

# San Francisco's Public Safety System:

## Lessons in First Response Policy Implementation

July 2024

Jessica Gillooly<sup>1</sup> & Barry Friedman<sup>2</sup>

<sup>1</sup>Suffolk University, <sup>2</sup>Policing Project, NYU School of Law



This report is one in a series of research projects undertaken as part of the Policing Project's Reimagining Public Safety initiative.

Learn more at [SafetyReimagined.org](https://SafetyReimagined.org).

## Executive Summary

Across the country, there is a growing consensus that police are asked to do too much, often having to respond to 911 calls and other complex social problems for which they lack training or expertise. This view is shared among elected officials, community members, and the police themselves. Because of this mismatch, community needs remain unmet, problems fester, and relations with police fray. Too often, an inapt response by the police results in escalation or the avoidable use of force, the adverse effects of which fall disproportionately on people of color.

The failure of police training to help manage longstanding social problems has spurred some jurisdictions to reimagine public safety systems to better serve the needs of their diverse communities. These new approaches hold immense promise to protect community safety, address social issues, and reverse the erosion in police legitimacy and trust that stem from the mismatch between police capabilities and the duties they regularly perform.

In this growing field of alternative response, few cities have been as pathbreaking as San Francisco. Building on early efforts to shift tasks away from police, San Francisco has developed several novel alternative response programs, with emphasis on providing specialized care through mobile response units. The preliminary results are encouraging, as is the thoughtfulness with which the city is approaching its public safety challenges. We applaud the city's efforts at the cutting edge of this field.

Still, stubborn challenges exist—as would be expected when pioneering a new model. As part of the Policing Project's Reimagining Public Safety initiative, we have partnered with four major cities to study how they are adapting to calls for alternatives to police response. This report seeks to explore San Francisco's motivations for creating its alternative response portfolio, shine a light on its implementation of alternatives, and point out possible areas for improvement.

In conducting this study, we sought perspectives from municipal actors including: city officials, police leaders, patrol officers, alternative responders, and 911 operators. We placed particular emphasis on the latter to reflect the pivotal role of dispatch in determining the appropriate response.

We found a city committed to an expansive vision of public safety. Public safety of course involves protection from physical harm, but there was widespread agreement it should involve much more, including preventative services for those at risk and non-police responses to social problems such as being unhoused, substance use, or mental health issues. Respondents broadly agreed that the city needed to employ alternatives to its longstanding reliance on police to respond to 911 calls for service. Respondents also shared that, despite initial resistance from rank-and-file officers, support from police leadership helped to facilitate the shifts San Franciscans sought.

Since 2020, San Francisco has created three new emergency response options, which have since collapsed into two: the Street Crisis Response Team (SCRT) and the Street Overdose Response Team (SORT). SCRT fields around-the-clock units specializing in trauma-informed responses to behavioral health crises. SORT responds 20 hours a day to clients who have experienced an overdose. Since our research team left the field in December 2022, San Francisco continues to tweak the structure and tactics of these teams and create additional community- and government-based alternative response pathways.

San Francisco's investments are displaying positive results. Our data show SCRT responding to roughly 29 calls a day in an average of 16 minutes. In the vast majority of these calls, the police are never called upon for backup. This saves police resources and indicates care can be provided without police. Similarly, SORT's performance offers reason for cautious optimism, as a significant proportion of clients accept harm reduction supplies or participate in successful follow-up visits.

Still, there are challenges. The dispatch center is facing a staffing crisis. One major question for all cities exploring alternative response is how thinly staffed dispatchers best can determine the appropriate responder to send to a call. San Francisco is using Emergency Medical Dispatch (EMD) software, which provides call takers with scripts to guide inquiries and assess call eligibility. Yet, call takers note that protocols from a medical and fire context do not transpose neatly to ambiguous behavioral and wellness situations. Another thorny issue is ensuring shared knowledge and agreement among frontline workers about responsibilities of each at the scene of an incident. Finally, many community members and some call takers believe that the alternatives should be reducing the need for social services more generally and are disappointed that they are not.

San Francisco leaders are already acutely aware of these challenges and, in some instances, are working to address them. We commend their existing efforts and provide recommendations to strengthen them, centered around four core issues:

**Deciding which responder to send:** For a call to receive an alternative response, a call taker or dispatcher, guided by EMD software and caller-provided information, must deem it eligible. Despite the efficacy of EMD in traditional emergency medical contexts, the technology presents challenges for alternative response situations. We recommend that San Francisco continue engaging the developer of its EMD software to improve protocols for alternative response situations, which may lead to faster, more accurate dispatch decisionmaking and minimize unnecessary emergency medical resource use. Further, we applaud public education efforts to improve the information callers provide dispatchers and are eager to understand how this campaign improves emergency dispatch outcomes. Finally, we urge the city to attend to dispatcher morale, in addition to continuing efforts to address staffing shortages.



**Clarify for responders and the public who does what at the scene of an incident:** A significant implementation challenge remains ensuring that responders and the public share a consistent understanding of alternative response options and the roles that responders play at the scene of an incident. To ensure clarity and strengthen cooperation among first responders, we recommend police officers receive in-person, simulation-based training on SCRT and SORT in which alternative responders and patrol officers collaborate to solve problems together.

**Articulate that San Francisco is not trying to solve systemic issues with individual-level response:** No matter how robust, no alternative response portfolio can adequately address social issues that demand proactive and systemic solutions. To mitigate existing frustration and preclude further disappointment and tension, we recommend setting clear expectations around what alternative response can and cannot accomplish and investing more heavily in downstream services and long-term structural solutions.

**Consider creating a system of holistic response:** As San Francisco explores developing additional alternative response options—on top of existing programs and traditional police, fire, and ambulance services—the growth of specialized options risks fragmentation, confusion, and complexity that could undermine the city’s goals. To minimize this risk, we encourage San Francisco to adopt a more holistic approach, including by creating a cadre of unarmed responders who are trained to address a broader range of emergency calls.

San Francisco has invested considerable time and resources in developing creative solutions. We appreciate the city’s work. Considerable challenges remain—including those inherent in innovation—and San Francisco’s efforts to tackle them and improve services will yield vital lessons for other jurisdictions.

<b>06</b>	<b>INTRODUCTION</b>
<b>08</b>	<b>OUR ANALYTICAL APPROACH</b>
<b>11</b>	<b>FINDINGS</b>
11	Visions of Public Safety
15	Motivating Changes to First Response
	– Social Unrest Over Police Killings
	– Limited Police Staffing
	– Police Leadership Supportive of Change
19	San Francisco’s Evolving Response Portfolio
	– Background and Context
	– SCRT, SWRT, and SORT
	– SCRT and SORT Performance
	– Program Aimed at Homelessness
23	Challenges to Transforming First Response
	– Deciding Which Responder to Send
	– Knowing Who Does What at the Scene of an Incident
	– Communicating Realistic Program Goals
<b>33</b>	<b>CONCLUSION &amp; RECOMMENDATIONS</b>
33	Helping Decide Which Responder to Send
34	Clarifying for Responders and the Public Who Does What at the Scene of an Incident
34	Clarify that San Francisco Is Not Trying to Solve Systemic Issues With Individual-Level Response
35	Consider Creating a System of Holistic Response
<b>36</b>	<b>Endnotes</b>

\*Acknowledgments: We greatly appreciate the analytical work completed by Natalie Manley and Gabrielle Bayness in service of this report. We thank Brenda Bond-Fortier, Katie Kinsey, and Rita Gonzalez for their work interviewing respondents. Most of all, we are grateful for the frontline workers who shared their time and thoughts with us.

## Introduction

Traditionally, San Francisco—like most jurisdictions in the United States—used police as the primary first responders to people suffering from complex problems such as homelessness, addiction, and behavioral health crises. It also used police to reduce disorder. Efforts had been taken by the city prior to 2020 to distribute some of this work across other municipal and community-based providers. The police killings of unarmed Black Americans across the U.S., and the ensuing protests, intensified calls from the public to shift tasks away from the police to alternatives, as well as to reduce the adverse harmful effects of the criminal legal system borne by marginalized communities. San Francisco's mayor, London Breed, seized this moment to spearhead a larger alternative response program throughout the city. As a result, San Francisco has some of the most developed alternative response programs in the country.

Alternative response in San Francisco aims to do a number of things (and the list of programs continues to grow), but at its core it is providing specialized care and support to those who are unhoused or dealing with substance use or behavioral health issues—while avoiding unnecessary use of the police and emergency rooms. Mobile alternative response teams are at the heart of the alternative response plan. They primarily are comprised of Street Crisis Response Teams (SCRT) that specialize in acute behavioral health crises and Street Overdose Response Teams (SORT) that specialize in harm reduction. The teams, which generally consist of a Community Paramedic, Emergency Medical Technician (EMT), and either a Peer Counselor or a Homeless Outreach Team (HOT), respond in mobile vans to emergency calls for service that come through the 911 system. They can transport clients to the hospital or other service settings, make referrals for follow-up care and support, and provide temporary assistance for a client's physical and mental health needs.

These alternative response programs have generated significant enthusiasm from community members and government officials alike. There have been ongoing evaluations of them by the city.<sup>1</sup> Still, too little is known about how this large-scale change to first response is playing out on the ground.

In this report, we present learnings based on interviews and conversations with municipal actors from multiple agencies playing a variety of roles across San Francisco government. Those conversations concerned their perceptions, ideas, and attitudes toward reducing the scope of policing, increasing the use of alternative responders to address community needs, and other ways in which to transform first response systems. Our goal in this report is to focus on amplifying the voices of frontline workers tasked with carrying out these changes in order to aid San Francisco as well as other jurisdictions interested in learning from what it has done. This report a) describes respondents' visions of public safety, highlighting areas of agreement and disagreement, b) explores San Francisco's motivations for creating a new alternative response portfolio, and c) shines a light on the implementation of alternative response programs, pointing out possible areas for improvement.

San Francisco has made impressive investments to reduce its reliance on the police by expanding first response. It plainly is a national leader in this space and should be recognized

as such. The city has been forward-looking and inventive. It has taken this work extremely seriously.

