

CITY AND COUNTY OF SAN FRANCISCO
BOARD OF SUPERVISORS
BUDGET AND LEGISLATIVE ANALYST
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Policy Analysis Report

To: Supervisor Hillary Ronen
From: Budget and Legislative Analyst's Office
Re: Police Department Role in Street Teams
Date: April 19, 2022



Summary of Requested Action

Your office requested that our office conduct an analysis on the extent to which the San Francisco Police Department is still responding to mental health street crises after the City created numerous teams composed of mental health professionals, paramedics, and peer advocates to, without law enforcement involvement, address street conditions and homelessness and to assist people with mental illness and/or addiction that are having crises in the streets.

This report addresses the extent to which San Francisco Police Department personnel are involved in responses to calls for services intended for the Street Crisis Response Team, created in November 2020, and in Healthy Streets Operations Center (HSOC) interventions.

For further information about this report, contact Fred Brousseau, Director of Policy Analysis, at the Budget and Legislative Analyst's Office.

Executive Summary

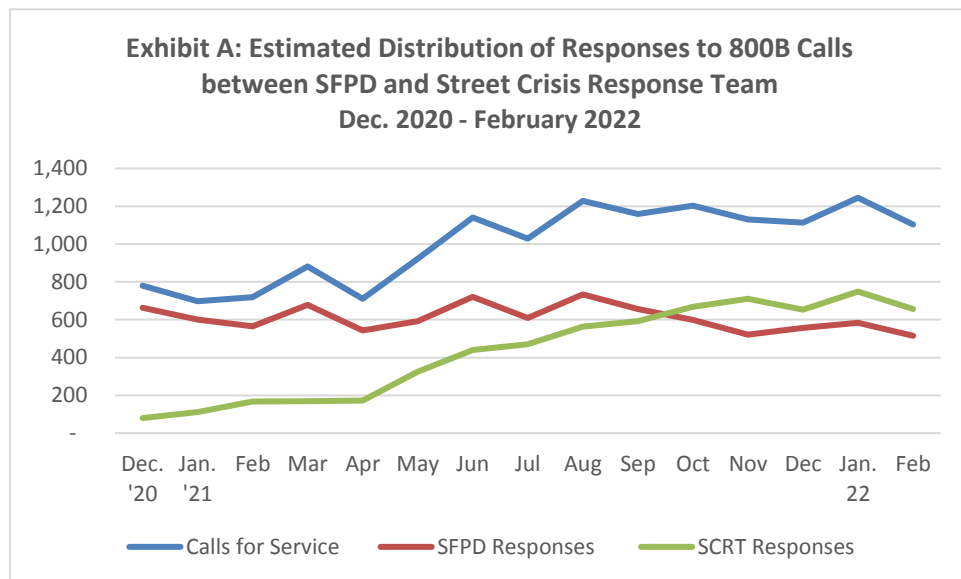
- Of the numerous street outreach and crisis teams created by the City and County of San Francisco in recent years, two have been particularly designed to respond to street crises and situations in lieu of the San Francisco Police Department: the Street Crisis Response Team (SCRT), and the Healthy Streets Operations Center.

Street Crisis Response Team

- The Street Crisis Response Team, established in November 2020, was designed to replace law enforcement responses to individuals having acute non-criminal mental health crises on the streets with a multi-disciplinary team composed of paramedics, mental health professionals, and community peers. Staffing for the Street Crisis Response Team is provided by the Department of Public Health, the San Francisco Fire Department, and a contract community-based organization. Street mental

health crises situations in which where there is reported criminal activity occurring is still under the jurisdiction of the San Francisco Police Department (SFPD).

- Since the advent of the Street Crisis Response Team, SFPD has continued to be involved in a significant, though decreasing, number of calls for service received by Department of Emergency Management 911 operators. These calls are coded as 800B calls, or calls reporting a mentally disturbed person in which there is no immediate danger to life or of damage to property and no crime suspects in the area.
- Exhibit A presents the estimated distribution of responses to 800B calls by month since December 2020, when the SCRT began its operations. As can be seen, SFPD responded to a high, but decreasing, proportion of calls while SCRT responded to an increased share of total calls between December 2020 and February 2022.



- Exhibit B shows the increase in the number and percentage of estimated total calls for service for SFPD and SCRT between December 2020 and February 2022. As can be seen, the percentage of total calls has increased for SCRT from 10.2 percent of all estimated calls in December 2020 to 59.4 percent in February 2022. During the same period, estimated calls responded to by SFPD decreased from 85 percent in December 2020 to 46.6 percent in February 2022, a decreased but still significant share of all calls.

Exhibit B: Estimated Number and Share of Mentally Disturbed Person Calls for Service (800B Calls), SFPD and Street Crisis Response Team, December 2020-February 2022

	Calls for 800 B Service	SFPD Responses	SFPD % Total Calls	SCRT Responses	SCRT % Total Calls
Dec. '20	781	664	85.0%	80	10.2%
Jan. '21	698	600	86.0%	111	15.9%
Feb	719	566	78.7%	168	23.4%
Mar	881	678	77.0%	169	19.2%
Apr	710	543	76.5%	172	24.2%
May	922	592	64.2%	325	35.2%
Jun	1,140	721	63.2%	440	38.6%
Jul	1,029	609	59.2%	470	45.7%
Aug	1,228	734	59.8%	563	45.8%
Sep	1,160	656	56.6%	592	51.0%
Oct	1,204	599	49.8%	669	55.6%
Nov	1,130	521	46.1%	711	62.9%
Dec	1,114	557	50.0%	653	58.6%
Jan. '22	1,245	583	46.8%	749	60.2%
Feb	1,104	515	46.6%	656	59.4%

- The calls attributed to SFPD may be overstated to some extent as the 911 call record system does not record which 800B calls SFPD actually responds to out of all of all calls received. In some instances, SFPD receives the call but does not respond because the situation has resolved itself or an SCRT unit turns out to have been able to respond first.
- The continued level of SFPD responses after implementation of SCRT was by design as the Fire Department, Department of Public Health, and Department of Emergency Management planned for a phased transition while staffing was enhanced for the SCRT units and to accommodate a change in protocols so that calls that did not require a full SCRT response or for which a SCRT unit was unavailable would be responded to by an ambulance rather than the SFPD.
- A dual call coding system was established during the transition period so that non-criminal mental health crisis calls would be directed to both SCRT and SFPD, with responses by SCRT dictated by team availability and the details of the call. Calls determined to be inappropriate for SCRT or for which they did not have a unit available for timely dispatch would be rerouted to SFPD.
- The original plan was to have six SCRT units up and running by March 2021 and for nearly all of the 10,000 – 11,000 annual 800B calls to be rerouted from SFPD to SCRT by November 2021. These deadlines were not met and the involvement of SFPD has

lasted longer than anticipated. But the Fire Department, Department of Public Health, and Department of Emergency Management report that they now have six of seven planned SCRT units operating and have sufficient ambulance capability so that nearly all 800B calls can be rerouted from SFPD by June 2022 to either a full SCRT unit or an ambulance.

