

June 9, 2021



# Mental Health San Francisco Implementation Workgroup

BOS Budget & Appropriations Committee: SCRT Update  
Dr. Monique LeSarre | IWG Chair



San Francisco  
Department of Public Health

harder  co | community  
research

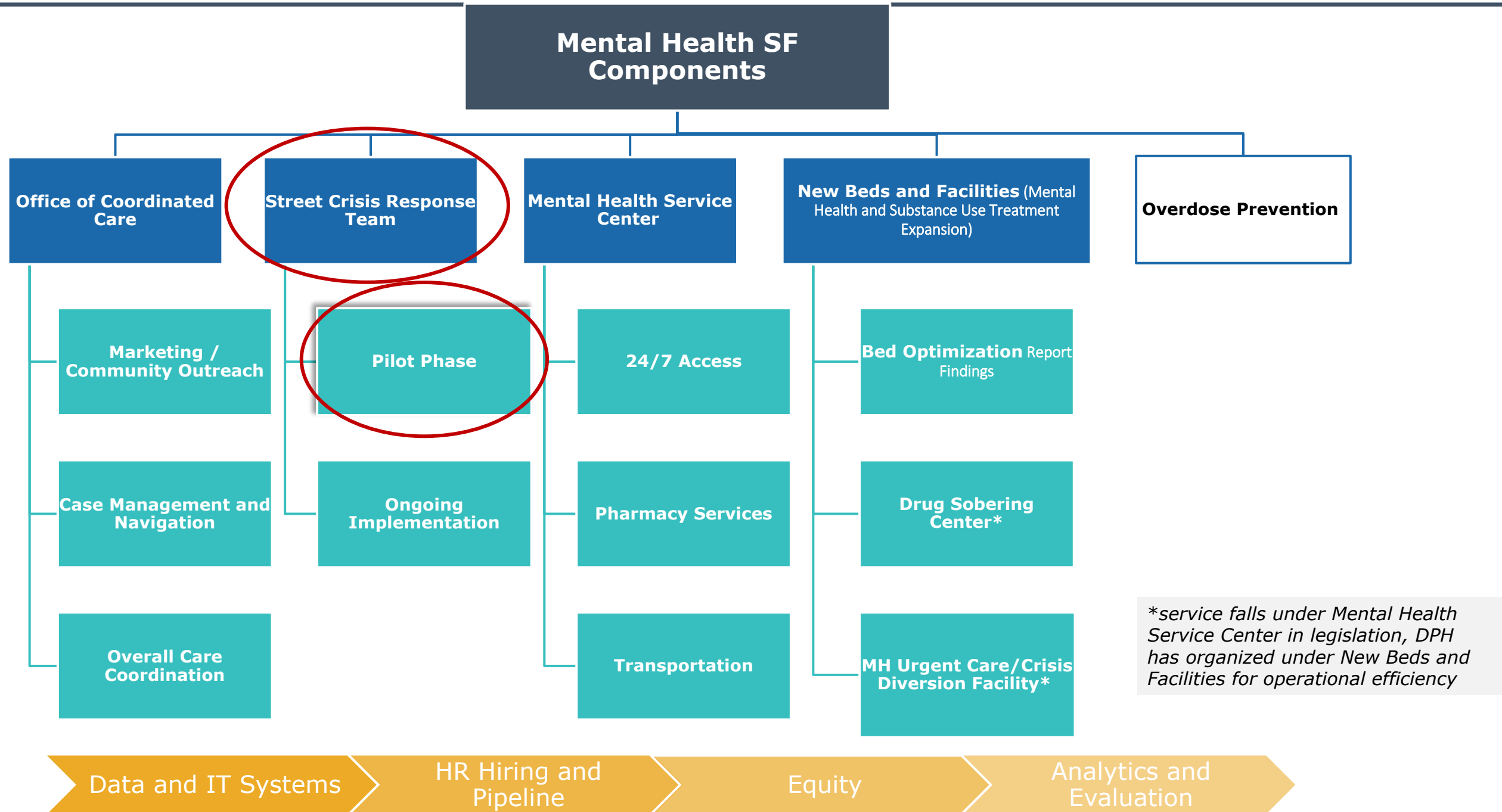
# IWG Mandate

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- **Advise** the Department of Public Health, Mayor, Board of Supervisors, Mental Health Board, Health Commission, and San Francisco Health Authority, **on the design, outcomes, and effectiveness of Mental Health SF**
- **Review and assess the DPH Implementation Plan** that is required to be submitted to the Mayor and the Board of Supervisors
- **Evaluate the effectiveness** of Mental Health SF in meeting the behavioral health and housing needs of eligible participants



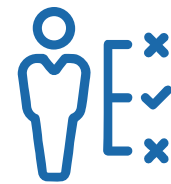
# Scope of SCRT Reviewed to Date



Note: Office of Private Health Insurance & Accountability will be addressed at a later time

# IWG's Approach to SCRT Pilot Recommendations

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**February 23**  
SCRT issue paper  
and IWG  
presentation

**March 10**  
Additional data  
requests made  
and answered

**March 23**  
Crafted initial  
recommendations

**April 9**  
Developed  
individual initial  
recommendations  
(homework)

**April 21**  
**May 18**  
Compiled/refined  
recommendation  
wording in  
discussion groups

**April 27**  
**May 25**  
Reviewed/voted on  
recommendations

# IWG SCRT Recommendations

#	Recommendation
1.	<p>A mapping of all current crisis response programs must be undertaken (e.g., SCRT, HOT, EMS-6, Mobile Crisis, Comprehensive Crisis Services, High Intensity Care Team)</p> <ul style="list-style-type: none"><li>A. No new MHSF street crisis programs should be planned, implemented, expanded until after the mapping is completed.</li><li>B. Proposed programs shall be brought to the MHSF IWG for review prior to launch.</li></ul>
2.	<p>Once gaps in service are identified (post evaluation), 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.</p>
3.	<p>Current implementation of SCRT is too narrow. We propose the following recommendations for SCRT in the interim:</p> <ul style="list-style-type: none"><li>A. Expand scope to respond to all "800a" and "800b" calls for "Mentally Disturbed Person"</li><li>B. Respond from a de-escalation model that challenges racism and stigmatization of persons that are houseless and struggling with mental health challenges</li><li>C. Remove current call criteria:<ul style="list-style-type: none"><li>i. Person must not be displaying self harm behaviors.</li><li>ii. Person does not pose an imminent threat to themselves, others or property.</li></ul></li><li>D. Improve dispatch protocols to SCRT (e.g., alternative # to 911, dispatch training, policies to transfer to SCRT)</li></ul>