There are challenges of course, and in the spirit of improvement, this report focuses on a number of them. Dispatchers face implementation obstacles in deciding which responder to send to an incident. This adds to already high levels of burnout and stress inside dispatch. In addition, there is some confusion among first responders in terms of knowing who does what at the scene of an incident. We also found a mismatch between city leaders' alternative response policy objectives—to minimize police contact with individuals in crisis and provide better services to those in need—and the expectations of some 911 callers and frontline workers that San Francisco's innovation is designed to solve long-standing systemic social problems. According to city officials, there is disagreement among community members over whether the city should be more forceful in addressing these broader social programs. Finally, we caution that as officials continue to layer additional services into their public safety portfolio, itself an admirable goal, they must stay attuned to issues of fragmentation and data sharing capabilities across service entities.

These challenges are very real and should not be minimized, any more so than should be the remarkable progress San Francisco has made at the cutting edge of alternative response. We were grateful to have the opportunity to learn from the many people with whom we spoke, and to share this feedback with both the city itself and other jurisdictions pursuing alternative response.

## Our Analytical Approach

In order to understand how and why San Francisco is transforming its first response model, and the challenges that has presented, our data include a multitude of perspectives, viewpoints, and opinions from municipal actors with whom we spoke.

### Research Questions

#### **How do municipal employees, practitioners, and organizational actors define public safety?**

- a. What does public safety mean?
- b. How can it best be achieved?
- c. Who is in charge of providing it?

#### **Why is San Francisco changing its first response model?**

- a. What motivated the change?
- b. What do municipal actors believe police should be spending (and/or not spending) their time doing?

#### **How is the first response system changing?**

- a. What do municipal actors believe are the goals of changing their first response model? How do stated goals align with measures of program success?
- b. What is being changed (e.g. policy, practice, mindset)?
- c. What are the barriers (or lack thereof) the city faces when implementing an alternative response program? How are frontline workers overcoming the challenges they face?

To learn from San Francisco's experience implementing alternative response, we purposively sampled municipal actors across five key roles.<sup>2</sup>

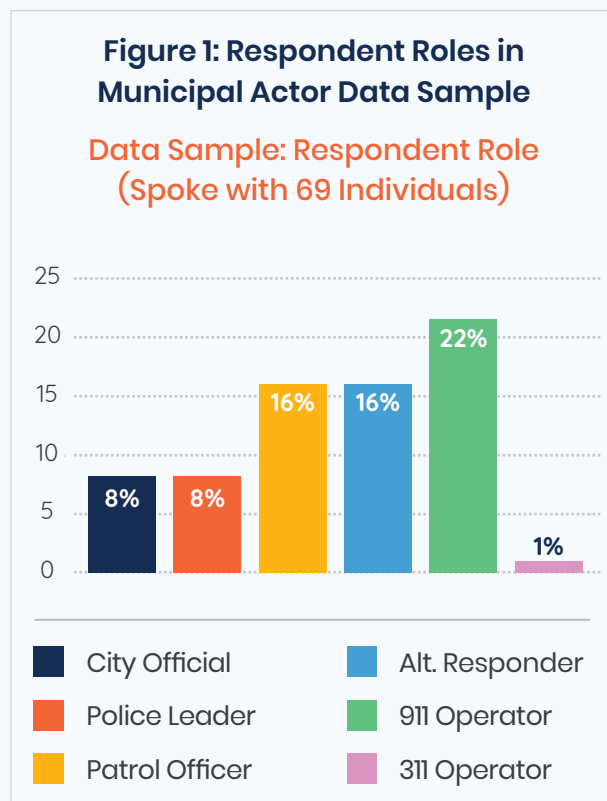


### These roles included:

- **City officials**  
(e.g., staff in the Mayor’s Office, city attorneys)
- **Police leaders**  
(e.g., the chief of police, policymakers inside the police department, the president of the Police Officer’s Association, sergeants)
- **Patrol officers**
- **911 operators**  
(e.g., 911 police call-takers and dispatchers)
- **Alternative responders**  
(e.g., community paramedics, social workers, and clinicians with Street Crisis, homeless outreach team members, and community ambassadors).

We focused heavily on 911 operators in our sample because the success or failure of alternative response is impacted significantly by the decisions made inside dispatch about which type of responder to send.<sup>3</sup>

Figure 1 shows the total number of interviews we conducted in San Francisco (N=69) as well as a breakdown by respondent role.

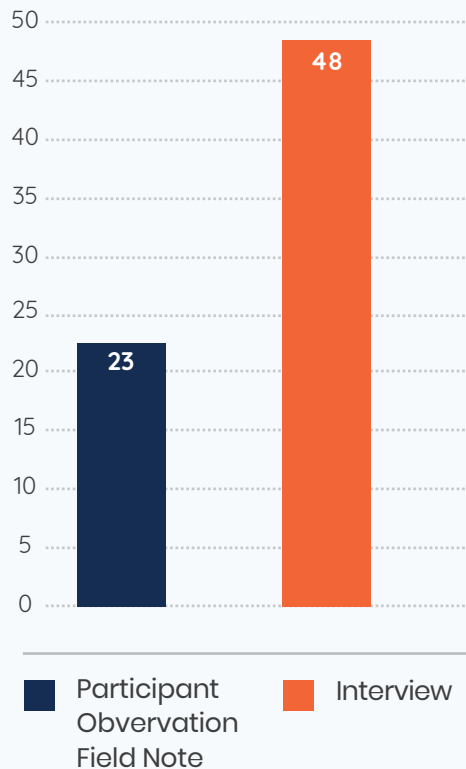


**Note:** We spoke with 69 individuals.

To answer our research questions, we conducted virtual and in-person semi-structured interviews with city officials.<sup>4</sup> We also engaged in participant observation to see firsthand how frontline workers interact with members of the public and each other.<sup>5</sup> Our observations occurred during two week-long site visits to San Francisco and each observation block lasted about four hours. Figure 2 shows the number of transcripts in our database and the share that came from interviews and field notes. Data were collected during Fall 2022.

**Figure 2: Data Source by Type of Collection Method**

**Participants By Media Type**



**Note:** We interacted with 69 respondents between formal interviews/focus groups and informal conversations during our two week-long participant observation field visits. Because we conducted follow-up interviews with two respondents, the data source numbers total 71.

After assembling our database, we employed a deductive-inductive analytical approach in which analysts both reviewed interview data for concepts articulated in our initial research questions and identified concepts and themes that emerged during collection and analysis.

## Findings

The following section of the report discusses San Francisco's transformation of its first response system. We begin by unpacking what municipal actors mean when they talk about public safety and how they think it can best be achieved. We then highlight several dominant factors that drove San Francisco to change its first response system. Next, we describe San Francisco's broad portfolio of response programs with special attention to the Street Crisis Response Team and Street Overdose Response Teams, which shift certain calls away from the police. We then share program implementation challenges as articulated by frontline workers and the varied ways the city has responded to those challenges. Finally, we offer recommendations to further strengthen and improve upon the city's ambitious efforts to transform its first response system.

### Visions of Public Safety

The phrase "public safety" often is used by policymakers, government leaders, and frontline workers when discussing the purpose of first response systems. But what does public safety mean to them? And how can it best be achieved? Our conversations revealed some tensions, both in how to reconcile competing claims to public safety and as to which first responders were in the best position to help achieve it.

#### What is Public Safety?

Many respondents characterized public safety as a feeling or perception of safety from physical harm. One patrol officer put it like this: "You should be free to walk the streets without being a victim of a crime. You should feel free to walk in the public and feel safe." A city official expressed a similar sentiment that residents should be free of worry when walking down the street, going to meet a friend for a drink, or grocery shopping. Part of feeling safe from physical harm involves knowing someone has your back were something to go wrong. Another city official put it like this: "Public safety means there are eyes on the street. If I need someone on this block, I can see someone and I am not alone."

Many respondents believed that physical safety came not only from having eyes on the street, but from the city providing preventative and wraparound holistic services to those in need of them. One respondent explained that unhoused individuals or those experiencing substance use issues need access to supportive longer-term rehabilitation and therapy

---

"Public safety means there are eyes on the street. If I need someone on this block, I can see someone and I am not alone."

programs to feel safe. They saw San Francisco's alternative response programs as a start, but also pointed out the importance of longer-term care.

Public safety can be about more than physical safety and needs, though; it can be a relational commitment among community members to be civil to one another and agree to maintain social order. One 911 operator explained, "Public safety should be about maintaining that notion of civility... 'cause we all gotta survive in the same planet with the same resources." A patrol officer shared an example of what civility looks like in practice. On his morning beat, he regularly would ask people outside yelling and screaming at 6:15 a.m. to keep it down because other people were still sleeping, and people generally agreed to "wait til 7:30" to start back up. This officer negotiated with people to reach an agreeable, albeit imperfect, solution to create what he believed was public safety: The public agreeing on a social order and trying to live by it.

### Competing Claims To Public Safety

Our interviews did reveal some tension regarding competing claims in the city to public safety.

In the abstract, respondents overwhelmingly believed that everyone deserves public safety. As a 911 operator said: "[It's] not just [for] the people that are able to get up and drive to work every day and go to work and 'make an honest living.' Your ability to do things and take care of yourself and perform does not determine your right to safety. Your presence on this planet, in these spaces, is what determines your right to safety." For this respondent, public safety is a basic human right that everyone deserves, regardless of their way of life. A police leader shared a similarly expansive view that public safety is not just for those who call for service, but also for the subjects of calls. Other respondents pointed out that business owners and workers also need to be taken into account when thinking about public safety—in order to protect local economies.

In practice, though, respondents highlighted that it can be extremely difficult to achieve public safety for everyone; because individuals often have competing interests, satisfying one person's interests can stymie another's. One city official pointed out that protecting the rights of the unhoused may run counter to protecting the rights of those with disabilities. On the one hand, the city is obligated by the Americans with Disabilities Act (ADA) to protect the rights of those with disabilities who may struggle to maneuver down sidewalks that are blocked by sleeping persons, and, on the other, to respect the rights of unhoused people. Balancing the rights of different parties is not easy, as the official went on to explain:

"Do you have a right to shelter? As a human being, we all believe that you do. Do you have a right to sleep wherever you want? No, you don't...If you are a user of drugs, is that a public health issue? Yes, it is, and we need to get you services and treatment. Do you have a right to use drugs wherever you want? No, you don't. Because we're talking about the health of the whole community, and that includes the children in the Tenderloin....It includes the people that are in recovery and living in SROs who do not wanna be around that shit anymore."

