From:Paulina FayerTo:Carroll, John (BOS)Subject:Topic # 4 Public CommentDate:Thursday, July 23, 2020 1:11:13 PM

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My name is Paulina Fayer. I will make this brief, especially since I am chiming in on this agenda item as we wrap up. The focus here is on the mentally ill street homeless population. I support the viewpoint regarding the street crisis response, expressed by Rescue SF and a couple of the other callers. By the way, I am against defunding the police. In fact, I view the police as essential in this effort.

Thank you for your time.

Begin forwarded message:

From: Paulina Fayer <plfayer@icloud.com> Date: July 23, 2020 at 11:57:35 AM PDT To: John.carroll@sfgov.org Subject: Topic # 3 Public Comment

PUBLIC COMMENT

My name is Paulina Fayer. I hold the mayor and the Board of Supervisors accountable for immediate and effective action to address the tragedy of street homelessness.

July 19th, I was accosted, harassed, and nearly assaulted by a highly distressed homeless man on Harrison St., in San Francisco. When officers arrived, they let me know that they had dealt with this man earlier in the day as well as on prior occasions. The individual was 5150'd, but, presently, I'm not aware of his 5150 count toward conservatorship, and I really can't expect more meaningful action. To start, I want to push for the effective implementation of current conservatorship legislation. Going forward, my vision is tougher conservatorship legislation, robust mandatory local triage, and advocacy for funding for shorter and longer-term inpatient facilities. The details of my vision are a lot for this forum, in the interest of time, and I don't want to claim I have it all figured out and to come off as I'm not open to pragmatic input and compromise. Again, I hold the mayor and the Board of Supervisors accountable for immediate and effective action to address the tragedy of street homelessness.

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My name is Carolyn Thomas. Thank you for the thought put into the revised presentation on Behavioral Health priorities.

Today, coordination across all city departments that assist in providing health services for the unhoused is a huge gap, resulting in too many <u>non-successful</u> interactions.

Two key reasons for services not offered, and therefore not provided, seem to be...

 City personnel believe there aren't sufficient 'beds available' and so, not to set a false expectation, artificially throttle people going into intake
Granted - Providing care is a complex process. Today not all agencies consistently know or follow processes that result in successfully enabling services to be offered to those most in need.

Some examples: emergency rooms release people directly to the streets; first responders do not take people to sobering centers as an alternative

If there's a problem with the number of beds available - or any other resource - we want to ensure resources are available. Tell us specifically where to put our voices to secure the resources - whether that's at the city, region or state level. We'll show up.

Next, the Coordinated Care program sounds promising. Please

make sure <u>neighbors</u> who regularly see and interact with those on the street, are part of the process.

Ensure <u>all groups</u> are working towards and have the <u>same</u> goal, the <u>same</u> vision, using the <u>same</u> metrics for success. Continue to work at innovating, educating and making it easy at <u>all</u> levels for the handoffs as part of the interactions to have successful outcomes; - especially how street crisis teams work with other agencies so those that can benefit from behavioral health services – actually use and benefit from the services.

Carolyn Thomas 415-425-4511