

Koret Auditorium  
August 20, 2019  
LHCH HSOC Quarterly Meeting

Del Seymour: I want to welcome you to a special meeting of the local homes coordinating board. I am so happy to see so many people here today. Happy to see our representatives of the many city departments. You are more than welcome here. I just want to ask you a few things this morning. We are here this morning, not for us, not for HSOC, not for the chief of police, not for the mayor. We are here for Tyrone and Sheila, who are under that bridge.

We can disagree. That is what we are here for. If you are personally mad at someone, send them an email. You do not have to show up here in this room today because we are here for Tyrone and Sheila. And that is what it all should be about. So this is a chance... and maybe, we can get some agreement on how we are dealing with those two people. How we respond to those two people. I asked the people from the city to make your presentations short, to the point. We have print outs so we do not need you to read word for word. Everything is in the paper. I want to give as much time as we can for the citizens who devoted their time to be here this morning. To express their opinions that maybe we can affect a policy that we have questions about on the HSOC civic. And with that, we will get started. I think the presentations will start with Director Kositsky, maybe?

Mary Ellen Carroll: I am the director of the department of emergency management. So, and I am kicking this off... For those that don't know, the department of emergency management has been a partner with HSOC for the last 16 months. We host the operation in our emergency operations center at Turk Street. Our goal... We provide dispatch services, which you will hear more about, but we also provide support and coordination.

I just want to kick off by saying I have the advantage of being present quite a bit at HSOC. It is in our home. It is where I go to work every day. It has been a privilege to work with our city partners. I want to acknowledge the fact that everybody that participates in HSOC are very dedicated public servants. My impression and what I see every day is that you approach the work with heart and with a desire to make San Francisco a better place for everyone. So with that, we will kick this off. Excuse me.

The strategic framework is here. I am not... You can see there are 14 different symbols there that symbolize all the different departments that come together with HSOC to provide services. As I said, we launched in 2018 in January. We use a unified command structure which means we do not have any one person or department in the lead. We come together as a unified, we have four kind of key unified departments that lead and make decisions. The rest of the departments come together to provide support, planning and operations. The model is a one of coordination obviously, to maximize all the efforts of the city departments and to address the issues of the encampments and any behavior that affects quality of life for anyone.

The vision, you can read it here, I think it's important to acknowledge that we are here to address street conditions. We... The vision is that San Francisco street should be healthy for everyone and those that are experiencing homelessness, are marginally housed, are in need or social connections, health care... any healthcare and have access to those resources and services. We lead with services, compassion and respect. Empathize with the whole community. Develop system services that meet people where they

are and believe that every San Franciscan, housed or unhoused, should have a safe and clean environment.

I won't go into this too much, but this just gives you more of the chart of how we work. There is a policy group that is led by department heads, many of whom you will hear from today, including myself. On the day to day, as I said, we use unified command. The four key departments that are every day that have sort of high level management within HSOC, public health, housing... excuse me, homelessness and supported housing, PD and public works.

In addition, there are many other departments, I will not list them here, but you can read, that participate in the planning and operations. We, at the Department of Emergency Management, as I mentioned, have a dedicated 911 dispatchers. We also provide logistics, coordination, and support. We have a manager who is there day to day, coordinating and sort of herding the cows. Making sure that when moving forward... and we have a very important partnership with the controller's office, who provides us with coordination also, but also works with us on data collection and planning.

You'll hear a lot more about this, so I will not spend too much time, but essentially, we... The way we work together, one of the key components is that we have coordinated call intake. So instead of calls going to three different places throughout the city that have to do with street conditions or homeless related issues, or other issues, they all come into one place, which is at Turk Street. We have dispatchers from 911, 311, public works and the hot team together. So all of that, the calls come in that way and then they are dispatched in a coordinated way. You will hear more about that later.

We do daily planning and obviously, daily response. We use shared data to work on the responses. Responding to street behavior and calls that come in and we have field staff that are out and when they are in the field they can call into one place where they can reach health department, housing, homelessness department, the HOT team, PD, public works, rec park, MTA, we're all there. So we can kind of triage issues and deal with them as they come in.

Kerry Abbott: Good morning. I'm Kerry Abbott. I'm the Deputy Director of the Department of Homelessness and Supportive Housing and we wanted to talk about the service's first approach. How things work at HSOC for the HSH staff and our partners as called to come in. So, as Mary Ellen described, when a call comes in and there is a lot of triaging, we try to figure out if there is something that we can do right away and if there is an urgent need, then we work with our partners to dispatch a HOT team or to dispatch the other partners as appropriate.

The service's first approach in addressing encampment is a little bit different. This is... we do a quarterly count of encampment and we find out where the largest encampments are or where there are encampments that are maybe problematic, and then we make a plan together at HSOC. The encampment resolution team holds together a working group of HSOC partners and plans out what are the areas and what surfaces have presented. What do we know about the encampments? How can we best reach out to folks to try to give them another alternative than staying in tents and staying in an encamped area? SFPD is asked to wait to enforce laws related to camping unless we have made a genuine shelter offer first. That happens in the encampment resolution classes and it happens in any situation where an encampment is going to be removed for camping laws only. We have to offer shelter and the HOT team typically and the encampment resolution team go out to find out what people are

interested in. What type of shelter will make sense, if it is a large long term encampment and or what is available in the moment for any encampment resolution?

HSOC uses a coordinated outreach strategies that includes HOT and the Department of Public Health and SFPD. An example of that would be if there is someone presenting... potentially someone who needs assistance, but has serious mental health concerns and also is in need of shelter. Then we will be working very closely with public health and then letting PD know if the person presents a danger to the people around them. Public health, our partner, is going to come up and go into the specific DPH services.

Grant Colfax: Good afternoon. I'm Gary Colfax, director of public health, and good morning board. I appreciate the opportunity to present to you with regard to DPH as well as HSOC and just to say that we are a key partner in coordinating efforts to get people the care they need, and particularly with medical care and to be behavioral health issues that we believe recovery is possible, and later can lead to the value of harm reduction model and that we meet people where they are, and that when people are ready to access services, that they are provided those services in a full harm reduction spectrum. I also want to acknowledge on the coordinating board the president of the health commission, Jimmy Loyce is here and is obviously very familiar with the health department's work office as well as the commissioner and having formally worked in the health department.

Grant Colfax: So HSOC and DPH are healthcare services. Here coordination is really key. It is a fundamental value of HSOC. We coordinate efforts to better meet the needs of individuals with complex needs and really making sure that people get the wrap around services. We meet them, where they need them, and puts our effective assistance services provided. We have... The advantage of HSOC is that we are able to bring together a various list of priority individuals, or what we call top users from key departments and these are really neat and consolidated HSOC. If law enforcement is frequently dealing with somebody who has a primary behavioral health issue, if we're to work with public works with regard to somebody who's on the street and needs medical care, we are there or having conversations about how do we meet this person, where that person is. And show them what services are offered.

And I think, as a clinician myself, a case study was on frame sort of dictating the perspective of what happens to people, and again, this isn't good outcome. I'm not going to claim we always have a good outcome here, but I think it's important to emphasize that we are making a difference in people's lives. And this is really... During the HSOC operations, staff members from SF HOT engaged Angela, a young woman who was approximately six months pregnant. She was sleeping on the street, using multiple substances, had stopped going to groups and then was not receiving needle care. And tanks to SF HOT, we were able to place her in a navigation center that first night, and then several outreach teams collaborated too and engage with her and were about to escort to plans with multiple treatments providers. So again, it's showing coordination of city agencies to make sure this person got the care she needed.

She's now medically stable and scheduled to move into permanent supported housing. And in this case, what they will do is move quickly and makes a pathway out of homelessness. And it's just an example of where we are making a difference, and obviously, there are ongoing challenges with many individuals, but this is really what we look for in HSOC for work.

And I think the the daily HSOC triage, that's obviously not where we stop. We want to make sure that once people are identified, that we're doing the right thing in terms of responding to their immediate needs through outreach and engagement, when we figure out in that moment, in many cases, what are the best services available for that person, where they offer them services. We reconnect people with existing coordinator if they have one, to coordinated services going forward, or we'll assign a care coordinator to make sure that that person has a person who can help them coordinate our still complex system.

I think we have a lot still to do to make sure that services are open and receptive to new people, and then also we have ad hoc clinical case conferences where in cases like Angela and others, complex cases where we try to problem solve with our HSH partners about ensuring that person gets the wrap around services, whether that person is in a shelter, a navigation center, entering permanent supported housing, or is reconnected with other shelter or housing services, and that way they are as the public health department making sure that they're getting the behavioral health and medical services they need.

