

MHSF IWG Street Crisis Response Team Recommendations

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Second Discussion Group participants to incorporate IWG responses: Sara Shortt, Steve Fields, Monique LeSarre, Andrea Salinas

Foundational Resources for Recommendation Development

IWG recommendations submissions: The discussion group received 8 responses from individuals in the IWG for the first discussion, 3 of those responses being from participants in the discussion group.

From the Issue Brief SCRT Pilot Goal: Provide rapid, trauma informed response to calls for service to people experiencing crisis in public spaces in order to reduce law enforcement encounters and unnecessary emergency room use.

From Mental Health SF Administrative Code:

(3) Part Three: Coordinated Outreach Teams and the Establishment of the Crisis Response Street Team.

(A) The Crisis Response Street Team shall be a city-wide crisis team led by the Department that operates 24 hours per day, 7 days per week, to intervene with people on the street who are experiencing a substance use or mental health crisis, with the goal of engaging them and having them enter into a system of treatment and coordinated care. A marketing strategy shall be implemented to ensure that the public becomes familiar with the specific telephone number to call to engage the assistance of the Crisis Response Team. The public shall also be able to find this team by dialing 311 or, in the case of emergency, 911, and can report someone in need of services through these channels. This team shall coordinate with the Office of Coordinated Care to assign case managers where needed to establish trust and rapport with individuals who refuse to access services and who are not eligible for conservatorship.

(B) All City outreach teams aimed at meeting the needs of people experiencing homelessness, including but not limited to the Crisis Response Street Team, shall coordinate their deployments and share information with one another, to the extent permissible by law, to ensure that services and outreach to individuals are guided by data, best practices and past experience.

IWG's Street Crisis Response Team Recommendations:

Given the mandate of MHSF administrative code as pertains to the creation of the Crisis Response Street Team, the discussion group recommends the following:

1. A mapping of all current crisis response programs must be undertaken, for example SCRT, HOT, EMS-6, Mobile Crisis, Comprehensive Crisis Services, High Intensity Care

Team, any other teams unknown to the IWG members. No new MHSF street crisis programs should be planned, implemented, expanded until after the mapping is completed, and proposed programs shall be brought to the MHSF IWG for review prior to launch.

- A. The strategic vision for each program should be clearly defined, including: problem/s the program targets for change, target population, goals and objectives. Including visual representation of the mapping, with all program components, and their relationship to each other within the system of care. Clearly defining programs is a necessary measure to improve utilization of BHS funding, accountability and accessibility to San Franciscans.
 - B. Data on each program should be collected to answer: How many requests for service does each program currently receive per month? How many requests for services do they have the capacity to respond to per month? Provide data on how many total individuals served, including unduplicated individuals.
 - C. An assessment of the collection of programs as a whole should be conducted to identify any redundancies and/or contradictions between these programs.
 - D. The evaluation should undertake an analysis of current gaps in crisis response services and the adequacy of funding levels for services across the continuum of crisis services.
 - i. The evaluation will include data from the evaluation of current crisis response teams, including under resourcing of current programs.
 - ii. The evaluation of current service gaps must also include input from those most impacted to determine the current unmet needs in our crisis services. Specifically, the evaluation should include the voices of consumers of mental health services, the loved one's of mentally ill in San Francisco, and service providers across the spectrum of mental health care.
2. Once gaps in service are identified BHS shall undertake a restructuring of current crisis services as needed. Based on this restructuring, a final set of recommendations for the implementation of SCRT can be made by BHS and the MHSF IWG.
- A. The final recommendations shall be informed by the following.
 - i. MHSF mandate Section (3), parts (A) and (B), listed above.
 - ii. All MHSF Governing Principles, with specific attention to (7) Integrated Services, (8) Coordinated Communication, (9) Culturally Competent Services, and (10) Data-and-Research Drive.
 - iii. Mayor's office mandate to create a public health intervention to policing for persons who are mentally ill.
 - iv. The needs of those directly impacted by mental illness in San Francisco.
 - v. Initial data provided by pilot of SCRT.
 - B. SCRT shall, if deemed needed, submit an updated strategic vision, goals and objectives.

3. In the interim, while the above steps are undertaken, in order to address current implementation challenges, and minimize inefficient use of Prop C funds we assert the following: Current implementation of SCRT is too narrow. As such we propose the following recommendations for SCRT in the interim:
 - A. As SCRT has the stated goal of “reducing law enforcement encounters”, SCRT should expand their scope to respond to all 800a and 800b calls for “Mentally Disturbed Person”. Even in situations where there are “weapons”, or perceived threats involved there is still need for mediation to de-escalate the crisis rather than respond with lethal force as is the norm now.
 - B. Respond from a de-escalation model that challenges racism, and stigmatization of persons that are houseless and struggling with mental health challenges. Please make available which model of de-escalation and mediation the team is being trained to use.
 - C. The following SCRT call code criteria currently in use should be eliminated:
 - i. Person must not be displaying self harm behaviors.
 - ii. Person does not pose an imminent threat to themselves, others or property.
 - D. Improve dispatch protocols to SCRT
 - i. An alternative number to 911 should be established. There were widespread recommendations from members of the IWG for a non 911 call line access to SCRT. In addition, the MHSF administrative code calls to establish 311 as an access line to the Street Crisis Response Team.
 - ii. Improve dispatch training for 311/911, in order to discern what is actual or perceived threats. Training should include instruction in discerning for structural racism to address and eliminate the weaponizing of 911 calls.
 - iii. When police respond to a call, create policies and procedures that establish when police can and should defer/transfer response to the SCRT team. Police should track and provide data of numbers of calls they deferred/transferred to ensure that SCRT services are appropriately utilized.
 - iv. DPH and IWG needs data from 311/911 on their protocols for triaging calls, and data of all 800 calls received with which entities they were triaged/directed to in order to recommend future improvements to dispatch.
 - v. Public service announcements to San Franciscans to make them aware of SCRT. Public education should include instruction on how people can navigate their interactions with houseless persons to improve compassion and humanity. Public education must include information of when it is appropriate to utilize 911, versus calling non-emergency number to dispatch SCRT and potentially other crisis services when that number goes live.