

**CALIFORNIA RACIAL AND IDENTITY PROFILING ADVISORY BOARD**

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**CALLS FOR SERVICE SUBCOMMITTEE MEETING MINUTES**

**March 9, 2021**

**Subcommittee Members Present:** Co-Chair Sandra Brown, Co-Chair Angela Sierra, Felicia Espinosa, Edgar Hampton, John McMahon, and Steve Raphael

**Members Absent:** None

**1. Call to Order and Introductions**

Co-Chair Angela Sierra called the meeting to order at 2:30 p.m. New subcommittee member Hampton was introduced.

**2. Approval of Subcommittee Meeting Minutes**

**MOTION:** Co-Chair Sierra made a motion to approve the October 6, 2020 Meeting Minutes. Member McMahon seconded the motion.

**APPROVAL:** All members voted “yes,” there were no “no” votes and no abstentions.

**3. Overview by the Department of Justice**

Deputy Attorney General (DAG) Kendal Micklethwaite of DOJ presented an overview of the Vision for Future Reports in the Calls for Service section of the prior Board Report, including bias by proxy and crisis response topics.

**4. Speakers Panel, Presentation on Responses to Calls for Service and Crisis Intervention**

Ms. Micklethwaite stated that presenters from the San Francisco Department of Emergency Management, the Fire Department, and the Department of Public Health would speak with the Board about community-based crisis response teams.

Angelica Almeida, Director of Forensic and Justice-Involved Behavioral Health Services with the Department of Public Health, presented information about San Francisco’s recently launched Street Crisis Response Team (SCRT). She stated that San Francisco’s policy reforms include behavioral health experts responding to non-violent incidents on the street where there is a behavioral health need. She stated that the community planning process for these policy changes included the Commission on Human Rights and the Coalition on Homelessness, and engagement with crisis response programs from other jurisdictions. She stated that the SCRT program responds to 9-1-1 calls that are diverted to SCRT. Ms. Almeida stated that it is important to understand that the program’s success requires more than a response team; there must be alternatives available to support the person in the immediate moment of crisis, and linkage to ongoing mental healthcare, substance use treatment, and social services. She stated

that the program was building capacity to provide case management follow-up to connect people with ongoing services, which is an outcome that the program will track.

Ms. Almeida stated that the SCRT program provides therapeutic de-escalation and medically appropriate responses to calls for service for people experiencing crises in public spaces. She stated that the response team includes a community paramedic, behavioral health clinician, and peer specialist. She stated that jurisdictions should consider whether the 9-1-1 system would be accessible for the population served by crisis response programs and consider communities' experiences of racism and institutional mistrust. Ms. Almeida stated that San Francisco launched the first response team at the end of November 2020 to serve the Tenderloin area and launched a second team at the beginning of February 2021 to serve the Castro-Mission area. She stated that these were small geographic areas for which there was a high volume of calls. She stated that SCRT planned to launch four additional teams by the end of March 2021 to provide 24-hour, seven-day, citywide coverage.

Ms. Almeida shared an overview of the program budget, which included training, staffing, follow-up care coordination, and program evaluation. She stated that the response team uses a Fire Department emergency response vehicle, which allows the team to provide transport for people who are willing to go to another location voluntarily.

Simon Pang, Chief of Community Paramedicine with the San Francisco Fire Department, explained that traditional paramedics respond to 9-1-1 emergencies and are authorized to work on the scene of an emergency and in an ambulance in route to an emergency room. He stated that California piloted community medicine over the past five years and community paramedics, like those on the SCRT team, have additional training and an expanded role in non-emergency settings. He stated that the community paramedic mission in San Francisco includes serving frequent 9-1-1 utilizers, many of whom are unhoused. Ms. Almeida stated that to date, approximately 96% of the people using the SCRT services experienced housing instability. She explained that SCRT decided to collaborate with community-based organizations to provide the behavioral health clinicians and peer specialists that serve on the response teams. She stated that it is important to invest in the training and team dynamics of these multi-disciplinary teams.