So I believe at this point... Oh, so also is part of our work in the street coordinating with HSOC, DPH just had a number of health fairs in high priority neighborhoods. And these are, I wouldn't quite call them pop up events, but they're events that are scheduled and have a wide array of services. They don't actually feel like health fairs as much as street events where people are provided services, including health services, but also things like showers, food, and so forth.

And I can just give you in the first part of this year, we had 240 medical engagements at the health fairs, we had 25 people who were newly connected to the health system, almost 300 HIV tests were done, including seven tests that identified newly HIV positive people and they were reconnected to care. HCV, which we know is a key public health issue, is HCV members curable now. We had 63 reactive tests that were connected to care. We had 77 narcan trainings, which is the overdose intervention. Sure most of you know this, but especially with fentanyl prevalence higher on the street and our overdose rates going up, it's really key that we get narcan in as many hands of people as possible so that they can be there when people need to have an overdose reversed.

We were also able to start buprenorphine on the street in 33 cases, so again, bringing here to people and starting buprenorphine. And we had 56 homeless and supportive housing shelter navigation placements. So just some, a few data going forward. So I'm going to turn it over to HSH director Kositsky to talk more about the work that we're doing, he's doing with our agency, and vice versa. Thanks.

Jeff Kositsky: Good morning. Welcome to all those coordinating board members. Jeff Kositsky with the department of homelessness and supportive housing. I am joined here by many of my colleagues who are involved in HSOC. I also want to point out that this was the first of quarterly meetings that we committed to. Might not be able to answer all the questions this time around, but we look forward to having a regular dialogue with this body and the public on HSOC.

I'm going to wrap up this slide presentation very quickly and just want to make sure folks know that we are working to expand our shelter and housing capacity as well as DPH's capacity for behavioral health beds. We have 400 new shelter beds, approximately 100 new behavioral health beds, and over 400 new supportive housing options open during the past year, and moving forward, we're planning on opening up by the end of 2020 an additional 700 shelter beds, 300 SRO units, there's 1000 more PSH units in

MOHCD pipeline. We have 500 new units or slots of rapid rehousing for youth over the next 3 years. DPH should be adding 102 more behavioral health beds. We're opening a vehicle triage center for people who are currently sleeping in their vehicles and are also continuing to expand our work with DPH to serve clients who have complex needs who are out on our streets.

The main purpose of this meeting, again the first of a regular series of meetings, is to answer many questions that some local homeless coordinating board members wanted to pose through a letter to mayor and department heads. That letter never got sent, but I do think that they were important questions and wanted to answer them for you along with my colleagues from the other departments. So please bear with us as we go through these questions that you all have asked.

So since implementation of HSOC, the question was with increase to the number of removal of tents in the city, however this has occurred without increase in outreach staffer services. As I had mentioned, we actually have increased pretty significantly the number of outreach services that are available. We also have added additional outreach workers in fiscal year 19 and more being added in 2020. DPH added an outreach team through Felton, and again you'll see there has been some service expansion that has gone along with work HSOC is doing, and not just to support the work of HSOC, but to better serve people who are experiencing homelessness.

The question is, "what was the justification for fast tracking of services, or people who are on the streets into shelter when we have over 1000 people waiting for shelter on any given night?" You know, perfectly, really good question. I want to point out that the city has over 3000 temporary shelter beds that range from one night, a mat on the floor for a night, up to shelter that you can stay in until you find housing. It's a pretty complex system of shelter that we have.

About 11% of the temporary shelter beds are used for HSOC, ERT, or similar initiatives as an alternative to enforcement being, what would you say, it's not okay to say to somebody, "you can't be here" without having a place for them to go to. But it's a relatively small amount of the shelter capacity is used for that purpose, and to also which you have a policy goal of being able to address situations in neighborhoods that have been highly impacted by people sleeping outdoors. We have carved out a small part of the system. I also want to point out that over half of the navigation center beds are prioritized for people who have a pathway to housing, meaning they're going to stay in those beds until they get housing. The problem is we don't have enough housing or other forms of exits available for folks. Navigation centers by themselves and shelters by themselves can't create magical housing. We do our best to use the resources that we have to serve as many people as possible, and as such, some of the shelter and navigation center beds are for those folks who are waiting and have a clear path to housing.

Some of the beds are also set aside for vulnerable populations. It was decided through processes over the years as well as some were set aside by CAP beds, for CAP clients, determined through the Care not Cash legislation passed in 2004 and 2005.

Related question, sorry... So this is a really important question that was asked and we appreciate the local boards and heard you loud and clear on your concerns and the question was, "how many of the one day or seven day or 30 day placements being offered by HSOC, what were the outcomes of those?" And I want to point out that HSOC isn't responsible for the outcomes of any particular program. Their job is to help people get from the streets and connected to services. What happens when they walk

through those doors of the services aren't necessarily related to HSOC except for in one case, which I'll get to in a moment. Actually let me get to that case now, because Bill asked me not to read through the slides. So I'll cut right to the chase.

Which is, that we did, we looked at what happened between July of 18 and May of 2019 and saw 347 placements made into seven day beds, which is primarily where HSOC was placing folks. We saw that the results were not very good. It was like a 2% success rate, meaning only 5 out of those placements resulted in exits to any other program. And we have heard you, and we've heard the community, and actually are going to be ending that practice starting... We will be rolling out a new policy in September, which we can share with the local homeless coordinating board at our next regular meeting, and we'll fully have rolled it out sometime by the end of 2019. Because, you know, and look, we're learning as we go, and we learned that this is an ineffective use of that resource. It'll slow down the number of placements that we are able to make, but we are adding more shelter beds at the same time during the next 700 or in the next year and a half or so. So thank you for pushing on this, and all the public comment that have come in with concerns, we hear you and agree with that feedback and are making adjustments accordingly.

Next question, was HSH stated that, from a memo that came from HSH, there was a very low success rate, about a 5% success rate, at the end of an initiative we were working on in the mission district. Which was a true fact. And it compared very negatively to a 65% acceptance rate of shelter that we saw in our larger encampment resolution teams that my colleague Kerry Abbott mentioned earlier. Want to point out that the 100 people or so that were remaining in April of 2018 when we were finishing up this initiative had all been offered shelter multiple times, and had refused it multiple times. We kept a census of people who were in the mission district. And again, not saying that this was necessarily the best outcome in the world, but also wanted to say that they were all offered shelter, however we all agree that we need to do better at increasing acceptance rates.

There's reasons why people don't accept offers and we're aware of all of them. We're trying to come up with strategies not only changing how we're using the shelter system, but also how we're doing our outreach and we're currently working with UCSF and the department of public health to really give our outreach workers better tools, and they're going to be serving people who are currently on the streets to come up with better tools for how we can help people, what do we need to change about how we're doing our business to better increase the acceptance rate of shelter or other services.

Okay, next question was: "does SFPD, HOT, or DPH do assessments prior to offering shelter to see if people can handle a congregate setting?" Which again, goes back to what I just talked about. That there are folks for whatever reason, always good reasons why people just don't want to be in the congregate setting, and we again are working with UCSF to help identify those reasons and come up with some alternatives, but we do currently have alternatives. SFPD, if they run into a situation where a client is presenting with some challenges and not just accepting shelter, they can call the HOT team or Felton can come and provide triage. DPH can assess and refer the person to an appropriate setting. SHS also has a limited number, about 80, sorry, about 70 what we call stabilization units, which are shelter beds that are essentially in a single, in an SRO building that people can stay in in their own unit if they can't handle a congregate setting.

And we do our best to try to meet the needs of people that we're encountering with the resources that we do have available. I also want to say we have also made placements directly from the street right

into housing because some folks are such high needs individuals and are such high priority clients for housing. They don't want to be in the shelter setting for good reason. Not judging them for not wanting to be there. There's always good reasons why people don't want to accept those offers, so we're able to place them into housing if they're a priority client.

Chief William Scott: So I'm going to answer the next few questions on behalf of the San Francisco Police Department and I have with me Lieutenant Chris and Director Deirdre Hussey from the Police Department.

Deirdre Hussey: The question says, "in what portion of encampments with people responses to 311, public health, or HSH staff present or going first?" Basically when 911 is called, the police, non-emergency number, and 311 calls for service are made, our homeless outreach officers are often the first able to respond to the situation. Our homeless outreach officers have the ability to refer individuals to available resources and services that DPH and SHH offer, including navigation centers and drop in centers.

