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STREET SHEET

SHOWING UP FOR HOMELESS SAN FRANCISCANS	2	LIVING WITH SCHIZOPHRENIA	3	HOW TO BE A HOUSED ALLY	4	GETTING SOBER TAKES HOUSING, STABILITY	6	COVID ISN'T OVER!	7
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Dedicated to the memory of Brian Edwards
Thanks to Mark and Suzi Garner, who created these tents.

HOMELESSNESS IN SAN FRANCISCO

MEDUSA/BLANCA

Growing up in a small town in the Midwest, I had always been captivated by the city of San FranciscoI dreamed of one day living in a bustling metropolis. After graduating from college, I finally had my chance:. I landed a job in San Francisco and moved to the city, full of excitement and hope. My first few months in San Francisco were everything I had hoped for. I explored the city’s vibrant neighborhoods, tried new foods, and made new friends. But as time went on, I began to notice something I hadn’t expected to see in this beautiful city: homelessness.

I saw people sleeping on the streets, huddled under blankets or cardboard boxes, and in tents pitched in public parks and alleywaysI saw panhandlers on every corner holding signs asking for spare change. At first, I felt overwhelmed by the sheer number of homeless people in San Francisco but didn’t know what to do or how to help. As time went on, I began to talk to some of the homeless people I encountered, listening to their stories of how they had ended up on the streets.

There was Martin, a veteran who had fallen on hard times after losing his job. There was Christie, a single mother who had been evicted from her apartment and had nowhere else to go. There was James, a young man who had grown up in foster care and had aged out of the system without any support. I began to realize that homelessness was not just a result of bad choices or laziness, as I had previously thought. It was often a result of circumstances beyond a person’s control, such as job loss, eviction, or lack of social support.

As I learned more about the challenges homeless people face, I felt compelled to do something to help. I started volunteering at a local homeless shelter, serving meals and helping people find resources for housing and healthcare. I also started donating to local organizations that were working to address homelessness in San Francisco.

One day, I met a homeless woman named Monica. She was different from the other homeless people I had met. She was articulate, well-dressed, and she didn’t seem to fit the stereotypical image of a homeless person. I struck up a conversation with her and learned that she had once been a successful attorney. But after a series of personal setbacks, Monica lost her job and her home. It dawned on me how easily anyone could become homeless, regardless of their education or background. I realized that homelessness was not a problem that could be solved by simply giving people handouts or temporary housing. It was a systemic problem that required a long-term solution.

This drove me to passionately advocate for policies that would address the root causes of homelessness, such as affordable housing, mental health services, and job training programs. I started attending city council meetings and writing letters to elected officials, urging them to take action. Over time, there have been small but meaningful changes in San Francisco’s approach to homelessness. More resources are being dedicated to affordable housing and social services. More people are being connected to resources that could help them get off the streets.

I know that there is still a long way to go to solve the problem of homelessness in San Francisco, but I feel hopeful. I have seen firsthand the power of individual actions to make a difference. And I know that if more people in the city were willing to get involved, we could create a brighter future for everyone. As I walk through the city streets, I still see homeless people, but I also see glimmers of hope that I helped create. More people are getting the help they need to overcome their challenges and build a better life. With continued effort and dedication, San Francisco could become a city where everyone has a roof over their heads.

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COALITION ON HOMELESSNESS

The STREET SHEET is a project of the Coalition on Homelessness. The Coalition on Homelessness organizes poor and homeless people to create permanent solutions to poverty while protecting the civil and human rights of those forced to remain on the streets.

Our organizing is based on extensive peer outreach, and the information gathered directly drives the Coalition’s work. We do not bring our agenda to poor and homeless people: they bring their agendas to us.

STREET SHEET STAFF

The Street Sheet is a publication of the Coalition on Homelessness. Some stories are collectively written, and some stories have individual authors. But whoever sets fingers to keyboard, all stories are formed by the collective work of dozens of volunteers, and our outreach to hundreds of homeless people.

Editor: TJ Johnston
Vendor Coordinator: Emmett House
Artistic Spellcaster: Quiver Watts

Cover Art: Tents by Mark and Suzi Garner, in memory of Brian Edwards

In this issue: Blanca, Jack Bragen, Coalition on Homelessness, Agapezz, Q Watts, Miguel, Jenny

Street Sheet is published and distributed on the unceded ancestral homeland of the Ramaytush Ohlone peoples. We recognize and honor the ongoing presence and stewardship of the original people of this land. We recognize that homelessness can not truly be ended until this land is returned to its original stewards.

