



# Street Crisis Response Team Pilot Program

*SF Department of Public Health and SF Fire Department*

*Presentation to Alternatives to Policing Steering Committee*

*September 16, 2020*

# Background



- Mental Health SF legislation (Late 2019)
  - Includes “street crisis response team”
- 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



# Current State Review

- DEM Call Center data from CY 2019 demonstrates that the most common calls to law enforcement are for welfare checks (55%) and public assistance for a mentally disturbed person (31%)
- Other jurisdictions have established successful police alternative models relying on behavioral health clinicians and community paramedics (e.g. CAHOOTS)

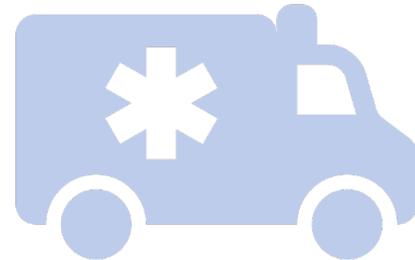


# Key Elements of Crisis Systems



## 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 SAMSHA 2020 [Best Practices Toolkit](#)

# 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.

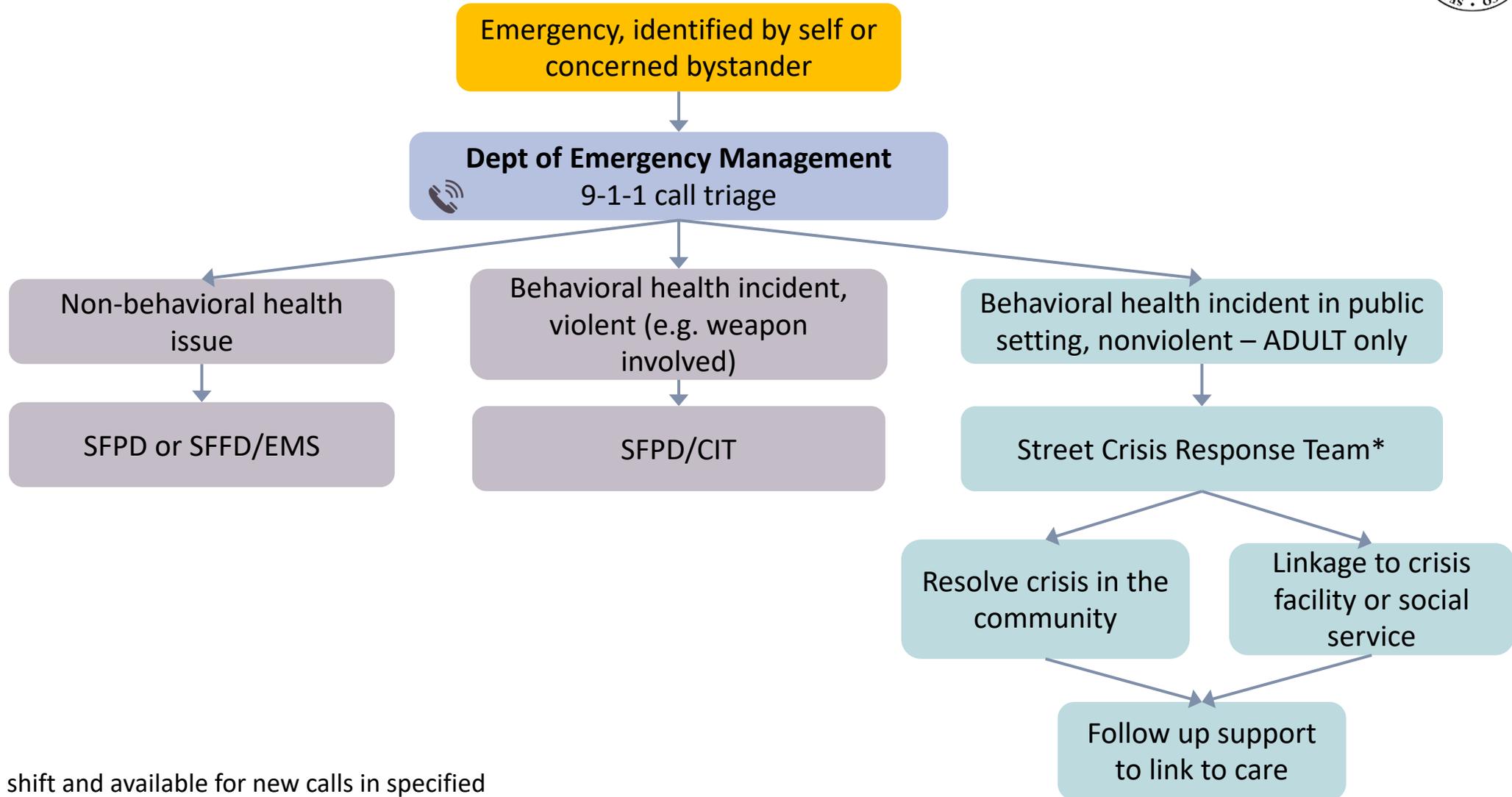


