

File No. 240805

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date Oct 7, 2024

Board of Supervisors Meeting

Date _____

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OTHER (Use back side if additional space is needed)

- Performance Audit November 7, 2023
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Completed by: Victor Young

Date Oct 3, 2024

Completed by: _____

Date _____

1 [Administrative Code - Street Teams Reporting]

2
3 **Ordinance amending the Administrative Code to require regular reporting to the Board**
4 **of Supervisors by the Department of Emergency Management, Department of**
5 **Homelessness and Supportive Housing, Department of Public Health, and Fire**
6 **Department, concerning the efficiency and effectiveness of the City’s street teams.**

7 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
8 **Additions to Codes** are in *single-underline italics Times New Roman font*.
9 **Deletions to Codes** are in ~~*strikethrough italics Times New Roman font*~~.
10 **Board amendment additions** are in double-underlined Arial font.
11 **Board amendment deletions** are in ~~strikethrough Arial font~~.
12 **Asterisks (* * * *)** indicate the omission of unchanged Code
13 subsections or parts of tables.

14 Be it ordained by the People of the City and County of San Francisco:

15 Section 1. Chapter 20 of the Administrative Code is hereby amended by adding Article
16 XI, consisting of Sections 20.11-1 and 20.11-2, to read as follows:

17 **ARTICLE XI: STREET TEAMS REPORTS**

18
19 **SEC. 20.11-1. BACKGROUND.**

20 (a) Several City departments, including the Department of Emergency Management, Department of
21 Homelessness and Supportive Housing, Department of Public Health, and Fire Department (the “SF
22 Coordinated Street Response Departments”) have dedicated street teams that provide emergency crisis
23 response and outreach services to address behavioral health, medical, and/or homeless-related issues,
24 including mental health crises, wellbeing concerns, drug overdoses, and homeless encampments on the
25 City’s streets and in public spaces.

1 **(b) In November 2023, the Budget and Legislative Analyst (“BLA”) published a report outlining**
2 **its findings and recommendations from a performance audit of the City’s street teams. The report is on**
3 **file with the Board of Supervisors in File No. 240805. In its report, the BLA reviewed the street teams’**
4 **structures as well as how the SF Coordinated Street Response Departments manage and coordinate**
5 **street teams. The BLA found several opportunities to improve and streamline the efficiency and**
6 **effectiveness of the SF Coordinated Street Response Departments’ planning, coordination, and**
7 **communications. The BLA issued a series of recommendations, including that the SF Coordinated**
8 **Street Response Departments provide the Board of Supervisors regular reports concerning street**
9 **teams’ goals, outcomes, and barriers to achieving the goals.**

10 **SEC. 20.11-2. REPORTING REQUIREMENTS.**

11 **(a) The Department of Emergency Management shall submit written reports to the Board of**
12 **Supervisors, with a copy to the Mayor, providing information on the efficiency and effectiveness of the**
13 **City’s street teams, including but not limited to:**

- 14 **_____ (1) goals and key initiatives;**
- 15 **_____ (2) metrics, including how the SF Coordinated Street Response Departments measure**
16 **progress towards achieving goals and key initiatives;**
- 17 **_____ (3) milestones and accomplishments, including information about progress made**
18 **towards meeting goals and key initiatives;**
- 19 **_____ (4) information about street teams’ structures, including a description of each street**
20 **team, total number of staff per street team, and the daily average number of team units in the field per**
21 **street team;**
- 22 **_____ (5) whether there are vacancies at any of the SF Coordinated Street Response**
23 **Departments that are impacting deliverables;**
- 24 **_____ (6) whether contractors are meeting staffing obligations and if applicable, how**
25 **contractor staffing levels are impacting deliverables;**

1 (7) a summary of services provided;

2 (8) a description of the types of shelters available to people experiencing homelessness,
3 the number and percentage of shelters offered by shelter type, and the number and percentage of
4 rejected offers by shelter type;

5 (9) a summary of resource utilization and capacity constraints in order to identify and
6 measure any unmet needs, such as when a shelter or sub-acute non-hospital bed was requested but
7 unavailable;

8 (10) a description of how the SF Coordinated Street Response Departments coordinate
9 the provision of services and offers of shelter;

10 (11) the manner in which the SF Coordinated Street Response Departments share data
11 among themselves, and any obstructions to data sharing goals; and

12 (12) any other information that addresses concerns and recommendations in the BLA
13 report referenced in Section 20.11-1(b).

14 (b) The Department of Emergency Management shall serve as the coordinating agency,
15 responsible for gathering information, finalizing, and submitting the report referenced in subsection (a)
16 above. For purposes of the report, the Department of Homelessness and Supportive Housing,
17 Department of Public Health, and Fire Department shall:

18 (1) provide the Department of Emergency Management with information necessary to prepare
19 the report; and

20 (2) draft the sections of the report that correspond to their work, as applicable.

21 (c) The initial four reports shall be due on February 1, 2025, August 1, 2025, February 1, 2026,
22 and August 1, 2026. Thereafter, starting in 2027, reports shall be due annually on August 1.

23 (d) The initial report shall cover the calendar year preceding the date of the report. Subsequent
24 reports shall cover the time period since the last report.

1 (e) The Department of Emergency Management shall post each report on its website within 10
2 calendar days of submitting the report to the Board of Supervisors and the Mayor.

3
4 Section 2. Effective Date. This ordinance shall become effective 30 days after
5 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
6 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
7 of Supervisors overrides the Mayor's veto of the ordinance.

8
9
10 APPROVED AS TO FORM:
11 DAVID CHIU, City Attorney

12 By: /s/ Christina Fletes-Romo
13 CHRISTINA FLETES-ROMO
14 Deputy City Attorney

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LEGISLATIVE DIGEST

[Administrative Code - Street Teams Reporting]

Ordinance amending the Administrative Code to require regular reporting to the Board of Supervisors by the Department of Emergency Management, Department of Homelessness and Supportive Housing, Department of Public Health, and Fire Department, concerning the efficiency and effectiveness of the City's street teams.

Amendments to Current Law

This ordinance would require the Department of Emergency Management, Department of Homelessness and Supportive Housing, Department of Public Health, and Fire Department to coordinate in order to provide the Board of Supervisors and Mayor regular reports about the City's street teams' efforts to address street conditions. The Department of Emergency Management will serve as the coordinating agency. The initial four reports will be due every six months starting on February 1, 2025, and then subsequent reports will be due annually on August 1 starting in 2027.

Background Information

Several City departments, including the Department of Emergency Management, Department of Homelessness and Supportive Housing, Department of Public Health, and Fire Department have dedicated street teams that provide emergency crisis response and outreach services to address behavioral health, medical, and/or homeless related issues, including mental health crises, wellbeing concerns, drug overdoses, and homeless encampments on the City's streets and in public spaces. In November 2023, the Budget and Legislative Analyst ("BLA") published a report outlining its findings and recommendations from a performance audit of the City's street teams. The BLA reviewed the street teams' structures as well as how City departments manage and coordinate street teams. The BLA found several opportunities to improve and streamline the efficiency and effectiveness of City departments' planning, coordination, and communications. The BLA issued a series of recommendations, including that City departments provide the Board of Supervisors regular reports concerning street teams' goals, outcomes, and barriers to achieving goals.

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Performance Audit of San Francisco Street Teams

Prepared for the

**Board of Supervisors
of the City and County of San Francisco**

by the

San Francisco Budget and Legislative Analyst

November 7, 2023

CITY AND COUNTY OF SAN FRANCISCO
BOARD OF SUPERVISORS
BUDGET AND LEGISLATIVE ANALYST

1390 Market Street, Suite 1150, San Francisco, CA 94102 | (415) 552-9292

November 7, 2023

Supervisor Dean Preston, Chair, Government Audit and Oversight Committee and Members of the San Francisco Board of Supervisors
Room 244, City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Dear Supervisor Preston and Members of the Board of Supervisors:

The Budget and Legislative Analyst is pleased to submit this *Performance Audit of San Francisco Street Teams*. In response to a motion adopted by the Board of Supervisors in July 2022 (Motion 22-123), the Budget and Legislative Analyst conducted this performance audit, pursuant to the Board of Supervisors powers of inquiry as defined in Charter Section 16.114 and in accordance with U.S. Government Accountability Office (GAO) standards, as detailed in the Introduction to the report.

The performance audit contains seven findings and 20 recommendations, of which 10 are directed to the Department of Public Health, eight are directed to the Department of Emergency Management, eight are directed to the Fire Department, seven are directed to the Department of Homelessness and Supportive Housing, and one is directed to the Board of Supervisors (note that several recommendations are directed to more than one department). The Executive Summary, which follows this transmittal letter, summarizes the Budget and Legislative Analyst's findings and recommendations. The recommendations are intended to improve management of the City's 11 street teams tasked with responding to or providing outreach related to behavioral health, medical, or homeless related issues, including mental health crises, wellbeing concerns, drug overdoses, and homeless encampments on the City's streets and in public spaces. In addition, the report contains a survey of street team operations in peer cities, which is included in the Introduction.

The Executive Director of the Department of Emergency Management, Director of Health, Chief of the Fire Department, and Department of Homelessness and Supportive Housing Deputy Director of Programs have provided written responses to our performance audit, which are attached to this report starting on page A-1. The Department of Emergency Management agrees with seven recommendations and partially agrees with one recommendation. The Department of Public Health agrees with four recommendations, partially agrees with five recommendations, and disagrees with one recommendation. The Fire Department agrees with eight recommendations. The Department of Homelessness and Supportive Housing agrees with three recommendations and did not respond to four recommendations.

Supervisor Preston and Members of the Board of Supervisors

November 7, 2023

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We would like to thank the staff at the Department of Emergency Management, Department of Public Health, Fire Department, and Department of Homelessness and Supportive Housing for the assistance they provided during the audit.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D. Goncher', written in a cursive style.

Dan Goncher
Principal

cc: President Peskin
Supervisor Chan
Supervisor Dorsey
Supervisor Engardio
Supervisor Mandelman
Supervisor Melgar
Supervisor Ronen
Supervisor Safai
Supervisor Stefani
Supervisor Walton

Mayor Breed
Department of Emergency Management Executive
Director
Director of Health
Chief of the Fire Department
Department of Homelessness and Supportive Housing
Executive Director
City Attorney's Office
Mayor's Budget Director
Controller

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Executive Summary

The Board of Supervisors directed the Budget and Legislative Analyst's Office to conduct a performance audit of San Francisco's street teams, including the structure and coordination for management of the street teams amongst various City departments, through a motion (M22-123) passed on July 19, 2022. The scope of this performance audit includes the street teams that operate in San Francisco and provide both emergency crisis response to 9-1-1 emergency calls and planned street outreach. The primary City departments involved in the operations and management of these street teams are the Fire Department, the Department of Homelessness and Supportive Housing, the Department of Public Health, and the Department of Emergency Management. The scope of this performance audit covers activity during FY 2017-18 through FY 2021-22. As part of our audit, we reviewed each department's internal policies and procedures, planning documents, and evaluations and assessments related to the City's street teams; conducted ride-alongs and site visits to observe on-the-ground operations of street teams and the City's 9-1-1 call center as well as focus groups with street team members; and surveyed street team operations in peer cities.

Section 1: Street Team Planning, Coordination, and Communication

With the launch of the second wave of street teams starting in 2020, the City's overall street team system expanded significantly without a corresponding increase in capacity for overall planning, coordination, public education or messaging, or data management. Prior to FY 2022-23, while there was dedicated coordination by the Department of Emergency Management (DEM) of the Healthy Streets Operation Center (HSOC) and the Joint Field Operations (JFO), there was not an overall street team leadership position in the City responsible for inter-departmental and cross-team coordination, planning, or management. The rapid rollout of the new street teams led to inconsistent public messaging about street team functions and goals, a high volume of coordination meetings, and siloed data systems and a lack of data-sharing.

There are several opportunities to improve and streamline the efficiency and effectiveness of the City's street team planning, coordination, and communications. Many of these needs and opportunities have been identified and improvements are underway as of FY 2022-23.

Recommendations

The Director of the Department of Emergency Management's Coordinated Street Response Program should:

- 1.1 Report quarterly to the Board of Supervisors on:
 - a. Key initiatives, progress, and outcomes from Street Response Planning and Operations meetings and internal working groups.
 - b. Key public education milestones, including focus group outcomes, the development of public education materials, the public campaign implementation, and stakeholder training and outreach.
 - c. Progress toward and barriers to data linkage and sharing efforts.

Section 2: Street Team Goals and Performance

Some of the City’s street teams do not consistently report performance metrics or achieve their established goals. We found that some street teams have no publicly reported performance metrics; some teams have stated goals and report performance metrics, but the metrics they report do not demonstrate success or progress at achieving their team goals; and some teams report metrics that do align with their goals, but have limited success in achieving those goals. Two DPH teams, Street Medicine and the Felton Engagement Specialist Team (a contracted organization who as of August 2023 no longer provides services to DPH), do or did not report any public performance metrics. Other teams do report metrics, but the metrics do not directly demonstrate success at achieving their goals, or only partially align with their goals, although some teams, including the Street Crisis Response Team, have been successful at achieving one or more of their goals.

We also found that two follow-up response teams, the Post Overdose Engagement Team (POET) and the former Street Crisis Response Team Office of Coordinated Care (OCC), have or had low connection rates with their clients.

Recommendations

The Director of the Department of Public Health and the Chief of the Fire Department, or their designees, should:

- 2.1 Report regularly and consistently on street team goals and performance measures that directly track progress towards those goals. Teams should report at least annually, but ideally quarterly or more frequently, and make the reports publicly available online in a central, easily accessible location, such as through online dashboards. This reporting should include the establishment of performance measures for the Street Medicine team.

The Executive Director of the Department of Emergency Management and the Executive Director of the Department of Homelessness and Supportive Housing, or their designees, should:

- 2.2 Collaborate on improvements to track HSOC shelter availability and referral data for HSOC clients, with the goal of increasing shelter referral uptake among HSOC and other street team clients, and report to the Board of Supervisors no later than April 30, 2024 on progress toward this effort. This effort could include analysis of client demand for specific types of shelter placements, and strategies that increase or contribute to successful shelter placements.

The Director of the Department of Public Health, or their designee, should:

- 2.3 Modify the service model of the POET and the OCC follow-up teams to improve the success rate and cumulative follow-up rate for clients who are referred for services.

The Fire Department's Assistant Deputy Chief of Community Paramedicine should:

- 2.4 Include data elements related to Suboxone administration in the regular ongoing reporting of SORT metrics and performance.
- 2.5 Report on progress toward the health outcome database to support a longitudinal understanding of the impact of Suboxone administration, as well as any other related data-sharing efforts and progress, to the Board of Supervisors by April 2024.

Section 3: Data Access, Sharing, and Linkage

The Fire Department, the Department of Public Health, the Department of Homelessness and Supportive Housing, and the Department of Emergency Management use at least eight different data collection systems to manage and record street team encounters and client care, but are unable to easily share or link client and team activity data between departments or across teams. These department-specific data collection systems were created to meet department and client specific needs, and were not originally intended for robust-cross department integration and data sharing. In addition, local, state, and federal legislation creates information-sharing guardrails that have impacted what data can be shared and with whom. The lack of data sharing means that, in the field, a street team can only view client information in systems that the individual team members have access to, which limits teams' ability to understand a client's full history, prior referrals, and interactions with other teams, and may make it harder to connect a client to the best possible resources. The lack of data sharing also means that the City cannot analyze meaningful longitudinal data about street team client outcomes or the impact of the street teams overall. Street team data reporting is currently limited primarily to encounter-based outputs that focus on the teams' immediate actions for the client and the outputs from the client engagement, and not longer-term outcomes.

There is an ongoing effort, in initial stages, to link department datasets together and obtain a single dataset of client information across all street teams known as the All Street Teams Integrated Dataset (ASTRID). At the time of our audit fieldwork, DEM staff was still in very preliminary discussions with DPH, HSH, and Fire Department staff about this effort. Additional details on this effort are provided later in this report section. In addition, California Welfare and Institutions Code (WIC) section 18999.8 authorizes cities and counties to establish homeless adult and family multidisciplinary teams to provide for the sharing of confidential data for the purposes of service coordination, continuity of care, and to reduce duplication of services. In August 2023, the Mayor’s Office in partnership with DEM created San Francisco’s new Homelessness Multi-Disciplinary Team, an effort, through shared policies, protocols, and training, that allows participating agencies to share client data and information that is necessary for case planning and expediting linkages to services.

Recommendations

To improve citywide street team data access, sharing, and linkage, the Department of Emergency Management’s Coordinated Street Response Program should:

- 3.1 Submit reports to the Board of Supervisors starting in January 2024, and every six months thereafter, on progress towards data sharing efforts. Reports should identify key data sharing goals, milestones, accomplishments, participating agencies, and any identified barriers or obstructions to data sharing goals.
- 3.2 Establish an interim routine data sharing and/or linkage practice among street teams that permits the sharing of aggregate data and by-name client lists no later than June 30, 2024. DEM should serve as the central department that will receive and distribute information, ensure the right teams receive the right levels of information, and preserve the security of the data. This data sharing practice could include sending monthly secure emails to each street team program, or to DEM, with each team’s list of clients seen in the prior month and the information contained in the individual departments’ data systems.

Section 4: Contract Performance Monitoring and Oversight

There have been nine contracts with six organizations involved in the operations of the City’s street teams. The departments that manage these contracts, particularly the Department of Public Health (DPH), are not providing adequate oversight of the contractors: two of DPH’s contractors had not had any formal contract monitoring reports generated after more than two and a half years of operations as of April 2023, and another DPH contractor was taken off of a corrective Plan of Action with no explanation or follow-up. Our audit review also found that the

performance of some street team contractors for which regular annual contract monitoring reports *have* been completed has not consistently met the expectations outlined in the contracts. In addition, we found that DPH’s contracts with HealthRight 360, RAMS, and the Felton Institute did not contain adequately specific scopes of work, and that one contractor, the Harm Reduction Therapy Center (HRTC), was performing work for DPH’s Post Overdose Engagement Team (POET) without a signed, executed contract in place for such work for over 18 months. Contractors performing work under a contract that has not been fully executed is a significant risk to the City.

Recommendations

The Director of the Department of Public Health’s Business Office of Contract Compliance should:

- 4.1 By January 31, 2024, finalize the contract monitoring reports for FY 2020-21 and FY 2021-22 for all of DPH’s street team contractors.

The Director of the Department of Public Health, or their designee, should:

- 4.2 Explicitly include all contractor outputs and outcomes in contract documents, either by listing them in the scope of work or including them as a separate appendix.

The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, and the Executive Director of the Department of Homelessness and Supportive Housing, or their designees, should:

- 4.3 Conduct, at minimum, mid-year reviews or evaluations of contractor performance towards contract obligations of all new street team contractors for the first three years of the contract. The results of the evaluations should be reported to the Board of Supervisors.

The Department of Homelessness and Supportive Housing’s Director of Outreach and Temporary Shelter should:

- 4.4 Address Heluna Health’s staffing challenges for the HOT team in the next contract monitoring report by working with Heluna Health leadership to develop a HOT team hiring plan.

Section 5: Resource Referral Capacity

Fire Department data shows that for Street Crisis Response Team (SCRT), Street Wellness Response Team (SWRT), and Street Overdose Response Team (SORT) encounters, the requested referral resource, such as a shelter bed, is not always immediately available to the client at the time of the encounter. Between June 2022 and March 2023, a requested resource was

unavailable on average 13 percent of the time, or on average five encounters per day. Some street teams, including SCRT, SWRT, and SORT, have the ability to refer, connect, and/or transport clients to other services or resources in the City, including shelter, urgent care, or withdrawal management, at the time of the encounter; this resource referral and transportation is an important part of the workflow of the City’s street teams, as well as the City’s overall response to behavioral health street crises and efforts to reduce unnecessary emergency department use, because it means that clients who are ready to accept services at the time of the encounter can be quickly referred and transported to the appropriate non-emergency department resource.

Fire Department data shows that 84 percent of the time, the cause of resource unavailability is a lack of shelter capacity, either because there is no shelter placement available or because the shelters are closed at the time of the encounter. Shelter placement is constrained by the City’s overall availability of shelter resources, as well as the time and day of the week. The lack of availability directly impacts street team operations, team success at emergency department deferrals, and potentially client outcomes.

Recommendations

The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, the Executive Director of the Department of Homelessness and Supportive Housing, and the Chief of the Fire Department, or their designees, should:

- 5.1 Regularly report to the Board of Supervisors on the number of encounters during which a resource was requested but unavailable for a street team encounter and summarize the data by day of the week and time of day, to allow for ongoing monitoring of (a) the underlying capacity of the shelter system and of sub-acute non-hospital settings, and (b) these resources’ availability for street team clients.

The Department of Homelessness and Supportive Housing’s Director of Outreach and Temporary Shelter should:

- 5.2 Work with the Fire Department to identify placement options for street team clients who request shelter placement outside of normal shelter intake hours.

The Board of Supervisors should:

- 5.3 Prioritize funding needs identified in HSH’s *Home By the Bay* Strategic Plan for 2023-2028 to expand the capacity of the homelessness response system by adding 1,075 new shelter beds and to add new shelter, transitional housing, and other options for temporary accommodations in a variety of settings and models, including after-hours and weekend placement options for street team clients.

Section 6: Dispatched Street Team Availability and Demand

The ratios of actual to planned work hours for the City’s dispatched street teams, the Street Crisis Response Team (SCRT), Street Wellness Response Team (SWRT), and Street Overdose Response Team (SORT), have been trending downward since inception. The ability of dispatched street teams to respond to 9-1-1 and 3-1-1 calls for service depends on the availability of team units in the field; a lower actual to planned work ratio indicates that fewer units were available than were originally planned to respond to calls for service, which can be caused by team member absences due to leave, illness, training requirements, or other factors. The interdisciplinary nature of the City’s dispatched street teams requires staffing and collaboration from at minimum two, and sometimes three, agencies: the Fire Department for community paramedics and emergency medical technicians (EMTs), the Department of Public Health (DPH) for contracted peer counselors (and, prior to March 2023, behavioral health clinicians), and the Department of Homelessness and Supportive Housing (HSH) for contracted Homeless Outreach Team (HOT) members. Ensuring ongoing, consistent availability of SCRT and SORT units, and going forward, availability of the Homeless Engagement Assistance Response Team (HEART), will require sufficient staffing of team members to be able to backfill team member absences when they occur.

The most recent data available shows that since the March 2023 reconfiguration of SCRT and SWRT, SCRT has responded to between 93 and 97 percent of all SCRT (25A1C) calls, and that 25A1C call volume has not significantly increased since July 2022, which indicates that SCRT overall has been able to meet the demand for SCRT response. However, data from the San Francisco Emergency Medical Services Agency (SF EMSA) shows that the number of 9-1-1 calls related to opioid overdoses, and by extension demand for SORT or other overdose-related emergency response, is increasing in San Francisco.

Recommendations

The Director of the Department of Public Health, the Executive Director of the Department of Homelessness and Supportive Housing, and the Chief of the Fire Department, or their designees, should:

- 6.1 By January 31, 2024, report to the Board of Supervisors on the work ratios of SCRT and SORT, and evaluate whether current efforts to ensure stable staffing of SCRT and SORT community paramedics, EMTs, peer counselors, and HOT members are adequate. In addition, the report should identify whether additional measures are necessary to ensure adequate and uninterrupted street team coverage and to meet the demand for street team services.

The Director of the Department of Emergency Management’s Coordinated Street Response Program should:

- 6.2 Ensure that ongoing monitoring of HEART staffing, in-service ratios, and calls for service is conducted on a regular basis, and report to the Board of Supervisors by January 31, 2024 on whether the HEART contractor has met contracted staffing obligations.

Section 7: Street Team Member Dynamics and Support

There is a perception among some street team staff that support and opportunities for relationship-building among interdisciplinary team members have decreased since the launch of the street teams. This perception increases the risk of burnout, turnover, and job dissatisfaction for street team members, regardless of which department they work for or their status as contractors or City employees. The interdisciplinary nature of many of the street teams means that members of a team have different backgrounds, experience, and expertise, which is beneficial when responding to complex crisis, wellness, or overdose calls but can lead to challenges in the field when there are differences in individual members’ approaches to the call and providing care to the client. Opportunities for team members to build relationships with and understand each other, including post-call debrief sessions and periodic informal social gatherings, are important to foster healthy team dynamics and help address differences that can arise while in stressful field situations. However, street team members reported that these opportunities, which used to be facilitated or encouraged by street team leadership, no longer take place.

The Fire Department’s Assistant Deputy Chief of Community Paramedicine and the Department of Public Health’s Director of the Street Crisis Response Team should:

- 7.1 Reinstate monthly opportunities for SCRT team members to meet each other in a casual social setting with the goal of fostering a sense of belonging and community.
- 7.2 Reestablish the practice of post-call debriefs on SCRT calls to increase opportunities for conflict management and problem-solving among the units.

The Chief of the Fire Department, the Department of Homelessness and Supportive Housing Executive Director, the Director of the Department of Public Health, and the Department of Emergency Management Executive Director, or their designees, should:

- 7.3 Explore opportunities to increase sense of belonging and support among front-line street team workers, including both civil servants and contractors.

Introduction

The Board of Supervisors directed the Budget and Legislative Analyst's Office to conduct a performance audit of San Francisco's street teams, including the structure and coordination for management of the street teams amongst various City departments, through a motion (M22-123) passed on July 19, 2022.

Scope

The scope of this performance audit includes the street teams that operate in San Francisco and provide both emergency crisis response to 9-1-1 emergency calls and planned street outreach. The primary City departments involved in the operations and management of these street teams are the Fire Department, the Department of Homelessness and Supportive Housing, the Department of Public Health, and the Department of Emergency Management. The scope of this performance audit covers activity during FY 2017-18 through FY 2021-22.

Methodology

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards (GAGAS), 2018 Revision, issued by the Comptroller General of the United States, U.S. Government Accountability Office. In accordance with these requirements and standard performance audit practices, we performed the following performance audit procedures:

- Held an Entrance Conference with representatives from the Fire Department, the Department of Homelessness and Supportive Housing, the Department of Public Health, and the Department of Emergency Management on August 15, 2022.
- Conducted interviews with staff at the Fire Department, the Department of Homelessness and Supportive Housing, the Department of Public Health, and the Department of Emergency Management involved in the management and/or operations of street teams.
- Reviewed prior reports, including the Budget and Legislative Analyst's 2020 *Performance Audit of the Department of Homelessness and Supportive Housing* and 2022 report *Police Department Role in Street Teams*; a 2021 Landscape Review of San Francisco Outreach and Crisis Response Teams produced by the Controller's Office; and a 2022 evaluation of the first year of the Street Crisis Response Team operations prepared by Harder+Company Community Research.

- Reviewed each department’s internal policies and procedures, organizational charts, training records, strategic planning documents, and evaluation and assessments related to street teams.
- Evaluated and analyzed encounter data logged by the street teams.
- Conducted ride-alongs with street teams to observe on-the-ground operations and activities of the teams in the community.
- Conducted focus groups with street team members, including both contracted providers and City employees, to understand team operations, dynamics, and job duties.
- Made a site visit to the Department of Emergency Management’s headquarters to observe 9-1-1 call-taking and dispatch operations and speak with staff involved in such activities.
- Surveyed street team operations in peer cities.
- Submitted a draft report with findings and recommendations to the Fire Department, the Department of Homelessness and Supportive Housing, the Department of Public Health, and the Department of Emergency Management on July 3, 2023, and conducted an exit conference with representatives of these departments on August 29, 2023.
- Submitted the final draft report, incorporating comments and information provided in the exit conference, to the Fire Department, the Department of Homelessness and Supportive Housing, the Department of Public Health, and the Department of Emergency Management on October 6, 2023.

Overview of Street Teams in San Francisco

San Francisco operates or operated 11 street teams that we considered under the scope of this audit report. These teams are tasked with responding to or providing outreach related to behavioral health, medical, or homeless related issues, including mental health crises, wellbeing concerns, drug overdoses, and homeless encampments, on the City’s streets and in public spaces. This audit focuses on teams that are dedicated to, or limited to, serving individuals experiencing behavioral health crises and/or the homeless population, and specifically addressing emergencies occurring on the City’s streets (rather than in other settings, such as shelters or acute care settings).¹

¹ The EMS-6 team, which we considered under the scope of this audit, is not directly focused on populations with shelter or behavioral health needs, and EMS-6 may also respond to clients who are housed and/or do not have behavioral health needs. However, the population served by EMS-6 (individuals who activate 9-1-1 twice a day, four times in a month, or 10 days in a rolling 365-day period) may overlap with the populations served by the other street teams in this audit report. We include EMS-6 in our discussion of street teams to provide a comprehensive picture of San Francisco’s community paramedicine services.

The City's street teams are designed to respond to and address a variety of street behavior concerns and crises, including but not limited to the following scenarios:

- A person yelling, walking in the street, or displaying other acute disruptive behavior;
- A person experiencing an acute behavioral health crisis in the street or other public space;
- A person with frequent 9-1-1 calls;
- A person experiencing homelessness with obvious wounds or who seems sick;
- A person experiencing homelessness who, through a recent interaction with the health care system, is known to have a medical issue that needs ongoing attention;
- A person experiencing an overdose or who recently recovered from an overdose;
- A person lying on the sidewalk, either sleeping or awake;
- A person experiencing homelessness who is inappropriately dressed for the weather;
- A person experiencing homelessness who needs non-acute medical care; and
- A person living in an encampment.

Generally speaking, the City's street teams can be divided into two categories: (1) teams that are dispatched or provide rapid response to calls for service, and (2) teams that provide planned outreach or follow-up engagement. There is some staffing overlap among the teams, and some street team members participate on other street teams. For example, the Homeless Outreach Team, which is operated under a contract with Heluna Health, a non-profit, is a team that conducts planned outreach to individuals experiencing homelessness on the City's streets and provides referrals to shelter and other services. The Homeless Outreach Team functions as its own independent team, but members of the Homeless Outreach Team also participate on other City street teams, including the Street Wellness Response Team (prior to March 2023), and the Street Crisis Response Team (after March 2023).

The following Introduction sections describe the four City departments involved in street teams, and each team considered under the scope of our audit review.

Departments Involved in Street Teams

Fire Department

The Fire Department, through its Community Paramedicine Division, participates on the City's rapid response and/or dispatched street teams, and staffs the community paramedics and emergency medical technicians (EMTs) on the teams who respond to behavioral health crises in the community and evaluate community members for behavioral and social needs. The Fire Department's community paramedicine leadership, including the Deputy Chief of EMS and Community Paramedicine and the Assistant Deputy Chief of Community Paramedicine, provide

overall street team management and oversight within the Fire Department. The Fire Department's role on specific street teams is discussed in the following section.

Department of Public Health

The Department of Public Health (DPH) participates on many of the City's interdepartmental street teams and manages its DPH-only Street Medicine team and several DPH and community-based organization contracted teams, including the Behavioral Health Homelessness Team (prior to March 2023). DPH also manages many of the contracts with the community-based organizations who provide contracted street team staffing, including peer counselors and behavioral health clinicians. DPH's role on specific street teams is discussed in the following section of this Introduction.

Department of Homelessness and Supportive Housing

The Department of Homelessness and Supportive Housing (HSH) participates on several of the City's street teams primarily through its management of the Homeless Outreach Team (HOT) contract with Heluna Health to provide outreach and referral services to individuals experiencing homelessness. HSH's role on specific street teams is discussed in the following section of this Introduction.

Department of Emergency Management

The Department of Emergency Management (DEM) interacts with dispatched street teams through the team dispatching workflow from the 9-1-1 call center and is the home agency for the Healthy Streets Operations Center (HSOC). DEM also manages the contract with Urban Alchemy for the Community Response Team (CRT), also known as the Homeless Engagement Assistance Response Team (HEART). CRT/HEART is discussed in the following section of this Introduction and is responsible for providing a non-uniformed response to people experiencing homelessness. DEM is responsible for the overall planning and coordination of street response and street teams via its Coordinated Street Response Program, which operates HSOC and the Joint Field Operations (JFO) and coordinates the City's street teams and Community Ambassadors programs.

Dispatched and Rapid Response Street Teams

Street Crisis Response Team

The Street Crisis Response Team (SCRT) was launched on November 30, 2020 with the goal of reducing police response and emergency room use for people experiencing a mental health crisis in public. There are now a total of 12 SCRT units that operate for 10-12 hours per day for 24/7 coverage throughout the City. Each team unit is comprised of a Fire Department community paramedic, a Fire Department EMT, and either an HSH-contracted Heluna Health Homeless Outreach Team member or a DPH-contracted RAMS peer counselor. Prior to March 2023, a SCRT

unit was comprised of a Fire Department community paramedic, a DPH-contracted HealthRight 360 behavioral health clinician, and a DPH-contracted peer counselor. SCRT is dispatched through the City's 9-1-1 emergency dispatch system.

Street Wellness Response Team

The Street Wellness Response Team (SWRT) was launched in January 2022 to provide a similar service as SCRT but to lower-need clients. SWRT's goal was to serve clients who were not in acute mental health crisis but who needed wellness checks (i.e., individuals lying on the sidewalk or dressed inappropriately for the weather). SWRT ceased operations in March 2023 and was folded into existing SCRT teams, but when it was operating it had five units and was comprised of a Fire Department community paramedic, a Fire Department EMT, and an HSH-contracted Homeless Outreach Team member. SWRT units would primarily respond to "on-views" (situations when a SWRT unit would see an individual in need of assistance or a well-being check), but would also be dispatched to SCRT calls if a SCRT team was not available. The SWRT team operated 24 hours per day, seven days per week.

Street Overdose Response Team

The Street Overdose Response Team (SORT) was founded in August 2021 with the goal of reducing opioid-related fatalities in the City and increasing referrals to services for individuals who have experienced an opioid overdose. There are two SORT units comprised of a Fire Department community paramedic and a DPH-contracted peer counselor. SORT units are automatically dispatched to overdose incidents, proactively attach themselves to possible overdose incidents, and can be special called by other EMS units. If they are first on scene, they will render immediate care (including administration of the overdose reversal treatment naloxone if appropriate); otherwise, they act as a resource to the overdose survivor and offer services and referrals to treatment. As of April 2023, SORT community paramedics (and all paramedics in San Francisco) are able to administer Suboxone, a medication that is used to treat opioid use disorder and that can help curb the effects of withdrawals and make it less likely that the user will relapse shortly following the overdose, on-scene. SORT is active 20 hours per day, seven days per week. SORT works with DPH's Post-Overdose Engagement Team (POET), which follows up within 72 hours of the non-fatal overdose to offer connections to services and ongoing care.

Community Response Team / Homeless Engagement Assistance Response Team

The Community Response Team (CRT) is responsible for providing a non-uniformed response to non-medical, non-emergency 9-1-1 and 3-1-1 calls related to people who are experiencing homelessness. Funding for the team was included in the Department of Emergency Management's FY 2022-23 budget and in October 2022 DEM issued an RFP for a community-based organization to run the program. The highest-scoring proposer was Urban Alchemy, and

the contract between DEM and Urban Alchemy for the CRT program was executed on May 1, 2023. DEM and Urban Alchemy renamed the program the Homeless Engagement Assistance Response Team (HEART) and launched the team on May 30, 2023.

Summary of Dispatched and Rapid Response Teams

Exhibit I.1 below summarizes key details for the dispatched and rapid response street teams described above.

Exhibit I.1: Dispatched and Rapid Response Street Teams

	SCRT (pre 3/2023)	SWRT (pre 3/2023)	SCRT (post 3/2023)	SORT	CRT / HEART*
Founded	2020	2022	2023	2021	2023
Team members (may vary)	<ul style="list-style-type: none"> Community paramedic Behavioral health clinician (HealthRight 360) Peer support counselor (RAMS) 	<ul style="list-style-type: none"> Community paramedic EMT HOT team outreach specialist (Heluna) 	<ul style="list-style-type: none"> Community paramedic EMT Peer support counselor (RAMS) or HOT team outreach specialist (Heluna) 	<ul style="list-style-type: none"> Community paramedic Peer support counselor (RAMS) 	<ul style="list-style-type: none"> Community Engagement Outreach Practitioners (Urban Alchemy)
Agencies	Fire, DPH, HealthRight 360, RAMS	Fire, HSH, Heluna Health	Fire, DPH, HSH, RAMS, Heluna Health	Fire, DPH, RAMS	DEM, Urban Alchemy
Goal	Divert non-emergency, non-criminal mental health crises away from SFPD	Provide wellness checks, immediate medical attention, or other services for non-emergencies	Divert non-emergency, non-criminal mental health crises away from SFPD. Post 3/2023, perform wellness checks (former SWRT goal)	Respond to opioid overdoses and provide Suboxone induction and follow-up care/referrals after the overdose	Community-based response to non-emergency 9-1-1 and 3-1-1 calls about people experiencing homelessness
Target population	Public mental health crises; unhoused population; behavioral health related calls to 9-1-1	Unhoused clients not in immediate danger to themselves or others; 9-1-1 calls for well-being checks	Public mental health crises; unhoused population; behavioral health related calls to 9-1-1; unhoused population in need of well-being checks	Active overdoses or recent overdose survivors	People experiencing homelessness
Coverage	24/7	24/7	24/7	20 hours/7 days	Mon.-Fri. 7am-7pm; Sa-Su 7am-3:30pm
No. of units	No longer exists	No longer exists	12	2	4

Source: BLA review of street team materials.

* CRT/HEART information based on BLA's review of contract terms only.

Outreach and Follow-up Teams

EMS-6

In 2004, the HOME team, a predecessor to EMS-6, was launched, staffed by one paramedic captain. The HOME team ceased operations in 2009. In 2016, the EMS-6 program began. EMS-6's goal is to provide intensive services and attention to the highest utilizers of the City's 9-1-1 emergency system. EMS-6 is comprised of Fire Department community paramedic captains and, occasionally, HSH-contracted Homeless Outreach Team employees or DPH street medicine nurses. EMS-6 community paramedics focus on individuals who meet the Fire Department high-utilizer criteria of activating 9-1-1 twice in a day, four times in a month, or 10 times over the course of a rolling 365-day time frame and conduct outreach to those individuals in an attempt to stabilize them and reduce their reliance on the 9-1-1 system. While EMS-6 is not dispatched, the team is frequently specially called by EMS units, assigned by dispatchers, or self-assigned by EMS-6 captains. EMS-6 proactively seeks out their clients, either by visiting them at their known residences or by monitoring the 9-1-1 dispatches. The EMS-6 team is not directly focused on populations with shelter or behavioral health needs, and EMS-6 may also respond to clients who are housed and/or do not have behavioral health needs; however, the population served by EMS-6 may overlap with the populations served by the other street teams in this audit report. We include EMS-6 in our discussion of street teams to provide a comprehensive picture of San Francisco's community paramedicine services. EMS-6 paramedics work 12-hour shifts, and the team operates 20 hours per day, seven days per week.

Homeless Outreach Team

The Homeless Outreach Team (HOT) started in 2004 under DPH and was reorganized in 2016 with the creation of HSH. HOT's goal is to engage and stabilize people experiencing homelessness through referrals to shelter and other services. HOT team members act as Mobile Access Points to the City's Coordinated Entry System, meaning they can assess clients for housing eligibility on the street in real time. The entire HOT program is contracted out to Heluna Health, an organization that provides population health programs to jurisdictions across California. HOT team members work in pairs of two and are assigned to specific locations throughout the City. They work 10-hour shifts and operate seven days per week from 8am to 6pm.

Healthy Streets Operations Center

The Healthy Streets Operations Center (HSOC) was started by DEM in 2018 to coordinate the City's response to homelessness. HSOC operates two daily "encampment resolutions," during which a team comprised of HOT outreach contractors (the Encampment Resolution Team), DEM managers, a Fire Department captain, police officers, MTA employees, and Public Works street cleaners visit an encampment, ask residents to move so the street can be cleaned, and offer each

resident a shelter bed and/or other services as appropriate. The encampment locations are selected in advance and prioritized based on size and community requests, and outreach employees provide 24 to 72 hours advance notice to encampment residents that a resolution will be activated. HSOC, which is co-located at the 9-1-1 dispatch center, also monitors 9-1-1 calls for calls related to homeless tents or encampments and dispatches a special police unit focused on homelessness to these types of calls. The Homeless Engagement Assistance Response Team (HEART), which was created in May 2023 with the execution of the HEART contract, may also be dispatched to these calls through the dedicated HSOC dispatch team at the 9-1-1 dispatch center.

Street Medicine

DPH's Street Medicine team conducts outreach to homeless clients and people with a history of substance use challenges and provides primary care and substance use disorder treatments, including Suboxone administration. Street Medicine was founded in 2014 and, in addition to conducting street outreach, hosts and staffs' public health clinics throughout the City. Street Medicine also partners with other street teams, including HOT, to serve their clients' transitional primary care needs and will send nurses, medical providers, and/or health workers to support those teams as needed.

Post Overdose Engagement Team

The Post Overdose Engagement Team (POET) conducts outreach to overdose survivors, including individuals who have had contact with SORT, Street Medicine, and other groups.² POET receives a list of clients seen by SORT each day and attempts to locate those clients and follow up with them within 72 hours of an overdose. POET is comprised of DPH health workers, a DPH nurse, a DPH-contracted peer counselor, and a DPH-contracted harm reduction therapy provider. They locate the client, either in the community, at their place of residence, or in the emergency room if they are still there, and offer services such as inpatient referrals, medication assisted treatment referrals, and harm reduction supplies. POET operates weekdays from 8:30am to 5pm.

SCRT Office of Coordinated Care Follow-Up Team

The DPH SCRT Office of Coordinated Care (OCC) operated a follow-up team specifically for SCRT clients from April 2021 to March 2023 that was comprised of DPH civil service health workers and behavioral health clinicians. The goal of SCRT OCC was to provide behavioral health support to people in recent crisis while simultaneously referring them to ongoing treatment such as intensive case management. Referrals included reconnection to existing or previous providers, connection to new behavioral health resources, or both, to treat current needs and help prevent future crises. SCRT OCC attempted to follow up with individuals seen by the SCRT team and

² According to DPH staff, referrals come to POET through SORT, Maria X Martinez Health Resource Center, Street Medicine, Medical Respite, shelters, hospitals, and community-based organizations.

prioritized clients who were transported to the hospital following a SCRT encounter, especially those for whom SCRT had initiated a 5150 psychiatric hold and those who were transported to SoMa RISE, the City’s drug sobering center. SCRT OCC operated seven days per week, 7am to 6pm.

After March 2023, the SCRT OCC team and follow-up processes were consolidated into the larger Office of Coordinated Care. SCRT now sends OCC a daily list of people seen the previous day for whom an identifiable behavioral health need was observed. OCC’s Triage team follows up with individuals on the list for whom there is any identifying information, with similar special focus as the original SCRT OCC team on individuals for whom SCRT initiated a 5150 psychiatric hold or transported to the hospital, those who were transported to SoMA RISE, those who were transported to Dore Urgent Care, and those with multiple SCRT or other system contacts. The OCC Triage team provides care coordination with the goal of connecting or reconnecting individuals to behavioral health resources, including to OCC’s field-based follow-up teams. Following the March 2023 reconfiguration, there is no dedicated follow-up team for SCRT referrals.

Felton Engagement Specialist Team and Behavioral Health Homelessness Team (BEST Neighborhoods, post March 2023)

The Behavioral Health Homelessness Team (BHHT) at DPH was started in 2019 as a means for DPH to work with HSOC operations, and expanded operations in the Tenderloin following the start of the Tenderloin Emergency Initiative in 2022 to address conditions in the Tenderloin. BHHT was comprised of two clinicians, one clinical supervisor, and members of the Felton Engagement Specialist Team (FEST). FEST was a team contracted out to the Felton Institute, a Bay Area based nonprofit that provides mental health and social services. BHHT and FEST conducted outreach to people experiencing homelessness in San Francisco, offered connections to services, provided pre-encampment resolution notification to encampments subject to HSOC operations, and provided support at HSOC and Joint Field Operations resolutions. As part of the March 2023 SCRT reconfiguration, the BHHT and FEST teams consolidated with the HealthRight 360 clinicians who had previously been part of SCRT. This consolidated team is named BEST Neighborhoods and housed within OCC, and provides outreach, engagement, and care for people who are unhoused, including individuals who have contact with SCRT.

Summary of Planned Outreach and Follow-Up Street Teams

Exhibit I.2 below summarizes key details for the planned outreach and follow-up street teams described above. The complete matrix of street teams is shown in Exhibit I.3 following Exhibit I.2.

Exhibit I.2: Planned Outreach and Follow-Up Street Teams

	EMS-6	HOT	Street Medicine	POET	SCRT OCC / OCC	FEST / BHHT / BEST Neighborhoods	HSOC
Founded	2016	2004, reorg. 2016	2014	2021	2021 (SCRT OCC consolidated into larger OCC in March 2023)	2019 (FEST/BHHT reconfigured into BEST Neighborhoods in March 2023)	2018
Team members <i>(may vary)</i>	<ul style="list-style-type: none"> Community paramedic HOT team outreach specialist (sometimes) (Heluna) or Street Medicine 	<ul style="list-style-type: none"> HOT team outreach specialists (Heluna) May partner with Street Medicine, social workers, and other teams 	<ul style="list-style-type: none"> DPH Street Medicine nurses, health workers, clinicians May partner with HOT team/other street teams 	<ul style="list-style-type: none"> DPH health worker, nurse, or medical provider Community health specialist (RAMS) HRTC therapist* 	DPH clinicians and health workers	<ul style="list-style-type: none"> DPH clinicians and peer case managers (FEST/BHHT) DPH clinicians, peer case managers, and behavioral health clinicians (BEST Neighborhoods) 	<ul style="list-style-type: none"> HOT team Fire captain Police officers DPW street cleaners FEST/BHHT HSOC Manager May partner with other teams
Agencies	Fire, HSH, Heluna Health	HSH, Heluna Health	DPH	DPH	DPH	Felton Institute, DPH	Fire, Police, HSH, DPW, DEM, DPH, MTA, Felton Institute, Heluna Health
Goal	Provide intensive wraparound care to most frequent users of 9-1-1 / emergency system	Conduct outreach to people experiencing homelessness; enroll in ONE system, do housing assessments, serve as Coordinated Entry Mobile Access Point, and make referrals to shelter and housing	Connect people experiencing homelessness with medical, mental health, and substance use needs to care.	Reach individuals seen by SORT within 24-72 hours following an overdose to offer care/services	Provide follow-up care and connections to clients' post-crisis who are otherwise not receiving such follow-up care	Contracted by DPH to do outreach to homeless clients through DPH's BHHT	Clear or resolve homeless encampments; provide referrals to encampment residents

	EMS-6	HOT	Street Medicine	POET	SCRT OCC / OCC	FEST / BHHT / BEST Neighborhoods	HSOC
Target pop.	Individuals who activate 9-1-1 twice in a day, four times in a month, or 10 days in a rolling 365-day period	People experiencing homelessness	Homeless clients with unmet health needs	People who recently survived an overdose	SCRT clients, SOMA Rise clients, post-5150 patients, discharged inpatients	HSOC and Joint Field Ops (JFO) - pre-resolution outreach; other focus is Tenderloin, SoMa, Castro, Mission, and Haight	Homeless encampment residents, other homeless individuals who receive 311 calls about them
Coverage	20 hours/7 days	7 days/week, 8am-6pm	Mon.-Fri. 8am-6pm	Mon.-Fri. 8:30am-5pm	7 days/week, 7am-6pm	Mon.-Fri. 9am-4pm	Mon.-Fri. 7am-4pm (operations run 8am-12pm and 1:30pm-4pm)

Source: BLA review of street team materials.

*HRTC: The Harm Reduction Therapy Center provides street outreach and harm reduction counseling in collaboration with POET.

Exhibit I.3: Street Teams Summary Matrix

	SCRT <i>(pre 3/2023)</i>	SWRT <i>(pre 3/2023)</i>	SCRT <i>(post 3/2023)</i>	SORT	CRT / HEART*	EMS-6	HOT	Street Medicine	POET	SCRT OCC / OCC	FEST / BHHT / BEST Neighborhoods	HSOC
Founded	2020	2022	2023	2021	2023	2016	2004, reorg. 2016	2014	2021	2021 (SCRT OCC consolidated into larger OCC in March 2023)	2019 (FEST/BHHT reconfigured into BEST Neighborhoods in March 2023)	2018
Team members <i>(may vary)</i>	<ul style="list-style-type: none"> Community paramedic Behavioral health clinician (HealthRight 360) Peer support counselor (RAMS) 	<ul style="list-style-type: none"> Community paramedic EMT HOT team (Heluna) 	<ul style="list-style-type: none"> Community paramedic EMT Peer support counselor (RAMS) or HOT team (Heluna) 	<ul style="list-style-type: none"> Community paramedic Peer support counselor (RAMS) 	Urban Alchemy Community Engagement Outreach Practitioners	<ul style="list-style-type: none"> Community paramedic HOT team (occ.) (Heluna) 	<ul style="list-style-type: none"> HOT team outreach specialists (Heluna) May partner with other teams 	<ul style="list-style-type: none"> DPH Street Medicine nurses, health workers, clinicians May partner with HOT team/other teams 	<ul style="list-style-type: none"> DPH health worker, nurse, or medical provider Community health specialist (RAMS) HRTC therapist** 	DPH clinicians and health workers	<ul style="list-style-type: none"> DPH clinicians and peer case managers (FEST/BHHT) DPH clinicians, peer case managers, and behavioral health clinicians (BEST Neighborhoods) 	<ul style="list-style-type: none"> HOT team Fire Captain Police officers DPW street cleaners FEST/BHHT HSOC Manager May partner with other teams
Agencies	Fire, DPH, HealthRight 360, RAMS	Fire, HSH, Heluna Health	Fire, DPH, HSH, RAMS, Heluna Health	Fire, DPH, RAMS	DEM, Urban Alchemy	Fire, HSH, Heluna Health	HSH, Heluna Health	DPH	DPH	DPH	Felton Institute, DPH	Fire, Police, HSH, DPW, DEM, DPH, Felton, Heluna Health
Goal	Divert non-emergency, non-criminal mental health crises away from SFPD	Provide wellness checks, immediate medical attention, or other services for non-emergencies	Divert non-emergency, non-criminal mental health crises away from SFPD. Post 3/2023, perform wellness checks (former SWRT goal)	Respond to opioid overdoses and provide Suboxone induction and follow-up care/referrals after the overdose	Community-based response to non-emergency 911 and 311 calls about people experiencing homelessness	Provide intensive wraparound care to most frequent users of 9-1-1 / emergency system	Conduct outreach to people experiencing homelessness; enroll in ONE system, do housing assessments, serve as Coordinated Entry Mobile Access Point, and make referrals to shelter and housing	Connect people experiencing homelessness with medical, mental health, and substance use needs to care.	Reach individuals seen by SORT within 24-72 hours following an overdose to offer care/services	Provide follow-up care and connections to clients post-crisis who are otherwise not receiving such follow-up care	Contracted by DPH to do outreach to homeless clients through DPH's BHHT	Clear or resolve homeless encampments; provide referrals to encampment residents

	SCRT (pre 3/2023)	SWRT (pre 3/2023)	SCRT (post 3/2023)	SORT	CRT / HEART*	EMS-6	HOT	Street Medicine	POET	SCRT OCC / OCC	FEST / BHHT / BEST Neighborhoods	HSOC
Target population	Public mental health crises; unhoused population; behavioral health related calls to 9-1-1	Unhoused clients not in immediate danger to themselves or others; 9-1-1 calls for well-being checks	Public mental health crises; unhoused population; behavioral health related calls to 9-1-1; unhoused population in need of well-being checks	Active overdoses or recent overdose survivors	People experiencing homelessness	Individuals who activate 9-1-1 twice in a day, four times in a month, or 10 days in a rolling 365-day period	People experiencing homelessness	Homeless clients with unmet health needs	People who recently survived an overdose	SCRT clients, SOMA Rise clients, post-5150 patients, discharged inpatients	HSOC and Joint Field Ops (JFO) - pre-resolution outreach; other focus is currently Tenderloin, SoMa, Castro, Mission, and Haight	Homeless encampment residents, other homeless individuals who receive 311 calls about them
Coverage	24/7	24/7	24/7	20 hours/7 days	M-F 7am-7pm; Sa-Su 7am-3:30pm	20 hours/7 days	7 days/week, 8am-6pm	Mon.-Fri. 8am-6pm	Mon.-Fri. 8:30am-5pm	7 days/week, 7am-6pm	Mon.-Fri. 9am-4pm	Mon.-Fri. 7am-4pm (operations run 8am-12pm and 1:30pm-4pm)

Source: BLA review of street team materials.

* CRT/HEART information based on BLA’s review of contract terms only.

** HRTC: The Harm Reduction Therapy Center provides street outreach and harm reduction counseling in collaboration with POET.

