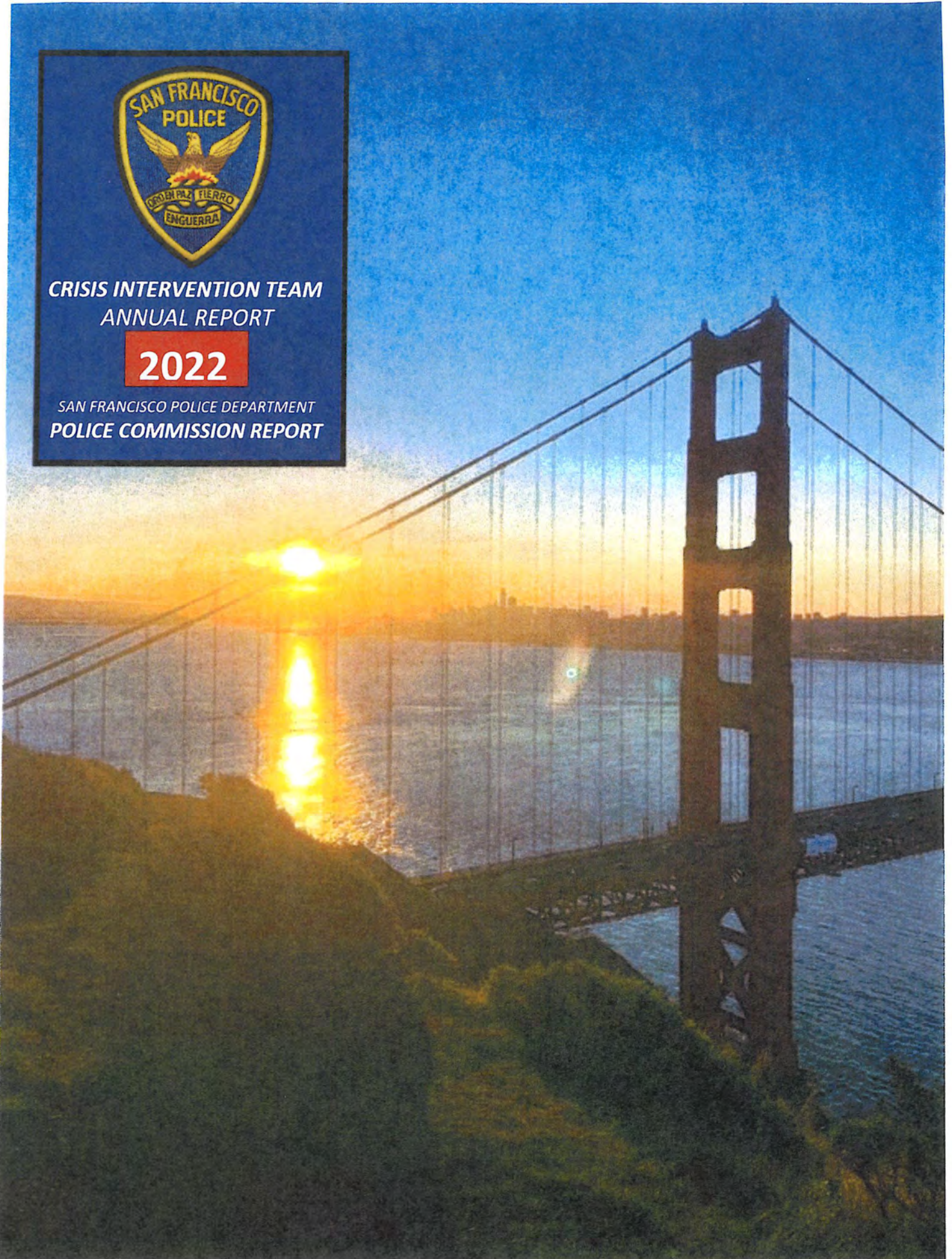




**CRISIS INTERVENTION TEAM
ANNUAL REPORT**

2022

**SAN FRANCISCO POLICE DEPARTMENT
POLICE COMMISSION REPORT**





2022 Crisis Intervention Team (CIT) Annual Report

PURPOSE:

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

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

—San Francisco Police Department General Order 5.21

2022: A QUALITATIVE METRIC

The following 2022 CIT Annual Report includes some recent highlights, accomplishments, and operational goals of the San Francisco Police Department's *Crisis Intervention Team (CIT)* program.

Given that the highest priority of the SFPD is "safeguarding the life, dignity, and liberty of all persons" the CIT Unit encourages and trains our dedicated officers to provide "the highest level of service to all communities, including individuals diagnosed with mental illnesses or other disabilities, as well as those suffering from the adverse consequences of substance abuse and personal behavioral crises." The customized and highly personalized level of Law Enforcement service that officers bring to each encounter epitomizes the ethos of CIT. Because the individual needs and requirements of each crisis incident are different, the traditional paradigms of quantitative analysis cannot adequately capture the value of Crisis Intervention at its best and most nuanced. ***In this sense, compassion, integrity, patience, proportionality, and emotional intelligence cannot be quantified by examining data alone. This CIT Annual report adopts a qualitative metric to reveal the essential nature of how our officers are utilizing and implementing CIT principles in their daily work.***

2022 Police Commission Crisis Intervention Team Annual Report

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Setting the Scene for 2022

SFPD Crisis Intervention: *No Call for Service is Out of Scope*

Throughout 2022, the *San Francisco Police Department* demonstrated its profound commitment to public safety in the face of significant operational changes within The City. As 2020 ushered in various police alternative models, San Francisco has implemented several non-police response teams for non-criminal calls for service. The expanded implementation of Civilian Response teams such as SFFD's Street Crisis Response team (SCRT) absorbed a portion calls for service from law enforcement in 2022. ***While non-police response teams respond to calls within the parameters of their specific scope, SFPD officers can and do respond to all active crisis incidents -- especially those which have a danger potential, a reported use of weapons, and/or when the subject presents a danger to self or others.***

The Crisis Intervention Team recognizes there is tremendous purpose behind civilian response to crisis, however this does not diminish the need for highly trained police officers conversant in crisis intervention, field tactics, and de-escalation. Circumstances with heightened safety concerns may not be appropriate to dispatch civilian responders who may encounter a subject with weapons or who is actively suicidal. In fact, two of the three definitive criteria for Mental Health Detentions as per the legislative language of 5150 W&I (Danger to self, Danger to Others, and/or Grave Disability) specifically reference 'danger' – a component which mandates a Law Enforcement response to manage safety and to prevent violence. ***In this sense, while civilian responders can diffuse situations preemptively deemed 'safe', police officers respond to the full range of dynamic incidents that involve weapons, trauma, violence, and potential loss of life.***

CIT supports the success and expansion of non-police response teams. Many crisis incidents do involve a danger component and/or violence, and police may be the only first responders adequately equipped and trained to deal with the myriad of public safety issues. SFPD officers will forever remain on the forefront of Crisis Intervention as there is no call for service that is out of scope. When we get asked to go – we go.



2022: Crisis Intervention Training Exemplifies 'Safety with Respect'



San Francisco Police Officers demonstrate *Safety with Respect* every day in the field because we know that conveying earnest respect for our communities is a foundation of building authentic trust and legitimacy. *Safety With Respect* is a core concept; especially in crisis situations when rapport-building and de-escalation strategies are pivotal tools in the safe resolution of dynamic problems.



The challenges of 2022 called SFPD officers to rise towards the highest level of professionalism with great flexibility and endurance. At the heart of *Crisis Intervention*, the values of courage, compassion, and critical decision-making are woven into the rich fabric of human engagement that our officers demonstrate every day in the field. ***It is evident that Crisis Intervention skills and strategies are deeply relevant not only in the specific interactions law enforcement officers have with people - but also are key concepts in the larger aspirational ethos of 21st Century Policing.*** The San Francisco Police Department is resoundingly committed to delivering the essential promise of *Safety with Respect* to all those who inhabit, work in, and visit our incredible City.

2022: SFPD Crisis Intervention: Reducing Stigma in Training and Practice



The SFPD recognizes the great moral imperative to reduce the stigma of mental health issues. We realize that all of us are affected by mental health issues, whether it be family, friends, colleagues - or ourselves. Out of respect for those who need help and support, we seek to connect crisis subjects to appropriate services whenever feasible, and refrain from criminalizing mental illness. At the scene of all mental health detentions officers quickly assure the subjects that they are not under arrest, and that we are there to help.

Officers are well versed in many de-escalation techniques, whether it be *Active Listening Skills (ALS)*, and non-verbal de-escalation strategies. For example, some may assert that when a crisis subject is approached by a police officer in traditional uniform, the uniform may 'trigger' additional stress and possibly cause the subject to feel as though they are 'in trouble' or under arrest. Mental illness is not a crime, and the CIT unit routinely conducts their work to reduce stigma surrounding mental health. As a result, the CIT Field Unit officers are attired in a more relaxed professional uniform (cargo pants, polo shirt, sweatshirt.) In an effort to non-verbally de-escalate subjects who may be sensitive to law enforcement, something as simple as an 'ordinary' appearance may help keep crisis subjects at ease, who may typically experience an involuntary stress response should they encounter conventional police uniforms. This subtle shift in professional appearance is a form of non-verbal de-escalation, and it helps us build a calm rapport with subjects who may be escalated by the presence of traditional police uniforms.



Additionally, SFPD officers are moving away from transporting detained crisis subjects in marked patrol vehicles to avoid 'criminalizing' mental health issues. In years past, officers would routinely transport subjects detained under 5150 W&I in the locked rear passenger compartment of a marked police car to *Psychiatric Emergency Services*. While this transportation practice was straightforward and efficient and within policy, it is outdated because it may unwittingly criminalize mental health issues. Today, common practice for officers is to request an ambulance for hospital transport, which reinforces that the detained subject is experiencing a medical issue and is not a suspect in a crime.



Similarly, the 40-hour CIT Certification Course has a robust curriculum consisting of civilian instructors, whose excellence spans formal academic material as well as presentations of 'lived experience' from those who have firsthand knowledge of mental health issues, and developmental disabilities. The CIT Unit partners with NAMI, (the National Alliance of Mental Illness), and MHSF (Mental Health SF) and other leading agencies in promoting wellness and independence for those living with complex mental and developmental issues. Several presenters speak candidly and openly to police about their history, and their experience with police officers, and these critical discussions promote empathy, compassion, and awareness. ***Our officers learn about: De-Escalation, Learning Disabilities, Autism Spectrum Disorders, Sleep Health and Officer Wellness, Signs and Symptoms of Mental Health Issues, Lived Experience, Post Traumatic Stress Disorder, Veteran Affairs, Implicit Bias, Suicide Prevention, The CIT Team Response, The Adolescent Brain, Trauma, Case Law, and more.***



SFPD officers continue to operate on the forefront of crisis intervention because they are continually dispatched to crisis incidents, particularly involving dangerous subjects, or subjects who may possess a weapon. Staffing shortages and redeployment projects required continual involvement and commitment from our officers. Despite their increased workload, SFPD Officers continued to respond effectively and efficiently to thousands of calls for service with upmost reverence for the health and safety of the communities they serve.

Crisis Intervention skills were implemented with critical finesse by officers during another year that required optimized resilience and sensitivity as our San Francisco communities continued to struggle with the aftermath of the COVID-19 pandemic and the resultant cascade of economic, medical, and social stresses.

2022: Crisis Intervention Team (CIT) and The SFPD Hostage/Crisis Negotiations Team (H/CNT)

In 2022 SFPD Officers responded to the highest number of Hostage/ Crisis Negotiation Team “Callouts” since the team was instated in 1974. As indicated in the 2021 Year End Report, the Crisis Intervention Team observed numerous significant and unusual developments in human behaviors and crisis activity throughout the Covid-19 pandemic that may directly correlate to the additional layer of stress and strain caused by the extended state of medical emergency in San Francisco. Most simply, these trends were evidenced in the sharp increase of official crisis negotiations requiring response from the SFPD Hostage/Crisis Negotiations Team (H/ CNT) which is supported by the CIT Unit. These trends continued in 2022.



The Hostage/Crisis Negotiation Team (H/CNT) is a specialized unit consisting of selected police officers who have completed up to 80 hours of Basic Crisis Negotiations Training (FBI and D-PREP) and 20 hours of annual training. The H/CNT unit facilitates resolutions for the most serious crisis-related calls and often may involve a barricaded subject (usually in crisis) who has either committed a violent crime, and/or taken hostages, and/or expressed suicidal intent, and/or threatens to harm others.

