



August 28, 2018

The Honorable Teri L. Jackson
Presiding Judge
Superior Court of California, County of San Francisco
400 McAllister Street, Room 008
San Francisco, CA 94102

Dear Judge Jackson:

Pursuant to Penal Code sections 933 and 933.05, this letter and the attached table are in reply to the 2017-18 Civil Grand Jury report, "Crisis Intervention: Bridging Police and Public Health." We would like to thank the members of the Grand Jury for their interest in closing the gaps between the city agencies and processes that participate in Crisis Intervention Programs in the City and County of San Francisco.

The Crisis Intervention Team (CIT) is comprised of community members, mental health advocates, health service providers, and police officers working together to provide cutting edge training for law enforcement officers. The goal of CIT is to instruct officers how to effectively manage behavioral crisis situations in the field, and to connect individuals to the appropriate health services for case management and treatment. The CIT Awards Ceremony were held on Thursday, June 21, 2018 to recognize 22 San Francisco Police Department (SFPD) police officers and one Emergency Management dispatcher who demonstrated excellence in the use of CIT principles and skills during 11 incidents in the past year. We are proud of the work our departments have and will continue to do as we collaborate together on crisis intervention.

We appreciate the Grand Jury's desire to support SFPD and the Department of Public Health (DPH) in our efforts to increase efficiency, CIT Program communication, training assessment, and data reporting, as well as improving the reciprocity between our departments.

Thank you for the opportunity to comment on this Civil Grand Jury Report.

Sincerely,


William Scott
Chief of Police


Greg Wagner
Acting Director of Health

RESPONSES TO 2017-2018 CIVIL GRAND JURY FINDINGS AND RECOMMENDATIONS

Report Title [Publication Date]	F#	Finding (text may be duplicated due to spanning and multiple respondent effects)	Respondent Assigned by CGJ [Response Due Date]	Finding Response (Agree/Disagree)	Finding Response Text	R# [for F#]	Recommendation (text may be duplicated due to spanning and multiple respondent effects)	Respondent Assigned by CGJ [Response Due Date]	Recommendation Response (Implementation)	Recommendation Response Text
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F1	The CIT Liaison Program will strengthen relationships between police officers, district station captains, and the CIT Coordinator.	Police Department [Response due: August 28, 2018]	Agree with the finding		R1 [F1]	Recommends that the CIT Coordinator and CIT Liaison Officers hold monthly meetings with each district station captain. Each meeting should include regular agenda items relating to district CIT incidents, high frequency clients, and outcomes. The results of each meeting should be summarized in a quarterly review with the Chief of Police. Meetings should commence no later than January 1, 2019.	Police Department [Response due: August 28, 2018]	Has been implemented	Beginning in August 2018, the CIT Coordinator will attend a monthly Captain's meeting hosted by the Deputy Chief that oversees the Metro and GG Divisions in order to discuss CIT data and outcomes. The Chief of Police meets regularly with the Deputy Chief to discuss operational issues, and CIT data is also discussed. Currently, the CIT Coordinator sends a quarterly report encapsulating CIT data including the number of mental crisis calls, well being checks, calls per district, specific case summaries, mental health detentions, use of force data, injury reports, and presence of weapons calls. This report is sent to the Chief of Police and the Police Commission via the chain of command.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F2	CIT Working Group members lack a computing background, which prevents the design of a workable and scalable data collection and reporting framework.	Police Department [Response due: August 28, 2018]	Agree with the finding		R2 [F2]	Recommends that SFPD Technology Division assign a representative to attend all regular CIT Working Group meetings no later than October 1, 2018.	Police Department [Response due: August 28, 2018]	Has been implemented	As of July 2018, representatives from the technology division are attending monthly meetings of the CIT Working Group.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F3	There are no standard CIT performance criteria, which are necessary to measure CIT operational effectiveness.	Police Department [Response due: August 28, 2018]	Disagree, partially	CIT reviews the Use of Force statistics when responding to calls for service relating to a person in crisis in order to measure the effectiveness of the program. As of July 2018, SFPD is able to report whether a CIT trained officer used less force than a non-CIT trained officer. The department plans to include a new field in the police report and in Computer Aided Dispatch ("CAD") for officers to note whether or not de-escalation was used. This will expand the criteria to track, measure and analyze the operational effectiveness of CIT. The department is moving towards a standardization for CIT performance measures.	R3 [F3]	Recommends that SFPD, in collaboration with CIT Working Group, identify both quantitative and qualitative standards to help measure CIT operational effectiveness. Newly adopted standards should include Crisis Response (CR) incidents and jail diversion statistics. These standards should be part of the CIT annual report to the Police Commission. Standards should be adopted no later than January 1, 2019 and be set for inclusion in the 2018 CIT annual report to the Police Commission.	Police Department [Response due: August 28, 2018]	Will be implemented	The CIT Working Group members are meeting regularly to identify quantitative and qualitative data to be analyzed. The standards will be identified and solidified by January 1, 2019.

