# Street Outreach and Crisis Response

Landscape Review of San Francisco's Teams



#### **CITY & COUNTY OF SAN FRANCISCO**

Office of the Controller City Performance Unit

# **Background**

The City operates 7 teams tasked with responding to people experiencing homelessness, as well as behavioral and medical issues occurring in public spaces – including mental health crises, wellbeing concerns, and drug use and overdoses.

Teams reflect a recent focus on diverting calls from the public away from a law enforcement response in favor of a medical or behavioral specialist response.

With the creation of several new teams in the last year, there is a clear need to ensure teams are coordinated, calls are routed appropriately, and client needs are quickly addressed.

The Controller's Office conducted a landscape review of San Francisco's street outreach and crisis response teams that are currently operating or planned in the near future. This review is a starting point for ongoing work to improve the efficiency and effectiveness of the City's response to behavioral health and medical crises in public spaces.

# Our Process

#### What did we do?

- · Semi-structured interviews with leads of each team
- Documentation of key information about team characteristics

#### What did we NOT do?

- Process mapping of calls or routing
- Gaps analysis
- · Ride-along or case study of team's activities

#### How did we choose the teams to review?

- Primary focus on behavioral health or homelessness
- Deployed by or explicitly directed by City departments
- · Did not include:
  - Community-based providers conducting outreach but not managed or directed by City departments
  - City teams not focused on responding to behavioral health crises or homelessness
  - Ambassador programs

# The Teams

Street Crisis Response Team (SCRT) Street Overdose Response Team -Rapid Response (SORT)

Street Wellness Response Team (SWRT)

EMS-6

San Francisco Homeless Outreach Team (SFHOT) SORT - Post-Overdose Engagement Team (POET)

Street Medicine

Healthy Streets Operation Center (HSOC)

# The Teams

Street Crisis Response Team (SCRT) Street Overdose Response Team -Rapid Response (SORT)

Street Wellness Response Team (SWRT)

EMS-6



Deployed through 911 to respond in 20-60 minutes

San Francisco Homeless Outreach Team (SFHOT) SORT - Post-Overdose Engagement Team (POET)

Street Medicine

Healthy Streets Operation Center (HSOC)



Planned work at locations or with specific individuals

# Other Partners

Behavioral Health Homelessness Team (BHHT)



Nonprofit partner that conducts planned work, typically in conjunction with HSOC

Harm Reduction Therapy Center (HRTC)



Nonprofit partner that conducts planned work at locations as directed by DPH

Comprehensive Crisis Services (CCS)



DPH program that rapidly deploys to crises, but does not primarily serve people experiencing homelessness

## Possible Concerns

Person experiencing homelessness who had a recent overdose Person experiencing homelessness needing needing non-acute medical care

Person yelling,

walking in the street,

or otherwise

displaying acute

disruptive behaviors

Encampment

Person living in an encampment

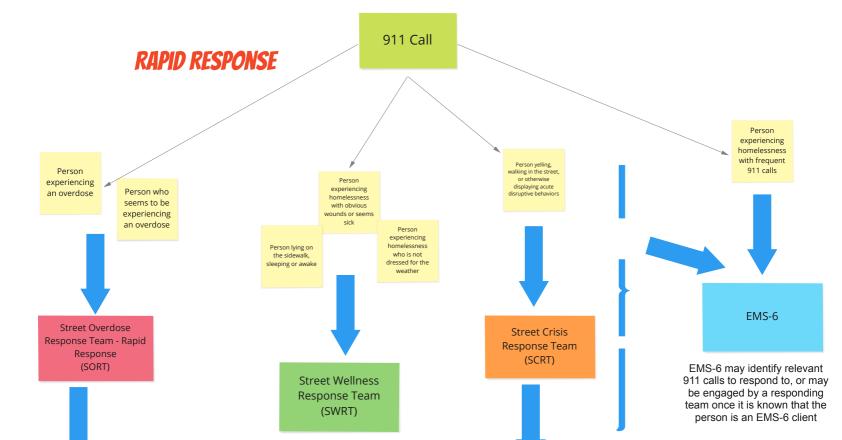
Person experiencing homelessness with opioid use disorder who may be at risk of an overdose Person who seems to be experiencing an overdose Person experiencing an overdose

