



# Memorandum

**TO:** HONORABLE MAYOR  
AND CITY COUNCIL

**FROM:** Sarah Zárate

**SUBJECT:** 911 EVENT DATA ANALYSIS  
REPORT

**DATE:** February 5, 2024

APPROVED

DATE

2/13/24

## RECOMMENDATION

Accept the 911 Event Data Analysis Report.

## SUMMARY AND OUTCOME

This report evaluates nine categories of police events for possible development of alternative service models. Staff has developed 11 findings based on this analysis.

## BACKGROUND

Through approval of the Mayor's March Budget Message for Fiscal Year 2023-2024, the City Council directed staff to "identify types of 911 calls that might be assigned to capable public safety or health personnel, including in partnership with the County or other service providers."<sup>1</sup> In particular, the Budget Message called out San José's existing co-response services and proposed that the City build on these existing programs. It noted that, "locally, we've seen success with the Psychiatric Emergency Response Team (PERT) that pairs a San José Police Department (SJPD) officer with a licensed mental health clinician provided by the County. We should build on this innovative model by exploring other types of calls that may be suitable for an alternative response model." Staff prepared the **attached** 911 Event Data Analysis Report in response to this direction.

## ANALYSIS

Staff approached this analysis with two goals. The first goal was to identify types of calls for which alternative responders may be able to provide a more effective response than a police officer. For example, in some instances where an individual is experiencing a mental health crisis, a specialized responder, such as a clinician or a peer support specialist, may be better equipped to provide assistance to the individual rather than a police officer. The second goal was to identify opportunities

<sup>1</sup> <https://www.sanjoseca.gov/home/showpublisheddocument/95379/638187312633970000>

to relieve police officers of calls where their specialized skills and training are not required, and where another staff classification may be appropriate.

This report evaluates nine categories of police events for possible development of alternative service models. The nine categories evaluated are as follows:

- Events involving individuals with mental health issues;
- Events involving unhoused individuals;
- Events involving domestic violence;
- Events involving substance abuse;
- Welfare Checks;
- Disturbances;
- Suspicious circumstances and trespassing;
- Parking violations; and,
- Vehicle stops.

Staff developed 11 findings based on this analysis that are summarized below. A number of these findings suggest reinforcing and expanding the City’s current partnership with the County of Santa Clara (County) to provide alternate response services. This report does not provide specific recommendations for increases to alternate services. Staff would need to undertake additional work, including coordination with the County, to develop a proposed increase in service levels and associated costs.

The below table lists the 11 findings contained in the report.

| <b>Finding</b> | <b>Topic</b>        | <b>Finding</b>   |
|----------------|---------------------|--|
| Finding 1      | County Coordination | The City of San José and the County operate a set of co-response and alternate response programs that are comparable to those operated in other jurisdictions; however, the capacity of these programs will need to be expanded to meet the need for alternative responses to San José 911 events. |
| Finding 2      | County Coordination | A concerted effort to coordinate with the County, including investment of staff time both within the City Manager’s Office and the Police Department, will be necessary to identify opportunities for increasing capacity for co-response and alternative response programs.                       |
| Finding 3      | County Coordination | The San José Police Department should continue to coordinate with the County’s Behavioral Health Services to identify 911 calls that can be transferred to the County’s 988 mental health crisis hotline.  |

| <b>Finding</b> | <b>Topic</b>                     | <b>Finding</b>  |
|----------------|----------------------------------|---|
| Finding 4      | County Coordination              | As the County’s capacity for alternate response expands, the City and County should continue to evaluate which call types are appropriate to refer from the 911 Call Center to the 988 Call Center, and which call types should be referred directly from the 911 Call Center to an alternate or co-response team, as currently occurs with referral of Mobile Crisis Assessment Team events.   |
| Finding 5      | Disability                       | Adequate data was not available to analyze events that involved individuals with disabilities, but as implementation of the disability flag improves, data may become available in the future. Despite the fact that disability events were not studied, staff believes that individuals with a disability experiencing a crisis should be considered for alternate response going forward, given that this is a common event type for alternate response programs. |
| Finding 6      | Mental Health                    | The City should work in partnership with the County to identify opportunities to expand existing County alternate response services for mental health as well as the co-response services operated in partnership between the City and the County.  |
| Finding 7      | Homelessness and Substance Abuse | Response teams for mental health events are also well-suited to respond to low-risk events involving unhoused individuals and substance abuse. As capacity for mental health alternate response expands, the City should work with its partners to consider whether alternate and co-responses can be further expanded into these event types.  |
| Finding 8      | Domestic Violence                | Given the safety issues that often attend domestic violence events, staff does not recommend developing an alternative response model for these events. None of the other jurisdictions interviewed operate an alternate response model for domestic violence; however, some jurisdictions operate co-response models where specialized civilian staff respond along with police staff.   |

| <b>Finding</b> | <b>Topic</b>  | <b>Finding</b>   |
|----------------|---|--|
| Finding 9      | Welfare Checks, Disturbances, Suspicious Circumstances, and Trespassing | Although not all events within these call types are appropriate for an alternative response, the data indicates that calls involving mental health issues or unhoused individuals can be categorized under these event types, suggesting that these event types should be explored for expanded alternate response.  |
| Finding 10     | Parking   | Current efforts to provide for the reporting of illegal parking concerns through the San José 311 app and Customer Contact Center are expected to help reduce the number of calls that come into 911 for parking-related events, thus reducing the frequency of police response. Staff will monitor the impacts to 911 non-emergency call volumes related to illegal parking activities to determine the effectiveness of improvements made to Vehicle Concerns (formally Abandoned Vehicles) reporting feature on San José 311. |
| Finding 11     | Vehicle Stops   | Given the requirement in California law that traffic stops be conducted by a peace officer, staff does not recommend developing an alternative response model for vehicle stops.   |

**EVALUATION AND FOLLOW-UP**

This report identifies opportunities for responding to certain categories of 911 events with alternative service models. The next step in pursuing this work would involve developing specific proposals for expanded service. Staff would need to coordinate with the County to develop such proposals and to determine budget needs for implementation. This work would require an investment of staff time both within the City Manager’s Office and the Police Department. Given the level of effort this work entails, staff would require City Council direction as it would need to be balanced against other workload priorities in the City Manager’s Office and the Police Department.

**COORDINATION**

This report has been coordinated with the City Attorney’s Office, the City Manager’s Budget Office, the Fire Department, the Housing Department, the Police Department, and the Department of Transportation.

## **PUBLIC OUTREACH**

This memorandum will be posted on the City's Council Agenda website for February 27, 2024 City Council meeting.

For the purpose of taking input on this report, particularly from former members of the Reimagining Public Safety Community Advisory Committee who helped to craft that Committee's recommendations related to alternate response, staff met with members of the Race Equity Action Leadership Coalition several times during the development of the report.

## **COMMISSION RECOMMENDATION AND INPUT**

No commission recommendations or input is associated with this item.

## **CEQA**

Staff Reports, Assessments, Annual Reports, and Informational Memos that involve no approvals of any City action. Public Project number PP17-009.

## **PUBLIC SUBSIDY REPORTING**

This item does not include a public subsidy as defined in section 53083 or 53083.1 of the California Government Code or the City's Open Government Resolution.

SARAH ZÁRATE  
Director, Office of Administration, Policy and  
Intergovernmental Relations

For questions, please contact Peter Hamilton, Assistant to the City Manager, at (408) 535-7998.

Attachment: 911 Event Data Analysis Report

ATTACHMENT

# **911 Event Data Analysis Report**

An Assessment of 911 Data and Alternative Service Models

*CITY OF SAN JOSÉ, OFFICE OF THE CITY MANAGER*  
February 2024

## TABLE OF CONTENTS

|   |    |
|---|----|
| 1. INTRODUCTION .....   | 3  |
| 2. CURRENT CO-RESPONSE AND ALTERNATE RESPONSE EFFORTS .....                           | 10 |
| 2.1 CURRENT CO-RESPONSE .....   | 10 |
| 2.2 CURRENT ALTERNATE RESPONSE .....  | 11 |
| 2.3 PROCESS MAP .....   | 12 |
| 2.3.1 FINDINGS: CURRENT PRACTICES .....   | 15 |
| 3. Study Methodology.....   | 17 |
| 3.1 DATA AND EVENT TYPES.....   | 17 |
| 3.2 ANALYTICAL APPROACH .....   | 18 |
| 3.3 FINDINGS: STUDY METHODOLOGY .....   | 23 |
| 4. CARE-SPECIFIC EVENTS.....  | 24 |
| 4.1 MENTAL HEALTH.....  | 24 |
| 4.2 HOMELESSNESS.....   | 29 |
| 4.3 DOMESTIC VIOLENCE .....   | 32 |
| 4.4 SUBSTANCE ABUSE.....  | 36 |
| 4.5 FINDINGS: CARE SPECIFIC EVENTS .....  | 39 |
| 5. CIVIL MATTERS .....  | 41 |
| 5.1 WELFARE CHECK EVENTS .....  | 41 |
| 5.2 DISTURBANCE EVENTS .....  | 44 |
| 5.3 SUSPICIOUS CIRCUMSTANCES AND TRESPASSING.....                                     | 47 |
| 5.4 FINDINGS: CIVIL MATTERS.....  | 51 |
| 6. TRANSPORTATION RELATED .....   | 52 |
| 6.1 PARKING .....   | 52 |
| 6.2 VEHICLE STOP .....  | 55 |
| 6.3 FINDINGS: TRANSPORTATION RELATED EVENTS .....                                     | 58 |
| 7. CONCLUSION.....  | 59 |
| APPENDIX A: SUMMARY OF PROGRAMS IN OTHER JURISDICTIONS .....                          | 1  |
| APPENDIX B: FREQUENCY ANALYSIS BY CALL TYPE FOR OTHER JURISDICTIONS INTERVIEWED ..... | 1  |
| APPENDIX C: DESCRIPTION OF PROGRAMS IN OTHER JURISDICTIONS .....                      | 1  |
| APPENDIX D: CALL PRIORITY LEVEL.....  | 1  |
| APPENDIX E: CALL DISPOSITIONS.....  | 1  |

## 1. INTRODUCTION

Through approval of the Mayor’s March Budget Message for Fiscal Year 2023-2024, the City Council directed staff to “identify types of 911 calls that might be assigned to capable public safety or health personnel, including in partnership with the County or other service providers.”<sup>1</sup> In particular, the Budget Message called out San José’s existing co-response services and proposed that the City build on these existing programs. It noted that, “locally, we’ve seen success with the Psychiatric Emergency Response Team (PERT) that pairs a San José Police Department officer with a licensed mental health clinician provided by the County. We should build on this innovative model by exploring other types of calls that may be suitable for an alternative response model.” Staff prepared this report in response to this direction.

“Alternative response” refers to a strategy for sending civilian responders to incidents that are currently or traditionally responded to by police officers. Incidents involving individuals with mental health challenges, with developmental disabilities, who are intoxicated, or who are unhoused are common targets for alternate response programs. Alternative response teams can be composed of a single type of responder or combined teams of multiple types of responders, and may include emergency medical technicians (EMTs), paramedics, mental health clinicians, social workers, or peer support specialists who have lived experience and can act as credible messengers for individuals in crisis.

This report also used the term “co-response” which is a distinct category from “alternate response.” “Co-response” programs involve pairing a sworn police officer with a civilian specialist, and having both respond to the scene of an incident. Co-response is often appropriate in situations where a civilian responder can provide specialized care or services—for example, a clinician responding to a mental health incident—but safety considerations make it necessary for a police officer to respond along with civilian personnel.

Staff approached this analysis with two goals. The first goal was to identify types of calls for which alternative responders may be able to provide a more effective response than a police officer. For example, in some instances where an individual is experiencing a mental health crisis, a specialized responder, such as a clinician or a peer support specialist, may be better equipped to provide assistance to the individual than a police officer.

The second goal was to identify opportunities to relieve police officers of calls where their specialized skills and training are not required and where another staff classification may be appropriate. For example, the City is able to respond to parking violations with both community service officers and parking compliance officers. A police officer response is not necessary. While alternate response models can achieve both of the above goals, co-response models do not achieve the second goal of relieving a police officer from the necessity of responding to a call—although they can still contribute to the first goal by including a civilian specialist as part of the response.

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This report evaluates nine categories of police events for possible development of alternative service models. The nine categories evaluated are as follows:

- Events involving individuals with mental health issues;
- Events involving unhoused individuals;
- Events involving domestic violence;
- Events involving substance abuse;
- Welfare Checks;
- Disturbances;
- Suspicious circumstances and trespassing;
- Parking violations; and,
- Vehicle stops.

These categories were identified through three means. First, staff selected categories that were recommended for alternate response through the report of the Reimagining Public Safety Community Advisory Committee.<sup>2</sup> The Reimagining Public Safety Community Advisory Committee’s report, which was accepted by the City Council at the May 10, 2022 City Council meeting, recommended that the City develop or expand alternative response for incidents that involve mental health issues, unhoused individuals, traffic enforcement, parking enforcement, and gender-based violence. Staff included these categories in this analysis. Second, staff identified categories at the recommendation of Police Department staff, based on their operational experience. Welfare checks are an example of a category identified by Police Department staff. Finally, staff included categories that data analysis indicated may be appropriate for an alternative response. The “suspicious circumstances and trespassing” category was identified in this way.

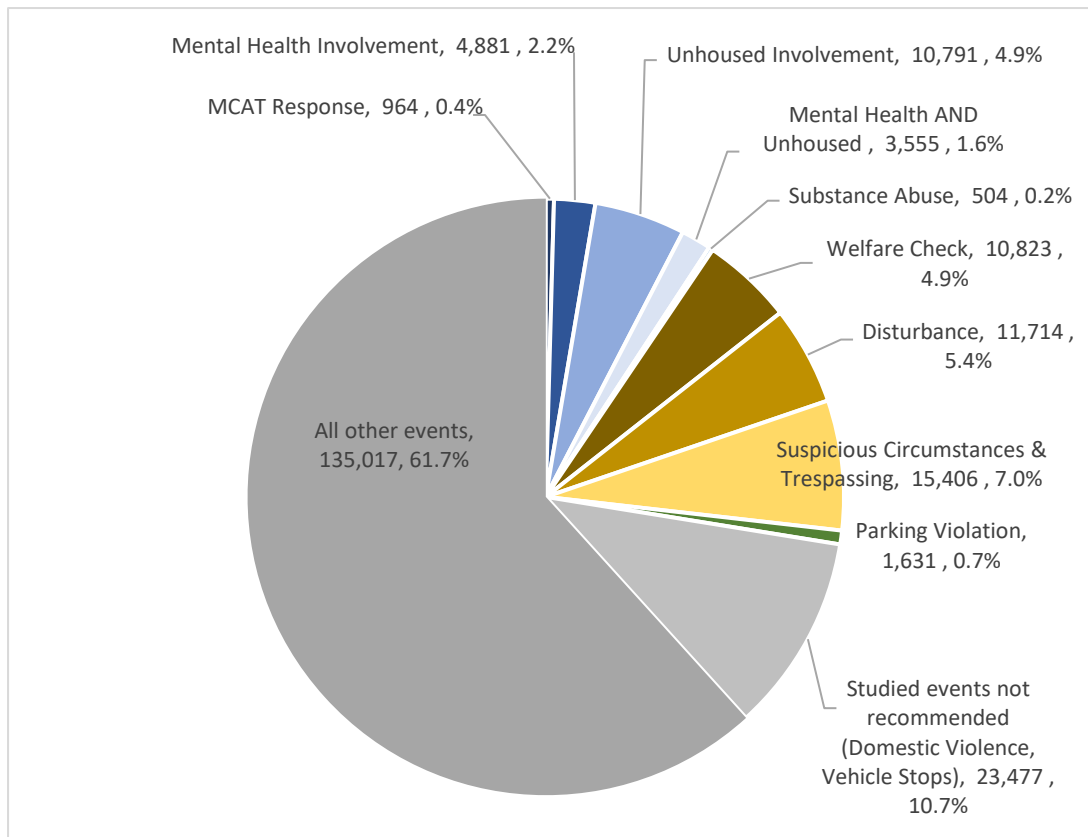
Analysis of these event categories included both analysis of event data drawn from the Police Department’s computer aided dispatch (CAD) system and interviews with other local governments to learn about alternate response service models that are being implemented elsewhere. Based on this analysis, staff does not believe that alternate response is appropriate for domestic violence events or vehicle stops, but has identified opportunities for alternate response in the seven other categories.

The below pie chart provides a summary of the proportion of total 911 events that fell into each of the analyzed categories in January through September 2023, and also shows the number of events that are already receiving a co-response through the City’s Mobile Crisis Assessment Team (MCAT). (Note that data collection on unhoused and mental health events had not been fully implemented before 2023, so partial 2023 data is shown here to provide the most accurate portrayal the proportion of those event types.) Not every event that falls into these categories would be appropriate for an alternate or co-response. Events within the same category can vary widely in circumstances; however, these categories can give us a sense of the scale of events that could be considered for an alternative service model. Of the 218,763 events analyzed in 2023, a total of 964, or 0.4 percent, already received a co-response through the MCAT Unit, while an additional 59,305 events, or 27 percent, fell within categories that staff recommends considering for alternate or co-response.

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<sup>2</sup> <https://sanjose.legistar.com/LegislationDetail.aspx?ID=5567603&GUID=B26BDF44-8C15-47CC-952A-1327FD850FDA&Options=ID|Text|&Search=reimagining>

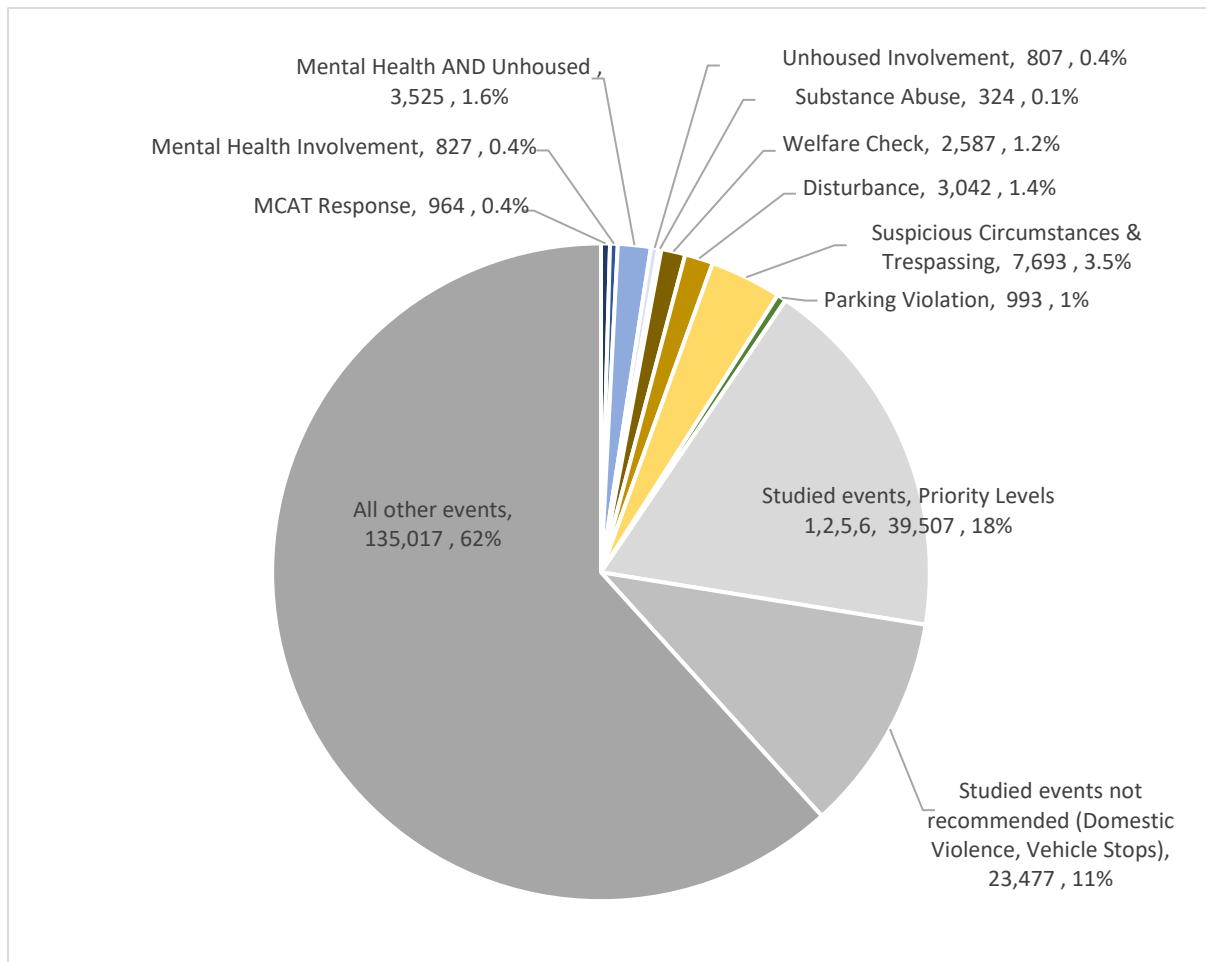
GRAPH: ALL 911 EVENTS BY EVENT CATEGORIES (ALL PRIORITY LEVELS INCLUDED IN ALTERNATE RESPONSE OPPORTUNITY CATEGORIES), JANUARY – SEPTEMBER 2023



In addition to being categorized by type, 911 events are also categorized by priority. Priority 1 and 2 events are characterized by imminent threats to public safety or a crime in progress, priority 3 and 4 events are lower risk events that do not pose an immediate threat, and priority 5 and 6 events are those initiated by police officers in the field, as opposed to events initiated by calls from the public into the 911 Call Center. Of these priority levels, priority 3 and 4 events would be the most likely candidates for an alternate response from civilian personnel that does not involve a police officer (as opposed to a co-response that includes both a civilian and a police officer, or a traditional police response that only includes an officer.)

While the above chart includes events of all priority levels in the studied categories, the chart below subtracts out priority 1, 2, 5 and 6 events from the studied categories and just shows the proportion of events within those categories that are priority 3 or 4. This provides a more focused assessment of the number of events that could be considered for a response without a police officer in the near term, under current call processing procedures. Of the total 218,763 events, 19,798 events, or nine percent, are priority 3 or 4 events within categories that present an opportunity for an alternative response model.

GRAPH: ALL 911 EVENTS BY EVENT CATEGORIES (PRIORITIES 3 AND 4 ONLY IN ALTERNATE RESPONSE OPPORTUNITY CATEGORIES), JANUARY – SEPTEMBER 2023



In addition to the data analysis, staff also conducted interviews with a number of other city and county jurisdictions across the country who operate alternate and co-response programs. The purpose of these interview was to understand how alternative service models in other jurisdictions were configured and what types of calls other jurisdictions responded to with these models. The results of these interviews inform the analysis in this report; the interviews are summarized in three appendices: Appendix A, Summary of Programs in Other Jurisdictions, provides a high-level summary of how programs are configured; Appendix B, Frequency Analysis by Call Type for Other Jurisdictions Interviewed, summarizes the types of calls other jurisdictions respond to with alternative models; and Appendix C, Descriptions of Programs in Other Jurisdictions, provides detailed program descriptions.

Staff developed 11 findings based on the data analysis and interviews; these findings are summarized below. A number of the findings suggest reinforcing and expanding the City’s current partnership with the County of Santa Clara (County) to provide alternate response services. This report does not propose specific service enhancement or provide a cost estimate for such enhancements. As noted in Finding 2, staff would need to undertake additional work, including coordination with the County, to develop a proposal to increase alternate response service levels and determine the associated cost.

| <b>Finding</b> | <b>Topic</b>        | <b>Finding</b>  |
|----------------|---------------------|---|
| Finding 1      | County Coordination | The City of San José and the County operate a set of co-response and alternate response programs that are comparable to those operated in other jurisdictions; however, the capacity of these programs will need to be expanded to meet the need for alternative responses to San José 911 events.  |
| Finding 2      | County Coordination | A concerted effort to coordinate with the County, including investment of staff time both within the City Manager’s Office and the Police Department, will be necessary to identify opportunities for increasing capacity for co-response and alternative response programs.  |
| Finding 3      | County Coordination | The San José Police Department should continue to coordinate with the County’s Behavioral Health Services to identify 911 calls that can be transferred to the County’s 988 mental health crisis hotline.   |
| Finding 4      | County Coordination | As the County’s capacity for alternate response expands, the City and County should continue to evaluate which call types are appropriate to refer from the 911 Call Center to the 988 Call Center, and which call types should be referred directly from the 911 Call Center to an alternate or co-response team, as currently occurs with referral of Mobile Crisis Assessment Team events.   |
| Finding 5      | Disability          | Adequate data was not available to analyze events that involved individuals with disabilities, but as implementation of the disability flag improves, data may become available in the future. Despite the fact that disability events were not studied, staff believes that individuals with a disability experiencing a crisis should be considered for alternate response going forward, given that this is a common event type for alternate response programs. |
| Finding 6      | Mental Health       | The City should work in partnership with the County to identify opportunities to expand existing County alternate response services for mental health as well as the co-response services operated in partnership between the City and the County.  |

| <b>Finding</b> | <b>Topic</b>  | <b>Finding</b>   |
|----------------|---|--|
| Finding 7      | Homelessness and Substance Abuse  | Response teams for mental health events are also well-suited to respond to low-risk events involving unhoused individuals and substance abuse. As capacity for mental health alternate response expands, the City should work with its partners to consider whether alternate and co-responses can be further expanded into these event types.   |
| Finding 8      | Domestic Violence   | Given the safety issues that often attend domestic violence events, staff does not recommend developing an alternative response model for these events. None of the other jurisdictions interviewed operate an alternate response model for domestic violence; however, some jurisdictions operate co-response models where specialized civilian staff respond along with police staff.  |
| Finding 9      | Welfare Checks, Disturbances, Suspicious Circumstances, and Trespassing | Although not all events within these call types are appropriate for an alternative response, the data indicates that calls involving mental health issues or unhoused individuals can be categorized under these event types, suggesting that these event types should be explored for expanded alternate response.  |
| Finding 10     | Parking   | Current efforts to provide for the reporting of illegal parking concerns through the San José 311 app and Customer Contact Center are expected to help reduce the number of calls that come into 911 for parking-related events, thus reducing the frequency of police response. Staff will monitor the impacts to 911 non-emergency call volumes related to illegal parking activities to determine the effectiveness of improvements made to Vehicle Concerns (formally Abandoned Vehicles) reporting feature on San José 311. |
| Finding 11     | Vehicle Stops   | Given the requirement in California law that traffic stops be conducted by a peace officer, staff does not recommend developing an alternative response model for vehicle stops.   |

The remainder of this report is devoted to describing the current alternate and co-response programs operated by the City and the County, and then analyzing 911 event data to determine which categories of events may be suitable for expanding response with alternate services. Section 2 provides an overview of the current co-response programs that are operated by the City in partnership with the County as well as the alternate response programs that are operated by the County. As part of this section, staff made findings related to the partnership between the City and

the County in the handling of 911 and 988 calls. Section 3 provides an overview of the methodology used to conduct the data analysis. Sections 4 through 6 detail the analysis for each event type and make findings as to the suitability of each event type for alternate service models.

## 2. CURRENT CO-RESPONSE AND ALTERNATE RESPONSE EFFORTS

This section provides a detailed description of the existing co-response and alternate response programs operated by the City and the County. It also provides a process map that depicts how calls coming into the 911 Call Center or the 988 Call Center are handled and the services that can be dispatched in response to these calls. Finally, it makes four findings related to the partnership between the City and the County in operating co-response and alternate response models and handling calls.

### 2.1 CURRENT CO-RESPONSE

The Police Department operates two co-response programs for psychiatric emergencies in partnership with the County. Co-response programs deploy both a police officer and a civilian to respond to incidents; both programs described below involve San José police officers co-responding to psychiatric emergencies alongside County clinicians.

**Psychiatric Emergency Response Team (PERT):** PERT is a co-response program that pairs a licensed mental health clinician (employed by the County) with a police officer (employed by the City) to respond to psychiatric emergencies. PERT responders offer several services including crisis intervention, de-escalation, service linkage, safety planning, and referral for post crisis support. PERT clinicians are trained to work with law enforcement partners and the program is activated through calls to 911. The two responders—the mental health clinician and the police officer—form a team that works together on a continuous basis. As of January 2024, PERT is not in operation due to the vacancy of the clinician position. When in operation, PERT operated from Sunday through Wednesday, 10:00 a.m. to 8:00 p.m., and was available citywide. It consisted of one team comprised of one sworn police officer and one county clinician.

**Mobile Crisis Assessment Team (MCAT):** MCAT is a City of San José operated co-response program in partnership with the County. Police officers assigned to MCAT receive specialized training in trauma informed care, de-escalation, crisis intervention, and tactical conduct. As calls come into 911 that involve a psychiatric emergency, the MCAT sergeant on duty coordinates with the County's Mobile Crisis Response Team (MCRT) personnel to dispatch an MCAT officer along with the MCRT clinician. Unlike PERT, MCAT officers do not always work with the same MCRT clinician. Instead, the MCAT officer and the MCRT clinician are dispatched together as need arises. If no MCRT team is available, MCAT officers can also be dispatched without a clinician.

In addition to dispatches that occur in response to a call that comes in through 911, MCRT staff can request that an MCAT officer be dispatched alongside the MCRT clinician for an incident, located within San José, that comes in through the County's 988 crisis hotline. Thus, the partnership between MCAT and MCRT allows for the City to access psychiatric co-responders for 911 calls and for the County to access police officers when a 988 call may involve safety issues that require a police co-response. MCAT is currently comprised of two sergeants and four officers that staff two teams (one sergeant and two officers per team). The two teams operate citywide and split coverage for the first half and the second half of the week and provide services seven days a week, 10:00 a.m.

to 8:00 p.m.

## 2.2 CURRENT ALTERNATE RESPONSE

The County operates the 988 crisis hot line as well as several alternate response services that respond to individuals in psychiatric distress without police officers.