History of Street Teams in San Francisco

Prior to 2020

Although the City has recently expanded its street team capacity significantly, street teams have existed in some form in San Francisco since at least 2004. Both EMS-6, which focuses on frequent 9-1-1 users, and the HOT team, which provides general outreach to people experiencing homelessness, were initially launched in 2004 (EMS-6's predecessor was called the HOME team) and reorganized and/or re-launched in 2016. The Street Medicine team was launched in 2014 and the Healthy Streets Operation Center was established in 2018. While these teams were sometimes involved with clients or encampments that were identified through 9-1-1 calls, none of these teams were directly dispatched to 9-1-1 calls as the sole responding team (EMS-6 can be special called, can be assigned by 9-1-1 dispatchers, or can self-assign to these incidents). Except for EMS-6 and the HOT team, which was previously part of DPH and was dispatched to calls involving mental health distress, these teams were primarily created to address the needs of individuals experiencing homelessness and to respond to homeless encampments. Prior to 2020, a 9-1-1 call related to a behavioral health crisis taking place on the street would be responded to by a police unit and/or an ambulance (and additional units depending on the nature of the call).

A summary timeline of the City's street teams prior to 2020 is below:

- 2004: **HOME team** (EMS-6 predecessor) and **HOT** launched in initial forms
- 2014: **Street Medicine** launched
- 2016: **EMS-6** and **HOT** re-launched and/or reorganized into current structure
- 2018: **HSOC** created

2020 Forward

Starting in 2020, the City began investing in additional innovative street response strategies, including new street teams to respond to 9-1-1 calls and teams that are specifically dedicated to addressing behavioral health concerns on the street. In December of 2019, the Board of Supervisors amended the City's Administrative Code to establish Mental Health SF, which called for, among other provisions, the creation of a "Crisis Response Street team," a "city-wide crisis team led by the Department [of Public Health] that operates 24 hours per day, 7 days per week, to intervene with people on the street who are experiencing a substance use or mental health crisis, with the goal of engaging them and having them enter a system of treatment and coordinated care." (Ordinance No 300-19.)

Accordingly, the City's FY 2020-21 budget included funding for a pilot version of the Street Crisis Response Team as a partnership between the Fire Department and DPH, and the SCRT pilot was

launched in November 2020. The City's FY 2021-22 budget added additional funding for SCRT, the Street Wellness Response Team, the Street Overdose Response Team, and two follow-up teams, the Post-Overdose Engagement Team (POET) and the DPH Office of Coordinated Care (OCC). In FY 2020-21 and FY 2021-22, the City also contracted with RAMS to provide the peer counselors for SCRT and SORT, with HealthRight 360 to provide the behavioral health clinicians for SCRT, and with Heluna Health to provide the HOT team outreach specialist for SWRT.

Beginning in FY 2022-23, the City was operating with seven SCRT units, five SWRT units, and two SORT units. In January of 2023, it was announced that the street teams would be reconfigured effective March 2023. The new configuration combines the Street Crisis Response Team and Street Wellness Response Team into a single Street Crisis Response Team that is comprised of a community paramedic, an EMT, and a RAMS peer or HOT team member. Following the reconfiguration, the HealthRight 360 clinicians who were originally contracted to be members of the SCRT team were reassigned to do follow-up clinical work through the DPH Office of Coordinated Care's BEST Neighborhoods team. As of March 2023, there are no behavioral health clinicians on Street Crisis Response Team units.

In the City's FY 2022-23 budget, the Department of Emergency Management (DEM) received funding for a pilot program for a community response team to provide a non-uniformed alternative street response to third-party calls from the public to 9-1-1 and 3-1-1 regarding the needs of people experiencing homelessness. DEM issued an RFP in 2022 to provide these services. The resulting team, the Homeless Engagement Assistance Response Team (HEART), was launched in May 2023. In addition, in FY 2022-23 DEM received funding for a Street Response Planning Coordinator position to assist with the coordination of the City's newly added street teams. A summary timeline of the City's street teams from 2020 forward is below:

- 2019: **Mental Health SF** established
- 2020: **SCRT** launched
- 2021: **SORT**, **POET**, and **SCRT Office of Coordinated Care** launched
- 2022: **SWRT** launched
- 2022: DEM **Street Response Planning Coordinator** position filled
- 2022: DEM issues RFP for an organization to run a **Community Response Team**
- 2023: **SCRT** and **SWRT** combine into one single **Street Crisis Response Team**
- 2023: **SCRT OCC** team and follow-up consolidated into larger OCC structure
- 2023: BHHT, FEST, and HealthRight 360 behavioral health clinicians consolidated to form **BEST Neighborhoods** under OCC
- 2023: **HEART** launches as DEM's **Community Response Team**

Street Team Response and Outreach Costs

The cost of the City's array of street teams can be calculated in several different ways, and in general depends on the operating structure of the teams. The departmental and City-wide costs are summarized in the following exhibits. In general, the primary street team related costs incurred by DPH and HSH are contract costs for contracted street team members (HOT team specialists, peer support counselors, etc.) and for salaried Street Medicine and POET team members. The primary street team related costs incurred by the Fire Department are salary and benefit costs for civil service positions, and equipment costs. The primary street team-related costs incurred by DEM are salary and benefit costs for civil service positions and contract costs for HEART.

Direct Fire Department Costs

The street team related personnel costs for the Fire Department's Community Paramedicine Division and the operations of SCRT, SWRT, SORT, and EMS-6 are shown in Exhibit I.4 below. These calculations include Community Paramedicine leadership, the SCRT/SWRT/SORT EMTs and Community Paramedics, and EMS-6 team members, as well as one H-33 Captain assigned to HSOC. Due to the ongoing mid-year reconfiguration of SCRT and SWRT staffing, a salary range is presented for EMTs and Community Paramedics to account for the differences in salaries for these positions.³

³ The primary duties of the **community paramedic** job classification (H-09) are to respond to behavioral crises in the community and to evaluate community members for behavioral and social needs. Community paramedics must have prior work experience as a paramedic on an ambulance or other first responder vehicle and must have successfully completed a San Francisco Fire Department Community Paramedic Course. Community paramedics hold California Emergency Medical Technician Paramedic licenses issued by the State of California. The primary duties of the EMT/Paramedic/Firefighter job classification (H-03) vary depending on the classification level of the individual. A **Level 1 EMT** (salary steps 1-4) performs basic life support duties on ambulances and holds a California Emergency Medical Technician 1 (EMT1) Certification.

**Exhibit I.4: Fire Department FY 2022-23 Budgeted
SCRT, SWRT, SORT, EMS-6, and HSOC Personnel Costs**

Personnel: Community Paramedicine	FTE	FY 2022-23 Salary and Benefit	Total Cost
Assistant Deputy Chief, Community Paramedicine (H-53)	1.00	\$355,263	\$355,263
Section Chiefs of Operations and Administration (H-43)	2.00	280,847	561,694
EMS Captains: Field Supervisors and Continuous Quality Improvement (H-33)	6.00	233,406	1,400,436
SCRT/SWRT/SORT EMTs (H-03 Level 1) and Community Paramedics (H-09)	38.00	142,260–189,450	5,405,842–7,199,100
EMS-6 Captains (H-33)	7.00	233,406	1,633,842
HSOC Captain (H-33)	1.00	233,406	233,406
Data Analyst (1822)	1.00	163,655	163,655
Total	56.00		\$9,754,176– \$11,547,396

Source: BLA review of street team materials. FY 2022-23 salary and benefit totals are taken from the City's FY 2022-23 FTE cost report and represent FY 2022-23 budgeted amounts at top step with the exception of the H-03 EMTs, because the H-03 classification includes Level 1 EMTs (steps 1-4), Level 2 paramedics (steps 5-8), and Level 3 firefighter/paramedics (steps 9-11). The H-03 EMT salary and benefit costs are estimated using the annualized hourly compensation rate at step 4 (the highest step for EMTs) effective July 1, 2022, plus a fixed fringe benefit amount of \$19,212 and a variable fringe benefit rate of 19.27%, as estimated in the Fire Department's FY 2022-23 staffing model. Actual salary and benefit compensation rates will vary depending on the individual member performing the work. Amounts do not include premium pay.

Indirect and One-Time Costs

In addition to personnel costs, the Fire Department was allocated one-time funding in FY 2021-22 for street team equipment, including vans, defibrillators, and command vehicles, to support the expansion of the City's street teams, as shown in Exhibit I.5 below.

Exhibit I.5: FY 2021-22 Budgeted SCRT, SWRT, SORT, and EMS-6 Equipment Budget

Equipment	Number	Unit Cost	FY 2021-22 Budget Allocation
Defibrillators	9	39,194	\$352,746
Vans	8	70,674	565,392
Command vehicles	3	18,362	55,056
Total			\$973,194

Source: FY 2021-23 Fire Department budget materials.

Dispatched and Rapid Response Costs by Unit

As discussed above, the City's dispatched and rapid response teams are interdisciplinary teams with different compositions of team members from different agencies who typically work 10- to

12-hour shifts. (In general, community paramedics and EMTs work 12-hour shifts, and contracted HOT team members, RAMs peer counselors, and HealthRight 360 behavioral health clinicians work 10-hour shifts. For HEART, we present a range to cover an 8.5 to 12 hour shift.) Exhibit I.6 below displays the cost of a shift of each dispatched and rapid response street team.

Exhibit I.6: FY 2022-23 Cost Comparison for Dispatched and Rapid Response Street Teams

	Personnel	Salary and Benefit Costs and Hours	Total Cost per Shift
SCRT <i>(pre 3/2023)</i>	<ul style="list-style-type: none"> • Community paramedic • Behavioral health clinician • Peer support counselor 	<ul style="list-style-type: none"> • \$91.08 x 12 hours • \$56.25 x 10 hours • \$54.27 x 10 hours 	\$2,198
SWRT <i>(pre 3/2023)</i>	<ul style="list-style-type: none"> • Community paramedic • EMT • HOT team outreach specialist 	<ul style="list-style-type: none"> • \$91.08 x 12 hours • \$68.39 x 12 hours • \$37.90 x 10 hours 	\$2,293
SCRT <i>(post 3/2023)</i>	<ul style="list-style-type: none"> • Community paramedic • EMT • Peer support counselor <i>or</i> HOT team outreach specialist 	<ul style="list-style-type: none"> • \$91.08 x 12 hours • \$68.39 x 12 hours • \$54.27 x 10 hours <i>or</i> \$37.90 x 10 hours 	\$2,293–\$2,456
SORT	<ul style="list-style-type: none"> • Community paramedic • Peer support counselor 	<ul style="list-style-type: none"> • \$91.08 x 12 hours • \$54.27 x 10 hours 	\$1,636
HEART *	<ul style="list-style-type: none"> • Community Engagement Outreach Practitioners (3) 	<ul style="list-style-type: none"> • \$34.80 x 8.5 hours x 3 • \$34.80 x 12 hours x 3 	\$887–\$1,253

Source: BLA review of street team materials. FY 2022-23 salary and benefit totals taken from the City's FY 2022-23 FTE cost report, and from FY 2022-23 budgeted salary and benefit information from the contracts with Heluna Health, RAMS, HealthRight 360, and Urban Alchemy. These amounts represent FY 2022-23 budgeted amounts at top step with the exception of the H-03 EMTs, because the H-03 classification includes Level 1 EMTs (steps 1-4), Level 2 paramedics (steps 5-8), and Level 3 firefighter/paramedics (steps 9-11). The H-03 EMT salary and benefit costs are estimated using the annualized hourly compensation rate at step 4 (the highest step for EMTs) effective July 1, 2022, plus a fixed fringe benefit amount of \$19,212 and a variable fringe benefit rate of 19.27%, as estimated in the Fire Department's FY 2022-23 staffing model. For civil service staff, actual salary and benefit compensation rates will vary depending on the individual member performing the work. Amounts do not include premium pay.

*HEART information based on BLA's review of contract terms only. A range of costs and potential hours is presented in this table.

HOT Team Costs

As discussed above, the City's Homeless Outreach Team (HOT) is provided under a contract with Heluna Health. The FY 2022-23 budget for the contract is shown in Exhibit I.7 below.

Exhibit I.7: FY 2022-23 Heluna Health HOT Operating Expenditure Budget

Line Item	FY 2022-23 Budget
Salaries and benefits	\$6,674,621
Operating expenses	297,835
Indirect costs	906,419
Other expenses	150,000
Total	\$8,028,875

Source: Seventh amendment to the contract with the City and Heluna Health.

Street Medicine and POET Team Costs

DPH's budgeted personnel expenditures for Street Medicine and POET staffing are shown in Exhibit I.8 below.

Exhibit I.8: FY 2022-23 Street Medicine and POET Budgeted Staffing

Line Item	FTE	Salary and Fringe: Budget
Street Medicine Outreach Team		
Behavioral Health Clinician	1.0	\$173,344
Health Program Coordinator III	1.0	199,908
Health Worker II	5.0	598,405
Nurse Manager	1.0	336,731
Nurse Practitioner	2.5	864,363
Physician Specialist	1.0	375,629
Registered Nurse	5.0	1,329,645
Senior Behavioral Health Clinician	1.0	180,200
Senior Physician Specialist	0.2	80,445
Special Nurse	0.8	225,414
<i>Street Medicine Outreach Team Total</i>	<i>18.5</i>	<i>\$4,364,084</i>
SORT / POET Team		
Health Program Coordinator III	2.0	399,816
Health Worker III	4.0	517,624
Nurse Practitioner	1.5	518,618
Physician Specialist	1.0	375,629
Registered Nurse	1.0	265,929
<i>POET Team Total</i>	<i>9.5</i>	<i>\$2,077,616</i>
<i>Street Medicine Outreach and POET Total</i>	<i>28.0</i>	<i>\$6,441,700</i>

Source: DPH. Does not include attrition savings or temporary salaries.

Comprehensive Contract Costs

As noted above, DPH, HSH, and DEM contract with various organizations to either operate street teams or to provide personnel who participate on interdisciplinary street teams. Since 2020, there have been a total of nine contracts with six different nonprofit organizations involved in

street teams. (Some contracts have expired and are not currently in effect, but are included in the table below.) Exhibit I.9 below summarizes the contracted organizations, the terms of the agreements, not-to-exceed amounts, and the scopes of services.

Exhibit I.9: Street Team Contractors and Contract Details

Contractor	Dept. Managing Contract	Contract Term	Current Not to Exceed Amount	Annual FY 2022-23 Cost	No. of Amends.	Scope of Work
HealthRight 360	DPH	11/1/20 – 6/30/23	\$8,009,837	\$2,831,396	0	To provide Street Crisis Response Team (SCRT) clinicians
RAMS	DPH	11/1/20 – 6/30/24	\$9,999,998	\$2,675,162	1	To provide SCRT peer counselors
RAMS	DPH	3/1/22 – 12/31/23	\$4,574,879	\$1,832,766	1	To provide Street Overdose Response Team (SORT) peer counselors
Harm Reduction Therapy Center	DPH	10/1/21 – 12/31/23	\$1,917,542	\$842,895	0	To provide harm reduction therapy to SORT clients
Felton Institute	DPH	7/1/17 – 12/31/23	\$9,960,904	\$1,884,281	3	To operate the Felton Engagement Specialist Team (FEST), a homelessness outreach team
RAMS	DPH	8/1/23 – 6/30/26	\$9,976,421	<i>not active in FY 2022-23</i>	0	To provide peer counselors for the BEST Neighborhoods behavioral health care teams
Heluna Health	HSH	8/1/14 – 12/31/23	\$52,708,056	\$8,028,875	8	To operate the Homeless Outreach Team (HOT) and to provide SWRT HOT outreach workers
Urban Alchemy	DEM	5/1/23 – 4/30/24	\$2,750,000	<i>not active for a full year in FY 2022-23</i>	0	To operate the new Community Response Team (HEART)

Source: BLA review of contract materials.

Street Teams in Peer Jurisdictions

As part of our fieldwork, we surveyed and researched the street team structures in the three jurisdictions⁴ in the nation with the largest homeless populations according to the 2022 nationwide point in time homeless count. These jurisdictions include Los Angeles County (including the City of Los Angeles) with 65,111 individuals experiencing homelessness, New York City with 61,840 individuals experiencing homelessness, and King County, Washington (including the City of Seattle) with 13,368 individuals experiencing homelessness. By comparison, the City and County of San Francisco counted 7,754 individuals experiencing homelessness in 2022, which is the ninth highest total population⁵ in the nation.

Our survey of these jurisdictions' street teams is summarized below. Detailed information for each team, including program name, date initiated, target population and objectives, participating departments, whether the teams conduct outreach and/or call response, team composition, coverage, and a website link, are included in Exhibits I.10, I.11, and I.12 below.

Los Angeles County

We identified five street teams operating in Los Angeles County. These include:

- **PMRT (Psychiatric Mobile Response Teams)**, which provide non-law enforcement based mobile crisis response for clients experiencing a psychiatric emergency in the community.
- **LET (Law Enforcement Teams)**, which are co-response teams that respond to 9-1-1 calls involving mental health crises. LET works to ensure that individuals in crisis (31 percent of whom are experiencing homelessness) receive appropriate, specialized care, and safe transportation to treatment facilities.
- **OTT (Outreach and Triage Teams)**, which respond to clients and families in urgent mental health crisis to avert hospitalization and provide ongoing support and linkages to services.
- **ERT (Emergency Response Teams)**, which respond to critical incidents such as acts of school violence, natural disasters, acts of terror, or critical incidents.
- **TTP (Therapeutic Transportation Program)**, which serves clients who are on a psychiatric hold or on the streets. Each TTP van is specially outfitted and staffed with mental health clinician and peer support specialist offering supportive and expedited response to transportation as well as initiating supportive case management.

⁴ Point in time counts are conducted within "continuum of care." The Continuum of Care Program, managed under the U.S. Department of Housing and Urban Development (HUD), is designed to promote a community-wide commitment to the goal of ending homelessness.

⁵ This is the absolute number of individuals experiencing homelessness, not per capita.

Exhibit I.10: Los Angeles County Street Teams

Program	Psychiatric Mobile Response Teams (PMRT)	Law Enforcement Teams (LET)	Outreach and Triage Teams (OTT)	Emergency Response Teams (ERT)	Therapeutic Transportation Program (TTP)
Date started	*	*	*	*	2021
Target population/objectives	Non-law enforcement-based mobile crisis response for clients experiencing a psychiatric emergency in the community.	Co-response teams who respond to 9-1-1 calls involving mental health crises. Ensure that individuals in crisis (31% of whom were experiencing homelessness) receive appropriate, specialized care, and safe transportation to treatment facilities.	Respond to clients and families in urgent mental health crisis to avert hospitalization and provide ongoing support and linkage to services.	Respond to critical incidents such as acts of school violence, natural disasters, acts of terror, or critical incidents.	Clients who are on a psychiatric hold or on the streets.
Departments	LA County Dept. of Mental Health	Various police departments across the County, LA County Dept. of Mental Health	Agencies contracted by LA County Dept. of Mental Health	LA County Dept. of Mental Health	LA County Dept. of Mental Health; Co-respond with LA City Fire Dept.
Outreach	*	No	*	No	No
Call response	More than 23 entities send referrals to PMRT; also responds to calls through the County's 24-hour hotline	9-1-1	*	Teams are activated by LA City and/or County Dept. of Emergency Management	9-1-1 and calls that go directly to the LA City Police Dept. or LA City Fire Dept.
Unit composition	*	1 Police officer, 1 mental health clinician	*	*	1 clinical driver, 1 psychiatric technician, 1 peer support specialist
Coverage (time, geographical)	*	*	*	Countywide when activated	24 hours per day, 7 days per week based in 5 LA City Fire stations across the County
Website	https://dmh.lacounty.gov/our-services/countywide-services/eotd/pmrt/	https://dmh.lacounty.gov/our-services/countywide-services/eotd/let/	https://dmh.lacounty.gov/our-services/countywide-services/eotd/ott-cott/#:~:text=OTTs%20are%20L.A.%20County%20contracted,meet%20criteria%20for%20involuntary%20hospitalization.	https://dmh.lacounty.gov/our-services/countywide-services/eotd/ert/	https://dmh.lacounty.gov/our-services/countywide-services/eotd/ttp/

Source: Survey of Los Angeles County street teams

* Field that our audit team was unable to confirm

New York City

We identified six street teams operating in New York City. These include:

- **HOME-STAT (Homeless Outreach & Mobile Engagement Street Action Teams)**, which partners with existing homeless response and prevention programs with new innovations designed to better identify, engage, and transition individuals experiencing homelessness to appropriate services, and ultimately permanent housing.
- **B-HEARD (Behavioral Health Emergency Assistance Response Division)**, which diverts 9-1-1 mental health related calls from the Police Department in order to reduce unnecessary transports to hospitals and also conducts street interventions and referrals to services.
- **HEAT (Health Engagement and Assessment Teams 911 Follow Up)**, which offers follow-up care to people that have had contact with B-HEARD (people presenting behavioral health challenges and/or a health concern that is affecting daily functioning).
- **Co-Response Teams**, which conduct short-term engagement to facilitate connections to care and linkages for community members presenting with mental health or substance use challenges at an elevated risk of harm to themselves or others. Co-response teams are made up of two police officers and one clinician.
- **Mobile Crisis Teams**, which provide non-emergency crisis intervention while avoiding unnecessary law enforcement involvement, use of the emergency room, or hospitalization.
- **IMT (Intensive Mobile Treatment Teams)**, which provide intensive and continuous support and treatment to individuals in their communities. Clients served have had recent and frequent contact with the mental health, criminal justice, and homeless services systems, recent behavior that is unsafe and escalating, and who were poorly served by traditional treatment models.

Exhibit I.11: New York City Street Teams

Program	HOME-STAT	B-HEARD	HEAT	Co-Response Team	Mobile Crisis Team	IMT Teams
Full name	Homeless Outreach & Mobile Engagement Street Action Teams	Behavioral Health Emergency Assistance Response Division	Health Engagement and Assessment Teams 911 Follow Up	Co-Response Teams	Mobile Crisis Teams	Intensive Mobile Treatment Teams
Date started	Announced Dec 2015	Spring 2021	Late 2018	*	*	*
Target population/objectives	Partners with existing homeless response and prevention programs with new innovations designed to better identify, engage, and transition homeless New Yorkers to appropriate services, and ultimately, permanent housing.	Divert 911 MH related calls from NYPD; reduce unnecessary transports to hospitals; street intervention and referrals	Offers follow-up care to people that have had contact with B-HEARD (people presenting behavioral health challenges and/or a health concern that is affecting daily functioning).	Short-term engagement to facilitate connections to care and linkages for community members presenting with mental health or substance use challenges at an elevated risk of harm to themselves or others.	Non-emergency crisis intervention (for people who do not need immediate hospitalization) while avoiding unnecessary law enforcement involvement, use of the ER, and hospitalization.	Provide intensive and continuous support and treatment to individuals in their communities. Clients have had recent and frequent contact with the mental health, criminal justice, and homeless services systems, recent behavior that is unsafe and escalating, and who were poorly served by traditional treatment models.
Departments	Dept. of Homeless Services; partners w/ Parks, Transportation, Health and Mental Hygiene	Mayor's Office of Community Mental Health; Fire; NYC Health & Hospitals; Police; NYC Health	Mayor's Office of Community Mental Health (lead); Fire; Health and Mental Hygiene	Health and Mental Hygiene, Police	Health and Mental Hygiene	Mayor's Office of Community Mental Health; Health and Mental Hygiene
Outreach	Yes -primary focus; Also responds to 311 requests	Not primary; handles 911 calls formerly routed to Police	Follow-up to persons encountered by B-HEARD; pre- and post- short-term case management crisis support service	Pre- and post-crisis intervention; all staff receive Crisis Intervention Training	Service is primarily provided in people's homes, as well as in schools for children experiencing crisis.	*
Call response	3-1-1	9-1-1	Proactively engages residents who most frequently call 9-1-1 and are transported to a hospital.	Does not respond to 9-1-1	Respond within 2 hours of receiving a referral. Teams can be requested via 888-692-9355 (888-NYC-WELL) or via texting "Well" to 65173	*
Unit composition	*	2 EMTs/paramedics and 1 mental health professional per team	1 mental health professional, 1 peer counselor	2 Police Officers, 1 Clinician	1 mental health professional, 1 peer support staff	Team leader, 3 behavioral health specialists, 1 registered nurse, 1 nurse practitioner, 1 program assistant (includes a peer counselor).
Coverage (time, geographical)	24 hours per day; 365 days per year	16 hours/day, 7 days per week; Portions of Manhattan, Bronx, Queens, & Brooklyn	*	14 hours per day, 7 days per week	8am to 8pm, 7 days per week	24 hours per day; 365 days per year
Website	https://www.nyc.gov/site/operations/projects/HomeStat.page	https://mentalhealth.cityofnewyork.us/b-heard	https://mentalhealth.cityofnewyork.us/program/heat	https://mentalhealth.cityofnewyork.us/program/co-response-teams	https://www.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-mobile-crisis-teams.page	https://mentalhealth.cityofnewyork.us/program/intensive-mobile-treatment-imt

Source: Survey of New York City street teams; *Field that our audit team was unable to confirm

King County/Seattle

We identified three street teams operating in King County, Washington, including the City of Seattle. These include:

- **Mobile Crisis Team**, which is operated under contract between King County and Downtown Emergency Service Center, a community non-profit organization. This team provides in-person response to anyone experiencing a behavioral health crisis anywhere in King County.
- **Crisis Response Team**, which is operated by the City of Seattle to provide a holistic approach to law enforcement encounters with individuals experiencing behavioral health issues.
- **Health One**, which is operated by the City of Seattle to provide specialized outreach, transport, and referrals to callers experiencing non-emergency medical complaints, behavioral health crises, and frequent callers with social service needs.

Exhibit I.12: King County/Seattle Street Teams

Program	Mobile Crisis Team* (King County)	Crisis Response Team (City of Seattle)	Health One (City of Seattle)
Date started	2011	2010	2019
Target population/objectives	In-person response to anyone experiencing a behavioral health crisis (including mental health and/or substance use) anywhere in King County	Holistic approach to law enforcement encounters with persons experiencing behavioral health issues	Specialized outreach, transport, and referrals to callers experiencing non-emergency medical complaints, behavioral health crises, and frequent callers with and those with social service needs.
Departments	Contracted to Downtown Emergency Service Center (DESC)- a nonprofit organization	Police and Contracted Agency (Downtown Emergency Service Center)	Fire, Human Services
Outreach	None	Follow-up outreach for individuals who present with complicated cases and/or high utilization of emergency services	To known clients as well as to newly referred individuals
Call response	Yes - referrals from Police, Fire, King Co. mental health crisis line	9-1-1	9-1-1 or requested by Fire Dept operations units already on a scene
Unit composition	Pairs of mental health and substance use disorder professionals	1 police officer, 1 mental health professional	EMTs and social work case managers
Coverage (time, geographical)	24 hours per day/7 days per week anywhere in King County	Daytime hours, weekdays	10-hour shifts Mon-Fri during daytime and early evening hours in several core neighborhoods
Website	https://www.desc.org/what-we-do/crisis-response/mobile-crisis-team/	https://www.seattle.gov/police/about-us/issues-and-topics/crisis-response-team	https://www.seattle.gov/fire/safety-and-community/mobile-integrated-health/health-one

Source: Survey of King County and Seattle Street teams

*Initiated by King County with funding from local sources as well as Medicaid reimbursements

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We would like to thank the management and staff of the Fire Department, the Department of Homelessness and Supportive Housing, the Department of Public Health, and the Department of Emergency Management for their assistance during this audit.

1. Street Team Planning, Coordination, and Communication

With the launch of the second wave of street teams starting in 2020, the City's overall street team system expanded significantly without a corresponding increase in capacity for overall planning, coordination, public education or messaging, or data management. Prior to FY 2022-23, while there was dedicated coordination by the Department of Emergency Management (DEM) of the Healthy Streets Operation Center (HSOC) and the Joint Field Operations (JFO), there was not an overall street team leadership position in the City responsible for inter-departmental and cross-team coordination, planning, or management. The rapid rollout of the new street teams led to inconsistent public messaging about street team functions and goals, a high volume of coordination meetings, and siloed data systems and a lack of data-sharing. As a result, there was an ongoing need for overall street team coordination and planning to address a variety of street team related issues, including systematic and operational silos, data collection and sharing efficiencies, robust reporting, and more consistent messaging and public awareness. To address this need, the City's FY 2022-23 budget authorized the creation of the Street Response Planning Coordinator position in the Department of Emergency Management. The coordination work has expanded with DEM's Coordinated Street Response Program, which operates HSOC and the JFO and coordinates the City's street teams and Community Ambassadors programs.

There are several opportunities to improve and streamline the efficiency and effectiveness of the City's street team planning, coordination, and communications. Many of these needs and opportunities have been identified and improvements are underway as of FY 2022-23. We recommend that DEM's Coordinated Street Response Program report quarterly to the Board of Supervisors on key milestones related to public education, outreach, and reporting; team coordination and case conferencing; and data sharing and linkage efforts.

Background

Prior to 2020, the City's street teams primarily conducted planned outreach to respond to the needs of individuals experiencing homelessness and to address homeless encampments on the streets. The Homeless Outreach Team (HOT) was under the Department of Public Health (DPH) and responded to requests for service related to people experiencing behavioral health crises. Other teams, such as Street Medicine, were not tasked with specifically responding to behavioral health crises or 9-1-1 calls.

Starting in 2020, the City began investing in additional innovative street response strategies, including new street teams to respond to 9-1-1 calls and teams that are specifically dedicated to

1. Street Team Planning, Coordination, and Communication

addressing behavioral health concerns on the street. The City's FY 2020-21 budget included funding for a pilot version of the Street Crisis Response Team (SCRT) as a partnership between the Fire Department and the Department of Public Health (DPH), and the SCRT pilot was launched in November 2020. The City's FY 2021-22 budget added additional funding for SCRT, as well as new funding for the Street Wellness Response Team (SWRT), the Street Overdose Response Team (SORT), and two follow-up teams, the Post-Overdose Engagement Team (POET) and the DPH Office of Coordinated Care (OCC). In FY 2020-21 and FY 2021-22, the City also contracted with non-profit and community-based organizations to provide peer support counselors, homeless outreach specialists, and behavioral health clinicians to participate on these new teams. Finally, in FY 2022-23 the Department of Emergency Management (DEM) received funding for a pilot program for a community response team to provide a non-uniformed alternative street response to third-party calls from the public to 9-1-1 and 3-1-1 regarding the needs of people experiencing homelessness and issued an RFP in 2022 to provide these services. The resulting team, the Homeless Engagement Assistance Response Team (HEART), was launched as DEM's Community Response Team in May 2023.

The street team developments that have taken place since 2020 are summarized below. Additional information about each of these teams is summarized in the Introduction to this report.

- 2019: **Mental Health SF** established
- 2020: **SCRT** launched
- 2021: **SORT**, **POET**, and **SCRT Office of Coordinated Care** launched
- 2022: **SWRT** launched
- 2022: DEM **Street Response Planning Coordinator** position filled
- 2022: DEM issued RFP for an organization to run a **Community Response Team**
- 2023: **SCRT** and **SWRT** combined into one single **Street Crisis Response Team**
- 2023: **SCRT OCC** team and follow-up consolidated into larger OCC structure
- 2023: BHHT, FEST, and HealthRight 360 behavioral health clinicians consolidated to form **BEST Neighborhoods** under OCC
- 2023: **HEART** launches as DEM's **Community Response Team**

A Need for Planning and Coordination

Despite the significant growth in street teams and street response scope of work in the City beginning in 2020, including the finetuning of HSOC and Joint Field Operations (JFO) efforts, the expansion of existing street teams, and the creation of new street teams described above, until FY 2022-23 there was not an overall street team leadership position in the City who was

1. *Street Team Planning, Coordination, and Communication*

responsible for inter-departmental and cross-team coordination, planning, and management at the time of the rollout of the new street teams. As a result, there was a need for leadership to address ongoing cross-departmental street team operations and overall street team coordination and planning to address a variety of street team related issues, including systematic and operational silos, shared goals and objectives, clarification of cross team services standards and impact, data collection and sharing efficiencies, robust reporting, and more consistent messaging/public awareness.

In response to this need, in FY 2022-23, the City's budget authorized the creation of the Street Response Planning Coordinator position in the Department of Emergency Management to expand DEM's role in coordinating San Francisco's widening array of efforts. The position is responsible for streamlining the development and clarification of street team goals, objectives, and action plans, and for collaborating with the multiple City departments, service providers, and community partners who participate in street response. The position's essential functions include:

- Supports DEM leadership in driving the goals of the Coordinated Street Responses Policy Group, which includes leadership from the Mayor's Office, DPH, the Police Department, the Department of Homelessness and Supportive Housing (HSH), the Fire Department, and occasionally the City Attorney's Office;
- Facilitates monthly Street Response planning and operations meetings;
- Reviews best practices and public policy issues related to street response, and develops related recommendations, policies, and procedures;
- Represents street response in public meetings, hearings, and community events;
- Collaborates with City department personnel, government representatives, public safety agencies, community groups, organizations, and the public regarding street team efforts;
- Manages procurement related to strengthening and expanding coordinated street response efforts;
- Coordinates with the Street Response Public Information Officer or relevant staff who fill public information responsibilities;
- Manages the deliverables of the Data and Policy Analyst;
- Assesses, analyzes, and implements opportunities for improvement, including budget recommendations; and
- Negotiates and resolves difficult and complex issues and problems.

The Street Response Planning Coordinator position was filled in 2022 and since then has assumed primary responsibility for the job duties listed above. The Street Response Planning Coordinator also collaborates regularly with the leadership of the City departments involved in street teams

and street response (DEM, the Fire Department, DPH, and HSH). The Street Response Planning Coordinator is part of DEM's Coordinated Street Response Program, which operates HSOC and the Joint Field Operations (JFO) and coordinates the City's street teams and Community Ambassadors programs.

Opportunities to Streamline the Efficiency of Team Coordination and Communication

There are several opportunities to improve and streamline the efficiency and effectiveness of the City's street team planning, coordination, and communications. As described in this section, many of these needs and opportunities have been identified and improvements are underway as of FY 2022-23.

Existing Interdepartmental Conferencing and Coordination Meetings

The wide breadth of the City's street team activities, clients, and operations has created multiple regular interdepartmental conferencing and coordination meetings. A landscape review of the City's response teams produced by the Controller's Office identified at minimum eight care coordination and/or conferencing meetings related to the City's street response teams in 2021 and 2022, as summarized in Exhibit 1.1 below.

1. *Street Team Planning, Coordination, and Communication*

Exhibit 1.1: Cross-Team Conferencing and Care Coordination, 2021-2022

Conference/Meeting	Participants	Frequency	Goal
HSOC Case Conference	SCRT, SORT, EMS-6, SFHOT, HSOC, Street Medicine, DPH-OCC	Weekly	Discuss shared, high-need, high-visibility clients, and assign lead agency
Multi-Disciplinary Team	SCRT, SORT, EMS-6, HSOC, Street Medicine, DPH-OCC, law enforcement	Monthly	Coordination with law enforcement on clients with frequent calls with law enforcement response
EMS-6/SCRT/OCC Shared Clients	SCRT, SORT (as needed), EMS-6, DPH-OCC	Monthly	Discuss shared clients and ensure one program takes lead to reduce duplication
High-Risk High-Need Case Conference	SCRT (as needed), EMS-6, DPH-OCC, Office of the Conservator	Monthly	Plan for clients who exhibit self-neglect with Conservator
SFHOT/Street Medicine Conference (expired)*	SFHOT, Street Medicine	Weekly	Discuss shared clients who may need medical linkage
SCRT/CBO Client Linkage (expired)	SCRT, service providers	Monthly	Discuss clients who may benefit from linkage to service providers/other programs
EMS-6 Managed Clients	EMS-6, DPH clinical providers	Weekly	Develop pre-hospital action plans for clients in consultation with clinical providers
EMS-6 / Managed Alcohol / Sobering Case Conference	EMS-6, DPH Managed Alcohol program, DPH Medical Respite, DPH Sobering Center	Weekly	Discuss updates and action plans for program participants and new referrals

Source: Street Outreach and Crisis Response: Landscape Review of San Francisco’s Teams, Office of the Controller. December 2021-February 2022 (update).

*As of August 2023, this meeting has expired; HOC and Street Medicine conduct shared outreach and regularly discuss shared clients.

As of June 2023, DEM reported that DPH facilitates weekly case conferences that cover a wide array of clients with a focus on clients who are on the shared priority list. In addition, DEM facilitates a monthly multi-disciplinary team meeting that focuses on shared priority clients from

strategic efforts in the Castro and the Mission. DEM and the Fire Department also facilitate a monthly SCRT Multi-Disciplinary Team (MDT) meeting.¹

Most meetings detailed in Exhibit 1.1, excluding the SCRT/CBO linkage meeting and the HOT/Street Medicine meeting, which has been folded into routine collaborative street outreach, client case conferencing, and MDT meetings, continue to be held. In addition to the case conferencing and care coordination, DEM's Street Response Planning Coordinator leads monthly All Street Responses Coordination meetings attended by street team representatives from the Fire Department, HSH, DPH, DEM, and other key City individuals. The purpose of the meeting is to share and discuss program and connection updates, data, resource needs, cross-coordination observations, and barriers to efficiently connect people with needed/requested services.² DEM is also leading other working groups related to data, public information, and coordination/implementation. To ensure ongoing reporting and transparency, we recommend that the Director of DEM's Coordinated Street Response Program report quarterly to the Board of Supervisors on key initiatives, progress, and outcomes from the All Street Responses Coordination Meeting and other street response efforts.

Public Messaging and Reporting

Public information about the City's street teams, including information about the teams, their roles, functions, and goals, and how to access street team services, is currently available in various locations across multiple department websites and dashboards, but has not consistently been easy to access (although, as described below, improvements are underway). Street team purposes, activities, dispatch protocols, and performance metrics have not been consistently reported or available to the public in a single location, and between 2020 and 2022 DEM management and other City leaders identified a need to improve public information, communication, and reporting related to street team activities. In response to this need, in August 2022 DEM entered into an agreement with a contractor for a public education campaign to engage with community stakeholders and develop a public education program to help the public understand how to access City and community resources to assist people experiencing a street crisis, which may include homelessness, mental health care needs, and substance use disorder.

¹ *San Francisco – Coordinated Street Response Program Overview*, provided by DEM to the Board of Supervisors, June 22, 2023.

² In the past, DEM was also facilitating a smaller tactical conversation between street partners to identify where there might be program, system, and policy weaknesses across all street teams activities. According to DEM staff, this kind of troubleshooting occurs more naturally during client care planning meetings when teams are able to use client examples to center a system or policy issue that needs to be addressed.

1. *Street Team Planning, Coordination, and Communication*

The contract is for a two-year period between 2022 and 2024, with two options to renew for a period of one year each, for a maximum potential contract term of four years. During this time, the contractor will perform the following scope of services to improve public information and communication:

- **Project management**, including regular project management meetings and monthly progress reports.
- **Mini audit**, including a review of existing “helping people in crisis” communications, precedents analysis, interviews with City staff and key community-based organization leaders.
- **Draft content development**, including draft campaign messaging options, graphics options, and promotion plans.
- **Focus group facilitation**, including: the planning and facilitation of 15 focus group sessions with community-based organizations, neighborhood groups, and businesses to conduct background research and solicit feedback; maintaining focus group session documentation and document feedback; and collecting, reviewing, and analyzing focus group session input and presenting findings and recommendations.
- **Content refinement and campaign planning**, including updating messaging and graphics based on focus group recommendations, developing a multi-lingual public education toolkit and public awareness materials for a variety of audiences on resources available to people experiencing street crisis; and developing a dissemination plan and editorial calendar in coordination with City agencies.
- **Public campaign implementation**, including in person outreach, social media outreach, transit ads, and other campaign implementation determined; and the use of a “pulse” survey following program rollout.
- **Stakeholder training and outreach**, including the development of a street crisis training program for community-based organizations, neighborhood groups, and businesses.
- **Program updates and maintenance**, including updating the public campaign toolkit as needed, updating key stakeholders on the public education campaign, and the production of quarterly reports/presentations for community stakeholders.
- **Project close-out**, including a project close-out report and meeting.

Under the terms of the contract, public education and outreach work will be completed by 2024. We recommend that the Director of DEM’s Coordinated Street Response Program report quarterly to the Board of Supervisors on key public education milestones, including focus group outcomes, the development of public education materials, the public campaign implementation, stakeholder training and outreach, and the effects of the post-program rollout survey to evaluate the effectiveness of public education efforts.

Data Sharing, Linkage, and Reporting

As discussed in more detail in *Section 3: Data Access, Sharing, and Linkage* of this report, there are at least eight separate data systems used by the City's street teams to log information about street team clients, encounters, outcomes, and field operations. The information contained in these various databases cannot be easily or automatically linked together for analysis, which means that street team program managers and data analysts cannot see or track the interactions that a single client has with multiple street response teams over time or analyze all of the different data fields that are captured in the separate databases at once. This system of mostly isolated or siloed data systems limits the City's ability to manage and monitor the collective impact of street teams and to consistently report information to the public.

According to DEM staff, the siloed systems are in part also driven by local, state, and federal data privacy laws that dictate what client information can be shared, how it must be shared, and who can receive information. According to DEM staff, the existence of data sharing agreements between some street teams partners mitigates some of the information sharing guardrails, but not all.

California Welfare and Institutions Code (WIC) section 18999.8 authorizes cities and counties to establish homeless adult and family multidisciplinary teams (HMDTs) to provide for the sharing of confidential data for the purposes of service coordination, continuity of care, and to reduce duplication of services. In the summer of 2023,³ the Mayor's Office in partnership with DEM created San Francisco's new Homelessness Multi-Disciplinary Team (SF-HMDT), an effort, through shared policies, protocols, and training, that allows participating agencies to share client data and information that is necessary for case planning and expediting linkages to services. According to DEM staff, SF-HMDT will help lower the barriers to cross-department information sharing, will allow for operational and policy improvements, and will enable a new data-sharing effort.

In addition, there is an effort, in very initial stages, to link department datasets together and obtain a single dataset of client information across all street teams. This effort, known as the All Street Teams Integrated Dataset (ASTRID), was launched by DEM in February 2023 in collaboration with the Mayor's Office of Innovation, which is providing technical project management, and DataSF, which is acting as a consultant to the effort. At the time of our audit fieldwork, DEM staff were still in very preliminary discussions with DPH, HSH, and Fire Department staff about this effort. In addition, DEM reports that it is working on aligning data

³ According to DEM staff, paperwork was signed by participating departments in June and July 2023; the first Executive Body of the SF-HMDT meeting occurred August 10, 2023.

definitions, objectives, and goals that will detail and tighten the collective street team efforts' mission, vision, goals, outputs, impacts, and service activities.

Specific findings and recommendations related to reporting on team metrics and goals, and on data sharing and linkage, are included in *Section 2: Street Team Goals and Performance* and *Section 3: Data Access, Sharing, and Linkage* of this audit report, respectively. We recommend that DEM's Coordinated Street Response Program report quarterly to the Board of Supervisors on progress towards and barriers to data linkage and sharing efforts.

Conclusion

Following the City's ramp-up of street team efforts beginning in 2020, there was an ongoing need for overall street team coordination and planning to address a variety of street team related issues, including systematic and operational silos, data collection and sharing efficiencies, robust reporting, and more consistent messaging/public awareness. As of 2023, there are several efforts underway to make improvements in these areas for better street team planning, coordination, and communication. We recommend regular ongoing reporting to the Board of Supervisors to ensure additional transparency of these efforts and to document progress and barriers to these efforts.

Recommendations

The Director of the Department of Emergency Management's Coordinated Street Response Program should:

- 1.1 Report quarterly to the Board of Supervisors on:
 - a. Key initiatives, progress, and outcomes from Street Response Planning and Operations meetings and internal working groups.
 - b. Key public education milestones, including focus group outcomes, the development of public education materials, the public campaign implementation, and stakeholder training and outreach.
 - c. Progress toward and barriers to data linkage and sharing efforts.

Benefits and Costs

The recommendations would increase public transparency and policymakers' awareness of ongoing efforts to improve street team coordination, public information and outreach, and data sharing and reporting efforts. This recommended reporting can be accomplished with existing

1. Street Team Planning, Coordination, and Communication

staffing resources allocated to street response planning and coordination at the Department of Emergency Management.

2. Street Team Goals and Performance

Some of the City’s street teams do not consistently report performance metrics or achieve their established goals. We found that some street teams have no publicly reported performance metrics; some teams have stated goals and report performance metrics, but the metrics they report do not demonstrate success or progress at achieving their team goals; and some teams report metrics that do align with their goals, but have limited success in achieving those goals. It is important for teams to have publicly stated goals, and to track the progress towards those goals, to provide public transparency and to allow policymakers to assess whether street teams are successfully meeting their objectives and adequately serving their clients. The four departments involved in the management and operations of the City’s street teams should report consistently on team goals and performance measures that directly track progress towards those goals.

Two follow-up response teams, the Post Overdose Engagement Team (POET) and the former Street Crisis Response Team Office of Coordinated Care (OCC), have or had low connection rates with their clients. We recommend that the Department of Public Health modify the service model of POET and the OCC follow-up team to improve the success rate and cumulative follow-up rate for clients who are referred for services.

Background

San Francisco’s street teams respond to behavioral health, medical, and/or homelessness-related issues, including mental health crises, wellbeing concerns, drug overdoses, and homeless encampments, on the City’s streets and in public spaces. These street teams are managed and operated by the Fire Department, the Department of Homelessness and Supportive Housing (HSH), the Department of Public Health (DPH), and the Department of Emergency Management (DEM). Summary information about each team’s specific functions, staffing, and operations, as well as the role of each City department, is provided in the Introduction to this report.

The first half of this section of the report summarizes the City’s street teams’ stated goals, performance metrics, and public reporting. The second half of this section evaluates, where possible, how well the street teams are meeting their stated goals.

Goals, Performance Metrics, and Public Reporting

Of the 10 street teams that were operational at the time of our audit,¹ two do not have any publicly reported performance metrics that track progress towards team goals. Further, of the teams that do have publicly reported performance metrics, the majority of the metrics reported are of team *outputs*, rather than metrics that measure meaningful progress towards their overall goal(s). Finally, we found that some teams that do report metrics that align with their goals do not always meet their stated goals.

To identify team goals, performance metrics, and other performance data, we reviewed the street teams' websites, documents submitted to us by the departments that manage the teams, and other audits and reviews of street teams in San Francisco, including the Controller's Office's Landscape Review of San Francisco Outreach and Crisis Response Teams² published in December 2021.

We found that:

- some teams have no publicly reported performance metrics;
- some teams have stated goals and report performance metrics, but the metrics they report do not demonstrate success or progress at achieving their team goals; and
- some teams report metrics that align with their goals, but these teams do not always meet their stated goals.

Exhibit 2.1 below summarizes each street team's goals, the performance metrics that are publicly reported, whether the reported performance metrics align with the team's stated goals, and whether the goals are met.

¹ This review excludes the Community Response Team/Homeless Engagement Assistance Response Team (CRT/HEART), which was not operational at the time of our fieldwork.

² "Landscape Review of San Francisco Outreach and Crisis Response Teams," San Francisco Controller's Office, December 23, 2021.

Exhibit 2.1: Street Team Goals and Metrics

Teams Without Any Public Performance Metrics

Team	Goal(s)	Publicly Reported Performance Metric(s)	Location of Public Reports	Metrics Tracking Goals?	Goal(s) Met?
FEST	Provide outreach and service linkage to clients, especially those experiencing homelessness	None	N/A	N/A	N/A
Street Medicine	Provide needed medical care where clients are located	None	N/A	N/A	N/A

Teams Without Metrics that Directly Track Their Goals

Team	Goal(s)	Publicly Reported Performance Metric(s)	Location of Public Reports	Metrics Tracking Goals?	Goal(s) Met?
SCRT	<ol style="list-style-type: none"> 1. Reduce law enforcement encounters for behavioral health crises 2. Reduce emergency department use for behavioral health crises 3. Provide appropriate linkages and follow up care to people in crisis including mental care, substance use treatment, and social services 	Number of calls taken by SCRT; average response time; end result of encounter (client remained in community, client taken to hospital, client referred and taken to other setting, 5150 initiated)	<p>Centrally-located public City dashboard;</p> <p>Fire Commission meeting materials^a</p>	Partially	Yes
SWRT	Reduce and replace police response to the majority of 910B incidents by providing connections to care and services	Calls for service; call origin; call disposition; destination of non-emergency transport	Fire Commission meeting materials ^a	Partially	Unknown ^b
HSOC/ERT	<ol style="list-style-type: none"> 1. Coordinate the City’s response both to homeless encampments and to behaviors that impact quality of life in San Francisco’s public spaces. 2. Strive to ensure that San Francisco’s streets are healthy for everyone, regardless of their housing status. 3. Meet the shelter and service needs of individuals on the streets. 4. Establish a unified city response to homelessness and street behavior. 5. Deliver coordinated city services to effectively address encampments. 	Number of encampments; number of tents; number of engagements (interactions with clients); number of encampment resolutions; number of referrals given; type of referrals given (shelter, safe sleeping, other)	Centrally-located public City dashboard	No	No
SCRT-OCC	<ol style="list-style-type: none"> 1. Reach SCRT clients as quickly as possible 2. Refer them to care 	Percentage of OCC follow-ups	Centrally-located public City dashboard	<p>Reach clients: yes</p> <p>Response time: no</p>	No

2. Street Team Goals and Performance

Teams With Metrics that Track Their Goals

Team	Goal(s)	Publicly Reported Performance Metric(s)	Metrics Tracking Goals?	Goal(s) Met?	
SORT	1. Reduce opioid-related mortality for clients 2. Increase referrals into treatment	Number of calls taken by SORT; number of calls that involved an overdose; number of Suboxone starts; number of clients who accepted harm reduction supplies	Centrally-located public City dashboard; Fire Commission meeting materials ^a	Yes	Unknown ^c
POET	Increase successful referrals into treatment	Number of POET attempted and successful follow-ups; outcomes of POET follow-ups (harm reduction education, Narcan issued, assisted client with services, client received buprenorphine prescription or refill, client referred to residential treatment)	Centrally-located public City dashboard	Yes	No
EMS-6 ^d	Reduce emergency department use among highest utilizers	Encounter numbers; encounter types; connection rate to resources and resource type; utilization changes of top 20 users engaged by EMS-6	Fire Commission meeting materials ^a	Yes	Yes
HOT	Engage and stabilize individuals experiencing homelessness through voluntary shelter referrals and other services	Number of unique clients; number of encounters; number of Coordinated Entry assessments given	Centrally-located public City dashboard	Yes	Yes

Source: BLA analysis of departmental websites, submitted materials, and Controller’s Landscape Report.

a: The monthly EMS and Community Paramedicine Fire Commission reports are available on the Fire Commission website, but could be more accessible and centrally located for ease of public access.

b: SWRT’s metrics tracked outputs related to SWRT’s activities (calls for service; call origin; call disposition; destination of non-emergency transport), but these metrics did not demonstrate whether SWRT was reducing police response to 910B calls.

c: SORT’s metrics track outputs related to SORT’s goals: Suboxone starts, harm reduction supplies, and referrals to outpatient or inpatient treatment all have an effect on opioid-related mortality. However, without data on SORT clients’ outcomes over time, or without comparing opioid-related mortality before and after SORT, it is challenging to assess whether SORT is meeting its goals and having a significant impact on overdose prevention efforts.

d: The EMS-6 team is not directly focused on populations with shelter or behavioral health needs, and EMS-6 may also respond to clients who are housed and/or do not have behavioral health needs. We include EMS-6 in our discussion of street teams to provide a comprehensive picture of San Francisco’s community paramedicine services.

Some Street Teams Have No Publicly Reported Performance Metrics

As shown in the first group of teams in Exhibit 2.1 above, two of the street teams have no publicly reported performance metrics:

- (1) Street Medicine, and
- (2) Felton Engagement Specialist Team.

It is important for teams to have publicly stated goals, and to track the progress towards those goals, to provide public transparency and to allow managers and policymakers to assess whether street teams are successfully meeting their objectives.

Street Medicine

Street Medicine, which has existed since 2014, does not track any metrics or post any data on its outputs or outcomes publicly. Its goal is more akin to a statement of purpose: to provide needed medical care where clients are located, and according to their website, to:

provide street-based low barrier outreach, engagement and care for unsheltered people experiencing homelessness. We aim to reduce the incidence of harmful events such as fatal overdose and infectious disease.

However, they do not report any metrics on their progress towards those goals. According to DPH staff, many clinics that provide transitional primary care and/or urgent care services do not track or post public metrics or outcomes.

Felton Engagement Specialist Team (FEST)

Similarly, FEST, which provided pre-encampment resolution outreach and other street-based outreach until the expiration of the contract in July 2023, did not report or track any metrics publicly, and its goal was similarly more akin to a purpose statement: to provide outreach and service linkage to clients, especially those experiencing homelessness, according to their website. Because FEST was run by an outside organization contracted by DPH, annual outputs were reported through DPH's contract monitoring process, but this information was not reported externally. (As of August 1, 2023, the Felton Institute no longer contracts with DPH to provide these services.)

Some Teams' Reported Performance Metrics and Goals Could Be Strengthened

As shown in the second group of teams in Exhibit 2.1 above, of the street teams that do publicly report team performance metrics, our review found that the metrics reported do not always align with the teams' stated goals or objectives. All of the street teams should have actionable,

achievable goals and then report on outcomes and metrics that demonstrate whether the teams have reached those goals. The following three teams' metrics do not align with their stated goals.