In 2019, the H/CNT unit responded to 36 callouts requiring crisis negotiation. In 2020 the H/CNT unit responded to 78 callouts requiring crisis negotiations. In 2021 the Hostage/Crisis Negotiations Unit responded to 80 callouts. **In 2022, Negotiators from H/CNT respond to 94 call-out incidents, which is the highest number on record.** This prolonged increase in C/HNT callouts since 2019 indicates an extreme need for Crisis Negotiations in 2020 and 2021 and 2022. This uptick could indicate that the extended stresses associated with the Covid-19 pandemic continued to operate as a crisis ‘enhancer’ for those struggling with serious pre-existing issues. It could also underscore the societal and economic stressors of contemporary life that require expanded crisis services. This increase may also show the extent to which law enforcement applying the full gauntlet of “time and distance” and “de-escalation” to their problem-solving and violence prevention strategies.



One of the functions of the CIT unit is to respond with DPH Crisis Specialists to HNT callouts to coordinate care for the subject on scene. The CIT Unit also facilitates follow-up response and engagement with these crisis subjects *after* the situation is resolved. This follow-up goal is a significant component of CIT principles, so people get the appropriate resources. It should be noted that a significant number of subjects who require Crisis/Hostage Negotiation Team callouts have significant mental health histories and/or behavioral history of violence. **All members of the Crisis Intervention Team Unit are trained in the 40 hr Negotiations course and two active H/CNT negotiators are in the CIT field unit.** Negotiation skills provide an excellent foundation for all crisis engagement as active listening skills are the basis for building rapport, cultivating trust, and ultimately influencing behavioral change.



2022: SFPD Recognizes Excellence in Crisis Intervention: The Annual CIT Awards Ceremony

The San Francisco Police Department's Crisis Intervention Team is committed to honoring excellent crisis intervention, especially when the work of officers helps to preserve the life and dignity of those in crisis. The Annual CIT Awards Ceremony was held on November 22, 2022, at the historic Scottish Rite Masonic Auditorium and was attended by Awardees, SFPD Command Staff, Police Commissioners, DPH Crisis Clinicians, local political leaders, advocates in Mental Health – and the families of officers who were selected for their outstanding work in crisis intervention. The Ceremony was led by Chief Bill Scott, and the keynote Speaker was Supervisor Rafael Mandelman, who delivered an inspiring and uplifting speech regarding the humanitarian significance of those who work in crisis.



The Award Ceremony was developed in 2016 to formally recognize SFPD Police Officers who demonstrate exceptional use of CIT principles and skills in the field. Since 2016, the CIT Unit in combination with Community stakeholders in the CIT Working Group review the nominations together critically review the incidents and to select officers for these awards. The recipients of these honors were involved in complex and sometimes life-threatening incidents where lives were often saved and tragedy was averted, because the responding officers utilized remarkable crisis intervention skills.

By recognizing these fine officers, the SFPD helps foster a culture of reverence and respect for the application of crisis intervention skills within the scope of Law Enforcement.

Throughout 2022, the San Francisco Police Department has been actively responding to and engaging with thousands of subjects in crisis throughout the city, especially those who demonstrate a danger potential and/or present a public safety concern. In these cases where violence or impending violence may be a factor, a civilian response or non-police response is not a viable option. In these cases, our patrol officers demonstrate great competency in crisis intervention techniques, and the highest regard for human life. The officers selected as recipients for the CIT award exemplify the core values and commitments that are the central themes of Crisis Intervention: meeting people where they are at, building rapport, preserving public safety, prevent crime, and utilizing de-escalation whenever feasible to minimize the application of force.



In addition to awarding officers, The San Francisco Police Department also honored the work of two clinicians who are civilian crisis responders who assisted officers with a disturbed barricaded subject armed with a knife.

It should be noted that the award-winning CIT Unit is a national model, representing the most aspirational elements of 21st Century Policing. This Award Ceremony is a celebration of the sworn officers whose excellence should be recognized and applauded, as their discerning actions helped save lives and avert potential tragedy. These awards serve to shine a light on the humanity of our officers – because in the absence of their efforts, our beautiful city would suffer the loss of extraordinary guardians whose heartfelt service makes the world a better and safer place.

2022: San Francisco Leading the Way – SFPD Crisis Intervention Team: A Model for 21st Century Policing

The San Francisco Police Department is the leading edge of Law Enforcement in the nation, with specific reference to its advanced applications of *Crisis Intervention Training* (CIT) and de-escalation-based field tactics, along with its rigorous adherence to an extremely progressive Use of Force policy.



In 2022, Members of the SFPD Crisis Intervention Unit were selected to deliver their original presentation at the National *Force Science* Conference in Orlando, Florida. *The Force Science Institute* is an elite forum attended by clinicians, law enforcement, academics, legal professionals, and other stakeholders who are highly dedicated to the most effective, safe, and humane ways for law enforcement to engage dynamic and violent subjects who present significant public safety concerns.

Force Science has featured groundbreaking academic work on de-escalation strategies, safe technologies, neurobiological stress management, and threat assessment. Sgt. Donald Anderson and Officer Elizabeth Prillinger of the CIT Unit developed an original presentation based on a real-life CIT case study, involving a barricaded crisis subject with weapons who was ultimately engaged safely by SFPD. This case study was extraordinary because a later interview with the crisis subject revealed he would have engaged in a 'Suicide by Cop' had the responding police employed a traditional 'move to contact approach' during the original incident. The premise of this CIT presentation raised questions as to how thoughtful and well-planned Disengagement strategies can function as effective De-escalation practices, and how meaningful CIT engagement can have long-term positive impact on a subject and their families and loved ones.

The SFPD Crisis Intervention Team Training Division has trained a distinct majority of its own law enforcement personnel (As of 2022 at least 69% of SFPD sworn officers have completed the 40-hr *CIT Certification Course* and 100% percent of SFPD sworn officers have completed 10-hr *CIT Field Tactics and De-escalation Course*.) The SFPD Crisis Intervention Team has also trained other agencies in crisis intervention, such as The San Francisco Fire Department EMS 6, San Francisco Sheriff's Department, Park Police, University of San Francisco Police Department, UCSF Police Department, Bridge Patrol, BART PD, San Francisco Department of Emergency Management, and select outside agency personal.

Historically, the SFPD CIT Unit has operated at a very high level despite a minimally staffed unit consisting of one Lieutenant, one Sergeant, two fully-duty officers, and one light-duty officer -- **for one specialized unit that conducts: All CIT Training department wide, Policy Revision when applicable, Community Workgroups, De-escalation Training for civilian groups, all internal data analysis and presentation of findings, response to active incidents, as well as conducting planned CIT Field Visits with DPH Clinicians for the city's most concerning and vulnerable crisis subjects.** Even as a compact unit, it has inflicted far-reaching impact on the culture of policy and procedure within the SFPD. Since the implementation of the CIT Field Tactics De-escalation Course in 2017, the department has seen a radical reduction in the use of force. The SFPD Crisis Intervention Team was selected to present original material at the *International Association of Chiefs of Police (IACP)* Conference in 2019. Most recently, members of the SFPD Crisis Intervention Team (CIT) and the Crisis/Hostage Negotiations Team (C/HNT) were asked to present a course at the *California Association of Hostage Negotiators* Annual State Conference in Burbank, California in 2021.



As our nation is collectively grappling with major law enforcement issues requiring collaborative revision and reform, it is also reasonable to look inward and recognize the localized excellence of the *San Francisco Police Department* and the impactful role that the *Crisis Intervention Team* has had upon police training and culture.

2022: The Crisis Intervention Team: Operational Structure **Training Initiatives, Practical Applications & Building Community Partnerships**

CRISIS INTERVENTION TRAINING: An Invaluable Curriculum

The Crisis Intervention Team is committed to providing CIT training to police personnel and facilitating practical applications of Crisis Intervention in the field. The following categories represent extremely significant components of the CIT unit. The CIT Unit consists of: *CIT Training Division, The CIT Field Unit, The CIT Liaison Program, and The CIT Working Group.*

During 2022 The CIT Program continued to provide a 40-hr Crisis Intervention Certification Course to Law Enforcement as well as a 10-hr CIT Field Tactics Course to patrol, both of which are certified by Police Officer Standards and Training (P.O.S.T.)

CIT Trainers developed a revolutionary hybrid course that consisted of both remote learning via ZOOM and scenario-based in-person training. With this strong core of Crisis Intervention training, patrol has a wealth of capable and invested officers who are committed to the practices and principles of Crisis Intervention. The Crisis Intervention Team is forged by a tradition of critical and informed training along with the practical applications of patrol strategies.

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



2022: CIT TRAINING - Spotlight on Instructors:

Excellence Fosters Excellence

The San Francisco Police Department Crisis Intervention Training has gained nationwide praise for its excellent and ground-breaking curriculum, which covers a multitude of pioneering topics. The CIT Unit recognizes that the great quality of its program is entirely proportional to the phenomenal instructors who are deeply invested in cultivating the highest degree of safe and effective intervention strategies for subjects in crisis. **While enlightening those in attendance, these CIT instructors are not only helping elevate critical awareness and skills that help people in crisis -- but their work is raising the professionalism of law enforcement itself.** There are many additional instructors who comprise the curriculum of the CIT 40-hr course, but the following biographies highlight some of the extraordinary foundational instructors whose academic and professional commitments have enriched the CIT curriculum beyond measure.

Dr. Christopher Weaver, PhD

As an integral part of the CIT curriculum, Dr. Weaver provides two significant and distinct blocks of instruction: *Post Traumatic Stress Disorder in Veterans* and *Implicit Bias*. The PTSD block is geared towards Veteran Affairs and is exceptionally informative to first responders, who also may experience profound stress and trauma during their dangerous and challenging work. This course helps officers recognize signs and symptoms of PTSD and also teaches officers to utilize 'grounding techniques' that can help calm subjects in crisis and build rapport. Dr. Weaver also facilitates an interactive block on *Implicit Bias*, which encourages officers to recognize the subliminal biases we all have, and how to better navigate these problematic constructs to foster more fair and equitable encounters with all subjects.



Dr. Christopher Weaver is an Associate Professor at Palo Alto University, and Director of Palo Alto University's Forensic Psychology Program. He received his Ph.D. in Clinical Psychology from the University of Louisville. He has held research and clinical positions (pre- and postdoctoral) at the University of California, San Francisco and Stanford University. Dr. Weaver has published significant material in the areas of psychopathy and violence risk assessment. Most recently, he has published his work in the areas of substance abuse and psychological trauma. He has co-authored books in law and mental health and psychopathology. Dr. Weaver's current research focuses on how trauma and substance use can play an impactful role in criminal offending, and the assessment of dissimulation in PTSD assessment. Dr. Weaver is currently conducting a ground-breaking training and research program designed to increase police officer effectiveness in working with people with mental illness.

Dr. Joel Fay, Psy.D

As a foundational instructor of the CIT -40 hr course Dr. Joel Fay presents a thought-provoking original curriculum that discusses the phenomenon of Suicide by Cop, Crisis Intervention Field Work, and Case Law. All of these topics are enriched deeply by Dr. Fay's unique expertise that is based on both his extensive practical experience as a Police Officer and his rigorous training as a psychologist and clinician. Officers learn so much from Dr. Fay who seeks to raise officers' awareness regarding 'proportionality' in use of force and why it is so very important to treat all people with dignity and respect.



Joel Fay Psy.D served as a police officer for over 30 years. Dr. Fay obtained his Doctorate in Psychology from Argosy University, bringing his experience as a police officer towards his role as a clinician. Dr. Fay is now in private practice working with first responders across multiple organizations. Dr. Fay instructs Crisis Intervention Training for numerous agencies throughout California, has co-authored several articles about emergency service stress, and he is a co-author of "Counseling Cops, What Clinicians Need to Know." He is also a co-founder of the First Responder Support Network and is the current Clinical Director. He has played an integral role in the West Coast Post-Trauma Retreat that has helped saved so many lives of first responders in crisis. He has received great recognition for his work, including the California Psychological Association 2007 Humanitarian Award and the American Psychological Association 2012 Award for Outstanding Contributions to the Practice of Police & Public Safety Psychology. Dr. Fay is Board Certified in Police and Public Safety Psychology.

Dr. Gena Castro-Rodriguez, Psy. D

Dr. Castro-Rodriguez delivers a phenomenal block of instructional material pertaining to Adolescent Trauma and Juvenile Behavior and Crisis Response. She guides officers through the complexity of adolescent neurological and psychological development and how it affects the behavior of young people, especially those who have history of adverse childhood experiences (ACES Study.) Dr. Castro-Rodriguez gives officers practical tools to communicate more effectively with troubled youth with a goal toward crisis resolution. With her breadth of understanding about trauma and adverse childhood experiences, she presents great insights into the behaviors of adolescent subjects who may be involved in incidents that may require a crisis response from police. With enhanced empathy and awareness, officers may develop more effective trauma-informed engagement strategies with adolescent subjects.



