

San Francisco Department of Public Health

Behavioral Health Services Director's Update for the
Behavioral Health Commission

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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

- Budget Update
- Treatment on Demand FY23-24 and 2025 Updates



Budget Update



Local Budget Pressures: What it Means for DPH

\$17M in contract budget reductions is already built into the FY26-27 budget.

- DPH committed to **\$17M in contract reductions** to be identified through planning process. This target doesn't include additional cuts that may still be required to balance the City's budget.
- Another **\$10M reduction** is planned in outpatient services due to rate changes and increased productivity expectations.
- **Mayor's Office expects spending reductions** — not just revenue growth — to meet these goals.
- These local cuts come on top of **major federal and state Medi-Cal funding reductions**, which will further strain our budget.
- In past years, the City met budget targets (often \$100–\$150 million) mostly by increasing revenue. This time, we are likely facing **deep program cuts along with a loss federal dollars**.



Principles for Budget Reductions

Transparency & Communication

Communicate budget decisions openly and clearly

Focus on Core Mission

Protect essential public health functions and critical health services that safeguard community health and save lives

Strategic Alignment

Every decision will align with DPH's strategic goals and values

Equity-Centered Decision Making

Minimize impacts on communities facing the greatest health disparities and maintain culturally congruent care.

Data-Informed Choices

Decisions will be grounded in evidence and data — balancing fiscal responsibility with community health outcomes



Program Evaluation and Use of Framework

Core Evaluation Criteria

- **Strategic alignment:** advances key DPH priorities
- **Programmatic Fit:** Degree of alignment with divisional area of practice/ expertise
- **Equity & Reach:** Serves underserved or uniquely impacted populations
- **Cost efficiency:** Delivers measurable outcomes relative to cost
- **Revenue Potential:** Generates or attracts Medi-Cal or grant funding
- **Performance:** Demonstrates accountability, quality, and impact.
- **Population Health Outcomes:** Improves measurable community health indicators.

How We Will Use This Framework

- **Guide, Not a Scorecard:** Programs will show strengths and weaknesses across criteria.
- **Targeted Re-Prioritization:** Identify a subset of programs for deeper review and potential resource shifts.
- **Holistic Decision-Making:** Weigh cumulative impacts, balance equity, and consider system-wide effects.
- **Mitigation Strategies:** Explore partnerships, alternative funding, or scaled delivery to preserve critical services.

Key Timelines and Next Steps

For current (FY 26-27) reductions:

- Next community meetings will be in mid-November
- Decisions for \$17M need to be finalized by January

For next budget cycle (FY26-28) projections:

- Anticipate Mayor's budget instructions by mid-December
- Instructions on impacts to CBOs will be shared once budget information is received



