

# San Francisco Department of Public Health

Behavioral Health Services Director's Update

January 5, 2026

**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

- Residential Treatment Bed Expansion
- Client Flow Improvements
- Overdose Response
- Behavioral Health Services Act Integrated Plan Update



# Residential Treatment Bed Expansion



# Progress Under Key Initiatives

At the beginning of 2025, SFDPH managed ~2,600 behavioral health residential treatment and care beds. Throughout the year, we have expanded capacity by adding **more than 200 new beds** across key programs, strengthening the continuum of care and enhancing access to critical services.

- **16 bed, 24/7 stabilization center at 822 Geary Street** opened in April 2025 as an alternative to ERs for first responders and law enforcement to connect people in crisis to urgent care.
- **21 withdrawal management and substance use treatment** beds at Harbor Light in partnership with Salvation Army.
- **72 non-congregate respite** beds opened at the Eleanora Fagan Center in August 2025 for people exiting street homelessness with 24/7 staffing, nursing, behavioral health care, and structured transitions.
- **62 recovery housing** beds opened at Wells Place in September 2025 for drug-and alcohol-free transitional living with on-site case management and wraparound support.
- **27 emergency stabilization unit** beds opened in December 2025 to provide short-term stays for client stability and service connection.
- **20+ out-of-county** beds available at Mental Health Rehabilitation Centers, Psychiatric Skilled Nursing Facilities, and Adult Residential Facilities.



# Stabilization Unit at 822 Geary Update

- **543** admissions since launch (April 28) through November 30.
- Can currently serve up to **16 clients** at a time. Clients are actively in a behavioral health crisis and can stabilize at the CSU.
- Since July, expanded referrals to **hospitals** (via IP Psych and Psychiatric Emergency Services).
- Providers work to **refer clients to ongoing care** before discharge.

## Referrals and Discharges (5/1/25-11/30/25)

Referral Source	Number	% (N=543)
Street Crisis Response Team	284	52%
Self/Family	181	33%
DPH or CBO staff	61	11%
Other (EMS, Hospital)	17	4%

Discharge Disposition	Number	% (N=557)
Home (own or family)	137	25%
Crisis Residential Treatment	134	24%
Shelter	82	15%
Self-Discharge (Cleared for discharge but declined to share destination)	76	14%
Hospital Care (ED, 5150)	64	11%
Other (Discharge to Treating Provider, Sobering, AWOL)	33	6%
Left Against Medical Advice	31	6%

# Wells Place (Marina Inn) Update

- For individuals completing substance use treatment, recovery housing for up to 24 months
- Empower participants to achieve lasting recovery with a supportive environment focused stability, financial independence, and personal growth.
- **41** admissions from September 15 (opening) through December 15.
- Can currently serve up to **68 people** at a time.
- Providers work to **refer to ongoing care** before discharge.



# Eleanora Fagan Center (Kean) Update

- One-stop stabilization center; provides wraparound services for people directly from street, with substance use and mental health treatment needs, including with complex psychiatric and medical needs.
- **79** admissions since from August 18 (soft launch) through December 24.
- Can currently serve up to **76 people** at a time.
- Clients self-present to Billie Holiday Center for intake (available 24/7) or by calling 415-361-4950 (available 24/7) and/or submitting referral via online portal.
- Providers work to **refer to ongoing care** before discharge.

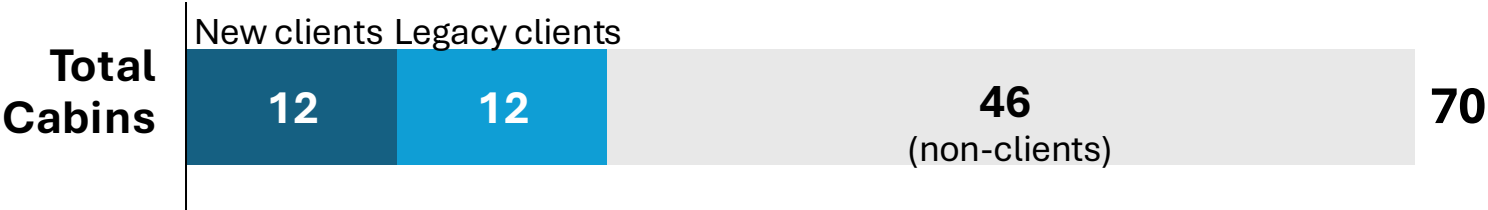
# Gough Cabins Overview (v.12/26/25)