WRITING PROMPT:

WRITE ABOUT A TIME SOMEONE CHANGED YOUR MIND ABOUT SOMETHING

STREET SHEET SUBMISSIONS CAN BE BROUGHT TO OUR OFFICE AT 280 TURK STREET, EMAILED TO TJJOHNSTON@COHSF.ORG, OR SUBMITTED ON OUR WEBSITE: STREETSHEET.ORG

WITH A DIAGNOSIS OF SCHIZOPHRENIA OUR PROSPECTS ARE TOUGH

JACK BRAGEN

At 18, I was released from the hospital following a horrible psychotic episode for which I had been jailed and put in several psych wards. When finally released, I was back to some semblance of normality.

When I met with outpatient psychiatrists, they advised me that I should get a job doing the same kind of thing I'd done before I'd had the psychotic episode. It was never suggested that I try to go to college or do any kind of job that entailed brains. Although their intentions were good, their advice was wrong.

The night cleanup jobs were part of what caused me to become ill. Psychiatrists believed otherwise and felt it was just a brain disorder. A few years later it became apparent that nighttime cleanup jobs were bad for me. I went into electronic repair, and this was significantly better for my mental health.

When I was in my late teens and twenties, I was a great worker. I held several challenging positions that many people would not be able to do. I repaired home electronics and for a short time I was employed in photocopier repair. On the other hand, some of the jobs that I got were too difficult, and in some of those jobs, I was seen as "thin-skinned." If I had been successful in one of more of these "too difficult" jobs, it would have changed the course of my life for the better.

In losing some of the jobs, outside factors were substantially at cause. Mental health complications had caught up with me. Not just the illness itself, but the circumstances that accompany being diagnosed as mentally ill. Working while mentally ill and medicated is a significant achievement by itself. Doing this is the exception and not the rule. A large part of the difficulty is that of the antipsychotics, which work to reduce psychosis because they suppress brain activity.

But at a job, normally your brain needs to function for you to perform the tasks of the job. I learned to have an overdeveloped drive where I could often push past the effects of the medication and perform at a job. That worked to a limited extent, but

I couldn't handle any of the really demanding jobs.

Ultimately, in my mid-twenties, circumstances forced me to apply for Social Security Disability Insurance and Supplemental Security Income. The examining psychiatrist said to me, "If you're on medication, you are disabled." This is a very weighty thing to say, especially when a psychiatrist determining whether I was disabled says it.

FYI: Plan to Achieve Self-Support, or PASS, is a longstanding program in the Social Security Administration that can offset the costs of a vocational goal. This can amount to extra money intended to start a small business or pay tuition. It is worth looking into if you feel partway or fully prepared to work, and if you need a boost.

Even if you're diagnosed with schizophrenia, it doesn't always mean that you can't work. People's perceptions could influence you to believe you can't. You should not accept that. Not unless the idea of working seems impossible to you. This is where you might trust your gut feelings about your own capabilities and limitations.

If you have schizophrenia, it is harder to obtain and maintain housing. If you are renting on a subsidy from the Department of Housing and Urban Development, you must completely reject the notion of letting people stay with you in your unit. It leads to disaster. Before you rent, be certain you can pay for the unit, and the cost of utilities, food, communications, and transportation. Otherwise, it will be impossible.

Renting a room with cohabitants in a house or apartment might seem like a good route to housing, and maybe sometimes it is. But then you are dealing with the complications

of cohabitants, people who might not be able to tolerate living with a disabled person. Others in the house or condo could be professionally employed. For young adults with full-time employment, it is a hard sell to get them to let in a disabled person.

Discrimination and ableism is a real factor that can make it harder to rent a room. If you follow up on a Craigslist ad and go to an interview, with a disability you have less of a chance of being allowed into a household of people who are renting the rooms. The cohabitants could decide they think you aren't ready because of outward appearances that imply you are mentally ill and

medicated. But going off medication won't fix that problem. If you're concerned about discrimination, quitting medication is not a route you can take.

Being mentally ill and medicated affects everything. These problems affect earning money, being housed, how we are treated by the criminal justice system and much more. It is not an

easy existence, and it takes a very brave and strong man or woman to be able to live this way.

If you find that it is too difficult to integrate you may need to look for public benefits that exist for maintaining people with disabilities. These benefits exist because those who have planned our society and decided how everything will work were aware that we couldn't leave behind the disabled people, at least not completely and not all of us.