- As shown in Exhibit A above, call volume increased between April and June 2021 and has remained at this higher level each month since then. This trend also affected the ability of the involved departments to discontinue SFPD responses to 800B calls while SCRT teams were still building up their staffing and ambulance resources to absorb the increase in calls.
- 911 call records do not allow for tracking the exact number of 800B calls to which SFPD responds. While this should be less of an issue as the full SCRT transition occurs, it would benefit the City's management of street crisis responses to track this information to determine the number of calls for which SCRT requests police presence, the number of calls for which SFPD responds when they are near a scene and able to provide a more timely response, and other circumstances. Having this information will enable the City to determine if its meeting its objectives of providing responses to street crises without law enforcement involvement in the majority of cases.

Healthy Streets Operations Center

- The Healthy Street Operations Center (HSOC) was started as a multi-departmental initiative in 2018 to resolve, or clear, homeless encampments and to address behavioral health and public safety issues of individuals on the streets. HSOC initially attempted to combine a law enforcement approach for clearing, encampments and a service-based approach to assisting individuals in the encampments in receiving necessary services.
- HSOC was established to coordinate efforts between multiple departments charged with various aspects of homeless and encampment responses, primarily the San Francisco Police Department (SFPD), Department of Emergency Management (DEM), Department of Public Works, Department of Homelessness and Supportive Housing (HSH), and the Department of Public Health (DPH).
- Over the first several years of HSOC operations, police officers were a highly visible and active presence when encampments were cleared and residents relocated. SFPD officers have continued to be present when encampment residents are mandated to disperse, but efforts have been made to de-emphasize the law

enforcement nature of City policy towards homeless encampments, and to enhance service referrals and mental health and substance abuse outreach.

- Over time HSOC began to respond less to calls received through 311 and to instead take a more pro-active approach to identifying encampments with the greatest needs for assistance. Current policy is that SFPD is only present when encampment residents are required to disperse, and/or if HSOC staff have concerns for their own safety when visiting an encampment.
- As shown in Exhibits C and D, calls for service directed to HSOC have decreased over time. This reflects the change in policy where calls regarding encampment-related issues including blocked sidewalks, trash and street cleaning are now directed to the Department of Public Works and bypass HSOC. Calls dispatched to SFPD also decreased as non-emergency homeless-related calls have been diverted away from law enforcement and to HSOC or other departments. SFPD still responds to calls that are identified as likely to involve criminal activity such as suspicious persons, trespassing, and sit/lie violations.

Exhibit C: HSOC, total 311 calls, April 2018 - April 2022

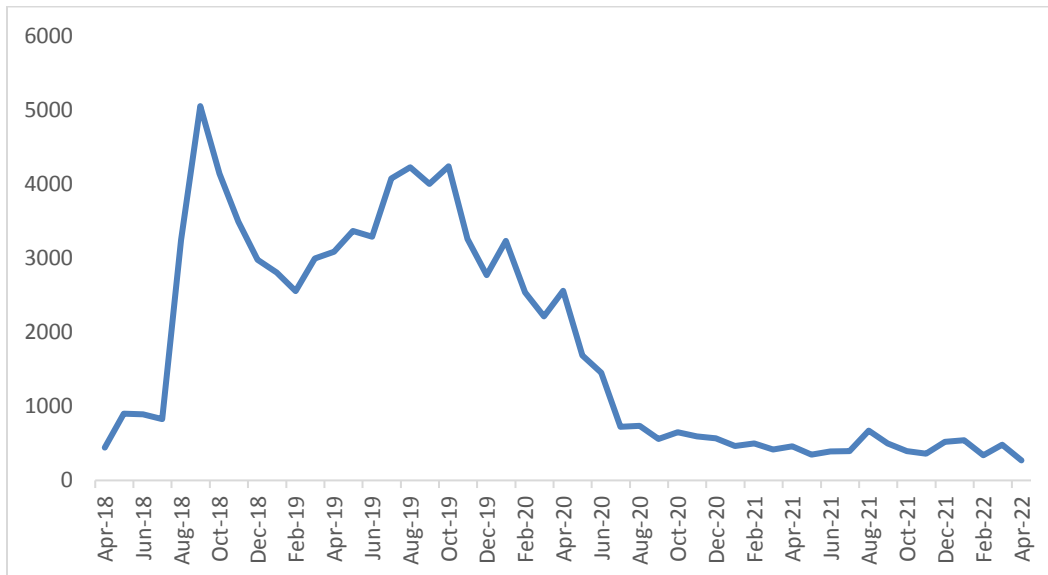
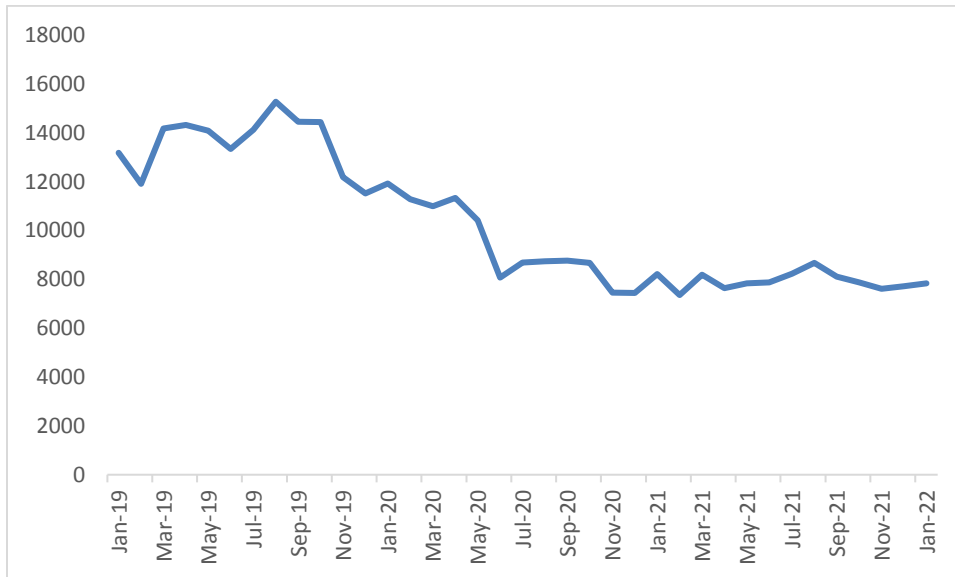


Exhibit D: Total 911 calls dispatched to SFPD related to probable homelessness presence and activity



Policy Options

The Board of Supervisors could consider the following.

