STREET CRISIS RESPONSE TEAM (SCRT)

July 2023



Image 1: SCRT in the field.

The Street Crisis Response Team (SCRT) is initiated through calls from the public to San Francisco's 911 call center and provides rapid, trauma-informed care to people in acute behavioral health crisis or who have needs that may not require an ambulance or transport to an emergency department. SCRT provides linkages to shelter, drug and alcohol sobering centers, mental health clinics & residential programs, urgent care, care coordination and other needed support for people with complex health needs. SCRT operates citywide, seven days a week, 24 hours a day.

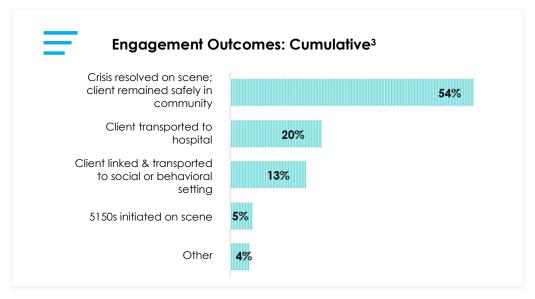
SCRT is a collaboration of the Department of Emergency Management (DEM), the San Francisco Fire Department (SFFD), the San Francisco Department of Public Health (DPH), and the Department of Homelessness and Supportive Housing (HSH). SCRT's mission is to provide an effective alternative response to individuals experiencing mental health crises or low-acuity medical needs while reducing unnecessary law enforcement responses and unnecessary emergency room utilization.

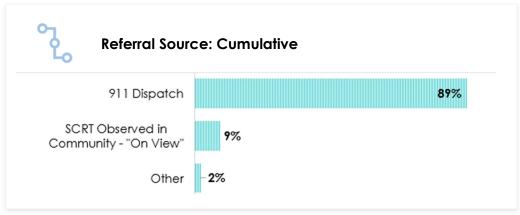
In March 2023, SCRT reconfigured its team composition to include one community paramedic, an EMT or second paramedic, and either a Peer Counselor or a Homeless Outreach Team (HOT) specialist. Behavioral health clinicians continue to be a core part of the SCRT and work under the expanded Office of Coordinated Care (OCC) providing follow-up and connection to behavioral health care for clients referred by SCRT units.

KEY PERFORMANCE INDICATORS



- 1. Cumulative metrics include data since launch November 30, 2020.
- 2. "SCRT On Scene" was called "Calls Handled by SCRT" in prior reports.







Response Rate to Behavioral Health Calls⁴

SCRT response to 25A1C calls, the exclusive SCRT response call type. The 25A1C was developed to transition eligible behavioral health calls away from a police-led response.

Cumulative

97% 97%



Average Response Time

July

Cumulative

17_{min}

- 3. A single client engagement may result in multiple outcomes.
- 4. SCRT are co-respondents to a variety of behavioral health and overdose calls, and previous reports displayed SCRT's response rate to all eligible call types. As of June 2023, this report will display SCRT's response rate to only 25A1C.





Image 2: BEST Neighborhoods Team engaging with a client in the field.

Image 3: Community Paramedics rendering aid at a scene.

SCRT Office of Coordinated Care Follow Up

As part of the March 2023 Street Crisis Response Team (SCRT) reconfiguration, the Department of Public Health's Behavioral Health Services, Office of Coordinated Care (OCC) expanded its operational capacity to provide trauma-informed, behavioral health assessment, engagement, and community-based therapeutic interventions to individuals with significant behavioral health needs. SCRT referrals to the OCC are made by community paramedics of the Fire Department. Not all SCRT clients are referred to OCC, and not all engagements result in a referral for follow-up. Follow up care includes strengthening connections to existing providers, OCC follow up teams, and connections to the new OCC street care team called BEST Neighborhoods. BEST Neighborhoods works in assigned neighborhoods 7-days a week and provides behavioral health interventions to support clients to transition to long term care and support.

Demographics of clients served through OCC are being integrated in a new DPH platform and will be reflected in this report on August 2023. Additional OCC follow-up metrics will be adjusted or added to this report over FY 23-24 as data becomes available.

July OCC Referrals:

- OCC received information for 284 individuals for assessment of follow-up needs
- 32 were cross-referred to the Department of Homelessness and Supportive Housing (HSH)
- 252 remained with OCC for assessment of follow-up needs

July OCC Follow-Up Assessment Outcomes:

- 102 (40%) were connected or reconnected to existing providers
- 47 (19%) were connected to a new Behavioral Health care or DPH follow-up team
- 59 (23%) were provided care coordination services
- 44 (17%) sufficient information was unavailable to DPH to locate or follow up