Dr. Gena Castro-Rodriguez is a psychotherapist and licensed marriage and family therapist. Dr. Gena Castro-Rodriguez is in private practice, practice and is also an assistant professor at the University of San Francisco, and Director of the Survivor Resource Center for the Prosecutors Alliance California. She received her bachelor's degree in psychology from Sacramento State University, a master's degree in Counseling Psychology from the University of San Francisco, and her Doctorate in Clinical Psychology from the California Institute for Integral Studies. Dr. Gena Castro-Rodriguez has conducted extensive research the areas of interpersonal trauma, the cycle of violence, delinquency and criminal behavior, victimology, gender responsive strategies and secondary trauma. She has been an instructor at the University of San Francisco graduate counseling psychology program and is the former Chief of the Victim Services Division for the San Francisco District Attorney's Office where she oversaw the work with more than 9,000 victims of violent crime a year.

Captain Jack Hart (San Francisco Police Department)

At the inception of each CIT 40-hr class, Captain Jack Hart delivers an impassioned and profound treatise on police nobility, which serves to foster a deeper purpose amongst attendees. His dynamic and captivating presentation cultivates a "guardian mindset" in the hearts and minds of our officers. He stimulates rigorous philosophical and spiritual discussions that serve to remind officers of their tremendous calling to serve all communities with courage, compassion, and purpose. Captain Hart is a Master Instructor in a police leadership development course called "Blue Courage," where he has inspired police officers of all ranks in large and small departments across the country.



Captain Jack Hart became a sworn member of the San Francisco Police Department in 1999. Since then, he has served in diverse patrol assignments which have informed his incredible aptitude as a California POST-certified instructor. Captain Hart has taught over 50 Academy Recruit Classes in courses spanning: constitutional law, criminal law, criminal procedure, and leadership development. As a Sergeant, Captain Hart led a plainclothes team in the Bayview district, which sought to resolve serious street crimes. Once promoted to lieutenant, he served as the officer-in-charge of the Candlestick Park detail, which required operational finesse given the enormous crowds in attendance. As a SFPD Captain he was assigned to SFPD's Homeland Security Unit and he also led the Department's mutual-aid response to the devastating firestorms that ravaged many communities in the North Bay in 2017. Captain Hart is currently the Captain of SFPD's Park Station, which presides over the historic Haight-Ashbury and a vibrant swath of neighborhoods adjacent to Golden Gate Park located in Central San Francisco.

Lieutenant Donald Anderson (San Francisco Police Department)

All those who attend the SFPD CIT 40-hr Certification course and the 10 hr CIT Threat Assessment and Field Tactics Course will be provided with indispensable presentations delivered by Lt. Donald Anderson. Lt. Anderson is committed to raising the decision-making abilities and de-escalation skills of his officers during dynamic incidents. His practical discussions outline the importance of critically minded field tactics, which enhance both effective crisis resolution and scene safety. Lt. Anderson discussed the impact of pertinent case law so officers can be as informed, accountable, and responsible as possible.



Lieutenant Donald Anderson is assigned as assigned as a watch commander at Ingleside Station in the Patrol Division of the San Francisco Police Department. In his previous assignments, which include patrol, investigations, and training divisions, he has worked diligently to advance the policies and protocols that affect officers. While a Sergeant, he was assigned as a Training Coordinator and Supervisor for the Crisis Intervention Team unit, and he was the Executive Officer of the Hostage/Crisis Negotiations Team. He is a California Police Officer Standards and Training (POST) certified Instructor specializing in Use of Force, De-Escalation, and Defensive Tactics. Lt. Donald Anderson is also a Subject Matter Expert in De-escalation, Crisis Intervention, Crisis Negotiations, and Disengagement Strategies.

These instructors not only represent excellence in their chosen professions, but have generously brought their unique genius, academic rigor, and compassion to our CIT program. This spotlight only represents a few of the outstanding instructors and teachers who comprise the CIT 40-hr curriculum, for whom our CIT Unit is most grateful. We also wish to acknowledge the participation of speakers with Lived Experience as Mental Health Service Consumers, who broaden the understanding of our students with their personal stories and experiences.

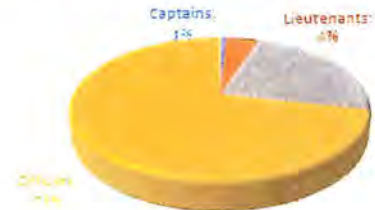
2022: CIT TRAINING: CURRENT STATISTICS

San Francisco Police Department-Trained CIT

As of 12/12/2022

	40 - Hour CIT Course				10 - Hour CIT Field Tactics			
	Sworn	Attended	Not Attended	Completion Rate	Sworn	Attended	Not Attended	Completion Rate
Central Station (Co. A)	119	101	18	85%	119			100%
Southern Station (Co. B)	115	83	32	72%	115			100%
Bayview Station (Co. C)	105	70	35	67%	104			99%
Mission Station (Co. D)	114	81	33	71%	114	2		100%
Northern Station (Co. E)	122	103	19	84%	122			100%
Park Station (Co. F)	70	53	17	76%	70			100%
Richmond Station (Co. G)	74	59	15	80%	74			100%
Ingleside Station (Co. H)	106	81	25	76%	106			100%
Taraval Station (Co. I)	84	76	8	90%	84			100%
Tenderloin Station (Co. J)	142	101	41	71%	142			100%
District Stations:	1051	808	243	77%	1050	2		100%
Metro Division:	612	469	143	77%	612			100%
Golden Gate Division:	439	339	100	77%	438			100%
Specialized Units:	860	510	350	59%	860	54		100%
AIRP/ADMN/AFOB	131	106	25	81%	131	9		100%
Total (Including Other):				33		1975	65	
Total Sworn ONLY:	1911	1318	593	69%	1910			100%

40 - HR CIT Certified Personnel	
Deputy Chiefs	4
Commanders	6
Captains	9
Lieutenants	57
Sergeants	309
Officers	936
Total Sworn ONLY:	1318
Other	33
Total (Including Other)	1351



40 - Hour CIT Courses by Year	
2011	1
2012	3
2013	3
2014	4
2015	4
2016	10
2017	6
2018	7
2019	8
2020	4
2021	16
2022	5
2023	3
2024	
2025	
Total	79

2022 CIT COURSES	
January 24-27	June 13-16
February 7-10	July 11-14
March 21-24	August 22-25
April 11-14	September 19-22
April 25-28	October 24-27
May 23-26	November 14-17
2023 CIT COURSES	
February 27-March 2	July 24-27
April 24-27	September 11-14
May 22-25	October 22-26
July 17-20	November 6-9

The SFPD Crisis Intervention Team has provided select CIT training modules to the following: San Francisco Fire Department EMS 6, Department of Emergency Management, Comprehensive Crisis Services (DPH), Department of Police Accountability (DPA), Civilian Groups, and Department of Justice (DOJ). The 40-hour Certification Course consists of training models consisting of but not limited to: *De-Escalation, Learning Disabilities, Autism Spectrum Disorders, Sleep Health and Officer Wellness, Signs and Symptoms of Mental Health Issues, Lived Experience, Post Traumatic Stress Disorder, Veteran Affairs, Implicit Bias, Suicide Prevention, The CIT Team Response, The Adolescent Brain, Trauma, Case Law, and more.*

The CIT Training Division is on track to complete EIGHT 40-hr CIT Certification Courses in 2023. (One Class cancelled due to staffing.)

2022: THE CRISIS INTERVENTION FIELD UNIT: A Working Partnership with Comprehensive Crisis Services (CCS)

Throughout 2022, *The Crisis Intervention Team* continued to fortify its partnerships with DPH Comprehensive Crisis Services (CCS). Members of the CIT Field Unit will respond to situations to provide supportive assistance to crisis specialists, when they need to engage higher risk subjects who pose public safety concerns and danger potential.

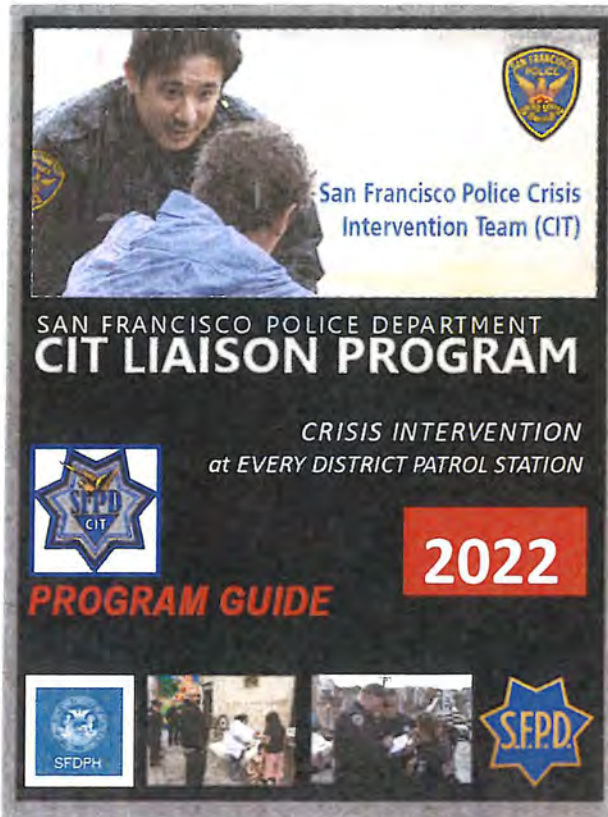


This working partnership between CIT and CCS exists so first responders and clinicians can work together to effectively assist subjects in crisis with an emphasis on scene safety and subject engagement. Given that DPH and Comprehensive Crisis have an existing infrastructure to provide services and support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

The working partnerships between clinicians and law enforcement are highly valuable, as together they form a hybrid crisis response team with extensive knowledge of each other's training and expertise. Prior to each planned engagement the CIT/CCS crisis response team develops a PACE plan with a primary, alternate, contingency, and emergency plan. This multi-tiered version of pre-incident planning helps shape the safest and most adaptive engagement strategies for dynamic conditions that are factors in most crisis situations and critical incidents.

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

2022: THE CIT LIAISON PROGRAM: A Patrol Based Approach to Crisis Engagement



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

In 2022 the CIT Liaisons identified CIT related issues and concerns at their district stations. The Liaisons operate as a conduit to the CIT Field unit so crisis subjects who are most concerning are appropriately identified, engaged, and/or connected effectively with programs and services as effectively as possible. In turn, other city services and civilian crisis specialists may be notified should there be subjects who require further consideration and connection.

Each designated CIT Liaison takes on the roles and responsibilities established by the CIT Unit. This designated group of 20+ CIT Liaison Officers operates as a built-in auxiliary CIT unit that functions as patrol but also supports and effectuates the larger goals of Crisis Intervention throughout the city.

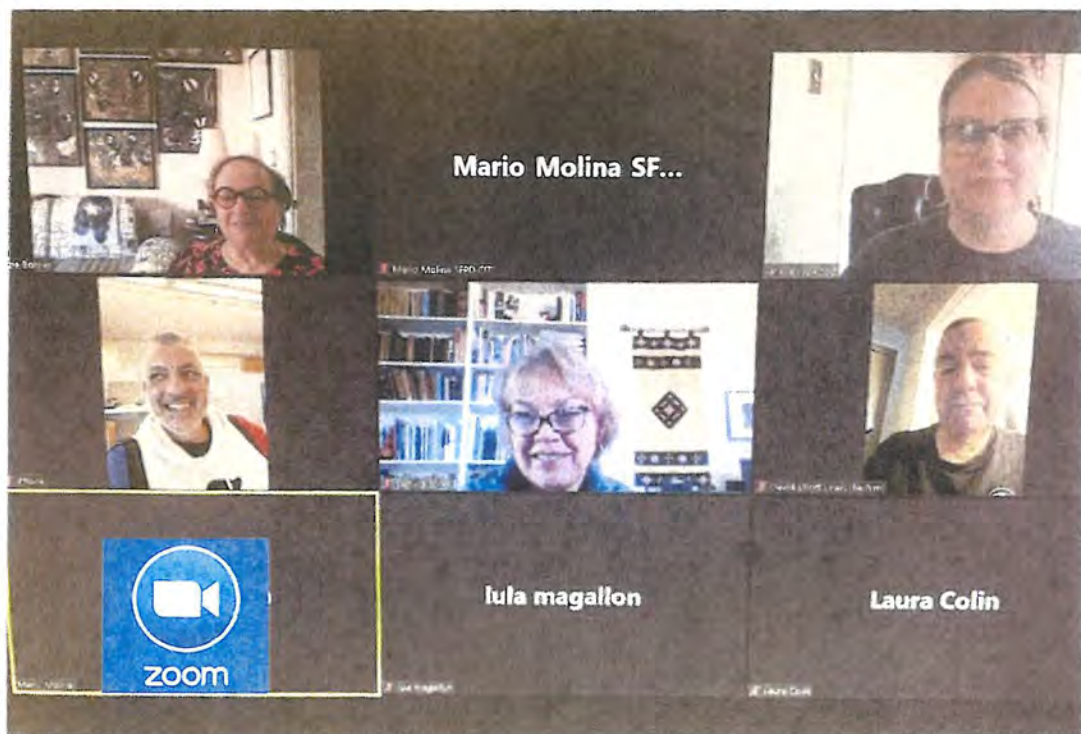
Because this program is rooted in patrol, it provides a strong core of principled policing, while also serving as a built-in "safety net" to the most vulnerable subjects in our communities who require substantial CIT engagement.



