



*COMMUNITY ASSISTANCE  
AND LIFE LIAISON (CALL)  
PROGRAM*

**COMPREHENSIVE EQUITY & PROCESS EVALUATION**

**Protocol and Data Review**

*By*

*University of South Florida*

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Comprehensive Equity and Process Evaluation of the  
*Community Assistance & Life Liaison (CALL)* Program  
in St. Petersburg, Florida:  
Protocol and Data Review

Evaluation by:

Center for Justice Research & Policy  
University of South Florida

*This is the main evaluation report. For an  
abbreviated technical report, with summary  
and take home points only, see:*

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## INTRODUCTION AND BACKGROUND

### CALL Program Description and Goals

The CALL program involves a partnership between the St. Petersburg Police Department (SPPD) and Gulf Coast Jewish Family Community Services (GCJFCS) to divert non-crime emergency calls (e.g., mental health, substance use, panhandling) received by the St. Petersburg emergency communication center to GCJFCS-employed community navigators (CALL team). This team, rather than law enforcement, responds to the calls with a social service and mental wellness lens by evaluating needs and providing assistance, and recommending further services and resources. GCJFCS also provides a 24/7 call line number to those serviced to use in lieu of calling 911 or police.

The program was initiated in February, 2021 and took a multi-phase approach to gradually increase the number of events responded to by the CALL team without police involvement. During Phase 1, the CALL team was embedded with Police Assisting the Homeless (PATH) unit, and Phase 2 involved the CALL team taking increasing responsibility for responding to calls on their own. Since May 21, 2021, the program has been in Phase 3 full implementation, where the CALL team is responding to eligible events during their operating hours without police assistance (unless if needed).

The SPPD and GCJFCS partners are conducting an internal evaluation of the outcomes and have developed metrics of successful implementation. The project had explicit goals to be achieved by the end of their first year (September 2021), which included responding to 80% of eligible calls without law enforcement accompaniment, reducing by 50% crisis calls made by individuals on the high need/high utilizers list (frequent use of crisis-based services), ensuring that at least 60% of clients attend follow up services coordinated by the CALL team, and reducing by 50% the use of crisis units, hospitalization, or police for those served by the CALL team. According to reports by the SPPD project manager, Megan McGee, these goals are currently being met, with 42% of mental health related calls diverted from SPPD to CALL. The CALL team currently responds to over 90% of assigned calls without law enforcement accompaniment, and at the end of the first year, about 60% of clients successfully attended a follow-up visit or service coordinated by CALL. About 73% of eligible calls by the end of the first year were diverted from crisis unit, hospitalization, or police response.

Importantly, SPPD and GCJFCS actively seek ways to better the CALL program, particularly to advance equity and inclusion. For example, in April 2022, they applied for and received the Rays Baseball Foundation and Rowdies Soccer Fund Racial Equity Grant of \$20,000 to help fund the program and material assistance provided to clients. Additionally, the Foundation for a Healthy St. Petersburg, SPPD, and GCJFCS contracted the research team at the USF Center for Justice Research and Policy (CJRP) as independent evaluators of the extent to which the CALL program is implemented *equitably*.

### Equity Evaluation Background

The USF Center for Justice Research and Policy (CJRP), specifically co-director Dr. Edelyn Verona, attended three meetings with representatives from the Foundation for a Healthy St. Petersburg (funders), SPPD, and/or GCJFCS in May and June 2021, to learn more about the program and understand the needs and potential scope of work for an equity and systems-level evaluation of the CALL program. Based on these discussions, the CJRP team determined that a “process” evaluation was most appropriate. Process evaluations are used to determine if programs are being implemented as planned, how well program activities and plans are working, and in this case whether they are being implemented equitably. That is, the goal of the current equity evaluation is to identify any unfair and avoidable aspects of the program and protocols that may deprive certain population groups of proportionate and/or equitable access to the resources provided by the program<sup>1</sup>. We have taken a very *comprehensive* approach to this process evaluation in terms of data analysis with resulting recommendations.

According to the American Public Health Association (APHA), health inequity is the uneven distribution of social and economic resources that impact an individual’s health<sup>2</sup>. These inequities often come from *structural drivers* like racism or the historical disenfranchisement and discrimination of particular marginalized groups, including racial and ethnic minorities, religious minorities (e.g., Muslim), low-income populations, disabled communities, and members of the LGBTQ community. These are the groups who have historically been withheld from obtaining resources needed to be healthy. These groups are also disproportionately exposed to a combination of *community drivers of inequity* such as poverty, lack of educational and employment opportunities, reduced trust and social networks, and poor neighborhood conditions<sup>3</sup>.