## Gough Cabins overview

- **Gough Cabins is 70 cabin shelter overseen by HSH,** clinically enhanced services launched Nov. 2025
- Prioritizes **high acuity clients requiring low-barrier stabilization** who have SMI, SUD, Shared Priority status, and often a history of declining placement options/ exits from other shelters
- Offers **on-site medical and behavioral health services and linkage** to ongoing services in the community
- **Referral partners include:** Neighborhood Street Teams, Crisis Stabilization., OCC Triage, ZSFG ED / PES, and the Conservator's Office; other hospitals will be added in 2026



## Current and future state



- **24 of 70 cabins are filled with eligible Gough Cabins clients;** remaining cabins will be filled with Gough Cabins clients upon attrition
  - **12** enhanced services clients have entered since November launch
  - **12** legacy guests meet criteria and are receiving enhanced services
  - Gough Cabins has received 35+ referrals to-date
- **Client outcomes will be measured to assess effectiveness,** including stabilization of behavioral health and physical health conditions, utilization of emergency services, and client discharge destinations
  - Initial clients anticipated to stay 6+ months to be stable for next steps and/or placed in higher level of care (when indicated)
- **Future-state will provide 24/7 DPH staffing** to support expanded intake hours and overnight de-escalation and support



# Planned Beds for 2026 and Beyond

SFDPH plans to add 200+ beds from 2026 to 2028, including:

- **Locked subacute treatment beds** to provide highly specialized, medically supervised care for individuals with the most complex behavioral health needs.
- **Dual diagnosis treatment beds** to help people with both mental health and substance use challenges.
- **RESET Center**, a 24/7 law-enforcement drop-off and stabilization center, to provide a safe alternative to jail for public intoxication and offers safe sobering and rapid connections to treatment and ongoing care.
- **Substance use residential step-down beds** to support individuals who are transitioning from substance use treatment to independent living.