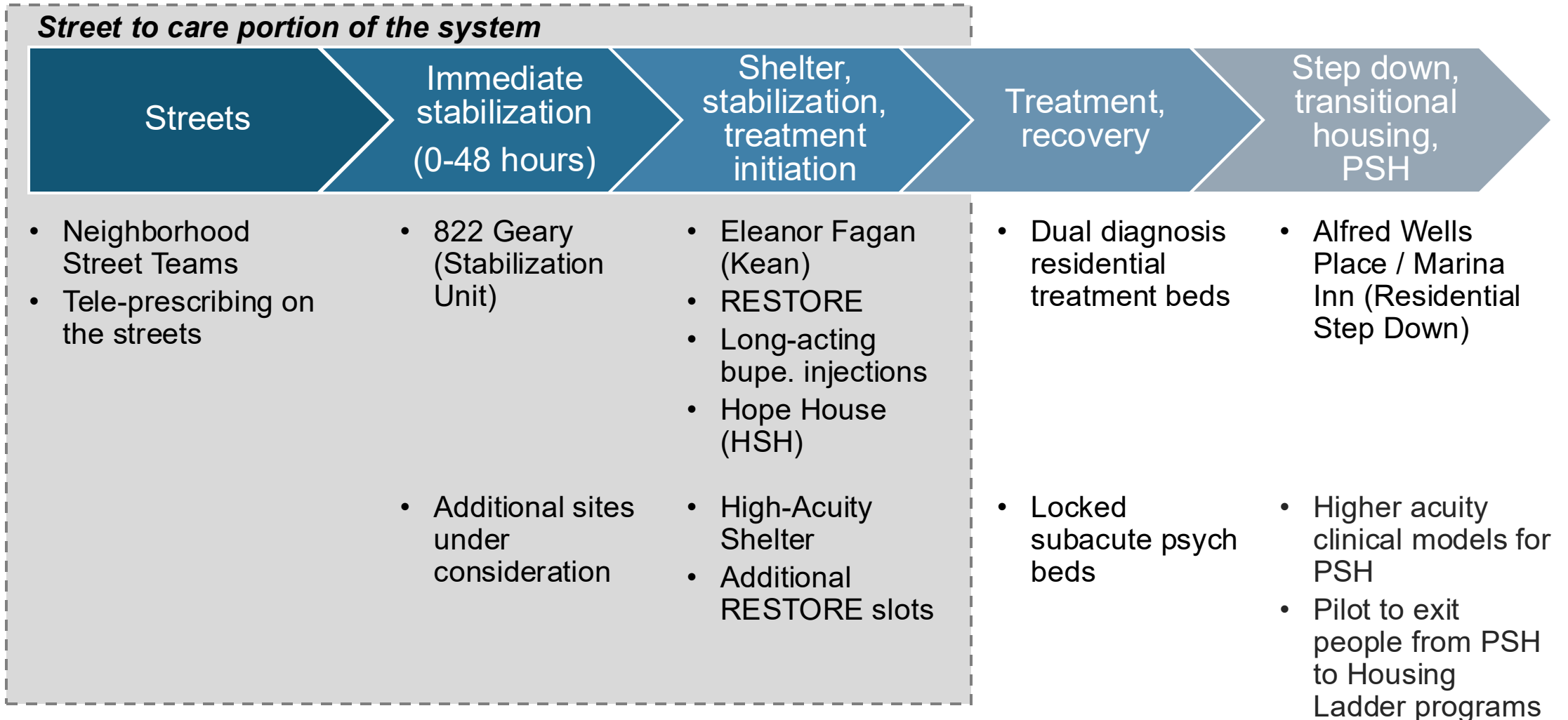
FY23-24 and 2025 Treatment on Demand Updates



Updates and Priorities to Discuss Today

- 1. Proactively moving individuals from the streets to care**
- 2. Expanding behavioral health stabilization, treatment and recovery capacity**
- 3. Providing rapid access to medication treatment and contingency management**
- 4. Improving system flow and “stickiness”**

1. Proactively Moving Individuals From the Street to Care: Recent Expansions and Updates



DPH expects to open >400 treatment beds and capacity across the continuum between 2025-28

1. Proactively Moving Individuals From the Street to Care: Neighborhood Street Teams

- **Neighborhood Street Teams (NSTs)** became citywide May, 2025; streamlining and coordinating street response across five neighborhoods. Cross-departmental collaboration among DPH, SFFD, HSH, DPW, DEM, SFPD, and HSA.
- SFDPH's Street Health focuses on **“Shared Priority”** clients, with coordinated care planning and resource alignment for individuals with complex medical, behavioral, and substance use needs, **alongside targeted general street outreach**
- Integrated teams are leading to **more success quickly placing people** in shelter and treatment and **being able to stabilize** medical and behavioral health care needs.
 - Shared priority clients are linked to ongoing treatment, shelter, and housing, including residential treatment, intensive or enhanced case management, permanent supportive housing, conservatorship, and substance use treatment.

1. Proactively Moving Individuals From the Street to Care: Improving 5150 Coordination

SFDPH is working to **improve coordination around involuntary behavioral health holds (5150s)** to support clear coordination, referrals, and successful engagement in ongoing care.

