

[Administrative Code - Equitable Citywide Access to Shelters, Transitional Housing, and Behavioral Health Services]

Ordinance amending the Administrative Code to ~~require the City to approve one new~~
promote equitable access to shelter and behavioral health services by prohibiting the
City from siting a new, City-funded homeless shelter, transitional housing facility, or
certain behavioral health residential care and treatment facilities, or behavioral health
specialized outpatient clinic (collectively, “Covered Facilities”) ~~in each supervisorial~~
~~district by June 30, 2026, and prohibiting the City from approving a Covered Facility~~
~~that would be located within 1,000 feet of another Covered Facility~~in a neighborhood
where the neighborhood’s share of the City’s shelter and transitional housing beds
exceeds the neighborhood’s share of the City’s unsheltered persons, and prohibiting
the City from siting a new City-funded homeless shelter within 300 feet of an existing
homeless shelter; and authorizing ~~the, unless the Board of Supervisors to~~ waives the
~~1,000 foot rule by resolution based on a finding~~ these prohibitions upon a finding that
approving the Covered Facility or homeless shelter at the proposed location is in the
public interest; and providing that this ordinance shall sunset on December 31, 2031.

NOTE: **Unchanged Code text and uncoded text** are in plain Arial font.
Additions to Codes are in single-underline italics Times New Roman font.
Deletions to Codes are in ~~strikethrough italics Times New Roman font~~.
Board amendment additions are in double-underlined Arial font.
Board amendment deletions are in ~~strikethrough Arial font~~.
Asterisks (* * * *) indicate the omission of unchanged Code subsections or parts of tables.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Findings and Purpose.

1 (a) The purpose of this ordinance is to ensure that all San Franciscans—regardless
2 of which neighborhood they live in—have equitable and proximate access to homeless
3 shelters, transitional housing, behavioral health residential care and treatment facilities, and
4 behavioral health clinics. These critical services are essential to addressing the overlapping
5 public health crises of homelessness, substance use disorder, and untreated mental illness. It
6 is incumbent upon San Francisco to use its resources in a way that provides equitable access
7 to critical services.

8 (b) Since 2016, the City and County of San Francisco has significantly expanded its
9 homelessness and behavioral health infrastructure. However, these expansions have not
10 occurred equitably across ~~the City~~^{supervisory} districts, with a small number of
11 neighborhoods shouldering the vast majority of shelter beds, transitional housing units,
12 behavioral health programs, and supportive housing.

13 (c) This pattern of overconcentration is particularly evident in the center of the City
14 ~~in neighborhoods like the Tenderloin, SoMa, the Mission, Lower Nob Hill, and the Bayview.~~
15 Neighborhoods in District 6 alone—which is home to one-third of all shelter beds citywide—
16 providers shelter to more than 1,200 individuals on a given night. And neighborhoods in
17 District 5 ~~has~~^{have} a disproportionately high number of transitional housing sites and
18 behavioral health treatment facilities. The communities in these neighborhoods have
19 consistently stepped forward to meet citywide needs, often without the resources or
20 infrastructure to fully support them. However, the cumulative impact of siting a
21 disproportionate number of new facilities in the same communities has led to deep saturation,
22 strained local systems, and growing community fatigue.

23 (d) At the same time, the absence of shelter or behavioral health infrastructure in
24 other parts of the City presents real challenges for residents across the City—particularly for
25 ~~unhoused~~^{unsheltered} individuals or families who may be forced to travel long distances to

1 access care. This geographic imbalance exacerbates isolation, delays recovery, and
2 undermines the City's goals for an integrated, accessible system of care.

3 (e) The overconcentration of services in select neighborhoods has also made it
4 more difficult to site new facilities where they are most needed. Without clear expectations for
5 geographic equity, local resistance increases, long-standing gaps persist, and the broader
6 system becomes harder to expand and sustain.

