

San Francisco Behavioral Health Council

September 17, 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 from the wrist up, pointing the index finger upwards. The hand is positioned on the left side of the frame. The entire image is covered with a semi-transparent blue overlay. In the background, there are faint, out-of-focus silhouettes of people, suggesting a crowd or a group of people.

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

- **Approve Meeting Minutes**
- **Division Update:** Hillary Kunins
- **Bylaws Review:** Valerie Kirby
- **New Business and Agenda Planning:** Valerie Kirby

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



6:05-6:07 PM

Agenda Item #1

Approve Meeting Minutes



Public Comment for Agenda Item #1

Meeting Minutes

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.
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6:07 - 6:52 PM

Agenda Item #2

Division Update

Agenda

- Department of Health Care Services Funds Withholding Update
- Street Health Update



Department of Health Care Services (DHCS) Funds Withholding Update

About the Department of Health Care Services

Notice to Withhold Funding

On August 12, 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**.

Based on recent assessments, DHCS identified gaps in the following areas:

Mental Health Plan (MHP)

- Timely access for non-urgent, non-psychiatry appointments for adults 21+

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

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



DHCS Timely Access and Network Adequacy Standards and San Francisco's Status

Timely Access (Mental Health Plan)

- ~80% of offered appointments are within 10 business days for first offered appointment for non-urgent, non-psychiatry (ie: therapy) for adults (21+).
 - When measuring timely access, San Francisco uses a more rigorous definition than the State requires.
 - Additionally, data integrity (data entry and errors) remains a challenge.

Network Adequacy: Drug Medi-Cal Organized Delivery System (DMC-ODS)

- Maintain adequate network capacity, appropriate interdisciplinary provider composition, and verified slot or bed availability across Outpatient, Intensive Outpatient, and Residential Treatment Programs for Children and Youth.
 - Anticipate Outpatient and Intensive Outpatient deficiencies will not be included in the withholding since significant process has been made to contract new providers to fill gaps in the children's mental health continuum.
 - Local residential treatment programs for youth will launch soon.

State targets for compliance standard are set to increase from 80% to 90% in July 2027.



Our Action Plan to Reach Full Compliance with Timely Access and Network Adequacy

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.



Street Health Update

About SFDPH Street Team

An integrated, multi-disciplinary program operating under the San Francisco Department of Public Health (DPH) within the Ambulatory Services Division as of July 1, 2026.

Connects people in crisis to services, reduce homelessness-related impacts and ensure that San Francisco streets are welcoming spaces for all.

Operates across five geographic areas (Tenderloin/Northern, Central/Southern, Mission/Castro, Bayview/Ingleside, and Richmond/Park/Taraval) with two dedicated teams.

- **Rapid Response Team (RRT)**

Mobilizes quickly to engage people via responsive, time-limited case management and connections to shelter, services, and care. Identifies and triages individuals who may need immediate medical care and/or Shared Priority services. Coordinates multi-disciplinary response to 311 and 911 non-emergency calls, hotspot outreach, connections to care, and encampment resolution work conducted in partnership with SFFD and SFPD.

- **Shared Priority Team (SPT)**

Delivers high-intensity outreach, outcome-focused case management, and clinical care to individuals with high behavioral health acuity and complex medical, housing instability, and case management needs. Provides individualized care planning, care navigation, medical and behavioral health services, and connections to treatment, shelter, and housing. Each of the five SPTs manages ~50-60 clients; team members include case managers, peer counselors, health workers, behavioral health clinicians, and medical staff.



Public Comment for Agenda Item #2

Division Update

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6:52 – 7:52 PM

Agenda Item #3

Bylaws Review

Bylaws: Overview and Discussion

Reminders

- The Behavioral Health Council is primarily subject to relevant provisions of state law (Cal. Welfare and Institutions Code) and local law (SF Admin Code). These outline the powers, duties, and membership requirements of the Council
- The Behavioral Health Council is also subject to Brown Act and San Francisco's Sunshine Ordinance requirements, which provide governing rules for conducting public meetings and related records.



Purpose of Bylaws

- **Purpose of Bylaws:** To “...address matters relating to the operation of the body that are not addressed by the Charter, Municipal Code, or other state or local laws.” (*San Francisco [Good Government Guide](#)*)
- With new membership, the BHC should ensure it has current, clear bylaws that Council members agree upon.
- Our **purpose tonight** is to review and consider:
 - Required versus optional provisions.
 - **Note:** City Attorney has commented where requirements are incorporated. Passages without a citation in comments generally are NOT required.
 - Recommended edits
 - Choices for optional provisions
 - Council Member feedback



Workflow

- Review, discuss proposed changes
- City brings feedback to City Attorney for review
- City Attorney develops second draft
- Review at October meeting (or subsequent meeting depending on the amount of feedback received)
- BHC votes to adopt. Under current bylaws, 2/3 must approve.
- Clerk submits finalized bylaws to the Board of Supervisors
- Board of Supervisors must approve the Bylaws



Edits Across the Bylaws

Across the current draft Bylaws, the Council is encouraged to consider edits:

- Reducing duplication (e.g., multiple sections on absences)
- Removing unnecessary complexity (e.g., membership types can refer to the code or be a bulleted list)
- Updating outdated references and citations (e.g., Mental Health SF has largely been implemented and is not a standalone program)
- Adopting any legal recommendations
- Adopting changes consistent with Commission Streamlining



Reminder: 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.



