



**San Francisco Youth Commission
Transformative Justice Committee
~Draft Minutes~
Monday, May 10th, 2021
5:00 PM – 7:00 PM**

**Public Comment Call-in:
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United States, San Francisco (toll)
Conference ID: 146 686 1562##**

There will be public comment on each item.

Members: Rome Jones (Chair), Gracie Veiga (Vice Chair), Arsema Asfaw, Nora Hylton, Gabbie Listana, Amara Santos,

1. Call to Order and Roll Call

Chair Jones calls the meeting to order at 5:02. Quorum is met.

Roll Call: absent / present
Rome Jones (Chair), present
Gracie Veiga (Vice Chair),
Arsema Asfaw, present
Nora Hylton, present
Gabbie Listana, present
Amara Santos, present

2. Approval of Agenda (ActionItem)

There is no public comment. Commissioner Hylton motions to approve the agenda, seconded by Commissioner Veiga. The motion passes by roll call.

Roll Call: aye / nay
Rome Jones (Chair), aye
Gracie Veiga (Vice Chair), aye
Arsema Asfaw, aye
Nora Hylton, aye
Gabbie Listana, aye
Amara Santos, aye

3. Approval of Minutes (ActionItem)

A. April 26th, 2021
[\(Document A\)](#)

There is no public comment. Commissioner Hylton motions to approve the April 26th, 2021 minutes, seconded by Commissioner Asfaw. The motion passes by roll call.

Roll Call: aye / nay

Rome Jones (Chair), aye

Gracie Veiga (Vice Chair), aye

Arsema Asfaw, aye

Nora Hylton, aye

Gabbie Listana, aye

Amara Santos, aye

4. Public Comment on Items not on Agenda (Discussion Only)

There is no public comment.

5. Business (All Items to Follow Discussion and Possible Action)

A. Training: DOPE Project 2021 [Discussion Only]

Led by Frances Fu, Dope Training and Data Coordinator

Frances - excited to present to young people. As a young person she always wanted an open and honest presentation/discussion on drugs. Her goal is to be the adult that she didn't have as a young person.

Overdose Prevention and Narcan Training

About Dope:

- Project of the harm reduction coalition (homeless alliance, glide)
- Oversee all the overdose prevention and naloxone distribution efforts & 4300 times saved by narcan
- Monitor the street drug supply
- Train service providers on overdose prevention
- Oversee overdose prevention in SROS

Here in SF Dope is funded by the dph. They acknowledge that the people who use drugs are first responders. Main strategy - work with 23 distribution sites who provide narcan. 2020

Overdose statistics:

PWUD - 4307*, EMS N/A, SFPD 211 - In 2020, we distributed over 50k kits

For every 1 death of covid, 3 of overdose

Just from jan - march, reversal is 2500 exponentially overdose crisis

monitoring street drug supply - get drug tested in lab, share information with community, more effective when shared than sfpd memo and training service providers and overdose prevention in SRO (new initiative)

Narcan only job is to reverse an opioid overdose, best case scenario you saved their life and if not breathing - wouldn't do anything

Simple, safe, and legal

- Simple - use if not breathing and not responsive
- Safe - will not cause harm if someone is not overdosing
- Legal - ca ab 635, protects civil, criminal and professional liability (you know how to respond on job, it protects you) & sf standing order prescription (doctor in sfdph - that covers all of san francisco for narcan usage)

Drugs

- - just say no = just say nothing (no practical tools)