7 (f) This ordinance provides a path forward. ~~It establishes a citywide mandate that,~~
8 ~~by June 30, 2026, the City must approve at least one new Covered Facility—defined to~~
9 ~~include homeless shelters, transitional housing facilities, behavioral health residential care~~
10 ~~and treatment facilities, and behavioral health specialized outpatient clinics—in each~~
11 ~~supervisory district. First, it requires that all future City-funded homeless shelters, transitional~~
12 ~~housing, and certain residential behavioral health facilities be sited using a “fair share” rule,~~
13 ~~wherein they are sited only in neighborhoods where the neighborhood’s share of shelter and~~
14 ~~transitional housing beds falls below the neighborhood’s share of the City’s unsheltered~~
15 ~~population. Second, The ordinance also it institutes a 3004,000-foot spacing buffer between~~
16 ~~new City-funded homeless shelters and existing facilities homeless shelters to guard against~~
17 ~~future overconcentration and ensure equitable distribution of shelter beds within a~~
18 ~~neighborhood, with To allow for flexibility, accommodate compelling projects, and meet urgent~~
19 ~~needs, for the Board of Supervisors to waive that may waive either requirement when~~
20 necessary to advance the public interest.

21 (g) It is also important to clarify what this ordinance does not address. It does not
22 amend the Planning Code or change where homeless shelters, interim or permanent
23 supportive housing, or residential behavioral health care facilities may be located within the
24 City. It does not restrict the ability of the private sector to site facilities in any corner of the
25 City, provided the proposed use at the proposed location is consistent with the City’s zoning

1 plan. And it doesn't prohibit the City from siting a City-funded facility in any corner of the City,
2 where the Board of Supervisors concludes that siting the facility at that location is in the public
3 interest. The ordinance establishes a framework for how the City will make decisions about
4 how to use its own budget and resources to ensure more equitable access to the services it
5 provides.

6 (gh) The ordinance promotes equity not only in access to care, but also in how all
7 neighborhoods participate in solving citywide challenges. It affirms that responsibility must be
8 shared, and that communities historically impacted by over-siting should not continue to carry
9 the bulk of that responsibility alone.

10 (hi) Street-based outreach teams and clinicians have reported that many
11 ~~unhoused~~unsheltered individuals decline shelter placements not because they do not want
12 services, but because the facilities they are offered are located in highly saturated
13 neighborhoods like the Tenderloin or SoMa. These environments are often associated with
14 safety concerns, retraumatization, and challenges related to open-air drug use. Individuals
15 frequently express that they cannot get clean, stabilize, or progress while placed in these
16 areas. As a result, even when shelter beds are available, they may remain underutilized. A
17 more equitable, citywide distribution of services increases the likelihood that individuals will
18 accept placements, engage with care, and successfully move through the system.

19 (ij) This ordinance operationalizes key goals established in existing City plans and
20 policies. It builds upon Mental Health SF, which calls for universal access to behavioral health
21 care, and the City's Homelessness Recovery Plan, which committed to thousands of new
22 placements across the housing continuum. It also complements the 2023 Housing Element's
23 equity framework by ensuring that not just housing—but the City-funded supportive services
24 that make housing possible—are distributed fairly across all neighborhoods. By setting clear
25

1 geographic expectations, this ordinance translates long-standing City commitments into
2 measurable, citywide outcomes.

3 (j) ~~——To avoid repeating the conditions that have led to saturation in some~~
4 ~~neighborhoods, this ordinance establishes a 1,000-foot spacing requirement between new~~
5 ~~and existing Covered Facilities. This provision ensures that no additional community~~
6 ~~experiences the clustering of services in ways that have strained local infrastructure,~~
7 ~~exacerbated stigma, and undermined public confidence. It supports thoughtful distribution~~
8 ~~while protecting neighborhood stability as the system expands.~~

9 (k) To promote accountability and ensure continued progress, this ordinance also
10 requires the City to report back to the Board of Supervisors every six months. These hearings
11 will provide a venue to assess ~~district-by-district~~ neighborhood-by-neighborhood progress
12 toward meeting the ordinance's goals, reflect on any structural or operational barriers, and
13 adjust course as necessary. Presentations from the Department of Homelessness and
14 Supportive Housing, the Department of Public Health, and the Real Estate Division will
15 provide transparency and invite collaborative solutions to ensure measurable and sustained
16 outcomes.