1. To ensure that SCRT is meeting the City's objectives of removing law enforcement from responses to street mental health crises, suggest that DEM, DPH, SFFD and SFPD improve their data collection efforts to record the entity that responded to all mental health crisis calls, including SCRT, SFPD, and paramedics. This data should also identify whether SFPD responded to a mental health crisis call at the request of SCRT or under other circumstances.

Project Staff: Partner, Principal Analyst, Senior Analyst

Street Crisis Response Teams

Background

Some San Francisco mental health professionals and advocates have long insisted that responses to acute mental health crises should be removed from the purview of law enforcement and handled by persons trained to deal with such situations who can assess and refer individuals to appropriate mental health treatment services. The San Francisco Police Department (SFPD) has also supported shifting non-criminal incidents involving homeless persons and/or persons in acute psychological distress away from police in favor of homeless outreach and mental health crisis response personnel.

In recognition of this perspective, in June of 2020 Mayor Breed directed the San Francisco Police Department to conduct a review of existing policies and practices, and to craft proposals for transferring non-emergency, non-criminal service calls involving mentally disturbed persons to non-law enforcement mobile crisis response units. Concurrent meetings of representatives from SFPD, the Department of Public Health (DPH), the San Francisco Fire Department (SFFD), and the Department of Emergency Management (DEM), which operates the City's 911 dispatch system, were convened to work out logistical details of how to transfer non-criminal mental health distress calls out of SFPD's jurisdiction in favor of multi-departmental mobile crisis teams.

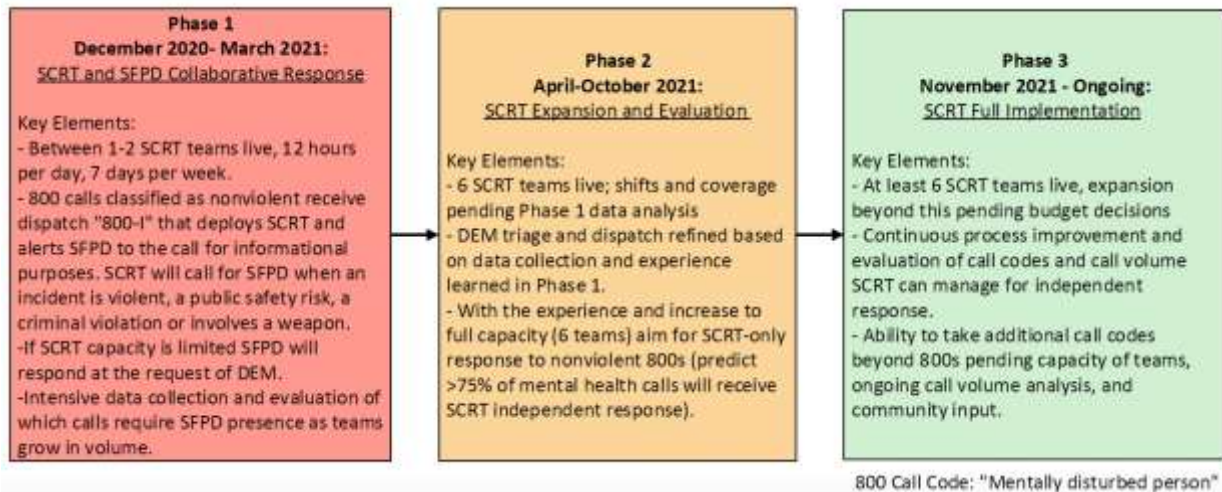
These deliberations led to the launch of a pilot initiative that was seen by pertinent City personnel as the first step toward transferring non-criminal mental health incidents away from law enforcement and to the new Street Crisis Response Team (SCRT). On November 30, 2020 one SCRT unit consisting of a community paramedic, a mental health clinician, and a peer support counselor,¹ was deployed in the field to respond to mental health calls in which there was no immediate danger to life or of damage to property and no crime suspects in the area.

At the Mayor's request, the City's Fire Department and the Behavioral Health Division of the Department of Public Health – the two departments responsible for the deployment of SCRT and the diversion of non-criminal mental health calls away from the Police Department - prepared a twelve-month plan to staff and deploy a sufficient number of teams to provide emergency mental health crisis response coverage 24 hours per day seven days a week. The initial goal was to have six SCRT teams fully deployed by March 31, 2021, and by November 2021 to be sufficiently staffed to allow Department of Emergency Management dispatchers to redirect nearly all of the approximately 10,000 – 11,000 calls per year from SFPD to SCRT.

¹ The peer support counselors are provided by an organization under contract to DPH's Behavioral Health division.

Exhibit 1 shows the originally planned timeline, published in February 2021, for transitioning mentally disturbed person calls from the Police Department to the Street Crisis Response Team. While the initial transition timeline was not met due to staffing and other logistical issues, teams were phased in between November 2020 and July 2021 and refinement of the new operating protocols continued. At the time of the writing of this report, there were six SCRT units available for full-time deployment. The teams operate daily and are staggered to provide 24/7 coverage.² During the transition period, SCRT units have responded to an increasing proportion of calls classified in the 911 dispatch system as “800B”, taken from the Police Department’s radio code for calls involving mentally disturbed persons. These are calls in which there is no immediate danger to life or property or there is no one in the area suspected of a crime involving serious injury or death (calls with those characteristics receive an 800A code and are directed to the Police Department for response, as detailed below). However, SFPD has continued to respond to a significant number of 800B calls during the transition period though their share of responses has declined, as discussed in more detail below.

