

From: [Evelyn Posamentier](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: Re Resolution No. 260028
Date: Tuesday, February 3, 2026 11:58:12 PM

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Dear Members of the Budget and Finance Committee:

How unfortunate that the city must add, in essence yet another 'body' to the city budget. How sad that such an addition runs so contrary to the efforts to streamline City bodies. Let us commit to strengthening community-driven solutions within an already in-place network.

Creating such an entity duplicates functions already in place. Public health crises must be addressed by the Department of Public Health -- rather than by an (already embattled) Sheriff's Department. Criminalization of a public health crisis stymies efforts to meaningfully address our public health challenges.

During a budget year where we're going to see austerity cuts to vital social services, we can't be spending \$14 million on needlessly bringing in an out-of-state entity to administer systems already in place within our city's own Department of Public Health.

We have treatment services that work, but are burdened by bureaucratic barriers and underfunding. Why would we spend such a huge price tag on something that only temporarily addresses street conditions?

This endeavor represents a most unattractive picture of "up-streamlining". Creating a 'drunk tank' only opens a revolving door.

Sincerely,

Evelyn Posamentier
District 8



COALITION ON HOMELESSNESS

February 3, 2026

Supervisor Connie Chan
Chair, Budget and Finance Committee
City Hall
1 Dr. Carlton Goodlett Place
San Francisco, CA 94102

Dear Chair Chan,

This letter is in regard to item number 7 on the February 4th, 2026 agenda for a professional services contract with Connections entitled RESET Center.

It is our understanding that with this program police officers would arrest and detain, but not charge public drug users unless they have a warrant. They will drop off individuals at the 25 seat RESET center, located a block away from the SF county jail. They will detain the individuals for at least 4 hours, and the Arizona-based non-profit partner "Connections" will provide referrals to services if there are openings. However, this effort is under the purview of the very troubled Sheriff's Office, with a very light partnership with the Department of Public Health.

This model brings with it many concerns. During a budget year with proposed austerity cuts to vital social services, this proposal costs \$14,537,426 for an initial 26-month period, paid for with public health funds. That equates to a monthly cost of \$560,000 monthly compared to a residential treatment bed cost of \$10,020 monthly. A scattered site rental subsidy with support services costs only \$3,000 per month.

Worse, this approach is tried and failed. For decades, we relied on a criminal justice approach to addressing substance use disorders. This effort is widely seen, and proven, to be a failure. Lives ruined, families broken, and funds wasted. As we disinvested in housing, forcing more people to suffer living outdoors, combined with pharmaceutical giants getting rich off opioid addictions, substance use disorder rates have skyrocketed. Criminalization

efforts have only [increased fatal overdoses](#). In a nationally representative cohort study of approximately 3.26 million adults observed from 2008 through 2019, individuals incarcerated at the time of the survey experienced a 39% higher risk of all-cause mortality and more than 3 times the risk of overdose mortality compared with nonincarcerated individuals. Meanwhile, the drunk tank model itself is not only a tired concept, but a dangerous one. Best practices indicate a need for medical support during detox, which drives up the price tag. In modern times, to spend \$14 million on a dressed up drunk tank is truly a shocking waste of resources – especially when so many other approaches are working well but lack capacity. Of the 25 seats available at the RESET Center, the City will spend \$260,000/year, per chair -- money that could be used to fund ongoing treatment and housing!

In addition, the DPH is planning on spending \$17 million to open a new behavioral health access center – making RESET services completely duplicative.

There is one main argument for this center; it will save police officer time because they won't have the paperwork burden of dropping people off at Psychiatric Emergency Services or the jail. We already have services where police can drop people off without paperwork and the police are not taking advantage of them. Four locations; SOMA Rise, Dore Alley Urgent Care, Hummingbird and the 822 Geary Stabilization Unit, and most have regular openings. Once the new BH access center opens, it will be a fifth place.