17 (l) In enacting this ordinance, the City affirms that access to shelter and behavioral
18 health care is not only a moral imperative, but a matter of public infrastructure, neighborhood
19 stability, and systemic integrity. Equitable distribution of City-funded services will improve
20 outcomes for individuals, reduce pressure on overburdened communities, and ensure the
21 City's investments are met with engagement, not resistance. By embedding fairness,
22 accountability, and responsiveness into the ~~siting process~~ of siting new City-funded facilities,
23 this ordinance lays the groundwork for a more effective, humane, and unified system of
24 care—one that reflects the shared values of San Francisco and the dignity of every person it
25 serves.

Section 2. The Administrative Code is hereby amended by adding Chapter 124, consisting of Section 124.1, 124.2, 124.3, ~~and 124.4, and~~ 124.5, and 124.6, to read as follows:

**CHAPTER 124: EQUITABLE DISTRIBUTION OF SHELTER,
TRANSITIONAL HOUSING, AND BEHAVIORAL HEALTH FACILITIES**

SEC. 124.1. DEFINITIONS.

For purposes of this Chapter 124, the following terms shall have the following meanings:

“Approve” or “approval” means an action by a City officer, department, or commission in which a final commitment is made by such sponsoring officer, department, or commission to fund the opening or operation of a new Covered Facility. Such Approval may include, but is not limited to, a decision to award a grant for the operation of a Covered Facility at a specific site, to purchase or acquire an interest in particular real estate to locate a Covered Facility. Approval shall not include a decision to undertake a preliminary study of one or more potential sites for a Covered Facility.

Approval shall refer only to the actions of the sponsoring officer, department, board or commission.

“Behavioral Health Residential Care and Treatment Facility” means a residential facility in which individuals receive treatment, medication, and/or counseling for a substance use disorder and/or mental health disorder. Behavioral Health Residential Care and Treatment Facilities include, but are not limited to, ~~board and care facilities, mental rehabilitation centers, withdrawal management facilities, and residential treatment facilities~~ Behavioral Health Respite Facilities, crisis stabilization units, sobering centers, psychiatric respite facilities, and other low-barrier treatment facilities. For purposes of this Chapter 124, Behavioral Health Residential Care and Treatment Facilities do not include Adult Residential Facilities licensed under 22 C.C.R. Division 6, Chapter 6; Residential Care Facilities for the Elderly licensed under 22 C.C.R.

Division 6, Chapter 8; Residential Substance Use Disorder Treatment Facilities licensed under 9 C.C.R. Division 4, Chapter 5; Residential Mental Health Treatment Facilities (also known as Social Rehabilitation Facilities) licensed under 22 C.C.R. Division 6, Chapter 2; Mental Health Rehabilitation Centers licensed under 9 C.C.R. Division 1, Chapter 3.5; and Psychiatric Health Facilities licensed under 22. C.C.R. Division 5, Chapter 9.

~~“Behavioral Health Specialized Outpatient Clinic” means a non-residential facility in which individuals receive treatment, medication, and/or counseling for a substance use disorder and/or mental health disorder.~~

“City” means the City and County of San Francisco.

“City Project” has the meaning set forth in Administrative Code Section 79.2, as may be amended from time to time.

“Covered Facility” means a City Project that is a ~~Behavioral Health Specialized Outpatient Clinic,~~ Behavioral Residential Care and Treatment Facility, Transitional Housing Facility, or Homeless Shelter.

“DPH” means the Department of Public Health.

“Effective Date” means the effective date of the ordinance in Board File No. 250487, establishing this Chapter 124.

“Homeless Shelter” shall have the meaning set forth in Planning Code Section 102, as amended from time to time. For purposes of this Chapter 124, a Homeless Shelter shall not include a facility that provides behavioral health treatment and shelter to unsheltered individuals who are identified as having behavioral health care needs (“Behavioral Health Respite Facility”).

“HSH” means the Department of Homelessness and Supportive Housing.

“Neighborhood” shall be defined in accordance with the American Community Survey Neighborhood Profile Boundaries Map.