Ms. Almeida stated that it was important for SCRT to identify the types of calls they wanted to be able to respond to and in San Francisco, they decided that they wanted to respond to calls where there was a specific behavioral health need. She stated that most other jurisdictions have found that approximately 71% of calls resolve in the community. She stated that, in addition to responding to calls from 9-1-1, teams respond to people that they see in active distress. Ms. Almeida added that the teams carry Narcan, which they can distribute to individuals in need.

She discussed the code types that the team is responding to and explained that these do not currently include “person attempting suicide” or “wellbeing checks.”

Ms. Almeida summarized the outreach and engagement that the SCRT planning team worked on before the program began, including behavioral health consumer focus groups. She stated that developing public awareness and managing community expectations were some of the key objectives of the program’s community engagement. She stated that both data and consumer input are important in developing services, for instance, some geographical areas have high 9-1-1 call volumes and other areas may have a high need for SCRT services, but contact 9-1-1 less frequently.

Ms. Almeida stated that every call that SCRT responds to is a call diverted from the Police Department, reducing law enforcement encounters for the population served. She stressed that it is important that jurisdictions include an evaluation component in their crisis response model that takes into account health disparities, outcomes for individuals, and how successful the program is at connecting people with ongoing services.

Board member Raphael asked what fraction of the calls that SCRT responds to were for the same individual over time and if there were early lessons that SCRT was finding. Ms. Almeida stated that over the course of the project, SCRT would learn if there were repeated calls for the same person using electronic health record tracking. Mr. Pang stated that another Fire Department community paramedic program works with frequent 9-1-1 users so that, when calls are received, the program can identify if the caller has had contact with the emergency services system. He stated that third-party callers make a large number of the calls and frequently when the team arrives at the location, the person is no longer there. He stated that engaging with SCRT is voluntary unless the person meets the criteria for an involuntary mental health hold and even in instances when the person decides not to continue to engage with SCRT, the response can successfully mitigate the crisis.

Co-Chair Brown asked if the response team had radio communication with 9-1-1 dispatch and if police had needed to respond for the safety of the team. Mr. Pang confirmed that SCRT had communication with 9-1-1 dispatch and stated that police had not needed to respond for the team’s safety. Co-Chair Brown asked about the source of the funding for the SCRT program. Ms. Almeida stated that San Francisco made a strong investment in behavioral health, including through Mental Health San Francisco legislation and Proposition C, to prioritize additional resources in the behavioral health system to meet the needs of individuals in crisis and as an alternative to policing. Co-Chair Brown stated that over her career in law enforcement, there was a dramatic increase in the number of people experiencing homelessness and an increase in the number of calls to police about people experiencing homelessness. She stated that the SCRT program is very important. She shared that her brother-in-law was a

behavioral health services consumer and he died of positional asphyxiation by law enforcement.

Co-Chair Sierra asked if the SCRT program was exclusively responding to people who were experiencing crises in public settings or if they were also responding to homes. She asked if the response model for public and private spaces would be very different. Ms. Almeida stated that the Mental Health San Francisco legislation focused on public spaces; however, SCRT aspired to grow in capacity to serve people regardless of location. She stated that San Francisco had a crisis services program that responds to homes. She added that there are some differences in these programs and the crisis services program is not dispatched through 9-1-1.

Board member Hampton asked if SCRT was a part of the computer-aided dispatch system. Robert Smuts, Director of Emergency Communications for the San Francisco Department of Emergency Management, stated that SCRT is dispatched through Fire Department radio channels and tracked through the unified police, sheriff, fire, and medical computer-aided dispatch system. He stated that the unified public safety system dispatched approximately 570,000 incidents per year, and approximately 415,000 of these incidents were dispatched to police, 125,000 to EMS, and 32,000 to the Fire Department. He stated that there were several efforts underway to determine if all of the incidents dispatched to police, should continue to be dispatched to police. He stated that of these efforts, SCRT was the furthest along, and as SCRT scaled up, about 10,000 incidents would be diverted, approximately 2.5% of total police calls. Mr. Smuts stated that he was responsible for ensuring that any changes would not diminish service and would not result in longer times to respond to an incident. Co-Chair Raphael asked how dispatchers triage the calls. Mr. Smuts stated that during the initial transition to using SCRT, there was joint police and SCRT dispatch with whichever unit was first dispatched canceling the other unit's response. He stated that as SCRT scaled up and had full staffing, the police dispatch would be removed and EMS would back up SCRT. He stated that because incidents do not occur at a consistent frequency, and there are peaks in incidents occurring, planning must provide for backup responses.