- Honest and effective open information is complicated, whether marijuana/music or movies, all of those messages are telling us that drugs are super fun
- No middle ground - of accurate info
- Drugs reflect what we value
 - Ex: coffee - work, association of money
 - Caffeine = work, money
 - Cannabis = relax
 - Alcohol = socialize
 - Opioids = pain relief
- Opioids:
 - Regulated in medication treatment:
 - Oxycontin
 - Oxycodone
 - Roxycodone
 - Criminalized
 - Heroin (black tar)
 - Fentanyl (rock like and powder) - confused with crack cocaine
 - Only change is how strong they are and how long they last in the body
 - History is about people using substance rather than the substances themselves
 - Ex: first drug law - small amount of concealing opium - 1 year and a day 1920
 - Same time in pharmacy - laudanum soothing syrups - opioid teaspoon for drugs
 - Mexican 1930s marijuana - cannabis tincture
 - 1980s black folks cocaine, white
 - And drastically different sentences for their drugs choices
 - Overdose epidemic is not new, only reason more now is impacting lives of people (that matter) - not new and communities fighting their resilience
- Opioids act in 3 parts:
 - Brain (in house drug dealer) - process to happen, hunger, mood, attachment, or formation of relationship - comes in neurotransmitter, some process activated, they mimic natural chemicals they produce, and activate similar processes in the body
 - Drugs cant do anything your body - drugs harder, better, faster stronger
 - Opioids - mimic endorphins: sex, exercise, chocolate, gluten, dairy, stimulate love, warmth, attachment, comfort and security (effective at pain management)
 - So first hit of endorphin -
 - Milk as a baby
 - Mom holds you
 - Shortly after birth
 - Getting food,
 - Shortly after you are born as baby, warm, dark, comfortable - chilling fed to you as a cube - all needs met, nobody told you the download (pushed out) displaced from first home, strangers yelling, new sights, new sounds, smells - if you aren't crying yet, someone slaps you, closing tube of your life in need to survive, pain = cry
 - First time caregiver, hit of endorphins, mother's milk - stimulate love, warmth, attachment, comfort and security
 - Does not make pain go away, creates distance between you and pain - so it's

easier to navigate through life, and the people we serve are at the highest risk of pain, moving through - physical disability, chronic health conditions, trauma - 1 time of losing a home, losing someone they love, robbery assault, or long term trauma racism, migration, abandonment

- The question isn't about how do we get people to stop meeting needs universal
- But what is it about the conditions right now that make it so hard for people to access the things that they need on a daily basis - regulated way -
- Digestive system
 - Squeezes water out
 - Leads to constipation (ex: wisdom teeth)
 - Always good to drink more water
- Respiratory system:
 - Breathing slows down
 - Deprives body of oxygen
 - Leads to overdose and death
- Narcan
 - Knocks the opioid out of receptor -
- Drugs
 - Overdose: any dose that overwhelms the body
 - Over the dose to meet that intention
 - Ex: drinking too much, became uncool
 - Ex: caffeine, 6 cups of coffee for every test, and all you do is flip through tabs and end of day nothing done
 - Low grade stimulant overdose
 - You overwhelmed body to respond
 - Headache - cranky, irritable - experience of withdrawal
 - Tolerance
 - The more you experience something, the more you get used to it
 - A normal response in your brain and body's search for balance
 - Ex: crush, hearts race, armpits sweaty, hands clammy
 - Withdrawal
 - When something you've grown tolerant to, leaves, and you experience physical, mental, and or emotional symptoms
 - You have gotten used to is no longer there and that is time to make a change
- Drugs
 - Valium , xanax, ativan, klonopin (sleep, anxiety, tinnitus, muscle spasms, vertigo)
 - Opioid withdrawal:
 - Feel like going to die
 - Worst flue in life x 10
 - Repeatedly hit by a train
 - Bones aching
 - Muscles cramping
 - Skin on fire
 - Nauseous
 - Vomiting
 - Diarrhea
 - Cant sleep
 - More sensitive to pain
 - The longer you on to opioid, the more sensitive to pain they become
 - People we serve are likely exp withdrawal multiple times/day

