

San Francisco Behavioral Health Council

October 15, 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, with the index finger pointing upwards. The entire image is covered with a semi-transparent blue overlay. In the center-right area, the words "Roll Call" are written in a bold, white, sans-serif font.

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

- **Director's Update:** Hillary Kunins
- **Approve Meeting Minutes**
- **Data Notebook Review:** Valerie Kirby
- **Bylaws Update:** Valerie Kirby
- **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>.



6:05 – 6:55

Agenda Item #1

Director's Update

Agenda

- Department of Health Care Services Funds Withholding Update
- 1660 Mission
- Overdose Update
- Treatment on Demand
- December Board hearings preview
- Citywide Good Neighbor Policy
- Q&A

Data reporting overview is coming!



Department of Health Care Services (DHCS) Funds Withholding Update

Department of Health Care Services Withholding: Update

In August, the California Department of Health Care Services (**DHCS**) announced plans to **temporarily withhold funding** from county **Behavioral Health Plans** that **do not meet** required standards for **network adequacy** and **timely access to care**. DHCS identified the gaps listed below.

In September, DHCS issued final notice, which resolved some issues as noted below:

Mental Health Plan (MHP)

- Timely access for non-urgent, non-psychiatry appointments for adults 21+
- San Francisco uses a more rigorous definition than the State requires.

Drug Medi-Cal Organized Delivery System (DMC-ODS)

- Capacity and network adequacy for children and youth (0–17):
 - Outpatient services
 - Intensive outpatient services
 - Residential providers
- **Substance use outpatient youth gap resolved due to State licensing approval.**
 - **MOU coming that supports youth residential.**

Upon demonstrating compliance, funds will be released back to the Behavioral Health Plan.



Reminder: Our Action Plan to Reach Full Compliance

Ensuring San Franciscans can access behavioral health care they need, when they need it, is a high priority. We are partnering with DHCS and partners to correct data collection errors, standardize appointment documentation, and more.

Our efforts include:

- Opening additional intake appointment slots.
- Revisiting our definition of timely access.
- Aligning workflows for all clinics and providers to track timely access.
- Building improved workflows in our electronic health record to strengthen data collection and accuracy.
- Reviewing timely access data frequently with clinics and adjusting workflows and processes, as needed.
- Contracting with new providers to expand the children's behavioral health continuum and submitting additional evidence to DHCS to demonstrate where we do meet these standards.
- Following up with providers to ensure timely, complete, and accurate data entry.



1660 Mission

The Health, Recovery, and Connection Center at 1660 Mission

- DPH was awarded **\$11.2 million** in State capital funding under the Behavioral Health Continuum Infrastructure Program towards the construction of a Health, Recovery and Connection Center.
- In September, the **Board of Supervisors gave approval to accept and expend** this award.
- The City purchased 1660 Mission Street in October 2025 with support from a previous state BHCIP grant.
- **Renovating into the Health, Recovery and Connection Center** for DPH. Will include behavioral health programs, City Clinic, and office space for DPH staff, as well as a sobering center.
- Design-build team selected by San Francisco Public Works; **planned to open in late 2028.**



