

# The Four Pillars Approach

**Government Audit and Oversight Committee  
Board of Supervisors  
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# **Budget and Legislative Analyst's Report on the Four Pillars Approach**

## Budget and Legislative Analyst's Report (BLA) on Four Pillars

The City and County of San Francisco thanks the Budget and Legislative Analyst's Office (BLA) for their extensive analysis of the use of the Four Pillars approach.

San Francisco's prevention, harm reduction, treatment, and law enforcement efforts have aligned with the multi-pronged Four Pillars approach. Yet, we need to do more.

# The Four Pillars Approach

## San Francisco Department of Public Health

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Director

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City & County of San Francisco  
**Department of Public Health**

# SFDPH Agenda

- Roadmap Overview
- Examples
- Interagency Coordination



# SFDPH Roadmap Overview

# 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

# 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. **Pair Safer Use Supplies with Proactive Linkages to Care** – We are requiring that distribution of supplies be paired with counseling and connections to treatment, and piloting a new smoking supply policy for public spaces
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





# SFDPH Examples

# Example Program: RESTORE

An innovative, new model to help people quickly move from the street into treatment and a bed, delivered in coordination with the Department of Homelessness and Supportive Housing.

## Problems we are solving for:

- Quick, 24/7 way to get someone directly from the street into treatment
- Ability to combine offer of a bed **and** requirement to begin treatment
- Ability to serve people who have historically been resistant or unable to navigate treatment

## Six Elements of RESTORE

**01.** Immediate, 24/7 access to services to get someone off the street

**02.** Must agree to structured treatment plan to enter program or get a bed

**03.** Clients receive gold standard Medications for Opioid Use Disorder (buprenorphine or methadone)

**04.** Clients must meet case managers daily, who proactively and assertively help progress to longer-term treatment and recovery options

**05.** NEW: Increased daytime programming with structured outpatient care

**06.** Discharge planning and warm handoffs to treatment, recovery and next level of care

# New SFDPH Bed Projects to Open in 2025 and Beyond

SFDPH is leading projects to open a significant number of new beds in 2025, and beyond.

- In April 2025, SFDPH opened **a new stabilization center** for individuals in crisis, at 822 Geary Street.
- Also in April 2025, SFDPH announced the expedited opening of **76 new health respite beds** and **68 new recovery housing beds**, and a **21-bed expansion of recovery-based treatment beds**.
- SFDPH applied for Proposition 1 – Bond BHCIP Round 1 capital infrastructure grants and, in May 2025, was awarded \$27.6M to add **57 locked subacute treatment beds** and **16 residential treatment beds for dual diagnoses** to the continuum of care.
- SFDPH will expand behavioral health services in **partnership with the Department of Homelessness and Supportive Housing** in 2025.



# Interagency Collaboration

# Interagency Collaboration

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Interagency collaboration **is fundamental** to the success of our approach.

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SFDPH continues to work closely with City law enforcement partners, as well as the Department of Homelessness and Supportive Housing and the Department of Emergency Management.

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In 2025, SFDPH consolidated several street teams into a **unified Street Health team** under operational leadership from the Department of Emergency Management.

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SFDPH continues to be an **active partner in the City's interagency Drug Market Agency Coordination Center (DMACC)**, participating in interagency meetings to develop neighborhood-based strategy.