2022: THE CIT WORKING GROUP EXAMPLIFIES COLLABORATION **CIT Builds Resilient Community Partnerships**

The CIT Program works towards the highest standards of crisis intervention by listening to the needs and experiences of the communities we serve, mental health professionals, and advocacy groups which comprise the CIT Working Group. Throughout 2022 the CIT Working Group continued to meet regularly via Zoom platform to identify issues, concerns, and goals for the CIT program.

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



2022: THE CIT WORKING GROUP EXAMPLIFIES COLLABORATION

CIT WORKING GROUP: SPECIAL ACKNOWLEDGMENT: A LEGACY OF LEADERSHIP

Terezie "Terry" Bohrer, RN, MSW, CLNC

The CIT Working Group has been led by the formidable Terry Bohrer, whose intelligence, compassion, and vision has been an invaluable force of leadership since 2010. Without her incisive acumen and profound dedication to the CIT Working Group, our department would not be where it is today --at the forefront of Crisis Intervention. The CIT Working Group has evolved into a major engine of community collaboration that it is today because of Terry's great commitment. She has inflected meaningful change in policy, police reforms, and the training curriculum of our officers. The CIT Unit is eternally grateful to Terry Bohrer whose legacy of contribution to the Crisis Intervention program will live in the resounding purpose of our highest priority, to safeguard the life, liberty, and dignity of all persons. Thank you, Terry!



Terry Bohrer is a Nurse, Social Worker, and Certified Legal Nurse Consultant, with expertise in mental health public policy. Prior to moving to San Francisco in 2011, she worked for ten years as a professional consultant specializing in Disaster Mental Health, Veterans Mental Health, Suicide Prevention, Peer Support, and non-profit agency organizational development and grantsmanship. For over 20 years Mrs. Bohrer was employed in directing and managing local and state government agencies and programs, including Director of the Maryland Patients' Rights program, Director of the Prince George's County Health Department Disability Support Services and Director of the Prince George's County Core Service Agency (the local mental health authority).

Her numerous volunteer activities over the past 45 years include: President and Board Member of the Maryland Mental Health Association; President of Community Crisis Services, Inc. (a suicide prevention hotline serving five Maryland counties); Board member and Government Affairs Chairperson of the Prince George's County Mental Health Association and Mental Health Association of Maryland; Member League of Women Voters; Member Association of University Women; President of the Women's Political Caucus of Prince George's County; Coordinator for the American Red Cross National Capital Area, Mental Health Lead (worked 9/11 at the Pentagon, DC floods and many local disasters); Member NAMI; and from 1978 to 2011, member of the Maryland Governor's Mental Health Advisory Committee (a committee with a similar purpose to the San Francisco Mental Health Board).

Mrs. Bohrer was a sought after trainer in Maryland, providing Mental Health First Aid Train-the-Trainer training when it was first adopted in the United States; mental health disaster planning and preparedness training for the National Mental Health Association (now Mental Health America); training for the American Red Cross in Psychological First Aid and Disaster Mental Health Services and most recently in ASIST, a nationally recognized suicide prevention training program. Her recent activities in San Francisco include volunteering for the Mental Health Association of San Francisco as Public Policy Committee Coordinator, and counselor at the San Francisco Suicide Prevention Center. Mrs. Bohrer is married to Dr. Normar K. Bohrer--they have four daughters (two live in California, one in Hawaii and one in Virginia) and three adult grandchildren living in California. (Biography courtesy of The Mental Health Board of San Francisco Website <http://www.mhbsf.org>)

2022: SFPD CRISIS INTERVENTION THROUGHOUT SAN FRANCISCO **Analytical Consideration of Data and Information**

MENTAL HEALTH DETENTIONS

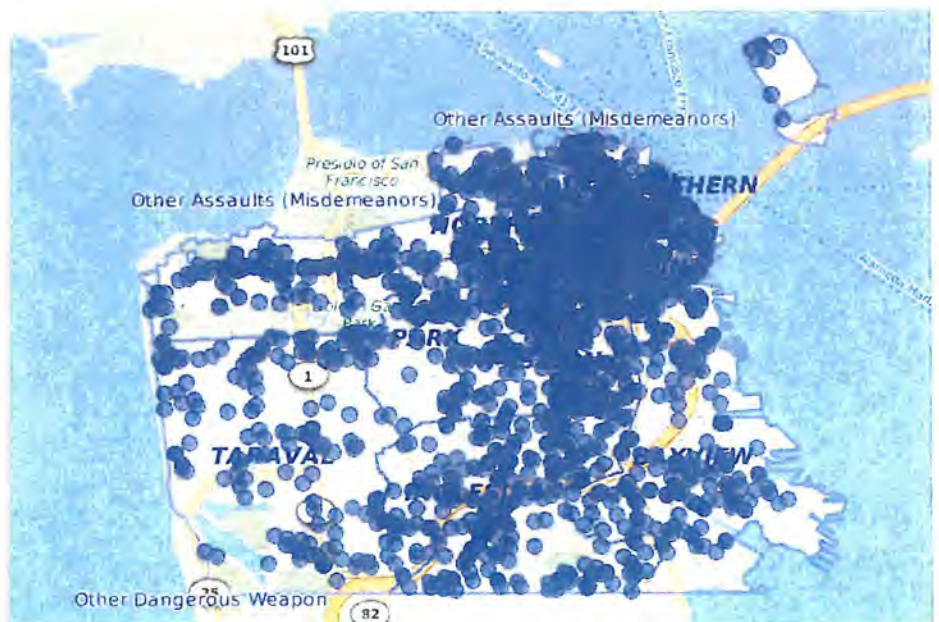
While Mental Health Detentions represent a very important scope of *Crisis Intervention* work that officers are requested to respond to, these encounters represent only a smaller fraction of the larger volume of calls during which police deal with people in crisis. Mental Health Detentions are very significant and important because the subject involved has demonstrated behavior that presents as one or more of the following: *Danger to Self (DTS)*, *Danger to Others (DTO)*, and/or *conveys the subject may be suffering from a Grave Disability (GD)*. These categories are important as both danger to self and/or others present significant danger components that are “out of scope” for civilian responders as there may be associated acts and/or threats of violence, weapons, and other public safety concerns requiring a police response.

2022- SFPD Mental Health Detentions by Person Type (with quarterly breakdown) It should be noted that the CIT dashboard has a 2, 308 Mental Health incidents with a discrepancy of 33 individuals based on body counts which can be the result of Aided Cases where subject was 5150'd by other agencies but we wrote the report.

**2022:
SFPD Mental Health
Detentions
2,308 incidents**

*Blue circles indicate locations within San Francisco where incidents resulting in mental health detentions occurred in 2022. These incidents occurred in significant concentration in the downtown districts (Central, Northern, Mission, Tenderloin, and Southern) and also with frequent regularity in districts that are more residential (Taraval, Richmond, Park, Ingleside, Bayview.) It should be noted that while some subjects are detained in an open public setting or on the street, most mental health detentions are reported within residences and structures requiring law enforcement response.

San Francisco Police Department
Incident Detail - Mental Health Detentions
Report is based on Section Violation 5150 W&I 2,308 total



San Francisco Police Department Incident Details related to Mental Health Detentions And Tarasoff Report-Demographic of Subjects.

A CONTINUALLY SIGNIFICANT VOLUME OF CRISIS CALLS

Statistically, the SFPD is well-attuned to dealing with subjects in crisis. In 2022 the SFPD responded to over **39,926** calls for service that may have generally and specifically required some type of Crisis Intervention (CIT) 15,057 CIT-related calls consisting of the following categories: (Mentally Disturbed Person (Radio Code 800), Suicidal Person (Radio Code 801), requested Mental Health Detention (Radio Code 5150), Juvenile Beyond Control (Radio Code 806), Mentally Disturbed Crisis Response (Radio Code 800CR) and Suicidal Person/Crisis Response (Radio Code 801CR).) Additionally, SFPD officers responded to 24,869 requested Well Being Checks (Radio Code 910). Wellbeing Checks are a broad designation which may be called in by family or friends of subjects, or observers, witnesses who are concerned about the wellbeing of a subject based on their behaviors, statements, and/or history. All of these types of calls may require some crisis intervention skill and applications from the responding officers. It should be noted that officers, on occasion, are dispatched to a mental health-related call, and they are unable to locate the subject.

Final Call Type	2022				
	Q1	Q2	Q3	Q4 Total	YTD Total
800	4087	3740	1565	1254	10646
801	1015	939	1002	965	3921
5150	52	66	78	52	248
806	47	52	42	39	180
800CR	25	10	9	10	54
801CR	2	1	5	0	8
TOTAL:	5228	4808	2701	2320	15057

2021 TOTAL CRISIS CALLS: 39,926

Final Call Type	2022				
	Q1	Q2	Q3	Q4 Total	YTD Total
910	6461	6246	6231	5931	24869

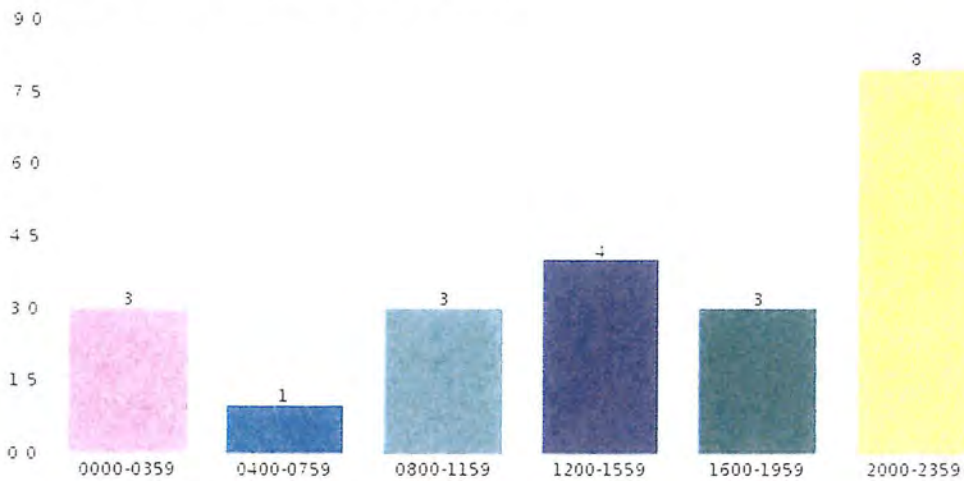
- RADIO CODES: CRISIS CALLS**
- 5150 - mental health detention
 - 800 – mentally disturbed person
 - 801- suicidal person
 - 806 – juvenile beyond control
 - 5150 – mental health detention
 - 800 CR – mentally disturbed person (requiring Crisis Response)
 - 801 CR –suicidal person (requiring Crisis Response)

In comparison to 2021, San Francisco Police Officers responded to 19,830 CIT-related calls, combined with the 27, 412 Well-Being Checks, yielding a total of 47,242 calls that required officers to utilize a wide variety of crisis intervention skills. Between 2021 and 2022 there was a drop of approximately 7,316 calls, which may be attributed to the implementation of civilian response teams such as SCRT. This is a very conservative estimate, as officers use CIT skills to de-escalate violent incidents, accidents, and to empathically soothe victims of crime. The 2021 number, accumulated from data provided by DEM, is not in stark contrast to the number of 2020, which yielded an estimated 49,750 crisis-related calls. The volume is of crisis calls from 2019, 2020, and 2021 are generally similar and there has not been a radical reduction. Further explorations in this report will discuss how these crisis calls are handled by SFPD with an exceptionally low percentage of encounters resulting in use of force applications.

