



February 23, 2021

Mental Health San Francisco

Implementation Working Group: February 2021



San Francisco
Department of Public Health

harder + co | community research

A close-up photograph of a person's hand, wearing a light-colored long-sleeved shirt. The hand is positioned with the palm facing forward and the index finger pointing straight up towards the top of the frame. The background is a solid, muted blue.

Call to Order/Roll Call



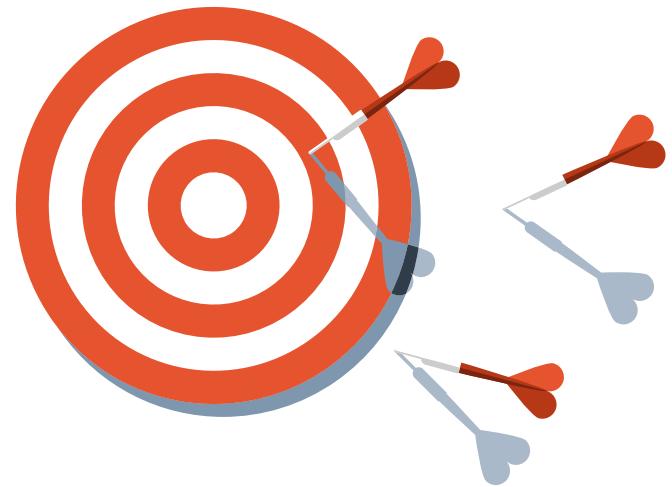
Stepping back: Integrating the IWG Chair and Vice Chair

- Today's meeting was already planned out before the Chair/Vice Chair selected
- Chair/Vice Chair, City Team, and Harder+Company met to begin transition
- This group will meet after today's meeting to continue transition, including the ordering of meeting topics and community engagement considerations
- March meeting agenda will be set with full engagement of the Chair and Vice Chair



Meeting #3 Goals

- Review and, if comfortable, approve bylaws
- Refine and, if comfortable, approve planning framework
- Review Crisis Response Street Team program



All materials can be found on the MHSF IWG website at:
<https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>



Group Agreements



- 1) No one knows everything, together we know a lot
- 2) Listen actively, respectfully and for new information
- 3) Critique the idea, not the person
- 4) Step up/Step back
- 5) Speak from own experience; avoid generalizations
- 6) Focus on solutions that best create anti-racist, anti-sexist, anti-transphobic, anti-xenophobic, and promote a decolonized community
- 7) Use virtual meeting tools (camera, raise hand)
- 8) Allow the facilitator to guide the process

Discussion Item #1

Approve Meeting Minutes



All materials can be found on the MHSF IWG website at:
<https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>

IWG Discussion: Reminder to raise your hand

S Cisco Webex Events | Event Info | Hide Menu Bar ^

Connected • - X

File Edit Share View Audio & Video Participant Event Help

Speaking: Juan Chung (Host)

Jennifer James (Me)

Juan Chung (Host)

Heather Littleton

Julia Salinas

To:

Enter chat message here

Mute Stop video Share ... Participants Chat ...

Participants (5)

Panelist: 5

J Jennifer James Me

J Juan Chung Host

HL Heather Littleton

Participants

Chat

Public Comment for Discussion Item #1

Approve Meeting Minutes

Steps:

- Call (415) 655-0001
- Enter access code [146 291 0680]
- Press '#' and then '#' again



Vote on Discussion Item #1

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call



Discussion Item #2

Bylaws and conflicts of interest



IWG Discussion for Discussion Item #2

Bylaws and conflicts of interest

Please use the raise hand function
so we can call on you



Public Comment for Discussion Item #2

Bylaws and conflicts of interest

Steps:

- Call (415) 655-0001
- Enter access code [146 291 0680]
- Press '#' and then '#' again



Vote on Discussion Item #2

Bylaws and conflicts of interest

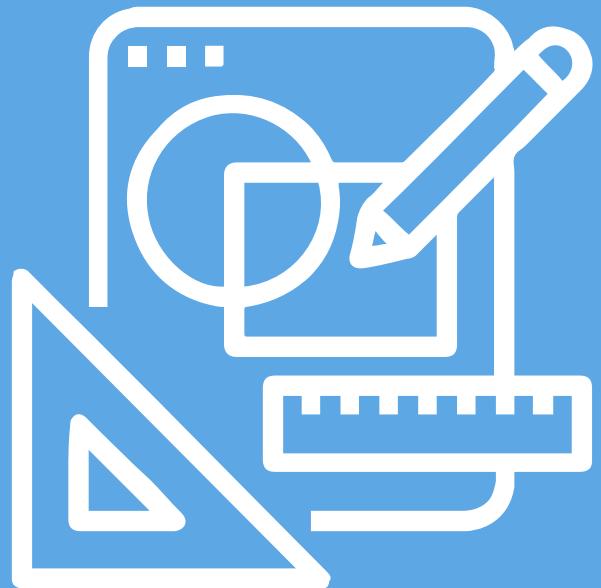
Decision Rule:

- Simply majority, by roll call

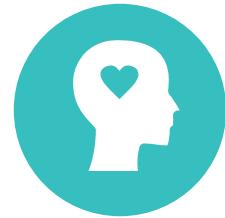


Discussion Item #3

Planning Framework



Review and refine the following:



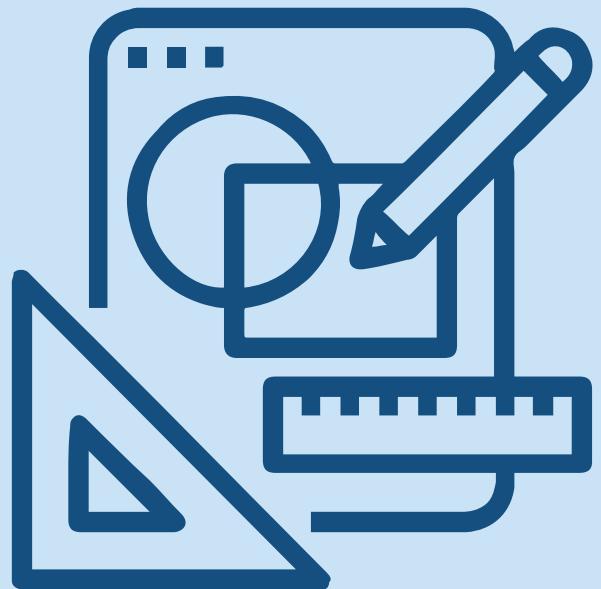
Recommendation
principles

Public Comment for Discussion Item #3

Planning Framework

Steps:

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- Enter access code [146 291 0680]
- Press '#' and then '#' again

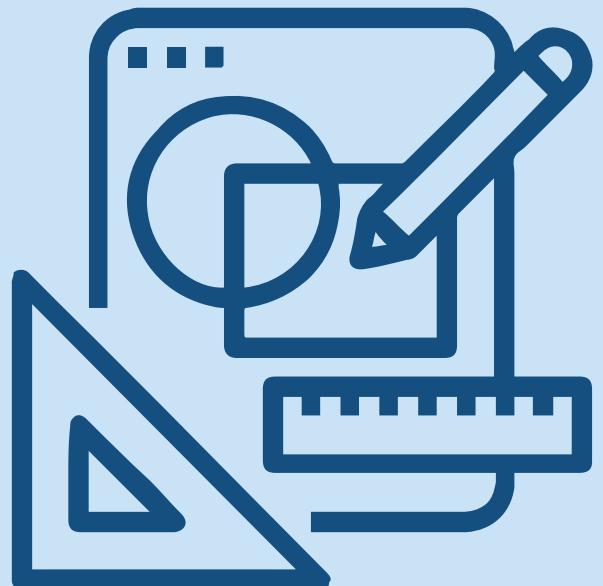


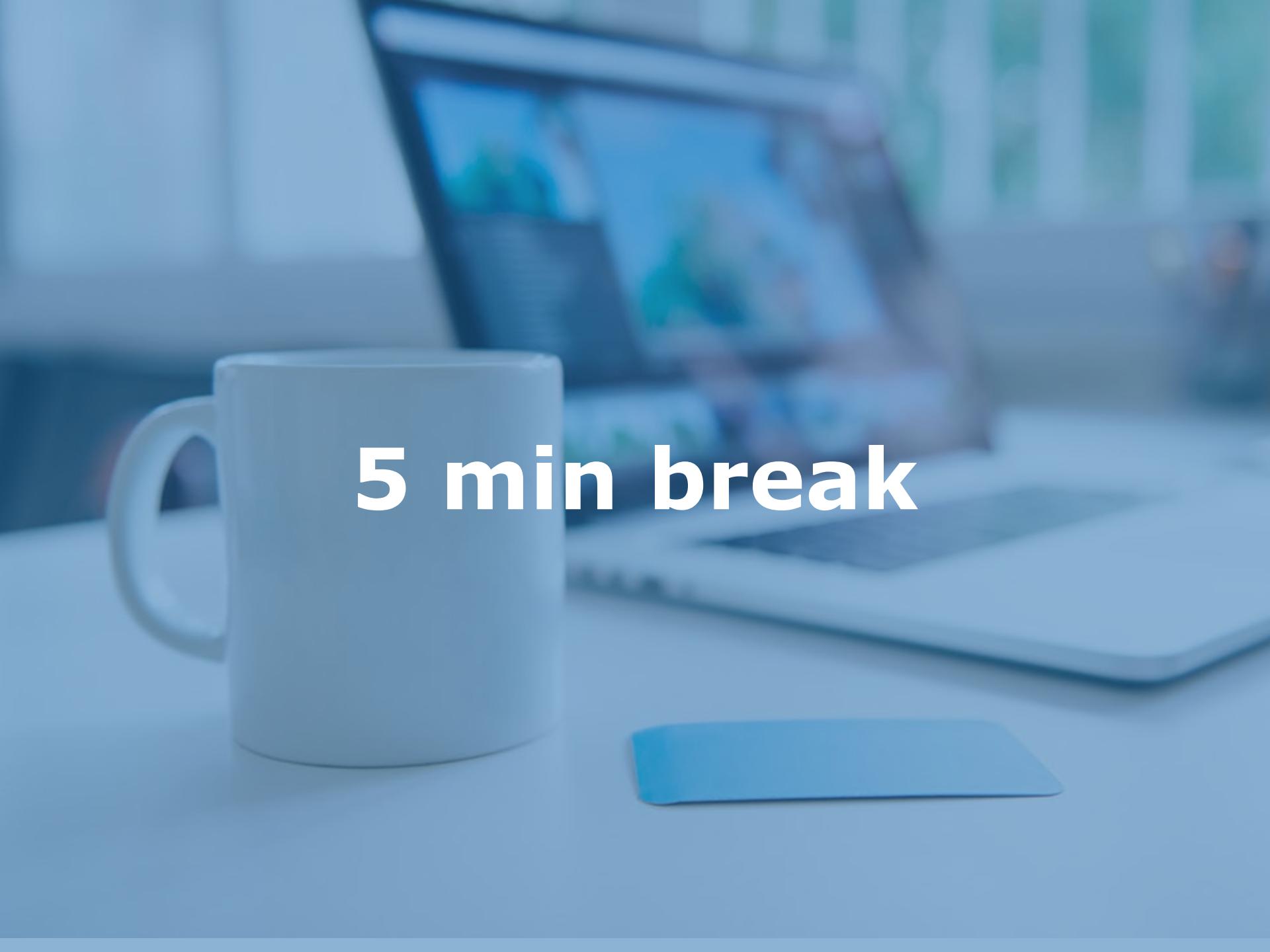
Vote on Discussion Item #3

Planning Framework

Decision Rule:

- Simply majority, by roll call



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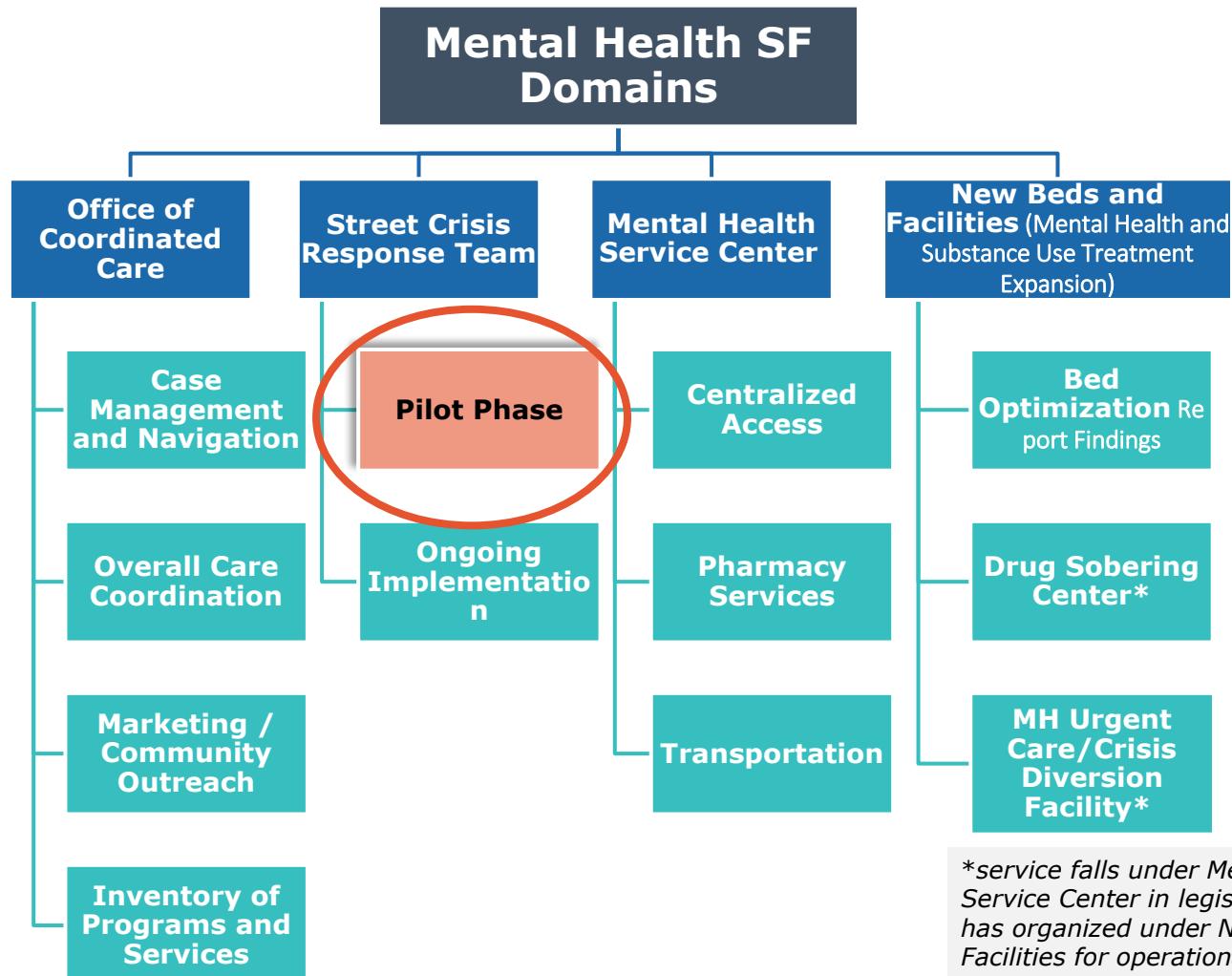
5 min break

Discussion Item #4

Presentation and discussion of MHSF component: Crisis Response Street Team



Reminder: Mental Health SF Overview



Data and IT Systems

HR Hiring and Pipeline

Equity

Analytics and Evaluation

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



Street Team Crisis Response Team



Dr. Angelica
Almeida

Director, Forensic/Justice
Involved Behavioral Health
Services, DPH

PRESENTATION OUTLINE

- **Background**
 - Citywide commitment to reform
 - Learning from other jurisdictions
- **Street Crisis Response Team (SCRT) Pilot Overview**
 - Planning Process
 - San Francisco Model, Strategies and Goals
 - Community Engagement
 - Addressing Institutional Racism
 - Pilot Evaluation
- **Early Pilot Results**
- **Key Questions for Implementation Working Group**
- **Appendix**
 - Client impact stories
 - Alignment with other MHSF Programs



BACKGROUND

Why now? How did we get here?



CITYWIDE COMMITMENT TO REFORM

"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 Street 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." ([File No. 191148](#))

Mental Health SF legislation (Late 2019)

Mayor London Breed commitment to police reform (Summer 2020)

- Includes call for behavioral health experts to respond to non-violent incidents on the street

Community Planning Processes for Police Reform

- HRC: Alternatives to Policing Steering Committee
- Coalition on Homelessness: Alternative to Police Response Committee



LEARNING FROM OTHER JURISDICTIONS

Other jurisdictions have established successful police alternative models to meet behavioral health needs. The City planning team engaged with a selection of these programs to inform the design of the San Francisco SCRT.

[CAHOOTS](#) (Eugene, Oregon)

[Community Assessment and Transport Team](#)
(Alameda County Behavioral Health Services)

[Mental Health Support Team](#) – (Part of a large crisis network in Maricopa County, Arizona)

[RIGHT Care](#) (Dallas, Texas)

[Grady EMS Crisis Intervention Program](#) (Atlanta, Georgia)

[EMPACT Suicide Prevention Center at La Frontera Arizona](#) (Tempe, Arizona)



KEY ELEMENTS OF CRISIS SYSTEMS



Someone to call

Must be well publicized and easy to use



Someone to respond

Well trained, trauma-informed and culturally competent



A place to go

True “no wrong door” services that are welcoming



Linkage to ongoing care

Staff to support warm handoffs to stabilizing services

Based on SAMHSA 2020 [Best Practices Toolkit](#)

STREET CRISIS RESPONSE TEAM PILOT OVERVIEW

Planning and implementing a model
customized for San Francisco



PILOT GOAL AND STRATEGIES

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.



1. Identify 9-1-1 calls that will receive behavioral health and medical response rather than law enforcement response.



2. Deliver therapeutic de-escalation and medically appropriate response to person in crisis through multi-disciplinary team (paramedic + behavioral health clinician + peer specialist).



3. Provide appropriate linkages and follow up care for people in crisis, including mental health care, substance use treatment, and social services.