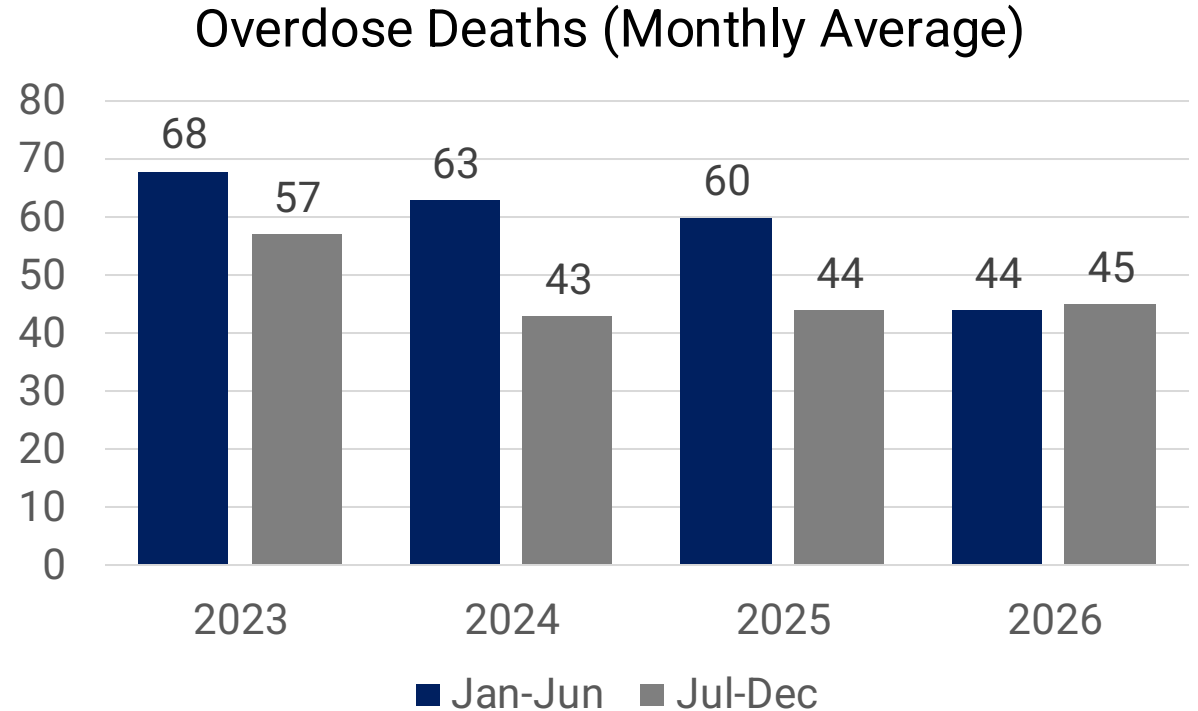
1660 Mission Street



Overdose Update

Update on Fatal Overdose Trends

- In August 2026, there were 49 overdose deaths, the same as in August 2025.
- From January through August 2026, there have been 351 overdose deaths, **24% fewer than in the same period in 2025.**
- This downward trend is encouraging, but **any death related to substance use is one too many.**
- We are focusing our efforts of high impact interventions that increase access to effective treatment and support recovery.



Opioid Update

Novel synthetic opioids: DPH issued a health alert on April 23 to warn providers and the public about two non-fentanyl, synthetic opioids that have been implicated in overdoses across the US: N-Propionitrile Chlorphine (cychlorphine) and N-Desethyl Isotonitazene.

- Both substances were implicated in an overdose death that occurred in San Francisco in April 2026.
- Like fentanyl, the effects of these substances can be reversed by timely administration of naloxone.
- We advise patients who use drugs to avoid using counterfeit or unregulated pills of any kind and access medications and treatment for opioid use disorder.



Treatment on Demand

Treatment on Demand

SFDPH recently submitted its [Annual Treatment on Demand report for FY24-25](#) to the Board of Supervisors. **Treatment on Demand (Prop T)** requires the City to have sufficient supply of substance use services to meet demand, and to report on this to the Board annually.

The FY 24-25 report includes **new, improved measurement of timely access** to substance use treatment and provides greater insight into where SFDPH must improve services. Key takeaways:

- The number of people in treatment has **increased 30%** over three years, through mid-2026, as the City has increased treatment capacity and pioneered novel treatment access strategies.
- New patients on medications for opioid use disorder (MOUD) **increased by 29%** in FY24-25 compared to FY23-24. It is a priority to improve retention.
- Across all services, **78% of requests for treatment were offered same- or next-day access.**
- **More must be done to improve timely access to withdrawal management**, a frequently requested service:
 - 59% of requests for withdrawal management were offered same- or next-day intake
 - Common barriers included different or greater clinical needs, bed capacity, or client departure before full intake.