Street Crisis Response Team

The Street Crisis Response Team (SCRT) has three primary goals, which are:

- Reduce law enforcement encounters for behavioral health crises;
- Reduce emergency department use for behavioral health crises; and
- Provide appropriate linkages and follow up care to people in crisis including mental care, substance use treatment, and social services.

SCRT is reporting on the following in the monthly dashboards that are posted to the SCRT website:

- The number of calls taken by SCRT;
- The number of SCRT-eligible calls that received a SCRT response;
- The average response time of SCRT units;
- The end result of encounters with clients (i.e., client remained in community, client taken to hospital, client referred and taken to other setting, 5150 psychiatric holds initiated, etc.); and
- The demographics of their clients, including race, gender, and housing status for clients referred to the Office of Coordinated Care (see below).

Since June 22, 2022, every call that a SCRT unit responds to effectively represents a reduction in police response to those types of calls. However, the SCRT metrics do not explicitly state this because they only report on the increasing number of SCRT responses and not the corresponding decrease in police responses. (From November 2020 to June 2022, SCRT units were sometimes co-responding to mental health calls with police officers, and SCRT responses during this time period did not necessarily represent a decrease in police response.) Additionally, while the metrics report the number of SCRT encounters that end with the client being transported to the emergency room versus transported to an alternative location such as SoMa RISE, or remaining safely within the community, they do not track whether SCRT has reduced emergency department use for behavioral health crises by comparing the number of behavioral health crisis calls ending in emergency department transport before and after the SCRT launch.³

³ Some SCRT clients have other medical issues that require transport to the emergency room regardless of whether SCRT or another unit (such as an ambulance or police officer, prior to June 22, 2022) responds to their call.

SCRT Office of Coordinated Care Follow-Up Team

The SCRT Office of Coordinated Care (OCC) follow-up team, which was consolidated into the larger Office of Coordinated Care in March 2023, only directly reported on progress towards one of its two clearly stated goals, which were: (1) to reach SCRT clients as quickly as possible, and (2) refer them to care. The SCRT OCC follow-up team reported on the percentage of SCRT clients they reached and what services they offered those clients, including referrals. However, they were not reporting on their average response time, even though one of their goals was to reach clients as quickly as possible. OCC follow-up team staff at DPH state that the team received a list of SCRT clients from the prior day, and that while some clients are reachable that same day, other clients can take weeks or months to reach due to the nature of their situations (such as not having a telephone or address). The OCC follow-up team was tracking how long it takes to reach clients internally and could report this externally by including the average response time in the monthly updates posted to the SCRT website.

Street Wellness Response Team

The Street Wellness Response Team (SWRT), which merged with the Street Crisis Response Team (SCRT) in March 2023, reported on its activities and outputs at monthly Fire Commission public meetings while it was active. According to Fire Department staff, SWRT's goals were to "reduc[e] and replac[e] police responses to the majority of 910B⁴ incidents by providing connections to care and services." However, when the team merged with SCRT in March 2023, it was not reporting on its specific goal to reduce and replace police responses to 910B incidents by demonstrating a reduction in 910B police responses.

Healthy Streets Operation Center

The Healthy Streets Operation Center (HSOC) has goals that are related to internal structure and performance and goals related to external client services. We focused our review on the goals related to external client services. Their client-facing goals are:

- Strive to ensure that San Francisco's streets are healthy for everyone, regardless of their housing status; and
- Meet the shelter and service needs of individuals on the streets.

The metrics that HSOC staff report, however, do not address progress towards these two goals. The metrics they report include:

- Total number of encampment resolutions
- Number of tents at the encampments

⁴ 910B calls are calls for checks on well-being.

- Number of engagements (interactions with clients)
- Number of referrals given and referrals denied
- Type of referrals given (shelter, safe sleeping, and other)

These metrics catalogue the outputs of HSOC encampment resolutions: how many tents they remove, how many people they interact with, and how many referrals they issue. However, these metrics do not speak to whether the encampment resolutions are leading to healthier streets for all or whether they are meeting all of the shelter and service needs of people living in the encampments. Importantly, HSOC reports on the number of shelter referrals provided, but not referrals to other services such as substance abuse treatment or social security assistance. These are referrals that HSOC provides but is not reporting on, and including more information about how they are making the streets safer and cleaner, and how they are meeting the specific service needs of their clients, would provide more transparency around whether HSOC is meeting its goals.

Some Teams with Reported Goals and Metrics Are Underperforming

Finally, as shown in the third group of teams in Exhibit 2.1 above, there are four street teams that have both stated goals and public metrics that track progress on the goals. Two of these teams, the Street Overdose Response Team (SORT) and the Post Overdose Engagement Team (POET), are not meeting their stated goals or have goals that are challenging to measure without longitudinal data on client outcomes. The performance and success of these teams and other street teams is discussed in the following section.

Street Team Performance

As summarized in Exhibit 2.1 above, some of the City's street teams do not have any publicly-reported performance measures, some teams are not measuring their progress towards their goals, and other teams have goals that are difficult to tangibly measure or goals that are not being met. For the teams that publish data online that shows their progress towards their goals, we analyzed that data to assess whether they are meeting their goals. For the teams that do not publish data that specifically tracks their progress towards their goals, we requested data from the departments that manage those teams in order to analyze their performance.

Overall, we found that the street teams have mixed results at achieving their goals (when stated). Of the teams that do not publish data online showing their progress towards their goals, SCRT has achieved its three stated goals while HSOC and the SCRT OCC follow-up team have not. Of the teams that publish data online that show their progress towards their goals, HOT and EMS-6 are meeting their goals while POET has not, and SORT's progress towards its goals is challenging to measure without longitudinal data on client outcomes.

It should be noted that generally, the goals of the street teams and measures of their success are specifically limited to the scope of the team operations and the specific activities. We are not evaluating the teams' success at broader citywide goals or aspirations like ending homelessness or increasing access to mental health care. The City's street teams are one piece of the City's overall response to homelessness and the need for enhanced mental and behavioral healthcare for individuals on the City's streets, and for the purposes of this audit, we focused our review on the specific activities of the teams, which are one part of this larger system of care.

Street Crisis Response Team (SCRT) Performance

Most notably, SCRT has achieved its goal to eliminate police response to 800B calls.⁵ The elimination of police response has been achieved through an adjustment to the City's 9-1-1 dispatch protocol and through the steady increase in deployment of SCRT teams throughout the City since late 2020.

9-1-1 calls regarding a mental health crisis in which there are no weapons present and the person in crisis is not an immediate danger to themselves or others were/are coded and dispatched as follows:

- **Prior to November 2020:** these calls were coded as 800B, and a police unit was dispatched to respond.
- **November 2020 to June 2022:** these calls were coded as 800B and both a police unit and a SCRT unit, if available, was dispatched to respond.
- **June 2022 onward:** these calls are coded as 25-card Emergency Medical Dispatch (EMD) calls and dispatched to emergency medical services (EMS) to respond, instead of police. A SCRT unit, if available, will respond. If no SCRT unit is available after 30 minutes, an ambulance will be dispatched. Sometimes an ambulance is also automatically dispatched alongside a SCRT unit if the call-taker determines emergency medical services may also be needed.

To summarize, prior to June 2022, 9-1-1 calls related to a mental health crisis, without any threat of violence to themselves or others, were coded as 800B calls and a police unit (along with SCRT, once SCRT was launched in November 2020) was dispatched to respond to these calls. After June 2022, 9-1-1 calls related to a mental health crisis without threat of violence were coded as 25-card calls and dispatched to emergency medical services (EMS) instead of the police. EMS

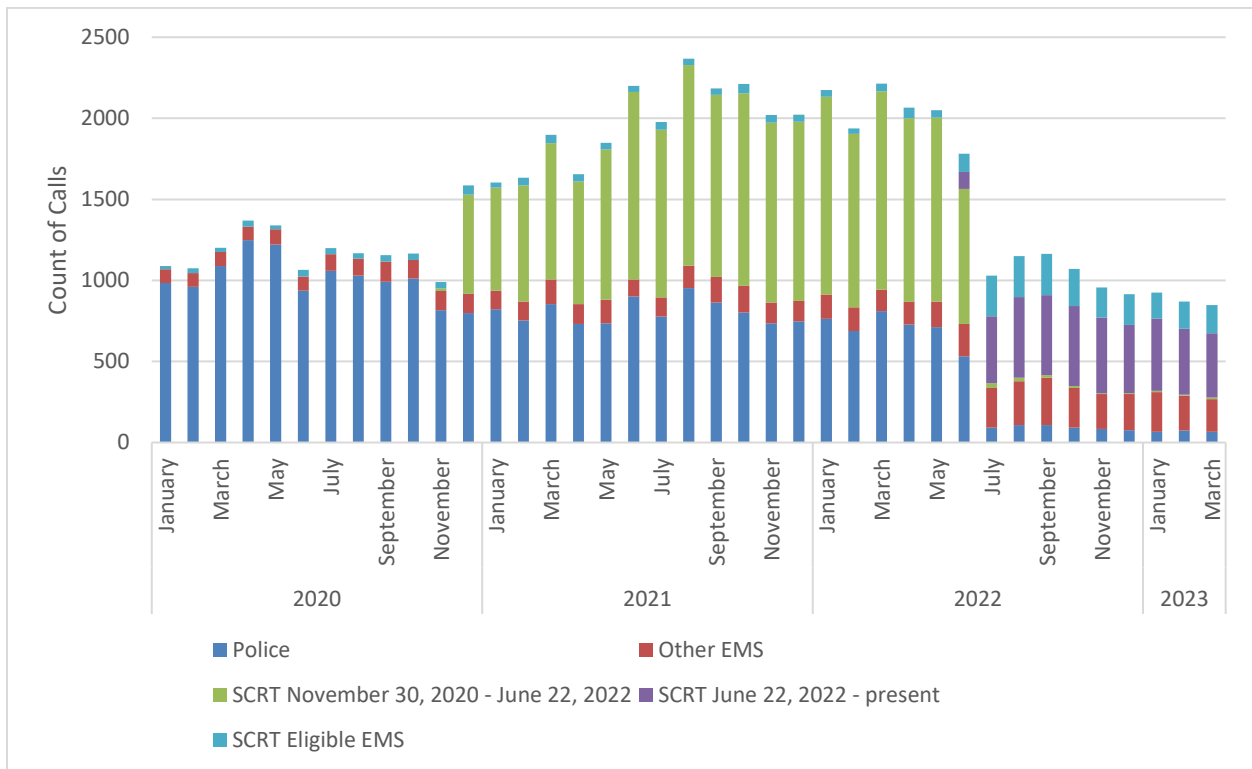
⁵ 800B calls are 9-1-1 calls for a behavioral health crisis in which there are no weapons present and the person in crisis is not an immediate danger to themselves or others, and they get dispatched to the police.

includes SCRT and ambulances, and SCRT responds to all 25-card calls while ambulances only respond to calls where an ambulance may be needed. Police do not respond to 25-card calls.

The creation of SCRT and the shift from police response to medical response to individuals experiencing mental health crises on the streets came from the Board of Supervisors’ Mental Health SF legislation, which was passed in December 2019 and called for the creation of a crisis response team led by DPH that could respond to the significant portion of people experiencing homelessness who also suffer from mental illnesses and substance use disorders. Mental Health SF called for “a city-wide crisis team led by [DPH] that operates 24 hours per day, 7 days per week, to intervene with people on the street who are experiencing a substance use or mental health crisis, with the goal of engaging them and having them enter into a system of treatment and coordinated care.” (Ordinance No 300-19.)

Exhibit 2.2 below shows the change in these type of calls from 800Bs to EMD-coded calls (called 25-card calls or more specifically, 25A1C).

Exhibit 2.2: Count of Behavioral Health Crisis Calls Dispatched by Type



Source: Department of Emergency Management

Note: “Police” calls are coded as 800B; “SCRT November 30, 2020 - June 22, 2022” are coded as 25A0 (duplicated with 800B); “SCRT Eligible EMS” are categorized as “SCRT Eligible 25 Card;” “Other EMS” are coded as “Other 25 Card Calls;” and “SCRT June 22, 2022 – present” are coded as 25A1C calls (no matching 800B call).

Shifting Response to 800B Calls from Police to SCRT

Exhibit 2.2 above shows that between November 2020 and June 2022, 9-1-1 calls regarding a mental health crisis in which there are no weapons present and the person in crisis is not an immediate danger to themselves or others were duplicated to add an EMD 25-card call to each 800B call. This change allowed SCRT to respond to these calls instead of, or in addition to, police. It also shows how, starting in June 2022, this duplication ended, and now a 9-1-1 call related to a behavioral health crisis in which there are no weapons present and the person in crisis is not an immediate danger to themselves or others is coded as an EMS call. Because police units are not automatically dispatched to respond to EMD 25-card calls, this adjustment to the City's 9-1-1 dispatch protocol has effectively eliminated police response to this type of 9-1-1 call. (A negligible number of 800B calls continue to be generated; according to DEM staff, this is due to the occasional on-view of an 800B or dispatcher error.)

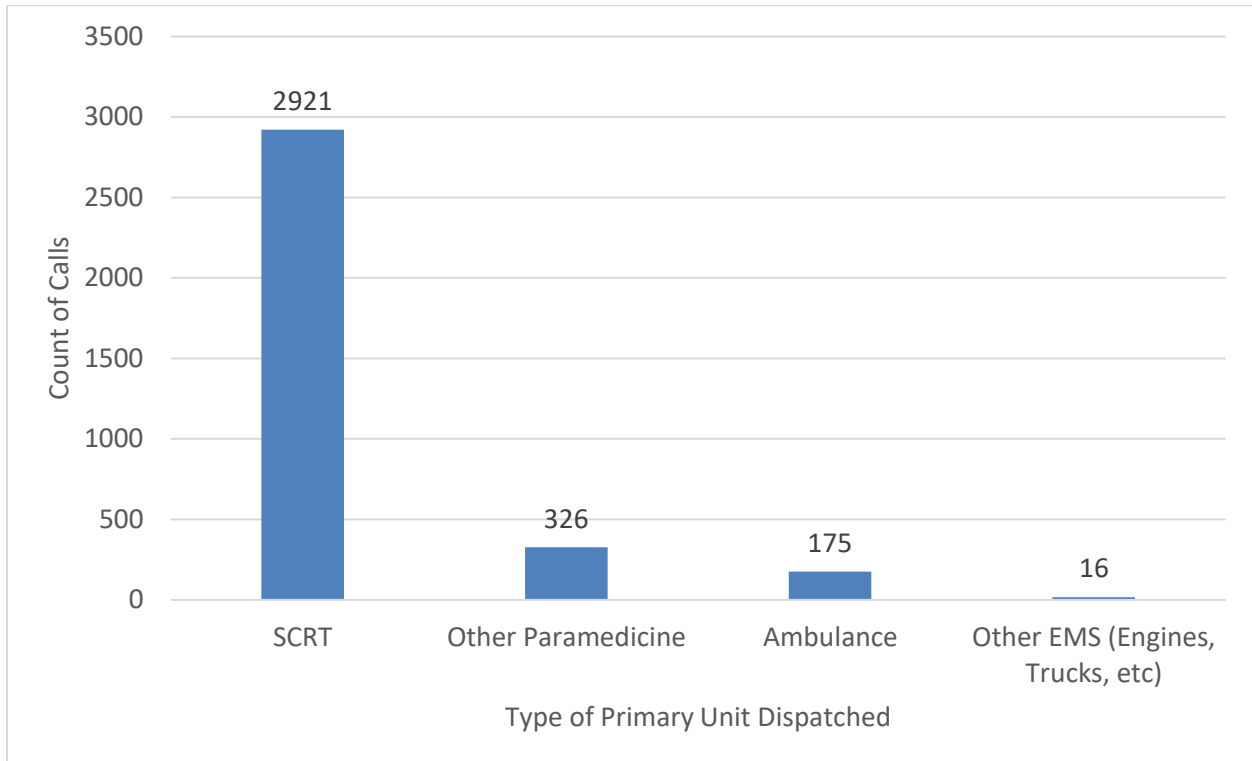
Exhibit 2.2 above also shows that the total number of these types of calls has remained relatively steady throughout this period, indicating that nonviolent behavioral health crisis calls were correctly shifted from police dispatch to EMD and not shifted to some other type of call code that is still resulting in police response (or some other non-SCRT response). The average number of these types of calls per month from January 2020 to June 2022 was 1,039. This number includes the police, SCRT Eligible EMS, and Other EMS calls shown in Exhibit 2.2 but excludes the SCRT November 30, 2020 – June 22, 2022 calls, because these are duplicates. The average number of calls from July 2022 to March 2023 was 979, or six percent lower than the number of calls from January 2020 to June 2022. This number includes the SCRT June 22, 2022 – present calls, the SCRT Eligible EMS calls, and the Other EMS calls.

Reducing Unnecessary Transport of Clients in Behavioral Health Crisis to Emergency Departments

The second goal of SCRT is to reduce unnecessary transport of clients in behavioral health crisis to emergency departments in San Francisco by dispatching a SCRT unit, which can transport clients to non-emergency department locations and has crisis de-escalation capabilities, rather than an ambulance to a street behavioral health crisis. (Under law, ambulances are only allowed to transport clients to the emergency department, so if an ambulance is dispatched, the client will either be taken to the emergency room or remain in the community.) In other words, SCRT offers a non-emergency department service referral and transportation alternative, but only when there is a SCRT unit available to respond. If no SCRT unit is available, an ambulance or other EMS response unit is dispatched to the call instead. Therefore, one of the most likely scenarios in which a SCRT-eligible client is unnecessarily taken to the emergency department is if no SCRT unit was available to respond. (DEM dispatch protocol is that SCRT calls that do not initially require an ambulance are allowed to pend in their call queue for up to 30 minutes. If no SCRT team is available to go to the call after 30 minutes, the call gets automatically dispatched to an

ambulance regardless of the call type. Other community paramedicine units, such as the Street Wellness Response Team while it was operational, can also respond to SCRT calls if no SCRT unit is available.) Exhibit 2.3 below shows the number of SCRT calls by dispatch from July 2022 (after the switch from 800B police calls to 25-card EMD calls) to February 2023.

Exhibit 2.3: SCRT Calls by Dispatch (July 2022 – February 2023)



Source: Department of Emergency Management

“Other Paramedicine” is defined as another community paramedicine unit such as SWRT or SORT.

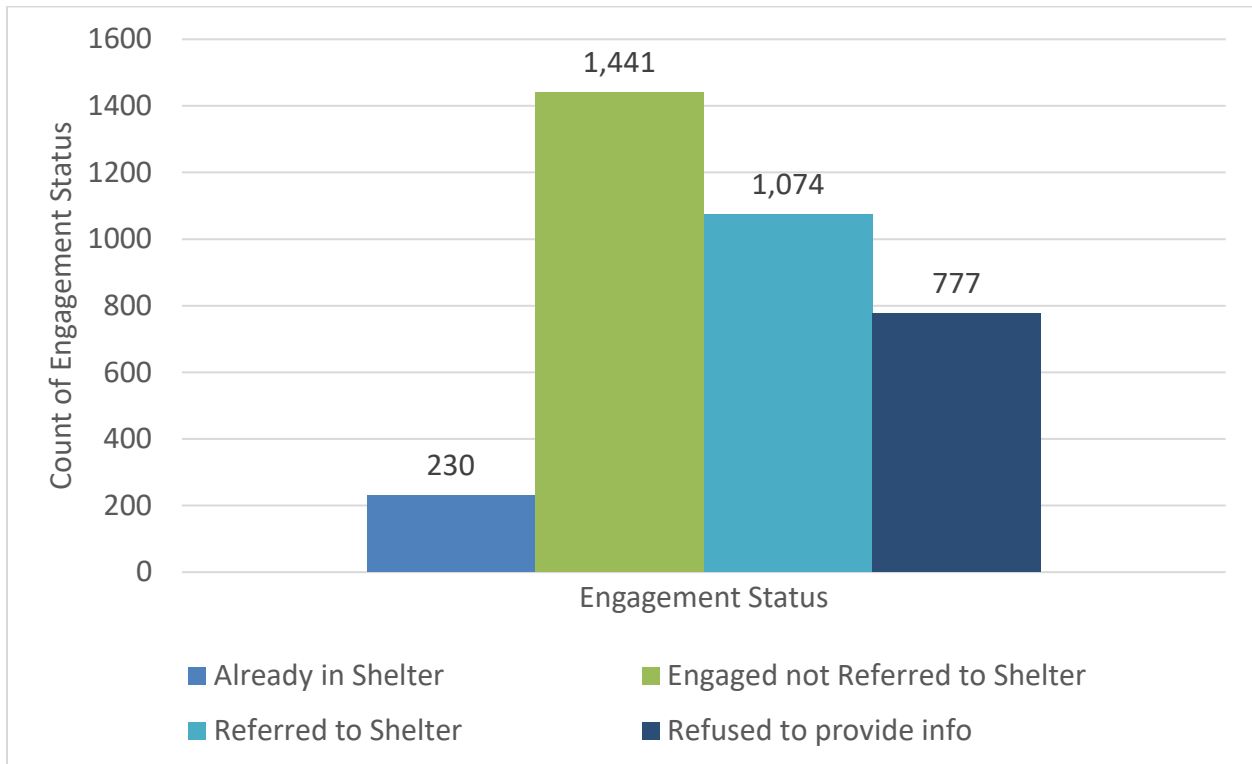
Exhibit 2.3 above shows that very few SCRT calls do not get answered by SCRT; overall, SCRT responded to 85 percent of calls within this time period. An ambulance only responded to 175 calls, or five percent, and another community paramedicine unit responded to nine percent.

Healthy Streets Operation Center (HSOC) Performance

The Healthy Streets Operations Center (HSOC) reports on the high-level outputs of encampment resolutions in online dashboards. Information presented in those dashboards is cumulative, updated quarterly, and includes the number of encampments they visit, how many tents are at those encampments, how many referrals are given, and what those referrals are. However, their client-specific goal to “meet the shelter and service needs of individuals on the streets” is not specifically addressed or reported. To assess whether HSOC is meeting the needs of people living in encampments in San Francisco and providing effective referrals to services, we requested data

from DEM on the engagement status that encampment resolution team members have with clients at resolutions. Exhibit 2.4 below summarizes these engagements for calendar year 2022.

Exhibit 2.4: Engagement Status of HSOC Clients, 2022



Source: BLA Analysis of data from the Department of Emergency Management

Note: Data includes all HSOC activities, including scheduled ERT resolutions and individual referrals/encounters.

Exhibit 2.4 above shows that, in 2022, 1,074 clients, or 30.5 percent, that HSOC encountered were referred to a shelter during the encounter, and 230 clients, or 6.5 percent, were already assigned to a shelter. The remaining 63 percent of clients were not referred to shelter, either because they refused to engage with the team (22.1 percent) or because they engaged with the team without a shelter referral (40.9 percent). Engaging with a team without a shelter referral means that the client spoke with the team, provided their name and date of birth, and maybe discussed different referral options but ultimately did not want to accept the referral offered. Street team members from all teams, including HSOC, told the audit team that clients who are living on the street often need time to build relationships with street teams in order to trust them enough to accept resources, which may be one of the reasons why nearly two-thirds of clients that HSOC encountered in 2022 refused to engage with the team or did not accept shelter referrals.

However, there are other reasons why clients may not accept shelter or engage with HSOC. Exhibit 2.5 below summarizes the reasons given by clients in 2022 for refusing to engage (i.e., refusing to provide their personal information to street team members when approached).

Exhibit 2.5: List of Client Reasons for Refusal to Provide Information or Engage with HSOC, 2022

Reasons for Refusal to Provide Information (2022)	No. of Clients
Will not engage/unknown	505
Desired destination not available	149
Refusing Service/ Will not Engage	79
Behavioral health/substance use issues	22
(blank)	7
Shelter	3
Bad previous experience	2
Desired destination not available; Too much stuff	2
Client states they are housed/sheltered; Behavioral health/substance use issues	1
Desired destination not available; Don't like people/rules	1
Don't like people/rules	1
Don't like people/rules; Too much stuff	1
Too much stuff	1
Too much stuff; Will not engage/unknown	1
Will not engage/unknown; Behavioral health/substance use issues; Don't like people/rules; Too much stuff	1
Will not engage/unknown; Don't like people/rules	1
Grand Total	777

Source: BLA analysis of data from the Department of Emergency Management

Exhibit 2.5 above shows that other than a full refusal to engage, the most commonly cited reason (when a reason is provided) is that the desired destination is not available (typically because it is not accepting new referrals that day, but it could also be because it is being held for another team, or another reason that is not known by outreach workers at the time). Clients often have preferences for which shelter they go to based on the different setups of each shelter (such as shared vs. private rooms and the location of the shelter), and many clients have limitations on what they are willing and able to accept based on their situations. The restrictions on various types of shelters (such as a limited number of privacy options or limited options for couples or groups to stay together) make it less likely that clients will accept shelter referrals, and less likely that HSOC will accomplish one of its goals to meet the shelter and service needs of individuals on the street. Although addressing shelter capacity and the availability of shelter resources is outside the scope of HSOC, DEM could use this data to identify client needs that are not being met by the City's shelter and homelessness services system, which ultimately could help increase client

engagement and shelter referrals. (Section 5: Resource Referral Capacity of this report discusses shelter and resource capacity constraints in more detail.)

Homeless Outreach Team (HOT) Performance

The Homeless Outreach Team (HOT)’s overall stated goal is to engage and stabilize individuals experiencing homelessness through voluntary shelter referrals and other services, and HOT is meeting its goal to specifically have 35,000 annual encounters with individuals experiencing homelessness.⁶ HSH reports on HOT’s engagement with clients through their online dashboards as well as through an annual report with Heluna Health, the organization contracted to operate the HOT team. The FY 2021-22 HOT annual report includes more details regarding progress towards HOT’s stated goals than the online dashboards do, although the annual report is not easily accessible to the public.

Exhibit 2.6 below summarizes the encounters as reported in the FY 2021-22 HOT annual report:

Exhibit 2.6: HOT Encounters FY 2021-22

	Total encounters	Unique clients	Percent
July-Sept. 2021	9,702	1,317	14%
Oct.-Dec. 2021	9,247	1,203	13%
Jan.-March 2022	8,622	1,460	17%
April-June 2022	8,520	1,672	20%
FY 2021-22 Total	36,091	3,641	10%

Source: San Francisco Homeless Outreach Team: FY 2021/22 - Q4 and Fiscal Year Outcomes Report

Exhibit 2.6 above shows that HOT exceeded its goal of 35,000 encounters with 36,091 encounters in FY 2021-22. These encounters were with 3,641 unique clients, or about 10 percent of total encounters; many encounters are with the same unhoused clients repeatedly. The 2022 Point in Time count counted 4,397 unsheltered individuals experiencing homelessness in San Francisco. HOT’s unique client count of 3,641 is 83 percent of the 2022 Point in Time count of unsheltered individuals.

HOT’s goal is not just to encounter or engage with clients but also to refer them to shelter. Clients must have (1) a ONE System profile and (2) Coordinated Entry Assessment completed before they can be referred to shelter, both of which HOT team members can complete in the field when they encounter a client who is willing and able to do so. Exhibit 2.7 below shows how many ONE

⁶ The specific output goal of 35,000 annual client encounters is enumerated in the contract between HSH and Heluna Health for HOT. See Section 4: Contract Performance Monitoring and Oversight for more information on this contract.

System profiles, Coordinated Entry Assessments, and shelter referrals HOT team members made in FY 2021-22:

Exhibit 2.7: HOT Client Engagement Outcomes FY 2021-22

	Unique clients	ONE System profiles	Coordinated Entry	Shelter placements total
July-Sept. 2021	1,317	171	364	343
Oct.-Dec. 2021	1,203	127	271	361
Jan.-March 2022	1,460	234	689	602
April-June 2022	1,672	185	463	576
FY 2021-22 Total	3,641	717	1,787	1,882

Source: San Francisco Homeless Outreach Team: FY 2021/22 - Q4 and Fiscal Year Outcomes Report

Exhibit 2.7 above shows that HOT completed 717 ONE System profiles, 1,787 Coordinated Entry Assessments, and made 1,882 shelter placements in FY 2021-22. The shelter placements represent 52 percent of the unique clients seen in the fiscal year. HOT does not have any specific goals related to how many shelter placements they make. Therefore, there is no target by which the rate of placements compared to unique clients is not measured against. Although there are many factors that HOT does not control regarding whether a shelter placement is made, including shelter bed availability and client interest, HOT should set a target and aim to increase the percent of clients they see who accept shelter placements to increase their efficacy.

EMS-6 Performance

EMS-6 reports on its goals at monthly Fire Commission meetings. EMS-6’s goals are as follows:

- To break the cycle of people who rotate from the street to the emergency room and back to street (EMS-6 website);
- To provide trauma-informed engagement connecting vulnerable people to care for acute medical, mental health and social needs (Controller’s Landscape Review); and
- To respond to medical needs of a priority list of individuals who are historically high users of emergency systems and reduce their use of emergency response (Controller’s Landscape Review)

Additionally, in a Pilot Proposal submitted to the California Emergency Medical Services Authority (EMSA) in 2020, the Fire Department stated that EMS-6’s goal is to “improve the health and stability of vulnerable patients who frequently utilize 9-1-1 services for non-emergency health care and access to social services.” UCSF is monitoring and reporting on the results of the EMS-6 program and other community paramedicine programs under EMSA. According to the most recent program evaluation from February 2021, EMS-6 reduced the volume of 9-1-1 calls and

emergency room visits for its clients. UCSF also found that the care plans that EMS-6 community paramedics create for clients are effective at reducing 9-1-1 calls by 19 percent.

The Community Paramedicine Division provides reports to the Fire Commission on EMS-6 and other street teams, but the materials are not easily accessible in a centralized location on the Fire Commission’s website.

Street Overdose Response Team Performance

The Street Overdose Response Team (SORT)’s two goals are (1) to reduce opioid-related mortality and (2) to increase referrals for services. SORT reports on the number of clients the teams see and how many referrals they issue. Exhibit 2.8 below shows SORT’s cumulative outputs from its launch in August 2021 through February 2023.

Exhibit 2.8: SORT Cumulative Outputs, August 2021 to February 2023

Cumulative Outputs	
Total number of calls handled by SORT	2,591
Calls including an overdose	1,431 (55%)
Clients who accepted harm reduction supplies	1,120 (43%)
Calls that included Suboxone starts	98 (4% of total calls 7% of calls including an overdose)

Source: SORT February 2023 Update

Exhibit 2.8 above shows that SORT has responded to 2,591 calls between August 2021 and February 2023. Of those calls, only 55 percent involved an overdose. According to DEM staff, because overdose-related calls do not always contain the level of specificity that allows a 9-1-1 call-taker to establish that the emergency is an overdose, overdose-related 9-1-1 calls are often processed as other, less-specific types of medical emergency, such as “unconscious,” “breathing problem,” or “sick person.” As a result, SORT paramedics may respond to calls where an overdose is suspected, but that does not actually involve an overdose.

Exhibit 2.8 above also shows that cumulatively between August 2021 and February 2023, only four percent of SORT calls, and seven percent of SORT calls including an overdose, included a Suboxone⁷ start. When SORT was launched in 2021, the program managers envisioned that SORT team members would be able to provide immediate Suboxone starts, prescribed by the SORT

⁷ Suboxone is a medication that is used to treat opioid use disorder and can help curb the effects of withdrawals caused by reversing an overdose, making it less likely that the user will relapse shortly following the overdose.

community paramedic, in the field or wherever the client was when SORT reached them. Suboxone helps curb the effects of intense withdrawals that are caused by an overdose reversal and make it less likely that the Suboxone-taker will relapse shortly after the overdose. However, it took nearly two years of SORT program operations before SORT community paramedics were able to prescribe Suboxone in the field, due to delays partnering with a medical provider to issue the prescriptions. Because Suboxone is a medication, it must be prescribed by a medical provider authorized to prescribe medication, which paramedics were not previously authorized to do.

As of April 1, 2023, SORT, as well as all other paramedics licensed in the City and County of San Francisco, have been able to administer Suboxone after an effort that required obtaining approval from state regulatory agencies, local regulatory agencies, and a successful pilot program application. Prior to April 2023, as shown in Exhibit 2.8 above, only 98 SORT calls included a Suboxone start since the pilot team launch through February 2023.

Demonstrating Effectiveness

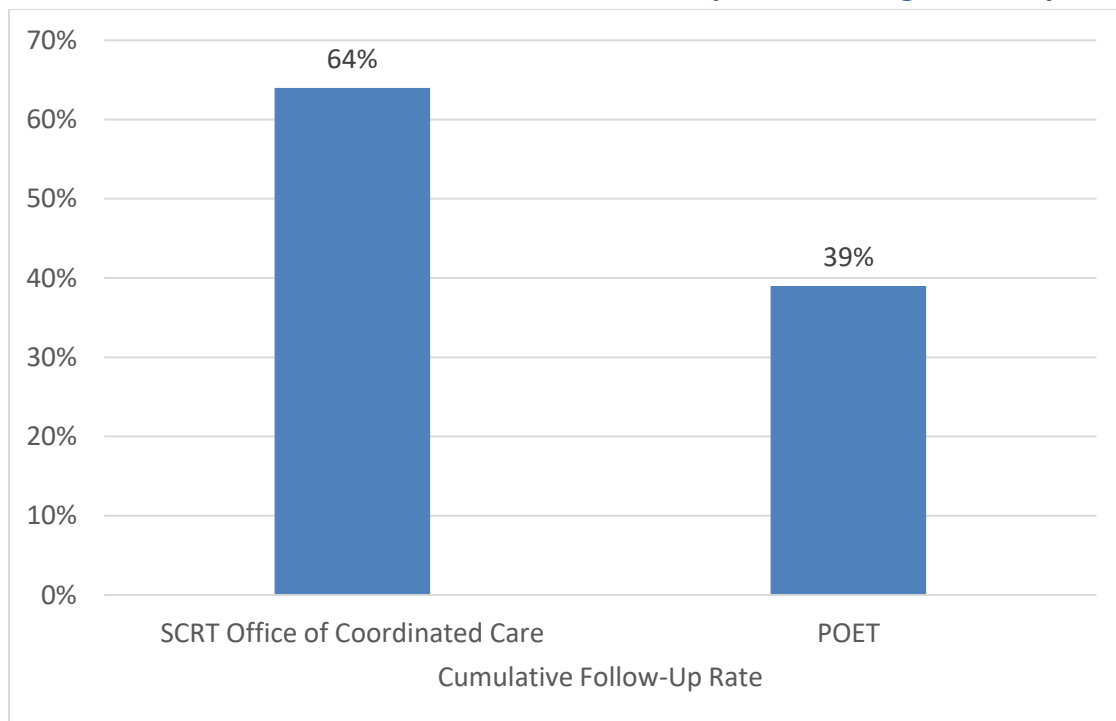
SORT could most clearly demonstrate its effectiveness at achieving its goals, which are (1) to reduce opioid-related mortality and (2) to increase referrals for services, by following the long-term outcomes of its clients, which would require long-term outcome data and progress on data sharing efforts among the agencies involved in the City's street teams. Street team program managers, led by the Street Response Planning Coordinator at DEM, are currently working on an effort to link departments' street team datasets together to enable deeper data analysis on the teams' effectiveness, including longitudinal outcomes, that would allow for this type of data tracking. (*Section 3: Data Access, Sharing, and Linkage* of this report provides more discussion on street team data sharing efforts.)

In addition, according to Fire Department staff, the Department also plans to collect data to understand and improve the effectiveness of Suboxone administration, conducts a bi-weekly Continuous Quality Improvement process to review Suboxone administration, and has received funding for a health outcome database to support a longitudinal understanding of the intervention's impact and for ongoing Suboxone training for paramedics. We recommend that the Fire Department's Assistant Deputy Chief of Community Paramedicine include data elements related to Suboxone administration in the regular ongoing reporting of SORT metrics and performance. We also recommend that the Fire Department's Assistant Deputy Chief of Community Paramedicine report on progress toward the health outcome database to support a longitudinal understanding of the impact of Suboxone administration, as well as any other related data-sharing efforts and progress, to the Board of Supervisors by April 2024.

Follow-Up Team Performance

The most significant area of underperformance we identified was for the street response follow-up teams. At the time of our fieldwork, two street teams had their own designated follow-up teams: SCRT had a dedicated unit of follow-up professionals based at the Office of Coordinated Care⁸ (SCRT OCC),⁹ and SORT has the Post Overdose Engagement Team (POET) that conducts outreach to SORT clients within 72 hours of their overdose. These two teams both publicly report or reported on how successful they are/were at reaching SCRT and SORT clients via monthly reports uploaded to the City’s street team website. Exhibit 2.9 below shows the cumulative follow-up rates through February 2023.

Exhibit 2.9: SCRT OCC and POET Cumulative Follow-Up Rates, through February 2023



Source: SCRT and SORT Websites

Exhibit 2.9 above shows that the SCRT OCC team reached 64 percent of all SCRT clients between April 2021 and February 2023, and POET reached 39 percent of all SORT clients between October 2021 and February 2023.

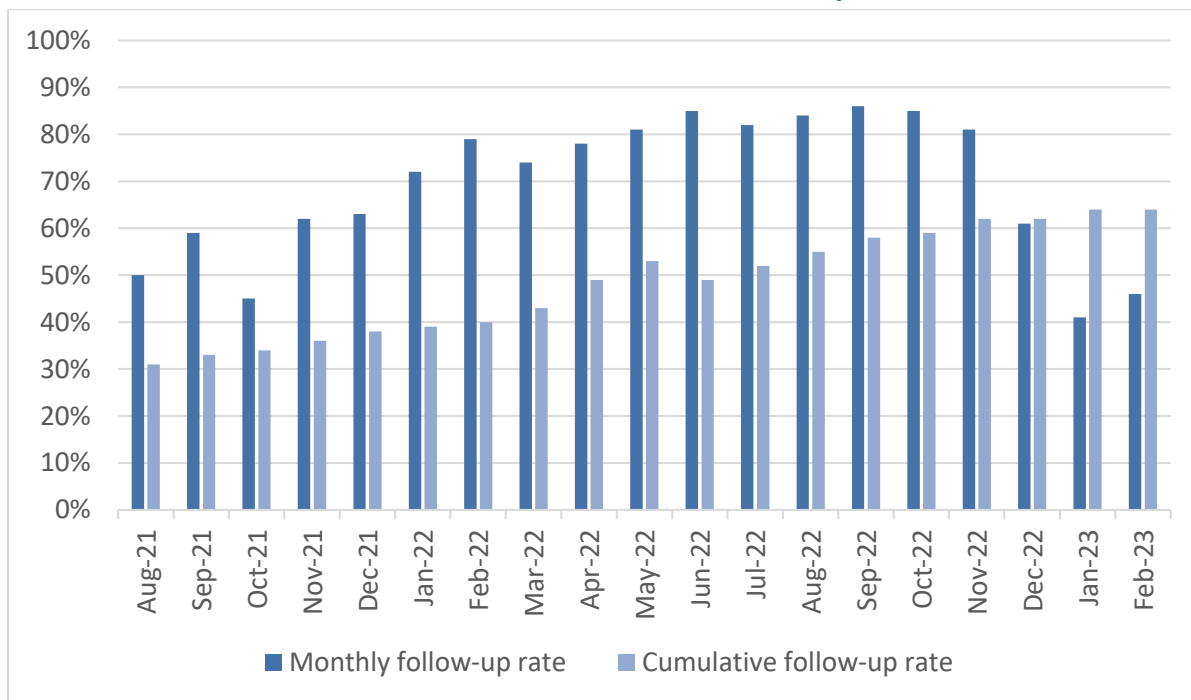
⁸ The Office of Coordinated Care was created by the Mental Health SF legislation and is situated within DPH. It coordinates case management for clients and supports clients’ access to health care and other services.

⁹ After March 2023, the SCRT OCC team and follow-up processes were consolidated into the larger Office of Coordinated Care. Following the March 2023 reconfiguration, there is no fully dedicated follow-up team for SCRT referrals.

The SCRT OCC team conducted its outreach by receiving a list each morning of all SCRT clients from the previous day, and then attempting outreach based on what information is available on the client (if the client has a phone, they call; if not, they physically go to where SCRT engaged the client). The SCRT OCC team would make at least three attempts to find a client if they only received a name and/or location and continued outreach with clients who were more reachable until they were connected to the care they needed. SCRT OCC’s goal was to reach 100 percent of SCRT clients and connect them to ongoing care, and it was not meeting that goal. Exhibit 2.10 below shows the historical follow-up data for the SCRT OCC team between August 2021 and February 2023.

As of the spring of 2023, follow-up for SCRT is now the responsibility of the Office of Coordinated Care overall, without a dedicated SCRT follow-up team. OCC’s BEST Neighborhoods team provides outreach, engagement, and care for people who are unhoused, including individuals who have contact with SCRT.

Exhibit 2.10: SCRT OCC Historical Follow-Up Rates



Source: SCRT Website

Exhibit 2.10 above shows that while the cumulative follow-up rate had been steadily increasing over time, the monthly follow-up rate decreased in December 2022 and did not improve in the following months. As noted above, as of the spring of 2023, follow-up for SCRT is now the responsibility of the Office of Coordinated Care overall. Given the difficulty of locating many SCRT clients and low follow-up rates of the former SCRT OCC team, the new OCC follow-up team should

closely monitor its follow-up rates and consider modifying its service model if necessary to improve the success rate and cumulative follow-up rate for clients who are referred for services.

As shown in Exhibit 2.9 above, the SORT POET follow-up success rate is 39 percent, which is lower than the SCRT OCC follow-up rate even though the two teams serve similar populations of hard-to-reach individuals, and low overall considering how important it is to follow up with overdose survivors to offer support and referrals. The low follow-up rate could be because the POET follow-up model is not immediate enough for the population being reached. Similar to SCRT OCC, POET receives a client list from SORT and attempts to contact clients within 72 hours of their overdose, either while they are in the hospital or shortly after using provided contact information. The POET team asks if the client is interested in resources including inpatient treatment, medication-assisted treatment (such as Suboxone), harm reduction supplies or, at minimum, information about harm reduction and treatment options. POET considers a follow-up successful if they contact and engage with the client: the client does not have to agree to any sort of treatment.

However, POET outreach workers only work Monday through Friday during business hours. If an overdose happens outside of those hours, follow-up can take even longer and, by the time POET attempts outreach, the client has long since left the hospital, may be back in the community, and much more difficult to find and engage with. The low follow-up success rate indicates that DPH should consider modifying the POET follow-up model to improve the follow-up rate and connect more overdose survivors to potentially life-saving care, such as by leveraging other teams to help support follow-up, making the follow-up happen more quickly, or having the follow-up happen while the client is still in the hospital.

Conclusion

In our survey of the City's street teams, we found that some of the City's street teams do not have publicly-reported performance metrics, some do not report performance metrics that align with their goals, and some have had limited success at achieving their goals or are not tracking metrics that allow for an evaluation of team success. Our fieldwork identified several areas of team under-performance that could be better tracked and reported on. Goals and performance metrics are important for public programs because they provide program accountability, allow departments and policymakers to monitor program effectiveness and performance, and help ensure that the City is spending its money on programs that work. They also provide ongoing monitoring opportunities that enable program leaders to make improvements to the program that benefit street team clients. Overall, while some street teams are still relatively new and some report on performance, all teams would benefit from increased transparency and better reporting.

Recommendations

The Director of the Department of Public Health and the Chief of the Fire Department, or their designees, should:

- 2.1 Report regularly and consistently on street team goals and performance measures that directly track progress towards those goals. Teams should report at least annually, but ideally quarterly or more frequently, and make the reports publicly available online in a central, easily accessible location, such as through online dashboards. This reporting should include the establishment of performance measures for the Street Medicine team.

The Executive Director of the Department of Emergency Management and the Executive Director of the Department of Homelessness and Supportive Housing, or their designees, should:

- 2.2 Collaborate on improvements to track HSOC shelter availability and referral data for HSOC clients, with the goal of increasing shelter referral uptake among HSOC and other street team clients, and report to the Board of Supervisors no later than April 30, 2024 on progress toward this effort. This effort could include analysis of client demand for specific types of shelter placements, and strategies that increase or contribute to successful shelter placements.

The Director of the Department of Public Health, or their designee, should:

- 2.3 Modify the service model of the POET and the OCC follow-up teams to improve the success rate and cumulative follow-up rate for clients who are referred for services.

The Fire Department's Assistant Deputy Chief of Community Paramedicine should:

- 2.4 Include data elements related to Suboxone administration in the regular ongoing reporting of SORT metrics and performance.
- 2.5 Report on progress toward the health outcome database to support a longitudinal understanding of the impact of Suboxone administration, as well as any other related data-sharing efforts and progress, to the Board of Supervisors by April 2024.

Benefits and Costs

Implementation of the proposed recommendations would enable City staff, the Board of Supervisors, and the public to ensure City resources are utilized effectively on programs targeted to the most vulnerable members of the community. The proposed recommendations would require additional staff time, but can be accomplished with existing resources.

3. Data Access, Sharing, and Linkage

The Fire Department, the Department of Public Health, the Department of Homelessness and Supportive Housing, and the Department of Emergency Management use at least eight different data collection systems to manage and record street team encounters and client care, but are unable to easily share or link client and team activity data between departments or across teams. These department-specific data collection systems were created to meet department and client specific needs and were not originally intended for robust-cross department integration and data sharing. In addition, local, state, and federal legislation creates information-sharing guardrails that have impacted what data can be shared and with whom. The lack of data sharing means that, in the field, a street team can only view client information in systems that the individual team members have access to, which limits teams' ability to understand a client's full history, prior referrals, and interactions with other teams, and may make it harder to connect a client to the best possible resources. The lack of data sharing also means that the City cannot analyze meaningful longitudinal data about street team client outcomes or the impact of the street teams overall. Street team data reporting is currently limited primarily to encounter-based outputs that focus on the teams' immediate actions for the client and the outputs from the client engagement, and not longer-term outcomes.

Better access to shared data would improve street teams' ability to respond to client needs in the field, as well as facilitate evaluation of the long-term impact and effectiveness of the City's street teams, including higher-level goals such as meaningful exits from homelessness and reducing instances of behavioral health crises. As of March 2023, the Department of Emergency Management (DEM) and the Mayor's Office of Innovation are leading an effort to link department datasets together and obtain a single dataset of client information across all teams. This effort would greatly improve departments' ability to collect and analyze long-term data on team efficacy, but the efforts are in early stages and an interim solution is needed. In the interim, we recommend that DEM report quarterly to the Board of Supervisors on progress towards data sharing efforts and establish an interim routine data sharing and/or linkage practice.

Background

The Department of Emergency Management (DEM), Fire Department, Department of Public Health (DPH), and Department of Homelessness and Supportive Housing (HSH) are the four departments that manage and/or operate the City's street teams. Detailed information describing all street teams is provided in the Introduction of this report.

Data Sharing Across Teams and Departments is Limited

There is a lack of linkage and sharing of street team information and data across various departments' databases. All street teams record information about clients, client encounters, and field activities during each shift, and this information is stored in databases that contain records of clients, encounter details, and other data related to street team outputs. However, different street teams log their data into separate systems that are operated and managed by individual departments (the Fire Department, HSH, DPH, or DEM). These four departments are unable to link or automatically share their individual data with each other, either across systems or across teams. As a result, the street teams and the departments that manage them cannot easily track interactions with clients across data systems or easily view a client's full history or service usage. In addition, departments do not automatically share or link data about street team performance or functions across data systems.

Exhibit 3.1 below summarizes the databases that are used in the operation of each street team by the function they serve and the departments that have access to them.

Exhibit 3.1: Street Team Databases and Systems by Function and Departmental Access

Database	Function	Departmental Access
Databases that Track Client-Level Information		
Epic/Avatar	Records a patient’s medical record information (behavioral and physical) and includes historical medical information	DPH: Clinicians and peers on Street Crisis Response Team (SCRT), and Street Medicine nurses, chart patient encounters in Epic HSH: has access through a Memorandum of Understanding Fire: has access through a Memorandum of Understanding
ePCR	Electronic patient care report that paramedics on street teams and ambulances fill out for each client encounter and/or transport	Fire: Community paramedics fill it out after every encounter and/or transport
ONE System	Federally compliant Homeless Management Information System, a client level database with client records, enrollment into programs offered by HSH, and coordinated entry assessments	HSH: Homeless Outreach Team (HOT) and other outreach workers enter client information and manage clients; Data and Performance team analyzes ONE data
Encounter Log (Fire)	Custom form that records encounter information about Community Paramedicine encounters with clients	Fire: Community paramedics enter data into form after every encounter; Fire Department leadership analyzes data
Encounter Log (HSH)	Custom Microsoft Power BI form that allows outreach workers to track anonymous client encounters (for clients who do not consent to ONE System entry)	HSH: HOT team uses system to track all non-ONE outreach encounters; Data and Performance team analyzes Power BI data
Databases or Systems Used in Street Team Processes or Work		
CAD	Computer Aided Dispatch: the way 9-1-1 calls are taken and routed to street teams, includes very detailed record of calls and dispatch information	Fire: Community paramedics use it in the field and can analyze records if needed DEM: Can analyze records if needed
RTZ*	Shelter bed management system	HSH: uses system to assign shelter beds to clients via daily shelter bed allocation meeting (mornings Mon.-Fri.)
HSOC Spreadsheets	A set of spreadsheets containing available shelter beds and Healthy Streets Operations Center (HSOC) resolution locations and clients	HSH & DEM: share custody of these spreadsheets and use them to place HSOC clients into shelter

Source: BLA analysis of department-provided information.

*According to HSH staff, RTZ is being phased out as of August 2023 and all shelter inventory will be tracked in the ONE System.

As shown in Exhibit 3.1 above, there are at least five separate systems that host individual-level information about street team clients and unique street team processes, protocols, and forms for logging information about client encounters. There are three other databases or systems that are part of the street team workflow but do not house individual client information, such as shelter bed inventory and 9-1-1 calls and dispatch data. (According to HSH staff, RTZ is being phased out as of August 2023 and all shelter inventory will be tracked in the ONE System.) In general, most basic client information, such as name and date of birth, as well as specific encounter information such as location and time, are recorded in most of the client-level databases and forms. In addition, each database collects more specific data inputs that depend on department's specific discipline, the type of client encounter, the role of the team member recording the encounter, and which department a team member belongs to, as illustrated in the following examples:

- When a **Street Crisis Response Team (SCRT)** unit encounters a client, the community paramedicine member(s) enter information in the Fire Encounter Log and ePCR that pertains to the patient care and community paramedicine aspects of the client encounter, such as client medical and mental health information, the client's disposition, what services were offered to the client, and what the end result of the encounter was. The DPH contracted clinician, prior to March 2023, entered information in Epic that pertained to the client's medical and mental health. Following the March 2023 reconfiguration of SCRT that removed DPH-contracted clinicians from SCRT units, the Office of Coordinated Care (OCC) receives a daily email from the Fire Department with a list of individuals encountered by SCRT the previous day, and OCC looks up the client or creates a new profile in Epic and enters information as needed. In addition, each morning the Fire Department emails a separate list of people served by SCRT the previous day (who appear on that day to only need shelter) to HSH. HSH reviews the list of people, looks them up in the ONE System, and provides outreach and triage support to identified people contingent on need, ONE System information, and available resources. If a HOT team member is on the SCRT unit for the encounter, the HOT team member can look up a client's profile in the ONE System and conduct a housing assessment if needed. Lastly, if the client encounter originated from a 9-1-1 call, then the call and dispatch information is also recorded in DEM's Computer Aided Dispatch (CAD) system.
- The **Street Overdose Response Team (SORT)** records client data in a similar way. The Fire Department community paramedic records information in the Fire Encounter Log and ePCR, and the DPH contracted peer counselor records information in Epic. The information included in the record would be different because the type of encounter is different (the client experienced an overdose rather than an acute mental health crisis),

but the locations where the data is recorded, and which team member records in which system, is the same.

- The **Homeless Outreach Team (HOT)** records client profiles, encounters, and placement information in the ONE System. If the client does not consent to having their information recorded in the ONE System, the encounter is recorded in the HSH Encounter Log, which can record an encounter without identifying information. HOT team members also check to see if the client has been assessed for housing and offer to do the assessment if the client is interested. If the client does not consent to give their name or have any other interactions with the HOT team members, then the team members will still record the interaction in the HSH Encounter Log, but without any identifying information (i.e., if they handed the client a water bottle and then the client told them to “go away,” the interaction would be recorded in the Encounter Log as “provided water”).
- For the **Healthy Streets Operations Center (HSOC)** encampment resolutions, the HOT team members who are present record client information in the ONE System and/or HSH Encounter Log following the protocols outlined above for the HOT team. A summary of the encampment resolution, which includes information like the number of observed tents at the beginning and end of a resolution and the number of people who accepted placement, is captured by the Fire Department Incident Commander, and then is routed to the DEM team via a Microsoft form. Additionally, the number of shelter beds available for each encampment resolution is managed in spreadsheets shared by HSH and DEM.
- **Street Medicine and the Post Overdose Engagement Team (POET)** members record their clients’ health information into Epic, including clients they see when they partner with HSOC or other street teams.
- The Fire Department uses the Fire Encounter Log, ePCR, and CAD data for performance monitoring and reporting, DPH uses Epic to manage client health information, HSH uses their data to analyze outreach efforts, shelter referrals, and process housing assessments, and DEM analyzes encampment resolutions using their spreadsheets.

Current Efforts to Improve Data Sharing

There is an ongoing effort, in initial stages, to link department datasets together and obtain a single dataset of client information across all street teams. This effort, known as the All Street Teams Integrated Dataset (ASTRID), was launched by DEM in February 2023 in collaboration with the Mayor’s Office of Innovation, which is providing technical project management, and DataSF, which is acting as a consultant to the effort. At the time of our audit fieldwork, DEM staff was still in very preliminary discussions with DPH, HSH, and Fire Department staff about this effort. Additional details on this effort are provided later in this report section.

Siloed Data Systems

A system of mostly isolated, siloed data systems has limited the City's ability to manage and monitor street teams and affects the efficacy of field operations. None of the information contained in the various databases used by the City's street teams can be easily or automatically linked together for analysis. These department-specific data collection systems were created to meet department and client specific needs and were not originally intended for robust-cross department integration and data sharing. In addition, local, state and federal legislation creates information-sharing guardrails that have impacted what data can be shared and with whom.

As a result, street team program managers and data analysts cannot see or track the interactions that a single client has with multiple street teams over time or analyze all of the different data fields that are captured in the separate databases at once. For example, Epic does not contain information on a client's Housing Referral Status, so a DPH employee cannot easily see both a client's behavioral health records and Housing Referral Status simultaneously or view the last time a client had a housing assessment completed. (However, as noted in *Section 1: Street Team Planning, Coordination, and Communication* of this report, there are regular cross-team and cross-departmental meetings during which encounter information is shared, and these meetings allow for coordinated planning between various departments and cross-team discussion of client needs, barriers, and actions.)

The lack of data linkage means it is not possible to generate a count of the number of unique clients seen across all street teams in a given time period, and also precludes most longitudinal analysis of client outcomes, as discussed in more detail below. Street team program managers are managing the operations of the teams without this larger-scale data, when ideally street team operations would be more data-driven. Mental Health SF, which was passed by the Board of Supervisors in December 2019 and called for the creation of the initial Street Crisis Response Team, includes a directive that all decisions about street teams be guided by data, best practices, and past experience to the extent permissible by law. Removing street team data and information from the current siloes and making it more easily linkable would enable street team program managers and policymakers to make better data-driven decisions about the teams.

Siloed information systems also impact the field operations of street team members who are encountering clients in the moment, because team members can only access databases when a team member with access to that database is physically present on the team. For example, prior to March 2023, if a SCRT unit encountered a client, the team was unable to look up that client's Housing Assessment information (which is contained in the ONE System) unless there was a HOT team member with the SCRT unit that day. According to DPH staff, since our fieldwork was completed, DPH is working on providing view-only access to the ONE System for peer counselors.

Similarly, a district HOT team cannot see how often a client has engaged with SCRT or the Street Overdose Response Team (SORT) unless they contact a community paramedic or other Fire Department employee for access to the Fire Department's Encounter Log.

The ability to look up a client's comprehensive street team interactions and medical record information could help street team members ensure they are directing a client to the most appropriate resources during an encounter and could also help teams build relationships and trust with clients. It also would better enable all teams to reconnect clients to, or follow up on, pre-existing referrals, programs, or existing case managers. In its current state, the siloed information systems may make it challenging for teams in the field to meet all of their clients' needs and may also affect their ability to provide comprehensive whole-person care to their clients.

Health Insurance Portability and Accountability Act

Much of the data being managed and reported by the City's street teams includes clients' protected health information (PHI), which is governed by the federal Health Insurance Portability and Accountability Act (HIPAA) that restricts who can access such information. Throughout this audit, street team program leaders cited HIPAA as a barrier to sharing client data across street teams. However, HIPAA is not an insurmountable barrier to the sharing of PHI. In fact, some departments have Memoranda of Understanding (MOUs) in place that allow them to access client PHI in each other's databases. The Fire Department has an MOU with DPH that enables some community paramedics to access client health records in DPH's Epic electronic health record database. MOUs with other departments could provide a similar level of access to each database and facilitate more data sharing across teams.

California Welfare and Institutions Code (WIC) section 18999.8 authorizes cities and counties to establish homeless adult and family multidisciplinary teams (HMDTs) to provide for the sharing of confidential data for the purposes of service coordination, continuity of care, and to reduce duplication of services. In August 2023, the Mayor's Office in partnership with DEM created San Francisco's new Homelessness Multi-Disciplinary Team (SF-HMDT), an effort, through shared policies, protocols, and training, that allows participating agencies to share client data and information that is necessary for case planning and expediting linkages to services. According to DEM staff, SF-HMDT will help lower the barriers to cross-department information sharing, will allow for operational and policy improvements, and will support the new data-sharing effort, ASTRID, mentioned above and other data and reporting endeavors.

Lack of Longitudinal Data on Client Outcomes

The inability to link data across databases and the siloed information systems prevent the City from monitoring and evaluating client outcomes or the long-term effectiveness of the City's street teams. Without cross-system data linkages, the City cannot comprehensively track a client's interactions with City services over time and cannot collect long-term outcome data on street team clients. It is currently impossible to see meaningful client outcomes, such as whether a SORT referral to medication-assisted treatment resulted in successful treatment completion. The lack of longitudinal data is one of the major issues that DEM staff hope to address with the Department's efforts to link datasets described below, but this effort is still very preliminary, and a workable solution is likely far in the future.

Using the data that is currently available, it is not possible to assess whether, or the extent to which, the City's overall approach to behavioral health crises and street-based emergencies is effective and improves client outcomes. Tracking the long-term outcomes for street team clients is important because longitudinal data will demonstrate whether the teams are contributing to a meaningful solution to homelessness and behavioral health crises in San Francisco—problems that most teams explicitly aim to address. In the absence of longitudinal data, most of the data currently analyzed and reported describe immediate outcomes from an encounter with a street team, such as whether a Housing Assessment was completed, or the type of resource offered to the client. However, there is no set of metrics focused on longitudinal outcomes for the clients, such as meaningful exits from homelessness, successful completion of substance use treatment, or reductions in emergency department usage by homeless individuals.

Exhibit 3.2 below summarizes the main metrics that are currently reported for each team, as well as examples of long-term outcomes that the City could be tracking if cross-systems longitudinal data were available but is not currently able to track.

Exhibit 3.2: Street Team Data Measures and Functions

Data Measure	Function	Examples	Currently Tracked?
Individual street team encounters	Ongoing monitoring of street team activity (on a team-by-team basis)	<ul style="list-style-type: none"> • Number of unique clients • Average response time • Client demographics • Number of engagements • Resource provided • Number of successful follow-ups 	Yes
Street team client outcomes	Long-term evaluation of street team effectiveness (on a City-wide basis)	<ul style="list-style-type: none"> • Reductions in street-based mental health and/or substance abuse related 9-1-1 calls • Reductions in emergency department usage by people experiencing homelessness • Successful completion of substance use treatment by people experiencing or who formerly experienced homelessness 	No

Source: BLA analysis of department-provided information.

Exhibit 3.2 above shows that the street team data that is currently tracked and reported on a team-by-team basis captures only the activities and outcomes of individual team encounters, and not the long-term overall effectiveness of street response on a citywide basis. Teams generally report on the number of calls or encounters, what they did during the call/encounter, and how the encounter was resolved. Reporting on outputs provides the public with basic and essential information about team activities but lacks meaning without further context. For example, reporting on the number of overdose calls SORT responds to each month would be more useful in the context of the total number of street overdoses, or street overdose deaths, in San Francisco monthly, along with information about longer-term SORT client outcomes such as completion of residential treatment. Similarly, the number of HOT team engagements with clients would be more helpful in the context of the total number of people experiencing homelessness receiving shelter placements in San Francisco, along with information about longer-term HOT client outcomes such as placement in permanent housing or a meaningful exit from homelessness. (The performance metrics and team goals are discussed in more detail in *Section 2: Street Team Goals and Performance* of this report.)

While encounter-based individual team information is useful for quantifying team outputs and encounters, it is not focused on long-term outcomes and does not give insight into cross-team client outcomes or the overall long-term effectiveness of street teams on a City-wide basis. Reporting, analyzing, and utilizing metrics that focus on outcomes and long-term impacts would enable street team program managers, policymakers, and the public to better understand and assess the teams’ efficacy, and increase the teams’ public accountability.

The efforts described below that are underway to link all the teams' databases and enable them to "talk" to each other would allow the City to generate longitudinal data and analyze it. However, in the meantime, an interim routine data sharing and/or linkage practice among street teams that permits the sharing of aggregate data and by-name client lists, is needed to enable street team leaders to assess how the teams are making progress towards their long-term goals and ensure the City is effectively allocating its resources to street teams and managing street team programs.

Ongoing Efforts to Link or Integrate Street Team Data

As mentioned earlier in this report, ASTRID is an ongoing effort to link department datasets together and obtain a single dataset of client information across all street teams, launched by DEM in February 2023 in collaboration with the Mayor's Office of Innovation, which is providing technical project management, and DataSF, which is acting as a consultant to the effort. At the time of our audit fieldwork, DEM staff were still in very preliminary discussions with DPH, HSH, and Fire Department staff about this effort. As of May 2023, the project summary document shared with the audit team acknowledged the need for improved data sharing across street teams "to better understand the encounters various City agencies have with unhoused individuals on the streets of San Francisco," and the stated project goal is to "build a database or similar system to allow joining of disparate datasets across departments. The linked data will help inform operational, policy, and budget insights and decisions."¹

As of May 2023, the project team was in its data discovery phase, and was meeting with the relevant departments to understand the departments' datasets. In an update from August 2023, DEM staff reported that the project team has moved into Phase II of its work and will conduct linking exercises, identify errors and potential improvements in the linkage process, and work with partners to address the identified problems. According to DEM staff, the backend integration of street team data is planned to launch in early 2024.

Conclusion

The departments involved in street team management are unable to share their data with each other because their individual databases are not linked, there is no automated way to match, combine, or integrate datasets, and San Francisco previously lacked a streamlined legal framework for adequate data sharing. The lack of data integration has impacted both the field operations of the teams and the City's ability to assess the effectiveness of the street teams. In

¹ *One Pager ASTRID (All Street Outreach Integrated Datasets) Data Discovery* document, May 9, 2023.

the field, access to information about clients is limited to whichever databases the individual members of a given street team have access to, which may limit teams' ability to understand their clients' full history and pre-existing services, and to connect them to the best possible resources. More generally, street team program managers and City policymakers are unable to analyze any meaningful longitudinal data about clients or the impact of the street teams, and as a result, are not able to evaluate or monitor the long-term effectiveness of the City's response to behavioral health crises and other emergencies in the street.

Recommendations

To improve citywide street team data access, sharing, and linkage, the Department of Emergency Management's Coordinated Street Response Program should:

- 3.1 Submit reports to the Board of Supervisors starting in January 2024, and every six months thereafter, on progress towards data sharing efforts. Reports should identify key data sharing goals, milestones, accomplishments, participating agencies, and any identified barriers or obstructions to data sharing goals.
- 3.2 Establish an interim routine data sharing and/or linkage practice among street teams that permits the sharing of aggregate data and by-name client lists no later than June 30, 2024. DEM should serve as the central department that will receive and distribute information, ensure the right teams receive the right levels of information, and preserve the security of the data. This data sharing practice could include sending monthly secure emails to each street team program, or to DEM, with each team's list of clients seen in the prior month and the information contained in the individual departments' data systems.

Benefits and Costs

Implementation of the proposed recommendations would enable street team members to more effectively treat clients on the street and would enable the City to better measure the effectiveness of its street teams and whether resources are being directed to effective programs. The proposed recommendations can be accomplished with existing resources, but would require a modest amount of staff time to continue ongoing work and provide regular reporting.

4. Contract Performance Monitoring and Oversight

There have been nine contracts with six organizations involved in the operations of the City's street teams. The departments that manage these contracts, particularly the Department of Public Health (DPH), are not providing adequate oversight of the contractors: two of DPH's contractors had not had any formal contract monitoring reports generated after more than two and a half years of operations as of April 2023, and another DPH contractor was taken off a corrective Plan of Action with no explanation or follow-up. Inadequate contract monitoring is a risk for the City and for the street teams because departments are not able to ensure that contracted organizations are meeting their obligations under their contracts, and contractors could be underperforming or providing sub-optimal services to their clients. It is also a risk for the street teams that rely heavily on contractors to meet the goals of the teams and is particularly concerning for newer teams such as the Street Crisis Response Team and the Street Overdose Response Team, which could benefit from more contractor oversight and monitoring. The City departments that manage the street team contractors should finalize all contract monitoring reports for prior fiscal years and increase the frequency with which they document ongoing program contract monitoring for the street team contractors.

Background

The departments managing and operating the City's street teams rely on contracted organizations to deliver many street team services. The Department of Public Health (DPH), the Department of Homelessness and Supportive Housing (HSH), and the Department of Emergency Management (DEM) all hold contracts with organizations that provide direct services through a street team. There has been a total of nine contracts with six different nonprofit organizations involved in street teams. Exhibit 4.1 below summarizes the contracted organizations, the terms of the agreements, the not-to-exceed amounts, and the scopes of services. Additional details and information about each of the street teams described in this section are provided in the Introduction to this report.

4. Contract Performance Monitoring and Oversight

Exhibit 4.1: Street Team Contractors and Contract Details

Contractor	Dept. Managing Contract	Contract Term	Current Not to Exceed Amount	No. of Amends.	Scope of Work
HealthRight 360	DPH	11/1/20 – 6/30/23	\$8,009,837	0	To provide Street Crisis Response Team (SCRT) clinicians
RAMS	DPH	11/1/20 – 6/30/24	\$9,999,998	1	To provide SCRT peer counselors
RAMS	DPH	3/1/22 – 12/31/23	\$4,574,879	1	To provide Street Overdose Response Team (SORT) peer counselors
Harm Reduction Therapy Center	DPH	10/1/21 – 12/31/23	\$1,917,542	0	To provide harm reduction therapy to SORT clients
Felton Institute	DPH	7/1/17 – 12/31/23	\$9,960,904	3	To operate the Felton Engagement Specialist Team (FEST), a homelessness outreach team
RAMS	DPH	8/1/23 – 6/30/26	\$9,976,421	0	To provide peer counselors for the BEST Neighborhoods behavioral health care teams
Heluna Health	HSB	8/1/14 – 12/31/23	\$52,708,056	8	To operate the Homeless Outreach Team (HOT) and to provide SWRT HOT outreach workers
Urban Alchemy	DEM	5/1/23 – 4/30/24	\$2,750,000	0	To operate the Community Response Team / Homeless Engagement Assistance Response Team (CRT / HEART)
RAMS	DPH	10/1/23 – 6/30/25	\$4,689,128	0	To provide behavioral health clinicians for the BEST Neighborhoods teams

Source: BLA review of contract materials.

As shown in Exhibit 4.1 above, DPH holds the majority of the street team contracts, which are summarized briefly below.

Department of Public Health

- DPH contracted with **HealthRight 360**, a medical care organization that operates in 11 California counties, to provide behavioral health clinicians for the Street Crisis Response Team (SCRT). The agreement in effect with HealthRight 360 during our audit fieldwork began on November 1, 2020 and expired on June 30, 2023, with a not-to-exceed amount of \$8,009,837. Under the agreement, HealthRight 360 provided 14.56 FTE behavioral

health clinicians and 5.0 FTE clinical supervisors to the SCRT program. The clinicians were required to be licensed or license-eligible. From November 2020 until March 2023, the clinicians' role on SCRT was to provide clinical support and assessments to clients experiencing a behavioral health crisis. Following a reorganization of the street teams in March 2023, HealthRight 360 no longer had a presence in the SCRT teams, and provided clinicians to do follow-up behavioral health clinical work for SCRT clients and other individuals experiencing homelessness with behavioral health needs who are not connected to any services. According to DPH staff, HealthRight 360 officially relinquished the contract in 2023 due to an inability to hire.

- DPH also contracts with **Richmond Area Multi-Services (RAMS)**, a San Francisco based nonprofit that provides community-based mental health services, to provide peer counselors to the SCRT team, the Street Overdose Response Team (SORT) and, as of August 2023, the BEST Neighborhoods team. Peer counselors are persons with lived experience who consume mental health and/or substance abuse services, former consumers, or family members or loved ones of consumers. RAMS will also begin providing behavioral health clinicians for the BEST Neighborhoods team in October 2023.
 - The RAMS agreement for SCRT began on November 1, 2020 and has been amended once to extend the term from December 31, 2022 to June 30, 2024 and increase the not-to-exceed amount from \$5,313,977 to the current amount of \$9,999,998. RAMS provides 15.5 FTE peer counselors and 3.0 FTE peer supervisors under the agreement.
 - The RAMS agreement for SORT began on March 1, 2022 and expires on December 31, 2023, and has a not-to-exceed amount of \$4,574,879. The agreement has been amended once to update the insurance requirements. For the SORT program, RAMS provides 9.0 FTE peer counselors and 2.0 FTE supervisors.
 - The RAMS agreement for peer counselors for BEST Neighborhoods began on August 1, 2023 and expires on June 30, 2026. It has a not-to-exceed amount of \$9,976,421.
 - The RAMS agreement for behavioral health clinicians for BEST Neighborhoods began on October 1, 2023 and expires on June 30, 2025. It was procured using a sole source waiver and it has a not-to-exceed amount of \$4,689,128.
- DPH holds another contract for SORT with the **Harm Reduction Therapy Center**. The Harm Reduction Therapy Center is a nonprofit that provides mental health and substance use treatment services. This agreement is for the Harm Reduction Therapy Center to provide harm reduction therapy to SORT/POET clients, both through follow-up services and in the field while SORT/POET team members are conducting outreach with overdose survivors.

4. Contract Performance Monitoring and Oversight

The contract term began October 1, 2021 and ends December 31, 2023, but the contract was executed on March 6, 2023. The not-to-exceed amount of the contract is \$1,917,542.

- Lastly, DPH contracted with the **Felton Institute** to provide its own stand-alone street outreach services independent of the SCRT and SORT programs. The Felton Institute is a Bay Area based nonprofit that provides social services and mental health services. DPH's contract with Felton began on July 1, 2017 and was amended three times. The most recent agreement expires on December 31, 2023 and has a not-to-exceed amount of \$9.96 million. Under this agreement, Felton operated the Felton Engagement Specialist Team (FEST), a street outreach team that offers service linkages to individuals experiencing homelessness in the City. In a competitive bid process in the spring of 2023, the Felton Institute was unsuccessful in securing the contract to provide street engagement services. (As of August 1, 2023 RAMS assumed the contract and provides peer support for the Office of Coordinate Care's BEST Neighborhoods team.)

Department of Homelessness and Supportive Housing

- HSH contracts with **Heluna Health** to operate the City's Homeless Outreach Team (HOT). Heluna Health, an organization that partners with jurisdictions across California to provide over 500 population health programs, first contracted with DPH to run the HOT team in 2014. The contract moved to HSH in 2016 when HSH was created and has been amended eight times. It now has a term that expires December 31, 2023 and a not-to-exceed amount of more than \$52 million. The HOT team, under the Heluna Health contract, conducts street outreach and offers services to individuals experiencing homelessness. The team also acts as a Coordinated Entry Mobile Access Point, assessing individuals for housing eligibility and referring people to shelters and other services as appropriate. The team operates independently through its district outreach teams but also collaborates with other teams, including the Street Wellness Response Team (prior to March 2023), EMS-6, and the Healthy Streets Operations Center/Encampment Resolution Team.

Department of Emergency Management

- DEM issued a Request for Proposals (RFP) for a Community Response Team on October 26, 2022 and issued an Intent to Award notification to **Urban Alchemy** on January 30, 2023. The contract was executed on May 1, 2023. The scope of work is to provide a community-driven response to non-medical, non-emergency 9-1-1 and 3-1-1 calls related to people experiencing homelessness. The team was renamed the Homeless Engagement Assistance Response Team (HEART) and officially launched on May 30, 2023. Because this contract was not in effect during the time period covered by our audit review, we did not evaluate it as part of our audit review.

Inadequate Contract Monitoring by DPH

Our review of the street team contracts managed by DPH identified delays in formal performance monitoring, a lack of documented informal ongoing oversight, and a lack of detail in the contract documents themselves, all of which impair DPH's ability to ensure contractors meet their contractual obligations. The inadequate monitoring and documentation of these contracts is a risk for the City's street teams, which rely on contractors to meet the goals of the programs and is particularly concerning for newer teams such as SCRT and SORT. Without adequate monitoring, the City is not able to ensure that its contracted organizations are meeting their obligations under their contracts, and there is a risk that contractors could be underperforming or providing sub-optimal services to their clients.

Delays in Formal Performance Monitoring

As of April 2023, DPH had not conducted formal performance monitoring of two street team contracts that are more than two and a half years underway. HealthRight 360 and RAMS had not yet undergone any formal contractor performance evaluations for their SCRT contracts, which began in November 2020.¹ DPH staff in the Business Office of Contract Compliance (BOCC), which is responsible for formal contractor performance monitoring, stated to our audit team that they routinely conduct annual performance evaluations of contractors' performance against the objectives included in their contracts in the fiscal year following the year of evaluation, and that evaluations of HealthRight 360 and RAMS's performance in FY 2021-22 will be completed in FY 2022-23. However, these evaluations had not yet been completed as of April 2023, and DPH did not conduct evaluations of the contractors' activities during the first seven months of FY 2020-21 that the agreements were active, which should have been completed during FY 2021-22. After the issuance of our draft report for review, BOCC staff provided us unsigned preliminary monitoring reports for RAMS and HealthRight 360 for FY 2021-22 indicating that contract monitoring activities had taken place in June and July of 2023. Due to the timing of delivery, our audit team was unable to evaluate and review these monitoring reports. DPH staff reported that due to the COVID-19 pandemic, BOCC staff have been further delayed in completing formal contract monitoring reports, leading to longer than usual gaps between reports.

As a result, neither the HealthRight 360 nor the RAMS contracts for SCRT had any formal performance monitoring conducted for the two and a half years that SCRT has been operational, and DPH had not formally evaluated whether these contractors are meeting their obligations or achieving the objectives set forth under the contract, such as meeting minimum staffing

¹ In addition, the RAMS contract for SORT peer counselors that began March 2022 has also not undergone any evaluation, but is a newer contract.

requirements, completing data and reporting requirements on time, and ensuring the quality of the training and preparation of the contracted team members. The lack of and delays in monitoring of the performance of the contractors impairs DPH's ability to hold contractors to their contracted obligations and to ensure that the resources dedicated to these contracts are being used most effectively and efficiently.

Further, major programmatic changes to the role of HealthRight 360 in the SCRT program were made without any formal analysis of HealthRight 360's performance towards its contractual obligations. Separately, the RAMS SCRT contract was amended to have its budget increased and term extended, again without any formal performance evaluation.

- In January 2023, it was announced that two of the City's street teams would be reconfigured effective March 2023. The new configuration combines the Street Crisis Response Team and Street Wellness Response Team (SWRT) into a single Street Crisis Response Team that is comprised of a community paramedic, an EMT, and a RAMS peer or HOT team member. Following the reconfiguration, the HealthRight 360 clinicians who were originally contracted to be members of the SCRT team were reassigned to do follow-up clinical work through the DPH Office of Coordinated Care BEST Neighborhoods team. This reconfiguration significantly changed the scope of work of the HealthRight 360 clinicians from immediate crisis intervention and de-escalation work to post-crisis follow-up outreach, and as of April 2023 all 14 of the HealthRight 360 clinicians quit rather than switch to post-crisis outreach. This change to the scope of the contractor's work was made without any formal evaluation of the contractor's performance.
- On December 1, 2022, the RAMS contract for SCRT peer counselors was amended to increase the term of the agreement by 18 months and to increase the not-to-exceed amount by over \$4.7 million, or 88 percent, from \$5,313,977 to \$9,999,998 (just \$2 under the City Charter requirement that would subject the agreement to Board of Supervisors approval for agreements over \$10 million), without any formal performance evaluation of RAMS to determine whether the organization was satisfactorily meeting its contractual obligations.

Lack of Ongoing Program Monitoring

The DPH program managers that are responsible for daily management and oversight of the City's street teams also did not document any regular ongoing performance monitoring of these contractors on their contractual obligations, or their overall performance on the street teams prior to March 2023. Beginning in March 2023, OCC'S BEST Neighborhoods team implemented daily reporting tools to monitor overall output and specific client engagement and follow-up

outcomes,² and beginning in August 2023 documents in Epic. While the Business Office of Contract Compliance (BOCC) at DPH is responsible for the formal performance evaluations of contractors discussed above, DPH’s Behavioral Health Services and Whole Person Integrated Care groups are responsible for day-to-day oversight and management of DPH’s contractors on the SCRT and SORT teams, but do not document any regular, ongoing performance monitoring or evaluations throughout the year of how well the contractors specifically are meeting their obligations as street team members.

Although DPH partners with the Fire Department and DEM to generate reports on programmatic outputs and outcomes for the SCRT and SORT teams as a whole on a monthly basis, and has conducted a formal evaluation of the outcomes of the first pilot year of the SCRT team, DPH is not monitoring or documenting how well the contractors specifically are meeting their obligations as street team members. For example, SCRT and SORT program managers at DPH could be documenting whether the contractors are on track to meet their contractually obligated units of output throughout the year, in between formal BOCC performance evaluations which, as discussed above, lag by a year or more. These units of output are not just limited to external services (i.e., number of clients seen, number of referrals made), but also include outputs related to internal services, such as whether the contractors’ team members are regularly in attendance and on time for their scheduled street team shifts, whether the contractors are regularly completing their required client documentation, and other components of street team membership as outlined in the contracts.

Documenting the interim contractor checks and regular ongoing monitoring activities conducted by program managers would ensure additional, regular oversight over contractor performance, provide a basis for decision-making about the street teams in between formal BOCC contractor performance evaluations, and allow DPH to identify and address potential performance issues much earlier.

Needed Improvements in Contract Specificity

We found that DPH’s contracts with HealthRight 360, RAMS, and the Felton Institute did not contain adequately specific scopes of work. The specific units of outputs that HealthRight 360, RAMS, and the Felton Institute are required to meet according to the terms of their contracts are not enumerated in the contract documents themselves, but are referred to in a separate DPH Behavioral Health Services document, the DPH Behavioral Health Services Objectives for the

² According to DPH staff, BEST Neighborhoods reports data to inform operations using a Microsoft Forms Daily Engagement Form. At the end of each shift, each neighborhood team submits aggregate data for the day, including: number of engagements, number of referrals, and known connections to mental health treatment, substance use treatment, and medical treatment.

given fiscal year, that outlines objectives for the entire Division. Each contractor is designated to meet some of those objectives in the DPH Behavioral Health Services Objectives document. However, these objectives are not formally stated in the contract document or any of its appendices, and the DPH Behavioral Health Services Objectives document itself is not incorporated as an appendix to the contract.

As a result, the units of output that each contractor is required to produce is not clearly stated in the contract itself, and requires access to multiple DPH documents, which may make it more difficult to ensure that the contractors are meeting their contractual obligations. The DPH Behavioral Health Services Objectives document should be incorporated as an appendix to the contracts so that it is easy to understand what outputs and outcomes the contractors are expected to achieve under the contract. Alternatively, the scope of work detailed in the contracts should contain the specific units of outputs that the contractors are required to produce for each year covered under the terms of the contracts.

Some Past Contractor Performance Has Not Met Contract Requirements

In addition to a lack of formal contract monitoring for some contracts, discussed above, our audit review found that the performance of some street team contractors for which regular annual contract monitoring reports *have* been completed has not consistently met the expectations outlined in the contracts.

Heluna Health and HOT Team Staffing Levels

The Department of Homelessness and Supportive Housing's (HSH) Homeless Outreach Team (HOT) contractor, Heluna Health, met or exceeded its contracted units of service for FY 2021-22 but did not meet its contractual requirement to maintain staffing levels above 90 percent, according to HSH's annual performance monitoring report. The FY 2021-22 monitoring report states that Heluna Health would implement a recruitment plan to address the known challenges with staffing the HOT team. However, Heluna Health staff stated that they did not write a single recruitment plan as was indicated in the monitoring report but instead have been implementing multiple strategies throughout FY 2022-23. These strategies include:

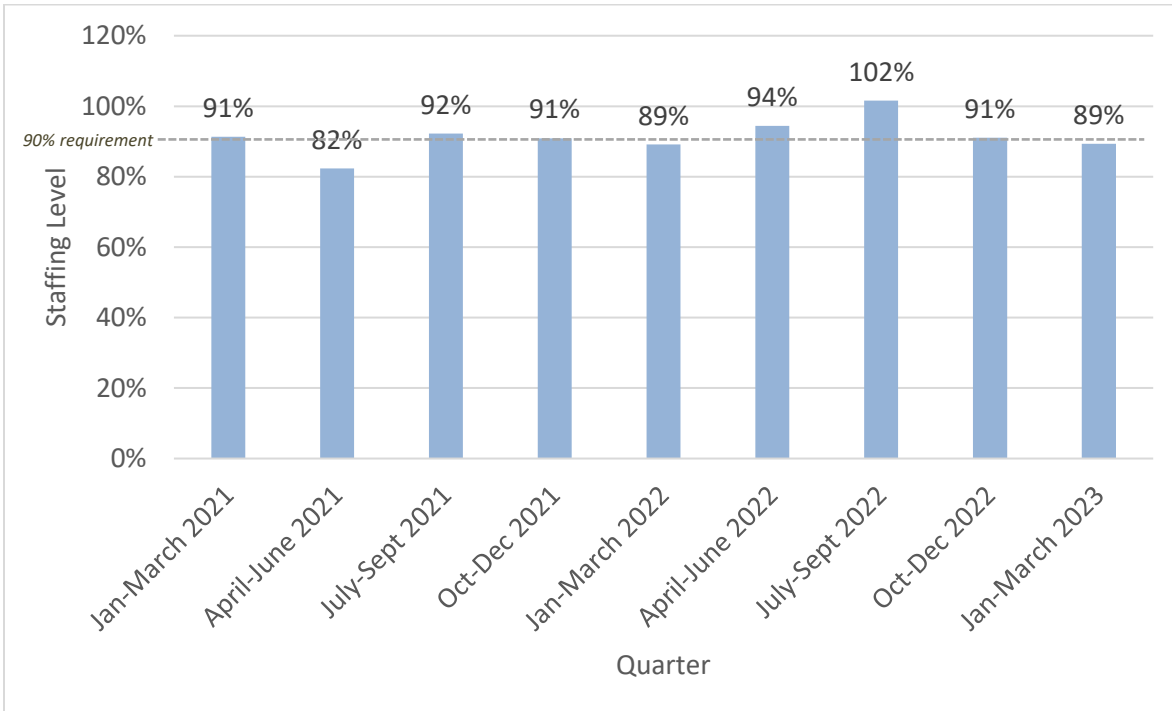
- Instituting a Cost-of-Living Adjustment for HOT team members;
- Creating new materials to promote hiring and having staff distribute them in the community;
- Requesting additional assistance from Heluna Health's recruiting team at the organization's headquarters; and

4. Contract Performance Monitoring and Oversight

- Coordinating with outside organizations such as City College’s Certificate Program, Code Tenderloin, and the Office of Economic and Workforce Development’s First Source Hiring Program to reach a wider audience of candidates.

Exhibit 4.2 below displays Heluna Health’s HOT team staffing levels by quarter. When evaluated by quarter, between the first quarter of 2021 and the first quarter of 2023, the 90 percent staffing level requirement was achieved six times (or 67 percent of the quarters).

Exhibit 4.2: HOT Team Staffing Levels, January 2021-March 2023



Source: Department of Homelessness and Supportive Housing. Staffing levels calculated using contract budgeted FTEs of 66.8 FTEs in January-March 2021 and April-June 2021, 53.11 FTEs in July-September 2021, 56.11 FTEs in October-December 2021, January-March 2022, and April-June 2022, and 57.11 FTEs in July-September 2022, October-December 2022, and January-March 2023. FTEs include HOT district outreach teams as well as HOT team members assigned to the Street Wellness Response Team, the Healthy Streets Operations Center/Encampment Resolution Team, EMS-6, and other special projects.

Overall, while it appears that Heluna Health’s HOT team staffing levels have improved during FY 2022-23, as of March 2023 they are slightly below their target goal. Furthermore, frequent turnover has caused their staffing level to dip below the required 90 percent for two other fiscal quarters between January 2021 and March 2023. A closer review of Heluna Health’s HOT staffing for the first three quarters of FY 2022-23 shows that the various recruiting strategies have not led to a significant improvement in staffing levels, and that HOT continues to have high turnover. Exhibit 4.3 below shows the change in Heluna Health’s HOT staffing levels over eight fiscal quarters.

Exhibit 4.3: HOT Team Quarterly Turnover, January 2021-March 2023

	Jan- March 2021	April- June 2021	July- Sept 2021	Oct- Dec 2021	Jan- March 2022	April- June 2022	July- Sept 2022	Oct- Dec 2022	Jan- March 2023
Total FTEs	61	55	49	51	50	53	58	52	51
Resigned FTEs	-	(7)	(9)	(4)	(3)	(8)	(4)	(7)	(2)
New FTEs	-	1	3	6	2	11	9	1	1
Net Change	-	(6)	(6)	2	(1)	(3)	5	(6)	(1)

Source: Department of Homelessness and Supportive Housing, and Heluna Health

Note: January-March 2021 is the baseline for the Reassigned FTEs, New FTEs, and Net Change figures reported for the following quarter, and therefore those fields are blank for the first quarter reported.

Exhibit 4.3 above shows the turnover from the end of the previous quarter including how many FTEs resigned during the quarter and how many were hired. Although Heluna Health has hired 34 new FTEs for the HOT team since the start of January 2021, it has also lost 44 FTEs, which is over 75 percent of their current-year budgeted FTEs. Additionally, most of their progress in increasing their staffing levels was made during FY 2021-22, the year in which HSH contract monitoring showed they needed to improve their staffing levels, and not during FY 2022-23, the year in which they state they implemented the recruitment strategies outlined above. Although Heluna Health is often able to meet the 90 percent staffing requirement, their high turnover rate persists and presents a risk to the HOT program. HOT leadership, including both HSH and Heluna Health representatives, should explore additional strategies to reduce staffing turnover so that Heluna Health is more consistently able to achieve its 90 percent staffing goal or, ideally, maintain consistent full staffing.

Felton Institute Corrective Plan of Action

DPH put the Felton Institute on a corrective Plan of Action in May 2021 to address lack of performance under the Felton Engagement Specialist Team (FEST) contract in FY 2019-20 for not supplying DPH with data on its two annual performance goals: that 75 percent of outreach clients have an associated completed encounter form on file, and that 50 percent of case management clients be connected to at least one service provider. The Plan of Action asked the Felton Institute to take four steps towards better communication of data and objective tracking with DPH and required the Felton Institute to report on their performance objectives in FY 2020-21.

However, in the Felton Institute’s FY 2020-21 performance monitoring report the following year, the contract monitor did not report on any progress on the Plan of Action, including the four steps required (the Plan of Action narrative section was left blank), indicating that DPH did not verify whether the Felton Institute took the four steps outlined to improve communication of data and objectives. The FY 2020-21 performance monitoring report did not contain any details or explanation related to the Plan of Action, even though the underperformance persisted in FY

2020-21, when the Felton Institute only provided data on progress towards one of the two performance goals even though they were required to provide data on both goals. Despite this lack of performance, the contract evaluator did not require a Plan of Action for FY 2021-22 or enforce the required corrective actions from FY 2019-20 when the underperformance was identified.

This inconsistent enforcement of corrective actions and contract monitoring highlights the fact that the Felton Institute may not be meeting all its contractual obligations, but also, more concerningly, that DPH is not sufficiently monitoring and addressing contractor underperformance when it is identified. (In a competitive bid process in the spring of 2023, the Felton Institute was unsuccessful in securing the contract to provide street engagement services. As of August 1, 2023 RAMS will assume the contract and provide peer support for the Office of Coordinate Care's BEST Neighborhoods team.)

Absence of Executed Contract

One of DPH's street team contractors, the Harm Reduction Therapy Center (HRTC), was performing work for DPH's Post Overdose Engagement Team (POET) without a signed, executed contract in place for such work for over 18 months.³ According to DPH staff, HRTC, a nonprofit mental health and substance abuse treatment provider based in San Francisco, had been performing limited work for POET since June 2021 without payment; HRTC's contract with DPH for FY 2021-22 and FY 2022-23 was not fully executed until March 6, 2023. According to DPH staff, the outreach work performed by HRTC for POET prior to the contract's execution included:

- Weekly street outreach;
- Harm reduction counseling and outpatient substance use and mental health counseling at the DPH Maria X Martinez Health Resource Center;
- Attending weekly team meetings; and
- Leading a weeklong training in July 2022

Contractors performing work under a contract that has not been fully executed is a significant risk to the City. Written contracts are required by the City Administrative Code and are put in place to ensure that the City is protected legally from any negative outcomes that may arise from any given contractor, and that a contract meets all City administrative and legal requirements.

³ According to DPH staff, HRTC was and still is an existing provider for DPH and holds other contracts with the Department.

The lack of an executed contract for over 18 months exposed the City to significant risk and indicates a need for improved oversight of street team contracts overall.

Conclusion

The City departments that oversee street team contractors, in particular DPH, are providing inadequate oversight over their contractors, and need improvement in their overall contract management procedures. A lack of sufficient and timely contract monitoring and documentation means that some contractors could be underperforming or not meeting their contractual obligations without consequences. At minimum, the City is unable to make informed decisions about the contractors on the teams and the services they are providing and may be unable to address problems with the contractors when they arise. At worst, the City could be paying for services it is not adequately receiving, and the street teams could be sub-optimally serving the vulnerable populations they seek to help. This lack of both formal and informal ongoing monitoring is particularly concerning for more recent street response programs such as SCRT and SORT, which are new models of service delivery not just for San Francisco but also nationwide, and because of their newness and variability they merit more intensive and proactive monitoring than the standard annual after-the-fact review. More broadly, adequate contract monitoring and oversight procedures, including ensuring no work is performed without a fully executed contract and that all contracts include detailed scopes of work, protects the City and is essential to ensuring that work performed by contractors meets City standards and requirements.

Recommendations

The Director of the Department of Public Health's Business Office of Contract Compliance should:

- 4.1 By January 31, 2024, finalize the contract monitoring reports for FY 2020-21 and FY 2021-22 for all of DPH's street team contractors.

The Director of the Department of Public Health, or their designee, should:

- 4.2 Explicitly include all contractor outputs and outcomes in contract documents, either by listing them in the scope of work or including them as a separate appendix.

The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, and the Executive Director of the Department of Homelessness and Supportive Housing, or their designees, should:

- 4.3 Conduct, at minimum, mid-year reviews or evaluations of contractor performance towards contract obligations of all new street team contractors for the first three years

of the contract. The results of the evaluations should be reported to the Board of Supervisors.

The Department of Homelessness and Supportive Housing's Director of Outreach and Temporary Shelter should:

- 4.4 Address Heluna Health's staffing challenges for the HOT team in the next contract monitoring report by working with Heluna Health leadership to develop a HOT team hiring plan.

Benefits and Costs

Implementation of the proposed recommendations would improve the City's ability to measure the successes and achievements of the contractors it relies upon to deliver the street team programs. The proposed recommendations would also allow the City to more effectively evaluate whether the contractors are achieving their goals under their contracts and assess overall contractor performance, which would minimize the risk that the City is paying for services it is not adequately receiving or the risk that street teams are sub-optimally serving their clients. Implementation of the proposed recommendations can be achieved with existing resources.

5. Resource Referral Capacity

Fire Department data shows that for Street Crisis Response Team (SCRT), Street Wellness Response Team (SWRT), and Street Overdose Response Team (SORT) encounters, the requested referral resource, such as a shelter bed, is not always immediately available to the client at the time of the encounter. Between June 2022 and March 2023, a requested resource was unavailable on average 13 percent of the time, or on average five encounters per day. Some street teams, including SCRT, SWRT, and SORT, have the ability to refer, connect, and/or transport clients to other services or resources in the City, including shelter, urgent care, or withdrawal management, at the time of the encounter; this resource referral and transportation is an important part of the workflow of the City's street teams, as well as the City's overall response to behavioral health street crises and efforts to reduce unnecessary emergency department use, because it means that clients who are ready to accept services at the time of the encounter can be quickly referred and transported to the appropriate non-emergency department resource.

Fire Department data shows that 84 percent of the time, the cause of resource unavailability is a lack of shelter capacity, either because there is no shelter placement available or because the shelters are closed at the time of the encounter. Shelter placement is constrained by the City's overall availability of shelter resources, as well as the time and day of the week. The lack of availability directly impacts street team operations, team success at emergency department deferrals, and potentially client outcomes. All City street teams should regularly report on encounters during which a resource was requested but unavailable to allow for ongoing monitoring of underlying shelter system capacity and availability for street team clients. The Department of Homelessness and Supportive Housing should work with the Fire Department to identify placement options for street team clients who request shelter placement outside of normal shelter intake hours. The Board of Supervisors should prioritize funding needs identified to expand the capacity of the homelessness response system to expand placement options for street team clients.

Background

Of the City's street teams, the Street Crisis Response Team (SCRT), the former Street Wellness Response Team (SWRT), and the Street Overdose Response Team (SORT) may respond to 9-1-1 street crisis calls instead of, or in addition to, an ambulance or a law enforcement unit. When appropriate, these street teams may offer additional support and/or resources to the individuals they encounter, including referrals to shelter or withdrawal management, and transportation to an emergency shelter, a navigation center, or other location.

Referrals and transportation to additional services is one of the functions that make these street teams unique: while an ambulance responding to a behavioral health crisis may only transport a client to an emergency department, a street team may transport a client to a shelter, navigation center, sobering center, or other non-emergency department location. This resource referral and transportation is also an important part of the workflow of the City’s street teams, as well as the City’s overall response to behavioral health crises on the street and efforts to reduce unnecessary emergency department use, because it means that clients who are ready to accept services at the time of the street encounter can be quickly referred and transported to the appropriate non-emergency department resource.

However, as discussed in the following section of this report, the resources requested by clients at the time of the encounter, particularly shelter resources, are not consistently available to street teams or their clients.

Requested Resources Not Consistently Available

Data from the Fire Department’s internal encounter log, which records individual-level encounter information for the Street Crisis Response Team (SCRT), the Street Wellness Response Team (SWRT), and the Street Overdose Response Team (SORT) encounters, shows that the City does not have adequate resources available to meet the needs of the clients these street teams are serving. Of the street team encounters that indicated whether or not a requested client resource such as shelter, withdrawal management, or urgent care was available, the requested resource was unavailable for 13 percent of encounters, or on average five street team encounters per day, between June 2022 and March 2023.

We analyzed data from June 22, 2022 to March 23, 2023 from the Fire Department’s internal encounter log.¹ As shown in Exhibit 5.1 below, of the 13,745 total street team encounters logged during this time period, 10,686 recorded whether or not a requested resource was unavailable. Of these 10,686 encounters, 1,361, or 13 percent overall, indicated that a requested client resource was unavailable at the time of the encounter.²

¹ According to the Fire Department, the encounter log data elements changed on June 22, 2022, so we did not analyze data prior to June 2022 to ensure consistency of reporting.

² We excluded the encounters that did not indicate either yes or no to the “Resource Requested but Unavailable” field from the percentage calculations, because the outcome of the resource request for these encounters is unknown, or a resource may not have been requested at the time of the encounter.

Exhibit 5.1: SCRT, SWRT, and SORT Client Resource Availability, June 2022-March 2023

	<i>Resource requested but unavailable: SCRT, SWRT, SORT</i>			% encounters: resource unavailable*	
	Blank	No	Yes		Total (excl. blank)
June 2022 (partial)	117	177	54	231	23%
July 2022	274	1,093	209	1,302	16%
August 2022	323	1,031	168	1,199	14%
September 2022	403	1,101	165	1,266	13%
October 2022	350	1,121	180	1,301	14%
November 2022	339	1,039	138	1,177	12%
December 2022	296	891	90	981	9%
January 2023	299	970	131	1,101	12%
February 2023	352	1,035	138	1,173	12%
March 2023 (partial)	306	867	88	955	9%
Total: 6/22/22 – 3/23/23 (274 days)	3,059	9,325	1,361	10,686	13%
Average per day	11	34	5	39	

Source: Fire Department Encounter Log.

*The percentage of calls for which a requested resource was unavailable is calculated *excluding* the 3,059 encounters that did not indicate either yes or no for the “Resource requested but unavailable” field.

As shown in Exhibit 5.1 above, the 1,361 encounters during which a resource was requested but unavailable represent 13 percent of all calls for which this data field was answered during the 274-day period we analyzed. These 1,361 requests for an unavailable resource represent on average five encounters per day. In other words, 13 percent of the time or five times a day, SCRT, SWRT, and/or SORT were unable to connect a client to a requested City resource because the resource was unavailable.

As shown in Exhibit 5.2 below, of the total 1,361 requests for an unavailable resource, 84 percent were for shelter. According to Fire Department staff, while multiple resources may be requested but unavailable at the time of an encounter, the Fire Log only allows for the selection of one resource, meaning that if, for example, a client requests both shelter and psychiatric services, the street team member entering this information must pick only one resource, which may potentially skew these results towards “shelter,” a primary need. Fire Department staff state that the information presented in Exhibit 5.2 below is a conservative figure and almost certainly an undercount of overall resource need.

Exhibit 5.2: Requested but Unavailable Resources, June 2022-March 2023

Resource Requested	Total	Percent
Shelter	1,150	84%
Psychiatric services	69	5%
Withdrawal management	60	4%
Urgent care	29	2%
Sobering services	25	2%
Not indicated/blank	28	2%
Total (over 274 days)	1,361	100%

Source: Fire Department Encounter Log.

The availability of shelter resources is constrained by time and/or day of the week because shelter resources typically only have intake hours during certain times and days of the week. Exhibit 5.3 below displays the number of times a shelter placement was requested but unavailable by hour and day of the week.

Exhibit 5.3: Shelter Requested but Unavailable, June 2022-March 2023, By Hour and Day

	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
M	3	3	1				1	14	7	2	5	6	2	9	7	7	9	7	7	8	2	6	4	
Tu	2	1	5	2	1	2	2	7	8	4	14	4	2	4	9	8	8	3	3	3	2	4	3	4
W	7	8	5	2		1	3	1	14	4	10	8	9	7	2	5	11	5	7	11	15	10	5	4
Th	6	2	1	1				5	20	15	17	10	5	10	12	12	6	4	3	1	10	9	7	11
F	5	1	2	4	4	1	1	11	22	19	21	9	24	7	16	18	13	3	7	6	5	13	6	4
Sa	6	1	2				1	17	28	31	20	26	18	11	15	19	7	3	8	3	11	4	9	9
Su	5	5	2	3				9	19	13	4	17	9	9	10	5	1	1	9	4		5	1	6

Source: Fire Department Encounter Log. Excludes six encounters for which the time was not recorded.

As shown in Exhibit 5.3 above, the most common time a shelter placement was requested but unavailable was on Saturday mornings. As discussed in the following section of this report, most shelter resources for adults are not open for intake over the weekend.

Availability of Shelter Resources in San Francisco

Limited Intake Hours

The shelter system in San Francisco is managed by the Department of Homelessness and Supportive Housing (HSH), which operates a set of adult, family, minor, and transitional-age youth shelters, navigation centers (low-barrier shelters with amenities and services that offer more flexibility for clients with partners, pets, and possessions), transitional housing, and drop-in/resource centers for individuals experiencing homelessness. As shown in Exhibit 5.4 below, most shelters have intake hours on weekday mornings and afternoons only.

Exhibit 5.4: Adult Shelter System Intake Hours, Locations, and Capacity, March 2023

Intake Hours	No. of Locations	Bed Capacity
Adult		
<u>Emergency Shelters</u>		
Monday-Friday, mornings and afternoons	9	698
Monday-Sunday evenings	1	39
<u>Seasonal/Winter Emergency Shelters</u>		
Monday-Sunday evenings until capacity reached	1	varies
<u>Navigation Centers</u>		
Monday-Friday, mornings and afternoons	7	1,028
<u>Safe Sleeping Sites</u>		
Monday-Friday, mornings and afternoons	2	62
<u>Transitional Housing</u>		
Monday-Friday, mornings and afternoons	1	70
<u>Transportation/Vehicle</u>		
Monday-Friday, mornings and afternoons	2	165
Transitional-Age Youth		
<u>Emergency Shelters</u>		
Monday-Friday, mornings and afternoons	1	35
<u>Navigation Centers</u>		
Monday-Friday, mornings and afternoons	1	75
Family		
<u>Emergency Shelters</u>		
Based on appointment	4	74
Monday-Sunday evenings	1	69
Monday-Friday only, based on appointment	4	98
Monday-Friday at set times	2	40
<u>Transitional Housing</u>		
Based on appointment	2	33
Monday-Friday only, based on appointment	1	17
Minors		
<u>Emergency Shelters</u>		
24/7	2	22

Source: Department of Homelessness and Supportive Housing. Excludes drop-in/resource centers.

*Mornings and afternoon intake hours typically begin at 8:00-9:00am and end at 3:00-4:00pm.

As shown in Exhibit 5.4 above, most shelter resources for adults and transitional-age youth have intake hours Monday through Friday in the mornings and the afternoons. Only one adult emergency shelter has year-round intake hours in the evenings and over the weekend. (The seasonal/winter emergency shelter is an overnight only shelter that is open mid-November to the spring and accepts referrals by walk-up starting at 6:30pm.) Family emergency shelters and

transitional housing typically have intake hours based on appointment.³ The only age group with 24/7 emergency shelters are minors.

The limited shelter intake hours impact the ability of the City's street teams to assist and connect clients to services outside of intake hours, and means that the teams that operate over the weekend, in the evenings, at night, and in the early mornings have a reduced set of resources available to offer clients. For example, although the Street Crisis Response Team (SCRT) operates 24 hours a day, if a SCRT team encounters a client on a Saturday morning who requests a shelter placement, they generally cannot help that client by referring them to a shelter bed because shelters will not open for intake until the following Monday.

Exhibit 5.3 above indicates that the most common time a shelter placement was requested but unavailable was on Saturday mornings, and in general indicates a need for shelter resources over the weekend and in the evenings, outside of typical intake hours.

Overall Shelter System Capacity

In addition to limited intake hours, the operations of the street teams and the teams' ability to refer and transport clients to shelter services, when the team deems appropriate and/or when requested by the client, is constrained by the City's overall shelter system capacity and availability of shelter beds. As shown in Exhibit 5.3 above, although the highest time period of shelter unavailability was Saturday mornings, shelter resources are not consistently available to street team clients even during the days and times that most of the City's shelters are open for intake, which indicates an overall need for additional shelter capacity. The audit team observed this constraint first-hand during a ride-along with the Street Wellness Response Team: the team was approached by a homeless individual on a weekday morning who requested a shelter bed placement, but the team was unable to assist her with a shelter referral because there was no shelter bed available at the time of the encounter, even though shelters were open for intake.

HSH's *Home By the Bay* Strategic Plan for 2023-2028 acknowledges the need for additional shelter system capacity and outlines the City's plan to expand housing and services options within the homelessness response system, including specific actions needed to increase the capacity of the shelter system and to strengthen the City's response to unsheltered homelessness. Improvements in the City's shelter system and more emergency shelters and navigation center beds were top priorities identified in HSH's survey of individuals experiencing homelessness that was conducted as part of the strategic plan development. The need for additional shelter resources is also detailed in the 2022 *Our City, Our Home Oversight Committee Needs*

³ According to Fire Department staff, there is an urgent City need across all street teams for 24/7 emergency family shelter access.

Assessment, which describes the needs of individuals experiencing homelessness in San Francisco and examines the current availability of resources.

The HSH 2023-2028 Plan outlines the City’s need for new shelter beds and additional shelter resources, including the following specific strategies and activities:

- Action Area #3, Item 1: “Expand the capacity of the homelessness response system by adding 1,075 new shelter beds.”
- Action Area #3, Item 15: “Implement policy and programmatic changes that reduce barriers to shelter access.”
- Action Area #3, Item 18: “Expand and strengthen services available within existing shelter and crisis intervention programs, including enhanced behavioral health care services and housing-focused case management to increase rapid and successful exits from shelter and crisis interventions to a wide range of permanent housing options, thereby increasing flow both out of and into the shelter system.”
- Action Area #3, Item 19: “Add new shelter, transitional housing, and other options for temporary accommodations in a variety of settings and models, with enhanced case management and housing-focused services, for adults, families with children, pregnant people, older adults, and youth.”

As noted in the 2023-2028 Plan, the financial resources needed to expand the homelessness response system with additional resources and services are not secured or guaranteed. The Plan estimates that the total cost of its recommended expansions will total more than \$607 million in additional funding during the five-year period between 2023 and 2028, and more than \$217 million in additional funding annually after 2028, increasing with inflation, to sustain the new investments.

Expanding the City’s shelter capacity and additional resources in the homelessness response system would increase the availability of shelter placements for street team clients and would also likely reduce the number of times shelter resources are requested but unavailable. However, as discussed earlier in this report section, in order to fully benefit from and make use of its street teams, the City also needs to expand the resources available to street team clients outside of typical shelter and navigation center operating hours.