**988 Crisis Hotline:** In July of 2022, the National Suicide Prevention Hotline became known as 988, and took on additional mental health crisis-related calls alongside suicide prevention calls. The local 988 Call Center is operated by the County and is staffed by 988 counselors who are trained in de-escalating and resolving mental health crises. Individuals can call 988 for assistance with situations that involve acute emotional distress, either resulting from a long-term mental health condition, like depression, or from an event that creates some sort of emotional distress. 988 can provide short-term mental health support and connect individuals to relevant services, such as for mental health or substance use.

In addition to providing support and resources over the phone, 988 is also the County's portal for mobile crisis response. If a 988 counselor is unable to resolve a caller's issues over the phone and determines that an in-person response may be appropriate, they can refer the case to one of the County's mobile crisis response services described below.

Calls can also be transferred between 911 and 988. If an emergent safety issue is identified during the course of a 988 call, 988 staff can call 911 and request a police response. Police department staff, working in coordination with County 988 staff, began transferring a limited number of low-level calls from 911 to 988 in January 2024. The types of calls currently being transferred include the following:

- Repeat callers stating a mental health need or potential need and no one is in current danger.
- Parents calling for a child with behavioral issues.
- Callers requesting mental health or substance abuse referrals for themselves or someone else, and they are not currently in danger.

Transfer of calls from 911 to 988 provides an important opportunity to refer 911 callers to alternate services that may be better suited to their needs than a police response. 988 currently operates with 16 full-time employees, six part-time employees, and 62 volunteers. 988 operates countywide and is available 24 hour a day and seven days a week.

**Mobile Crisis Response Team (MCRT):** The MCRT is a County-operated program that consists of licensed clinicians who respond to medium and higher acuity mental health-related incidents. MCRT clinicians are primarily dispatched through 988. In instances when officer back-up may be required, MCRT contacts local police jurisdictions, including the San José Police Department.



As noted in the previous section, MCRT clinicians can be dispatched alongside the City's MCAT officers, either when a call originates through 911 that involves a psychiatric emergency or when a call originates through 988 and requires officer back-up to ensure the safety of MCRT personnel. MCRT currently operates eight teams, composed of two staff members per team. An additional staff member is also available to support as needed. MCRT operates countywide, 24 hours a day and seven days a week.

**Mobile Response Stabilization Services (MRSS):** MRSS is a County program that provides service through a contractor, Pacific Clinics. This program is similar to MCRT—its goal is to de-escalate and stabilize individuals in crisis. Unlike MCRT, it focuses on children and youth ages 4 to 20. MRSS teams consist of a clinician and a social worker or a peer support specialist. MRSS teams can be dispatched by contacting the Pacific Clinics Crisis Phone Line or by calling 988. MRSS currently operates between 6 and 10 teams with two personnel per team. MRSS operates countywide, 24 hours a day and seven days a week.

**Trusted Response Urgent Support Team (TRUST):** TRUST is a County program that provides services through two contractors, Pacific Clinics and Momentum. TRUST works in teams of three, which are composed of a first aid responder, crisis intervention specialist, and a peer support specialist. In comparison with MCRT and MRSS, which respond to higher-acuity mental health incidents, TRUST teams respond to lower acuity mental health incidents for persons 18 years or older. TRUST can provide services in person or over the phone. TRUST currently operates in three geographic areas: West Valley, San José, and Gilroy. The group that serves San José is comprised of 16.69 full-time equivalents, which allows the program to have one team of three in the field 24 hours a day and seven days a week.

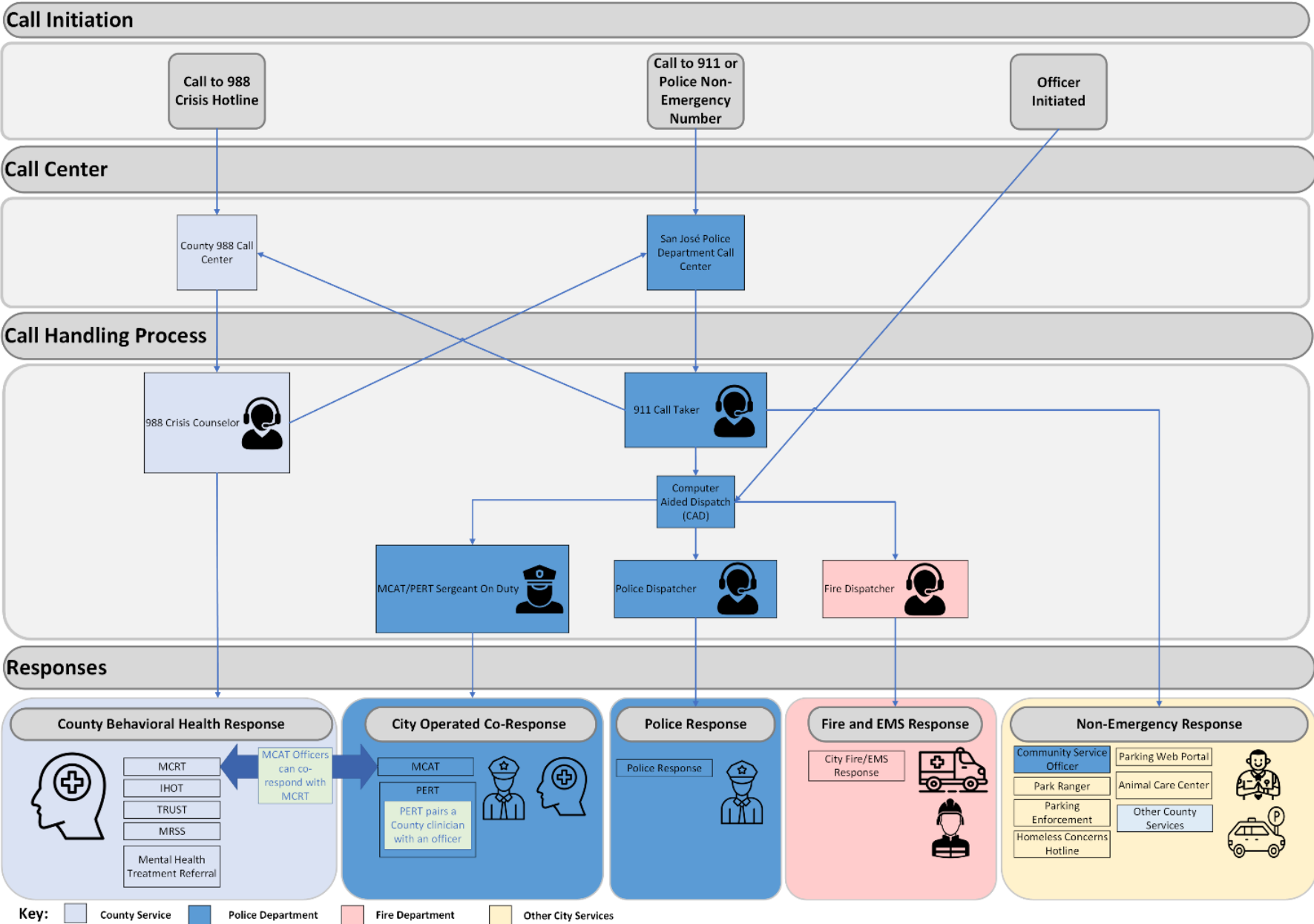
**In-Home Outreach Team (IHOT):** IHOT is a County program that provides services through two contractors, the Bill Wilson Center and Starlight. The County also operates an IHOT team with its own staff. It provides clinical support and linkage to behavioral health services to individuals identified as having multiple contacts with emergency psychiatric services, emergency rooms, behavioral health urgent care, the criminal justice system, and/or MCRT. IHOT works to connect these residents to the ongoing support and treatment that they need within the behavioral health system. While other services described in this section are intended to respond to individuals in psychiatric distress, the purpose of IHOT is to help connect individuals who have already accessed services to ongoing services and treatment to reduce their need for emergency services in the future. IHOT currently operates four teams, and each team is composed of two staff members. One additional staff member is also available to support as needed. IHOT operates countywide, Monday through Friday, from 8 a.m. to 5 p.m.

## 2.3 PROCESS MAP

The following page provides a process map depicting how calls that come in to either the 911 or 988 Call Centers are processed, and the alternate or co-response options that can be dispatched in response to calls. It is important to note that in addition to a call coming in to the 911 or 988 Call

Center from a member of the public, a police officer can also initiate an event based on situations they encounter in the field—this pathway is also depicted in the process map.

# 911 Dispatch Process Map



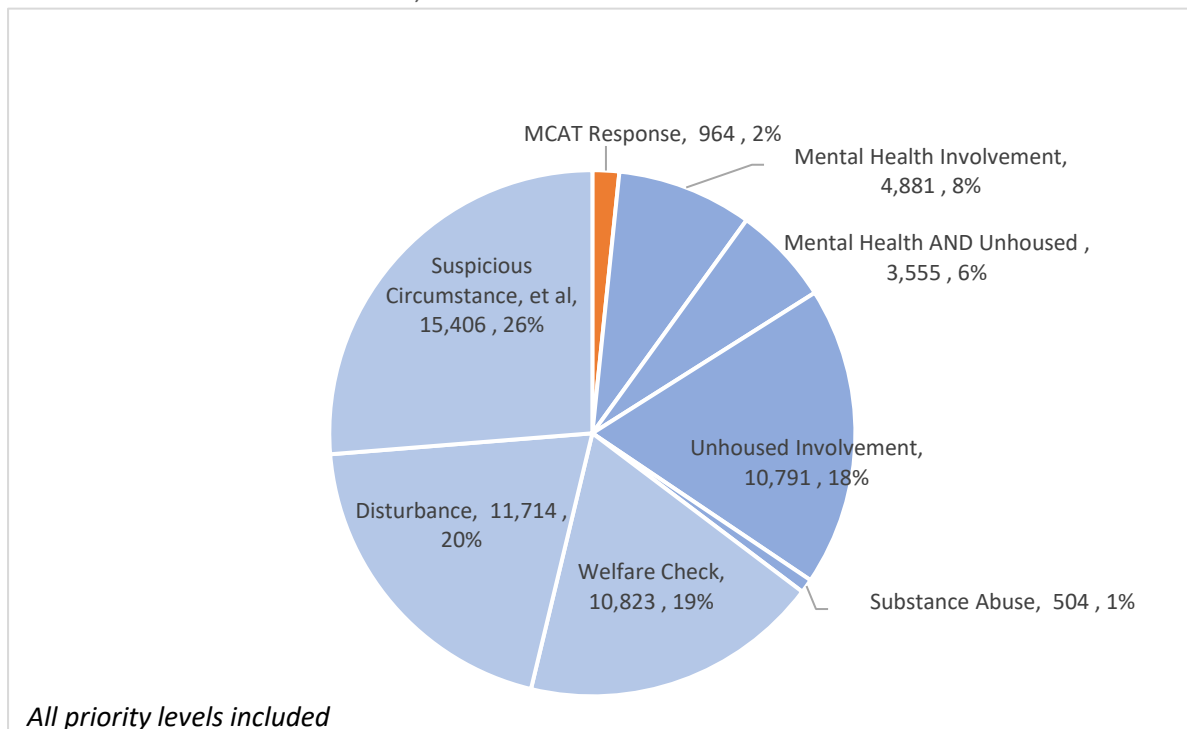
### 2.3.1 FINDINGS: CURRENT PRACTICES

Staff has come to four findings under this section.

First, based on interviews with other jurisdictions, the summaries of which can be found in Appendices A, B, and C, staff believes that the set of programs operated by the City and the County, described in this section, are consistent with the services being implemented in other jurisdictions and provide a broad range of alternate and co-response service models. The City and the County collaborate to deploy co-response teams through PERT and MCAT and the County provides a range of alternate response services staffed with civilian personnel, including services that respond to higher-acuity mental health incidents, like MCRT and MRSS, and services that respond to lower acuity incidents and follow-up with high frequency users, like TRUST and IHOT.

The current capacity of these programs is limited, however, and are not sufficient to respond to the full range of San José 911 events that may be suitable for an alternative or co-response. The below chart compares the actual MCAT responses in 2023 with the number of events that may be candidates for an alternate or co-response. MCAT responses comprised only two percent of total opportunity events. This suggests that there is substantial opportunity to respond to 911 events with alternative service models.

GRAPH: ACTUAL MCAT RESPONSES COMPARED WITH 911 EVENTS THAT PRESENT AN OPPORTUNITY FOR ALTERNATE OR CO-RESPONSE, JANUARY - SEPTEMBER 2023



Consequently, staff’s assessment is that while a robust range of alternate and co-response services are currently being deployed, the capacity of these services would need to be expanded to respond to a greater proportion of calls suitable for an alternate response.

**Finding 1: The City of San José and the County operate a set of co-response and alternate response programs that are comparable to those operated in other jurisdictions; however, the capacity of these programs will need to be expanded to meet the need for alternative responses to San José 911 events.**

Second, to develop specific proposals for expanding alternative service models, staff will need to work in coordination with the County of Santa Clara to determine the service type, program design, and staffing and budget needs for expanded alternative or co-response. This coordination would require a significant commitment of staff time within the City Manager's Office and the Police Department, as well as staff commitment from the County.

**Finding 2: A concerted effort to coordinate with the County, including investment of staff time both within the City Manager's Office and the Police Department, will be necessary to identify opportunities for increasing capacity for co-response and alternative response programs.**

Third, over recent months, the San José Police Department coordinated with the County's 988 Call Center to begin transferring calls from 911 to 988. Transfer of calls commenced in January 2024. Given that many of the County's alternate response services are referred through the 988 Call Center, continued coordination on transfer of 911 calls to 988 is key to ensuring that the County's alternative response services are available to 911 callers where appropriate.

**Finding 3: The San José Police Department should continue to coordinate with the County's Behavioral Health Services to identify 911 calls that can be transferred to the County's 988 mental health crisis hotline.**

Finally, while 988 refers callers to appropriate alternative response options, the Police Department is also able to refer 911 calls directly to the County's mobile response teams in some cases. As shown in the process map, the MCAT team can refer appropriate calls that come into 911 directly to the County's MCRT team, which can then co-respond to the event along with an MCAT officer. Such calls do not need to be routed through 988. As the City and the County continue to expand alternative and co-response programs, the City should evaluate what call types are appropriate to refer through 988 and which should be referred directly to a mobile response team.

**Finding 4: As the County's capacity for alternate response expands, the City and County should continue to evaluate which call types are appropriate to refer from the 911 Call Center to the 988 Call Center, and which call types should be referred directly from the 911 Call Center to an alternate or co-response team, as currently occurs with referral of Mobile Crisis Assessment Team events.**

### 3. STUDY METHODOLOGY

This section provides a description of the methodology used to analyze police department event data to determine which categories of response may be most appropriate for an alternative service model. It provides a description of the data used to conduct analysis and provides a description of the five categories of analysis staff prepared for each event type.

#### 3.1 DATA AND EVENT TYPES

The data used in this analysis was provided by the Police Department's Crime Analysis Unit. The data set spans from 2021 to 2023. The data for 2021 and 2022 is for January 1 through December 31, while the 2023 data was received before the year end of 2023 and therefore includes all events occurring January 1 to September 30.

The data includes 911 calls that were initiated by a member of the public calling on their own behalf or on behalf of someone else. The data also includes events self-initiated by police officers. Self-initiated events involve situations in which an officer witnesses and responds to an incident while on patrol. Some examples of self-initiated events might be when an officer conducts a vehicle stop or witnesses a member of the public committing a crime while on patrol. The data also includes events that were transferred to the 911 Call Center from other agencies that the public might reach out to, such as 988. The data set does not include cancelled events or events that were routed by the 911 call taker to the dedicated San José Fire Department dispatcher.

#### **Event Types of Interest**

Staff identified nine event categories for analysis in this report. The full list of event categories is shown in the table below along with the associated event codes used by the Police Department. The event codes are used to classify events in the Department's CAD system. In some cases the event categories used in this report include more than one event code—the below table shows how these event codes were combined to comprise the studied categories. It is important to note that mental health and unhoused events were identified using both event types and event flags. The Department has implemented a practice that allows officers to flag events that involve an unhoused individual or someone suffering from mental illness, even if the event type is otherwise unrelated to these issues. A more detailed description of these two variables is provided in the next section.

TABLE: EVENT TYPES OF INTEREST, OPPORTUNITY FOR ALTERNATIVE RESPONSE, AND EVENT CODE

| Category                     | Call type of interest                       | Event codes           |
|------------------------------|---|-----------------------|
| <b>Care-specific matters</b> | 1a. Mental health crisis                    | 5150/X                |
|                              | 1b. Mental health flag                      | n/a                   |
|                              | 2a. Unhoused event                          | 647: vagrant          |
|                              | 2b. Unhoused flag                           | n/a                   |
|                              | 3. Domestic violence                        | 243E, 273.5, 273.5EMS |
| <b>Civil matters</b>         | 4. Substance abuse                          | 11300, 11377          |
|                              | 5. Welfare check                            | WELCK                 |
|                              | 6. Disturbance                              | 415                   |
| <b>Traffic matters</b>       | 7. Suspicious Circumstances and Trespassing | Multiple, see section |
|                              | 8. Parking related                          | 22500                 |
|                              | 9. Vehicle stops                            | 1195/X                |

### 3.2 ANALYTICAL APPROACH

For events in each of the above categories, this report provides analysis across five different data elements, as follows:

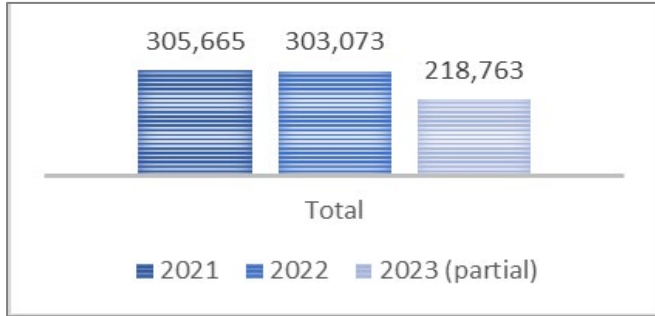
1. **Volume:** How many of this event type occur each year, 2021-2023?
2. **Priority:** What priority level is this event?
3. **Disposition:** What is the result/disposition of this event?
4. **Time of Day:** At what time of day does this type of event occur?
5. **Mental Health and Unhoused Flags:** What is the occurrence of a mental health condition or homelessness in this type of event?

The remainder of this section provides a description of each of these elements and provides data for each element for the entire data set provided by the Police Department, including all event types, not just the types evaluated for an alternative service model. In subsequent sections, this report provides the same analysis but for each of the event types that are being evaluated. The analysis of the entire data set provided this section can serve as a baseline for comparison against the analysis of individual event types later in the report.

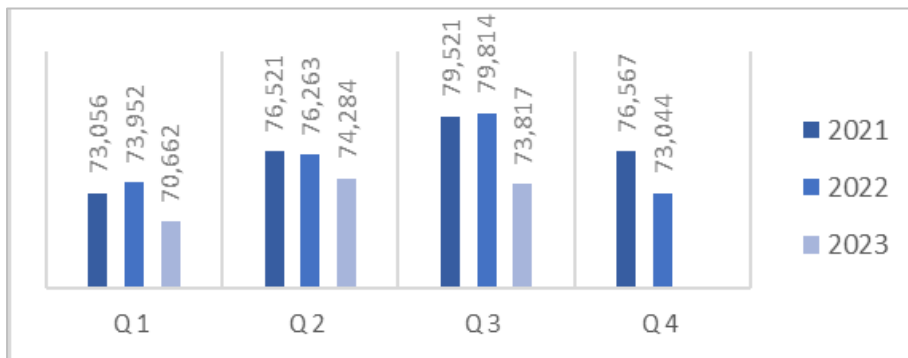
#### **Q1 VOLUME. How many events occur each year?**

The overall data set includes 827,501 events. There was a slight decrease in total events from 2021 to 2022. Data for 2023 is limited to January to September. When we compare January through September of 2023 to January to September in 2022, there are fewer events in 2023 than in 2022.

GRAPH: ALL EVENT VOLUME, 2021, 2022, JANUARY – SEPTEMBER 2023



GRAPH: ALL EVENT VOLUME BY QUARTER, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q2 PRIORITY: What priority level are events?**

As calls are received and events occur, a priority level is assigned to each event by staff in the 911 Call Center. There are six priority levels. A short description of each level is provided below. See Appendix D, Call Priority Levels, for full descriptions.

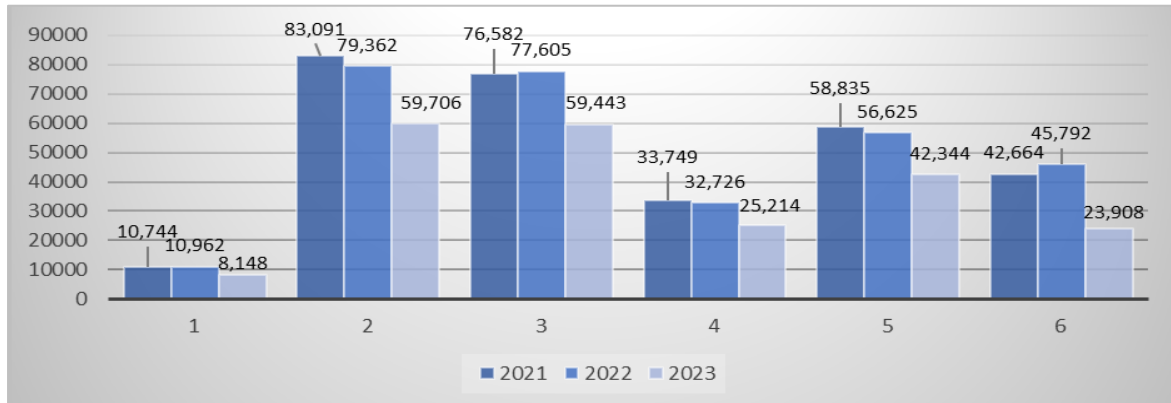
TABLE: PRIORITY LEVEL DESCRIPTIONS

| PRIORITY          | Potential circumstances  |
|-------------------|--|
| <b>Priority 1</b> | <ul style="list-style-type: none"> <li>• Present or imminent danger to life</li> <li>• Large-scale incident with major damage or loss to property</li> </ul>   |
| <b>Priority 2</b> | <ul style="list-style-type: none"> <li>• Crime is in progress / just occurred</li> <li>• Suspect is still in the area</li> <li>• Suspect is in custody for a violent crime</li> </ul>  |
| <b>Priority 3</b> | <ul style="list-style-type: none"> <li>• Property damage</li> <li>• Suspect left the area or is in custody and is cooperative</li> </ul>   |
| <b>Priority 4</b> | <ul style="list-style-type: none"> <li>• Nonviolent crime, no present or potential danger to life</li> <li>• Details are for broadcast purposes only</li> <li>• The nature of the call does not require a police response</li> </ul> |
| <b>Priority 5</b> | <ul style="list-style-type: none"> <li>• Officers “on-view” – there is already an officer on site</li> </ul>   |
| <b>Priority 6</b> | <ul style="list-style-type: none"> <li>• Administrative dispatches on car and person stops</li> </ul>  |

Most events are classified as priority level 2 and priority level 3. Event priority is a useful point of analysis for determining whether an event is suitable for alternative response, as it indicates the public safety risk associated with the event. Lower priority events, in particular events of priority 3 and 4, may be candidates for an alternate civilian response that does not involve police officers.

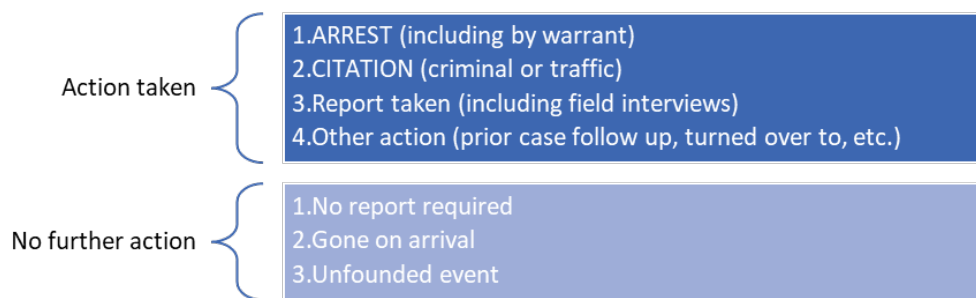


GRAPH: ALL EVENTS PRIORITY LEVELS, 2021, 2022, JANUARY – SEPTEMBER 2023



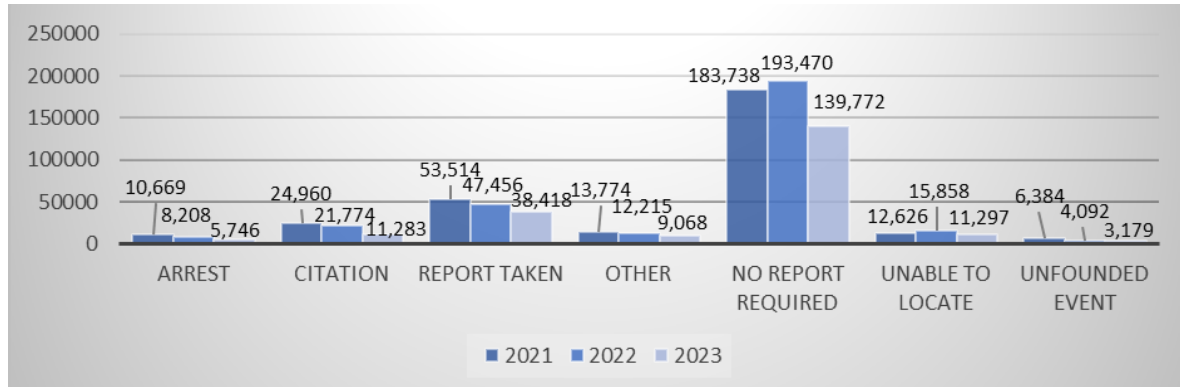
**Q3 DISPOSITION: What is the outcome of events?**

The Police Department captures the outcome of every event. These outcomes are categorized into event disposition categories that are assigned to each event in the CAD system. There are 17 total disposition codes. For purposes of simplicity and clarity, this report groups these 17 codes into seven broad categories, shown below. Appendix E, Call Dispositions, lists all 17 codes and shows how they have been grouped into the seven categories below. Disposition codes are a useful point of analysis in determining whether an event is suitable for an alternate response, as events where no report is taken may potentially indicate the absence of criminality or serious public safety concerns.



**Event disposition frequency.** The most likely outcome of an event is “no report required.” The second most likely outcome is “report taken.” Arrests and citations are less common.

GRAPH: ALL EVENTS BY DISPOSITION, 2021, 2022, JANUARY - SEPTEMBER 30, 2023



**Event priority and disposition.** The below table breaks down event disposition by priority level to show the relationship between these two variables. For example, in 2022, of the total 303,072 events, 8,208 resulted in “Arrest”. Looking across the Arrest row, 643 of those events originated as Priority 1, while 1,162 originated as Priority 5. Similarly, of the total 303,072 events, 193,469 resulted in “No Report Required.” Of the No Report Required events, 51,135 originated as Priority 2 and 46,875 originated as Priority 3.

The distribution of dispositions is relatively consistent across priority levels. Given the nature of priority level 6 events, which are initiated by an officer, these are more likely to result in a citation than at other priority levels.

TABLE: DISPOSITION OF ALL POLICE DEPARTMENT EVENTS AND THEIR PRIORITY LEVEL, 2022

| Disposition        | 1             | 2             | 3             | 4             | 5             | 6             | TOTAL          | %           |
|--------------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|-------------|
| ARREST             | 643           | 3,836         | 828           | 704           | 1,162         | 1,035         | 8,208          | 3%          |
| CITATION           | 38            | 297           | 627           | 2,354         | 4,430         | 14,028        | 21,774         | 7%          |
| REPORT TAKEN       | 2,362         | 9,971         | 19,214        | 5,853         | 9,169         | 887           | 47,456         | 16%         |
| OTHER              | 231           | 4,162         | 2,599         | 2,012         | 3,130         | 81            | 12,215         | 4%          |
| NO REPORT REQUIRED | 6,931         | 51,135        | 46,875        | 20,276        | 38,523        | 29,729        | 193,469        | 64%         |
| UNABLE TO LOCATE   | 425           | 8,953         | 4,940         | 1,324         | 187           | 29            | 15,858         | 5%          |
| UNFOUNDED EVENT    | 332           | 1,008         | 2,522         | 203           | 24            | 3             | 4,092          | 1%          |
| <b>TOTAL</b>       | <b>10,962</b> | <b>79,362</b> | <b>77,605</b> | <b>32,726</b> | <b>56,625</b> | <b>45,792</b> | <b>303,072</b> | <b>100%</b> |

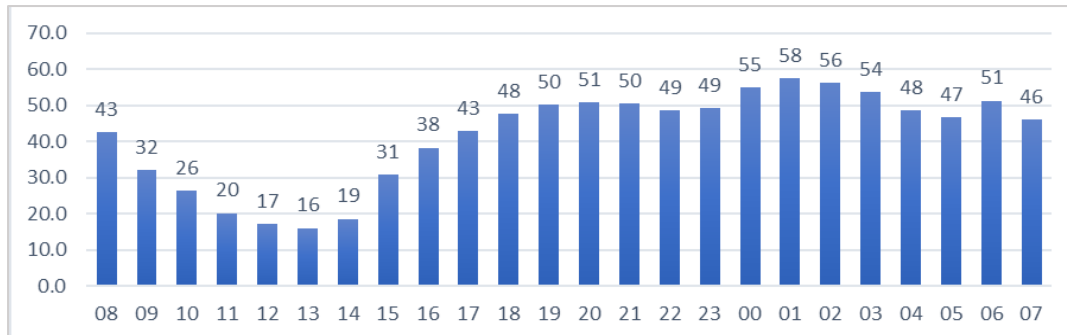
**Q4 TIME OF DAY: What time of day do events occur?**

Time of day analysis can be useful in determining when alternate services should be provided and how they should be staffed.

For this analysis, all time-of-day data is based on military time, a 24:00 scale where 13:00 is 1:00pm. For each event, the time when the call is received, dispatched, an officer arrives, and officer departs are logged. To understand what time of day each type of event happens, the following analysis is based on the time calls are initiated. All events received within an hour are grouped into that time of day. For example, a call received at 8:03 and 8:59 are both grouped into the category of 8:00 calls. In the following table, all events occurring within each hour block are grouped and this total number is then divided by the number of days per year – 365 days for 2021 and 2022, and 273 days for 2023 because that data was for only Jan 1- Sep 30. This provides a daily average number of events for each of the 24 one-hour blocks in a day.

