

San Francisco's New Mental Health Plan: What It Means for Our Community

A plain-language guide to the Behavioral Health Services Act Three-Year Integrated Plan, FY 2026-2029

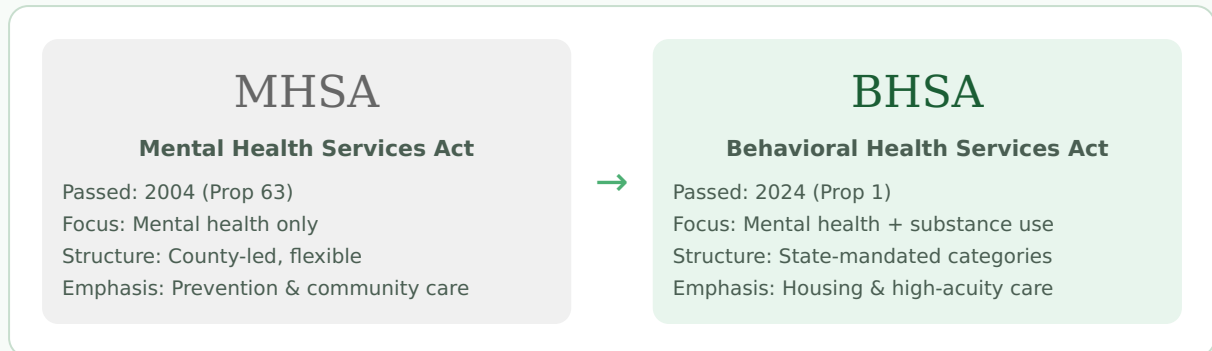
Public comment deadline: April 30, 2026 — your voice matters

BACKGROUND

For 20 years, MHSA shaped community mental health in California

In 2004, California voters passed Proposition 63 — the Mental Health Services Act (MHSA) — creating a dedicated funding stream for mental health services by levying a 1% tax on personal incomes over \$1 million. For two decades, MHSA shaped how counties across California, including San Francisco, delivered community mental health care.

MHSA's design gave counties significant flexibility and prioritized three things that made a real difference for communities like ours: prevention and early intervention, community-based and culturally responsive programs, and local decision-making.



In March 2024, voters passed Proposition 1, transforming MHSA into the Behavioral Health Services Act (BHSA) — the most significant overhaul of California's behavioral health funding in two decades. BHSA doesn't replace MHSA's funding stream; it restructures how those dollars must be used going forward.

WHAT CHANGED

BHSA introduces mandatory spending categories — with real tradeoffs

The most concrete impact of BHSA is how it restructures spending. Unlike MHSA's flexible county allocation, BHSA requires counties to direct funds into three specific mandated categories. This has direct consequences for which programs get funded.

MHSA — PREVIOUS FRAMEWORK

Community services	Majority
Prevention & early intervention	Dedicated
Peer & family programs	Supported

Counties set their own priorities within broad categories — significant local flexibility.

BHSA — NEW FRAMEWORK

Housing interventions	30%
High-acuity services (FSP)	35%
Broader behavioral health	35%

Counties must follow these mandated categories — significantly less local flexibility.

The key tradeoff: Less funding is now available for primary prevention and community-based programs that many people rely on. Importantly, this shift is a consequence of the new state law — not a local policy choice San Francisco made on its own.

SAN FRANCISCO'S DRAFT PLAN

What has meaningfully shifted in SF's approach

San Francisco's draft BHSA Integrated Plan reflects the new state mandates. Here is what has changed compared to the prior MHSA framework — and what it means for services in our city.

MORE EMPHASIS

- Housing & permanent supportive housing
- Crisis stabilization & acute care
- Substance use treatment
- High-acuity residential care
- Justice system diversion
- Measurable outcomes & Medi-Cal alignment

LESS EMPHASIS

- Prevention & early intervention
- Peer support services
- Family education & support
- Community-based access programs
- Wellness & recovery programs
- Local flexibility in allocation

CONTINUITY

What stayed the same — and why it matters

Despite significant structural changes, several core commitments from the MHSA era remain intact in the draft plan. BHSA changes how funding flows — not the values underlying the system. It's important to recognize this continuity alongside the changes.



Equity and culturally responsive care

The draft plan maintains an explicit commitment to serving historically underserved communities with care that reflects cultural context and lived experience.



Community engagement

Community input remains a named and required part of the planning process. The public comment period itself is an expression of this ongoing commitment.



Peer and family involvement

Peer support specialists and family advocates are still recognized as essential components of the behavioral health system — a continuity from MHSA.

The foundation holds: The values of community-centered, equity-driven care are preserved in the draft plan. Public comment is the opportunity to make sure the funding and implementation live up to those values.

SAN FRANCISCO BY THE NUMBERS

The scale of need in our city

San Francisco's behavioral health system serves tens of thousands of residents. The scale of unmet need — and persistent gaps in who is being reached — underscore why this plan matters.

16,500+

Adults receiving mental health and substance use services

5,268

Unhoused adults with behavioral health needs served

3,940

Children and youth receiving specialty mental health services

San Francisco performs above the state average for specialty mental health services — meaning we do reach people in acute crisis. But we fall **below the state average** for non-specialty mental health services, which include the prevention and early intervention programs many community members rely on.

EQUITY GAPS

Not everyone is being reached equally

The plan's own data show persistent disparities in who accesses services — and who falls through the cracks. These are concentrated in communities already facing the greatest barriers.

Communities with the largest unmet access gaps include:

Hispanic / Latine residents

Asian & Pacific Islander residents

Non-English speakers

Adults over 65

Black / African American residents

Native American residents

A plan weighted toward high-acuity crisis care alone will not close these gaps. Closing them requires upstream investment in community-based access, peer navigators, and multilingual outreach — the kind of work NAMI SF provides every day in English, Spanish, and Cantonese.

YOUR ROLE

What the public comment period is — and why it matters

San Francisco's draft plan is open for public comment through April 30. This is not a survey or a petition. It is a **formal, structured process** — comments become part of the official record and must be reviewed and addressed before the plan is finalized.

1

Shape the final plan

Input can result in edits, additions, or clarifications before the plan is adopted.

2

Influence funding priorities

Emphasis on specific populations or program types can be reinforced or adjusted.

3

Put gaps on the record

Comments highlighting service gaps carry weight in final determinations and future funding decisions.

Who can comment? Anyone — community members, people with lived experience, family members, providers, and supporters. Even a brief paragraph counts. A ready-to-use template is available to make it easy.

Take 5 minutes. Make a difference.

The public comment period closes April 30. Use our ready-to-go template, or add a personal note about what peer support or family education has meant to you.

[Submit a comment](#)

[Read the draft plan](#)

Prepared by NAMI San Francisco · Free mental health support, education, and advocacy in San Francisco

Questions? Contact us at info@namisf.org