

#	DPA Recommendations for DGO 6.14	SEC or p. #	Date Submitted	SFPD response	SFPD explanation	Open/Closed
R1	<b>Update DGO 6.14's introduction to incorporate SFPD's Crisis Intervention Team (CIT) response and goals.</b> DPA suggests that DGO 6.14's introduction be updated to state that SFPD is committed to resolving behavioral health crisis incidents without the use of force, whenever possible, and to refer persons in crisis to community mental health service providers or other resources, as appropriate. The introduction should also state that SFPD used a Crisis Intervention Team (CIT) response which includes a team approach involving CIT trained officers, rapport with the individual in crisis, plan formulation, and de-escalation tactics (including tactical repositioning and creating time, distance and cover), whenever feasible. (See DGO 5.21 The Crisis Intervention Team (CIT) Response to Person In Crisis Calls for Service.)	6.14.02	5/18/20	Recommendation will be modified and included in the draft DGO	The policy statement affirms the Department's commitment to responding in a manner that utilizes communication, crisis intervention, de-escalation, and other techniques before resorting to force. While CIT is not expressly mentioned in the policy statement, CIT is mentioned 19 times throughout the draft DGO. Further, DGO 5.21, The Crisis Intervention Team (CIT) Response to Person in Crisis Calls for Service, is referenced at the end of the draft.	Closed
R2	<b>Update legal standard for an involuntary detention pursuant to Welfare and Institution Code §5150 to include probable cause as required by law.</b> DPA recommends amending the criteria for involuntary detentions to state: Officers may detain an individual for psychiatric evaluation pursuant to Welfare and Institution Code 5150 only when the officer has probable cause to believe that as a result of a mental disorder, the person detained is a danger to themselves, others or is gravely disabled. Probable cause exists under § 5150 if facts are known to the officer that would lead a person of ordinary care and prudence to believe, or to entertain a strong suspicion, that the person detained has a mental disorder and is a danger to himself. A mental disorder might be exhibited if a person's thought processes, as evidenced by words or actions or emotional affect, are bizarre or inappropriate for the circumstances. DPA recommendations based on Bias v. Moynihan (9th Cir.2007) 508 F.3d 1212, 1220; see Heater v. Southwood Psychiatric Center (1996) 42 Cal.App.4th 1068, 1080; People v. Triplett (1983) 144 Cal.App.3d 283 "To justify the detention, the officer must point to 'specific and articulable facts which, taken together with rational inferences from those facts, reasonably warrant his or her belief or suspicion.'" "[a] peace officer ... is not required to make a medical diagnosis of mental disorder. It is sufficient if the officer, as a lay person, can articulate behavioral symptoms of mental disorder .... [G]enerally, mental disorder might be exhibited if a person's thought processes, as evidenced by words or actions or emotional affect, are bizarre or inappropriate for the circumstances.(Triplett at p. 288.)	6.14.03.A and 6.14.03.B	5/18/20	Recommendation will be modified and included in the draft DGO	The draft DGO has incorporated legal standards and definitions that reflect current law and best practices.	Closed
R3	<b>Require DPH Clinician Assistance for 5150 Assessment.</b> DPA suggests that DGO 6.14 be amended to require an officer to consult with DPH clinician (per DPH-SFPD MOU there are DPH clinicians reportedly available 24/7 to SFPD) to assist in the assessment and determine whether a §5150 detention is appropriate.	6.14.04	5/18/20	Recommendation will be modified and included in the draft DGO	The draft DGO outlines in 6.14.04 that members should request responses from other non-law enforcement agencies, including the Department of Public Health. A DPH clinician may not be available at all times or may not be able to respond in a reasonable amount of time. This would likely result in undue delays and/or prolonged detentions. While the draft DGO does not make it a requirement it does advise members to consult with DPH.	Closed
R4	<b>Request Supervisor's Permission and Consultation When Detaining Per 5150.</b> DPA suggests adding to section II A (s) Detain, "officers consult with their supervisor about the appropriateness of a §5150 detention including obtaining DPH mobile crisis support assistance or DPH clinician assistance, appropriate placement, and services." Psychiatric detention involves a significant loss liberty, often involves complex issues and can escalate unexpectedly, and thus supervisor's assistance and authorization can enhance successful outcome.	6.14.04.B	5/18/20	Recommendation will not be included in draft DGO	The draft DGO provides guidance for the most common situations that members are likely to be confronted with in the field. The goal of this order is to equip members with the necessary information to make informed decisions based in law and in line with best practices while allowing for members to utilize their discretion. As is the case with all potential issues members may be met with in the field, members are always encouraged to consult with their supervisor when determining proper courses of action and next steps.	Closed