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Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F4	SFPD determines the deployment of CIT trained officers across the 10 SFPD district stations, mostly based on a traditional police staffing method instead of using a mix of methods, including a more effective data-driven analysis of incidents.	Police Department [Response due: August 28, 2018]	Disagree, wholly	As of 8/1/2018, the San Francisco Police Department has 895 CIT trained officers in total. All district stations are assigned to either the Metro Division or the Golden Gate (GG) Division. The Metro Division receives the majority of calls for mental health services. Metro Division has a total of 329 CIT trained officers while Golden Gate Division, which has a lower rate of CIT calls for service, has 271 assigned CIT trained officers. Additionally, there are 295 CIT trained officers assigned to support units which are primarily located in the Metro Division area. Each SFPD district has approximately 40% of their personnel trained in the 40hrs CIT training compared to the national trend of only 20% CIT trained department personnel. The goal is to have the entire department CIT certified within four years.	R4 [F4]	Recommends that SFPD command staff consider reported CIT incident outcomes in deciding CIT officer assignments. This will help deploy CIT teams in areas where they are needed most. This consideration should begin no later than January 1, 2019.	Police Department [Response due: August 28, 2018]	Will not be implemented because it is not warranted or reasonable	Officer shift assignments are based on the department MOU with the Police Officers Association ("POA"). Command Staff cannot independently change the union negotiated process for deciding officer assignments. SFPD has 329 trained officers assigned to the Metro Division which has the highest calls for mental health services. There are 295 CIT trained officers assigned to the SFPD support units which are mainly located in the Metro Division. A grand total of 624 officers are assigned to the division with the highest need for support.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F5	While some data collection has been occurring during 2017 and 2018, there have been gaps in the full data collection and reporting for CIT required by the DGO. These gaps include collection and reporting of eSTOP data with respect to CIT. Additional delay in reporting will occur due to implementation of the Racial and Identity Profiling Act of 2015.	Police Department [Response due: August 28, 2018]	Disagree, partially	There have not been gaps relating to eSTOP data as CIT data has successfully been captured and reported on. SFPD met with the external CIT working group and came to a consensus on the design for a CIT dashboard to report on required data. SFPD IT created this automated Business Intelligence dashboard within two months of the design meeting. During dashboard demonstration presentations, the external work group requested additional data mining. SFPD will work with Human Resources and the affected divisions to assign an analyst to work with the CIT Unit for the purpose of full data collection and reporting for CIT.	R5 [F5]	Recommends that newly identified and budgeted programming personnel for SFPD Technology Division be hired no later than October 1, 2018.	Police Department [Response due: August 28, 2018]	Will not be implemented because it is not warranted or reasonable	Due to the City and County budget cycle and hiring process, the department is unable to hire the budgeted programming personnel until after October 1, 2018. Funding for this position is not available in the budget until 1/1/2019. Further, hiring a talented programmer is a challenging endeavor and typically takes several months to ensure the right fit. In addition to DHR and city hiring timelines, candidates for law enforcement agency positions must pass CA POST required background checks which can take several months to complete. In the meantime, the CIT Unit is receiving assistance from existing technology personnel.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F6	Crisis Response (CR) data is not being effectively collected throughout the crisis incident lifecycle. A lack of "CR" response notations, especially in incident categories such as mental health related and wellness checks, hinders measurement of CIT operational effectiveness.	Police Department [Response due: August 28, 2018]	Agree with the finding		R6 [F6]	Recommends that the use of crisis intervention techniques be reported within the CAD record. This broader designation of CIT incident responses should start no later than January 1, 2019.	Police Department [Response due: August 28, 2018]	Will not be implemented because it is not warranted or reasonable	A similar request was discussed with the Department of Emergency Management ("DEM") in the past year where certain programming restrictions were discovered. Due to programming, coding, and potential technology procurement required to implement this recommendation, it is not reasonable to request SFPD to implement by January 1, 2019. As the CAD system is operated by DEM, SFPD will continue discussions to pursue the potential of including CIT techniques within the CAD record; however, the timeline for implementation cannot be set until the solutions to the technological restrictions are identified.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F7	SFPD command staff find it challenging to attend and complete the 40-hour CIT training program, which they need in order to lead their teams effectively in crisis intervention.	Police Department [Response due: August 28, 2018]	Agree with the finding	Please see response for Recommendation 7.	R7 [F7]	Recommends SFPD command staff be allowed to spread their attendance in CIT training over two or more training sessions. Flexible sessions should start by October 1, 2018.	Police Department [Response due: August 28, 2018]	Will be implemented	SFPD is now scheduling CIT training based on a standardized training schedule instead of by staffing availability. This will allow command staff to attend the modules which will be offered on a continuous basis. This standardization of the training schedule will be fully implemented before January 1, 2019.