These community drivers and overt discrimination can influence the rate or type of response or quality of care provided, with concomitantly less provision of helpful services (e.g., safety from violence, mental health support). Research shows that communities with

concentrated poverty, more immigrant residents, and residential instability receive quicker police responses to **crime-related** emergency calls for services (e.g., burglaries, assault, domestic violence)<sup>4</sup>, although this result is not always consistent across cities<sup>5</sup>. In contrast, the response times and quality of services provided for **non-crime related emergency calls** generated in those same communities seem to lag. For example, the provision of cardiopulmonary resuscitation (CPR) is lower and emergency medical services (EMS) response times longer for cardiac arrest calls in predominantly Black or poor neighborhoods<sup>6,7</sup>.

### Equity Evaluation Goals

See the **Logic Model** (pg. 38), which guided our evaluation. The first main question that motivated this evaluation was whether the St. Petersburg CALL team protocols, response times and quality of services differed by neighborhood characteristics or client demographics. A second question was if the policy to create exclusionary criteria for the safety of the CALL team (including potential for violence, weapons at the scene), and route such calls to SPPD instead, may inadvertently create or perpetuate inequities in the groups, communities, or persons who have access to CALL services.

In the current phase of the equity evaluation, we examined the protocols and procedures that guide the implementation of the program (Protocol Review) and reviewed existing data of the non-crime-related crisis calls and services provided by or excluded from the CALL program (Archival Data Review). The main goals were to inspect materials and existing data as a way of preliminarily determining whether implementation protocols are vulnerable to discriminatory practices, implicit bias, or inadvertent oversight and whether the implementation of the program is serving the communities with relevant needs. *No direct observations or formal interviews with CALL team or SPPD officials occurred as part of this phase of the evaluation.*

## EVALUATION METHODS AND MATERIALS

### Protocol Review

The CJRP evaluation team requested and received from SPPD and GCJFCS program guidelines, procedural documents and training materials to understand how the program staff are trained and instructed, how the program is implemented, and how the formal program activities are described. Beyond review of the written materials submitted to us, the CJRP evaluation team also obtained further information, updates, and clarifications through direct communications with staff at SPPD and GCJFCS, including SPPD Special Projects Manager, Megan McGee, and oversight staff at GCJFCS, particularly Melanie Brady, Nicole Guincho, and Terri Balliet. At least two video conferencing calls were attended between the evaluation team and different staff from SPPD and/or GCJFCS.

The materials received and inspected are listed below. The inspection of these written protocols and procedures helped to evaluate whether opportunities for bias or exclusion were reasonably limited and to what extent the program training and implementation reflected an emphasis on cultural competence and inclusion.

<i>Materials obtained from SPPD:</i>	<i>Materials obtained from GCJFCS:</i>
<ul style="list-style-type: none"> <li>• General Order establishing CALL by City of St. Petersburg</li> <li>• City of St. Petersburg &amp; GCJFCS initial contract &amp; three amended contracts and agreements</li> <li>• SPPD program procedures for emergency communications operators/dispatchers</li> <li>• SPPD training slides for emergency communications operators/ dispatchers, including initial training &amp; follow up and updated training materials</li> <li>• SPPD rosters of staff attending trainings</li> </ul>	<ul style="list-style-type: none"> <li>• List of staff trainings &amp; their descriptions, as well as frequency of required trainings</li> <li>• GCJFCS position descriptions, responsibilities, &amp; requirements for Program Director, Assistant Program Director, Clinical Supervisors, &amp; Community Navigators</li> <li>• List of staff &amp; their demographics</li> <li>• List of procedural memos               <ul style="list-style-type: none"> <li>○ Staffing &amp; shift coverage (e.g., hours of operation)</li> <li>○ Training requirements</li> <li>○ Mental health emergency &amp; Baker Act procedures</li> <li>○ Handling refusals for service</li> <li>○ List of services provided to clients</li> <li>○ Responding to substance misuse</li> <li>○ Procedures for responding to calls &amp; response time</li> </ul> </li> <li>• CALL Response Determination Process sheet – decision tree as to what services to provide at the scene</li> <li>• Risk assessment protocol form</li> <li>• GCJFCS Cultural Competency &amp; Diversity Plan</li> </ul>

## Data Review

**Main database.** The CALL program data, coordinated by Megan McGee, involved non-crime contact information collected between May 2021, when the full implementation of the program began (e.g., Phase 3), to February 2022, when the CJRP evaluators received the data. The data were analyzed to understand the level and characteristics of services provided and to which persons and communities (through zip codes). For almost half of these cases (40-50%), the CALL team recorded demographic characteristics of the clients served (i.e., age, gender [male/female only], race/ethnic identities). Response time analyses focused on time between initial dispatch and on-scene arrival.

