

San Francisco Behavioral Health Commission

June 18, 2026



San Francisco
Department of Public Health

Land Acknowledgement

The San Francisco Department of Public Health staff acknowledges that we are on the unceded ancestral homeland of the Ramaytush (Rah-mytoosh) Ohlone (O-lon-ee) who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.



A hand is shown on the left side of the frame, pointing upwards with the index finger. The entire image has a blue color overlay. In the background, there are blurred figures of people, suggesting a crowd or a meeting. The text 'Item #1: Roll Call' is centered in the middle of the image in a white, bold, sans-serif font.

Item #1: Roll Call

Item #2: Welcome to our newest Commissioners!

On Tuesday, June 15th, the Board appointed:

- Athena Bing-Ying Ng to Seat 2
- Raymond Deng to Seat 7

WELCOME!



Reminder: Purpose and Scope of the BHC

The **BHC** advises the **SF Board of Supervisors, Health Commission, SFDPH, and the Director of Behavioral Health Services (BHS)** and **represents the diverse voices** of consumers, family members, citizens and stakeholders in advising how mental health services are administered and provided.

Key roles:

- **Review, evaluate and advise upon** any aspect of local behavioral health systems
- **Ensure procedures are in place** for community and professional involvement in behavioral health budget development
- **Provide an annual report** to the Board
- Participate in the **selection process** for the local behavioral health director
- **Review and comment on City outcomes data** and communicate findings to the State Mental Health Commission
- **Review and advise** upon key reports under Prop 1

Meeting Agenda

- **Director's Update** with Dr. Hillary Kunins, Director of Behavioral Health Services
 - Residential Treatment Overview
 - Budget Overview
 - Update on Timely Issues
 - Questions
- **Governance Overview** with Valerie Kirby, Special Projects, Behavioral Health Services
 - Bylaws and Commission Streamlining Overview
 - Review of Related Commissions
- **Agenda Planning** for upcoming meetings

All meeting materials can be found on the Behavioral Health Commission website at <https://www.sf.gov/departments--behavioral-health-commission>.



[6:05-7:05 PM]

Agenda Item #3

Director's Update

San Francisco Department of Public Health

Behavioral Health Services Director's Update

June 18, 2026

Hillary Kunins, MD, MPH, MS

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



San Francisco
Department of Public Health

Agenda

- Welcome and Introduction
- Residential Treatment: A Core Behavioral Health Priority
- Budget and Additional Updates
- Q&A



Welcome and Introduction

Welcome!



Dr. Hillary Kunins
Director of Behavioral Health
Services & Mental Health SF

- Led San Francisco Department of Public Health Behavioral Health Services Division since 2021.
- Under Mental Health SF and Mayor Lurie's Breaking the Cycle initiatives, San Francisco has undertaken significant behavioral health reform, including:
 - Establishing behavioral health street teams and an Office of Coordinated Care
 - Adding 600+ residential treatment beds (total inventory: 2,800+) to strengthen the continuum of care (ex: drug sobering center, crisis stabilization unit, etc.)
 - Implementing SB43 (expansion of grave disability for involuntary care)
 - Coordinating overdose response system, including expanded access to substance use treatment such as telehealth medication treatment for people who use opioids
- Previously served as the Executive Deputy Commissioner of Mental Hygiene and Assistant Commissioner for the Bureau of Alcohol and Drug Use at the New York City Department of Health and Mental Hygiene.
- Primary care and addiction medicine physician who practiced in the Bronx, New York for over 15 years.



