

From: [Lucy Junus](#)
To: [Ronen, Hillary](#); [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#); [Cabrera, Stephanie \(BOS\)](#); info@rescuesf.org
Subject: Appropriate Treatment and Housing needed for CARE Court participants
Date: Friday, September 29, 2023 12:06:36 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Supervisors Ronen, Mandelman, and Walton -

I am a SF resident living in District 9. I've seen many instances of individuals with serious mental illness in crisis on our streets. Our City can and must do better to serve these individuals.

I am concerned about two gaps in the proposed system of care for CARE Court participants:

First gap - the housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

Second gap - having a true continuum of care ... not just a two to four week residential stabilization treatment. DPH announced that the recently-awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front- and back-end of its continuum of care – including

- Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when they're in crisis. And the chaotic SF General Psych ER is not a good

environment for someone with SMI in crisis

- Community-based group housing: we need small homes for ten to 15 clients with on-site staff and peer group support for six to 12 month recovery. This structured environment provides individuals who've completed their two to four week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Thank you

Lucy Junus

From: Melodie
To: Ronen, Hillary; Mandelman, Rafael (BOS); Walton, Shamann (BOS)
Cc: carolynkensady@gmail.com; Cabrera, Stephanie (BOS); info@rescuesf.org
Subject: 09.29.23 Appropriate Treatment and Housing needed for CARE Court participants
Date: Friday, September 29, 2023 10:21:33 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

09.28.23

Supervisors Ronen, Mandelman, and Walton -
I am a SF resident currently living in District 10.

I am desperately asking you to become aware that
58% of homeless have sustained a Traumatic Brain Injury
prior to becoming homeless.
Many of the people i have known living on the street
do not know the significance of the TBI they have sustained,
as our society and medical establishment "dismisses TBI as a one time event and
seem unaware of the chronic permanent difficulties that are set into motion from TBI.
(*from: nih.gov, J Neurotrauma. 2010 Aug; 27)
Some homeless have spoken to me of their TBI *only after* i have known them *for years*,
because they were misled to believe TBI is not a factor in their homelessness.

i want to make CLEAR: TBI IS NOT "MENTAL ILLNESS."
Yet, in SF, "psychological" services are the only "treatments" available to homeless with TBI.
Because TBI is often "invisible," it is often misdiagnosed.

It has become apparent that many providers have been trained to specialize in mental illness.
And many providers have been trained to specialize in substance abuse,
BUT providers available have *never* been *trained* in people who have *both*.

Even if there were appropriate treatment for mental illness,
it would only address one of three major problems homeless have prior to homelessness.

Some people have all three: "mental illness, substance abuse, and TBI."
You can not solve someones "homelessness" by treating substance abuse or mental illness alone,
when the underlying cause is Traumatic Brain Injury.

By the time people are having a "serious mental illness" crisis
it is likely that they did not receive appropriate treatment, possibly for decades.

Having sought help thru the City and County of SF since 2000,
my TBI has never once been acknowledged let alone addressed, by anyone or any agency in SF.

Who is there for me to trust?
in 2022, in a meeting that included homeless advocates, i was having a stroke.
while i was having a stroke, a woman from a city agency was insisting, criticizing & harassing me,
that i should let her help me get a sfmta bus pass.
BECAUSE I AM HAVING A STROKE AND CAN NOT COMMUNICATE,
I AM BEING LABELED AS SERVICE RESISTANT.
No one stood up for me,
but instead advocated against me for the person intimidating me,
that i should (magically stop having a stroke) let her help me get a muni bus pass.

These words are not enough time to prove 20 years i squandered
my limited cognitive abilities trying to jump thru SF City & County impossible hoops.
each try, ending up worse off than before i tried.

i do not have cognitive ability to get help thru SF City & County "services"
latest reason to label me "Service Resistant":
because i am no longer willing
to spend the rest of what is left of my natural life
going thru the **infinite revolving doors of SF "homeless services"**
only to *end up worse off than before.*

Not getting the correct treatment decade after decade is crazy-making.
As a long time "connoisseur" of SF City and County "Homeless Services"
i do not see the correct treatment for *human beings* in "CARE Court."