In any given hour, there are between 16-58 events occurring. Events increased during the day, starting at 13:00 and then gradually decreased at 1:00. There were an average of almost 1,000 events every day.

GRAPH: ALL EVENTS, DAILY AVERAGE BY HOUR, 2021, 2022, JANUARY - SEPTEMBER 2023



#### **Q5 FLAGS: What is the occurrence of mental health and unhoused flags among events?**

Flags for unhoused or mental health involvement are applied to each event by the officer responding to the event. Applying a flag indicates that an individual who was unhoused or an individual with a mental health condition, as perceived or determined by the officer, was involved in the incident. These flags are applied in addition to the event type. As a consequence, an event with a type that may not in itself indicate the involvement of an unhoused individual or someone with a mental health condition can be flagged to indicate their involvement. For example, an event categorized as a disturbance can be flagged as having the involvement of an unhoused individual. Consequently, all the event types considered in this report can be analyzed for unhoused or mental health involvement.

The Police Department added these flags starting in February of 2022. Due to an issue with the Police Department's database, 2022 flag data is only available from January through July, while 2023 flag data is available for January through September. Consequently, 2023 data is used in this report for analyzing mental health and unhoused flags as it most accurately represents the proportion of events identified as falling into these two categories.

**Mental health flagged events.** In addition to flagging events for mental health involvement, the Police Department's data system allows officers to flag the involvement of a number of different physical and developmental disabilities, but due to imperfect data collection only mental health flags are analyzed in this report.

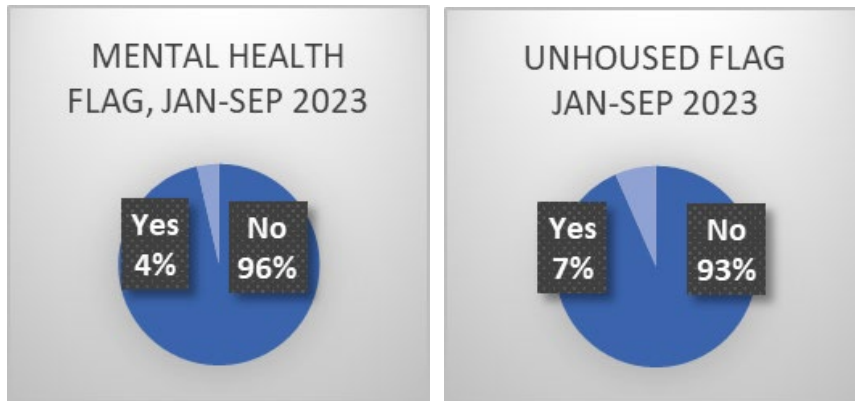
In the case of perceived disabilities, in addition to marking the event as true or false for a perceived disability of a participant in an incident, responders are also asked to note the nature of the perceived disability. The Police Department data team provided a list of options for perceived disabilities, but these were not consistently used. This is likely due to the fact that the field for entering perceived disabilities was intended to be a drop-down box in the CAD system, which would give officers a set list of disabilities to indicate, but at the time the data was provided, the box was set as an open field which resulted in officers writing in their own descriptions. As a result, the data collection was not standardized and is difficult to analyze.

Because of these data challenges, staff analyzed mental health flags as part of this report but did not analyze the full range of physical and developmental disabilities that could potentially be flagged by an officer. While the mental health flag also fell under the open data field, staff believes there were enough flags indicated under this category to perform an analysis with the caveat that it is possible

that this category was underreported in the available data. Four percent of total events in 2023 were flagged as involving an individual with a mental health condition.

**Unhoused flagged events.** In the case of the unhoused flag, officers are asked to mark whether an unhoused person’s involvement was true or false for each event. Unlike for the disability and mental health flags no open field was provided, so data in this category is uniform. Seven percent of events in 2023 were flagged for unhoused involvement.

GRAPH: ALL EVENTS, MENTAL HEALTH CONDITION AND UNHOUSED FLAGS  
JANUARY – SEPTEMBER 2023



### 3.3 FINDINGS: STUDY METHODOLOGY

As discussed above, staff was not able to analyze data for events that involved physical and developmental disabilities; however, given that it is common for other jurisdictions to respond to events involving disabled individuals experiencing a crisis with an alternate response, and given that the County’s current services already respond to these types of crises, staff believes that this is an appropriate category for alternate response. Data for this category may be available in the future, as the Police Department continues to improve implementation of the disability flag.

**Finding 5: Adequate data was not available to analyze events that involved individuals with disabilities, but as implementation of the disability flag improves, data may become available in the future. Despite the fact that disability events were not studied, staff believes that individuals with a disability experiencing a crisis should be considered for alternate response going forward, given that this is a common event type for alternate response programs.**

## 4. CARE-SPECIFIC EVENTS

Starting with this section, the remainder of this report analyzes each of the identified event types according to the five points of analysis described in the previous section and comes to a series of findings as to the suitability of each event type for an alternate response.

This section addresses four categories of events: events involving mental health, homelessness, domestic violence, and substance abuse. Events in this section are grouped together because individuals experiencing these types of incidents may need specialized care and assistance that a civilian responder is best equipped to provide.

### 4.1 MENTAL HEALTH

#### QUALITATIVE REVIEW

##### **Q1 CONTEXT: Why is this a candidate for alternative or co-response?**

Mental health intersects with other types of events, including substance abuse, homelessness, or welfare checks. Mental health related events are one of the key areas of focus for both alternative response programs and co-response programs. Since mental health related events often do not involve violence or a crime in progress, they can be effectively handled by mental health clinicians, EMTs, or peer support specialists who have training in de-escalation. Since events involving a mental health crisis can involve the need for a patient to be hospitalized, some alternative response teams have the ability to transport patients within an ambulance or another vehicle used by alternate responders. Research has found that alternative responders tend to focus on referral resources and connecting individuals with support services, as opposed to police officers whose primary charge is public safety. For this reason, alternative responses can be successful at connecting individuals to needed services for this type of event.

##### **Q2 CURRENT STATE: Are mental health related events currently being handled by alternative or co-response?**

Currently, in the City of San José, mental health related events that come into the 911 Call Center can be responded to through the MCAT co-response models operated in partnership with the County of Santa Clara. San José also has a PERT program, but this team is not currently operating due to the vacancy in the team's clinician position. The County also operates several different types of alternative response teams composed of mental health clinicians and peer support specialists who are dispatched to incidents that go to the County's 988 crisis hotline. Alternative response teams operated by the County include the MCRT and MRSS teams, composed of licensed County clinicians, who respond independently to individuals experiencing a mental health crisis. The County also oversees the TRUST and IHOT teams, who respond to lower acuity mental health events and connect frequent users of mental health services with treatment.

##### **Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to mental health related events?**

One key takeaway from interviews conducted over the course of this project involving mental health related events is the importance of follow-up care and referrals for services. Although most programs are effective at diverting mental health related events away from 911, jurisdictions often cited the objective of connecting individuals to services to prevent recidivism or the need for future response. Most jurisdictions that were interviewed were keenly aware that their work was

embedded in a broader “public health approach.” Most interviewees cited, that for jurisdictions who are exploring alternative response programs, diverting mental health related events was a good starting point.

## QUANTITATIVE REVIEW

### Q1 VOLUME: How many mental health events are received each year?

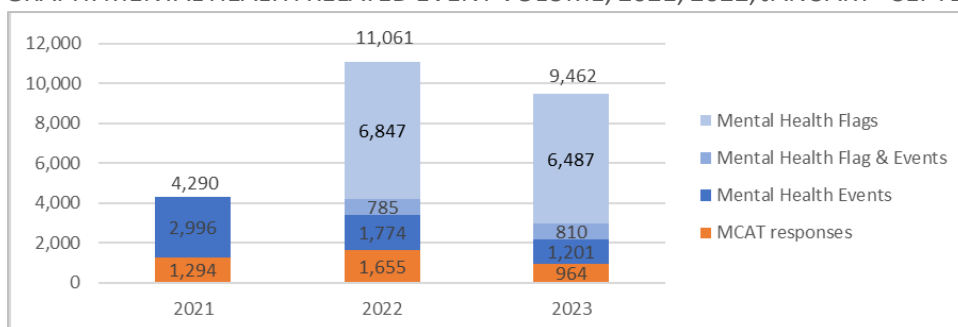
Mental health events are captured in three different ways:

1. **MCAT events.** These are events that the MCAT unit has responded to.
2. **Mental Health Events.** Events coded as 5150 are an event type described as “mentally disturbed person.” In this situation, a person experiencing a mental health crisis can be involuntarily detained in psychiatric hospitalization for a 72-hour period if determined to be a danger to others or themselves.
3. **Mental Health Condition Flag.** As described in the methodology, in addition to mental health crisis events, in 2022, the Police Department added an additional field to flag whether an event involved someone with a perceived disability or mental health condition. While disability data could not be analyzed as part of this report, the following analysis includes data for the mental health flag.

Over 1,000 MCAT events occurred in 2021 and 2022, with an increase in MCAT events in 2022. The year-to-date level of MCAT events in 2023 is comparable to the number of MCAT events that occurred in the same period in 2021.

The number of mental health crisis events in 2022 was 41 percent lower than the number of events in 2021. The 2023 data does not include end of year data; however, based on quarterly figures it is projected to be a similar volume as 2022. With the added data for mental health flags in 2022, the total amount of events with mental health involvement was 11,402 in 2022 and was over 9,462 in the first three quarters of 2023.

GRAPH: MENTAL HEALTH RELATED EVENT VOLUME, 2021, 2022, JANUARY - SEPTEMBER 2023



The below chart shows the top 10 event types found among MCAT responses and among events with a mental health flag. MCAT-assisted events are predominantly welfare check events, comprising 72 percent of MCAT events. For mental health flagged events, welfare checks were also the most frequent event type, comprising 27 percent of the events. Disturbances are the second most frequent type of event among mental health flagged events, comprising 15 percent of all events. Welfare checks and disturbances come up as commonly addressed event types across other jurisdictions with alternate response programs. Both of these event types are analyzed in detail in subsequent sections of this report.

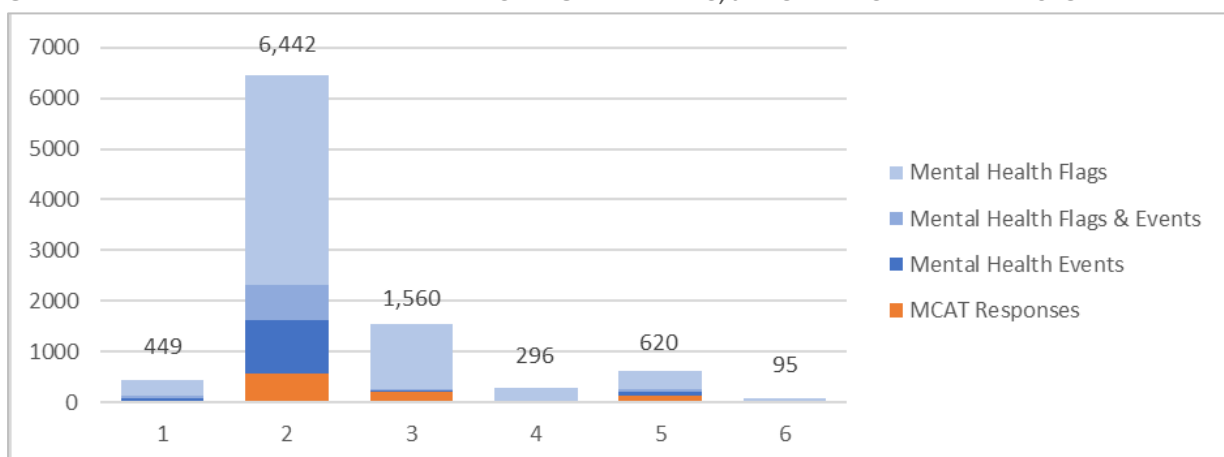
TABLE: TOP 10 EVENT TYPES FOR MCAT AND MENTAL HEALTH FLAG EVENTS, JANUARY – SEPTEMBER, 2023

| MCAT involvement                     |                           | #          | Mental Health Flag                   |                           | #           |
|--------------------------------------|---------------------------|------------|--------------------------------------|---------------------------|-------------|
| 1                                    | WELFARE CHECK             | 694        | 1                                    | WELFARE CHECK             | 2048        |
| 2                                    | MENTALLY DISTURBED FEMALE | 40         | 2                                    | DISTURBANCE               | 1158        |
| 3                                    | MENTALLY DISTURBED PERSON | 37         | 3                                    | MENTALLY DISTURBED PERSON | 567         |
| 4                                    | WELFARE CHECK (COMBINED)  | 31         | 4                                    | TRESPASSING               | 325         |
| 5                                    | FOLLOW UP                 | 27         | 5                                    | DISTURBANCE, FAMILY       | 296         |
| 6                                    | DISTURBANCE               | 23         | 6                                    | MENTALLY DISTURBED FEMALE | 287         |
| 7                                    | DISTURBANCE, FAMILY       | 15         | 7                                    | WELFARE CHECK (COMBINED)  | 280         |
| 8                                    | MEET THE CITIZEN          | 8          | 8                                    | SUSPICIOUS CIRCUMSTANCES  | 195         |
| 9                                    | SUSPICIOUS CIRCUMSTANCES  | 8          | 9                                    | SUSPICIOUS PERSON         | 194         |
| 10                                   | CITIZEN FLAG DOWN         | 6          | 10                                   | DISTURBANCE, WEAPON       | 126         |
| <b>TOTAL</b>                         |                           | <b>964</b> | <b>TOTAL</b>                         |                           | <b>7727</b> |
| <b>(all events, not only top 10)</b> |                           |            | <b>(all events, not only top 10)</b> |                           |             |

**Q2 PRIORITY: What priority level are mental health related events?**

MCAT-assisted events, 5150 mental health events, and flagged mental health events are most commonly priority 2. Across these three cross sections, over 1,500 also fall into Priority 3.

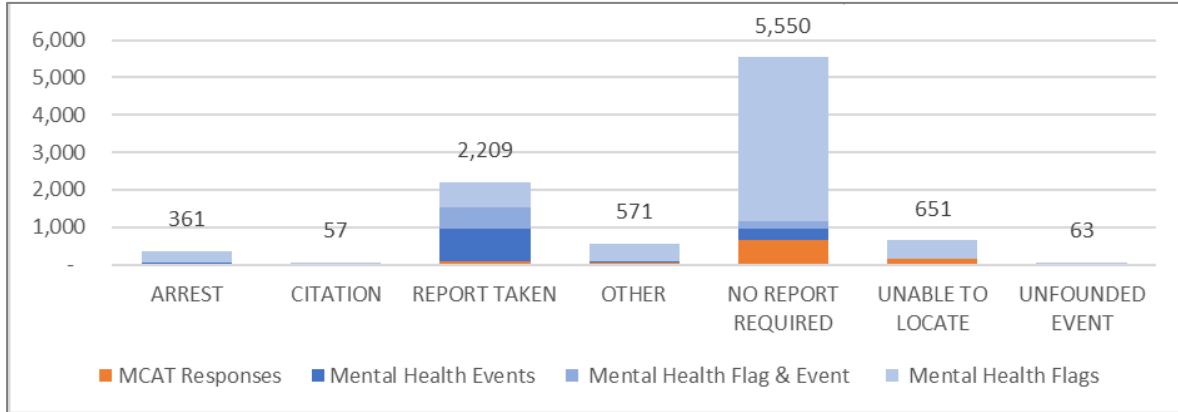
GRAPH: MENTAL HEALTH RELATED EVENTS PRIORITY LEVELS, JANUARY – SEPTEMBER 2023



**Q3 DISPOSITION: What is the result of mental health events?**

Across mental health related events, including MCAT-assisted events, 5150 mental health crisis, and mental health flagged events, the most common result was no report required; reports are taken less than half of the time compared to when no report is required. In the case of mental health crisis events, reports are the most common outcome.

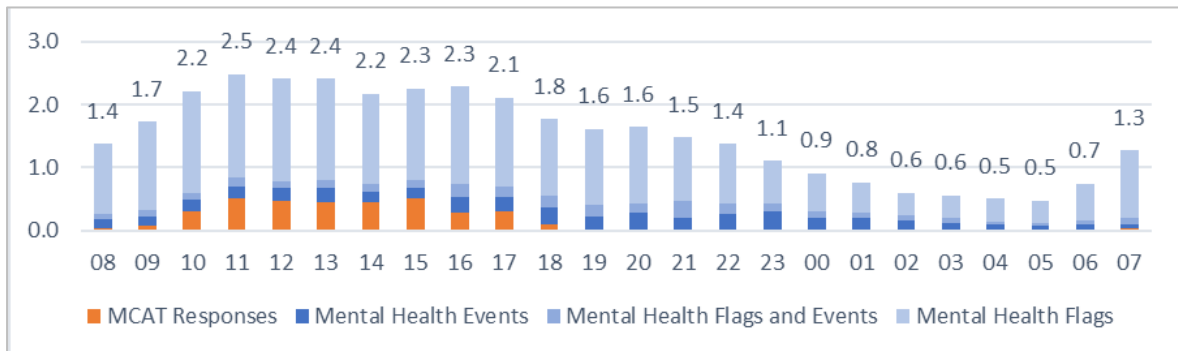
GRAPH: MENTAL HEALTH RELATED EVENTS DISPOSITION, JANUARY – SEPTEMBER 2023



**Q4 TIME OF DAY: What time of day do mental health events occur?**

Mental health related events occur all throughout the day and night, with the highest frequencies of an average of 2.5 events happening from 11:00-11:59. MCAT currently operates 8:00-20:00. Mental health crises and events flagged as involving a mental health condition continue at levels of 0.5 – 1.5 events per hour during off hours from 21:00 to 7:00.

GRAPH: MENTAL HEALTH RELATED EVENTS BY TIME OF DAY INITIATED, JANUARY – SEPTEMBER 2023

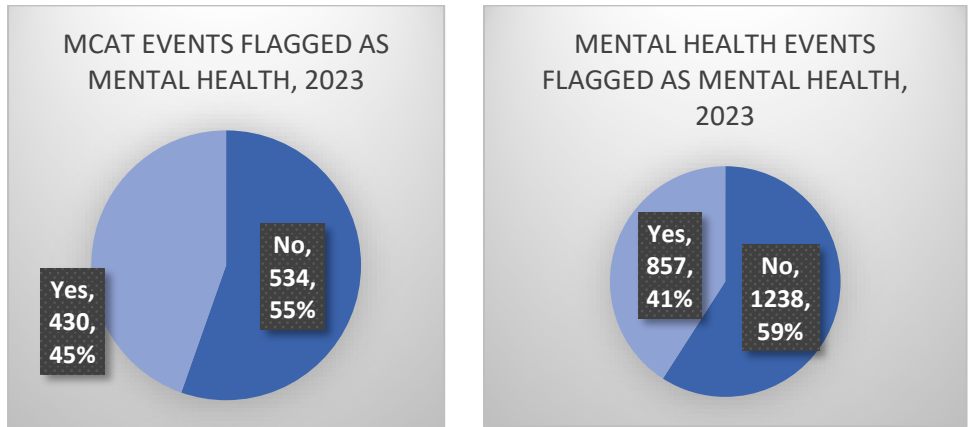


**Q5 FLAGS: What level of mental health or homelessness is related to mental health events?**

**Mental health flag.** This section shows the overlap between MCAT responses and the mental health flag, and between mental health events and the mental health flag. Mental health was flagged in less than 50 percent of both MCAT events and mental health events. One might expect that mental health would be flagged in a larger percentage of both of these categories, as MCAT responses and mental health events are highly likely to involve individuals with mental health conditions. This underlines that, as a relatively new practice for the Department, additional training may be needed to improve usage of this flag.



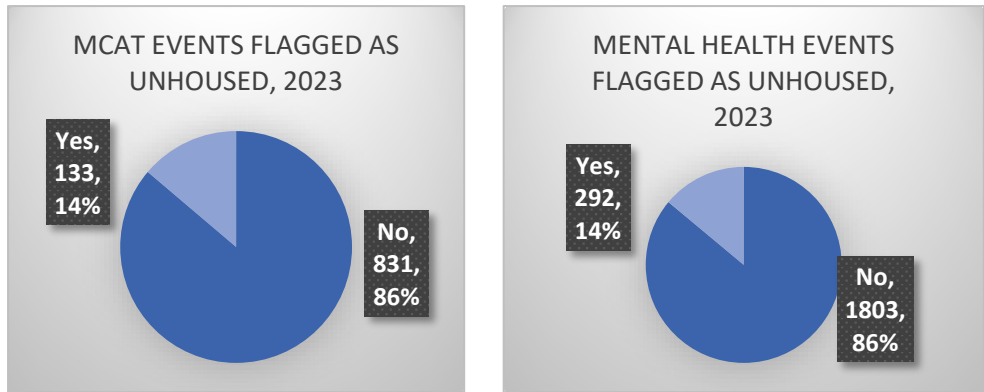
GRAPH: MCAT EVENTS THAT RECEIVED MENTAL HEALTH FLAG AND MENTAL HEALTH EVENTS THAT RECEIVE A MENTAL HEALTH FLAG, JANUARY – SEPTEMBER 2023



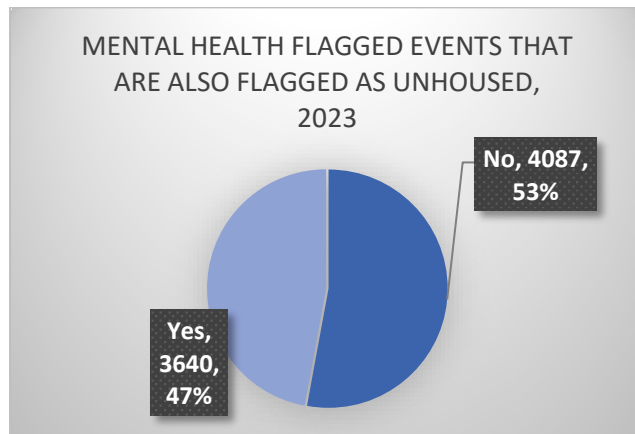
**Unhoused flag**

This section shows the overlap between the unhoused flag and the three categories of mental health events: MCAT events, mental health events, and mental health flags. This analysis can reveal the degree of overlap between mental health and unhoused events. In both MCAT events and mental health crisis events, 14 percent were flagged as related to an unhoused person or persons – amounting to 133 and 292 flagged events, respectively. The occurrence of unhoused flags among all events that were flagged as mental health related was nearly half, at 47 percent, amounting to 3,640 events that had both flags.

GRAPH: MCAT EVENTS THAT RECEIVED AN UNHOUSED FLAG AND MENTAL HEALTH EVENTS THAT RECEIVED AN UNHOUSED FLAG, JANUARY – SEPTEMBER 2023



GRAPH: MENTAL HEALTH FLAGGED EVENTS THAT RECEIVED AN UNHOUSED FLAG, JANUARY – SEPTEMBER 2023



## 4.2 HOMELESSNESS

### QUALITATIVE REVIEW

#### **Q1 CONTEXT: Why is this a candidate for alternative or co-response?**

Homelessness is not a criminal activity; unhoused individuals often need support and services. Unless there is criminal activity involved, the police are often not the ideal first resource for supporting events involving unhoused individuals. Moreover, many events involving homelessness are not initiated by the unhoused individual themselves, but rather come from other concerned members of the public. For this reason, most jurisdictions do not have a call type labeled as “homelessness” but will have other markers to indicate whether the call involved a homeless individual.

#### **Q2 CURRENT STATE: Are homelessness-related events currently being handled by alternative or co-response?**

In the City of San José, most events involving homelessness are handled by a traditional police response, or by the City’s co-response units. Within the broader Santa Clara County, the County operates a team known as “IHOT” that is administered through a non-profit organization. IHOT focuses on individuals identified as emergency room high utilizers, which often include the unhoused, and works to connect those individuals to needed services.

#### **Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to homelessness related events?**

Nearly all the jurisdictions interviewed during this project responded to events involving homelessness, even if they did not have a clear 911 call type for homelessness. Some jurisdictions even reported that events involving homelessness comprised most events that they were responding to. One jurisdiction, Portland, Oregon, strictly responded to events that were “outside” of any private homes, much of which involved the unhoused. If the alternative response team interviewed over the course of this project did not respond to 911 events involving homelessness, they often had a separate team dedicated to responding to homelessness or had teams of street outreach professionals who canvassed neighborhoods to assist those suffering from homelessness.

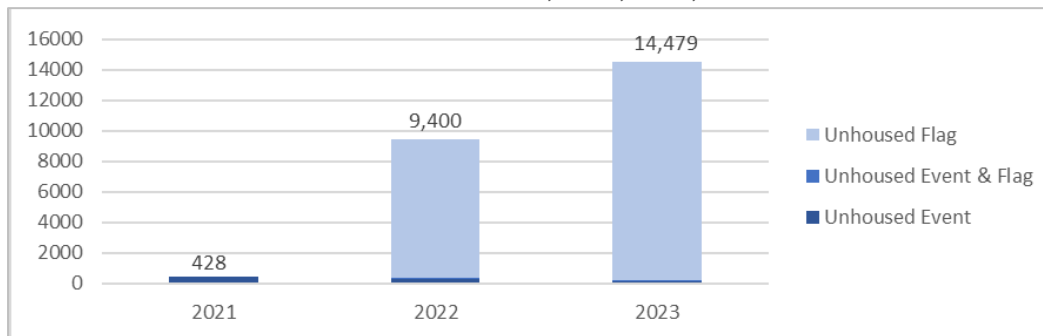
## QUANTITATIVE REVIEW

### Q1 VOLUME: How many homelessness related events occurred each year?

Events primarily related to an unhoused individuals are listed as VAGRANT events. These unhoused events are situations where the focus of the entire situation is the person’s unhoused status. In contrast, the new unhoused flag that was implemented in 2022 is flagged in any event relating to homelessness, even if the main issue is something else, such as a welfare check or disturbance event.

A relatively small number of unhoused (vagrant) events occur each year, and this number has gone down by 25 percent from 2021 to 2022, with the first three quarters of 2023 tracking even lower than the same time frame of the previous two years. Meanwhile, the number of events with an unhoused flag has increased from 2022 to 2023. The data for 2022 covers only February -July , 2022 while the data for 2023 is for January - September, 2023. Given that these are different time frames and also the flag is new, it will take more time to see the trend with this new flag.

GRAPH: UNHOUSED RELATED EVENT VOLUME, 2021, 2022, JANUARY - SEPTEMBER 2023



### What types of events are unhoused events connected to?

Events involving the unhoused range across 200 different final event types. The top 10 types of events make up over half of all events involving the unhoused. The top three event types—disturbance, welfare check, and trespassing—are among the event types studied in this analysis. Subsequent sections of this report go into greater detail on these event types. There are also “on view events” such as community policing foot patrol and pedestrian stops among the top 10 event types.

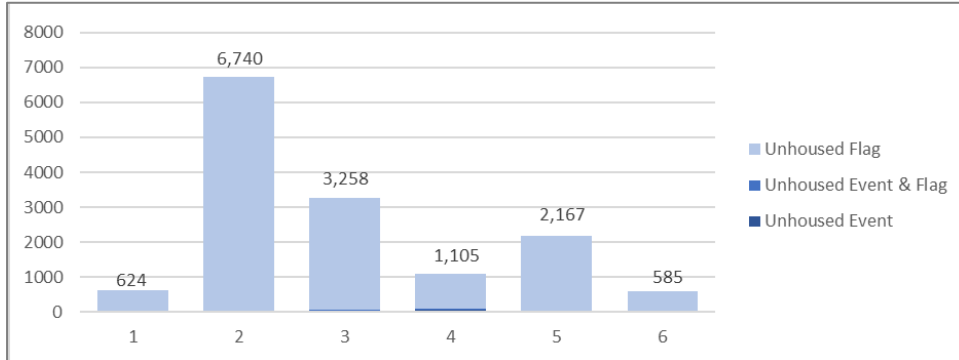
TABLE: TOP 10 EVENT TYPES OF UNHOUSED FLAGGED EVENTS, JANUARY –SEPTEMBER, 2023

| EVENT TYPE                       | Total         |
|----------------------------------|---------------|
| 1 DISTURBANCE                    | 2,316         |
| 2 WELFARE CHECK                  | 1,728         |
| 3 TRESPASSING                    | 1,463         |
| 4 COMMUNITY POLICING FOOT PATROL | 809           |
| 5 SUSPICIOUS PERSON              | 665           |
| 6 PEDESTRIAN STOP                | 435           |
| 7 PERSON DOWN                    | 346           |
| 8 SUSPICIOUS VEHICLE             | 329           |
| 9 WELFARE CHECK (COMBINED EVENT) | 286           |
| 10 PATROL CHECK                  | 273           |
| <b>TOTAL UNFLAGGED EVENTS</b>    | <b>14,377</b> |

**Q2 PRIORITY: What priority level are homelessness related events?**

The few unhoused specific events (vagrant) are largely priority 3 and 4 events, with over half of events categorized as priority 4. In contrast, events with an unhoused flag span all priorities with significant volume. The largest portion of unhoused flagged events is priority 2. Thousands of unhoused flagged events occur across priorities 2, 3, 4, and 5.

