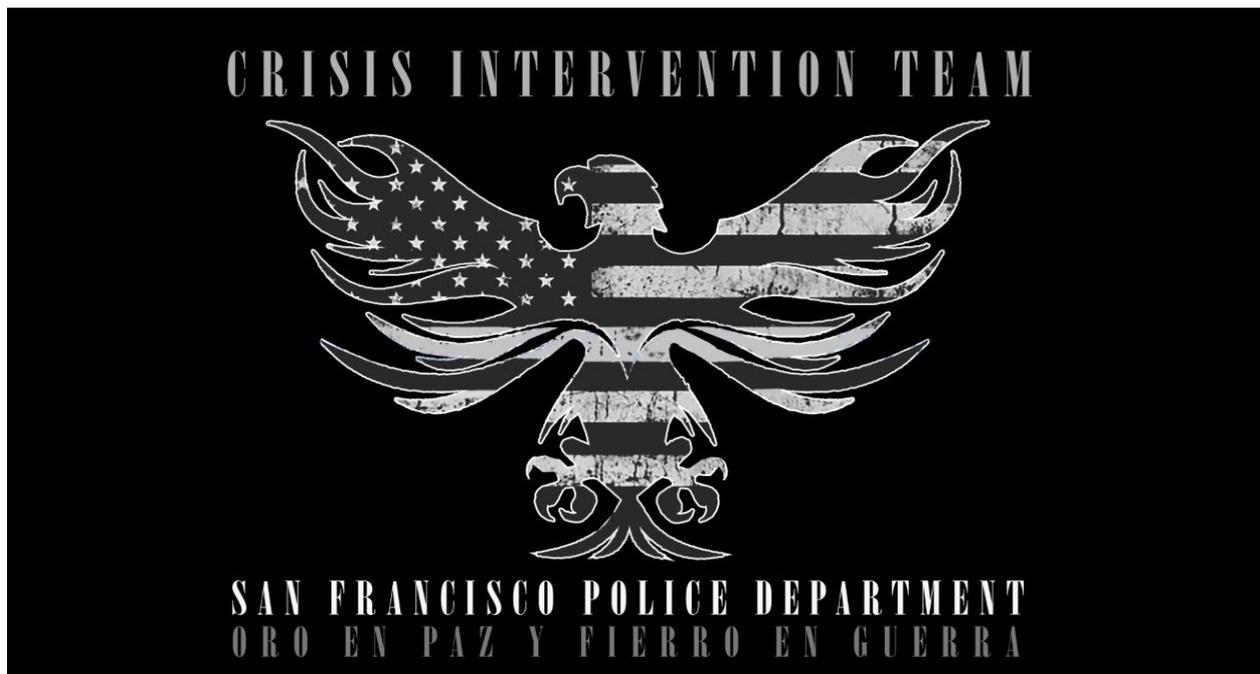




***CRISIS INTERVENTION TEAM  
ANNUAL REPORT***

***2020***

***SAN FRANCISCO POLICE DEPARTMENT  
POLICE COMMISSION REPORT***



## 2020 Police Commission Crisis Intervention Team Annual Report

### **PURPOSE:**

*The San Francisco Police Department's highest priority is safeguarding the life, dignity, and liberty of all persons. Officers shall demonstrate this commitment in their daily interactions with the community they are sworn to protect and serve. The Department is committed to accomplishing this mission by using rapport-building communication, crisis intervention, and de-escalation principles, whenever feasible, before resorting to force.*

*The Department is dedicated to providing the highest level of service to all communities, including individuals diagnosed with mental illnesses or other disabilities, as well as those suffering from the adverse consequences of substance abuse and personal behavioral crises. The Department has adopted the Crisis Intervention Team (CIT) program to address persons in crisis incidents. CIT members shall use tactics consistent with CIT training to address persons in crisis incidents, with the safety of all of persons being considered.*

**—San Francisco Police Department General Order 5.21**

The following report includes some of recent highlights, accomplishments and operational goals of the San Francisco Police Department's Crisis Intervention Team program spanning training and field work. Attached to this report is the Crisis Intervention Team Working Groups annual report for 2019. The CIT Working Group is outlined in DGO 5.21 and is comprised of representatives from private and public agencies.

# 2020 Police Commission Crisis Intervention Team Annual Report

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## ***Setting the Scene for 2020***

### **SFPD Crisis Intervention during Covid-19: An Unwavering Commitment to Public Safety**

In 2020, the COVID-19 pandemic unleashed a worldwide state of emergency -- and San Francisco grappled frantically to protect itself and its inhabitants from a lethal pathogen of unknown dimension. This pandemic generated an unprecedented shift in human activity, causing a cascade of disorder throughout our nation as other exigencies unfolded; *closed schools, shuttered businesses, minimal transportation, maximized restrictions, death and illness, heightened safety protocols, precarious economic impacts, political upheaval, natural disasters, social unrest, social distancing, and irrefutable social anxiety.* As Law Enforcement professionals we adopted immediate safety protocols and worked stoically amidst the chaos and panic, to reassure our communities that our devotion to public safety did not waver.



### **SFPD: Guardians of a City during a State of Emergency**

The impact of Covid-19 rippled through every Bay Area community as millions of people were urged to stay home and many businesses shifted permanently to 'telecommuting' models during quarantines and lockdowns. The barren San Francisco streets emptied of cars resembled vaguely apocalyptic scenes and our New World became instantly unrecognizable from vivid memories of easier times -- gone were the scenes of thriving restaurants, packed stadiums, boisterous sporting events, busy shopping centers, vibrant concerts, and public street fairs, sprawling construction, and crowded sidewalks. Our collective consciousness was captivated by deeply unnerving newsfeeds and media coverage evoking a sense of dread and anguish as we learned of the climbing COVID-19 cases and insurmountable death tolls throughout the world. The reality of COVID -19 was jarring and yet our City continued to function, sustained by an invaluable skeleton crew of essential workers such medical workers, food service

## COVID 19

workers, and emergency personnel. Police engaged daily with sick and vulnerable people requiring crisis engagement and intervention. As such, cops are deeply immersed in the communities at highest risk for exposure to COVID -19. Police are first responders in the truest sense, as they are the ones who respond to crimes in progress and crisis in motion with the compound impulse to serve and protect. Our SFPD officers were out the field every day and night to help the communities they represent – because crime does not cease during a state of emergency, and Crisis Intervention does not stop during quarantine. In fact, CIT skills may be even more invaluable during such unprecedented and challenging times.



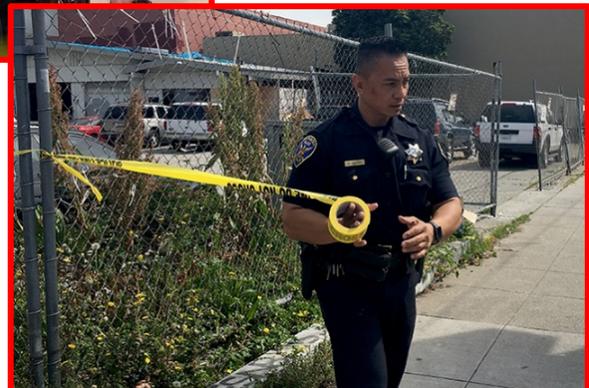
### Crisis Intervention: Forged by Invaluable Experience and Training

During conventional circumstances, it could be argued that San Francisco Police Officers are some of the most highly trained and capable law enforcement personnel in the world, with advanced applications of Crisis Intervention and de-escalation-based field tactics. For years, the award-winning *SFPD Crisis Intervention Team* program has been operating at the forefront of crisis engagement, negotiations, field tactics, training, and intervention. Statistically, the SFPD is well-attuned to dealing with subjects in crisis, given that statistically the SFPD responds to well-over 49,750 crisis-related calls for service per year with exceptionally low percentage of encounters resulting in use of force. This legacy of outstanding service with compassion is never truer than within the harsh circumstances of Covid-19, which further exemplified the extraordinary resolve, resilience, and sensitivity of our officers in their goal to ensure public safety. Throughout the hardships of 2020, our patrol officers demonstrated tremendous discretion, humanity, and respect – which are core values of this profession as echoed in the outstanding and groundbreaking curriculum of CIT training.



## Crisis Intervention During A Pandemic: Problem-solving within a larger Problem

Officers are used to working in challenging and unsafe environments -- but COVID-19 presented an even deeper layer of potential danger in every call for service throughout 2020. As officers respond to emergencies and engage with members of the public constantly, there is always risk and concern, however the potential for COVID-19 exposures became a day-to-day reality for cops working in the field. Well over one thousand confirmed exposures of police officers to the virus culminated in over 150 confirmed cases of COVID-19 within SFPD sworn personnel. This added stress and pervasive medical threat did not diminish the response of officers as evidenced in the vast array of calls for service, law enforcement actions, and crisis interventions carried out by SFPD in 2020. Stations operated on greatly diminished staffing as COVID-19-affected officers quarantined and recovered, and nevertheless our hard-working cops absorbed the full burden of exposure to this deadly virus to ensure public safety.



## Face Masks present challenges for effective Verbal and Non-verbal Communication



One of the largest technical obstacles associated with COVID 19 may seem innocuous but it is highly pertinent as it relates to de-escalation: *The ubiquitous protective face mask worn by all law enforcement personnel.*

When ‘de-escalation skills’ and ‘rapport building’ are essential components of crisis intervention for first responders, it should be considered how challenging these nuanced techniques are to enact when an officer is wearing a large physical barrier over the face, a protective mask, that obscures his or her entire physiognomy. As such, it is extremely challenging to read people’s expressions, convey casual sincerity with a smile, or even to speak in a quiet, calming tone, as the placement of a fiber mask muffles the voice and forces people to speak in a louder voice, which may be construed as commanding or loud. All these small facets of human expression are greatly impacted by something as simple as wearing a protective mask. Even so, our officers worked even harder to facilitate de-escalation in small and effective ways, even though the COVID-19 mask presented an enormous learning curve for those who rely on expressions and voice modulation to convey calmness and relatability, which are invaluable tools used by effective de-escalators.



**Covid-19: A Crisis ‘Enhancer’ for subjects struggling with pre-existing issues.**



*The Crisis Intervention Team* observed numerous significant and unusual developments in human behaviors and crisis activity throughout the Covid-19 pandemic that may directly correlate to the additional layer of stress and strain caused by the extended state of medical emergency in San Francisco. Most simply, these trends were evidenced in the sharp increase of official crisis negotiations requiring response from the SFPD Hostage Negotiations Team (HNT) which is supported by the CIT Unit.

The Hostage Negotiation Team (HNT) is a specialized unit consisting of police crisis negotiators who have completed intensive courses in crisis negotiations. HNT is utilized most frequently to help facilitate peaceful resolutions for the most serious crisis-related calls and often may involve a barricaded subject (possibly in crisis) who has either committed a violent crime, and/or taken hostages, and/or expressed suicidal intent, and/or threatens to harm others in the process of the incident. In 2019, the HNT unit responded to 36 officially mandated callouts requiring crisis negotiation. ***In 2020 the HNT unit responded to 78 callouts requiring intensive crisis negotiations to effect peaceful resolution. The number of HNT callouts in 2020 compared to 2019 is double the number. This 200% increase indicates an extreme need for crisis negotiations in 2020, possibly as an indicator that Covid-19 operated as a crisis ‘enhancer’ for those struggling with serious pre-existing issues.***

It should also be included that one of the functions of the CIT unit is to respond with DPH Crisis Specialists to HNT callouts to coordinate care for the subject on scene. The CIT Unit will also attempt to facilitate follow-up response and engagement with these crisis subjects after the situation is resolved. This follow-up goal is a significant component of CIT principles as it extends the efficacy of the acute response model.

