

Mental Health SF Implementation Working Group Resolutions

Description: The below resolutions were initially discussed at the April 25, 2023 MHSF IWG meeting, reviewed by the City Attorney and adjusted accordingly. Resolution Number 1 was approved in the May 23, 2024 meeting. Resolution Number 2 was approved in the September 26, 2023 meeting.

Resolution 1: General Guidance

The IWG has the power and duty to advise the Department of Public Health, specified City agencies, and the Mayor and Board of Supervisors on the “design, outcomes, and effectiveness of Mental Health” as established by Section 15.104 of the Administrative Code. In order to fulfill its duties, the IWG needs to be informed of proposed changes to Mental Health SF programs and services.

Therefore, the IWG urges that the Department of Public Health and any other department proposing a change to a MHSF service or program notify the IWG for review and comment before its implementation if the proposed change either (a) alters the program or service such that it is different from how it is described in the MHSF Ordinance; or (b) alters the core components of a program or service as previously presented to the IWG. This resolution is not intended to apply to routine changes to a program or service that are not described in (a) or (b) above.

Resolution 2: A specific resolution related to SCRT reconfiguration (Sara and Vitka are drafting this)

Whereas, the San Francisco Street Crisis Response Team (SCRT) was established as a requirement of the city’s [Mental Health San Francisco legislation](#) [Section 15.104(g)(3) of Administrative Code: “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”];

Whereas, the Mental Health San Francisco Implementation Working Group (IWG) submitted [significant recommendations](#) for how to evaluate the SCRT teams, as well as gave input on the need for improvements on May 25, 2021, and received no response or invitation to discuss the feedback;

Whereas, SCRT has been consistently marketed to program participants, the public, city agencies, and funders as a “mental health crisis response” team consisting of trained mental health clinicians who use a “behavioral health approach.”

Whereas, the decision was made to remove the licensed mental health clinicians from the SCRT vans with no request for input from the IWG, as learned in the [SF Chronicle](#) on February 19th, 2023;

Whereas, the IWG understands that the team has been transferred from the Department of Public Health to the Department of Emergency Management (DEM);

Whereas, the IWG understands that SCRT has been combined with another street team (SWRT) with an expressly different set of purposes and goals;

Whereas, no clear justification for these actions have been presented to the IWG, nor was an explanation, request for advice, or proper evaluation presented to the IWG before the changes were made;

Whereas, the IWG understands that SCRT vehicles dispatched to respond to behavioral health crisis calls currently have no personnel with advanced behavioral health training;

Whereas, people experiencing homelessness and mental health and/or substance use disorders tend to distrust institutional responses, for a variety of reasons including, but not limited to: past trauma, past abuse from police and other uniformed officers, symptoms of paranoia, a historical pattern of racism and abuse against their community;

Therefore, the IWG, in furtherance of its duty to advise the Department of Public Health, specified City agencies, the Mayor, and Board of Supervisors on the design and effectiveness of Mental Health SF, hereby recommends and urges the following:

1. The SCRT teams include professionals on the vehicles with mental health training and experience needed to respond to crisis on the streets with a behavioral health and trauma-informed approach;
2. The focus of SCRT continues to be intervening with people experiencing a substance use or mental health crisis on the street, with the goal of engaging them and having them enter into a system of treatment and coordinated care.
3. Departmental oversight of SCRT will include resumption of regular reports which include encounter data, demographic information, disposition and follow-up. This includes regular sharing of data, along with quarterly reports and discussion with the MHSF Implementation Working Group.
4. An evaluation of SCRT is conducted annually and reported on to IWG and City stakeholders.

Suggested routing copy of both resolutions to:

- DPH
- Mayor

- Board of Supervisors
- New committee being established by Ronan

- DEM
- City Attorney