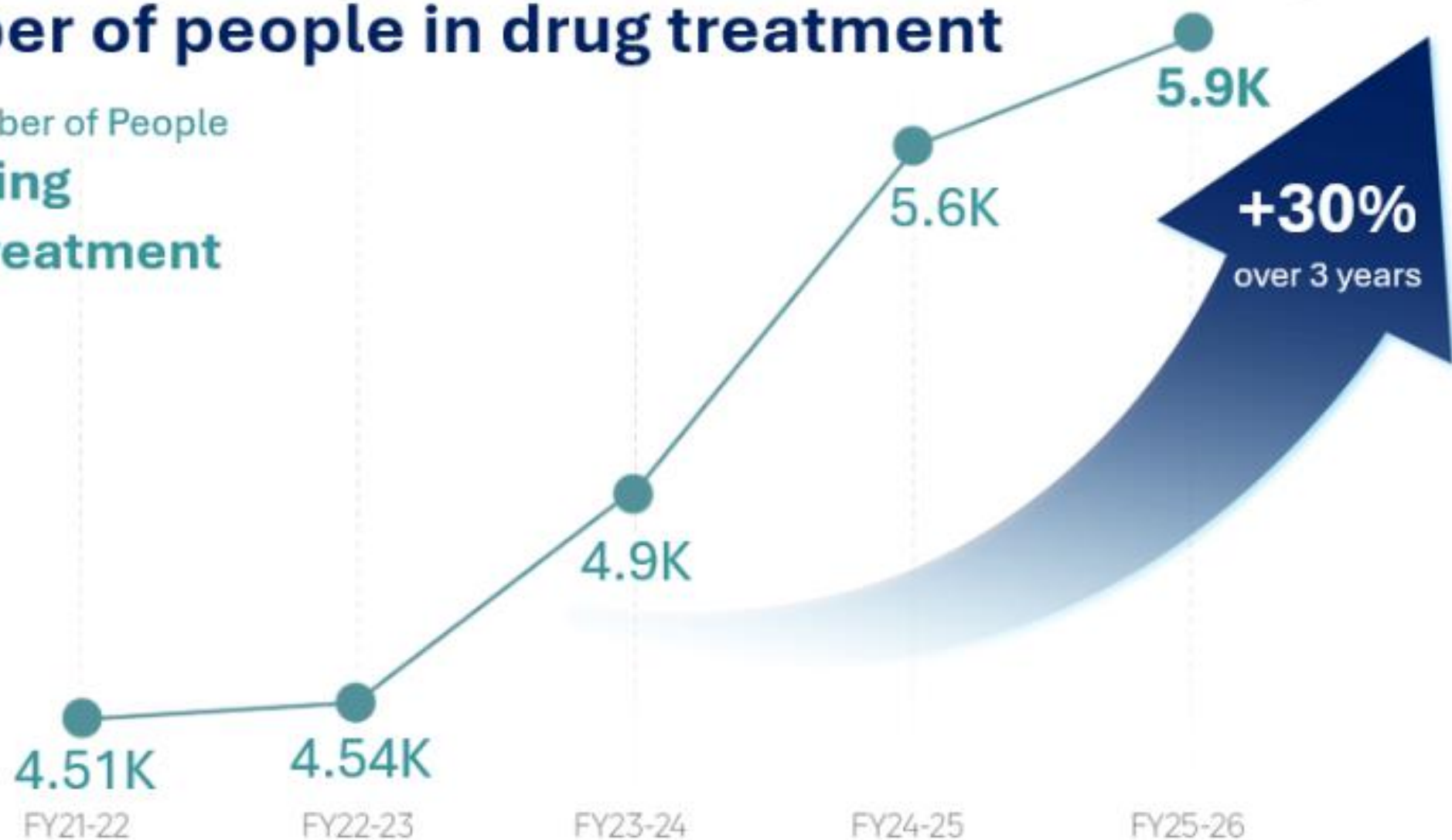


We are succeeding in increasing the number of people in drug treatment



San Francisco
Department of Public Health

Total Number of People
Receiving
Drug Treatment

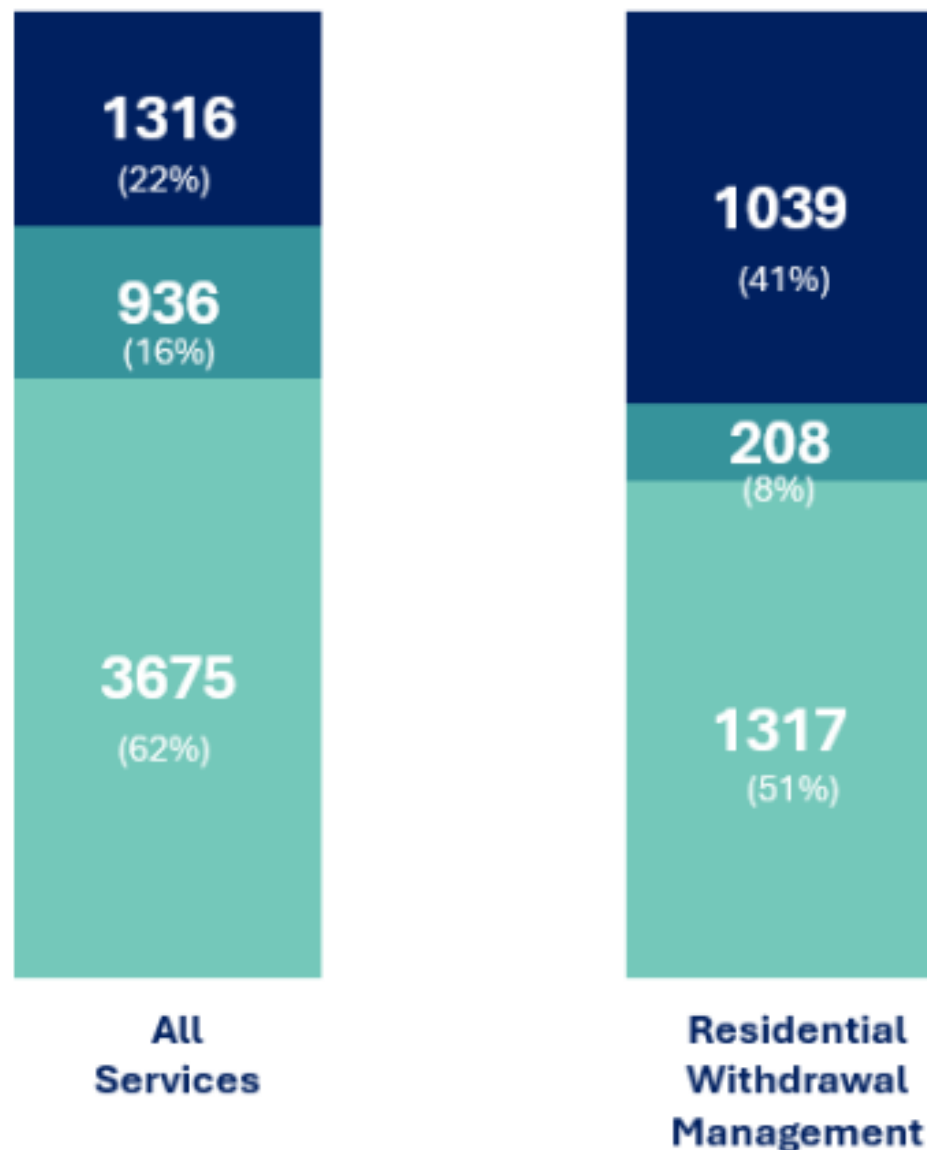


Unduplicated client count in specialty SUD treatment. Each year is May-May to ensure complete data and comparison groups

Timely Access by Requested Services



San Francisco
Department of Public Health



78% of Clients were connected to treatment on demand overall, ~1,000 (~41%) did not receive same/next day admission for withdrawal management / residential treatment

Most common reasons a bed was not available:

- Lack of ability to accommodate mobility or other needs
- Dual-diagnosis needs (mental health + substance use)
- Medical complexity (need higher level of medical supervision)

Fixing this is one of our highest priorities – we will continue removing barriers for people willing to start treatment

- More beds in the pipeline including dual diagnosis and recovery beds
- Requesting waivers from state to meet medically complex needs at existing sites

- No same / next day services availability
- Same / next day services offered
- Same / next day services admission

December Board Hearings Preview

Upcoming Hearings at the Board of Supervisors

- We will aim to keep the Behavioral Health Council updated regarding hearings on behavioral health items at the Board of Supervisors.
- There are **two hearings scheduled for December 10th** at the Board's Public Safety and Neighborhood Services Committee, on:
 - **Treatment on Demand** (called annually in recent years)
 - **LPS (Lanterman-Petris-Short) Beds**
 - San Francisco provides locked beds in- and out-of-county including Mental Health Rehabilitation Center (MHRC) beds, Psychiatric Skilled Nursing Facilities (PSNF), and State Hospital beds.
 - We are **working to expand in-county capacity at this level of care**, including a planned expansion of locked residential treatment at Zuckerberg San Francisco General (~50 beds in 2028) and UCSF Hyde (~50 beds in 2030).
 - This hearing will likely also cover what we estimate unmet bed needs to be; the Department regularly updates its analysis of **bed optimization**.