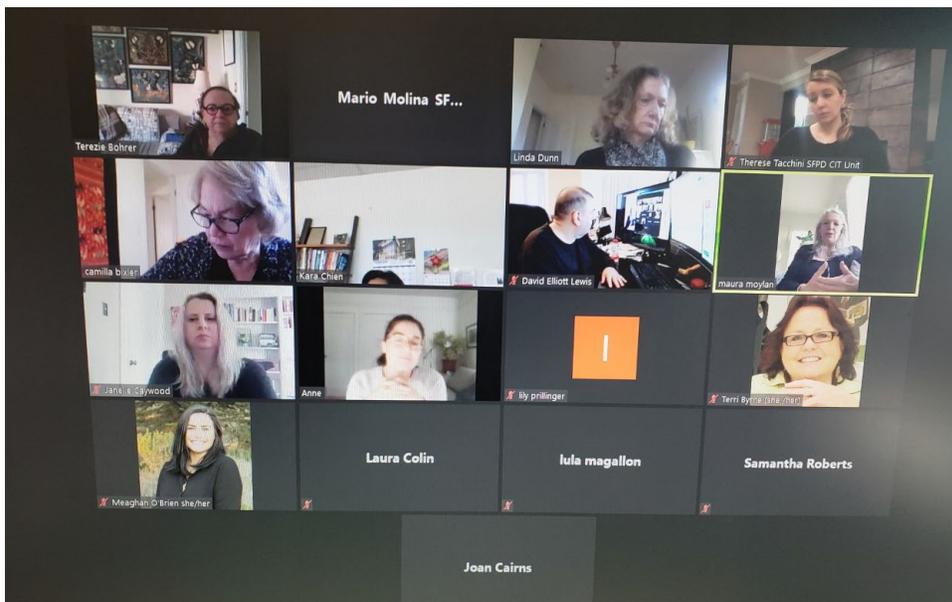
## A Structural Outline of the Crisis Intervention Team: *Training Initiatives, Practical Applications & Building Community Partnerships*

The Crisis Intervention Team operates as a multivalent unit in that it is equally invested in providing excellent CIT training to police personnel and facilitating excellent practical applications of CIT in the field. The following categories represent extremely significant components of the CIT unit. Here we will address the main functional components of the CIT program: *CIT Training, CIT Field Unit, CIT Liaison Program, and CIT Working Group.*

### ***CIT: Building Resilient Community Partnerships***

The CIT Program works towards the highest standards of crisis intervention by listening to the needs and experiences of the communities we serve, mental health professionals, and advocacy groups which comprise the CIT Working Group. During the many constraints imposed by COVID-19, the CIT Working Group continued to meet regularly via Zoom platform to identify issues, concerns, and goals for the CIT program.

Because SFPD officers serve and protect many diverse communities, we strive to understand the needs, expectations, and concerns of our City. The CIT Working Group is a civilian advisory board comprised of dedicated civilian Community Stakeholders with both personal and professional commitment to Crisis Intervention. Together they work with SFPD CIT Unit towards clarifying important issues, recognizing CIT goals, and improving the practice of crisis intervention. We deeply value their commitment and effort to this field.

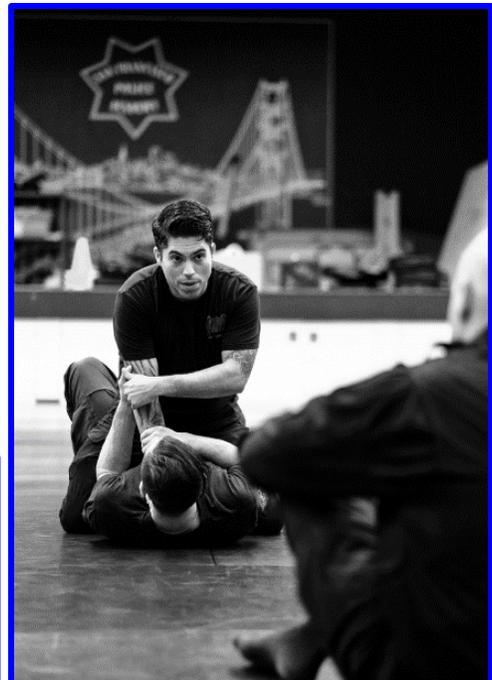


## ***An Invaluable Curriculum: Crisis Intervention Training***

The CIT Program provides a 40-hr Crisis Intervention Certification Course to Law Enforcement as well as a 10-hr CIT Field Tactics Course to patrol, both of which are certified by Police Officer Standards and Training (P.O.S.T.) With this strong core of Crisis Intervention training, patrol has a wealth of capable and invested officers who are committed to the practices and principles of Crisis Intervention. The Crisis Intervention Team is forged by a tradition of critical and informed training along with the practical applications of patrol strategies.

Throughout 2020, which was fraught with limitations imposed by COVID-19 the CIT Instructors designed a fully operational digital classroom training which facilities all components of the 40-hr course on a “zoom” platform.

- 40-hr - **CRISIS INTERVENTION TRAINING** and Mental Health Awareness Course (CIT Certification upon completion of course)
- 10-hr – **FIELD TACTICS/ DE-ESCALATION CIT COURSE**  
(To be completed by all those assigned to Patrol, Investigative, and Administrative Units)



## San Francisco Police Department-Trained CIT

As of 12/12/2020

	Total Sworn	40 - Hour CIT Course			10 - Hour CIT Field Tactics		
		40-Hour Course	Reserves/960s/PSAs/CIV	40-Hour Course	10-Hour Course	Reserves/960s/PSAs/CIV	10-Hour Course
Central Station (Co. A)	149	88		59.06%	148		99.33%
Southern Station (Co. B)	149	70		46.98%	149		100.00%
Bayview Station (Co. C)	131	68		51.91%	130		99.24%
Mission Station (Co. D)	152	77		50.66%	154	2	100.00%
Northern Station (Co. E)	149	96		64.43%	149		100.00%
Park Station (Co. F)	84	51		60.71%	84		100.00%
Richmond Station (Co. G)	87	50		57.47%	87		100.00%
Ingleside Station (Co. H)	125	75		60.00%	125		100.00%
Taraval Station (Co. I)	94	71		75.53%	94		100.00%
Tenderloin Station (Co. J)	134	76		56.72%	134		100.00%
<b>District Stations:</b>	<b>1254</b>	<b>722</b>	<b>0</b>	<b>57.58%</b>	<b>1254</b>	<b>2</b>	<b>99.84%</b>
<b>Metro Division:</b>	<b>733</b>	<b>407</b>		<b>55.53%</b>	<b>734</b>		<b>99.86%</b>
<b>Golden Gate Division:</b>	<b>521</b>	<b>315</b>		<b>60.46%</b>	<b>520</b>		<b>99.81%</b>
<b>Specialized Units:</b>	<b>1010</b>	<b>485</b>	<b>9</b>	<b>47.13%</b>	<b>955</b>	<b>32</b>	<b>91.39%</b>
AIRP/ADMN/AFOB	160	116	12	65.00%	161	1	100.00%
<b>Total:</b>	<b>2264</b>	<b>1207</b>	<b>21</b>	<b>52.39%</b>	<b>2209</b>	<b>35</b>	<b>96.02%</b>

Divisions	
Metro Division:	407
Golden Gate Division:	315
Support Units	485

2020 CIT 40 - Hour Courses
January 27 - 30, 2020
February 10 - 13, 2020
February 24 - 27, 2020
March 9 - 12, 2020

40 - Hour CIT by Year	
2011	1
2012	3
2013	3
2014	4
2015	4
2016	10
2017	6
2018	7
2019	8
2020	4
2021	
2022	
2023	
2024	
2025	
Total:	50

### 40 - HR CIT Certified Personnel

#### Ranks:

Deputy Chiefs:	1
Commanders:	2
Captains:	8
Lieutenants:	48
Sergeants:	284
Officers:	843
<b>Total Sworn:</b>	<b>1186</b>
PSA (Airport):	12
Other Non-Sworn:	9
<b>Total Non-Sworn:</b>	<b>21</b>
<b>Total:</b>	<b>1207</b>

The SFPD Crisis Intervention Team has long been regarded as the leading edge of crisis intervention training, and while it has been providing in-house training to law enforcement personnel for years, it has also helped train other agencies upon request, to foster working partnerships and to also create greater transparency regarding policy and procedure. As such, SFPD Crisis Intervention Team has provided select CIT training modules to the following: San Francisco Fire Department EMS 6, Department of Emergency Management, Comprehensive Crisis Services (DPH), Department of Police Accountability (DPA), Civilian Groups, and Department of Justice (DOJ). SFPD Crisis Intervention Unit was recognized in 2019 when the unit was presented with the *Award of Distinction for Excellence in CIT Training and Crisis Response* by California Police Officer's Association.

**The CIT Training Division is on track to complete TWENTY 40-hr CIT Certification Courses in 2021, to accommodate the limited training in 2020.**

***CIT TRAINING: Fortifying Excellent Crisis Intervention throughout the Department***

***CRISIS INTERVENTION FIELD UNIT: A WORKING PARTNERSHIP WITH DPH  
COMPREHENSIVE CRISIS SERVICES (CCS)***

Throughout 2020, *The Crisis Intervention Team* is continuing to fortify its partnerships with DPH Comprehensive Crisis Services (CCS). Members of the CIT Field Unit will respond to situations to provide supportive assistance to crisis specialists, when they need to engage higher risk subjects who pose public safety concerns and danger potential.

This working partnership between CIT and CCS exists so first responders and clinicians can work together to effectively assist subjects in crisis with an emphasis on scene safety and subject engagement. Given that DPH and Comprehensive Crisis have an existing infrastructure to provide services and support to subjects who need assistance, their efforts are strengthened by the presence of CIT offices who are both conversant in de-escalation, crisis negotiations, and safety protocols.

DPH Crisis Specialists can respond to police incidents out in the field and both professions forge close working relationships to facilitate the most immediate and effective arc of crisis intervention. In high-risk incidents which require a Hostage and Crisis Negotiation Team (H/CNT) response from SFPD, the CIT Field Unit will meet with DPH specialists on scene to help coordinate care for the subject(s) as needed.

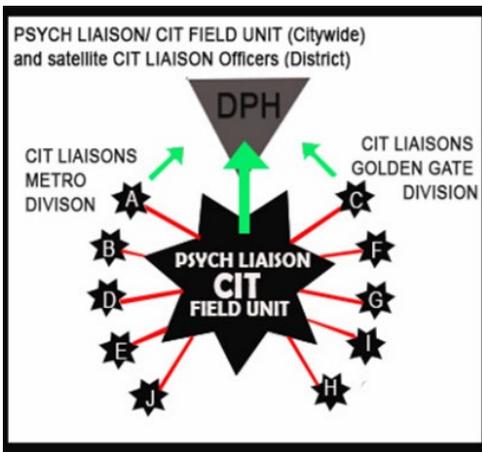


**CIT LIAISON PROGRAM:  
A PATROL-BASED APPROACH to CRISIS MANAGEMENT**

As per Department General Order (DGO 5.21) all 10 District Stations throughout San Francisco are required to have designated “CIT Liaisons” who specialize in matters pertaining to Crisis Intervention in their respective district.

