San Francisco Behavioral Health Council

November 19, 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.



Roll Call

Vote to
Excuse Absent Member(s)

Decision Rule:
Simply majority, by roll call

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

- Open Public Comment
- Street Teams Overview
- Director's Update: Data Overview
- Approve Meeting Minutes
- Bylaws Update and Officer Nominations
- New Business and Agenda Planning

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

Public Comment for Agenda Item #1

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

If in person:

- Line up to speak

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Agenda Item #2

6:10 – 6:50

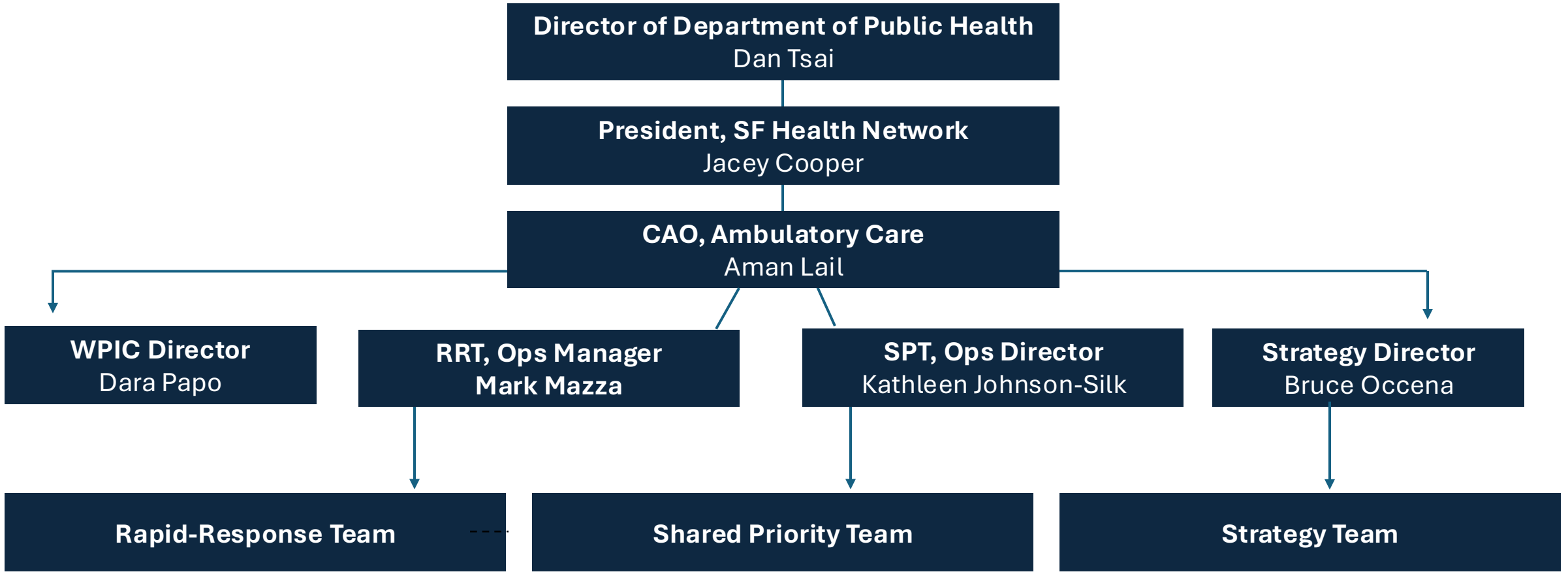
Street Teams Overview

DPH Neighborhood Street Team Overview

November 19, 2026

San Francisco Department of
Public Health

Neighborhood Street Team Org Chart



Street Team dual mission

The San Francisco Street Teams has a dual mission: bring people in crisis on our streets into care and ensure welcoming public spaces for the broader community.