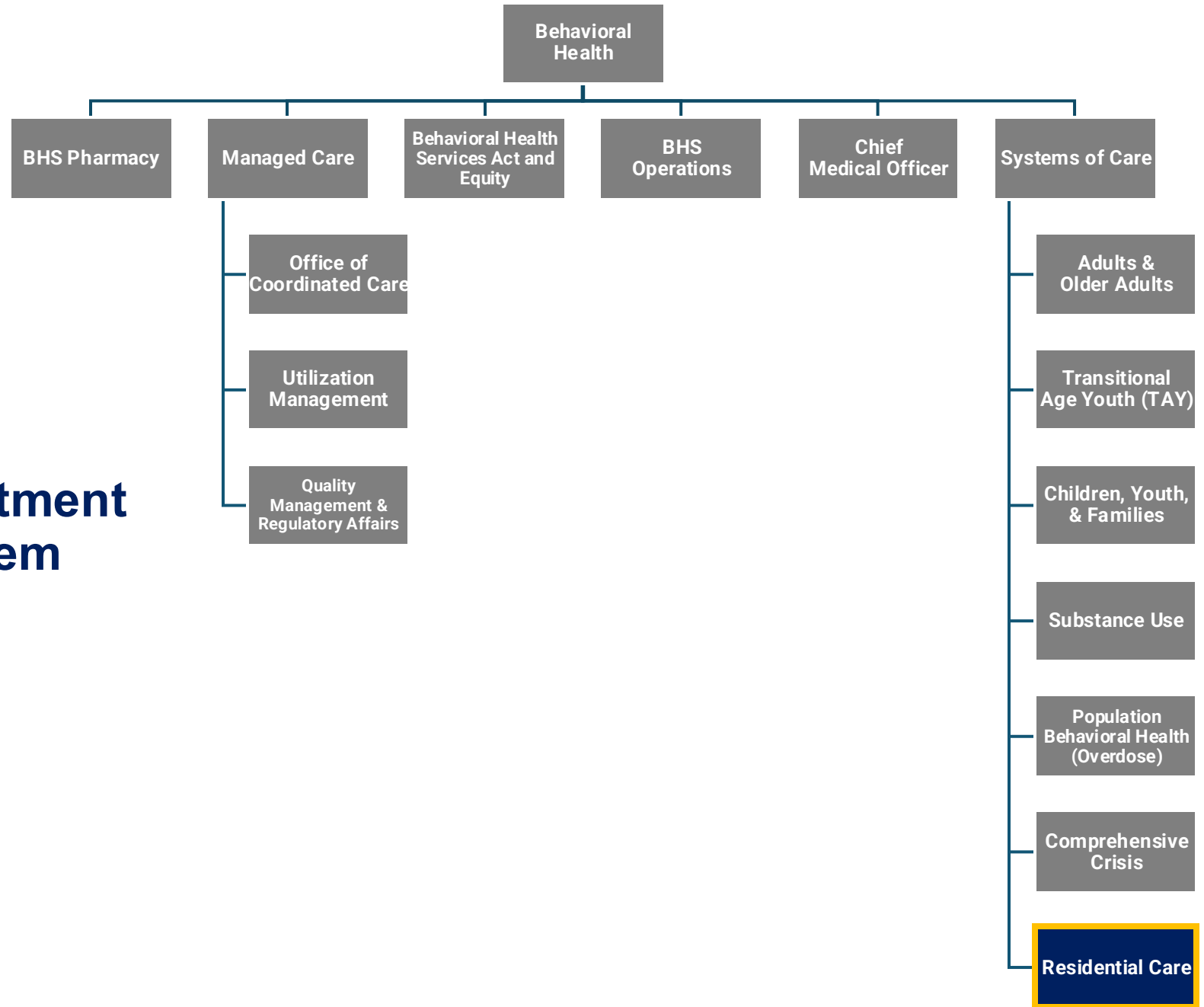
Residential Treatment: A Core Behavioral Health Priority

