

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

3 **Ordinance amending the Administrative Code to require the City to approve one new**  
4 **homeless shelter, transitional housing facility, behavioral health residential care and**  
5 **treatment facility, or behavioral health specialized outpatient clinic (collectively,**  
6 **“Covered Facilities”)** in each **Supervisorial District** by June 30, 2026, and prohibiting  
7 the City from approving a **Covered Facility** that would be located within 1,000 feet of  
8 another **Covered Facility** unless the Board of Supervisors waives the 1,000 foot rule by  
9 Resolution based on a finding that approving the **Covered Facility** at the proposed  
10 location is in the public interest.

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

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

19       Section 1. Findings and Purpose.

20       (a) The purpose of this ordinance is to ensure that all San Franciscans—regardless  
21       of which neighborhood they live in—have equitable and proximate access to homeless  
22       shelters, transitional housing, behavioral health residential care and treatment facilities, and  
23       behavioral health clinics. These critical services are essential to addressing the overlapping  
24       public health crises of homelessness, substance use disorder, and untreated mental illness.

25       (b) Since 2016, the City and County of San Francisco has significantly expanded its  
homelessness and behavioral health infrastructure. However, these expansions have not

1       occurred equitably across supervisorial districts, with a small number of neighborhoods  
2       shouldering the vast majority of shelter beds, transitional housing units, behavioral health  
3       programs, and supportive housing.

4               (c)     This pattern of overconcentration is particularly evident in neighborhoods like the  
5       Tenderloin, SoMa, the Mission, Lower Nob Hill, and the Bayview. District 6 alone—which is  
6       home to one-third of all shelter beds citywide—provides shelter to more than 1,200  
7       individuals on a given night. And District 5 has a disproportionately high number of  
8       transitional housing sites and behavioral health treatment facilities. The communities in these  
9       neighborhoods have consistently stepped forward to meet citywide needs, often without the  
10      resources or infrastructure to fully support them. However, the cumulative impact of siting a  
11      disproportionate number of new facilities in the same communities has led to deep saturation,  
12      strained local systems, and growing community fatigue.

13               (d)    At the same time, the absence of shelter or behavioral health infrastructure in  
14      other parts of the City presents real challenges for residents across the City—particularly for  
15      unhoused individuals or families who may be forced to travel long distances to access care.  
16      This geographic imbalance exacerbates isolation, delays recovery, and undermines the City's  
17      goals for an integrated, accessible system of care.

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

22               (f)    This ordinance provides a path forward. It establishes a citywide mandate that,  
23      by June 30, 2026, the City must approve at least one new Covered Facility—defined to  
24      include homeless shelters, transitional housing facilities, behavioral health residential care  
25      and treatment facilities, and behavioral health specialized outpatient clinics—in each

1 supervisorial district. The ordinance also institutes a 1,000-foot spacing buffer between new  
2 and existing facilities to guard against future overconcentration, with flexibility for the Board of  
3 Supervisors to waive that requirement when necessary to advance the public interest.

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

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

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

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

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

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

1           “DPH” means the Department of Public Health.

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

4           “Homeless Shelter” shall have the meaning set forth in Planning Code Section 102, as amended  
5           from time to time.

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

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

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12           **SEC. 124.2. EQUITABLE DISTRIBUTION.**

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

17           (b) If an Approving Authority Approves any Covered Facility between the introduction of  
18           the ordinance in Board File No. 250487 and the Effective Date, such Covered Facility shall count  
19           toward the requirement imposed by subsection (a).

20           (c) No City officer, department, or commission shall Approve a new Covered Facility that  
21           would be located within 1,000 feet of another Covered Facility that is open, operating, or Approved at  
22           the time of Approval. The Board of Supervisors may waive the prohibition on Approving a new  
23           Covered Facility within 1,000 feet of another Covered Facility by resolution if it finds that Approval of  
24           the Covered Facility at the proposed location is in the public interest. In determining whether

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

3       (1)    The demand among City residents for the services that the Covered Facility  
4 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 any  
8 potential impacts of the proposed Covered Facility on the surrounding neighborhood.

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

12       The prohibition on the Approval of Covered Facilities within 1,000 feet of another Covered  
13 Facility set forth in subsection (c) of Section 124.2 shall not apply to Covered Facilities for which the  
14 City submitted an application for financing prior to the Effective Date.

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16       **SEC. 124.4. REPORTING.**

17       The Director of Real Estate shall track the number of Covered Facilities that are Approved  
18 after the introduction of the ordinance in Board File No. 250487. Within six months of the Effective  
19 Date, and every six months thereafter, until such time as the City has met the requirement in Section  
20 124.2(a) to Approve one new Covered Facility in each supervisorial district, the Director of Real  
21 Estate, in consultation with DPH and HSH, shall submit to the Board of Supervisors a report  
22 describing all Covered Facilities that have been Approved by the City in the prior six month period,  
23 along with a proposed resolution to accept the report. For each Approved Covered Facility, the report  
24 shall indicate: 1) the address of the facility; 2) the type of facility; 3) the date of Approval; and 4)  
25 whether the facility required a waiver by the Board of Supervisors under Section 124.2(c). In the

1        committee of the Board of Supervisors where the report is heard, HSH and DPH shall present on  
2        progress made, any barriers to implementation, and recommended solutions.

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

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10       Section 4. Effective Date. This ordinance shall become effective 30 days after  
11       enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the  
12       ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board  
13       of Supervisors overrides the Mayor's veto of the ordinance.

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15       APPROVED AS TO FORM:  
16       DAVID CHIU, City Attorney

17       By:        /s/  
18       ANNE PEARSON  
19       Deputy City Attorney

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