TARGET IMPLEMENTATION TIMELINE

First team launched
November 30,
2020
*Tenderloin area
focus*

Second team
launched February
1, 2021
*Castro-Mission area
focus*

Six total teams live
by March 31, 2021
Citywide coverage,
24/7

Future expansions
pending pilot
evaluation and
budget



BUDGET OVERVIEW

Project Costs	Partial Year FY20-21	FY21-22 (proposed)
<ul style="list-style-type: none">• Six teams of core response team field staff• Care coordination staff• Program supervision and management• Pilot program evaluation• Vehicles, supplies and engagement materials• Staff Training	\$ 6,185,850	\$ 13,474,284



PROGRAM DETAILS

Each SCRT unit includes an emergency services vehicle, with ability to transport and the following core staff:

- Community paramedic (SF Fire Department)
- Behavioral health clinician (HealthRIGHT 360)
- Peer specialist (RAMS)
- Office of Coordinated Care staff dedicated to linkages and follow up care coordination

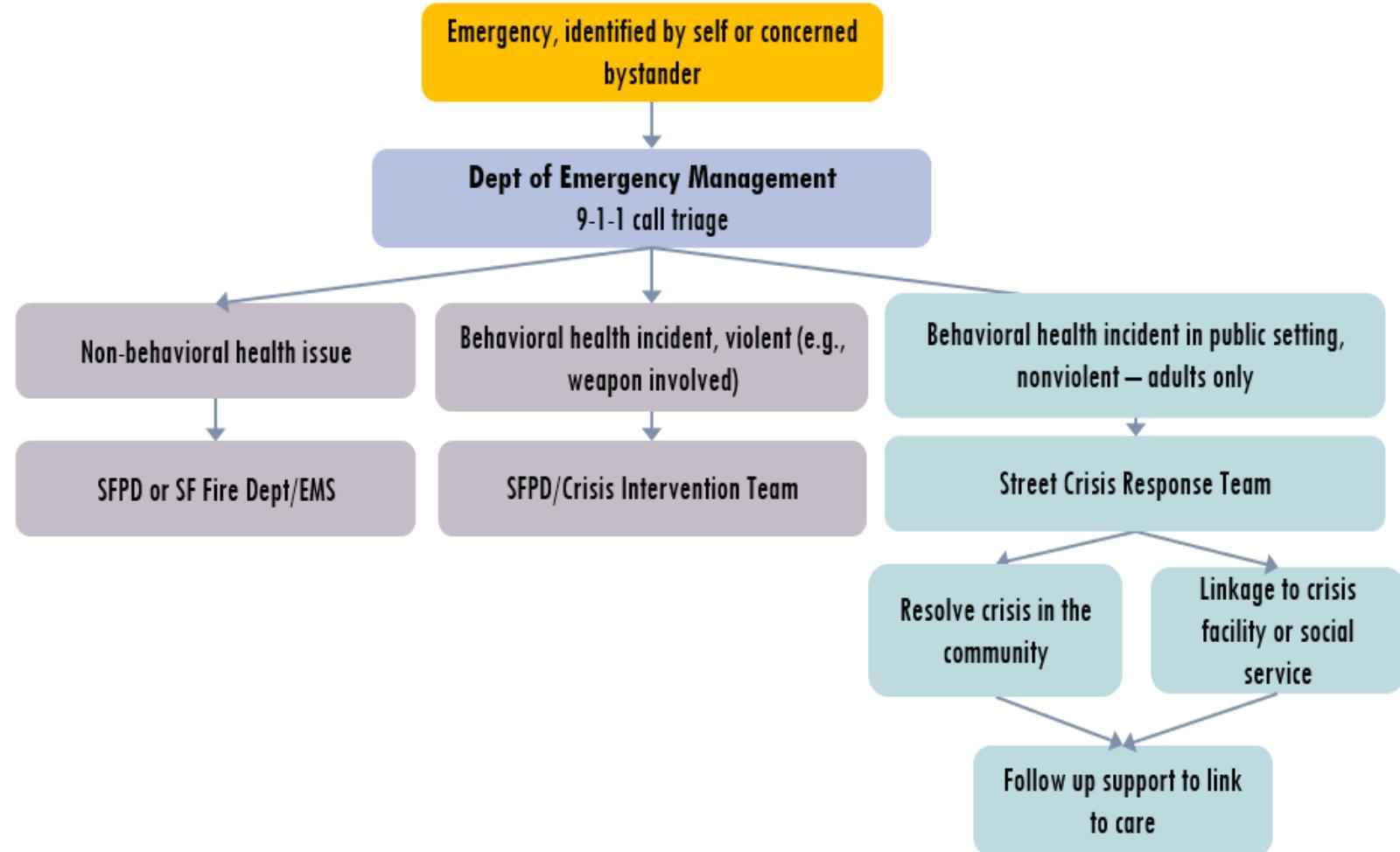
Coverage

- Teams 1 and 2 launched with 12-hour daily coverage, 7 days per week
- Target March 31, 2021 for citywide, 24 hours/7 days coverage
- Ensure geographic areas covered represent need and promote equity