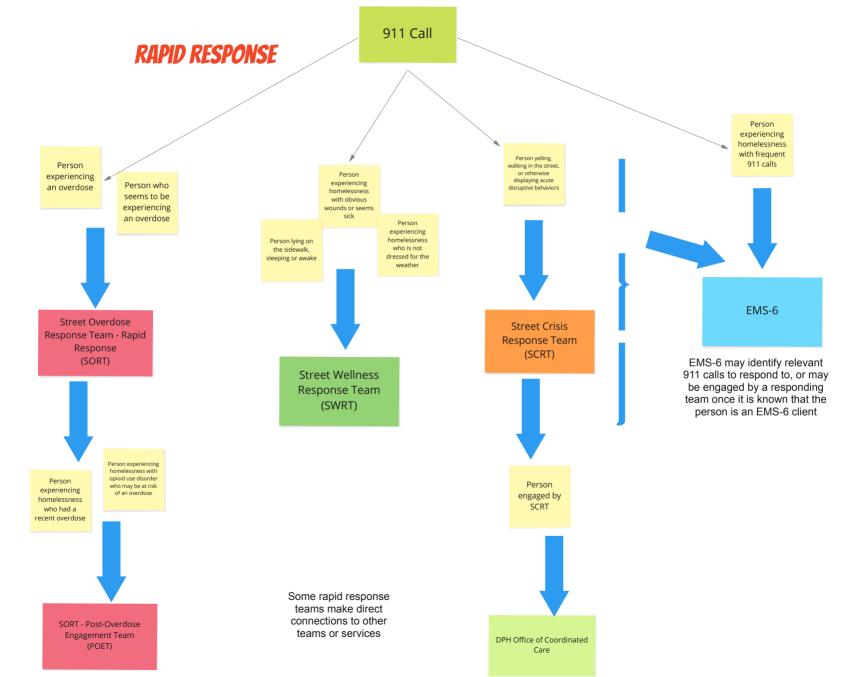
> Person experiencing homelessness who is not dressed for the weather

Person experiencing homelessness with obvious wounds or seems sick Person experiencing homelessness

Person with frequent 911 calls

Person lying on the sidewalk, sleeping or awake





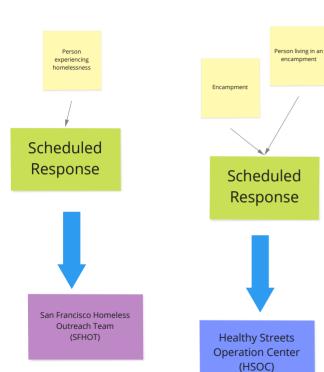
# RAPID RESPONSE

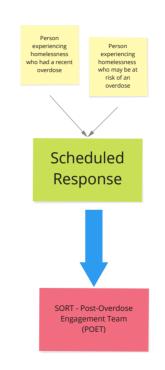
Street Overdose Response Team - Rapid Response (SORT)

Street Wellness Response Team (SWRT) Street Crisis Response Team (SCRT)

EMS-6

Department Client Population   People who may be experiencing an overdose   People who require well-being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis   People experiencing acute behavioral health crisis   People experiencing acute behavioral health crisis   People who use emergency services the most, many experiencing homelessness and behavioral health disorders					
Population  People who may be experiencing an overdose experiencing an overdose being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  Workload Source  Population  People who hay be experiencing an overdose being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  People who require well-being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  People who require well-being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  People who require well-being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  People who require well-being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  People who require well-being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  People who require well-being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  People who require well-being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis  People who require defends health crisis  Polliume As a cute behavioral health crisis  Polliume As a cute behavioral health crisis  Polliume As a cute behavioral health disorders  Polliume As a cute behavioral health crisis  Pollium	Department	SFFD	SFFD and HSH	SFFD and DPH	SFFD
Source  (Emergency Medical) On-view/ad hoc On-view/ad hoc  Response Type  Emergency Response (<20 min)  Number of Teams  Teams  Geographic Focus  Geographic Focus  Citywide, targeting neighborhoods with high call volume  Dedicated Beds  None dedicated  None currently planned  Nentally Disturbed, Priority B) Nentally Disturbe			being checks and immediate needs that do not meet the threshold of an acute behavioral health		emergency services the most, many experiencing homelessness and behavioral health
Type (<20 min) (		(Emergency Medical)	Being Check, Priority B)	Mentaİly Disturbed, Priority B)	<ul> <li>Scheduled follow-up</li> </ul>
Teams total teams by May 2022 total teams by Jun. 2022 total teams in 2022  Geographic Focus  Citywide, targeting neighborhoods with high call volume  Citywide  Citywide  Citywide, with geographically focused teams  Teams by Jun. 2022  Citywide, with geographically focused teams  Citywide  Citywide  Citywide  Citywide  Congregate shelter  Congregate shelter	•				Rapid Response (<60 min),
Focus  neighborhoods with high call volume  Dedicated Beds  None dedicated  None currently planned  Citywide, with geographically focused teams  Citywide, with geographically focused teams  Congregate shelter  Congregate shelter					4 teams
None dedicated None currently planned Congregate shelter Congregate shelter	· ·	neighborhoods with high	Citywide	geographically focused	Citywide
		None dedicated	None currently planned	Congregate shelter	Congregate shelter