SFDPH Roadmap for the Behavioral Health Crisis

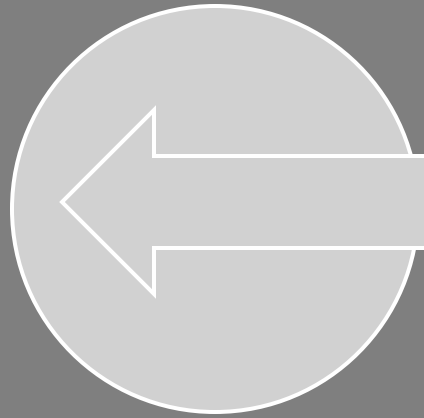
1. **Expand Treatment Beds and Services** – We need to expand treatment beds and services, at the right levels of clinical intensity, including more clinical care in shelters
2. **Accelerate and Simplify Entry to Care** – We need to more quickly connect people to treatment and stabilization services, 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. **Restrict Distribution of Safer Use Supplies** – We are requiring that the distribution of safe use supplies be paired with counseling and connections to treatment, better balancing our public health obligations to both those in crisis and our broader community
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



Where Residential Treatment Sits Within Our System

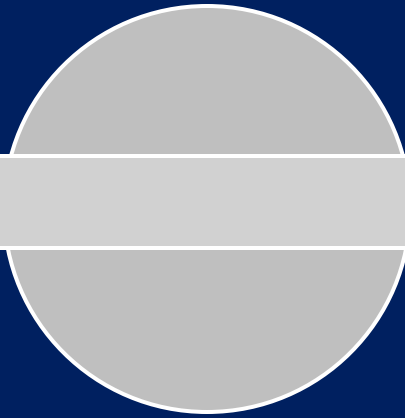


Crisis Stabilization and Residential Treatment on the Continuum of Care



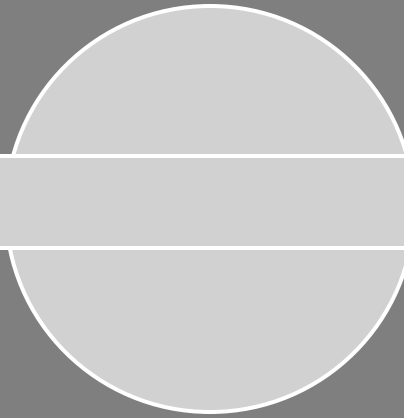
Prevention

(Early intervention)



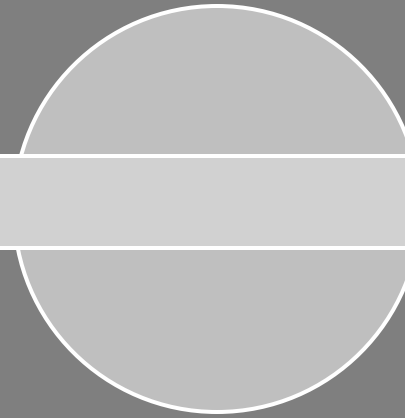
Crisis

(Intervention for people experiencing a mental health emergency)



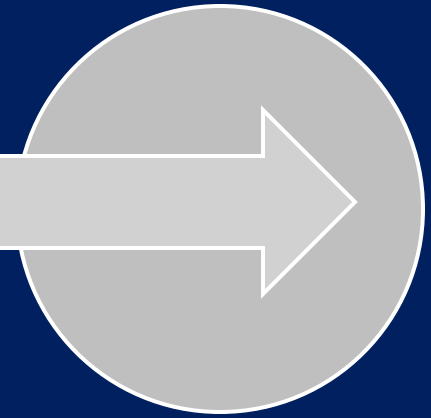
Access and Navigation

(Entry to care and coordination)



Outpatient Treatment

(Primary and specialized care settings)



Residential Care, Treatment and Support

(Long-term care in a residential setting, including transitional housing for people who need support)