Citywide Good Neighbor Policy

Citywide Good Neighbor Policy

- Under leadership of the Mayor's Office, San Francisco has recently revised its [Citywide Good Neighbor Policy](#). This policy applies to all DPH and Department of Homelessness and Supportive Housing (HSH) sites.
- Under the revised policy, sites will:
 - Conduct three perimeter checks a day as a best practice; required for some sites
 - Manage queues and dispose of waste
 - Discourage excessive noise, sidewalk blockage, and disruptive behavior by clients or guests.
 - Escalate any other non-emergency issues to the City through a new Good Neighbor app, which routes to 311 and non-emergency response.
 - Post contact information and acknowledge receipt of Good Neighbor concerns within 24 hours.
 - Make a reasonable effort to resolve routine concerns within 72 hours.
 - Complete annual staff training in de-escalation, trauma-informed engagement, and safety.
 - Provide a Good Neighbor orientation for participants staying 30+ days.
- Compliance will begin in January 2027. Provider and staff training is underway.
- DPH is supporting implementation and working to minimize administrative burden, support staff, and ensure client privacy standards are met.
- Good Neighbor compliance is intended to help ensure community support for DPH treatment and services.



Questions?

Thank you!

Public Comment for Agenda Item #1

Director's Update

If in person:

- Line up to speak

If online:

- Click the **Raise** hand button in the meeting toolbar.
- Your hand icon will appear, and the host will know you'd like to speak.
- When you're finished, click the hand icon to lower your hand.

If by phone:

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- Press ***6** to mute or unmute your microphone.



6:55-7:00

Agenda Item #2

Approve Meeting Minutes



Vote on Agenda Item #2

Approve Meeting Minutes

Decision Rule: Simply majority, by roll call



Public Comment for Agenda Item #2

Meeting Minutes

If in person:

- Line up to speak

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7:00-7:20

Agenda Item #3

Data Notebook

Data Notebook: The California Behavioral Health Planning Council

Under State law, the BHC is required to **review and comment on City outcomes data and communicate findings** via the **California Behavioral Health Planning Council**. The CBHPC publishes an annual **Data Notebook for local behavioral health boards to review performance outcomes data**.

- The California Behavioral Health Planning Council (CBHPC) is an advisory body appointed by the Department of Health Care Services (DHCS) that evaluates and makes recommendations on California's public mental health and behavioral health services.
- The CBHPC:
 - Advises the Governor, Legislature, and DHCS on behavioral health priorities, policy changes, and regulations.
 - Is majority mental health service consumers and family members, alongside providers and state representatives.
 - Under federal and state mandates, reviews public programs, participates in statewide planning, and evaluates the state's mental health block grants.



Data Notebook: Process Considerations and Improvements

- **Current state:**

- CBHPC selects an area of behavioral health care that the Data Notebook will focus on each year
- CBHPC emails BHC Clerk survey with questions regarding that topic
- Clerk shares with BHS subject matter experts (SMEs) to complete the survey
- Clerk shares complete survey with BHC before submitting to the CBHPC
- CBHPC publishes [statewide reports](#) on each Data Notebook topic

- **Future state:**

- Clerk will share survey with BHS Quality Management division to ensure data collection is conducted in alignment with other analysis, validation, review, and reporting.
- BHS Systems of Care and/or leadership will attend BHC to present data and provide additional context surrounding data provided through the Data Notebook.

- **Today**, we will present the data and receive BHC feedback and questions. We will follow up with our subject matter experts, who can provide follow up responses and/or attend a future meeting.