R5	<b>Consult with Detainee's Case Manager, Therapist or Psychiatrist When Making 5150 Assessment.</b> DPA suggests that for all potential 5150 detentions where the individual has a case manager, therapist or psychiatrist, officers should consult with the mental health professional to assist in determining the appropriateness of the 5150 detention and placement/services. Information from case manager, therapist, psychiatrist or any other source concerning the individual's mental health history is important for making the §5150 assessment, and determining placement and transportation. For example, DORE clinic could be an alternative to Psychiatric Emergency Services, and information from the mental health professional would assist the officer in determining that DORE clinic would be appropriate.	6.14.03.A.2	5/18/20	Recommendation will be modified and included in the draft DGO	During a mental health evaluation it may not be immediately known if a subject has a case manager, therapist or psychiatrist. Furthermore, if a subject has a case manager, therapist, or psychiatrist, this would likely be considered confidential information that a subject may not want to divulge. The draft DGO does recommend for members to consult with third parties, including clinicians, when making a probable cause finding as to whether or not the subject is a danger to themselves, others, or is gravely disabled a a result of a mental health disorder.	Closed

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R6	<b>Incorporate Provision That Enables In Appropriate Cases For A Mental Health Response Instead of Police Response.</b> DPA suggests that SFPD develop a protocol concerning police disengagement that should be incorporated into DGO 6.14 to address calls for service where SFPD respond, determine no threat to others or the public exist (such as a suicide), and that a mental health response such as Mobile Crisis Support should assume responsibility for the call, including the 5150 assessment, determination of services, transportation etc.	6.14.04.A and D	5/18/20	Recommendation will be modified and included in the draft DGO	The draft DGO has included section 6.14.04.A which gives direction to members when contacting a subject that does not meet mental health detention criteria. In this section members are advised to recommend to the subject that they contact a mental health professional. Furthermore, it is advised that members contact DEM to request a response from other non-law enforcement agency resource programs through SFFD or DPH. In section 6.14.04.D members are also reminded to consider DGO 5.24 Disengagement Procedures if continued contact with a subject would result in an undue safety risk to the person, members of the community and/or department members.	Closed
R7	<b>Incorporate Provision That Enables SFPD to Respond With DPD Clinicians To Mental Crisis Calls.</b> DPA suggests that SFPD develop a protocol with the Department of Public Health that enables DPH clinicians to respond with SFPD officers on behavior health crisis calls so that a DPH clinician can provide an assessment, determine appropriate services, and arrange most clinically appropriate transportation as necessary. SFPD-DPH's current MOU provides for DPH clinicians to assist SFPD officers though it does not explicitly provide for DPH clinicians and SFPD officers to respond together to calls for service. Numerous counties such as Los Angeles and Santa Clara have a co-responder model.	6.14.04.E	5/18/20	Recommendation will be modified and included in the draft DGO	In 2020 the City of San Francisco created the Street Crisis Response Team (SCRT), which consists of members from DPH, SFFD, and DEM. SCRT is a non-law enforcement response/approach to those experiencing mental health emergencies. Section 6.14.04.E outlines SFPD's response requirements when called by clinicians or other city agencies (non-law enforcement), which establishes guidelines and procedures for those responses. The SFPD has issued other guidelines for requesting and responding to mental health emergencies with non-law enforcement entities. One goal of this DGO is to encourage members to divert non-criminal calls for service away from the Department to non-law enforcement agencies in an effort to de-criminalize and reduce the stigma associated with mental health disorders.	Closed
R8	<b>Update to include 5150 mandated oral advisement officers must provide before detainees leave their home.</b> California Welfare and Institution Code section 5150 (g)(1) requires that peace officers provide the following admonition: " Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form: My name is _____. I am a _____ (peace officer/mental health professional) with _____ (name of agency). You are not under criminal arrest, but I am taking you for an examination by mental health professionals at _____ (name of facility). You will be told your rights by the mental health staff. For individuals taken into custody in their residence, Section 5150 (g) (2) requires officer to provide the follow information: <b>You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.</b> "	6.14.04.B.1 & 2	5/18/20	Recommendation has been included in draft DGO	In order to align with updated law and policy the SFPD has included this advisement in the draft DGO.	Closed