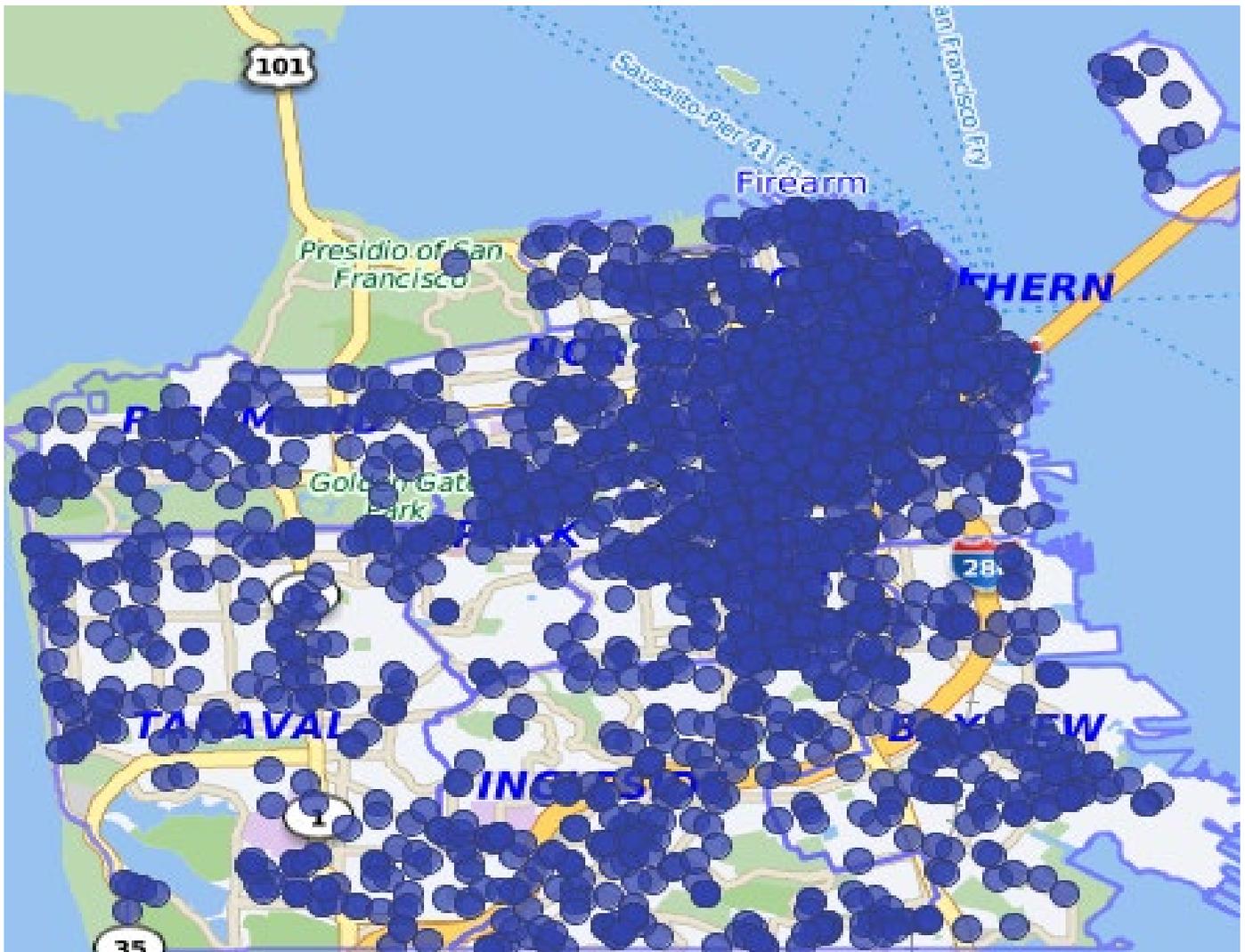
Each designated CIT Liaison takes on the roles and responsibilities established in this course guide. This designated group of 20+ CIT Liaison Officers operates as a built-in auxiliary CIT unit that functions as patrol but also supports and effectuates the larger goals of Crisis Intervention throughout the city. Because this program is rooted in patrol, it provides a strong core of principled policing, while also serving as a built-in “safety net” to the most vulnerable subjects in our communities who require substantial CIT engagement.

CIT Liaisons help to maintain excellence in training and practices at their station. The Liaisons operate as a conduit to the CIT Field unit so crisis subjects who are most concerning are identified, engaged, and/or connected effectively with programs and services as effectively as possible. In turn, other city services and civilian crisis specialists may be notified should there be subjects who require further consideration and connection.



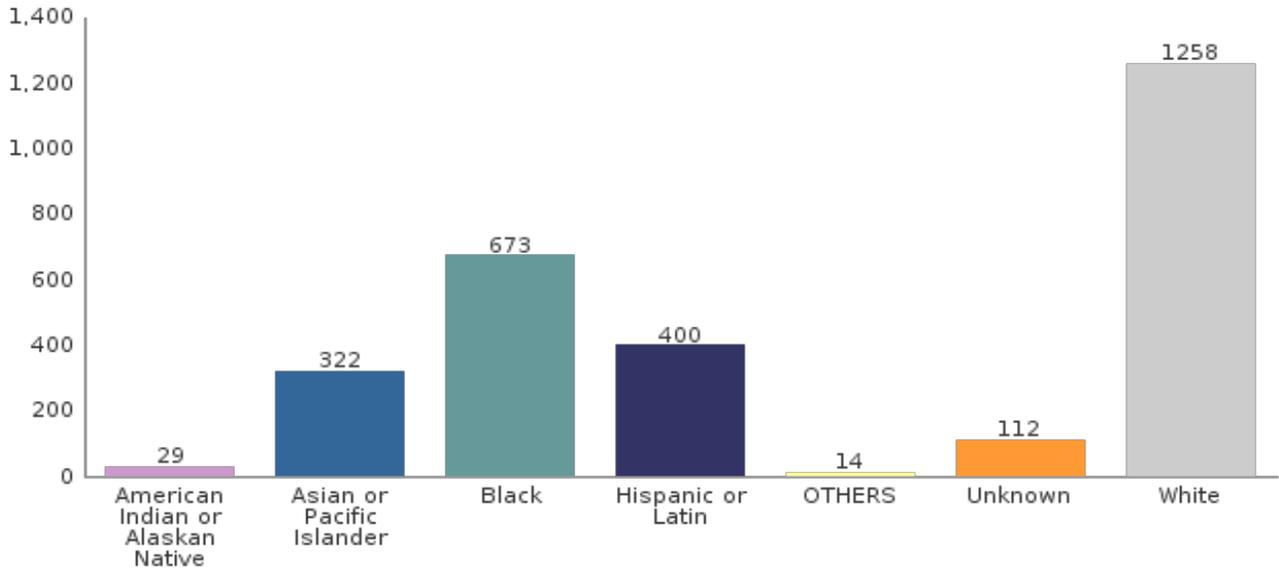
## ***SFPD CRISIS INTERVENTION THROUGHOUT SAN FRANCISCO: Analytical Consideration of Data and Information***

In 2020, the SFPD reported 2,808 mental health detentions.

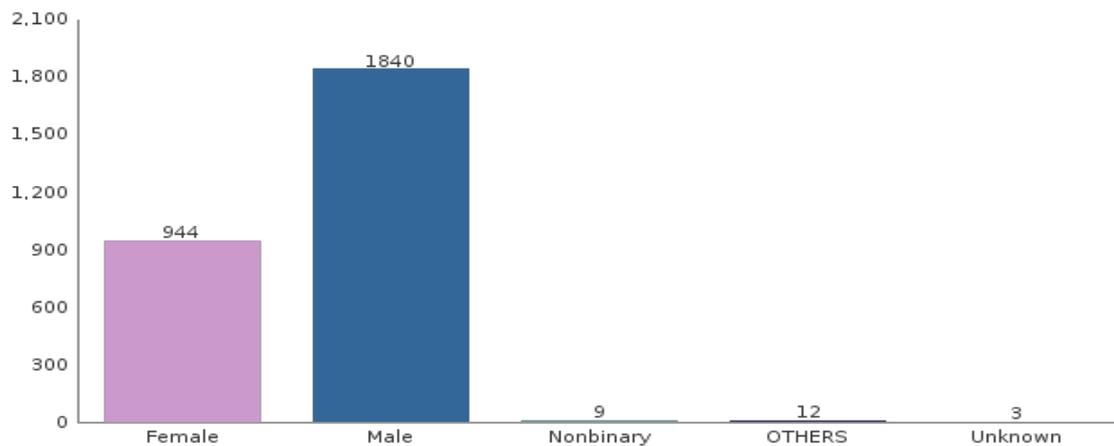


\*Blue circles indicate locations within San Francisco where incidents resulting in mental health detentions occurred in 2020. These incidents occurred in significant concentration in the downtown districts (Central, Northern, Mission, Tenderloin, and Southern) and also with frequent regularity in districts that are more residential (Taraval, Richmond, Park, Ingleside, Bayview.) It should be noted that while some subjects are detained in a public setting, most mental health detentions are reported within residences and structures requiring law enforcement response.

### Mental Health Detentions by Race:



### Mental Health Detentions by Gender



When we look at the racial breakdown of the subjects who are being connected to services through a mental health evaluation, we can see that our communities of color, when combined, have the greatest needs for services. To illustrate this point, we have some subjects who had been detained numerous times in 2020 without having a concrete resolution for them as we entered 2021.

## Accountability & Follow Up: A Disturbing Trajectory of Inadequate Engagement

**Number of Mental Health Detentions 2016-2020**

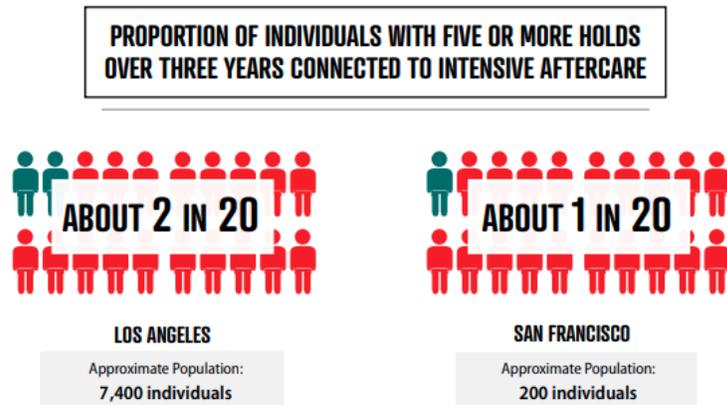
Consumers	2016	2017	2018	2019	2020	TOTAL
<b>Subject A</b>	2	3	12	19	9	<b>45</b>
<b>Subject B</b>	1	5	5	9	23	<b>43</b>

(Subject A and Subject B represent real, unnamed consumers of mental health services whose history of excessive mental health detentions underscores a need for more substantive engagement from service providers.)

The *Crisis Intervention Team* wholeheartedly believes that incarceration or lockdown facilities are not the answers to treat the consumers of mental health services, but there is also a need to prevent future police encounters with these individuals who posed a public safety risk to our community and officers. The system of care in San Francisco is broken. In July of 2020 the State of California Auditor published a report on the LPS Act in California, [Lanterman-Petris-Short Act California Has Not Ensured That Individuals With Serious Mental Illnesses Receive Adequate Ongoing Care](#), listing San Francisco as one of the three worse cities in California on providing post detention follow-up treatment to consumers of mental health services. (Please see insert from the report below.)

The City has taken steps already to address these issues with Mental Health SF; however, some of the money being re-allocated to these reforms are coming out of the Public Safety budget meaning money that is needed to maintain the training and response to people in behavioral health crisis would not be there anymore. The proven program created by SFPD is in jeopardy of being stopped for the lack of funds. With our budget being directed to other programs that would lighting the load of calls for service, one must take pause and look at what has worked in the last five years and what has not worked. 96% of the mental health detention cases are medical only. Out of the 2,808 mental health detentions, 44 subjects went to jail for felony/warrants cases. 48 subjects were cited. The rest of the subjects were

**Figure 7**  
A Small Proportion of Individuals Who Were Held Multiple Times for Involuntary Treatment Were Then Enrolled in Intensive Outpatient Services in Los Angeles and San Francisco



Source: Analysis of data from the California Department of Justice about involuntary holds and county data on enrollment in outpatient services to determine the number of individuals who were involuntarily held five or more times from fiscal year 2015–16 through 2017–18 and then enrolled in full service partnerships or assisted outpatient treatment in fiscal year 2018–19.  
Note: Values are approximated to protect the confidentiality of the individuals summarized in the data. For the same reason, results for Shasta County are not shown.

linked to medical services for evaluation and treatment. We must note changes do not happen overnight, especially in a health system that has systematically discriminated against people of color and vulnerable populations. The SFPD CIT Unit has continued and will continue to advocate for treatment for our vulnerable communities. It is disheartening for our officers who continuously take consumers of mental health services for treatment only to find out that person they took is out within hours after admissions, in some instances, the person is admitted and released in front of the reporting officers.