Current vs. future state

Current state – DEM, HSH, DPH

Department of Emergency Management:

- Coordinating multi-disciplinary response to street conditions
- Managing 311/911 non-emergency response contract

Homelessness and Supportive Housing:

- Providing coordinated entry assessments, shelter placements, and housing case management
- Managing homelessness outreach contract

Department of Public Health:

- Providing intensive care navigation for the highest acuity unsheltered individuals
- Managing peer-based services contracts

Future-state –DPH only

Rapid-Response Team:

- Coordinating multi-disciplinary response to street conditions
- Managing 311/911 non-emergency response contract
- Supporting shelter placements and short-term case management
- Street-based behavioral health and medical care

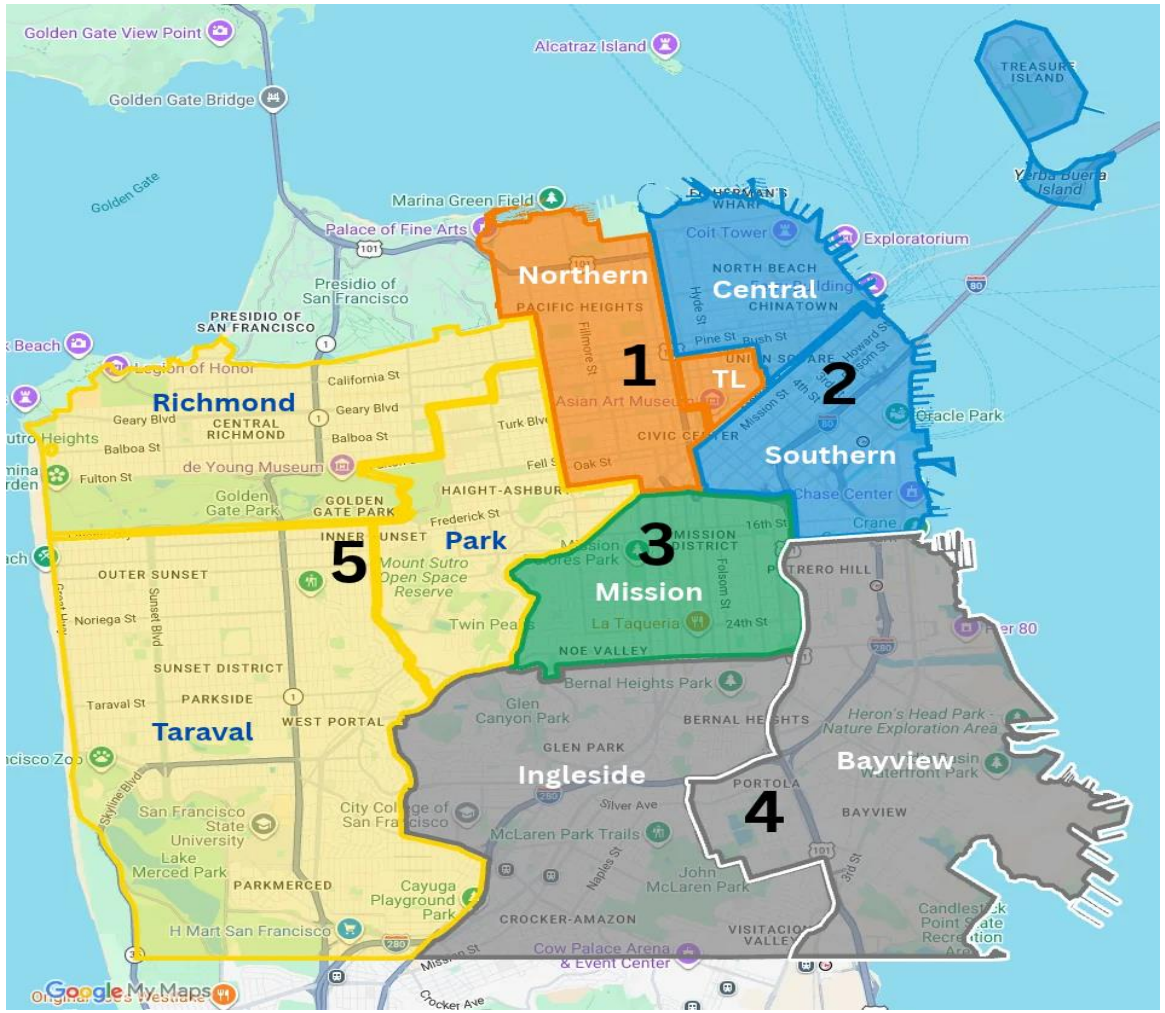
Shared-Priority Team:

- Providing intensive care navigation for the highest acuity unsheltered individuals, including shelter and housing connections
- Managing peer-based services contracts

Strategy Team:

- Leading strategic planning, performance management, and data analytics
- Overseeing contract and grant management

Street Team | Team Geographies



1. Tenderloin / Northern
2. Southern / Central
3. Mission / Castro
4. Bayview / Ingleside
5. Richmond / Park / Taraval

Future-state staffing

Original Dept.	Civil Service staff	CBO Contracts
Department of Emergency Management	**Seven (7) civil service staff,** incl. • Managers – 2 Manager IIIs and 5 Manager Is	**One (1) CBO contract** • Urban Alchemy – HEART
Homelessness and Supportive Housing	**Twelve (12) civil service staff,** incl. • Managers – Manager II and Health Program Coordinator III • Behavioral Health Clinicians • Health Workers • Administrative and analytics support	**Two (2) CBO contracts,** incl. • Heluna Health – SFHOT program • Homeless Youth Alliance – Case Management
Department of Public Health	**~Fifty (50) civil service staff,** incl. • Managers – Manager IV, Manager II, and Health Program Coordinators • Behavioral Health Clinicians • Health Workers • Nurses and medical prescribers (MDs/NPs)	**Two (2) CBO contracts,** incl. • RAMS – Peer program • Code Tenderloin – Night Navigators program
Total	**Approximately 69 civil service staff**	**Five (5) CBO contracts**

Street Team Functional Overview

Direct Services

Team responsibilities

Rapid-Response

Mobilizes quickly to engage people in services

- 311 and non-emergency 911 same-day follow up
- Short-term case management
- Street-based behavioral health and medical care
- Community outreach to highly impacted areas
- Lead outreach for encampment resolution team (in collaboration w/ SFPD)
- Cross-departmental coordination for street conditions in each specific neighborhood

Shared Priority

Outcome-driven clinical and medical care for high-risk people

- Identifies highest risk people experiencing street homelessness through data and outreach
- Performs comprehensive, frequent engagement clinical care and case management
- Coordinates across departments and healthcare systems on behalf of individuals with complex cases and needs
- Prepares individuals to enter shelter and housing

Strategy and Ops

Aligns Street team mission, daily operations, and outcome reporting

- Strategic planning for Street Team
- Reporting and performance management
- Data analytics and tech transformation
- Data stewardship and compliance
- Contract management
- Training development
- Fleet mgmt.
- Facilities mgmt.
- Hiring and human resources support

Key metrics for street response

Citywide outcome metrics

North Star metrics:

- Reduction in unsheltered homelessness
- Reduction in fatal and nonfatal overdoses
- Reduction in distressing street behavior

Shared outcome metrics:

- Reduction in tent, structure and inhabited vehicle count
- Increase in Journey Home transports
- Increase in 911 medical/SCRT calls closed and speed to closure
- Increase in 5150 follow-up rates
- Increase in MOUD start/retention
- Reductions in hotspots

+

Outcome metrics for services

Overall metric: Connections to services
(medical/SUD/mental health services, medication, shelter/housing)

Rapid Response team metrics:

- Outcome of encounters (transported to alternative destination vs self-transport vs remained in place)
- 311/911 non-emergency tickets closed
- Response times
- Journey Home

Shared Priority team metrics:

- System utilization & cost (ER/hospitalizations/5150/ODs)
- Connections to services
- MAT/MOUD & Psych Med starts/retention
- Productive closure and avg days before closure

DPH Street Team: From Identified Need to Seamless Health Connection

1 Identified Need & Triage

HOW PEOPLE REACH US

- Street encounter
- 311 or non-emergency call
- Self-referral or walk-up
- Hospital or shelter partner
- Warm interagency referral

TRIAGE ASSESSMENT

- Acute crisis or medical need?
- Chronically unsheltered?
- Behavioral health complexity?
- Housing-ready or stabilized?