# **The Four Pillars Approach**

**San Francisco Department of Emergency Management**

**Mary Ellen Carroll**

Executive Director

San Francisco Department of Emergency Management

# DEM Agenda

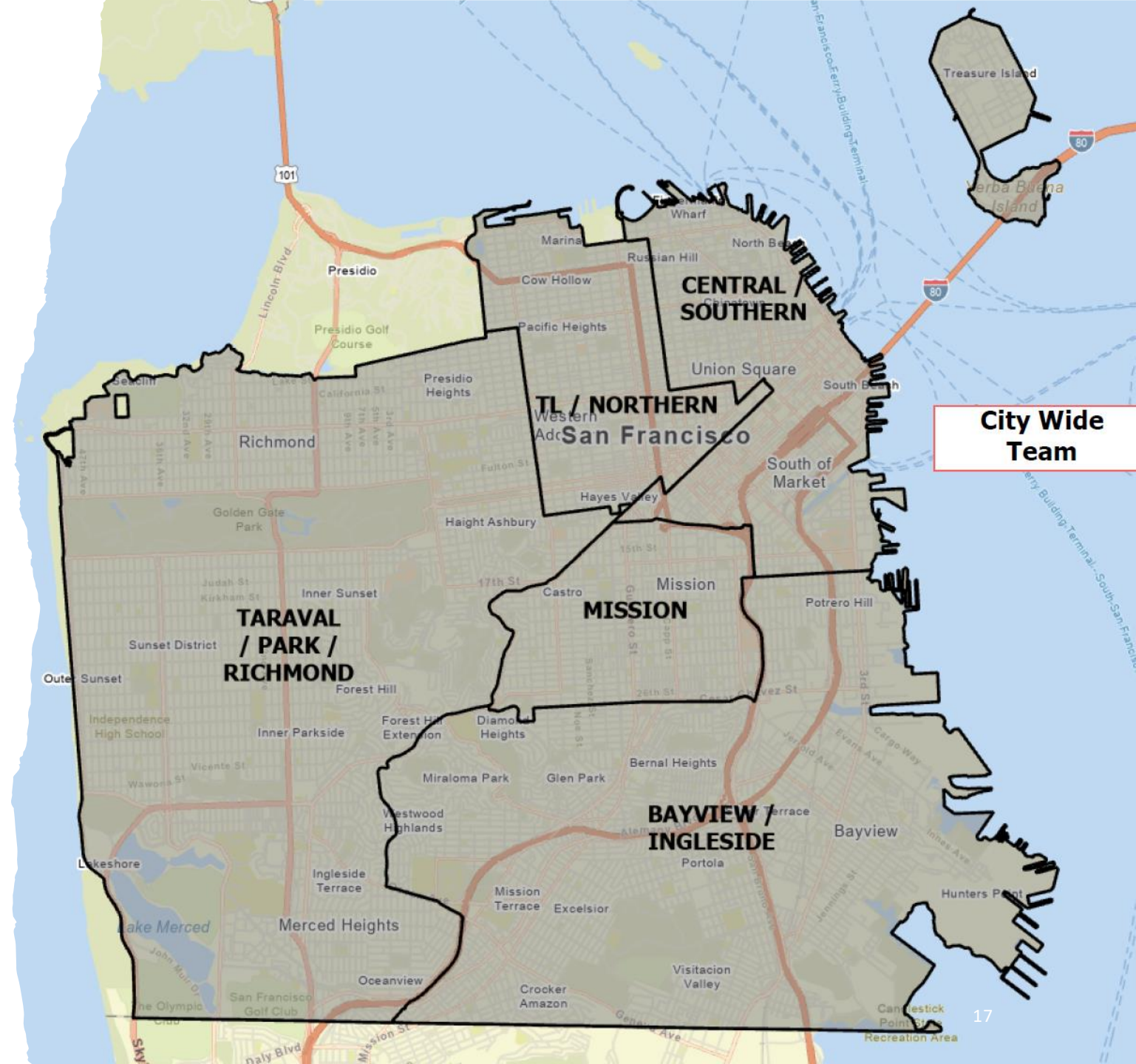
- Neighborhood Model
- Interagency Coordination Strategy

# Neighborhood Model



# Six Neighborhood Street Teams

- **Deployment Strategy**
  - Tenderloin/Northern
  - Mission/Castro
  - City-Wide Team
  - Southern/Central
  - Park/Taraval/Richmond
  - Bayview/Ingleside



# Interagency Coordination Strategy

# Interagency Coordination Strategy

At the center of the NST is tight communication and coordination between services and enforcement leads.