Exhibit 1: Initial Timeline for Mental Health Crisis Transfer



Source: San Francisco Police Department

City Policy Before and After the Implementation of SCRT

Prior to the advent of the SCRT, calls to 911 involving mentally disturbed persons were directed to the SFPD even in cases where no criminal or threatening activity was reported. All calls

² Each FT SCRT staff covers five shifts per week. Six fully staffed teams are able to cover a total of 42 shifts out of a total of 49 shifts SCRT has identified as needed to provide full capacity coverage.

involving a mentally disturbed person were classified by 911 dispatchers as Code 800 with three levels of priority: A, B, and C, defined as follows:

Priority A calls: cases in which there was an immediate danger to life or damage to property reported.

Priority B calls: situations that had the potential for physical harm or in which crime suspects might be in the area, or a crime had just been committed but did not meet the definition of a Priority A call.

Priority C calls: situations with no danger to life or property, suspects were not in the area, and/or a crime scene was protected. There are very few 800 calls that are C priority.

With the advent of the SCRT, the calls designated for redirection from SFPD to the SCRT were 800B calls. By design, SFPD was to continue to be involved in at least some of these calls during the transition period though it was assumed by SFPD, DPH, and Police Department staff that their involvement would diminish as more SCRT units were established and could respond to more calls. Over time SCRT would assume responsibility for responding to the vast majority of calls that were logged as 800B calls, with calls that could not be handled by a SCRT unit routed to Emergency Medical Services personnel instead of the Police Department. This would eliminate the need for SFPD to be dispatched in cases when no actual or suspected criminal activity was involved.

The approach to 800B calls during the SCRT transition assumed continued but reduced SFPD involvement until SCRT was fully staffed and implemented

During the transitional phase of SCRT implementation, DEM developed a dual call coding system in which calls meeting 800B criteria continued to be so classified by 911 dispatchers and directed to the Police Department but they were also given a "25AO" code designation, indicating a medical emergency, and were simultaneously routed to the SCRT. These "cloned" calls were sent by dispatch to both SCRT and SFPD. In some cases, the call would be handled by whichever department got to the scene first. In other cases, SCRT received the initial call and determined whether it was able to respond based on the details of the call and staff availability. If SCRT took the initial call, the dispatch to SFPD would be cancelled. If no SCRT unit was available or the SCRT team determined the call was outside their scope, the call would be re-routed to SFPD.

By design, as long as this dual call coding system was in place, the SFPD would remain involved in responding to at least some 800B calls when SCRT was unavailable or determined that the call was not appropriate for them. However, as new hires allowed the number of SCRT units to increase, the new team was able to be the first responder to more, but not all, 800B calls. The Police Department also remained involved in some calls at the request of SCRT when they

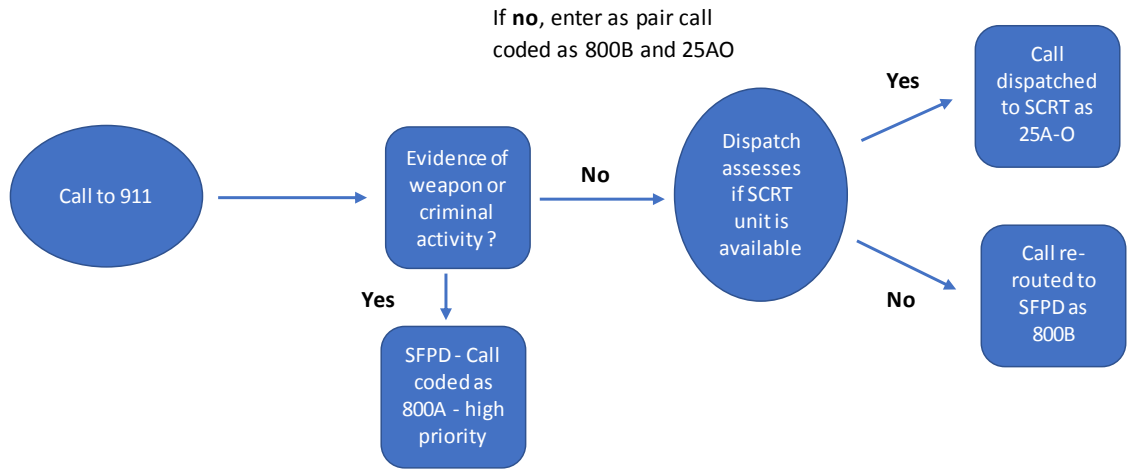
determined that the situation involved a threat to their safety or possible criminal involvement that had not been reported to the dispatchers. Finally, the SCRT has limited its responses to outside incidents only as one of the SCRT contractors is unwilling to go inside buildings or structures. According to Angelica Almeida, Director of Street Based and Justice Involved Behavioral Health Services at DPH, all incidents occurring inside a building or structure are accordingly routed to SFPD. DEM does not have records of the number of such calls.

Phase 1 protocols for the transfer of 800B calls, covering the transition period between November 2020 and June 2021 from SFPD to SCRT units is shown in Exhibit 2. As can be seen, SFPD was intended to provide responses for non-criminal mental health crisis calls during the transition period in instances when SCRT teams were not available.

According to Mr. Robert Smuts, Deputy Director at the Department of Emergency Management (DEM), the current plan is that in early June 2022 SCRT will be fully staffed, at which point all calls currently classified as 800B by 911 operators will be processed as medical calls through Emergency Medical Dispatch (EMD) protocols employed by 911 operators to determine the appropriate level of response. Under these protocols, when DEM receives a call from a person experiencing or observing a public mental health crisis, dispatch operators first determine whether weapons or criminal actions are involved. If so, the call will be routed to the Police Department as an 800A call or another police code appropriate to the incident, excluding 800B. If not, the operator will ask the caller a set of structured questions to determine the nature of the incident and whether an ambulance needs to be sent. According to DEM, SFPD, and DPH, most of these calls will be assigned to a SCRT unit. However, some will be handled by non-SCRT Emergency Medical Services personnel when appropriate. For cases in which a SCRT unit is deemed appropriate but one is not available, a medic (ambulance) will respond, not the SFPD. All calls which use to be coded as 800B will henceforth be principally handled by either a SCRT or Emergency Medical Services personnel and the SFPD will no longer respond when a SCRT unit is not immediately available.