2 DPH Street Team Response

Rapid-Response Team	**Mobilizes quickly to engage people in services**
Shared Priority Team	**Outcome-driven clinical and medical care for high-risk people**

3 Broader Health Ecosystem

CONNECTED SERVICES

Primary Care	Maria X. Martinez/DPH clinics
Behavioral Health	Psychiatric & SUD services
Substance Use	Methadone, residential Tx
Housing	Navigation ctrs, PSH
Emergency	SF General, EMS
Benefits	Medi-Cal, SSI, CalFresh
Shelter	MSC South, SIP hotels
Peer Counseling	Support from lived experience

“Rory” Journey: DPH Street Team



1. “Rory” was known to be disruptive in the Castro and not interested in services.

2. The DPH Rapid Response Team (RRT) Manager located Rory early in the morning through **routine outreach** and requested RRT outreach.

3. A team familiar with Rory, engaged, **triaged needs and mobilized a plan** which included bringing Rory to Ross to buy needed clothes while awaiting shelter placement confirmation and support.

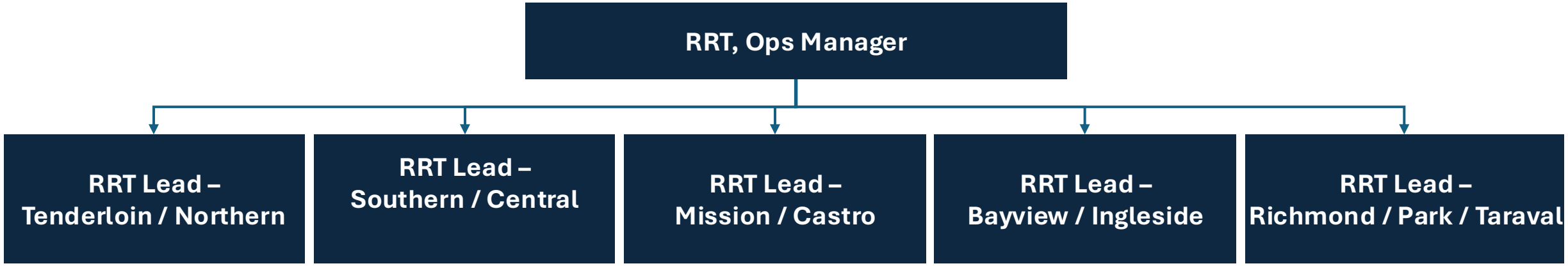
4. RRT team members coordinated **a placement** at the Divisadero Navigation Center and **facilitated a quick connection** to RRT case management.

5. Through **effective communication and tight coordination**, Rory was quickly transitioned to Gough Cabins, a longer-term shelter with **specialized BH support.** At Gough Cabins, Rory **accepted medical care** for the first time.