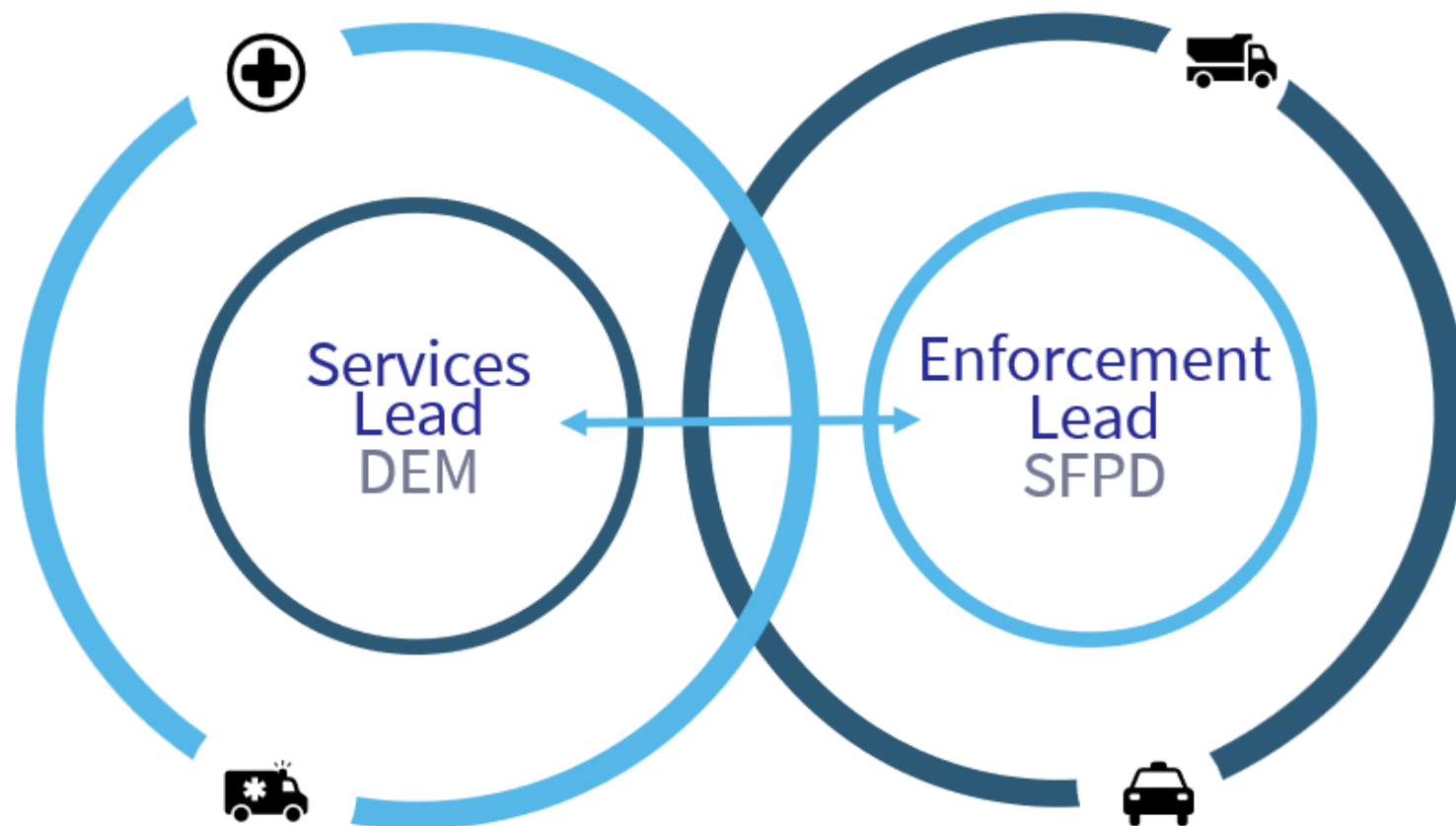
## Health and Housing Services

DPH/HSB/SFFD-CP,  
Services linkages,  
co-responses, coordinating  
resolutions.

Specialized  
coordination with  
MTA, Rec & Park,  
PUC, PORT and  
Caltrans.

## Crisis Response

SFFD/CP -911, on-view and  
planned co-responses to acute  
behavioral health, overdose  
and wellness needs.



## DPW

Environmental services  
and neighborhood  
clean up; planned  
responses to  
large/small hotspots;  
bag and tag  
partnership.

## Sheriff

Planned co-responses,  
& transportation.