2,800+ beds*, ranging in services

Stabilization, Treatment, and Recovery Beds Added Since 2025

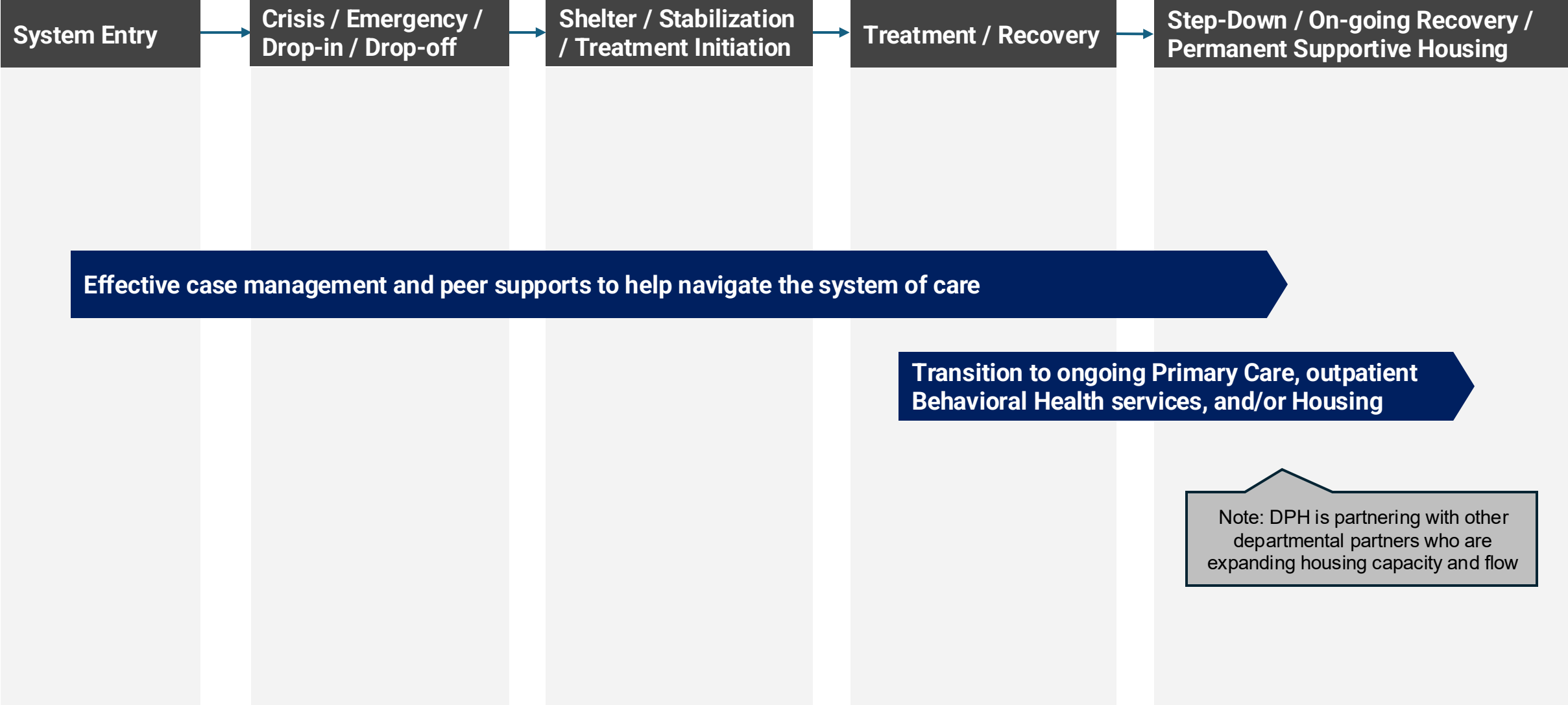
In 2025, DPH operated ~**2,600** behavioral health residential treatment and care beds. As of April 1, 2026, DPH opened more than **200 new beds** and converted another **100 beds** across key programs, including:

- **16 bed, 24/7 stabilization center** at 822 Geary Street, an alternative to ERs for people experiencing a behavioral health crisis.
- **21 withdrawal management and substance use treatment** beds at Salvation Army Harbor Light.
- **72 non-congregate respite** beds at the Eleanora Fagan Center for people exiting street homelessness that provide immediate, short-term support and services addressing primary and behavioral health needs.
- **62 recovery housing** beds opened at Wells Place for people in recovery that provide drug-and alcohol-free transitional living with on-site case management and wraparound support.
- **30 emergency stabilization unit** beds to provide short-term stays to support stability and connection to services.
- **20+ out-of-county** beds available at Mental Health Rehabilitation Centers and Psychiatric Skilled Nursing Facilities.