Referrals to Services in Other Settings

While resource capacity of the City’s shelter system fluctuates and cannot always meet client demand, there are an array of other services that a client may need either prior to or instead of shelter. Street team members may also determine that another service, such as behavioral health services or sobering/detox services, may be a more effective first step for a client. In addition to

shelter placements, street teams can also refer and transport clients to sub-acute non-hospital settings or urgent care clinics, such as Dore Urgent Care, SoMa RISE, Hummingbird Place, Westside Crisis Clinic, or the Maria X Martinez Health Resource Center. As shown in Exhibit 5.2 above, these resources are requested but unavailable with a much lower frequency than requests for shelter, and average out to less than one encounter per day over the time period of the data we analyzed.⁴ However, these sub-acute centers, urgent care clinics, and sobering centers are essential components of the City’s behavioral health crisis response system, efforts to reduce unnecessary emergency department use for street behavior, and the overall effectiveness of the City’s street teams.

To monitor the capacity of these resources, all City street teams should monitor and report on the number of encounters during which requested resources were unavailable, and summarize the data by location, day of the week, and time of day, to allow for ongoing tracking of facility availability for street team clients and to allow the City to assess whether additional resources are needed for sub-acute non-hospital settings to ensure these services are available to street team clients.

Lack of Capacity Affects Team Operations and Efficiency

While the overall capacity of the City’s shelter, homelessness response, and behavioral healthcare systems are bigger-picture questions that we did not consider within the scope of this audit, the lack of resource availability discussed in this section directly impacts street team operations, team success at emergency department deferrals, and individual encounter outcomes for both street team clients and the team members themselves. If a street team is unable to refer and/or transport a client to the appropriate resource at the time of the encounter, that individual must either remain in the community or might escalate to a more acute crisis that could require emergency department usage, another street team response, or even a more acute emergency response such as an ambulance or police unit. As discussed in *Section 3: Data Access, Sharing, and Linkage* of this report, it is not currently possible to automatically link data from the Fire Department’s Encounter Log, which tracks the encounters for which a resource was requested but unavailable, with other systems that might contain outcome information about a client, such as emergency department usage, housing assessments, or other resources accessed. This type of data linkage would allow the City to evaluate whether street team clients who are

⁴ In addition, as noted earlier in this report section, according to Fire Department staff, while multiple resources may be requested but unavailable at the time of an encounter, the Fire Log only allows for the selection of one resource, meaning that if, for example, a client requests both shelter and psychiatric services, the street team member entering this information must pick only one resource, which may potentially skew these results towards “shelter,” a primary need.

unable to access requested resources experience worse outcomes or other negative effects from a lack of shelter. However, because emergency shelters and navigation centers are centralized locations where individuals can access additional services, it is likely that a lack of shelter referral capacity impacts a street team client's ability to connect with other social, behavioral health, and housing services.

The lack of resource capacity also impacts the morale of the street team members themselves. In focus groups conducted by the audit team and on ride-alongs, street team members, including community paramedics, peer counselors, HOT team members, and behavioral health clinicians, expressed that it is frustrating and demoralizing when they are not able to refer a client to a resource the client has requested or needs.

Conclusion

Resource referral, connection, and transportation are distinguishing, and essential functions of the City's street teams, but the ability of street teams to fulfil this function is inherently limited by the underlying system of services to which street team members can refer clients. Data from the Fire Department indicates a particular need for after-hours and weekend shelter options, as well as a need for increased shelter capacity overall, to accommodate street team clients and ensure that street teams are able to consistently refer clients to resources they request at the time of the street team encounter. All City street teams would benefit from tracking or continuing to track this information.

The need for additional shelter bed capacity is well-documented in HSH's 2023-2028 Strategic Plan. Increasing the overall shelter system capacity *and* expanding alternative, after-hours shelter options for street team clients would reduce the frequency of unavailable resources, improve the teams' ability to connect their clients to the appropriate services, and likely improve the longer-term outcomes for unsheltered individuals.

Recommendations

The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, the Executive Director of the Department of Homelessness and Supportive Housing, and the Chief of the Fire Department, or their designees, should:

- 5.1 Regularly report to the Board of Supervisors on the number of encounters during which a resource was requested but unavailable for a street team encounter, and summarize the data by day of the week and time of day, to allow for ongoing monitoring of (a) the

underlying capacity of the shelter system and of sub-acute non-hospital settings, and (b) these resources' availability for street team clients.

The Department of Homelessness and Supportive Housing's Director of Outreach and Temporary Shelter should:

5.2 Work with the Fire Department to identify placement options for street team clients who request shelter placement outside of normal shelter intake hours.

The Board of Supervisors should:

5.3 Prioritize funding needs identified in HSH's *Home By the Bay* Strategic Plan for 2023-2028 to expand the capacity of the homelessness response system by adding 1,075 new shelter beds and to add new shelter, transitional housing, and other options for temporary accommodations in a variety of settings and models, including after-hours and weekend placement options for street team clients.

Benefits and Costs

Implementation of the proposed recommendations would improve the teams' ability to connect their clients to the appropriate services, strengthen the overall effectiveness of the City's street teams, and likely improve the longer-term outcomes for unsheltered individuals. The regular reporting in recommendation 5.1 can be accomplished with existing resources. Expanding the capacity of the City's shelter and homelessness response system, including additional shelter beds and different setting and models such as after-hours and weekend placement options, will require additional one-time and ongoing funding, as identified in HSH's *Home By the Bay* Strategic Plan for 2023-2028. However, these needs have already been identified by HSH, and these recommendations would not increase costs above what has already been estimated in HSH's 2023-2028 Strategic Plan.

6. Dispatched Street Team Availability and Demand

The ratios of actual to planned work hours for the City’s dispatched street teams, the Street Crisis Response Team (SCRT), Street Wellness Response Team (SWRT), and Street Overdose Response Team (SORT), have been trending downward since inception. The ability of dispatched street teams to respond to 9-1-1 and 3-1-1 calls for service depends on the availability of team units in the field; a lower actual to planned work ratio indicates that fewer units were available than were originally planned to respond to calls for service, which can be caused by team member absences due to leave, illness, training requirements, or other factors. The interdisciplinary nature of the City’s dispatched street teams requires staffing and collaboration from at minimum two, and sometimes three, agencies: the Fire Department for community paramedics and emergency medical technicians (EMTs), the Department of Public Health (DPH) for contracted peer counselors (and, prior to March 2023, behavioral health clinicians), and the Department of Homelessness and Supportive Housing (HSH) for contracted Homeless Outreach Team (HOT) members. Ensuring ongoing, consistent availability of SCRT and SORT units, and going forward, availability of the Homeless Engagement Assistance Response Team (HEART), will require sufficient staffing of team members to be able to backfill team member absences when they occur.

The most recent data available shows that since the March 2023 reconfiguration of SCRT and SWRT, SCRT has responded to between 93 and 97 percent of all SCRT (25A1C) calls, and that 25A1C call volume has not significantly increased since July 2022, which indicates that SCRT overall has been able to meet the demand for SCRT response. However, data from the San Francisco Emergency Medical Services Agency (SF EMSA) shows that the number of 9-1-1 calls related to opioid overdoses, and by extension demand for SORT or other overdose-related emergency response, is increasing in San Francisco. Ensuring that both SCRT and SORT are fully staffed with community paramedics and EMTs, peer counselors, and/or HOT members, as appropriate, including improvements in contractor monitoring as recommended in Section 4 of this report, will allow both teams to be consistently operational and able to meet an increasing demand for 9-1-1 opioid overdose response.

Background

As detailed in the Introduction to this report, four of the City’s street teams, the Street Crisis Response Team (SCRT), the Street Wellness Response Team (SWRT), the Street Overdose Response Team (SORT), and the Community Response Team / Homeless Engagement Assistance Response Team (CRT/HEART), are or were dispatched/rapid response teams that respond to 9-1-1 and/or 3-1-1 calls. These teams are comprised of staff and contractors from the Fire

Department, the Department of Public Health (DPH), the Department of Homelessness and Supportive Housing (HSH), and the Department of Emergency Management (DEM), as described below:

- Prior to the reorganization of SCRT and SWRT in March 2023, SCRT was typically staffed with one community paramedic along with a DPH-contracted peer counselor and a DPH-contracted behavioral health clinician. SWRT was typically staffed with one community paramedic, one EMT, and one HSH-contracted Homeless Outreach Team (HOT) member. SCRT responds to 9-1-1 calls about a behavioral health crisis where the individual is not a danger to themselves or others, and SWRT, while it was operational, responded to calls for checks on well-being.
- After the reorganization of SCRT and SWRT in March 2023, the merged SCRT units are typically staffed with one community paramedic, one EMT, and either an HSH-contracted HOT member or a DPH-contracted peer counselor.
- SORT is typically staffed with one community paramedic and one DPH-contracted peer counselor. SORT responds to opioid overdose calls.
- HEART is staffed with DEM-contracted Community Engagement Outreach Practitioners. HEART responds to non-medical, non-emergency calls about individuals experiencing homelessness.

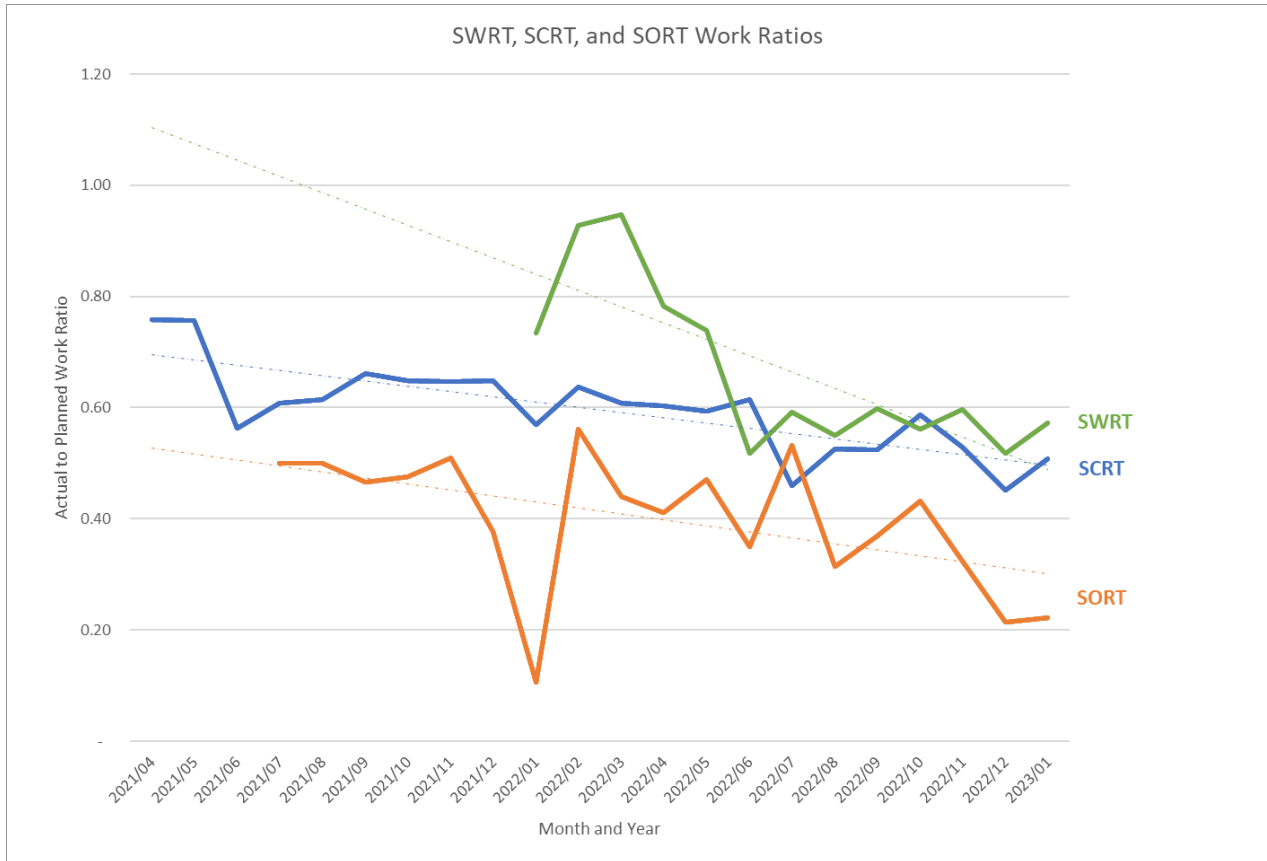
The shift schedules of these teams have varied as additional teams and units have been added. Generally, the highest number of street team units are scheduled during the daytime hours of mid-morning to mid-afternoon. Additional details about the functions of each of these teams are provided in the Introduction to this report.

Downward Trend in Dispatched Street Team Actual to Planned Work Hours

The ratios of actual to planned work hours for the SCRT, SWRT, and SORT street team units have been trending downward since inception (given that HEART was not operational during the time frame of our audit fieldwork, the HEART team is not included in this analysis). A less than 1.0 ratio of actual to planned work indicates that a scheduled team unit was out of service, which can be caused by staff absences due to leave (illness, vacation, medical, and other types of leave), training, temporary reassignment, and other situations in which a regularly-scheduled team member (a community paramedic, an EMT, a DPH-contracted peer counselor, a DPH-contracted behavioral health clinician, or an HSH-contracted HOT member) is not working their regularly scheduled time.

Exhibit 6.1 below displays the work ratios for SCRT, SWRT, and SORT between April 2021 and January 2023.

Exhibit 6.1: Actual to Planned Work Ratio: SCRT, SWRT, and SORT



Source: San Francisco Fire Department.

As shown in Exhibit 6.1 above, the actual to planned work ratio of SWRT (comprised of a community paramedic, an EMT, and an HSH-contracted HOT team member, when it was operational) increased and then decreased sharply in the first several months of SWRT operations, but stabilized to between 0.5 and 0.6 beginning in June of 2022. The SCRT team (comprised of a community paramedic, a DPH-contracted peer counselor, and a DPH-contracted behavioral health clinician, during the time period of this data) work ratio was slightly lower than SWRT’s over this time period, and both SWRT and SCRT stabilized in late 2022/early 2023 between 0.5 and 0.6. The actual to planned work ratio of SORT (comprised of a community paramedic and a DPH-contracted peer counselor) was the lowest of the three teams.

The changes in work ratios over time are likely due in part to the newness of the teams and staffing ramp-ups as additional team units were added after the teams were established. According to Fire Department staff, the changes in the SWRT ratio was due to an increase in

SWRT operations and the addition of more SWRT units between January and June 2022, which required a corresponding increase in staffing and affected SWRT's staffing ratios. In addition, according to Fire Department staff, both SWRT and SORT units were at times taken out of service to prioritize SCRT staffing; in other words, the community paramedicine team members originally scheduled to work on a SWRT or SORT unit were moved to SCRT when there was a vacancy on SCRT, and then SCRT would backfill calls for SWRT and/or SORT.

Demand for Dispatched/Rapid Response Teams

Generally, the ability of dispatched street teams to respond to 9-1-1 and 3-1-1 calls for service depends on the availability of team units in the field, and a lower actual to planned work ratio indicates that fewer units were available than were originally planned to respond to calls for service. For SCRT, which as of June 2022 is dispatched through the City's 9-1-1 system to respond to calls regarding behavioral health crises, if no SCRT unit is available to respond to a call for service, an ambulance, other community paramedicine team, or other EMS unit (engines, trucks, etc.) will respond. For SWRT, which while it was operational responded to calls for a wellbeing check but also conducted on-view non-emergency assessments, and for SORT, which is dispatched to overdose calls and also monitors 9-1-1 calls for potential opioid overdoses and self-assigns to calls, it means that fewer units than planned are available overall in the City to carry out the mission and objectives of the teams.

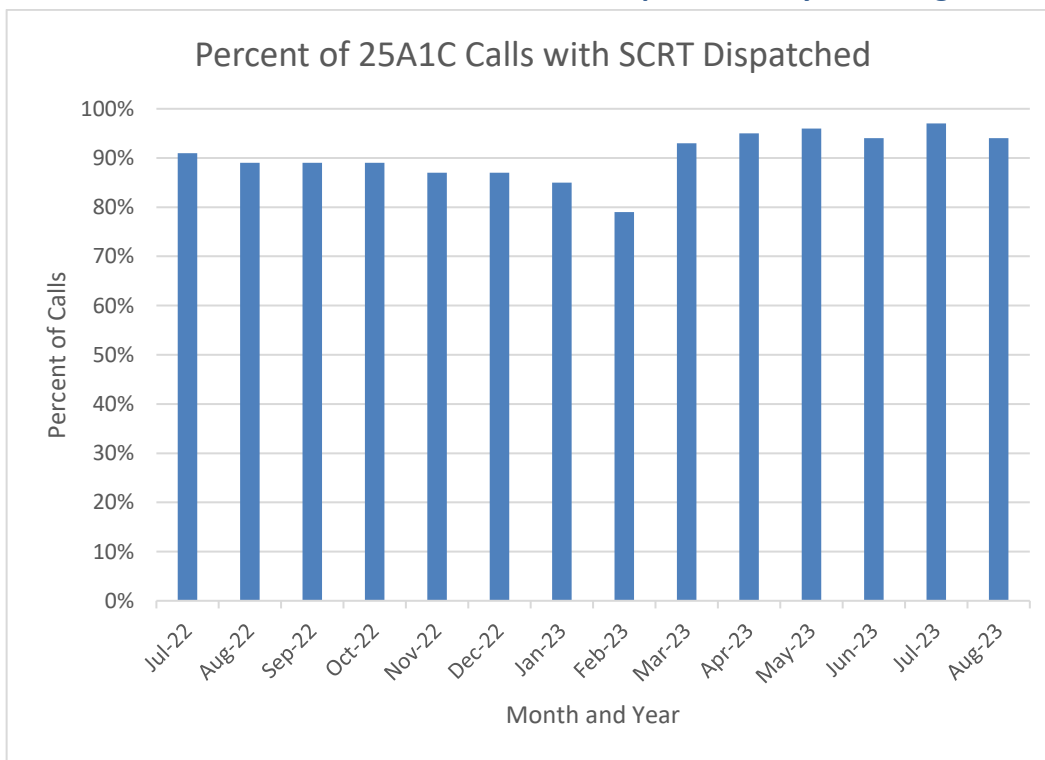
For SCRT/SWRT, the following section presents SCRT's response to 25A1C calls (both before and after the reconfiguration with SWRT) to evaluate whether there is adequate SCRT availability for these types of calls. It is more challenging to evaluate whether there is adequate SORT availability to respond to opioid overdose calls. According to DEM staff, while the City's 9-1-1 response system has a specific poisoning/overdose protocol, including a sub-code that is specific to narcotics, many overdose calls do not contain the level of specificity from the caller that is needed to specify a narcotics overdose at the time of the call. As a result, many overdose calls are processed in the City's 9-1-1- response system as "unconscious," "breathing problem," "sick person," or "unknown problem." Therefore, it is more difficult to establish the baseline demand for SORT (i.e., 9-1-1 calls related to opioid overdoses). However, the San Francisco Emergency Medical Services Agency produces data on overdose-related 9-1-1 responses by emergency medical services, which can be used as an estimate of demand for SORT units.

SCRT Response to Calls

To evaluate the availability of SCRT in light of its actual to planned work ratio and whether its current staffing is adequate to meet demand for SCRT, Exhibit 6.2 below displays the percentage

of SCRT calls (25A1C calls) that a SCRT unit responded to, beginning in July 2022.¹ As shown in Exhibit 6.2 below, over time, the percentage of 25A1C calls that SCRT responded to decreased slightly from July 2022 to February 2023, from 91 percent in July 2022 to 79 percent, and then increased beginning in March 2023. Since March 2023, SCRT has responded to between 93 and 97 percent of all 25A1C calls. (DEM dispatch protocol is that 25A1C calls that do not initially require an ambulance are allowed to pend in their call queue for up to 30 minutes. If no SCRT team is available to go to the call after 30 minutes, the call gets automatically dispatched to an ambulance regardless of the call type. Other community paramedicine units, such as SORT and SWRT when it was operational, may also respond to 25A1C calls.)

Exhibit 6.2: Percent of 25A1C Calls with SCRT Dispatched, July 2022-August 2023

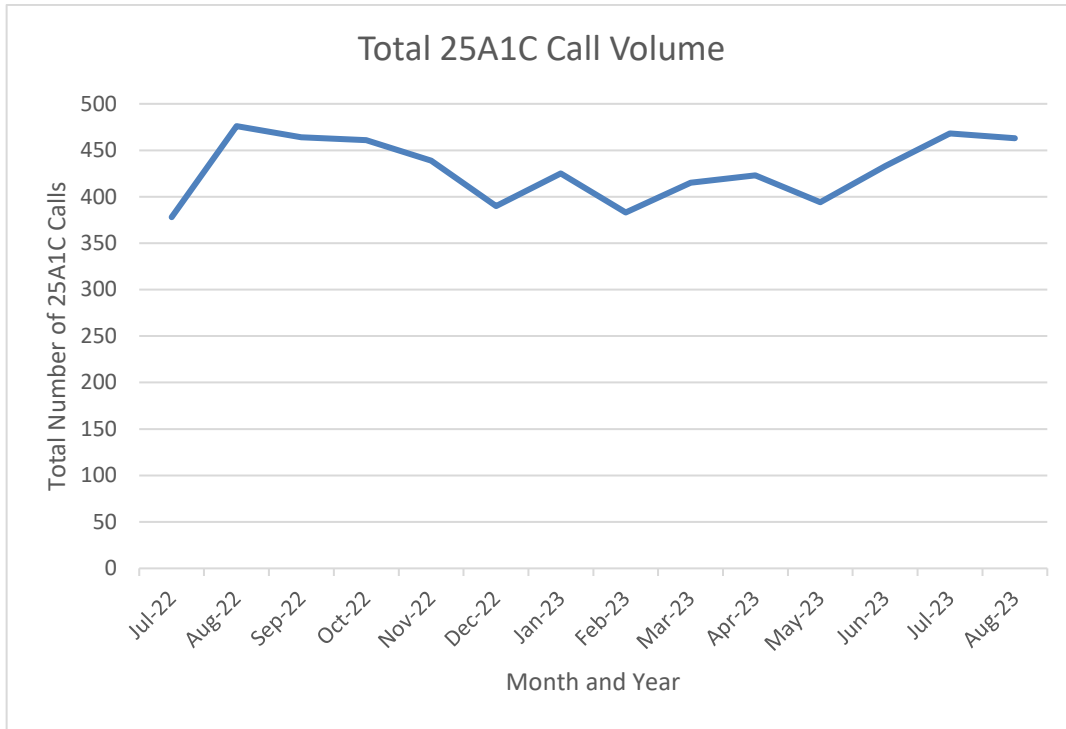


Source: Department of Emergency Management.

Exhibit 6.3 below displays the total number of all dispatched 25A1C calls over this same time period, which represents overall demand for SCRT. While the call volume has fluctuated slightly, overall 25A1C call volume has remained relatively consistent from July 2022 through April 2023.

¹ Prior to June 2022, 9-1-1 calls related to a behavioral health crisis, in which there are no weapons present and the person in crisis is not an immediate danger to themselves or others, were coded as 800B calls and a police unit (along with SCRT, once SCRT was launched in November 2020) was dispatched to respond to these calls. After June 2022, these 9-1-1 calls are coded as 25A1C calls and dispatched to emergency medical services (EMS) instead of the police.

Exhibit 6.3: Total 25A1C Calls with SCRT Dispatched, July 2022-August 2023



Source: Department of Emergency Management.

Given the short period that SCRT has been operational and the primary responder to 25A1C calls, the longer-term trend of SCRT response to calls for service is not yet clear. However, preliminary results show that 25A1C call volume has remained relatively steady since July 2022, and since March 2023, SCRT is consistently responding to between 93 and 97 percent of 25A1C calls, indicating that SCRT overall is able to meet the demand for SCRT response.

Reconfiguration of SWRT and SCRT

The increase in percent of 25A1C calls answered by SCRT coincides with the reconfiguration of SCRT and SWRT in March of 2023 and the new structure of SCRT, which is made up of one community paramedic, one EMT, and either one DPH-contracted peer counselor or HSH-contracted HOT team member. With the new staffing structure, a SCRT unit has less reliance on contracted staffing, and depends on only one contracted agency per unit, rather than two. In addition, the larger pool of community paramedics and EMTs created by the merging of the teams may give the Fire Department additional flexibility in staffing SCRT units. However, by structuring SCRT to now include not one but two Fire Department personnel, there may be an additional demand for more community paramedics and EMTs for street teams overall.

Given the recentness of the merger, it is too soon to evaluate what, if any, longer-term effect it will have on SCRT availability. Therefore, we recommend the Fire Department, the Department of Public Health, and the Department of Homelessness and Supportive Housing monitor SCRT

staffing levels of community paramedics, EMTs, contracted peer counselors, and/or contracted HOT members to assess whether measures to improve SCRT availability are necessary to meet demand for street team services.

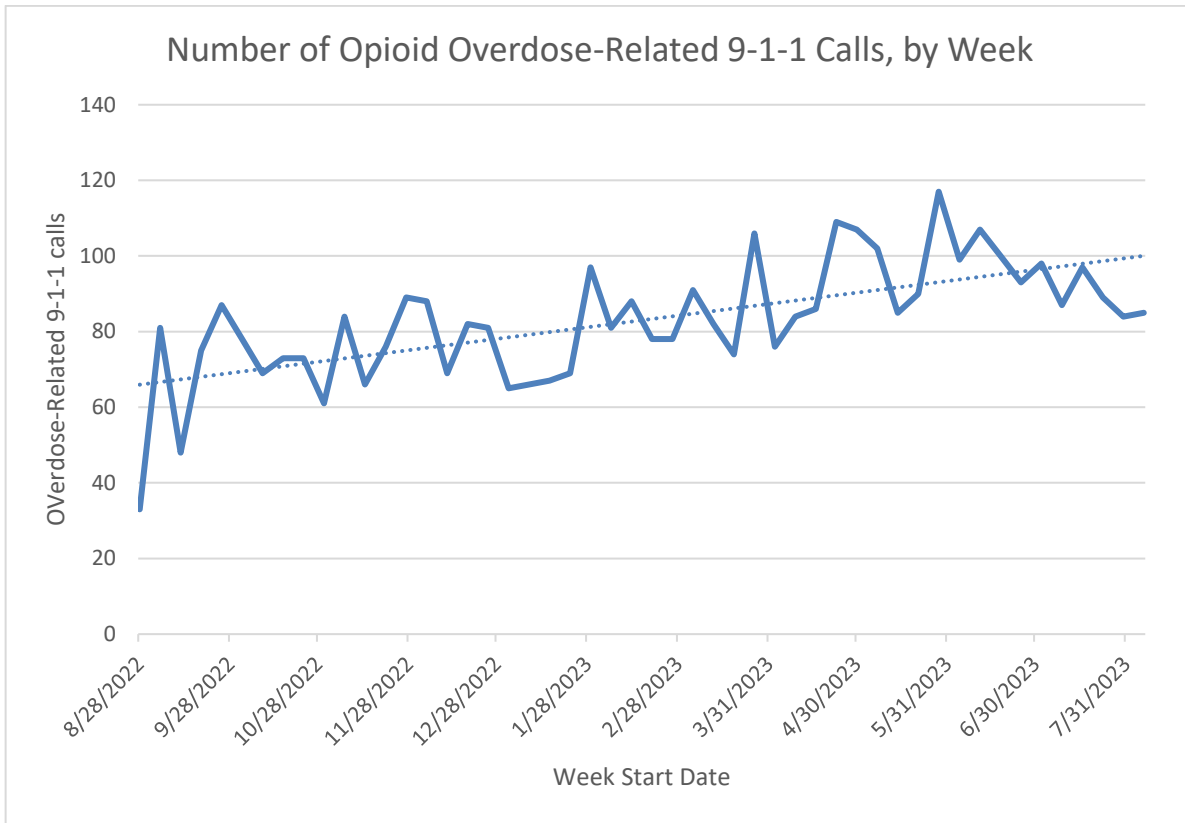
Demand for SORT Services

As mentioned above, it is not as straightforward to evaluate whether there is adequate SORT availability to respond to opioid overdose calls. According to DEM staff, while the City's 9-1-1 response system has a specific poisoning/overdose protocol, including a sub-code that is specific to narcotics, many overdose calls do not contain the level of detail from the caller that is needed to specify a narcotics overdose at the time of the call, and as a result many overdose calls are processed as "unconscious," "breathing problem," "sick person," or "unknown problem," and not as an overdose. Therefore, data from 9-1-1 dispatches alone cannot establish the baseline demand for SORT (i.e., 9-1-1 calls related to opioid overdoses). In addition, while SORT units have been dispatched to respond to overdose calls since 2022, a SORT unit responds in addition to, and not instead of, another EMS response such as an ambulance to these calls.

However, the San Francisco Emergency Medical Services Agency (SF EMSA) produces a dataset of overdose-related 9-1-1 responses in San Francisco, which can be used as a proxy for demand for SORT units. SF EMSA uses electronic patient care reports that are produced for 9-1-1 calls to filter the database of 9-1-1 calls in San Francisco to include only calls where EMS documented that an opioid overdose occurred, and/or that the overdose reversal medication naloxone was administered. This dataset is a good approximation of overall demand for SORT units, although not completely, because EMSA's dataset also filters out calls that result in a patient death on scene.

As shown in Exhibit 6.4 below, the EMSA data shows that opioid overdose-related 9-1-1 calls increased between August 2022 (the first date for which EMSA produced this data) and August 2023.

Exhibit 6.4: Number of Opioid Overdose-Related 9-1-1 Calls by Week, August 2022-August 2023



Source: San Francisco Emergency Medical Services Agency via DataSF: Overdose-Related 911 Responses by Emergency Medical Services. Includes only calls “where EMS documented that an opioid overdose was involved and/or naloxone (Narcan) was administered. Calls that do not involve an opioid overdose are filtered out of the dataset. Calls that result in a patient death on scene are also filtered out of the dataset.” (EMSA).

While the SF EMSA data cannot be used to dispatch SORT units specifically to opioid overdose-related 9-1-1 calls, or track which opioid overdose calls received a SORT response, it does show that the number of 9-1-1 calls related to opioid overdoses, and by extension demand for SORT or other overdose emergency response, is increasing in San Francisco.

Team Member Availability

As mentioned above, a less than 1.0 ratio of actual to planned work indicates that a scheduled team unit was out of service, which can be caused by team member absences due to leave, illness, training requirements, or other factors that require a team member to miss a regularly scheduled shift. Ensuring ongoing, consistent availability of SCRT and SORT units to respond to calls for service will require sufficient staffing of team members to be able to backfill absences when they occur. The interdisciplinary nature of the City’s dispatched street teams requires

staffing and collaboration from at minimum two, and sometimes three, agencies: the Fire Department for community paramedics and EMTs, DPH for contracted peer counselors (and, prior to March 2023, behavioral health clinicians), and HSH for contracted HOT members. Up until March 2023, the operations of SCRT relied on three members from three different organizations, the Fire Department and two separate DPH-managed contractors, and SWRT and SORT were staffed with members from the Fire Department and one other DPH- or HSH-managed contractor. After March 2023, SCRT and SORT are both staffed with one contracted team member, either a peer counselor or a HOT team member. The availability of each team member from all of these separate agencies impacts the overall availability of all street teams, and ongoing team member availability is fundamental to ensuring the availability of these street teams to respond to 9-1-1 calls.

The most recent data available shows that since the March 2023 reconfiguration of SCRT and SWRT, SCRT has responded to between 93 and 97 percent of all 25A1C calls. However, the new configuration of SCRT requires the Fire Department to staff two team member roles, one community paramedic and one EMT, and increases the demand for Fire Department members trained in community paramedicine and serving on community paramedicine units. In addition, as discussed in *Section 4: Contract Performance Monitoring and Oversight* of this report, since 2020 DPH has increased its reliance on one contractor to supply peer counselors for three different street teams (and to supply clinicians for one of those teams), for a total of four contracts, and has not conducted timely or regular contract monitoring activities of this contractor's ability to meet its contractual obligations, including staffing levels. Separately, the actual to planned work ratio for SORT is lower than SCRT, and there has been an increase in opioid-related 9-1-1 calls since at least 2022. As noted above, according to Fire Department staff, both SWRT and SORT units were at times taken out of service to prioritize SCRT staffing, meaning that the community paramedicine team members originally scheduled to work on a SWRT or SORT unit were moved to SCRT when there was a vacancy on SCRT, and then SCRT would backfill calls for SWRT and/or SORT. Ensuring that both SCRT and SORT are fully staffed with community paramedics and EMTs, peer counselors, and/or HOT members, as appropriate, will allow both teams to be consistently operational at the same time.

Community Paramedicine Training

The Fire Department has increased its community paramedicine staffing levels since 2020 as more street teams and additional team units have been added. Continuing to train additional community paramedics, and therefore increasing the pool of individuals who can be called upon to backfill absences on street team units, will ensure ongoing stability of street team availability, and in particular (a) ensure the ability of SORT to respond to an increasing number of opioid overdose-related 9-1-1 calls, and (b) allow the Department to backfill vacant community

paramedic posts. In addition to absences due to leave, illness, and other factors, the community paramedic job classification requires prior work experience as a paramedic, and according to Fire Department staff, community paramedics tend to be more experienced members with more seniority with additional training and are therefore called to backfill Fire Department needs for temporary field captains and other posts that require additional seniority. Community paramedics can be temporarily re-deployed to these posts, which leaves a street team without a scheduled community paramedic. According to Fire Department staff, the Fire Department has applied to become one of several community paramedicine training centers in California.

Ongoing Monitoring of Peer Counselor Contractor

Peer counselors work on both SCRT and SORT and are provided through RAMS, a contracted provider managed by DPH. As detailed in *Section 4: Contract Performance Monitoring and Oversight* of this report, DPH holds four contracts with RAMS for street teamwork:

- Beginning in 2020, to provide SCRT peer counselors
- Beginning in 2022, to provide SORT peer counselors
- Beginning in 2023, to provide peer counselors for the BEST Neighborhoods behavioral health care teams
- Beginning in 2023, to provide behavioral health clinicians for the BEST Neighborhoods behavioral health care teams

Our evaluation of street team contract monitoring found that DPH has not been providing adequate oversight of its contractors, both by not conducting timely formal contract monitoring and by not documenting regular, ongoing performance monitoring or evaluations throughout the year that assess how well the contractors specifically are meeting their contractual obligations, including staffing levels. As the City relies more on RAMS to provide peer counselors for more street teams, DPH should ensure that both formal and informal monitoring of RAMS and its staffing levels are conducted on a regular ongoing basis, as recommended in Section 4 of this report.

Homeless Outreach Team (HOT) Member Staffing

HOT members work on some SCRT units and are provided through Heluna Health, a contracted provider managed by HSH. As detailed in *Section 4: Contract Performance Monitoring and Oversight* of this report, according to HSH's annual FY 2021-22 performance monitoring report, Heluna did not meet its contractual requirement to maintain staffing levels above 90 percent. Although staffing levels improved in FY 2022-23, high turnover of HOT members persists and presents a risk to the HOT program. As recommended in Section 4 of this report, HSH should address Heluna Health's staffing challenges in the next contract monitoring report by working with Heluna Health leadership to develop a HOT team hiring plan.

Homeless Engagement Assistance Response Team (HEART) Staffing

The HEART team, which responds to non-medical, non-emergency 9-1-1 and 3-1-1- calls related to people experiencing homelessness, was not operational at the time of our audit fieldwork. However, like SCRT and SORT, the ability of the team to respond to calls for service will depend on its availability in the field. Department of Emergency Management’s Coordinated Street Response Program should ensure that ongoing monitoring of HEART staffing, in-service ratios, and calls for service is conducted on a regular basis to assess whether HEART staffing is adequate to meet demand for services.

Conclusion

Multiple factors affect the availability of street team members and by extension the overall availability of street teams in the City. Since the inception of SCRT, SORT, and SWRT, the teams’ actual to planned hours worked ratios have declined overall, resulting in fewer units available in the City to respond to calls for service and to carry out the objectives of the street teams. Given several recent changes in street team structure, as well as the elimination of police response to SCRT calls in June 2022, it is not clear whether street team availability will improve in 2023 and the future, or if additional changes and measures to improve availability are necessary to meet the demand for services. However, in order to ensure ongoing availability of both SCRT and SORT units, the Fire Department, DPH, and HSH should closely monitor and report on all street team member staffing, including of contractor staffing as recommended in *Section 4: Contract Performance Monitoring and Oversight* of this report. In addition, although HEART was not operational at the time of our audit fieldwork, DEM should monitor HEART staffing, in-service ratios, and calls for service on an ongoing basis to evaluate whether HEART staffing is adequate to meet demand for services.

Recommendations

The Director of the Department of Public Health, the Executive Director of the Department of Homelessness and Supportive Housing, and the Chief of the Fire Department, or their designees, should:

- 6.1 By January 31, 2024, report to the Board of Supervisors on the work ratios of SCRT and SORT, and evaluate whether current efforts to ensure stable staffing of SCRT and SORT community paramedics, EMTs, peer counselors, and HOT members are adequate. In addition, the report should identify whether additional measures are necessary to ensure adequate and uninterrupted street team coverage and to meet the demand for street team services.

The Director of the Department of Emergency Management’s Coordinated Street Response Program should:

- 6.2 Ensure that ongoing monitoring of HEART staffing, in-service ratios, and calls for service is conducted on a regular basis, and report to the Board of Supervisors by January 31, 2024 on whether the HEART contractor has met contracted staffing obligations.

Benefits and Costs

Implementation of the proposed recommendations can be accomplished with existing department resources and would ensure ongoing monitoring and reporting of street team availability and staffing levels.

7. Street Team Member Dynamics and Support

There is a perception among some street team staff that support and opportunities for relationship-building among interdisciplinary team members have decreased since the launch of the street teams. This perception increases the risk of burnout, turnover, and job dissatisfaction for street team members, regardless of which department they work for or their status as contractors or City employees. The interdisciplinary nature of many of the street teams means that members of a team have different backgrounds, experience, and expertise, which is beneficial when responding to complex crisis, wellness, or overdose calls but can lead to challenges in the field when there are differences in individual members' approaches to the call and providing care to the client. Opportunities for team members to build relationships with and understand each other, including post-call debrief sessions and periodic informal social gatherings, are important to foster healthy team dynamics and help address differences that can arise while in stressful field situations. However, street team members reported that these opportunities, which used to be facilitated or encouraged by street team leadership, no longer take place. As front-line workers, street team members are already at high risk of burnout, so department heads and street team program managers should increase opportunities for communication and relationship-building among street team members and should explore additional opportunities to express support for their front-line workers.

Background

San Francisco's street teams respond to behavioral health, medical, or homeless related issues, including mental health crises, wellbeing concerns, drug overdoses, and homeless encampments, on the City's streets and in public spaces. These street teams are managed and operated by the Fire Department, the Department of Homelessness and Supportive Housing (HSH), the Department of Public Health (DPH), and the Department of Emergency Management (DEM). Summary information about each team's specific functions, staffing, and operations, and the role of each City department, is provided in the Introduction to this report.

Several of the street teams are multidisciplinary and staffed by team members who work, either as contractors or City employees, for different departments, and have different managers with different expectations. These multidisciplinary teams are listed below, including the positions that comprise each team and the department they belong to indicated in parentheses:

- The **Street Crisis Response Team (SCRT)**, which has had two distinct team compositions over the duration of this audit:

- From November 30, 2020 to March 3, 2023, a SCRT unit was comprised of one **community paramedic (Fire)**, one **behavioral health clinician (DPH)**, and one **peer counselor (DPH)**. The two DPH positions were contracted out to two separate community-based organizations.
- Beginning March 3, 2023, a SCRT unit was comprised of one **community paramedic (Fire)**, one **emergency medical technician (Fire)**, and one **peer counselor (DPH)** or one **Homeless Outreach Team member (HSH)**.
- The **Street Overdose Response Team (SORT)** units are comprised of one **community paramedic (Fire)** and one **peer counselor (DPH)**.
- The **Street Wellness Response Team (SWRT)** units were comprised of one **community paramedic (Fire)**, one **emergency medical technician (Fire)**, and one **Homeless Outreach Team member (HSH)**.
- **EMS-6** is comprised of one **community paramedic (Fire)** and, occasionally, one **Homeless Outreach Team member (HSH)**.
- The **Healthy Streets Operations Center’s (HSOC) Encampment Resolution Team (ERT)** is a collaboration between the **Fire Department, HSH, DEM, DPH, the Police Department, the Department of Public Works, and the Municipal Transportation Agency**. At encampment resolutions, representatives (or contractors) from most, if not all, of those departments are present as members of the team that conducts the resolution.

HSOC encampment resolutions are conducted in a highly structured manner that includes a chain of command that stems from the authority of the Fire Department Captain present at the resolution, and a clear schedule that is repeated daily. However, the other four interdisciplinary teams (SCRT, SORT, SWRT, and EMS-6) are more collaborative and flexible with respect to the roles and dynamics of the individual members and therefore require more attention to the relationships between team members. The four interdisciplinary teams also have much less predictable daily routines because the types of crises, wellness, or overdose calls that they answer vary so widely. Team members from all disciplines told us that these factors mean that clear communication and strong relationships among team members are critical to the success of the teams.

Risk of Burnout Among Some Street Team Members

Our audit fieldwork, including four focus groups with street team staff and 11 street team ride-alongs, found a perception among many street team staff members that support and opportunities for relationship-building among interdisciplinary team members have decreased since the launch of the street teams. These perceptions increase the risk of burnout, turnover,

and job dissatisfaction for street team members, regardless of which department they work for or their status as contractors or City employees.

Relationship-Building Activities for Team Members

When the new SCRT teams were first launched in November 2020, team members reported to us that there were monthly opportunities for the community paramedics, behavioral health clinicians, and peer counselors from different units to come together in an informal social setting on Saturday mornings to get to know each other, debrief calls and issues that came up in the field, and get or offer each other support. When SWRT and SORT were launched, these monthly meetings were extended to them as well. According to street team members, these informal Saturday meetings were terminated to increase the amount of time that street team units spend in the field and were not replaced with anything else like them, leaving many team members feeling unsupported. The community paramedics, clinicians, and peer counselors each have very different backgrounds, experience, and expertise, which is beneficial when responding to complex and varied crisis, wellness, or overdose calls, but can lead to challenges in the field with respect to each individual member's approach to responding to the call and caring for the client. Opportunities for team members to build relationships with and understand each other are important to help address differences that can arise while in stressful field situations, and these opportunities that used to be provided by street team leadership no longer take place.

Additionally, the SCRT teams previously held debriefs in the field after every client encounter that were led by the behavioral health clinicians. Community paramedics, clinicians, and peer counselors reported in focus groups that the post-call debriefs were often a useful way to check in with and support other team members after a call, process what had happened on the call as a group, and reflect on their needs as providers as well as opportunities to improve their team dynamics and collaboration for future calls. It was noted that this debrief session was especially important after a particularly challenging or emotional call.

However, as of March 2023, SCRT and SWRT were consolidated into one SCRT team, and SCRT no longer operates with behavioral health clinicians as members of the team. SCRT team members reported in focus groups held by our audit team that the post-call debriefs no longer take place without the clinicians on the unit, which means that there is no structure for teams to work through or discuss issues that arise in the field. Teams can report issues to their supervisors in their respective departments, but those supervisors are not directly responsible for the actions of the other team members and cannot address in-the-moment conflicts that occur in the field. Reinstating the practice of post-call debriefs after every call for SCRT units would foster good communication practices among teammates and provide a structure for working through conflicts that can arise in the field.

High Risk of Burnout

The job environment for all street teams is constantly changing and street team members, as front-line workers, are at a high risk of burnout due to the complexity and emotional demands of their jobs. Most teams have written policies and procedures in place dictating how team members should do their jobs, but many of them quickly go out of date as names of contacts, referral locations, and even team composition changes fast and frequently. Team members are required to learn on the job and constantly adapt to changes to be successful at carrying out their responsibilities. Street team members also told us that they build relationships with clients who are often experiencing the worst moment of their lives, and as team members their job is to bear witness to that moment and see the client through it. Being a successful street team member requires being self-motivated, creative, resourceful, and compassionate, and yet the job can be incredibly taxing. Because the street teams rely heavily on self-motivated front-line workers, it is important to continue to motivate and support those workers and to avoid burnout.

Public management research has shown that one way to reduce burnout among frontline workers is to increase workers' perceptions of support at work and sense of belonging.¹ This support can be a particularly important tool when modifying the environment of the job is not a possible option, which is the case for street team members. Therefore, increasing opportunities for team members to feel supported at work, and opportunities for team members to connect and communicate with each other and with their managers, could increase their feelings of belonging and decrease the risk of burnout and turnover.

Fire Department staff report that they are taking steps to address burnout and dissatisfaction among community paramedics. As of August 2023, the Fire Department has partnered with San Jose State University to apply for a grant from the National Science Foundation to research moral injury among paramedics and ways to reduce its impact and root causes. (Moral injury is defined in the grant as “a mental health injury stemming from perceived transgression of deeply held moral values” and is connected to burnout.) The Fire Department was awarded the grant, which will allow the Department to pilot and evaluate targeted interventions aimed at reducing moral injury, stress, and burnout among community paramedics.

Conclusion

Street team members are at high risk of burnout due to the stress, complexity, and emotional demands of their front-line jobs. Opportunities for team members to build relationships with and

¹ E. Linos, et al. (2022) studied burnout among 9-1-1 dispatchers through a field experiment in multiple U.S. cities and found that a weekly email with a story from another dispatcher, and a prompt that allowed them to reflect on their job, led to significantly lower burnout four months after the experiment.

support one other, including post-call debrief sessions and periodic informal social gatherings, are important to help team members feel supported and connected to one another at work. Street team program managers at each department should increase and encourage this type of support for front-line street team members by reinstating some team-building opportunities and by exploring new opportunities to support street team members to reduce the likelihood of burnout and turnover and retain qualified, driven, compassionate, and self-motivated employees.

Recommendations

The Fire Department's Assistant Deputy Chief of Community Paramedicine and the Department of Public Health's Director of the Street Crisis Response Team should:

- 7.1 Reinstatement of monthly opportunities for SCRT team members to meet each other in a casual social setting with the goal of fostering a sense of belonging and community.
- 7.2 Reestablish the practice of post-call debriefs on SCRT calls to increase opportunities for conflict management and problem-solving among the units.

The Chief of the Fire Department, the Department of Homelessness and Supportive Housing Executive Director, the Director of the Department of Public Health, and the Department of Emergency Management Executive Director, or their designees, should:

- 7.3 Explore opportunities to increase sense of belonging and support among front-line street team workers, including both civil servants and contractors.

Benefits and Costs

Implementation of the proposed recommendations would reduce the risk of burnout and subsequent turnover of street team members. The proposed recommendations can be accomplished with existing resources, but would reduce teams' time in the field.

Written Responses from Department of Emergency Management, Department of Public Health, Fire Department, and Department of Homelessness and Supportive Housing



London N. Breed
Mayor

Department of Emergency Management
1011 Turk Street, San Francisco, CA 94102
Phone: (415) 558-3800 Fax: (415) 558-3843



Mary Ellen Carroll
Executive Director

October 20, 2023

Linden Bairey
San Francisco Board of Supervisors
Budget and Legislative Analyst's Office

RE: Performance Audit of San Francisco Street Teams

Dear Ms. Bairey,

The Department of Emergency Management (DEM) appreciates the work of the Budget and Legislative Analyst's Office (BLA) in conducting the Performance Audit of San Francisco Street Teams, a broad set of crisis/rapid response and planned outreach efforts that weave together commitments by DEM, the San Francisco Fire Department, Department of Public Health, Department of Homelessness and Supportive Housing and contracted services providers. We recognize the importance and urgency of our collective work. Our teams work with pride, passion, and diligence to not just mitigate crisis and periods of homelessness and ensure that San Francisco streets and communities are safe, accessible, and vibrant for all, but also bring care and dignity to people who are some of the most marginalized in our society. We recognize the complexity of their needs, health and stories and maintain hope that through well-structured and coordinated efforts, we can help people achieve greater life stability. We never give up on the possibility of change.

DEM is proud to both manage initiatives and work closely with our partners on strategies and solutions that result in tighter collaboration, effective communication, efficient coordination, and strengthened impact and outcomes reporting, all of which benefits the people and communities we serve.

DEM recognizes that this was a unique and complex undertaking by the BLA and appreciates the diligence of the BLA team. DEM largely agrees with the final recommendations in the Audit notwithstanding the addition of detail we believe is important for understanding the nuance behind the recommendations.

My team will mobilize partners around the recommendations. Together we'll develop an implementation plan that includes the report back timeline.

Enclosed are DEM's responses to the Audit's recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Ellen Carroll".

Mary Ellen Carroll
Executive Director
San Francisco Department of Emergency Management

BLA: Performance Audit of SF Street Team, Recommendations Summary – DEM Responses
October 20, 2023

Section	Recommendations	DEM Response
<p>Section 1: Street Team Planning, Coordination and Communication</p>	<p>The Director of the Department of Emergency Management’s Coordinated Street Response Program or designee should:</p> <p>1.1 Report quarterly to the Board of Supervisors on:</p> <p>a. Key initiatives, progress, and outcomes from Street Response Planning and Operations meetings and internal working groups.</p> <p>b. Key public education milestones, including focus group outcomes, the development of public education materials, the public campaign implementation, and stakeholder training and outreach.</p> <p>c. Progress toward and barriers to data linkage and sharing efforts.</p>	<p>1.1 Agree in part</p> <p>DEM recommends annual, comprehensive report backs of all street teams. For matters of business practicality, there are an array of routine meetings with city leadership, including members of the Board of Supervisors. Smaller scale updates on activities, process improvements and impact are already regularly provided. An annual report back will give DEM and partners the opportunity to more meaningfully illustrate progress, challenges and solutions over time.</p>
<p>Section 2: Street Team Goals and Performance</p>	<p>The Executive Director of the Department of Emergency Management and the Executive Director of the Department of Homelessness and Supportive Housing, or their designees, should:</p> <p>2.2 Collaborate on improvements to track HSOC shelter availability and referral data for HSOC clients, with the goal of increasing shelter referral uptake among HSOC and other street team clients, and report to the Board of Supervisors no later than April 30, 2024 on progress toward this effort. This effort could include analysis of client demand for specific types of shelter placements, and strategies that increase or contribute to successful shelter placements.</p>	<p>2.2 Agree</p> <p>DEM and HSH are already actively working on strategies to strengthen HSOC data including measures that address these requests. The results of this work will be reflected in public facing dashboards, via developing ASTRID efforts and will be part of annual report backs.</p>

<p>Section 3: Data Access, Sharing and Linkage</p>	<p>To improve citywide street team data access, sharing, and linkage, the Department of Emergency Management’s Coordinated Street Response Program should:</p> <p>3.1 Submit reports to the Board of Supervisors starting in January 2024, and every six months thereafter, on progress towards data sharing efforts. Reports should identify key data sharing goals, milestones, accomplishments, participating agencies, and any identified barriers or obstructions to data sharing goals.</p> <p>3.2 Establish an interim routine data sharing and/or linkage practice among street teams that permits the sharing of aggregate data and by-name client lists no later than June 30, 2024. DEM should serve as the central department that will receive and distribute information, ensure the right teams receive the right levels of information, and preserve the security of the data. This data sharing practice could include sending monthly secure emails to each street team program, or to DEM, with each team’s list of clients seen in the prior month and the information contained in the individual departments’ data systems.</p>	<p>3.1 Agree</p> <p>DEM agrees with this recommendation.</p> <p>3.2 Agree</p> <p>Via the SF HMDT (Homeless Multi-Disciplinary Team) launched by the Mayor’s Office, guidelines around robust data sharing for case planning and reporting purposes are being established with the goals of creating a by client list, a Shared Priority Client list, a group of people with extremely complex health needs, and for the purpose of sharing aggregated information for reporting/evaluation and impact purposes. The technicalities of sharing data will be dictated by laws and MDT guidelines.</p> <p>DEM has been positioned to be the administrator of the SF HMDT and data sharing efforts.</p>
<p>Section 4: Contract Performance Monitoring Oversight</p>	<p>The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, and the Executive Director of the Department of Homelessness and Supportive Housing, or their designees, should:</p> <p>4.3 Conduct, at minimum, mid-year reviews or evaluations of contractor performance towards contract obligations of all new street team contractors for the first three years of the contract. The results of the evaluations should be reported to the Board of Supervisors.</p>	<p>4.3 Agree</p> <p>DEM has weekly operational meetings with our contracted service provider, Urban Alchemy/HEART, conducts monthly invoice review, a quarterly deep dive of financial management and will do a semi-annual performance review that reviews progress towards goals outlined in the contract.</p>

<p>Section 5: Resource Referral Capacity</p>	<p>The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, the Executive Director of the Department of Homelessness and Supportive Housing, and the Chief of the Fire Department, or their designees, should:</p> <p>5.1 Regularly report to the Board of Supervisors on the number of encounters during which a resource was requested but unavailable for a street team encounter, and summarize the data by day of the week and time of day, to allow for ongoing monitoring of (a) the underlying capacity of the shelter system and of sub-acute non-hospital settings, and (b) these resources' availability for street team clients.</p>	<p>5.1 Agree</p> <p>DEM agrees with the recommendation. These types of resource capacity questions like how many more shelter bed, Soma Rise, Sobering beds are needed to support clients of all street teams operations, for example, are already a part of the developing ASTRID scope of work. Current and needed data collection, tracking and reported protocols are being reviewed and established with the goal of better understanding resource opportunities and deficits. DEM will include details on progress and challenges towards this goal in data and annual report backs.</p>
<p>Section 6: Dispatched Street Team Availability and Demand</p>	<p>The Director of the Department of Emergency Management's Coordinated Street Response Program should:</p> <p>6.2 Ensure that ongoing monitoring of HEART staffing, in-service ratios, and calls for service is conducted on a regular basis, and report to the Board of Supervisors by January 31, 2024 on whether the HEART contractor has met contracted staffing obligations.</p>	<p>6.2 Agree</p> <p>DEM and Urban Alchemy/HEART are in routine communication regarding daily deployment and staffing of teams. DEM will provide updates on staffing, deployment rates, calls for service, and overall contract performance.</p>
<p>Section 7: Street Team Member Dynamics and Support</p>	<p>The Chief of the Fire Department, the Department of Homelessness and Supportive Housing Executive Director, the Director of the Department of Public Health, and the Department of Emergency Management Executive Director, or their designees, should:</p> <p>7.3 Explore opportunities to increase sense of belonging and support among front-line street team workers, including both civil servants and contractors.</p>	<p>7.1 Agree</p> <p>DEM agrees with the spirit of the recommendation and will work collaboratively with partners to increase opportunities to improve a sense of belonging and connection amongst all members of our SF Street Teams.</p>



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

October 20, 2023

San Francisco Budget and Legislative Analyst's Office
Board of Supervisors, City and County of San Francisco

RE: Performance Audit of San Francisco Street Teams

The Department of Public Health (DPH) appreciates the work of the Budget and Legislative Analyst's Office in conducting the Performance Audit of San Francisco Street Teams.

