

STREET CRISIS RESPONSE TEAM (SCRT)

February 2024



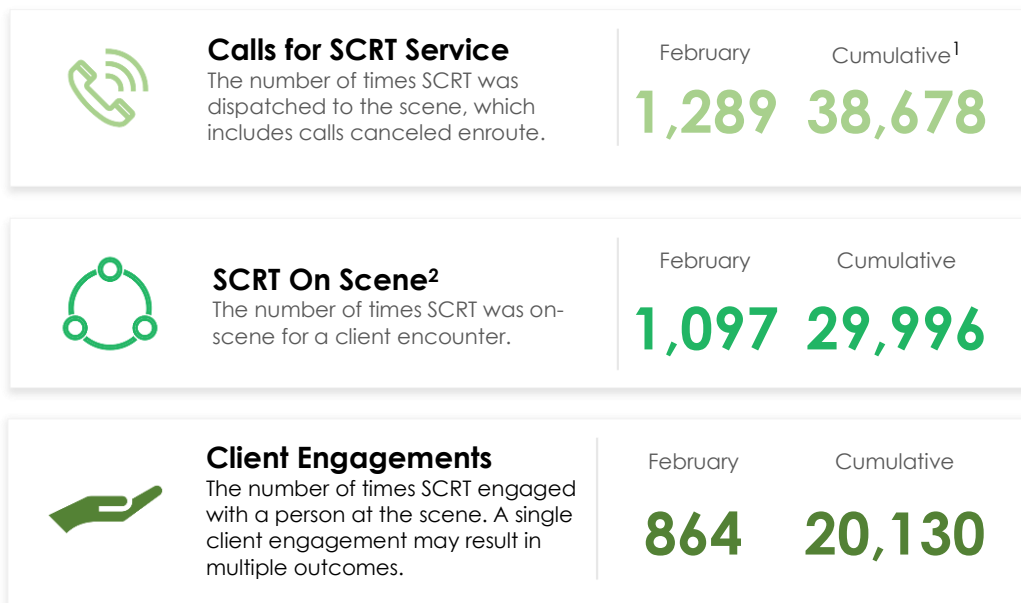
Image 1: SCRT in the field.

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.

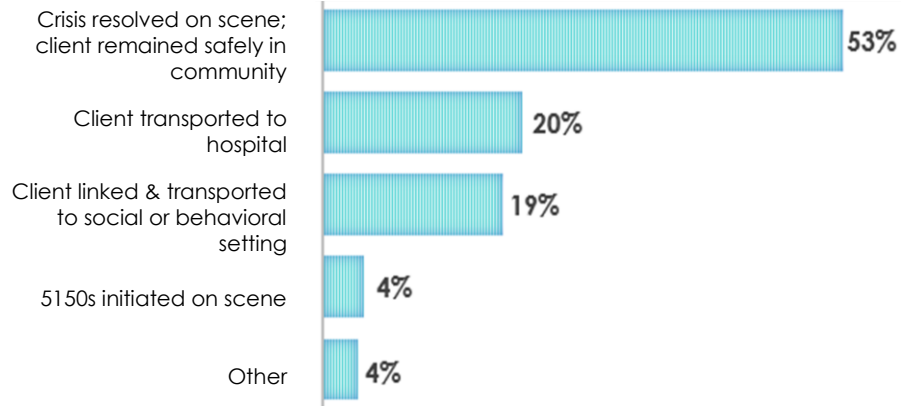
KEY PERFORMANCE INDICATORS



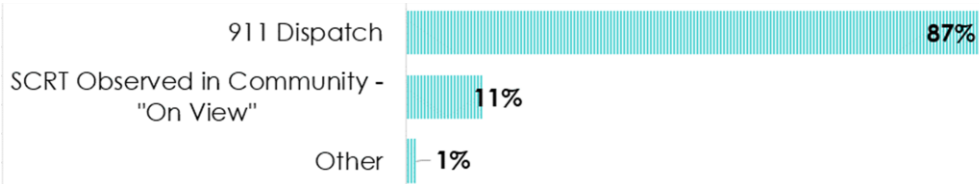
1. Cumulative metrics include data since launch November 30, 2020.
2. "SCRT On Scene" was called "Calls Handled by SCRT" in prior reports. In November 2023 Community Paramedicine started charting encounters in a new ePCR platform. This data fork may result in slight data discrepancies.



Engagement Outcomes: Cumulative³



Referral Source: Cumulative



Response Rate to Behavioral Health Calls⁴

SCRT response to 25A 1C calls, the exclusive SCRT response call type. The 25A 1C was developed to transition eligible behavioral health calls away from a police-led response.

February 25A 1C	Cumulative 25A 1C
97%	96%



Average Response Time

February	Cumulative
17 min	17 min

- A single client engagement may result in multiple outcomes.
- 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 call types it exclusively responds to.



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



Image 3: Community Paramedics rendering aid at a scene.

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. Not all SCRT engagements result in a behavioral health referral to the OCC, and not all initial engagements with OCC result in a referral for follow-up.

Follow-up care includes strengthening connections to existing providers, 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.

Additional OCC follow-up metrics will be added to this report over FY 23-24 as data becomes available.

February 2024 OCC Referrals:

In February 2024, the Fire Department sent 171 total clients to OCC.

- 165 remained with OCC for assessment of follow-up needs
- 5 were cross referred to the Department of Homelessness and Supportive Housing (HSH)
- 1 were determined to not require OCC follow up

February 2024 OCC Follow-Up Assessment Outcomes:

- 82 (50%) were connected or reconnected to existing providers
- 29 (18%) were connected to a new Behavioral Health care or DPH follow-up team
- 52 (31%) were provided care coordination services
- 2 (1%) insufficient information for DPH follow up

Demographics of OCC Clients Referred in February:

