STREET CRISIS RESPONSE TEAM

Mental Health SF Implementation Working Group

March 23, 2021

PRESENTATION OUTLINE

- Pilot Evaluation
  - Harder + Company
  - Robert Wood Johnson Foundation Research Study
- Key Questions for Implementation Working Group
- Appendix
  - Client impact stories
  - Alignment with other MHSF Programs

STREET CRISIS RESPONSE TEAM EVALUATION OVERVIEW

Planning and implementing continuous process improvement

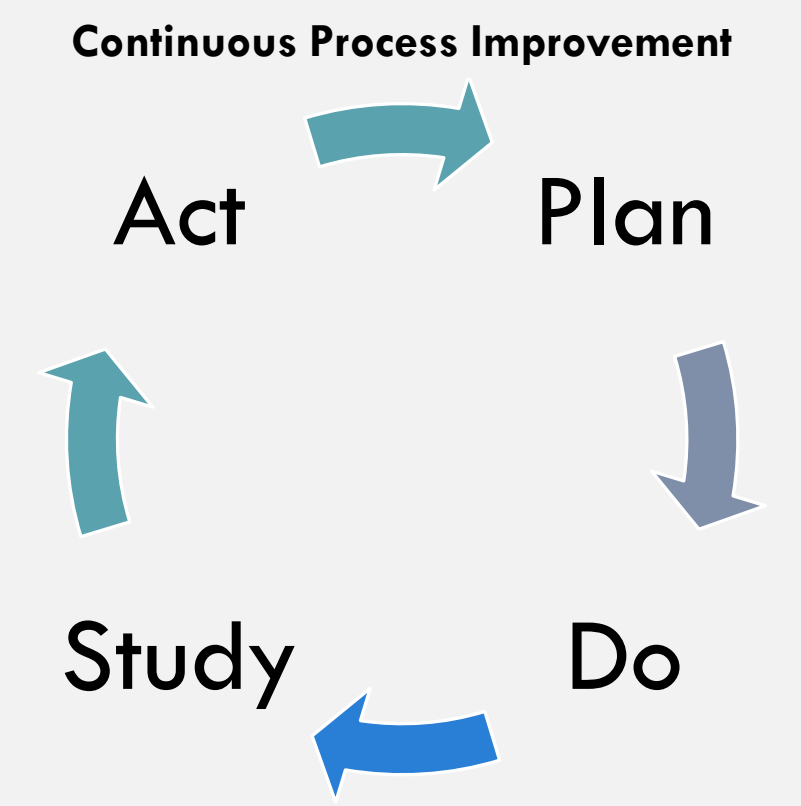
PILOT EVALUATION

Pilot program evaluation, led by Harder + Company, key questions:

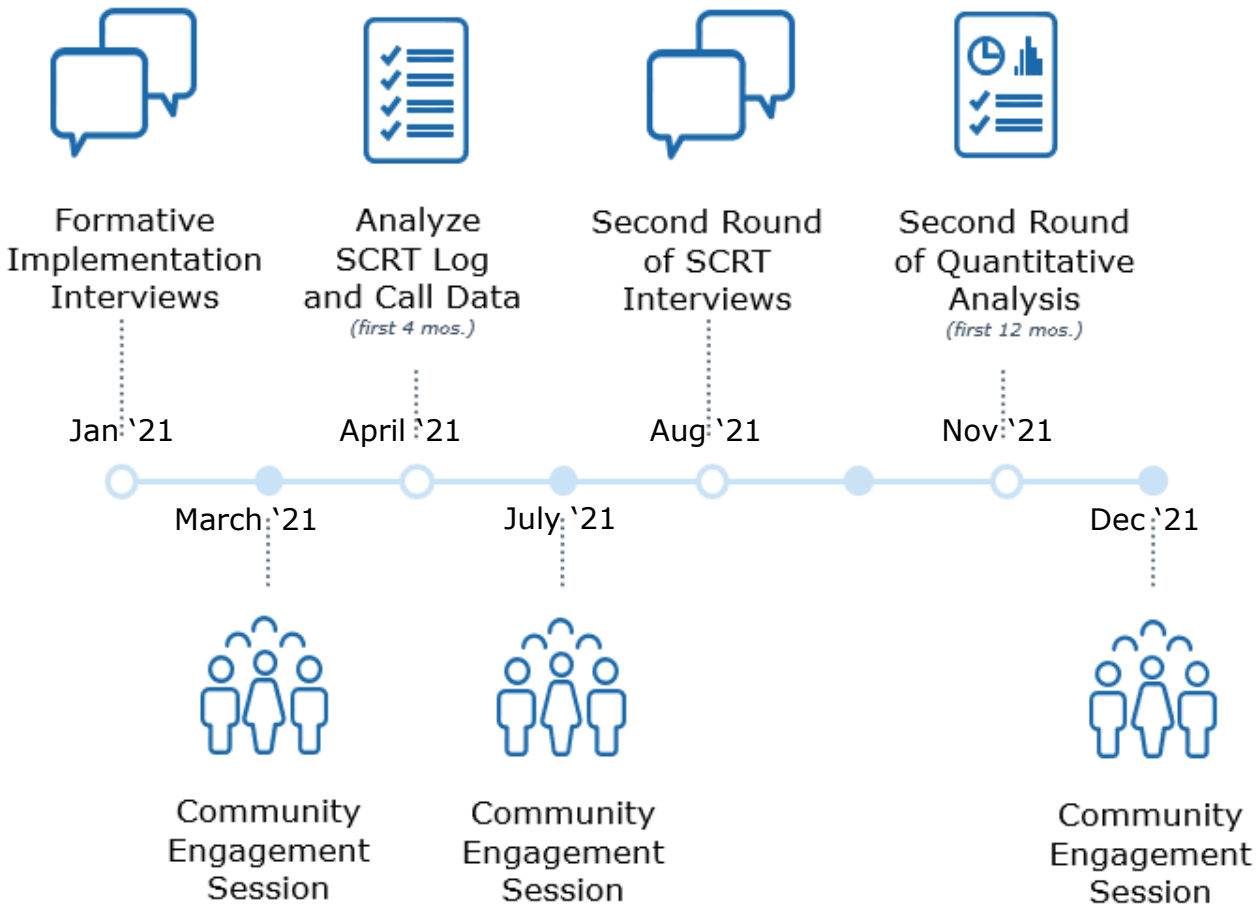
- Who is the Street Crisis Response Team serving, and what are the characteristics of those service calls?
- How effective is the Street Crisis Response Team in addressing the needs of the individuals it serves?
- What successes and challenges have Street Crisis Response Team members and community stakeholders observed in the implementation of the pilot program?

Research Study funded by Robert Wood Johnson Foundation

- Three key outcomes post-crisis episode will be studied through this research study: linkage to outpatient mental health and substance use treatment, reutilization of crisis services, and assessment for housing placement.



Harder Co. Evaluation Plan



Key Evaluation Activities in Year 1 include:

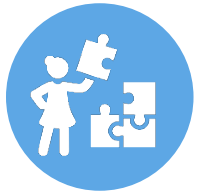
- 2 Rounds of Qualitative Data Collection
- 2 Rounds of Quantitative Data Collection
- 3 Rounds of Reporting
- 3 Rounds of Community Engagement

Formative Implementation Interview Findings

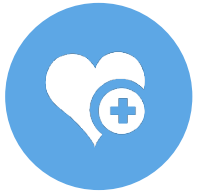
Reducing unnecessary police contact with clients

Continue pursuing diverse, experienced recruits

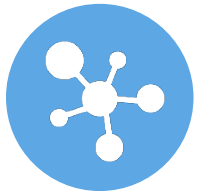
Including peer approach to meet clients where they are