Balancing these competing interests can lead to frustration and internal strife for residents of the city. This sort of frustration can boil up in 911 calls. One operator answered a call from a man who lived in the Tenderloin. He was upset because he was trying to go to work, but people were sitting on the hood of his car using drugs. The call taker told him that she understood his frustration and then leveled with him: “I gotta be honest with you. Like I’m gonna take this information and I’m gonna log it. But it’s not gonna get taken care of today.” At that point, the caller burst into tears and said, “Oh my God. I don’t know why I’m crying like this. I’m so embarrassed...I’m not a bad person. I understand like these people are hurting and everything. But I am just at my wit’s end and I don’t know what to do.”

### How To Achieve Public Safety?

Respondents generally agreed that providing public safety requires striking a balance between providing resources to those in need, and yet holding people accountable for their behavior.

Some respondents believed that formal accountability mechanisms, like invoking the law or utilizing involuntary mental health holds (referred to as 5150s by frontline workers), are necessary to maintain safety for the broader public. One 911 operator expressed the view that individuals having a mental health crisis and walking in traffic need to be put on an involuntary mental health hold for their safety and the safety of others on the street: “If you keep walking in the middle of the street, to me, you’re in danger and you should be 5150’ed until you understand you don’t walk in the middle of the street when cars are coming in.” Other respondents also discussed the importance of formal accountability, such as having police enforce the law for shoplifting and auto theft.

Others were quick to argue that although police play a role in providing public safety through enforcement, they should be a last resort rather than a first option. A 911 operator expressed this view: “I feel like the police should be like the last-ditch effort if I’m gonna be 100% honest with you, because I feel like they’re associated with just coming and taking the problem away...Like arrest this person, get him out of here...that may seem ‘easiest’ ... but like fuck easy. What good is easy if that’s just taking care of things in the moment and it creates a bigger issue?” To this respondent, some of the formal accountability mechanisms police have at their disposal, like arrest, fail to solve the underlying problems that hamper public safety.

Several police leaders and patrol officers agreed with this sentiment in the abstract but explained that they face practical barriers that led to their being the “last resort,” and make it difficult to move away from it. This is because, as one police leader explained, the police had been taking on this work for decades and the city lacked other responders who could do so in timely fashion.

“Over the years, somebody decided that this is a police issue and then we built on it, and



built on it, and built on it, and built on it. And what we're doing in San Francisco is we try to push back a lot with our city partners and say, 'No, no, no, that's you, that's a social issue, that's a mental health issue. That's an encampment.' But then we find ourselves pulled back in again. 'Cause at the end of the day, the lady with the tent in front of her house, trying to get the kids to school with the tent blocking the driveway... we're the only ones that can come out and deal with it in a timely manner."

Most police we spoke with believe that San Francisco should take an "all-hands-on-deck" approach to right-size the footprint of policing and strike a better balance between providing resources and achieving public safety. As one patrol officer put it, "We wear way too many hats." This officer thought that the city needed a multi-pronged approach across different parts of the city government to keep the public safe. Other officers and alternative responders shared a similar view that achieving public safety required getting "the right people" to address the issue at hand and provide the appropriate resources and services.

It's not always clear to respondents who the "right people" to respond to 911 calls are, though. A 911 operator described her struggle to figure out who should provide public safety: "I definitely recognize that police have a major role. Fire and medical has a major role. But there's this huge gray area between that I don't think anybody's really defined what that role is and who's responsible for it." City officials have been working hard to clarify who should respond to calls that fall within that gray area. The creation of the Street Crisis Response Team (SCRT) and Street Overdose Response Team (SORT) are two such examples that offer 911 operators alternative response options for calls involving behavioral health crisis or overdoses.

Although most respondents expressed the need for a larger repertoire of municipal responders to achieve public safety, some respondents believed community members needed to solve some more problems themselves. According to one police leader, society has gotten too used to picking up the phone and calling

---

"We wear way too many hats."

---

"I definitely recognize that police have a major role. Fire and medical has a major role. But there's this huge gray area between that I don't think anybody's really defined what that role is and who's responsible for it."

the police for every little problem. She gave the example of parents calling 911 on their children for having tantrums: “As a parent, you’re laying the ground rules and setting the scene for your kid, right? That’s not my job. Not my job at all, right? Everybody has to pick up and carry their part and their load to do their job for public safety.” She argued that public safety is about more than government, it’s about community members taking on responsibility and caring for one another.

## Motivating Changes to First Response

Throughout our conversations with municipal actors, respondents agreed that San Francisco needed to make changes to its traditional reliance on police to field the majority of 911 calls—as it has in fact been doing. Respondents shared a variety of reasons why such changes were needed, including civil unrest following the police killings of unarmed Black Americans, growing issues of mental illness, homelessness, and substance use, and the need to conserve police resources in the face of reduced staffing.

## Social Unrest Over Police Killings

Respondents across our sample cited the police killing of George Floyd and subsequent social unrest as a catalyst for San Francisco to make changes to its first response model. One city official described the impetus for change like this: “I think it came from the George Floyd protests and things like that. There was a lot of outcry for really figuring out why are we sending police? When do we send police? Are they the right people to send?”

In response to growing public pressure, city officials told us that they met with multiple departments (e.g., Department of Public Health, Department of Emergency Management, Department of Homelessness and Supportive Housing) to discuss whether and how to shift certain non-violent calls away from the police so that they could be dealt with in some way other than through the criminal law. These meetings were not the first time that leaders had considered ways to rely less on the police to provide public safety, but the social unrest of 2020 provided leaders with the political space to push an alternative response policy agenda forward. According to city officials we spoke with, discussions about alternatives to police responses for mental

---

“I think it came from the George Floyd protests and things like that. There was a lot of outcry for really figuring out why are we sending police? When do we send police? Are they the right people to send?”

health calls began back in 2016 following the San Francisco Police Department (SFPD) killing of Mario Woods, who was experiencing a psychotic episode when police approached him. One police leader explained that shifting calls away from the police had “been a thing that the police department has wanted, the community has wanted, that many good public policy thinkers have wanted for a long time. We haven’t had that push...or the platform to do it.”

Multiple respondents in government agreed that officers were not the best suited to handle certain behavioral health crises. A 911 operator shared her thoughts on this topic, “I never thought it was appropriate to send an officer to somebody that’s having a mental health episode, why would you want to do that, it doesn’t make sense to me...If I was suicidal and I was triggered like that, I wouldn’t want five men coming to my door.” Policy leaders, 911 operators, alternative responders, and police generally agreed with this sentiment and thought that when it was safe for responders to do so, calls with a behavioral health component were best handled by behavioral health professionals who had the expertise to de-escalate and make referrals.

Growing complaints related to San Francisco’s unhoused population also were seen by leaders as ripe for an alternative response. Across the board, respondents told us that homelessness was the biggest issue facing the city and a primary reason residents called 911. A 911 operator told us that when she started working in dispatch over twenty years ago, they would receive 15 to 20 homeless complaints on any given day. Now they “have probably 300 calls pending for homeless-related complaints just sitting in a queue.” San Francisco’s 911 system is so overwhelmed with these calls that they established a separate homelessness dispatch position to handle only those types of calls. 911 respondents generally did not see the value of sending police to those calls, as most of what they do is shuffle unhoused persons from one location to another.

We heard a wide range of reasons as to why the city has a large unhoused population. Some respondents blamed it on structural forces, such as a lack of affordable housing or incentives given to unhoused persons by other cities, such as paid one-way bus tickets, to relocate to San Francisco; others thought it had more to do with personal choices, such as not wanting to follow rules set by temporary housing facilities or choosing the freedom of being outdoors. An alternative responder shared his structural theory for why homelessness had increased:

People who used to be able to afford a house can now only afford an apartment. People who used to afford an apartment can only afford a shared apartment. People who used to afford a shared apartment now are couch surfing. People who were couch surfing are now out in tents.

Not everyone shared this view. A patrol officer relayed that he had “never really met anyone out on the streets who are out here because [of a] lack of affordable housing. Many of these people have been living chronically homeless for like 10 plus years.” He thought the issue stemmed from people not wanting to go through the hoops of meeting the rules and

criteria to live inside and preferring the freedom of living outside. Several 911 operators cited similar reasons related to rules and curfews as a factor in the size of the unhoused population.

In addition to mental health and homelessness, the drug overdose problem was another motivating factor to expand the city's first response portfolio. An alternative response leader shared that because the overdose rates skyrocketed in 2020, different departments came together and decided that the city needed a very specialized response that focused on overdoses.

A handful of frontline workers were less convinced about the value of specialized overdose response and took a harder stance on substance use. One 911 operator expressed his frustration with the city's liberal drug policy: "We don't crack down [on] the drugs. Why is the city allowing it? We have a lot of Narcan. The Narcan is meant to like, you know, bring [you] back and we give it up like free candy here." Another 911 operator shared a similar view: "I think we're some of the biggest hypocrites. We're tellin' people 'We don't want you to do drugs, but guess what? If you're going to do drugs, please do drugs in a group setting. Have one person stay sober, and you all collect your free Narcan.'...I know the purpose is to try to help, but at some point, we're also enabling." For these respondents, more enforcement, not less, seemed to be part of their solution to the overdose problem.

### Limited Police Staffing

Conserving police staffing resources was another reason police and other municipal workers supported changes to the traditional response model. A city official told us, "The police department was stretched too thin. [It] was doing way too many things beyond the basics of providing public safety." The "basics" of public safety included things like solving crimes.