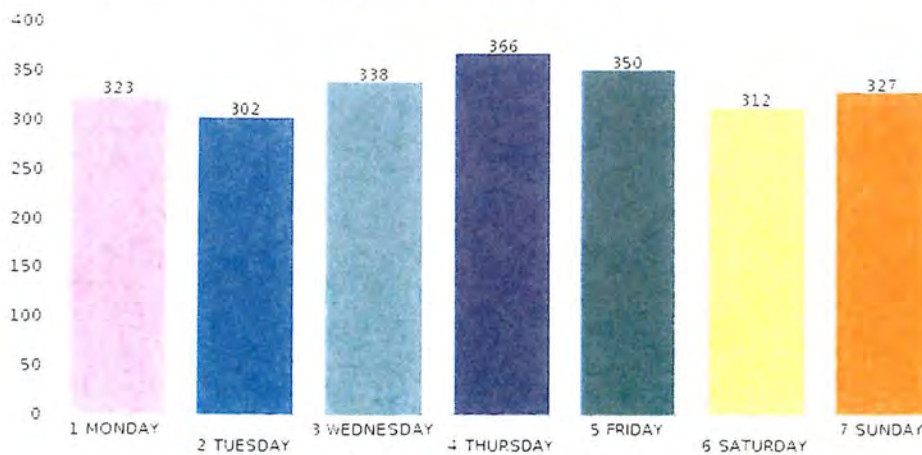
CIT 2022: MENTAL HEALTH INCIDENT: TIME AND DAY OF WEEK

TIME	INCODE DESCRIPTION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	INCIDENT COUNT	
		INCIDENT COUNT	INCIDENT COUNT	INCIDENT COUNT	INCIDENT COUNT	INCIDENT COUNT	INCIDENT COUNT	INCIDENT COUNT		
0000-0359	Mental Health Detention	45	30	31	26	42	55	41	280	
0400-0759	Mental Health Detention	37	39	25	20	36	27	31	223	
0800-1159	Mental Health Detention	41	35	39	72	70	75	70	559	
1200-1559	Mental Health Detention	50	45	102	35	35	62	50	596	
1600-1959	Mental Health Detention	74	53	59	62	79	72	72	548	
2000-2359	Mental Health Detention	58	65	67	60	75	63	57	445	
OTHER	Mental Health Detention	3	2	2	1		2		10	
Grand Total		400	397	412	352		397	355	352	2642

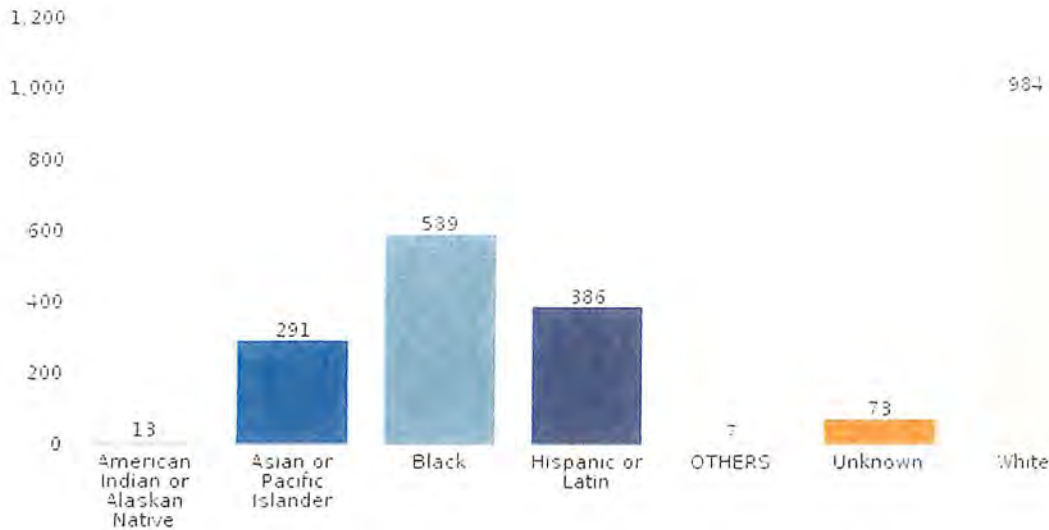
MENTAL HEALTH INCIDENT: TIME



MENTAL HEALTH INCIDENT: DAY OF WEEK

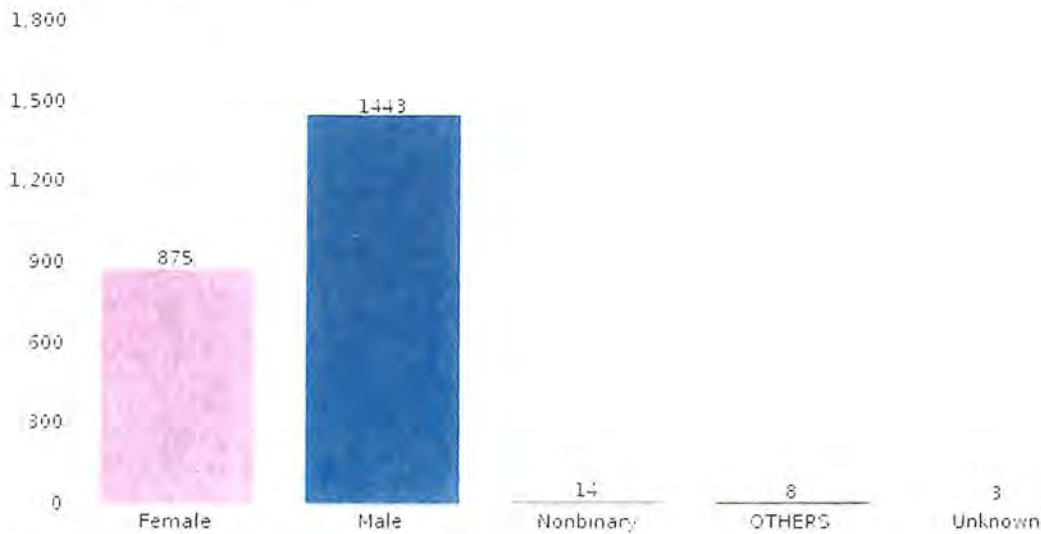


CIT 2022: SUBJECT DEMOGRAPHICS: Mental Health Incidents.



Mental Health by Gender

Based on Person Count



Mental Health Detentions are not associated at a person level on an incident report. They are captured at the header level of the incident report. Not all persons involved in incidents categorized as Mental Health Detention were subject to involuntary 72-hour psychiatric hospitalization. These associated graphs are filtered on Mental Health Detentions and are based on Incident Count: Mental Health Incident by Time of Day & Day of Week

Mental Health Incidents by Time

Mental Health Incidents by Day of Week

Time is based on Occurrence From Time, those that are blank were left blank on the Incident Report.

The following graphs are filtered on Mental Health Detentions and are based on Person Count, these totals will not match the Incident Count:

Mental Health by Race

Mental Health by Gender

Persons are those that were either Admonished, Booked, Cited, Detained, Diverted, Missing or Suspect.

2022: MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE

POLICY REVIEW & ANALYSIS



Data Challenges:

Looking Through Three Different Lenses at Use of Force Three Policies in One Year

Goals To Capture Best Practices

Every year, the CIT Unit rises to the task of conducting an extensive annual analysis of Crisis Intervention practices in the San Francisco Police Department. This analysis is reflected in the CIT Year End Report that is presented to the Police Commission. It is the goal of CIT to present an in-depth analysis of data and Use of Force across incidents involving Mental Health.

For 2020 and 2021 the CIT Unit conducted a forensic audit of the mental health incidents that incorporated a reportable use of force and documented these findings in each Annual Report. These findings have yielded extremely important trends, specifically that in **99.9% of Mental Health-Related Incidents SFPD officers do not use force.** This is an extraordinary finding, which illuminated the effective and humane work that SFPD Officers do every day, engaging subjects in crisis without using force. This extremely impressive statistic was important as it counters the irresponsible yet popular narrative that police are routinely engaging in extreme and frequent uses of force, when in fact the opposite reality may be far more accurate.

The 2020 and 2021 SFPD Crisis Intervention Annual Reports have been reviewed on a national platform, gaining interest from the *Department of Justice* and the *Federal Law Enforcement Training Centers*. As such, the SFPD Crisis Intervention Team has been acknowledged as one of the most pioneering and progressive CIT units in the Nation, garnering attention, and praise from leaders in Law Enforcement.

While the SFPD Crisis Intervention practices have only continued to improve, and officers are demonstrating their expanded training and skills out in the field, these qualitative improvements are difficult to quantify. Our goal to conduct meaningful analysis of patrol practices throughout 2022 was impeded by the implementation of multiple Use of Force policies with different reporting requirements. Please note the three separate policies in place at various junctures throughout 2022.

3 Different Use of Force Policies in One Year:

2022: Three Use of Force Policies

- Version 1:** 5.01 GENERAL ORDER Eff: 12/21/2016 -04/11/22
USE OF FORCE POLICY AND PROPER CONTROL OF A PERSON
- Version 2:** 5.01 GENERAL ORDER Rev. 01/12/22 Eff: 04/12/22
USE OF FORCE POLICY AND PROPER CONTROL OF A PERSON
- Version 3:** 5.01 GENERAL ORDER Rev.11/02/22 Eff. 12/08/22
USE OF FORCE POLICY AND PROPER CONTROL OF A PERSON

From January to April 2022, the old policy was in effect until a new Use of Force Policy was implemented in April 2022. This newer policy was quickly recognized as challenging in terms of its unwieldy data sets, the administrative overload it created,

and higher reporting requirements were implemented. This policy was only implemented for a partial segment of 2022 (between 4/12/22 - 12/8/22) before a revised version was instated. The revised version - the third policy within one year -- which is still in effect, was installed to offset the numerous reporting parameters that were identified in the previously devised version.

**'USE OF FORCE' POLICY: 5.01 GENERAL ORDER Rev. 01/12/22 Eff: 04/12/22
INSTATED 4/12/22 – REVISED 11/02/22 (less than 8 months in effect)**

Some may posit that the 2022 Use of Force Policy intended to capture expanded data sets by widening the parameters of how force is categorized. Essentially, the biggest change effected by the Use of Force policy that was implemented for less than 8 months, was the way 'force' was so loosely defined as to capture the slightest inflection of physical engagement and minimal kinetic transfer. For instance, an officer who merely touches a subject, possibly to assist them onto an ambulance gurney, could be classified as using a "low level force" which was by definition "reportable." This expanded data set drastically reflected an increased number of incidents where officers shall report the use of force. However, this shift is problematic when all lower levels of force are reportable, as it greatly skews the numbers to indicate higher levels of force even when the action of the officer is not intended to and has a low probability of causing injury.

LOW LEVEL FORCE - The level of control necessary to interact with a subject who is displaying passive or active resistance. This level of force is not intended to and has a low probability of causing injury.

REPORTABLE USES OF FORCE - Officers shall report any use of force involving physical controls that are used in any attempt to overcome any physical resistance, regardless of injury or complaint of pain. Use of control holds to effect handcuffing, where the person does not offer physical resistance, is not injured, and does not complain of pain, are not included. Officers shall also report any use of force involving the use of personal body weapons, chemical agents, impact weapons, ERIWs, vehicle interventions, K-9 bites, and firearms. Additionally, officers shall report the intentional pointing of firearms (including low ready) at or in the direction of a person.

Variations in Reportable Use of Force - Terminology and Documentation

In summary, **Version 2 of the Use of Force Policy 5.01** asserted that officers must report all physical contact with subjects that resulted in any physical control, and/or kinetic movement of the subject, *i.e. guiding an elderly pedestrian onto a sidewalk from a busy roadway who may be at risk of being hit by oncoming traffic or lifting an injured subject onto a gurney.* **Version 1 and Version 3 of UOF Policy 5.01** are more similar in that they recognize that officers may touch and/or physically contact subjects on occasion when there is a greatly diminished intentionality of a specific seizure and a low probability of causing injury, and this type of low-level physical contact is not considered a reportable use of force. For example, an officer may assist a subject onto an ambulance gurney with the intent to help the subject avoid actual injury. It is important to note that **Version 2 of the Use of Force Policy** would recognize this action from the officer as "*physical control, and hence a reportable use of force.*" In contrast, **Version 1 and Version 3** would recognize that this type of 'touch' or 'physical contact' or 'physical control' is not a reportable use of force. Henceforth, these encounters would not be included in a cumulative accounting of Use of Force.

These distinctions are important because during the implementation of Version 2 of the Use of Force Policy, there was a spike of reportable use of force, roughly 8 times the annual average due to the widening terminological range by which touch, or low-level physical contact was equated with "force."

Inconsistent Data Sets Impede Substantive Analysis of Annual Trends of UOF

In recent years the CIT Unit was able to conduct substantive analysis of Use of Force because there was internal consistency within the definitions of the UOF Policy over an applied period of time, which was an entire 12-month calendar year.

Different policies are based on different definitions, which in turn yield radically different data sets. Given the above-mentioned inconsistency of three separate policies being implemented within a 12-month calendar year, there is no clear way to present quantitative annual findings in a coherent manner. One can present jaggedly incoherent findings from the three phases of implementation:

- Analysis of data: 01/01/22 through 04/11/22
- Analysis of data: 4/12/22 through 12-07/22,
- Analysis of data: from 12/08/22 through 12/31/22

Comparison Between 2021 and 2022:

One generic comparison based on the collective changes of policy and the incurred influx of reportable use of force incidents, is that the statistics have shifted radically: trending upwards. This upward trajectory might imply that officers have suddenly become far more likely to “use force” when in fact this trajectory is misleading and does not yield meaningful deductive or inductive analysis. It is important to compare the results of 2021 to 2022 to see how problematic the UOF Policy was that was partially implemented through 2022.