Opportunity to increase role clarity in response process



Responding in a trauma-informed manner with cultural humility



Promote ongoing service enhancement efforts

RESEARCH STUDY ON IMPACT OF STREET CRISIS RESPONSE TEAM

- Grant from Robert Wood Johnson Foundation, managed by Avalere Health
- Led by DPH researchers Dr. Matt Goldman (Project Director) & Dr. Phillip Coffin (Co-Project Director)
- BHS Research Program in collaboration with UCSF CTSI and PRISE Center
- Results expected to be published in late 2022

Robert Wood Johnson Foundation

Quantitative Analysis of Impact of SCRT on Post-Crisis Outcomes

1. Outpatient mental health or substance use service utilization
2. Acute service reutilization (return to ED, PES, other crisis service)
3. Assessment for supportive housing or other long-term placement
4. Jail Entry

Equity Analysis - Stratify by Race/Ethnicity

1. What disparities exist at baseline?
2. What impact does SCRT have on potential disparities?

Qualitative Interviews with Recipients of SCRT Services

1. Baseline Engagement
2. SCRT Access, Assessment and Intervention
3. Post-Crisis Linkage
4. Client Experience

CLARIFYING QUESTIONS

KEY QUESTIONS FOR IMPLEMENTATION WORKING GROUP

Ideas for consideration

KEY QUESTIONS FOR CONSIDERATION

1. *If the team had additional resources, and were to respond to more calls for service beyond the "800Bs", which types of calls should they prioritize?*
2. *How can the SCRT best be deployed in communities of color and other populations with distrust of law enforcement and other institutions?*
3. *How can SCRT best engage the community to support its clients using the strength of existing community-based networks?*
4. *SCRT is planning to have one team covering an overnight shift to enable 24/7 SCRT service coverage. What is your experience about the need for 24/7 coverage for this service?*

1. IF THE TEAM HAD ADDITIONAL RESOURCES, AND WERE TO RESPOND TO MORE CALLS FOR SERVICE BEYOND THE "800B'S", WHICH TYPES OF CALLS SHOULD THEY PRIORITIZE?

Additional call codes currently receiving law enforcement response could be considered for this program. For example, call code 801, "person attempting suicide" could be a well suited for SCRT response for the portion of these calls involving only ideation or other circumstances not requiring a "lights and sirens" response.

The Coalition on Homelessness and Human Rights Commission have also contemplated this question. The Coalition on Homelessness has recommended a "Compassionate Alternate Response Team (CART)" which could be a complementary solution to a subset of these additional call codes. For example, upon initial representative call data reviews, DEM has indicated that many of the 911 calls for service coded as "well-being" checks (code 910) present similarly to the needs of the code 800 calls. With additional staff training and further refined definitions of the call codes, some well-being check calls could be directed to SCRT while others could be directed to a homelessness response focused team such as CART. A comprehensive data analysis, essential to this exercise, will require additional resources to be identified.

2. HOW CAN THE SCRT BEST BE DEPLOYED IN COMMUNITIES OF COLOR AND OTHER POPULATIONS WITH DISTRUST OF LAW ENFORCEMENT AND OTHER INSTITUTIONS?

In order to address the needs and concerns of communities with widespread distrust of law enforcement, SCRT may need to identify and create pathways to deploy the SCRT independent of 911. Because developing new call-center infrastructure requires significant resources, this could be achieved through leveraging existing crisis call lines (e.g., SF Suicide Prevention line, Comprehensive Crisis Services) who could develop workflows to deploy SCRT as needed. Other programs, such as Maricopa County in Arizona, indicate crisis call centers can reduce the need for deploying mobile teams while still providing therapeutic intervention to clients in need.

3. HOW CAN SCRT BEST ENGAGE THE COMMUNITY TO SUPPORT ITS CLIENTS USING THE STRENGTH OF EXISTING COMMUNITY-BASED NETWORKS?

