SCRT Recommendations Homework

Below are the raw responses from the 8 IWG members who submitted feedback. Please review in advance of your discussion group meeting.

Feedback from Member Chien

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
1. If the team had additional resources, and were to respond to more calls for service beyond the "800Bs", which types of calls should they prioritize?		
Assisting with medication compliance for mental health conserved individuals living in the community	Yes	Community-based Conservatorship Program has been well received as a way to assist individuals with mental health challenges to be able to navigate in the community (maintain housing, psychiatric stability, and healthy living) with the support of the intensive case management. One of challenges is to ensure medication compliance. Not in all cases, some of the conservatees need clinical support to accept their monthly injection.
Smart and strategic use of resources for certain districts with high needs	Yes	There are special neighborhoods (Bayview, District 5, So. Of Market) around the city which do not have sufficient and culturally competent resources.
High Volume of Crisis Calls between 11 pm -7 am	Yes	SCRT could address some of these calls, dispense appropriate services & referrals, and triage treatment or program pathways
2. How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?		
Community Engagement /outreach	Yes	Churches, nonprofit agencies within the neighborhood, town hall meetings, schools
Hiring diverse staff	Yes	
Build trust	Yes	A good record keeping of the outcomes
3. How can SCRT best engage the community to support its clients using the strength of existing community-based networks?		
meetings with the community leaders	Yes	
Have a table in street fairs /farmer's market	Yes	
4. SCRT is planning to have one team covering an overnight shift to enable 24/7 SCRT service coverage. What is your experience about the need for 24/7 coverage for this service?		

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
High need during the hours 11 pm -7 am	Yes	Per the Emergency Communication Center, the crisis call-volume jumps during this time period. SFPD, Emergency Communication Center, and SCRT should meet and find out about the call pattern (peak vs. low), and outcomes. This should help SCRT allocate its resources wisely.
5. Other Recommendations		
Staff recruitment/retention	Yes	It is hard to hire competent staff
Data to track outcomes will be useful to strategize the sustainability of SCRT and deploy resources to address the gaps	Yes	How many times does SCRT have to go back to assist the same person? How many cases require SFPD response? How many cases provide temporary relief but later require SFPD response? Meaningful regarding assisted individuals ' ethnic background, prior engagements, and successful outcomes with appropriate referrals, etc.

Feedback from Member Burford

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
1. If the team had additional resources, and were to respond to more calls for service beyond the "800Bs", which types of calls should they prioritize?		
Respect every person's right to access treatment and no one turned away for their engagement in illicit, self-harming, harmful or stigmatized behaviors.	I still believe we need to address my request for a legal explanation to this.	This recommendation is better than the original principle but should not prevent the system from using all resource available and are applicable to protect all of the public and their safety.
	There were two principles removed from this list.	Return the principles that were written into the measure that include involuntary treatment and conservatorship.
2. How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?		
In my limited experience dealing with the SCRT program, I believe the current combination is diverse enough in skills		

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and experience that we can let the professionals at DPH provide the program with continuous education and data, and that we do not try to over think this process.		
I believe we should monitor the data and review responses from the public before we add our personal opinions. This group might already have the skills to respond to communities of color and other populations with distrust of law enforcement.		
3. How can SCRT best engage the community to support its clients using the strength of existing community-based networks?		
San Francisco has a great relationship between public and private/CBOs networks. With that said, I caution this group from using terms like clients when referring to individuals that the SCRT respond to. SCRT is responding to assist the individuals to determine the level of care those individuals might need. This assessment might result in partnering with CBOs, but these individuals are not clients to this program.		
4. SCRT is planning to have one team covering an overnight shift to enable 24/7 SCRT service coverage. What is your experience about the need for 24/7 coverage for this service?		
This is a pilot program, so starting off with one team seems responsible to me. After we receive more data, we can better assess the need to expand coverage if need be.		
5. Other Recommendations		

Feedback from Member Fields

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
1. If the team had additional resources, and were to respond to more calls for service beyond the "800Bs", which types of calls should they prioritize?		
I believe that the unique integrity of he SCRT model should be maintained, which calls for a focus on individuals	For the most part. But the model is new	