#### Scheduled

Some teams may be deployed via 311 or other calls for service, but most activity related to these concerns is scheduled



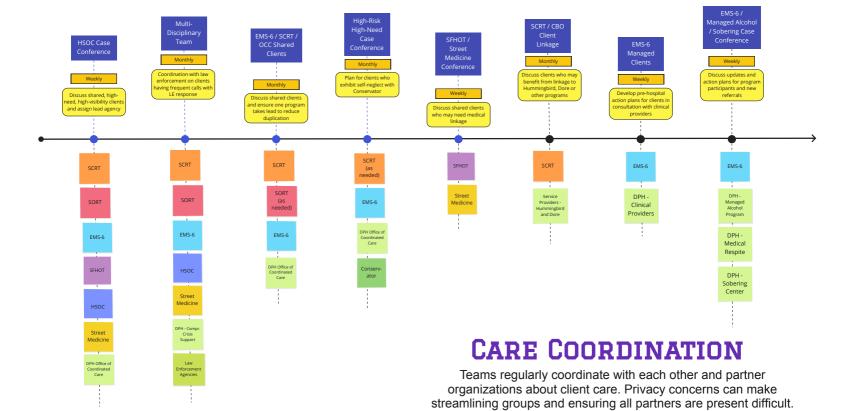
# **Scheduled**

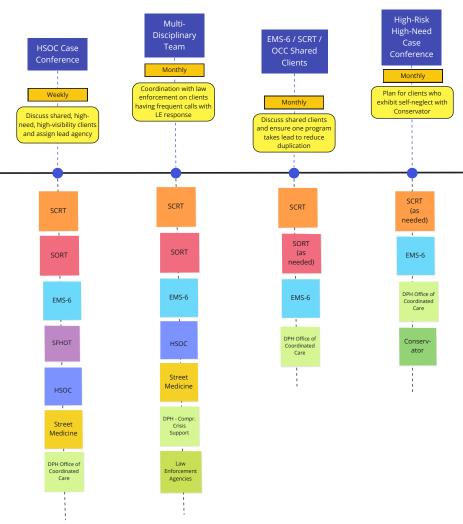
San Francisco Homeless Outreach Team (SFHOT) Healthy Streets Operation Center (HSOC)

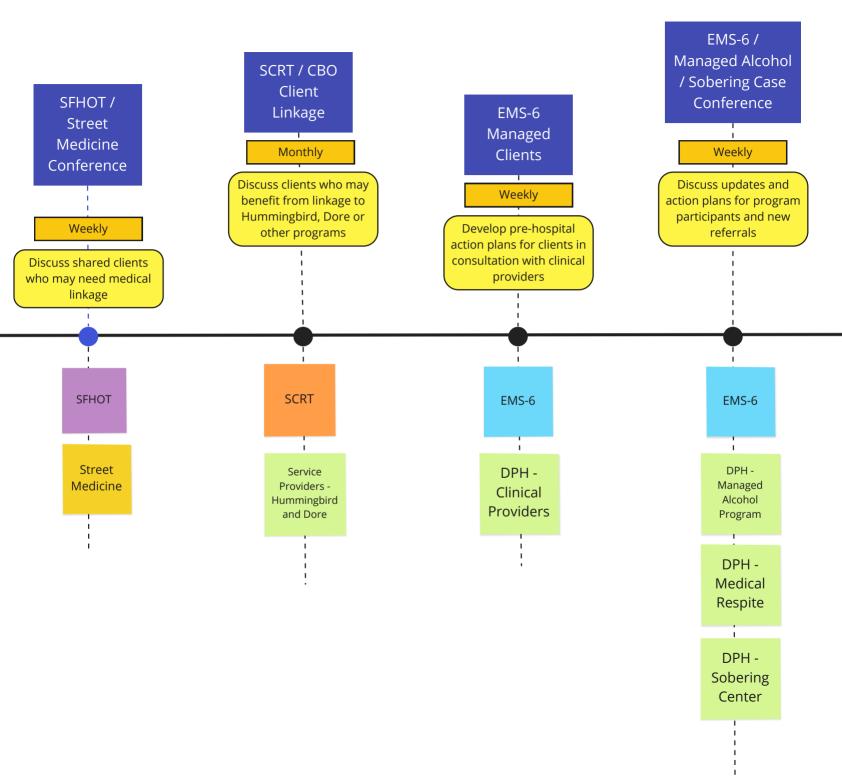
SORT - Post-Overdose Engagement Team (POET)