Mr. Smuts stated that most agencies receive calls for wellbeing checks, and San Francisco had approximately 26,000 of these calls per year, many of which were regarding people in public settings and there was discussion about how to best respond to these calls. He explained that in San Francisco there are three priority levels for police calls: immediate, intermediate-level, and lower-acuity. He stated that SCRT began responding to behavioral health-related calls and well-being checks might be an area to which SCRT would respond in the future. Mr. Smuts stated that SCRT did not respond to behavioral health calls where there was an immediate threat to life or safety. He stated that the Department of Emergency Management was looking at ways to respond to these calls more effectively that would not cause a delay in the response. He stated that in San Francisco a large portion of the lower-acuity calls was related to people's

experiences of being unhoused. Mr. Smuts stated that many of the crisis response programs in other jurisdictions that the Department of Emergency Management contacted responded to lower-acuity calls than the calls to which SCRT responded. He stated that the Department of Emergency Management was considering alternatives to a law enforcement response to these calls.

Co-Chair Brown asked about feedback that SCRT might have received from people receiving SCRT services and about any increase in the program's visibility and recognition since its inception. Mr. Smuts stated that the public safety dispatch system received calls from people specifically requesting assistance from the Street Crisis Response Team. He stated that he believed there was an unmet demand for the SCRT services due to distrust in the 9-1-1 system and other barriers. Ms. Almeida stated that the use of a Fire Department vehicle increased the visibility of the SCRT in the communities they served. She stated that community leaders approached the teams and the teams made efforts to build relationships over time with people in need of the services. Mr. Pang stated that because SCRT was not yet fully implemented the messaging to the community about the services was very difficult, as the community received messages that if they called for the type of services that SCRT provides, there might be an SCRT response or a police response. He stated that once the program was fully implemented, there would be a public information campaign about the services.

Co-Chair Sierra requested additional information and target dates for the program evaluation. Ms. Almeida stated that the evaluation would include the review of three data sources to evaluate SCRT's responses and the outcomes for the individuals served: the computer-assisted dispatch system, the Fire Department log, and the electronic health record system within the Department of Public Health. She stated that SCRT would undertake the first data analysis at the end of March 2021, that the analysis would continue at regular intervals, and the information would be shared with the public.

Board member Raphael asked about the evaluation outcomes. Ms. Almeida stated that one of the analyses would look at whether there was a reduction in contacts with the criminal justice system and jail for people participating in the program, reduction in contacts with psychiatric emergency services and in-patient hospitalization, and linkage to ongoing services. She stated that additional evaluation variables might be developed. She stated that SCRT does not have the name of some of the individuals that have participated; therefore, it is more difficult to track outcomes in those instances. Ms. Almeida explained that SCRT attempts a follow-up contact within twenty-four hours with each person after the initial contact and SCRT would track their ability to achieve this. Mr. Pang stated that SCRT would also evaluate safety outcomes and the reasons for which people decline services. He stated that when there is a police response to a crisis there is not much documentation and through SCRT, even in instances when people do not accept the services, SCRT will have more information about

those persons' situations. Co-Chair Sierra thanked the presenters for the presentation and their work.

## **5. Public Comment**

Richard Hylton asked if the data collected was police stop data or data from a different source. He asked what safeguards existed to ensure data integrity if this was police stop data.

Co-Chair Sierra stated that her understanding is that the SCRT data is separate data that is being collected and evaluated.

## **6. Discussion of Proposed Calls for Service Chapter in the 2022 Board Report**

Ms. Micklethwaite stated that the subcommittee might want to consider how some of the approaches for coding calls that were discussed concerning mental health crisis response might apply to addressing bias by proxy. She stated that the subcommittee might consider addressing dispatcher basic training and a review of LEA policies regarding calls for service. She stated that in 2020 the subcommittee discussed a potential pilot project addressing bias by proxy and asked the subcommittee to discuss this further if they were interested in developing a pilot project. Ms. Micklethwaite stated that the subcommittee began to review bias by proxy policies from LEAs across the nation and may wish to continue this review. She stated that the subcommittee may consider making legislative recommendations regarding bias by proxy and addressing bias response teams and restorative justice responses to bias-based calls.