### *The data provided by SPPD for all non-crime contacts:*

- All non-crime-related calls/contacts routed to CALL team (i.e., eligible and included) and those routed to SPPD/law enforcement response (i.e., excluded) between May 2021 to February 2022
- Volume and characteristics of non-crime calls handled by the CALL team (i.e., eligible and included)
  - Demographics of the clients who the CALL team served (i.e., age, gender [male/female only], race) – *available for only a subset of calls (40-50% of clients)*
  - Contact type (e.g., initial, follow up), referral type (e.g., live, officer, high utilizer), response times, event type (e.g., mental issue, neighborhood dispute), and whether or not a law enforcement officer (LEO) was requested
  - Zip codes where the teams responded (*census tract information was not available in these data*)
- Volume and characteristics of non-crime calls excluded/requiring SPPD response
  - Response times and event type (e.g., mental issue, disorderly juvenile)
  - Zip codes where SPPD responded (*census tract information was not available in these data*)

**Zip code-level census data.** The evaluation team also collected zip code-level census data (American Community Survey, 2020 5-year estimates<sup>8</sup>) on community characteristics and drivers of inequities. See below for information obtained at zip code level.

**StatMap data: census tract and crime rates.** Zip codes are large geographic regions within a city that include a variety of neighborhoods, which can differ drastically on sociodemographic and racial/ethnic characteristics. As such, we obtained emergency call data from SPPD's website [StatMap](#), which contains geographic information at the level of census tract. Using these data, the evaluation team could examine community characteristics at a more granular level than zip code data, but only for a proportion of the non-crime CALL and SPPD contacts in our database that we could match to the StatMap events (i.e., only "live" referrals

coming directly from emergency communications). The StatMap data also contain crime information (911 calls made for assistance with crime events), which allowed the evaluation team to estimate rates of crime reported by citizens within census tracts.

In sum, all these data were used to determine if the CALL team is serving communities with the most need (e.g., community drivers), and whether response times and quality of services provided were distributed equitably.

## EVALUATION RESULTS PART 1: PROTOCOL REVIEW

### CALL Team Staffing

***Hiring and qualifications.*** GCJFCS conducted all the hiring and training of CALL team members. These staff are selected from candidates who applied for the positions, which are advertised across a diverse set of career search platforms, such as community-based newspapers/communications within St. Petersburg. As per GCJFCS, hiring decisions consider candidates' experiences, knowledge of St. Pete area, background, and understanding of community impact. The CALL team has a hierarchical supervisory structure consisting of a program director, an assistant program director, 2-3 clinical supervisors, and several (13) community navigators; the latter are the ones who respond at the scene to the majority of calls. The requirements for the positions vary, with the director, assistant director, and clinical supervisor positions requiring at least an MA degree in disciplines related to Mental Health Counseling, Marriage and Family Therapy, Clinical Social Work and/ or Psychology. These positions also require clinical licensure in Florida, and previous management or supervisory experience. The community navigator positions require BA-level degrees in the same disciplines, with at least 2 years of experience helping vulnerable clients, which speaks to the program's attention to hiring staff who are sensitive to inequities and dedicated to helping those with the most need.

***Cultural competency.*** The position descriptions and advertisements do not mention prerequisites in diversity or equity and inclusion, although upon hiring, several trainings are required that address these topics and more. These trainings include two hours of implicit bias, one hour of civil rights and ADA training, one hour of sexual harassment, one to two hours of domestic violence, and one hour of cultural diversity and ethics to be completed annually. Importantly, trainings on de-escalation and "Calm, Assess, Facilitate" provide staff with skills to ensure the safety of staff and clients. GCJFCS describes itself as a "trauma-informed care" workplace and is committed to using best practices that attend to the backgrounds of clients that may impact their treatment. They have also developed an organizational "cultural competency and diversity plan" that emphasizes their mission of protecting vulnerable individuals and empowering them through focusing on their strengths and uniqueness. The directors and supervisors review the cultural competency and diversity plan with their staff and ensure that the policies and implementation of services align with this plan. They are also committed to providing services in other languages to accommodate individuals as needed.