For instance, in 2021 there were 44 Mental Health Related incidents that included some type of Use of Force application. In the larger context of the 47, 642, incidents recognized in 2021 CIT-related calls, this means that officers applied force in less than one tenth of a percent of crisis calls. Conversely, and perhaps more dramatically illustrative of this remarkable number is that ***SFPD officers did not use force in over 99.9 % of mental health related incidents in 2021.*** A similar analysis of 2022, under all three policies, yield a reportable total of 333 incidents of reported use of force out of a total of 39,962 crisis-related incidents. ***These numbers indicate that SFPD officers did not use force in 99% of mental health related incidents in 2022.***

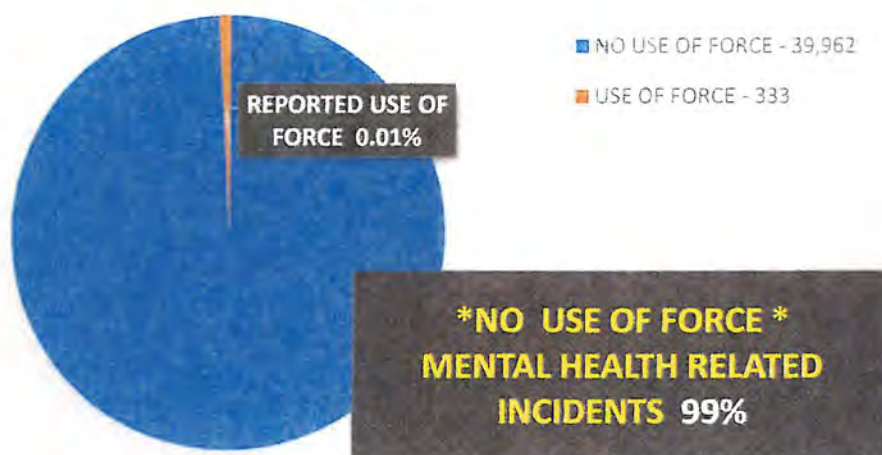
In 2022, the reported Use of Force for Mental Health Related Incidents was challenging to interpret, as the information was gathered under three different policies with different terminological definitions. The total number of reported use of force was 333 (+ version 1 + Version 2 +Version 3) and the total number of crisis related incidents was 39,962. This increase is significant, and yet a deeper analysis will reveal that **about 90% of the reportable force in these incidents during Version 2 of the UOF policy were captured as low-level “physical control.”** In previous implementations of policy these low-level contacts were not reportable. It should be noted that physical control was used to describe both touching and low-level physical contact, such as holding someone on a gurney as they are awaiting transport to hospital. These types of physical controls do not equate with a takedown or a deliberate kinetic strike, yet they are captured in the same way terminologically in the second version of the UOF policy.

Examples: A Graphic Depiction

Use of Force Mental Health Related Incidents 2021 - 2022

USE OF FORCE IN MENTAL HEALTH RELATED INCIDENTS 2021

USE OF FORCE IN MENTAL HEALTH RELATED INCIDENTS 2022



A Patrol Perspective on the Use of Force –

This segment was written by an officer on the street during the implementation of Use of Force Policy changes in 2022.

"In 2022 the SFPD saw a drastic increase in use of force cases that resulted in a mental health detention. The total number of uses of force cases in 2022 was 333 compared to 44 in 2021.

In 2022 a new use of force policy became effective which resulted in more uses of force. The new policy was much more stringent due to a change in its level of reporting standards, investigation procedures, and documentation requirements. As a result of the stringent standards the new policy led to lengthy delays in officers and supervisors being able to handle investigations in a timely manner and hindered their ability to assist allied agencies in a more coordinated response.

After several months of the new use of force policy being in place it was determined that it was negatively impacting the department and the public's needs. It also created an officer safety issue because the department had less officers available to respond to calls for service because they were unavailable due to lengthy use of force investigations. The department is already suffering low staffing numbers and the policy only exacerbated the low staffing issues.

The new policy was in place for approximately 8 months during 2022. With the assistance of DPA, the police commission, and the SFPD, the new policy was revised. The revised policy became effective in December of 2022. The revised version contains similar reporting standards to those that were previously in place.

In 2023 the response of the SFPD to subjects in crisis will most likely be more effective in their duties and response times because they will not be taxed with a use of force policy that requires unrealistic standards. The SFPD will be able to support allied agencies and have a more coordinated response in assisting individuals who are in crisis. It is likely that the 2023 use of force statistics will reflect similar statistics that were collected in 2021. The current use of force policy standards is more realistic for the department to fulfill without lowering standards or response times. "Emergency engagement with non-compliant subjects often resulted in use of force in order to effect compliance, arguably to ensure public safety, scene safety, and/or wellbeing for the subject. "

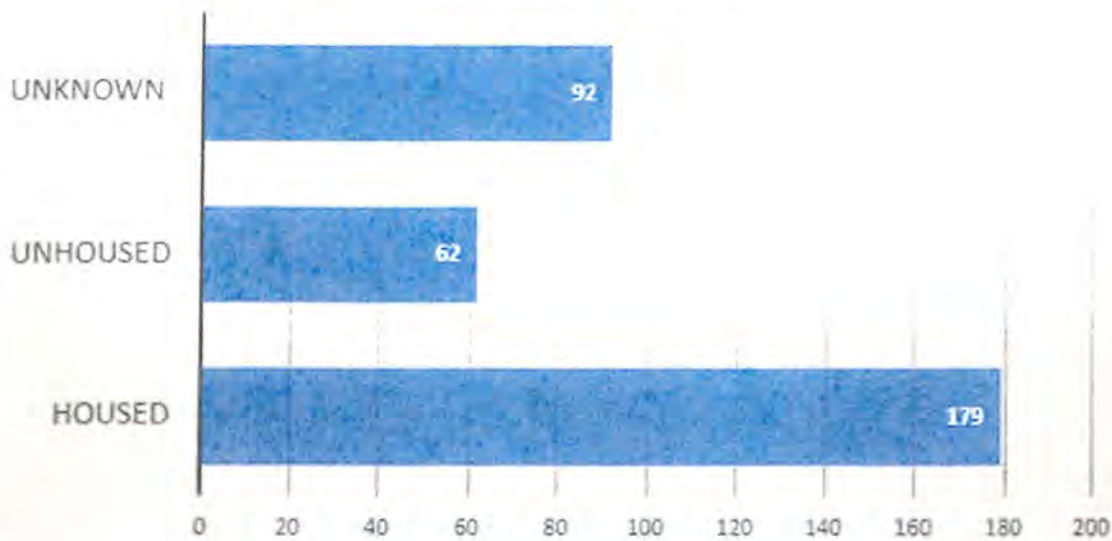
-- Veteran Police Officer, San Francisco Police Department

**2022: SFPD CRISIS INTERVENTION TEAM
MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE
ANALYSIS OF DATA**

Residential Status of Subject

Residential Status	
Housed	179
Unhoused	62
Unknown	92
Grand Total	333

Residential Status



Interpretive Takeaway-

The information pertaining to the residential status of the subjects involved in mental health related use of force incidents indicated the vast majority (54%) are recorded as housed subjects (179 out of 333.) The subjects who were identified specifically as 'unhoused' are recorded as 18% of the total subjects involved in a mental-health related use of force (62 out of 333)

**2022:
SFPD**

CRISIS INTERVENTION TEAM

MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE

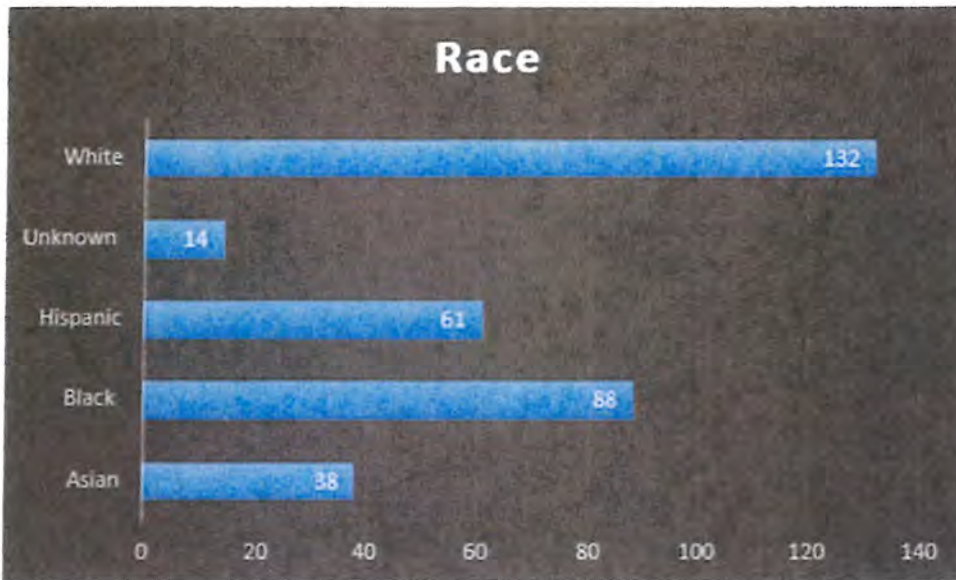
ANALYSIS OF DATA

Race of Subject

Row Labels	Count of Case Number
Asian	38
Black	88
Hispanic	61
Unknown	2
Unknown	12
White	132

Grand Total

333



Interpretive Takeaway-

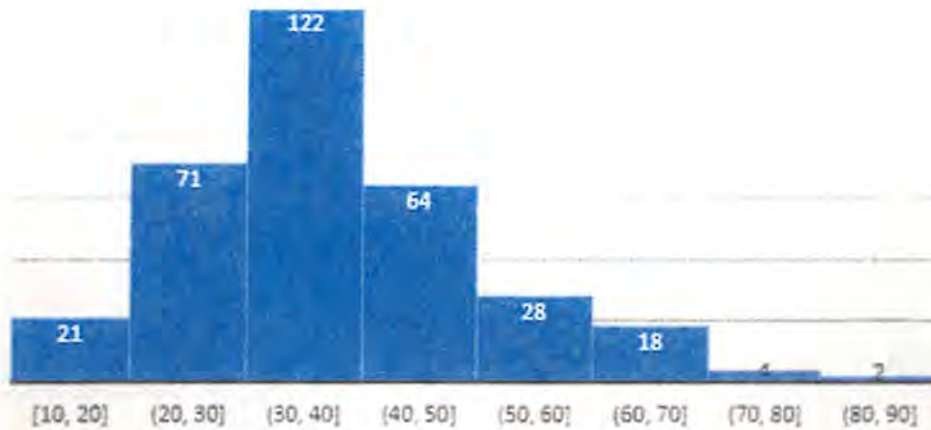
The information pertaining to the reported race of the subjects demonstrates the almost half of the subjects involved in a use of force were recorded as white subjects. (132 out of total of 333.) It should also be noted that The SFPD is held to a very high level of accountability given the specificity with which officers account the race of the subjects they engage. Other departments are not held to the same level of accountability; for instance, one non-police response organization that conducts routine engagements of crisis subjects cannot account for nearly 47%of the race of subjects they engage from April 2021-December2022.

2022:

**SFPD CRISIS INTERVENTION TEAM
MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE
ANALYSIS OF DATA**

Age of Subject

Age



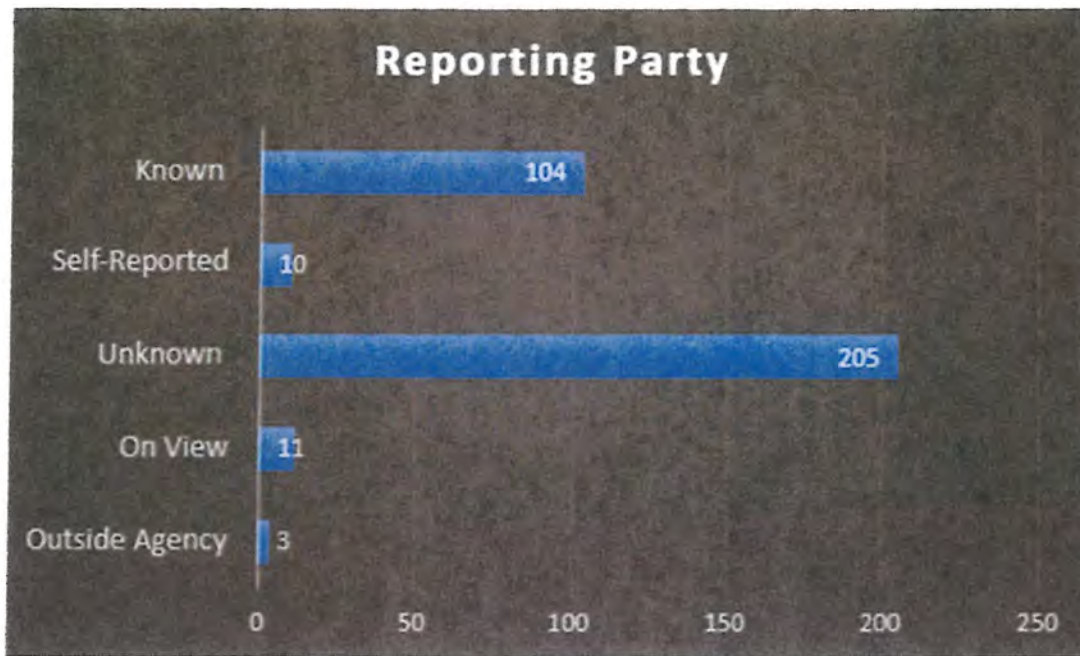
Interpretive Takeaway-

The information pertaining to the age ranges indicates most subjects who were involved in a use of force were between the ages of 20 and 50, with the largest accumulation of subjects being 30- 40 years old. Extremely low numbers of reported use of force in juvenile and senior populations. It should be noted that these numbers may indicate the lowest value of use of force as a control hold or minimal kinetic transfer.