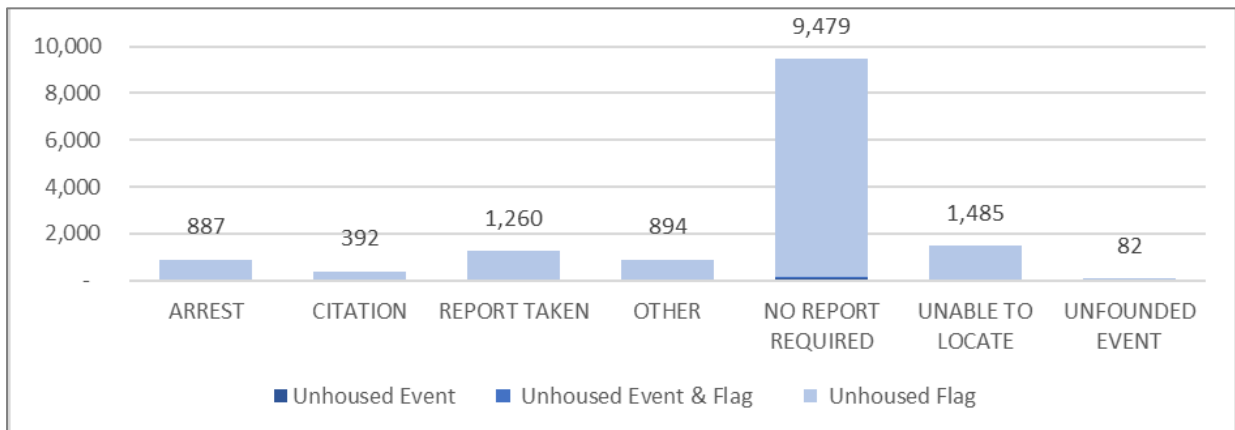
GRAPH: UNHOUSED RELATED EVENTS BY PRIORITY LEVEL, JANUARY – SEPTEMBER 2023



**Q3 DISPOSITION: What is the result of homelessness related events?**

Unhoused events and flagged events most commonly result in no report required. In 1,000 plus cases a report is taken – and likewise, in 1,000 plus cases the event person in question is not able to be located.

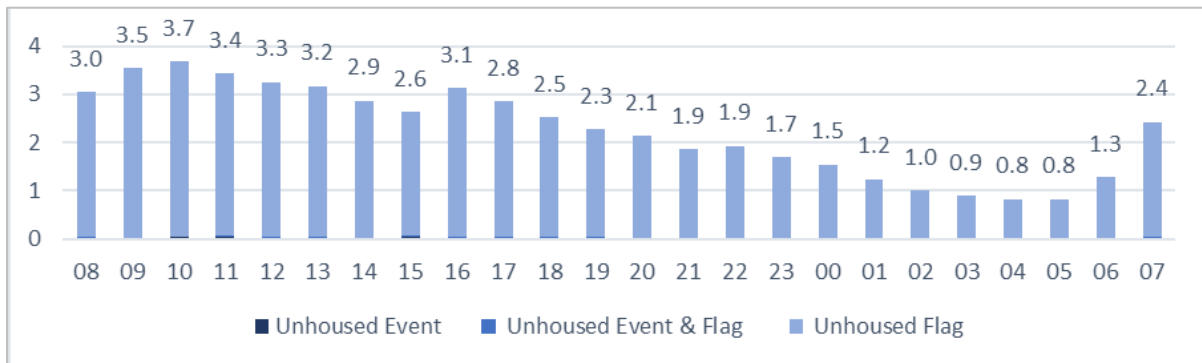
GRAPH: UNHOUSED RELATED EVENTS BY DISPOSITION, JANUARY – SEPTEMBER 2023



**Q4 TIME OF DAY: What time of day do unhoused related events happen?**

Unhoused specific events and unhoused flagged events occur throughout the day and then decrease during the night. The highest number of unhoused related events are in the morning between 8:00-13:00 where total unhoused related events ranged from 3-4 events on average from Jan-Sep, 2023. The lowest number of unhoused related events happened in the middle of the night of one or less events from 2:00-6:00 on average.

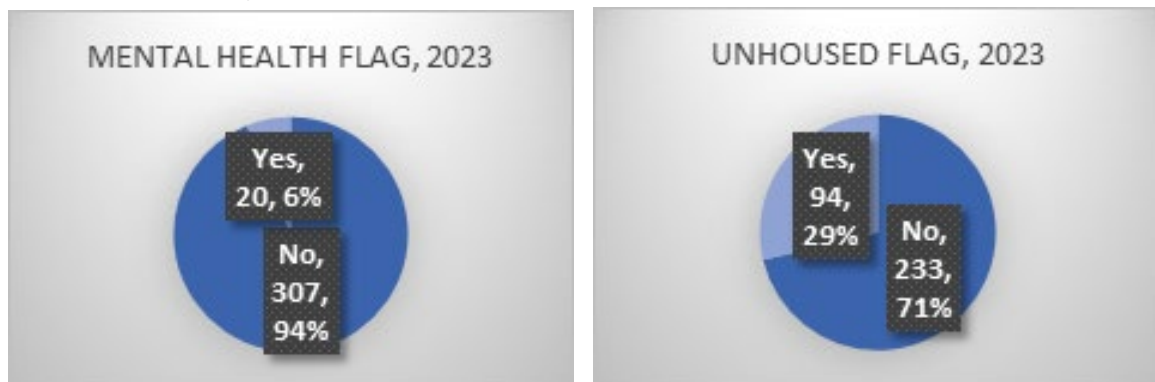
GRAPH: UNHOUSED RELATED EVENTS – AVERAGE DAILY OCCURRENCE BY TIME-OF-DAY, JANUARY - SEPTEMBER 2023



**Q5 FLAGS: What level of mental health or homelessness is related to this event type?**

The occurrence of mental health flag in unhooused specific events is relatively low, at six percent in 2023. The occurrence of unhooused flag is 29 percent among unhooused events. Similar to the difference between mental health crisis events and the mental health flag, the relatively low occurrence of the flag is potentially due to the newness of the flag.

GRAPH: MENTAL HEALTH FLAG AMONG UNHOUSED EVENTS AND UNHOUSED FLAG AMONG UNHOUSED EVENTS, JANUARY – SEPTEMBER 2023



4.3 DOMESTIC VIOLENCE

**QUALITATIVE ANALYSIS**

**Q1 CONTEXT: Why is domestic violence (DV) a candidate for alternative or co-response?**

There is a special interest in cases of domestic violence given that in these cases, survivors will be experiencing trauma and may need additional support in finding housing and other follow-up services. Police need to be on scene for this event type given that violent criminal activity has potentially occurred. Non-police respondents who co-respond with police officers can support police officers and survivors, connecting the survivors to needed services.

**Q2 CURRENT STATE: Are domestic violence events currently being handled by alternative or co-response?**

The City of San José responds to 911 events involving domestic violence through a traditional police response. The City also contracts with the YWCA to provide a 24-hour domestic violence crisis hotline, where advocacy services are available over the phone, and to provide a domestic violence advocate who works out of the Police Department’s Family Violence Center. Domestic violence

survivors who come in contact with police personnel are given a referral to this advocate and the advocate also proactively follows up with survivors to offer services.

Other jurisdictions, such as Los Angeles County or the City of Rochester, have crisis response teams that, in addition to following up with survivors of domestic violence after the fact, also can co-respond to domestic violence events along with sworn officers. San José does not currently operate a co-response model for domestic violence, but patrol officers responding to a domestic violence event can call the YWCA hotline and put a survivor in contact with an advocate over the phone.

It is also important to note that the City Council funded an effort in the 2023-2024 Adopted Budget to develop community-based services aimed at preventing domestic violence. Staff is currently in the process of procuring a partner organization to help develop these services.

**Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to domestic violence?**

Of the jurisdictions that were interviewed during research, none had a civilian response team for domestic violence calls that responded without police officers. Some jurisdictions did have alternative response teams that responded to the “family disturbance” call type, which would first be vetted to determine that domestic violence has not occurred. In circumstances where an alternative response team arrives to a family disturbance call and finds evidence of domestic violence, they would then call for a police response. Some jurisdictions, such as Rochester, New York, had a dedicated team that would co-respond with police to the scene of domestic violence after police have deemed a situation safe. These teams would then work with the victim to connect them to any needed services.

**QUANTITATIVE ANALYSIS**

**Q1 VOLUME: How many domestic violence events occur each year?**

Domestic violence events involve criminal activity and therefore need to involve sworn officers. Given that there may be need for some case management and follow-on support, a co-response could be used for these instances. For this reason, all domestic violence related cases are included in this analysis, which are listed as three different types of events: misdemeanor domestic violence, domestic violence, and domestic violence combined events where emergency medical services are also dispatched. See table below for further detail of the volume for each of these three events.

TABLE: ALL DOMESTIC VIOLENCE EVENTS, 2021, 2022, JANUARY – SEPTEMBER, 2023

|                                    | 2021  | 2022  | 2023  |
|------------------------------------|-------|-------|-------|
| MISDEMEANOR DOMESTIC VIOLENCE      | 650   | 691   | 651   |
| DOMESTIC VIOLENCE                  | 1,823 | 1,967 | 1,576 |
| DOMESTIC VIOLENCE (COMBINED EVENT) | 43    | 44    | 29    |
| TOTAL                              | 2,516 | 2,702 | 2,256 |

Every year there are over 2000 domestic violence events, and the event volume has been slowly increasing. There was a seven percent increase from 2021 to 2022, and when comparing quarters 1-3 year-to-date totals for 2023 and the same period in 2022, there is an 11 percent increase in event volume.

GRAPH: DOMESTIC VIOLENCE EVENT VOLUME, 2021, 2022, JANUARY - SEPTEMBER, 2023



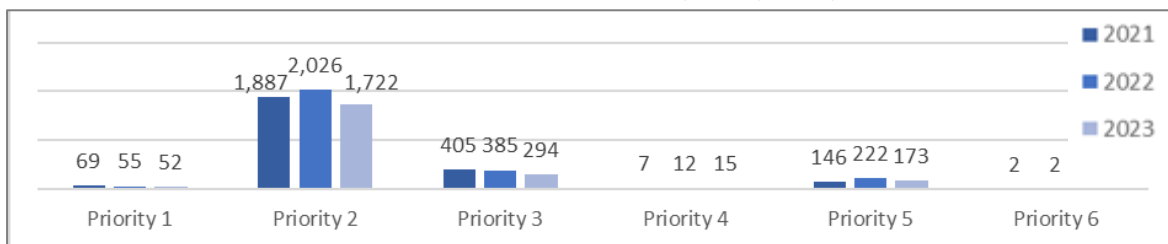
GRAPH: DOMESTIC VIOLENCE EVENT VOLUME BY QUARTER, 2021, 2022, JANUARY - SEPTEMBER 2023



**Q2 PRIORITY: What priority level are domestic violence events?**

Domestic violence events are typically classified as priority 2 events. They are less commonly classified by any other priority level, but some cases do occur at all other priority levels, with the second largest number of events being classified as priority level 3.

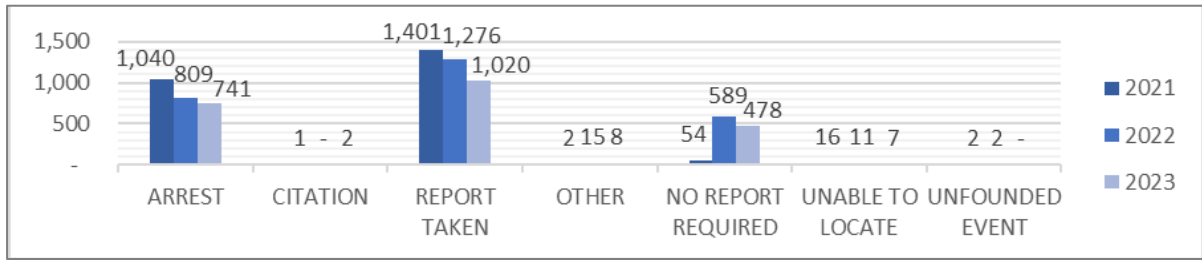
GRAPH: DOMESTIC VIOLENCE EVENTS BY PRIORITY LEVEL, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q3 DISPOSITION: What is the result of domestic violence events?**

Domestic violence events typically result in arrests and reports. In a relatively small portion of events there is no report required.

GRAPH: DOMESTIC VIOLENCE EVENTS BY DISPOSITION, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q4 TIME OF DAY: What time of day does this event happen?**

Domestic violence events increase in volume throughout the day, from 7:00 at the lowest levels of around 0.1 event per hour up to the highest levels of over 0.6 event per hour at 22:00. The total number of domestic violence events each year is between 2,000-3,000, which is roughly five to eight events per day. When this number of events per day is broken out by hour, the number of events is in tenths of an event. If the number of events per hour is 0.5, this means that there is an event at this time every two days. Across the course of the day, these hourly event volumes add up to an average of 8.4 domestic violence events every day.

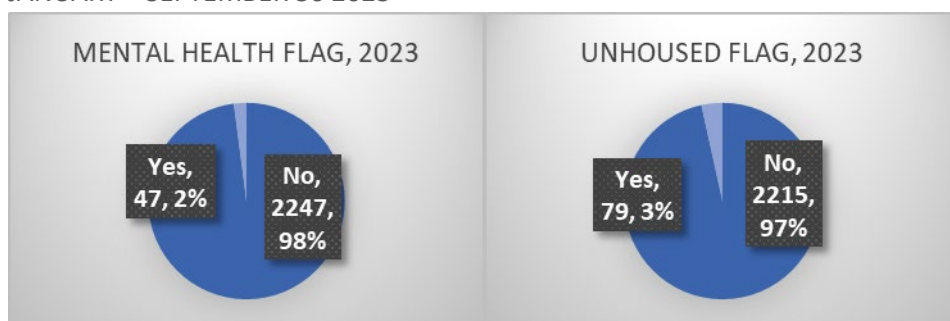
GRAPH: DOMESTIC VIOLENCE EVENTS – AVERAGE DAILY OCCURRENCE BY TIME OF DAY, JANUARY - SEPTEMBER 2023



**Q5 FLAGS: What level of mental health or homelessness is related to this event type?**

In domestic violence events, the incidence of mental health condition flags was two percent in 2023. The incidence of unhooused flags was three percent.

GRAPH: MENTAL HEALTH AND UNHOUSED FLAG IN DOMESTIC VIOLENCE EVENTS, JANUARY – SEPTEMBER 30 2023





## 4.4 SUBSTANCE ABUSE

### QUALITATIVE ANALYSIS

#### **Q1 CONTEXT: Why is this a candidate for alternative or co-response?**

While the use of illegal substances can be criminal, those using them often face addiction, which is often best understood and addressed as a public health issue that requires treatment and supportive services. For this reason, events involving substance abuse may benefit from having a co-response or alternative response that can better connect individuals to services or provided necessary support.

#### **Q2 CURRENT STATE: Are substance abuse related events currently being handled by alternative or co-response?**

In the City of San José, events involving substance abuse are most commonly responded to by a traditional police response, although co-response teams may be sent in circumstances where substance abuse is accompanied with a mental health nexus. Over the course of this research, many of the jurisdictions interviewed respond to 911 events involving drug use with an alternate response team. Teams responding to drug use are typically composed of EMTs along with peer support specialists. Some of the alternative response teams interviewed for this project do not respond to events involving substance abuse and use a mental health criterion when filtering out events suitable for alternative response.

#### **Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to substance abuse related events?**

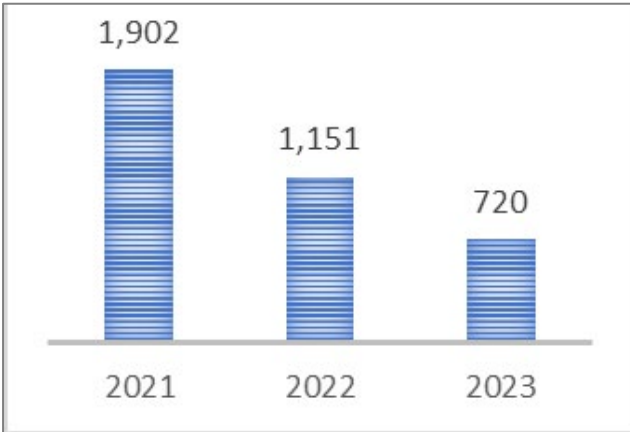
One takeaway from interviews conducted with other jurisdictions in this research is that not all mental health events involve substance abuse, and not all substance abuse events involve mental health issues, although they are often related. Some jurisdictions were more likely to send civilian alternate responders to an event if an individual merely appeared intoxicated and less likely if they were in the act of consuming illegal substances. Jurisdictions often worked in partnership with their local police departments or public health offices to review the history of an individual and their possible use of substances before responding to an incident. In these cases, medical records or notes containing information on past interactions can help determine the appropriate type of response.

### QUANTITATIVE ANALYSIS

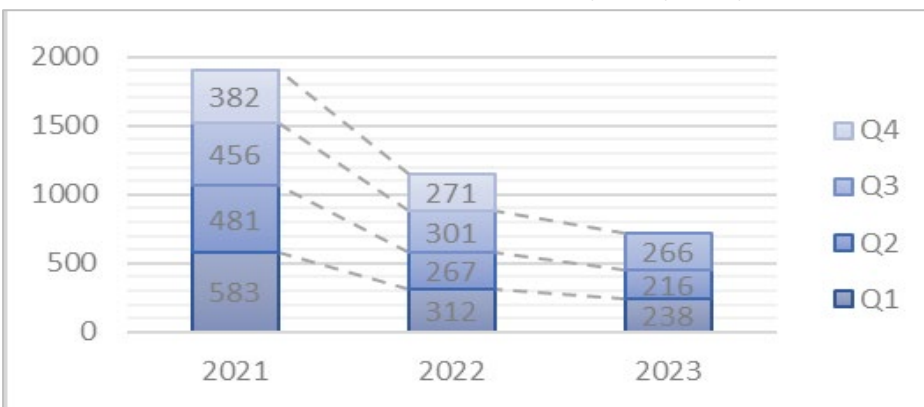
#### **Q1 VOLUME: How many substance abuse related events are received each year?**

The following data is for events described as narcotics and possession of narcotics. There has been a significant 65 percent decrease in narcotics events from 2021 to 2022. In 2023, from quarters 1-3 there are even fewer cases than the past two years, a 22 percent decrease from 2022 and 110 percent decrease from 2021 to 2023.

GRAPH: NARCOTICS EVENT VOLUME, 2021, 2022, JANUARY - SEPTEMBER 2023



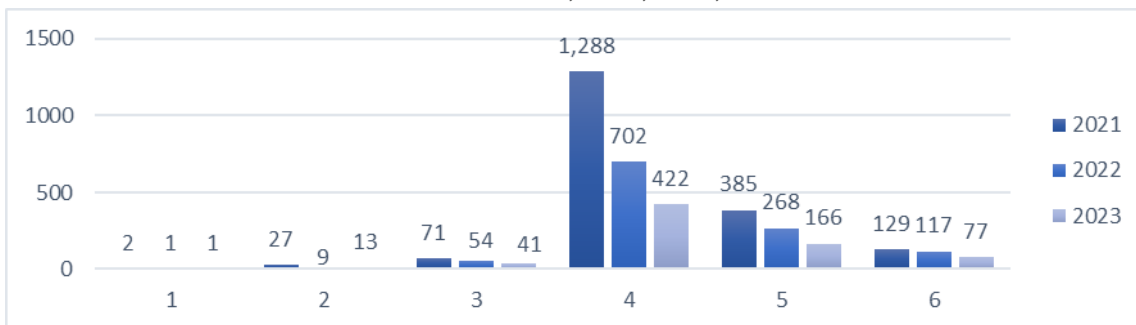
GRAPH: NARCOTICS EVENT VOLUME BY QUARTER, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q2 PRIORITY: What priority level are narcotics events?**

Events related to narcotics are most commonly priority level 4 and 5, with priority level 4 events occurring most frequently. A very small number of events are classified as level 1-3.

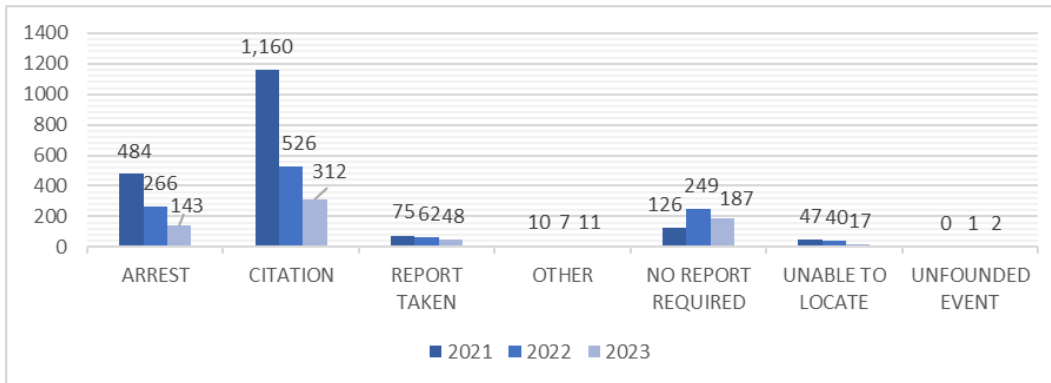
GRAPH: NARCOTICS EVENTS BY PRIORITY LEVEL, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q3 DISPOSITION: What is the result of substance abuse related events?**

The majority of narcotics events result in police action, primarily arrests and citations, with a few reports taken. There are a smaller number of events where no reports are required.

GRAPH: NARCOTICS EVENTS BY DISPOSITION, 2021, 2022, JANUARY - SEPTEMBER 2023



**Q4 TIME OF DAY: What time of day does this event happen?**

Narcotics events occur at higher levels during the day through 11:00 and then begin to decline during the middle of the night. Similar to domestic violence events, this category of events happens less than 2,000 times per year, which amounts to less than five narcotics events per day. When this amount is broken up into hourly data, the numbers are in increments of tenths. In the case where the graphic shows 0.0, the number rounded down because it was in the hundredths, e.g. 0.02. All of these hourly rates add up to an average of 3.3 narcotics events per day.

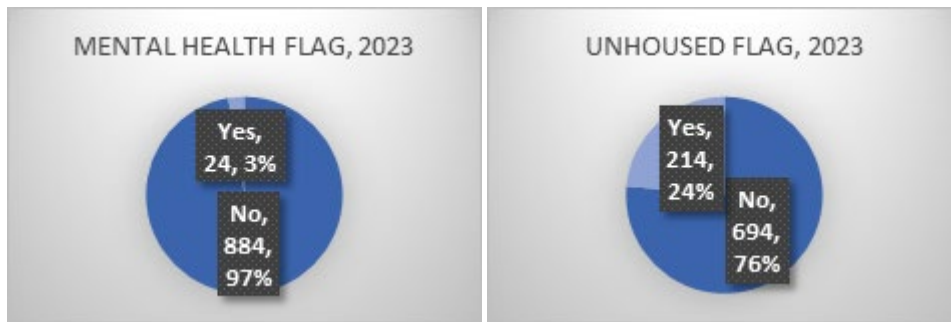
GRAPH: NARCOTICS – AVERAGE DAILY OCCURRENCE BY TIME OF DAY, JANUARY - SEPTEMBER 2023



**Q5 FLAGS: What level of mental health or homelessness is related to narcotics events?**

While the overlap between narcotics events and mental health events is relatively low, approximately a quarter of narcotics events are flagged as involving an unhoused individual, indicating a potential overlap between these two event types.

GRAPH: OCCURRENCE OF MENTAL HEALTH AND UNHOUSED FLAGS IN NARCOTICS EVENTS  
JANUARY - SEPTEMBER 2023



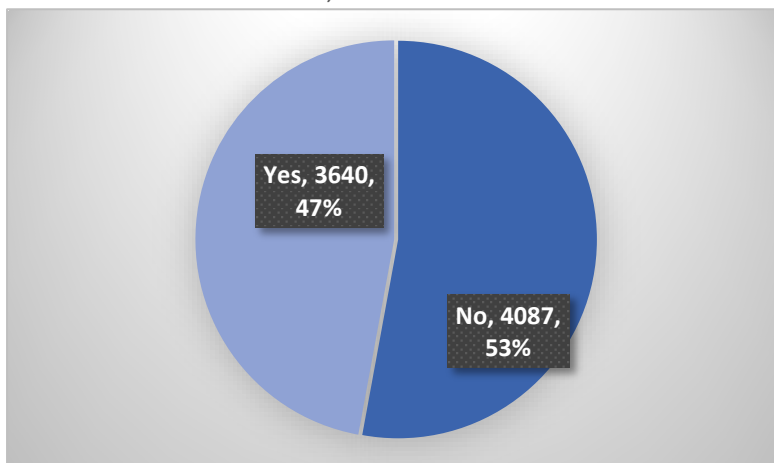
#### 4.5 FINDINGS: CARE SPECIFIC EVENTS

Mental health events are commonly subject to alternate response across jurisdictions surveyed for this report. The City and the County already partner to provide co-response to this event type and the County has four separate services to provide a civilian response for individuals suffering a mental health crisis. The data indicates that while the majority of mental health events are classified as priority 2, a significant portion of mental health events—over 15,000 in total—were classified as priority 3 and could potentially be candidates for a civilian alternate response. Given the existing City and County infrastructure for mental health response and the opportunity to shift appropriate 911 calls to these alternate services, there is an opportunity to work with the County to expand service provision in this area.

**Finding 6: The City should work in partnership with the County to identify opportunities to expand existing County alternate response services for mental health as well as the co-response services operated in partnership between the City and the County.**

The data reveals a substantial overlap between mental health events and events involving unhoused individuals and substance use. Notably, among events flagged for mental health involvement in 2023, 47 percent were also flagged for unhoused involvement. Similarly, 24 percent of narcotics events in 2023 were flagged for unhoused involvement.

GRAPH: PROPORTION OF MENTAL HEALTH FLAGGED EVENTS THAT WERE ALSO FLAGGED FOR UNHOUSED INVOLVEMENT, JANUARY – SEPTEMBER 2023



This analysis is consistent with the experience of other jurisdictions, many of which reported in interviews that they respond to events involving homelessness and substance abuse with the same alternate or co-response teams that they use to respond to mental health incidents, and that these three categories often overlap. Like mental health events, events involving unhoused individuals and substance abuse are well-suited for response with alternative service models.

**Finding 7: Response teams for mental health events are also well-suited to respond to low-risk events involving unhoused individuals and substance abuse. As capacity for mental health alternate response expands, the City should work with its partners to consider whether alternate and co-responses can be further expanded into these event types.**

The data reveals that a high percentage of domestic violence events end in arrest as compared with other event types studied. In 2022, 30 percent of total domestic violence events ended in arrest. By contrast, only six percent of events with unhoused involvement ended in arrest in the same year. The higher frequency of arrests in this event type is consistent with the observation that it is more likely to involve criminal activity.

For this reason and because of safety concerns, jurisdictions do not typically send civilian alternate responders to domestic violence events without police involvement. None of the jurisdictions interviewed for this report undertake an alternate response for domestic violence events. Some jurisdictions, however, implement a co-responder model where civilian violence prevention workers respond along with police officers to the scene of domestic violence and provide services and support to survivors.

It is also important to note that San José has undertaken numerous efforts to support survivors of domestic violence. The Police Department funds advocacy services for survivors, including an advocacy hotline that can be provided to survivors by police officers at the scene of an incident. Staff is currently in the process of procuring a partner organization to assist in develop domestic violence preventative services, consistent with the allocation of funding for this purpose by the City Council in the 2023-2024 Adopted Budget.

**Finding 8: Given the safety issues that often attend domestic violence events, staff does not recommend developing an alternative response model for these events. None of the other jurisdictions interviewed operate an alternate response model for domestic violence; however, some jurisdictions operate co-response models where specialized civilian staff respond along with police staff.**

## 5. CIVIL MATTERS

This category includes welfare check events, disturbance events, and suspicious circumstances and trespassing events. The circumstances of events in these cases may vary widely, but speaking generally, they consist of someone calling 911 because they are uncertain, unhappy, or concerned with a situation – they are concerned about an individual’s wellbeing, there is a disturbance that is causing them annoyance, or something is going on that is suspicious—it may not feel appropriate for the time of day or location. These are cases where the matter at hand is of concern to a citizen, but there may or may not be any inherent danger or criminality in the situation. These events are high volume and often result in a disposition of “no report.” A significant portion are flagged as priority 3 or lower, indicating that they are not perceived as posing an imminent danger. In the last section we reviewed the top 10 event types flagged for mental health or unhoused involvement. All of the events considered in this section—welfare checks, disturbances, suspicious circumstances and trespassing—appeared in the top 10 for both flags. This indicates that events of these types may often involve unhoused individuals or those experiencing mental illness, and thus make them well-suited for alternate response.

### 5.1 WELFARE CHECK EVENTS

#### QUALITATIVE ANALYSIS

##### **Q1 CONTEXT: Why is this a candidate for alternative or co-response?**

A welfare check occurs when someone calls 911 because they cannot locate someone or are concerned about somebody’s wellbeing. This type of event can span a wide range of situations. Welfare checks are good candidates for alternative response given that they often do not involve criminality, but are instead generated by concern for another’s wellbeing. Welfare checks often involve a behavioral/mental health component, which could be addressed by a mental health clinician trained in de-escalation.

##### **Q2 CURRENT STATE: Are welfare check events currently being handled by alternative or co-response?**

In the City of San José, welfare checks are handled through a traditional police response, or by a County mental health clinician responding in conjunction with a police officer. The responder is dependent upon staffing resources, officer availability, the nature of the call, the time of day, and current call volume. For many welfare check events, a co-response involving a mental health clinician and a sworn officer is currently the preferred response depending on availability. In jurisdictions that operate alternative response programs, welfare checks that have been properly vetted are a primary call type in which most alternative response teams respond. In cases where there is a degree of uncertainty or safety concerns, police officers can address welfare checks or act as back up to civilian alternative responders.

##### **Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to welfare check events?**

Nearly all alternative response teams in other jurisdictions respond to these events and have seen success when doing so. All the jurisdictions responding to welfare checks that were interviewed as a part of this project report low levels of safety concerns when responding to this event type. One difference between jurisdictions involved who responded and what model was used for response, with many jurisdictions incorporating a mental health clinician within their response units. Alternate response teams in some jurisdictions are able to enter private residences after receiving consent,

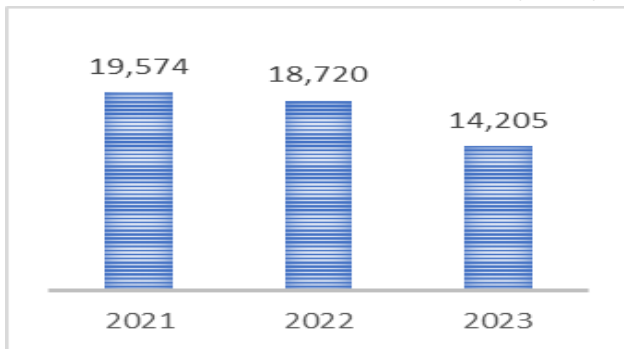
while others had a policy of not entering private residences or requiring police clearance before entrance. Most alternative response programs interviewed reported the ability to conduct welfare checks in public spaces.