Now our officers, we have really crafted our policy to work around the infrastructure that HSOC has created and our officers contact HSOC to consult with DPH and SHH and request additional supported when needed. What that means in terms of on average, in 2019, our SFPD homeless outreach officers averaged 18 referrals to HOT each month, five referrals to DPH each month, and 24 placements to temporary navigation centers each month.

"How frequently are citations being given on HSOC operations and across the city for homeless related quality of life violations?" So as you see, I won't read from every line, but I'll leave it up for a second so that everybody can take a look at that. And basically what this depicts from August 2018 to July of 2019, which is the last month before the period, you can see how our calls track, our calls for service, and how many individuals were cited. On the first line, with 980 calls for service. And this is just the calls that HSOC officers responded to. So that first line shows a 10% cite rate on calls for service and you go through, it goes down 5% and then by July 19, we're at 5%.

But it is not a constant number each month that goes up and down. As you see, again 2019 it went down significantly below where it started in August and continually went down, back up again in April and last month we were at 5%.

"Is there any evidence that HSOC has reduced the criminalization of homeless? I.e., reductions in arrest, citations, police dispatches, quality of life ordinances." Again, I'll leave this up for a second so everybody can look at it and process it. And these are only... These numbers only include calls in on view, which are observations by HSOC officers and bookings by HSOC officers. In August of 2018, there were 980 calls and 17 individuals booked. It went up to 34 the next month and the calls also went up to 1273, and then you can see how it tracked for the remainder of that year, leading into July of 2019 where we were at basically the second highest month for calls for service, and I think the second lowest or third lowest month for individuals booked. We were at .3% for individuals booked. So if you look at this line of time, it gives you a sense of the trends and you can draw your own conclusions as far as how that relates to the issue of the criminalization of the homeless.

Question 9. "Why are tents being collected as evidence by police when cases are now being regularly prosecuted by the district attorney's office?" Our perspective prosecutorial outcome really have no

bearing on whether or not we conduct enforcement when officers are out in the field. Our officers are responsible for compliance with policy and to use their best effort to convince people to accept offers of shelter. Basically, we're trying to get people services so we can get them off the street. And believe me, we have talked about this, and I have Lieutenant Chris who works operation. Our goal is to get people to a better place and get them help. Our goal is not to go out and do enforcement, but that is an option in some cases.

Per our SFPD policy, when elements of 647E of California penal court are present, a legal binding, and the person refuses available shelter, officers may give them a citation. The seizure of evidence is our policy and practice. The collecting of the tent as evidence is only done after other options have been exhausted and the individual has refused shelter when shelter is available.

The next question, "what will happen if the rate of camp removal exceeds that of service expansion?" As director Kositsky said, we are facing challenges with our housing situation in terms of shelters and we're working on that as a city. Only after making an offer to shelter them, an officer issued a citation for violation of a legal camping law. You know, what we're really after to ensure the health and safety of the community. The community at large. And HSOC officers may engage people living in encampments, even when shelter beds aren't available. The ability to resolve encampments relies on the access to shelter and ultimately housing. HSH, as was stated, is committed to making sure that all individuals get access to our system, or a coordinated entry system.

Our homeless outreach team officers is a mobile coordinated entry assessment team, and their goal is to ensure that any encounter is resolved and access to problem solving and coordinated entry. HSOC is working to improve awareness about the system of care and mail resources along all departments. And now I'll turn it over to director Mohammed Nuru for the department of public works.

Mohammed Nuru: Good morning, Mohammed Nuru, public works. Our agency is part of HSOC and public works' role in San Francisco is to keep the street clean. We have questions I will read. "Total tent that are seized reported each week. How many bag and tag to store people's property are being carried out? How many homeless people were successful at retrieving 100% of property taken? How does the department of public works being held accountable when there are claims made by those experiencing homelessness?"

So I would respond, and here are the responses there from September of 2018 to February of 2019. We have about 400 instances where items were collected from the street and brought to our yard at Caesar Chavez. During that same period, September 2018 to February 2019, we had 58 individuals that came to retrieve 151 items stored at our facility. In terms of reports, there are concerns of people not being able to find belongings or having questions about the whereabouts of their belongings, they usually can contact our office and we will assist you but we have a very thorough process. We actually store items for up to 90 days which is state law

Retrieval is much higher than we've seen in the past, this is about 57. 57% percent retrieval. We're staffed to.... Previous years have been far much less, and so we are asking much more people coming to retrieve their items and they're staffed seven days a week, normal work hours, and if we're not there, if you need to get some items that you believe we have, you can call our radio room, our frequency line. There's a number at the gate and we'll have staff.



Finally, the items that have been collected as a result of when the police department has us keep as evidence, we will release those based on when the police have given us the authority to do so.

Mary Ellen Carroll: Hello, and I didn't say it before, but thank you for having us and we're happy to be here to answer your questions, so... This question is about an HSOC community advisory board. Can there be one, or can there be a local housing board member at our HSOC policy meetings? "Can other departments besides HSOC attend these meetings to discuss HSOC?" So, HSOC isn't a department. It is a coordinating operation in which all of these different departments come together to coordinate our separate operations. All of these boards have governing structures for the most part that they have to respond to and that we do respond to.

So as an operation collaboration, because we're not a department, we don't have public meetings. The city staff here obviously understand the need for transparency and the benefit of getting input from a variety of stakeholders. And to that end, we've agreed to attend public quarterly meetings. We will attend obviously any of our commission meetings that we are asked to attend, and we will attend this meeting order. But that is the extent of... That is what we feel is the kind of representation and information sharing that we can handle at this point.

Del Seymour: Well first of all, I want to thank the department heads who come in today. This is a triumph that you have joined us today. And that's big for us. We sure do appreciate and we want to treat you very respectfully because we want you to come back again. So we want to make your stay here nice. We heard a lot of things that are going well in your programs, but actually we're here today to talk about the things that aren't going well. That's the reason why we're here today. But we appreciate you. So I'm just letting you know ahead of time that that's what we want to talk about.

So first of all, let me introduce the board members. This is a local homeless coordinating board. We're citizens and business owners in the city. Most of us has been here a long time. Some of us like myself, I spent 18 years in those tents. So I know a little about them and I have much love for my brothers and sisters who are still in the tents. So we kind of do this because this is what we do. So we'll start over here. Introduce yourself please.

Brenda Jewett: Hi, my name is Brenda Jewett. I've been living in San Francisco since 1981. I currently reside in Telegraph Hill and I've been on this committee for about a little over two years. Two and a half years maybe.

Andrea Evans: Hi, my name is Andrea Evans. I work on the homelessness initiative at Tipping Point Community. I've been in San Francisco for almost 20 years. I've served on several commissions including fire commission, which I don't see here, although I'm a huge fan of BMS 6, so we appreciate your participation in HSOC. I've been on LHCB for about a year and a half.

Kelley Cutler: My name is Kelley Cutler. I'm a human rights organizer at the coalition on homelessness. I've been doing outreach in some form within the city for about 17, 18 years or so and I've been paying very close attention to HSOC since it started and before that, and I've been on the board, I don't know, like year and a half. Yeah. Around the same time.

Del Seymour: My name is Del Seymour. I co-chair this board. I've been on the board about six years. I actually directed a couple, or two or three nonprofits in the tenderloin that deal with homelessness. I've

been in the tenderloin 35 years. Don't know why, but I've been doing it 35 years and I don't know if it's getting better or I'm just getting used to it. That's what I do.

Ralph Payton: My name is Ralph Payton and I'm the executive director at Hunters Point Family. About three years on the board, coach hearing with Adele, and I've been running homeless programs all across the country for about the last 20 years or so.

Jim Loyce: My name is Jim Boyce. I am a member of this board. I've been on this board between two and a half, three years. I represent the controller's office. I'm also the president of the health commission, and I've been in San Francisco 47 years.

Eric Brown: I'm Eric Brown. I'm the associate division director. Catholic Charity- Housing and supportive services, I've been on the homeless board for forever and I work with homeless and those who are HIV positive here in San Francisco and I've been doing this for well over 20 years, and I am a long term San Francisco resident.

Del Seymour: So I'm going to start the questions out. Chief Scott, again thank you for coming, chief. I think... You're more than welcome to respond sitting down, standing, whatever is best for you, sir.