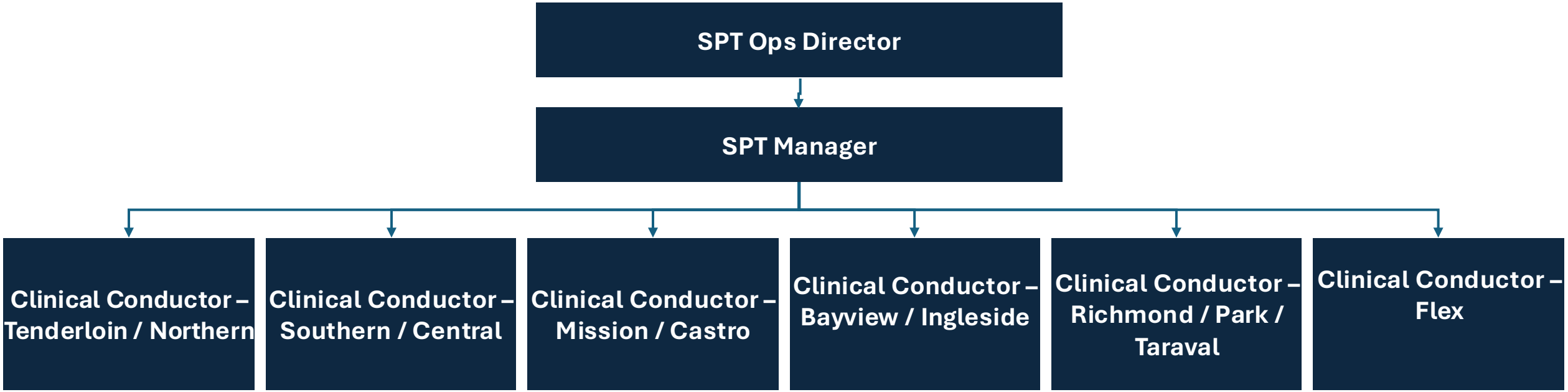
6. Rory continues to be supported and has not been disruptive in the community since this collaborative engagement.



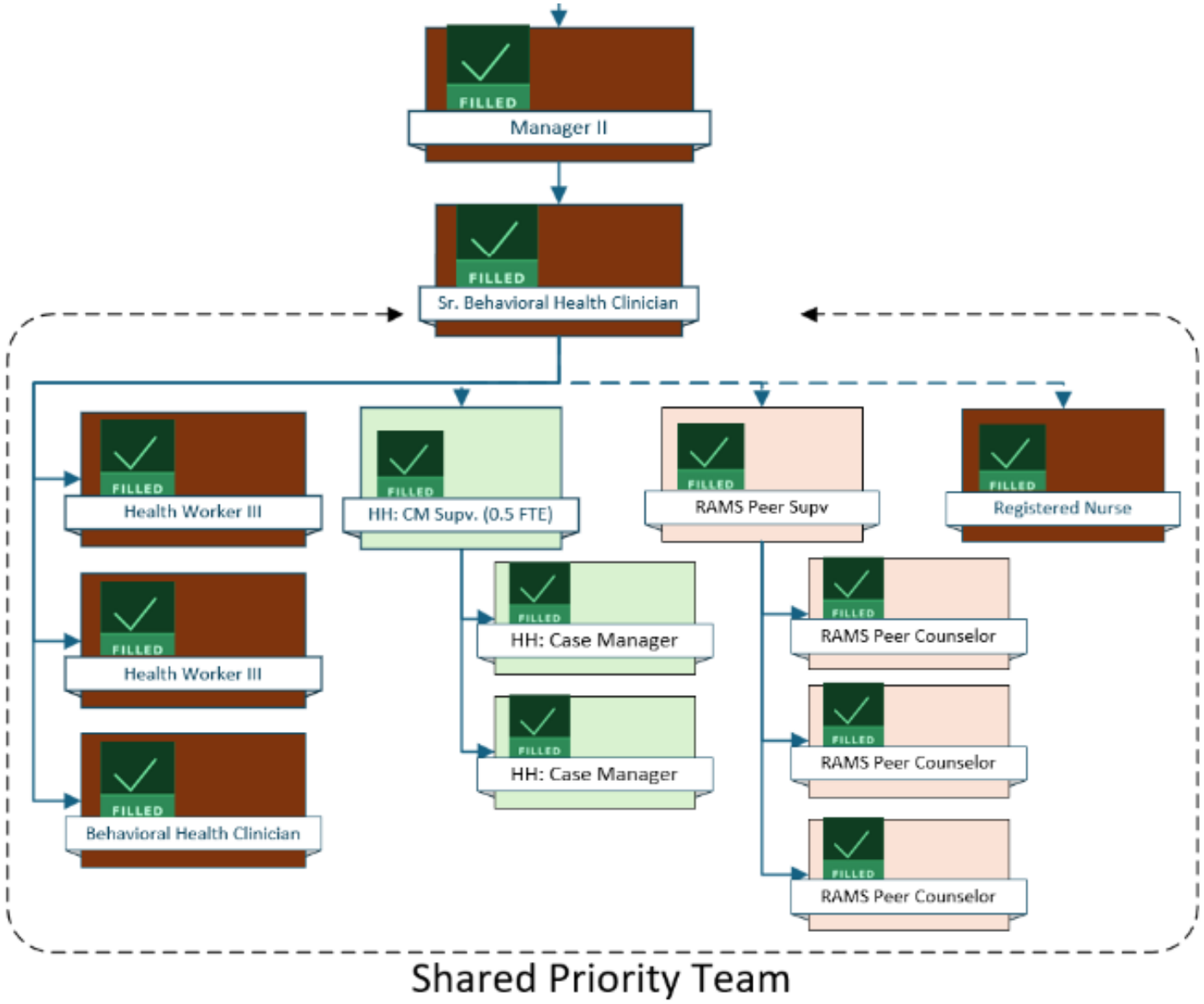
Street Team – Rapid-Response Team (RRT) Overview