Efforts include:

- Improving **standard work for referrals** to behavioral health care from the hospital
- Developing workflow to ensure coordination and follow up for **shared priority clients**
- **Establishing best practices** for assessing holds in the emergency room to incorporate clinical information from the community and assess ongoing needs and grave disability
- Ongoing meetings with private hospitals to support **system wide alignment and coordination**
- Improving **rate of follow-up** after involuntary holds
- **High acuity shelter**

1. Proactively Moving Individuals From the Street to Care: Getting Treatment Quickly Through RESTORE

RESTORE addresses 3 structural issues...

- **Quick, 24/7 pathway from the Street to Treatment** for interested individuals
- **Low-barrier access** for individuals historically not willing or unable to navigate treatment
- **Combines Shelter and Treatment** by offering a bed with the requirement to begin treatment
- **About 80% of all clients started medication treatment.** Others opted for other forms of treatment or exited.

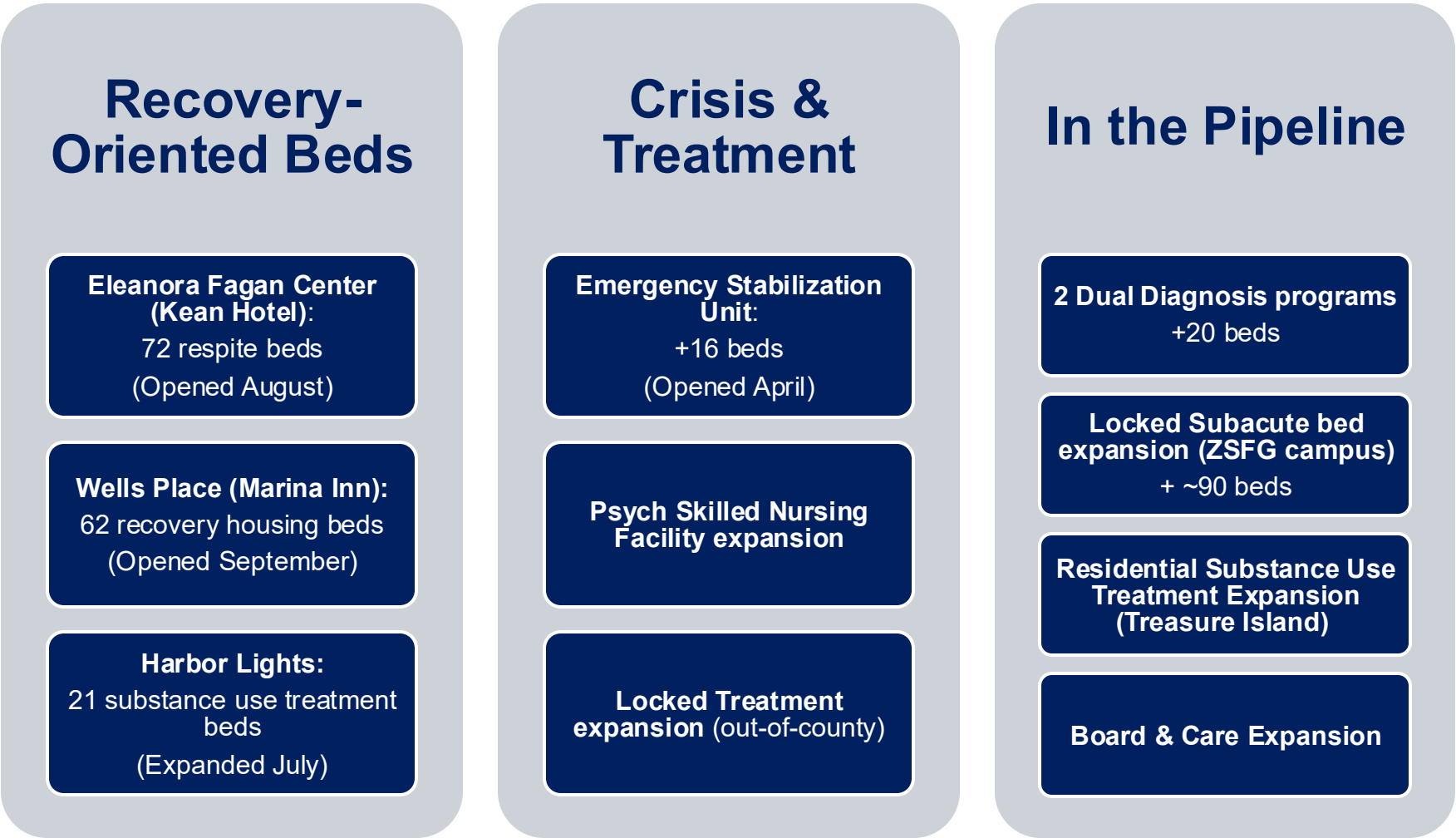
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...through a Care Model with 6 core elements