But because officers spent so much time on lower priority calls, one dispatcher told us they struggled to find available officers to respond to higher priority shootings and stabbings. A 911 operator provided a concrete example of the type of call that would tie up police resources:

"You witness somebody wilding out in the street and you're gonna call for them. It's not like this person called for themselves...No crime has been committed. It's not illegal to just stand out on the street talking to yourself and pacing back and forth. What are the police gonna do to this person?...They just might need somebody to talk to, or someone to refer them to proper services, but I don't think it's really the police's job...But, the cops are just sitting around there 20, 30 minutes, waiting for this ambulance to get there, and now you're tying up all these resources"

Since we conducted our interviews, SFPD has experienced further declines in its staffing which may make such issues more pronounced.

Of course, the question is what police will shift to doing if they spend less time responding to low-priority calls. One police leader told us:

“I think that they [officers] would have more time to abate and to help avoid some of the issues that happen later at night. I often see my officers tied up on paperwork when nightclubs are getting out and when there’s fights and violence at nightclubs and bars. If my officers weren’t tied up on paperwork or doing some of those other mundane tasks, they would be out in front of those clubs before these problems even happened.”

He went on to explain that with additional free time his officers might also be able to catch more people who have committed crimes:

“You can’t really stop and see if that’s the person that’s wanted for this heinous crime if you’re on a way to the alarm call that’s going off for the fifth time this week, or you’re on a way to a call for service for a resident who’s calling because they’re tired of the homeless people setting up on their block for the entire week.”

These calls to free up police time for more appropriate tasks echo what we hear from many jurisdictions in the country. It leaves open, however, the question of precisely how police will be spending their time in an environment of available alternative response. This is a question that calls out for study, especially in light of concerns expressed throughout the country about overly vigorous “proactive policing.”

### Police Leadership Supportive of Change

Although some officers expressed resistance to policymakers’ decisions to shift a subset of calls related to behavioral health, homelessness, and substance use from police, that resistance was fleeting thanks to the support from police leadership. Initially the instinct of some officers was to fight the changes, but this reaction proved short lived: “Very quickly we’re all like, ‘No, why would we fight this? Why would we argue?’ Because this is the right model. It’s what always should have been happening. It’s what we wanted.” Union leadership helped framed the change to officers like this: “Why would you wanna put us in a situation where more than likely we may fail, and if we fail, our failure is epic, right? Our failure is front page news, right?”

---

“Why would you wanna put us in a situation where more than likely we may fail, and if we fail, our failure is epic, right? Our failure is front page news, right?”



## San Francisco's Evolving Response Portfolio

### Background and Context

San Francisco relies on a varied and growing set of responders to address both the city's social issues and many of the calls for which a police response has been deemed unnecessary or inappropriate. Some of its programs have existed for years. For example, San Francisco's Fire Department (SFFD) created a community paramedic program, EMS-6, in 2004 to respond to heavy users of the 911 system. Community paramedics are advanced paramedics who are trained to do more than provide emergency medical care and emergency room transports. They try to connect patients to alternative services, such as sobering centers, and reduce unnecessary emergency room visits. EMS-6 brought together community paramedics and clinicians with the goal of solving underlying issues leading to frequent 911 use. The Community Ambassador Program (CAP) is another long-standing program, begun in 2010 to provide a safety presence on the streets. Local community members serve as ambassadors and are meant to de-escalate conflict, offer safety escorts, report emergencies directly to 911, provide referrals to social service agencies, and conduct wellness checks. Over the past year, the city has relied increasingly on unarmed, retired police officers to serve as safety ambassadors and supplement SFPD's foot patrol to deter crime. There also are numerous nonprofits that have long provided community safety services in San Francisco. One example is Urban Alchemy, which was founded in 2018 and employs formerly incarcerated persons in impacted neighborhoods such as the Tenderloin to pick up trash, connect people to social services, and assist during overdoses. The overarching goal of these varied programs is to redesign San Francisco's public safety response ecosystem so that armed police are just one response unit of many, and are not called when they are not needed.

### SCRT, SWRT, & SORT

The most prominent changes to San Francisco's first response model occurred in 2020 and 2021, with the rollout of three different street teams. These teams were designed to respond rapidly to non-violent, non-criminal 911 calls involving behavioral health, homelessness, and substance use. Initially there were three teams, though they now have been collapsed into two. The Street Crisis Response Team (SCRT) specializes in trauma-informed responses to people experiencing acute behavioral health crises. The goal is to reduce unnecessary law enforcement encounters and emergency room use. The Street Wellness Response Team (SWRT) specialized in well-being checks not involving an acute behavioral health component. These included cleaning wounds, checking on sleeping persons, and distributing warm clothing and food. SWRT functions now have been folded into SCRT. The Street Overdose Response Teams (SORT) specializes in real-time response to provide harm reduction resources, buprenorphine, and referrals for clients who have experienced an overdose.

San Francisco's use of these alternative response programs has evolved over time, including notable changes since the Policing Project research team left the field in December 2022. First, as noted, SCRT took over SWRT's well-being check function to reduce confusion about when to call upon which form of response and to minimize patient care overlap. Second, the number of SCRT and SORT teams has expanded as capacity has grown. SCRT now operates with seven teams citywide, 24 hours per day, 7 days per week. SORT now operates with two teams citywide, 20 hours per day, 7 days per week. Third, operational leadership of SCRT was relocated from the Department of Public Health (DPH) to the San Francisco Fire Department, but it remains a multi-agency collaboration across different parts of city government. Fourth, behavioral health clinicians were reassigned from riding in the SCRT vans to conducting follow-up care through the Office of Coordinated Care (OCC).

The most controversial of these changes involved the March 2023 decision to reassign clinicians from riding with SCRT teams to conducting follow-up care. We spoke with officials from SFFD and the DPH to better understand this change in team composition. Officials raised two main reasons for reconfiguring the teams: improving follow-up care and increasing operational efficiency. Leaders across city government believed that behavioral health clinicians could fill a greater service need by engaging in follow-up care in the days and hours after SCRT first encountered a person in crisis, especially given the fact that community paramedics on SCRT already have training in de-escalation and assessing mental capacity. A leader with DPH explained that unlike SFFD, clinicians are trained to do residential placements and case management, making follow-up care a better setting for their skills. Other city officials shared that a severe staffing shortage of behavioral health clinicians made it operationally difficult to staff each SCRT team with a clinician. As a result of this change, SCRT teams are now composed of a Community Paramedic, an Emergency Medical Technician (EMT) or second paramedic, and either a Peer Counselor or a Homeless Outreach Team (HOT) specialist.

Not everyone agreed that the city's decision was appropriate. The Mental Health SF Implementation Working Group, a 13-member advisory board, brought forth for discussion and vote a resolution in April 2023 condemning the city's move to reconfigure SCRT. The resolution stated that SCRT was no longer in compliance with the Mental Health SF Ordinance—the legislation that called for the development of a rapid crisis response in San Francisco—by making these changes. The advisory board's resolution resolved that, "The SCRT teams include mental health professionals on the vehicles with the training, experience and credentials needed to respond to crisis on the streets from a behavioral health approach." The city leaders we spoke with expressed appreciation for the important work of this visioning body, but ultimately felt they had to prioritize operational efficiency to keep SCRT running.

## SCRT and SORT Performance

Throughout its various forms, SCRT has remained active throughout the city. Table 1 shows many of the city's key performance indicators for SCRT. Between June 22, 2022, and August 31, 2023, SCRT responded to almost 29 calls per day with an average response time of about 16 minutes. On average, SCRT requested police backup roughly 1.24 times per day. When SCRT made contact with the subject of the call, they either had an ambulance transport the client to an emergency room (5.32 times per day), drove the client to a community resource themselves (4.40 times per day), determined they could simply leave the person in the community (11.08 times per day), or placed the client on an involuntary 5150 mental health hold (1.62 times per day).

**Table 1: Key Performance Indicators for SCRT**  
(as defined and measured by the city)<sup>20</sup>

6/22/2022 – 8/31/2023

	Number	Daily Avg.	Note: Data are cumulative between 6/22/2022 through 8/31/2023. 6/22/2022 is the date when Emergency Medical Dispatch protocol began for SCRT. Encounters are defined as when SCRT was dispatched to a call. Engaged encounters are defined as when SCRT arrives on the scene of an incident and engages with an individual. Engaged encounters are lower than total encounters due to cancellations enroute or SCRT being unable to locate the subject of the call.
SCRT encounters	12,581	28.85	
Engaged encounters	8,969	20.57	
Transport to hospital	2,278	5.32	
Transport to alternative destination	1,849	4.40	
Remaining in community	4,834	11.08	
Involuntary hold	428	1.62	
Requests for SFPD back up	187	1.24	
Average Response Time	16.08 minutes		

The city also tracks SORT's performance. Table 2 reports that SORT engaged with nearly 200 clients in May 2023, most of which had overdosed. Nine of those clients were given buprenorphine, 88 accepted harm reduction supplies, and 71 engaged in follow-up with the Post-Overdose Exposure Team.

**Table 2: Key Performance Indicators for SORT**

	May 2023	Cumulative	
Calls handled by SORT	182	3,169	Note: Cumulative counts are on data since the pilot launched on August 2, 2021, through May 31, 2023.
Calls including an overdose	111	1,774	
Calls that include buprenorphine starts	9	118	
Clients who accepted harm reduction supplies	88	1,391	
Successful follow-up by Post-Overdose Exposure Team (POST)	71	1,364	

### Programs Aimed at Homelessness

In May 2023, San Francisco established another response team called the Homeless Engagement Assistance Response Team (HEART). This team, which was implemented after the Policing Project’s data collection efforts ended, is a community-based team consisting of individuals employed by the non-profit group Urban Alchemy. HEART responds to calls from the public involving low-acuity, non-medical issues related to homelessness. The team is dispatched through one specific dispatch position inside the city’s 911 center that handles both 911 and 311 calls related to issues of homelessness. An official with the Mayor’s Office explained the type of scenario that HEART might be an appropriate response for: “Let’s say a small business owner is like, ‘Hey, look. There’s this guy that’s set up in front of my business and he’s yelling at everybody. He’s not violent. I’m not afraid of him, but he won’t leave. Can someone come out and help me negotiate a peace with this guy?’” The addition of HEART is intended to free up SCRT to respond to higher acuity calls with a medical component.