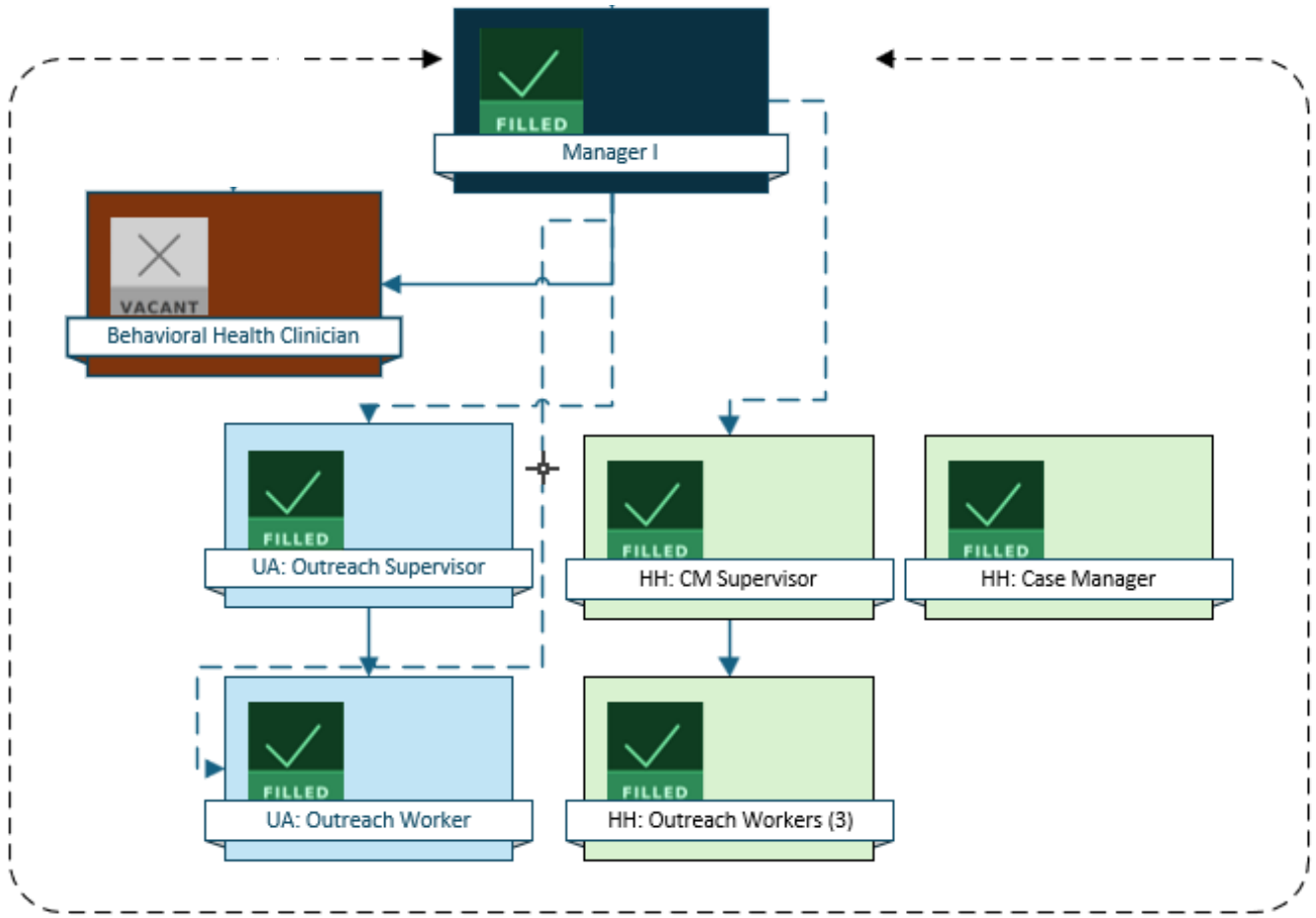
Street Team – Shared Priority Team Overview