Accountability is another major necessity that must be fundamentally built into these programs. Where there is a need, or a problem requiring resolution, there must also be a measurable outcome associated with the implemented resolution to determine if the program is sustainable or functional. As Law Enforcement professionals our actions and responses are monitored, documented, and assessed rigorously with possible civil and criminal consequences for our officers. We are legally required to measure our performance and efficacy in statistical data, reports, and ongoing analysis. As police we strive to adhere to the highest systems of accountability -- yet we also know these systems are not designed to quantify the unquantifiable, or adequately capture the true realm of our compassionate and nuanced engagement with people in their darkest days and times of need.

We ask for others who may be assuming the responsibility of crisis response to also be held to a professional standard by which they must account for their efficacy of response. Otherwise, these programs may operate as expensive platitudes that sound nice but fail to deliver discernable scopes of engagement. Additionally, those who continue to develop and envision these alternatives to policing programs must also be acutely aware of their own adjunct responsibility to Public Safety and to all members of the communities to which they are entrusted. An independent accountability board or body should be created to evaluate any new program that would take on the responsibilities of responding to people in crisis calls for service.

### ***Use of Force***

In 2020, the SFPD reported 51 incidents of Use of Force which involved mental health related incidents. It is important to recognize that most mental health detentions occur without the inclusion or application of use of force from the responding officers. There was a total of 20,950 crisis calls for service and addition to 28,628 check on the well-being calls for service totaling 49,578 calls. **SFPD Officers only used force in 51 incidents or 0.1% less than one percent of the total calls for service.** Eighteen (35%) incidents involved subjects with weapons such as spears, scissors, broken bottles, pickaxe, bottle with urine, pipe with chain, and a replica firearm, among others. See below charts for more detail information. Approximately 42% of the mental health detentions originated in no-crisis calls for service such as a physical fight, person with a knife call, vandalism, assaults, among others.

### ***Crisis Response Reforms: A Factual Division of Labor***

San Francisco Police Officers responded to over 49,578 calls for services that were deemed crisis calls generating over 55% of the mental health detentions. The Street Crisis Response Team (SCRT) Unit was created to address some of these crisis calls for services to presumably reduce the crisis calls being assigned to the police. At this time, it is too early to make any predictions as this program still in a pilot mode and has been pushed back two months for internal reasons.

Nevertheless, one needs to understand that even at full implementation, this program is only designed to address the “Mentally Disturbed Person” (radio code 800) calls for service designated as “B” Priority which represent less than 9% of the mental health detentions in SF.

**Response: 2020 CIT-Related Call Types by Month**

Final Call Type	2020				
	Oct	Nov	Dec	Q4 Total	YTD Total
800	1285	1095	1121	3501	16451
801	320	328	278	926	3695
5150	41	19	27	87	457
806	26	7	10	43	212
800CR	11	13	12	36	98
801CR		2	6	8	37
<b>Total</b>	<b>1683</b>	<b>1464</b>	<b>1454</b>	<b>4601</b>	<b>20950</b>

Final Call Type	2020				
	Oct	Nov	Dec	Q4 Total	YTD Total
910	2441	2117	2115	6673	28628

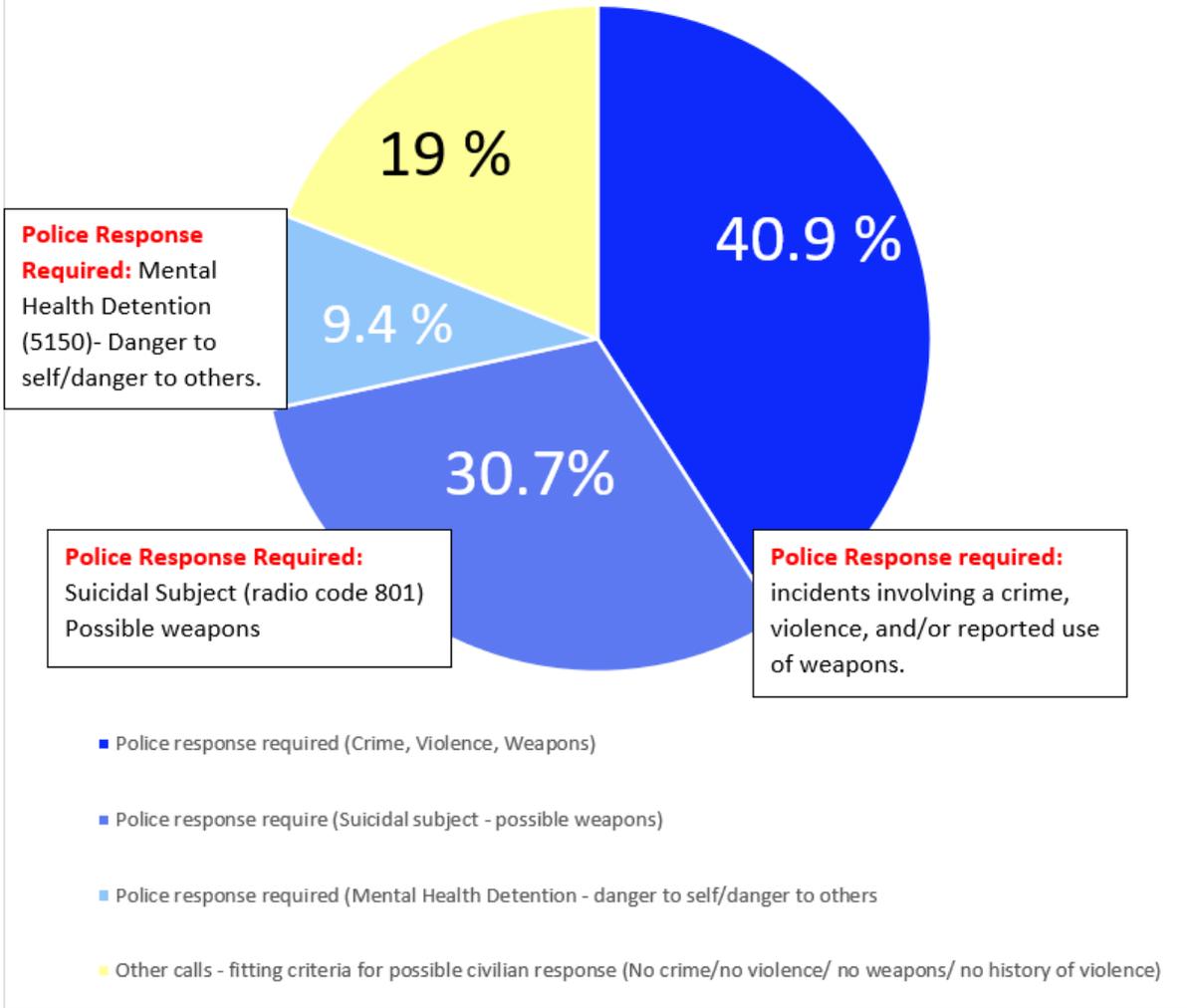
**2020 CIT-Related Call Types by Disposition (Year to Date, January 1 – December 31, 2020)**

2020 YTD	Call Type Final						
	5150	800	800CR	801	801CR	806	Total
DISPOSITION							
22	1	53		5		1	60
ABA		69	1	4		6	80
ADM		45					45
ADV	3	2379	5	44	2	13	2446
ARR	3	66	2	6			77
CAN	6	340	1	36		11	394
CIT	1	32					33
CRM		1					1
GOA	7	4367	5	129	1	13	4522
HAN	132	4831	43	1307	17	121	6451
NCR		18		5			23
ND	26	1074	8	326	3	12	1449
NOM	8	533	5	480	4	4	1034
PAS		4				1	5
REP	262	440	22	820	6	24	1574
SFD	2	56		23			81
UTL	6	2143	6	510	4	6	2675
<b>TOTAL</b>	<b>457</b>	<b>16451</b>	<b>98</b>	<b>3695</b>	<b>37</b>	<b>212</b>	<b>20950</b>

Call Type Final	
DISPOSITION	910
22	136
ABA	47
ADM	18
ADV	1297
ARR	44
CAN	1081
CIT	27
CRM	
GOA	3205
HAN	13263
NCR	38
ND	1584
NOM	2082
PAS	93
REP	947
SFD	134
UTL	4632
<b>TOTAL</b>	<b>28628</b>

Data Source: San Francisco Police Department CAD via Business Intelligence Environment

**Types of Incidents resulting in Mental Health Detentions**



**Use of Force Related to Mental Health Calls**

CALL TYPE	INCIDENT COUNT	% Of Each Call Type
<b>Grand Total</b>	<b>51.00</b>	<b>100.0%</b>
Check on well being (910)	8.00	15.7%
Mental Health Detention (5150)	23.00	45.1%
Mentally Disturbed Person (800)	19.00	37.3%
Suicidal Person (801)	1.00	2.0%

## Use of Force-Related to Mental Health Calls

Mental Health Calls Type of Force Used		
TYPE OF FORCE	INCIDENT COUNT	%
<b>Grand Total</b>	<b>51.00</b>	<b>100.0%</b>
Physical Control	28.00	54.9%
Pointing of Firearms	12.00 (6 reported as default support to ERIW)	23.5%
Strike by Object/Fist	9.00	17.6%
OC	8.00	15.7%
*ERIW (extended range impact weapon)	6.00	11.8%
Other	6.00	11.8%
Impact Weapon	2.00	3.9%

\*It should be noted that Use of Force policy requires SFPD officers who employ the “less lethal” ERIW *Extended Range Impact Weapon* (beanbag projectile) must do so with the supportive inclusion of a ‘lethal cover’ officer who will point a firearm at the subject during ERIW deployment. This supportive strategy of ‘lethal cover’ is a safety measure and does not necessarily indicate that the pointing of a firearm in these cases was a primary use of force, when in fact it is a secondary and supportive safety strategy. As such, any application of ‘less lethal’ ERIW as a force option and its subsequent and automatic inclusion of ‘lethal cover’ should be factored into any cumulative analysis of ‘pointing of firearms’ as this Use of Force category is artificially inflated.