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Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F8	The CIT curriculum does not explicitly inform officers of the full range of available community mental health services or other resources that may be used to assist residents who are in crisis. Once trained, officers have only a cursory knowledge of mental health resources, and minimal access to mental or behavioral health consultations in the field, unless they are confronted with high profile crises like hostage situations.	Police Department [Response due: August 28, 2018]	Disagree, wholly	Multiple instructors provide resources and handouts throughout the 40 hr. course regarding assistance for mental health consumers. The Department of Public Health, SFPD Psych Liaisons, National Alliance on Mental Illness ("NAMI"), SF Mental Health Association, Veterans Services, UCSF, Clinical Director with the First Response Support Network, SF Suicide Prevention, Mayor's Office on Disability, and our SFPD CIT Training Division provide resources and contact information to all officers attending the CIT class. Officers complete the training with a wealth of knowledge on resources available to them.	R8 [F8]	Recommends that CIT administrators develop a department bulletin which outlines the full range of community resources to support officers who are assisting residents in crisis. The bulletin should be in place no later than January 1, 2019.	Police Department [Response due: August 28, 2018]	Will be implemented	The CIT Coordinator is in the process of updating the list of Behavioral Health Services available to support officers who are assisting residents in crisis. The list of resources will be distributed by the end of August, 2018. The department bulletin will be published and posted on the department webpage by January 1, 2019.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F9	There is little useful information to be gleaned from the current CIT training evaluation process and it does little to determine the quality and efficacy of training.	Police Department [Response due: August 28, 2018]	Disagree, wholly	Officers are given evaluation forms at the beginning of the training and are asked to complete the forms after each instructor presents. The two training sergeants meet with instructors when a deficiency has been noted in the training. In addition, the CIT work group has held two faculty meetings in the last three years to go over curriculum to identify gaps and overlaps in learning modules. Modifications have been made, including changes in trainers and curriculum, as a result of the feedback received during evaluations.	R9 [F9]	Recommends that an academic institutional partner be assigned to assess and periodically review the efficacy of the 40 and 10 hour CIT Training courses.	Police Department [Response due: August 28, 2018]	Will be implemented	SFPD is currently discussing a potential partnership with an academic institution to develop a methodology that will measure the efficacy of the CIT Training courses. The goal is to have the initial deliverable on or before January 1, 2019.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F10	Currently there is no trended (longitudinal) survey data from field operations which can be used to evaluate the CIT training program.	