SCRT DEPLOYMENT AND LINKAGE

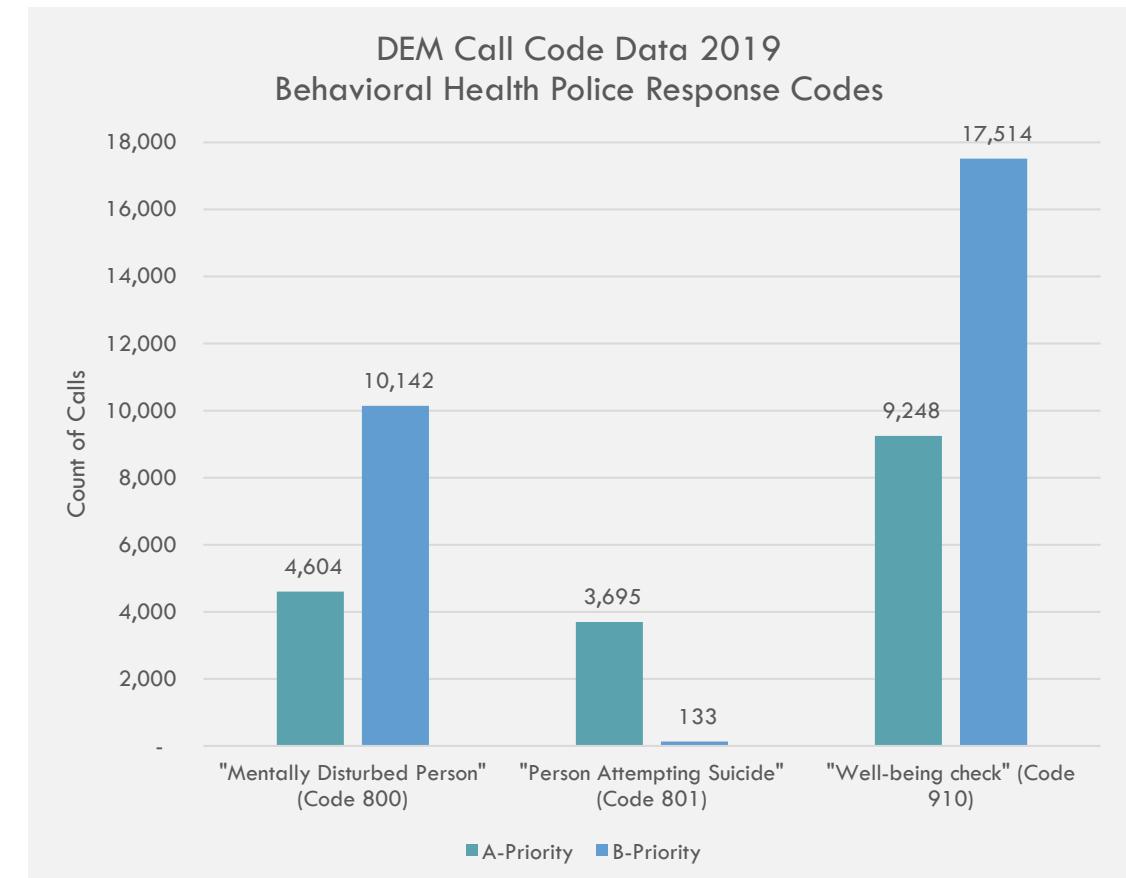
- SCRT predominantly responds to calls through 911 emergency dispatch
- SCRT also responds to “on views” of people they encounter between calls who are in visible need of support, and to “special calls” from select City agencies





IDENTIFYING APPROPRIATE CALL CODES

- The Department of Emergency Management (DEM) is responsible for receiving, coding, and dispatching 911 emergency calls for service in San Francisco.
- Through collaboration with DEM and other partners, and review of recent DEM call data, the SCRT determined which call codes would be best suited for the skills of the new team.
- The SCRT launched with a focus on responding to 911 calls that are classified as "800" codes, which indicate a call for service for a "mentally disturbed person," at a B-priority level per DEM classifications.
- "B" priority calls indicate that there is no weapon or violence involved





PRE-LAUNCH COMMUNITY ENGAGEMENT

During the pre-launch planning phase, the SCRT planning team engaged with the following groups.

- **Community-based organizations** working with similar populations and/or with intersections with the teams' work, including UCSF Citywide, Progress Foundation, HealthRIGHT360, PRC/Baker Places, Salvation Army, Hospitality House, Glide Foundation, Saint Anthony's Foundation, and Rafiki Coalition.
- **DPH programs** working with similar populations to ensure collaboration and solicit expertise, including Comprehensive Crisis Services, Street Medicine, Sobering Center, Whole Person Integrated Care, and Community Health Response Team. The SCRT will continue to engage with these programs to ensure a coordinated street outreach response system.
- **Other City agencies**, including Department of Emergency Management, San Francisco Police Department, Department of Homelessness and Supportive Housing, Healthy Streets Operation Center (HSOC), and the Emergency Medical Services Authority (EMSA).
- **Behavioral health consumer focus groups**, two with RAMS Peer Services and one with Glide. Participants shared lessons learned from their own interactions with crisis services and law enforcement, helped define a “successful” outcome of an SCRT encounter, and weighed in on such operational details as what the team members could wear to optimize their ability to relate to people in crisis. Additionally, the core planning team, which met weekly prior to launch, included a peer specialist from RAMS.
- **Citywide committees and working groups** – SCRT engaged with both the Human Rights Commission and Coalition on Homelessness committees focused on identifying alternatives to police response in San Francisco. Additionally, the SCRT presented to the Housing Conservatorship Working Group and Tenderloin Neighborhood Roundtable.



COMMUNITY ENGAGEMENT LOOKING AHEAD

OBJECTIVES

Develop public awareness of what makes the street crisis response team distinct from other teams in San Francisco (such as HOT, EMS-6, Comprehensive Crisis, and Street Medicine)

Manage community expectations about the new street crisis response team: what it can and can't do, its gradual growth, and the role of other City agencies in responding to street crises.

Build public trust in the street crisis response team, such that 911 callers might eventually specifically request the team because of its specialized skills, approach and results.

Using a data-driven and experience-based approach, **invite community and consumer input** in the development of the pilot program with a focus on adapting operations to reduce the real and perceived risks of engagement with the service. SCRT will provide data to demonstrate effectiveness of the pilot program and equity of the implementation.

A community forum is scheduled for March 10 to re-engage community-based providers and engage newly identified leaders. This session aims to inform community of early pilot results, collect feedback, and establish collective action plans for building community trust and pathways for feedback from community members.



ADDRESSING INSTITUTIONAL RACISM

- Each call SCRT accepts represents a call diversion from the San Francisco Police Department, inherently reducing law enforcement encounters for the population served.
- SCRT aims to reduce existing disparities in health outcomes. The evaluation will include quality measures that track outcomes by race and ethnicity to monitor for equity in the implementation of the program, and for each target outcome, SCRT will measure the ability of the program to reduce disparities
- SCRT seeks to build relationships and trust with communities of color and/or distrust of law enforcement by partnering with community leaders and establishing creative pathways to receive constructive feedback from community
- SCRT will evaluate options for deploying the team in alternative pathways from 911 call center if this helps achieve equity goals
- SCRT staff will receive training on racial equity as part of their onboarding and continuous learning

Addressing racial equity and reducing institutional racism that is often reflected by over-representation of incarcerated Black/African Americans is a key objective of the SCRT. The program will be closely monitoring its ability to reduce incarceration, emergency room use and involuntary detentions, especially through the lens of race and ethnicity.