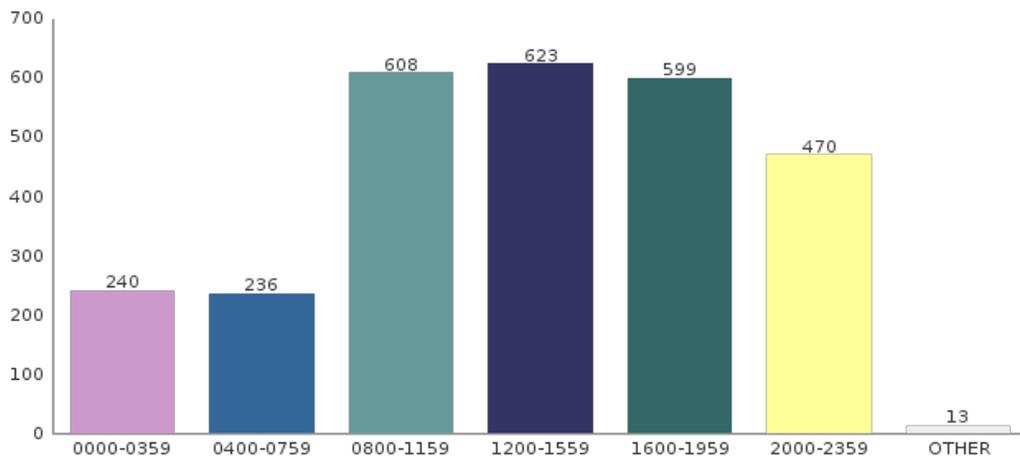
Mental Health Person Count Injured/Uninjured when Force Used			
(This will not count those Subjects that have Unrelated — Complaint of Pain/Injured)			
INJURED/UNINJURED PARTY	PERSON COUNT	%	
<b>Grand Total</b>	<b>144.00</b>	<b>100.0%</b>	
Officer Injured	1.00	0.7%	
Officer Not Injured	95.00	66.0%	
Subject Injured	26.00	18.1%	
Subject Not Injured	22.00	15.3%	

Mental Health Calls Subject Absence or Presence of Weapon during Use of Force					
SUBJECT ABSENCE OR PRESENCE OF WEAPON	WEAPON TYPE	TYPE OF WEAPON(OTHER)	INCIDENT COUNT	%	
<b>Grand Total</b>			<b>51.00</b>	<b>100.0%</b>	
NO			34.00	66.7%	

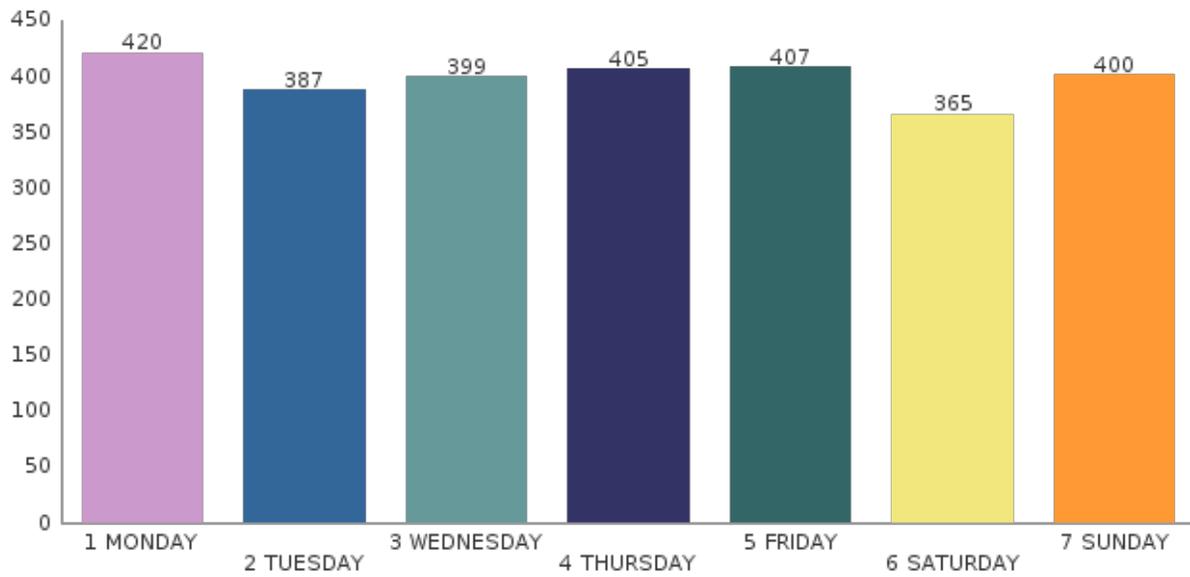
<b>NO Total</b>			<b>34.00</b>	<b>66.7%</b>		
YES	Blunt Object		1.00	2.0%		
	Blunt Object; Other	hammer and Leatherman	1.00	2.0%		
	Firearm		1.00	2.0%		
	Firearm; Replica Firearm; Knife or Edged Weapon; Blunt Object; Other	Pick Ave, bottles of urine	1.00	2.0%		
	Knife or Edged Weapon		4.00	7.8%		
	Knife or Edged Weapon; Other	Broken liquor bottle	1.00	2.0%		
	Other	Cane		1.00	2.0%	
		Feet		1.00	2.0%	
		Pipe with Chain		1.00	2.0%	
		Scissor		1.00	2.0%	
		Scissors		1.00	2.0%	
		Stick		1.00	2.0%	
		Vodka Bottle		1.00	2.0%	
glass pipe, beer can			1.00	2.0%		
Replica Firearm		1.00	2.0%			
<b>YES Total</b>			<b>18.00</b>	<b>35.3%</b>		

<b>Notes:</b>									
All data is being pulled from the Use of Force logs from AIMS and loaded nightly in to the Use of Force Model.									
All Use of Force Call Types are pulled from the Use of Force Model, this data is not coming directly from Department of Emergency Management Computer Aided Dispatch system.									
Use of Force Related to Mental Health Calls are 4 specific call types: Check on well being (910), Mental Health Detention (5150), Mentally Disturbed Person (800) and Suicidal Person (801). These Call Types are also a part of the "All Use of Force Call Types" Report.									
Mental Health Person Count Injured/Uninjured when Force Used counts those injured only during the Use of Force Incidents. This will not count Subjects that have Unrelated — Complaint of Pain/Injured. Refer to the Report Use of Force Related to Mental Health Calls Details.									
Report run on 2/9/2021 11:13:52 AM									

### Mental Health Detentions by Time of the Day



***Mental Health Detentions by Day of the Week:***



## **MENTAL HEALTH RELATED INCIDENTS & REPORTED USE OF FORCE - 2020**

The Crisis Intervention Team reviewed all the 2020 incident reports which span the reported Use of Force (UOF) incidents related to mental-health related incidents.

Given that The San Francisco Police Department's highest priority is safeguarding the life, dignity and liberty of all persons -- all such applications of use of force and the circumstances therein are reviewed with serious rigor, critical thought, and consideration. The Crisis Intervention Team considers the review of these complex incidents a vital and ongoing opportunity to critically assess engagement strategies, the application of use of force when appropriate, and the constant, unwavering commitment to the improvement and efficacy of crisis intervention tactics to ensure public and personal safety.

### ***Use of Force: Interpretive and Critical Review of Factors***

The CIT Unit reviewed all 2020 Use of Force/ Mental Health-Related incidents and prepared case summaries involving specific criteria and considerations.

- Nature of the incident
- Whether de-escalation was used by officers
- The behaviors of the subject
- The actions of the officers, and/or use of force
- The subject's possession/use of weapons
- Reported injury of the subjects /officers
- Possible 'Suicide by Cop' dynamic
- Discretionary time:
- Subject Demeanor: "TEB" Profile (*Thoughts/Emotions/Behaviors*)

### **USE OF FORCE CONSIDERATIONS: *The Force Science Institute***

*The Force Science Institute* is a nationally recognized model for empirical analysis and the cultivation of best practices in law enforcement as it applies to the practical science of use of force and De-escalation. The Force Science Institute is dedicated to promoting the value of knowledge through empirical research in behavioral science and human dynamics. The Force Science Institute develops and disseminates high quality scientifically grounded education, training, and consultation to support fact-based investigations, inform decision processes, enhance public safety, and improve peace officer performance in critical situations. The Crisis Intervention Unit attended a 20 hour training on De-escalation as presented by Force Science Institute.

These SFPD Use of Force/ Mental-Health related incident summaries also include additional factors as recognized by *Force Science Institute Ltd*, as specified in their De-Escalation Training for Law Enforcement, such as 'discretionary time', and the 'Thought, Emotion, Behavior' model/profile as designed by John Azar-Dickens PhD, of *The Force Science Institute*. <https://www.forcescience.org/>

## **Time & Distance: The Role of ‘Discretionary Time’ in De-escalation**

‘Discretionary Time’ refers to the reasonable opportunity that a responding officer has to responsibly conduct pre-incident planning, and/or facilitate optimal field tactics, de-escalation techniques and engagement strategies with the subject in order to reasonably ensure safety for personnel, the subject in crisis, and the public.

Incidents that incorporate imminent and immediate acts of violence do not afford the officer any discretionary time, but rather require the officer to respond, interpret, and act with a minimum of planning and coordination. An incident that does not include ongoing violent felonies or impending safety threats affords responding officers an opportunity to possibly review information, conduct record checks, and formulate optimal engagement strategies and tactics for the incident.

## **SUBJECT Demeanor vs. Realistic De-escalation Skills**

### **The “TEB” Model (Thought/Emotion/Behavior) - John Azar-Dickens PhD.**

The general arc of the TEB Model operates under the general assertion that the perceived *Thoughts, Emotions, and Behaviors* of the subject in crisis directly impact and inform the officer’s abilities to offer the subject reasonable de-escalation opportunities which can help peacefully resolve the incident. Dr. Azar-Dickens of *Force Science Institute* asserts:

#### **Perceived THOUGHT of SUBJECT at time of incident:**

Dr. Azar-Dickens posits that the subject’s ‘thinking’ modality is very important at the time of the incident, connoting whether the subject is capable of logical thought, or incapable of rational thought. He considers *LOGICAL/ RATIONAL/CLEAR THOUGHT* vs. *‘CONTAMINATED’ THOUGHT*

#### **CLEAR Thought:**

Clear thinking indicates that the subject appears reasonably capable of logical and rational thought. Clear thinking may indicate that the subject may be more reasonably persuaded to understand cause and effect, reasons to comply, and safely follow orders and directions from officers.

**“CONTAMINATED” Thought:** A condition of thinking in which a person has lost the ability (either temporarily or permanently) to clearly, logically, and/or rationally understand their environment. - Azar-Dickens, 2017

*Force Science Inst.* further states that:

#### **Perceived EMOTION of Subject at time of incident:**

The perceived Emotional range of the subject varies between LOW and HIGH.

Perceived **LOW** emotion may convey minimal affect, ambivalence, or perceived non-emotionality, depression, dissociative behavior, a possible inability, or willful refusal to partake in conversations and negotiations.

Perceived **HIGH** emotion may convey more passionate emotions: Anger, Sadness, Desperation, Excitability, Grief, Resentment, etc.

*Force Science* elaborates that while ‘high’ emotion is more often demonstrated along with high re-activity and volatility, that perceived low emotion can also foreshadow significant danger, especially within the context of possible Suicide by Cop, perhaps foreshadowing that the subject has ‘come to terms’ with an end-of-life consequence and suicide.

**BEHAVIORS: COMPLIANT vs. NON-COMPLIANT**

The observed behaviors of the subject substantially impact the ability of the officer to reasonably de-escalate the situation, with respect to officer safety and scene safety.

**Compliance** may provide an opportunity for officers to build rapport and effect de-escalation and influence behavioral change of the subject.

**Non-compliance** may amplify the reasonable likelihood that an officer may be required to use force to subdue the non-compliant subject into a state of eventual compliance.

Thought	Contaminated	Contaminated	Contaminated	Contaminated	Clear	Clear	Clear	Clear
Emotion	High	High	Low	Low	High	High	Low	Low
Behavior	Compliant	Non-compliant	Compliant	Non-compliant	Compliant	Non-compliant	Compliant	Non-compliant
Approach Style	Crisis comm	Crisis comm	Crisis comm	Crisis comm	Crisis comm to reduce emotion then problem solving strategies	Crisis comm to reduce emotion then problem solving strategies	Task focused communication	Conflict comm
Psychological Status	Likely mental health or drug	Likely mental health or drug	Likely mental health or drug	Likely mental health or drug	Likely a mood problem or angry	Likely a mood problem or angry	Likely not mentally ill	Defiant/ likely not mentally ill. Purposeful behavior
Volatility Risk	Moderate risk but be alert	High risk	Low risk but be alert	Moderate risk but be alert	Moderate risk but be alert	High risk	Low risk but be alert	High risk
Volatility Type (Cognitive or Primal)	Primal	Primal	Primal	Primal	Cognitive or Primal	Cognitive or Primal	Cognitive	Cognitive
Other behavioral factors to consider	Behavior difficult to predict / Watch for quick changes to non-compliant	Non-compliant likely due to confusion / Suicide by cop often shows this profile	Likely sad but not shown outwardly	Non-compliance likely due to confusion / Any violence is likely due to confusion	Watch for compliance to change quickly	High emotion driving non-compliance	Potential compliant citizen / Watch for over-compliance as a pre-aggression cue	Non-compliance is purposeful / Often anti-police / Likely criminal minded and antisocial



## **CRITICAL OVERVIEW OF ISSUES AND PATTERNS (Use of Force Incidents): USE OF FORCE/ MENTAL-HEALTH-RELATED INCIDENTS**

When considering the circumstances, officer response, time constraints, and behavioral dimensions of the 2020 Use of Force incidents, there are certain patterns and issues that provoke further inquiry, comparison, and review.