So my question is, I spend a lot of time in encampments walking down the streets, I'm on the streets most of my day just chilling and seeing how things are going. And I want to just question your stats on the citations. And you brought the damage 200 citations, and you made a note that this is by your HSOC officers only. We generally don't have a problem with the actions of your HSOC homeless officers. They get it. The problem that we see the actions by your beat officers, who are not HSOC officers. If we would see that stats, I guarantee you they're a lot different than this. And that's what we want to talk about is how we can reign those folks in and have them have a better understanding.

Maybe all of your officers need to be HSOC trained. Sensitivity trained. What does it mean? That should be part of the academy maybe. Because this is the city where I think we're number one numerically the number one spot is homeless issues. So I would think the curriculum in academy would include how you deal with homeless. Maybe a week, two weeks maybe. It takes for all the other things you do in academy. For this city specifically. Because this is our number one thing and unfortunately, the police department is involved in this. And until that changes, every one of your officers that wears a star should be better trained or equally trained as an HSOC officer. Because it gives a bad look to everybody, so...

Chief William Scott: So I'll stand up so everybody can hear or see me. So first of all, I agree with your assessment that everybody needs to be trained on this issue and our department is trying to do just that. So here's how we plan to do that. One of the benefits of this collaborative structure is that we, the police department, aren't asked to take on this issue solo. And in the past, I think we were kind of working in a silo. So we have all the city departments with us, and part of the structure of HSOC and what we were trying to accomplish with this infrastructure is push that out to the entire department.

Now currently, the way we're doing and the way that we started. In addition to HSOC, each station has a contingency, usually four officers or so, that work homeless related issues. Now those officers still work at the stations, but from the beginning, we incorporated training every week where every officer who has any piece of the homeless work, they come together every Wednesday and they train. And in that training, we bring subject matter, experts, the department of public health, you name it. We try to bring

the people in so those officers are trained up. Pushing it out to the entire department is a large issue. We do have training in the academy. We need more. And that's something that we're working on. So we agree with you there.

But the infrastructure that we have right now really has offered and allowed us to push this work because we know that the HSOC officers are getting better at what they do and how we deal with this issue. To push that across the city is our goal and we're doing it pieces at a time. So the first piece was creating the infrastructure, the second piece was once we had the infrastructure in place, those officers that are working homeless issues in the 10 district stations, they come together every week and they train. And basically, even though they're assigned to the district stations, the HSOC operations team interacts with these officers every day. So that training piece is there, and we're trying to constantly get better at what we do and how we do it so...

To your point, we are trying to get there and it's one step at a time and I think we have made a tremendous amount of progress. And the last thing, I'll pose this issue on this. When we get in an assessment, we conduct our own assessment on how we were dealing with homeless related calls. One of the things that we saw prior to HSOC was that the homeless related calls was about 25% of our call load. And actually, the controller's office worked on this with us, and they did this research for us or conducted some research for us, the time spent on those calls for the average patrol officer was very, very minimal. In other words, it was a big portion of the total call load, but the officers weren't spending time on the calls. They were going from call to call to call because a re-prioritization in that type of thing, it happens regularly in patrol. They weren't spending time on the calls.

One thing that has shifted with the advent of HSOC and the collaborative resources, the officers have time to spend time on his calls and build the relationship necessary to be more effective in what they do. And that piece is critical and is huge. So the infrastructure has allowed us to do that, and that's what we want to work toward as an organization. And we had to start somewhere. We are on our way, and I think we are doing a much better job. Those officers in HSOC, they have time spent to build a relationship, to get to know the people, to get to know their needs, to make the assessments necessary to be effective. So that's how we're able to manage.

Kelley Cutler: Can I jump in really quick? Part of this I don't think is actually a training issue. Because if the officers don't have the resources, no matter how much training you can do, they're not able to help people. And it's really out of their control to be able to do so. Oftentimes the challenge, I see, is what they're being tasked to do. To be getting rid of encampments and tents. But if there aren't the resources and the shelter and housing and the appropriate resources and housing to put people in, we're just going in a circle and pushing people around.

Chief William Scott: Again, I don't disagree with the housing shortage or shelters available. What we are trying to do as far as the police department and HSOC is how we respond is really important and whether or not there's housing, I think even if there's no housing available, we still want to respond appropriately. And our goal is to try to get people to a better place. And I know that's been debated, and some people question that, but that is really our goal is to try to connect people with the resources. And if the housing is there, definitely that's what we'll do. If the housing is not there, there's still other things that can be done to try to get people to a better place. We just have to keep trying.

I can't stand here and tell you that I have the answers about housing. I know we're trying as a city, but how we respond is really important. Whether we respond with compassion, whether we connect people to resources is really important, and that's what this is all about. So I don't disagree with some of your assessments but we are trying. And we're going to try to connect people to resources. And that's really the goal of HSOC.

Ralph Payton: Great, thank you. So I have a question about number six. About question number six. "What portion of encampments (assuming that's encampments resolutions) is public health or HSH staffed, present, or going first?" You talked a bit about the homeless outreach officers when it's a 911 call, and I do appreciate that. But what LHCB's been hearing for the last year and half, two years now almost, is that there seems to be a change in practice in how the encampment resolutions are being addressed.

Ralph Payton: Initially, we were hearing anecdotally that HSH staff and PH staff would go in first, talk to different residents in the encampment, and then if there was any conflicts, resistance, then the PD would move in and address that. More recently, over the last year, we've heard more and more stories where HOT teams or HSH or PH personnel aren't the first individuals on site at an encampment resolution, that it is SFPD. And we're wondering if there's been... We've asked the question before if there's been a change in policy, and we've heard, "no, there's been no change in policy." It seems that there's been a change in practice. Can you speak on that?

Jeff Kositsky: Yeah, thank you. So it's really two different things that we're talking about. The HSH's and response to large encampments and by large, I mean six or more structures that have been placed for a month or longer, was to do exactly what you said, to go in and do an assessment of who is there, get to know the people who are there, try to understand what their needs are, and then respond in partnership with primarily the public health department, and that was done these kind of large scale encampments, or some people call them tent cities, which mostly have been resolve in the city.

Jeff Kositsky: The response to response to sort of one off, like a tent at the corner of 18th and wherever, is a much different type of response. The call volume that we have is quite high, and frankly we don't have the resources to be able to have the homeless outreach team or the public health department necessarily be responding to all of those, and then the other issue is, in some cases there are actual laws being broken, in which case the San Francisco Police Department is going to be the first responder. We do our best to respond first, but also want to point out that the HOT team's mission, not only do we not have the resources, our mission is really to find the highest needs individuals who are on the streets, get them assessed, and get them into stabilization units or into navigation centers, not necessarily responding to 311 calls.

So we rely on our partners with the police department, and officers are able to call into HSOC and then if they need assistance from HOT or SF department of public health, that assistance is made available when we have the resources to do so.

Ralph Payton: So we definitely understand that. We get that if a nine one, a three one is called, and if it's a non-emergency call, then of course the SFPD will be the first. We're talking about planned encampment resolution operations.

Jeff Kositsky: Yeah, so we're really not doing those to the extent that we were anymore.

Ralph Payton: Sure, but there was a time when you were doing them.

Jeff Kositsky: Yes.

Ralph Payton: And there seems to be a change in practice. So the question is, if another large encampment does manifest itself, what practice are we going with?

Jeff Kositsky: The same practice that we used.

Ralph Payton: Which is SFPD goes in first? Or HOT does?

Jeff Kositsky: No. The HOT... We have an encampment... We still have the encampment resolution working group that meets every other week at HSOC, and in the case where there are new encampments that have become identified by the encampment resolution team, we'll work with those. We actually are working now... That team is now working more with people who are camped in, sleeping in their vehicles rather than dealing with large tent encampments. So again, there's a difference between responding to a 311 complaint that comes in on a regular basis and responding to a large encampment that the team has identified as an area where we want to do some work.

Ralph Payton: Were there any internal HSOC discussions around what the public saw as a change in practice? Where it again wasn't so much outreach workers going in to start the encampment resolution process, but more lately SFPD. Were there any internal discussions around that?

Jeff Kositsky: I mean, what we're doing is meeting on a daily basis at the department of emergency management offices and looking at the 311 calls that came in the day before or that day and trying to respond to those calls, which is again, talking about two different things. The encampment work group existed before HSOC. It continues to exist as part of HSOC. The work that they're doing, their practices have not changed. What HSOC kind of add on is how we respond to 311 calls that are coming in especially in specific neighborhoods that have a large number of complaints coming through, and that response is different from how we're responding to large encampments.