And yet there are a lot of catches when using the supposed safety net. For example, the government always wants documentation. There are always forms to fill out. There are always questions to answer. The government is an information-powered machine.

The government doesn't want to see cash in the hands of mentally ill people. That policy seems to be a part of keeping us restricted through any methods available.

It's easy to say, "Social Security has rules that make it easier to work," but that's an outright lie. Social Security keeps you stuck, and it keeps you controlled.

The government will want to interview you, verify everything, examine you and make you declare that you are not lying to them. If I could possibly get by without the government, I would.


A schizophrenic diagnosis is not a thing to envy. It makes all aspects of life much harder. It implies a lot, and it entails a curtailment of our rights. A person who has a major mental health disorder, on an unspoken or maybe even an overt level, is not in the same category as a person considered normal. The diagnosis is quite a barrier, but the illness itself along with the medication comprise more of a barrier than the label. The label is just a name. But the illness is a medical condition, and it won't go away no matter how you might want to reframe it.

And our society is far too intolerant. The intolerance has shown itself to me much worse in recent years than it was 30 years ago. We've gone backwards.

It is not a free lunch. If you need to collect disability to survive because you can't work, you should collect disability. But it doesn't lead to a comfortable lifestyle. Those who can and do work at a job are much better off. In a job, you'll have enough money to live on, or so one hopes. Additionally, you won't be dependent on the government for your housing and medical care. There are many, many reasons why keeping a job is better than collecting disability. And people are well aware of that. That's why collecting disability for many people is a last resort.

Jack Bragen lives and writes in Martinez, California.

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HOW TO BE A HOUSED ALLY TO PEOPLE EXPERIENCING HOMELESSNESS

Create an Inclusive Community

1

Introduce yourself Initiate basic conversations, like you would with your other neighbors to build rapport. Ask what their names are, how their day is, or comment on the weather. Build up to having more meaningful interactions.

2

Be a good neighbor Ask people what they need. Ask how you can help. Below are some ways to help with common concerns for folks camping near you:

- **Waste:** Inform your unhoused neighbors of the trash pick up day. Ask if they need trash bags.
- **Human waste:** Share a list of bathrooms (sfpublicworks.wixsite.com/pitstop) and call DPW and your district supervisor to request a "Pit-Stop" toilet to be located in your neighborhood.
- **Substance use:** Access resources and learn more at harmreduction.org. Substance use and mental health treatment can be accessed in person at 1380 Howard Street.
- **Hygiene needs:** Offer to provide access to water for drinking, hand washing, & bathing.
- **Charging:** Offer to provide a power source for phone charging.
- **Mailing address:** When trust is built, consider offering them your mailing address if they need to receive important mail. It is crucial to set helpful boundaries for you and clarify expectations.

3

Crisis? If a person is in immediate psychiatric crisis, check in with them before calling Mobile Crisis: (415) 970-4000.

4

Medical help? If the person requests medical help or is unconscious, call 911. Make it clear that this is a medical and not a police emergency.

5

Call the HOT team If the person is medically compromised, but not in need of an ambulance, call the HOT team at: (415) 355-7445. (Note: during COVID-19 they are taking voicemail messages only.)

Support Outreach Organizations and Advocate for Real Solutions

1

Learn about homeless services in your area Support their work by volunteering time or by making a donation. Get involved at cohsf.org and support: North Beach Citizens - Homeless Youth Alliance (Haight) - Beds for Bayview - Dolores Street Community Services (Mission) - Night Ministry - Faithful Fools (Tenderloin) - Project Homeless Connect Glide - YWAM (Tenderloin) - Larkin Street Youth Services (Tenderloin/Haight) - Homeless Prenatal

2

Call your Supervisor and the Mayor's Office and pressure them to open more hotel rooms and safe campsites (and for the long-term, more permanent affordable housing).

3

Organize your neighbors to provide mutual aid to your unhoused neighbors. Network with similar groups (e.g. Cole Valley Haight Allies, Rad Mission Neighbors). Host a video call & invite a speaker to talk about real solutions to homelessness, and how San Francisco could do better. The Coalition can help.

4

Educate yourself! Read the Street Sheet and make sure you know the basic facts: the shelter waitlist is currently closed, HOT team is making referrals to a limited number of hotel rooms for age 60+ and medically vulnerable, most homeless people were San Franciscans before they lost their housing, and the reason we have mass homelessness is that the federal government gutted housing budgets for poor people, closed state-run mental hospitals, and the city hasn't prioritized budget dollars for homeless solutions to fill that gap!