There is always extensive review of an officer's behaviors, training, and experience when Use of Force incidents and/or Officer Involved Shootings occur. Oftentimes an officer's decision-making process regarding use of force is considered primarily as influenced by the officer's critical abilities, skills, tactics, and ethics. However, it is also imperative to consider and review the behavioral dimensions of the involved subject, and how an officer's attempts at de-escalation may or may not be feasible given the subject's state of mind or thought process.

When examining applications of use of force, it is of critical importance to consider the crisis subject's demeanor at the time of the incident, as this demeanor will impact, inform, and influence the efficacy of the officer's ability to offer potential de-escalation strategies to the subject. The crisis subject's behavior can provide clear indicators as to whether de-escalation, which is mandatory, will be feasible and/or successful.

**SUBJECT Demeanor AND Ability: Thinking, Emotion, Behavior (TEB Model, Force Science Institute)** The *Crisis Intervention Team* has applied the *Force Science Institute* "TEB" model (Thought, Emotions, Behavior) to our general review of the Use of Force Incidents of 2020. As a part of this forensic audit of UOF incidents, it is apparent that Behavior and Emotion are more readily predictable as elements. For instance, 100% of subjects involved in a use of force incident demonstrates "noncompliance" as opposed to "compliant" behavior. Similarly, most subjects demonstrate "high" versus "low" emotion, which indicates an excited demeanor and a lack of emotional restraint. These behavioral and emotional factors of a subject are basic components that require de-escalation attempts when feasible, and officers readily do so.

However, the state of mind of the subject, or the 'Thought Process' of the subject (TEB) presents an additional and more nuanced concern, which may delineate whether de-escalation strategies may work or not work. The *Force Science Institute* posits that some subjects are 'clear' thinking and able to readily process information rationally and critically. As such, "clear" thinking subjects are therefore more able to participate successfully in de-escalation strategies largely because they can perceive cause and effect, are receptive to changing information, and are also able to recognize rational arguments and instructions presented by officers who are attempting to de-escalate situations. Conversely, *Force Science Institute* identifies an alternate category of thinking, which is referred to as 'Contaminated' Thinking. Contaminated Thinking may be evident in a subject who is either under the influence of a chemical substance or has organic mental health issues that create a distorted worldview which prevents the subject from participating effectively in de-escalation strategies offered by police. Signs and signals of Contaminated thinking may include delusions, non-reality-based statements, rigid conspiracies, hyperbolic goals (suicidal/ homicidal intent), etc.

With regard to the 2020 Use of Force incidents it should be noted that of 51 reported incidents that 46 incidents involved a subject who demonstrated a "Contaminated" Thought Process. This is important as it signifies that **90% of Subjects involved in a reportable Use of Force in 2020 showed a diminished capacity to successfully participate in any de-escalation strategies** because their

worldview was/is so distorted at the time of the encounter with officers, possibly as a result of substance use and/or organic chemical issues. This pattern further indicates that a significant amount of police encounters with disturbed subjects will not yield compliance with de-escalation alone, as de-escalation may not be entirely feasible. Use of Force may be an unavoidable component of encounters with non-compliant subjects exhibiting a 'contaminated' thought process.

Thought	Contaminated
Emotion	High
Behavior	Non-compliant

**Contaminated Thought + HIGH emotion + Non-Compliance =**

*High likelihood of ineffective de-escalation.*

#### **THOUGHT, EMOTION & BEHAVIOR: VARIABLES INDICATE OUTCOME**

The “TEB” factors CONTAMINATED THOUGHT, HIGH EMOTION, NON-COMPLIANCE are incredibly important variables because together they point to a greater likelihood of volatility AND exponentially diminish an officer’s ability to successfully engage in de-escalation strategies. De-escalation may not work optimally largely because the subject’s thought process when ‘contaminated’ is not capable of logical and or rational thought processes, possibly because of substance use, organic mental health condition, and/or medical issues. An additional concern is the inclusion of ‘HIGH’ emotion, as this also impacts the subject’s ability to objectively engage with emergency responders in a calm manner. Furthering this extreme dynamic for volatility is physical non-compliance, which also requires some measure of physical engagement from the officer.

**PATTERN OF SUBJECT DEMEANOR:** As a result, this pattern of CONTAMINATED THOUGHT, HIGH EMOTION, NON-COMPLIANCE is a trifecta for indicators that suggest de-escalation may not be feasible, and convey that volatility risk will be high. As such this pattern of CONTAMINATED THOUGHT, HIGH EMOTION, NON-COMPLIANCE indicates Use of Force applications may be involved.

#### **DISCRETIONARY TIME: A Critical Factor in Use of Force**

When officers have discretionary time to prepare for an informed engagement with a subject, they are at a great advantage in terms of ensuring officer safety, scene safety, public safety, and the well-being of the subject. In emergency circumstances, when incidents are unfurling rapidly and there is an immediate or imminent safety concern, officers may have limited or no discretionary time to prepare. As such, officers are compelled to act immediately to stop danger, prevent a violent crime, or to deter further negative consequences.

A review of the 2020 Use of Force Incidents indicates that of 51 incidents, 43 incidents indicate that officers did not have, or had very limited discretionary time prior to response. This review is important because it shows **that in 84% of Use of Force incidents there was either no or limited discretionary time for officers to engage in pre-incident planning or tactics.**

Emergency engagement with non-compliant subjects often resulted in use of force to effect compliance, arguably to ensure public safety, scene safety, and/or wellbeing for the subject.

### **SUICIDE By COP: Considerations**

The *Crisis Intervention Team* reviewed the circumstances of the reported 2020 Use of Force incidents and considered components that conveyed possible attempted Suicide by Cop behavior. While these incidents did not result in death, it is extremely important to review the provocative statements made by subjects, provocative behavior of the subject, and excessively combative actions of the subject toward the officer. In some cases, comments such as “shoot me now” and “let’s end this” and “Good, I want you to kill me” should be considered as indicators of possible suicidal ideation. In the review of 2020, 18 of 51 reported Use Of Force Incidents showed behavioral elements from the subject that foreshadowed possible suicidal intent and or ideation, which could culminate in a lethal police encounter. The *Crisis Intervention Team* review of this material indicates that **35% of 2020 Use of Force incidents demonstrate behavior and actions from the subject that are consistent with Suicide by Cop predictors.**

### **CRITICAL RECOMMENDATIONS: REPORTING DE-ESCALATION**

***DE-ESCALATION.** Officers shall, when feasible, employ de-escalation techniques to decrease the likelihood of the need to use force during an incident and to increase the likelihood of voluntary compliance. Officers shall when feasible, attempt to understand and consider the possible reasons why a subject may be noncompliant or resisting arrest. A subject may not be capable of understanding the situation because of a medical condition; mental, physical, or hearing impairment; language barrier; drug interaction; or emotional crisis and have no criminal intent. These situations may not make the subject any less dangerous but understanding a subject's situation may enable officers to calm the subject and allow officers to use de-escalation techniques while maintaining public and officer safety. Officers who act to de-escalate an incident, which can delay taking a subject into custody, while keeping the public and officers safe, will not be found to have neglected their duty. They will be found to have fulfilled it.*

### **REPORT WRITING: Officers need to improve their descriptions of De-Escalation**

Officers are expected to use de-escalation in the field and if use of force is reported they are required to acknowledge whether de-escalation was used. As such the reporting officer often formulaically acknowledges ‘de-escalation’ but the officer should elaborate on what de-escalation strategies work and what does not. This is important because as previously indicated in the TEB findings, which indicate that the predominate number of crisis subjects in UOF incidents demonstrate CONTAMINATED THOUGHT, HIGH EMOTION, NON-COMPLIANCE and that de-escalation may not actually be feasible. In these circumstances it is especially important for the reporting officer to describe why de-escalation did not work, or whether the subject was unable to accept de-escalation. The officers should avoid boiler-plate language but rather speak plainly about what they tried to use as de-escalation, and whether discretionary time was feasible, and whether it was possible to create time and distance.

**REPORT WRITING: Officers need to thoroughly describe the subject's demeanor. (Thought, Emotion, Behavior) in the narrative.**

When feasible officers should include descriptions of the subject's behavior, statements, reactions -- especially when subjects are not responding to de-escalation.

**REPORT WRITING: Officers need to describe if there was limited discretionary time and how that informed their abilities and decisions.**

If an incident requires officers to make split-second decisions, it is important to describe how a lack of discretionary time, and/ or exigency required immediate engagement.

**NOTIFICATIONS: Potential Suicide by Cop**

Officers, based on their training and experience, should note in their respective reports whether the subject demonstrated an attempted suicide by cop, or a propensity for potential suicide by cop. Even if a crisis incident is resolved peaceably with a legal detention, medical treatment, and/or without use of force, it is important for the CIT Unit to be aware of subjects who may initiate, provoke, and/ or demonstrate suicidal behaviors that rely on a lethal use of force application from police. Officers should notify the CIT unit regarding encounters with subjects that included elements that indicate potential use of force:

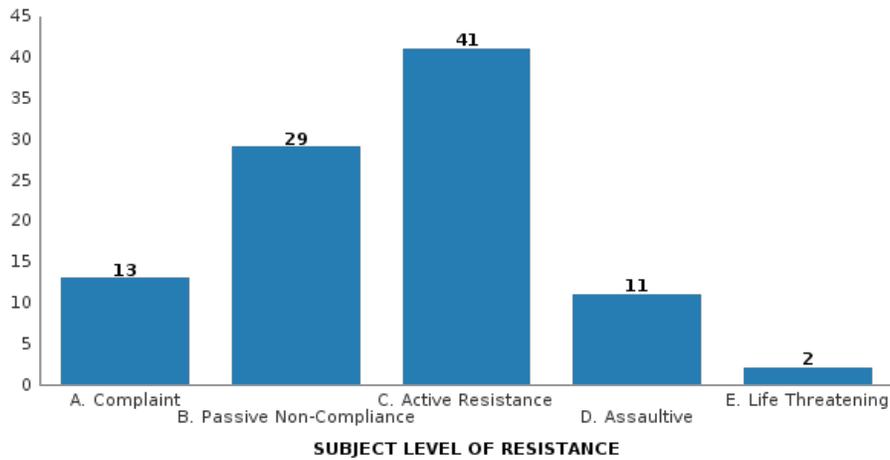
Suicide by Cop Indicators in report, examples:

*The subject's behavior, reaching in waistband and refusing to obey commands to show me his hands coupled with subject's language, "Just shoot me. I want to die." Conveyed to me that the subject was suicidal and willing to provoke a lethal force option from police in a manner potentially consistent with Suicide by Cop. Based on my training and experience I know that some suicidal subjects may provoke a lethal law enforcement response as a lethal means to affect their own suicide.*

The notification process is important because it underscores the need for follow-up and engagement, possibly from crisis services outside of law enforcement. It is also important for cops to be familiar with subjects whose histories may include Suicide by Cop behavior as this will help cops engage the subject as safely and effectively as possible.

The *Crisis Intervention Team* should be notified should a subject indicate Suicide by Cop behaviors.

## Use of Force Data and Information: Subjects and Officer



### Per Department Bulletin

A 18-171 10/03/2018 Levels of resistance — Sequenced When a subject resists arrest they can go through various types of resistance. A subject may be compliant with the member before becoming assaultive. A supervisor should mark numerically the levels of resistance in the order the subject resisted arrest. For example, if a subject strikes a member with their fist and then pulls out a knife, a supervisor would enter a "1" next to "Assaultive" and then a "2" next to "Life Threatening" to show the sequence and escalation of resistance against the member.

