

From: [Donald Gonzales](#)
To: [Mar. Gordon \(BOS\)](#); [Melgar, Myrna \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#); [Stefani, Catherine \(BOS\)](#)
Cc: [Somera, Alisa \(BOS\)](#); [Thornhill, Jackie \(BOS\)](#)
Subject: Public Comment for Thursday 7/28: Psychiatric Emergency Services Hearing
Date: Tuesday, July 26, 2022 7:15:02 PM
Attachments: [Screen Shot 2022-07-26 at 6.48.24 PM.png](#)
[Public Comment Opportunity, Thursday 7 28 Psychiatric Emergency Services Hearing.pdf](#)

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Hello,

I am a resident of San Francisco and I live across from the Hummingbird facility on San Jose avenue. I am unable to call-in to the meeting but want to comment on the materials provided by Mr. Mandelman's office. Email and screen-shot of quotation attached for reference.

Per item #5 of the ***Program Objectives***, listed in the ***Draft Recommendations from the Discussion Group*** found in the [MHSF Crisis Unit Diversion Recommendations](#) program objectives:

"if the individual does not want further structured treatment but does not want to return to the street discharge to [Hummingbird](#) or a shelter/navigation center bed, if they want to return to their encampment provide a relevant resource list."

Comment:

How is this an adequate response to a public health crisis? The language of the *MHSF Crisis Unit Diversion Recommendations* repeatedly calls for treating clients with dignity and respect. How does item #5 treat the residents of the community *around* the Hummingbird center with dignity and respect? I have personally witnessed clients of hummingbird leave the facility, return to an encampment, and continue using illegal substances. Similarly, I have personally seen CDU staff engage with people on drugs, losing their minds, hand them water and leave. How does this address any of the issues noted? How does this provide the community with dignity and respect? Item #5 provides more respect and freedom to the dealers that prey on addicts than it does to the Hummingbird clients and the neighborhood at large. I am all for compassionate care, but allowing dealers to thrive and addicts to disintegrate on the streets is not a solution.

Regards,
D. Gonzales



Donald Gonzales <donald.gonzales@gmail.com>

Public Comment Opportunity, Thursday 7/28: Psychiatric Emergency Services Hearing

1 message

Thornhill, Jackie (BOS) <jackie.thornhill@sfgov.org>
To: "Thornhill, Jackie (BOS)" <jackie.thornhill@sfgov.org>

Tue, Jul 26, 2022 at 6:00 PM

Good evening,

I hope this email finds everyone well, I am reaching out to let you know about an opportunity for public comment this Thursday, at a hearing called by Supervisor Mandelman on the state of DPH's Psychiatric Emergency Services Unit.

Some details about the hearing:

- It will be at the [Public Safety and Neighborhood Services Committee](#), and this Committee hearing will be the only opportunity for public comment. It is item #1, and the meeting starts at 10am.
 - Supervisors Mar, Stefani, and Melgar sit on the Committee, and Supervisor Mar is the Chair. (Supervisor Mandelman will substitute for Supervisor Stefani at this meeting as she is unable to attend.)
- The agenda is available [here](#), and includes detailed call-in instructions. The hearing will be live on [sfgovtv.org](#) and SF Cable Channel 26, 28, 78 or 99 (depending on provider). If you are unable to call in live, you can also submit public comment by emailing Gordon.Mar@sfgov.org, Myrna.Melgar@sfgov.org, Rafael.Mandelman@sfgov.org, and CCing Alisa.Somera@sfgov.org.
- The legislative file for the hearing is available [here](#), and the full title is "Hearing on conditions at the Psychiatric Emergency Services (PES) unit at San Francisco General Hospital and private psychiatric emergency services; and requesting the Department of Public Health, SEIU 1021, Street Crisis Response Team, Police Department, and Hospital Council to report."
- [This report in the Examiner](#) by Sydney Johnson was a motivating factor in calling for the hearing, in addition to ongoing issues with PES (I believe Supervisor Mandelman also toured the unit earlier in his term). In light of the fact that PES serves as the "front door" for our behavioral health continuum of care for many of our most acutely unwell residents, it seems like a good thing to focus a hearing on.
- Our goals for the hearing are to:
 - Educate the public about the dire state of psychiatric emergency services in San Francisco, and the issues contributing to this state of affairs.
 - Better understand DPH's plans to stand up a [crisis diversion unit](#) to relieve pressure on the PES unit, and plans to address staffing issues at the PES unit.
 - Better understand the role of private hospitals in providing behavioral health services and

how the City can form more effective partnerships with those private providers.