- Street drug is unreliable
- emotional/psychological turmoil of not knowing
- Different from access to precipitation
 - You know when to take, how long to take it
 - Lots of support and resources
 - When you go through withdrawal
- Reaction is not about you, more about them at that moment
- One side effect of narcan - it puts someone in withdrawal, leads to a range of reaction
 - All trauma rushes back
 - And if that hasn't been taken care of, that person has no feel - good, and can watch out and for and how to prepare for that
- It's important to know whether someone is really high or overdosing
 - Not unnecessary pain
 - High or overdosing?
 - Are they breathing
 - Are they responsive
 - If yes to both then no narcan
- If high
 - Sedated
 - Drooping
 - Eyes fluttering or closed
 - Mumbling
 - Leaning forward
 - They are downer drugs - like alcohol the case of the droops,
 - Mumbles was a full response - just stuck at sleep at night - stimulate them enough,
 - High voice
- If outside - not sure
 - Look for intention (did they put themselves there, sleeping bag, stuff is packed up, dog is also sleeping) - > might be another 20 minutes than someone
 - Let them sleep
 - If it doesn't look intentional
 - Dog in panic
 - Sitting hunched over / standing and dropped/swaying (opioids) - feeling good, leaning into feeling and stopped
 - Checked in to not fall over, and body slows down respiratory, air way restricted
 - To check in:
 - Verbal (arms length) not all in
 - Gently pointing your voice - hey my friend
 - Most time, people are hypervigilant
 - Physical:
 - Gentle touch on back of arm
 - Gently patted ask
 - Sometimes ok fine, or get away (breathing, responding) - they are good, no narcan and move on
 - Gentle touch on back, torso, leg, hip, -> assault robbing territory -> not nice intention
 - Trained to kick people to wake people (feet)
 - Wake up startled, and a confrontation
 - Police response
- If overdosing:

- Skin color
 - Lighter skinned folks: pale/blue gray
 - Darker skinned folks: purple or ashen gray
- Snore gurgle:
 - Chest muscles can't contract
- Stimulate them:
 - Give them a chance to wake up before narcan
 - Verbal stimulation
 - "Hey, you're overdosing you're not breathing!"
 - Physical stimulation
 - Sternum rub aka chest noogie
 - Mom pinch
 - Verbal Narcan
 - "Hey my friend, you're overdosing, you're not breathing, if you don't wake up I'm going to NARCAN you"
 - People have traumatizing experiences with narcan
 - Just because you didn't have to use narcan doesn't mean you didn't save a life!
 - *narcan is a back up plan if someone doesn't respond to you
 - Narcan them
 - Put it all the way up their nose
 - Injectable (little vial with an orange cap - different mode of training)
 - Majority of service provider - is syringe
 - Each kit - 1 dose, if used it's done
 - 1 clip, no plug or switch - all the way up - because not breathing, inhaling to order - into sinus - to be absorbed into blood stream
 - Time 1 dose every 2 minutes
 - Keeps it simple
 - Keeps you grounded
 - Time moves weird in overdose
 - Depends on variables
 - Can't ask because not responsive/breathing
 - Timing every 2 minutes - repeat till person is fully awake
- Rescue breathing
 - Mouth to mouth part of cpr
 - You do not need to do chest compression
 - Open airways by lifting the chin slightly
 - Pinch nose - give 2 rescue breaths
 - 1 breath, every 5 seconds
 - Keychain breathing shields for anybody
 - Ambien bag
 - Without resources, breathe through cotton shirt, paper cup with hands
 - 2 fingers over lips - if worried about skin to skin contact
 - Crucial - because one thing they're missing is oxygen, without oxygen won't wake up, or significant brain damage
 - Before narcan - all overdose prevention is rescue breathing for like 45
 - Remember ca law 635 - that protects you if you choose not to respond, or respond to only part of protocol
 - Some people run in right away, some freeze, up to you and your flight or fight response is your own
 - Whichever boundary is - honor that, and if sitting here - you