THINGS NOT TO DO

Do not call the police.

1

NEVER call the police on people who aren't causing or threatening imminent violence. Thousands of homeless people end up cited and often incarcerated every year for no offense greater than sleeping, and several homeless people have been murdered by police in the last few years. Police contact can actually prolong a person's homelessness.

2

DO NOT dump your trash out on the streets...especially near to where people sleep in their tents or vehicles. This can give off the impression that it is a homeless person who is "trashing" the street, which can fuel the false association between being unhoused and being "messy." This is dangerous because it might provoke housed neighbors or business owners to complain to the police.

IMPACT OF COVID-19

Before the COVID-19 health crisis, there were estimated 10,000 homeless residents of San Francisco, the majority of whom were living unsheltered on San Francisco's streets. The COVID-19 health & economic crises have exacerbated challenges for those seeking a path to safe shelter.

While there has been a great deal of focus on the city opening approximately 2,600 Shelter-In-Place (SIP) hotel rooms, this response has been slow and far short of 7,000 SIP rooms the Board of Supervisors unanimously authorized in April 2020. The city plans to now reopen 1,000 shelter beds, and has peaked at providing approximately 200 safe campsites. However, that leaves thousands of unhoused neighbors without a safe inside option.

For more information visit

The Coalition on Homelessness at cohsf.org

“WHAT HELPED ME WAS FINALLY A ROOM WHERE I COULD BE SAFE, REGULAR MEALS, AND A WARM BED.”

AN ADDICT’S ACCOUNT OF GETTING SOBER

AGAPEZZ

The writer of this article has been out of rehab and sober for a year and four months. They say that people don’t choose to be addicted, and try to explain substance use disorder from their perspective after ten years of use since the age of thirteen.

For me, it used to be that consuming was more important than eating: I needed it to fall asleep and wake up, to function. To keep from going crazy, I hold on to the high, even if it means ignoring any morality I really wanted to hold on to. Consumption lulls my traumas to sleep and covers them so they don’t wake up. I would like to deal with my negative experiences, but there is no safe framework for me to do so. What is addiction anyway? Everyone defines that for themselves. Let me do what I want with my body. That’s the view of the addicted part of myself.

Up until two years ago, I didn’t even realise that I was addicted at all, although very bad things happened to me. But if you live on the street and the people you hang out with also numb themselves and that’s not a problem for anyone, consumption becomes the only coping mechanism you have. Because no one here was allowed to learn any other way to deal with emotions, consumption becomes “normal” and nobody else wants to, or is able to, help you anyway. How was I supposed to reflect back then that my mind and body’s survival mechanism was death? Today I see my addiction as an illness that I can’t help and from which I had no way out at the time. People can’t blame you for that, can they?

What hurts on the road—and what

helps

People do resent your addiction; they devalue you and avoid you, thereby also suppressing their own addiction patterns and the reality of our complex world. The best example of an addiction pattern that is often suppressed in mainstream society: shopping. If you have money, you can “buy yourself happy”—but not for long. Because as with any intoxication, you will need something again soon. Because this type of consumption benefits the economy, nobody will sound the alarm anytime soon. Speaking of awareness, everyday alcoholism is known to be viewed far more liberally than being a junkie. Addiction runs through society as a whole, but “the ones down there” often get hit the hardest—in terms of substance and in terms of conviction.

Back then, when I was begging, I often heard passers-by say: “But don’t use any of it to drink, smoke weed or use anything else that gets you high!” This attitude—“I’d rather buy people something to eat so that they don’t get anything to consume”—I could understand as a child, but when I had to live out of my own hands, I found it to be overbearing. I can still understand the thoughts behind such reasoning, but if someone who has never had to live on the streets themselves, they shouldn’t incapacitate me. A life of violence and chaos is not helped by simple advice. What helped me was finally a room where I could be safe, regular meals and a warm bed. A social circle that does not consume permanently. And the best of all things: a warm shower.

With luck I didn’t die from my addiction

When half of the needs pyramid is covered and you have a reasonably solid foundation, then as an addict you can try to enter into a dialogue with yourself and your soul. Ideally, of course, with a competent specialist. Only then can you find insight and capacity for change. Of course, there are also people who don’t want to stop their consumption or only want to try half-heartedly because they do recognize their problem, so they use just enough to maintain. But even then, the inner child cries out, a child with whom we unfortunately cannot talk well when we have consumed. Maybe they don’t want to bury their “good old friend” the substance after all? You’ve experienced a lot together. It’s difficult to let go of something you’ve known for a long time. Even if it destroys yourself and everything around you.