Exhibit 2: Phase 1 Transition Period November 2020 – June 2021

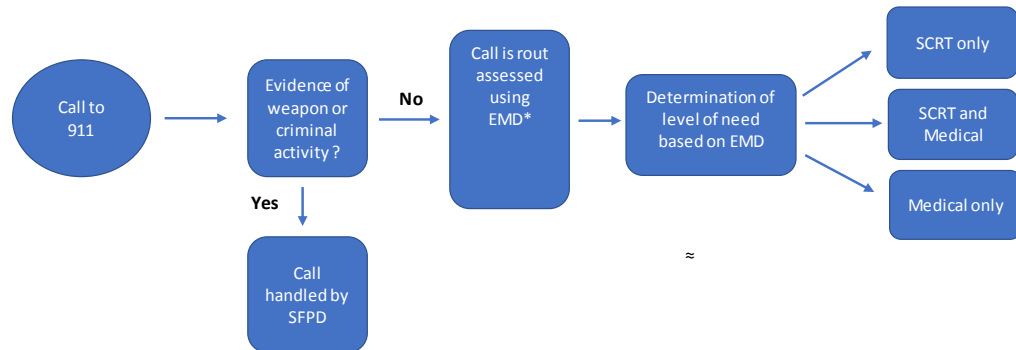
Phase 1: Transition period November 2020 - June 2021



Source: BLA

This dual coding of mental health crisis calls during the transition period has served as a precursor to the eventual elimination of the 800B classification altogether. Once the SCRT is fully staffed and all parties are confident the correct operational protocols are in place, calls formerly classified as 800B that do not involve weapons or criminal activity will be handled by SCRT or other appropriately trained Emergency Medical Services staff. The final system that will be operable in June 2022 is outlined in Exhibit 3.

Exhibit 3: SCRT Transition Phases 2 and 3



* Emergency Medical Dispatch (EMD) is a set of structured prompts the dispatch operator asks the caller. continues in an iterative fashion until a final assessment as to nature and severity of the incident is determined, and the call is assigned to the appropriate unit.
Source: BLA

Evaluating the SCRT System

The phase-in of the new call assessment and dispatch system has been successful in redirecting a large percentage, but not all calls, away from SFPD in favor of SCRT. Exhibit 4 shows the progress from the time of inception in late November 2020 through February 2022. According to Mr. Smuts at DEM, the clearest way to understand the total number of mental health crisis calls being received through 911 is shown in the column labeled *800 B+I Calls*, with 800B representing the existing code for non-criminal mentally disturbed person calls and 800I representing calls that were initially coded as 800B but subsequently changed, but that still pertain to non-criminal mental health crisis response. As can be seen, the number of calls has continually increased since the advent of SCRT in November 2020 through January 2022.

The column entitled *SFPD 800B ADJ* shows the adjusted number of calls where SFPD officers showed up on scene. However, given weaknesses of 911 call data, this number was calculated by subtracting total 800 B+I calls with no police response from total 800 B+I calls. These adjusted estimates are reasonable approximations of the actual level of SFPD response, but must be treated as provisional estimates due to the insufficiency of current DEM protocols for coding and tracking calls to accurately determine the real number of incidents in which SFPD units are involved. According to DEM, the actual level of SFPD on-scene presence is likely to be lower than these estimates, but more precise data is unfortunately not possible at present.

The column in Exhibit 4 entitled *SCRT 25AO ADJ* represents the number of calls coded as 25AO for which a SCRT unit responded. The numbers are derived by subtracting from the total number of all paired calls those cases closed as “cancelled”, calls that were deemed “out of scope or “out

of zone” by SCRT and handled by SFPD, or explicitly noted as handled by SFPD. This is the best current estimate of the number of calls to which a SCRT unit responded, and should be reasonably accurate. The two columns entitled *PD % of 800 B+I* and *SCRT as % of 800 B+I* show the percentage of mental health crisis calls (800 B+I) in which either a SFPD unit or officer was present, or where a SCRT unit was present, respectively.

Exhibit 4: Transfer of Mental Health calls to SCRT November 2020 – December 2021

	800 B + I Calls	SFPD 800B ADJ	SCRT 25A0 ADJ	PD % of 800 B+I	SCRT as % of 800 B+I
Dec-20	781	664	80	85%	10%
Jan-21	698	600	111	86%	16%
Feb-21	719	566	168	79%	23%
Mar-21	881	678	169	77%	19%
Apr-21	710	543	172	76%	24%
May-21	922	592	325	64%	35%
Jun-21	1140	721	440	63%	39%
Jul-21	1029	609	470	59%	46%
Aug-21	1228	734	563	60%	46%
Sep-21	1160	656	592	57%	51%
Oct-21	1204	599	669	50%	56%
Nov-21	1130	521	711	46%	63%
Dec-21	1114	557	653	50%	59%
Jan-22	1245	583	749	47%	60%
Feb-22	1104	515	656	47%	59%

* Based on assumption of 10,000 mental health crisis calls per year.

Source: DEM

Several trends are visible in Exhibit 4. For one, though still substantial, the number of calls handled by SFPD has been declining over the SCRT transition time period shown. In recent months, SFPD is reported to have been present at 47 percent of mental health crisis incidents. However, due to data issues, as noted above, these percentages are likely to overstate the actual degree of SFPD engagement. Second, there has been an overall increase in the number of calls handled by SCRT, whose units are currently handling around 60 percent of all incidents. Overall, the data in Exhibit 4 above shows that SCRT units are absorbing an increased percentage of total calls but that SFPD has maintained a substantial, though decreasing, involvement in calls between December 2020 and February 2022.

Data provided by Mr. Simon Pang, Assistant Deputy Chief of Community Paramedicine of SFPD, and shown in Exhibit 5 indicate that in instances where SCRT was the responding entity, these mobile units are able to effectively intervene in the majority of cases without requiring any level

of SFPD involvement. Of the total 4,392 calls between November 30, 2020 and April 11, 2022 in which a SCRT unit made contact with a person in intense mental distress, the number of cases for which SCRT requested SFPD back-up was 158, or 3.6 percent. This indicates the SCRT units, when they are the first unit responding, are largely successful in removing these calls from the purview of SFPD.