1 “Operative Date” shall mean the operative date of the ordinance in Board File No.
2 250487, establishing this Chapter 124.

3 “Point-in-Time Homeless Count” or “PIT Count” means the biennial count of sheltered
4 and unsheltered people experiencing homelessness that San Francisco performs as a
5 condition of receiving funding from the U.S. Department of Housing and Urban Development.

6 “Transitional Housing Facility” means a facility that provides housing and supportive services
7 to people experiencing homelessness or low-income households at risk of becoming homeless and that
8 has as its purpose facilitating the movement of homeless individuals or at-risk low-income households
9 to independent living within a reasonable amount of time.

10
11 **SEC. 124.2. EQUITABLE DISTRIBUTION.**

12 ~~(a) — By no later than June 30, 2026, the City, acting through HSH, an HSH officer,~~
13 ~~the Homelessness Oversight Commission, DPH, a DPH officer, or the Health Commission~~
14 ~~(collectively, “Approving Authorities”) shall Approve at least one new Covered Facility in each~~
15 ~~supervisory district.~~

16 ~~(b) — If an Approving Authority Approves any Covered Facility between the~~
17 ~~introduction of the ordinance in Board File No. _____ and the Effective Date, such Covered~~
18 ~~Facility shall count toward the requirement imposed by subsection (a).~~

19 (a) Within 15 days of the Operative Date, HSH and the Planning Department shall
20 prepare a Shelter Equity Analysis based on data from the 2024 PIT Count. For each
21 Neighborhood, the Shelter Equity Analysis shall indicate:

22 (1) The number of unsheltered persons residing in the Neighborhood;
23 (2) The Neighborhood’s share of unsheltered persons, calculated as the
24 percentage of unsheltered persons living in San Francisco who reside in the Neighborhood;

1 (3) The total number of beds in Homeless Shelters and Transitional Housing
2 Facilities located in the Neighborhood; and

3 (4) The Neighborhood's share of Shelter and Transitional Housing beds,
4 calculated as the percentage of beds in Homeless Shelters and Transitional Housing citywide
5 that are located in the Neighborhood.

6 Within 60 days of the release of the 2026 Biennial PIT Count, and every two years
7 thereafter, HSH and the Planning Department shall prepare a new Shelter Equity Analysis,
8 based on data from the most recent Biennial PIT Count.

9 (b) **Fair Share Rule.** No City officer, department, or commission shall Approve a
10 new Covered Facility that would be located in a Neighborhood where the Neighborhood's
11 share of beds in Homeless Shelters and Transitional Housing, as calculated in subsection
12 (a)(4) exceeds the Neighborhood's share of unsheltered persons, as calculated in subsection
13 (a)(2).

14 (c) **Equitable Siting of Homeless Shelters.** No City officer, department, or
15 commission shall Approve a new ~~Covered Facility~~ Homeless Shelter that would be located within
16 1,000300 feet of another ~~Covered Facility~~ Homeless Shelter that is open, operating, or Approved at
17 the time of Approval.

18 (d) The Board of Supervisors may waive the prohibitions on Approving new Covered
19 Facilities and Homeless Shelters set forth in subsections (b) and (c) on Approving a new
20 ~~Covered Facility~~ within 1,000 feet of another ~~Covered Facility~~ by resolution only if it finds that
21 Approval of the Covered Facility or Homeless Shelter at the proposed location is in the public
22 interest and is justified by the demand for the facility type, the cost of siting the Covered
23 Facility or Homeless Shelter at the proposed location as compared to alternative sites, and
24 the commitment made by the sponsoring department to address neighborhood concerns, if
25 any.

1 In determining whether Approval of a proposed Covered Facility is in the public
2 interest, the Board of Supervisors shall consider:

3 (1) The demand among City residents for the services that the Covered
4 Facility would provide;

5 (2) The cost of opening the new Covered Facility, as compared to the cost of
6 opening a Covered Facility of the same type at a different location; and

7 (3) The strategies proposed by the sponsoring City department to mitigate
8 any potential impacts of the proposed Covered Facility on the surrounding neighborhood.