**QUANTITATIVE ANALYSIS**

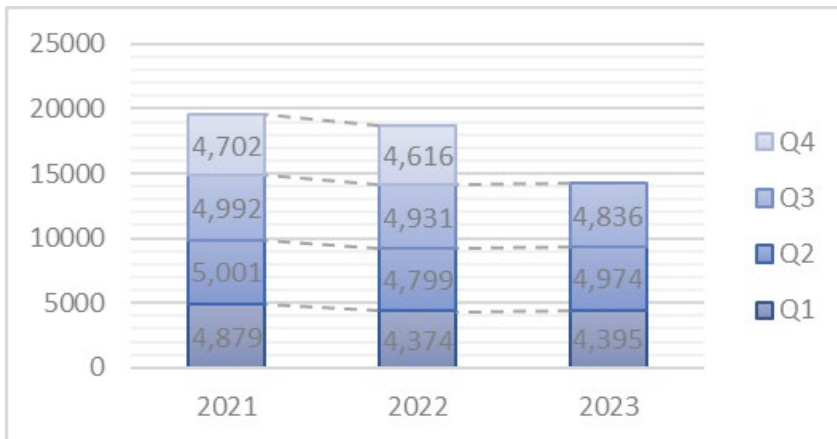
**Q1 VOLUME: How many welfare checks events occur each year?**

Welfare checks account for nearly 20,000 events a year in San José. That number amounts to over 50 events each day. There was a dip of five percent call volume for welfare check events from 2021 to 2022. 2023 levels in quarter 3 are tracking close to prior years.

GRAPH: WELFARE CHECKS EVENT VOLUME , 2021, 2022, JANUARY – SEPTEMBER 2023



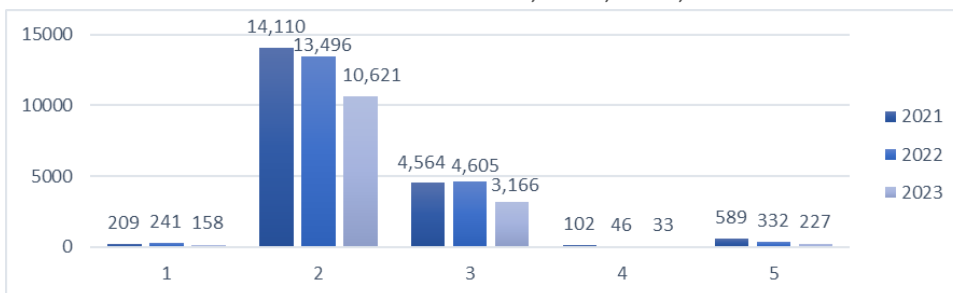
GRAPH: WELFARE CHECKS EVENT VOLUME BY QUARTER, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q2 PRIORITY: What priority level are welfare check events?**

Welfare checks span priority levels 1-5. Most events fall into priority level 2, and a significant number fall into priority level 3.

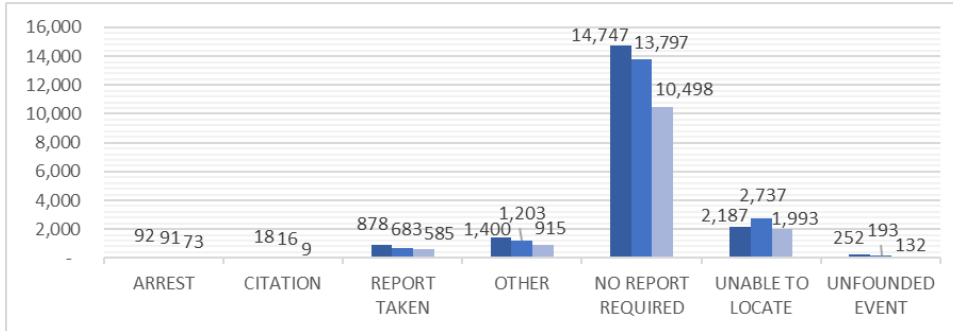
GRAPH: WELFARE CHECK BY PRIORITY LEVEL, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q3 DISPOSITION: What is the result of welfare check events?**

In the case of welfare checks, no police report was required in the majority of cases across 2021-2023. In 2022, no report was required in 74 percent of cases. The second most likely disposition in these cases is that the caller was gone upon arrival. Officers were unable to locate the individual in 15 percent of cases in 2022. A report was taken in four percent of cases in 2022. Arrests and citations are rare, totaling less than one percent of all welfare check events in 2022.

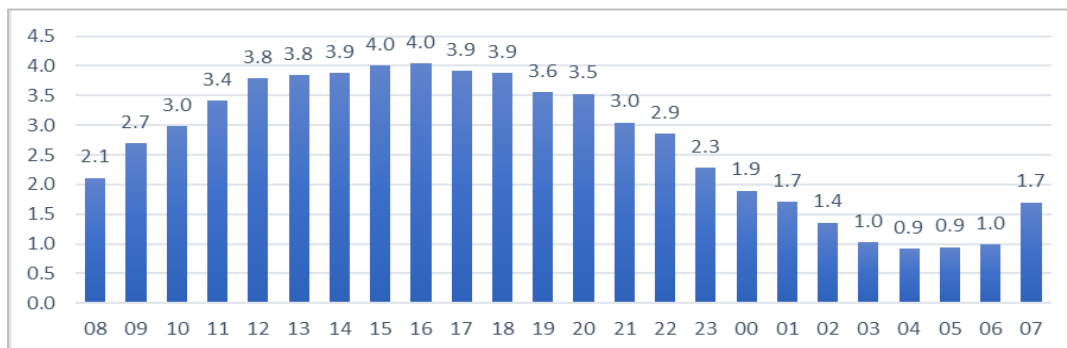
GRAPH: WELFARE CHECK BY DISPOSITION, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q4 TIME OF DAY: What time of day does this event happen?**

Welfare check events were most frequent in the middle of the day from 12:00-19:00 and then declined gradually into the night, increasing again starting around 7:00 in the morning. On average, there can be as many as four welfare checks per hour and at the lowest levels there is at least 0.9 welfare check per hour. There is an average of 64 welfare checks per day.

GRAPH: WELFARE CHECKS – AVERAGE DAILY OCCURRENCE BY TIME OF DAY, 2021, 2022, JANUARY - SEPTEMBER 2023

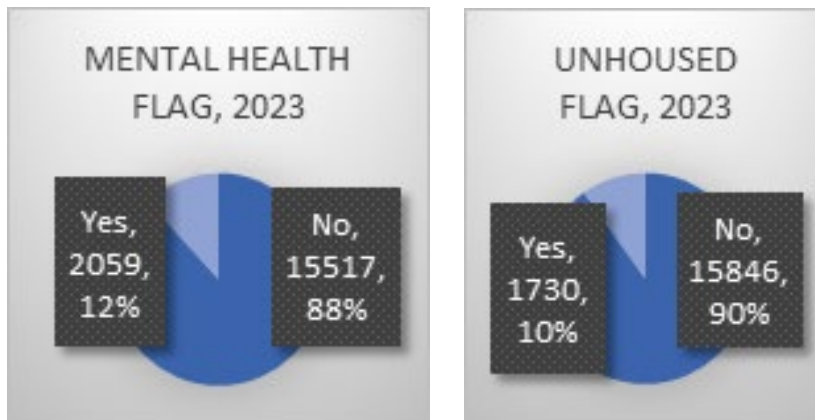


**Q5 FLAG: What level of mental health or unhoused involvement is related to this event type?**

Welfare checks show some mental health and unhoused involvement. Among welfare check events in 2023, 12 percent had a mental health condition flag and 10 percent had an unhoused flag.



GRAPH: OCCURRENCE OF MENTAL HEALTH AND UNHOUSED FLAG IN WELFARE CHECK EVENTS, JANUARY – SEPTEMBER 2023



## 5.2 DISTURBANCE EVENTS

### QUALITATIVE ANALYSIS

#### Q1 CONTEXT: Why is this a candidate for alternative or co-response?

Like welfare checks, there is a wide range of activities that fall into this category. It can range from loud music to aggressive panhandling, or a disagreement between neighbors. While some more serious disturbances may be a matter for sworn officers, low level disturbances can potentially be managed through an alternate service model.

#### Q2 CURRENT STATE: Are disturbance events currently being handled by alternative or co-response?

The City of San José dispatches a co-response team through PERT or MCAT to some low-level disturbance events that involve a mental health nexus. The main qualifier for disturbance-related events being responded to through co-response is whether the call involves a mental health crisis. Most of the jurisdictions interviewed during research respond to an array of minor-disturbance level events that may or may not involve a mental health crisis. While some jurisdictions respond to most types of non-violent disturbance events with an alternative response team, some jurisdictions focus on disturbance events that involve a mental health nexus.

#### Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to disturbance events?

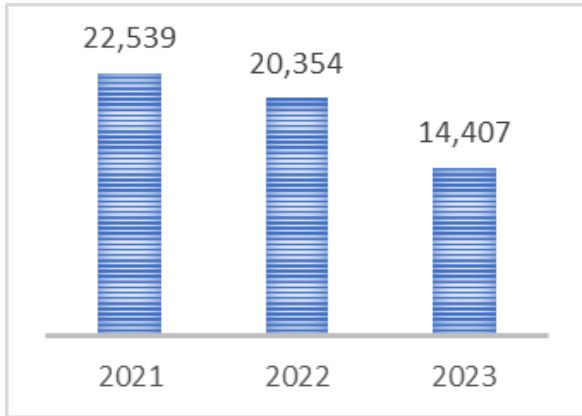
Multiple jurisdictions cited that when they initially launched their pilot programs, they did not include the disturbance call type as an area of focus. Some jurisdictions cited the addition of the disturbance call type as eligible for a civilian response after alternative response teams demonstrated that they could effectively handle other call types. Some jurisdictions also cited the fact that they began responding to disturbance events with a co-response model to build confidence that civilians could effectively respond to this call type before transitioning the disturbance call type to alternative responders.

**QUANTITATIVE ANALYSIS**

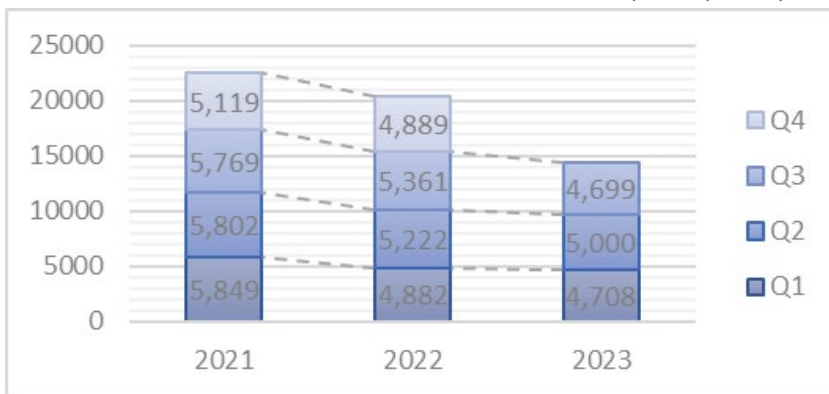
**Q1 VOLUME: How many disturbance events are received each year?**

Disturbance events are coded as 415 and account for over 20,000 events each year, more than the annual total of welfare check events.

GRAPH: DISTURBANCE EVENT VOLUME, 2021, 2022, JANUARY – SEPTEMBER 2023



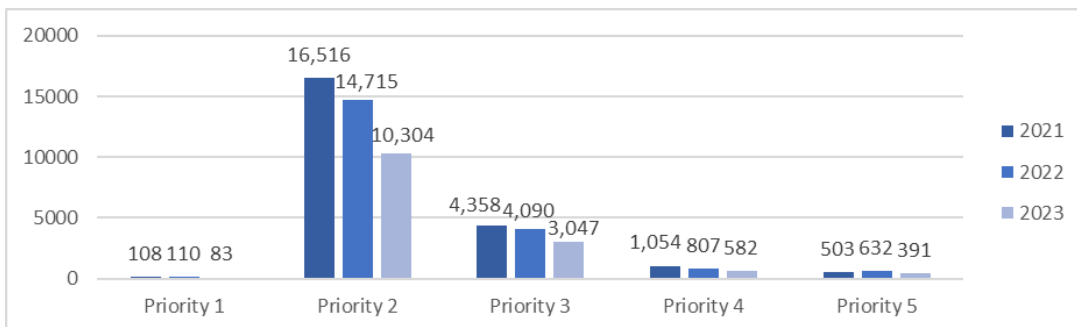
GRAPH: DISTURBANCE EVENT VOLUME BY QUARTER, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q2 PRIORITY: What priority level are disturbance events?**

Many disturbance events fall into Priority Level 2. Nearly 5,000 of the total events fall into Priority Level 3. A significant number of these lower priority cases could be considered for a civilian response.

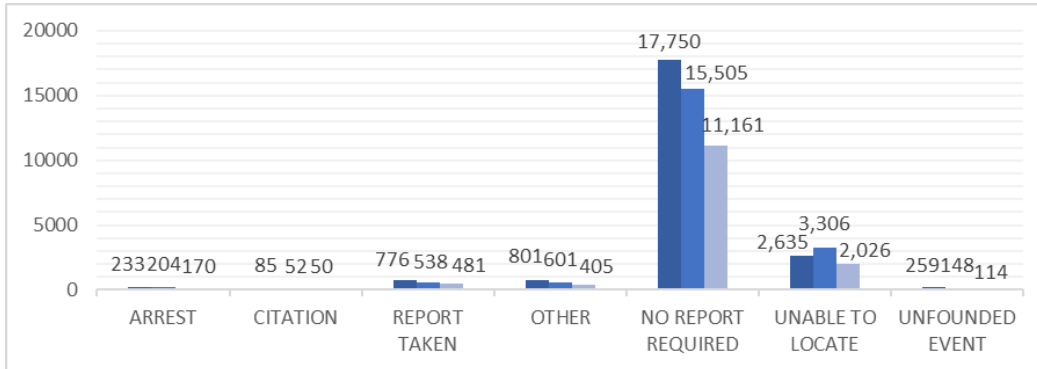
GRAPH: DISTURBANCE EVENTS, LISTED BY PRIORITY LEVELS, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q3 DISPOSITION: What is the result of disturbance events?**

Disturbance events result in NO REPORT REQUIRED in 76 percent of responses in 2022. An intervention such as an arrest, citation, or report happens in four percent of these events.

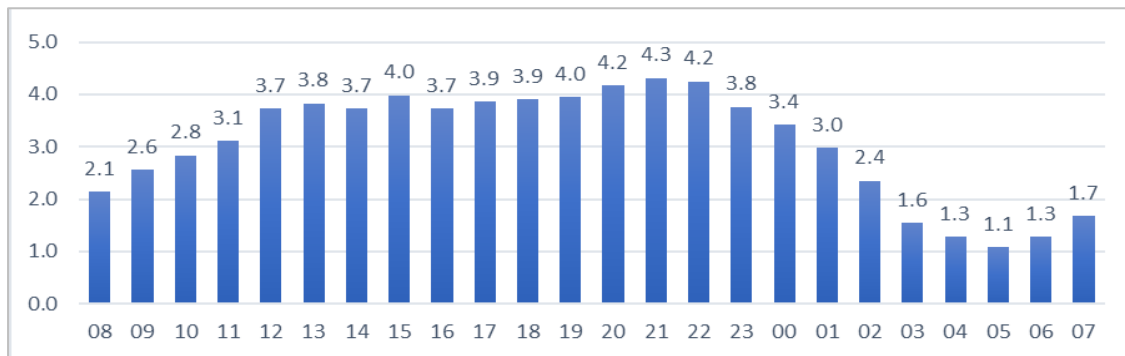
GRAPH: DISTURBANCE EVENTS BY DISPOSITION, 2021, 2022, JANUARY - SEPTEMBER 2023



**Q4 TIME OF DAY: What time of day does this event happen?**

Disturbance events are initiated at all hours of the day, at least one event every hour, reaching up to 4.3 events per each hour during the middle of the day. There is an average of 74 events every day.

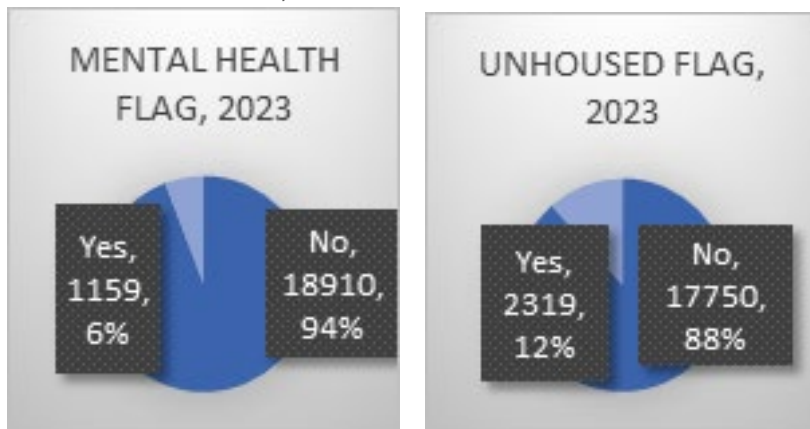
GRAPH: DISTURBANCE EVENTS – AVERAGE DAILY OCCURRENCE BY TIME OF DAY, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q5 FLAGS: What level of mental health or homelessness is related to this event type?**

Similar to welfare checks, disturbance events have a significant incidence of mental health and unhoused flags. In the case of mental health, the incidences were slightly lower, at six percent for 2023. For unhoused flags, there were 12 percent in 2023.

GRAPH: OCCURRENCE OF MENTAL HEALTH AND UNHOUSED FLAG IN DISTURBANCE EVENTS  
JANUARY - SEPTEMBER, 2023



### 5.3 SUSPICIOUS CIRCUMSTANCES AND TRESPASSING

#### QUALITATIVE ANALYSIS

##### **Q1 CONTEXT: Why is this a candidate for alternative or co-response?**

This category includes suspicious circumstances and trespassing event types. This spans a broad range of events that may arise from private citizens calling the 911 when they believe something suspicious is occurring or when someone is not where they are supposed to be. These events can range from minor concerns to potential criminal activity. While not all events in this category are appropriate for an alternate response, the analysis does reveal overlaps with mental health and homeless issues that would benefit from alternate service models.

##### **Q2 CURRENT STATE: Are other civil matter events currently being handled by alternative or co-response?**

Most civil matters are handled by a traditional police response in San José. Some suspicious circumstances events involving mental health issues may receive a co-response through the MCAT unit. Suspicious circumstances events were the ninth most frequent event type that the MCAT unit responded to in 2023, but there were only eight total responses, which comprised 0.8 percent of MCAT responses in 2023. Suspicious circumstances and trespassing constitute a more significant percentage of calls flagged for mental health and homeless involvement. In 2023, 520 suspicious circumstances and trespassing events were flagged for mental health involvement, comprising 6.7 percent of all mental health flags. Also in 2023, 2457 suspicious circumstances and trespassing events were flagged for unhooused involvement, comprising 17 percent of all flagged events.

##### **Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to other civil matter events?**

A number of jurisdictions respond to these event types with civilian responders, but this practice is not as widespread as it is for other event types. Some jurisdictions expressed concern about safety considerations. Events involving suspicious circumstances can be more difficult for a 911 call taker to gather concrete information on, given that the caller may be concerned but may not have complete information about the nature of the situation. For this reason, dispatchers may be cautious unless enough information is available to determine there is little potential for violence.

## QUANTITATIVE ANALYSIS

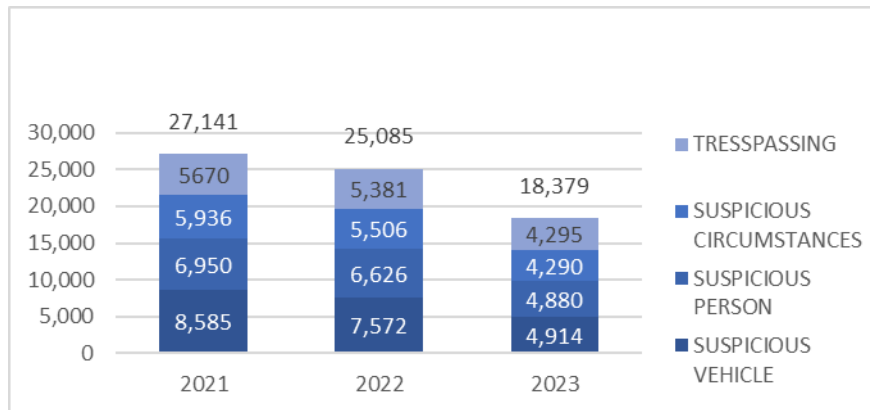
### Q1 VOLUME: How many other civil matter events occur each year?

A significant number of these events occur each year. While there are well over 300 call categories to review, the following are event types that met two criteria:

1. They are aligned with the elements of disturbances and welfare checks – where a citizen is concerned and would like support regarding an uncomfortable situation, with no evidence of certain danger or confirmed illegal activity happening.
2. These are also events that happened over 1,000 times each year, to ensure that there is a sufficient volume of events to analyze successfully.

In this case, the suspicious circumstances, suspicious person, suspicious vehicle, and trespassing event types are included in this review. These event types sum up to well over 15,000 events per year, comparable to the welfare check event volume. There was a dip in volume in 2022 when compared to 2021, however 2023 is on track to have more events than 2022.

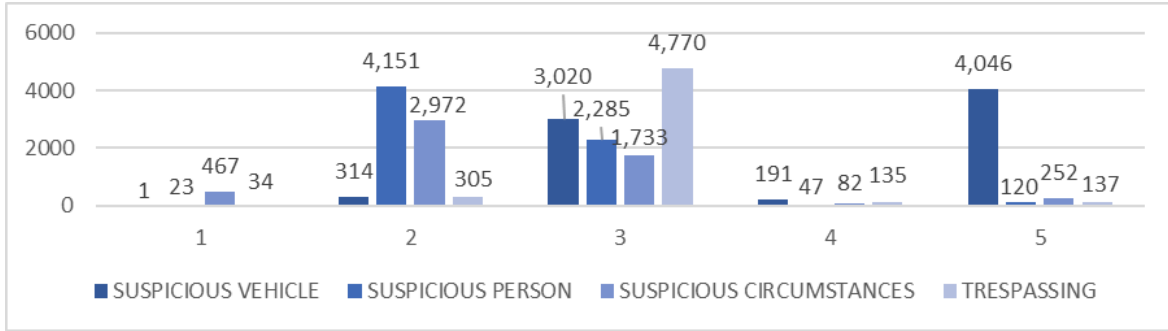
GRAPH: SUSPICIOUS CIRCUMSTANCES AND TRESPASSING EVENT VOLUME, 2021, 2022, JANUARY - SEPTEMBER 2023



### Q2 PRIORITY: What priority level are other civil matter events?

The largest volume of events are marked as priority 3, amounting to 47 percent of these events. The second largest volume of events are marked as priority 2 at 31 percent. Three of the event types, suspicious circumstances, person, and trespassing, fall into priorities 2 and 3 events, while suspicious vehicle events are typically priority 3 and 5 events.

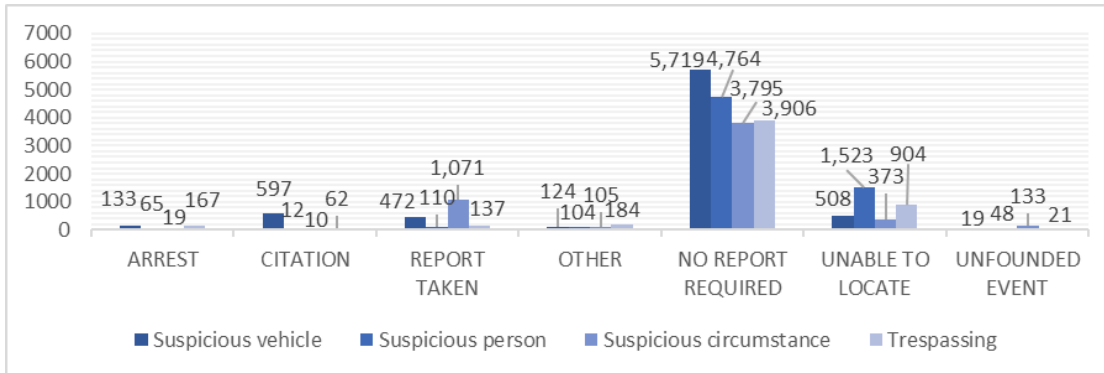
GRAPH: OTHER CIVIL MATTERS, PRIORITY LEVEL 2022



**Q3 DISPOSITION: What is the result of other civil matter events?**

No report is required in 70 percent of cases, with 9 percent of events resulting in an officer not being able to locate the suspicious person. In 13 percent of cases, a report, arrest, or citation is issued.

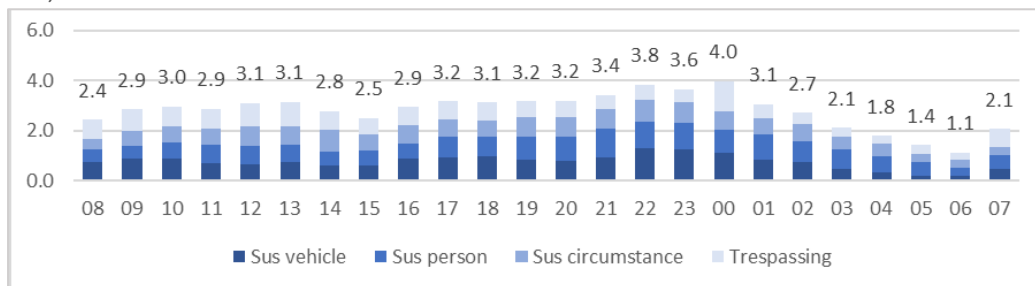
GRAPH: OTHER CIVIL MATTERS, DISPOSITION 2022



**Q4 TIME OF DAY: What time of day do these types of events happen?**

Throughout the day, the range of these events is over two per hour from 10:00-22:00, with fewer happening in the middle of the night and early morning. Even at the lowest levels, there are at least one of these events each hour for the four categories combined.

GRAPH: SUSPICIOUS CIRCUMSTANCES AND TRESPASSING – AVERAGE DAILY OCCURRENCE BY TIME OF DAY, JANUARY - SEPTEMBER 2023

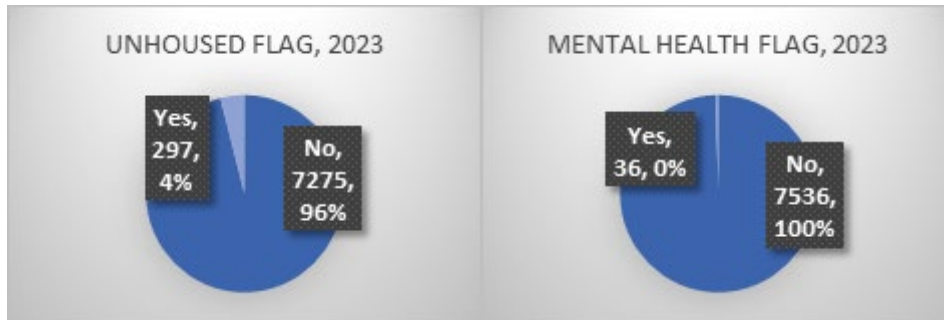


**Q5 FLAGS: What is the occurrence of unhoused or mental health condition flags for these events?**

The occurrence of unhoused flags across these four event types ranges from three percent to 16 percent, with the highest happening in the trespassing category. The occurrence of mental health flags ranges from less than one percent to six percent, with the highest occurrence also happening in the trespassing category. All four of these event types were in the top 10 most frequent event types

to receive an unhooused flagged events. Trespassing, suspicious circumstances, and suspicious person were in the top 10 most frequent event types to receive a mental health condition flagged events.

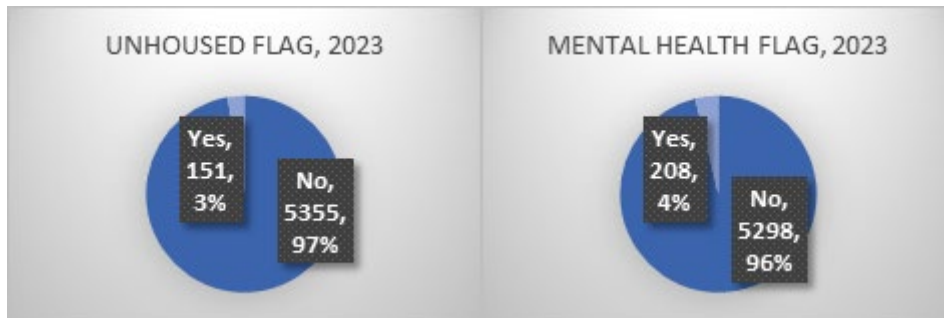
GRAPH: UNHOUSED AND MENTAL HEALTH FLAGS IN SUSPICIOUS VEHICLE EVENTS, JANUARY - SEPTEMBER 2023



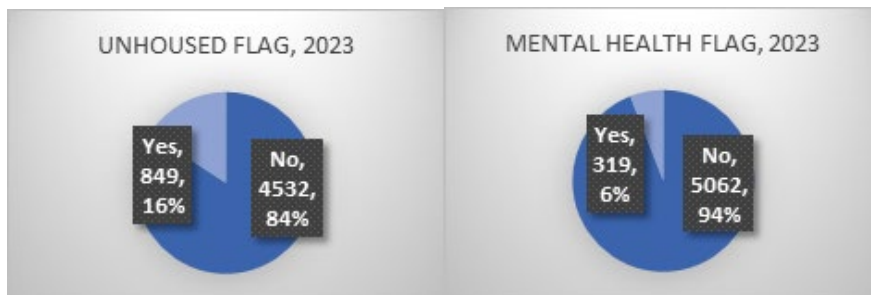
GRAPH: UNHOUSED AND MENTAL HEALTH FLAGS IN SUSPICIOUS PERSON EVENTS, JANUARY - SEPTEMBER 2023



GRAPH: UNHOUSED AND MENTAL HEALTH FLAGS IN SUSPICIOUS CIRCUMSTANCE EVENTS, JANUARY - SEPTEMBER 2023



GRAPH: UNHOUSED AND MENTAL HEALTH FLAGS IN TRESPASSING EVENTS, JANUARY - SEPTEMBER 2023



## 5.4 FINDINGS: CIVIL MATTERS

Taken together, the event types considered in this section—welfare checks, disturbances, suspicious circumstances, and trespassing—comprise a significant proportion of overall events that come into the Police Department. In 2023, they constituted over 17 percent of total events for the year. While these event types are broad categories that can include many different types of incidents, there is reason to believe that a significant portion are candidates for an alternate or co-response.