ILLUSTRATIVE Organizational Structure | Shared Priority Team



ILLUSTRATIVE Organizational Structure | Rapid Response Team



Team 5: Rapid-Response Team (RPT Morning)

Thank you | Questions ?

San Francisco Department of
Public Health

Public Comment for Agenda Item #2

Street Teams Overview

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6:50-7:30

Agenda Item #3

Director’s Update: Data Overview

Agenda: Data Overview

- Who we collect data for
- Where our data comes from
- Reporting frequency
- What we monitor
- How data informs our work
- Evolving data and improvements underway
- Key public reports
- Q&A

Who we collect data for

Behavioral Health Services (BHS) performs both mandated and voluntary data collection.

- **Mandated data collection**:
  - Regulators: State (mostly) and Federal. Most of these requirements fall under **Medi-Cal** and Behavioral Health Services Act (**BHSA**).
  - Local officials: Board of Supervisors (mostly), Controller, Mayor
- **Voluntary data collection**
  - We collect data to support **strategic initiatives, internal planning, and quality improvement**.
- Audiences for publicly reported behavioral health data also include commissions like this Council, as well as the public.

Where our data comes from

- **Most data comes from the Electronic Health Record (EHR)**
  - Our providers enter data to document and coordinate care and support billing
  - SFDPH uses the Epic EHR across its services. Substance use services moved onto the Epic EHR last year; mental health services transitioned to Epic in 2024.
- We collect data from both specialty behavioral health care and across the San Francisco Health Network.
- Other data sources include:
  - Medi-Cal Managed Care Plans, for limited metrics
  - Community Health Assessment data: this includes some population-level data
  - Community-based organizations (CBOs) that do not document in Epic: usually low threshold programs
  - Office of the Chief Medical Examiner: fatal overdose data
  - Clients: Client satisfaction data

Reporting Frequency

Reporting frequency depends on the metric:

- Different types of state reporting include monthly, quarterly, and annual monitoring
  - For example, BHS newly submits an Integrated Plan
  - Annual updates to the Plan will be made each year in the upcoming Behavioral Health Outcomes, Accountability, and Transparency Report.
- Operational needs like bed availability are monitored daily
- The City reports publicly on fatal overdoses monthly
- Individual contract performance is reported on annually, but monitored quarterly by our program managers

What we monitor

Between mandated and voluntary data collection, **BHS monitors many metrics**; a sample is listed here, including:

- Counts of clients served by service type and program
- Client demographics
- Network adequacy: requests for treatment and timely access, by type of care
- Linkage to care and care coordination, including connections to care at key transitions like follow-up after acute care
- Admissions, length of stay, discharges, and discharge disposition (where did they go next)
- Treatment progress and outcomes, like reduction in substance use
- Retention in care
- Program-level outcomes: both individualized and state regulated (e.g., scores on tools like the Adult Needs and Strengths Assessment)
- Treatment bed availability and needs