Consistent with the commitment in cultural competence, there seems to be an effort to create a diverse CALL team who represent the different constituencies in the St. Pete area. During the pilot phase of the CALL program (i.e., August 2021), the CALL team included 16 staff members, 10 of them being women. At the time, 44% of the CALL staff identified as ethnic minorities, compared to 36.2% of the overall St. Pete population. Some staff turnover has occurred since that time, and as of April, 2022, the 16 CALL team members include broad representation across ethnic groups (see **Table 1**). The ethnic/gender representation in the CALL team is suited for the relative representation of the St. Pete area<sup>8</sup> and the subset of CALL clients for whom we obtained demographic data.

At the leadership level, the director is a white female, the assistant director is a Black male, and the two clinical supervisors include a white woman and a Black man. According to GCJFCS, the team tries to match staff skills to call needs whenever they have the capability. With three shifts that overlap in time (see below), this can be done only partially, and the shifts to which staff members are assigned vary day to day, allowing different team members to work with each other and respond to calls at different times.

Two community navigators speak a language other than English (i.e., Spanish and Mandarin). This is important, as about 11% of St. Pete residents are foreign born<sup>9</sup>. Further, the CALL team has access to the GCJFCS interpreter services and Propio, a free mobile translation application. American Sign Language interpretation is also available.

**Table 1: Demographics Relevant to CALL Staff Hiring/Training**

	St. Pete Pop	CALL Staff	CALL Clients*
Median age	43.1	Not provided	43.0
Female	51.5%	56.3%	54.1%
White	73.3%	50.0%	56.8%
Black	23.4%	25.0%	34.7%
Hispanic	8.4%	12.5%	2.7%
Asian	4.4%	12.5%	1.2%
Multiracial	4.6%	Not provided	2.6%

*Note: \*Ethnic & gender representation of CALL clients is from a subset of calls responded to by the CALL team and % are of all provided ethnic/gender identities, not of the entire CALL sample*

**Summary and take-home points.** The CALL team is made up of a diverse and highly-trained staff, and emphasizes experience and training working with vulnerable and underserved communities.

The recommendations for this section are the following:

- The position descriptions and announcements should include language requirements and experience in cultural competency and issues of diversity and health inequities.

- Although interpretation services are available, the CALL team should consider including more individuals who are fluent in languages other than English, especially in areas with more immigrant residents and depending on the languages most spoken by the non-English-speaking communities they serve. An on-scene interpreter may be able to render aid more quickly and efficiently.
- The CALL program should examine the extent to which the team responding to specific calls is best suited to the needs requested by clients at the scene.

### CALL Team Operations

**Contact and referral types.** The CALL team responds on-scene 7 days a week across three 10-hour shifts: 8am – 6pm, 11am – 9pm, and 2pm - midnight. The CALL team also runs a 24/7 call line, manned at all times, which clients can use for follow up services or assistance. The primary way that the CALL team serves the community is through attending to clients in the community, typically when they are routed “priority 3” calls from the emergency communication center (“live” referrals). Two CALL team members, either two community navigators or a navigator and clinical supervisor, respond at the scene. At least one clinical supervisor, who holds a mental health license, is available for consultation on all shifts, regardless of whether they respond in person to the scene. A second referral type involves the CALL team responding to “officer referrals” or requests for “engagement” with clients (33.9% of contacts), such as if on-scene officers for regular dispatch calls determine the situation can use the services of CALL. Finally, the CALL team at times makes proactive contact with “high utilizers” (0.6% of contacts), who are individuals known to heavily use emergency services (e.g., 1+ monthly use of crisis-based facilities, units, or hospitals) and/or those who receive repeated CALL services (e.g., 3+ times weekly), despite linkage to community resources.

Between May 2021 to April 2022, the CALL team had a total of **3,794 contacts**. The first contact between the CALL team and client is considered the “initial” contact (55.3% of contacts). The CALL team can also make “follow up” contacts (44.7% of contacts), typically within 48 hours, with clients who have already been served by the CALL team and are deemed to require follow up assistance. As shown in **Table 2**, the most common referral type is a “live referral” (44.6% of contacts), involving the CALL team being dispatched by the SPPD communication center to respond to non-crime calls. The CALL team can request law enforcement (LEO) assistance at the scene, particularly if transport to a receiving facility is necessary. SPPD law enforcement assistance was requested in 5-6% of CALL contacts (see **Table 2**).