PILOT EVALUATION

Pilot Program Evaluation led by Harder + Company key questions:

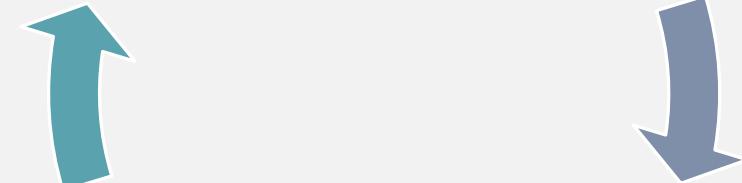
- Who is the Street Crisis Response Team serving, and what are the characteristics of those service calls?
- How effective is the Street Crisis Response Team in addressing the needs of the individuals it serves?
- What successes and challenges have Street Crisis Response Team members and community stakeholders observed in the implementation of the pilot program?

Research Study funded by Robert Wood Johnson Foundation

- Three key outcomes post-crisis episode will be studied through this research study: linkage to outpatient mental health and substance use treatment, reutilization of crisis services, and assessment for housing placement.

Continuous Process Improvement

Act **Plan**



Study **Do**

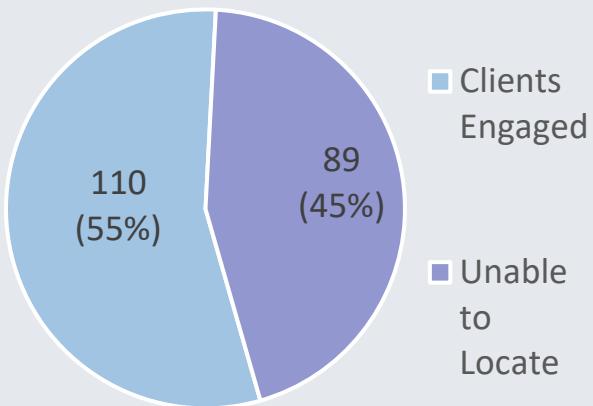
EARLY PILOT RESULTS

What we've learned so far

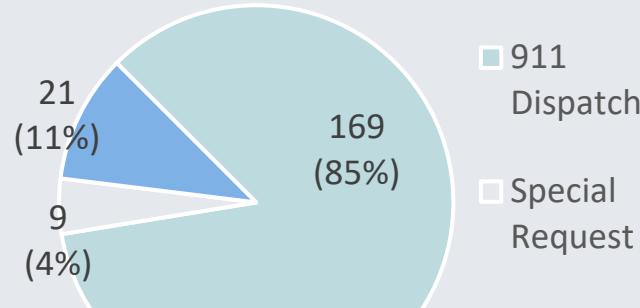


DATA SUMMARY NOV 30-JAN 31

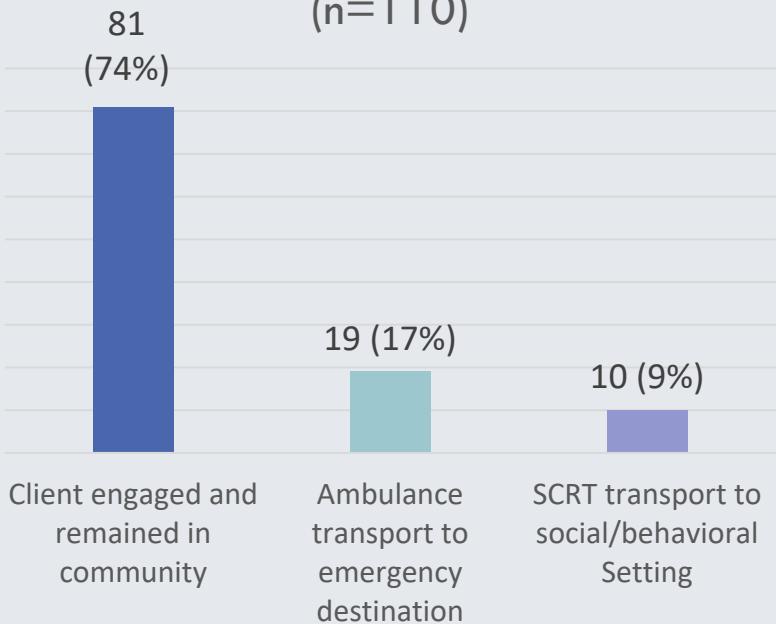
Calls Accepted by SCRT
(n=199)



Call Origin
(n=199)



Client Encounter Dispositions
(n=110)

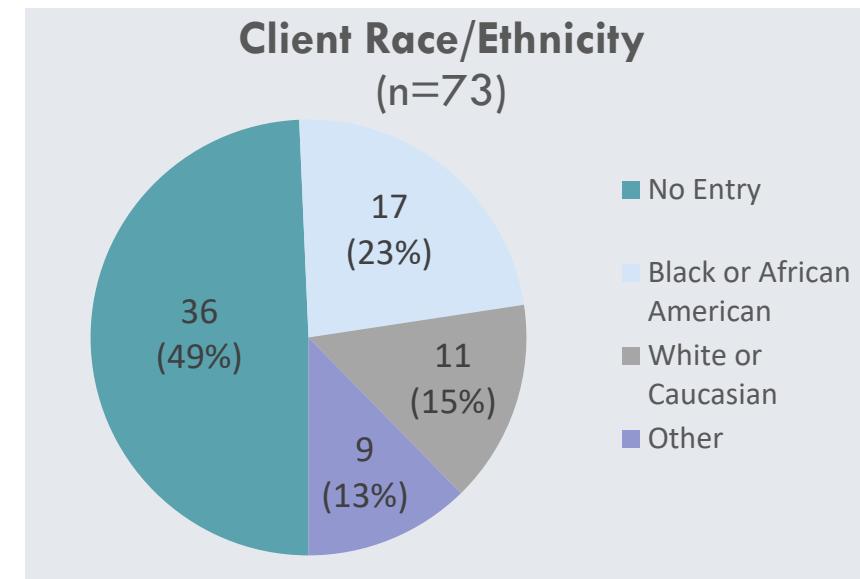
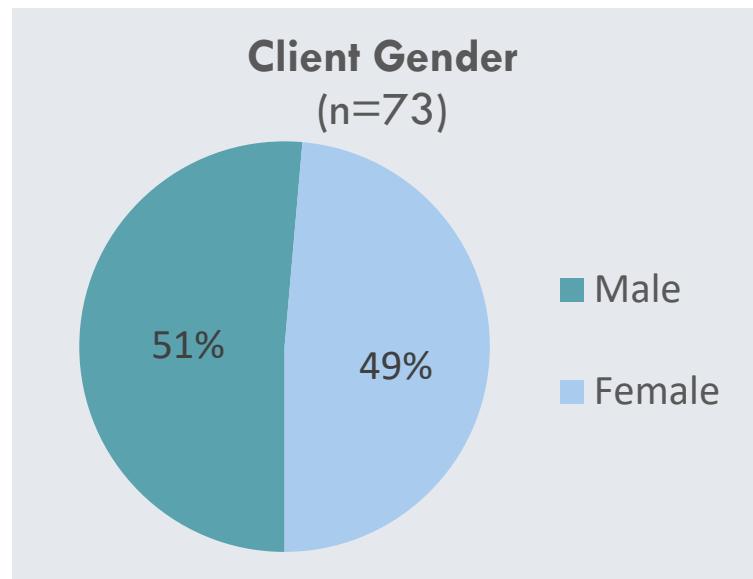