Another component of San Francisco’s response repertoire is its Healthy Streets Operation Center (HSOC). This team also focuses its efforts on issues of homelessness. The team does not respond in real time to 911 calls, but its work is shaped in part by 911 and 311 calls. This program has existed in different forms over the years; currently it consists of members of the San Francisco Police Department, Department of Public Works (DPW), Department of Public Health (DPH), Department of Homelessness and Supportive Housing (HSH), Homeless Outreach Team (HOT), Department of Emergency Management (911), and 311. Team members attend “resolutions,” during which members of the team appear at various locations throughout the city with the goal of moving unhoused residents and their belongings off city streets and, ideally, into stable shelter. Shelter transports and supportive housing referrals are supposed to be provided during these events by non-police members of HSH and HOT.

In its current form, HSOC targets two locations per day (one in the morning and one in the afternoon). Based on our observational work, the HSOC locations are selected in the following

way. A dispatcher inside the Department of Emergency Management (911 center) oversees all homelessness-related complaints from the 911 and 311 system, which is no small undertaking. For example, during our three-hour HSOC dispatch observation, 140 of the 162 pending calls for the SFPD were homelessness-related (not including all the 311 complaints). In addition to 911 and 311 phone complaints, the dispatcher also reviews photos of tents and encampments that residents upload to 311. According to someone who is part of the decision-making process, the dispatcher considers several factors when selecting locations. They include: Is this a tourist destination? How many tents are there? How dirty is the location? How many complaints have been made?

Organizations advocating for the rights of unhoused individuals, such as the Coalition on Homelessness (COH), have been critical of HSOC's "resolution" days as abusive homeless sweeps and have sued the city and county of San Francisco over its practices. There is an ongoing controversy between organizations advocating for people experiencing homelessness and the city over the city's compliance with a court injunction related to its enforcement of laws prohibiting sitting, sleeping, lying, and/or camping in public.

## Challenges to Transforming First Response

The municipal officials and frontline workers we spoke with were enthusiastic about efforts to diversify the city's alternative response portfolio. Respondents from all corners of government agreed that the introduction of alternative response teams was a step in the right direction for the city and its residents. None of our respondents voiced concerns with the abstract idea of shifting calls related to behavioral health, homelessness, or substance use away from the police and towards responders like SCRT and SORT when it was safe to do so. Many, however, described practical challenges with moving away from police response. Below we present both those challenges and the city's ongoing responses to those challenges.

### Deciding Which Responder to Send

For a call to receive an alternative response, call takers and dispatchers inside the Department of Emergency Management first must deem it eligible for SCRT, SORT, or SWRT (which was still operational at the time of our study). Call takers use automated computerized protocols, referred to as Emergency Medical Dispatch (EMD), with standardized, scripted questions to guide their inquiries and determine call eligibility. Traditionally, call takers only used this type of automated protocol if a caller was reporting a medical or fire emergency, as opposed to something that would call for police response, but because SCRT, SORT, and SWRT are dispatched through the fire and medical side of 911, call takers must use the automated protocols for wellbeing and behavioral health related calls as well.

City leaders described their decision to locate dispatching authority of alternative response under the fire and medical side of 911. During the pilot phase of the program, this authority



initially was given to police dispatchers who were instructed to send a police car along with SCRT in case of incident escalation. As the city reviewed performance data and found that police rarely were needed during these incidents, city leaders relocated dispatching authority of alternative responders to fire and medical as it better aligned with the program goal to reduce unnecessary police contact with the public. Moving dispatching authority in this way also streamlined the dispatching process. Before, dispatchers had to use both police and EMD dispatching software systems to process the same call. Now, dispatchers use only the EMD system. Call takers' use of the EMD system for SCRT is the result of policy decisions made by the Local Emergency Medical Services Authority (EMSA), a regulatory body that oversees medical resources for San Francisco.<sup>24</sup>

### **Benefits and Challenges of Using EMD to Decide Which Responder to Send**

There is some disagreement among city leaders and dispatchers regarding the utility of the EMD protocols. City leaders generally viewed EMD software as an excellent tool for processing medical and fire emergencies, as the software provides call takers with clear scripts to follow and protects from liability, so long as dispatchers follow it properly. Frontline workers and leaders were less certain of how well this technology responded to more ambiguous behavioral health and wellness calls. As one call taker explained, because very few calls pertaining to behavioral health come from actual clinicians, “[t]rying to assess someone’s mental health status by a third-party person who may not even have any mental health background is really difficult.” A city leader agreed that calls from passersby create challenges for EMD: “It is challenging for a third party and that tends to be a lot of the calls about street crisis. It’s a passerby that calls, a passerby who doesn’t want to be directly involved in asking the person questions. That’s a challenge with EMD because EMD intentionally will treat ‘unknown’ more cautiously and send a higher level of response.” In other words, once a call taker responds “unknown” to questions in the EMD, the protocol technology shunts incidents to sending an ambulance.

For many call takers, the fact that the software defaults toward sending an ambulance when confronted with unknowns is a problem because they are concerned about tying up ambulances unnecessarily, in case a true life-or-death emergency comes into the center. Some call takers believe there are fewer ambulances available to respond to true medical emergencies since the implementation of SCRT. According to SFFD, however, the implementation of SCRT did not affect the number of medics in the city. In fact, the department intentionally over-hired medics leading up to the implementation of SCRT, so that when some were selected for SCRT, the city still would have a sufficient number for pure medical emergencies. It’s possible that during the interval of over-hiring, those inside dispatch grew accustomed to having more medics available to respond to medical emergencies so that any changes (even back to normal levels) felt acute.

The city has undertaken efforts to improve some of the most serious issues with the EMD software. One serious challenge with the behavioral health protocol is that it forces call

takers to ask whether the subject of a call is “responding normally.” Call takers must check “yes,” “no,” or “unknown.” Asking if someone is responding “normally” makes little sense in the context of a behavioral health crisis, and yet if a call taker responds “no” or “unknown,” the protocol will send the call to an ambulance rather than an alternative responder, which strains an already stressed medical response system. In response to this problem, 911 leaders in San Francisco have collaborated with the makers of their EMD software to create a test protocol that adds a follow-up question to this prompt. The follow-up question reads, “Is the person talking, standing, or sitting up on their own?” This is intended to give the caller more clarity about what the organization deems “normal” behavior. The protocol now only requires sending the call to a medical response if the caller responds “no” to this follow-up question. Despite these additional efforts, however, many call takers still struggle with this line of questioning.

The protocol’s underlying mechanisms redirect calls from alternative response teams to medical responses in other situations as well, which can lead call takers to avoid mobilizing SCRT at all. Multiple call takers expressed the following concern with the underlying protocol mechanics: if they assign a call to SCRT but SCRT does not arrive to the scene of the incident within thirty minutes, then the software automatically sends the call to an ambulance. We observed this happen inside dispatch. A call taker answered a call from a business owner reporting an unhoused male lying on a bench curled up in a towel. The caller said that the man “doesn’t need a medic, he needs a shelter.” The call taker started entering the call for a police dispatch even though she told our observer that it was a better fit for the Street Wellness Response Team. Her logic was that because there were only two SWRT vans on duty, she didn’t want to risk them being busy and the call going to a medic: “The person just said he doesn’t need a medic, then it doesn’t really make sense to have wasted a medic resource on that call.” This call taker felt pressure to conserve ambulances in case a true life-or-death emergency came into the center. Presumably, the city’s new low-acuity, non-medical HEART response unit would be able to respond to this type of call without tying up medical resources.

Some challenges call takers face are more difficult to solve. For example, some callers intentionally exaggerate the truth to influence the type of response they receive—or hope to receive—from the dispatch center. One call taker recounted a recent incident highlighting this issue. This call taker had answered a 911 call from a woman who was “livid because there was a homeless man sleeping in front of her stairs.” When the call taker explained that she would send someone out there but that the police had to handle all the emergencies first, the caller attempted to reframe her problem as an emergency: “Well, this is an emergency. I’m barricaded in my house.” The caller then demanded to speak to a supervisor and told the supervisor that she thought the man outside her door was dead. As a result, the caller triggered a “whole 911 medical response, a truck, an engine, all this stuff, for a homeless man that’s sleeping on a lady’s stairs.” This was one of many examples call takers shared of “truth-stretching” among callers.

The EMD software understandably cannot detect truth-stretching callers, but some call takers have shifted their approach to protocol questions in these situations. For example, one call taker explained that for Street Crisis calls, she has stopped asking “what the person is doing” and instead asks “what do you think they need?” By rephrasing this question, she focuses the caller’s attention on the person’s needs rather than their actions. She does this because callers sometimes exaggerate the person’s actions to guarantee a response and unwittingly trigger a police mobilization.

To be sure, this approach of asking about needs does not always work, as callers may not be willing or able to know what a person needs. Sometimes a caller is not in a position to gather additional information because they are just driving by and unable to talk to the person in need. Other times a caller simply is unwilling to engage in any follow-up. A call taker described this, “We need to get a little bit further and kind of like evaluate but the citizens are so tired and they’re so overwhelmed with what they see and being frustrated with like the circumstances in their city and everything that they’re not interested in staying on the line and answering all of these specific questions.” The call taker went on to explain that this frustration can result in callers getting upset if they do not receive a police response; they will “often get pissed if they don’t see a uniformed police officer go out there because in their mind that is what they equate to action being taken.”

Call takers also expressed issues with protocol questions about “safety risks,” such as the presence of weapons or violence, because answers to such questions are not always as cut-and-dried as the protocol expects. The presence of safety risks is a key determinant in guiding the type of response a call receives. Yet expecting callers to assess the situation accurately and relay the information to call takers is not always realistic. Part of the reason is because clear definitions about safety risks are lacking beyond the most extreme cases (e.g., person holding a gun, person brandishing a knife). As one call taker rhetorically asked, “What is the standard for violence?” Call takers repeatedly made the point that whether a person yelling, throwing trash, or holding a stick constitutes a “safety risk” is subjective. One such call taker explained the subtleties of the violence inquiry.