Force of habit? Not just this. It is a well-known fact that people are more likely to become addicted if they did not grow up in a safe social environment, experienced a lot of deprivation as a child and who have already been exposed to consumption, also in the form of cigarettes, gambling, sex. If, for example, generational trauma—in my case, a war—cannot be actively processed because the circumstances do not allow it, well, then I do what my father did: drink red wine until the next fight and then wake up in the drunk cell. I’m glad and grateful that I didn’t die from drugs. I am grateful for my present privileges and that all my basic needs are met, all because of a bad accident that was my

ticket off the road. But not everyone is lucky in misfortune.

Take care of others and save lives

As a being who is viewed as a female on the street, I have probably seen and experienced the ugliest side of people. I could have used civil courage damn well. Recently I saw two people lying on their backs in the middle of Königstrasse in Stuttgart in the blazing sun. They didn’t move and, among the many people walking by, nobody cared about the two. I was of two minds: If I call the ambulance now, the police will come to accompany it. And I don’t know if I’ll cause them both even more trouble. I couldn’t go there personally and try to interact with them because I was afraid that it would trigger my addiction or my trauma. After about 25 minutes I called the ambulance. During that time, many people walked past those people lying on the ground as if nothing had happened, in broad daylight. The two could have been dead and nobody would have noticed; no one was interested in how they were doing. The ambulance took another 15 minutes. When it came, people stopped—to stare. With anger in my heart, I walked away.

One sentence was in the air: “It’s not my problem if the bums have drunk too much again!” It is our problem as a society. But if we were all trying to take better care of each other, we would not just be dealing with injustices alone. Many lives could be saved.

Translated from German by Lisa Luginbuhl, Courtesy of Trott-war / International Network of Street Papers

BECOME A VENDOR: MAKE MONEY AND HELP END HOMELESSNESS!

STREET SHEET is currently recruiting vendors to sell the newspaper around San Francisco.

Vendors pick up the papers for free at our office in the Tenderloin and sell them for \$2 apiece at locations across the City. You get to keep all the money you make from sales! Sign up to earn extra income while also helping elevate the voices of the homeless writers who make this paper so unique, and promoting the vision of a San Francisco where every human being has a home.

TO SIGN UP, VISIT OUR OFFICE AT 280 TURK ST FROM 10AM-4PM ON MONDAY-THURSDAY AND 10AM-NOON ON FRIDAY

COVID ISN'T OVER

Q WATTS

When COVID-19 first hit the streets of San Francisco in 2020, the response was dramatic. People with housing began to shelter in place, mutual aid networks sprung up, and tenants went on rent strike. While San Francisco publicly spotlighted its shelter-in-place hotel program, which offered private rooms to about 1,500 unhoused people, many unsheltered San Franciscans were left to fend for themselves as shelters closed down and services shuttered their doors. During the two and a half years that the program operated, Mayor London Breed's administration continued its inhumane encampment sweeps, stealing homeless people's belongings and pushing people from block to block.

News headlines, the current administration, and the unmasked masses might have you thinking—falsely—that COVID-19 is over, or at least more mild than it once was. Looking at the Centers for Disease Control and Prevention (CDC) transmission map, it looks like COVID transmission and hospitalizations are at low levels nationwide. This is a mischaracterization. This past May, the federal public health emergency ended, and along with it many people's access to COVID testing and the mandatory reporting of cases from counties around the United States. The CDC transmission map continues to show low rates because it is based on COVID testing data, a distortion because many counties

no longer report positive tests and because people are no longer testing for COVID due to lack of access.

The reality is that new, highly contagious COVID variants are circulating and driving an uptick in hospitalizations and deaths around the United States. Over 1 million people are now living with long COVID, and nearly all of our public health strategies to protect our communities have been abandoned to individual will.

An independent COVID-safety group called the People's CDC has been creating weekly updates to help inform people about the current state of COVID transmission based on wastewater levels. Testing wastewater for evidence of COVID gives us a much more honest snapshot of what is happening with the virus because it relies on the amount of viral matter found in our wastewater rather than relying on positive testing and voluntary reporting.