2022: SFPD CRISIS INTERVENTION TEAM MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE ANALYSIS OF DATA

Reporting Party Information

Reporting Party	Sum of Field2
Unknown	205
Known	104
On View	11
Self-Reported	10
Outside Agency	3
Grand Total	333



2022:
SFPD

Interpretive Takeaway-

The information pertaining to the reporting parties shows that many incidents are reported by unknown reporting parties. This demographic underscores the general atmosphere of ‘uncertainty’ of details that officers may have prior to responding to a dynamic incident. Unknown or anonymous reporting parties may often not be readily available as witnesses to the original incident, which puts more responsibility on law enforcement to immediately interpret the details and to engage subjects appropriately.

CRISIS INTERVENTION TEAM

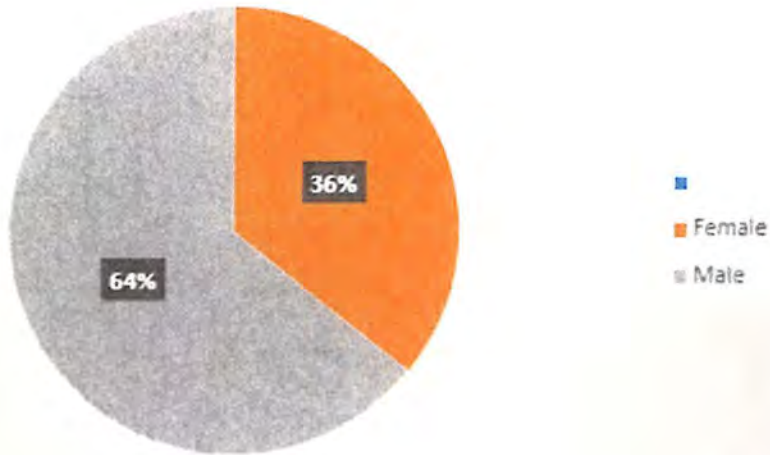
MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE

ANALYSIS OF DATA

Gender of Subject

Gender	Sum of Field2
Male	214
Female	119
(blank)	
Grand Total	333

Gender



Interpretive Takeaway-

Of the number of subjects who were involved in reportable use of force incidents, nearly twice the number were reported as male as compared to female. There were no subjects who were reported as non-binary.

2022: SFPD CRISIS INTERVENTION TEAM MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE ANALYSIS OF DATA

Injuries as a Result of Force

Injury	Total
No Injury	306
Subject Complaint of Pain	15

Subject Minor Injury	7
Subject Minor Visible Injury	5
Subjects total	333
Officer Minor Injury	6
Officer Moderate Injury	2
Officer Spit on	2
Officer Complaint of Pain	1
Nurse Injured	1
Officers and other party	12

Interpretive Takeaway-

Of the 333 reported incidents, 306 were documented as 'no injury' -- which shows the significant and consistent restraint with which officers are implementing force. This extremely high number of uninjured subjects further demonstrates that officers are using the most minimal amount of force when force may be reasonably necessary.

Additionally, 9 officers and 1 nurse experienced injuries because of the subject's actions, and subjects spit on officers twice.

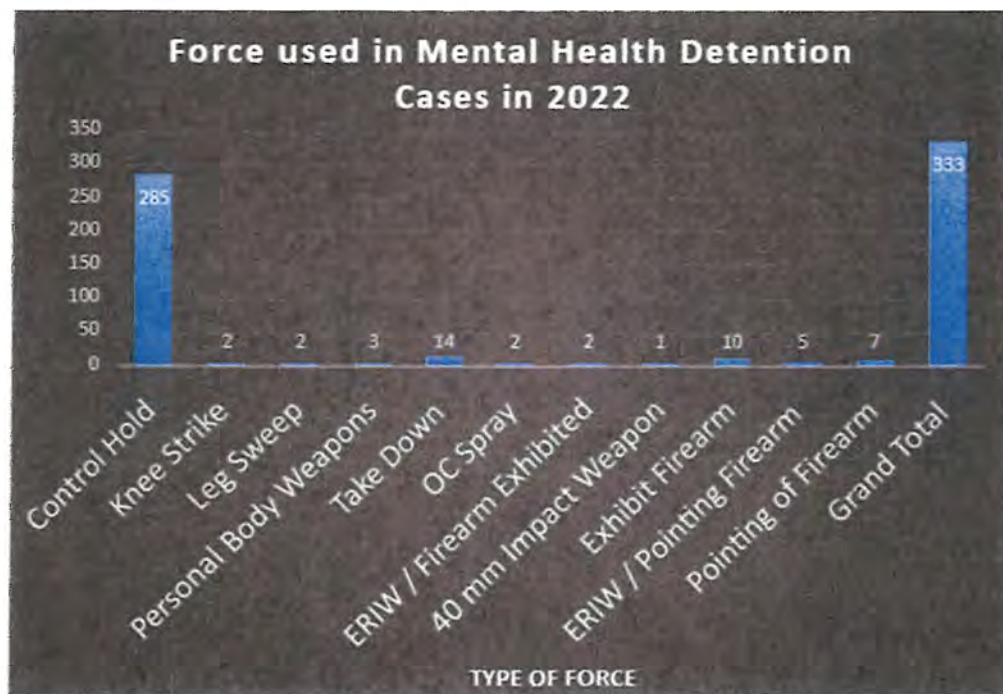
**2022: SFPD CRISIS INTERVENTION TEAM
 MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE
 ANALYSIS OF DATA**

Type of Force

Type of Force	Sum of Field2
Control Hold	285
Take Down	14
Exhibit Firearm	10
Pointing of Firearm	7
ERIW / Pointing Firearm	5
Personal Body Weapons	3
ERIW / Firearm Exhibited	2
OC Spray	2
Leg Sweep	2
Knee Strike	2
40 mm Impact Weapon	1
Grand Total	333

Interpretive Takeaway-

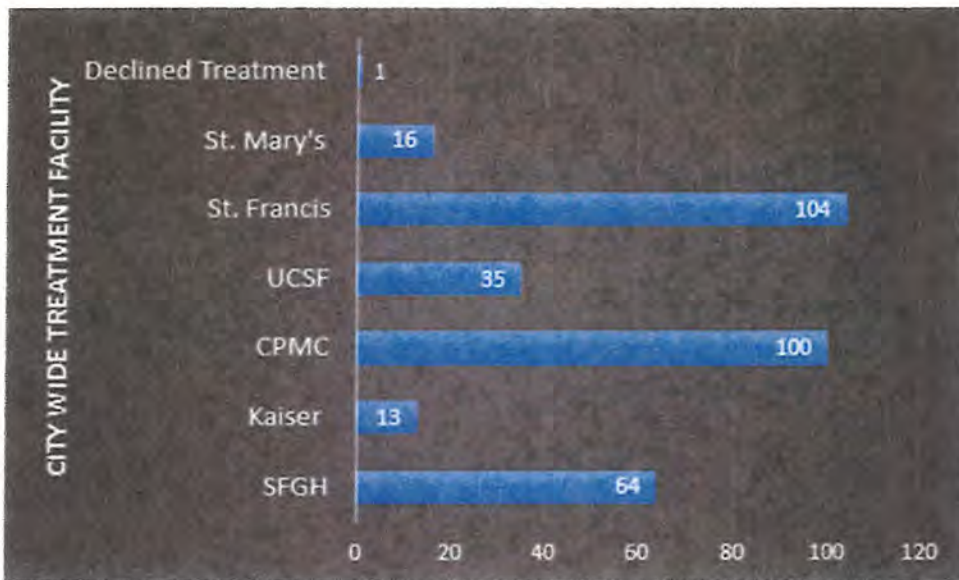
The district surge in reported Use of Force in 2022 compared to previous years is based on the terminological design of the UOF force policy that required officers to report all minimal kinetic transfers upon subjects as 'control holds.' The breakdown of types of force indicate that control holds consist of 285 out of 333 reportable uses of force. From this one can infer that the remaining difference of 48 reportable uses of force are attributed to physical takedowns, personal body weapons, less lethal force options, exhibition of firearms, and pointing of firearms. In this sense, 285 out of 333 Uses of Force consisted primarily of control holds or minimal kinetic transfers.



**2022: SFPD CRISIS INTERVENTION TEAM
MENTAL HEALTH-RELATED INCIDENTS AND REPORTED USE OF FORCE
ANALYSIS OF DATA**

Treatment Facilities - Hospitals

City Wide Treatment Facility	Total
St. Francis	104
CPMC	100
SFGH	64
UCSF	35
St. Mary's	16
Kaiser	13
Declined Treatment	1
Grand Total	333



Interpretive Takeaway-

This graph shows that some facilities are handling increased volume of crisis subjects who were involved in a use of force incident. There is disparity among these facilities, which may contribute to frustrations from certain hospitals that they are being disproportionately utilized.

2022: CIT - CRITICAL RECOMMENDATIONS FOR FUTURE BEST PRACTICES

APPLICATION OF DE-ESCALATION WHEN FEASIBLE

DE-ESCALATION. Officers shall, when feasible, employ de-escalation techniques to decrease the likelihood of the need to use force during an incident and to increase the likelihood of voluntary compliance. Officers shall, when feasible, attempt to understand and consider the possible reasons why a subject may be noncompliant or resisting arrest. A subject may not be capable of understanding the situation because of a medical condition; mental, physical, or

hearing impairment; language barrier; drug interaction; or emotional crisis and have no criminal intent.

These situations may not make the subject any less dangerous but understanding a subject's situation may enable officers to calm the subject and allow officers to use de-escalation techniques while maintaining public and officer safety. Officers who act to de-escalate an incident, which can delay taking a subject into custody, while keeping the public and officers safe, will not be found to have neglected their duty. They will be found to have fulfilled it.

IMPLEMENTATION OF DISENGAGEMENT POLICY: Disengagement Policy is written and under review.

IMPLEMENTATION OF UPDATED DEPARTMENT GENERAL ORDERS PERTAINING TO CRISIS:

DGO 6.14 - Psychological Evaluations of Adults: update written and in concurrence.

DGO 7.02 -Psychological Evaluations of Juveniles: update written and under review by Civilian Review Board.

REPORT WRITING & DOCUMENTATION:

Officers need to continue improve their understanding of and descriptions of De-Escalation and Discretionary Time

There has been significant improvement from 2021 to 2022 in the way officers are describing their attempts to de-escalate subjects. Similarly, officers are more readily describing the lack of discretionary time in their encounters. Officers are expected to use de-escalation in the field and if use of force is reported they are required to acknowledge whether de-escalation was used. As such the reporting officer often formulaically acknowledges 'de-escalation' but the officer should elaborate on what de-escalation strategies work and what doesn't. This is important because as previously indicated in the TEB findings, which indicate that the predominate number of crisis subjects in UOF incidents demonstrate CONTAMINATED THOUGHT, HIGH EMOTION, NON-COMPLIANCE, and that de-escalation may not actually be feasible. ***In these circumstances it is especially important for the reporting officer to describe why de-escalation did not work, or whether the subject was unable to accept de-escalation.*** The officers should avoid boiler-plate language but rather speak plainly about what they tried to use as de-escalation, and whether discretionary time was feasible, and whether it was possible to create time and distance.

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

Officers continue to improve in their descriptions the behavior of the subject in the respective narratives of their reports. These accurate behavioral descriptions are essential because the subject's demeanor may significantly impact the efficacy of the de-escalation strategies employed by officers. When feasible, officers should include descriptions of the subject's behavior, statements, reactions -- especially when subjects are not responding to de-escalation.