- We have confirmed attendance from DPH, SFPD, SFFD, Hospital Council, and each of San Francisco's private hospitals.

Best,
Jackie

Jackie Thornhill (she/her/hers)

Legislative Aide

Office of Supervisor Rafael Mandelman, District 8

Jackie.Thornhill@sfgov.org | (415) 554-4488

From: [Carolyn Kenady](#)
To: [Mar, Gordon \(BOS\)](#); [Stefani, Catherine \(BOS\)](#); mryna.melgar@sfgov.org; [Somera, Alisa \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#); [Ronen, Hillary](#)
Cc: [Thornhill, Jackie \(BOS\)](#); [RescueSF](#)
Subject: PSNS Hearing on Psychiatric Emergency Services
Date: Wednesday, July 27, 2022 5:13:54 PM

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To Chair Mar, Committee members Stefani & Melgar and Supervisors Mandelman and Ronen -

Thank you for holding this hearing on San Francisco's Psychiatric Emergency Services capacity. As a recent SF Examiner article highlighted, our psych emergency services have been on code red since the start of the covid pandemic. I hope that your hearing can identify the obstacles that prevent our City from obtaining sufficient beds- especially the locked sub-acute beds that are so needed. With earmarked Prop C funds, psych beds esp emergency should be DPH's priority.

Carolyn Kenady
RescueSF core team member

socialization.

4. Staff should be trained and competent in crisis management and de-escalation interventions, trauma informed care, harm reduction, and strength based case management.
5. In all instances where an individual desires, expresses willingness, or expressly requests further treatment or support in linking to resources for after care they should be referred and linked upon discharge. Staff should utilize a client centered approach to collaboratively craft appropriate disposition plans for all individuals who enter the CDU regardless of where the individual is willing to engage along the spectrum of care that meets their current expressed interest and presenting needs. For example, if the individual wants to transition to residential treatment services they should be linked, if the individual does not want further structured treatment but does not want to return to the street discharge to Hummingbird or a shelter/navigation center bed, if they want to return to their encampment provide a relevant resource list.
6. Participation in the CDU services are optional. Clients can exit the program at any time. Punitive measures should not be taken if the client refuses to engage in treatment. Individuals cannot be suspended from services unless they present a health or safety risk to other participants and staff. However, should a situation arise in which a person presents a danger to themselves or others staff are obligated to conduct a 5150 advisement and Tarasoff reporting as the particular situation warrants.
7. The program should be able to accept individuals regardless of justice system involvement particularly individuals with 290's

Somera, Alisa (BOS)

From: Babbitt, Mike <MGB@dolby.com>
Sent: Thursday, July 28, 2022 11:32 AM
To: Mar, Gordon (BOS); Melgar, Myrna (BOS); Mandelman, Rafael (BOS)
Cc: Somera, Alisa (BOS)
Subject: Hearing on conditions at the Psychiatric Emergency Services (PES) unit at San Francisco General Hospital and private psychiatric emergency services; and requesting the Department of Public Health, SEIU 1021, Street Crisis Response Team, Police Department,

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Supervisors.

Anyone who can't see the expanding mental health and addiction crisis on San Francisco streets is in denial.

While I am in favor of more beds for folks suffering on our streets, I can't help but wonder why we need multiple programs with overlapping responsibilities at even more millions of dollars spent, when the programs and efforts in place are either ineffective or not fully deployed.

When is city government going to hold the existing programs and non-profit providers accountable for the lack of success in providing meaningful and effective services and care to the increasingly miserable and sometimes violent and growing population of those suffering from mental illness and addiction on our streets?

Is the status quo acceptable? Is the measure of success simply the amount of taxpayer money you throw at the problem?

Best regards,
Mike

Mike Babbitt
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