Seventy four percent of clients were engaged by SCRT, offered assessments and therapeutic de-escalation, and ultimately remained safely in the community. These initial results are consistent with the experience of programs in other jurisdictions, such as Maricopa County, Arizona, which reports 71% of their mobile crisis encounters as resolved in the community. More detail on the nature of these encounters will be available in the evaluation reports from Harder + Company and the RWJF-funded research study.



CLIENT DEMOGRAPHICS

- Client demographics have been a challenge to obtain reliably, as only a subset of encounters lead to complete documentation of the demographic indicators of interest to this project
- Approximately 96 percent of clients were experiencing homelessness: either unsheltered, in congregate sites, or living in other temporary living situations.



QUESTIONS

KEY QUESTIONS FOR IMPLEMENTATION WORKING GROUP

Ideas for consideration



KEY QUESTIONS FOR CONSIDERATION

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?*
2. *How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?*
3. *How can SCRT best engage the community to support its clients using the strength of existing community-based networks?*
4. *Starting March 31, 2021, 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?*

IWG Discussion on Item #4

MHSF component:
Crisis Response Street Team

Please use the raise hand function
so we can call on you

Public Comment for Discussion Item #4

MHSF component: Crisis Response Street Team

Steps:

- Call (415) 655-0001
- Enter access code [146 291 0680]
- Press '#' and then '#' again



Anticipated Meeting Topics

March 23	<ol style="list-style-type: none">1. MHSF Overview and IWG Coordination/Timeline/Meeting Topic Identification2. Street Crisis Response Team (Pilot Phase): Recommendation Development<ul style="list-style-type: none">• Review additional data and community feedback (if applicable)• Finalize and approve recommendations
April 27	[Recommended by DPH] Drug Sobering Center, New Beds & Facilities: Component Review <ul style="list-style-type: none">• Review component background (issue paper will be submitted)• Identify additional information needs, including customer research (as needed)
May 25	[Recommended by DPH] Drug Sobering Center, New Beds & Facilities: Component Review (con't) <ul style="list-style-type: none">• Review additional information collected and provided from last meeting• Review and formulate recommendations
June 22	TBD



March Meeting To-Do's

- Post-meeting survey
- Please make notes on Crisis Response Street Team to bring to the next meeting to resume conversation (including individual recommendations that are emerging!)
- Reflect and submit questions or insights to the facilitation team to help plan the meeting

Public Comment for any other matter within the Jurisdiction of the Committee not on the Agenda

Steps:

- Call (415) 655-0001
- Enter access code [146 291 0680]
- Press '#' and then '#' again

 Housekeeping

OCOH-MHSF Liaison

Website for the IWG

<https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>

Meeting materials

March Meeting Date and Time

4th Tuesday of the month: 9:30-11:30 AM

March 23, 2021

Meeting Minutes Procedures

Draft Feb minutes in the next two weeks

Jan approved meeting minutes will be posted

Adjourn

Appendix: Deliverable Dates

Ordinance Deliverable	Original Date in Ordinance	Proposed Adjusted Date
IWG Annual Progress Report: Every year, IWG submits progress report to BOS, Mayor, and Dir of Health	Starting October 1, 2020	October 1, 2020 is cancelled. Next report: October 1, 2021
IWG Final Design/Implementation Recs Report: The IWG submits "its final recommendations concerning the design of Mental Health SF, and any steps that may be required to ensure its successful implementation" to the BOS, Mayor, and Dir of Health	June 1, 2021 (This original date assumes the IWG has met for over a year)	May 2022 to allow enough time for the IWG to cover MHSF topics and provide recommendations.
DPH Annual implementation plan (services, finance resources, what is infeasible to deliver)	Feb 1, 2021 (and annually thereafter) to Mayor and BOS - (this original date assumed the IWG has met 10+ months)	April 1, 2021 - light progress report given COVID and budget. First full implementation plan will be presented in Feb 2022.

Appendix

Ordinance components

- 1) Mental Health Service Center
 - 2) Office of Coordinated Care
 - 3) Crisis Response Street Team
 - 4) Mental Health and Substance Use Treatment Expansion
 - 5) Office of Private Health Insurance Accountability
-

Appendix: IWG Members

Name	Qualification	Appointed By
Scott Arai, Psy. D.	Residential Treatment Program Management and Operations	Mayor
Shon Buford	Peace Office, Emergency Medical Response, Firefighter (San Francisco Fire Department)	Mayor
Vitka Eisen, M.S.W., Ed.D	Treatment provider with mental health harm reduction experience (Health Right 360)	Mayor
Steve Fields, M.P.A.	Treatment provider with mental health treatment and harm reduction experience (Progress Foundation)	BOS
Ana Gonzalez, D.O.	DPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)	Mayor
Phillip Jones	Lived experience	BOS
Monique LeSarre, Psy. D.	Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)	BOS
Jameel Patterson	Lived experience	Mayor
Andrea Salinas, L.M.F.T.	Treatment Provider with experience working with criminal system involved patients	BOS
Sara Shortt, M.S.W.	Supportive Housing provider	BOS
Amy Wong	Healthcare worker advocate	BOS
Kara Chien, J.D.	Health law expertise	City Attorney
Hali Hammer, M.D.	DPH employee with health systems or hospital administration experience (Primary Care Behavioral Health, SFDPH)	Mayor

Street Crisis Response Team

Additional Slides and Background (not presented during meeting)



1. IF THE TEAM HAD ADDITIONAL RESOURCES, AND WERE TO RESPOND TO MORE CALLS FOR SERVICE BEYOND THE “800B'S”, WHICH TYPES OF CALLS SHOULD THEY PRIORITIZE?