Analysis of current MCAT responses reveals that the most frequent event type that MCAT responds to is welfare checks. Similarly, welfare checks, disturbances, suspicious circumstances, and trespassing are in the top ten event types that are designated with mental health and unhoused flags. The overlap between the unhoused flag and trespassing events is particularly notable, with 16 percent of unhoused events flagged for unhoused involvement. While not every event in these categories is appropriate for response with an alternate service model, as capacity for alternate and co-response expands, these event types may present an opportunity.

**Finding 9: Although not all events within these call types are appropriate for an alternative response, the data indicates that calls involving mental health issues or unhoused individuals can be categorized under these event types, suggesting that these event types should be explored for expanded alternate response.**



## 6. TRANSPORTATION RELATED

This section concerns calls police receive related to traffic and parking. Traffic and parking-related events are high volume call types that can be served by non-police enforcement in certain situations, particularly in the case of parking events. Currently, in the state of California, only sworn peace officers are legally able to make vehicle stops and enforce traffic laws. For parking violations, however, many jurisdictions, including the City, currently have teams dedicated to enforcing parking regulations.

### 6.1 PARKING

#### QUALITATIVE REVIEW

##### **Q1 CONTEXT: Why is this a candidate for alternative or co-response?**

Parking events are typically listed as Priority Level 4 or Level 5. Priority 4 events are typically received through the 911 Call Center and dispatched to either a police officer, a parking enforcement officer, or a community service officer. Priority 5 events are initiated by an officer in the field. Reducing the proportion of parking violations responded to by police officers would free up officers to focus on higher priority incidents.

##### **Q2 CURRENT STATE: Are parking violations events currently being handled by alternative or co-response?**

Currently, the predominate method for reporting parking violations is the 911 Call Center non-emergency number. The San José 311 app currently accepts complaints related to abandoned vehicles but does not accommodate general parking violations. Dispatchers in the 911 Call Center can dispatch police officers, parking enforcement officers, or community service officers to respond to parking complaints that come in through the non-emergency line, depending on availability.

To provide an opportunity for reporting parking violations other than the 911 Call Center, staff is in the process of building out an enhanced "Vehicle Concerns" feature for the San José 311 app. Concerns reported through this feature will be collected to identify concern hot spots within the city so that the next time a parking officer is assigned to patrol in the area of the hot spot, they can address the illegal parking behavior. Staff believes that implementation of this feature, planned for the March-April 2024 timeframe, will aid in diverting parking complaints from the 911 Call Center and reduce the proportion of parking issues responded to by police officers.

##### **Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to parking violations events?**

Like San José, most other jurisdictions allow for parking enforcement through personnel other than police officers. These personnel are usually specialized parking enforcement officers. The alternate response teams discussed in other sections, such as for mental health and homelessness, do not conduct parking enforcement.

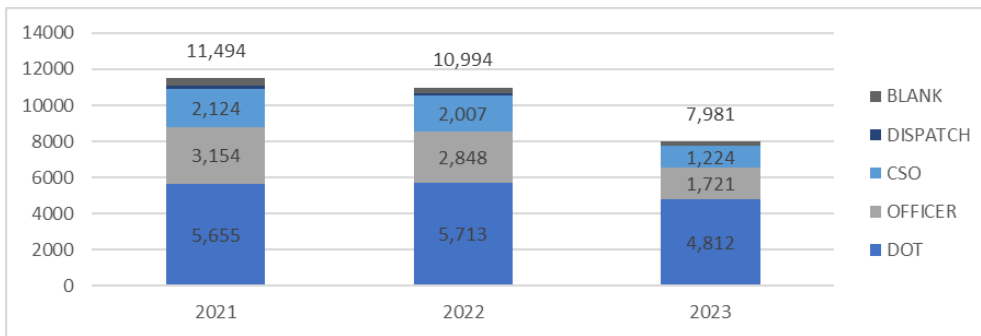
#### QUANTITATIVE REVIEW

##### **Q1 VOLUME: How many parking violations events happen each year?**

Each year, over 10,000 parking-related events occur. The frequency of parking violation events was steady year over year, with a less than one percent decrease in frequency from 2021 to 2022. The year-to-date total in 2023 was comparable with 2022 total events in quarters 1-3.

Parking violations are addressed by different personnel. In 2022, parking enforcement officers in the Department of Transportation responded to over half of parking violations that were reported through the 911 Call Center. Community service officers also address parking violations. The data listed as blank due to data issues makes up only three percent of events each year. The number of sworn officers responding to parking violations decreased by 11 percent from 2021 to 2022.

GRAPH: PARKING VIOLATION EVENT BY RESPONDING PERSONNEL, 2021, 2022, JANUARY – SEPTEMBER 2023

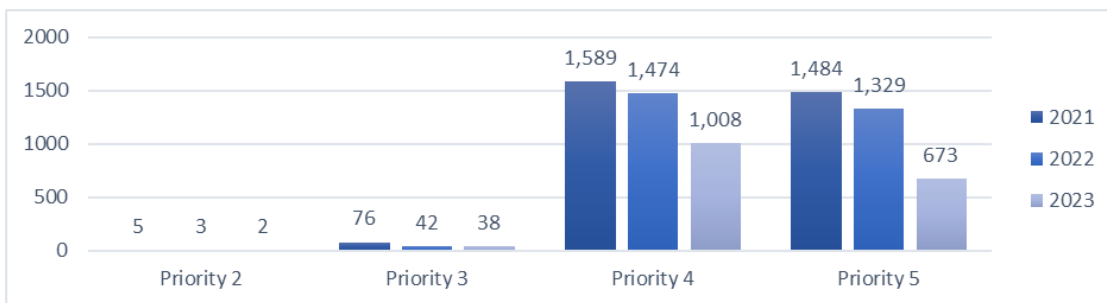


It is important to note that while the above graph breaks down parking events by responder, the data used for the rest of this section (quarters 2 through 5 below) only includes events to which an officer responded. Given that this report is focused on finding opportunities to respond to events with personnel other than police officers, focusing the analysis on events where police officers currently respond is most useful. Events responded to by a parking enforcement officer or a community service officer already meet the objective of responding with alternate personnel.

**Q2 PRIORITY: What priority level are parking violation events?**

Parking violations are typically priority 4 and 5 events, with slightly more priority 4 events than priority 5 events. Priority 4 events are events that originate through a call to the 911 Call Center and are judged to be low risk. Priority 5 events are events initiated by an officer in the field.

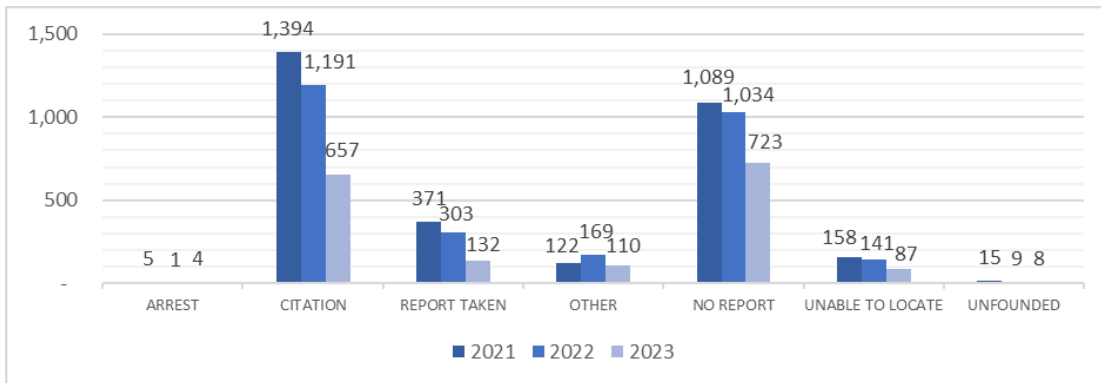
GRAPH: PARKING VIOLATION EVENTS WITH SWORN RESPONSE BY PRIORITY LEVEL 2021, 2022, JANUARY – SEPTEMBER 2023



**Q3 DISPOSITION: What is the result of parking violation events?**

Parking violations typically result in a citation or no report. The number of parking-related events addressed by officers has gone down, with the largest decrease seen for events that resulted in a citation.

GRAPH: PARKING VIOLATION EVENTS WITH SWORN RESPONSE BY DISPOSITION, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q4 TIME OF DAY: What time of day does this event happen?**

Parking violations addressed by sworn officers occur throughout the day and night. In 2023, parking violations addressed by officers peaked twice in the day, first at 0.4 at 8:00, and again at 0.5 from 17:00-19:00. There is an average of 6.3 parking violations addressed by sworn officers every day.

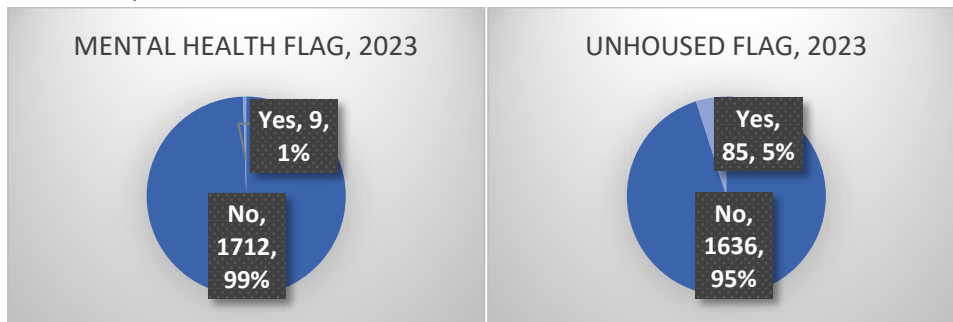
GRAPH: PARKING VIOLATION EVENTS WITH SWORN RESPONSE, AVERAGE DAILY OCCURRENCE BY TIME OF DAY, JANUARY - SEPTEMBER 2023



**Q5 FLAGS: What level of mental health or homelessness is related to this event type?**

There are very few mental health flags for parking violations. Unhoused flagged events comprise 5 percent of total parking events that received a response from a police officer.

GRAPH: MENTAL HEALTH AND UNHOUSED FLAGS AMONG PARKING VIOLATIONS WITH SWORN RESPONSE, JANUARY-SEPTEMBER 2023



## 6.2 VEHICLE STOP

### QUALITATIVE ANALYSIS

#### Q1 CONTEXT: Why is this a candidate for alternative or co-response?

In the state of California, only sworn peace officers are legally allowed to initiate vehicle stops and enforce traffic laws. There have been recent discussion of changing state law to allow for civilian enforcement of traffic laws. Senate Bill 50 (SB 50), currently pending in the California legislature, proposes to prohibit police officers from conducting traffic stops to enforce certain low-level vehicle code violations (such as an expired registration or a single inoperable headlight or break light) and would also authorize local jurisdictions to enforce low level violations with civilian personnel, such as non-moving violations and equipment violations. The State Senate passed SB 50 in 2023, but it has not yet been passed by the Assembly. State law would need to be amended—either by SB 50 or a similar law—before San José could consider enforcing traffic laws with civilian personnel.

#### Q2 CURRENT STATE: Are vehicle stop events currently being handled by alternative or co-response?

Most vehicle stops are officer initiated, and thus do not come in through the 911 Call Center. Consistent with state law, vehicle stops in San José are only conducted by sworn officers.

#### Q3 CASE STUDIES: Are there any learnings from other jurisdictions on alternative or co-responses to vehicle stops events?

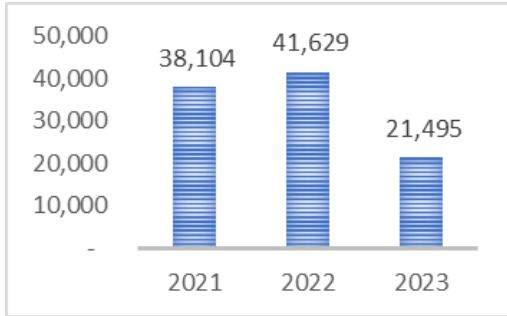
None of the jurisdictions interviewed over the course of this research have alternative response programs or use civilian personnel for vehicle stops.

### QUANTITATIVE ANALYSIS

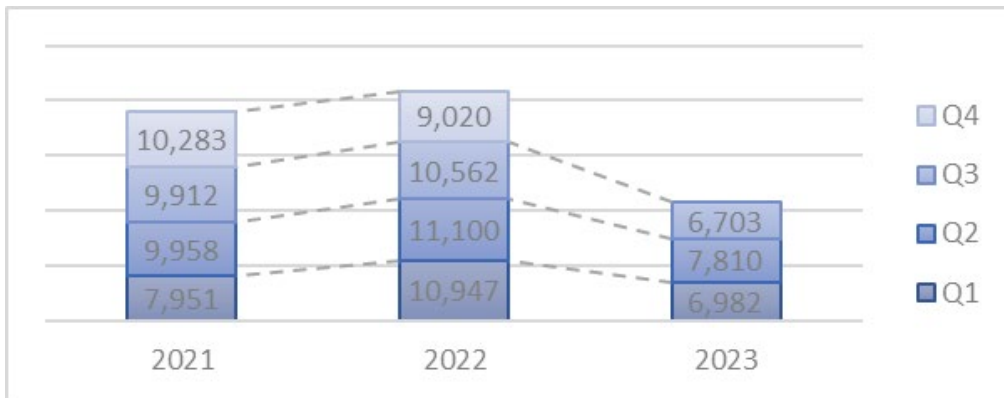
#### Q1 VOLUME: How many vehicle stops are completed each year?

In 2021 and 2022, there were about 40,000 vehicle stop events annually. In 2023, this number has gone down in every quarter, resulting in fewer vehicle stops than during the same quarter in the two previous years.

GRAPH: VEHICLE STOP EVENT VOLUME, 2021, 2022, JANUARY – SEPTEMBER 2023



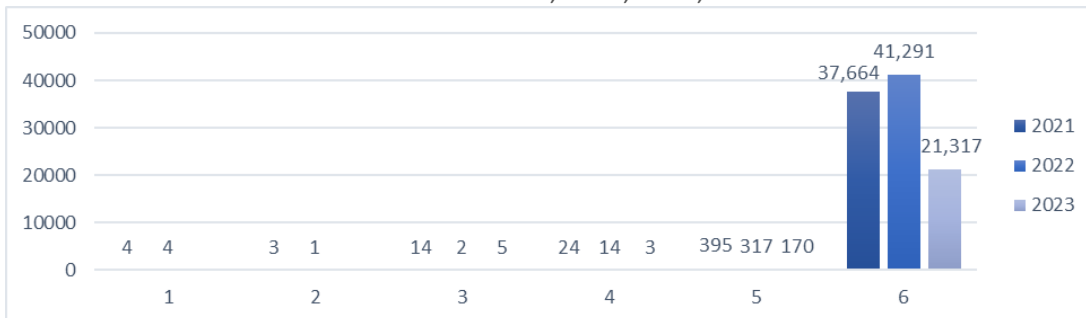
GRAPH: VEHICLE STOP EVENT VOLUME BY QUARTER, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q2 PRIORITY: What priority level are vehicle stops?**

Vehicle stops are primarily a priority 6 event with an additional few hundred year-over-year classified as a priority 5 event. Priority 6 is a designation specifically intended for events where an officer initiates a vehicle or pedestrian stop, so this categorization is expected.

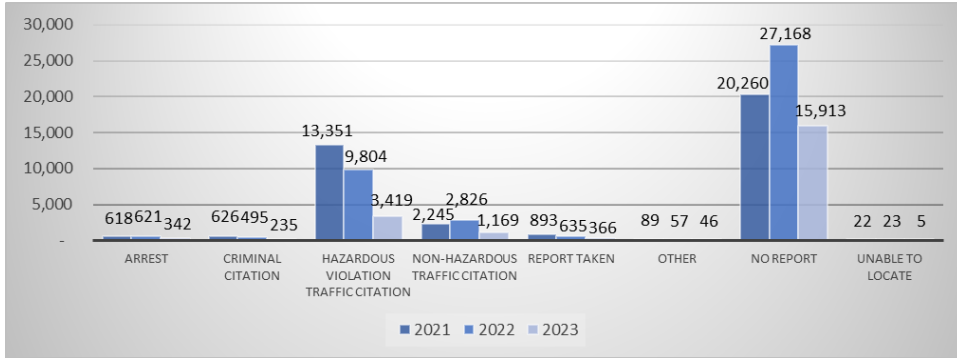
GRAPH: VEHICLE STOP EVENT PRIORITY LEVEL, 2021, 2022, JANUARY – SEPTEMBER 2023



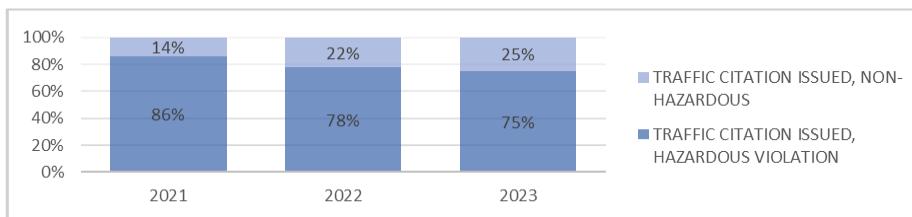
**Q3 DISPOSITION: What is the result of vehicle stop events?**

Most vehicle stops result in no report. When a traffic citation is issued, the data is broken down between hazardous and non-hazardous citations, with hazardous citations indicating a violation that poses a risk to road safety, such as reckless driving, and non-hazardous citations indication a minor infraction. Around 80 percent involve violations that are considered hazardous, while 20 percent are for nonhazardous violations.

GRAPH: VEHICLE STOP BY DISPOSITION , 2021, 2022, JANUARY – SEPTEMBER 2023



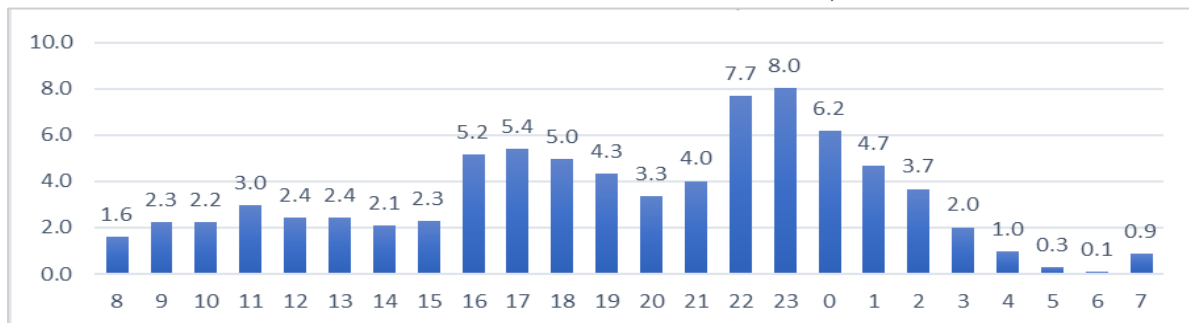
GRAPH: VEHICLE STOP, PERCENT HAZARDOUS VS. NON-HAZARDOUS CITATION, 2021, 2022, JANUARY – SEPTEMBER 2023



**Q4 TIME OF DAY: What time of day does this event happen?**

In 2023, the number of vehicle stops remained under five per hour until 17:00 where it peaked at 5.4 events per hour and then again at 23:00 with eight vehicle stop events per hour. The least vehicle stops happen in the middle of the night when there are far fewer vehicles on the road.

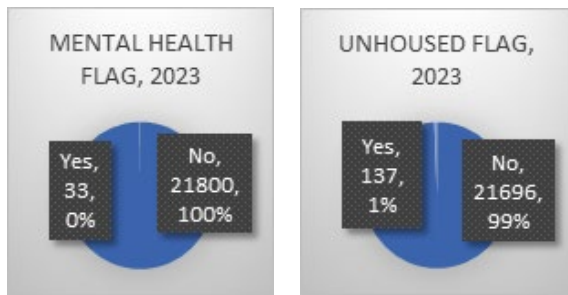
GRAPH: VEHICLE STOPS AVERAGE DAILY OCCURRENCE BY TIME OF DAY, JANUARY - SEPTEMBER 2023



**Q5 FLAGS: What level of mental health or homelessness is related to this event type?**

There are very few unhoused or mental health flags for vehicle stops. This is not a category where either flag would be expected at high levels.

GRAPH: OCCURRENCE OF MENTAL HEALTH CONDITION FLAG IN VEHICLE STOP EVENTS  
JANUARY – SEPTEMBER 2023



### 6.3 FINDINGS: TRANSPORTATION RELATED EVENTS

The 911 Call Center non-emergency number is currently the predominate method for residents to report parking complaints. Current efforts to develop a “Vehicle Concerns” feature for San José 311 have the potential to divert parking complaints from the 911 Call Center and reduce the proportion of those complaints that receive a response from a police officer.

**Finding 10: Current efforts to provide for the reporting of illegal parking concerns through the San José 311 app and Customer Contact Center are expected to help reduce the number of calls that come into 911 for parking-related events, thus reducing the frequency of police response. Staff will monitor the impacts to 911 non-emergency call volumes related to illegal parking activities to determine the effectiveness of improvements made to Vehicle Concerns (formally Abandoned Vehicles) reporting feature on San José 311.**

California Law does not currently allow the City to enforce traffic laws with civilian personnel. Additionally, staff has not been able to identify any models currently operating in the United States that enforce traffic laws with civilian personnel. While SB 50—a state bill that would allow civilian enforcement of low-level traffic violations—passed the state Senate in 2023, it has not advanced through the Assembly.

Staff will continue to monitor SB 50 and other legislation at the state level on this topic as well as efforts to implement civilian enforcement of traffic laws in the United States; however, given the legal limitations and the lack of established service models in this area, staff does not recommend pursuing civilian enforcement of traffic laws.

**Finding 11: Given the requirement in California law that traffic stops be conducted by a peace officer, staff does not recommend developing an alternative response model for vehicle stops.**

## 7. CONCLUSION

The purpose of this report was to identify 911 event types for which an alternate service model would be suitable. Alternative service models are valuable because civilian responders with specialized skills may be able to better assist individuals in crisis and because alternative responders relieve police officers from responding to calls where their particular skill set is not required.

Of the nine event categories examined as part of this project, staff believes that seven are candidates for alternate response. However, additional analysis and coordination with the County is required to further refine the circumstances under which those event types could be responded to by an alternate service model.

Additionally, although data was not available for events involving disabilities, staff believes that events involving disabled individuals in crisis are also appropriate for an alternate response based on the practices of other jurisdictions and current practice within the County. While domestic violence events are not recommended for alternate response, staff noted that some other jurisdictions implement co-response models where civilian personnel respond alongside police officers to provide support and offer services to survivors. State law currently prohibits conducting vehicle stops with civilians; staff does not recommend pursuing alternate response for this event type.

The County already operates an array of services that provide alternate response for individuals in crisis, but the capacity of these services is limited; coordination with the County will be an important component of efforts to expand alternate service models. The next step in pursuing this work would involve developing specific proposals for expanded service in partnership with the County.



## APPENDIX A: SUMMARY OF PROGRAMS IN OTHER JURISDICTIONS

| Jurisdiction                   | Department Location                     | Name of Program | Launch Date | Current Scope   | Offers Alternate Response, Co-Response, or both | Population | Contracted Service or In House | Size of response teams | Hours of Operation           |
|--------------------------------|---|-----------------|-------------|-----------------|---|------------|--------------------------------|------------------------|------------------------------|
| <b>Albuquerque</b>             | Community Safety                        | BHR, CR         | 2021        | Citywide        | Both  | 561,008    | In House                       | 2-3                    | 24/7                         |
| <b>Berkeley</b>                | Health, Housing, and Community Services | SCU             | 2023        | Citywide        | Both  | 118,950    | Contracted                     | 3                      | 6 AM to 4 PM: 7 Days a week  |
| <b>Denver</b>                  | Community and Behavioral Health         | STAR            | 2020        | Citywide        | Both  | 713,252    | Hybrid                         | 2                      | 6 AM to 10 PM: 7 days a week |
| <b>Eugene/<br/>Springfield</b> | Fire Dept and Police Dept               | CAHOOTS         | 1989        | Citywide        | Both  | 177,923    | Contracted                     | 2                      | 24/7                         |
| <b>New York City</b>           | NYC Health and Hospitals & Fire Dept    | B-HEARD         | 2021        | 4 of 5 boroughs | Both  | 8,335,897  | In House                       | 3                      | 9 AM to 1 AM: 7 days a week  |

| Jurisdiction         | Department Location                   | Name of Program | Launch Date             | Current Scope   | Offers Alternate Response, Co-Response, or both | Population | Contracted Service or In House | Size of response teams | Hours of Operation  |
|----------------------|---------------------------------------|-----------------|-------------------------|-----------------|---|------------|--------------------------------|------------------------|---|
| <b>Oakland</b>       | Fire Dept                             | MACRO           | 2022                    | Citywide        | Both  | 430,553    | In House                       | 2                      | 6:30 AM to 2 PM: 7 days a week<br><br>2:00 PM to 9:30 PM, 3 days a week |
| <b>Portland</b>      | Fire and Rescue                       | PSR, CHAT       | CHAT: 2029<br>PSR: 2021 | Citywide        | Both  | 635,067    | In House                       | 2-3                    | 8:00 AM to 10 PM: 7 days a week   |
| <b>Rochester</b>     | Dept of Recreation and Human Services | PIC             | 2021                    | Citywide        | Both  | 209,352    | In House                       | 2-3                    | 24/7  |
| <b>San Francisco</b> | Fire Department                       | SCRT            | 2020                    | Citywide        | Both  | 808,437    | In House                       | 2-3                    | 24/7  |
| <b>Washington DC</b> | Dept of Behavioral Health             | CRT             | 2022                    | Citywide        | Both  | 671,803    | In House                       | 2                      | 24/7  |
| <b>Long Beach</b>    | Health and Human Services             | CCR             | 2023                    | 2 neighborhoods | Both  | 456,062    | In House                       | 3                      | Monday – Friday, 10 AM – 5 PM   |

| Jurisdiction             | Department Location                | Name of Program | Launch Date           | Current Scope       | Offers Alternate Response, Co-Response, or both | Population | Contracted Service or In House | Size of response teams | Hours of Operation  |
|--------------------------|------------------------------------|-----------------|-----------------------|---------------------|---|------------|--------------------------------|------------------------|---|
| <b>Phoenix</b>           | Fire Dept                          | BHU, CRU        | 1995                  | Citywide            | Both  | 1,625,000  | BHU: Hybrid<br>CRU: FTE        | 2                      | BHU: 7 AM to 1 AM<br>7 days a week<br><br>CRU: 24/7                   |
| <b>Los Angeles</b>       | Mayor's Office of Community Safety | CIRCLE          | 2022                  | 5 opportunity zones | Both  | 3,849,000  | Contracted                     | 2                      | 24/7  |
| <b>Austin</b>            | Public Safety Commission           | MCOT, EMCOT     | 2013                  | Citywide            | Both  | 964,177    | Contracted                     | 2                      | MCOT: 24/7<br><br>EMCOT: Mon–Fri, 6am to 10pm. Sat–Sun, 10 AM to 8 PM |
| <b>Harris County, TX</b> | Public Health Department           | HART            | 2022                  | 1 District          | Both  | 4,728,000  | Contracted                     | 2                      | Mon-Sun, 7 AM -10 PM  |
| <b>LA County</b>         | Department of Mental Health        | FIT, TT         | FIT: 2022<br>TT: 2021 | Countywide          | Both  | 9,830,000  | Hybrid                         | 2 and 3                | 24/7  |

| Jurisdiction              | Department Location        | Name of Program         | Launch Date  | Current Scope  | Offers Alternate Response, Co-Response, or both | Population | Contracted Service or In House | Size of response teams | Hours of Operation                        |
|---------------------------|----------------------------|-------------------------|--|--|---|------------|--------------------------------|------------------------|---|
| <b>San Diego County</b>   | Behavioral Health Services | MCRT                    | 2021   | Countywide   | Both  | 3,286,000  | Contracted                     | 3                      | 24/7                                      |
| <b>Santa Clara County</b> | Behavioral Health Services | MCRT, MRSS, TRUST, IHOT | MCRT: 2018<br>MRSS: 2022<br>TRUST 2022<br>IHOT: 2019 | MCRT/MRSS/IHOT: County wide<br>TRUST: San José, Gilroy, North County | Both  | 1,886,000  | Hybrid                         | 2-3                    | IHOT: M-F 8 AM – 5 PM<br>All others: 24/7 |
| <b>San Francisco</b>      | Police Department          | CIT                     | 2011   | Citywide   | Both  | 808,437    | In House                       | 2                      | 24/7                                      |
| <b>Columbus, Ohio</b>     | Fire Department            | RREACT                  | 2019   | Citywide   | Co-Response                                     | 906,528    | In House                       | 2-3                    | Mon-Fri, 9 AM – 4 PM                      |
| <b>San José</b>           | Police Department          | PERT, MCAT              | PERT: 2022,<br>MCAT: 2021                            | Citywide   | Co-Response                                     | 971,233    | In House                       | 2                      | Mon-Sun, 10 AM – 8 PM                     |

| Jurisdiction        | Department Location                | Name of Program | Launch Date | Current Scope | Offers Alternate Response, Co-Response, or both | Population | Contracted Service or In House | Size of response teams | Hours of Operation   |
|---------------------|------------------------------------|-----------------|-------------|---------------|---|------------|--------------------------------|------------------------|----------------------|
| <b>Dallas</b>       | Integrated Public Safety Solutions | RIGHT Care      | 2018        | Citywide      | Co-Response                                     | 1,288,000  | In House                       | 3                      | 24/7                 |
| <b>Philadelphia</b> | Police Department                  | CIRT            | 2023        | Citywide      | Co-Response                                     | 1,576,000  | In House                       | 2                      | Mon-Fri, 7 AM – 6 PM |

## APPENDIX B: FREQUENCY ANALYSIS BY CALL TYPE FOR OTHER JURISDICTIONS INTERVIEWED

**Frequency Analysis on Alternative Response Programs to common call types for City Jurisdictions:**

| Call Type                            | Albuquerque | Berkeley | Denver | Eugene/Springfield | New York | Oakland | Portland | Rochester | San Francisco | Washington DC | Long Beach | Phoenix | Los Angeles | Austin | Summary |
|--------------------------------------|-------------|----------|--------|--------------------|----------|---------|----------|-----------|---------------|---------------|------------|---------|-------------|--------|---------|
| Vehicle Stops                        |             |          |        |                    |          |         |          |           |               |               |            |         |             |        | 0/14    |
| Minor Disturbances                   | X           |          | X      | X                  |          | X       | X        | X         |               |               |            | X       |             |        | 7/14    |
| Welfare/Wellness Check               | X           | X        | X      | X                  |          | X       | X        | X         | X             | X             | X          | X       |             | X      | 12/14   |
| Suspicious Occurrence/Person/Vehicle | X           |          |        |                    |          |         |          |           | X             |               |            | X       |             |        | 3/14    |
| Mental Health                        | X           | X        | X      | X                  | X        | X       | X        | X         | X             | X             | X          | X       |             | X      | 13/14   |
| Domestic Violence                    |             |          |        |                    |          |         |          |           |               |               |            |         |             |        | 0/14    |
| Substance Abuse                      | X           | X        | X      | X                  |          | X       | X        | X         | X             | X             | X          | X       |             | X      | 12/14   |
| Suicidal Person                      | X           | X        | X      | X                  |          |         |          | X         | X             | X             | X          | X       |             | X      | 10/14   |
| Family Disturbance                   | X           |          | X      | X                  |          |         |          | X         |               |               |            | X       |             |        | 5/14    |
| Homelessness/Encampment              | X           | X        | X      | X                  |          | X       | X        | X         | X             | X             |            | X       | X           | X      | 12/14   |

Key:  Most Common Response Category  Lesser Common Response Category  Rare or No Response Category

**Frequency Analysis on Alternative Response Programs to common call types for County Jurisdictions:**

| Call Type                            | Harris County | San Diego County | Los Angeles County | Santa Clara County (MCRT, TRUST, MRSS, IHOT) | Summary |
|--------------------------------------|---------------|------------------|--------------------|--|---------|
| Vehicle Stops                        |               |                  |                    |  | 0/4     |
| Minor Disturbances                   | X             | X                |                    |  | 2/4     |
| Welfare/Wellness Check               | X             |                  | X                  | X  | 3/4     |
| Suspicious Occurrence/Person/Vehicle | X             |                  |                    |  | 1/4     |
| Mental Health                        | X             | X                | X                  | X  | 4/4     |
| Domestic Violence                    |               |                  |                    |  | 0/4     |
| Substance Abuse                      | X             | X                | X                  | X  | 4/4     |
| Suicidal Person                      | X             | X                | X                  | X  | 4/4     |
| Family Disturbance                   |               | X                |                    |  | 1/4     |
| Homelessness/Encampment              | X             | X                |                    | X  | 3/4     |

**Key:**  Most Common Response Category  Lesser Common Response Category  Rare or No Response Category

## APPENDIX C: DESCRIPTION OF PROGRAMS IN OTHER JURISDICTIONS

### 1. Berkeley Specialized Care Unit (SCU):

#### *SERVICE MODEL:*

The City of Berkeley Specialized Care Unit is a recently implemented program operated by a community-based organization known as Bonita House, with Berkeley city staff providing oversight. Bonita House was chosen for this role in part due to its existing relationship within the community, especially when it comes to frequent 911 callers who trust Bonita House to provide quality service as well as experience in providing crisis response services in the community. The responding team consists of three members, a behavioral health clinician, an EMT, and a peer support specialist. Currently, the SCU operates two teams, seven days a week from 6 a.m. to 4p.m., with at least one team on duty at a time.