Every "sweep", every new "No-Parking" sign, shortens the life of every homeless person.

it is important to remember: "today's problem is yesterday's solution."
-From The Fifth Discipline, Peter Senge, 1990.

"...the best ways to prevent homelessness is not to let it happen in the first place,"
David Newman, Thousand Oaks Ca...

Again Supervisor Ronan, i ask you "Please remember me"

Melodie, 20+ years in the "revolving door"
Stroke 2022
Police Community Meetings 2009
Homeless 2007
SF resident since 1978
Traumatic Brain Injury 1960
clean and sober since 1958, (the year i was born by the way)

letter from SF rescue:
Supervisors Ronen, Mandelman, and Walton -
I am a SF resident currently living in District 10.

I am concerned about two gaps in the proposed system of care for CARE Court participants:

First gap - the housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

Second gap - having a true continuum of care ... not just a two to four week residential stabilization treatment. DPH announced that the recently-awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front- and back-end of its continuum of care – including Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when they're in crisis. And the chaotic SF General Psych ER is not a good environment for someone with SMI in crisis.

Community-based group housing: we need small homes for ten to 15 clients with on-site staff and peer group support for six to 12 month recovery. This structured environment provides individuals who've completed their two to four week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Thank you

Melodie, 20+ years in the "revolving door"
Stroke 2022
Police Community Meetings 2009
Homeless 2007
SF resident since 1978
Traumatic Brain Injury 1960
clean and sober since 1958, (the year i was born by the way)

.
.
.
.
.
.
.

From: [zrants](#)
To: [Ronen, Hillary](#); [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#)
Cc: [Cabrera, Stephanie \(BOS\)](#); info@rescuesf.org
Subject: Appropriate Treatment and Housing needed for CARE Court participants
Date: Thursday, September 28, 2023 10:32:52 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Subject: Appropriate Treatment and Housing needed for CARE Court participants

Supervisors Ronen, Mandelman, and Walton:

I am a SF resident living in District 9. I support the position of RescueSF and others who are concerned about the lack of facilities and staff needed to help the people who go through the CARE Court process. Our City can and must do better to serve these individuals. I am concerned about two gaps in the proposed system of care for CARE Court participants:

First gap - the housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

Second gap - having a true continuum of care ... not just a two to four week residential stabilization treatment. DPH announced that the recently-awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front- and back-end of its continuum of care – including

- Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when they're in crisis. And the chaotic SF General Psych ER is not a good environment for someone with SMI in crisis
- Community-based group housing: we need small homes for ten to 15 clients with on-site staff and peer group support for six to 12 month recovery. This structured environment provides individuals who've completed their two to four week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Thank you

Mari Eliza, concerned citizen

From: [Cedric Ng](#)
To: [Ronen, Hillary](#); [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#)
Cc: [Cabrera, Stephanie \(BOS\)](#); info@rescuesf.org
Subject: Appropriate Treatment and Housing needed for CARE Court participants
Date: Thursday, September 28, 2023 7:30:24 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Supervisors Ronen, Mandelman, and Walton,

I am a SF resident living in District 8. I've seen many instances of individuals with serious mental illness in crisis on our streets. Our City can and must do better to serve these individuals.

I am concerned about two gaps in the proposed system of care for CARE Court participants:

First Gap

The housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

Second Gap

Having a true continuum of care ... not just a two to four week residential stabilization treatment. DPH announced that the recently-awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front- and back-end of its continuum of care – including

- Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when

they're in crisis. And the chaotic SF General Psych ER is not a good environment for someone with SMI in crisis

- Community-based group housing: we need small homes for ten to 15 clients with on-site staff and peer group support for six to 12 month recovery. This structured environment provides individuals who've completed their two to four week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Thank you!