Kelley Cutler: I do have something. I have a lot of things, but the part that's just not adding up for me where we've seen in the most recent point in time count that the amount of people experiencing homelessness in our community has increased, and where, and it sounds like how you're explaining, because with the encampment resolutions, it resolved the areas, it seems like now at this point, they're not doing anything because law enforcement is actually handling it before it becomes a larger encampment. Do you see what I'm saying here? Which is a problem, because we're not... Let's go back to leading with services. It just doesn't seem like... It seems like with HSOC, they're able to go out and frankly be doing sweeps more often so it's not getting to that point where it's larger.

Jeff Kositsky: Is there a question?

Kelley Cutler: It's really just kind of... It's just where, I think your answer to the last one that a lot of things just didn't add up for me. Because the numbers don't add up. Where I'm looking at the shelter wait list, I'm looking at the point time count of people on our streets has increased. The things just don't add up. And it doesn't add up that there wouldn't be larger encampment resolutions, which is a good thing leading with the resources and the outreach workers to connect folks into housing.

Jeff Kositsky: Absolutely right. The response to street homelessness and its impact on neighborhoods is different. It's obviously related, but it's a different response to ending homelessness. What ends homelessness is having a place for somebody to call home. Shelter's a temporary solution to where somebody's going to sleep on a given night and programs like permanent supportive housing, and the moving on initiative, and temporary rent subsidies, and rapid rehousing, and homeward bound, and some problem solving interventions, those are the things that solve homelessness for people. Even though we helped more people exit homelessness in 2018 than ever before in the history of this city, we still saw an increase. Albeit a little bit smaller than what we're seeing around the rest of the state, but we still saw an increase. So we are three newly homeless people for every person that we house on any given year. So it's absolutely a struggle.

Jeff Kositsky: There are fewer tents in the 2018 point in time count, but again, the responses are different and so your question is, it's not adding up... What's the... I'm sorry; I went down the rabbit hole.

Kelley Cutler: No, I know. So did me. I think part of it is that from being on outreach and hearing from folks who are living on the street, one of the things that we've been hearing a lot of is where with officers going and wouldn't be shown in the data because they didn't write citations, but where they're going, "give me your tent, or you're going to go to jail." And just straight up taking tents because there's a large focus of tents on this city, when tents aren't really the issue.

Jeff Kositsky: Yeah, I'll maybe allow somebody else to, the police chief to respond to that last comment, but I think nobody is saying that this a perfect solution. We don't have enough housing resources for everyone, we are adding... Despite the fact that we have more permanent housing for people experiencing homelessness than any city in the US, despite the fact that we have 12,200 people that are in housing or shelter that is operated by the city.

We're obviously not able to keep up, and we're doing our best to respond to citizens who are housed who have concerns about what's happening in their neighborhood, and we're trying to do so in a way that does lead with services. It doesn't always feel that way when it's a police officer that maybe has to show up first, but those officers through HSOC have access to the HOT team, and they have access to the Felton and other DPH services to the extent to... Not to the extent, but they call in when they need those services that are available to them. Again, it's not perfect, but it also provides a way to ensure that officers have access to social services when they're responding to 311 or 911 complaints, and I'll let the chief answer the other part of your question.

Chief William Scott: So Kelley, to your question, what we're trying to achieve is a balance. We respond to the calls for service, the complaints that Jeff mentioned and there is a lot of them, and we try to achieve a balance. None of them that are up there indicated how many people were actually signing out a book by our HSOC officers. Is there a discussion; is there negotiations in the streets? Yeah there is. Because here is what we're trying to do. Some of what we respond to, the conditions aren't such that we can just walk away. And we do encourage people sometimes to clean up their stuff and pick up and move. We do. And I'd be lying if I told you we didn't.

We're trying to do that the right way. We're trying to do that with some compassion, but we try to balance the calls that we're getting and the people that are complaining and the needs of the people that we have to come in contact with to address those issues. And again, this is a work in progress. We

try to get better at how we do it. That's where the training comes in, that's where the resources come in. But I can't impress upon this group more is that we're trying to find that balance. We want safe, healthy streets in our city. And we have people struggling and hurting and we get that. Enforcement is our last option and sometimes we have to use that option.

There is negotiation process. One of the things that we do rarely, officers have cameras. They have to turn them on during that process. So we're able to really see what the officers are doing out there. And of course, if somebody is overbearing or disrespectful, we can address that. But we're constantly trying to find that balance and thread that needle to do what we've been asked to do by the people that are paying about the services, and also attend to the needs of the people that are out there that need help.

Is it perfect? No. But I think we're getting to a better place because of the training, because of these type of discussions, and everything we've been trying to do, so we'll just continue to work at it. I don't have a perfect answer, I can only just tell you what we're doing and how we're trying to address it.

Brenda Jewett: I was on the way over here, a really scathing newspaper article from Fox News popped up on my screen and it was talking about the Dennis Lubber search over the last few months in San Francisco, Seattle, LA. And this was particularly focused on San Francisco. I appreciate what you're doing, but I'm wondering... There are so many departments dealing with this, and they seem to sort of insular, and I'm wondering if there are any conversations afoot about being better coordinated and the effort. Because it seems like, the mythology certainly is, is that everybody's doing that they're doing and there is a lot of room for cooperation, and could provide a lot more... A lot better results.

Jeff Kositsky: Well that's what HSOC is all about is that we're meeting on a daily basis, all of the key departments that are addressing this issue and the other 12 or so departments that are involved. I want to point out that we're not only dealing with or working on responding to 311 calls, we also are working really closely with the public health department on clients who have complex needs, and we've had some amazing successes that Dr. Colfax alluded to and things obviously we can't share due to client confidentiality in terms of getting people with really complex needs the assistance that they need and oftentimes it's involved public health and sometimes the justice system and sometimes the police department and HSH in order to achieve some of these successes.

Jeff Kositsky: We also are doing planning on a regular basis in terms of opening up new shelter and housing, so I would say that this is actually the place where that coordination is happening. Department heads are meeting every other week, so that coordination is happening at a level that it never has before since I've been doing this work in the city.

Andrea Evans: I'm sorry because I know the public has a lot of questions. I just want to get some clarification. Chief Scott, I think this would fall to you. So as I'm reading the answers to seven, eight, and nine, it looks to me as though it's the citation that triggers the ability for an officer to take away the tent, is that correct?

Chief William Scott: That is correct, yes. It's a misdemeanor citation and the tents would go to evidence.

Andrea Evans: Okay. So then it seems as though there's a huge gulf between the number of people who are being cited and those who are being booked. And so I'm just wondering if there can be consideration given to the fact that it appears as though most of these people aren't getting charged,

but could be having their tents seized regardless. So is there a way to think about that citation process so that we don't end up with people having what's for many life-saving tent safety taken away if in fact... It looks like since October 18th, less than 1% of people have actually been booked, but there are hundreds who have been cited.

And then this is unrelated, but also I think for you, going to training, do you feel like your officers are well trained in being able to identify people who are presenting with different types of behavioral health concerns versus maybe meth or some other type of addiction because what we've heard from some people is some people seem as though there is some psychiatric issue, it could be a substance abuse issue, and they're actually being referred to the wrong... The coordination of care may be going in the wrong direction. So I was wondering about training there as well.

Chief William Scott: I'll start with that one and we have the department of public health here which they've been really helpful and valuable to us to identify and train to some of those issues now. We're not health care professionals so we refer to the department of public health and we have discussions all the time at both the operational level and a policy level on how best we do that as a city. And that is an ongoing process, but those conversations do occur. In terms of how that works on the street, and Lieutenant Chris is here, and I could let him talk a little bit about how that's done, but at training it does take place, and that takes place weekly. I want Lieutenant Chris to talk a little bit about that because I think it's important that you hear from somebody at the operational level.

Lieutenant Chris: I'll just kind of touch on that. We did have motivational interview by DPH. Because we have our academy that teaches us one way, but dealing with them out on the street requires something different. So the class that DPH was able to put together was really... The officers really took it in, and they've been using it every day. They call if something they know is not HSH but DPH, we can funnel right to DPH. So that motivational interview class did work.

Andrea Evans: What about trauma informed care?