might surprise yourself when someone in front of you isn't breathing

- Call 911 (best practice when not breathing or not responsive) - medical emergency
 - If you're by yourself, give narcan first before calling 911 - to have time to work
 - On 911 - name (optional), location, not breathing, and not responsive
 - Put them on speaker or hang up
 - If you're with a group - delegate
 - Someone call 911,
 - Someone do rescue breathing
 - If you stumble around someone responding - what you going to do
 - A lot we can learn from overdoses
 - Giving narcan, or keeping time
 - Ems - usually takes 3-5 min to arrive, 6 -8 min tops
 - If still unconscious ems takes over
 - If awake they can refuse medical
- Person wakes up
 - Skin returns to normal
 - Snore gurgle
 - Myth of people waking up violent, when they're really just disoriented
- In all 20 years, this hasn't happened - just disoriented
 - Waking up
 - Flat on back
 - Dope sick,
 - Surrounded by strangers
 - And being held down
 - Many things are slamming into them
 - Label of combative or resistant are put upon people
 - Imagine on their shoes
 - What is the most calming environment to wake up
 - Questions:
 - Did you call po, cops, treatment, where's my dog
 - Gently welcome them back into consciousness
 - 1 - 2 people close
 - "Hey my friend, this is ____, we saw you weren't breathing, we had to give you some narcan. So sorry you don't feel good. Sit up when ready, I got you, you are safe. *repeat this to them
 - Most common thing, people try to leave?
 - Be mindful of internalized stigma, help them walk out or get steady, acknowledge and take time or space
 - Remind them narcan stays active 90 min, but wears off in 20 - 30 min, if you use you will waste money and drugs, it'll wear off in 20 -30 - helps them chill down
- Recap:
 - If overdosing = not breathing, not responsive
 - Skin color changes and snore gurgle
 - Stimulation: verbal, physical: chest noogie and mom pinch
 - Narcan: up the nose 1 dose every 2 min
- Need individual narcan
 - Cbhs pharmacy 1380 howard in sf, 10th, and market m-f 9 - 3:30pm
 - questions: call 415255-

Questions

- Commissioner Nora: i just heard this, but after narcan wears off, the person can continue to overdose, where they need more narcan
 - True, if you got that person breathing and responsive, after 90 min, if longer acting opioid or somethings on a particularly strong or multiple - all of those things increase risk of reoverdose
 - If friend, hangout and sit with
 - If someone just coming across, you do your part in narcan - what i've learned in harm reduction to know what you can and cannot control always desire to control people's life to watch and take care of them and we can't do that trusting community, so many people are trained - if they overdose again - someone that comes along to at least call 911
 - Overdose tomorrow, next week or next month - trusting in community after that
- Commissioner Santos: all those analogies make sense, accessible way to understand what i personally can't relate, things to educate ourselves about people who use substance and substance abuse - and related stigmatized and criminalized, with community and compassionate focus
 - Frances; link in chat ssdp.org/justsayknow - help to develop sensitive drug policy and harm reduction strategies
 - Organizations: dancesafe.org (partying and nightlife scenes) - for raves, harmreduction coalition (dope project part of- harmreduction.org), drug policy alliance on line - politics of drug use, center for political drug education (my friend and i started this) politics of drug use to youth drug education - not just marijuana and things but when engaging in substance use - history of war on drugs and to hold both - politicaldrugeducation.org
- Commissioner Hylton: thank you and i know that narcan works for opioids and not for other drugs that have dangerous or
 - If you've distributed narcan, at what point to call 911 and isn't helping
 - No affect
 - Frances - General best practice:
 - Always recommend calling 911 for someone you don't know opioids or heart attack
 - If you have narcan at hand -
 - Overdose - skin color changing gurgle
 - In sf - calling 911 - not breathing or not responsive only ems will come, police will not come unless they are in corner - way outside of skillset - no mention of drugs, or narcan - to prioritize that call
 - In alameda or contra costa - police will come even when you say not breathing or not responsive
- Commissioner veiga: for other classes of drugs and overdosing is there a similar thing to narcan that we can have on hand -
 - Unfortunately, because opioids work in this - different drugs don't work like that that narcan can swap the neuron receptor
 - But that being said, if someone mixes substances - and have a party, pill and really something else breathing slow down, narcan will work on opioid part, but with stimulants (cocaine, meth or other amphetamines) heart issue - cardica arrest, it's not as simple as narcan coming to refuse drug - not how overdose death happens
- Staff - what's the best way or strategy to make sure everyones trained up or any tangible actions that the city can do to not criminalize things?
 - Making head way - dpt of HSH
 - Data for 20 years that people in sros were 19x more likely to die

