

KEEP PEERS ON STREET CRISIS

When someone is in crisis, the response should be ***collaboration***.

The city is moving to remove Peer Counselors from the Street Crisis Response Team. **We're asking decision-makers to keep them on the call.** Scan this QR code, name your district, let's move the needle.



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CHISME CHECK:

"This decision was not made lightly and reflects the evolving needs and direction of crisis response **within the larger 911 system,**" a spokesperson for the fire department said in an email.

KQED Article



Asst Deputy Chief of EMS announced Peer removal on July 8th, 2026.

On July 15th, a member of the public thanked the Police Commission for the collaboration and trust their officers have shown working alongside Peers on SCRT.

A Commissioner then asked our Chief of Police, "...the peer counselor program loss? Is there an update you could provide on that? **The public comment was the first I'd heard about that — a change to that.**"

Our Chief of Police responded:

"I don't have any more information on that at this point, I'll certainly look into it."

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THE RECEIPTS DON'T ADD UP:

"This is not a reduction in behavioral health support."

SFFD quoted, ABC 7 News

The City's own evaluation of SCRT identified the peer role as central. The 2022 SCRT pilot final report, published by this Department and others, hailed the program as successful at engaging people in behavioral health crisis and experiencing homelessness and stated the **"peer specialist team members are key to this empathetic outreach."**

Disability Rights California Letter of Support to Fire Commission



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"This change streamlines on-scene coordination and strengthens the consistency and quality of the care provided."

SFFD quoted, ABC 7 News

In an analysis published by San Jose State University regarding our Street Crisis Response Team, researchers identified a "sense of disconnect between decision-makers' understanding of the work and team members' experiences of the work." They show how this can lead to burnout and moral injury among our first responders, which **"impedes their ability to serve clients and can create structural challenges for municipalities."**

doi: 10.3389/fpsy.2026.1735265



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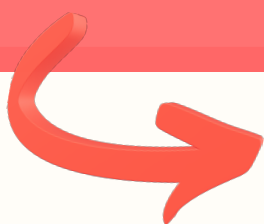
"As part of our evaluation of the community paramedicine program and focusing on its mission and really orienting to high-acuity calls — which we think our personnel are uniquely qualified to respond to — we have decided to discontinue the practice of deploying peer counselors on the apparatus."

Asst Deputy Chief Garreth Miller
July 8th, 2026

The SF.gov website guides the public to "Make the right call: Use 911 for medical emergencies, such as a substance use or mental health crisis."

Over 50 letters sent to city officials in the last month (so far) state that **Peers are uniquely qualified to respond to people experiencing substance use or mental health crises.**

<https://www.sf.gov/san-francisco-street-team>
8/7/26



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WHAT PEOPLE HAVE SAID:

"As a 911 paramedic and have dedicated my life and career to this work, paramedic and EMT school does not train nor prepare us to do the work that peer counselors and trained mental health specialists do. We are asked to do multiple roles and specialties... **This is not only a disservice to the community and the residents of SF but to your first responders.**"

"My work involves operating 23 permanent supportive housing sites in San Francisco, primarily SROs, where mental health crises are frequent... I have witnessed and can attest to the highly valuable and irreplaceable value that peer counselors play in deescalating people in crisis. **Their understanding, and the fact that they are not in uniform representing authorities and institutions, cannot be replaced. There is no way that trained paramedics, or even trained social workers, can do what they do.**"

— in letters to the Board of Supervisors from the last month, emphasis added

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"I have worked as a researcher with the Street Crisis Response Team since soon after it was launched. Between 2022 and 2025, I conducted dozens of focus groups with EMTs, paramedics, and peers, surveyed members, reviewed client interactions, and met countless times with Community Paramedicine leadership. I am very concerned about the removal of peers from SCRT... **removal of peers would fundamentally change what it can accomplish, to the great detriment of the communities the program serves.**"

"Continued investment in Peer Support Specialists demonstrates San Francisco's commitment to behavioral health innovation, health equity, and public accountability. **Their work strengthens trust between public systems and community members while advancing the City's goals of providing effective alternatives to traditional emergency responses.**"

— in letters to the Board of Supervisors from the last month, emphasis added

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WHAT PEOPLE HAVE SAID:

"As a CityWide Clinician this news is absolutely disgusting. **We rely on peer counselors to help with clients.** I do not agree with the removal of Peer Counselors from the SCRT."

"I work in a crisis residential program in the SOMA district. We rely on support of SCRT to support our clients going through a severe mental health crisis to **prevent dangerous situations and maintain the safety of our program.**"

"**This is not how we promote and protect the health of all San Franciscans.**"

— in letters to the Board of Supervisors from the last month, emphasis added

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"I am a residential mental health counselor at ..., an Acute Diversion Unit serving people covered by San Francisco Medi-Cal. We desperately need the SCRT and I have first hand witnessed how different the outcomes of a crisis are when uniformed first responders respond to a call rather than the SCRT. **People in crisis benefit from knowing the person trying to help them has a personal understanding of what they may be going through.** Our clients and the residents of San Francisco deserve compassion and care from PEERS who can empathize with them in a crisis, rather than uniformed first responders who are generally combative and at times, unnecessarily aggressive."

— in letters to the Board of Supervisors from the last month, emphasis added

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"I'm a case manager at a shelter and **work closely with peer counselors from SCRT. They have been invaluable** when bringing in clients. Their presence makes the clients feel more comfortable and assist with getting them into shelters and making them feel safe."

"I am writing as a crisis counselor who works directly with individuals in an Acute Diversion Unit experiencing mental health crises in San Francisco. **I strongly oppose the removal of Peer Counselors from the Street Crisis Response Team.**"

"At my workplace we have used the resources of the SCRT to deal with clients in crisis. It's no possible for us to call police and still maintain the trust and safety of our clients. So **the peer counselors of the SCRT are vital.**"

— in letters to the Board of Supervisors from the last month, emphasis added

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"...peers are often the only team member a person in crisis will trust enough to be honest with. More than just testimonies, **the research also reflects that peer-run supports are evidenced based therapeutic options for the people and by the people.**"

"I am a therapist in private practice with over a decade of experience serving people at risk of homelessness...The justifications for this removal have been poorly communicated... It's disheartening to dispose of years of collaboration so callously... **We should be continuing to model innovative programs to meet street crises, as other cities are learning to do.**"

"**At no point would I consider calling Crisis Support if there was not a peer involved.**"

— in letters to the Board of Supervisors from the last month, emphasis added

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"I worked in Civic Center for 8.5 years and am well aware of the crisis facing the unhoused population. The SCRT is able to provide vital services and resources, but **without the peer counselors, actually connecting people with the resources that are most relevant to their honest situation will be at best a challenge, and at worst entirely unfeasible.**"

"I have personal experience with crisis, as a primary care addiction doctor, and **my patients would rather speak to a non-uniformed Peer rather than a uniformed first responder.**"

— in letters to the Board of Supervisors from the last month, emphasis added