Thank you for the opportunity to review the draft of the Performance Audit and to discuss our feedback with you. Enclosed are DPH's responses to individual recommendations included in the Performance Audit. We have included responses only to recommendations where DPH is named.

We look forward to continued partnership with the Board of Supervisors and other stakeholders. The Performance Audit and recommendations will further assist DPH's important work to protect and promote the health of all San Franciscans.

Sincerely,

A handwritten signature in blue ink that reads "Grant Colfax".

Grant Colfax, MD
Director of Health

Street Teams Performance Audit Recommendations

SFDPH Responses

Recommendation	DPH Response	DPH Comments
2. Street Team Goals and Performance		
<p><u>Recommendation 2.1:</u></p> <p>The Director of the Department of Public Health and the Chief of the Fire Department, or their designees, should: Report regularly and consistently on street team goals and performance measures that directly track progress towards those goals. Teams should report at least annually, but ideally quarterly or more frequently, and make the reports publicly available online in a central, easily accessible location, such as through online dashboards. This reporting should include the establishment of performance metrics for the Street Medicine Team.</p>	<p>PARTIALLY AGREE</p>	<p>DPH Street Medicine team does track metrics and goals. In 2023-2024, Street Medicine quality improvement goals include monitoring and increasing the number of clients screened for alcohol, tobacco and drug use, and the number of clients who receive telehealth services. Street Medicine also regularly collects metrics related to HIV and Hepatitis C. Additionally, as part of a statewide initiative called CalAIM, Street Medicine will report on the number of enhanced care management clients served, clients screened for homelessness, and clients referred for housing support services.</p>
<p><u>Recommendation 2.3:</u></p> <p>The Director of the Department of Public Health, or their designee, should: Modify the service model of the POET and SCRT-OCC follow-up teams to improve the success rate and cumulative follow-up rate for clients who are referred for services.</p>	<p>PARTIALLY AGREE</p>	<p>While the SCRT-OCC follow-up rate was cumulatively 64% at the time of this audit, the SCRT-OCC team regularly connected with far more referrals, often more the 80% of referrals during most of 2022. The cumulative average was significantly impacted by the team’s ramp-up period in 2021.</p> <p>DPH has significantly enhanced our SCRT follow up model as part of the March 2023 SCRT reconfiguration. Follow-up for SCRT is now fully integrated into the Office of Coordinated Care (OCC) which provides care coordination and follow-up for people who have multiple points of contact across systems, including people exiting involuntary holds (5150), transitioning out of acute care settings, following crisis contacts, and leaving jail. This ensures OCC can identify, follow, and provide strategic intervention for people who need strong system coordination.</p>
4. Contract Performance Monitoring and Oversight		
<p><u>Recommendation 4.1:</u></p> <p>The Director of the Department of Public Health’s Business Office of Contract Compliance should:</p>	<p>PARTIALLY AGREE</p>	<p>The DPH Business Office, Office of Contract Compliance (BOCC) completes performance monitoring reports annually. Of DPH’s street team contractors, there were five programs potentially subject to performance monitoring in FY20-21 and/or FY21-22 for a</p>

<p>By January 31, 2024, finalize the contract monitoring reports for FY2020-21 and FY2021-22 for all of DPH’s street team contractors.</p>		<p>maximum possible total of eight unique reports. Of these, six are either complete or drafted pending final signature approval. The remaining two, both supporting SORT team membership, will not receive an annual monitoring report during the FY21-22 start-up year, as there is no basis to construct performance objectives or data for that fiscal year.</p>
<p><u>Recommendation 4.2:</u></p> <p>The Director of the Department of Public Health, or their designee, should: Explicitly include all contractor outputs and outcomes in contract documents, either by listing them in the scope of work or including them as a separate appendix.</p>	<p>DISAGREE</p>	<p>The DPH Business Office has an established practice for its community-based contracts that includes a reference in each contract to a link where annual performance objectives are posted online for each service modality, both generic to a service modality and individualized to a unique service type. DPH periodically updates performance standards based on program needs, funder requirements, and lessons learned from program operations. If performance objectives are formally listed in the contract, DPH would be unable to update or change performance objectives without a formal modification to the contract. This would result in a lack of flexibility for programs to adapt to changing needs and a large administrative burden to repeatedly modify contracts based on operational changes, reducing the effectiveness of the programs and limiting DPH’s ability to manage its contractors. Updates may occur annually, and by posting changes to a link each fiscal year, these objectives are available sooner to the contracted providers that must meet them as opposed to each waiting for a contract update. In the future, with a planned implementation of an electronic Contract Management System (eCMS), DPH will have the capacity to sort and create summaries that will directly link performance measures to individually monitored programs, thereby improving public visibility into performance objectives by program.</p>
<p><u>Recommendation 4.3:</u></p> <p>The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, and the Executive Director of the Department of Homelessness and Supportive Housing, or their designees, should: Conduct, at minimum, mid-year reviews or evaluations of contractor performance towards contract obligations of all street team contractors for at least the first three years of the contract. The results of the evaluations should</p>	<p>PARTIALLY AGREE</p>	<p>DPH is committed to assessing the contract performance of street teams. Each of the DPH contracted programs supporting a street team is subject to annual program monitoring by the Business Office of Contract Compliance (BOCC).</p> <p>In addition to the BOCC annual monitoring process, DPH program staff are regularly monitoring or will begin to intensively monitor street team program performance throughout the year. For example, the BEST Neighborhoods team collects daily outreach metrics from RAMS and meets daily and weekly to discuss and track client case progress. SCRT publishes a joint monthly program dashboard on-line.</p> <p>DPH will continue to work with the other City departments to identify a process and format for ongoing reporting to the Board of Supervisors on the performance of the street teams.</p>

be reported to the Board of Supervisors.		
5. Resource Referral Capacity		
<p><u>Recommendation 5.1:</u></p> <p>The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, the Executive Director of the Department of Homelessness and Supportive Housing, and the Chief of the Fire Department, or their designees, should: Regularly report to the Board of Supervisors on the number of encounters during which a resource was requested but unavailable for a street team encounter, and summarize the data by day of the week and time of day, to allow for ongoing monitoring of (a) the underlying capacity of the shelter system and of sub-acute non-hospital settings, and (b) these resources' availability for street team clients.</p>	<p>PARTIALLY AGREE</p>	<p>DPH agrees with the importance of measuring unmet need for the populations we serve; however, this should be a reporting process that is feasible and takes into consideration the capacity of each street team. It is important that data collection efforts align with the workflow of staff who work directly with clients on the street and does not divert capacity away from clients.</p>
6. Dispatched Street Team Availability and Demand		
<p><u>Recommendation 6.1:</u></p> <p>The Director of the Department of Public Health, the Executive Director of the Department of Homelessness and Supportive Housing, and the Chief of the Fire Department, or their designees, should: By January 31, 2024, report to the Board of Supervisors on the work ratios of SCRT and SORT, and evaluate whether current efforts to ensure stable staffing of SCRT and SORT community paramedics, EMTs, peer counselors, and HOT members are adequate. In addition, the report should identify whether additional measures are necessary to ensure</p>	<p>AGREE</p>	

adequate and uninterrupted street team coverage and to meet the demand for street team services.		
7. Street Team Member Dynamics and Support		
<p><u>Recommendation 7.1</u></p> <p>The Fire Department’s Assistant Deputy Chief of Community Paramedicine and the Department of Public Health’s Director of the Street Crisis Response Team should: Reinstate monthly opportunities for SCRT team members to meet each other in a casual social setting with the goal of fostering a sense of belonging and community.</p>	AGREE	Please note that the DPH Director of SCRT position no longer exists.
<p><u>Recommendation 7.2</u></p> <p>The Fire Department’s Assistant Deputy Chief of Community Paramedicine and the Department of Public Health’s Director of the Street Crisis Response Team should: Reestablish the practice of post-call debriefs on SCRT calls for, at minimum, all difficult calls, to increase opportunities for conflict management and problem-solving among the units.</p>	AGREE	A post difficult call debrief protocol is already in place and is used by SFFD and RAMS. Please note that the DPH Director of SCRT position no longer exists as there are no behavioral health clinicians on SCRT rigs.
<p><u>Recommendation 7.3:</u> The Chief of the Fire Department, the Department of Homelessness and Supportive Housing Executive Director, the Director of the Department of Public Health, and the Department of Emergency Management Executive Director, or their designees, should: Explore opportunities to increase sense of belonging and support among front-line street team workers, including both civil servants and contractors.</p>	AGREE	We recommend exploring opportunities to create smaller integrated teams and support an increased sense of belonging among street teams working in the same area.

JEANINE R. NICHOLSON
CHIEF OF DEPARTMENT



LONDON N. BREED
MAYOR

SAN FRANCISCO FIRE DEPARTMENT
CITY AND COUNTY OF SAN FRANCISCO

October 20, 2023

Linden Bairey
San Francisco Board of Supervisors
Office of Budget and Legislative Analyst
#1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

RE: Performance Audit of San Francisco Street Teams

Dear Ms. Bairey,

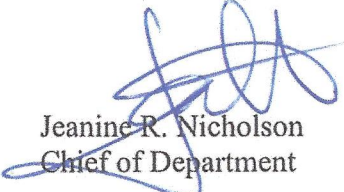
The San Francisco Fire Department (SFFD) recognizes the work of the Budget and Legislative Analyst's Office in conducting the Performance Audit of San Francisco Street Teams. Your team was professional and communicative during this process.

The SFFD acknowledges the length and complexity of this audit and wishes to note the transparency, integrity, and responsiveness of SFFD members who assisted your team over the past year. The SFFD agrees with the report's recommendations on whole and has noted that the majority of our responses to these recommendations have either previously been implemented or are in the process of implementation.

The SFFD will work to implement these recommendations in support of its mission to provide timely, impactful, and compassionate care and services to our City's residents. We will always be evaluating our programs' effectiveness and welcome this Audit in support of that goal.

Enclosed are the SFFD's responses to the Audit's recommendations.

Sincerely,


Jeanine R. Nicholson
Chief of Department

Attachment

BLA: Performance Audit of SF Street Team, Recommendations Summary – Fire Department Responses
October 20, 2023

Section	Recommendations	Fire Department Response
<p>Section 2: Street Team Goals and Performance</p>	<p>The Director of the Department of Public Health and the Chief of the Fire Department, or their designees, should:</p> <p>2.1 Report regularly and consistently on street team goals and performance measures that directly track progress towards those goals. Teams should report at least annually, but ideally quarterly or more frequently, and make the reports publicly available online in a central, easily accessible location, such as through online dashboards. This reporting should include the establishment of performance measures for the Street Medicine team.</p> <p>2.4 Include data elements related to Suboxone administration in the regular ongoing reporting of SORT metrics and performance.</p> <p>2.5 Report on progress toward the health outcome database to support a longitudinal understanding of the impact of Suboxone administration, as well as any other related data-sharing efforts and progress, to the Board of Supervisors by April 2024.</p>	<p>2.1 Agree. Both the BLA in the Audit, and the Fire Department notes this recommendation has been implemented several years prior to the Audit. SCRT, SORT, and EMS-6 performance measures have been published monthly since each programs' inception, through both public-facing websites and Fire Commission reports.</p> <p>2.4 Agree.</p> <p>2.5 Agree. Fire wishes noted that:</p> <ol style="list-style-type: none"> 1. Paramedic administered Suboxone is a Local EMS Agency pilot involving multiple EMS providers and DPH clinical staff, 2. The pilot, which began in April 2023, is already working towards capturing longitudinal health outcome data and, 3. The Fire Department is pursuing implementation of the first longitudinal Suboxone health outcome database in the State of California.
<p>Section 5: Resource Referral Capacity</p>	<p>The Director of the Department of Public Health, the Executive Director of the Department of Emergency Management, the Executive Director of the Department of Homelessness and Supportive Housing, and the Chief of the Fire Department, or their designees, should:</p> <p>5.1 Regularly report to the Board of Supervisors on the number of encounters during which a resource was requested but unavailable for a street team encounter, and summarize the data by day of the week and time of day, to allow for ongoing monitoring of (a) the underlying capacity of the shelter system and of sub-acute non-hospital settings, and (b) these resources' availability for street team clients.</p>	<p>5.1 Agree.</p>
<p>Section 6: Dispatched Street Team</p>	<p>The Director of the Department of Public Health, the Executive Director of the Department of Homelessness and Supportive</p>	<p>6.1 Agree.</p>

<p>Availability and Demand</p>	<p>Housing, and the Chief of the Fire Department, or their designees, should:</p> <p>6.1 By January 31, 2024, report to the Board of Supervisors on the work ratios of SCRT and SORT, and evaluate whether current efforts to ensure stable staffing of SCRT and SORT community paramedics, EMTs, peer counselors, and HOT members are adequate. In addition, the report should identify whether additional measures are necessary to ensure adequate and uninterrupted street team coverage and to meet the demand for street team services.</p>	<p>The reported work ratios of SCRT and SORT programs reflect the challenging staffing environment that the BLA Audit notes all providers have faced. Despite this challenging environment, the Fire Department has staffed community paramedics 24 hours a day, 365 days a year. This process involves years of hiring, promotional exams, internal recruitment, and extensive training. Of note, the San Francisco Fire Department is the first EMS provider in the State of California to receive formal approval from the California EMS Authority to establish a regional community paramedic training center.</p>
<p>Section 7: Street Team Member Dynamics and Support</p>	<p>The Fire Department’s Assistant Deputy Chief of Community Paramedicine and the Department of Public Health’s Director of the Street Crisis Response Team should:</p> <p>7.1 Reinstate monthly opportunities for SCRT team members to meet each other in a casual social setting with the goal of fostering a sense of belonging and community.</p> <p>7.2 Reestablish the practice of post-call debriefs on SCRT calls to increase opportunities for conflict management and problem-solving among the units.</p> <p>The Chief of the Fire Department, the Department of Homelessness and Supportive Housing Executive Director, the Director of the Department of Public Health, and the Department of Emergency Management Executive Director, or their designees, should:</p> <p>7.3 Explore opportunities to increase sense of belonging and support among front-line street team workers, including both civil servants and contractors.</p>	<p>7.1 Agree in part. The Fire Department notes that “reinstate” is an incorrect term in this context and the Department has always supported social gatherings and a sense of belonging amongst our membership.</p> <p>7.2 Agree in part. The Fire Department notes that while members have always had available sufficient time to debrief, especially after stressful or traumatic incidents, there are times when 911 operational priorities or major incidents may delay a debrief.</p> <p>7.3 Agree.</p>



Date: October 20, 2023

To: Linden Bairey, San Francisco Board of Supervisors Budget and Legislative Analysis Office

From Dee Rosado-Chan – Deputy Director of Programs

Re: Memo Response to Audit Findings Performance Audit of San Francisco Street Teams

The Department of Homelessness and Supportive Housing (HSH) is writing in response to the recent audit conducted on San Francisco Street Teams by the Budget and Legislative Analysis office. HSH appreciates the work of the Budget and Legislative Analysis office in conducting the Performance Audit of various Street Teams managed by several key city departments and appreciates this opportunity to respond. HSH agrees with all three of the BLA’s recommendations to HSH regarding outreach and shelter for persons experiencing homelessness. This memo provides additional information on the progress underway on each of the three recommendations of the BLA to HSH.

Table 1: HSH Responses to BLA Recommendations

Recommendation	HSH Response
2.2: DEM and HSH should collaborate on improvements to track HSOC/ERT shelter availability and referral data for HSOC/ERT clients, with the goal of increasing shelter referral uptake among HSOC and other street team clients, and report to the Homelessness and Behavioral Health Select Committee of the Board of Supervisors no later than April 30, 2024, on progress toward this effort.	Agree
4.4: HSH’s Director of Outreach and Temporary Shelter should: Address Heluna Health’s staffing challenges for the San Francisco Homeless Outreach Team (SFHOT) in the next contract monitoring report by working with Heluna Health leadership to develop a SFHOT team hiring plan.	Agree / In Process
5.2: HSH’s Director of Outreach and Temporary Shelter should: Work with the Fire Department to identify placement options for street team clients who request shelter placement outside of normal shelter intake hours.	Agree / In Process

According to the 2022 Point in Time Count (PIT), San Francisco had a 15% decrease in unsheltered homelessness and a 3.5% decrease in overall homelessness since 2019. The decreases reflected in the 2022 PIT Count were due to a number of initiatives and investments in services across the homelessness response system since including: preventing homelessness for 5,500 at-risk households and placing approximately 2,300 formerly homeless households into permanent housing in Fiscal Year 2021-22, adding over 3,000 new units and subsidies of permanent supportive housing between 2020 and 2022, permanently housing nearly 1,800 guests from the COVID-19 emergency Shelter in Place Hotel Program, and re-opening and expanding the shelter system to a greater capacity than before the COVID-19 pandemic.

In April 2023, HSH released a five-year, citywide strategic plan, “Home by the Bay: An Equity-Driven Plan to Prevent and End Homelessness” (Home by the Bay Plan), that calls for an expansion of prevention, shelter, and housing to meet the strategic plan’s goals, including a 50% reduction of

unsheltered homelessness from the 2022 PIT Count. To meet these goals, the Plan calls for an investment to expand prevention, shelter and housing resources, including 1,075 new shelter beds, over 500 of which were funded during the FY23 budget process.

As of the writing of this memorandum, there are 3,140 slots in San Francisco's Temporary Shelter and Crisis Intervention portfolio. HSH has continued to expand and design program models that are innovative to meet the diverse needs of members of our community experiencing homelessness including non-congregate and semi-congregate shelters, safe parking, and cabin programs.

Recommendation 2.2: *The Executive Director of the Department of Emergency Management and the Executive Director of the Department of Homelessness and Supportive Housing, or their designees, should: Collaborate on improvements to track HSOC/ERT shelter availability and referral data for HSOC/ERT clients, with the goal of increasing shelter referral uptake among HSOC and other street team clients, and report to the Homelessness and Behavioral Health Select Committee of the Board of Supervisors no later than April 30, 2024 on progress toward this effort.*

DEM and HSH are actively working on strategies to strengthen HSOC data including measures that address these requests. HSH HSOC Liaison works daily with the HSH guest placement team of shelter availability. The HSH HSOC also does bed projections for each resolution to ensure there is shelter available. DEM and HSH work collaboratively to ensure that shelter availability is tracked. The results of this work will be reflected in public facing dashboards, via developing ASTRID efforts and will be part of annual report backs.

Recommendation 4.4: *The Department of Homelessness and Supportive Housing's Director of Outreach and Temporary Shelter should: Address Heluna Health's staffing challenges for the San Francisco Homeless Outreach Team (SFHOT) team in the next contract monitoring report by working with Heluna Health leadership to develop a SFHOT team hiring plan.*

The SFHOT contract has been held by the non-profit provider Heluna Health since 2014. The mission of SFHOT is to connect the most vulnerable persons experiencing homelessness with available and appropriate resources within the Homelessness Response System. In April 2023, HSH released a Request for Proposals (RFP) #139 for SFHOT Services. HSH awarded this new contract to Heluna Health. The contract is anticipated to start on January 1, 2024, following approval from the Board of Supervisors under Administrative Code Section 9.118.

From the fall 2016 through the spring of 2017, City performance worked closely with HSH to gather feedback to improve the functioning and organization of SFHOT. City performance conducted interviews, focus groups, job shadowing, and a series of work group meetings aimed at understanding the program and getting consensus on potential solutions.

During fiscal year 2018 – 2019 the Department of Homelessness and Supportive Housing approved for the re-organization of the structure of SFHOT. The implementation included main themes such as increasing pay, increasing opportunities for advancement from within the program, increasing supervisory oversight, and improved support of staff working in field settings. This input for organizational changes was direct feedback from the staff of SFHOT at the time. Heluna Health did a wonderful job working quickly to improve the program's structure, HR support, and infrastructure for the staff of the program.

HSH has asserted to Heluna Health that maintaining appropriate staffing levels is a top priority and the two organizations have been meeting regularly to develop and implement the staffing plan. In each bi-weekly meeting, Heluna Health provides updates including: a demonstration of job

announcements, an account of presentations and postings, and an update on the number of hires and number of vacancies. HSH's current and newly awarded contract with Heluna Health for SFHOT services requires that at least 90% of Heluna Health's positions are filled at any point in time.

The required minimum staffing rate in the current and upcoming new Heluna Health contract is 90%. During the end of the COVID public health emergency in July 2022, the staffing rate was down to 79.45%. By March of 2023 it was briefly up to 91% before decreasing again to 86% in June 2023 due to some unforeseen staff departures. Heluna Health staffing of SFHOT has continued to be a challenge that is exacerbated by the burnout and high levels of turnover that are often cited in exit interviews of Heluna Health outreach workers.

In early October 2023, HSH requested Heluna Health to provide both a short-term and long-term hiring plan in writing by November 1, 2023. They were requested to prove the short-term plan is to hire an additional four encampment resolution outreach staff for Polk Alleys by November 30, 2023, and another four-encampment resolution outreach staff for the Mission by January 1, 2024. With those hires, we expect Heluna Health to meet the 90% staffing requirement outlined in their current contract with HSH. In addition, the long-term plan will include actions Heluna Health will take to fill all by January 1, 2024.

The HSH Director of Outreach and Temporary Shelter and the HSH Outreach Manager both attend a biweekly meeting with Heluna Health leadership to review the hiring performance metric as well as staff retention, including specialized training and appreciation events. The topic of staffing is now the primary agenda of that regular meeting. In each meeting, Heluna Health provides a detailed report outlining current vacancies, recruitment, and retention efforts, such as a plan for promotions or staff appreciation events.

HSH takes very seriously the vacancy rate at Heluna Health; every position they are down means one less staff conducting outreach to the many persons on the street. In this meeting, Heluna presents their vacancy rate, their recruitment and retention activities, such as plans for promotions and staff appreciation events.

Recommendation 5.2: *The Department of Homelessness and Supportive Housing's Director of Outreach and Temporary Shelter should: Work with the Fire Department to identify placement options for street team clients who request shelter placement outside of normal shelter intake hours.*

HSH has expanded our evening and weekend Temporary Shelter and Crisis Intervention portfolio over the last few years, offering two program models to meet the unique needs of individuals experiencing unsheltered homelessness in San Francisco.

In 2022, HSH launched a pilot with the SFFD to dedicate two beds a night at a Navigation Center for evening and weekend referrals made by the SCRT team.

In 2023, HSH launched the Urgent Accommodation Voucher (UAV) program that serves families and pregnant people, survivors of violence, and young adults (TAY). The programs provide hotel vouchers at various locations throughout the City for up to 14 days, along with roving case management services. Programs respond to referrals from priority referral partners, such as SFFD, 24 hours a day, 7 days per week.

Along with expanding shelter resources, for designated referral partners, HSH has been working to improve public access to shelters. HSH has two shelter programs that are accessible to the public through self-referrals and encourage people seeking shelter to contact the SFHOT public phone line

to connect with outreach services and other available resources. In 2020, HSH launched the City's Centralized Placement System that provides daily allocations of available shelter beds to designated referral partners including: SFHOT, HSOC, hospital discharge, Adult Coordinated Entry, SCRT, Journey Home and the SFPD. The Centralized Placement System has supported distribution of scarce shelter resources, but the demand for access to beds continues to outweigh the current resources available.

HSH recognizes the significance of supporting the city's response to unsheltered homelessness by providing adequate and desirable shelter placements and improving access to shelter for partners and clients alike. In "Home by the Bay Plan," Action Area #3: Strengthening Response to Unsheltered Homelessness, identifies goals including over 1,000 new shelter beds and expansion of evening and weekend shelter access. We look forward to continuing to expand our efforts in this area in partnership with SFFD and other city agencies working to address unsheltered homelessness.

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

MEMORANDUM

TO: Mary Ellen Carroll, Executive Director, Dept. of Emergency Management
Shireen McSpadden, Executive Director, Dept. of Homelessness and Supportive Housing
Dr. Grant Colfax, Director, Dept. of Public Health
Jeanine Nicholson, Chief, Fire Dept.

FROM: Victor Young, Assistant Clerk *Victor Young*

DATE: August 30, 2024

SUBJECT: LEGISLATION INTRODUCED

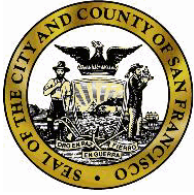
The Board of Supervisors' Rules Committee received the following proposed Ordinance:

File No. 240805

Ordinance amending the Administrative Code to require regular reporting to the Board of Supervisors by the Department of Emergency Management, Department of Homelessness and Supportive Housing, Department of Public Health, and Fire Department, concerning the efficiency and effectiveness of the City's street teams.

If you have comments or reports to be included with the file, please forward them to Victor Young at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 or by email at: victor.young@sfgov.org.

c: Olivia Scanlon, Dept. of Emergency Management
Michelle Busse, Dept. of Emergency Management
Dylan Schneider, Homelessness and Supportive Housing
Emily Cohen, Homelessness and Supportive Housing
Bridget Badasow, Homelessness and Supportive Housing
Dr. Naveena Bobba, Public Health
Sneha Patil, Public Health
Ana Validzic, Public Health
Theresa Ludwig; Fire Dept.



City and County of San Francisco

Master Report

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 240805 **File Type:** Ordinance **Status:** 30 Day Rule

Enacted: _____ **Effective:** _____

Version: 1 **In Control:** Rules Committee

File Name: Administrative Code - Street Teams Reporting **Date Introduced:** 07/30/2024

Requester: _____ **Cost:** _____ **Final Action:** _____

Comment: _____ **Title:** Ordinance amending the Administrative Code to require regular reporting to the Board of Supervisors by the Department of Emergency Management, Department of Homelessness and Supportive Housing, Department of Public Health, and Fire Department, concerning the efficiency and effectiveness of the City's street teams.

Sponsor: Preston

History of Legislative File 240805

Ver	Acting Body	Date	Action	Sent To	Due Date	Result
1	President	07/30/2024	ASSIGNED UNDER 30 DAY RULE	Rules Committee	08/29/2024	

FY 23-24

Annual Report



SF COORDINATED STREET RESPONSE TEAMS

Coordinated Response Division
Department of Emergency
Management
FY 23-24

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EXECUTIVE SUMMARY

The SF Coordinated Street Response Teams integrate crisis response, rapid response and planned outreach into a comprehensive strategy that addresses a wide array of behavioral health crisis and homelessness needs on the streets of San Francisco. Nine teams across four departments are covered in this report:

SF COORDINATED STREET RESPONSE TEAMS

- A. Department of Emergency Management
 1. Healthy Street Operations Center (HSOC)
 2. Homeless Engagement Assistance Response Team (HEART)
- B. Department of Public Health
 3. BEST Neighborhoods (BN)
 4. Street Medicine (SM)
 5. Office of Coordinated Care/Street Crisis Response Team, Triage (OCC-SCRT Triage)
 6. Post Overdose Engagement Response Team (POET)
- C. Fire Department/Community Paramedicine
 7. Street Crisis Response Team (SCRT)
 8. Street Overdose Response Team (SORT)
- D. Homelessness and Supportive Housing (HSH)
 9. Homeless Outreach Team (HOT)

Each team brings a unique specialty to the work, serving clients in crisis and/or experiencing homelessness in accordance with their mission, funded contractors, and work plans. As well, responsive to city leadership and the public, collectively, we have worked diligently together over the last couple of years to make progress on requested goals:

- A. To tighten our cross teams' communication and coordination.
- B. To use data to drive our program, operational, and system decisions.
- C. To simplify all street response teams' information through a unified public awareness and media/communications strategy.
- D. To demonstrate progress towards recommendations made by the SF Budget and Legislative Analyst's (BLA) office.

OVERVIEW OF KEY COORDINATION ACHIEVEMENTS

- A. Developed top **tier goal and performance metrics**
- B. Built a backend data integration, creating one **all street teams database**
- C. Created an all street response teams', **by-name client list**
- D. Launched a beta version of all street response teams' **outreach worker tool**
- E. Built a wireframe for the **policy maker dashboard**
- F. Designed a mockup of the all street response teams', **public facing website**

Looking Forward

This FY 23-24 report showcases tremendous progress of SF Coordinated Street Response teams. It's a brightline of the vital work of each team and the steps we have taken together to improve coordination. We share a sense of urgency to answer key questions about our work: What do the teams do; how many people have been served; what client needs are; and most importantly, what are the outcomes of our work.

In FY 24-25 (July 1, 2024 – June 30, 2025), as the above key achievements indicate, there is a foundation to accelerate the compilation of data and outcomes that city leaders and the public want to see. Over the next several months, we'll ensure the accuracy and responsiveness of the integrated, all street teams client data base, a large undertaking that has all teams' full commitment. To memorialize commitments, we'll complete an operational workplan that reflects our top tier goals, performance metrics, services, coordination and reporting, information that will help leaders to answer key questions about the client journey and the collective impact of our work.

LEADERSHIP STATEMENTS

Department of Emergency Management, Executive Director, Mary Ellen Carroll

“The Department of Emergency Management coordinates the SF Coordinated Street Response Program, a multi-pronged effort, at the client-level, to get people safely off the street and linked to available services and at a system level, to strengthen coordination and communication strategies across all participating street teams. To improve conditions for people in need and in our communities at large, we must align around shared policies and practices, and better use data to improve our operations and inform our policies.”

Department of Public Health, Director of Health, Dr. Grant Colfax

“Street-based care is an essential part of our public safety net. SFDPH street teams are in the community every day and night working with the City's most vulnerable residents, many of whom have complex medical, mental health and substance use conditions, and trauma that can prevent them from seeking medical care through traditional pathways. SFDPH street teams employ medical and behavioral health professionals, as well as health workers and peer specialists with lived experience. They holistically support clients with the ultimate goal of getting them into ongoing treatment and care, in addition to coordinating with other City systems to meet their basic needs. We continue to evolve our approach and our teams' work to make the greatest impact on individuals and the communities we serve.”

San Francisco Fire Department, Chief, Sandy Tong

“The Fire Department has been a leader within San Francisco, California, and nationally in recognizing that we must adapt our 911-based care to meet the evolving needs of our community. Every day in our city we see people who require services and interventions that span traditional departmental boundaries. We also see the positive health outcomes that can happen when we deliver on these complex needs. The Street Crisis Response and Street Overdose Response Teams' successes are evidence of this coordinated approach, and we will continue to build and collaborate on these data-driven models of effective care.”

Homelessness and Supportive Housing, Executive Director, Shireen McSpadden

“Effective coordination of outreach and engagement services is crucial in linking individuals with complex health needs to shelter and permanent housing. By building trust and providing consistent support, we can ensure that those who are most vulnerable receive the comprehensive care they need to transition from experiences of homelessness to stable, long-term housing.”

Department of Emergency Management (DEM):

Coordination, Healthy Streets Operation Center (HSOC), Homeless Engagement Assistance Response (HEART), Joint Field Operations, Ambassador Programs Coordination

Department of Public Health (DPH):

Office of Coordinated Care (OCC) – SCRT Triage; OCC – BEST Neighborhoods, Street Medicine, Post Overdose Engagement Team

Homelessness and Supportive Housing (HSH):

Outreach, shelter, housing placement and housing assistance

Fire Department/Community Paramedicine (SFFD)

Street Crisis Response Team and Street Overdose Response Team



SF COORDINATED RESPONSE OVERVIEW

History

STREET TEAMS SNAPSHOT TIMELINE



Outreach and engagement teams were launched nearly two decades ago through the initial establishment of the Homeless Outreach Team in 2004, followed by the launch of Street Medicine several years later, both under the Department of Public Health. In 2016, the Homeless Outreach Team moved to the Department of Homelessness and Supportive Housing.

In 2018, the Healthy Streets Operation Center launched, spotlighting the efficacy of braiding multi-department teams into daily coordinated efforts focused both on linking people in distress to shelter and services and to ensuring that San Francisco’s streets and sidewalks were clean and accessible for all.

In 2020, through the establishment of Mental Health SF, the Office of Coordinated Care and crisis response teams were respectively consolidated or created. During the period of 2014 – 2020, coordination was organic to client-level efforts, but a need for more coordination and tighter data sharing was already evolving.

By 2022 when nearly ten street response teams were operating across San Francisco and the homelessness and behavioral health crisis on our streets intensified, there was an increased focus on tighter all street response teams’ coordination. The Department of Emergency Management was asked to play a coordination leadership role, beyond the work of HSOC, and work hand in hand with leaders of all teams to simplify messaging about street response work, streamline coordination, instruct the public on how to activate street teams, use data to drive operational and policy decisions and improve collective impact reporting.

A new team, HEART was launched to address a gap in our street response continuum. Collectively, we took first steps all together to de-silo our efforts, and further define strategies for improved coordination, focusing on ways to leverage the unique expertise of teams, reduce duplication of services and support more clear paths to expedited services linkages for clients.

Coordination progress is demonstrated through improved resource commitments made to daily, “direct action” efforts like HSOC, through finetuning a focus on “shared priority clients,” people with identified complex health needs, and through the integration of data science and engineering, capacity that has moved the needle on data and reporting improvements.

We recognize the urgency of better defining our work and how it both addresses and improves the complex needs in San Francisco. FY 24-25 is the year that we build on the coordination infrastructure established last year and accelerate projects that result in greater clarity on the impact of our collective efforts, results that are a win for people experiencing homeless and San Francisco communities.

Coordination Framework and Underpinnings

San Francisco's Coordinated Street Response effort is built around two pillars:

- a. Direct service delivery
- b. Inter-team coordination

Teams provide direct services to people in crisis, distress and experiencing homelessness and operate in coordination with each other to expedite linkages to care through direct services action like HSOC and through inter-team, care coordination efforts. A summary of street team services:

SF Coordinated Street Response Teams

Department of Emergency Management (DEM)

HSOC

Healthy Street Operations Center

Shelter linkages and encampment resolution

HEART

Homeless Engagement Assistance Response Team

Outreach, engagement and service linkages

Department of Homelessness & Supportive Housing (HSH)

HOT

Homeless Outreach Team

Shelter and Housing Linkage

Department of Public Health

Street Medicine

Non-emergency medical triage and clinical/behavioral health service linkage

POET

Post Overdose Engagement Team

Non-fatal overdose care coordination

OCC/BN

BEST Neighborhoods
Acute behavioral health assessment and care coordination

OCC-SCRT Triage

Office of Coordinated Care
Triage and care coordination for SCRT clients

Fire Department

SCRT

Street Crisis Response Teams

Behavioral health crisis response and non-emergency wellness checks

SORT

Street Overdose Response Teams

Reported Overdose Intervention

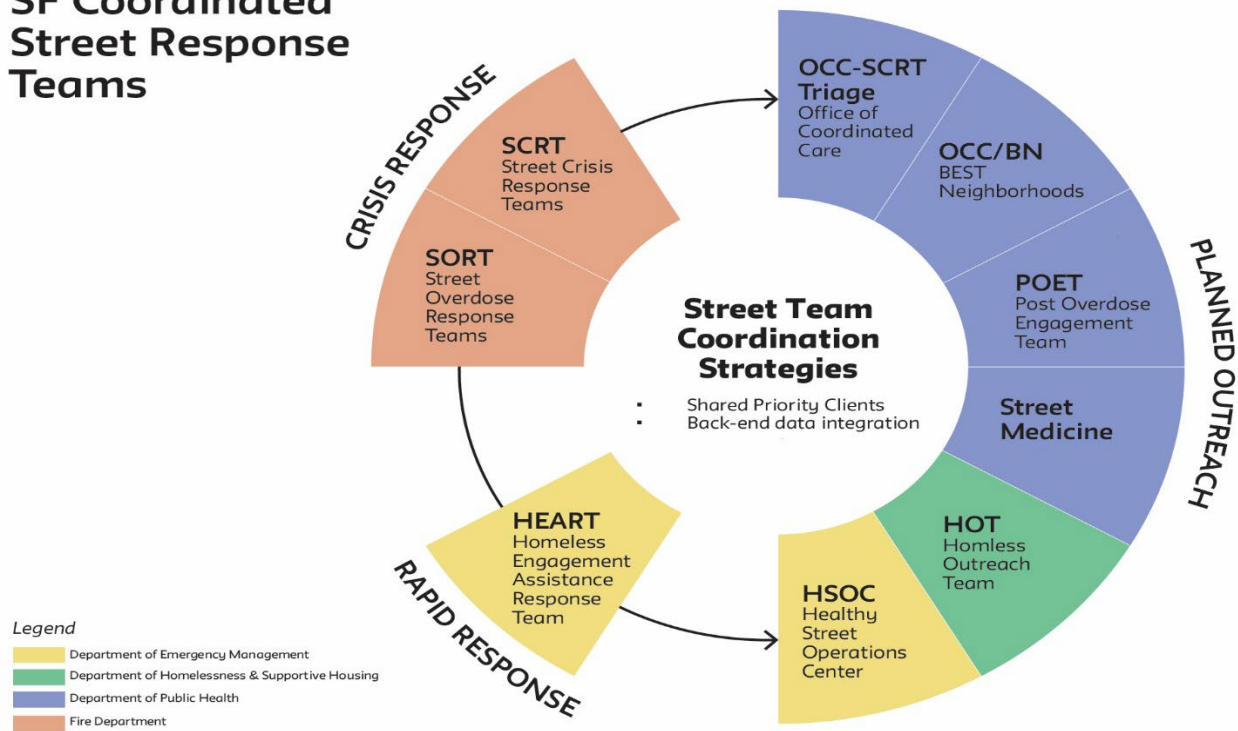
All of these teams also work in close coordination to provide a more comprehensive array of services to meet the needs of our most challenging situations.

The *following* diagram demonstrates a continuum of coordination between street teams that provide an array of services.

It can be interpreted as following:

- "SERVICE TYPES" (the outermost ring) indicates the service types or buckets under which street teams services' belong. As client need demands, all teams may operate out of their identified service type to provide a needed service. For example, the SF HOT team may provide rapid response to address a time sensitive need and the HEART team may conduct planned outreach. The "SERVICE TYPE" reflects the primary function of the team.
- "SERVICES/TEAMS" (the middle ring) illustrates the array of street teams (including HSOC which is both service provider and coordinator/convener) and
- "COORDINATION" (the innermost ring) reflects how the SF Coordinated Response teams work together to meet the complex and dynamic needs of people in distress in San Francisco, efforts focused on shared priority clients and improved data integration. Additional details on coordination strategies are provided throughout this report.

SF Coordinated Street Response Teams



- **Crisis response:** Responses to 911 calls/needs; address overdoses (SORT) and behavioral health crisis (SCRT).
- **Rapid response:** Activated by calls to public safety non-emergency and primarily to 311; address unidentified and non-emergency needs of people experiencing homelessness.
- **Planned outreach:** Operate following a planned schedule or zone or district deployment in areas where identified clients are located and where there are known hotspots; address persistent behavioral health challenges, shelter and housing needs, non-emergency medical needs, non-fatal overdoses, and encampments.

Clients are at the center of our work. Recognizing the deep trauma experienced by the people we serve, we take dignity, safety, and wellness seriously. SF Coordinated Street Response teams complete extensive training around effectively engaging with people experiencing behavioral health disorders and homelessness. Training is tailored to the expertise of the team but includes minimum standards across all teams:

Motivational interviewing	De-escalation Techniques	Client-centered, trauma informed, culturally responsive and strength-based approaches to effective engagement
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We recognize that building trust with clients who may be suspicious of institutional systems or who have experienced harm within systems is the backbone to connecting or re-introducing a person to stabilizing resources. While our work seeks to ultimately empower clients to self-determine their connection to offered services, our teams are vigilant about observing when a person’s behaviors may be harmful to self or others. When legally and ethically appropriate, teams use California’s 5150 law indicating that a person should be detained for assessment, evaluation, and treatment planning. The law outlines a clear and narrow definition for when professionals can legally and ethically activate a 5150. Street teams are both judicious about whether a person meets criteria and keenly aware of the importance of a legal tool that can offer structure that is needed on a complex wellness journey. Teams use every available tool and resource to address the complex needs of our clients. While our work is labor and time intensive, we continue to strategize on ways to scale success.

DEM and all street response team partners collaborated to simplify and tighten up messaging about and improve public understanding of SF Coordinated Street Response.

- Dozens of focus groups and feedback and planning sessions resulted in the creation of a public awareness campaign, “Okay to Call” which included posters, palm cards, advertisements in bus shelters, and a public facing website that raises awareness about street response teams and coordination.
 - The website educates the public on the work of street teams and on how teams collaborate.
 - Importantly, it also details how the public can activate the street team that is best positioned to respond to specific needs observed on the street.
- The public can access the SF Coordinated Street response program by going to: <https://www.sf.gov/coordinated-street-response-program>.

San Francisco's Coordinated Street Response Program

San Francisco is improving how it responds to people experiencing a mental health or substance use crisis on the streets. Public agencies are working together to provide support through the Coordinated Street Response Program.

The program includes specialized street response teams of:

- Mental health clinicians
- Community paramedics
- EMTs
- Social workers
- Peer counselors who provide compassionate care to those in need



Learn more

San Francisco's innovative approach

The Coordinated Street Response Program reduces police response to people having:

- Mental health emergencies
- Medical and wellness issues

[Learn more about our approach.](#)

When to call 911 and 311

911 is for police, fire, and medical emergencies. A mental health or substance use crisis is a medical emergency. Calling 911 puts you in contact with a trained dispatcher. They will send the most appropriate response team for each situation.

311 is for non-emergency situations, city services, and information.

Meet members of San Francisco's street response teams

Public agencies work together to provide support through the Coordinated Street Response Program.

Specialized street response teams provide compassionate care to those in need.

COORDINATION SUCCESSES – DRIVEN BY DATA IMPROVEMENTS

Our last report spotlighted strategies for improving coordination and accountability. Historically, legal hurdles, proprietary client data bases and data siloes hampered coordination efforts. However, today we are proud to report that significant progress has been made on each of the previously presented recommendations. Over the past year and a half, through a robust partnership with the Mayor’s Office of Innovation (MOI), we established a legal framework to support expanded data sharing for SF Coordinated Street Response and incorporated data engineering and data science expertise into our work, two skillsets that were previously unavailable to core street response departments.

This partnership has been a game changer for SF Coordinated Street Response. We will look to build on that technical expertise in the future through expanded capacities in data engineering and data science.

The following table provides a status update of the strategies, followed by additional detail on progress and challenges for each.

Summary of Improved Coordination Strategies

Objective	Update	Status: Active, In progress, Not Started
Structural Coordination		
1.Established a legal framework for data sharing	<ul style="list-style-type: none"> Fully operational 	<ul style="list-style-type: none"> Active
2. Centralized coordination efforts	<ul style="list-style-type: none"> Coordinated Street Response division at DEM created in FY 22/23 	<ul style="list-style-type: none"> Active
2a. Regular program, system, policy meetings	<ul style="list-style-type: none"> A diverse schedule of daily, weekly, monthly meetings. 	<ul style="list-style-type: none"> Active
Data Coordination		
3. Cross department data sharing, Development of a back end data integration and tools for data access	<ul style="list-style-type: none"> Integration has been built; continued iteration with expanded data sets and data quality control diligence. 	<ul style="list-style-type: none"> Active
4. By-name client list, linking siloed client histories and data sets	<ul style="list-style-type: none"> Linking completed; IT/analysts continue data quality/integrity due diligence 	<ul style="list-style-type: none"> Active
5. (NEW) Outreach Worker Tool (OWT)	<ul style="list-style-type: none"> Centralized access to client profiles, an internal tool for outreach workers 	<ul style="list-style-type: none"> Active
Accountability Alignment		
6 and 7. Publishing data	<ul style="list-style-type: none"> Creation of a.) the policy maker dashboard and b.) a public facing website 	<ul style="list-style-type: none"> In progress
8. Top line goal, performance metrics and data definition alignment and field inputs.	<ul style="list-style-type: none"> Draft details have been circulated and are reflected below. Further review and iteration needed to ensure database is populated appropriately. Aligning data definitions and field inputs are system FY 24-25 objectives 	<ul style="list-style-type: none"> In progress
9.Impact Reporting	<ul style="list-style-type: none"> Need to continue to finetune back end, all street teams, client database Finalize goals and performance metrics FY 24-25 report will include more robust data; information that will be available in advance of next submission through the policy maker dashboard and public facing website. 	<ul style="list-style-type: none"> In progress

1. Established a Legal Framework for Data Sharing

Historically, street team data sharing was allowable through an array of ad-hoc data sharing agreements and memorandums of understanding across different sets of departments which facilitated the sharing of information across some but not all departments providing street response services. Our inability to share data deemed private and confidential, while restricted by well-intended laws, created services delivery and coordination inefficiencies. People in need could be served by multiple street response teams in one day without there being teams awareness of multiple engagements. The sequencing of care coordination goals could be poorly implemented as one team encouraged a linkage that wasn't aligned with another team's assessment of a next step action. As data sat in siloed client management systems unless shared conversationally with a partner or during care coordination meetings, there wasn't streamlined opportunity to centralize and socialize key data that could improve our cross teams care planning and services linkages.

To improve coordination across all street response teams, we had to streamline data sharing at client and system levels.

Foundational to our coordination successes was the leveraging of a state law that allowed municipalities in California to expand the definition of a social services entity to include a broad array of stakeholders for the purpose of creating a multidisciplinary team (locally called, the SF-HMDT) for the specific purpose of assessing needs and linking people experiencing homelessness to services, shelter, and housing. Homelessness is defined by the SF-HMDT as "an experience of homelessness" in the last year. The Mayor's Office, City Attorney's Office, DEM, and all partners conducted extensive due diligence focused on data privacy, security and accountability and successfully created a formal SF HMDT that would serve as the backbone for data sharing across all city-led street teams. The law includes clear guidance on training of all SF HMDT members to ensure that private and confidential data continues to be rigorously protected and appropriately shared in a way that is consistent with the SF-HMDT law. The SF-HMDT is administered by the Department of Emergency Management, Coordinated Street Response division and closely adheres to the membership, data sharing and accountability requirements of the state law. Current SF-HMDT participating agencies include the Mayor's Office, the Department of Emergency Management, the Department of Public Health, the Fire Department, the Department of Homelessness and Supportive Housing, the Human Services Agency, the Department of Technology and Digital Services Division of the City Administrator's Office. As we leverage the SF HMDT to improve data sharing, SF HMDT leadership will continue to explore the integration of additional agencies that can be valuable to the SF HMDT and our city's comprehensive homeless efforts.

Information Sharing by City and County of San Francisco Homeless Adult and Family Multidisciplinary Personnel Teams Citywide Policies and Procedures

California Welfare and Institutions Code (WIC) section 18999.8 authorizes cities and counties to establish homeless adult and family multidisciplinary teams (MDTs) to facilitate the expedited identification, assessment, and linkage of individuals and families experiencing homelessness (defined as "homeless individuals and families" in WIC section 18999.8) to housing and supportive services within the City and County of San Francisco (San Francisco). It allows provider agencies to share otherwise confidential information in order to coordinate services, ensure continuity of care, and reduce duplication of services. The following policies and procedures are intended to ensure that all agencies participating in these MDTs comply with all requirements of WIC section 18999.8.

The implementation of this data sharing strategy has propelled the development of coordination tools that will substantially improve the way all street response teams work together and our ability to effectively work with people experiencing homelessness.

2. Centralized Coordination Efforts

In FY 23-24, the Department of Emergency Management's, Coordinated Street Response division continued to play coordination and conductor roles, centralizing program, system and policy level objectives and strategies while the Division of Emergency Communications (DEC), the city's 911 Call Center played a key operational role in ensuring that requests for service that are appropriate for several street response teams are expeditiously routed to the best or most responsive team.

DEM, Coordinated Street Response division provided coordination leadership to "direct action" efforts like HSOC, and infrastructure support focused on identifying, vetting, and mobilizing opportunities to strengthen coordination. In FY 23-24, collectively, we finalized the legal framework for data sharing; strengthened data sharing practices through the partnership with the Mayor's Office of Innovation (MOI), expanded place-based efforts in neighborhoods most impacted by homelessness and behavioral health crisis, developed the underpinnings of a new shared priority client initiative, and improved our communication protocols to expedite information sharing about client needs and coordination requests. Beyond routine program, operational and system meetings and exploratory conversations, DEM also facilitates a coordinated street response policy meeting of executive leadership of all departments. These meetings are important for ensuring continued coordination alignment across departments, improving overall operations, reviewing system friction and resource needs, and promoting accountability.

A key focus of system, operational and policy conversations is to better understand hurdles to more effectively linking clients to stabilizing services. We recognize that there are key communication and resource hurdles that impact our work. For street response teams' work to be effective in the long-run, services linkage offramps must be available to clients at critical moments like when they are in the hospital, psych emergency, shelter and in jail and alignment around service linkage needs must be effectively communicated across key partners. Leadership across all teams is regularly strategizing on ways to mitigate complex challenges. The below is a summary of a couple of key ones.

Challenges and Next Steps

1. There are not enough residential, psychiatric beds for all levels of care for people exiting Psych Emergency Services (PES). DPH updated its bed optimization report in 2024 and is exploring ways to expand services to meet the recommended expansion goal. A developing, operational next step is to create a "shared priority" flag in the public health, client management system, EPIC, an indication of street teams' involvement with a client and a prompt for aligning on care coordination goals. SF Coordinated Street Response leaders will host an operational workgroup of key institutional partners focused on improved communication and care coordination efficiencies and build off already developing strategies.
2. There is not enough dedicated shelter capacity for SF Coordinated Street Response, and specifically non-congregate shelter capacity. Considerations that drive the service gaps are complex: there are an array of priority demands on the shelter system, it's challenging to find locations to open shelters, it's expensive to operate a round-the-clock facility, and there are specific considerations like places that accommodate pets, families, couples, and the needs of people who are disabled. As client needs and motivations for accepting shelter are dynamic, street teams need access to a nimble supply of beds. This is a well-known and discussed topic, one that has a specific impact on street response teams. As next steps, partners will work together to further understand utilization patterns of existing shelter resources and see if there are any new trends that may result in an additional allocation from existing stock. Teams will also take advantage of the partnership with the Mayor's Office of Innovation to leverage data improvement strategies that will help us better understand placement and acceptance rates and overall utilization of shelter by clients served by SF Coordinated Street Response. We recognize that leadership will want to know "how much capacity is actually needed," and we are actively working on a data-driven strategy to answer the question more accurately. Importantly, leadership must rally around the implementation of the city's Home by the Bay, five-year strategic plan. Policy and funding support is needed. Leadership of all street response teams, as part of the operational plan will develop aligned advocacy messaging in support of resources that are needed to open and operate temporary shelter, additional capacity that is also needed by SF Coordinated Street Response.

3. Cross Department Data Sharing – Creation of an All-Street Teams Client Database

The Mayor’s Office of Innovation has built a new database integrating critical client information from the four departments and nine teams making up the SF Coordinated Street Response Program.

Previously, the street response teams working in San Francisco were largely siloed in the way they recorded and accessed data about people experiencing homelessness and crisis. The inability to share data at scale resulted in challenges in aligning around the best care and resources for people experiencing homelessness and crisis: What team is best suited to service this client? What resources are best positioned to guide this client to success?

Cross-departmental coordination can only happen at scale with robust data sharing.

This new database is the result of a widely successful multi-agency collaboration led by the Department of Emergency Management (DEM) and the Mayor’s Office of Innovation, and including all departments engaged in street response as well as the Department of Technology and DataSF.

As of today, the database includes all records of street encounters with individuals who have experienced homelessness in the last year. We now have the foundation to begin generating informative insights about the collective work across departments and services. These robust, aggregate data analyses will appear in next year’s annual report and be presented publicly before then.