Ms. Micklethwaite stated that the subcommittee might want to address best practices for community-based crisis response and model policy language regarding bias-based policing and mental health, and consider lessons learned from the subcommittee's review of crisis response models. She stated that the meeting materials included the Executive Summary from the Substance Abuse and Mental Health Services Administration's National Guidelines for Behavioral Health Crisis Care. She stated that the Guidelines address three core elements: regional crisis call centers, crisis mobile team response, and crisis receiving and stabilization facilities. Ms. Micklethwaite stated that the Guidelines also address essential principles for crisis response.

Co-Chair Sierra invited the subcommittee members to discuss the work that they would like to pursue to address bias by proxy. Co-Chair Brown stated that there were repeated instances of police responses to bias-based calls. She stated that this continued during the pandemic and described an incident in which police were called about a Black man who was wearing a mask while in a store, where everyone was also wearing a mask. She stated that the police responded and escorted the man out of the store, even though he was not doing anything wrong. She stated that the dispatcher should have asked the caller some questions. Co-Chair Brown stated that when she conducts training at law enforcement agencies, she asks if the agencies are

responding to these bias-based calls and the officers often indicate that they were still being dispatched to these calls. She stated that another term for bias by proxy is “race out of place” and these calls continued to be made throughout California.

Co-Chair Brown recommended that the subcommittee develop a list of questions that dispatchers could use to ask reporting parties why the person in the community was disturbing them, such as “Do you see a weapon?”, “Has the person engaged you?”, “Have they knocked on someone’s door?”, “Did they go into someone’s backyard?”, “Are they looking through cars?” She stated that it is a problem when an officer is dispatched and the person they are contacting is not doing anything illegal.

Co-Chair Sierra stated that the Board made general recommendations but the subcommittee may wish to develop model policy language, scripts for dispatchers, and recommendations regarding follow-up with the people who make bias-based calls. Co-Chair Brown stated that when police respond to bias-based calls they need to educate the caller. She agreed that the Board should develop a script to help dispatchers identify and interrupt bias-based calls.

Board member Raphael stated that there was a common structure to both the topic of mental health crisis response and bias by proxy, in that dispatchers must be able to identify when a person’s bias is being used to direct law enforcement resources where they are not needed and distinguish whether a law enforcement or non-law enforcement team should respond to calls. He stated that scripts are important and checklists can be very useful. He added that data might help to identify calls that are likely to be bias-based or calls for which a non-law enforcement response would be better. Member Raphael stated that he wonders about the extent to which RIPA data could be used to identify bias by proxy stops and computer-aided dispatch data from LEAs may be needed to do this. Co-Chair Sierra asked if it would be helpful to analyze the data from a small agency. Co-Chair Brown stated that in some agencies in California, if the information provided by a reporting party does not meet a threshold of suspiciousness, the agency would not respond to the call. She stated that in the classroom setting, officers express frustration regarding bias-based calls and some agencies’ policies require officers to respond. She stated that police response to bias-based calls harms people in the community and increases the fear and distrust of police. Co-Chair Brown stated that she liked the idea of studying calls for service in a smaller agency and developing actions to interrupt bias-based calls.

Co-Chair Sierra stated that in the 2019 stop data, officers reported that a call for service was received concerning the person stopped in five percent of the stops. She stated that she wonders how many calls for service were received for which a stop was not made. Co-Chair Brown stated that as more agencies begin reporting stop data, and CHP data makes up a smaller proportion of the overall data, there might be a change in the percentage of stops for

which there was a call for service. Member Raphael stated that he would be interested in identifying any agencies in the country that have approached the problem of bias-based calls by implementing a script for dispatchers and conducting a survey of law enforcement leaders about how to identify calls to which law enforcement should not respond. He stated that it would also be valuable to analyze stop data to try to develop criteria that would assist in identifying calls that are likely to be bias-based.

Member Espinosa stated that she would like to continue the subcommittee's discussion regarding how to track information about officers' follow-up with callers regarding bias-based calls and learn about LEAs that are implementing pro-active community engagement initiatives to reach community members that might make bias-based calls. Co-Chair Brown stated that it would be valuable for officers to have community education materials about what is and what is not suspicious behavior that the officers could provide to community members that have made calls for service.