R9	<b>Document in the Incident Report the Date, Time, Location, Manner and Individual Who Provided the 5150 Admonition.</b> DPA recommends that the detaining officer document in the incident report the date, time, location, manner and individual who provide the 5150 admonition. Note that 5150 (h) requires the designated facility keep a record of the 5150 (g) advisement and thus, to ensure compliance, officers should include this information in the incident report.	6.14.04.B.5 & C.5	5/18/20	Recommendation will be modified and included in the draft DGO	Per department policy, when detaining and transporting a subject to Psychiatric Emergency Services (PES) at Zuckerberg San Francisco General Hospital (ZSFGH) for a mental health evaluation, members are required to complete a mental health evaluation form. That form requires date and time of detention, date of advisement and the name of the member giving the advisement. Members are required to electronically attach a copy of the form to the incident report.	Closed
R10	<b>Transport Detainee in Most Clinically Appropriate Manner:</b> DPA recommends that transporting an individual for a 5150 detention should be done in a manner most clinically appropriate and options should include ambulance, mobile crisis support, unmarked or marked police vehicle. Handcuffing is not appropriate unless the individual poses an officer safety risk.	6.14.04.B.3 & C.3	5/18/20	Recommendation will be modified and included in the draft DGO	SFPD agrees that in an effort to de-criminalize and reduce the stigma associated with mental health disorders individuals being detained for a mental health emergency should be transported in the most clinically appropriate way. Members are encouraged to request an ambulance to transport a detained subject. However, there are instances where an individual may need to be transported in a police vehicle. Members are reminded to adhere to DGO 5.18 Prisoner Handling and Transportation when an individual has committed a criminal offense and meets criteria for 5150 W&I criteria. In these instances, handcuffing will likely be required for the safety of all involved parties.	Closed

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R11	<b>Explain officers' duties when individuals need mental health services but do not meet 5150 criteria.</b> DPA suggests that DGO's abatement provisions explain how officers abate calls involving individuals in crisis who do not meet 5150 criteria for a psychiatric detention. DGO 6.14 (III)(A)(2) states that the Psychiatric Liaison Unit will be responsible for appropriate follow up for individuals who need psychiatric evaluations but do not meet 5150 requirements. DGO 6.14 should explain the role of the Psychiatric Liaison Unit, criteria for case follow up and what information officers provide to individuals for Psychiatric Liaison Unit referral. DGO 6.14 (II)(A)(1) also states officers should "abate the incident and recommend that the individual contact a mental health professional." DPA recommends incorporating any relevant provisions of SFPD-DPH MOU concerning abatement and SFPD's role in linking, documenting, and following up with individuals whom SFPD had identified as needing DPH services.	6.14.04.A	5/18/20	Recommendation will be modified and included in the draft DGO	The draft DGO contains updated policies and guidelines on abatement (6.14.04.A). When a member determines that an individual does not meet the criteria for a mental health evaluation, it will be situationally dependent and at their discretion on how to close the incident. These options include contacting their station CIT Liaisons, authoring an incident report, contacting DEM to request response from a non-law enforcement agency, and/or provide mental health resources to the individual.	Closed
R12	<b>Clarify gravely disabled criteria.</b> DPA suggests clarifying that the inability to care for oneself must be due to a mental disorder/illness and not merely because of circumstances, lifestyle or personal choice. A plan for self-care is alternative language for "reliable source of food, shelter or clothing."	6.14.03.B.3	5/18/20	Recommendation has been included in draft DGO	This recommendation has been included in the draft DGO.	Closed
R13	<b>Update name.</b> Replace Psychiatric Emergency Services with updated name, "Zuckerberg San Francisco General Hospital and Trauma Center."	N/A	5/18/20	Recommendation has been included in draft DGO	This recommendation has been included in the draft DGO.	Closed
R14	<b>Update References:</b> DGO 5.21, The Crisis Intervention Team (CIT) Response to Person In Crisis Calls for Service and Mental Health Resource Guide 19-034.	References	5/18/20	Recommendation will be modified and included in the draft DGO	The draft DGO has updated the reference section to include DGO 5.21, however there is not a reference to DN 19-034. Due to their changing nature, it is not common practice to reference Department Notices in DGOs.	Closed