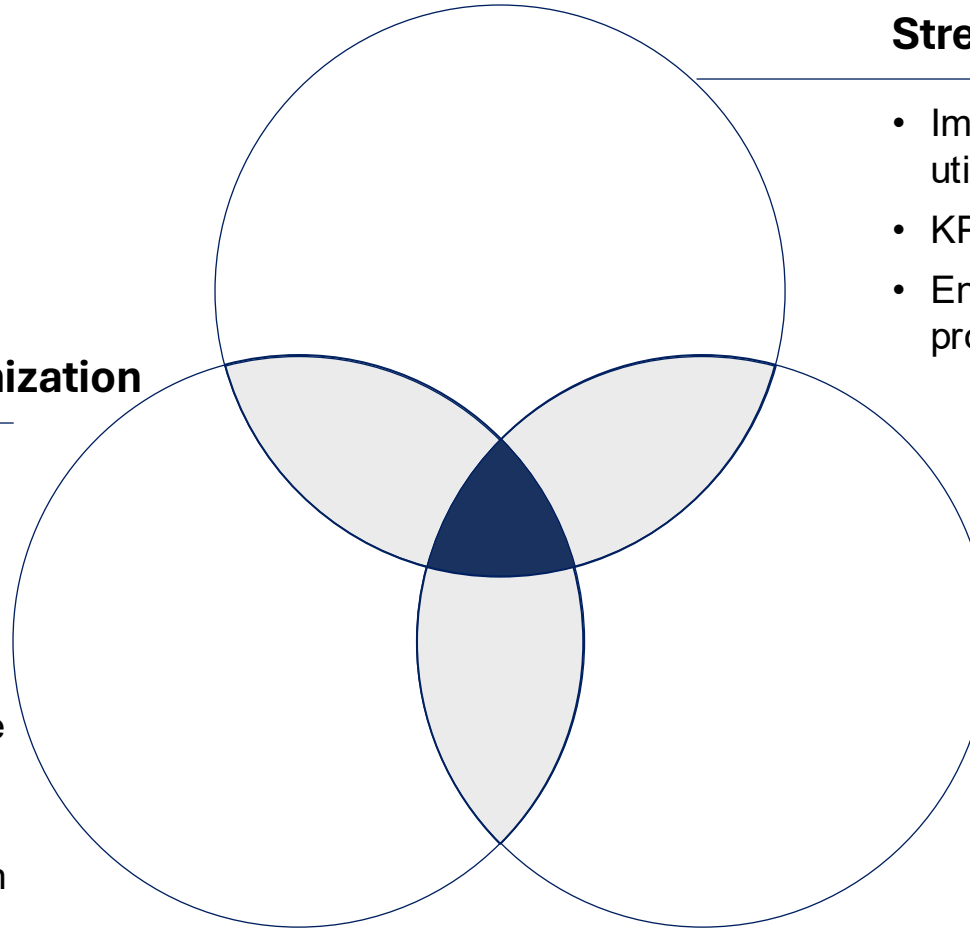
# Client Flow Improvements



# Street to Care: A three-pronged approach to enable excellence in our care delivery system

## System-Wide Performance Optimization

- Site-level operational improvements, starting with our drop-in and drop-off sites
- Track and improve client stickiness via seamless transitions of care
- Process standardization by level of care for referrals, discharges, and performance monitoring
- Enhanced relationship-building between providers and referring teams



## Street Health Team Enablement

- Improved knowledge on shared priority/high utilizers
- KPIs for team performance
- Enhanced relationship-building between provider and street teams

## Technology Infrastructure

Building the data systems and tech infrastructure to enable our teams and monitor progress