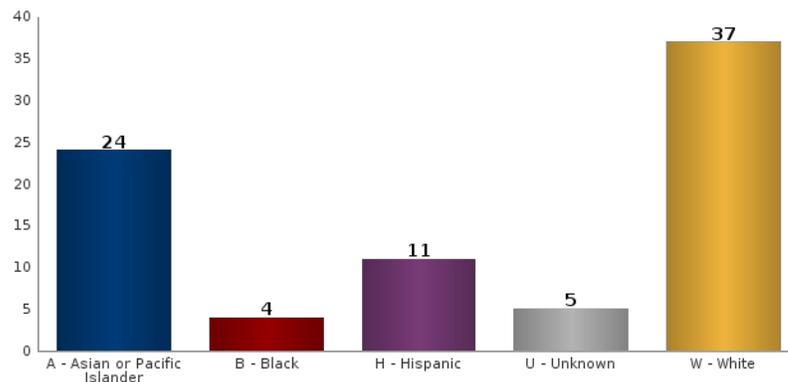
### Per General Order 5.01 LEVELS OF RESISTANCE

- A. COMPLIANT. Subject offers no resistance.
- B. PASSIVE NON-COMPLIANCE. Does not respond to verbal commands but also offers no physical form of resistance.
- C. ACTIVE RESISTANCE. Physically evasive movements to defeat an officer's attempt at control including bracing, tensing, running away, verbally or physically signaling an intention to avoid or prevent being taken into or retained in custody.
- D. ASSAULTIVE. Aggressive or combative; attempting to assault the officer or another person, verbally or physically displays an intention to assault the officer or another person.
- E. LIFE-THREATENING. Any action likely to result in serious bodily injury or death of the officer or another person.

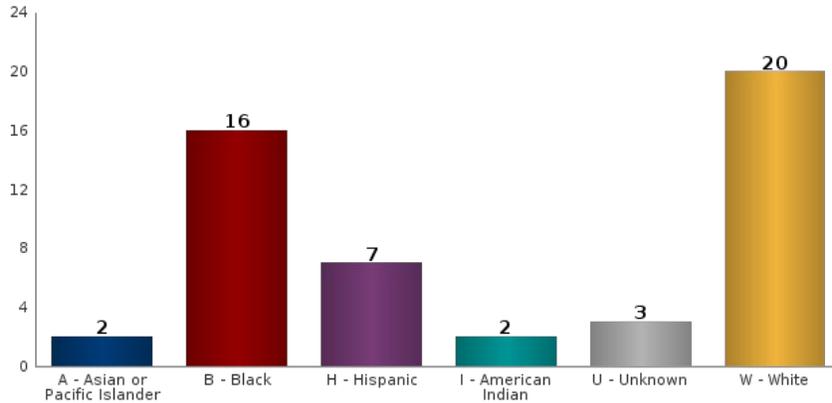
## Use of Force Demographics:

### Officers' Race:

Note: Officer's Race only counted once even if officer is involved in more than one use of force.



### Subject's Race:



Race/Ethnicity	# of detentions	# of U of F	% of specific Race	% of overall detentions
Asian/or Pacific Islander	322	2	0.6%	0.07%
Black	673	16	2.3%	0.57%
Latinos	400	7	1.7%	0.25%
American Indian	29	2	6.8%	0.07%
Unknown	112	3	2.6%	0.10%
White	1258	20	1.5%	0.72%

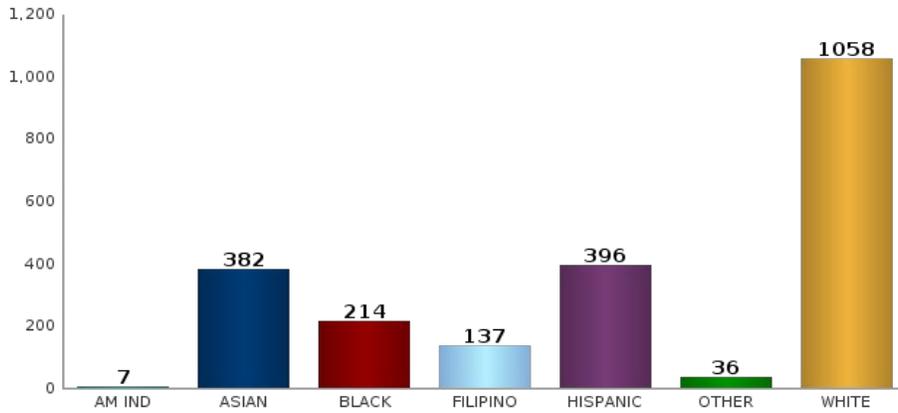
There were 2,808 mental health detentions in 2020. There were 51 incidents of Use of Force involving 50 individuals as describe on the above graph. The above is a table on the racial/ethnic breakdown. It should be noted that all data is being pulled from the Use of Force logs from AIMS and loaded nightly into the Use of Force Model.

All Use of Force Call Types are pulled from the Use of Force Model, this data is not coming directly from Department of Emergency Management Computer Aided Dispatch system.

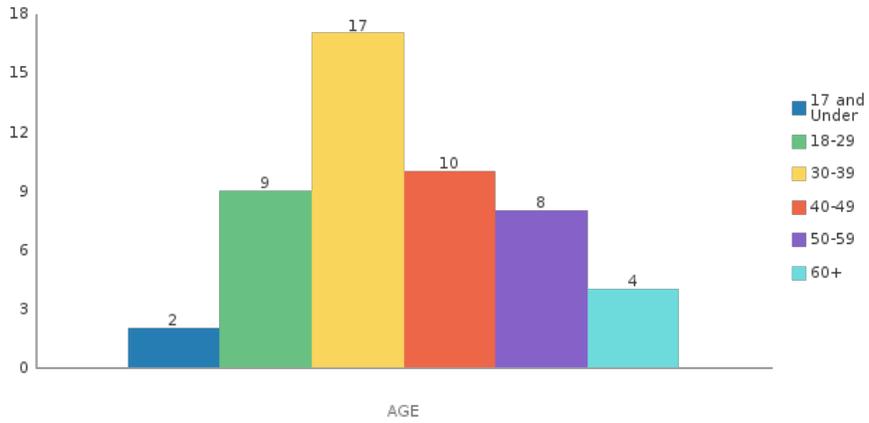
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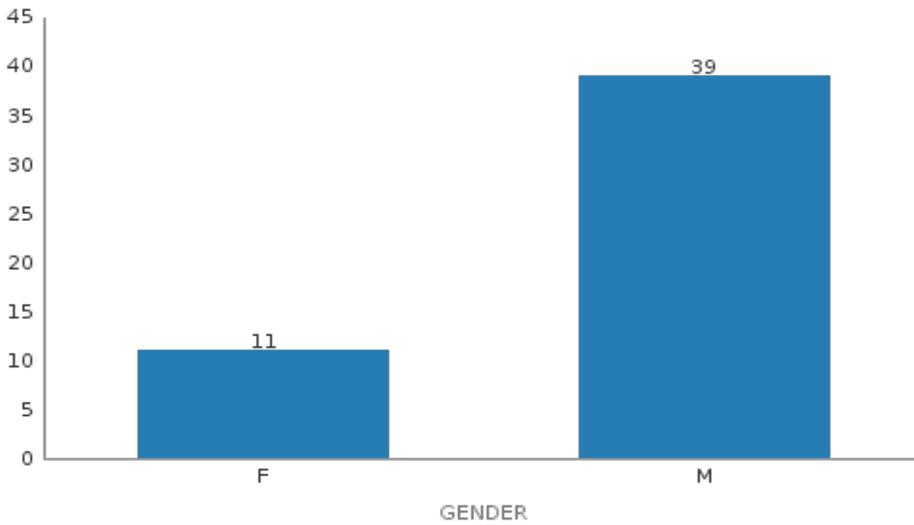
**SFPD Demographics as of January 10, 2021**



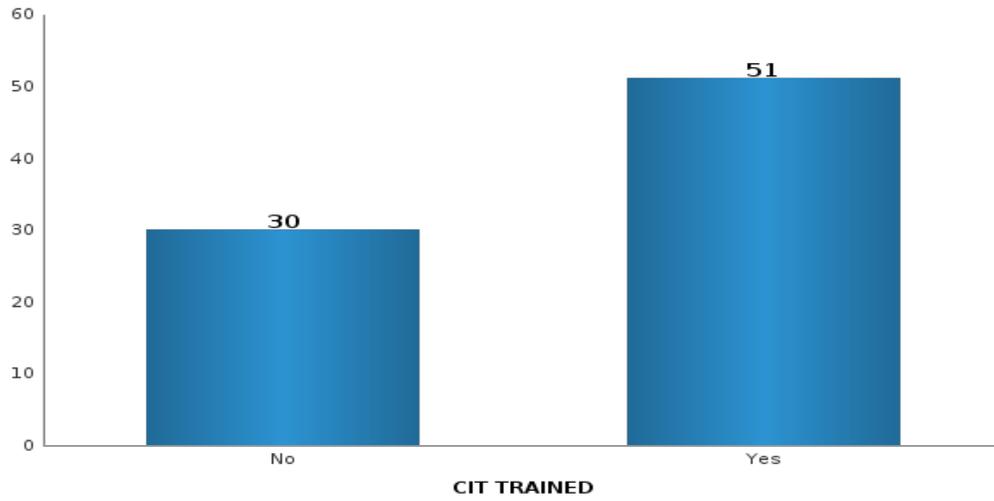
**Use of Force - Subjects Age Rang**



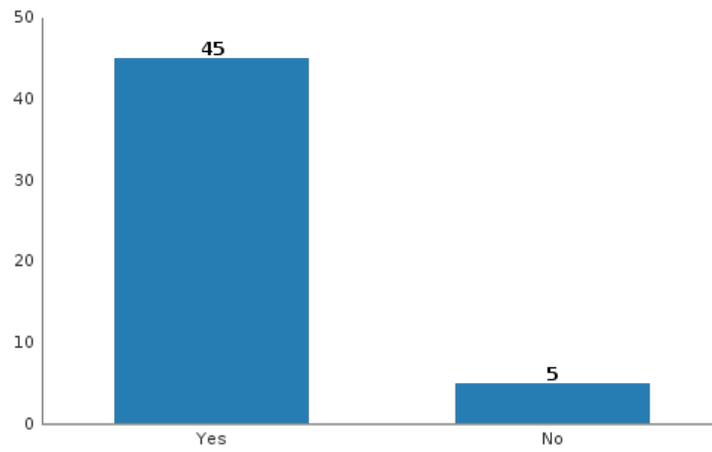
**Subject's Gender**



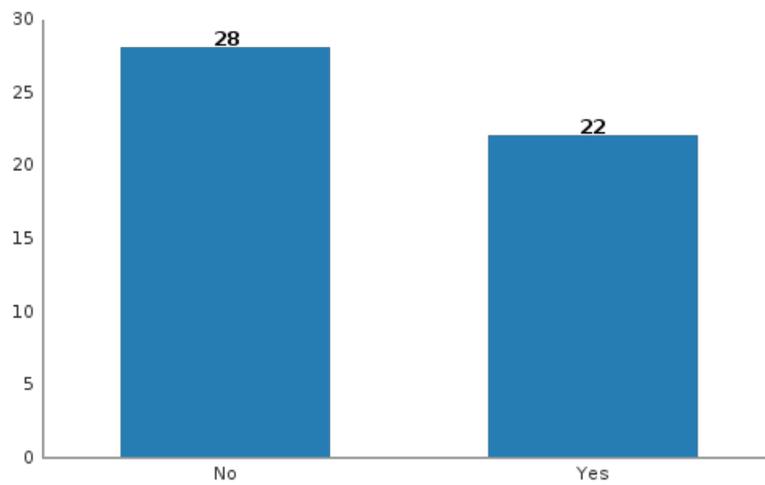
**Officer's CIT Status:**



**San Francisco Residents (Detained Subjects)**



**San Francisco Unhoused (Detained Subject)**



Forty-five (88%) subjects claimed San Francisco Residency. Five (12%) stated that they lived out county. Twenty-two (43%) subjects claimed to be unhoused. Twenty-eight (57%) subjects were housed.