Chief William Scott: I'll turn it over to DPH for more on that question, but I want to answer your question before we go to trauma informed care. In terms of that process with the tents, we had 460 or so misdemeanor cases and out of those, 101, as of August 2nd, had been filed. So about 25% of those cases, the DA took some time of... The district attorney's office took some type of action. And that conversation is ongoing and how we can do better. Definitely will consider it. We have to work with the district attorney's office and a lot of times, they will dictate what they would like to see for those cases if they do follow up with prosecution. But that conversation is ongoing. We also discuss that in our police commission hearing a couple weeks ago. So we are talking about how to get better there. I don't have the answer right now for you, but we'll continue to work at it and, as Ms. Carroll said, we'll be coming before this board or that's the plan anyway, so maybe we'll have some updates on where that conversation is going by that time.

Chief William Scott: So I think DPH wants to talk about trauma informed care.

DPH Rep: So as Chief Scott mentioned, DPH has been providing with trainings at HSOC, including motivational interviewing, including by the trauma informed care. I think one of the real benefits of HSOC is having a clinician when officers when they call in to talk through the cases. I will say in terms of if somebody is having a behavioral health mental health issue versus a substance use issue, that actually



is very difficult to find out. It requires even our most trained psychiatric staff need some time to figure that out. That's not something you would expect a clinician to figure out in the moment. The most important thing though is to provide the appropriate care at the point in time, and it's a real good collaboration I think with DPH and PD to try to get to that place.

Del Seymour: If it's okay with my colleagues, can we turn the mic over to the public now? We only have 45 minutes. What we're going to do here, we have a hard stop at one o'clock. They're going to put us out at one. But we want to give as many people a chance to talk so we're going to do a one minute presentation. You may not get an answer, and if you talk over me then you're not disrespecting us, you're disrespecting the person or the people standing behind you. So look out for each other. So we'll start. Just come up to the mic. In a line right here.

Ralph Payton: And just to reminder that the questions should be directed at the board, not to our presenters. We can redirect some of those questions to the presenters but given the time constraints, not all of those questions will get to our presenters-

Del Seymour: Hopefully your comments might affect policy at HSOC. That's what we're here for today, to see if some comment that may be HSOC has not heard might affect a policy.

Brian Edwards: I hope this is useful. Brian Edwards, Coalition on Homelessness is a human rights work group. It's never great when a presentation starts out with an anecdotal story. We came here today to hear numbers and it started out with director Kositsky, it started out with Dr. Colfax and those aren't the lead roles in HSOC.

What I came here specifically today was to hear a DPW and SFPDs presentation because they are by far the people who are doing the lead response to homelessness here in San Francisco. And what I heard from director Nuru was retrieval rate. It's a receiptless system so I don't know how you talk about a retrieval rate. If I show up to the yard and I even get 1% of my stuff back, is that considered a successful retrieval? That's a BS statistic.

And then board member Cutler, she touched on this, I believe you also touched on this. People aren't getting prosecuted because officers are going out into the field every day and threatening citation and arrest and confiscating tents. And that happens all the time. So that's another meaningless statistic. Thank you.

Del Seymour: Thank you Brian.

Kevin Carroll: Good afternoon board members. My name is Kevin Carroll. I'm the president of the Hotel Council of San Francisco. Thank you for having this meeting and I'm here to speak on support of HSOC and all the coordination that all of you are doing.

Kevin Carroll: I think as a long-term lifetime resident of San Francisco, this issue is something that's that's very important to most of the people in the city. And I think the work in the coordination that

you're doing is incredibly important. I realize it's not perfect, but that's the reason that I think everyone's here today and I just want to speak in support of HSOC. So thank you.

Public Comment: Hello. I'm here to talk about the sensitivity toward the homeless since there's so much response from the police officers. I live in the Tenderloin. I stop and I talked to the officers and I also watched him harass people every day. And I speak with them and I'm constantly hearing the same thing from them, they're homeless because they're drug addicts. And I hear this daily.

And so I'm asking for more intense training and sensitivity from the police officers in their response. And from what I see, they do not stop and assess the needs. There's a lot of bullying going on.

Jessica Lamb: I'm next. Okay. Good afternoon. My name is Jessica Lamb with the San Francisco Travel Association. And I just want to share support for HSOC. Over and over again our leisure visitors, our meeting planners, our convention attendees express concern over our homeless neighbors in need and those on our streets experiencing mental illness.

Jessica Lamb: In fact, today we received an email from an international visitor who was traveling here with her young children expressing shock and fear from their stay where a homeless or mentally ill individual, individuals actually, appeared sick and in need of critical medical attention. And they had shared that they would tell their friends and family at home not to visit San Francisco with their children.

Jessica Lamb: And it's stories like these and experiences like these that require innovative collaborations like HSOC to help those suffering on our street. And as you'd heard that HSOC provides inner departmental training and DPH has made nearly 8,000 connections with those in need. And so San Francisco travel supports a compassionate approach to helping those living on our streets. And we're proud of programs like HSOC that have an effective outreach approach that offers resources and services to those who need them.

Neil Shah: I'm a San Francisco resident. I've been a barrier resident for 10 of the last 15 years, San Francisco resident for six of those. I've been arrested seven times for mental health and substance abuse disorders, recovering addict and recovering mental health issues. And I've been transiently homeless before as well.

So there's a major consistent here that's not being addressed at all today and those are the people making the reports. Those are the community members that I don't hear a closed loop about. So think about... The one word you said Chief was complaining, when people call the complain. Yes, people call to complaint because San Francisco is largely wealthy, largely white, largely... They're just... this is basically HSOC is an oppressive structure that needs to be overthrown with a community based alternative.

When I met with you one on one a couple of times last year when I was running an alternative operation to this and offered a collaboration, I didn't hear back from you. And this is not to personally call you out

here, it's just I've tried and made efforts and I think the community has as well. What mechanism, and this can be answered by anybody, what mechanism are you doing to engage the people that are making reports asking them to come into an auditorium and talk about their concerns because maybe they need the training. They actually are the ones that need to have their minds changed about the way they look at the people on the streets. And Del you know more than anybody I care about Tyrone on the street, you know that. So let's engage the entire community that way. So what are we going to do?

Public Comment:       Okay, so I'm an outreach worker at the Berkeley free clinic, but I live and have working on a school in San Francisco. So I was at the HIV health disparities symposium last week which focused on homelessness. And a really interesting thing that I'm hearing both from UCF physicians and SFDPH physicians is that SFPD is actually citing physicians under sit-lie if they sit or kneel in order to administer medical care. And when I worked at San Francisco department of public health, this is something that we would talk about often in DPH meetings that SFPD actually cites our outreach workers for providing medical care because by kneeling or sitting they're violating sit-lie.

So while HSOC is talking a lot about how collaborative you all are working between SFPD and SFDPH, it seems like you're actually working in direct conflict with each other. And we have people from the department of public health who are trying to provide services while other aspects of the city are trying to continue to harm the folks.

Del Seymour: I just hold one second for the next question. So I want to follow up on that Chief Scott and maybe director Kositsky too, I mean, is this happening? Are we criminalizing those that are attempting to assist?

Chief Scott:       Not to my knowledge and I can't without more facts... If the gentleman that brought that... is he still here? I would love to learn more about that incident or incidents that you're talking about. We don't write a whole lot of sit-lie citations to begin with. So if you have a specific or specifics where we've cited a doctor or healthcare or people that are trying to help people bring that to my attention and we will address it because I don't know of that happening. I will talk to you after the meeting and we'll see what... we'll get to the bottom of that. My knowledge, we're not so-

Del Seymour: Thank you Chief Scott. Director Colfax, are you getting reports from your staff about events or incidences like this happening?

Doctor Colfax: Yeah. I haven't gotten a single report about that. If it's happening, it shouldn't, but it hasn't come to my attention and I don't believe it's come to our deputy director's attention either. But if it's happening we need to know about it and we'll help stop it.

Brad Edwards: Hi there, Brad Edwards. I appreciate Chief Scott talking about how the specifics are important. I think a lot of times we don't have a document that describes how we do things when we talk about, hey, what's the process, we gloss over a lot. For instance, if there's a 311 and 911 call. Well, I'd love to know what does the intake look like? Is there a document after that? How do you triage?

What happens where? What is the compliance testing with respect to that? We got to get into the detail to find out where the actual problem is and if we just say, oh yeah, we're doing the best we can, it creates this disconnect that we see here.

Brad Edwards: Whether we're talking about language of, is it a negotiation? Well, that sounds like a euphemism to a lot of us. Are they being coercive or disrespectful? Well, who gets to decide that? Who's the judge in that and who's going to determine that?

