Street Crisis Response Team
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).

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

• Team Staffing
  • Community paramedic (on rig)
  • Behavioral health clinician (on rig)
  • Peer health worker (on rig)
  • Multi-disciplinary team dedicated to linkages and follow up care coordination

• Coverage
  • Ensure geographic areas covered represent need and promote equity
  • Goal for 24/7 coverage, Citywide, budget and staffing pending
Developing the Pilot Program Model

• Consulted with:
  • Other jurisdictions including Eugene, Oregon (CAHOOTS); Maricopa County, Arizona; Alameda County; Dallas, Texas; and Atlanta, Georgia
  • City Agencies including SFPD, Dept of Emergency Management, Homelessness and Supportive Housing, Healthy Streets Operations Center
  • Community Based Partners delivering behavioral health and social services
  • DPH programs working with a similar target population including, Comprehensive Crisis Services, Street Medicine, DPH outreach teams, Sobering Center, Psychiatric Emergency Services

• Conducted consumer focus groups with Glide and RAMS Peer Services to answer key pilot implementation questions

• Additional community input from neighborhood groups and coalitions which is ongoing work for the pilot
  • Engaged so far: Coalition on Homelessness, Tenderloin Roundtable, Rafiki Coalition, Housing Conservatorship, St. Anthony’s, Hospitality House
SCRT Early Operational Highlights

• The team worked 25 shifts between the November 30 launch and December 31st
  • Mostly worked Monday-Friday on 8-hour shifts focused on the Tenderloin area
  • Starting 12/21 added Saturdays and 12 hours shifts 3x per week
  • Hiring/onboarding new staff prevented the 7 day per week X 12 hours coverage

• Data from November 30 through December 31
  • The team responded to 79 calls for service, diverting all these calls from SFPD
  • 9 ambulance transports
  • 2 5150s holds initiated in the field, with no need to engage SFPD
  • Average response time ~12 minutes from dispatch to on-scene
  • 2 overdose reversals
Early Lessons Learned

• The interdisciplinary, diverse team is powerful in its ability to meet the wide range of clients’ needs, and gain their trust
• Importance of partnership development (e.g., Dore Urgent Care)
• Many of the clients’ needs can be met in the community
• A very small proportion (< 1%) of calls led to 5150 holds
• Client stories
SCRT Expansion Plan

• Using data and equity lens to inform decisions and planning
• Plan for Citywide coverage by March 31st, 2021
• Goal for at least one team covering overnight shift by March 31st, 2021
• Developing community engagement plan to promote program in neighborhoods underrepresented in data
  • Goal to identify challenges and opportunities for improvement as the pilot program solidifies its model in its first year of operations
Community Engagement 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.

• Invite community and consumer input in the development of the pilot program and report back on results.
Discussion