Cedric

From: [ron.sweetser](#)
To: [Ronen, Hillary](#); [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#)
Cc: [Cabrerá, Stephanie \(BOS\)](#); info@rescuesf.org
Subject: Appropriate Treatment and Housing needed for CARE Court participants
Date: Thursday, September 28, 2023 6:21:29 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Supervisors Ronen, Mandelman, and Walton,

My name is Ron Sweetser I live at 427 Noe St in District 8. I've seen too many instances of individuals with serious mental illness in crisis on our streets. The City can and must do better to serve these individuals.

I am concerned about two gaps in the proposed system of care for CARE Court participants:

First Gap

The housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

Second Gap

Having a true continuum of care not just a two to four week residential stabilization treatment. DPH announced that the recently-awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front- and back-end of its continuum of care – including:

- Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when they're in crisis. And the chaotic SF General Psych ER is not a good environment for someone with SMI in crisis
- Community-based group housing: we need small homes for ten to 15 clients with on-site staff and peer group support for six to 12 month recovery. This structured environment provides individuals who've completed their two to four week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Thank you for your time and please feel free to reach out to me if you would like to

speaking further or having any questions.

Ron Sweetser
427 Noe St
415-749-9989

From: [Carolyn Kenady](#)
To: [Ronen, Hillary](#); [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#)
Cc: [Cabrera, Stephanie \(BOS\)](#); [RescueSF Coalition](#)
Subject: Appropriate Treatment and Housing needed for CARE Court participants
Date: Thursday, September 28, 2023 3:54:19 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Supervisors Ronen, Mandelman, and Walton:

I am a SF resident living in District 8. I've seen many instances of individuals with serious mental illness in crisis on our streets. Our City can and must do better to serve these individuals.

I am concerned about two gaps in the proposed system of care for CARE Court participants:

First gap - the housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

Second gap - having a true continuum of care ... not just a two to four week residential stabilization treatment. DPH announced that the recently-awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front- and back-end of its continuum of care – including

- Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when they're in crisis. And the chaotic SF General Psych ER is not a good environment for someone with SMI in crisis
- Community-based group housing: we need small homes for ten to 15 clients

with on-site staff and peer group support for six to 12 month recovery. This structured environment provides individuals who've completed their two to four week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Carolyn Kenady

From: [Jared Goldfine](#)
To: [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#); [Ronen, Hillary](#)
Cc: [Cabrera, Stephanie \(BOS\)](#); info@rescuesf.org
Subject: Appropriate Treatment and Housing needed for CARE Court participants
Date: Thursday, September 28, 2023 11:34:29 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Subject: Appropriate Treatment and Housing needed for CARE Court participants

Supervisors Ronen, Mandelman, and Walton -

I am a SF resident living in District 8. I've seen many instances of individuals with serious mental illness in crisis on our streets. Our City can and must do better to serve these individuals. We know that the status quo is merely a continuation of the misery that individuals on our streets are experiencing.

I am concerned about two gaps in the proposed system of care for CARE Court participants:

First gap - the housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

Second gap - having a true continuum of care ... not just a two to four week residential stabilization treatment. DPH announced that the recently-awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front- and back-end of its continuum of care – including

- Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when they're in crisis. And the chaotic SF General Psych ER is not a good environment for someone with SMI in crisis
- Community-based group housing: we need small homes for ten to 15 clients with on-site staff and peer group support for six to 12 month recovery. This structured environment provides individuals who've completed their two to four week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Thank you

YOUR NAME

From: [David Rogers](#)
To: [Ronen, Hillary](#); [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#)
Cc: [Cabrera, Stephanie \(BOS\)](#); [RescueSF Coalition](#)
Subject: Appropriate Treatment and Housing needed for CARE Court participants
Date: Thursday, September 28, 2023 11:19:51 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Supervisors Ronen, Mandelman, and Walton:

I am a SF resident living in District 8. I've seen many instances of individuals with serious mental illness in crisis on our streets. Our City can and must do better to serve these individuals. Specifically, I have 2 such folks living outside my door who are in much need of some assistance and care. They scream all night (on drugs) and seem to be in such pain, and sleep all day.