While hospitalizations and deaths—both currently on the rise—have been emphasized as the measures of viral severity, what is less commonly talked about is the dramatic impact of long COVID. According to the CDC's own Household Pulse Survey, 15% of people in the United States have experienced long COVID symptoms that lasted for three months or longer. Researchers at a Veterans Affairs hospital in St. Louis have

also recently found that your risk of developing long COVID increases dramatically with every infection, regardless of your vaccination status. While for some these symptoms may be somewhat mild, other symptoms are severe for most. Long COVID can mean debilitating brain fog, myalgic encephalomyelitis/chronic fatigue syndrome or heart conditions like tachycardia. Many people are living with permanent disabilities because of this ongoing pandemic.

In his excellent coverage of the impacts of long COVID, Ed Yong of the Atlantic writes "long COVID is a substantial and ongoing crisis—one that affects millions of people. However inconvenient that fact might be to the current 'mission accomplished' rhetoric, the accumulated evidence, alongside the experience of long haulers, makes it clear that the coronavirus is still exacting a heavy societal toll."

While COVID continues to harm our communities, most of the protections we once relied on for safety have been abandoned. Mask mandates have been dropped even in health care settings where high risk people must go for necessary medical care, access to more reliable PCR tests has been severely restricted, employers have begun forcing workers back into their offices, and vaccine boosters are only made available once a year. Homeless people in San Francisco who test positive for COVID are expected to stay on the streets or go into

congregate shelters, as the isolation and quarantine rooms once offered to people without the resources to recover at home have been restricted to specific subsets of the homeless population.

The CDC recommended new vaccine boosters on September 11, and San Francisco will have boosters available for anyone 6 months and older in a matter of days. You can find information on how to get vaccinated for free at <https://sf.gov/get-vaccinated-against-COVID-19>.

Masking, air filtration and vaccination are still our best protections against the ongoing pandemic, and we also know that individual action will never be enough to weather COVID's impacts. Below are some opportunities to advocate for increased protections that could help protect our communities.

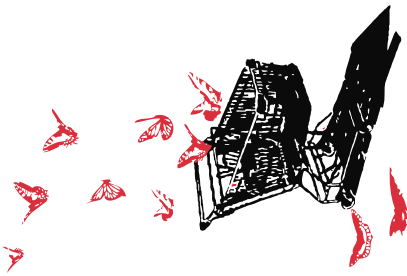
Take Action:
Wear a mask! Tell your friends why you are masking, post photos of yourself masking on social media, and advocate for widespread masking to support our communities! Demand that mask mandates get reinstated in health care facilities: <https://peoplescdc.org/keephealthcaresafe/> Call for access to free PCR testing and COVID reporting: <https://actionnetwork.org/letters/free-pcr-for-all>

THANK YOU FOR SUPPORTING THE COALITION ON HOMELESSNESS AT ART AUCTION 2023



Coalition On Homelessness
280 Turk Street
San Francisco, CA 94102
415.346.3740
www.cohsf.org
streetsheetsf@gmail.com

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FYI: WHEN TO CALL 911 OR 311?

SEPT 15, 2023

Call 911 ONLY for emergencies, such as overdoses or other severe situations (remember to ask for medical, not police)

Call 311 for non-emergencies

The following homelessness teams are part of the Coordinated Street Response Program, which comprises several City agencies and are led by the Department of Emergency Management. Caveat: DEM is also the department that leads in encampment sweeps.

Street Crisis Response Team (SCRT) operates citywide, 24/7, for people in acute crisis

Bridge and Engagement Street Teams (BEST) Neighborhoods focuses on behavioral health assessment and engagement

Street Overdose Response Teams (SORT)/Post Overdose Engagement Team (POET) responds to people in critical moments during and after an overdose

Other units
SF Homeless Outreach Team, a.k.a the HOT Team, works under the Department of Homelessness and Supportive Housing (HSH), connects people to services and shelter

PAGE 8

ORGANIZE WITH US

HOUSING JUSTICE WORKING GROUP TUESDAYS @ NOON

The Housing Justice Workgroup is working toward a San Francisco in which every human being can have and maintain decent, habitable, safe, and secure housing. This meeting is in English and Spanish and open to everyone! Email mcarrera@cohssf.org to get involved!

HUMAN RIGHTS WORKING GROUP WEDNESDAYS @12:30

The Human Rights Workgroup has been doing some serious heavy lifting on these issues: conducting direct research, outreach to people on the streets, running multiple campaigns, developing policy, staging direct actions, capturing media attention, and so much more. All those down for the cause are welcome to join! Email lpierce@cohssf.org

EVERYONE IS INVITED TO JOIN OUR
WORKING GROUP MEETINGS!