Our Residential Treatment Continuum: From Crisis to Recovery

From 2026 to 2030, an additional 200 beds will be opened to further strengthen the continuum of care and enhance access to critical services.



Crisis, Emergency, Drop-In/Drop-Off Beds: 20+ New or Planned

Category	Project (Address)	Service Type	New Beds*	Open Date
Crisis, Emergency, Drop-In/Drop-Off	Crisis Stabilization Unit <i>822 Geary St</i>	Crisis Stabilization	16	2025
	Psychiatric Emergency Services Expansion <i>ZSFG Campus</i>	Psychiatric Emergency Services	6	2027
	Other Drop-In/Drop-Off	Sobering Center	TBD	2028

□ Indicates beds that are already open.

*Number of beds are subject to change throughout the planning process. Current numbers displayed are as of May 2026.

Stabilization & Treatment Initiation Beds: 220+ New or Planned

Category	Project (Address)	Service Type	New Beds*	Open Date
Stabilization, & Treatment Initiation	Emergency Stabilization Units (ESU) Expansion (BHBH Grant)	Short-Term Drop-In / Respite	30	2025
	Salvation Army – Harbor Light 1275 Harrison St	Withdrawal Management	10	2025
	Eleanora Fagan Center (Kean) 1018 Mission St	Stabilization Beds	72	2025
	RESTORE Expansion**	Stabilization Beds	120	2025

**Number of beds are subject to change throughout the planning process. Current numbers displayed are as of May 2026.*

Treatment & Recovery Expansion Beds: 250 New or Planned

Category	Project (Address)	Service Type	New Beds*	Open Date
Treatment & Recovery Residential Treatment	Salvation Army – Harbor Light <i>1275 Harrison St</i>	SUD Residential Treatment	11	2025
	Dual Diagnosis Facilities** <i>333 7th St & Contracted Community</i>	Dual Diagnosis Residential Treatment	16	2027
	Treasure Island Behavioral Health Building <i>TIDA Parcel E1.2</i>	SUD Residential Treatment & Residential Step-Down	44	2028
Treatment & Recovery Locked Acute & Subacute Treatment	MHRC/Psych SNF Out-of-County Capacity	Locked Subacute Treatment (MHRC/Psych SNF) as needed	21***	2025
	Adolescent Psychiatric Unit <i>ZSFG Campus</i>	Acute Psychiatric Inpatient	12	2027
	Locked Subacute Treatment (MHRC) Expansion** <i>ZSFG Campus</i>	Locked Subacute Treatment (MHRC)	~50	2027
	Locked Residential Treatment <i>UCSF Hyde****</i>	Locked Residential Treatment	50	2030
	Acute Psychiatric Inpatient <i>UCSF Hyde****</i>	Acute Psychiatric Inpatient	6	2030

*Number of beds are subject to change throughout the planning process. Current numbers displayed are as of May 2026.

**Awarded capital funding under Proposition 1 – Bond BHCIP Round 1

***Estimated increase in as-needed out-of-county bed capacity

****Partnership with UCSF Health via Bond BHCIP Round 2

Step-Down & Ongoing Recovery Beds: 145+ New or Planned

Category	Project (Address)	Service Type	New Beds*	Open Date
Step-Down & Ongoing Recovery	Wells Places (Marina Inn) <i>3110 Octavia St</i>	Residential Step-Down	62	2025
	Residential Care Facility for the Elderly <i>624 Laguna St</i>	Residential Care Facility for the Elderly (RCFE)	45**	2027
	Adult Residential Care Facility <i>601 Laguna St</i>	Adult Residential Care Facility (ARF)	40**	2027