**Table 2: Characteristics of CALL-responded Events**

<u>Referral Type</u>	N (%) of CALL responses	<u>Contact Type</u>	N (%) of CALL responses
Live referral	1,692 (44.6%)	Initial	2,098 (55.3%)
Non-Live referral		Follow up	1,696 (44.7%)
Officer/engagement referrals	1,288 (33.9%)	<i>Unknown*</i>	0 (0%)
High utilizer	23 (0.6%)		
<i>Unknown*</i>	791 (20.8%)	<u>LEO Requested</u>	209 (5.5%)
		<i>Unknown*</i>	0 (0%)

*Notes: \*Unknown = data left blank. LEO = Law Enforcement Officer*

**Call line for follow ups.** Callers to the 24/7 call line are only those who have previously been served by CALL, and this number is provided to clients to divert them from calling 911 for non-emergencies. The call line is managed by the clinical supervisors, the assistant program director or the program director, who are on-call to respond to the call line at different times. Clients who call are often provided verbal assistance over the phone. If they require further services, a follow up can be scheduled for the next day, if it is not an emergency. Any emergencies are routed to 911. The call line receives on average two calls a night, according to GCJFCS staff reports to the evaluation team.

**Summary and take-home points.** The CALL team shifts cover 16 hours per day 7 days per week. There is no CALL coverage from 12am-8am. CALL also provides follow up services, as needed, and clients can reach out to the team through a specialized call line to receive further services.

The recommendations for this section are:

- The coverages and services appear to be comprehensive and impressive.
- St. Pete officials should consider expanding the CALL on-scene service hours to include 12am – 8am, although the 24/7 line number is useful for follow ups. Justification for this recommendation is further provided below.

Emergency Communications Routing of Calls

*CALL eligibility.* The eligible (non-crime) calls coming from the communication center are coded as listed below (in **bold**), so that the CALL team is aware of the potential needs at the scene. Of note, the data provided included “Engagement” as an event type, but after protocol review and communication with SPPD, we determined that these contacts were better categorized as proactive contacts or officer referrals.

**EVENT TYPE CODES**

MENTAL HEALTH

- **Mental issue** – Person with mental issue with no violence
- **Suicide threat** – Suicide threat with no weapons or attempt
- **Baker Act** – Emergency assistance and assessment for involuntary hospitalization for mental illness
- **Mental health transport** – Transportation of individuals to crisis facilities

SUBSTANCE USE

- **Marchman Act** – Emergency assistance and hospitalization for substance use
- **Drug overdose**
- **Intoxicated**

NEIGHBORHOOD CONCERNS

- **Neighborhood dispute** with no violence, weapons or crime committed
- **Panhandling** – Limited to calls involving families and/or request for assistance

YOUTH

- **Truancy** during school hours
- **Disorderly juvenile**

The St. Pete emergency communication call takers and dispatchers are extensively trained on the routing of calls. Initial trainings are followed by training updates to review and confirm actual procedures for routing calls to the CALL team versus to SPPD. The emergency communication division also requires several other types of training from call takers and dispatchers, which speak to the emphasis on equitable treatment of consumers. The most relevant trainings, required annually, include ones on bias in policing, autism awareness, recognizing mental health/PTSD/trauma, and ADA and disabilities awareness.

The training materials obtained from SPPD showed clear definitions of CALL-eligible and excluded cases. The eligible calls are those listed above as event types above (e.g., mental health, substance use, juveniles, etc.). The dispatcher is to clearly inform the caller that a CALL team navigator, and not a police officer, would be responding to the scene. The dispatcher

completes contact notes while on the phone with a caller to be able to provide clear, logical information in plain language to the CALL team navigators.

***Excluded calls.*** Review of the training documents provided by SPPD emergency communications also makes it clear that some non-crime cases are excluded from CALL team services (i.e., routed to SPPD instead of the CALL team), specifically those that involve one or more of the following. Exclusion of calls is based on information the dispatcher obtains from the caller and/or from review of safety alerts or caution notes associated with that location or individuals involved:

- Weapon involved – indication that a weapon is involved in the event
- Crime committed – indication that the call involves a crime
- Violence has occurred – indication that violence is involved in the call
- Caution notes associated with a location, typically information from prior contact at that address (recent priors) indicates possibility of violence or crime
- Officer safety alerts associated with a person (e.g., medical precaution, prior use of weapons) indicate a safety concern for CALL team
- *Calls that arrive outside CALL on-scene operation hours (i.e., 12am – 8am)*

As this list suggests, most exclusions have to do with assuring the safety of the CALL team, and routes these calls to law enforcement officers who are trained to deal with potentially violent situations. However, there is window of eight hours per day when on-scene CALL services are not available (12am-8am), and thus the SPPD has to respond to the non-crime calls coming in during those hours, even if they would be theoretically eligible for CALL response. Analyses of StatMap data indicated that of the 11,896 emergency calls made to SPPD between May 2021 and February 2022, **684 (5.7%) of them were non-crime events that came in during the hours of 12am and 8am.** A 24/7 call line number is provided to clients already served by CALL, and they can choose to call that number during the hours when CALL team is not operating on scene.