The City and County of San Francisco conducted a Point-in-Time Count of the homeless population. It was a community-wide effort conducted on January 24, 2019. The entire county was canvassed by teams of volunteers. According to the Homeless Count Executive Summary there were 8,035 unsheltered individuals living in our City streets. We responded to 49,578 calls for service and used force in 51 incidents. Out those 51 incidents 22 incidents were with individuals who were unhoused. If we look at the 8,035 unhoused individuals, we used force in 0.27% less than 1% of the calls for service.

## **CRISIS INTEVENTION TEAM: PROACTIVE AND PREVENTITIVE POLICING**



### **PUBLIC SAFETY & PUBLIC HEALTH: COMBINED EXPERTISE THROUGHOUT MULTIPLE SYSTEMS**

The CIT Unit wants to connect subjects with the most effective realm of resources and also ensure public safety. Often the *Crisis Intervention Team* applies elements of Law Enforcement, Mental Health Crisis Interventions, Medical Interventions, and Outreach in order to create effective engagement strategies that help to resolve problems.

When crimes are committed by subjects in crisis, they may become *Justice Involved* persons. Oftentimes Justice Involved crisis subjects may be referred to Behavioral Court (Diversion) where elements of supportive treatment and services may be factored into conditions of their release.

Additionally, subjects in crisis may be referred by clinicians for more strict supportive programs such as ***Conservatorship, Assisted Outpatient Treatment, and Intensive Case Management***. These special programs must be requested by Clinicians and DPH for the referrals to be accepted and admitted. Law Enforcement personnel cannot write referrals about crisis subjects to be admitted into formal medically and psychiatrically supportive programs.

### **TIMELY INTERVENTIONS: ENSURING PUBLIC SAFETY AND DETERRING VIOLENT CRIME**

The San Francisco Police Department *Crisis Intervention Team* is committed to excellence within the realm of ***Proactive and Preventative Policing***. It is our goal to engage subjects efficiently and sensitively to foster trust, wellbeing, and safe interactions. While outreach is a central concept to the CIT Program, we are also committed to the prevention of serious crime and risks to all public safety whenever feasible. Law Enforcement and Mental Health Professionals can work together effectively to assess, intervene, and prevent tragedy and violence. It is a fundamental consideration of the CIT Field Unit to balance Threat Assessment concepts and crisis engagement strategies to intercept more highly disturbed subjects who may be on a pathway to violence.

### **CIT THREAT ASSESSMENT**

When applicable, the CIT Unit conducts critical and nuanced threat assessments to determine whether a subject in crisis may also present a public safety concern based on demonstrated acts of violence, history of crime, threats of future harm, and other concerning behaviors/statements which may indicate the subject may be on a pathway to violence. It is one of the goals of the Crisis Intervention Team to proactively interpret and interrupt potentially violent and destructive behaviors that may be predicated by crisis.

*The Crisis Intervention Team* seeks to thoughtfully identify subjects who require engagement and substantive crisis intervention to avert negative outcomes and to prevent violent crime and public safety risks. In turn, the CIT Unit may also alert SFPD members to issues pertaining to subjects in crisis who pose a risk to themselves and/or others, and or present an ongoing public safety risk.

## CIT RESOLUTIONS & VIOLENCE PREVENTION: Real Case Studies

Please review some of the recent case study summaries of real incidents that demonstrate the highly effective and proactive work of the Crisis Intervention Team. It is our goal to effectively engage subjects in crisis and mitigate the harm they may have caused themselves or others, AND to also prevent further acts of violence.

This presentation is only a brief synopsis of the complex, thorough, sensitive, respectful, and highly proactive work that the Crisis Intervention Team is doing to keep people safe, and to intercept and prevent violent crime. The issues are described as simply as possible although they may be extremely complex and time-consuming, requiring days and months of repeated engagements and consideration.

Please note that the featured subjects' names, personal information, and medical history have not been disclosed. These summaries are intended to give shape and volume to the incredible work that the crisis intervention team has been doing recently. Actual recovered and seized weapons are featured in accompanying images.

Oftentimes the effectiveness of law enforcement is measured in hard data. But the realm of crisis intervention is extremely challenging to interpret, to quantify the unquantifiable.

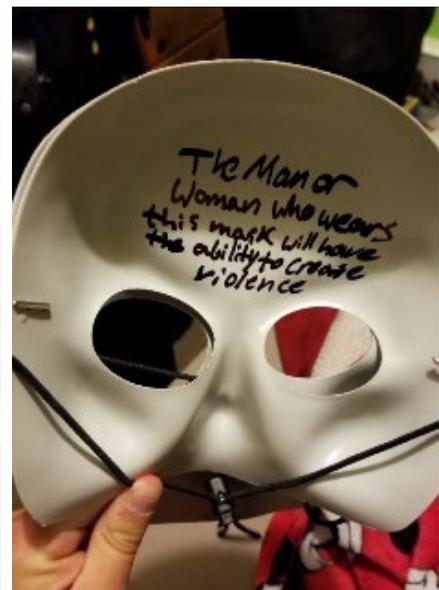
*How does one effectively gauge the value of a life saved – a suicide deterred, a mass-casualty event prevented, a recovery supported, a family reunited, and tragedy averted? These are positive resolutions that are hard to measure...this is the quantitative puzzle of Crisis Intervention.*

These real examples of Crisis Intervention convey the deep humanitarian value of the work the Crisis Intervention Team is doing to help people, protect communities, and ensure public safety.

## CASE STUDIES: THE VALUE OF CRISIS INTERVENTION LIES IN VIOLENCE PREVENTION

### Case 1 - Disturbed Juvenile on Pathway to Violence: CIT Threat Assessment

The *Crisis Intervention Team* was notified by diligent patrol officers regarding a disturbed juvenile subject who was making claims via text that he had killed a homeless black female and stuffed her body in a San Francisco dumpster. As officers investigated this horrific claim, they were unable to locate any human victims or crime scene, but they did learn, however, that the young subject had been killing small animals such as birds and squirrels by his own



admission and he also fantasized about killing homeless people. Officers located a mask belonging to the subject, inscribed on the face with a stern, hand-written reminder: *"God loves you but I don't."* Under the right eye there were ten tally marks, indicating some deranged system of unknown conquests, perhaps related to the animals he has killed. A troubling phrase was scrawled behind the face: *"The man or women who wears this mask will have the ability to create violence"*, perhaps as an invocation to sadistic unknown deeds practiced by whomever dons the mask. The Crisis Intervention Team immediately facilitated ongoing engagement with Child Crisis (DPH) as this juvenile subject was not only deeply troubled but also presented a potential public safety risk based on his own shared violent fantasies on strangers. His pathway to violence was well-established, given his behaviors that are purported major indicators in threat assessment: (1) Novel aggression warning behavior (killing small animals) and (2) Pseudo Commando/ Warrior mentality behavior (Spartan mask with inscription,) (3) "leakage" warning behavior as indicated by his own statements stating he could "not control" himself and he was obsessed with killing homeless people. This example of crisis intervention demonstrates the tremendous value of police working to prevent violent crime and identifying subjects in crisis.

## Case 2 - Self-destructive and Suicidal Woman: Intervention and Notification

Officers advised the Crisis Intervention Team regarding an extremely concerning and highly disturbed subject with self-destructive and harmful behavior, who was causing continual injury to herself and creating a public safety risk. Allegedly this subject was throwing large objects over her seventh story balcony causing a tremendous safety hazard for those below. The Crisis Intervention Team facilitated a field visit with this subject who regularly consumes excessive amount of alcohol to potentially fatal BAC levels. Upon engagement CIT saw her apartment was littered with bodily fluids, such as urine, feces, vomit and was scattered with unhygienic items consistent with hoarding and grave disability. She made suicidal statements and was resistive to crisis intervention officers. Although city services were familiar with this subject it was clear that she was not sufficiently engaged in treatments and services and she presented a significant danger to herself, and possibly others. Even so, CIT worked tirelessly to advocate for more substantial engagement from city programs for this subject. Since this incident and aggressive advocacy, this subject has been receiving treatment, medical de-tox, services and re-housed.



### **Case 3 -Suicidal Subject engaging in frequent Suicide By Cop dynamic: CIT Advocation**

Crisis Intervention Team reviewed the history of a very active crisis subject, which indicated an elevated pattern of crisis incidents requiring emergency response from police personnel in 2020. In 2020 this subject has been detained on 21 separate incidents for mental health evaluations, as predicated by calls to 911, requiring response from SFPD and resulting in transport to hospitals between January and September in 2020. Within a 24 hr period this same subject was detained for two separate mental health evaluations, requiring multiple admissions on the same day, presumably as this facility did not keep subject under evaluation. This same subject threatened to provoke a lethal force response from law enforcement personnel causing a “suicide by cop.” His potential for “suicide by cop” is indicated in his following statements during such as requesting 911 to “send cops” to “shoot” him, or else he would “shoot the cops. Subject also stated he wanted to “commit suicide” and wanted to accomplish this by” making the police kill” him. He also stated he wanted to die because of what his “parents did” to him and “wanted police to shoot” both him and parents. In 15 of these 21 mental health detentions this subject made literal statements that he is either suicidal or homicidal and he often stated he wants to use a readily available weapon, such as a kitchen knife for some type of self-harm. Crisis Intervention Team is deeply invested in ensuring this subject who is a high user of emergency services received greater consideration from DPH and has advocated firmly. The CIT unit has also worked to disseminate pertinent information regarding this subject to responding officers, so they are aware of his provocative behavior and potential lethality. CIT advises police with safety alerts so responding officers can facilitate safer engagement strategies with this subject when needed.

### **Case 4- Suicidal and Barricaded Subject with Knife: Negotiation and Follow-Up**

The Crisis Intervention Team became familiar in 2020 with a very concerning subject who has made repeated suicide attempts and 911 has dispatched police to his residence where he is armed with a knife. Subject has a significant history of self-harm and very strained family relationships. On one occasion this barricaded and suicidal subject required Hostage/Crisis Negotiations (HNT) response and Tactical response. Subject was throwing items from window into street, and damaging vehicles, and presented a tremendous danger to self and others. Additionally, there have been several suicide attempt incidents involving police response. The Crisis Intervention Team facilitated a response from Comprehensive Crisis Services (DPH) who conducted a mental health evaluation for this subject and on-scene de-escalation and service linkage for his mother who had witnessed extreme acts of self-harm.

### **Case 5 -Suicidal Subject with knife in entry of Public Safety Building**

This Subject in crisis brandished a knife and threatened to commit suicide in front of Southern Station. Uniformed Officers and Hostage/ Crisis Negotiators responded to engage this subject in a de-escalation strategy. While patrol established a field tactics team response to create ‘time and distance’, Crisis Negotiators built a rapport with the subject. Negotiations revealed that this subject was a highly distressed Veteran who was also a transient, experiencing ongoing frustration with the extreme stresses of living on the street. The Crisis Intervention Team was on-scene with DPH crisis specialists. The Crisis Negotiations Team was able to convince the subject to drop the knife and he was taken into custody, and safely placed on a mental health detention based on him being a danger to self. CIT crisis specialists were able to facilitate support through psych emergency and Veteran Affairs. The CIT Unit followed up

to ensure various city services (DPH) are aware of this subject who was struggling with his unhoused status and other significant issues.



**DEDICATION:**

The tremendous and aspirational work of the *San Francisco Police Department Crisis Intervention Team* would not be possible without the invaluable commitment of the Law Enforcement personnel who serve San Francisco with integrity, honor, and selfless commitment. This report is further dedicated to the 354 Law Enforcement Officers who died in the Line of Duty throughout 2020 across the United States. Their enormous sacrifice for the communities they served is a deeply profound legacy that forges our values and commitment with even greater purpose.