Street Medicine

Department	HSH	<b>DEM</b> and <b>Partner Depts</b>	DPH	DPH and HSH
Client Population	Adults experiencing homelessness	People living in encampments	People experiencing homelessness who have had recent overdose	People experiencing homelessness with medical and behavioral health needs not currently connected to care
Workload Source	<ul><li>Scheduled outreach</li><li>Self-referrals</li></ul>	<ul> <li>Scheduled encampment resolution</li> <li>Referrals from partner agencies</li> </ul>	Receives follow-ups from the SORT Response Team	<ul><li>Scheduled outreach</li><li>Scheduled follow-up</li><li>On-view/ad hoc</li><li>Referrals from partners</li></ul>
Response Type	Primarily scheduled, some deployed response	Primarily scheduled, minimal deployed response	Scheduled	Primarily scheduled, some deployed response
Number of Teams	12-15 teams, not including Case Management	Partners with interdepartmental outreach teams	1 team expanding to 2 total teams by May 2022	1-2 teams, depending on day
Geographic Focus	Citywide, with geographically focused teams	Citywide	Citywide, targeting neighborhoods with high call volume	Citywide
Dedicated Beds (Non-Medical)	Congregate shelter	Congregate shelter	None dedicated	None dedicated







### Conclusion

# Thank you.

# Any questions?

## Project Team:

Peg Stevenson, City Performance Director Laura Marshall, Project Manager Cody Reneau, Senior Performance Analyst Luke Fuller, Senior Performance Analyst

# RAPID RESPONSE

Street Overdose Response Team - Rapid Response (SORT)

Street Wellness Response Team (SWRT) Street Crisis Response Team (SCRT)

EMS-6

Department	SFFD	SFFD and HSH	SFFD and DPH	SFFD
Client Population	People who may be experiencing an overdose	People who require well- being checks and immediate needs that do not meet the threshold of an acute behavioral health crisis	People experiencing acute behavioral health crisis	People who use emergency services the most, many experiencing homelessness and behavioral health disorders
Workload Source	<ul><li>911 dispatch (Emergency Medical)</li><li>On-view/ad hoc</li></ul>	<ul> <li>911 dispatch (910B: Well Being Check, Priority B)</li> <li>On-view/ad hoc</li> </ul>	<ul> <li>911 dispatch (800B: Mentally Disturbed, Priority B)</li> <li>On-view/ad hoc</li> </ul>	<ul><li>911 dispatch</li><li>Scheduled follow-up</li><li>On-view/ad hoc</li></ul>
Response Type	Emergency Response (<20 min)	Emergency Response (<20 min)	Emergency Response (<20 min)	Emergency Response, Rapid Response (<60 min) Scheduled
Number of Teams	1 team expanding to 2 total teams by May 2022	1 team by Jan. 2022; 5 total teams by Jun. 2022	6 teams expanding to 7 total teams in 2022	4 teams
Geographic Focus	Citywide, targeting neighborhoods with high call volume	Citywide	Citywide, with geographically focused teams	Citywide
Dedicated Beds (Non-Medical)	None dedicated	None currently planned	Congregate shelter	Congregate shelter



## PROGRAMMATIC UPDATES & MILESTONES

- SCRT now has 6 (six) fully operational teams providing 24/7 citywide coverage of San Francisco
- The Office of Coordinated Care team launched April 5th, 2021 and is now fully staffed and provides support 7 days a week. The team includes behavioral health clinicians and health workers dedicated to follow up and care coordination for SCRT clients.
- The transition to EMD Dispatch will tentatively take place June 2022
- A 7th team has been approved and will tentatively launch in June 2022

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## DATA THEMES

- Most crises are resolved in the community, 60% of SCRT clients remain safely in the community.
- There is a need for shelter and housing resources, 73% of SCRT clients are experiencing homelessness.
- There is a low percentage of SCRT clients who need a 5150 hold (5%).
- Teams continue to increase the volume of calls they are able to respond to each month.
- Clients served by SCRT are diverse in race, ethnicity, age, and gender.

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#### **SCRT Call Volume by Month**