This was one of the concerns that I had before we initiated this, were people adept enough at really assessing who is truly dangerous...Obviously, if somebody has any sort of weapon and they seem violent, then we’re not gonna send Street Crisis. But that doesn’t mean yelling and screaming, that doesn’t mean having a stick. As long as they’re not brandishing it. So, it can be really subtle.

Some call takers choose to ask a series of clarifying questions before entering responses into the protocol, such as, “How is the person being violent?” “What are they doing?” “Are they yelling at another person or to themselves?” “What are they yelling?” “What are their movements like?” However, they often are met with irritation by callers who reply, “just send someone.”

In response to the challenges many 911 call takers described regarding the difficulty detecting safety risks, leaders with SFFD expressed that SCRT team members are trained to screen the calls they receive for the presence of weapons and violence and are taught emergency safety operations, including use of the radio and self-defense, and they can end the encounter at any time if they feel unsafe. SFFD's point is a fair one, but it does not seem to be relieving the burden call takers described experiencing.

### Defaulting to Sending the Police Due to Pressures

Engaging in additional lines of inquiry to ensure a call is appropriate for SCRT or SORT can take extra time and effort from 911 call takers, who already are stretched thin. At the San Francisco 911 center, like others throughout the U.S., staffing is a serious problem. During our study, this center was down about 25 percent of its workforce, and many employees were forced to work mandatory overtime, with some working six 16-hour shifts in a row. A call taker complained that on top of her mandatory overtime she constantly received texts from the department asking her to work voluntary overtime. Staffing was so dire that sometimes she "sold her lunch," meaning she worked through her thirty-minute lunch break on a twelve-hour shift in exchange for additional overtime pay from the department. Another call taker explained working in dispatch like being on "a really beat up boat that you're constantly having to spackle and get the water out 'cause it's sinking. Like we're never getting ahead. We're always just struggling to stay barely afloat."

San Francisco's staffing struggles reflect broader national trends among emergency communications centers. A 2023 survey of 841 Emergency Communications Center personnel across North America found that 82 percent of respondents reported their facility was understaffed, 75 percent of respondents reported feeling burnout, and 56 percent experienced work-related anxiety.<sup>25</sup> Another study by 911.gov found that out of 774 Emergency Communications Centers surveyed, roughly one in five had a vacancy rate ranging from 30 percent to 49 percent.<sup>26</sup> San Francisco is not alone in its staffing struggles.

It can take time and effort to assess whether a call is appropriate for one of San Francisco's new responses, but the working conditions are not always conducive to this process. This call taker put it best:

"There's never any discouraging of employees of asking questions and seeking clarification and everything, but I feel like oftentimes like there might be pressure from the dispatchers themselves with all of these calls pending and all of these calls hanging and the bell ringing and everything ... We know the requirement to send the police. You know what I mean? We know what to do when to send the police. So, when shit gets hectic, things go left, if it's somebody who doesn't necessarily feel comfortable with it, they just revert back to, 'Well, we're gonna send the police on this. 'Cause I'm not sure, could it be street crisis?'"

Call takers send police not only because of time pressures within 911, but also because they think certain calls will be handled more promptly—especially calls about encampments. Calls about encampments typically do not receive a SCRT or SORT response, but instead are directed to the HSOC dispatcher for future resolution. This means encampment complaints can pend for months before action is taken. In response, one call taker told us that she gets creative and codes encampment calls as trespasses or other things because “the second it gets coded as a homeless complaint, then it gets moved off of the board that is actively being dispatched.” Given that call takers and dispatchers usually are trying to clear their active boards, not add to them, we asked why she does this. This was her response:

“When you get the citizens who are just fed up, they are fit to be tied, they’re pissed, they’re upset, they’re unhappy and we’re kind of in the situation where we keep telling them, ‘Yeah, you know, the call is pending for service.’ And they’re like, ‘But I have to try to get my kid out the front door to school every day and I can’t because there’s this encampment on the sidewalk blocking the front of my house’ or, you know, ‘I have to climb over the multiple piles of garbage and stolen bicycles and human feces that are all over my sidewalk just to get my kid out to the car every day’ [then] the dispatchers try to get creative in order to try to help those people.”

Upon further probing, we learned that beyond wanting to help callers out, call takers engaged in this call recoding exercise to feel some sense of control over the homelessness crisis: “At least you feel like you’ve done something other than just dump it into a pile, the abyss, that will eventually maybe someday get handled.”

### Knowing Who Does What at the Scene of an Incident

Program implementation challenges are found not only in dispatch; they play out on the street as well. For one, patrol officers did not always fully understand when it was appropriate for them to request or redirect incidents to SCRT. To the frustration of dispatchers, officers sometimes request SCRT to calls about suicidal subjects or juveniles, which fall outside the scope of SCRT’s mandate. In addition, officers sometimes try to redirect calls with weapons to Street Crisis and dispatch would have to explain over the radio, “Uh, no. It’s yours because there’s a weapon. You need to go.” One alternative responder framed the problem like this: “All the bigwigs know about these programs, but actual frontline workers don’t know a lot about it.”

Patrol officers were quick to admit that they had limited knowledge about the new street teams and wished they had received more training about what street teams are able to do at the scene of an incident. When SCRT first began, the program conducted police station visits and attended line-ups to provide information and answer questions from officers. However, many officers learned about the new programs through an email bulletin or heard about it from their supervisors during roll call. One officer remembered his



lieutenant explaining SCRT during roll call like this: “Not sure what they’re supposed to do but there’s this new team there.” This officer joked that he knew more about SCRT from reading the newspaper than from the department. Officers had even less knowledge of SWRT. One exclaimed, “All of a sudden one day we see the Wellness Response (SWRT). I’m like, ‘What the hell is that?’” Another, during our patrol ride-along, requested an ambulance to give a blanket to a man sleeping outside. When asked by our observer why he didn’t request SWRT (as this is within their scope of service), he replied, “I’ve never heard of SWRT.”<sup>27</sup> According to SFFD leadership, the program plans to participate in police academy training in the future to help address knowledge gaps, which seems critical to resolving confusion on the street.

These gaps in training about the function, role, and scope of the alternative response programs led, on occasion, to frustration and disappointment among officers and alternative responders both. In the initial pilot phase of SCRT, the team responded to low-acuity calls on the street. They could not respond to calls from inside residences or businesses or calls from the outer edges of the city for reasons of responder safety and resource constraints. Some alternative responders initially worried that officers thought they were ineffective because they repeatedly had to refuse calls for service from dispatch and officers that fell outside their scope of service. And some officers felt frustrated because they still were responding to calls about behavioral health and homelessness that they were told the new program would handle. One officer shared her thoughts upon learning about the program, “great, we won’t have to take any more homelessness related mental health crisis calls,” and then her waning enthusiasm as she had to keep responding to those types of calls. As the program ramped up, the rules eased and SCRT’s scope expanded to include mid-priority calls both inside and outside, and in all parts of, the city, as long as there was no threat of weapons or violence.

Some of the confusion among police officers may stem from a lack of clarity on how the alternative response teams operate in the field. One officer described her frustration when she sought SCRT’s help with the following incident:

A restaurant manager in a tourism district called 911 because a woman had locked herself in a single-stall bathroom and was refusing to leave. Police were dispatched to the restaurant. The primary officer opened the bathroom door and found a woman sitting on the toilet seat yelling “Get the F out of here.” The officer decided to request SCRT because the woman possibly was in crisis and the officer did not want to forcibly remove the woman from the toilet in front of a full restaurant (in part because it would require her to fill out a use of force report)<sup>28</sup> SCRT arrived about thirty minutes later. From the officer’s perspective, the clinician and medic were completely ineffectual. The clinician was afraid to go inside the bathroom because the woman was partially naked, did not speak loudly enough for the woman to hear him through the door, and quickly gave up when the woman started yelling at him, “Get the fuck out of here, you stupid bitch.” The medic said he could not do anything because the woman was not injured and did not meet the criteria for a 5150 hold. Eventually, the officer turned to the peer specialist and asked what he could do. He grabbed some snacks from the van, went to the bathroom door, and said, “Sister, I’m here for you. I got some food. I can get

you out of here and get you to the safe place. Can you pull your pants up?” In response, she pulled her pants up, exited the bathrooms, and ate the snacks.

This incident highlights the promise and difficulties of street response. Note how quickly the peer resolved the issues. And despite the officer being pleased with the ultimate outcome, she was disappointed by the process; she could not figure out why each team member was not proactively trying to help. During their lengthy encounter, she complained to SCRT: “Are you kidding me? What is each of your roles? Why do I have to ask you what purpose each of you have? What is it? You’re a paramedic, he’s the mental health guy, you’re the community guy, and I’m law enforcement. We all know what I’m supposed to go do. What are you guys going to do? Take a turn.” Her disappointment was driven in part by what she saw as the department’s opaqueness around each team member’s function.

Leaders with SFFD had an opportunity to weigh in on this incident and shared a very different perspective. In their view, the team’s approach was entirely appropriate to avoid escalation, as it can escalate the situation to have all three members approach the person in crisis at the same time. A leader with SFFD shared the following mantra: “One person, one voice, to avoid escalating or confusing the individual.” This difference in police and fire perspectives further indicates the need for greater communication across response entities to clarify team member roles and functions.

### Communicating Realistic Program Goals

Notwithstanding the challenges described above, SCRT and SORT are active throughout San Francisco. Between June 22, 2022, and August 31, 2023, they’ve responded to over 12,000 calls. That’s 12,000 encounters in which the need for police, and the potential for force or law enforcement, was avoided. And residents seem to be getting used to the new responders. During our ride-alongs, multiple individuals approached the vans to ask for granola bars and blankets.<sup>29</sup> After receiving a blanket, one man turned and yelled “y’all are awesome.” Another man gave the van a big wave while he was walking down the street.

Despite these successes, however, some respondents (and callers they described to us) seem to be hoping that the alternative response actually would solve the underlying social ills to which teams like SCRT respond.