***Updates of dispatch procedures.*** Updated dispatcher trainings are conducted as the program progressed across the different phases, using experiences in the field to inform eligibility and SPPD response guidelines. For example, eligibility criteria were updated to clearly include persons who engage in “self-harm” (e.g., hitting themselves, banging head against the wall, cutting themselves with no knife) and disorderly juveniles, as appropriate. In contrast, when there are caution notes or alerts indicating the possibility of “suicide by cop,” those are routed only to SPPD.

It is also evident from the review of emergency communications materials that there is regular supervisory oversight of call takers and dispatchers, especially when deciding which calls to route to the CALL team. Since May 21, 2021, call takers and dispatchers are instructed to consult with a watch commander to help determine if an event is appropriate for the CALL team. Call takers and dispatchers must also inform the CALL team supervisors when additional information is received that needs to be communicated to the CALL team navigators responding at the scene.

***Summary and take-home points.*** Based on the materials received and elaborations provided by SPPD and GCJFCS staff, the procedures for routing of calls and exclusions are clear and rely on objective criteria based on information received by dispatchers from the callers, recent priors, and officer notes about the potential for violence at the scene. There do not appear to be any systematic equity concerns in terms of the processes by which exclusions or routing of calls occur. It appears that the protocols with the inclusionary and exclusionary criteria were developed based on expertise within the organizations with a clear need to preserve the safety of all involved and to allow for the best outcomes for the recipients.

The recommendations for this section are:

- More comprehensive evaluations of the **real-time implementation** procedures by which calls are routed or excluded will allow for a better analysis of in the moment organizational decisions and outcomes that affect equity.
- More information can be gleaned directly from emergency communications and CALL staff as to their in the moment decision making and perceptions of the process.
- As noted, almost 6% of “live” referrals for non-crime events come in outside of CALL on-scene operation hours, which amount to almost 700 potential contacts missed. To the extent that this is considered a substantial number of service opportunities, St. Pete officials should consider expanding the CALL on-scene hours of operation to include 24 hours per day. Although the 24/7 call line is important in diverting individuals who have frequent contact with crisis services, any new clients would not have this phone number.

### CALL Team Response at Scene

When the CALL team arrives at the scene, they can provide a variety of different services. Some of these services assist the clients immediately, including coaching clients on basic coping skills, de-escalating situations, developing a suicide safety plan, providing basic care need items (e.g., food, bus passes), and linking clients to other services (i.e., medication, medical services). In other cases, future referrals are provided and/or additional follow up is provided by CALL at a

later date for those who need more support. The GCJFCS staff noted that contact can span a one-time response at the scene to a few weeks of support, as required (i.e., help with relocating to a new city near family).

The materials provided by GCJFCS indicated that services offered or provided depend on the situation and are usually determined at the scene. These decisions rely substantially on navigator or clinical supervisor judgement. Only the clinical supervisors, who are licensed, can initiate Baker Acts (i.e., involuntary psychiatric hospitalization). GCJFCS noted that material needs (e.g., food, bus passes) are offered to anyone who requests or shows need, and because these supplies are always available, they do not have to be triaged.

The CALL team has the right to decline engagement in a call and divert it back to SPPD if the staff determine the scene is potentially unsafe. The GCJFCS materials indicate that an event can be refused by CALL for any reason, including safety or team unavailability. **Only nine calls (< 1% of CALL-routed calls) were refused by CALL:** eight due to being short-staffed and one because a knife became involved at the scene.

***Summary and take-home points.*** The CALL team provides services that range from mental health, medication, medical, and practical support. The team has provided services to almost every case that has been routed to them.

The recommendations for this section include:

- For the sake of transparency, written documents should be created by the CALL program to clarify what specific set of services and providers are offered to clients that show particular needs. This will allow better understanding of the decision-making process at the scene and ensure that services provided are specifically relevant to client service needs, and not based on other characteristics.
- The CALL team could also collect data on which services are provided to which clients, as a way of better assessing the needs that are most often met and for whom.