# Program Details

- 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
  - Pilot period is 12-hour daily coverage, 7 days per week
    - Exact hours to be determined
  - Coverage model will be evaluated and expanded, budget pending



# Street Crisis Response Team Deployment and Linkage



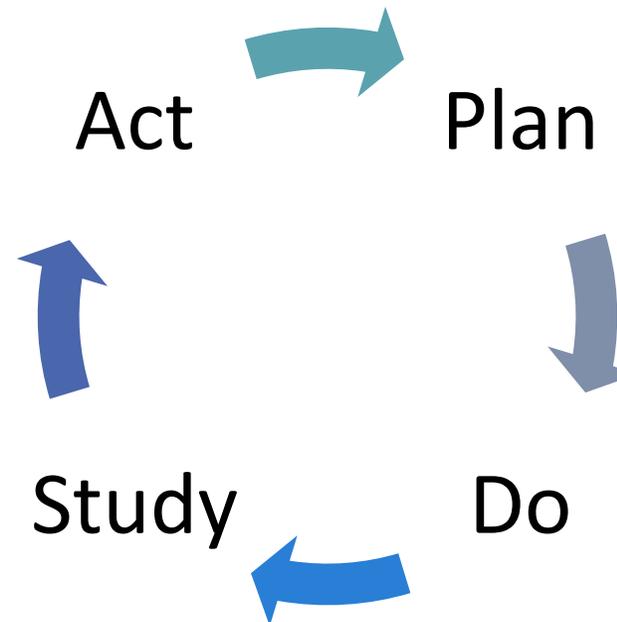
\*During active shift and available for new calls in specified catchment area



# Pilot Evaluation

- Volume of call responses
- Call response time
- Crises resolved in community
- Emergency room diversion
- Criminal justice diversion
- Linkage to care facilities
- Linkage to ongoing behavioral health care
- Patient satisfaction

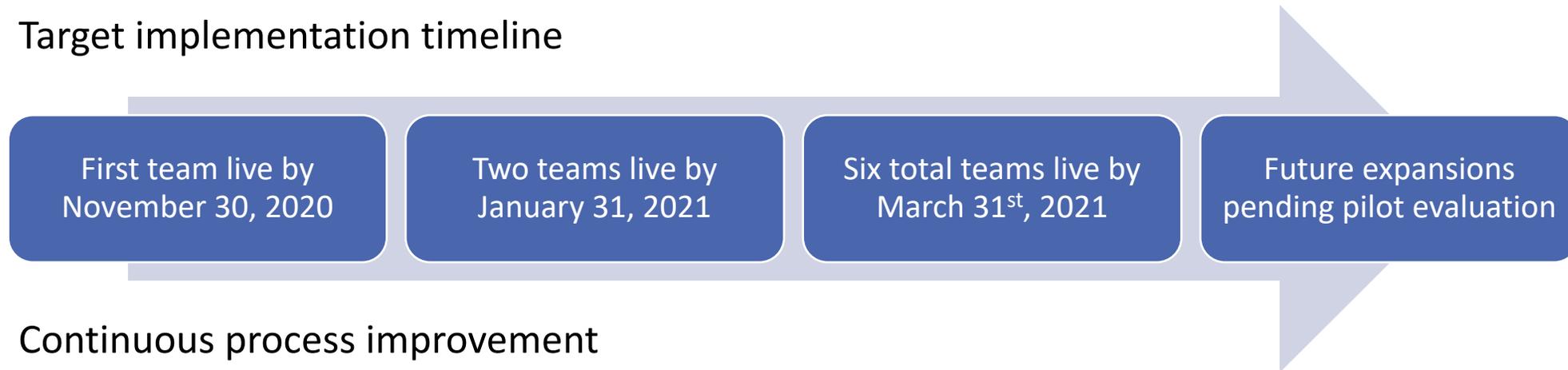
Continuous Process Improvement





# Looking Ahead

- Partnership development
- Community input, including people with lived experience of behavioral health crisis
- Target implementation timeline



- Continuous process improvement