1. **Immediate, 24/7 access to services** to get someone off the Street
2. **Requirement to enter treatment** by agreeing to a structured treatment plan to enter program and receive a bed
3. **Gold-standard MOUD** (Medication for Opioid Use Disorder) **service**, i.e., buprenorphine or methadone treatment
4. **Daily case manager meetings** required to assertively and proactively support progress into longer-term treatment and recover
5. **Enhanced on-site daytime programming** in partnership with **structured outpatient treatment**
6. **Proactive discharge planning** and warm handoffs into next level of care, including treatment and recovery services

2. Expanding Behavioral Health Stabilization, Treatment and Recovery Capacity

SFDPH has 415 treatment and care beds budgeted to open from 2025 to 2028, and ~140 beds in planning. Since January 2025, SFDPH opened new programs with capacity for ~220 new beds toward this goal.



One-time State Capital Funding

In May 2025, SFDPH was **awarded \$27.6 million** in the first round of state funding for behavioral health capital projects under Proposition 1:

- \$6.3 million to reopen 333 7th Street as a **16-bed enhanced dual diagnosis** (mental health + SUD) treatment facility
- \$21.3 million for **the expansion of locked subacute beds at the Behavioral Health Center at ZSFG**

SFDPH has been **awarded \$88 million** in state capital funding for behavioral health projects since 2022.

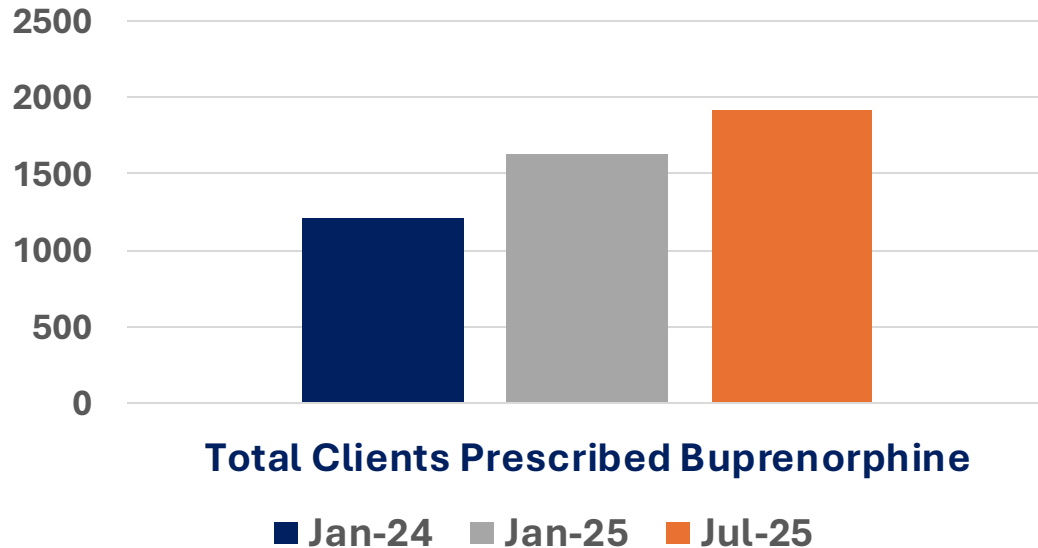


333 7th Street (formerly Jo Ruffin Place)



3. Providing Rapid Access to Medication Treatment: Buprenorphine

Total Clients Prescribed Buprenorphine by Month



The number of individuals prescribed buprenorphine each month (including new starts) has increased:

- **20%** as of July 2025, compared to January 2025
- **55%** as of July 2025, compared to January 2024

Innovative new initiatives drove increases: **Our new telehealth program for buprenorphine treatment** provides proactive street outreach using night navigators and immediate access to buprenorphine via telehealth, 16 hours/day 7 days/week.