Overall, the data in Exhibit 4 above shows that SCRT units absorbed an increasing percentage of total calls and that SFPD maintained a substantial, though decreasing, involvement in calls between December 2020 and February 2022. The factors that appear to be limiting SFPD disengagement is the lack of SCRT’s full planned staffing and emergency medical services resources until June 2022, an increase in the number of mental health service calls starting in June 2021 (see column labelled *800 B+I Calls* in Exhibit 4), and SCRT’s inability to handle calls when incidents move from the streets to an inside location. Current call volume, including 800I calls, indicates that the number of such calls that SCRT would be required to handle is 13,200 calls on an annual basis. We did not analyze SCRT’s workload capacity for this analysis.

Exhibit 5: SCRT unit requests for SFPD presence November 30, 2021 to April 11th, 2022

Reason SFPD Requested	Number of requests	As % of total SFPD Requested
Immediate danger to staff or public	76	48.10%
Passive resistance	31	19.62%
Traffic control	23	14.56%
Active resistance	15	9.49%
Other	13	8.23%
Total PD requested	158	100.00%
		% of total PD Requested (not 5150)
Total engagements	4,392	3.60%

Source: SFFD

If we assume that the number of mental health crisis calls reported by DEM is a reasonable approximation of the actual number of such incidents, the reasons for the increase in these calls starting in June 2021 is unclear at present. DEM suggested that the fact that a non-police option is available may be encouraging more people to report mental health crises. It is also possible that 911 dispatch is routing more calls to SCRT units given that SCRT is now seen as a viable counter-option to SFPD engagement. In either case, given that the stated policy objective is to fully transfer the universe of all incidents currently recorded as 800B+I calls to SCRT by June 2022, SCRT units will need to absorb around 66 percent more calls than what SCRT units are handling at present.

Healthy Streets Operations Center (HSOC): history, founding objectives, and changes in direction

The Healthy Street Operations Center (HSOC) was started as a multi-departmental initiative launched in 2018 to resolve, or clear, homeless encampments and to address behavioral health and public safety issues of individuals on the streets. Its roles include triaging non-emergency calls from the public regarding encampments, attempting to connect individuals in certain encampments to shelter, housing, and services, counting and measuring encampment activity, and tracking the results of its interventions.

HSOC grew out of a number of predecessor multi-departmental City initiatives such as the Encampment Resolution Team organized by HSH, the Mission District Homeless Outreach Project initiated by SFPD, and others that had goals of clearing encampments and providing access to services in certain areas of the City or under certain conditions. Similar to a number of predecessor collaborative initiatives, HSOC was established to coordinate efforts between multiple departments charged with various aspects of homeless street responses, primarily the San Francisco Police Department (SFPD), Department of Emergency Management (DEM), Department of Public Works, Department of Homelessness and Supportive Housing (HSH), and the Department of Public Health (DPH). HSOC sought to establish a coordinated multi-departmental response to encampment sites, particularly those with 6 or more tents in close proximity.

The City modified the process by which calls received from the public relating to homeless persons' presence and activities were allocated to the various HSOC-affiliated departments. Initially non-emergency calls involving encampments and blocked sidewalks would be routed through 311 to HSOC, but in June 2020 DEM dispatchers began to redirect such calls away from HSOC to DPW. All non-emergency encampment-related calls were posted on the 311 call dashboard, assessed by on-site HSOC dispatch staff and assigned to the appropriate department(s). Calls of an emergency nature and possibly involving criminal activity would continue to be routed to the SFPD.

In addition to improving street cleanliness and safety and facilitating access to needed services for unhoused individuals, a goal of HSOC was to reduce the number of homeless encampments in the City. HSOC initially attempted to combine a law enforcement approach for clearing, encampments and a service-based approach to assisting individuals in the encampments in receiving necessary services.

From inception, HSOC activities were the subject of considerable controversy.³ There were reportedly difficulties in integrating these approaches and some community members and homeless advocates were critical of the encampment “sweeps”, which involved SFPD and DPW staff. Criticisms included that the City’s approach to clearing encampments gave little advance warning to encampment residents that they would need to leave and that they could not always take their possessions with them so they were taken by City employees to a location where the residents had to retrieve them subsequently. The encampment residents would be provided with referrals to City services such as shelters and behavioral health services at the time of these encampment clearings but many residents did not accept or receive services.

As noted in a 2019 Controller’s report, the early objectives of HSOC included a multi-department approach to clearing encampments with 6 or more tents and insuring that no tents were present in certain Mission district corridors in order to reduce the visibility of the homeless in that neighborhood and the number of homeless related complaints.⁴ The approach taken in the Mission District was subsequently expanded to the rest of the City by HSOC.

Over the first several years of HSOC operations, police officers were a highly visible and active presence when encampments were cleared and residents relocated. Over time HSOC began to respond less to calls received through 311 and to instead take a more pro-active approach to identifying encampments with the greatest needs for assistance. Higher needs were identified through regular counts of tents and inhabited vehicles by HSOC and identification of individuals residing in encampments who were frequent users of emergency medical and behavioral health services. HSOC also sought to increase the time encampment residents were given to relocate before encampments were cleared. While SFPD officers have continued to be present when residents are mandated to disperse, efforts have been made to de-emphasize the law enforcement nature of City policy towards homeless encampments, and to enhance service referrals and mental health and substance abuse outreach.

According to the Director of HSOC, Sam Dodge, while HSOC teams are still composed of staff from the various departments listed above, the emphasis has shifted away from responding to 311 calls for service in favor of using HSOC surveillance to identify locations where 6 or more tents and/or inhabited vehicles are present, and where there is evidence of problematic activities such as drug dealing or reports/incidents of violence. While HSOC still maintains on-site staff at DEM’s building, calls for service receive lower priority than HSOC’s own determination of

³ For example, see: <https://hsh.sfgov.org/wp-content/uploads/2019/10/August-HSOC-Quarterly-Meeting-Minutes-1.pdf>, <https://www.streetsheet.org/sfpd-dpw-grilled-on-response-to-homelessness/San-Francisco-s-broken-promise-to-resolve-homeless-encampments-The-San-Francisco-Examiner>, <https://hsh.sfgov.org/wp-content/uploads/2021/11/LHCB-HSOC.pdf>

⁴ *Review of the Healthy Streets Operations Center*, SF Controller, March 20, 2019