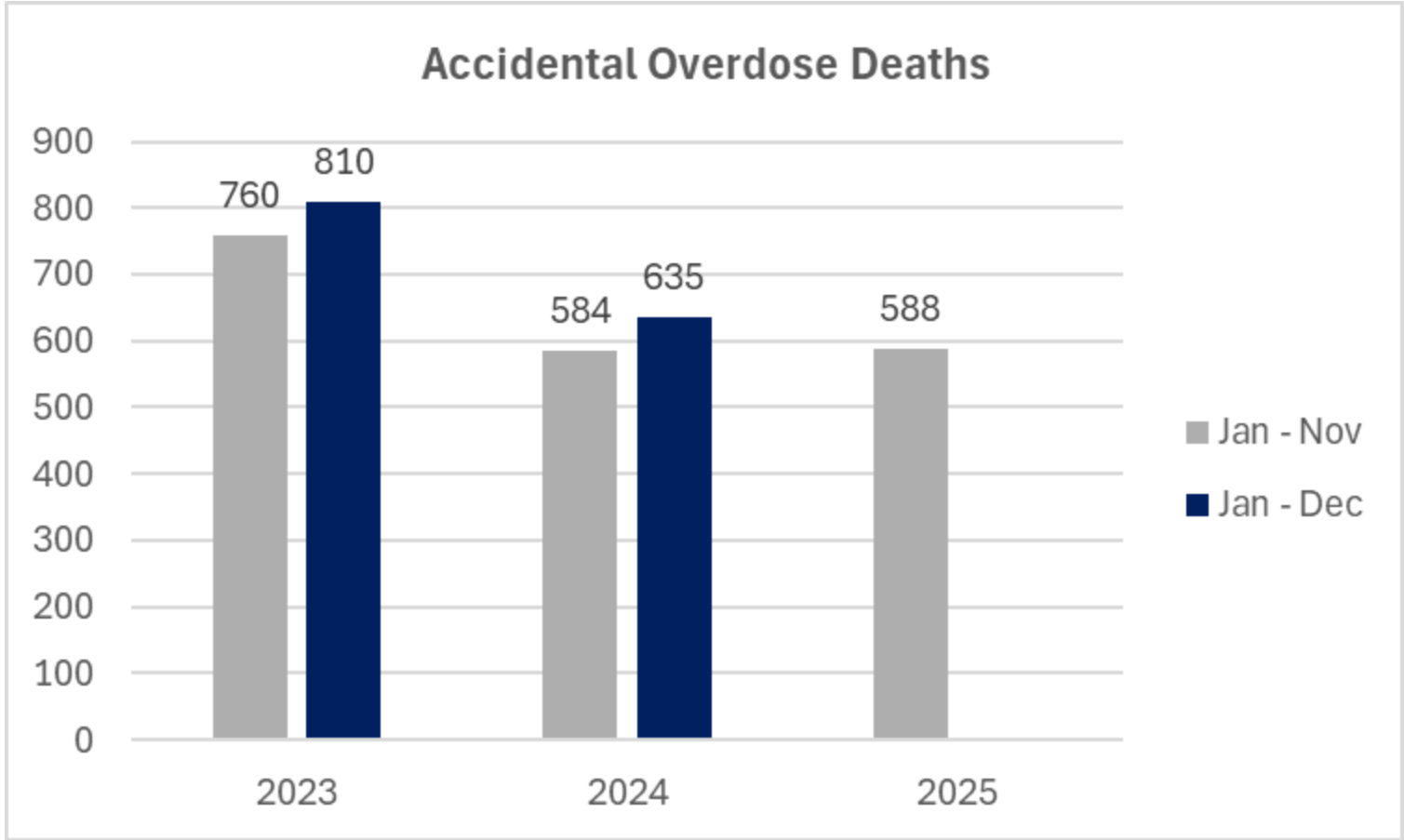
- CareConnect SF: Triage tool for the street teams bed availability and DIDO
- Middleware: Client triage and OCC-enabling tool



# Overdose Response



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



Source: Office of the Chief Medical Examiner

## Overdose Deaths by Year

Year	Jan-Nov	Jan-Dec
2023	760	810
2024	584	635
2025	588	

**2025 is on track to have a similar number of overdose deaths as 2024.**

- This represents 22.6% reduction since 2023, our deadliest year. (Jan-Nov 2023 = 760; Jan-Nov 2025 = 588)