Legally, the all street response teams, client database leverages the SF HMDT framework to ensure client data privacy, security, and accountability measures. Furthermore, the Department of Technology and DataSF are providing additional expertise to ensure robust data protection protocols.

This new, developing, inter-departmental dataset allows us to:

1. Track an individual across departments, which allows us to track what *inputs* lead to the desired *outcomes* in better, more complete ways.
2. Perform data analysis and data science to understand what factors are associated with positive outcomes (such as acceptance of housing), and adjust our system accordingly.
3. Perform data analysis/data science to understand what isn’t working and what should be optimized.
4. Identify high-risk individuals and apply targeted response (such as shared priority list).
5. Empower outreach workers, as appropriate, with more comprehensive client histories, which they can leverage to improve care.
6. Track demographics and equity across our system.
7. Better track progress towards system-level KPIs, coordinate overall goals both for individual clients and the system as a whole.
8. Understand the gaps in our system. Right now, each department publishes their own program reports largely based on their own efforts. By applying an integrated, systems-level approach, we can understand better illustrate system wide gaps and identify strategies for addressing them.

Integrated data is a vital component of a transparent, coordinated, accountable and effective system. It results in ripple effect benefits for individual departments, the coordinated street response system, policy makers and clients.

FY 23-24 was the year for envisioning and designing the new database infrastructure. FY 24-25 will open doors for finetuning: ensuring data cleanliness, integrity, and accuracy; expanding comprehensive team-by-team reporting; and fully developing front-end tools to access the data.

4. By-Name-Client List

The crux of the integrated database is the creation, for the first time ever, of a “By-Name” list of every client encountered by all teams in SF Coordinated Street Response. The Mayor’s Office of Innovation (MOI) approached the database construction challenge using an iterative, minimum viable product (MVP) to ensure success for this complex endeavor. MOI started by aggregating records of each encounter from the nine teams over the past year. The team was able to connect client profiles from each department to create comprehensive, cross-department encounter histories for each client. In doing so, we were able to successfully demonstrate that it was possible to do a basic analysis about the population of people served by our street outreach teams – and it also flagged critical data alignment and quality questions that will help drive further improvement.

“By-name” list efforts are currently focused on “Shared Priority 3.0” – a list of clients with complex health needs who are most at risk of overdose and other causes of death, defined by an eligibility criteria that was informed by medical and clinical experts. A list of this kind has never been possible before. But “Shared Priority” is both a list as well as a coordination strategy. Using the list as a touchstone, teams are activating foundational steps like the identification of a lead provider and the development of a care coordination plan, and ensuring key care plan information is socialized across teams, improving a unified, all teams approach to working with clients with complex health needs. While street teams have previously used a shared priority model, the integrated database offers an efficient, scalable solution for creating an objective, eligibility-driven, by-client-name list.

Shared Priority 3.0 Eligibility Criteria – 9.20.24

Data Element	Frequency
Unsheltered	Yes/no
SCRT Contact	SCRT contact 2 times in a 24-hour period in the last month, 4 or more times in last month, or 10 times in last 12-months
EMS Contact	EMS contact 2 times in a 24-hour period in the last month, 4 or more times in last month, or 10 times in last 12-months
5150 Holds	>1 5150 holds initiated (or attempted?) in the last 30-day
Non Fatal Overdose	2 non-fatal overdoses reported in the last 30-days (via EMS)
ER Visit	2 Emergency Room Visits in last 30 days
Hospital Stay	1 hospital admission in the last 30-days

Beyond the above eligibility that is part of the shared priority automation, street teams’ clinical and medical staff also consider high medical vulnerability criteria such as: pregnancy status; high risk HIV status, advanced chronic kidney disease cancer diagnosis, and other severe chronic health conditions with high-risk mortality when discerning shared priority status. Shared priority client efforts will be integrated into broader all street response teams’ goals and performance metrics, helping us to understand if these efforts result in more expedited linkages to services and spotlighting rich insights around how the complexity of client needs impacts a timeline towards improved stability. There is much to learn as the client journey is far from linear.

A client found safety and comfort in a parking lot. The person was observed with significant mental health needs. The encampment would fairly regularly expand in size. The area would be cleaned and downsized, teams encouraged services connections, but the client returned after the area was cleaned. Teams focused meaningfully on trust building and considered every tool including involuntary hold assessment – the client did not meet criteria for SB43 or conservatorship. After many services declines, the client began to trust the BEST Neighborhoods team more and eventually agreed to start taking medication. Teams continued to show up. Teams coordinated around appropriate shelter options knowing that the client couldn’t thrive in some. They found a location the client agreed to. They transported the client who several weeks later is still staying inside. Teams are supporting the client as connections to long-term care are completed.

5. Outreach Worker Tool

In addition to leveraging shared data as the foundation for program-level coordination, we are also empowering direct service street teams with access to comprehensive client profiles. The “Outreach Worker Tool” is a mobile app that will bring highly-useful time and information access efficiency to SF Coordinated Street Response Teams.

The pilot launched in late September, and the beta test period will last through October. Like all elements of data sharing among street teams, the tool is governed by privacy and security guidelines of the SF HMDT.

In brief, the Outreach Worker Tool (OWT) centralizes and summarizes key client information in a succinct and digestible format. Instead of logging into multiple platforms to understand key client needs and encounter history, street response teams will be able to efficiently access key client details in one space. OWT is for internal-teams use only and all data in OWT may only be used for purposes aligned with the SF HMDT – to assess the needs of people and expedite linkages to shelter, housing and other support services.

Wireframe Illustrations of the Outreach Worker Tool

The wireframe illustrates the Outreach Worker Tool interface, divided into three main sections under the heading "Mayor's Office of Innovation Integrated Street Teams Data".

Client Look Up: This section contains three input fields for "Client First Name" (John), "Client Last Name" (Doe), and "Client D.O.B." (2/4/1999). A blue "SEARCH" button is positioned below the fields. Below the search area, a prompt reads "Select the right client from the list below:" followed by a list of four client entries: "John Doe, 2/4/1999, 26yrs", "Jane Doe, 2/4/1989, 36yrs", "John Doe, 2/4/1999, 26yrs", and "Jane Doe, 2/4/1989, 36yrs".

Client Info: This section displays client details for "Jane Doe". It includes "Name: Jane Doe", "Pronouns: She/Her", "D.O.B: XX/XX/XXXX", and "Age: XX". A red badge indicates she is a "Shared Priority List Client". Below this, the "POINT OF CONTACT" section shows "Jane Doe, BEST Care Coordinator" and "John Doe, OCC Case Manager". The "HOUSING INFO" section shows "Housing Status: Problem Solving". At the bottom, two summary boxes show "TOTAL OVERDOSES: 6" and "TOTAL 5150s: 10".

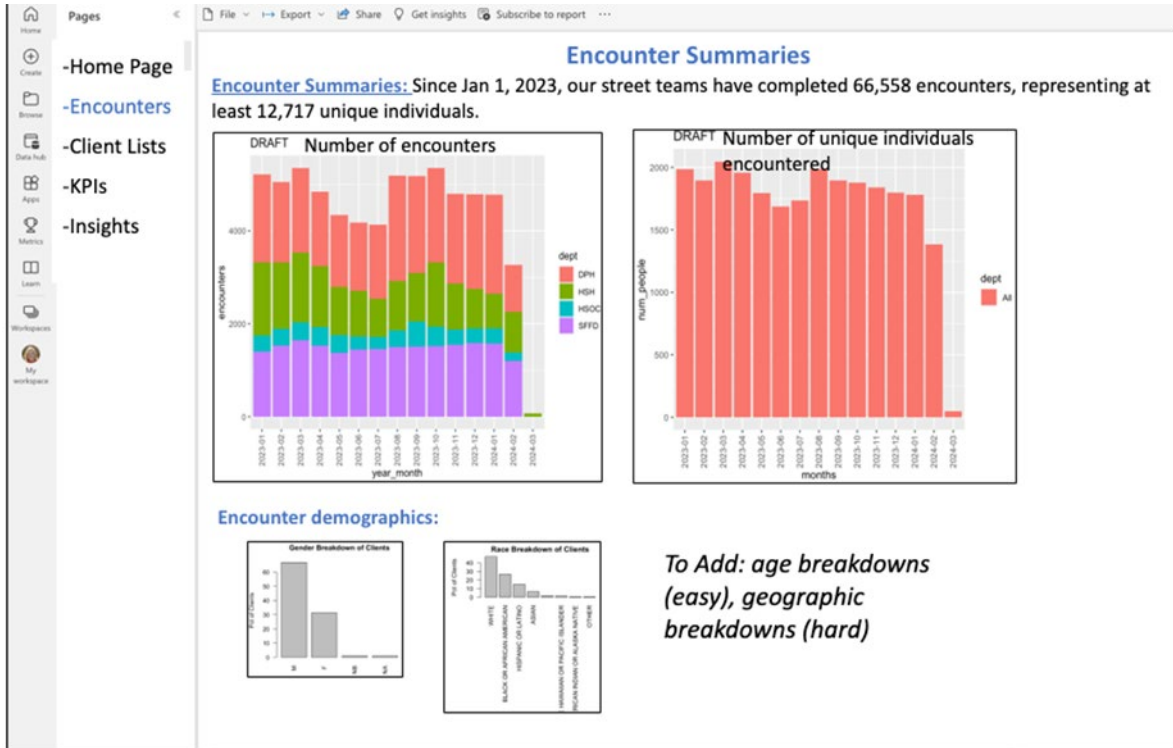
Encounter History: This section is divided into three parts. The "ER HISTORY" table lists encounters at Hospital A, B, and C. The "ENCOUNTER SUMMARY" table shows counts for SCRT (24), BEST (20), SORT (12), and POET (10) encounters. The "ENCOUNTER HISTORY" table lists encounters by Street Team and Location, including SCRT at Grove and Larkin st, BEST at Outside McDonald's on 302 Potrero Ave, and Street Medicine at Corner of Grove & Stevenson.

- Initial OWT fields will include identifying client information, lead point of contact, indication of shelter/housing status, overdose history, 5150 history, ER history, by team encounter summary, by team, last location of contact.
- Extensive “user acceptance” evaluation of the tool in the early launch of the OWT will help us understand what parts of OWT are most accessed and what additional data is needed to strengthen the utility of a tool.

6. Policy Maker Dashboard

Currently, SF Coordinated Response Teams outcomes can be reviewed through team specific, public facing dashboards but it's difficult to fully appreciate the volume and diversity of all street response teams efforts and to recognize the broad-based impact of our teams because the dashboards are siloed. The next front end user product that will be built on the integrated database is the policy maker dashboard. The digital interface will be designed to provide policymakers with cross team data insights and visualizations incorporating easy to understand charts, graphs and tables. The dashboard will streamline access to vital information, enabling a data driven understanding of street teams efforts and impact. As we move towards finalizing top tier goals and performance, the dashboard, when fully launched, will be a north star for communicating the progress we are making towards top tier goals.

Policy Maker Dashboard, Early Development (Mock Data)



As good data will tell a robust and compelling story about the work and impact of SF Coordinated Response impact, it is also critical to continue to not lose sight of the individuals, the clients in the numbers. In tandem with strengthening our data driven approaches to better understanding collective impact, we'll continue to ensure that the hard-won successes of our clients are also featured.

A vulnerable person with significant psychiatric distress created a minimalistic living space with cardboard and blankets near the curb of a sidewalk. The person felt safe and connected to the location. The person exhibited concerning, erratic and problematic behaviors consistent with untreated needs. Businesses, community members, and city leadership called on street teams to help. Over a period of a few months, street teams outreached, engaged, and coordinated efforts. Eventually a team was able to administer needed medication in the community. This was a huge win. The person showed signs of being open to conversations about safety, wellness, and services. The person eventually accepted an offer of shelter. The person stayed inside for a short time and unfortunately returned to the sidewalk soon after. Teams kept going back to the known location on the street and supported the person's return to shelter. This person transitioned from shelter to permanent supportive housing and is continuing to stay inside and manage medication with the help of long-term case management support.

7. Public Facing Website

SF Coordinated Response Teams currently maintain program specific websites driven by program level data. While the dashboards showcase the extremely valuable work of street response teams, they can't tell the story of the collective impact. As is reflected in this report, the backend, client database has become a springboard to an array of new tools, including a public facing website which more effectively spotlight the unique work of each team while educating the public on our collective impact. We expect the first version of this website to launch by Q3 FY24-25. A website, mockup design follows.



Nearly 4,400 people sleep in San Francisco's streets on any given night.

Source: Point in Time (PIT) Count 2022

Each of these people has a diverse array of needs: physical and mental healthcare, access to food and water, access to shelter or residential care, financial support, and more. Through the Coordinated Street Response System, San Francisco's various street teams identify, engage, and provide assistance to individuals experiencing crisis.



In 2023, Coordinated Street Response teams engaged with over 10,000 unique individuals.

The **Coordinated Street Response System** includes multiple street teams dedicated to addressing one or more of these needs. It leverages a data-driven approach to align efforts across teams and ease individuals' paths to stable care and housing.

Source: Integrated data from DPH, DEM, SFFD, HSH

How does the Coordinated Street Response System work?

4 City departments and 9 street teams address an individual's immediate medical needs, direct them to stabilizing medical care, and offer shelter and pathways to long-term housing.

Fire Department (SFFD)

[Street Crisis Response Team \(SCRT\)](#)
[Street Overdose Response Team \(SORT\)](#)
[Emergency Medical Services \(EMS-6\)](#)

Department of Public Health (DPH)

[Bridge Engagement Service Team \(BEST\)](#)
[Post-Overdose Engagement Team \(POET\)](#)
[Street Medicine](#)

Department of Homelessness & Supportive Housing (HSH)

[Homeless Outreach Team \(HOT\)](#)

Department of Emergency Management (DEM)

[Healthy Streets Operation Coordination \(HSOC\)](#)
[Homeless Engagement A Response Team \(HEART\)](#)

8. Top Tier Coordination Goals and Performance Metrics

In Spring 2024, leadership from all street team departments came together with the goal of establishing a top tier goal to serve as a north star to guide our collective work which led to continuing conversations with teams around performance metrics. The initial meeting resulted in a working definition of a top tier goal:

“The Coordinated Street Response Teams will work collaboratively to reduce distressing street behaviors with urgency and improve the quality of life of all residents of San Francisco.”

This goal serves as a guide star for the system’s performance as a whole, but it must also be broken into measurable parts for it to be effective – both for internal management purposes (“how are we doing?”) and for external accountability and communication (“here is what we are trying to do and how we are doing”).

To effectively measure progress towards this goal we will need to track and present two main elements:

1. Indicators of “distressing street behaviors.”
2. Client outcomes pursued by the street teams.

Our goal in presenting these elements is to illustrate the needs of people being served through SF Coordinated Street Response, the efforts that address the needs and the impact of those efforts on clients. This work is complex and multi-faceted – just like the challenges faced by individuals on our streets.

The overall system goal will be broken into two high-level “encounter outcome” segments:

1. Addressing the immediate “stabilization” needs through an array of interventions and
2. Getting people into shelter, housing, and other supportive/residential programs.

We are currently focusing on refining the “stabilization encounter outcomes” and ensuring that the requisite data is available in the integrated database.

Distressing behaviors are the complex needs faced by our clients, and stabilization outcomes are indicators of progress towards street teams’ connections, linkages to public health and shelter services, and indications of more controlled wellness. As street teams increasingly achieve stabilization outcomes, distressing street behaviors are reduced (as are observations of street-level distress), thereby improving quality of life for all San Franciscans, both housed and unhoused.

The below list reflects developing elements of key needs (distressing behaviors) and stabilization encounter outcomes.

Distress

1. Clinical observation or diagnosis of mental health disorder
2. Clinical observation or diagnosis of substance use disorder
3. Chronic homelessness (homeless for at least a year or repeatedly while struggling with a disabling condition (mental illness, substance use disorder or physical disability)
4. 5150
5. Overdose
6. Shared Priority 3.0 Clients – meets defined eligibility criteria

Stabilization Encounter Outcomes

1. Completion of care coordination plan
2. Uptake of medications for opioid disorder and mental illness
3. Referral/ linkage to key services: Substance use disorder, mental health, medical.
4. Public benefits services
5. Involuntary hold assessments
6. Conservatorship assessment, acceptance
7. Linkage to intensive case management
8. Linkage to IHSS
9. Naloxone distribution
10. Relocation services
11. Shelter placement
12. Other housing assistance: Access point, problem solving, housing navigation

Data Definitions

Data definition incongruity and commonality across teams has been identified.

Aligning data definitions for terms like referral, engagement, encounter, linkage, placement, etc. is part of the goals and performance metrics project.

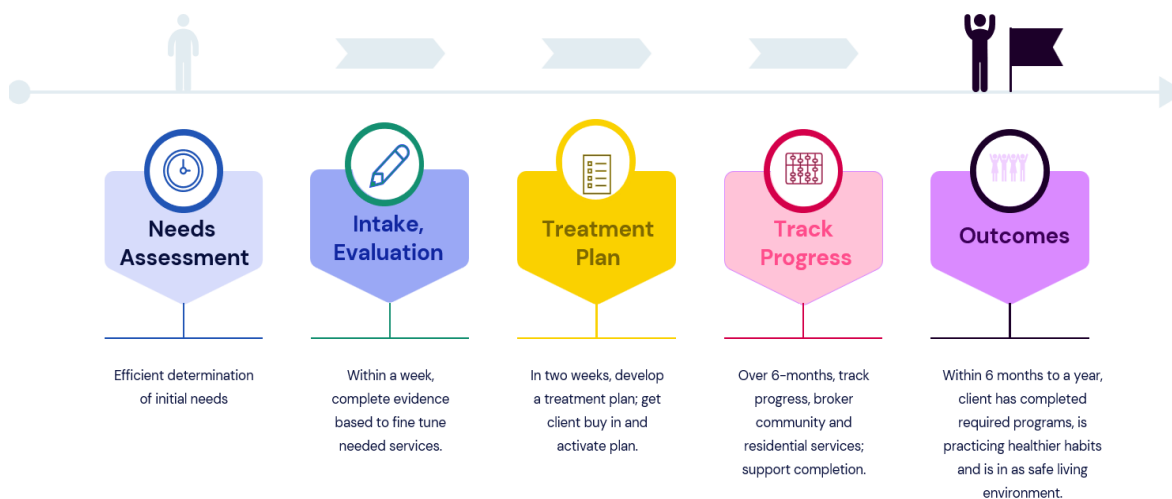
SF Coordinated Street Response shares the vision and objectives of many city leaders and the public to:

- Implement an outcomes focused services model, marked by a set of logical stages and interventions,
- Track key data over a realistic period of time, and
- Produce the outcomes that we all want to see – healthy and well people and safe, clean, and vital streets and communities.

This “a+b=c” type of framework, as indicated above by our commitment to a top tier goal and performance metrics, is a north star for SF Coordinated Street Response. **An ideal outcomes journey:**

Client, Outcomes Journey

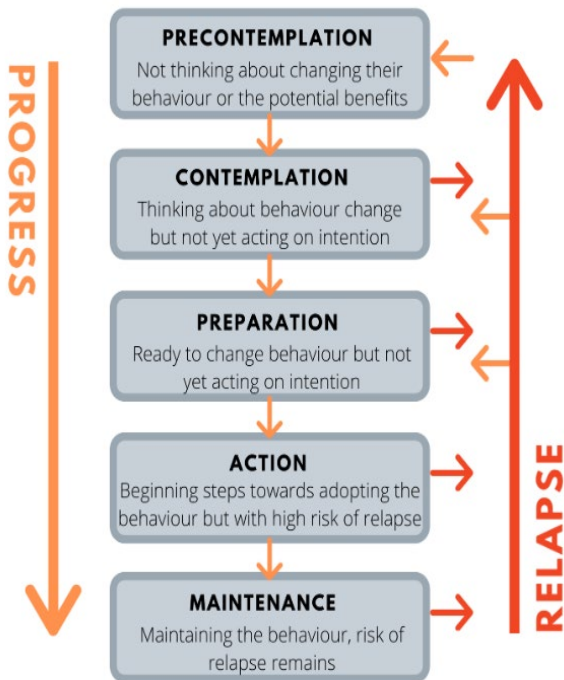
With buy-in and demonstration of self-determination



However, the reality of executing these steps on a standardized timeline, to use a Transtheoretical Theory of Change reference, requires a person is beyond pre-contemplation and contemplation and demonstrating signs of responsiveness to a personal call to action.

In the precontemplation stage of change, a person may not recognize a problem or be aware that their behavior is unhealthy. In that moment, they are not interested in or motivated to change their behavior, sometimes because they are already in the relapse stage of change and/or simply fear the difficulty that lies ahead.

Transtheoretical Theory of Change



SF Coordinated Response was created to address acute needs on San Francisco streets. **Teams are often meeting people in the relapse, precontemplation and contemplation stages of the model**, addressing untreated serious mental illness, medical needs and alcohol and substance use disorder, complex needs that are not addressed on a linear timeline.

Our dedicated and experienced teams spend extensive time with clients **in an unmarked and often unrecognized space to the left of the above “Needs Assessment” arrow**, working diligently to build trust that results in progress towards “preparation” and “action” in the Theory of Change.

In a pre-contemplative phase, there are voluminous care coordination plan disruptions, unexpected pivots, and staggered opportunities for interventions. We continue to identify strategies for improving re-connection and efficiently expediting linkages. Projects like Shared Priority 3.0 and the Outreach Worker Tool will help.

“Future Learn, 9.20.24, <https://www.futurelearn.com/info/courses/eduweight/0/steps/256186>”

The mentions of Theories of Change aren’t intended to undercut an urgency to do everything possible to enroll a person with a very complex medical and behavioral health history in stabilizing services. Teams work diligently to build a foundation of trust and consistency that is needed for our clients to take steps towards services connections. They are highly knowledgeable about how to activate the right resources. The reality is that the outcomes journey of our clients is time and labor intensive which also impacts data collection and reporting. Clients aren’t coming into an office every Wed. at 11am for treatment planning after which time outcomes and notes are logged. We are finding them in the community, sometimes regularly, sometimes not, working in chaotic environments on the street, addressing unexpected medical and other circumstantial needs, and quickly capitalizing on unpredictable moments when a person is able to follow through on a service goal that has been in development for weeks or longer – a linkage process that can take hours from start to finish; doing all of that while also being committed to data entry and capturing encounter and services linkages information.

As we move towards finalizing a top tiers goal and performance measurements framework, we’ll continue to tighten data collection, alignment and sharing strategies. Our collective progress will be spotlighted in the policy maker dashboard and public facing website.



From “Okay to Call,” public awareness campaign



SFHOT team member talking to person in the community

9. Impact Reporting – an early on data summary

As underscored throughout this report, our past siloed client databases made it extremely complicated to demonstrate the collective impact of our efforts. Through the establishment of the backend data integration, an all street response teams client database, we are positioned to provide annual impact reports in the future that are data-driven, and client centered. While the FY 24-25 report will include more robust data insights on the work of SF Coordinated Street Response, data findings will be available earlier in the policy maker dashboard and public facing website, products that will be launched before we submit the next annual report. At this early time, please see a summary of all teams' encounter information.

Teams:	Services provided during encounters:
<p>Crisis Response</p> <ul style="list-style-type: none">• SCRT• SORT <p>Rapid Response</p> <ul style="list-style-type: none">• HEART <p>Planned Outreach</p> <ul style="list-style-type: none">• HSOC• SFHOT• OCC-Triage and BEST Neighborhoods• POET• Street Medicine	<ul style="list-style-type: none">• Outreach and engagement• Trust building and de-escalation• Resources education and navigation• Distribution of hygiene supplies, clothing and food• Naloxone administration• Suboxone prescriptions and starts• Array of assessments – medical, behavioral health, shelter and housing, 5150 and conservatorship• Referral and linkage to stabilization services – clinics, primary care, medication management, intensive case management, drug, alcohol and mental health treatment, shelter and housing, and housing assistance• Transportation

***Total FY 23-24 encounters: 79,557**

***AVG total monthly encounters: 6,629**

*Service types and engagement summary:

Crisis Response Services	Rapid Response Services	Planned Outreach Services
2 teams	1 team	6 teams
20,154 calls for service	15,246 tickets	597 resolutions (HSOC only)
15,514 encounters	5,717 encounters	58,326 encounters

*Summary Outcomes

Crisis Response

1. 6,090 connections to hospital and non-hospital, stabilizing services settings

Rapid Response

2. Nearly 80% - Regularly responded to nearly 80% of calls from the public regarding the non-crisis/emergency needs of people experiencing homelessness, calls that historically were routed to the police department.

Planned Outreach

1. 17,780 – Referrals made to medical, mental health and SUD treatment services
2. 6,328 – Linkage to shelter and housing and related assistance
3. 2,484 – Linkages to medical, mental health and SUD services, ICM, care coordination
4. 1,082 – Suboxone prescriptions and documented suboxone administration (88). Team reports provide more information.

*Considerations:

1. There is duplication across encounter and summary outcomes updates. Through the backend integration, we'll be able to parse out unduplicated contacts. This summary draws from numbers included below in team reports.
2. Encounter and summary outcomes data across service types is not an "apples to apples" comparison. Outreach type, team size, resource availability and length of each engagement episode all impact encounter volume.
3. HSH administers all shelter allocations and SFHOT manages all shelter placements. Direct placements into shelter are made by SFHOT with HSOC managing a dedicated allocation. Other teams coordinate closely with SFHOT on possible placements of clients encountered by a broader array of teams. All teams play an important role in supporting the transition of people from the street and into shelter and housing.

ALL TEAMS REPORTS – FY23-24 Services Activities and Impact

Department	Division/Team
Emergency Management	Coordinated Street Response Healthy Street Operations Center (HSOC) Homeless Engagement Assistance Response Team (HEART)
Homelessness and Supportive Housing	Outreach and Engagement and Shelter and Housing Placement Homelessness Outreach Team (HOT)
Fire Department	Community Paramedicine Street Crisis Response Team (SCRT), Street Overdose Response Team (SORT)
Public Health	Behavioral Health and Medical Interventions Office of Coordinated Care (OCC): SCRT-Triage, BEST Neighborhoods (BN) Whole Person Integrated Care (WPIC) - Street Medicine, Post Overdose Engagement Team (POET)

Department of Emergency Management (DEM)

HSOC-Overview

HSOC is a broad based, direct-action, coordinated effort that leads with services-first to get unsheltered San Francisco residents housing solutions and the social services they need to achieve long-term stability. For residents with particularly complex needs, HSOC uses all available resources to get them the appropriate assistance and on the pathway to recovery. For people exhibiting harmful behavior, or continually refusing assistance, we will use every tool we have to support their welfare, ensure the safety of our neighborhoods, and get them into care.

HSOC operates through a tight collaboration of more than eight Departments within CCSF and regional partners.

1. **Department of Emergency Management (DEM):** Manages and directs HSOC and its many partners. Other areas of daily focus include responding to constituent needs, conducting citywide scouting, collecting encampment reports via email, 311, 911, and community channels, and active participation in community and stakeholder meetings. HSOC's success, in part, is because of strong internal support from the DEM/Department of Emergency Communications which includes dedicated 911 staff serving as a coordination liaison between the 911 Call Center and HSOC efforts.
2. **Department of Public Health (DPH):** Led by BEST Neighborhoods team, DPH provides pre-resolution services focused on understanding needs and offering mental health and substance use disorder services, referrals and connections.
3. **Homelessness and Supportive Housing (HSH):** HSH's outreach program, SFHOT and SFHOT's senior outreach team, the "Encampment Resolution Team" or ERT provides professional client engagement services overseen by a clinical case manager. ERT's complement DPH's effort, providing pre-resolution outreach and resolution noticing, assessing specifically for shelter needs and helping to facilitate placement into shelter beds that are dedicated to HSOC efforts. HSH also has a dedicated HSOC operations support team that manages the HSOC client database which includes information on daily shelter allocation and tracking of shelter placements. HSOC publicly posts data related to daily engagement and placement efforts.
4. **Fire Department:** The Fire Department staffs an Incident Commander or "IC" at HSOC. This position provides resolution oversight and safety, ensuring orderly and structured engagements and inter-departmental coordination of paramedic and as needed medical support services.
5. **Department of Public Works:** The Department of Public Works provides packers, dump trucks, professional street cleaning and repair crews to HSOC and leads efforts to address landscaping fixes that are needed and secure areas with breached fencing.
6. **Recreation and Parks:** Recreation and Parks, park rangers specifically collaborate with HSOC to address encampments within their jurisdiction.

7. **Police Department:** The Police Department provides on-scene safety, can run warrants, issue citations and make arrests when necessary.
8. **Municipal Transportation Agency:** Vehicle and traffic enforcement.
9. **San Francisco Port, National Parks, and Caltrans:** The partners, similar to Recreation and Parks, collaborate with HSOC to address encampments within their respective jurisdictions.

HSOC Data

Primary Goal: HSOC’s goal is to end unsheltered homelessness and to promote clean and safe neighborhoods. The approach is “all-hands-on-deck” and requires rigorous inter-departmental coordination.

Description of performance metrics:

1. *Shelter Placements:* HSOC outreach workers confirmed client wanted shelter, administrative staff sent the shelter referral, referral was accepted, and transport staff brought the person to the shelter with a warm hand off.
2. *Refusing services:* Unhoused person refuses to engage with the team or they engage and give us their name but refuse shelter.
3. *Already Housed or sheltered:* People who are at the site and tell us they are already sheltered, or outreach workers know from very recent referrals that they are already sheltered, or from looking the person up in the ONE System that they are already in shelter or PSH. Teams expedite a reconnection to the placement.
4. *Other:* Individuals sent in an ambulance to the hospital or to one of DPH’s support services or residential programs, and accounts for a small margin of error in data counting.
5. *Total people onsite at start:* The denominator for all other sub-outcomes in this dataset.
 - a. Please note that outreach workers are highly skilled at effectively engaging with people with complex needs, but San Francisco takes a low barrier approach to services engagement and linkages.
 - b. People don’t need to provide their names or identifications during outreach efforts.
 - c. As a result, teams can document total number of people onsite at the start of an effort, but if they don’t provide name or other requested information, HSOC can’t capture 100% of people across the metrics.

HSOC Data Highlights – HSOC data is also publicly posted [here](#). This table reflects a summary of HSOC engagement outcomes.

Metric:	#	%
Shelter Placements	1725	37%
Engaged but Refused Offers ¹	999	22%
Declined Engagement ²	1886	41%
Other (EMS Transport, DPH programs, other)	27	.01%
Total or People on Site at Start³	4,637	100%
Resolutions	597	
Notes:		
1. Sum of encounters where individual engages with the outreach workers but declines residential placement that day.		
2. Sum of encounters where individual refuses to give outreach workers their name or any identifying information, therefore refusing residential placement that day.		
3. Figures include repeat individuals because outreach workers cannot obligate individuals to divulge their names, so team cannot de-duplicate or calculate repeat encounters.		
* 1,667 unique individuals encountered from 7/1/23 – 6/30/24.		

HSOC – Progress Towards BLA Audit Recommendations

A. Collaborate on improvements to track HSOC shelter availability, referral, and placement data for HSOC clients, with the goal of increasing shelter referral uptake among HSOC and other street team clients.

The HSOC team is an active participant in the back end data integration, All Street Teams Client Database, the partnership with the Mayor’s Office of Innovation. There is concerted focus being put on how to leverage technology to scale data collection around shelter uptake across all teams, data that can help inform policy and operational decisions. As we look towards a scaled, data-driven solution, the HSOC team has taken steps to integrate strategies that illustrate shelter placements and preferences. Anecdotal and available data underscore a known reality – the majority of the adult population that we serve prefer a place that is non-congregate, single room with a bathroom. A single room is not always the safest option for someone, contingent on their needs and scaling single rooms with bathrooms to meet the breadth of needs is complicated. Please see below for more information on HSOC’s early-on findings.

HSOC -Shelter Acceptance, Distribution Table

Shelter Name:	# of Allocations	Acceptance Rate:	Shelter Type:
The Cova Hotel (Winter Shelter)	25	120%	Non-Congregate
The Monarch	38	118%	Non-Congregate
The Adante Hotel (Winter Shelter)	13	115%	Non-Congregate
Gough Mini Cabins	46	78%	Non-Congregate
Mission Cabins	34	71%	Non-Congregate
The Baldwin	55	56%	Non-Congregate
Division Circle Nav	236	55%	Navigation Centers
711 Post	169	54%	Non-Congregate
Embarcadero Nav	62	52%	Navigation Centers
Bayshore Nav	79	49%	Navigation Centers
Bayview Navigation Center	69	46%	Navigation Centers
Central Waterfront	32	34%	Navigation Centers
685 Ellis	81	28%	Congregate
Next Door Shelter	5	20%	Congregate
MSC South	143	7%	Congregate
Sanctuary Shelter	0	0%	Congregate
Notes: <ol style="list-style-type: none"> Shelter acceptance rates vary greatly depending on the individual’s personal circumstances, preferences, pets, partners, families, weather, and many other factors. Data above shows > 100% acceptance rate because the raw acceptance rates that include couples exceed the number of rooms allocated. 			

As mentioned above, anecdotal feedback from the teams underscores that clients requested non-congregate shelter and cabins (which are private cabin/rooms) and occasionally there are requests for vehicle triages spots for vehicle/RVs.

Both in response to BLA Audit and city leadership requests, and as part of a civic innovation project, the HSOC team took on the task of better understanding when people at a resolution decline shelter and if shared, what shelter preference was indicated. In Q4 FY 23-24, the HSOC team launched a pilot to track for this purposes. The pilot was successful in creating a foundation for incorporating “preference” questions into a robust array of engagement topics and questions. The below table reflects outcomes of the pilot.

HSOC Pilot – Shelter Preferences

Preferred Shelter/Housing	#	%
Non-Congregate Shelter	62	80%
Specific Navigation	8	10%
Permanent Housing	5	6%
VTC	3	4%
# of clients declined with shelter preference	78	100%
Note: HSOC started asking which shelters clients would like mid-2024.		

Further validating indications in the HSOC shelter acceptance distribution table, is the data from the shelter preferences pilot. Non-congregate settings which include hotels and cabins are preferred. For congregate settings, navigation sites were consistently selected. As well, we are also seeing increased requests for locations that accommodate couples.

HSOC both as a direct services effort and as part of the broader project with MOI, will continue to build on these results and be part of collective thinking on strategies for scaling this data collection across additional teams.

HEART-OVERVIEW

The Department of Emergency Management (DEM), through a competitive procurement, selected Urban Alchemy to operate the Homeless Engagement Assistance Response Team (HEART), a police alternative effort that filled a services response gap in the SF Coordinated Street Response Program. Urban Alchemy has been a responsive and responsible partner and provides invaluable support to people in need and our city at large. HEART responds to a wide array of third-party calls from the public regarding the non-emergency needs of people experiencing homelessness, calls that historically were routed to the police board at the 911 Call Center. HEART calls primarily originate from 311 and the public safety non-emergency number which is managed by the 911 Call Center. The Department of Emergency Communications of DEM has dedicated dispatch staff that provide invaluable support to HEART and HSOC.

HEART responds to an array of calls related to people experiencing homelessness:

- 1.) 919 – Unknown needs of individuals experiencing homelessness
- 2.) 916 – Suspicious vehicle
- 3.) 915 – Encampments
- 4.) 914 – Suspicious person
- 5.) 415 – Noise complaint
- 6.) 601 – Trespassing
- 7.) 921 – ADA non-compliance/Blocked Sidewalks

In response to every call, HEART's objective is to serve people who are experiencing homelessness and leverage resources of SF Coordinated Response, the citywide effort to link people to stabilizing services. Many of HEART's team members are formerly homeless or incarcerated, and/or have experience as a consumer of San Francisco's public health and homelessness services. They bring an informed and caring perspective to their work, successfully building trust with clients and empowering steps towards service linkages. While HEART doesn't have dedicated shelter or other resources capacity, they are tenacious about collaboration and partner coordination and turn every stone to try and link clients to needed services.

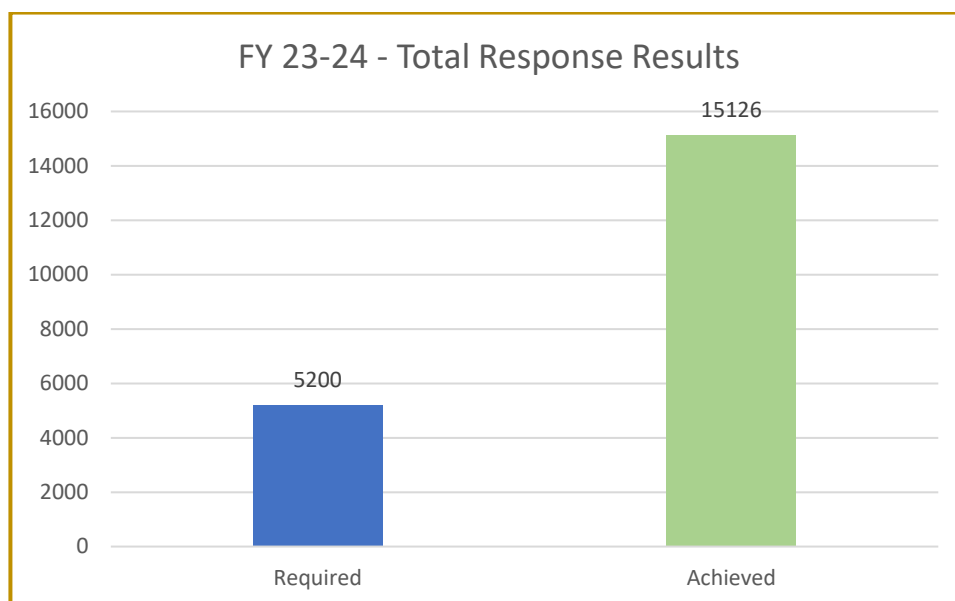
HEART team members undergo an extensive training program that's essential to the effective outreach and engagement. Aligned with the minimum standards for all SF Coordinated Response Teams, HEART teams buttress their training with effective communication, trust building, conflict resolution & de-escalation, gender informed training, trauma informed training, adult mental health first aid training, HMIS compliance training, SF HMDT training, 911/311

dispatch and communications training, and culturally responsive strategies. The team members' personal experiences combined with rigorous professional training makes HEART uniquely qualified to succeed in this work.

HEART operates citywide, seven days a week, M – F, 7am- 7pm and S/S 7am – 3:30pm. HEART currently deploys up to 5 teams of practitioners per day, fewer on the weekends. A communications and dispatch team receives, sorts, and organizes daily, high call volume, and dispatches HEART teams. HEART is also equipped with care coordination services that work in harmony with the practitioner teams to follow up people who need additional support in getting personal identification and navigating steps to access support services, treatment, shelter and housing.

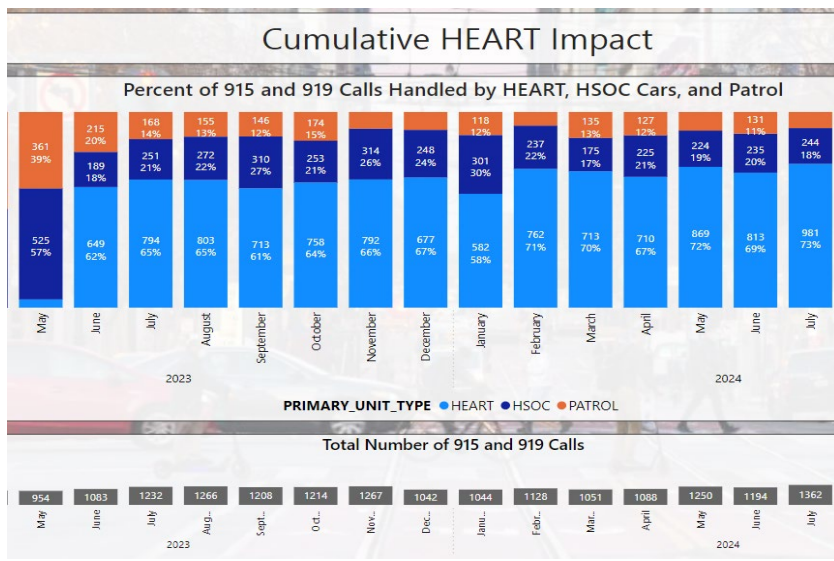
Goals/results

- 1.) Reduce law enforcement responses to non-emergency calls related to people experiencing homelessness.
 - a. Overachieved initial response requirements by nearly 200%. HEART demonstrated a firm commitment to filling a gap in SF Coordinated Response, efforts that are illustrated by the results.
- 2.) Successfully address the needs of people experiencing homelessness.
 - a. HEART approaches outreach and engagement with compassion and dignity, seeking an appropriate services solution and providing continuous follow up. Their teams completed over thirty assessments per week, identifying behavioral health needs, navigating services linkages, and referring people to internal care coordination services. However, people aren't required to complete a formal assessment to receive HEART services. An area for data collection improvement is capturing needs data more broadly.



A person was living in a structure on a busy, touristy corner for a long while during and well beyond COVID and became very comfortable with the location. City leadership requested HEART team engagement with the person. The person was identified as a high utilizer of coordinated response team services. HEART returned multiple times, strengthening trust and empowering the person to envision a life off of the streets. They assured the person they would support the person every step of the way to get the person in shelter. HEART collaborated with HSOC/HOT to identify shelter and the client accepted. Fast forward several months and the person is still in shelter and on the pathway to permanent housing. A HEART care coordination continues to check in with the person.

HEART Data Snapshot – System Impact



FY 23-24

This table represents a total of all calls from the public regarding 915 (encampments) and 919 (unknown homeless need) concerns which are calls most associated with the needs of people experiencing homelessness, and HEART’s response to the requests for service.

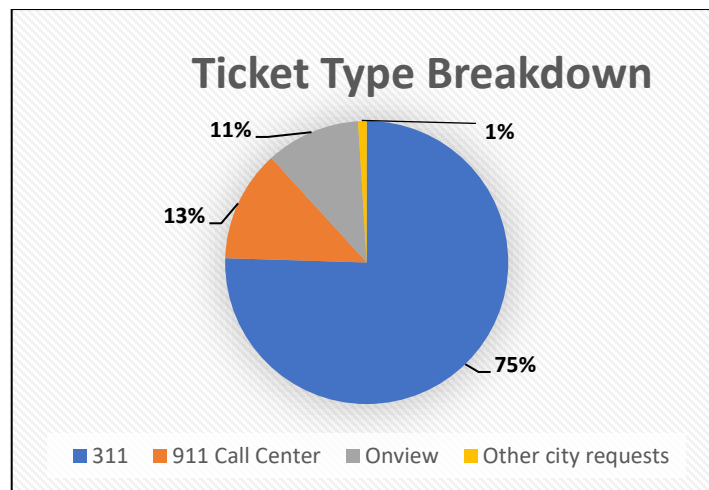
HEART responded to a majority of these calls, broadening collaborative and service linkage opportunities clients, and freeing up law enforcement capacity.

HEART Data Snapshot – Program Impact

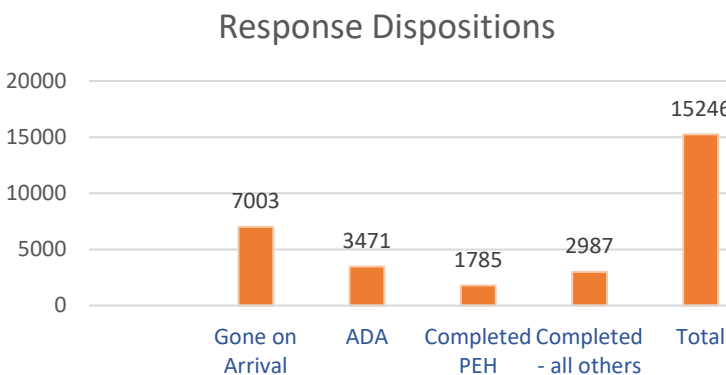
FY 23-24 Monthly Responses

July	1169
August	1206
September	1319
October	1471
November	1317
December	1147
January	1160
February	1202
March	1159
April	1223
May	1506
June	1367
Total	15246

FY 23-24 Ticket Types



Disposition Highlights



Disposition Descriptions:

“Completed – all others”:

- Request for additional public service.

“Completed – PEH”:

- Completed needs assessment/prioritization for clients.

“ADA”:

- Addressed Americans with Disability Act compliance.

“Gone on Arrival”:

- A response to a service calls results in obsolete need.

HEART Progress Towards BLA audit Recommendations

A. Ensure ongoing monitoring of HEART staffing, in-service ratios, and calls for service, ensuring that contractor HEART has met contracted staffing obligations

Since the launch of HEART, DEM and HEART have met weekly to review and troubleshoot operational issues that may impact services delivery. As well, HEART has submitted a monthly program report summarizing services activities and results for the previous month. Lastly, HEART submits a detailed monthly invoice of expenditures. To date, HEART is contract compliant.

Along with the monthly program report, HEART also submits a daily deployment schedule and a monthly (by day) team and staffing deployment accounting. HEART has not had any problems meeting service level requirements and as indicated earlier, far exceeded initial response expectations.

Sample - Accounting of HEART Monthly Teams Deployment			
Ticket created - Date	SF - Unit #	# Teams Deployed	# of Team Members
2024-06-01	HEART 1	1	3
	HEART 3	1	2
	HEART 3	1	3
	Total Team and Staff	3	8
2024-06-02	HEART 1	1	2
	HEART 3	1	2
	Total Teams and Staff	2	4
2024-06-03	HEART 1	1	2
	HEART 2	1	2
	HEART 3	1	2
	Total Teams and Staff	3	6
2024-06-04	HEART 1	1	4
	HEART 2	1	3
	HEART 3	1	4
	Total Team	3	11

HOT – Overview

SFHOT works to engage and stabilize the most vulnerable unsheltered individuals by voluntarily placing them into shelter and housing or connecting with other available resources. To make these placements, SFHOT works seven days a week to provide outreach and case management to people experiencing homelessness living on the streets of San Francisco. Services are provided by small, skilled teams with expertise in the complex issues that are barriers to stability for this population. For individuals who are not ready to accept the services HSH has to offer, SFHOT continues to outreach and build motivation to ensure services are available when they are needed.

Case Management, with a specific focus on preparation for and placement in housing, is the second largest component of SFHOT services. SFHOT is the only outreach street team that is directly connected to in-house case management. SFHOT case managers support clients to gather all necessary documentation to qualify and apply for housing. This includes supporting clients navigating complicated federal housing appointments that usually require multiple appointments prior to qualification. Case managers also connect clients to social supports and income benefits for long-term success and stabilization once in housing. On average, clients work with case managers for nine months, and can continue to support clients for up to three months after they have been placed into housing.

SFHOT provides outreach and engagement to people experiencing unsheltered homelessness through a few key initiatives:

- **District Teams:** Placed-based outreach teams organized by police district. Focus on building relationships with people experiencing unsheltered homelessness and connecting them to resources or other street teams and resources as appropriate. By having the same team members consistently in one area, they are better able to work with clients to understand and address their unique needs.
- **HSOC Encampment Resolution Team:** Services-first approach to the city's encampment resolution work.
 - Dedicated teams funded by the State's Encampment Resolution Fund support encampment resolution work in the highly impacted Mission and Tenderloin neighborhoods.
- **Street Crisis Response Team (SCRT):** SFHOT partners with the San Francisco Fire Department to respond to non-urgent 911 calls
- **Case Management:** Case managers escort clients to get public benefits (CAAP, SSI, MediCal, CalFresh, VA, etc.), take them to medical appointments, work with them on strategies to address behavioral health or other challenges etc. SFHOT case managers are supported by an HSH team of licensed behavioral health clinicians who assist in diagnosing clients and developing specialized care plans for clients. Clinicians leverage relationships with multi-disciplinary teams (including Street Medicine, BEST, the Conservators Office) to address the complex needs of clients.

In addition to the initiatives above, SFHOT also works collaboratively with the Department of Public Health's Street Medicine team and other Street Response Teams to address medical and behavioral health needs, using an individualized approach that includes wrap-around services and promotes harm reduction and stability-based recovery.

***Outreach Success Story:** SFHOT encountered a couple living in their vehicle that were feeling hopeless and out of options. SFHOT immediately sent in a referral to the Rapid Rehousing Program. The couple qualified, and SFHOT supported their search and eventual move into housing 2 months later.*

HOT – Performance Highlights

SFHOT had a number of program highlights from FY 2023-24, including but not limited to the following.

1. Expanded Housing Placement Opportunities

In FY 23-24 SFHOT expanded direct housing placement programs and successfully placed 132 clients directly into permanent housing from the streets. The initiatives below are examples of how SFHOT is able to support lower-barrier and faster housing processes for people with complex needs.

- **Rapid Rehousing:** SFHOT was allotted 40 rapid rehousing (RRH) subsidies through a new initiative launched in March 2024. The initiative is targeted to support housing placement for people experiencing unsheltered homelessness. In the program, SFHOT identifies eligible clients from their outreach, transports them to a Coordinated Entry Access Point to enroll in the RRH program, and then case managers support them navigate the housing process, including getting document ready. Between March and June 2024, SFHOT recruited 21 clients, 6 of which successfully moved into housing before June 30, 2024. We anticipate SFHOT using all allotted subsidies by the end of the calendar year.
- **Street to Home:** The Street to Home program was launched in June 2023 and is one of the successful strategies HSH has employed to reduce vacancies in supportive housing and move people into housing more quickly. Through Street to Home, SFHOT outreaches to eligible clients on the street, invites them to view a unit, sign a lease and move into a long-term home. In FY23-24, SFHOT placed 58 clients into permanent homes through the Street to Home program.
- **Case Management:** SFHOT case management work with clients to apply for, navigate the housing process and stabilize in housing once placed. In FY 23-24, SFHOT case management supported 68 direct placements into permanent housing.

2. Increased Linkages to Services through the SFHOT Public Phone Line

SFHOT has long had a 24/7 public phone line that people experiencing unsheltered homelessness could call and leave a message with their information and services they were seeking. Upon receipt of the voicemail, SFHOT would deploy a team to engage the person in the community.

An analysis conducted by SFHOT in Spring 2024 found that 26% of calls responded to by SFHOT teams in the community were unsuccessful due to clients being gone upon arrival. In response to this data, SFHOT implemented a new practice of returning phone calls for anyone who provided contact information in addition to deploying teams. Encounters have increased due to SFHOT's ability to problem solve, refer and offer services to clients over the phone that previously may have been difficult to find on the streets.

3. Expansion of Relocation Assistance Options

As one of the City's Street Response Teams, SFHOT participated in training in FY23-24 for the Journey Home Relocation Assistance Program that supports people to reunite with family and friends outside of San Francisco. In FY23-24, SFHOT referred 23 clients to the program, 18 of which were successfully reconnected to their communities.

Outreach Success Story: The Tenderloin HOT team had worked with Sam for many years. During an engagement, Sam* said that his mother was ill and it "was time to go home". The problem was, they didn't know where she was living. The team spent 2-3 hours with Sam on their phones looking on Facebook, Google and the white page to find and locate his mom - they even messaged Sam's sibling on Facebook! They finally located Sam's mother and Sam was able to connect with her over the phone and she welcome him home. HOT immediately set Sam up with a referral to Journey Home, transported him to the bus station and sent him home to his mother.

San Francisco has received a total of \$17,309,916 through two rounds of Encampment Resolution Fund (ERF) state funding that supports outreach and shelter projects in highly impacted areas.

In January 2024, SFHOT launched the state-funded ERF teams in the Tenderloin and Mission. These dedicated outreach positions support highly-impacted neighborhoods with regular outreach and engagement.