#### *CALL TYPES:*

Mental health or substance related calls for service that are non-violent.

#### *CALL TREE:*

Currently, the SCU receives calls through a direct line and does not triage calls through 911 or a 988 crisis hotline. When a call is made to the SCU direct line, the call taker collects basic information and ask the caller to describe what the crisis is about. The call taker also asks about the history of the person in crisis, including past or present behaviors and medications they might be taking. If the call is deemed an appropriate, low-risk mental health call, the SCU is dispatched to the location of the caller or individual in crisis in a specially retrofitted van. If the call taker determines that the call is out of the scope of the SCU and involves a medical or police response, the call is triaged to 911.

#### *VOLUME:*

Although the SCU is a new operation, the team responded to 39 calls in the first month of operation and made 12 contacts with individuals experiencing a mental health crisis.

#### *PARTNERSHIP:*

The SCU has support from city leadership, the police department, and fire department. In the case of calls that the SCU are unable to de-escalate or that responders discover involves a weapon or a medical emergency, SCU will contact 911.

#### *EFFICACY:*

Since the Berkeley SCU is a new program, the city is currently working with a consultant to design a program evaluation within a results-based accountability framework that seeks to measure whether the public is “better off” with the implementation of the SCU. The SCU anticipates it will also be examining call data to determine whether the quantity and type of calls that traditionally have been going to 911 have shifted to SCU after implementation.



### *SAFETY:*

SCU team members are trained on de-escalation methods, cultural competency, and situational awareness among many other crisis response-specific topics. The team is trained to contact 911 if a situation escalates. Calls are vetted once they are received to determine if they are safe and within the scope of an SCU response.

## **2. Denver Support Team Assisted Response (STAR):**

### *SERVICE MODEL:*

Currently, STAR operates a model in which a mental health clinician from a non-profit known as WellPower responds to incidents with a Denver health paramedic or EMT. Teams operate from 6 a.m. to 10 p.m. seven days a week. Currently, STAR operates with a total of 16 paramedics including supervisors, 16 clinicians, and six sprinter vans, but will soon be adding two additional vans. STAR partners with five case managers to help coordinate services with the public. The majority of STAR case manager follow up is through an agency known as Servicios De La Raza.

### *CALL TYPES:*

The most common call types responded to by STAR include welfare checks, assists (individuals who need general assistance such as information, transportation, etc.), trespassing or unwanted persons, suicidal persons, disturbances, and follow ups. STAR also responds to other call types on a less frequent basis, including subject stops, encampments, and family disturbances. Of note, STAR reports that approximately 40 to 50 percent of the calls it responds to involve the unhoused or individuals living in vehicles.

### *CALL TREE:*

Currently, STAR can be dispatched through two main points of entry:

1. Through a 911 call taker
2. Through a 10-digit hotline that is triaged through 911

When a call is answered by a 911 call taker, the call taker asks a series of questions to determine whether the call is behavioral in nature and whether it falls within the call types that STAR responds to. STAR can also be contacted by police officers that respond to an incident, who realize that the call is more suited for STAR after their arrival. STAR will then arrive on scene to free up the police officer to focus on any other, more urgent calls.

### *VOLUME:*

In 2022, STAR responded to 5,719 incidents out of 13,008 calls there were flagged. Beginning in January of 2023, and as of November 2023, STAR responded to over 5,900 calls.

### *PARTNERSHIP:*

STAR currently has the support of the Denver Police Department. Interviewed staff believe that, since Denver had an effective co-response model already in place by the time of STAR's initial pilot, the

implementation of an alternative response program went more smoothly than it might have been if there were no other models in place at the that time.

#### *EFFICACY:*

Some standard metrics that STAR uses to evaluate the effectiveness of services include the total amount of calls it has been responded to, the total number of requests received, whether an encounter was clinical or non-clinical, and the number of referrals issued. STAR is currently working with an evaluator to conduct a program evaluation and measure long-term outcomes, cost savings, and the impact of the program within the police department as well as with the public.

#### *SAFETY:*

When it comes to questions involving the safety of alternative responders, interviewees mentioned that proper call vetting is essential to determining whether STAR is an appropriate response. STAR staff do not report feeling unsafe and note that there is a difference between discomfort and safety when responding to a call for service.

### **3. Eugene/Springfield Crisis Assistance Helping Out On The Streets (CAHOOTS):**

#### *SERVICE MODEL:*

Of the jurisdictions interviewed in this project, CAHOOTS was the longest running program, first started in the 1980s. CAHOOTS has acted as a national model for other jurisdictions who are looking at alternatives to traditional police response. CAHOOTS uses a contract model of service, and services are provided through the White Bird Clinic. CAHOOTS operates two-person teams consisting of a medic (nurse, paramedic, or EMT) paired with a crisis worker who has training and experience in the mental health field. CAHOOTS currently operates two emergency response vans 24 hours a day and seven days a week. CAHOOTS services both the cities of Eugene and Springfield, Oregon. Within Eugene, CAHOOTS is managed by the Eugene Fire Department. Within Springfield, CAHOOTS is managed by the Springfield Police Department.

#### *CALL TYPES:*

CAHOOTS primarily responds to calls involving welfare checks, assistance to the public, transportation, and suicidal subjects. CAHOOTS also responds to several calls at a less frequent capacity, including disorderly subjects, traffic hazards, criminal trespassing, disputes, found syringes, intoxicated subjects, and calls that fall into the category of “other”.

#### *CALL TREE:*

CAHOOTS is currently dispatched through the same dispatching system as the Eugene Police Department and the Eugene-Springfield Fire Department. Calls can be triaged to CAHOOTS from the 911 emergency line, the 911 non-emergency line, a direct call line, or a 988 crisis hotline. CAHOOTS can also be contacted through nontraditional means, such as members of the public noticing a CAHOOTS van and flagging it down for assistance. Since CAHOOTS effectively acts as an additional wing of public safety, Eugene dispatchers are empowered to dispatch CAHOOTS as needed. Initially, the police department worked with CAHOOTS staff to develop criteria for what type of calls could be responded to by CAHOOTS, adapting that portfolio with experience.

#### *VOLUME:*

CAHOOTS responds to about 24,000 calls for service a year, out of which only around 150 require police back up.

#### *PARTNERSHIP:*

CAHOOTS collaborates with both local police and fire departments and will sometimes respond jointly with either, depending on the nature of a call. CAHOOTS staff carry a police radio to request a response in a crisis, if needed.

#### *EFFICACY:*

CAHOOTS looks at several different metrics to evaluate the efficacy of its responses including how many calls it receives and any developing trends.

#### *SAFETY:*

CAHOOTS responds to call types that do not involve weapons or acts of violence. Additionally, CAHOOTS outreach workers carry a police dispatch radio with them and can use the radio to call in for police back up at any time.

### **4. Albuquerque Behavioral Health Responders (BHR) and Community Responders (CR)**

#### *SERVICE MODEL:*

The City of Albuquerque operates extensive alternative response programs, directly run and implemented by city staff through its Department of Community Safety. Albuquerque first launched its alternative response programs in September of 2021, although the city had a co-response model in place leading up to the implementation of alternative response models. Albuquerque operates a tiered system, in which three teams that are trained to respond to varying degrees of call priorities, effectively acting as a third branch of public safety alongside police and fire. Staff are comprised of mental health clinicians and credible messengers. Staff receive city benefits and retirement plans and are paid above the national average. Teams operate 24 hours a day and seven days a week. In total, the Department of Community Safety has 124 full time staff members.

#### *CALL TYPES:*

Alternative response programs in Albuquerque respond to calls involving the unsheltered, welfare checks, suspicious persons, disturbances, panhandling, needle pickups, abandoned vehicles, high utilizers, and several other circumstances.

#### *CALL TREE:*

Albuquerque response teams are usually activated by calls received through 911 and the 311 non-emergency line. Calls are not currently being triaged through 988, although this may change in the future. When a call comes into the 911 Call Center, a police department call taker determines the appropriate responding agency – Police, Fire, or Community Safety. A community safety triage specialist, with a background in behavioral health and training as a call taker, is embedded at the call

center. The triage specialist advises call takers on which calls can be diverted from police. Albuquerque currently operates a 1-5 priority level system when triaging calls, with 1 being the highest priority. If the call is determined to be a level 1 or 2, where responder safety would be at high risk, the call is triaged to a co-response team known as the Mobile Crisis Team composed of a uniformed police officer and an independently licensed mental health clinician. If a call is within scope and is given a priority level of 2 or below, where a responder's safety is low risk, the call is triaged to a Behavioral Health Responder unit. For the lowest level priority 4 and 5 calls, community responders will be activated and dispatched. Teams can also be dispatched by officers who respond to an incident and determine that an alternative response team is more appropriate.

#### *VOLUME:*

In the first year of service, alternative response teams in Albuquerque responded to over 12,000 calls. Following the success of the initial pilot, the city increased staffing and embedded a behavioral health responder within the dispatching process. After implementing a behavioral health responder in the dispatch center, the number of calls diverted to alternative responders tripled in one day. The city has since created permanent positions for that role. In the first two years of operation, alternative responders responded to 46,000 calls for service and are currently diverting about five percent of all calls from Albuquerque Police Department.

#### *PARTNERSHIP:*

The Community Safety Academy includes several sections taught by police and fire. As a third branch of public safety, the Department of Community Safety partners closely with both groups and teams operate using police radios.

#### *EFFICACY:*

Albuquerque looks at several key metrics when evaluating its programs, many of which are publicly available through its website. Some of these data points include looking at the number of calls diverted; how fast response times are for alternative responders, police, and fire; and measuring outcomes and services.

#### *SAFETY:*

Less than one percent of calls responded to by alternative response teams require a police officer back up. Albuquerque reports having a competitive applicant pool when it comes to position openings. Additionally, Albuquerque alternative responders receive mental health related self-care benefits in addition to the city's employee assistance program and works with an in-house counselor to support staff members.

## **5. New York City Behavioral Health Emergency Assistance Response Division (B-HEARD)**

#### *SERVICE MODEL:*

First launched in June of 2021, B-HEARD began in two precincts in East Harlem, and as of October 2023, operates in 31 precincts across four out of five boroughs in New York City. These include northern Manhattan, high needs neighborhoods in Brooklyn, western Queens, and all of the Bronx. B-HEARD represents a coordinated effort by the New York City Fire Department Emergency Medical Services (FDNY/EMS), New York City Health and Hospitals System (H+H), the Department of Health

and Mental Hygiene (DOHMH), the New York City Police Department (NYPD), and the Mayor's Office of Community Mental Health (OCMH) to move towards a more health-centered approach to mental health emergencies. DOHMH provides an advisory role for the program. NYPD is an important partner because it manages the 911 process and provides support for B-HEARD teams on the ground when necessary. NYC H+H and FDNY/EMS manage the B-HEARD teams and provide training and ongoing support. The Mayor's Office of Community Mental Health provides programmatic oversight for this pilot. Responding teams include two EMTs/paramedics and one mental health professional from H+H. B-HEARD teams currently operate from 9 a.m. to 1 a.m., seven days a week.

#### *CALL TYPES:*

B-HEARD responds to 911 calls that involve a mental health nexus. These include calls involving homelessness or minor disturbances.

#### *CALL TREE:*

B-HEARD responds to behavioral health related calls that are dispatched through the 911 call system. Call takers screen calls and determine the nature of the call. If the call taker determines that there is no indication of violence, and the call is of a mental health nature, then B-HEARD is eligible for dispatch. Currently, 911 calls are not being diverted to 988. There are situations in which 988 can facilitate a direct connection to 911, at which point call takers determine if B-HEARD is an eligible response. If the call taker determines the call involves a mental health issue, the call taker asks the caller if they are a mental health professional and if the person who needs support has already been assessed.

#### *VOLUME:*

B-HEARD pilot has been a success. From launch in June 2021 through December 2022, B-HEARD responded to over 4,000 911 mental health calls. During the 16 hours a day, when B-HEARD teams were operational from July 1, 2022 – December 31, 2022 in 11 precincts, there were approximately 13,350 mental health 911 calls; about 29 percent of those calls were eligible for a B-HEARD response. During the first six months of fiscal year 2023, B-HEARD teams responded to the majority (53 percent) of mental health calls eligible for a B-HEARD response as the services grew to serve more neighborhoods. About 50 percent of the patients were treated and served in their community with options for behavioral healthcare that was not previously part of emergency response. Staying in the community to receive care means avoiding an unnecessary transport to a hospital emergency room.

#### *PARTNERSHIP:*

B-HEARD works closely with NYPD and has frequent check ins and meetings. B-HEARD staff can contact NYPD via radio in cases when back up is necessary. Since B-HEARD is dually operated by FDNY and H+H, teams have access to well-developed records on frequent callers who often use medical services.

#### *EFFICACY:*

Some of the indicators that B-HEARD looks at to determine the efficacy of its programs includes the number of calls teams respond to, the number of individuals transported to hospitals, and whether it was able to resolve an issue by connecting an individual with resources in their community without transportation to a hospital.

#### *SAFETY:*

B-HEARD staff receive extensive safety training, training on de-escalation, and training on situational awareness. In situations in which staff may feel unsafe, NYPD is contacted. All calls are screened to ensure there is little risk of violence before B-HEARD is dispatched.

## **6. Oakland Fire Department's Mobile Assistance Community Responders of Oakland (OFD MACRO)**

### *SERVICE MODEL:*

OFD MACRO runs a two-person response model that includes an EMT and a crisis intervention specialist with lived experience. Members of alternative response teams are full time employees of the City of Oakland. Although OFD MACRO began as a pilot program, the program is looking to expand its efforts to operate 24 hours a day and seven days a week by 2026.

### *CALL TYPES:*

Some call types addressed by OFD MACRO include low level mental health concerns, moderate mental health challenges, indecent exposure, wellness checks, sleepers, people found senile, public intoxication, noise complaints, disorderly juveniles, and non-aggressive panhandlers.

### *CALL TREE:*

OFD MACRO receives calls that are triaged through the 911 fire dispatch call system. Currently, OFD MACRO does not have a direct line and does not receive calls from 988, but the program is looking to expand to both entry points.

OFD MACRO will launch its dedicated phone line in February 2024. Requests for services can be sent to [MACRO@oaklandca.gov](mailto:MACRO@oaklandca.gov)

### *VOLUME:*

OFD MACRO currently runs one or two teams a day and responds to approximately 400 to 800 calls a month.

### *PARTNERSHIP:*

OFD MACRO is located within Oakland Fire Department (OFD) and indicates that they lean on OFD when it comes to institutional knowledge. OFD MACRO also works closely with Oakland Police Department (OPD) when it comes to providing support on calls and data sharing.

### *EFFICACY:*

The main measures of efficacy that OFD MACRO currently examines include the number of calls diverted, the resources saved through diversion, and the connection of services that are made.

### *SAFETY:*

OFD MACRO stresses the importance of clear vehicle markings to indicate the identity of the responding service and make clear it is not a police response. OFD MACRO does not detain individuals or conduct 5150 holds and OFD MACRO does not enter private residences unless first cleared by OPD.

## **7. City of Portland Community Health Assess and Treat (CHAT) and Portland Street Response (PSR)**

### *SERVICE MODEL:*

CHAT and PSR teams consist of two to three members each and both teams are located within Portland Fire and Rescue. CHAT teams consist of two community health medical responders. PSR teams consist of an EMT and a mental health crisis responder. Alternative response teams are all full-time equivalent positions.

#### *CALL TYPES:*

The City of Portland operates two alternative response teams. The CHAT team responds to low acuity medical calls and the PSR team responds to those experiencing a behavioral or mental health crisis.

#### *CALL TREE:*

Currently, Portland's alternative response teams are triaged through 911, the non-emergency call line, 988, Project Respond, (Portland Police Bureau and Portland Fire and Rescue responders). The City of Portland hopes to include a clinician within its dispatch center in the future.

#### *VOLUME:*

As of December 2023, PSR has responded to over 7,000 911 calls.

#### *PARTNERSHIP:*

Portland's alternative response teams work in partnership with law enforcement when it comes to evaluating programs. Portland's alternative response teams also work closely with local non-profit organizations when it comes to shelter referrals, housing referrals, and recovery programs.

#### *EFFICACY:*

One metric that Portland alternative response teams look at are how many individuals were treated in the community and diverted away from an ambulance or hospital room visit.

#### *SAFETY:*

Response teams are trained in de-escalation and disengagement. Teams do not respond to any calls involving weapons or violence.

### **8. City of Rochester Person in Crisis (PIC) Team**

#### *SERVICE MODEL:*

The City of Rochester Person In Crisis team was launched in 2021, as a component of the Crisis Intervention Services Unit within the Department of Recreation and Human Services at the City of Rochester. Teams consist of emergency response social workers, behavioral health professionals, licensed social workers, licensed marriage and family therapists, peer support specialists, and mental health counselors. PIC currently operates two teams per shift. The PIC team responds through a co-response model as well as independently, but it is working towards more PIC independent responses. According to the publicly available PIC dashboard, as of October 2023, PIC responds to 24 percent of calls independently and 76 percent of calls using a co-response model. PIC does not transport individuals but can contact Lyft or its ambulance partner, depending on the situation when transportation is needed. The Crisis Intervention Services Unit also has a separate team who supports family members, the community, and police officers following homicides.

#### *CALL TYPES:*

PIC responds to mental and behavioral health crises, homelessness, substance use, youth-related behavioral health crises, family/neighbor intervention, wellness checks, and other calls involving quality of life. PIC also responds, as a co-response model, in conjunction with police or following officer engagement on calls involving domestic violence, fire scenes, a death in the home, and other call types.

#### *CALL TREE:*

When an emergency call is made through 911 and falls within the scope of activity that PIC is trained to address, the PIC team will be dispatched, in conjunction with an officer from the Rochester Police

Department, using a co-response model; although, there are circumstances when PIC is independently dispatched through 911. When contacted through 211 or 988, PIC will typically respond to an incident independent of the Rochester Police Department.

#### *VOLUME:*

In a typical week, PIC responds to approximately 150 to 200 calls. In 2022, PIC responded to a total of 9,613 calls for service.

#### *PARTNERSHIP:*

Some key partnerships that PIC cites include its 911 Call Center team, 211, and its ambulance partner. PIC also cites its partners in Monroe County as crucial when it came to launching the team. Monroe County was already operating crisis response programs at the time PIC was being constructed and helped guide the development of the program.

#### *EFFICACY:*

A couple key measures of efficacy cited by PIC include the number of calls diverted and the number of hospital visits diverted. The PIC publicly available dashboard also lists calls by outcome as a measure that the program is currently monitoring.

#### *SAFETY:*

PIC personnel can enter private residences, as opposed to some jurisdictions interviewed over the course of this study that did not have authority to enter a residence. PIC responders stay in contact with 911, providing updates when responding to calls independently, and can call for police back up when necessary.

### **9. City and County of San Francisco Street Crisis Response Team (SCRT)**

#### *SERVICE MODEL:*

SCRT employs what it refers to as the “community paramedicine model” and is housed within the San Francisco Fire Department. Employees are full-time City and County of San Francisco staff members and trained by San Francisco fire fighters, in what is regarded as a nationally recognized training program for community responders. SCRT staff are composed of an EMT and a peer support specialist who respond to incidents as well as a licensed behavioral health clinician from the Public Health Department who provides follow-up care. SCRT operates using vans that are equipped with emergency medical supplies and provide transport when necessary. SCRT currently operates a 24 hours a day and seven days a week service model and has eight units in total. SCRT also operates a frequent user program that consists of a team of community paramedic captains who work to assist frequent 911 callers. SCRT has found that seven percent of 911 callers account for 17 percent of call volume.

#### *CALL TYPES:*

The City and County of San Francisco SCRT responds to behavioral health/mental health related calls as well as calls that require basic medical attention that can be handled by a paramedic or EMT.

#### *CALL TREE:*

Currently, about 90 percent of calls for service that SCRT responds to are dispatched through 911, while most remaining calls are self-dispatched when SCRT is “on view” and observes an incident occurring in the community. If a 911 call for a mental health crisis involves weapons, an imminent threat of violence, or serious injury, it will be handled by the San Francisco Police Department. SCRT responds primarily to low level mental health calls. A Behaviorally Anchored Rating Scale (BARS) assessment is completed by the team based on the dispatch information to help determine what



calls are suitable for an SCRT response. Dispatchers then send suitable calls to SCRT for review and the calls are placed into the police queue. SCRT responds to the most acute sounding calls if there are multiple calls in the queue.

*VOLUME:*

In 2022, SCRT responded to over 14,856 calls for service.

*PARTNERSHIP:*

SCRT works closely with its internal staff in the San Francisco Fire Department and have developed an extensive training program that is well regarded as a national model when it comes to community paramedicine. SCRT also works with the San Francisco Public Health Department for staffing behavioral health experts and clinicians, especially when it comes to providing follow-up care.

*EFFICACY:*

SCRT looks at several metrics when measuring efficacy. Some of the measures examined are the number of encounters made with the public, calls diverted from police or fire, cases that avoided a hospital transport, the average response time of a call, and the average turnaround time of a call. Currently SCRT averages a 16-minute response time. About 50 percent of calls for service stay in the community, 25 percent end with a hospital transportation, and 25 percent end with an alternate transportation destination (shelter, drop-in center, etc.).

## **10. Washington D.C. Crisis Response Team (CRT)**

*SERVICE MODEL:*

CRT responders consist of behavioral health specialists, licensed clinicians, and peers in recovery. Teams are available 24 hours a day and seven days a week. The CRT is housed in the Department of Behavioral Health. Teams consist of full-time employees who conduct on the spot assessments and refer individuals to behavioral health care providers. Responders can also encourage/refer individuals for treatment, employment programs, education programs, and economic benefit programs. In addition to the 911 behavioral health diversion program, Washington D.C. operates a number of diversion programs located in other departments, including a non-injury vehicle crash service, a parking service, a nurse triage line, and child and family services.

*CALL TYPES:*

The Washington D.C. Department of Behavioral Health (DBH) responds to low-risk 911 calls that fall within the behavioral health or mental health call type. Two-thirds of calls are successfully resolved by DBH's crisis call center (Access Help Line); one-quarter to one-third result in the deployment of a mobile crisis response team from DBH's Crisis Response Team (CRT). Recently, Washington D.C. worked with Harvard University's Government Performance Lab to conduct an analysis and eliminate some exclusionary factors in an effort to increase the number of call types eligible for a DBH response.

*CALL TREE:*

Currently DBH's CRT receives requests for service directly through its own crisis line as well as having some calls referred to it through the 911 diversion program. CRT can also be dispatched for calls coming to the Access Help Line through 988. Washington D.C. has reduced, from nine to three, the number of "exclusionary factors" that it uses to determine whether a call is within the scope of DBH

or more suitable for another response. DBH call takers and mobile responders use the Columbia Suicide Severity Rating Scale to assess suicide risk and to guide disposition of those cases.

*VOLUME:*

|                              | FY 2022 | FY 2023 | FY 2024 YTD |
|------------------------------|---------|---------|-------------|
| # of calls diverted from 911 | 470     | 644     | 212         |

Call volume began to increase in quarter 4 of fiscal year 2023 when DBH began to incrementally add eligible call types and reduce the number of exclusionary criteria. If fiscal year 2024 quarter 1 levels are sustained, the annualized call volume would be 848 with no further changes. However, the Office of Unified Communications, the district’s 911 and 311 Call Centers, plans to implement new triage technology that uses algorithms enabling call takers to relay calls to the most appropriate option, such as DBH. Changes to increase the number of calls eligible for diversion, as well as the new triage technology, are projected to generate a 10-fold increase in diverted calls.

*PARTNERSHIP:*

The Department of Behavioral Health works closely with the Washington D.C. Police Department when it comes to determining what call types CRT should handle. DBH also set up a unit within the police department that trains officers on mental health first aid and crisis intervention training.

*EFFICACY:*

CRT uses metrics such as the number of 911 calls that were diverted and hospital visits diverted when analyzing the efficacy of its programs. Interviewees noted the importance of cross agency relationships when it comes to collecting data and measuring the efficacy of programs.

*SAFETY:*

Nine criteria were initially used to exclude 911 calls automatically from being diverted to DBH.

1. If weapons are present
2. Indications of violence/safety concerns
3. Emergent/imminent risks
4. Medical/injury concerns
5. If a person has ingested a substance (drugs/alcohol)
6. If a person is under the age of 18
7. If a person is hallucinating
8. If the person on the line is a third party caller
9. If the caller directly asks for an officer

After working with Harvard University’s Government Performance Lab, six of those exclusionary criteria were eliminated. Three exclusionary factors still remaining include:

1. If weapons are present;
2. Threats of serious physical violence; and,
3. Medical/injury concerns.

**11. Harris County, Texas, Holistic Assistance Response Team (HART)**

#### *SERVICE MODEL:*

HART teams are comprised of a contracted crisis intervention specialist and an EMT. The program is housed within the Violence Prevention Services Division within the Harris County Public Health Department. HART currently operates every day from 7 a.m. to 10 p.m., which it discovered to be the time range in which the most calls for service were received during the development process. HART is working to expand into a 24 hours a day, seven days a week service. When initially launched, the HART program began responding to six different call codes and operated in one Harris County Sheriff's Office district before expanding the scope of the program. HART responders provide support to officers if they are contacted by an officer following any instance, including those related to domestic violence. One major objective of HART involves connecting individuals with case managers to disrupt repeat callers.

#### *CALL TYPES:*

The Harris County HART program responds to a number of non-violent call types, including mental health related calls, suspicious persons, welfare checks, minor disturbances, homelessness, and many others. In total HART responds to over 60 identified call types.

#### *CALL TREE:*

Calls are triaged to HART based on screening criteria. Exclusionary factors that might disqualify a HART response include if any weapons are involved, if there is a history of violence at the address in which the call originated and if there are any injuries that require advanced medical care. HART teams are equipped with mobile dispatch computers so that they can see what 911 calls are coming through during the dispatch process.

#### *VOLUME:*

In its first year of service, HART responded to over 2,000 calls for service. In the second year of operation, HART has a goal of responding to over 7,500 calls for service.

#### *PARTNERSHIP:*

HART works closely with a number of partners, including local fire departments. HART reports that the team responds to many calls at homeless encampments and it coordinates with fire departments as fire emergencies often occur at encampments. HART also works closely with emergency medical services to address repeat callers and help link these callers to services.