Police Department [Response due: August 28, 2018]	Agree with the finding		R10 [F10]	Recommends SFPD officers who have completed the 40 hour CIT training course be surveyed six months to one year later to reflect on the usefulness of individual modules and to determine what worked and what did not work in the training. This new survey should start no later than April 1, 2019.	Police Department [Response due: August 28, 2018]	Will be implemented	SFPD is in talks with an academic institution to develop a survey for CIT trained officers to take six months to one year after their training. Once an agreement is reached, the academic institution will be the lead on the survey. This will be completed by April 1, 2019.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F11	In spite of assurances, the jury is concerned that the CED (Taser) certification program will diffuse or delay scheduling of the current 40 hour CIT training program.	Police Department [Response due: August 28, 2018]	Disagree, wholly	CIT 40 hour training is not dependent on CED initiative. CIT trainings will continue as scheduled without delay. The SFPD is committed to training all its officers in Crisis Intervention Training.	R11 [F11]	Recommends the Chief of SFPD publicly state the CED (Taser) certification program will not diffuse or delay scheduling of the current 40 hour CIT training program. This public statement should occur no later than October 1, 2018.	Police Department [Response due: August 28, 2018]	Will not be implemented because it is not warranted or reasonable	The department is committed to CIT 40 hour training for all of its sworn members. CIT training is not dependent on the CED/Taser initiative. The commission approved Taser policy states that officers cannot be issued Tasers unless they have completed the full CIT training.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F12	DPH has no equivalent accountability mechanism to SFPD Department General Orders (DGOs), by which DPH instructs, manages, and, thereby, holds DPH accountable for outlining its responsibilities, particularly in managing its CIT involvement, and collaborating with SFPD.	Police Department [Response due: August 28, 2018]	Disagree, partially	DPH staff are held accountable through leadership management, MOUs, policies, and legislation. However, DPH does not use Department General Orders (DGOs) which are approved by an oversight body in a public meeting, nor do they use Department Bulletins which are publicly posted.	R12 [F12]	Recommends renewal and elaboration of the current MOU between SFPD and DPH, and the associated DPH manual. An updated draft MOU should be presented to the Mayor for review no later than January 1, 2019 and adopted no later than June 1, 2019.	Police Department [Response due: August 28, 2018]	Will be implemented	SFPD and DPH agree that there is a need to modify and update the MOU. The departments can pursue an amended MOU by June 1, 2019; however, the departments cannot commit to an adoption date that is six months prior to the current MOU's expiration date of December, 2019. It is in the Departments' opinion that adopting an amended MOU in December 2019 is more advantageous as it lines up strategically with the beginning of the citywide budget process.