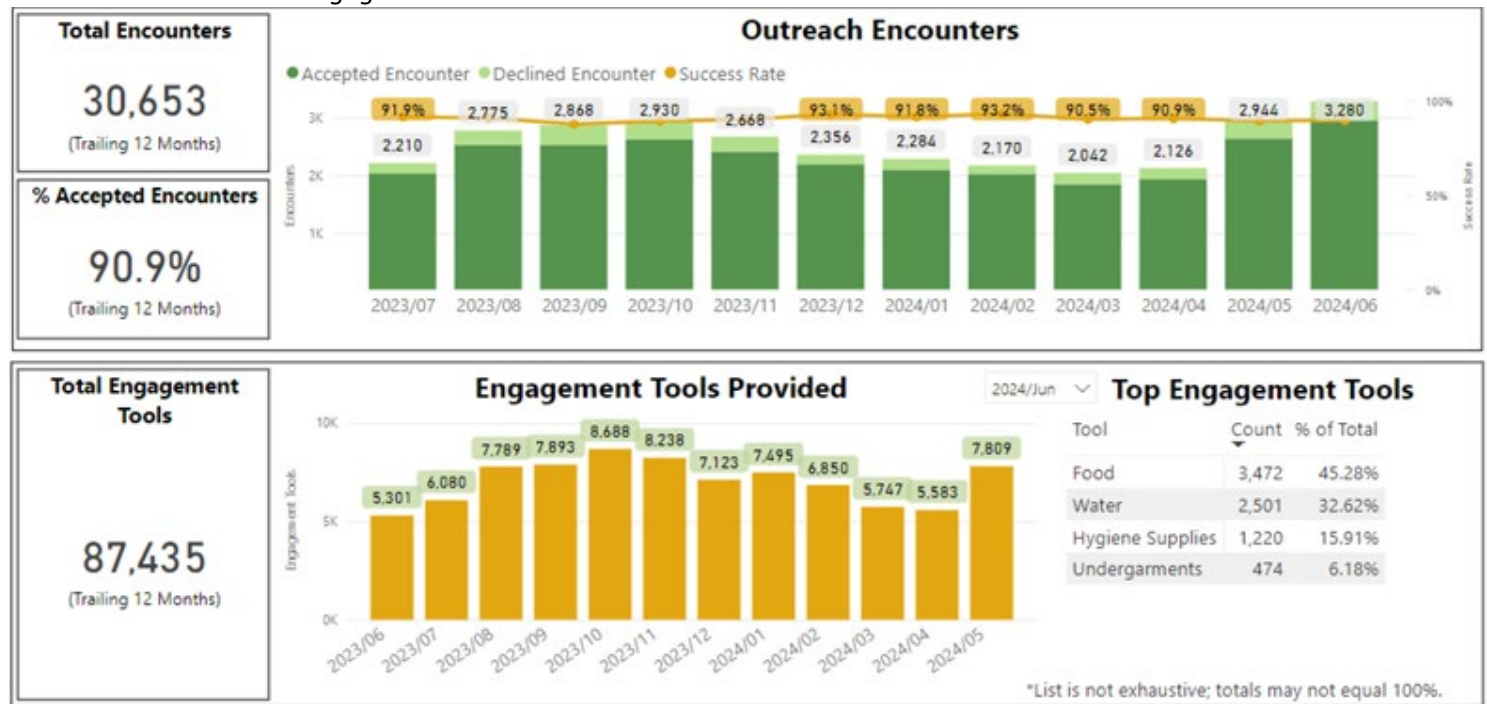
- **Tenderloin:** 4 FTEs (2 teams of 2) provide dedicated outreach and engagement to the Tenderloin, including the Lower Polk Alleys and surrounding areas.
- **Mission:** 4 FTEs (2 teams of 2) provided dedicated outreach and engagement to the Mission. These teams supported engaging and referring unsheltered individuals to the Mission Cabins temporary shelter program that opened in Spring 2024.

HSH has applied to the third round of the State’s ERF Grant to support outreach and shelter in the Bayview.

5. Performance Data

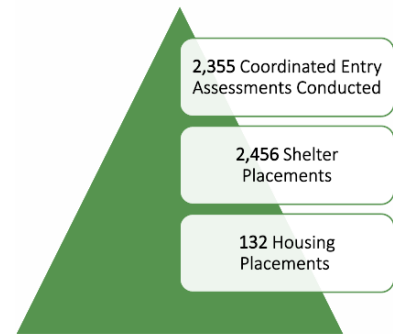
In FY 2023-24, SFHOT conducted over 30,600 encounters with people experiencing homelessness. 90.9% of these encounters were accepted, meaning SFHOT teams actively engaged – offering resources, connecting to services or continuing to build relationships and understand unique needs of unhoused neighbors. During the same time period, over 87,400 engagement tools were provided, with the top three being food, water and hygiene supplies.

Table 1: Encounters and Engagement



SFHOT’s primary goal is to connect and place people into stable resources including shelter and housing. The encounters and encounter tools referenced above are critical for engagement and trust building with the goal of placement and service connection.

In FY 2023-24, SFHOT made 2,456 placements to shelter, conducted 2,355 Coordinated Entry assessments, and placed 132 clients from the streets into permanent housing.



Additional data highlights from FY 2023-24 include:

- 208 connections to public benefits (direct assistance to support clients apply for CAAP, SSI, SDI, CalFresh or VA);
- 116 medical care connections including urgent and non-urgent care for physical health or dental care, including transportation to appointments or clinics;
- 52 mental health connections – helping clients access services for mental health symptoms or disorders;
- 24 connects to substance use services – accessing programs like SomaRise, Treatment Access Point (TAP) or referral to medical detox; and
- 18 successful Journey Home referrals.

HOT – Progress Towards BLA Audit Recommendations

August 2024 Updates: BLA Recommendations
2.2: DEM and HSH should collaborate on improvements to track HSOC/ERT shelter availability and referral data for HSOC/ERT clients with the goal increasing shelter referral uptake among HSOC and other street team clients.
<p>DEM and HSH are working collaboratively to strengthen HSOC data, including measures to address this recommendation such as:</p> <ul style="list-style-type: none"> • Working to connect all homeless outreach data sets from four City departments through a back end data integration project, a partnership with the Mayor’s Office of Innovation and DEM which has resulted in the first-ever, by-name client list across departments so that we can better understand engagement each client has within the entirety of our system. • The back end data integration will also be a springboard to creating a policy level dashboard and developing an end-user tool for street teams to access limited data. These tools will communicate outcomes and client level data across all street engagement teams. • DEM/HSH are beginning to analyze shelter uptake as it pertains to projected daily allocations in order to determine whether the number of allocations received per day are sufficient and which allocations are most readily accepted. • There currently exists an HSOC outcomes dashboard (internal to City partners) which aggregates HSOC outcomes per HSOC shift. This tells us how many people were sheltered per day and / or are already housed, refused placement, or refused to provide any information at all. • There is also a quarterly tent, structure, and vehicle count conducted by HSOC to assess increases or decreases in homelessness. This can help provide insight into HSOC’s ability to reduce tents, structures, and vehicles across the City. <p>Qualitative feedback from SFHOT continue to indicate the most desired shelter resource is non-congregate shelter. In FY 2023-24, HSH has continued to leverage local and state funding sources to maintain and open new non-congregate shelter options, including 60 new non-congregate cabins in the Mission district.</p>

4.4: HSH's Director of Outreach and Temporary Shelter should: Address Heluna Health's staffing challenges for SFHOT in the next contract monitoring report by working with Heluna Health to develop an SFHOT staffing plan.

Heluna Health has made significant progress towards meeting the goal of maintaining 90% staffing, in part due to the implementation of a Recruitment and Retention Plan in November 2023.

- As of August 20, 2024, SFHOT is at an overall staffing rate of 87%, with 89% staffing for outreach and 80% for case management staff. Vacant positions (3 outreach and 3 case management) are all in the interview process. Despite regular staffing turnover in FY23-24, Heluna Health successfully hired 18 new outreach and case management staff and increased the outreach staffing rate by 22% from March to July of 2024 to support the Encampment Resolution Fund (ERF) outreach expansion in the Mission and Tenderloin / Lower Polk Alleyways.
- In FY23-24 Heluna Health executed a subcontract with Code Tenderloin, a local community-based organization for additional Outreach positions in order to meet the City's needs. These partner staff were deployed in the community starting in April 2024. The goal is to maintain and scale up the partnership moving forward, that will support existing outreach efforts and potentially provide a staff recruitment tool to support overall SFHOT staffing moving forward.

5.2: HSH's Director of Outreach and Temporary Shelter should: work with SFFD to identify placement options for street team clients who request shelter placement outside of normal shelter intake hours.

HSH has expanded our evening and weekend access to Temporary Shelter and Crisis interventions over the last few years to support placements from other street teams outside normal shelter intake hours.

- **Street Crisis Response Team (SCRT):** Receives 4 beds on weeknights for placements 4pm – 8am (next day), in addition to daily allocations provided through SFHOT for SCRT daytime placements.
- **San Francisco Police Department (SFPD):** Receives 5 beds on weeknights and weekends for placements 4pm – 8am (next day). Placements made by HOT officers or SFPD HSOC officers.
- **SUD Shelter and Stabilization Pilot Program:** Starting in March 2024, HSH in collaboration with DPH, San Francisco Community Health Centers and Code Tenderloin launched the SUD Shelter and Stabilization Pilot Program as part of the city's DMACC initiative. The SUD Shelter and Stabilization Pilot Program provides supports of unsheltered people experiencing homelessness and who have substance use disorders to stabilize and connect to recovery and treatment resources.
 - This program started with 9 non-congregate units in March 2024, and expanded to 20 units by July 2024.
 - Placements are made by Night Navigators (staffed by Code TL) 7pm – 3am.

August 2024 Updates: Other BLA recommendations in which HSH is named as a supporting agency.

4.3: DPH, DEM and HSH should: conduct, at minimum, mid-year reviews or evaluations of contractor performance toward contract obligations of all new street team contractors for the first three years of the contract.

While HSH is named in this recommendation, Heluna Health is not a new contractor with the city or for outreach services through SFHOT. Heluna Health was selected through RFP # to continue to provide SFHOT services under a new contract starting in January 2024. This contract was approved by the [Board of Supervisors in December 2023](#).

HSH conducts annual performance reviews of Heluna Health's SFHOT contract as noted in the BLA report. FY22-23 Monitoring was completed in November 2023. The monitoring confirmed that overall, Heluna was meeting and exceeding all service outcome objectives.

5.3: The Board of Supervisors should prioritize funding needs identified in HSH's Home By the Bay Strategic Plan to expand the capacity of the homelessness response system by adding 1,075 new shelter beds and to add new shelter, transitional housing or other options in a variety of settings and models, including after-hours and weekend placement options for street team clients.

HSH released the citywide strategic plan to prevent and end homelessness in May 2023. The Plan identified the need to add 1,075 new shelter beds along with 3,250 new housing units and 4,300 slots of prevention in order to reach the Plan's goals, including a 50% decrease in unsheltered homelessness.

The FY 2024-26 adopted budget included key investments to maintain and expand shelter options, including but not limited to:

1. Capital and operational support for Jerrold Commons, a new shelter program opening in early 2025 that will provide a mix of non-congregate cabins and safe parking in the Bayview;
2. Leverage State HHAP grant dollars to support continued operations of nearly 300 units of non-congregate shelter hotels, including the Adante Hotel which is the home to the RESTORE pilot program with DPH; and
3. Expand emergency shelter hotel vouchers to serve an additional 600 families over the next 1.5 years and expand capacity at the Buena Vista Horce Mann (BHVM) Family Stayover Program to address the increased need of families experiencing homelessness.

Fire Department/Community Paramedicine

SCRT and SORT – OVERVIEW

Program	Goal	Core Metrics
SCRT	Alternate response to 911 activations for individuals experiencing mental or behavioral health emergencies, or those requiring low-acuity wellbeing checks.	<ul style="list-style-type: none"> • Number of Encounters • Distribution by Call Origin <ul style="list-style-type: none"> ○ Dispatch ○ Other (inc. on-views) • Distribution by Disposition <ul style="list-style-type: none"> ○ Against Medical Advice/ Patient Declined Transport ○ Non-Ambulance Transport ○ Ambulance Transport to Hospital ○ Community Paramedic Initiated Encounter (CP Encounter) ○ Office of the Medical Examiner (OME) ○ Unable to Locate ○ Walked Away • 5150 Reasons* <ul style="list-style-type: none"> ○ Grave Disability ○ Harm to Others ○ Self-Harm • Police Requested • Police Request Reasons* • Disposition of Engaged Encounters <ul style="list-style-type: none"> ○ Ambulance Transport to Hospital ○ Non-Ambulance Transport ○ Remained in Community • Average Response Time • Average Time on Call • Average Turnaround Time
SORT	Respond to overdose survivors within the 911 system and provide connections to Suboxone (buprenorphine), shelter, treatment and follow-up care.	
		*Multiple selections allowed

SCRT Performance Metrics

Metric	SCRT
Number of Encounters	
Encounters	13881
Distribution by Call Origin	
Dispatch	11712
Other	2169
Distribution by Disposition	
Against Medical Advice	115
Ambulance transport to hospital	2322
CP Encounter	1847

OME	7
Patient Declined Transport to Hospital	6559
UTL	2782
Walked Away	249
5150 Reasons*	
Grave disability	119
Harm to others	47
Self-harm	193
Police Requested	
PD Arrived Without Request	39
PD On Scene Before SFFD	246
PD Requested	110
SCRT/SORT Special Called by PD	2626*
Police Requested Reason*	
Assist with Restraint	21
Assist with Restraint:Imminent Threat to Self or Others	5
Assist with Restraint:Imminent Threat to Self or Others:	5
Assist with Restraint:Scene Management	1
Imminent Threat to Self or Others	37
Imminent Threat to Self or Others:Scene Management	5
Scene Management	59
Disposition of Engaged Encounters	
Ambulance transport to hospital	2322
Non-Ambulance transport	2683
Remained in Community	5845
Average Response Time (Mins)	
	17.0
Average Time on Call (Mins)	
	45.6
Average Turnaround Time (Mins)	
	29.8

PD On Scene Before SFFD	246
PD Requested	110
SCRT/SORT Special Called by PD	2626*
Police Requested Reason*	
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*SCRT/SORT Special Called by PD from CAD Data

5150's written by Community Paramedics in 2023/24 Fiscal Year: **306**

SCRT – Progress Towards BLA Audit Recommendations

A. Update on monthly training of SCRT teams

- In-service trainings are conducted weekly and facilitated by community paramedic captains and RAMS supervisors. Trainings consists of scenario-based practice, review in small groups, and lectures, which may be virtual and in person by subject matter experts. All members of the team participate: community paramedics, EMTs, and peer support specialists. Topics reviewed this year include Roles and Responsibilities, De-escalation and Self Preservation, Safety Procedures, Resources, 5150 Review, SORT in service, orientation for new members and trainings by Street Medicine and Project Lily on SUD and Reproductive Health. Our members have also conducted site-visit based training sessions with staff from Dore Urgent Care Clinic (DUCC) and the San Francisco Sobering Center. These drills are in addition to the core ongoing Fire Department policy and protocol trainings.

B. Indication of increased sense of belonging and support across teams

The Fire Department has initiated and continued numerous programs to support crew wellness and belonging. These include:

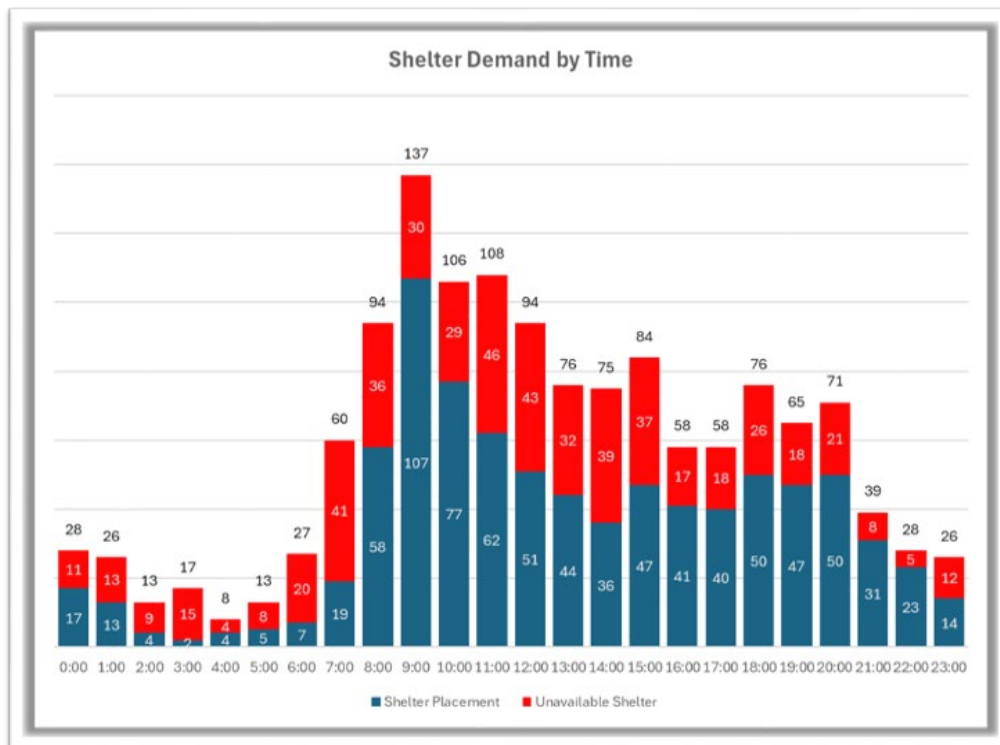
1. Weekly Crew Meals: Funded by a grant from the National Science Foundation, funds support two (2) crew meals per week for all street response team members. This program, started in March, will continue through December 2024. This intervention (sponsored meals) has brought together teams that are frequently posted in different areas of the city and contributed to ongoing positive moral, wellness and retention.
2. EMS & Community Paramedicine Cross-Division Ride Alongs: Members of the EMS Division are riding along with Community Paramedicine Division units with the goal to better understand their work.
3. Resource Fair: A multi-agency resource fair is in the planning stages and will be schedule for late October. The Fire Department is partnering with numerous resource providers and non-EMS street teams to allow for SFFD members to embed with these partners for informational and relationship building purposes. After these embeds occur, SFFD members and our partner agencies will gather to share information, reinforce relationships and recognize the community of providers involved with our clients' care.

4. ADC Station visits: Fire Department Assistant Deputy Chiefs representing the Community Paramedicine Division as well as our Diversity, Equity, and Inclusion Chief, have been systematically visiting all SFFD Fire Stations to answer questions about Community Paramedicine and signal leadership support for continued integration into Department culture.
5. Daily Division Meetings: Community Paramedic Captains are attending daily Division meetings. Led by one of two on-duty SFFD division chiefs who supervise FD operations City-wide, these daily meetings include all Battalion Chiefs and are a source of information dissemination and feedback for the entire Department. Participation has supported continued integration of community paramedicine into regular Department operations.
6. Police Department Line-ups: Community Paramedicine Section Chief of Operations April Sloan continues to attend SFPD line-ups to bridge information gaps and answer front-line officers' questions directly about our programs, ongoing issues observed in the community, and areas identified by our quality improvement process. These lineups began January 2024 in coordination with the SFPD Crisis Intervention Team (CIT) and resulted in all 10 SFPD stations receiving informational visits. Informational line-up visits will begin again in October 2024 to increase interagency cooperation around supporting individuals who are conserved or gravely disabled and placed on involuntary mental health holds
7. Peer Support Conversations: Initiated in April of 2024, this has proven to be a powerful intervention supporting crew well-being. These facilitated sessions are designed as a preventative mental health measure ("the gym for your mind"), allowing teams to share the successes and challenges they confront daily. These sessions are held weekly and open to all team members and have received broad positive feedback from crew

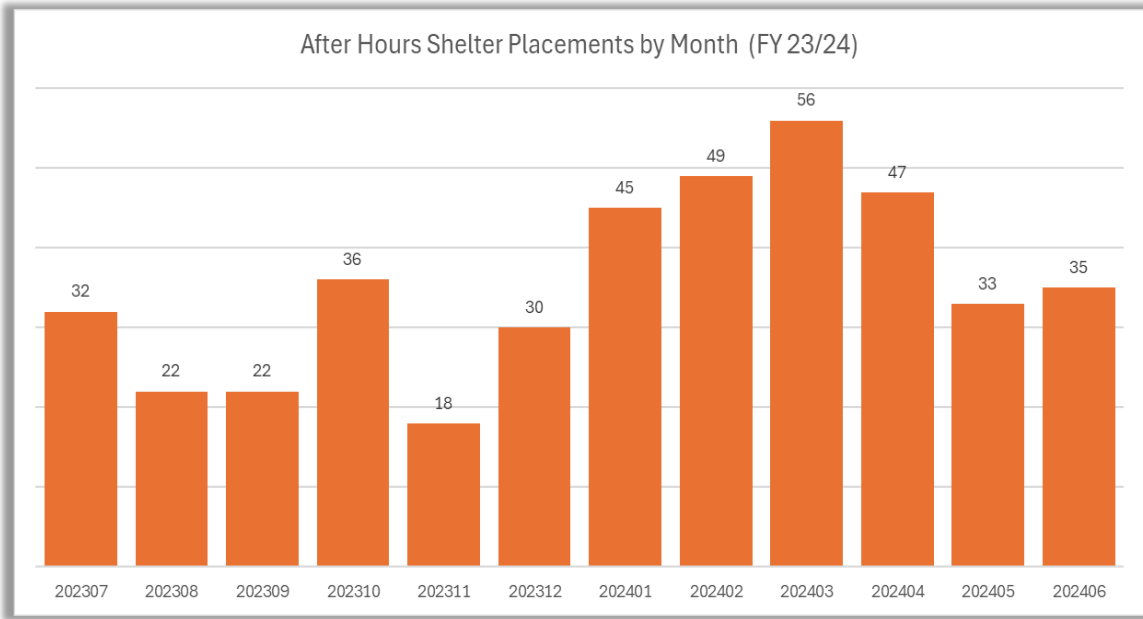
C. Shelter: Identify shelter availability resource gaps for SCRT. Below table reflects shelter availability/unavailability during "after hours" anytime outside of 0800 – 1600. Time is determined by the initial incident call for service time.

Summary

- Shelter placements (blue) = 849 (61% avail)
- Unavailable shelter (red) = 538 (39% unavailable)



Indication of SCRT dedicated shelter improvement/evening drop offs



D. Indication of SCRT staffing levels and if they are adequate to meet needs; what’s needed to meet staffing needs.

- During the FY 23-24 time period, SCRT units received **17,146** calls for service¹
- Of those over 17,146 calls, **2,626** were special calls from the San Francisco Police Department
- The percentages below indicate how often SCRT units are available to respond to specific call types, which are a subset of the 17,145 calls for service in FY24. These call types were chosen as they best represent incidents which would have previously received a law enforcement response and include only incidents to which SCRT units are dispatched solo (alone), without other Fire Department or law enforcement resources.

Final Call Type	CP Dispatched	Total Calls	Percentages
25A1C	5017	5185	96.76%
32B1	332	533	62.29%
32B3	253	401	63.09%
32D1	1342	1932	69.46%
Total	6944	8051	86.25%

The percentages above indicate how often SCRT units are available to respond to specific call types.

- **25A1C:** This call type is for behavioral health emergencies that would previously have received a police response. SCRT units respond alone to this call type, which will pend up to 30 minutes awaiting an available team.
- **32B1, 32B3, 32D1:** These call types are for wellbeing checks that would previously have received a police response. If no SCRT unit is available to respond immediately, these incidents are assigned an ambulance response.

E. Report on progress towards the “health outcome database” to support longitudinal understanding of suboxone administration.

- The Fire Department has supported and championed the back end integrated dataset, All-Street Teams Client Database, a project which is meeting the need to connect disparate data sets and provide longitudinal insights into

¹ A call for service is defined as a 911 activation. Data sourced from Department of Emergency Management CAD.

the impacts of our collective care and services. In addition to this major effort, the Department is in different stages of operationalization for the following health outcome data efforts:

- **Buprenorphine Utilization Performance Evaluation (BUPE) Registry:** The SFFD, in coordination with the California Paramedic Foundation, have successfully applied to the California Department of Health Care Services to receive funds to support creation of a registry to track health outcomes from pre-hospital buprenorphine administrations. This database will link pre-hospital (EMS) buprenorphine administration data with hospital health and discharge data, providing a more comprehensive understanding of the impacts of paramedic-initiated buprenorphine. This registry will be launched and piloted in San Francisco and has the potential to scale on a state or national level if successful. The project award was announced in July 2024, and we expect a 1-year implementation timeline before initial launch.
- **Continued Integration with EPIC:** Community Paramedicine Division electronic patient care reports (ePCRs) are automatically imported into EPIC, the centralized health information exchange utilized by the majority of San Francisco hospitals, and into which non-EPIC hospital data is imported.

SORT Performance Metrics

Metric	SORT
Number of Encounters	
Encounters	1633
Distribution by Call Origin	
Dispatch	1428
Other	205
Distribution by Disposition	
Against Medical Advice	77
Ambulance transport to hospital	956
CP Encounter	115
OME	8
Patient Declined Transport	319
UTL	141
Walked Away	17
5150 Reasons	
Grave disability	2
Harm to others	
Self-harm	8
Police Requested	
PD Arrived Without Request	2
PD On Scene Before SFFD	15
PD Requested	5
SCRT/SORT Special Called by PD	58
Police Requested Reason	

Assist with Restraint	2
Assist with Restraint:Imminent Threat to Self or Others	
Assist with Restraint:Imminent Threat to Self or Others:	
Assist with Restraint:Scene Management	
Imminent Threat to Self or Others	5
Imminent Threat to Self or Others:Scene Management	1
Scene Management	20
Disposition of Engaged Encounters	
Ambulance transport to hospital	956
Non-Ambulance transport	129
Remained in Community	390
Average Response Time (Mins)	
	10.3
Average Time on Call (Mins)	
	30.1
Average Turnaround Time (Mins)	
	34.0

In FY 23-23, SORT responded to 2,088 calls

SORT – Progress Towards BLA Audit Recommendations

A. Suboxone Administration

Provider	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Grand Total	% of Grand Total
AMR				1		1	0	0	0	0	0	0	2	2%
King American	2	1	1		1		0	2	0	0	0	0	7	7%
SFFD	4	4	8	9	10	10	4	11	10	9	6	3	88	91%
Grand Total	6	5	9	10	11	11	4	13	10	9	6	3	97	100%

While SORT was directly responsible for 20% of all pre-hospital Suboxone inductions in San Francisco, they were involved with 44% of all inductions (meaning SORT unit was on-scene or consulted by the medic unit). We interpret this as an indicator of their influence and modeling of best practices to other EMS providers.

Since EMS providers in San Francisco joined this Suboxone pilot, San Francisco has surpassed all other participating counties, even those that started several years prior.

Bupe Starts: Start date -August, 2024

County	Start Date	Total bup admins since start date
Alameda	July 2023	69
San Francisco	April 2023	129
Contra Costa	September 2020	123
Monterey	May 2023	7
San Benito	July 2023	1
Santa Cruz	July 2023	10
San Diego	October 2023	2
Yolo	July 2023	3
	Total	344

B. Indication of SORT staffing levels and if they are adequate to meet needs; what's needed to meet staffing needs.

SORT's capture rate (a percentage figure defined by the instances where SORT was available and on scene for a confirmed opioid overdose) is 31%. In other words, SORT was able to respond to 31% of all opioid overdoses known to the Fire Department. This metric is influenced by several factors: the volume of overdoses the Department is seeing, SORT unit availability and SORT staffing.

C. Optimizing SORT Impact

SORT's greatest area of impact is connecting individuals to Suboxone, shelter and treatment services. While SFFD is leading the state in pre-hospital Suboxone inductions, we continue to seek areas of opportunity. In FY23/24, available SORT units were dispatched to all overdoses in addition to an ambulance and a first response unit (engine or quick response vehicle). Given the volume of overdoses, and the time required to successfully engage individuals who are contemplating change, SORT members were operationally challenged by this response framework. Beginning FY25, SORT units will self-dispatch to 911 overdose incidents, with the goal to allow for enough engagement time on individual incidents and clients to support our collective aim of increasing referrals directly into treatment.

Whole Person Integrated Care (WPIC)-Street Medicine – Overview

Street Medicine is a multidisciplinary team which offers care in the areas of medical, mental health, substance use, and cognitive concerns. The model is mobile, low barrier, and includes both direct outreach and connecting to individuals identified by internal and external referrals.

Services include engagement and trust building for individuals out of care and suspicious of the healthcare system, assessment of need for emergency care, episodic care for acute medical conditions and exacerbations of chronic conditions to the extent that care can be delivered safely in the outreach setting.

Street Medicine is not set up as a crisis response team although we have capacity to offer care for urgent problems when they arise. Building and sustaining longitudinal therapeutic relationships is a core component of our Street Medicine work. Our initial outreach encounter will usually be a mobile evaluation by a health worker and registered nurse. Depending on the situation, a psychiatrist, psychiatric nurse practitioner, primary care nurse practitioner or physician may also respond. The individual will be assessed for risk and vulnerability and any immediate needs. Once a care plan is developed, we work to build a therapeutic relationship, stabilize, and connect the individual to needed services and care over time.

Services are delivered wherever our patients need them, including encampments, streets, parks, etc. While engagement often starts on the street, it does not end there. Street Medicine teams actively link patients to 4-walls clinics, including the Maria X Martinez Health Resource Center which offers urgent care, transitional primary care, integrated behavioral health care, dental care, podiatry, and addiction medicine.

Street Medicine includes a CalAIM Enhanced Care Management (ECM) team, including nurses, health workers, and behavioral health clinicians, who are able to provide high-touch, longitudinal care management for patients identified by their managed care plan as having complex medical needs. Standard ECM data elements are reported to Managed Care Plans.

Street Medicine has a contract with the Community Based Organization RAMS to employ Peer Health Workers who are integrated into multidisciplinary Street Medicine teams. Peers bring a unique skill set and background to Street Medicine work, improving our ability to build trusting relationships with the communities we serve.

WPIC-Street Medicine – Progress on BLA Recommendations and Summary Goal and Data Highlights

A. Street Medicine, which has existed since 2016, does not track any metrics or post any data on its outputs or outcomes publicly.

For FY 2023-24, Street Medicine identified and tracked the following performance objectives:

Objective	Rationale	Goal for FY 2023-24	Outcome	Met/Unmet?
Street Medicine will meet defined threshold for total number of Face to Face Encounters each year.	Maximize patient engagement	2000 encounters	6,793	MET ✓
Street Medicine will serve a defined minimum number of unduplicated clients each year	Maximize patient engagement	1000 unique clients	2,355	MET ✓
At least 60% of people served by the program each year will be People Experiencing Homelessness.	Reach target population	60% PEH	85%	MET ✓

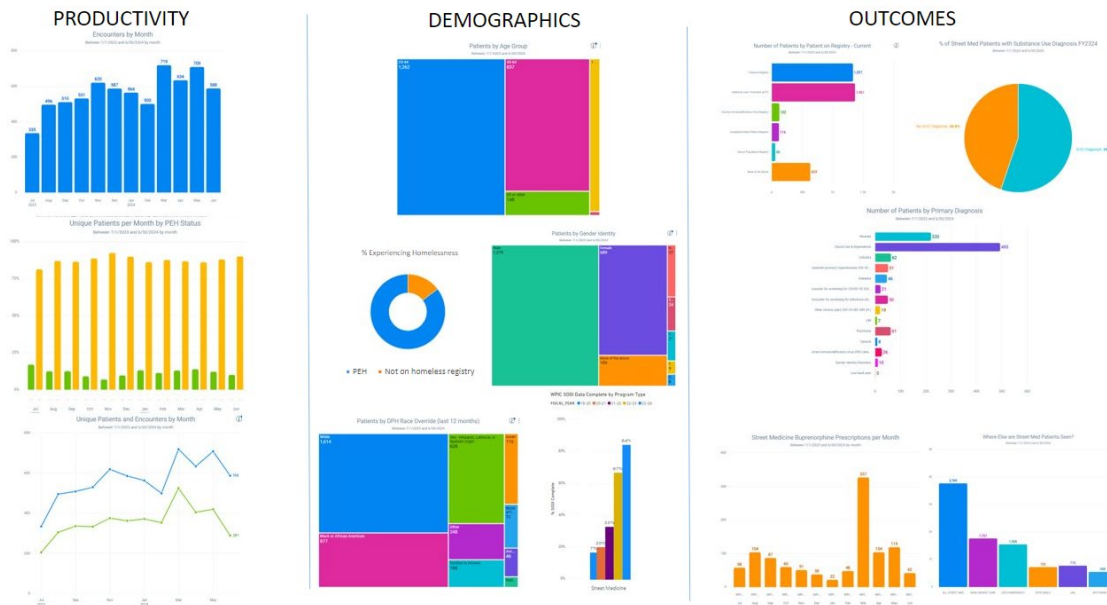
At least 500 patients with Opioid Use Disorder seen by a Street Medicine provider at a WPIC site will have at least one prescription for buprenorphine each year.	Decrease overdose risk and improve outcomes for Opioid Use Disorder	500 patients prescribed buprenorphine	994	MET ✓
At least 30 clients annually will be enrolled in low barrier Hepatitis C treatment.	Eliminate Hepatitis C	30 clients enrolled	89 clients	MET ✓
At least 60% of people served by the program will have Sexual Orientation Gender Identity status documented.	Improve quality of care for LGBT and Gender Diverse patients.	60% SOGI status documented	84%	MET ✓
At least 70% of Street Medicine HIV Transitional Primary Care patients will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence.	Decrease HIV transmission and morbidity/mortality for People Experiencing Homelessness	70% virally suppressed	67%	UNMET

All FY 2023-24 objectives were met by Street Medicine teams with the exception of missing our 70% goal for HIV viral load suppression by 3%. Of note, our HIV viral suppression rate of 67% is higher than the rate of viral suppression for People Experiencing Homelessness in San Francisco as a whole. We will continue improvement efforts to meet the 70% goal.

Street Medicine has made significant progress over the last year in improving documentation and using data to improve care. Where performance targets were exceeded for FY 23-24, Street Medicine is adjusting goals for FY 24-25 with a goal of continuous quality improvement. Street Medicine has developed a clinical dashboard utilizing data from the Electronic Health Record to continually track demographics and patient outcomes.

Graphic: Street Medicine 2023-24 Dashboard

WPIC Street Medicine Dashboard FY 23-24



All Street Medicine contracts currently have outputs/outcomes in scopes of work and protocols in place for regular evaluation of contractor performance. As RAMS contractors work as part of an integrated multidisciplinary Street Medicine teams, objectives for RAMS are reported as part of the work of Street Medicine teams.

Whole Person Integrated Care- POET – OVERVIEW

The Post Overdose Engagement Team (POET) launched in August 2021 to offer street-based support for people experiencing homelessness with a recent non-fatal overdose. Following an immediate response by the Street Overdose Response Team (SORT) at the time of an overdose, the Post Overdose Engagement Team (POET) provides ongoing follow up, continuing to offer engagement, care coordination, and access to treatment, including medications. The multidisciplinary POET team includes health workers, peers, social workers, nurses, and medical providers.

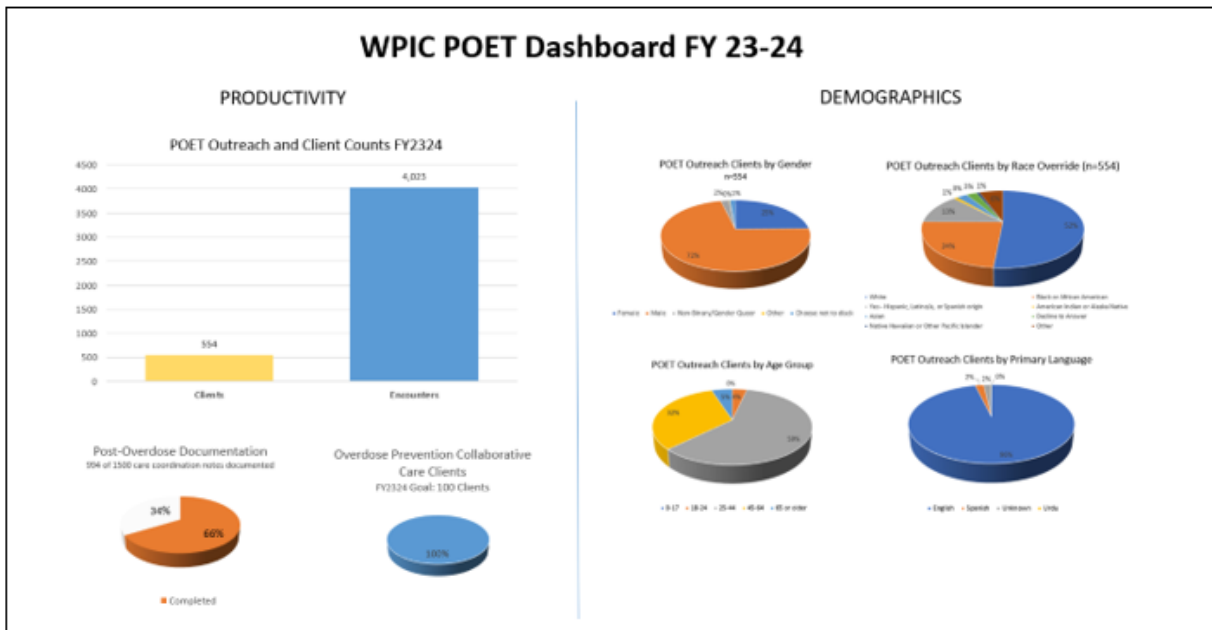
POET – Performance/Data Highlights

For FY 2023-24, POET identified and tracked the following performance objectives:

Objective	Rationale	Goal for FY 2023-24	Outcome	Met/Unmet?
Program will meet defined threshold for total number of successful outreach engagements which include the provision of standardized overdose prevention counseling each year.	Maximizing patient engagement.	2000	4,023	MET ✓
Program will serve a defined minimum number of unduplicated clients each year.	Maximizing patient engagement.	500	554	MET ✓
At least 1500 people who have experienced a non-fatal overdose will have post-overdose care coordination documented in the electronic health record.	Decrease risk of future fatal overdose	1500	994	UNMET
At least 100 people who have experienced a non-fatal overdose will receive ongoing intensive multidisciplinary overdose prevention collaborative care.	Decrease risk of future fatal overdose	100	100	MET ✓

Of note, all FY 2023-24 objectives were met by POET teams except post-overdose documentation in the electronic health record, meant to aid with care coordination. We have developed standardized workflows that provide reportable data into our electronic health records beginning in late 2023, so we can report a more complete dataset and expect to meet the goal of 1,500 annually for FY 2024-2025. Where performance targets were exceeded for FY 23-24, POET is adjusting goals for FY 24-25 with a goal of continuous quality improvement. POET is in the process of developing a clinical dashboard utilizing data from the Electronic Health Record to continually track demographics, referrals made and patient outcomes.

Graphic: POET 2023-24 Dashboard Draft



A. Absence of executed contract

The one-time barriers that caused the SORT Community Based Organizations contract to be delayed have been since addressed. All SORT/POET contracts currently have outputs/outcomes in scopes of work and protocols in place for regular evaluation of contractor performance. Contractors (Felton Institute and RAMS) work as part of the integrated multidisciplinary POET team and objectives for contractors are reported as part of the work of the POET team.

B. Modify the service model of the POET and the OCC follow-up teams to improve the success rate and cumulative follow-up rate for clients who are referred for services.

We have continued to refine the service model for the POET team using an iterative, data driven process with the goal of using resources efficiently and with highest impact. A key accomplishment over the last year has been to better integrate the work of San Francisco overdose response teams, including SORT, POET, and the HOPE team (a UCSF team providing post-overdose support to housed individuals.) This year, SORT, POET, and HOPE, in collaboration with DEM, participated in the Civic Bridge Collaboration through the Mayor’s Office of Innovation. Over 12 weeks, we worked with ZS consultants to understand the responder journey, including care gaps, for SORT, POET and HOPE, and to propose and implement feasible changes for response teams which were tested during an implementation phase.

Currently the POET team prioritizes the following high impact activities:

- Documentation of the overdose event and available support resources in a care coordination note in the Electronic Health Record where the information can be viewed when the person presents to an ER or other care site.
- Outreach to unhoused people who we have a clear way to find and connect with, utilizing a “warm hand off” approach from other teams including Street Medicine and SORT wherever possible.
- Linkage to treatment and initiation of medications including methadone and buprenorphine.
- Longitudinal care coordination for people at high risk for recurrent overdose, including a cohort of people who have had multiple overdoses.

OCC- OVERVIEW

The Behavioral Health Services (BHS) Office of Coordinated Care (OCC) supports connection to mental health and substance use services across the City’s behavioral health system, with services ranging from centralized behavioral health access points and eligibility services to community-based care coordination services, which have a significant focus on people experiencing homelessness.

OCC plays a role in the city’s Coordinated Street Response in two key ways: 1) via the BEST Neighborhoods (Bridge & Engagement Services Team: Neighborhoods) teams, which provide outreach, engagement and connection to care for people who are unhoused and have significant behavioral health needs and 2) by providing follow-up triage for Street Crisis Response Team (SCRT) referrals.

OCC- SCRT Triage does not represent a specific street team or dedicated OCC program. Triage of SCRT clients is part of a much broader OCC-Triage scope of work. Future reports will show “OCC-Triage” with outcomes for a sub-population, SCRT clients served by OCC-Triage.

OCC- SCRT Triage

When the Street Crisis Response Team reconfigured in 2023, follow-up triage for SCRT referrals was also reconfigured and incorporated into the larger OCC organizational structure. OCC now determines follow-up needs and plans for individuals who have had a behavioral health crisis contact with the Street Crisis Response Team.

Each day, OCC’s Triage team receives and reviews the list of clients with SCRT encounters for behavioral health crisis and identifies follow-up needs. The team triages and identifies needs for all individuals on the list for whom there is identifying information, with special focus on individuals for whom SCRT initiated a 5150 or transported to the hospital, those transported to SoMA RISE, those transported to Dore Urgent Care, as well as those with multiple SCRT or other system contacts. OCC identifies follow-up steps and provides care coordination with the goal of reconnecting or connecting those people in particular to behavioral health resources including to OCC’s community-based follow-up teams.

General follow-up steps can include:

- Identifying current or needed service connections
- Coordinating follow-up plans with hospitals, emergency departments, existing providers, and community-based teams
- Deploying additional outreach and follow-up support to engage, stabilize and connect to health care services such as behavioral health care, primary care, case management, and housing.

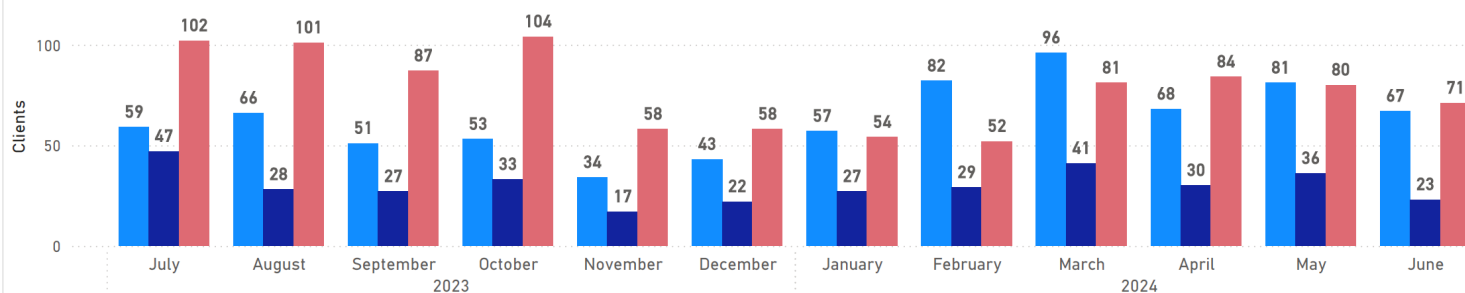
OCC’s goal is to ensure individuals who have had contact with SCRT for a behavioral health crisis have follow-up needs identified and appropriate care coordination or service connection steps taken. In FY 23-24 OCC triaged and determined follow-up needs for **2049** contacts referred from SCRT. Follow-up steps included care coordination and re-connection with existing providers as well as connection to OCC or other DPH community-based teams for additional outreach, engagement and service connection.

FY 23-24 Outcomes – Bar Chart and Distribution Tab

OCC Follow-up Assessment Outcomes

7/1/2023 to 6/30/2024

Assessment Outcomes ● Connected or reconnected to existing providers ● Connected to behavioral health care or OCC follow-up team ● Provided care coordination services

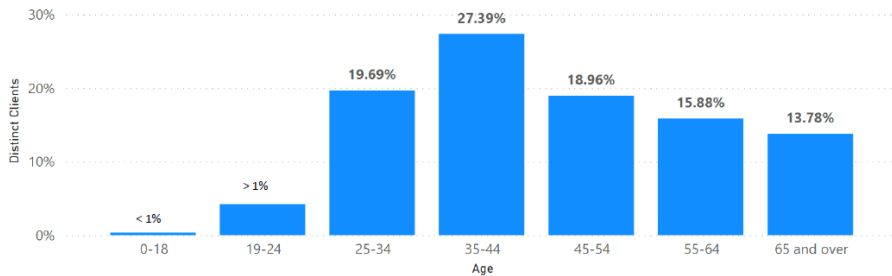


Year	Connected or reconnected to existing providers	Connected to behavioral health care or OCC follow-up team	Provided care coordination services	Total
2023	306	174	510	990
July	59	47	102	208
August	66	28	101	195
September	51	27	87	165
October	53	33	104	190
November	34	17	58	109
December	43	22	58	123
2024	451	186	422	1059
January	57	27	54	138
February	82	29	52	163
March	96	41	81	218
April	68	30	84	182
May	81	36	80	197
June	67	23	71	161
Total	757	360	932	2049

When there is sufficient client identifying information, OCC creates or documents a referral (episode) in the public health, client management database, EPIC each time there is a contact with SCRT necessitating OCC triage/follow up. Annual data may include multiple referrals/episodes for the same individual. SCRT may also refer people who do not disclose ample identifying information for documentation into EPIC. In this instance, SCRT will include descriptive information of the client and the specific location of the SCRT encounter. An OCC team will outreach to the specific location, although re-connection success is an identified challenge as the referred person (through description only) may not remain in the location of the SCRT encounter. This challenge will hopefully, in part, be mitigated through the Outreach Worker Tool which will catalogue all teams' encounters with "shared" clients, increasing knowledge of where clients are around the city, hopefully improving opportunities for reconnection. The below information is for clients referred from SCRT who have profiles in EPIC.

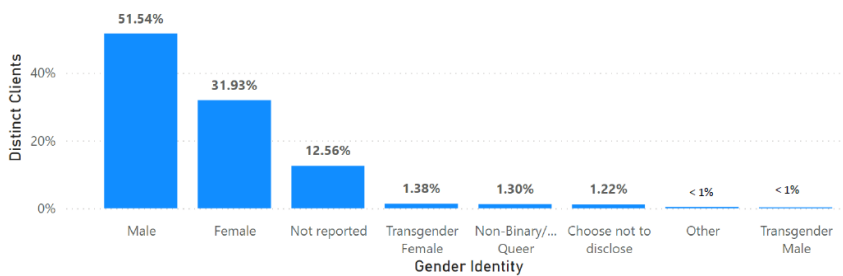
Age distribution

Age



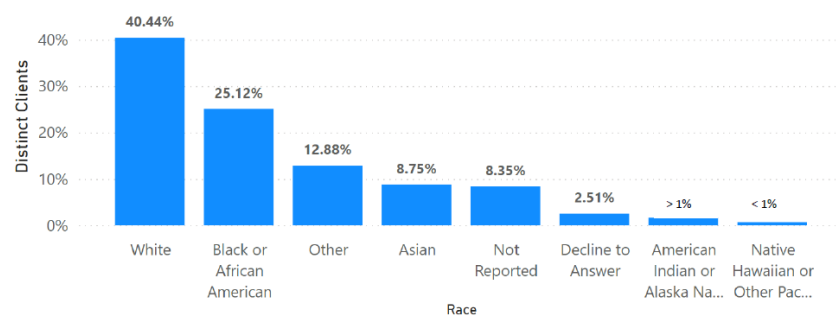
Gender Distribution

Gender Identity

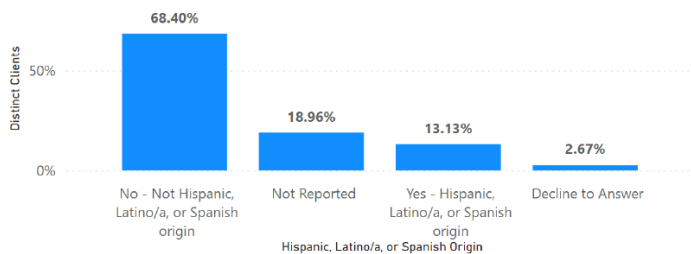


Race Distribution

Race



Hispanic, Latino/a, or Spanish Origin



OCC's SCRT follow-up triage data are published on a monthly basis to the public SCRT dashboard (<https://www.sf.gov/street-crisis-response-team>). Additional metrics updates are being planned for this year, which will include cumulative follow-up data.

OCC – SCRT Triage – Progress Towards BLA Audit Recommendations

A. Modify/fine tune service models to improve the success rate and cumulative follow-up rate for referred clients.

As noted, DPH made significant changes to the SCRT follow up model as part of the SCRT reconfiguration. As of March 2023, follow-up for SCRT is integrated into the larger Office of Coordinated Care (OCC) organizational structure. OCC provides care coordination and follow-up for people who have multiple points of contact across systems, including people exiting involuntary holds (5150), transitioning out of acute care settings, following crisis contacts, and leaving jail.

This approach ensures OCC can identify, follow, and provide strategic intervention for people who have contacts across multiple places in the system and who need strong system coordination. It also ensures that the follow-up response is focused and tailored to the individual's needs.

SCRT follow-up is also integrated into Coordinated Street Response. The coordinated and shared approach to SCRT follow-up centers shared priority clients, which ensures individuals with the highest level of need receive the level of services and focus commensurate with that need. It also leverages BEST Neighborhoods' neighborhood-based and planned outreach as well as the communication and coordination between all street response teams to support follow-up.

OCC-BEST Neighborhoods – OVERVIEW

As part of the reconfiguration of SCRT, BEST Neighborhoods was established in March 2023 to play an important role in the city's Coordinated Street Response. BEST Neighborhoods both expands and focuses DPH services that provide outreach, engagement, and connection to care for individuals experiencing homelessness with significant behavioral health needs.

BEST Neighborhoods teams work with people experiencing homelessness with highly complex needs who face significant barriers to access or engage with needed care and who may experience ongoing crisis. The teams focus on follow-up for individuals with SCRT encounters, shared priority clients (clients who are prioritized for care based on city health and emergency services data), and individuals identified during planned outreaches in the community. The teams provide time-limited, focused and phased interventions to support clients with the transition to ongoing care and supports.

BEST Neighborhoods is staffed by civil service staff as well as via a contract with RAMS, a community-based organization with special expertise in employing peer counselors and integrating them into multidisciplinary behavioral health teams. RAMS peer counselors play core roles in BEST Neighborhoods daily outreach, engagement and connection to care.

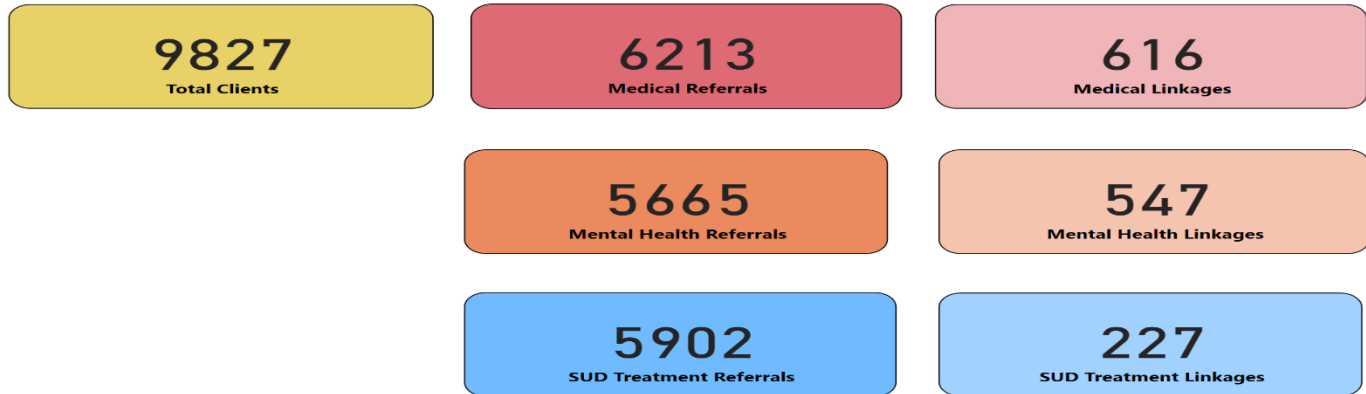
The BEST Neighborhoods multidisciplinary teams are made up of behavioral health clinicians, health workers, peer counselors, registered nurses and psychiatrists who work together to outreach, engage, stabilize, and connect people experiencing homelessness who have significant behavioral health needs to necessary health and other services.

BEST Neighborhoods teams work 6 days a week in assigned neighborhoods, allowing the teams to become familiar with and knowledgeable about specific neighborhood needs, residents and businesses. BEST Neighborhoods has teams that respond to and focus on areas of need citywide, as well as teams focused in the Tenderloin, Mission/Castro, and Bayview/Ingleside. The teams also provide support and connection to behavioral health services to encampments as part of the Healthy Street Operation Center (HSOC) pre-resolution outreaches.

OCC- BEST Neighborhoods, Performance Highlights

FY 23-24 BEST Neighborhoods Engagements, Service Referrals & Connections to Care

BEST Neighborhoods Total Engagements, Referrals, and Linkages
7/1/2023 to 6/30/2024



Conclusion

SF Coordinated Street Response works with an urgency to address the needs of people in crisis who experience homelessness in San Francisco. Our most complex work is with people who are not yet intrinsically motivated, for an array of reasons, to take advantage of stabilizing services. Teams use every resource and tool available in support of stabilization and wellness of clients, but the bottom line is that the work is time and labor intensive.

At a system-level, we recognized that the siloed nature of our work was a barrier to positively impacting our shared clients and the San Francisco community at large. Together, we are strengthening strategies for coordination, recognizing that effective and streamlined communication and appropriately sharing information increases opportunities for expedited services linkages. We made tremendous progress in FY 23-24 and will build on it in FY 24-25.

Key next steps include:

1. Completing an SF Coordinated Street Response Operational Plan
2. Finalizing top tier goal and performance metrics
3. Operational commitments to Shared Priority clients
4. Full integration of the outreach worker tool into our business practices
5. Launching of the policy maker dashboard and public facing website
6. Continuing advocacy around resource need

Our next report will be submitted in September 2025.