**Number of beds are subject to change throughout the planning process.
Current numbers displayed are as of May 2026.*

***Relocation option for current BHC RCFE and ARF residents – excluded from total count of new beds to avoid double-counting*

Stabilization Unit at 822 Geary: One Year of Impact

- **1638 visits** since launch (April 2025) through May 2026.*
- Can currently serve up to **16 clients** at a time.
- Provides **immediate, voluntary** medical care for people experiencing an **urgent mental health** and/or **substance use need**. Operates **24/7**.
- Providers refer clients to **ongoing care** before discharge.



*Date range is April 28, 2025-May 31, 2026.

Wells Place: Recovery Housing and Long-Term Stability

- 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.
- **90 unique clients** served from September 15 (opening) through June 11. Currently 61 of 62 beds occupied.
- Can currently serve up to **62 people** at a time.
- Providers work to **refer to ongoing care** before discharge.



Eleanora Fagan Center (Kean): 24/7 Stabilization and Wraparound Care

- One-stop stabilization center; provides wraparound services for people directly from the street, with substance use and mental health treatment needs, including with complex psychiatric and medical needs.
- **210 admissions** since from August 18, 2025 (soft launch) through June 11, 2026.
- Can currently serve up to **72 clients** at a time.
- Clients self-present to Billie Holiday Center at 93 6th St. 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.



Budget and Additional Updates

City Budget Milestones



FY26-28 Budget Changes to DPH and Behavioral Health Services

Context: What's going on Citywide and Statewide

- The City faces a **\$600M structural deficit**, a portion of which is driven by tremendous state and federal Medicaid cuts to DPH
 - **\$227M in Medi-Cal cuts** to DPH over two years (HR1).
 - As many as **40,000 San Franciscans** may lose Medi-Cal, creating major safety net and revenue **impacts (~\$400M)** for DPH.
- Additionally, State-driven policy changes for Prop 1 (BHSA) require **new funding allocations**, resulting in a shift in funding toward Housing and Full-Service Partnership (FSP) programs and fewer dollars for Prevention & Early Intervention (PEI), workforce, and other behavioral health programs.
- Given these impacts, the Mayor directed all departments to **reduce General Fund spending** to **protect core services** such as health services.

What This Means for DPH and Behavioral Health Services

- DPH is **absorbing \$227M** in Medicaid cuts while maintaining core services.
- General Fund increases by **\$251M** to backfill lost Medicaid revenue.
- **\$154M in reductions** (admin, contracts, vacancies) to slow General Fund growth.
- Of DPH's ~7,700 FTW budget, **130.8 positions eliminated** (mostly vacant/admin), and **2 staff** will be **laid off**. Reductions prioritized protecting direct care. 80% of eliminated positions are administrative, not clinical.
- **\$5.9M in reductions** across 25 programs and 17 Community-based Organizations (CBO), includes state-required BHSA funding changes.
- Four low-volume **DPH clinics were consolidated** with civil service staff reassigned to other clinic locations.
- As a result, one behavioral health clinic, **Southeast Mission Geriatrics**, will close on Aug. 28, 2026.

What is Being Preserved and Funded

DPH is investing in behavioral health treatment access and stickiness, maximizing revenue, and applying an equity lens to all reductions and investments.

- **~\$700M** maintained for behavioral health treatment and services, including substance use disorder and mental health expansions.
- Expansion of **Psychiatric Emergency Services**.
- Creation of **50+ new locked subacute** mental health beds at BHC.
- New recovery pathways:
 - **~140 step-down beds** (\$8.5M)
 - **~70 RESTORE beds** (\$6.3M)
 - **LAI buprenorphine expansion** across 8–10 Permanent Supportive Housing (PSH) sites (\$2.5M)
- **\$25M** of Prop C fund balance toward closing the remaining gaps on the major capital projects for the 1660 Mission **Mental Health Service Center** and **Treasure Island** projects
- **\$15M** annually in **safety/security enhancements** (training, security posts, and more).