Retention in care at 6 month is ~30%.

Aiming to **increase retention on buprenorphine** by:

- Shifting to long-acting, injectable buprenorphine where possible
- Expanding the **RESTORE program**.

3. Providing Rapid Access to Medication Treatment: Methadone

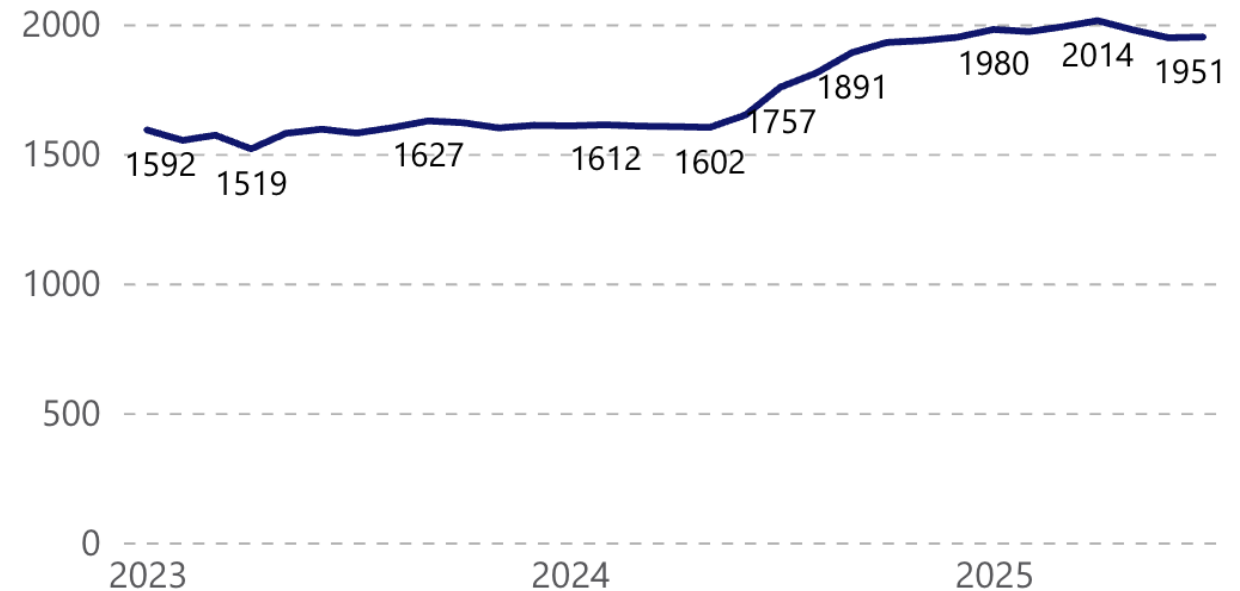
More people are engaging in methadone treatment.

- **16% increase in total methadone clients** in Calendar Year (CY) 2024, compared to CY 2023.
- **32% increase in new methadone admissions** in CY 2024, as compared to CY 2023

Key methadone priorities to increase retention:

- Implementation of new flexibilities made possible by SFDPH co-sponsored legislation (AB 2115)
- Contingency management pilot programs at clinics
- Navigation supports for getting people into methadone treatment
- Clubhouse model for people on methadone

Count of total unique clients by month



3. Providing Rapid Access to Medication Treatment: Increasing Effective Contingency Management Treatment

Contingency Management (CM) is the most effective, scientifically proven treatment for stimulant use disorder.

- Provides immediate, tangible rewards (e.g., a gift card) to individuals to incentivize positive behaviors (e.g., clean urine sample, treatment attendance).
- Rewards are paired with regular visits with a provider.