#### *EFFICACY:*

When initially launched as a pilot program, HART worked with Harvard University to determine which districts the program should begin with. HART also works with an internal data team located in the Harris County Public Health Department to keep track of key indicators. Key indicators include the different types of services referred, service linkages that were secured, shifts in repeat callers, and how many callers are being case managed. Harris County also has a publicly available dashboard where users can view key metrics and data points.

#### *SAFETY:*

One strategy used by HART is that the team, before responding, can check the history of a specific address to ensure there has not been a history of violence. Call takers use a decision tree when gathering information to help determine whether or not a call is safe and within the scope of HART. HART staff can enter private homes if they receive permission.

## **12. County of Los Angeles Field Intervention Team (FIT) and Therapeutic Transportation Team (TT)**

### *SERVICE MODEL:*

County of Los Angeles operates a number of crisis response teams. The FIT teams take behavioral health calls directly from the community or calls that are transferred from 988. The vast majority of the FIT teams are directly operated by the county. The county has also contracted out for additional teams for nights and weekends. The teams are made up of two mental health professionals, typically a clinician and a peer support specialist. In addition, the county operates TT teams comprised of a clinical van driver, a psychiatric technician, and a peer support specialist. The TT teams take calls triaged through 911 and Fire and work in partnership with the City of Los Angeles.

### *CALL TYPES:*

The County of Los Angeles alternative response teams primarily respond to calls involving a behavioral health nexus.

### *CALL TREE:*

Currently, FIT teams are contacted and dispatched through the Department of Mental Health's 24 hours a day, seven days a week ACCESS Help Line. TT teams are contacted and dispatched through the 911 call system. In addition, calls can be responded to when 988 is unable to resolve the call over the phone and the call is warm transferred to the Department of Mental Health for dispatch.

### *VOLUME:*

FIT responds to 1,200 to 1,500 crisis calls per month.

### *PARTNERSHIP:*

Both FIT and TT teams work closely with police departments, fire departments, and non-profit groups and shelters.

### *EFFICACY:*

The County of Los Angeles currently publishes quarterly reports in which displays data on services provided, the number of cases that involved hospitalization, the number of dispatches per month, the number of calls that required 5150 holds, and the number of calls that did not involve law enforcement.

### *SAFETY:*

Alternative response teams receive extensive safety training and work in partners to help ensure safety. Law enforcement is available as backup when necessary. The County of Los Angeles is also looking at the possibility of adding a global positioning system to track the devices of alternative responders.

## **13. County of San Diego Mobile Crisis Response Team (MCRT)**

### *SERVICE MODEL:*

MCRT is administered through a contractor and operates 24 hours a day and seven days a week. Teams are comprised of licensed mental health clinicians, case managers, and certified peer support specialists. Currently, there are 35 teams in operation. Call data analysis is conducted to determine where to effectively station teams. If needed, case managers will follow-up with individuals for up to

30 days following initial contact. MCRT also monitors and tracks high service utilizers so that they can better address these individuals through case management.

*CALL TYPES:*

The County of San Diego MCRT responds to calls involving a behavioral health crisis.

*CALL TREE:*

MCRT responds to calls that are received from 911 or 988. Dispatchers collect information from callers, including names, descriptions, address/cross streets, a description of what is happening, and additional safety considerations. Calls are ruled out if there are safety concerns, an imminent threat of violence, medical emergencies, police assistance requests, investigations related to violence, or criminal activity.

*VOLUME:*

MCRT averages response to approximately 500 calls for service a month.

*PARTNERSHIP:*

MCRT works closely with the police departments within the County and has a monthly workgroup with law enforcement officials.

*EFFICACY:*

Some measures of efficacy currently being examined include response times, how many calls were diverted, care coordination data, re-entry data, and the level of care utilized by individuals. The goal of MCRT is to divert 80 percent of individuals away from emergency departments.

*SAFETY:*

MCRT's response is determined based on safety considerations. MCRT does not engage in 5150 restraints or takedowns. MCRT can request police backup if needed.

#### **14. City and County of San Francisco Crisis Intervention Team (CIT)**

*SERVICE MODEL:*

The San Francisco CIT uses a co-response model to respond to higher level mental health incidents that are out of scope for the City's alternative response program. The CIT pairs mental health clinicians with dressed down San Francisco Police Department officers to respond to an incident. Currently, three officers in the unit are trained in crisis response and hostage negotiation and 77 percent of patrol divisions are trained on crisis intervention. Prior to responding to an incident, clinicians and their paired officers work to develop a safety plan, including reviewing any prior incidents or calls involving an individual before determining whether the clinician can first engage without the officer.

*CALL TYPES:*

The San Francisco CIT responds to high acuity mental health crisis calls, including those attempting suicide, suspects brandishing weapons, mentally disturbed individuals, and welfare checks.

*CALL TREE:*

CIT teams are currently not dispatched through 911, and instead respond based on planned visits. Teams are contacted by liaisons, for example, the Veterans Affairs office, when concerns around a particular individual surface.

#### *VOLUME:*

In 2022, CIT responded to 40,000 calls for service (referrals, not 911 calls).

#### *PARTNERSHIP:*

The CIT program works as a partnership between the San Francisco Police Department and the San Francisco Department of Public Health.

#### *EFFICACY:*

Some measures of efficacy include the number of calls for service responded to and the number of occurrences of controlled holds that were administered. Of the total number events responded to, less than 0.01 percent of calls involved a controlled hold.

#### *SAFETY:*

One important safety measure is the work conducted by the officer and clinician before responding when it comes to creating a safety plan and strategy. Any information that responders have before going into a situation helps determine the response and safety precautions taken.

### **15. Columbus, Ohio Rapid Response Emergency Addiction and Crisis Teams (RREACT), Mobile Crisis Response Team (MCR) and Specialized Program Assessing Resource Connectivity (SPARC)**

#### *SERVICE MODEL:*

The City of Columbus operates a tiered response system based on the priority and nature of a 911 call. Once the nature of the call has been determined, dispatchers send the most appropriate response team, such as traditional police/fire response, MCR, or RREACT. After the initial responder has arrived on scene, de-escalated the situation, and confirmed there is no risk of escalation, a secondary follow up team (SPARC) may be contacted to help connect the individual with services. In some cases, when information on a caller or individual is available, often with repeat callers, teams may be dispatched independent of a sworn officer.

#### *CALL TYPES:*

The MCR is a co-response model that responds to 911 calls involving a mental health nexus. Many of these calls come in classified as a disturbance or a suicide-related 911 call. The RREACT team is a secondary co-response team with primary response capabilities that respond to 911 calls or referrals involving overdose or drug use disorders. RREACT conducts daily outreach with individuals that experienced a non-fatal overdose, in an effort to link them to resources or transport them to treatment if requested. The SPARC team is a secondary response team that works to connect those experiencing age related issues, homelessness, or other needs with the appropriate resources.

#### *CALL TREE:*

The City of Columbus operates a program known as the Right Response Unit (RRU) to better match the correct resource with the caller's needs. When a 911 call comes into the call center, or is received as a referral, the call is entered into the CAD system. Once the call has been entered into the queue, trained clinicians embedded into the radio room scan the queue to identify calls that present a mental health nexus. After a call has been identified, the clinician attempts to resolve the call over the phone, which is the most common outcome. If the clinician determines the call cannot be resolved over the phone, they conduct a warm handoff to the most appropriate response team.

For lower acuity mental health calls, some calls may be triaged over to 988 that also operate a civilian response team; 988 call takers may also conduct a warm handoff to 911 if they have determined that a call may require additional support.

#### *VOLUME:*

The Columbus Police Department receives an average of 23,000 calls for service annually that involve a mental health component. From 2019 through 2020, about 64 percent of calls for service received a response with a crisis intervention trained (CIT) or MCR officer(s). From 2021 through 2022, approximately 74 percent of mental health calls for service received a response from a CIT or MCR officer(s).

#### *PARTNERSHIP:*

When it comes to operating and administering response teams, there is a close partnership between the Columbus Fire Department, Police Department, Public Health Department, and Office of Violence Prevention.

#### *EFFICACY:*

Some of the key measures of efficacy include response times, the number of referrals given, the number of outreach attempts made, the number of individuals transported, call volume, recovery group alumni testimonials, and the projected cost savings associated with sending alternative responders as opposed to traditional 911 responses.

#### *SAFETY:*

Clinicians and those involved in response programs are involved in substantial cross training. Clinicians go through defense training and sworn officers are trained in de-escalation techniques. Teams follow protocols and procedures to ensure safety. Additionally, background information gathering is conducted on caller/address history before outreach.

### **16. Dallas Rapid Integrated Group Healthcare Team (RIGHT Care)**

#### *SERVICE MODEL:*

The City of Dallas RIGHT Care program operates as a co-responder model. The team consists of a sworn police officer, a paramedic, and a mental health clinician. Although RIGHT Care and other programs are housed within the Integrated Public Safety Solutions Department, team members are sourced from multiple departments, including the Fire Department, the Police Department, and Health and Hospitals. Typically, when RIGHT Care responds to an incident, the scene will first be cleared and deemed safe by the sworn officer who is a member of the team. Once safety has been ensured, the paramedic and clinician team members may begin to engage the individual. The RIGHT Care program operates 24 hours a day and seven days a week, with 18 total teams, and has a citywide footprint.

Dallas also operates a Crisis Response Team (CRT) program that does not include a sworn officer. The role of the CRT is mainly to provide on-scene follow up support or post-incident follow up support following initial contact by RIGHT Care or other public safety responders. After initial contact

with an individual, RIGHT Care follows up one additional time. The CRT then assumes responsibility when it comes to following up and getting an individual connected to services. If extensive information is available on a repeat caller, and the CRT is familiar with the individual, it may respond to a 911 call for service independent of RIGHT Care.

#### *CALL TYPES:*

The Dallas RIGHT Care program primarily responds to 911 calls involving a mental health nexus. For standard to low acuity calls, RIGHT Care responds as a single unit. For more serious calls that may pose a higher risk to safety, RIGHT Care responds in conjunction with additional police or fire units.

#### *CALL TREE:*

Dallas uses a call triage model in which a clinician, provided by its local mental health authority, is embedded into the 911 Call Center. When a 911 call comes into the call center, a 911 call taker answers the phone and invites a mental health clinician onto the call. If the mental health clinician determines that there is a mental health component to the call, the call taker routes the call to the corresponding response team.

#### *VOLUME:*

RIGHT Care currently responds to an average of 1,100 to 1,500 calls for service a month. From January 2023 to November 2023, RIGHT Care responded to over 12,000 calls for service.

#### *PARTNERSHIP:*

Programs within the Integrated Public Safety Solutions Department operate in partnership with several entities including the Dallas Police Department, the Dallas Fire Department, Dallas Health & Hospitals, and the local Mental Health Authority.

#### *EFFICACY:*

Some metrics that agencies within the City of Dallas use to evaluate the efficacy of RIGHT Care include the number of jail diversions, hospital diversions, emergency detentions conducted, arrests made, the number of transports conducted, and the number of repeat callers.

#### *SAFETY:*

Since RIGHT Care operates as a co-responder model, the sworn officer team member first engages a subject to ensure safety. If a call comes in and it is determined there may be additional safety concerns, RIGHT Care responds with additional police or fire support. Clinicians embedded into the dispatch office also have access to case notes that are reviewed before dispatching the team. RIGHT Care team members go through reality-based training conducted by the police academy.

## **17. City of Long Beach Community Crisis Response Team (CCR)**

#### *SERVICE MODEL:*

The City of Long Beach CCR is located in the Health and Human Services Department and was first launched as a pilot program in July, 2023. The CCR is staffed by full-time employees and always



respond in teams of three. The team is composed of a crisis intervention specialist (can be a variety of mental health professionals), a peer navigator, and a public health nurse. A licensed clinical psychologist acts as the team supervisor. Both the program manager and team supervisor are available to join the team in the field, depending on staff availability. The program is currently in the pilot stage and operates one team from 10 a.m. to 5 p.m., Monday through Friday. CCR currently operates in specific opportunity neighborhoods in Long Beach, but has ambitions of expanding effort citywide based on the success of the pilot program. Teams operate independent of law enforcement and can transport individuals, if needed, or provide taxi vouchers.

#### *CALL TYPES:*

The City of Long Beach CCR primarily responds to 911 calls for service that involve a mental health nexus. Some of these call types include 5150s, suicidal callers, unwelcomed individuals who refuse to leave a space, public intoxication, juvenile disturbances, and wellness checks. The team may expand to handle adult disturbances that involve a mental health component in the future. Although CCR does not respond to a homeless “call type”, the team reports that it often interacts with homeless individuals who are subjects during a call for service.

The City of Long Beach also operates a program known as REACH that functions as the City’s homeless response and outreach team. This team can be contacted through a separate line or dispatched through 911 when a call comes in specifically addressing a homelessness or encampment concern.

#### *CALL TREE:*

When a call comes into the 911 Call Center, a call taker identifies whether or not the call falls within a call type that CCR responds to and asks a set of exclusionary questions to determine safety. CCR responds to priority level 3 calls. Once it has been determined that CCR is the appropriate response, a 911 dispatcher reaches out directly to the CCR cell phone for dispatch. At this time, CCR does not have a direct line available to the public due to the pilot nature of the program. Currently, calls are not transferred or triaged between 988 and CCR.

#### *VOLUME:*

Since its launch in 2023, CCR has received 82 calls for service. The team averages about 10 to 15 calls for service a month.

#### *PARTNERSHIP:*

CCR may be requested by police or fire after they arrive to a call for service and determine that the call is better suited for CCR. Additionally, CCR staff works with the County of Los Angeles’ alternative response teams to determine how the programs interact and may be able to support one another.

#### *EFFICACY:*

Some measures of efficacy CCR currently examine include follow up rates, testimonials of those assisted by the team, and the number of: calls for service were resolved on scene, transportations made, calls referred back to police or fire, and services accepted or rejected.

#### *SAFETY:*

911 call takers use five exclusionary criteria to determine whether CCR is the appropriate response team and ensure safety. Call takers screen the call to determine if weapons are involved, potential for violence or aggression, whether a crime is in progress, if there is a medical element to the call, and if the call is in the appropriate service area. Additionally, CCR is working to develop a set of procedures around how to keep the team safe from potential hazards, such as fluid exposure. To date, there have been no instances of injury to any of the responding team members.

### **18. Phoenix Behavioral Health Unit (BHU) and Crisis Response Unit (CRU)**

#### *SERVICE MODEL:*

The BHU team currently operates four responding units and is looking to expand to a nine-unit team in the future. Teams consist of a full time case worker and a contracted peer support specialist. The BHU team operates from 7 a.m. to 1 a.m. seven days a week. BHU teams have the ability to transport individuals, if required. The BHU can respond independently of police or fire, or in conjunction, depending on the nature of a 911 call. When initially launched, BHU focused on specific high need areas within the City and have since expanded to a citywide operation.

Currently, the CRU operates five responding units with the goal of expanding to 10 units in the future. CRUs serve the function of connecting individuals to services and transporting individuals with focus on frequent callers or those who disproportionately use the 911 system.

The BHU and CRU are located within the Phoenix Fire Department. The City of Phoenix also operates a co-responder model located in the Phoenix Police Department known as the Crisis Intervention Team.

#### *CALL TYPES:*

The City of Phoenix BHU and CRU respond to a number of call types involving a mental health or behavioral health nexus. Currently, the city has identified 14 call codes that it potentially could send an alternative response team to address. Although call type and priority do not solely determine whether a call is suitable for one of these alternative response teams. Calls BHU and CRU typically respond to include juvenile disturbances, substance abuse, calls involving homelessness, and welfare checks. Once a 911 call is received, a 911 call taker will conduct a risk assessment and determine whether the call is safe for alternative responders.

#### *CALL TREE:*

Phoenix alternative responders are activated when a call is made to the 911 system. The 911 call taker conducts a screening assessment to determine the appropriate response team. Once the appropriate response has been determined, the call goes to police dispatch, fire dispatch, or behavioral health dispatch. When referred for behavioral health dispatch, one of the alternative response units, stationed throughout the city, responds to the call. 911 callers can also be connected with a mental health clinician over the phone. About 70 percent of mental health calls are currently being handled telephonically by clinicians.

Additionally, the City of Phoenix partners with its local 988 authority when it comes to transferring calls for service. To help better determine which calls are more suitable for 988, the City of Phoenix currently includes 988 supervisors within their 911 dispatch office 20 hours a week. Concurrently, a 988 call taker can determine that a City of Phoenix alternative response team is the most appropriate response and transfers the call to 911.

#### *VOLUME:*

Phoenix BHU and CRU both currently respond to over 300 calls for service a month.

#### *PARTNERSHIP:*

988 acts as a key partner. 911 and 988 staff receive cross training and shadow each other in order to better understand each role. Additionally, 988 supervisors operate 20 hours a week within the 911 Call Center. Maricopa County is another partner and also operates its own 911 alternatives, to avoid service duplication and to determine where collaboration is possible.

#### *EFFICACY:*

The City of Phoenix looks at a number of key indicators when determining the efficacy of its programs. The city is creating a dashboard to more effectively display and evaluate measures of efficacy. Some key metrics include how often alternative responders reach out to police for support, how many 911 calls were diverted from a traditional police response, how many services were referred, call increases or decreases, and how many times teams engaged or intervened with particular callers.

#### *SAFETY:*

One safety feature is that the BHU does not respond to 911 calls for service from third parties. Additionally, dispatchers are well trained in the screening process and identifying any potential for violence or other exclusionary factors. Alternative responders are trained in situational awareness and can contact police back up when necessary.

## **19. Philadelphia Crisis Intervention Response Team (CIRT)**

#### *SERVICE MODEL:*

CIRT operates as a co-response model. Each CIRT team consists of a Philadelphia police officer, who has received crisis intervention training, and a contracted behavioral health clinician. Teams currently operate from 7 a.m. to 6 p.m., Monday through Friday. Officers and clinicians work on an assigned basis at the beginning of each shift. Officers that participate in CIRT have been chosen by the chief of police based on their reputation and experience. Teams are overseen by the Behavioral Health Unit within the Philadelphia Police Department. The services provided through CIRT are partially covered through Medicaid.

#### *CALL TYPES:*

The City of Philadelphia CIRT team responds to a number of different 911 call types involving a mental health or behavioral health nexus. Call types include welfare checks, suicidal ideation, and high priority calls that may involve de-escalation. Additionally, the City of Philadelphia is operating a

pilot program that looks to address lower level 911 calls involving a mental health nexus, such as substance abuse concerns.

#### *CALL TREE:*

The City of Philadelphia currently has crisis counselors embedded within its 911 dispatch room who assist in identifying what calls involve a behavioral health component. When initially launched, call takers utilized a script when determining what 911 calls were suitable for an alternative response. The City has since found that simplifying its approach and directly asking the caller whether the incident involves mental health has been a more effective approach. Since CIRT addresses higher priority mental health calls, lower-level calls, such as neighbor disputes, are being addressed by a traditional officer response. The Philadelphia Crisis Line operates as 988 and call takers from both 911 and 988 conduct warm transfers to one another. 988 operates its own community mobile crisis response programs through four contracted agencies that address low acuity mental health calls.

#### *VOLUME:*

In the first year of operation, CIRT responded to approximately 2,100 calls for service. These calls included a mix of calls that were dispatched through 911, officer-initiated calls, and calls in which an officer arrived on scene and requested CIRT.

#### *PARTNERSHIP:*

CIRT operates in partnership between the Philadelphia Police Department, the Managing Director's Office of Criminal Justice, and the Department of Behavioral Health and Intellectual Disability Services.

## **20. City of Los Angeles Crisis and Incident Response through Community Led Engagement (CIRCLE)**

#### *SERVICE MODEL:*

The City of Los Angeles operates a number of programs that may be considered alternative, as well as co-response.

Crisis and Incident Response through Community Led Engagement (CIRCLE) is an alternative response program that seeks to address homelessness within five opportunity zones in the City of Los Angeles. When initially launched, CIRCLE focused on two opportunity zones before gradually expanding its geographic scope. CIRCLE operates at a 24 hours a day, seven days a week capacity. Teams respond in pairs and are composed of a supervisor, and a community outreach worker. Teams respond to low acuity 911 calls involving homelessness that have been screened by 911 call takers. CIRCLE is a contracted service provided by an organization known as Urban Alchemy.

Other programs include the following.

Systemwide Assistance Mental Response Team (SMART) is a co-response program operated out of the Los Angeles Police Department in which a county-employed clinician is paired with a City of Los Angeles sworn police officer. SMART responds to higher level 911 calls that involve a mental health nexus.

Domestic Abuse Response Team (DART) is a co-response program operated out of the Office of Public Safety in which a domestic violence advocate is paired with a sworn police officer to address 911 calls involving domestic violence.

Therapeutic Van Program is operated out of the Los Angeles Fire Department and teams consist of a licensed county clinician, a City of Los Angeles emergency medical technician, and a driver. This program focuses response on low acuity medical calls that may also involve a mental health component.

The City of Los Angeles is currently developing a pilot program in which a team, patterned similarly to the CAHOOTS model for service, will respond to low acuity 911 calls. Currently, the CIRCLE team responds to low acuity calls for service that involve a mental health nexus. The new pilot program looks to address a wider range of low acuity 911 calls independent of whether the caller is facing homelessness.

Note, the County of Los Angeles operates a number of established alternative response programs both within in the City of Los Angeles and the surrounding areas. One primary function of the City of Los Angeles is to fill any service gaps by coordinating closely with the county.

#### *CALL TYPES:*

The City of Los Angeles CIRCLE team responds to 911 calls that involve homelessness. Calls for service may overlap with “other” call types, including minor disturbances, noise complaints, or trespassing, so long as the call clears a safety screening process and involves a homeless individual.

#### *CALL TREE:*

When a call is made to 911, the call taker first asks a series of screening questions to determine if a call is non-violent; does not involve a crime in progress, a weapon, or a homelessness issue; and meets the criteria for a CIRCLE response. The call is then sent to the alternative response dispatcher who dispatches the call to the appropriate team based on the region of the city and available units. If a police officer arrives on scene and determines that an incident is a suitable response for CIRCLE, they can also request a CIRCLE response.

#### *VOLUME:*

In 2023, CIRCLE responded to approximately 8,700 calls for service.

#### *PARTNERSHIP:*

The Office of Community Safety worked closely with the Los Angeles Police Department when developing CIRCLE. Additionally, the Office of Community Safety works closely with its county partners to coordinate efforts and fill service gaps.

#### *EFFICACY:*

Some measures of efficacy used to evaluate CIRCLE include the number of services provided, housing referrals made, and medical transports.

*SAFETY:*

CIRCLE teams do not conduct 5150 holds and do not enter private residences. Additionally, CIRCLE teams have the ability to request police support when needed.

**21. City of Austin, Mobile Crisis Outreach Team (MCOT) and Expanded Mobile Crisis Outreach Team (EMCOT)**

*SERVICE MODEL:*

The City of Austin contracts its alternative response centers through an agency known as Integral Care. Integral Care has been operating mobile response teams since 2006 but began its partnership with the City of Austin in 2013. Integral Care currently operates two teams citywide and throughout Travis County.

MCOT is a 24 hours a day and seven days a week alternative response program, with at least one team available on an on-call basis (primarily over the weekends). In total, MCOT operates up to six teams at any given time. MCOT teams consist of two individuals, typically a clinician and a peer support specialist. MCOT also utilizes nurse practitioners who typically provide follow-up support to individuals. MCOT teams are able to transfer individuals to needed services and can enter a private residence if given the proper permissions. MCOT can be deployed when an individual calls 988 of the community health line.

EMCOT operates from 6 a.m. to 10 p.m. on weekdays and 10 a.m. to 8 p.m. on weekends. EMCOT operates as either a co-response model, a secondary response model, or an alternative response model, depending on the specific needs of the call. EMCOT is dispatched through the 911 Call Center or are referred to a scene by first responders, after a scene has been deemed safe, and determined an individual would benefit from mental health support. EMCOT can also provide support to police following response to calls involving domestic violence, family violence, or other calls so long as the situation has been deemed safe by responding officers.

*CALL TYPES:*

MCOT and EMCOT respond to a number of call types that involve a mental health nexus. Some common call types that teams respond to include welfare checks, suicidal ideation, individuals experiencing homelessness, or individuals experiencing substance abuse issues.

*CALL TREE:*

When a 911 call is received by Austin's call center, the call taker will ask the caller whether the incident is a police emergency, a fire emergency, a medical emergency, or a mental health crisis. If the call taker determines that the incident involves a mental health crisis and passes the call through screening criteria, a mental health clinician embedded within the call center will then work with the caller and attempt to de-escalate the situation or provide needed services telephonically. Currently, about 80 percent of calls are handled telephonically. If it is determined that a caller might benefit from an in-person response, the appropriate response team will then be dispatched.

*PARTNERSHIP:*

Teams work in coordination with the Austin Police Department who often refer individuals to MCOT or EMCOT. EMCOT also responds in conjunction with City of Austin police officers.

*EFFICACY:*

Measures of efficacy include whether the number of involuntary holds has been reduced, whether or not individuals were transported to emergency departments, the number of service referrals and connections made, reductions in repeat callers, and potential cost savings. Integral Care is conducting a study, with the University of Texas at Austin Lyndon B. Johnson School of Public Affairs, to evaluate outcomes for those who have received counselor support after placing a call, as opposed to those who did not receive counselor support.

*SAFETY:*

Teams have the ability to call for police back up, when needed, and have access to health records to gain a better understanding of a particular individual's situation before responding. Teams are trained on safety and all calls go through a screening process before dispatch.

## APPENDIX D: CALL PRIORITY LEVEL

This excerpt from the San José Police Department Communications Policies and Procedures manual provides a detailed description of call priority levels.

### C 1215 EVENT PRIORITIES

The priority of an event is based on factors such as: type code, time element, and degree of violence. These circumstances often change prior to or just after an event has been dispatched. Should there be a need to lower or increase the priority of a previously created event, supervisor approval is required unless the change is for any of the following conditions:

- the calltaker is correcting a mistake
- the calltaker has obtained more clarifying information
  
- an RP has provided updated information that no longer justifies the current priority

Priorities on pending events shall not be lowered based on the lack of resources, but only when circumstances justify the change. Event priorities are defined using the following criteria, in addition to using the specific type code sections (refer to C 1600 – TYPE CODES):

#### Priority 1

*Revised 4/17/18*

- There is a present or imminent danger to life, or
- There is major damage to/loss of property, i.e., large-scale incident or cases where there is an in-progress or just occurred major felony.
- District and/or city-wide response (district wide pertains to units within the district of the call for service only whereas a city-wide response pertains to the response of the closest available units within the city). A notification of all channels is automatic. May include the need for notification of all radio channels and/or adjacent agencies.
- The incident may have an immediate impact on and need for citywide police resources.

Examples: FILL3, C20, C30, C1000, or similar multiple casualty incidents. 211A occurred within 10 minutes, a 1033 hold-up alarm, a 459 in progress, and a 415W (weapon seen).

#### Priority 2

*Revised 4/17/18, 8/28/23*

- District wide and/or channel-wide response when a crime is in progress or has just occurred, and
  - There are injuries or there is the potential for injury, or
  - The suspect is still present in the area, or
  - All “at risk” missing person reports, or
  - Situations where the suspect is in custody for any violent crime, or for a non-violent crime and is uncooperative.
- A channel-wide response is the use of units from the two districts normally sharing a radio channel. During simulcast periods, “channel-wide” refers to the two districts normally sharing the radio channel during non-simulcast hours.

Examples: 415A, 1053, 1179, and Outside Agency Aid Calls.



### **Priority 3**

- District wide response when a crime has just occurred.
- There is property damage or the potential for it to occur.
- The suspect has most likely left the area.
- Situations where the suspect is in custody for a non-violent crime and is cooperative.
- Situations when a prior crime against the person occurred, **and**
  - There are no injuries to the victim necessitating immediate medical care, **and**
  - The suspect is not present.

Examples: 1125, 1182 when 1125, Civil Standby, 459R, 20002

### **Priority 4**

*Revised 4/17/18*

- A District wide response to a non-violent crime when there is no present or potential danger to life/property, **and** one or more of the below:
  - The suspect is no longer in the area.
  - Beat or district information.
  - Details in the event are for broadcast purposes only.
  - The response may be handled sometime during the shift.
  - The nature of the call does not require a police response.

Examples: 415M, PATCK, INFO, 1021, CODE5, 484BOL, FNDPRP

### **Priority 5**

Priority 5 is automatically assigned to events that officers “on-view.”

### **Priority 6**

Priority 6 is automatically assigned to administrative dispatches on all car and person stops. If an officer changes the type code on these events, the dispatcher shall ensure the priority 6 is maintained. (Refer to RAD 3.160 – UNIT COMMANDS - DEU, MEU, UEU.)

## APPENDIX E: CALL DISPOSITIONS

| DISPOSITION                                  | GROUPED DISPOSITION              |
|--|----------------------------------|
| ARREST BY WARRANT                            | ARREST                           |
| ARREST MADE                                  | ARREST                           |
| COURTESY SERVICE/CITY OR AGENCY ASSIST       | OTHER                            |
| CRIMINAL CITATION                            | CITATION                         |
| FIELD INTERVIEW COMPLETED                    | REPORT TAKEN                     |
| GONE ON ARRIVAL/UNABLE TO LOCATE             | GONE ON ARRIVAL/UNABLE TO LOCATE |
| NO REPORT REQUIRED                           | NO REPORT REQUIRED               |
| NO RESOURCES                                 | OTHER                            |
| OTHER REPORT TAKEN                           | OTHER                            |
| OUTSIDE AGENCY ASSIST                        | OTHER                            |
| PRIOR CASE, FOLLOW-UP ACTIVITY ONLY          | OTHER                            |
| REPORT TAKEN                                 | REPORT TAKEN                     |
| STRANDED MOTORIST ASSIST                     | OTHER                            |
| TRAFFIC CITATION ISSUED, HAZARDOUS VIOLATION | CITATION                         |
| TRAFFIC CITATION ISSUED, NON-HAZARDOUS       | CITATION                         |
| TURN OVER TO                                 | OTHER                            |
| UNFOUNDED EVENT                              | UNFOUNDED EVENT                  |