Additional Updates

- **Completed and Approved:** Behavioral Health Services Act (BHSA) FY26-29 Three-Year Integrated Plan.
- **RESET (Rapid Enforcement Support Evaluation & Triage) Center** overseen by Sheriff's Office.

Questions?

Thank you

Addendum: Related DPH Budget Materials

- May 18, 2026: DPH Beilenson Hearing: Clinics & Managed Alcohol Program
- June 11, 2026: DPH Budget Meeting at the Board of Supervisors Budget & Appropriations
- June 16, 2026: DPH Beilenson Hearing: (CBOs) at Board of Supervisors (Full Board)

Public Comment for Agenda Item #3

Director's Update

If in person, please line up to speak



[7:05-7:10 PM]

Agenda Item #4

Approve Meeting Minutes



Vote on Agenda Item #4

Approve Meeting Minutes

Decision Rule: Simply majority, by roll call



Public Comment for Agenda Item #4

Approve Meeting Minutes

If in person, please line up to speak



[7:10 – 7:35 PM]

Agenda Item #5

Governance Overview

Governance Overview

Valerie Kirby, MPH

Special Projects and Planning Coordinator
Behavioral Health Services
San Francisco Department of Public Health



San Francisco
Department of Public Health

Agenda

- Commission Streamlining Task Force Overview
- Bylaws Overview
- Review: Other Related Bodies



Commission Streamlining Task Force Overview



Commission Streamlining Task Force Overview

- Proposition E (2024) established the [Commission Streamlining Task Force](#) to make recommendations to the Mayor and Board of Supervisors about ways to modify, eliminate, or combine the City's appointive boards and commissions for the more effective, efficient, and economical administration of City and County government.
- The Board of Supervisors approved the Commission Streamlining Task Force's proposed changes to certain public bodies by June 29, 2026.
- The Task Force has additional recommendations for bodies in the Charter that the Board is considering, which may appear on the November 2026 ballot.
- The Task Force will disband January 2027.



Commission Streamlining and the BHC

- The BHC is San Francisco's Local Mental Health Board, which is required under state law so was not subject to elimination.
- However, the Task Force did have authority to consider and approve some changes, while maintaining state law requirements



Commission Streamlining Task Force Changes to the BHC

By July 1:

- Renamed to **Behavioral Health Council**
- Moved to Chapter 5 of the [Administrative Code](#)
- The Board of Supervisors may remove a member at will
- After a member's term expires, they may serve a maximum of 60 additional days (holdover period) if there has not been a reappointment or new appointment.
- Miscellaneous code cleanup in the Task Force [Ordinance](#), with instructions for City Attorney to review and incorporate into the Bylaws.



Behavioral Health Commission Bylaws



Behavioral Health Commission Bylaws

- Last approved by the BHC in June 2025
- Need adoption by the Board of Supervisors
- With new membership beginning in May 2026, requesting City Attorney review.



Behavioral Health Commission Bylaws

- **Why ask for City Attorney review?**
 - Ensure bylaws are clean, clear, and current (including Commission Streamlining)
 - Ensure bylaws inform current membership of requirements
 - Ensure current membership agrees upon non-required items
- **Goals today:**
 - High level review of what we will ask the City Attorney to review
 - Capture additional questions and considerations from Commissioners
- **At future meeting:**
 - Review markup from City Attorney and consider governance options
 - Propose changes, to be noticed (15 days) for future meetings
- **To finalize:**
 - Vote to approve (2/3 majority of those in attendance)
 - Sign and submit to the Board of Supervisors for approval



Bylaws Review: Clean, Clear, Current

- **Clean:** Address typographical errors, duplication
- **Clear:** Ensure language is easy to understand and act upon for the Commission.
 - For example, how to put into practice: *“Work collaboratively with behavioral health providers and other interested groups on issues of mutual concern.”*
- **Current:**
 - Confirm legal citations are current
 - Ensure bylaws reflect the Commission Streamlining Ordinance recommendations.