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experiencing a behavioral health crisis in public settings. We should resist the impulse to expand this particular model to provide interventions in other settings or accept referrals beyond the 800B target population. The effect of expanding this model leads to another version of the Mobile Crisis Model, which more frequently involves a situation that might require a 911 kind of response. San Francisco has already implemented a mobile crisis response model and I believe the difficulties with that model being responsive to a wide range of calls should be evaluated before we expand the mobile crisis concept.	and we should continue to evaluate its consistency with the principles as the teams are added and the number of interventions grows.	
2. How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?		
Community outreach and education before the teams are launched would be critical. The teams should be designed to emphasize normalized contact with individuals they are intending to assist. That means putting the peer members of the teams in a prominent position when attempting to make contact with potential recipients of the service.	So far.	
3. How can SCRT best engage the community to support its clients using the strength of existing community-based networks?		
There are many aspects to this challenge for the SCRT. I will not address all of them, but will focus on a particular critical element. Whenever we expand outreach and the capability to intervene in an emerging potential crisis on the street or in their SRO room or housing, we have an obligation to provide services to provide immediate 24-hour support for those who cannot maintain their current housing situation, including being without housing. The SF behavioral health system has not expanded its community 24-hour resources for mental health, dual diagnosis, and SUD treatment in over 10 years. While early data show that the majority of individuals who are engaged by the SCRT do not require, or		

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do not want, 24-hour treatment options, as we continue to expand access and outreach, we need to be building the non-hospital treatment resources in the community.		
4. SCRT is planning to have one team covering an overnight shift to enable 24/7 SCRT service coverage. What is your experience about the need for 24/7 coverage for this service?		
The experience of Progress Foundation in the implementation of the Dore Urgent Care Center, which provides crisis stabilization services 24/7 is that there is a distinct drop in demand for such services in the overnight hours. I believe that experience (coupled with the experience of PES at ZSFGH as well as the existing 911 and 800B calls) is that one or two teams, at the most, could provide the necessary services during the overnight hours.		
5. Other Recommendations		
In terms of the evaluation of the SCRT, I would look closely at the number of repeated interventions with the same individuals. This data point tells the system something about the inadequacy of the current support systems of a specific number of individuals It will also inform the SCRT teams as the model is expanded to more neighborhoods.		

Feedback from Member Gonzales

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
1. If the team had additional resources, and were to respond to more calls for service beyond the "800Bs", which types of calls should they prioritize?		
Suicidal ideation		
Wellness check		
2. How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?		
Route calls through crisis call centers		
3. How can SCRT best engage the community to support its clients using the strength of existing community-based networks?		
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4. SCRT is planning to have one team covering an overnight shift to enable 24/7 SCRT service coverage. What is your experience about the need for 24/7 coverage for this service?		
I don't have experience/knowledge of this type of 24/7 coverage; however, decision about dedicating more resources to this should be based on a cost-benefit analysis.		
5. Other Recommendations		

Feedback from Member Salinas

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
1. If the team had additional resources, and were to respond to more calls for service beyond the "800Bs", which types of calls should they prioritize?		
They should prioritize calls of greater severity.		Social scientist police research has found that only 4% of police calls involve actual violence. Further the SCRT team can respond with police back up. The SCRT team can be the initial attempt to engage with the person. People find them less intimidating and might be more prone to de-escalate. At minimum the SCRT team can provide a buffer that will make it less likely that excessive force or lethal force will be used by police. Keep in mind

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
		that the mentally ill are 7x more likely to be killed during a police interaction than the rest of the population. Lastly, dispatch triage when called by the community at large will inherently apply racist bias against BIPOC community, skewing toward violent determinations when this is not always the case.
They should respond to calls of family and friends of persons who need support with an individual who is mentally ill in crisis.		
2. How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?		
SCRT should have a non 911 access number. This number should be widely publicized to be available to persons who have loved one's who suffer from mental illness and/or substance use disorders.		Many people of BIPOC backgrounds do not trust calling the 911. Also many families have decried for years that there is no one that can come to their homes to help them when their adult child is escalated. Frequently their loved one is street based because they have had to barr them from the home due to their behaviors, but they frequently show up escalated to their home. They try calling mobile crisis, and they are always told they cannot help. They hate having to call the police, and frequently will not call them. They frequently end up getting hurt, then it ends up their loved one is in jail, which no one wanted to begin with.
SCRT should be available to respond to providers in need of support with their clients needing transport to urgent and crisis services.		
3. How can SCRT best engage the community to support its clients using the strength of existing community-based networks?		
There should be a structure by which everyone that has an encounter is looked up in a database to see if they are connected with a provider. There should be follow up with that providers.		