Co-Chair Sierra invited the subcommittee to discuss the work that they would like to develop regarding mental health crisis responses. She stated that the Board might not be able to make best practices recommendations until the programs' evaluations are further along. Co-Chair Brown stated that she would like the subcommittee to include updated information about the SCRT implementation in the Board's Report. She stated that she would like to know who is placing the calls to which SCRT responds. Member McMahon recommended that the Board look at additional crisis response models. He stated that he was unsure if the SCRT program cost was equal to the savings in law enforcement costs and he was not sure if the same response models could be used in urban and rural jurisdictions. He stated that the San Bernardino County Department of Behavioral Health assigned a behavioral health clinician to each of the seventeen County Sheriff's Office patrol stations. Member McMahon stated that the Behavioral Health Department indicated that they did not want to respond to calls for involuntary mental health holds. Co-Chair Sierra asked Member McMahon if the behavioral health clinicians ever worked in tandem with law enforcement. Member McMahon stated that in the San Bernardino County Sheriff's Office Homeless Outreach Team, a behavioral health clinician, staff from the Probation Department, and Sheriff's deputies work in tandem. He stated that the services of the Homeless Outreach Team are not available at all hours; the team works during a fixed schedule.

Co-Chair Sierra stated that it seemed that different jurisdictions might be best served with different program models. She suggested that the subcommittee work to develop overarching principles for crisis response and study examples of existing approaches.

Member McMahon stated that POST provides a basic dispatcher course that is required for all dispatchers, in addition to continued professional training. He stated that it would be easy to

incorporate the checklists or additional training for dispatchers if these were not already included in the curriculum. Co-Chair Brown stated that, in addition to prioritizing training for dispatchers to address bias-based calls for service, officers also share a responsibility to ask questions of dispatchers. Member McMahon stated that if the RIPA Board made a recommendation regarding dispatcher training, POST could coordinate a group of law enforcement and non-law enforcement subject matter experts to develop recommendations about what the curriculum should include and develop the course. Co-Chair Sierra stated that her understanding was that POST offers basic dispatcher training, but the training did not address bias-by-proxy in depth.

Member Raphael stated that the diagrams presented by Mr. Smuts showing the different types of calls and the programs that were responding to the different call categories were very helpful. He agreed with Member McMahon's comments that there were different programs to respond to different situations and stated that the Board could develop recommendations for responding to behavioral health calls and situations in which law enforcement should be part of the response and when this is not needed.

Ms. Micklethwaite shared that CRES had begun discussions with POST regarding the dispatchers' training course and was looking forward to learning more about dispatchers' basic training regarding bias by proxy. She stated that the Board might want to invite POST to a meeting to discuss this training.

## **7. Public Comment**

No members of the public provided comments.

## **8. Discussion of Next Steps**

Co-Chair Sierra stated that the subcommittee would like to continue to work to address bias by proxy and responses for calls for mental health crises and invite POST to speak with the subcommittee about both of these issues. She stated that the subcommittee would aim to make concrete recommendations and potentially develop scripts for dispatchers. She stated that the subcommittee could discuss this with POST and other experts. Co-Chair Sierra stated that the subcommittee would continue to study best practices for restorative justice processes. She stated that the subcommittee would follow the development and evaluation of the SCRT program, in addition to studying other response models, and would present several mental health crisis response models. She stated that the subcommittee would also further analyze the data for stops in which there was a call for service regarding the person whom the officer stopped to see what could be learned about responses to bias-based calls.

Concerning the subcommittee's request for a presentation from POST regarding dispatcher-training, member Espinosa requested that the subcommittee invite a current dispatcher or a

person with recent experience working as a dispatcher to speak with the subcommittee. Member McMahon stated that he could facilitate this invitation if the subcommittee would like to speak with a dispatch supervisor or manager about their experience and dispatcher training. The subcommittee members agreed with this proposal.

## **9. Adjourn**

Co-Chair Sierra thanked the subcommittee members, members of the public, and DOJ staff. She adjourned the meeting at 4:28 pm.