# Coordinated Services Approach

*Tightly aligned around a shared goal of improving street conditions through expedited connections to the right level of care and responses to hotspots (complex mix of adverse behaviors, structures, waste/debris).*

## Deliverables:

- **HOTSPOTS**
  - Clear understanding of hotspot locations.
  - Lead with services; effectively mitigate environmental needs.
  
- **CONNECTION TO CARE**
  - High touch assertive care coordination to rapidly stabilize and help people out of homelessness
  - Strong coordination with other City teams to open doors to needed and expedited resources

## Key Elements of Coordination

**01.** **Alignment:** Daily alignment around neighborhood priorities and outreach strategy.

**02.** **Communication:** Teams effectively communicate in real-time about needs of people and places.

**03.** **Shared Priority:** Supported by all teams, DPH manages a small caseload of high acuity clients who have priority access to resources, enabling rapid assessment, triage and movement towards appropriate levels of care and treatment.

**04.** **Care Coordination:** Timely, holistic, culturally responsive engagement and connections to care in real-time to stabilize and to ongoing services. All teams are aligned around care coordination plan.

**05.** **Transportation:** Neighborhood Street Teams are aligned around a transportation plan that expedites connections to shelter and care.

# The Four Pillars Approach

**San Francisco Police Department**

**Derrick Lew**

Commander

San Francisco Police Department

# SFPD Agenda

- Drug Market Agency Coordination Center (DMAACC)
- Interagency Approach
- Outcomes
- Case Study

# DMACC

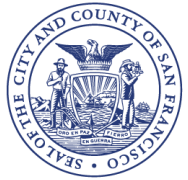


# Drug Market Agency Coordination Center (DMACC)

## What is DMACC?



## Core Tenants of DMACC



**San Francisco  
Public Health**



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

**01.** "All hands" on deck approach

**02.** San Francisco Police Department has led with holistic approach

**03.** Daily coordination and sequencing of scarce City, State, and Federal resources

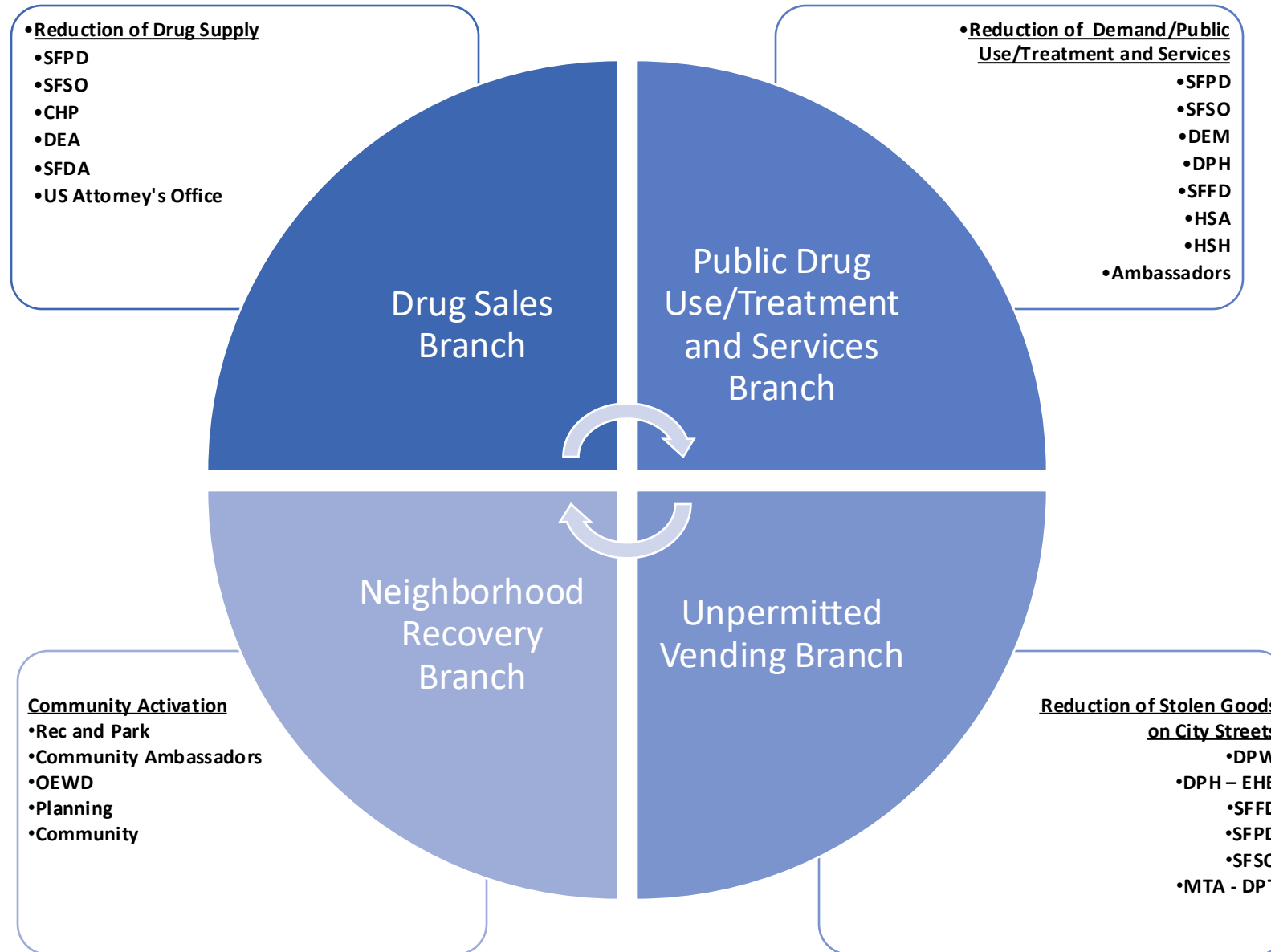
**04.** Leverage strengths and unique missions of agencies