Some respondents expressed frustration that sending SCRT resulted only in temporary resolution of an issue. A patrol officer shared that he liked to call SCRT because he thinks “they’re good people and they’re good at talking to folks,” but, ultimately, they didn’t make his job any easier because “the person ends up back on the street or never gets off the street and their problem doesn’t really get solved. They get some snacks, they get some blankets, and then they’re kind of sent on their way.” A 911 call taker said callers felt similarly: “They’ll tell me, ‘Oh, the Street Crisis Team was here two days ago, and [the person is] back on the

streets.' They go back to the exact same place that they were before. So, it's great that they're helping them for the two days but they're right back where they started from." And another inside dispatch described the situation this way: "Sometimes they just move down the block and now you have them setting up a tent just maybe one or two blocks further." City officials highlighted that data from the city tell a slightly different story, as roughly one-third of SCRT's encounters with the public end in a transport to some kind of facility. It's unclear whether these transports have lasting impacts.

The problem here may transcend alternative response, which by itself cannot solve social ills, consistent with the program's goals. As the Mayor's Office explained, "The policy objective was to minimize police contact with individuals in crisis and provide more effective responses to individuals in behavioral health crises."

The underlying difficulty is that frontline workers feel stuck in an impossible situation. A patrol officer vented that in the neighborhood he patrols, "they get on us for not getting rid of the homeless so to speak," and he must explain to residents "hey, they have a right to be here just as much as you do. I can't just kick these people out and whatnot." A 911 call taker described the problem with the public in a similar way:

"People think that you can just lock people up or take them away to mental institutions...but people have constitutional protections that maybe that's how they want to live, out on the street, and maybe that bothers some of the citizens in the city. I can definitely understand if you buy your \$1.5 million home and now there's this homeless dude living right in front of your house on the sidewalk, but unfortunately, they can't be moved due to a constitutional amendment saying that if we don't have shelter space at the time, we can't take people off the sidewalk, as long as they're not impeding traffic.<sup>30</sup>... They just want the problem fixed, and they can't see why you just literally can't pack up this person and take them somewhere else."

911 call takers and dispatchers bear the brunt of the burden when residents feel their problems are not being solved. Multiple call takers broke into tears during our interviews when describing how hopeless they felt over the volume of homelessness complaints they receive. One lamented that "the level of those calls is extraordinary... The call sits for days, and the citizens are so upset because they feel like they keep calling and nothing is happening. So now we become this kind of pawn in the middle of this disaster."

Some respondents, though, saw alternative response efforts as a way station toward lasting solutions. One medic thought clients initially rejected services because they had been "so let down by the system before," but after multiple positive interactions with street crisis,

---

"The policy objective was to minimize police contact with individuals in crisis and provide more effective responses to individuals in behavioral health crises."

folks started to “warm up, build rapport, build trust, and get more people connected.” He took a longer view of the city’s efforts to get people connected to service. In his perspective, handing out snacks and blankets, which some frontline workers saw as “doing nothing,” was foundational to later service connections. He warned that the city’s efforts needed to be holistic because “one shitty nurse can ruin it all,” meaning that if the client had a poor experience at the next stage in the service chain then it would erode any trust street crisis team had built.

Despite the extremely important, but nonetheless limited, objectives of alternative response, the Mayor’s Office recognizes the profound desire in the community for a silver bullet solution to social ills. They are working to communicate more clearly the stated goals and objectives of the alternative response programs to set reasonable public expectations. Our research suggests that frontline workers would benefit from these efforts as well.

## CONCLUSION & RECOMMENDATIONS

The City of San Francisco has invested significant resources in developing innovative alternative response programs that seek to serve the needs of community members. Frontline workers agree that the city's approach to developing alternatives to traditional police response is a step in the right direction; however, they have experienced challenges that have tempered their expectations about the potential for these programs to relieve pressure on the 911 system. It is clear from the foregoing that front line workers are frustrated with the volume of calls around social problems—frustration that also is evident from callers who call 911 in the first place. The city is acutely aware of the problems it faces—though many of these are not simply operational and are not easily solved (e.g., staffing shortages inside dispatch, call makers not willing to engage over the phone). Below we offer those suggestions we have that build upon San Francisco's efforts.

### Helping Decide Which Responder to Send

As we explained above, call takers and dispatchers in San Francisco use Emergency Medical Dispatch (EMD) software to determine which type of responder to send out. As is evident from our research, this technology has benefits, but it plainly has its flaws. San Francisco is collaborating with ProQA—the provider of their EMD software—to make some modifications to the behavioral health call-taking script. Yet it is apparent from our interviews that ProQA continues to pose limitations when it comes to alternative response. We encourage San Francisco 911 to continue communicating with ProQA to amend the behavioral health protocol as issues arise. We also recommend regular feedback mechanisms (e.g., meetings, emails, surveys, focus groups) for call takers and dispatchers, so that the city can assess the effectiveness of these, and future, protocol modifications. The call takers quite clearly are facing challenges and using innovative workarounds; their experiences and informal problem-solving strategies should be part of an iterative process of improving the protocols themselves. If after multiple iterations the protocol still creates serious challenges, we would suggest San Francisco consider using less rigid protocols for behavioral health calls, even if it means using a different vendor or developing its own.

Related, it is clear that some callers are reluctant to spend the time or provide the information call takers require to send the right response. City leaders are trying to address this problem with a new public awareness campaign. Launched in September 2023, the Okay to Call campaign informs callers about the call-making process. Materials instruct callers about when to call 911 versus 311, what questions they should be prepared to answer, and the types of responder services available. We applaud the city on its efforts to alert the public—prior to calling 911—about the call-taking process when reporting a street crisis related concern and the import of answering safety-risk questions. Although outside the time frame of our study, we are eager to know the extent to which this sort of education campaign succeeds in reducing the gap between what information 911 callers are able to provide and what 911 call takers and dispatchers require to make sound decisions. The challenges of bystander 911 calls are not unique to San Francisco. This campaign, and what the city learns about its effectiveness, is an important step in tackling this problem both in the city and nationwide.

Morale is low inside dispatch. Staffing shortages and staff fatigue are acute. Worker burnout is troubling for a host of reasons, not least of which because it can lead call takers to forgo triaging calls for alternative response, as it takes less time and effort simply to send the police. The city already is aware of the staffing issues, and we understand how these problems can feel intractable. The city obviously should continue in its hiring efforts, which may require greater resources to attract and retain frontline workers. In the meantime, we recommend that 911 leaders attend to morale in other ways. For example, research suggests that sharing weekly storytelling emails among 911 call takers about successes they experienced during the week can reduce burnout and resignations.<sup>31</sup> In addition, having SCRT and SORT share back their success to the call takers who handled their calls (over email or CAD messaging) could further boost morale and clarify the benefits of the program to those inside dispatch. San Francisco has built a notable infrastructure; bringing together those who are making it work might compensate for the challenges as they share their victories and difficulties.

### Clarifying for Responders and the Public Who Does What at the Scene of an Incident

The scope, function, and role of SCRT and SORT need to be clarified further and explained clearly to first responders, especially patrol officers. Because patrol officers can mobilize alternative responders to the scene of an incident, it is important that they understand when it is and is not appropriate to do so. It also is important that all present at an incident know what each team is supposed to be doing, and who on the team performs that role. We recommend that patrol officers receive additional training that covers specific situations in which SCRT and SORT should (and should not) be mobilized to avoid confusion. We recommend in-person, simulation-based training exercises in which alternative responders and patrol officers collaborate to solve problems together. Due to efficiency concerns, it may not be possible to cycle all first responders through this type of training, but even if some from each shift and district enrolled, they could share back their experiences with colleagues.

### Clarify that San Francisco Is Not Trying to Solve Systemic Issues With Individual-Level Response

San Francisco's alternative response portfolio is active and attracting enthusiasm among frontline workers. It is being used by city residents. However, we sense a mismatch between what San Francisco's innovative first response program was designed to do and the expectations of some residents and frontline workers about what it could. Leaders in the Mayor's Office clearly articulated the policy objective of these programs to us—to minimize police contact with individuals in crisis and provide meaningful help to those individuals. Yet, from our conversations, some (if not many) seem to believe the innovation around first response will in some way relieve the burden on the 911 system by solving complex social issues. To strengthen the city's efforts, we recommend setting clearer expectations about the potential and limits of alternative response and investing more heavily in downstream services.



Based on what first responders are hearing over the phone and on the street, there seems to be an unrealistic expectation among a segment of the population that alternative responders can and will force people off the street into shelters, psychiatric facilities, or other care settings. We recommend the city set clearer expectations about the limits of alternative response so that residents understand the likely outcomes from these interactions. The city is aware it needs to keep investing in longer-term structural solutions like affordable housing, supportive housing, rehabilitation facilities, and job training and placement programs to prevent future street crisis calls.

### Consider Creating a System of Holistic Response

In addition to the traditional police, fire, and ambulance services, San Francisco has a variety of alternative street-level responders (e.g., community paramedics, SCRT, SORT, HEART, community ambassadors, urban alchemy representatives). In our conversations with public officials, it is clear they are thinking of developing yet additional means of alternative response to address issues ranging from streamlined crime reporting to reducing community violence to addressing hate crimes. Examples of contemplated or developing initiatives include creating a community liaison unit within SFPD to address racially- and ethnically-fueled hate incidents, building street safety groups with formerly justice-involved individuals and life coaches to prevent violence, supporting the Safe Passages program in which a community member serves as a pedestrian safety escort for children and the elderly in the Tenderloin neighborhood, and expanding the function of non-sworn police service aids to take reports and meet with victims of low-level crimes. This consistent innovation is to be applauded. San Francisco has done as much as any city we have examined to promote alternatives to police response in as many situations as possible. This work is invaluable as we look to the future of alternative response.

As the city expands into these other areas of alternative response, it will have an opportunity to consider taking a more holistic approach. As we have seen, having multiple specialized programs can cause confusion and complexity. The city should consider proactively addressing fragmentation. One way to do this is to build out a cadre of unarmed responders who are trained in a wider range of areas and can respond to a broader set of 911 calls.

## Endnotes

<sup>1</sup>For example, see monthly statistics on San Francisco's Street Crisis Response Team here: Street Crisis Response Team | San Francisco. (2023). <https://sf.gov/street-crisis-response-team>

<sup>2</sup>Purposive sampling often is defined as the "intentional selection of informants based on their ability to elucidate a specific theme, concept, or phenomenon." For more details, see Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative research in psychology*, 11(1), 25–41.