- Dph issue - to foot the bill, but now with covid they can't use that excuse
- Throughout the year 2020 - 2021, increase in training requests, with drug use in san francisco how a lot of it is concentrated in TL, more folks in bayview, chinatown, sunset, mission
 - Requesting information on overdose prevention
 - Priority now to shifting attention to communities not served by harm reduction
 - White people who started this and made it into a public health
- Safe consumption sites or places to withdrawal
 - City is working on meth sobering center
 - Our analysis - might look stressed, middle of the street, labeled as meth related psychosis versus meth staying up so no stolen belongings and no assaulted, no water or food or sleep, arrested, sent to jail, - meth sobering center people in public health (coming down, do not do it in front of someone else) housing and water, places to sleep, to remove things causing harm nuances
 - Safe consumption sites:
 - Not sure on status
 - Not sure if people served have said they wanted it
 - And other times used - evidence based model for reducing overdose death and other harms
 - To reduce overdoses is to give them access to things that they need
- Commissioner Hylton: are people being administered on how to use naran?
 - Teachers within sfusd, broad network, sometimes occasional request
 - Drug policy alliance - safety first youth drug education curriculum - piloting training
 - Drug in school
- Commissioner Hylton: There wasn't any education about overdosing or what to do overdosing. It wasn't about "don't do it" but just "call 911"
- Commissioner santos: we had little education about this. Got the rundown that there are pills people take. There were a few trainings, but there wasn't a normalized training about substance abuse and the stigma on black and brown communities. If we tried to talk about this, the academy would be looked down on- feed onto the stereotypes of black and brown people. There were external and internal challenges. It was limited, brushed on, and not in depth conversations.
 - War on drugs and systems of oppression - divides people of natural allies ex: racism fractures within POC groups, war on drugs pits people who use drugs against other (cross judgement - when fighting same system of oppression that impacts us all)

B. Presentation: Tay Services and Outcomes at SF Pretrial Diversion Project [Discussion & Possible Action]

Led by Ivan M. Corado – Vega, Strategic Partnerships Manager, San Francisco Pretrial Diversion Project

Background in community, from boys and girls club. The work to move away from police and court. At the end there's time for questions

Clarifying the role within the justice system

- Free release for the courts
 - So the people we work with are not convicted with any crime

- Uphold the presumption of innocence
- innocent until proven guilty- what we do is provide support
- Once the trial is finalized or some court resolution, then they are no longer on pretrial and move onto another layer
- What we don't track:
 - Recidivism rates
 - Someone who has been convicted of a crime, goes to do their time and reoffends
- What we do:
 - Help them show up on their court date
 - Appearance dates
 - Reconnecting to lives and community. Not make another mistake or potential crime
- Community supervision
 - Non-profit - Not adult probation, we don't carry firearms, we're not trained to be law enforcement in anyway, non deputized
 - What we do is provide support, case management
- Release programs
 - This is alternatives to money bail
 - Clients can be referred to one of their 3 monetary programs
 - Provide individualized treatment plans, achievable goals, and proportional monitoring of our staff (phone communication, visitations)
 - Depending on their risk to the community determines their treatment plan
 - We aren't going to rearrest someone is missed meeting with us
- Own recognizance program (OR)
 - Interviewed - to assess risk, judge decides-
 - OR staff prepare essential case materials to support judicial determinations regarding pretrial release. In addition, they oversee monitoring and supervision for two levels of pretrial release for clients with misdemeanor and felony cases:
 - No active supervision
 - Minimum supervision

Court system, sheriff, judges, sf pretrial - created public safety assessment (PSA)