# DMACC Interagency Approach

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# Outcomes

# DMACC Law Enforcement Outcomes

- 1. Arrest Data
  - Custodial vs. Non-custodial
- 2. Non-Enforcement Outcomes
- 3. Seizure Data

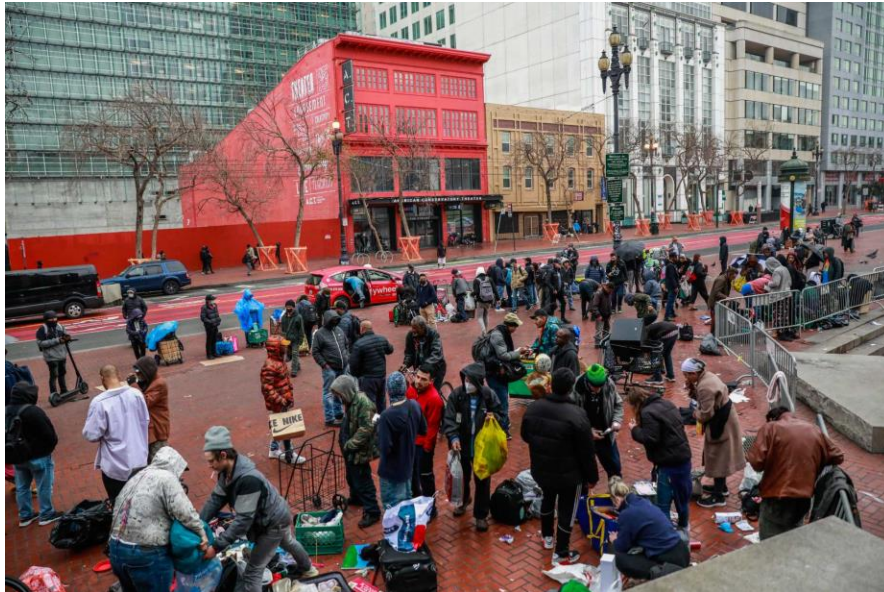
Summary of Fentanyl Seizures			
Fentanyl Seizures	Grams	Pounds	Lethal Doses
2024 DMACC Totals	66,708.0	147.0	33.4M
2024 DMACC YTD (01/01 - 04/27)	27,542.6	61.0	13.8M
2025 DMACC YTD (01/01 - 04/27)	5,996.1	13.0	3.0M

# Case Study



# Case Study: UN Plaza

Before





# Case Study: UN Plaza

After



# Thank you