This model does not follow [evidence-based solutions](#), such as certain pharmacotherapies or cognitive-behavioral therapies. The center does not address gaps in our system, such as the shortage of trauma therapy or Spanish language treatments. There are many programs in San Francisco that are working well with stellar outcomes, but they just don't have the space, the slots, the beds, the units to serve everyone. In fact, a large proportion of our Behavioral Health system is investing in front end emergency responses that leave people out on the streets creating a revolving door of temporary stays and crisis response. What folks need is the stability to receive care – that is where our funds should be invested.

Let's invest in the ongoing treatment and housing that is not just saving lives but giving San Franciscans an opportunity to thrive!

Thank you for your consideration,

Sincerely,



Jennifer Friedenbach
Executive Director

From: [Shaun Aukland](#)
To: [Jalipa, Brent \(BOS\)](#); [Board of Supervisors \(BOS\)](#)
Subject: File No. 260028 (RESET Center) & Compliance with Admin Code Ch. 124
Date: Wednesday, February 4, 2026 11:25:31 PM

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Dear Clerk Jalipa,

Please share this with the Budget & Finance committee and add to the legislative file, regarding [File No. 260028](#).

I am writing as a resident of District 6. I want to state clearly up front: I **personally support** the Mayor and Sheriff's right to innovate. Testing new models like the RESET Center to address our street crisis is what our city needs, and I respect the "latitude to experiment" that this administration is seeking. I especially appreciate that this is one of DPH's first contracts that will build in performance metrics.

However, innovation cannot come at the expense of the law -- specifically, the "One City Shelter Act" ([Admin Code Chapter 124](#)) which this Board passed to address the inequitable oversaturation of services in SoMa.

Based on a review of the legislative file and the Administrative Code, [File No. 260028](#) appears to be legally unfinished because it lacks the mandatory Waiver Resolution required by Section 124.2.

I respectfully ask the Board to CONTINUE this item to allow the City Attorney to remedy this, based on the following from our city code:

1. The "Sobering Center" definition is explicit. There has been public suggestion that because this facility is "carceral" or "short-stay," it is not a covered facility under the code. However:

- Section 124.1 defines "Covered Facility" as any "Behavioral Health Residential Care and Treatment Facility."
- The text explicitly states: "Behavioral Health Residential Care and Treatment Facilities include, but are not limited to... sobering centers."
- For this reason, by explicitly writing "sobering centers" into the inclusion list of Section 124.1, the legislation legally classifies this facility as a Covered Facility, regardless of how short the stay is or whether the Sheriff provides security.

2. No "Carceral" exception exists. Section 124.3 provides specific exceptions for certain facility types (e.g., State-licensed facilities under 22 C.C.R.).

- There is no text in Section 124.3 that exempts a facility based on it being operated by law enforcement.
- If the facility provides behavioral health services and sobering beds (as detailed in the ConnectionsCA contract), it is subject to the equitable distribution rules.

3. The "Operative Date" has passed. The prohibition on approving new facilities in oversaturated neighborhoods became Operative on January 1, 2026.

- While the Civil Service Commission approved staffing in December, the "Final Commitment to Fund" (the definition of "Approval" in Sec 124.1) is the vote taking place tomorrow, February 4, 2026.
- Because this Approval is occurring after the Operative Date, and because the funding is General Fund (not a pre-existing State Grant), the project is fully subject to Chapter 124.

District 6 is objectively oversaturated with citywide services (28% of city beds vs. 11% of the city's unhoused). The remedy provided by the law is not to ban the facility, but to pass a Waiver Resolution (Sec 124.2(d)). This waiver requires the Board to publicly vote that the facility is "in the public interest" despite the oversaturation.

This Ordinance was landmark legislation for our neighborhood, and it is important that we respect the legal process even for well-intentioned facilities.

The current Resolution ([File No. 260028](#)) contains findings for Chapter 21B and CEQA, but is silent on Chapter 124.

Again, please work with the City Attorney to resolve these deficiencies before this goes to a vote. We owe it to the neighborhood to follow the "Fair Share" process we promised them, and we owe it to the project to ensure it stands on solid legal ground.

Thank you,
Shaun, SOMA Neighborhood