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

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

NOTIFICATIONS and ALERTS:

Concerning Subjects

Should officers engage subjects with significant frequency based on the subject's concerning behaviors, and/or should the subject present ongoing concerns for public safety or personal well-being, officers should notify the appointed CIT Liaison Officer at their district station and/or Crisis Intervention Unit. These notifications are important because it can help establish who presents ongoing risks to themselves and others, and who requires expanded engagement from CIT (SFPD) and/or Comprehensive Crisis Services (DPH.) ***This notifications and strategic engagement can help minimize dramatic and/or unsafe encounters with the subject while also connecting the subject to appropriate services when applicable.***

Potential 'Suicide by Cop'

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

Suicide by Cop Indicators in report, examples:

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

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

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

DEBRIEFING:

Officers and their First Line Supervisors should engage informal and informal debriefs whenever possible regarding complex and tense encounters pertaining to crisis incidents. Debriefs are an excellent way to provide both positive criticism and identify problematic strategies. Debriefs also foster a CIT Team Concept and encourage each individual officer to build upon their training and experience.

CONSTANT SCENARIO-BASED TRAINING & LEARNING: CASE LAW AND DISCUSSION

As the Law Enforcement professional must constantly adapt and master the concepts and regulations of shifting legal obligations and ramifications, it is essential that all San Francisco Police Officers must readily understand how to do their jobs effectively in accordance with legal updates. *The Crisis Intervention Team* knows that for officers to operate confidently in the field they must have an excellent working knowledge of policy and procedure AND current applications of the Law. ***This is never more crucial with the implementation of AB 392 and its bearing on Use of Force and the 'objective reasonableness' of an officer.*** There have been numerous changes in recent

laws which can be confusing for officers to understand, especially in the areas of search and seizure and reasonable use of force. Officers must be able to articulate and recognize imminent dangers and the appropriateness of their response in terms of proportionality, use of force policy, 4th Amendment Intrusions, the feasibility of de-escalation, creating time and distance when allowed, and the opportunity to conduct pre-incident planning when discretionary time is available. The CIT Unit continues to address these important legal issues in the CIT Training.

DATA COLLECTION:

Hospitals and Treatment Facilities: Recommended that Hospital Transports be automatically tracked via report (via box) so that audit does not require manual collection of data. This was suggested in 2020 and 2021 and has yet to be implemented.

“Medical-Only” Transports Tracked: Currently subjects who are transported for ‘medical only’ are not tracked by LE although they may be high users of medical services and/or require continual CIT engagement for mental health issues. Should a subject be a high user of medical only transport reported by police it is important because they may need to be more adequately referred to DPH and/or Behavioral Health Services.

‘CIT/ De-escalation Used’ Tracking: A separate tracking mechanism in reports for mental health related or crisis related calls may yield a more substantive quantitative overview of the type of qualitative work officers are doing in the field. The current system is compartmentalized to call-type only, which is extremely ‘black and white’ and does not recognize the myriad of CIT skills officers use at a wide variety of calls for service, beyond those calls specifically designated at ‘mental health related’ prior to engagement. Should a mental health component be involved in the reported incident officers should be able to flag a CIT box so that it is more clearly recognized when officers are applying CIT skills and techniques even during criminal investigations, de-escalation of subjects, and accident investigations when compassionate engagement may be highly applied.

INTERAGENCY ACCOUNTABILITY:

The San Francisco Police Department is held to an extremely high levels both internally and externally regarding its documented activity, data collection, and adherence to protocols and general operating practices. In the realm of Crisis Intervention where other agencies must be adequately involved when the issues are no longer the singular domain of Law Enforcement and/or Public Safety alone, these entities should be held responsible for their scopes of work and required to produce accounting and rigorous data to support their work product.

AWARDS AND CITATIONS:

ANNUAL CIT AWARD:

Supervisors should continue to recognize CIT excellence in those who work in the field, helping to defuse crisis incidents and resolving tense encounters with the highest regard for human dignity and the preservation of life. Supervisors should submit names of officers for CIT Awards so that they can be recognized, and their work can be promoted as exemplary.

SUGGESTION – ISSUE DEPARTMENT UNIT CITATION: COVID 19

In 2021 the CIT Unit proposed that the Department should issue a COVID-19 Unit Citation Ribbon and pin for all those working in the field throughout the pandemic. It will recognize the hard work, sacrifice, and courage of our first responders who put the safety and wellbeing of the public before their own. While the ribbon is just a small gesture, it recognizes the hardship shouldered by active first responders.

MEDIA AND RAISING PUBLIC AWARENESS:

Suggestion: "Positive Outcome Summaries – Weekly Top 10"

District Stations prepare daily accounting of the most serious incidents occurring in their districts, violent crimes, fatal accidents, significant arrests. District Stations should also make a habit of summarizing and notifying commanding officers when excellent work in crisis intervention and de-escalation and community service is being conducted in the field. As such, Command Staff and Media Personnel will have greater access to share and highlight positive outcomes to be released with great regularity to the media and in public forums. This is a highly important goal to share positive outcomes as oftentimes police-related incidents only garner attention when circumstances are dire and/or traumatic to the persons involved. Without a doubt there are hundreds of positive encounters that SFPD officers have daily and these encounters, big and small, should be celebrated and shared with the public so our communities can learn about the excellent, thoughtful, and compassionate work our officers are doing.

2022: CRISIS INTERVENTION TEAM: PROACTIVE AND PREVENTATIVE POLICING



PUBLIC SAFETY & PUBLIC HEALTH: COMBINED EXPERTISE THROUGHOUT MULTIPLE SYSTEMS

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

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

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

TIMELY INTERVENTIONS: ENSURING PUBLIC SAFETY AND DETERRING VIOLENT CRIME

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

CIT THREAT ASSESSMENT & INTEGRATIVE ENGAGEMENT

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

The Crisis Intervention Team seeks to thoughtfully identify subjects who require engagement and substantive crisis intervention to avert negative outcomes and to prevent violent crime and public safety risks. In turn, the CIT Unit may also alert SFPD members, and or other agencies or departments, to issues pertaining to subjects in crisis who pose a risk to themselves and/or others, and or present an ongoing public safety risk. This integrated engagement strategy serves to appropriately inform and enlist the services and resources that can help build a solid and safe plan for crisis intervention.

When the behaviors of a subject are significantly concerning in terms of threat assessment, the CIT unit will author and distribute secure and confidential alerts to patrol. These alerts and advisory notifications serve to better inform officers about subjects they may encounter who may be demonstrating a serious violence potential, suicide by cop indicators, and/or other relevant behavior that can pose serious officer safety and public safety concerns. The CIT Unit wants to support officers to ensure they are as well-informed to conduct safe engagements and pre-incident planning whenever feasible.

MULTIDISCIPLINARY FORENSIC TEAM (MDFT)

CIT prepares significant information to the *Department of Public Health (DPH)* and Behavioral Health Services pertaining to subjects who present a significant public safety concern and/or demonstrate a profound issues with self-care. The MDFT consists of law enforcement personnel, clinicians, and those who specialize in the behavioral health services of justice-involved subjects.

Subjects who are presented to the MDFT for consideration or review have a significant history of mental health issues, hospital admissions, a documented history of violence and/or criminal activity and/ or have demonstrated they require further consideration as subjects who may be referred for conservatorships. The information presented by CIT to the MDFT is "one way" in that HIPAA restricts the medical disclosures of subjects to law enforcement.

This MDFT is an opportunity for Behavioral Health professionals to learn more contextual and behavioral patterns about the subjects they are engaging, especially when there is an ongoing public safety concern that may require greater consideration regarding the services the subject receives. **2022: CIT RESOLUTIONS & VIOLENCE PREVENTION:**

Real Case Studies

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

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



The CIT Unit continues to balance the sensitivity needed for mental health and addiction issues with the firm commitment safety. When a subject struggles with mental illness and commits violent crimes, there needs to be a bilateral approach to these behaviors with law enforcement and behavioral health services.

Case 2 – Volatile Subject Terrorizes with Threats and Insinuations of Mass Casualty Violence



The *Crisis Intervention Team* presented the case of a highly agitated and volatile subject to the Department of Public Health and Behavioral Health after many disturbing incidents throughout 2021 and 2022. Again, even though the content of these incidents appears more criminal in nature, the context of his statements and actions conveys a mentally disturbed individual. These incidents are highly concerning in the larger context of public safety because they indicate the subject's patterns of threatening behaviors and

statements which demonstrate he is a dangerous person, to specific people, and the public in general.

Between 2021 and the early part of 2022 there have been at least 12 incidents during which this subject has referenced mass shootings, warned victims they deserved to be victimized based on perceived grievances and/or include highly charge racial slurs to further convey his contempt for humanity. The subject was arrested for threats and trespassing in 2021 and restraining orders have been issued, however the subject continued to engage in threatening behaviors that have not met specific criteria for arrest. Several incidents have caused significant distress for reporting parties. Since 2021 the subject has been terrorizing multiple ex-employers with behavior that is harassing and concerning. The CIT Unit has doggedly argued that this subject presents an ongoing concern for public safety based on his threatening, abrasive, and confrontational language, and violent and vindictive actions. The subject was arrested for a threats crime and has been remanded in custody until trial.

Case 3 – Subject with History of Provocative Threats and Weapons Violations

The CIT Unit continues to monitor subjects who have significant histories of disturbing behavior, especially those who have committed weapons violations. A subject with a major mental health diagnosis and a significant history of weapons prohibitions violated the conditions of his probation. In a previous incident he had issued menacing statements about participating in a possible school shooting and since then the CIT Unit has followed his behaviors. When he violated the conditions of his Supervised Release, a felony warrant was issued for his arrest. *The Crisis Intervention Team* worked quickly to coordinate district officers regarding the wanted subject and he was immediately taken into custody for his warrant without incident.



Case 4 – Subject with Major Mental Health Diagnosis Reported Missing...and Found.



The CIT Unit was informed about a vulnerable subject who was reported missing by his mother. The missing subject has a major mental health diagnosis, numerous mental health detentions, and a history of methamphetamine use. The missing young man was reportedly frequenting the Tenderloin. The CIT Unit dispatched an urgent CIT advisory Alert to all units about the missing subject and Tenderloin officers located the young man who was reported as found. The subject entered a recovery program for substance use.

Case 5 - Agitated Subject with Shotgun

The CIT Unit responded to an active incident involving the report of an agitated and hostile subject who was walking around a residential neighborhood with a shotgun. The subject who was in crisis barricaded himself in a townhouse and the Hostage/Crisis Negotiation Team responded. The CIT Unit coordinated with HNT to provide supportive clinicians to help at the scene. Negotiators worked patiently with the crisis subject, utilizing active listening skills and negotiation techniques to build rapport and to establish positive influence on the subject.



Negotiators utilized CIT personnel for supportive information regarding the subject. After some time, and with clear direction from the negotiation team, the subject consented to follow the surrender plan provided by the negotiators and the subject was taken safely into custody without incident or use of force.

Case 6 - Subject in Crisis Creating Major Public Safety Hazard

Multiple 911 calls came in regarding a disturbed man who was throwing large, heavy items out of his 4th story window onto a very busy street in downtown San Francisco. The CIT Field Unit and Hostage negotiators responded. The subject was barricaded in his apartment and was screaming unintelligibly. The CIT Unit was able to learn that he suffered from a major mental health diagnosis, and he was not taking his medication. While patrol officers blocked off the street as he continued to hurl items out of the window, the CIT Unit worked with Negotiators to build an engagement strategy. After several hours, the disturbed man emerged from his apartment and was taken into custody peacefully without force and he was transported to hospital for a mental health detention and medical assessment.



Case 7 - Suicidal Subject Attempting to Jump from High Story



A suicidal man who had penned a deeply emotional suicide note has been reported at a major downtown hotel, climbing over the wall of a high story overlooking the atrium. CIT was notified and Crisis Negotiators responded with emergency personnel from the fire department. SFPD Crisis Negotiators worked under tremendous pressure to build rapport with the troubled man, who was hanging from a very precarious position from the balustrade. After a considerable negotiation the man consented, he wanted help and SFPD and SFFD personnel worked together to orchestrate his safe removal from his dangerous position. The CIT Unit also coordinated with Psychiatric Emergency and DPH to ensure this subject received the most significant level of care once he was transported to hospital.

SAN FRANCISCO POLICE DEPARTMENT CRISIS INTERVENTION TEAM (CIT)

The Crisis Intervention Team is supervised by Lieutenant Mario Molina and consists of a CIT Field Unit and a CIT Training Unit.

*The CIT Unit is part of the **Field Operations Bureau** and is overseen by Commander Rachel Moran (**Golden Gate Division**) and Assistant Chief David Lazar of **Field Operations Bureau**.*



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