Brad Edwards: Like property when it's taken, it's not tagged there. It doesn't get tagged until it's out of the facility. Well, how do you even know who's it was if you collected personal belongings from an encampment or from a few people on the street, how do you know whose it is? If we don't get into the detail and if you don't document the policy you don't know if you're following your procedures as well, not just the policy, the procedures. You need internal control documents to describe this behavior. And then that way we can have a more intelligent and enlightened conversation.

Devante Riley: I'm representing Larkin Street Youth Services. I was going to say a part of equity especially for poor people living on the street is creating spaces where they can have a community too. So outdoor living movement places where they can set up their tents and be themselves. Also having the resources backed up so they can't have a cushion, so when they do want to get off the streets, they can still go into coordinated entry and they can start getting these processes but still feel like they need spaces where they can still have their tents. They can still go through their trauma and heal. I really think that's important. That's it.

Martha Bridegam : I've been participating with the human rights work group of The Coalition on Homelessness. I've lived in San Francisco for a quite a few years since the earthquake with a couple of years out.

So director Kositsky, you said quite frankly, we do our best to respond to citizens who are housed. And I wonder, do the dispatch folks, do the Police Department, do DPW evaluate the validity or the importance of these calls before sending out public resources to jump to respond to these calls? Are there any policies established on how to deal with citizens who are housed to treat public agencies, DPW and the Police Department as their personal butlers?

I wouldn't mind continuing with a separate question and in simply everyone's saying it doesn't add up because the numbers that matter are not before the board-

Antony Frazier: Friday I actually did some outreach over the Diamond Heights area and I was told by some of the board of supervisors, which has Randall Mat... I feel Martin Romney and Hilary Rooney, that there's a lot of people sleeping in their cars up in the Diamond Heights area.

Antony Frazier: Me and a friend went up to the Diamond Heights area and looked at these camp outs and people sleeping in their cars we only counted six vans. It was just six vans and they were talking about it was a whole lot of people camping out. So really wasn't a lot of people. We counted six RVs.

John Stiefel: I'm a community development outreach worker here in the city. I spend a lot of time on the streets as well as with the housed residents of San Francisco. And I'm glad that there's a space here to talk about healthy streets. I've heard a lot of it mentioned that HSOC is primarily responding to complaints of as residents. So I'm wondering does HSOC have a strategy and what proportion of your resources are you allocating to empower and educate housed residents?

John Stiefel: The reality is housed residents in San Francisco are the first responders. And yet I am hearing that this is very much a top down reactive approach. And so I'd love if we could consider a proactive community based approach where we can encourage people to be good neighbors and encourage people to respond to their natural instinct to see the humans around them and to respond in love. So I'd love to encourage HSOC to consider more of that approach. And yeah, thanks for all the work you all are doing.

Flo Kelly: Hi, I'm Flo Kelly and I'm very happy that I work with The Coalition on Homelessness. After seeing so many homeless people on the streets and my just smiling at them, now I really want to do something about it.

Flo Kelly: I agree that all streets should be healthy, but the way HSOC is operating only the housed people health seems to be steering the policy. And I know the Chief said that Healthy Streets Operations Center and needs, I'm sorry. Healthy Streets Operation Center needs to live up to their name, and Chief Scott said their response to 311 calls is a balance, but the balance is clearly tipped towards the housed people as evidenced by where homeless people folks are allowed to live.

Flo Kelly: People with homes and without homes are neighbors. But clearly in so many districts as we know, I'm just going to say the obvious, there are no homeless people on the sidewalks, not in their vehicles because they've been told you're not welcome here. They're our neighbors, but they're not treated that way-

Flo Kelly: So do you take a house in order to keep evidence like you take away a chance?-

Del: Ma'am you're taking time away from other questioners please-

Flo Kelly: That's what I want to know. Thank you for letting me get that last statement.

Armando: So my head spinning with all the text on those slides, bad practice. But the big picture stuff is what really sticks in my head. And what I'm hearing from the Chief, there's a lot of, oh well... there was that one pit about oh, well the training we just isn't good enough, so well, HSOC is providing us with a separate amount of training and that's great. I can't help asking myself how good maybe a dozen or so

hours or whatever it is of training that officers could get can be compared to dozens and hundreds of hours of experience that health workers and other experts might have?

Armando: The phrase always comes to mind, when you're a hammer everything looks like a nail. And that's generally the way I feel about the police being involved in responses that have more to do with a health crisis and poverty crisis than with a criminal crisis.

That carries over to the citations aspect as well. One way to... How about not giving citations in terms of like, if taking people's tents is linked to citations, maybe we can just not give citations. As we've talked about, these aren't things that address the crisis as much as they are things that address the concerns of house residents.

I just wanted to say on hemlock right now is being swept, so if the board has any questions about that, that they want to put up. I just wanted to put that out there for you.

Public Comment: So there's four of us here with Coalition on Homelessness and also the stolen belonging projects so we request four minutes, we're going to show a video. We're going to show a video for some people who couldn't be here, including a whistle blower from DPW, a recent worker who says they were never trained on policy, that they throw things away, that they steal it when it goes to the DPW yard, that they sell it for profit.

You'll also see a homeless woman, Heather Lee, who we brought out to the DPW yard to get her things back within the 90 day window and they left us out in the rain and never came back. And this is what they do to everyone who is able to have the ability to get all the way to the outside of the city. It's so far away where they take your things, it's medication, it's family ashes, it's all the people... tarps, blankets, everything a person needs to survive is what they're taking when they take those tents and when they just clear it all out and throw it in the back of a truck as if it was trash.

### **Video Record**

Public Comment I just want to clarify that that worker's identity as a city employee was verified by the SF examiner. So stop the sweep, stop the HSOC, get the police and DPW out of our lives, out of our neighbors lives.

These are the few bag and tags that they actually have logged that say they're stolen out of the yard too, so everything that they... the few things that they actually bring and tag are broken into, stolen. You see medications taken at 4:00 AM 2:00 AM. It's ridiculous.

Ann Bleeding: Well, a picture speaks a thousand words. It's hard to follow that. There's very little else to say that hasn't already been said, but... My name is Ann Bleeding Thall and I'm here as just a part of the public.

I've come to a lot of meetings, I've watched, I've listened endlessly to the self-congratulatory reports that at the very most admit to not being perfect. And I think I'm not alone in feeling that it's not a productive meeting to hear about the successes and to be told we're not perfect, but we're doing our best over and over again. It's not a dialogue. I feel like, let's talk about where we aren't doing perfect. Let's talk about this and let's have some accountability and some real dialogue.

I also want to say, if you've got a hammer kind of thing, you're going to find a lot of nails. Let's bring human beings that care for our neighbors and our citizens. When you say if there's not enough... we all agree there's not enough housing. And our first priority is to get someone into a shelter-

The other services are criminalization and we just need to acknowledge it.

Cooper Rona: Hey my name is Cooper Rona. I'm a street medic, disabled firefighter. I help the homeless out on the streets because there's not enough resources to help them.

Basically all this sounds cute to me because I'm out there every single day dealing with this and I don't see any of the stuff that you guys are talking about. Every single day I wake up or I'm woken up in the middle night to go and help people on the street or like whatever it is, gunshot wounds, whatever it is, I fix it. Okay?

But the thing is, when I'm there and I'm going... all I see is the cops bullying and just being jerks. Like there's the sensitivity training... I'm a disabled firefighter and I'm unhoused as well. So at 13 years as a firefighter, I know how it works, I know how it goes.

I think there needs to be more... you guys need to get real and if you want change stop looking in the same place because it's not working. I mean your officers aren't doing what they're supposed to be doing. They roll their eyes... to me there's no heart there. You guys are destroying people a little bit at a time. I mean, you guys are... you're taking tents intense, take a things, you don't know what that does to the people that are out there. I see it. It's fucked up and it's heartbreaking. And we need to do something different. Change needs to happen. Thank you.

Miguel Carrera: Hi, good afternoon. My name is Miguel Carrera. So I'm formally homeless. I've being working in The Coalition on Homelessness for about 25 years doing outreach in the shelters and the streets everywhere where the homeless people congregate and be segregating too.

So this past weekend I had the opportunity to go into the ocean behind to the zoo, where we have a lot of RVs with a lot of families staying there. So I see in the RVs so many tickets, all these RVs. So who will give you these tickets? Of course the police, right?

What the concern is bringing to me more is because children's is over there and the city has to put in more effort, put more money and housing. They need to corral the program. They don't supposed to be and using the money at housing. So we need to ending the homelessness and we can do it.