I am concerned about two gaps in the proposed system of care for CARE Court participants:

First gap - the housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

Second gap - having a true continuum of care ... not just a two to four week residential stabilization treatment. DPH announced that the recently-awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front- and back-end of its continuum of care – including

- Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when

they're in crisis. And the chaotic SF General Psych ER is not a good environment for someone with SMI in crisis

- Community-based group housing: we need small homes for ten to 15 clients with on-site staff and peer group support for six to 12 month recovery. This structured environment provides individuals who've completed their two to four week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Thank you,

--

Dave Rogers

he/him/his | San Francisco, New York | +1 (415) 637-0305 | [ConvertClick](#) | [LinkedIn](#)

From: [Mayra Dudrenova](#)
To: [Ronen, Hillary](#); [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#)
Cc: [Cabrera, Stephanie \(BOS\)](#); info@rescuesf.org
Subject: Homelessness and Behavioral Health Committee Meeting 9/29
Date: Thursday, September 28, 2023 11:07:01 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Subject: Appropriate treatment and housing needed for CARE Court participants

Dear Supervisors Ronen, Mandelman, and Walton,

I am a SF resident living in District 9. I've seen many individuals with serious mental illness in crisis on our streets. Our City can and must do better to serve these individuals.

I am concerned about two gaps in the proposed system of care for CARE Court participants:

First gap - the housing placements for CARE Court participants will not provide the therapeutic environment needed to prevent relapse and enable full recovery. The Department of Public Health (DPH's) plan for housing is to place those with serious mental illness (SMI) in existing Permanent Supportive Housing (PSH.) PSH is not dedicated to serving those with serious mental illness. It does not have the mental health staff on-site to support those learning to take their meds and the life skills needed to prevent relapse. In fact, the media documented poor on-site management, sub-standard conditions, and drug dealing in PSH -- all potential triggers for those with SMI to abandon their meds and descend into crisis.

The second gap - having a true continuum of care ...not just a two to four-week residential stabilization treatment. DPH announced that the recently awarded \$32 million state Bridge Housing grant will be prioritized for CARE Court participants. I urge the City to use these funds to build more capacity in the front-

and back-end of its continuum of care – including.

- Acute diversion units (ADUs) to provide crisis intervention capacity: we do not have enough places for our street crisis teams to take people with SMI when they're in crisis. And the chaotic SF General Psych ER is not a suitable environment for someone with SMI in crisis.
- Community-based group housing: we need small homes for 10 to 15 clients with on-site staff and peer group support for six to 12 months of recovery. This structured environment provides individuals who've completed their two to four-week residential stabilization treatment with the additional time to re-learn life skills needed to maintain their meds and live independently.

Thank you,
Mayra Dudrenova

From: [Tom Dehnel](#)
To: [Mandelman, Rafael \(BOS\)](#); [Walton, Shamann \(BOS\)](#); [Ronen, Hillary](#)
Cc: [Cabrera, Stephanie \(BOS\)](#); info@rescuesf.org; [Carolyn Kenady](#); [Lyn Werbach](#)
Subject: Supervisors: CARE Court is your chance to be a hero
Date: Thursday, September 28, 2023 9:12:46 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Supervisors Ronen, Mandelman, and Walton,

The situation on the street is much worse than it was a few years ago, and everyone knows it.

- I live in D9 and I am a recovered drug addict. Our streets are full of people with addiction issues and serious mental illness in crisis, just like I was.
- Most residents no longer support your current approaches.
- We need to compel people into long-term treatment and make sure they stay there.
- I can tell you from my own first-hand experience: **Housing is not the answer to drug addiction and mental health issues.**

You must act with courage to provide real help to the people on the street. Sometimes, help means tough love. You can do this and the majority of San Franciscans would support this effort.

Tom Dehnel