Bylaws Review: What is Required?

- As a part of review, we will ask that City Attorney indicate which items in the bylaws are required under State and local law, for the review of the Commissioners.
 - This includes WHAT the Commission should do and HOW
- This is currently noted via legal citations but will be highlighted for future Commission review.
- Bylaws should be clear: what does the law require of the BHC?



Bylaws Review: What is Additional?

- Items such as the committees currently in the bylaws are not required by law.
 - Non-required items may add time and effort and merit review by new members for alignment and prioritization.
 - Alternate methods (e.g., nominating officers within a full BHC meeting) may be considered.
- Some items in the bylaws merit review with consideration for flexibility.
 - For example, bylaws stipulate February retreat. Could this simply be within a 12-month period?



Bylaws Review: Questions?

- **Questions and comments from Commissioners?**
- **Next steps:**
 - SFDPH staff will request City Attorney review
 - Bring markup of bylaws to future meeting for discussion and proposed changes
 - Proposed changes to be noticed (15 days) for future meetings
 - To finalize:
 - BHC votes to approve (2/3 majority of those in attendance)
 - Sign and submit to the Board of Supervisors for approval



Review of Associated Bodies



Review of Associated Bodies

- **The Board of Supervisors** is the governing body for the BHC and the BHC may advise the Board on matters under its scope. Full Board and Committee meetings are [open to the public and are available online](#).
- **The Health Commission** is the governing body to the Department of Public Health and the BHC may advise the Health Commission on matters under its scope. Full Commission and Committee meetings are [open to the public and are available online](#).
- **The Our City, Our Home Committee** ensures that Prop C (2018) spending is fair and accountable and advises on homelessness and behavioral health programming. Meetings are [open to the public and available online](#).
- **The Homelessness Oversight Commission** is the governing body to the Department of Homelessness and Supportive Housing. Meetings are [open to the public and available online](#).



Questions? Thank you!



Public Comment for Agenda Item #5

Governance Overview

If in person, please line up to speak



Agenda Item #6

[7:35-7:50 PM]

Agenda Planning and New Business



Agenda Planning: July

Consider for July meeting:

- Director's Update
- Training from the CA Association of Local Behavioral Health Boards & Commissions
 - Brown Act
 - CA Welfare & Institutions Code Requirements
 - Behavioral Health Continuum
 - How to Be an Effective Behavioral Health Commission
- [Other items as time allows]



Agenda Planning: Future

- Required minimum 11 mtgs per year. Practice has been to keep an **August RECESS**.

Consider for future meetings: These are suggestions for partial meetings, with room to add in topics of interest to Commissioners with the Director's Update.

- Bylaws review and amendments (September); finalization (October/November)
- Review of key behavioral health reporting timeline (DPH) and training on data (Steinberg Institute) (October)
- Election of officers and if needed, formation of Committees (~November)
- Training on Sunshine (CAT) and Ethics (required)



Agenda Planning: Input

Items raised at May meeting:

- Retreat
 - Consider under Bylaws review
- State training - July
- Site visits
 - Consider under Bylaws review
- How can we be inclusive
- CBO presentations (Which type??)
- Update on the impact of the RESET Center
 - Directors update this meeting
- Housing prioritization with HSH
- Briefing on autism care
- Relationship with the Health Commission
 - Intro'd this meeting

What other ideas do you have?



Agenda Planning

Consider for [next month] meeting:

- [item]
- [item]
- Any other suggestions?

Consider for future meetings:

- [item]
- [item]
- Any other suggestions?



Public Comment for Agenda Item #6

Agenda Planning and New Business

If in person, please line up to speak.



Public Comment for Agenda Item #7

Any other matter within the jurisdiction of the Commission
not on the agenda

If in person, please line up to speak



Adjourn