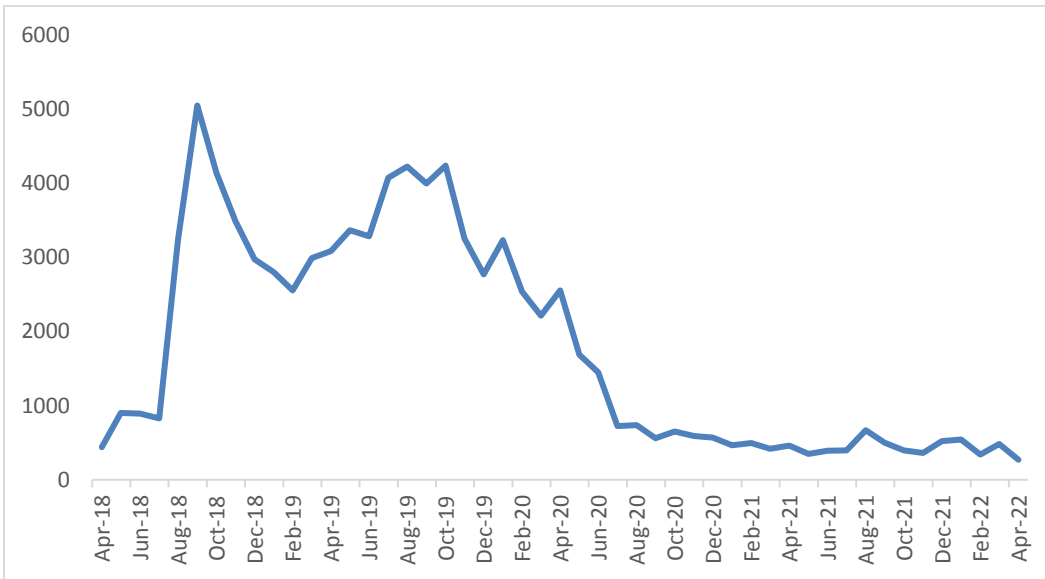
homeless “hot spots” that are targeted for resolution, including referrals to services. These sites are visited by HSOC personnel (typically staff from SFFD and DPH) who offer assessments and referrals to services. Encampment residents are now given one week to relocate.

Current policy is that SFPD is only present when encampment residents are required to disperse, and/or if HSOC staff have concerns for their own safety when visiting an encampment. This shift from responding to calls to HSOC’s targeting of identified “hot spots” is due to a change in approach by HSOC staff, opposition to the approach previously employed by HSOC from the homelessness advocacy community, and the Center for Disease Control’s issuance of directives during the COVID-19 pandemic stating that homeless individuals should not be required to relocate unless the City could offer these individuals housing in a non-congregate environment. As the severity of COVID-19 threats to individual health lessened, San Francisco re-opened more temporary congregate shelters as allowed under the current CDC guidelines

Trends in HSOC Response to calls for Service

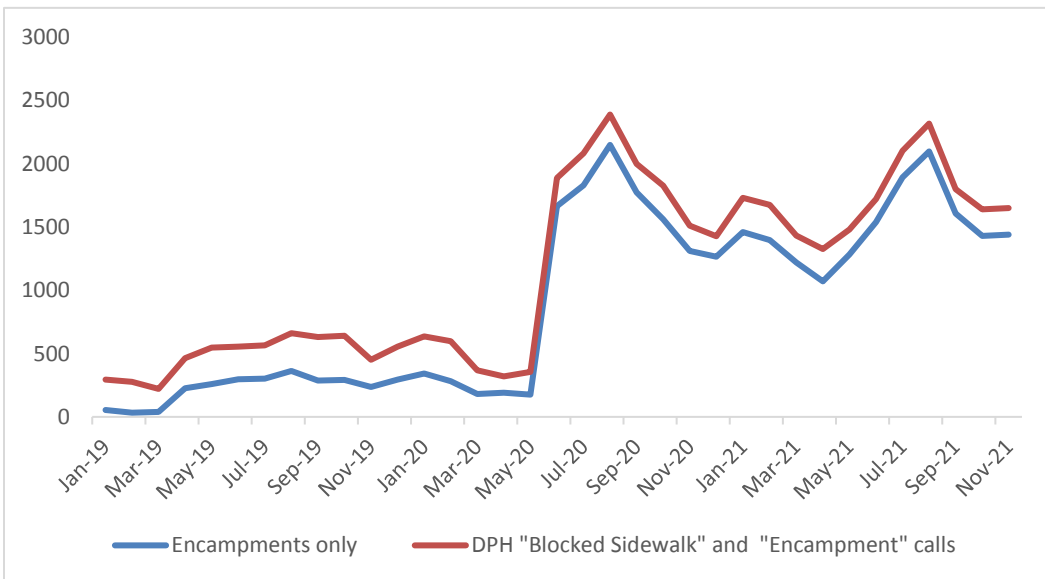
Exhibit 6 shows the total number of calls assigned to HSOC. The number of such cases begins to decline in November 2019, and then stabilizes at a much lower level beginning in July 2020. According to Ms. Nancy Alfaro, Executive Director of SF311, the data trend reflects changes in City policy implemented in June 2020. At that time, all calls related to trash, blocked sidewalks, or encampments that did not involve criminal activity were diverted from HSOC to DPW. This is seen in the very pronounced increase in calls related to encampments received by DPW shown in Exhibit 7. All criminal activities and incidents involving threats to public safety were routed to 911 and handled by SFPD. The only calls that continue to be sent to HSOC are those involving incidents related to social distancing guidelines issued by the CDC – e.g., cases of a business owner or resident complaint about the physical proximity of unhoused persons, or some similar type of homelessness related concern over adherence to COVID 19 precautions and public safety.