- Assertive case management program (in risk because of higher needs - crimes of desperation)
 - Clients with felony and misdemeanors
 - Provides structure and intensive supervision 1-5 times a week
 - Geared towards higher need plans
 - Referrals may relate to substance use, behavioral health, education, and employment
 - Might see people 1 to 5 times a week depending on their level of risk

In-Custody Referral Program

- Serious charges or longer history of legal misconduct, the courts will contact our icr program
- This program coordinates immediate placement for an inpatient or outpatient program - to make sure timely and commensurate treatment response
- Interviews conducted to assess which community programs would benefit
- Based on it A icr team make recommendations to court to grant or deny release which community placement programs have placement available and what conditions of release should apply

- Health right 360 or harbor lighted (regional program - out of country)
- Work with health provider if they have health insurance
- At end of day judge decides change

Diversion Program

- Non financial, community based alternative
- Is This Misdemeanor side of an offence
 - vandalized, damage to property,
- Pretrial diversion
- Primary caregiver diversion
 - Instead of holding someone in jail, they are released to take care of their child
- NCT
 - Demonstrate low level of risk, can be released an address issue through a program
 - Low level accusation/offenses- they aren't building a criminal history
 - This person has been given an opportunity for restoration in the community
 - Restitution
- Street Environmental Services
 - Project 20
 - Can be referred to project 20 and can work off those fines for lower level crime
 - Wont build a criminal history
 - Referred clients to projects of street beatification and cleaning to work off fines dismissed
- VJC / Veterans Court
- PRC
 - Show up to court and talk about progress
 - Addressed substance abuse, connected to anger management if have been going through stress or impactful behaviors
 - These are done in phases 1-5 (depending on the needs of the client)
 - Ex: veteran- experiencing mental health episodes in the community. People trying to help, yet he doesn't trust because of his trauma. He had been brought into custody, referred into VJC and had received services through the program. Has been stable for 10 months, progressing well through all his phases, will be graduating soon once gets a permanent living situation

In-Custody Programs

- Depending on the nature of the case, judge may say to hold them in jail or revisit every time they come to court
- Judge can refer people to roads of recovery
 - Sisters
 - Hold you in custody, want to see an improved change, assigned a case manager, given the opp to learn what substance abuse is and learn more about their history around substance abuse
 - Discharge planning
 - Held in jail, cases move, and depending what happens in court can be released right away
 - Helping these folks get the services they need right away
 - Discharge plan and needs
 - Sometimes have 12-18 hrs notice so have this window of notice to put a resource plan in place
 - Affordable care act enrollment
 - We have people who go to jail and help them to get connected with healthcare services while in custody

- Access therapies in the community when they're release
- While they're in custody they have the opportunity to enroll

Our Accountability

- We're neutral. The court district attorney, or any lawyer are all against each other. We hold people who are a part of our community. We are community people who work with people who are court involved.
- We are one of the few non-profit pretrial agencies
- Sheriff's office provides funding to us to provide these services
 - We're responsible for people to show up to court- we had 92% of showing up to court and making their court dates (not recidivism)
 - Our court appearance rates are our main appearance for us
 - We're doing great and doing well to ensure people are showing up to court.
- Us as a non-profit, we represent community
- We can help our own people get out of the justice system
- Safety rates
 - Have they been arrested for a new offense?
 - 94% are not being arrested for new offenses

