legal process for LPS conservatorship.
 - **Due process protections** that are provided to individuals throughout the conservatorship process.
 - The use of **conservatorship as an intervention of last resort**.



SB 43 Implementation: Conservatorships Granted

- 186 temporary conservatorships granted since SB 43 implementation (50 since Jan 2025)
 - 163 used the expanded grave disability criteria under SB 43 (46 since Jan 2025)
 - No conservatorships used only expanded grave disability criteria (e.g., SUD only)

Temporary LPS Conservatorships Granted by Month, January 2023 - May 2025



Data source: SF Office of the Public Conservator program data

System Challenges and Workflow Adaptations

The increase in conservatorship referrals for the first 6 months of implementation was followed by a return to pre-SB 43 levels. This trend was due to system challenges and workflow changes:

System challenges with SB 43 implementation:

- Increased demand for locked subacute placements stretched capacity.
- Lack of appropriate placements for clients with multiple needs (mental health + SSUD + non-acute medical needs).
- Increase in outpatient referrals encountered barriers to placement for community conservatorships.
 - Locked subacute placements traditionally only accept referrals from inpatient facilities; not as accessible for community conservatorships.



Work Underway

- Collaborating with DAS on a Community Conservatorship Placement Pilot and treatment expansion to provide **shelter + short-term wrap around support** that will enable outpatient community conservatorships to move forward while identifying longer-term placements.
 - Removing barriers for outpatient referrals to locked subacute providers.
 - Actively identifying and referring candidates to DAS.
- Under the City's *Breaking the Cycle* approach, treatment capacity expansion continues:
 - **Crisis** (for law enforcement) – expanded psychiatric emergency services (822 Geary)
 - **Treatment & Recovery** – awarded \$27.6M in Prop 1 funding for more locked subacute mental health beds and dual diagnosis treatment beds
 - **Rapid, Low-Barrier Treatment & Stabilization** – RESTORE (bed + treatment), enhanced shelter, stabilization/respice beds
 - **Step-Down & Ongoing Recovery** – expanded recovery-oriented programs, transitional housing, residential care facilities (Wells Place)
- Additional work: close partnership and coordination with local hospitals, advocating for state legislative changes, and improving connections to care for 5150s who don't meet grave disability criteria.

Thank you