Exhibit 6: HSOC, total 311 calls, April 2018 - April 2022



Source: SF Open Data

Exhibit 7: 311 calls Rerouted to DPW related to Homeless Encampment and Sidewalks, January 2019 through November 2021



Source: SF Open Data

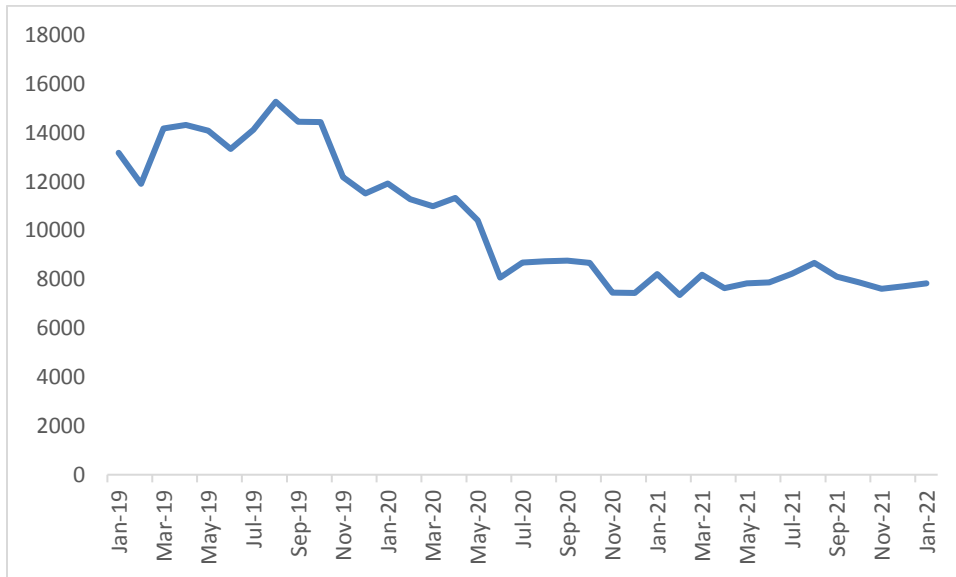
DPW activities related to complaints regarding homeless persons and encampments

Exhibit 7 above shows the number of DPW calls received involving homeless encampments and the presence of unhoused San Franciscans living on sidewalks. These are calls that come through 311 dispatch that are classified as either “street cleaning” or “blocked sidewalks”, which have been removed from calls routed to HSOC and instead are sent directly to DPW. The number of calls rises from 175 in May 2020 to 1,887 in June 2020, eventually peaking at 2,149 calls in August 2020. There is a decline in the months following the establishment of the shelter-in-place emergency order issued on February 25, 2020. The number of DPW calls climbs again beginning in April 2021, as shelter-in-place was phased out and persons were returned to the street. The reason for the decline in September through November 2021 is not clear particularly since there was not any significant change in San Francisco homelessness policy during that period. The explosion of encampment calls that were assigned to DPW supports our conclusion that the decrease in the number of 311 and 911 calls may reflect SFPD and DEM policy, and not any change in the prevalence of unhoused persons residing on San Francisco streets.

Exhibits 8 and 9 show the total number of 911 calls coded and dispatched under the major disposition codes related to homelessness (excluding 800B, “Mentally Disturbed Person” calls discussed above in the discussion of SCRT). While some of these calls may be due to incidents or situations not involving homeless persons, according to Sam Dodge of HSOC and Robert Smuts at DEM, the vast majority of calls dispatched under the pertinent call codes (601, 910, 915, 917, and 919) are related to the presence and activities of unhoused persons.⁵ We observe a major decline in the total number of calls beginning in August 2019. This decline continues through to June 2020, with the number of calls fairly constant at between 9,000 and 10,000 per month through February 2022. As seen in Exhibit 9, though 911 calls for all codes declined starting in November 2019, a large portion of the decline was due to the reduction in calls classified under the 915 disposition, “homeless related calls for service”. This followed a decision by DEM and SFPD to shift staffing resources from responding to non-emergency homelessness related calls (915 disposition) in favor of prioritizing 601, 910, 917, and 919 code calls (trespassing, wellness check, suspicious person, and sitting/lying on sidewalk, respectively).

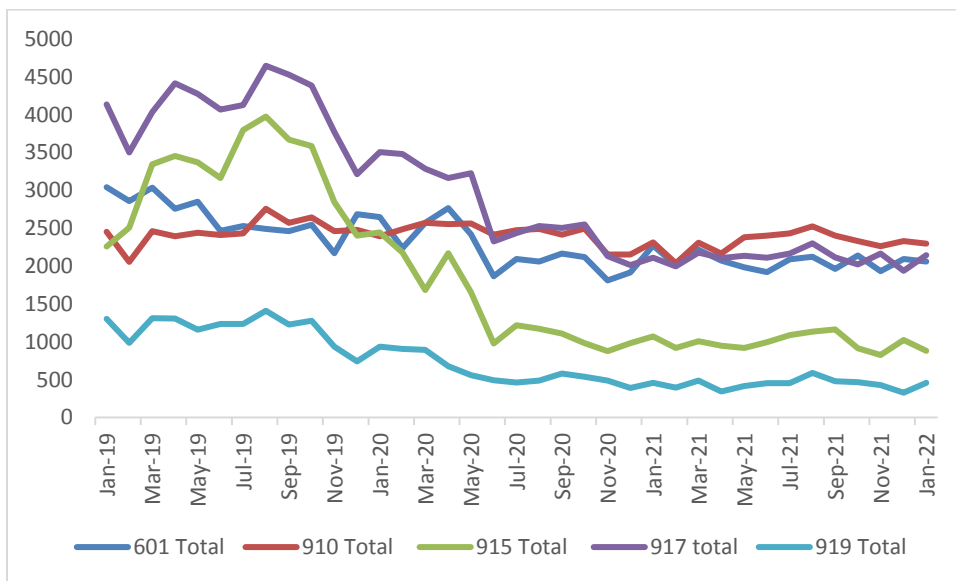
⁵ The dispositions are 601 - Trespassing; 910 - Wellness check; 915 - Homeless related call; 917 - Suspicious persons; 919 - Person sitting/lying on a sidewalk

Exhibit 8: Total 911 calls dispatched to SFPD related to probable homelessness presence and activity



Source: DEM

Exhibit 9: Total 911, by call type, Jan 2019 - Jan 2022



Source: DEM

*Codes: 601 - Trespassing; 910 - Wellness check; 915 - Homeless related call; 917 - Suspicious persons; 919 - Person siting/lying on a sidewalk

Policy Options

The Board of Supervisors could consider the following.

1. To ensure that SCRT is meeting the City's objectives of removing law enforcement from responses to street mental health crises, suggest that DEM, DPH, SFFD and SFPD improve their data collection efforts to record the entity that responded to all mental health crisis calls, including SCRT, SFPD, and paramedics. This data should also identify whether SFPD responded to a mental health crisis call at the request of SCRT or under other circumstances.