Data Notebook 2026 Focus: Foster Youth

- The 2026 CBHPC Data Notebook focuses on ***Foster Youth and Their Needs for Behavioral Health, Social Services, and Support for Complex Medical Needs.***
- The CBHPC highlights, as a statewide goal, the implementation of an evidence-based, **high-fidelity wraparound service** model as key to this continuum of care.
- They define wraparound services as: *community-based programs for foster youth and children that offer ‘voluntary support services to individuals experiencing mental health and/or substance use challenges.’ These programs prioritize peer support, empowerment, and self-determined approaches to recovery, often providing activities such as family education, family teams in the child welfare systems, resource navigation, to do “whatever it takes” to provide that youth or child with the resources to heal, develop, and thrive.*
- The CBHPC notes the role of Senate Bill 163, which aimed to reform foster care through updating the financing of child welfare to align reimbursement with the intensity and level of care provided, and to create a unified definition of wraparound services to promote fidelity.
- The CBHPC also highlights statewide advocacy aimed at ensuring there is sufficient funding for this model amidst other budget pressures.



Data Notebook 2026: San Francisco Data

- According to survey responses, SFDPH does:
 - Provide services for foster youth, including pregnant, parenting, and justice-involved foster youth
 - Track data on services for foster youth, including Medi-Cal and non-Medi-Cal
 - Conduct needs and strengths assessments of foster youth
 - Coordinate regularly with child welfare and schools
- In FY24-25, SFDPH served 641 foster youth in mental health services.
- Of these, 102 received wraparound services and about half of those graduated from the service within the FY. Another 39 were enrolled in Full-Service Partnership services (BHSA).
- A small number (<11) received substance use services.



Data Notebook 2026: San Francisco Data (continued)

- Foster youth behavioral health services are provided mostly by the county directly (65%) and some (35%) through contractors. Outpatient substance use services are exclusively provided by contractors.
- SFDPH plans to offer high-fidelity wraparound through a combination of county and contracted services. SB163 wraparound services currently are provided by contractors.
- 21 Medi-Cal enrolled foster youth were hospitalized in inpatient psychiatric care in San Francisco in FY24-25. Of these:
 - 39% were seen by a clinician within one week following discharge
 - 39% were seen by a clinician within one month following discharge



Data Notebook 2026: San Francisco Comments

Comments from SFPD Behavioral Health Services, Children, Youth and Families:

- **Continue to Strengthen Easy Access to Behavioral Health Services** Our BHS CYF (Behavioral Health Services Children, Youth, and Families System of Care) and its partners (JPD [Juvenile Probation Department] and HSA [Human Services Agency]) remain committed to ensuring foster children/youth and families access the right level of care when and where they need it. Improving referral pathways, coordination across systems, and connections to community-based and culturally responsive services; and addressing language needs, transportation, and other practical barriers, will help prevent unnecessary delays.
- **Strengthen Coordination Across the Continuum of Care** BHS CYF and its partners should continue strengthening communication among child welfare, behavioral health, community-based providers, schools, and caregivers so children/youth and families experience a connected system. Clear transitions between levels of care and warm handoffs can help prevent gaps in services.
- **Continue to Identify and Remove Barriers Through Continuous Improvement** BHS CYF should continue listening to youth, families, caregivers, and providers and examining policies, eligibility requirements, referral practices, and workforce capacity to identify barriers to engagement and treatment. Continually evaluating practices and developing innovative solutions will support timely, equitable, culturally responsive, and individualized services for foster youth.



Questions?

Public Comment for Agenda Item #3

Data Notebook

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7:20-7:30

Agenda Item #4

Bylaws Update

Bylaws Update

- Additional time is needed for City Attorney to complete drafting.
- **For consideration:** Use of standardized bylaws template the City maintains, to promote alignment with other advisory bodies and expedite legal review.
 - Draft would include items specifically requested by BHC members.
- **Any additional requests / discussion needed** on proposed bylaws items (e.g., site visit expectations)?



Public Comment for Agenda Item #4

Bylaws Update

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7:30-7:45

Agenda Item #5

Officer Nominations

Officer Nominations

- 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** (pending approval by City Attorney):

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

Officer Nominations

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7:45-7:55

Agenda Item #6

New Business and Agenda Planning



Agenda Planning: November

Consider for November meeting:

- Director's Update
 - Review of key behavioral health reporting timeline (DPH)
- Bylaws finalization (if second draft available)
- Officer elections



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 (~November)
- 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 (*suggest 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

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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Public Comment for Agenda Item #7

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

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Adjourn