Additional call codes currently receiving law enforcement response could be considered for this program. For example, call code 801, "person attempting suicide" could be a well suited for SCRT response for the portion of these calls involving only ideation or other circumstances not requiring a "lights and sirens" response.

The Coalition on Homelessness and Human Rights Commission have also contemplated this question. The Coalition on Homelessness has recommended a "Compassionate Alternate Response Team (CART)" which could be a complementary solution to a subset of these additional call codes. For example, upon initial representative call data reviews, DEM has indicated that many of the 911 calls for service coded as "well-being" checks (code 910) present similarly to the needs of the code 800 calls. With additional staff training and further refined definitions of the call codes, some well-being check calls could be directed to SCRT while others could be directed to a homelessness response focused team such as CART. A comprehensive data analysis, essential to this exercise, will require additional resources to be identified.



2. HOW CAN THE SCRT BEST BE DEPLOYED IN COMMUNITIES OF COLOR AND OTHER POPULATIONS WITH DISTRUST OF LAW ENFORCEMENT AND OTHER INSTITUTIONS?

In order to address the needs and concerns of communities with widespread distrust of law enforcement, SCRT may need to identify and create pathways to deploy the SCRT independent of 911. Because developing new call-center infrastructure requires significant resources, this could be achieved through leveraging existing crisis call lines (e.g., SF Suicide Prevention line, Comprehensive Crisis Services) who could develop workflows to deploy SCRT as needed. Other programs, such as Maricopa County in Arizona, indicate crisis call centers can reduce the need for deploying mobile teams while still providing therapeutic intervention to clients in need.



3. HOW CAN SCRT BEST ENGAGE THE COMMUNITY TO SUPPORT ITS CLIENTS USING THE STRENGTH OF EXISTING COMMUNITY-BASED NETWORKS?

It is essential that SCRT builds on the strengths of existing community-based resources and trusted community members to maximize program sustainability and impact. Identifying opportunities to promote an individual's resiliency within their communities by integrating existing networks, such as churches and community-based organizations, would yield positive outcomes for both clients of SCRT and concerned community members. The role of Office of Coordinated Care staff, and the types of strategies they employ in their care coordination work, are a potential opportunity for collaboration.



4. STARTING MARCH 31, SCRT IS TARGETING TO HAVE ONE TEAM ON AN OVERNIGHT SHIFT TO ENABLE 24/7 COVERAGE. WHAT IS YOUR EXPERIENCE ABOUT THE NEED FOR 24/7 COVERAGE FOR THIS SERVICE?

During the hours between 11pm and 7am, code 800 calls decrease dramatically, with the average call volume during these hours approximately 65 percent lower according to DEM data from 2019. At the same time, options for referral to services will be much more limited during these hours than during the day. Furthermore, hiring and retaining staff to provide coverage for these service hours is expected to be more challenging and costly. A financial analysis of this difference in cost will be provided once available.

APPENDIX

Client impact stories and alignment with other MHSF programs



CLIENT IMPACT #1

The SCRT received a call about a person walking in and out of the streets, throwing trash. The fire and sheriff's departments were on the scene but requested SCRT help with the person's mental health issues. The team found the client in an agitated, paranoid state. The clinician used active listening and de-escalation techniques to engage the client, who reported using fentanyl earlier in the day. She expressed that she was very cold and wanted coffee, so the clinician offered to get the coffee. As they waited for the coffee and the conversation continued, the client told the clinician about her bipolar and psychosis diagnoses and about her case manager. The team referred the client back to that provider.



CLIENT IMPACT #2

Within the first month in operation The Street Crisis Response Team had its first repeat engagement. Over the course of one week the team engaged with a young male in his 20's that was reported to be naked in the community. Each time the team was dispatched to the location they tried continuously to get the client to stop for even one second to have a conversation and each time the client quickly said no thank you and ran off. On the third or fourth time being dispatched out to this unclothed individual I was able to follow him a block and he surprisingly accepted food that I was offering him. As I handed him the snack I thought that this might be my chance to get him to stop for a second and talk. To my surprise he responded to a few questions and lingered longer than he had in past engagements before running off again. This was witnessed by the other members of the team. We debriefed for a minute before trying to engage one more time and came to an agreement that since he looked willing to talk to me that I would do my best to try and engage with him again and try and get him to put on some clothing. We found him talking to himself down an alley off Van Ness Ave. and I walked down to try and talk again... while my team members tried their best to remain unseen but within sight in case I needed assistance. Even though the conversation was confusing and didn't make much sense to me he still took the clothes I was offering and put on the underwear and shirt and even took a new blanket. Ultimately, he declined services but felt that the repeated compassionate care that the team showed and maybe the relative heart of the peer he was able to receive was a win indeed.

-Michael Marchiselli, Peer Counselor, Street Crisis Response Team



ALIGNMENT WITH OTHER MHSF PROGRAMS

Office of Coordinated Care (OCC)

- The SCRT model includes a team of care coordinators assigned to SCRT responsible for following up with existing providers and/or clients with whom SCRT engages within 24 hours of contact with the team. The care coordinator will function as a part of the OCC and will support clients in navigating the system and aim to reduce readmission to crisis services.

Crisis Stabilization Unit

- The establishment of a new low-barrier resource to accept clients in a behavioral health crisis as an alternative to Psychiatric Emergency Services and in addition to Dore Urgent Care Clinic is a critical linkage resource for the SCRT.

Drug Sobering Center

- The establishment of the new Drug Sobering Center will enable clients encountered by SCRT who use drugs – especially methamphetamine – to safely recover from intoxication.

Intensive Case Management (ICM) Expansion

- ICM is a community-based complement of services to help clients obtain housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations. This service would benefit a subset of the clients with whom SCRT engages in addition to other forms of case management.