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Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F13	DPH has not fully and adequately filled the five budgeted clinician positions. Without these field positions, DPH cannot fulfill the mutual goals prescribed by the Mayor in his 2016 press release.	Department of Public Health [Response due: August 28, 2018]	Disagree, partially	As of July 2018, four positions have been filled. Although not all five positions have been filled, responsibilities were fulfilled through staff cross coverage.	R13 [F13]	Recommends filling the five budgeted Crisis Intervention Specialist positions with field-ready clinicians. Clinicians should be dedicated to the CIT program and placed in the field no later than October 1, 2018.	Department of Public Health [Response due: August 28, 2018]	Has been implemented	Four positions have been filled. The remaining position is expected to be filled by the end of September 2018.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F14	The CIT working group includes mental health clinicians, including those who work directly with CIT, but there is no consistent representation from DPH leadership/management. This results in inefficient sharing and understanding of broader public health information and priorities. The absence of DPH leadership at the working group level underscores the lack of program evaluation and supervision by DPH.	Police Department [Response due: August 28, 2018]	Disagree, partially	This finding may have been the case in the past however, DPH staff has always been represented at the CIT Working Group meetings. DPH leadership/management has been attending meetings and will attend future CIT Working Group meetings. DPH/BHS leadership has been actively overseeing its Comprehensive Crisis Services, embedded in CIT.	R14 [F14]	Recommends DPH/BHS leadership and the CIT Working Group hold joint quarterly meetings to examine and analyze CIT program data, measure and assess program progress, and identify appropriate program adjustments. These meetings should begin no later than January 1, 2019.	Police Department [Response due: August 28, 2018]	Will not be implemented because it is not warranted or reasonable	SFPD is currently working with DPH's Director of Behavioral Health Services in coordinating stakeholders meetings to examine and analyze data, assess program progress and identify program adjustments- this work will take place at regularly scheduled CIT Working Group meetings. Creating an additional quarterly joint meeting may cause duplicative or delayed efforts and may unnecessarily expend resources.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F14	The CIT working group includes mental health clinicians, including those who work directly with CIT, but there is no consistent representation from DPH leadership/management. This results in inefficient sharing and understanding of broader public health information and priorities. The absence of DPH leadership at the working group level underscores the lack of program evaluation and supervision by DPH.	Department of Public Health [Response due: August 28, 2018]	Disagree, partially	This finding may have been the case in the past however, DPH staff has always been represented at the CIT Working Group meetings. DPH leadership/management has been attending meetings and will attend future CIT Working Group meetings. DPH/BHS leadership has been actively overseeing its Comprehensive Crisis Services, embedded in CIT.	R14 [F14]	Recommends DPH/BHS leadership and the CIT Working Group hold joint quarterly meetings to examine and analyze CIT program data, measure and assess program progress, and identify appropriate program adjustments. These meetings should begin no later than January 1, 2019.	Department of Public Health [Response due: August 28, 2018]	Will not be implemented because it is not warranted or reasonable	SFPD is currently working with DPH's Director of Behavioral Health Services in coordinating stakeholders meetings to examine and analyze data, assess program progress and identify program adjustments- this work will take place at regularly scheduled CIT Working Group meetings. Creating an additional quarterly joint meeting may cause duplicative or delayed efforts and may unnecessarily expend resources.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F15	The CIT Working Group, SFPD, and DPH have improved the responses to high visibility crises in San Francisco. Application of scaled and proactive methods to manage less extreme crises has not received similar attention.	Department of Public Health [Response due: August 28, 2018]	Disagree, partially	It is the practice for DPH to regularly engage all of San Francisco's residents who exhibit or communicate a need for mental and behavioral health services. While, those situations with the greatest visibility and highest need are met with equal intensity in engagement and services, DPH employs an active model of outreach and connecting individuals to appropriate services along its entire continuum of care.	R15 [F15]	Recommends that in addition to the Specialists referred to in Recommendation 13, DPH hire five additional Crisis Intervention Specialists by December 1, 2019. One Specialist should be assigned to each district station for coordination and collaboration with SFPD CIT liaisons in order to prevent crises before they require a 911 call. Initial assignments should be made to the stations with the greatest need, based on calls for service and incident type.	Department of Public Health [Response due: August 28, 2018]	Requires further analysis	DPH will consider adding additional Crisis Intervention Specialist staff in the next budget cycle. DPH will collaborate with SFPD to determine where staff should be assigned.
Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F16	Dore Clinic and Residence is an example of a valuable and useful community service that facilitates the success of the CIT program, relieving pressure on PES, the police, and the community by providing ongoing professional care for individuals in crisis.								

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Crisis Intervention: Bridging Police and Public Health [Published: June 29, 2018]	F17	The individuals in both DPH and SFPD committed to crisis intervention at an operational level are engaged, dedicated and doing commendable work in reducing bad outcomes for people in crisis.								