How data informs our work

Our data collection and monitoring:

- Supports **regulatory compliance** and receipt of state funds
- Drives **quality and performance improvement** activities
- Supports development and monitoring of **strategic initiatives** and objectives
- Informs **portfolio development** (where more / less of a specific service is needed, population disparities)

Evolving data and improvements underway

Data and data infrastructure are evolving following electronic health record transition and many new state requirements:

- Transition of behavioral health programs to the Epic EHR necessitates new reports and methods of data collection.
- Providers need support to enable required reporting.
- Timely access data collection is a current area of focus.
- Publicly reported data must adhere to privacy protections, which limits reporting on small numbers.
- It is easier to capture data on billable services in the EHR than non-billable services: the State is raising expectations for collecting data on these services.
- There are limitations to our ability to capture data on individuals not seeking care.

Key public reports

Some publicly available reports with behavioral health data include:

- Annual Treatment on Demand Reports, which review the capacity of substance use services to meet demand for them
- Client satisfaction survey results (Treatment Perception Survey)
- The BHSA Integrated Plan and other BHSA reports
- Public dashboard on substance use treatment and overdose data
- Community health assessments (population focused)
- San Francisco Controller's Public Health Scorecard and reports
- State reports
  - Quality reviews
  - County profiles

Each public report has strengths and limitations. We encourage your questions!

Questions?

Thank you!

Public Comment for Agenda Item #3

Director's Update

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7:30-7:35

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

Meeting Minutes

If in person:

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Agenda Item #5

7:35-7:50

Bylaws Update & Officer Nominations

Bylaws Update

- Additional time is needed for City Attorney to complete drafting.
- Following BHC approval at our last meeting, City Attorney will be using the template bylaws the City maintains to develop a draft for review within their office, then can provide a draft for Council review.

Officer Nominations (continued from October meeting)

- Per BHC Bylaws review, BHC Officers will include a Chair and a Vice Chair, **elected annually**.
- **Duties**:
  - **The Chair** presides at meetings; works with staff to oversee meeting agendas; serves as the Council's spokesperson and liaison, as necessary.
  - **The Vice Chair** performs duties delegated by the Chair and may perform the Chair's duties in the absence of the Chair.
- **Nominations**: Members may nominate themselves or others; members may decline nominations.
- **Elections**: Recommended to complete after bylaws are agreed upon.

The Advisory Body shall vote on the office of Chair, with each member voting for one of the candidates. If one candidate receives seven votes, that candidate shall be elected as Chair. If no candidate receives seven votes, the Advisory Body may have additional discussion and votes, the Advisory Body may reopen nominations, and candidates may withdraw their candidacy. After the Advisory Body selects a Chair the Advisory Body shall vote on the office of Vice Chair following the same procedure.

Public Comment for Agenda Item #5

Bylaws Update and Officer Nominations

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Agenda Item #6

7:50-8:00

New Business and Agenda Planning



Agenda Planning: December

Consider for December meeting:

- Director's Update: Review of Board hearings on LPS beds and Treatment on Demand
- Bylaws finalization (if second draft available)
- TBD

Agenda Planning: Future

Topics raised in prior meetings: These are suggestions for partial meetings, with room to add in topics of interest.

- Election of officers
- SFFD on SCRT (request) / DPH Street Teams
- RESET update from Sheriff and DPH
- Crisis continuum, entry points and points of contact
- Process for adding new beds and facilities, and bed optimization *(December after hearing)*
- Sup. Dorsey's bill on Drug-free PSH
- CBO presentations
- Housing prioritization with HSH
- Briefing on autism care
- Budget: Review of funding sources and restrictions
- How to help the Council be effective amidst new policy directions
- Staying close to client experiences
- Foster care / Data Notebook (February)

What other ideas do you have? What do you want to prioritize?

Trainings on Sunshine and Ethics will likely be completed independently.

Public Comment for Agenda Item #6

New Business and Agenda Planning

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Adjourn