Our Partners for TAY Services

- Unfortunately, the court system and legal system on paper doesn't distinguish someone's age as a factor when alleged committed a crime
- We do distinguish our clients- TAY 18-30
- SF sheriff's office
 - Five keys schools and programs
 - ReSet Justice collaborative for african american and pacific islander youth
 - Connected to supportive services
 - Ex: Looking for a job and need work clothes- we can provide work clothes
 - Services to re-entry and ensure the person has a plan
 - We want them to go back home, go to work, tap into their hobbies
- Latino Task Force
 - A collection of non-profit organizations who meet on tuesdays
 - We provide response for latino identified communities
 - BACR
 - Horizons Unlimited
 - Roadtrip to Peace
 - Street Violence Intervention Project
 - UCSF Wraparound
- Goodwill Industries
 - Job coaching, job training, and job placement support
- Epsiscpal community services
 - Housing support
- Larkin Street Youth Services
 - 18-24 yrs of age are referred here
 - Housing support
 - Ex: let's say we find a person who needs housing for 90 days. SF pretrail has funding to house someone 90 days at a time while their housing solution is developed by ecs or larkin street. With our support we can provide bridge housing. We have about 25000 set asides to provide temporary housing for those who identify as homeless, african american men and women because this pop is disproportionately seen in jail.

Questions:

Commissioner Hylton: no specific questions, but thank you so much for coming today and this is important convo bc it aligns a lot with our values

Ivan - thank you

Commissioner Veiga: seconds that

Ivan - thank you

Staff - how much is the funding? Is it through a grant? Five year budget cycle?

Ivan - the sheriffs departments budget cycle is for 3 yrs. Our funding is at 6 million a year. Our case management has tripled. So if the courts are closed and you can't process cases, we have a significant number of people on pretrial. We are continuing to grow. As of now we are 110 employees across all of our supervisions. Our caseload- there were 1700 people on some pretrial release. So instead of having the 1700 people in jail, they are in pretrial release.

Commissioner Veiga - curious why there's a backlog

Ivan - for the amount of cases can be provided in court. So if you look at it from a global perspective, our TAY population has to compete for all that space in the court. There's a young adult court, but there's a backlog there too. There's a backlog on top of backlogs. So if you think about it there's a funnel that feeds into another funnel. How can we get more judges, more public defenders- that's one way to think. The other- how can our community not experience so much policing? Are there alternatives?

Ivan - in preparation for the presentation Austin had a question- what can commissioners do? dcyf funds a lot of our programs 18 - 24. I can send austin links to the providers and what you can ensure is that they continue to get funded. How can we get our young people outside of pretrial supervision

There's talk about how to restructure the juvenile justice facility, one of the things is a pretrial mechanism for that facility, getting involved and what decisions being made for pretrial release for juvenile. To the links and people involved and having discussion - youth voice is essential

Open to tour - things in action, sit in on neighborhood courts for restorative process, sit in on intake, and how people are processed into jail and into program

Commissioners thanked Ivan for his presentation and insight.

C. Local Report Back [Discussion Only & Possible Action]

a. Community Updates

- Austin Willard- anything presentation on sf close juvenile hall, in ca annual summit of youth court, invited to youth court, capacity is low, anyone free to present - june thurs 24th - sat 26th 11 - 4pm (5 min presentation) flexible based on your struggles
- Nora and Gabbie (potential)
- If not us, young women freedom center

b. Workgroup Updates

- None at the moment
- Dphmustdivest achieved small wins with the newest dph budget plan with an increase of BERT at the health commission meeting last week and having a lot of public comment.

c. Action Steps Updates

- Public safety hearing - investment
 - Written: gracie, nora,
 - Rome is no, no promises arsema, no amara, no promises gabbie

D. Work Time: End Poverty Tows Resolution

Commissioners will be connecting offline for the resolution. Larkin Youth Advisory Board may assist and Commissioner Quick is down to support.

6. Staff Report

Applications are open now 4/9 – 5/23, spread the word at tinyurl.com/SFYCAPP2021

For folks not applying again: nora, rome, gracie -> are y'all available for training session for the yc app review and interview? 4:30 - 6:30pm 5/27 or 5/28 (gracie not available at either - like to help out, if recorded), nora 5/27 or 5/28, 5/28 rome

Lesly's grad presentation 5/13 6:30 - 8:30pm. Timeblock 6:30 - 7pm 5 min, time with youth commission

7. Appreciations

Let's appreciate Lesly!!! Commissioners appreciated Lesly for all her work and wisdom.

8. Adjournment

Chair Jones adjourns the meeting at 7:39 pm.