<sup>3</sup>We also spoke with and observed one call taker at the city's 311 center. We did not conduct further interviews there once we learned that 311 does not directly dispatch SCRT or SORT.

<sup>4</sup>Qualitative interviews are a powerful tool to learn about respondents' "experiences, accounts, motivations, aspirations, and efforts to make meaning" in a particular social context. Gerson, K., & Damaske, S. (2020). *The science and art of interviewing*. Oxford University Press. Interview data were critical to our study because we sought to understand how municipal actors made sense of the motivations and practices around first response. Interviews were semi-structured, meaning we used an IRB-approved interview protocol to guide our inquiries, but also engaged in careful listening and deep probing to maximize learning from our respondents' unique experiences. Each virtual and in-person interview lasted approximately one hour. All interviews were recorded and transcribed by an online transcription service ([Rev.com](https://www.rev.com)).

<sup>5</sup>Participant observation's emphasis on meaning-making and interaction is particularly well-suited for studying how municipal actors in San Francisco reacted to, came to understand, and implemented organizational changes; see Becker, H., & Geer, B. (1957). Participant observation and interviewing: A comparison. *Human organization*, 16(3), 28–32. Our decision to observe police, alternative responders, community ambassadors, and 911 operators contributes to a strong participant observation methodological tradition in criminology; see American Bar Foundation (1956–57). *The Administration of Criminal Justice in the United States*, Study Records. Wisconsin Historical Society Archives. | Bittner, E. (1990). *Aspects of police work* (p. 30). Boston: Northeastern University Press. | Brown, M. K. (1981). *Working the street: Police discretion and the dilemmas of reform*. Russell Sage Foundation. | LaFave, W. R., & Remington, F. J. (1965). *Arrest: The decision to take a suspect into custody* (p. 386). Boston: Little, Brown. | Moskos, P. (2008). *Cop in the hood: My year policing Baltimore's eastern district*. Princeton University Press. | Wilson, J. Q. (1978). *Varieties of Police Behavior: The Management of Law and Order in Eight Communities*. (Cambridge, MA: Harvard University Press.) Our participant observers made jottings in field notebooks and then dictated voice memos at the end of each day to capture the various activities and interactions they witnessed. Voice memos were transcribed using a transcription service ([Rev.com](https://www.rev.com)).

<sup>6</sup>Per San Francisco's Department of Public Health involuntary detention manual, "Officers may detain an individual for psychiatric evaluation pursuant to Section 5150 of the Welfare and Institutions Code only when the officer believes that, as a result of mental illness, an individual is: 1. A danger to himself/herself, or 2. A danger to others, or 3. Gravely disabled, meaning the individual is unable to care for himself/herself and has no reliable source of food, shelter or clothing." Available: [https://www.sfdph.org/dph/files/CBHSdocs/Involuntary\\_Detention\\_Manual\\_April2020.pdf](https://www.sfdph.org/dph/files/CBHSdocs/Involuntary_Detention_Manual_April2020.pdf)

<sup>7</sup>Ho, V. (2015). Police make slow progress in confronting mentally ill. *San Francisco Chronicle*. <https://www.sfchronicle.com/bayarea/article/Police-and-the-mentally-ill-seeking-better-ways-6710369.php>

<sup>8</sup>This reflects findings from Chris Herring's work on burden shuffling, in which police move unhoused persons from one location to another in response to 911 calls. Read more here: Herring, C. (2019). Complaint-oriented policing: Regulating homelessness in public space. *American Sociological Review*, 84(5), 769–800.

<sup>9</sup> Note that SFPD clearance rates in the first half of 2023 (1/1/2023–7/1/2023) were 20.6% for robbery, 35.9% for assault, 11.4% for burglary, 6.3% for motor vehicle theft, and 3.3% for larceny theft. Data dashboard available here: Clearance rates dashboard. (2020). San Francisco Police Department.

<https://www.sanfranciscopolice.org/stay-safe/crime-data/clearance-rates-dashboard>

<sup>10</sup> As of April 2023, SFPD was short 562 sworn officers, or about 25 percent of its workforce. New police contract agreement approved to support city's long-term police staffing strategy | San Francisco. (2023). City and County of San Francisco. New police contract agreement approved to support city's long-term police staffing strategy | San Francisco. (n.d.). City and County of San Francisco.

<https://www.sf.gov/news/new-police-contract-agreement-approved-support-citys-long-term-police-staffing-strategy>

<sup>11</sup> This report does not include an exhaustive list of all programs run through the city of San Francisco or local non-profits, but rather includes the programs that respondents thought were critical to alternative response and, thus, brought up during our interviews and observations.

<sup>12</sup> More information about community paramedicine in California can be found here:

[https://ems.ca.gov/wp-content/uploads/sites/71/2017/07/CP-CommunityParamedicineConceptSheets\\_v3.pdf](https://ems.ca.gov/wp-content/uploads/sites/71/2017/07/CP-CommunityParamedicineConceptSheets_v3.pdf)

<sup>13</sup> Community Ambassadors Program | San Francisco. (2023). <https://sf.gov/information/community-ambassadors-program>

<sup>14</sup> New expansion of SFPD community ambassadors deployed to neighborhood merchant corridors | San Francisco. (2023). <https://www.sf.gov/news/new-expansion-sfpd-community-ambassadors-deployed-neighborhood-merchant-corridors>

<sup>15</sup> Alchemy, U. (2023). Urban Alchemy. <https://urban-alchemy.us>

<sup>16</sup> See for example: <https://www.sfchronicle.com/opinion/article/sf-street-crisis-response-17804151.php> or <https://indivisiblesf.org/call-scripts/2023/6/20/mayor-bos-keep-clinicians-on-street-crisis-response-teams>

<sup>17</sup> See <https://www.sf.gov/information/street-response-teams#:~:text=SCRT%20units%20are%20staffed%20with,a%20core%20part%20of%20SCRT>

<sup>18</sup> Mental Health San Francisco Implementation Working Group. (2023). IWG Resolutions. <https://sf.gov/sites/default/files/2023-04/IWG%20Resolutions%20%28General%20and%20SCRT%29%20April%202023.pdf>. In April, the portion of the resolution pertaining to SCRT composition did not pass a temperature check. However, it did in September 2023: "Co-Facilitator McDonnell held a temperature check to check readiness to vote on the 2 SCRT resolutions. The temperature check passed." <https://www.sf.gov/sites/default/files/2023-10/MHSF%20Meeting%20Minutes%209-26-23%20draft%20%28public%29.pdf>

<sup>19</sup> Mental Health San Francisco Implementation Working Group. (2023). IWG Resolutions. <https://www.sf.gov/sites/default/files/2023-05/IWG%20Resolutions%20%28revised%20May%202023%29%20PDF.pdf>

<sup>20</sup> Data were provided to us directly by the City.

<sup>21</sup> Street Crisis Overdose Team. (2023). Street Overdose Response Team May 2023 Update: Key

Performance Indicators. City and County of San Francisco. <https://sf.gov/sites/default/files/2023-07/SORT%20May%202023%20Dashboard.pdf>

<sup>22</sup> The term “resolutions” was used by the HSOC dispatcher during our sit-along, as well as by members of the HSOC team during our ride-along.

<sup>23</sup> The Coalition on Homelessness describes problems with HSOC’s approach in this 2021 report: <https://www.cohsf.org/behind-the-healthy-street-operation-curtain> | More information on the court filing can be found here: <https://casetext.com/case/coal-on-homelessness-v-city-of-san-francisco-1>

<sup>24</sup> The San Francisco Emergency Medical Services Agency Policy Manual states in Policy 3000 that, “Advanced Medical Priority Dispatch System® (AMPDS) is the designated Emergency Medical Dispatch Priority Reference System authorized for use within the San Francisco EMS system.” See full policy here: [https://sfdem.org/sites/default/files/Documents/ENTIRE%20POLICY%20MANUAL\\_08-01-2016.pdf](https://sfdem.org/sites/default/files/Documents/ENTIRE%20POLICY%20MANUAL_08-01-2016.pdf)

<sup>25</sup> <https://the-pulse-of-9-1-1-2023.carbyne.com/survey-results-2023?submissionGuid=fc9d5138-ab56-4f37-b482-c02e026450d4>

<sup>26</sup> <https://www.911.gov/newsletters/issue-14/survey-more-than-half-of-911-centers-face-staffing-crisis>.

<sup>27</sup> The dispatcher was aware that the officer’s request was appropriate for SWRT and sent SWRT to the scene, despite the officer’s request for an ambulance.

<sup>28</sup> At the time of our study, officers were required to fill out a use of force report if they in any way touched a person. That rule has since been modified.

<sup>29</sup> One man asked the team for food because had not eaten for 1.5 days. Team members shared food site information with him and then gave him granola bars. According to leaders with SFFD, SCRT has hot food aboard the van that they can distribute, as well as transport people to food sources. In this specific case, it may have been an oversight on the part of the team to not engage in these additional activities or a product of them being enroute to another call at the time.

<sup>30</sup> “The call taker may have been referring to the federal court ruling in *Martin v. City of Boise*, 920 F.3d 584, 604 (9th Cir. 2019), which limited the use of criminal enforcement for sleeping in public when shelter space was unavailable. The Supreme Court recently took a different view in *City of Grants Pass v. Johnson*, No. 23-175 (June 28, 2024).”

<sup>31</sup> Cities, W. W. (2020). Reducing 911 dispatcher burnout through behavioral insights. Medium. <https://whatworkscities.medium.com/reducing-911-dispatcher-burnout-through-behavioral-insights-301726b80bce>





Policing Project  
NYU School of Law  
40 Washington Square South  
Suite 302  
New York, NY 10012

---

[info@policingproject.org](mailto:info@policingproject.org)  
[www.policingproject.org](http://www.policingproject.org)  
[legislation@policingproject.org](mailto:legislation@policingproject.org)



Learn more at  
[SafetyReimagined.org](http://SafetyReimagined.org)