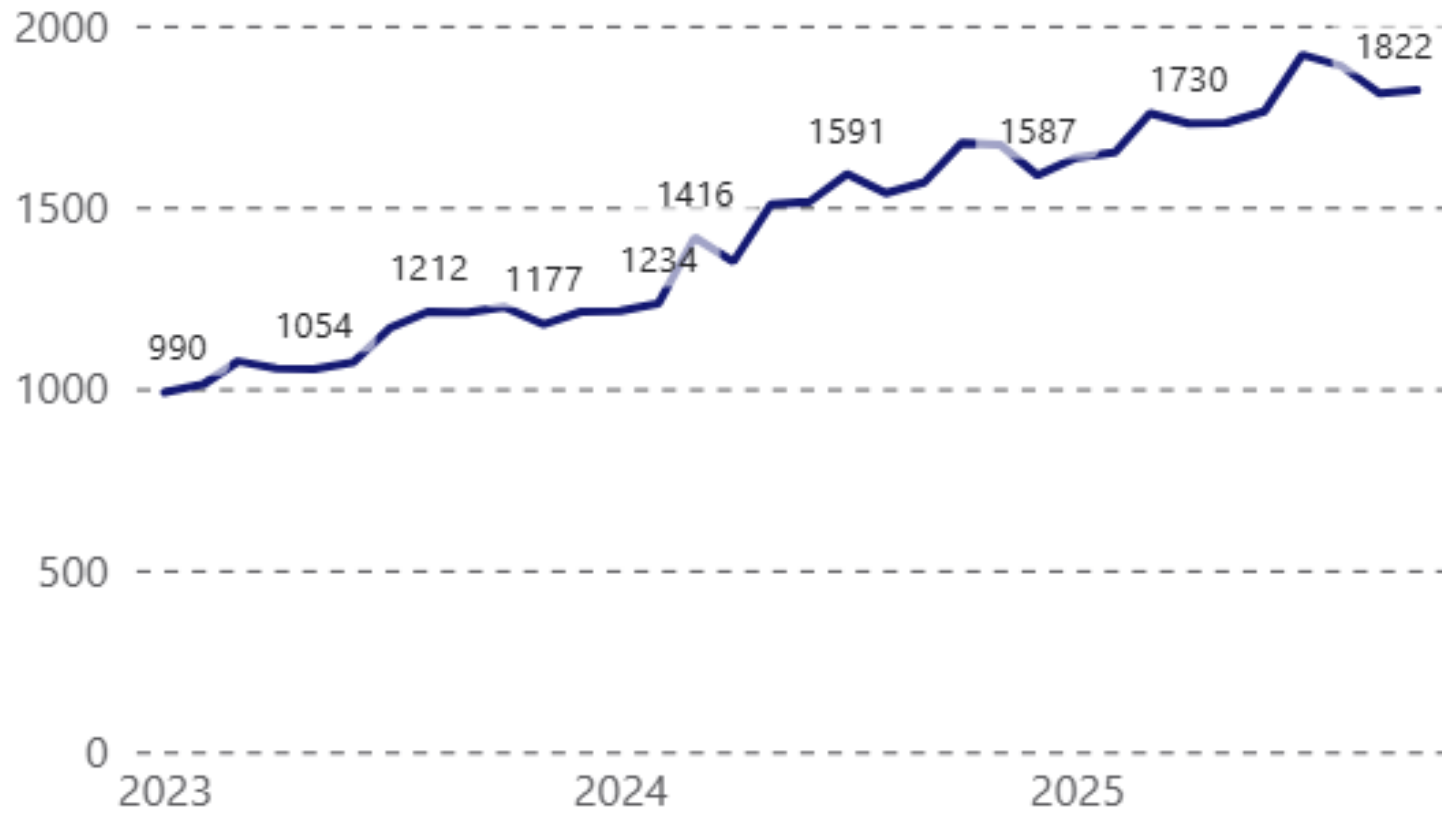
# How we are tackling overdoses

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

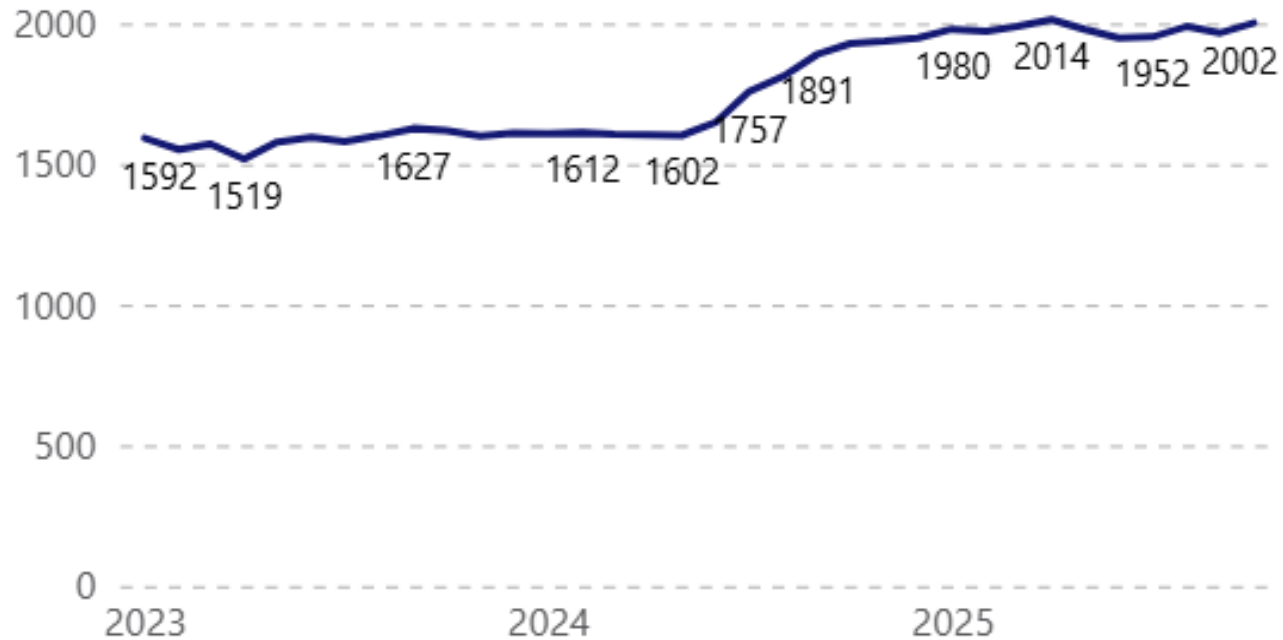


## Growth in clients on buprenorphine:

- **+32% in 2024 v. 2023**
- **+21% in 2025 v. 2024 (Jan-Oct)**

# 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

Multiple initiatives to make methadone treatment more accessible, including:

- Expanding access by 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



# **Code Tenderloin Bayview Navigation: Connecting People to Medications for Opioid Use Disorder (MOUD) and Supporting Treatment Retention**

Launched in September 2025 by DPH and Code Tenderloin

- In the first 3 months of the program (Sept-Nov), Code Tenderloin connected 170 individuals to MOUD services.
- Partnered with OTOP's Bayview Van and Bayview Hunters Point Foundation for methadone services.
- Utilizes DPH Telehealth MOUD program.
- Engages with clients on street-based outreach and at community sites (e.g. Mother Brown's Kitchen and the Bayview Navigation Center).



# Contingency Management (CM) Expansion

DPH and partners launched three new contingency management programs since July 2025. Focus is on Black/African Americans and people whose primary language is Spanish.

## **Gubbio Project**

Completed the first cycle of Spanish language CM in Dec 2025. The second cycle launches in early 2025.

## **San Francisco**

### **AIDS Foundation (SFAF)**

In Oct 2025, launched PROP Empowerment, focused on providing culturally congruent CM services for Black/African Americans.

## **Glide Foundation**

In Oct 2025, launched a new CM program focused on providing low-barrier access to CM services.



# Behavioral Health Services Act Integrated Plan Update



# Behavioral Health Services Act (BHSA) Integrated Plan Update

BHSA is California's major reform of its behavioral health system, replacing the former Mental Health Services Act (MHSA) to integrate mental health and substance use disorder treatment, prioritize housing, expand services to include the uninsured, and improve accountability, funded partly through a voter-approved bond (Prop 1). The policy requires DPH to report out on all programs and staff related to behavioral health services, in an integrated plan.

## ***Requires***

- Reporting on all behavioral health funded programming and expenditures, regardless of funding source
- Reporting on meeting BHSA requirements and other metrics

## ***In Progress***

- Community engagement with stakeholders and sectors as specified by State
- Conversations with CBO partners to ensure specific services and staffing will meet the BHSA requirements (e.g., programs leveling up to FSP)
- Conversations with CBO partners on updates to their contracts

## ***Next Steps***

- By March 31, 2026: Approval of draft integrated plan by County Administrative Office (Mayor's Office)
  - DHCS review and feedback on draft integrated plan
- By July 31, 2026: Approval and submission of final integrated plan to CA Department of Health Care Services



**Thank you**