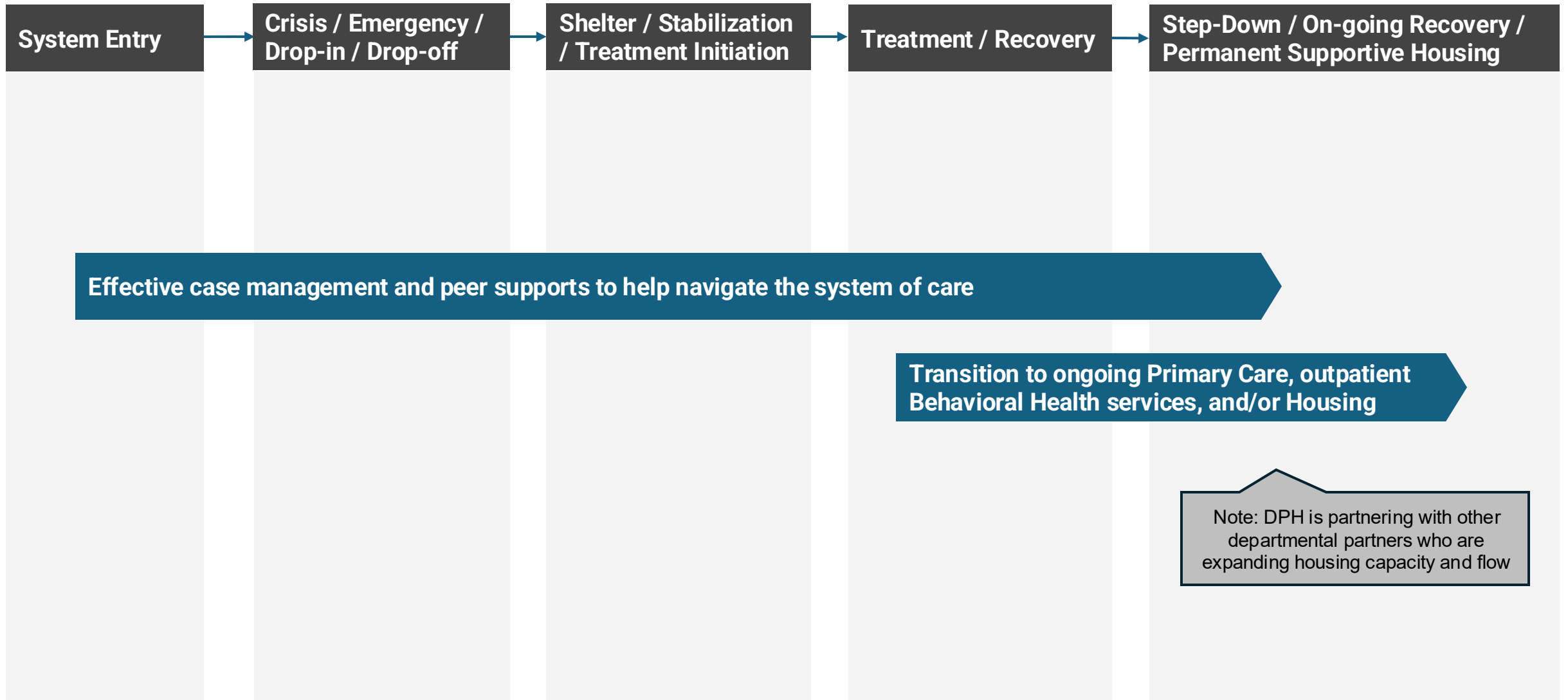
By December 2025, we **aim to increase CM clients by 25%** compared to last year.

- SFDPH has **expanded contingency management to 12 programs**, including 4 under a Medi-Cal pilot.
 - From May 2023 through June 2025, **73% of urine tests at the Medi-Cal programs were negative for stimulants.**

Further expansion of Contingency Management

- Five additional programs planned by end of 2025.
- **Integrate** CM into San Francisco Health Network Primary Care and other settings

Moving Into A Structured, Integrated System of Care



Thank you

Behavioral Health Access Center Assessment Steps