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
There should be a mechanism by which providers can contact the SCRT team to alert them about someone they are looking for that is street based, even if they are not houseless.		Frequently providers are working with someone that is unstable and either 1) simply needs their IM medication and if we can locate them we can facilitate them getting their IM, or 2) is unstable and we need to locate them to conduct a 5150. Perhaps there can be a new tab in AVATAR where clinicians can put notes for SCRT team.
4. SCRT is planning to have one team covering an overnight shift to enable 24/7 SCRT service coverage. What is your experience about the need for 24/7 coverage for this service?		
IN our experience there has been very little need for overnight coverage.		
If SCRT plans to have a team 24/7 there needs to be clarity about what the expectation is for availability from m/h providers for care coordination.		
		What does the data from dispatch currently predict regarding need for SCRT overnight?
5. Other Recommendations		
Urgent and crisis services are already inundated, there should not be a priority status given to SCRT clients to access these limited beds.		
Training for 911 dispatch should be provided to ensure that all the calls that can be handled by SCRT get routed to them.		
Should explore the possibility of deploying to serve mentally ill persons who are housed.		We frequently hear from landlords that our clients are creating lots of problems for their neighbors. This often leads to loss of their housing. Perhaps this team can help in those situations when incidents are actually occurring that providers cannot get to, and support folks who don't want to call the police on their mentally ill neighbors. This also frequently serves to increase paranoia among our clients, and makes them more prone to bizarre

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
		behaviors in the future after police are called by neighbors.

Feedback from Vice Chair Patterson

#1 If the team had additional resources, and were to respond to more callss for service beyond the 800bs , which type of calls should they prioritize?

Suicide and people at risk to committ violence

#2 How can the SCRT best be deployed in communities of color and other populations which distrust law enforcement and other institutions ?

Hunters Point , Potrero Hill,Sunny Dale, Lakeview, Fillmore and the TL are the Black communities in San Francisco with highest violence rate. Mission has the excelsior district and the inner mission . Public housing has a lot of the Black population and is in Sunny Dale, Potrero Hill, Hp , Fillmore and Lakeview has one area. Those are the areas I recommend to expand too

#3 How can the SCRT best engage the community to support its clients using the strength of existing community-based networks?

SVIP , Positive Directions,Shelters, Drug treatment programs and the Hot team are good organizations to work with. Possibly Public housing associations that are active and I would also recommend business owners who are involved in community . Community volunteers and maybe some retired seniors

#4 SCRT is planning to have one team covering an overnight shift 24/7. What is your experience about the need for 24/7 service.

I would say shelter probably need it the most. Other than Shelters things die down after about 2 am . Most activity taking place after 2am would require police .

Feedback from Member Arai

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
1. If the team had additional resources, and were to respond to more calls for service beyond the "800Bs", which types of calls should they prioritize?		
MH/SUD crises where symptomatic behaviors may occur inside a residence/business		To not be limited to serving just those exhibiting behaviors outside- many suicide attempts are made indoors (should this be within SCRT scope?)
2. How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?		
Alternative access other than 911		Expectation is that police will be involved if you call 911
3. How can SCRT best engage the community to support its clients using the strength of existing community-based networks?		
SCRT Representatives assigned to regions to educate and gather community feedback directly from the community being served		Designated reps from SCRT could attend neighborhood community meetings and build relationships with people/businesses in community to help differentiate SCRT from the police
4. SCRT is planning to have one team covering an overnight shift to enable 24/7 SCRT service coverage. What is your experience about the need for 24/7 coverage for this service?		
Difficult to maintain staffing levels		Requires back up coverage in the event of any call outs – licensed clinicians are expensive and many CBO non-profit agencies may not be able to sustain financial burden of labor
Fewer resources are available after hours		Can lead to funneling clients to the only open emergency services (hospitals, police) which may not be the appropriate level of care.
5. Other Recommendations		
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Feedback from Member Eisen

Recommendations	Were all principles sufficiently applied?	Notes for Subcommittee (anything else they should know)
1. If the team had additional resources, and were to respond to more calls for service beyond the "800Bs", which types of calls should they prioritize?		
910 calls; Perhaps the first responders could be expended to include the CART initiative.		How do we coordinate/communicate first responders for people in mental/emotional crisis?
If SCRT is for street response, who would families call if they had a family member in the home that was in severe mental/emotional crisis? There are several high-profile instances of family members calling 911 that resulted in the death by police of the person for whom they were seeking help		
2. How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?		
Need alternative to 911. How will we integrate this system with 988 as that rolls out?		
Need to develop widespread communication plan about SCRT (and other crisis response).		
Need to create regular opportunities for community input.		
3. How can SCRT best engage the community to support its clients using the strength of existing community-based networks?		
Work with existing organizations serving the community.		
Engage the users of the service via follow-up and feedback.		
4. SCRT is planning to have one team covering an overnight shift to enable 24/7 SCRT service coverage. What is your experience about the need for 24/7 coverage for this service?		
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5. Other Recommendations		
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