9
10 **SEC. 124.3. EXCEPTIONS** FOR COVERED FACILITIES SUBJECT TO AN
11 APPLICATION FOR FINANCING.

12 The prohibitions on the Approval of Covered Facilities and Homeless Shelters within 1,000
13 feet of another Covered Facility set forth in subsections (b) and (c) of Section 124.2 shall not apply
14 to:

15 (a) Covered Facilities for which the City submitted an application for financing prior to the
16 Effective Date, including but not limited to applications for state grants and applications for
17 financing made possible through passage of the Health Infrastructure Bond Act of 2024 (S.B.
18 326), approved by the voters as part of Proposition 1;

19 (b) Covered Facilities that will be sited within the physical space occupied by an
20 existing Covered Facility and will not increase the existing square footage; and

21 (c) A Covered Facility that will that will be sited in a Neighborhood in which a
22 Covered Facility closed within 12 months prior to the date the officer, department, or
23 commission approves the new Covered Facility; this exception shall apply to the Approval of
24 only one Covered Facility for each Covered Facility that closes.

1 **SEC. 124.4. REPORTING.**

2 *The Director of Real Estate shall track the number of Covered Facilities that are Approved*
3 *after the introduction of the ordinance in Board File No. 250487. Within six months*
4 *of the Operative Date, and every six months thereafter, until such time as the City has met the*
5 *requirement in Section 124.2(a) to Approve one new Covered Facility in each supervisorial*
6 *district, the Director of Real Estate, in consultation with DPH and HSH, shall submit to the Board of*
7 *Supervisors a report describing all Covered Facilities that have been Approved by the City in the prior*
8 *six month period, along with a proposed resolution to accept the report. For each Approved Covered*
9 *Facility, the report shall indicate: 1) the address of the facility; 2) the Neighborhood in which the*
10 *facility was located, and the percentage of Citywide beds in the Neighborhood as of the date*
11 *of Approval; 23) the type of facility; 34) the date of Approval; and 45) whether the facility required a*
12 *waiver by the Board of Supervisors under Section 124.2(de); and 6) the Neighborhoods where the*
13 *siting of a facility was considered but not Approved, and the reasons therefor; and 7) for each*
14 *Homeless Shelter Approved in a Neighborhood that already included a Homeless Shelter, a*
15 *description of the steps taken to identify and develop an appropriate site in a Neighborhood*
16 *with no Homeless Shelters. In the committee of the Board of Supervisors where the report is heard,*
17 *HSH and DPH shall present on progress made, any barriers to implementation, and recommended*
18 *solutions.*

19
20 **SEC. 124.5. COMPLIANCE WITH CONFIDENTIALITY LAWS.**

21 *Nothing in this Chapter 124 shall be construed to supersede or conflict with any*
22 *applicable federal, state, or local laws governing the confidentiality of the location of family*
23 *violence shelters. All City departments shall continue to comply with such laws in the*
24 *implementation of this Chapter.*

1 **SEC. 124.56. SUNSET DATE.**

2 This Chapter 124 shall expire by operation of law on December 31, 2031. Upon
3 expiration of this Chapter 124, the City Attorney is authorized to cause the removal of the
4 Chapter from the Administrative Code.

5
6 Section 3. Undertaking for the General Welfare. In enacting and implementing this
7 ordinance, the City is assuming an undertaking only to promote the general welfare. It is not
8 assuming, nor is it imposing on its officers and employees, an obligation for breach of which it
9 is liable in money damages to any person who claims that such breach proximately caused
10 injury.

11
12 Section 4. Effective Date and Operative Date.

13 (a) This ordinance shall become effective 30 days after enactment. Enactment
14 occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or
15 does not sign the ordinance within ten days of receiving it, or the Board of Supervisors
16 overrides the Mayor's veto of the ordinance.

17 (b) This ordinance shall become operative on January 1, 2026.

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19 APPROVED AS TO FORM:
20 DAVID CHIU, City Attorney

21 By: /s/
22 ANNE PEARSON
23 Deputy City Attorney

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