

Alternatives to Policing Steering Committee

Meeting Notes, Wednesday 1/20/21

Presentation: Street Crisis Response Team (SCRT) Update

Slides are available here: [https://sf-](https://sf-hrc.org/sites/default/files/SCRT%20Update%20for%20Alternatives%20to%20Policing%20Committee%201.20.21.pdf)

[hrc.org/sites/default/files/SCRT%20Update%20for%20Alternatives%20to%20Policing%20Committee%201.20.21.pdf](https://sf-hrc.org/sites/default/files/SCRT%20Update%20for%20Alternatives%20to%20Policing%20Committee%201.20.21.pdf)

- The SCRT multi-disciplinary team (made up of a community paramedic, a behavioral health clinician, and a behavioral health peer specialist) allows for a novel approach to approach and care for San Franciscans who are experiencing behavioral health crises in public spaces. A trauma-informed care and equity approach are used for all interactions.
- The first SCRT Team launched in November 2020, been in existence for one month
- Once the program is fully ramped up, the City expects that SCRT teams will be able to respond to approximately 11,000-17,000 calls for service per year, which is equivalent to the number of non-violent “mentally disturbed person” calls to which the Police Department currently responds
- The SCRT Team answered 79 calls from emergency dispatch and additional calls from city partners.
 - Takeaways:
 - Roughly 5-8 individuals can be served in a 12-hour shift
 - Need to give community paramedics enough time and space to reach people make sure the person in crisis is the only thing on their mind when they meet with them
 - There were two “5150” holds in the first month of the program because most interactions were deescalated
 - The team is able to get people placed in alternatives to the hospital
 - Tracking outcomes:
 - The project aims to use continuous improvement
 - Two processes, a grant through the Robert Wood Johnson Foundation and then partnering locally to look at reductions in emergency room visits, jail stays, and other long-term metrics; as well as cost savings
 - Demographic data may be limited. Balancing privacy with need to determine disparities.
 - Community paramedics wearing a uniform “more useful than not;” at this time, there are no plans to change out of uniform
 - Not associated with law enforcement
 - Fire, paramedics, and others have “goodwill” through their uniforms
 - Community engagement plan will include “community dashboard” for transparent access to data and will include input from communities that may be underrepresented from existing data.

Presentation: Proposal for Compassionate Alternative Response Team (CART)

The presentation and report are available on the website [add link once available]

- Challenge: Responding to 311/911 calls and the Health Streets & Operations Center encampment resolutions have led to an increased police presence and CART doesn't think this has resulted in exits from homelessness
- Solution: A Compassionate Alternative Response Team - "Opportunity to build wholesale transformation"
- Broad-based effort to engage a wide variety of stakeholders in this discussion, process driven by values and lived experience of unhoused people. The process has been reviewed and adapted in response to COVID and other considerations.
 - Surveyed 95 people experiencing homelessness.
 - Reviewed and assessed dispatch process and calls.
 - Evaluated models from around the country – based budget on the CAHOOTS model
 - Developed a community-based model that would respond to Priority C Calls, have a call-line separate from 911/311, should be community driven, an emphasis on peer supports and extensive training, and include community engagement and support for people experiencing homelessness. If fully funded, could replace existing services.