San Francisco have more than... they live in billions of dollars that we can spend it in housing some of these billions. So the other thing as I see in this-

A co-worker, they was have a call this morning. The police-

They want to take it... they want to go to the CPS to taking their babies. It's not cool that what happen. Thank you.

Maria Shullman: And I would like to ask the board to do something about this problem. I'd like you guys to make a motion to change HSOC. The police should not be in charge of responding to homelessness.

Janet: Hi. My name is Janet. I work at North Beach Citizens. A really small resource or small homeless resource organization in North beach-

Hi, I'm Janet and I work at North Beach Citizens or a homeless resource center in North Beach. I think you may know. We're quite small. We're constantly working in conjunction with DPW, 311 and all these other different organizations. So how can organizations like us get more support to do what we do in keeping the streets clean and safe and livable for everyone?

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Naomi: Hi, my name is Naomi and I've lived in San Francisco since 1980 and I have worked in nonprofit, especially working primarily in HIV but working increasingly over the decades with homeless people. I currently work with a lot of homeless people. I do case management.

And one of the things that strikes me is this talk about skewed. This problem is identified as being caused by homeless people. That homeless people are somehow causing this problem, continuing this problem rather than seeing it as a shared city's problem by every citizen of this city. And that includes... the horror of people visiting here from out of town stumble on our dirty little secret that we have a growing escalation of homeless people, people who have lived here, who can no longer afford to live in the apartments or houses they've rented or even owned that they've lost jobs or whatever it is-

We will continue to give out tents and sleeping bags because people have to sleep somewhere and if you're having homeless people bear the financial brunt-

Del: Ma'am I now ask you to give the respect to the rest of the people here.

Naomi: People who are trying to get GA, they get \$82 a month because they're eligible to get a shelter bed. Can they get a shelter bed? No, but they are the ones who are paying for that unavailable service-

Naomi: I will. I'm saying as a person who works with homeless people every single day, they are swept, their medications, their IDs, all of their belongings. You know Medical does not replace stolen medications? Getting to zero campaign in this city that HIV positive people-



Eddy Steele: I live in the Mission District. I've been in the Mission District since 1992. I volunteer with a lot of organizations including Housing Rights committee, Food not Bombs, Mental Health Associates of San Francisco, Seniors Disability Action.

I just want to say first of all, I walk a lot of places. I work from the mission all downtown all the time for years and years and years. I've never had a problem with a homeless person that lives in a tent, lives on a sleeping bag, never. Not one time. Not once.

Also there's a lot of talk about there's less tents. Well of course there's less tents because the police are taking them and then also the supervisors, like the supervisor in my District said they weren't going to tolerate tents. So what happens is people are sleeping rough, people are sleeping just in sleeping bags to sleeping in doorways and it's horrid. It's horrid to see that.

And I just want to say one other thing. We need to be giving tools to homeless people to help solve their homelessness. The kind of tools that are happening are tools to the police department to harass homeless people. The next thing that's coming conservatorships. Now the police are going to have a tool where they can throw 51FIFTYs at people and it's going to end up locking people away out of society. And I've seen the BLA report that Manlubin did, 60% of people that get conserved end up in locked units for more than five years, 32% for more than 10 years. You're-

You're doing a policy that is going to disappear homeless people. That is what the city policy is right now. Thank you.

Spencer Hudson: Hi, my name is Spencer Hudson. I own a home in District 8 and I pay taxes in this city and have been doing as long as I've lived here about 15 years. It seems to me that Konsisky and Scott are wasting an awful lot on my money on whitewash because they did such a great whitewash job today. It's sickening.

And I want to focus on one statement that was made in the presentation. SFPD does not enforce laws relating to camping without making a genuine author first, that is patently false. Chief Scott is either misinformed or he is using his white wash blush as much as he can because anytime I see a sweep in progress, I stopped and I asked my unhoused neighbor two things. I say, "Can I help you?" And, "Have you been offered services?" And the answer to that is always no.

Public Comment: And this is really quick then. I think we can all agree that HSOC is not the solution to homelessness. That we have a health thing and house crisis. House... Oh my God, a housing and health crisis and that the solution is not criminalization and if you are angry about HSOC and want to organize, we're going to meet outside after this meeting. So join us.

Del Seymour: I want to thank everyone for their comments and again, I want to thank our guests. Our department here. Chief Scott, I'm sure you see that it seems like citations is the issue with the city and you've heard it right from people's mouths. You didn't hear it through the media or anything else you

heard our citizens talk this morning with Mr. Nuru, I understand you see that this belongings and bag and tag situation, the citizens of feeling that, they're really feeling it.

And Mr. Kositsky, it seems like when I'm hearing from the public is HSH needs be out there. HSH needs to be on the street more, maybe more hot team workers or whatever's in your department. The HSH is who is really responsible putting the plight of homeless people in the city, not these three gentlemen is HSH. So maybe we need better representation.

And to department of public health, we sure need more mental services. So we all each, one at a time when we give a couple minutes response to the... I know there's not deservingly but enough time, but if you could spend a couple of minutes.

Kelly Cutler: Actually, I've a couple of things. One of the things that I was actually hoping to get out of this meeting was more data, like actual data of how many people you're encountering, how many people are receiving services and actual data. I've been asking for this every single month for the past year and a half and I'm still not receiving it.

We went to the Police Commission and the thing that consistently came up is that they were not receiving the data. And so there's just a number of issues here where it's service first approach, it's being led by SFPD and DPW. That's not services, that's enforcement.

Then I have a question. I actually do have a question, it's not a statement. For question number 12 here. So this is about, can there be HSOC community advisory board representation? Other departments are... And it seems like the answer is no is what I'm getting from this. And it says that HSOC understands the need for transparency and the benefit of getting input from a variety of stakeholders. I don't know if I agree with that because there has been no transparency. There has been no accountability. And so if this is a no, that's a problem.

Del Seymour: Good. Chief Scott, you want to take a couple of minutes to respond in general to what you heard regarding your department? Or do you?-

Chief Scott: So there is a lot of questions about citations and I think it to Kelly's point, the data is really important. I think there is some information that needs to be explored further that the gentleman here and I think the lady in the back brought up, but here we are here to both inform and listen. We hear you. Some things I don't agree with some of the testaments some things I do agree.

So what I'm asking for is that we have to work on this together. I'm not your enemy. This department is not your enemy. We want things to be right, but we got to work on these problems together. So that's my offer to you all. We hear you, we'll take it back and we'll work on and continue to try to get better. This collaboration is all about trying to keep our streets healthy and safe. So that's what we'll do. And definitely we'll take your consideration.

Kelly Cutler: I'm wondering how specifically... No, excuse me. I'd like to know how specifically we can work together more on this because I would like that as well to be able... But what I'm seeing here from question 12 when we asked this, the answer I'm getting is no.

Director Nuru: First of all, thank you for the dialogue. I think you've heard from Jeff and he's shocked that we're willing to come to this forum on a regular basis to bring updates. You're willing to send us questions like we did. Today is the first time that we have come as several agencies that are in HSOC to answer your questions. And so if you want data, just give us what you need.

Director Nuru: We have made a commitment to come here on a regular basis, quarterly to answer and talk and hear the dialogue and so together... I mean, we're not going to solve this problem just in silos. We're going to do this together as a city-

Kelly: No, this is not true.

Director Nuru: Nope. We are-

Director Nuru: We take items, we store them and when people come to get them, they get them. Yeah.

Director Nuru: And the city has a process for claims. If you don't get your items, you can file a claim and we will go through that process.

Director Nuru: And I've never-

Del Seymour: Please give the speaker a chance.

Director Nuru: And I have never received a claim from anybody. We have never. So don't come here and make noise instead of use the process.

Director Nuru: The process. Yeah. All right, let me pass it onto Marilyn.

Marilyn Carroll: Okay. So again, I'm Marilyn Carroll, department of emergency management. We've given the answer. My department and I are responsible for leading the coordination of HSOC. If you have specific issues with departments that can be addressed. But I can tell you this, you asked a question about coordination, I'm in the room every day at HSOC, we bring in our departments, we work together. We have DPH, HSH, Public Health-

Del: Okay. We're going to end the meeting.

Marilyn Carroll: Okay, we'll come back. We will be happy to come back and answer questions that you guys have.

Del: I want to thank everyone for coming today. Thank you so much. I hope you'll come to the next meeting. God bless.

Public Comment:       People are dying outside and you people are taking home \$20,000.