Bylaws by Section

Articles I & II

- **Article II** primarily reiterates powers and duties of the BHC in state and local law.
- Recommend changing “The purpose of the BHC”
- #s 2 & 4. Recommend aligning with language in state and local law (adding “may”)
- #7. Strike “June” to support flexibility.
- #9. Similar data communications are reported just to BHS Director.
- (p. 5) #1. Unclear and not required.
- (p. 5) #2. FYSA – DPH administrative support includes website posting on behalf of the BHC.



Article III

- This section can be simplified to simply restate the membership requirements outlined in state and local law.
- #4. The Board typically manages appointments, as the WIC assigns them.
 - NOTE: City staff will review appointment terms with Council members at a future meeting.
- #8. Older adult advocate requirement exists only in the Bylaws.



Article III, Continued

Provisions on absences (with **Articles IX and X**):

- Recommend streamlining; there are multiple references to this
- Recommend aligning with Admin Code, which presumes a member has resigned if they miss three or more meetings within a year without approval.
- Recommend simplifying procedure: Absences can be approved by the full Council during roll call and prior-month absences retroactively approved during approval of minutes.
 - Should a member need a longer period of absence, the Council could vote to approve during a regular meeting as well.
- #20. Note that grounds for removal exceed Admin Code.



Article IV

- #1. Recent City teleconference guidance limits teleconference participation.
 - Note: This guidance will be redistributed to members.
- #3. Annual meetings are not required. The Council should consider:
 - Annual meetings would be subject to Brown Act and Sunshine rules (e.g., publicly held and noticed).
 - Annual meeting activities can be performed in a regular meeting
 - Nomination and election of officers can occur in regular meetings
 - Agenda planning should occur at every meeting
 - Strategic planning can occur in a regular meeting
 - Adjustments to the regular meeting time or location can be made at any point provided they are properly noticed.
 - Including a date provision for an annual meeting limits flexibility.



Article IV, Continued

- #5. Special meetings:
 - Suggest removing “ad hoc meetings” for consistency with Sunshine and Brown Act
 - Suggest replacing procedural descriptions in #5-7 with note that all regular and special meetings must comply with Brown and Sunshine procedures.
 - Note: Topics can often be addressed in a regular meeting and in the Council’s advisory capacity. For example:
 - The BHC may hear a presentation on a topic, provide advisement, and if desired, could propose language for a resolution for review and vote. The Chair may consult with the BHS Director, and members may make recommendations to the Board of Supervisors.
- #9. Ensure quorum description matches WIC.



Article V, and Article VII

- The Council should consider what Officers may be needed.
- For other bodies it has been sufficient to have a single Chair, and a Vice Chair in case of the absence of the Chair.
 - In the absence of both, bodies have had members volunteer to serve as Acting Chair for single meetings.
- As administrative support, DPH keeps minutes for the Council.
A Secretary is not required.
 - NOTE: Detailed minutes are not required for advisory bodies. It can be helpful to have a written record of key questions and decisions.



Article VI

- Current procedures for electing officers are not required.
- All that is required: Votes must be taken publicly, and votes must be yes/no unless an exception applies.
- In other advisory bodies, nominations and election votes have successfully occurred in regular meetings.
 - Vacancies have also been addressed through nominations and votes in regular meetings.



Article VIII

- Committees are not required of the BHC under state or local law.
- If a committee is desired, the Council should consider:
 - Committee proceedings must comply with Brown Act and Sunshine (e.g., publicly held and noticed).
 - Committees require additional time from members and City staff and should have concrete, specific functions and goals.
 - Once included in the Bylaws, a committee must be held.
 - All functions previous BHC committees performed can be addressed in a regular meeting and in the Council's advisory capacity. For example:
 - Agenda planning can occur in a regular meeting, supported by subsequent finalization between the Chair and DPH support staff.
 - A member may draft sections of the annual report and review at a regular meeting.
 - Members who conduct site visits may report out on their observations at a regular meeting.



Articles XI, XII, XIII, and XIV

- **Article XI. #3.** Provisions regarding disorderly conduct are not required.
- **Article XII.** Note the only requirements are that Board approves. Could consider streamlining process.
- **Article XIII.** This section is not required. Conduct expectations are described in the City's [Good Government Guide](#).
- **Article XIV.** This is not required. If desired, the Council should understand what this provision is intended to do to support the Council's advisory function.



Public Comment for Agenda Item #3

BHC Bylaws

If in person:

- Line up to speak

If online:

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

If by phone:

- Press ***9** on your phone keypad to raise or lower your hand.
- The host will see that you have raised your hand and can call on you/unmute you when it's your turn to speak.



7:52 – 7:57 PM

Agenda Item #4

New Business and Agenda Planning



Agenda Planning: October

Consider for October meeting:

- Director's Update
 - Review of key behavioral health reporting timeline (DPH)
- Review training (Steinberg Institute) on how Local Mental Health Boards can best evaluate performance management and data
- Bylaws finalization (if second draft available)
- Officer nominations



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: *DPH can extend invitation.*
- RESET update from Sheriff and DPH: *DPH can extend invitation.*
- Crisis continuum, entry points and points of contact: *Confirm focus.*
- Process for adding new beds and facilities, and bed optimization: *DPH can plan.*
- Sup. Dorsey's bill on Drug-free PSH: *Confirm focus.*
- CBO presentations: *Will review history with Clerk, suggest invitations*
- Housing prioritization with HSH: *DPH can extend invitation*
- Briefing on autism care: *BHS to consult CMO*
- Budget: Review of funding sources and restrictions: *Can request material from DPH Finance.*
- How to help the Council be effective amidst new policy directions: *BHS to review available Steinberg resources*
- Staying close to client experiences: *Suggest invitation to the Client Council*

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 #5

New Business and Agenda Planning

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Public Comment for Agenda Item #6

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

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Adjourn