It is essential that SCRT builds on the strengths of existing community-based resources and trusted community members to maximize program sustainability and impact. Identifying opportunities to promote an individual's resiliency within their communities by integrating existing networks, such as churches and community-based organizations, would yield positive outcomes for both clients of SCRT and concerned community members. The role of Office of Coordinated Care staff, and the types of strategies they employ in their care coordination work, are a potential opportunity for collaboration.

4. SCRT IS TARGETING TO HAVE ONE TEAM ON AN OVERNIGHT SHIFT TO ENABLE 24/7 COVERAGE. WHAT IS YOUR EXPERIENCE ABOUT THE NEED FOR 24/7 COVERAGE FOR THIS SERVICE?

During the hours between 11pm and 7am, code 800 calls decrease dramatically, with the average call volume during these hours approximately 65 percent lower according to DEM data from 2019. At the same time, options for referral to services will be much more limited during these hours than during the day. Furthermore, hiring and retaining staff to provide coverage for these service hours is expected to be more challenging and costly. A financial analysis of this difference in cost will be provided once available.

APPENDIX

Client impact stories and alignment with other MHSF programs

CLIENT IMPACT #1

The SCRT received a call about a person walking in and out of the streets, throwing trash. The fire and sheriff's departments were on the scene but requested SCRT help with the person's mental health issues. The team found the client in an agitated, paranoid state. The clinician used active listening and de-escalation techniques to engage the client, who reported using fentanyl earlier in the day. She expressed that she was very cold and wanted coffee, so the clinician offered to get the coffee. As they waited for the coffee and the conversation continued, the client told the clinician about her bipolar and psychosis diagnoses and about her case manager. The team referred the client back to that provider.

CLIENT IMPACT #2

Within the first month in operation The Street Crisis Response Team had its first repeat engagement. Over the course of one week the team engaged with a young male in his 20's that was reported to be naked in the community. Each time the team was dispatched to the location they tried continuously to get the client to stop for even one second to have a conversation and each time the client quickly said no thank you and ran off. On the third or fourth time being dispatched out to this unclothed individual I was able to follow him a block and he surprisingly accepted food that I was offering him. As I handed him the snack I thought that this might be my chance to get him to stop for a second and talk. To my surprise he responded to a few questions and lingered longer than he had in past engagements before running off again. This was witnessed by the other members of the team. We debriefed for a minute before trying to engage one more time and came to an agreement that since he looked willing to talk to me that I would do my best to try and engage with him again and try and get him to put on some clothing. We found him talking to himself down an alley off Van Ness Ave. and I walked down to try and talk again... while my team members tried their best to remain unseen but within sight in case I needed assistance. Even though the conversation was confusing and didn't make much sense to me he still took the clothes I was offering and put on the underwear and shirt and even took a new blanket. Ultimately, he declined services but felt that the repeated compassionate care that the team showed and maybe the relative heart of the peer he was able to receive was a win indeed.

-Michael Marchiselli, Peer Counselor, Street Crisis Response Team

ALIGNMENT WITH OTHER MHSF PROGRAMS

Office of Coordinated Care (OCC)

- The SCRT model includes a team of care coordinators assigned to SCRT responsible for following up with existing providers and/or clients with whom SCRT engages within 24 hours of contact with the team. The care coordinator will function as a part of the OCC and will support clients in navigating the system and aim to reduce readmission to crisis services.

Crisis Stabilization Unit

- The establishment of a new low-barrier resource to accept clients in a behavioral health crisis as an alternative to Psychiatric Emergency Services and in addition to Dore Urgent Care Clinic is a critical linkage resource for the SCRT.

Drug Sobering Center

- The establishment of the new Drug Sobering Center will enable clients encountered by SCRT who use drugs – especially methamphetamine – to safely recover from intoxication.

Intensive Case Management (ICM) Expansion

- ICM is a community-based complement of services to help clients obtain housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations. This service would benefit a subset of the clients with whom SCRT engages in addition to other forms of case management.