## EVALUATION RESULTS PART 2: DATA ANALYSIS

### Overall Descriptives

**Event types and response times.** Between May 1, 2021 and February 18, 2022, there were 6,653 total non-crime contacts that were included in the main database. **CALL responded to 3,794 (57%)** of these calls, and this includes 117 calls that were *initially* routed to SPPD and were then re-routed to CALL, usually within the hour. **SPPD responded to 2,859 (43%)**, due to CALL exclusion criteria (e.g., presence of a weapon), and this does not include those to which they responded outside of CALL team hours of operation. All events in the main dataset were processed within the CALL team hours of operation (8am – 12am).

As shown in **Table 3**, the most frequent event types responded to by CALL team were around Mental Health, specifically mental Issue (1,426 calls, 37.6%) and suicide threat (672 call,

**Table 3: Frequencies of Case Types by CALL-Responded and SPPD-Responded Non-Crime Contacts**

Event Type	N (%) of 3,794 CALL contacts	N (%) of 2,859 SPPD contacts
<b>Mental Health</b>	<b>2120 (55.9%)</b>	<b>1229 (43.0%)</b>
Mental Issue	1426 (37.6%)	852 (29.8%)
Suicide Threat	672 (17.7%)	377 (13.2%)
Baker Act	16 (0.4%)	0 (0%)
Mental Health Transportation	6 (0.2%)	0 (0%)
<b>Neighborhood Concerns</b>	<b>285 (7.5%)</b>	<b>821 (28.7%)</b>
Panhandling	54 (1.4%)	500 (17.5%)
Neighborhood Dispute	231 (6.1%)	321 (11.2%)
<b>Substance Use</b>	<b>77 (2.0%)</b>	<b>148 (5.2%)</b>
Marchman Act	47 (1.2%)	148 (5.2%)
Drug Overdose	6 (0.2%)	0 (0%)
Intoxication	24 (0.6%)	0 (0%)
<b>Youth</b>	<b>354 (9.3%)</b>	<b>661 (23.1%)</b>
Truancy	8 (0.2%)	26 (0.9%)
Disorderly Juvenile	346 (9.1%)	635 (22.2%)
<i>Unknown/Undefined</i>	<i>958 (25.3%)</i>	<i>0 (0%)</i>

**Table 3: Frequencies of Case Types by CALL-Responded and SPPD-Responded Non-Crime Contacts**

Event Type	N (%) of 3,794 CALL contacts	N (%) of 2,859 SPPD contacts
<b>Response Times</b>		
Avg. time b/w dispatch & on-scene arrival	7 mins (SD: 42 mins)	14 mins (SD: 33 mins)
Avg. time b/w on-scene arrival & response completion	30 mins (SD: 58 mins)	27 mins (SD: 48 mins)

17.7%). Another large set of events were Unknown/Unidentified (958 calls, 25.2%), and these mostly represented proactive contacts or referrals made by officers that did not specify a specific need (i.e., no “event type”). The CALL team took an average of 7 minutes between dispatch and response, and most responses ended within 30 minutes of being dispatched. Estimates from other comparably sized cities range from 13 to 41<sup>10</sup> minutes on average between dispatch and on-scene arrival for police response to non-crime calls. (See the appendix for further information.)

For SPPD-responded calls (i.e., excluded for safety reasons), the top event type was also for Mental Health, specifically mental issue (852 calls, 29.8%), and the police disproportionately responded to disorderly juvenile (635 calls, 22.2%) and panhandling (500 calls, 17.5%). Police responded within 14 minutes on average, which is two times longer than the CALL team, and consistent with prior estimates of response times by police to non-crime events in comparably-sized cities. SPPD spent slightly less time at the scene (27 minutes) compared to the CALL team (30 minutes).

**Individual client characteristics.** The CALL team was able to collect demographic data (gender, age, race/ethnicity) on some of the individuals to whom they responded to at the scene. These data were not available from SPPD response calls. Even from the CALL team, missing data was typical. The data were missing 28.9% of

**Table 4: Client Demographics\* vs. St. Pete Population**

	CALL clients	St. Pete Pop
Med. Age	43.6 years	43.1 years
	<u>N (%)</u>	<u>%</u>
Female	1218 (54.1%)	51.5%
White	1532 (56.8%)	73.3%
Black	937 (34.7%)	23.4%
Hispanic	77 (2.7%)	8.4%
Asian	33 (1.2%)	4.4%
Multiracial	70 (2.6%)	4.6%

*Note: \*Ethnic & gender representation of CALL clients is from a subset of calls responded to by the CALL team and % are of all provided ethnic/gender identities, not of the entire CALL sample*

client race/ethnicities, 40.7% of clients' gender, and 48.8% of clients' ages. Of the demographic data available from CALL-responded contacts, most were white, women, and with a median age of 43 years, although contacts ranged from 6 to 99 years of age (see **Table 4**). In general, Black clients were overrepresented, whereas white, Hispanic, Asian, and multiracial individuals were underrepresented in CALL services compared to the overall St. Pete population. Client gender and ages were similarly representative of the St. Pete population (see **Table 4**).

***Zip codes and census tracts served.*** The main database provided by SPPD included zip code information, and this information was used to examine the characteristics of the communities most often served by CALL and SPPD for non-crime contacts. In **Table 5**, we included the top 5 zip codes. It seems that similar zip codes are served by CALL and SPPD. (The Appendix includes **Table 10** with a list of *all* zip codes to which CALL and SPPD responded for non-crime events).

Although zip code-level data can be informative, census-tracts are more geographically precise. Using the data available from St. Pete's [StatMap](#) website, we were able to match a portion (2,783 calls; 41.8%) of the events in our database by SPPD event number to obtain census tract information for those events. Of note, StatMap includes only "live" referrals coming directly from emergency communications, not proactive contacts or officer referrals. Specifically, 874 non-crime contacts by CALL (almost 47% of CALL-responded "live" referrals in our database) and 1,909 non-crime contacts by SPPD (66.8% of SPPD-responded contacts in our database) were matched to census tracts. See **Table 5** for the five most frequent census tracts to which SPPD and CALL responded. (The Appendix includes **Table 11** with *all* census tracts to which CALL and SPPD responded for non-crime events).

***Table 5. Most frequent zip codes (all calls) and census tracts (portion of live calls matched to StatMap) for non-crime event responding***

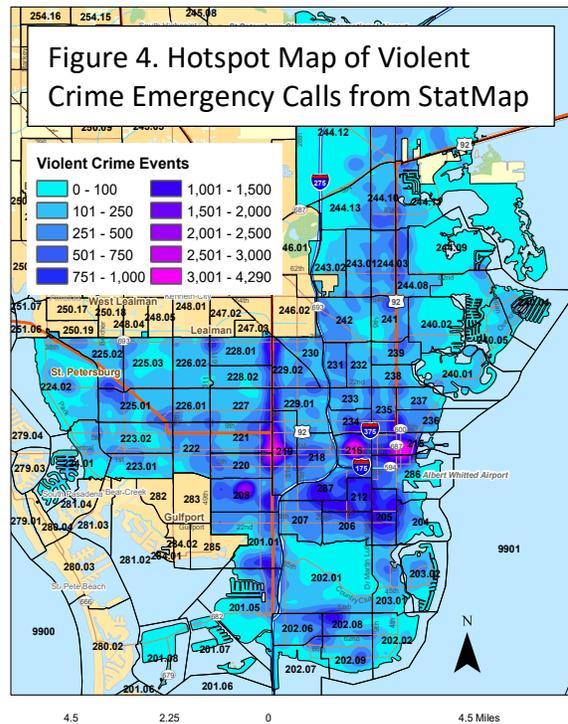
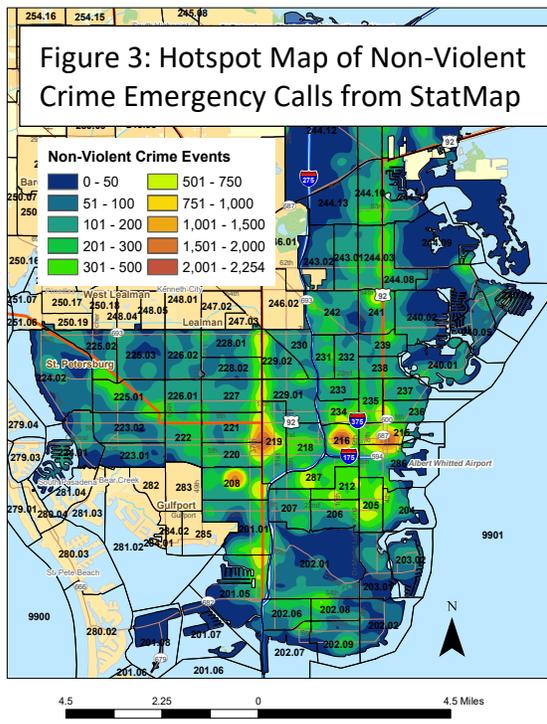
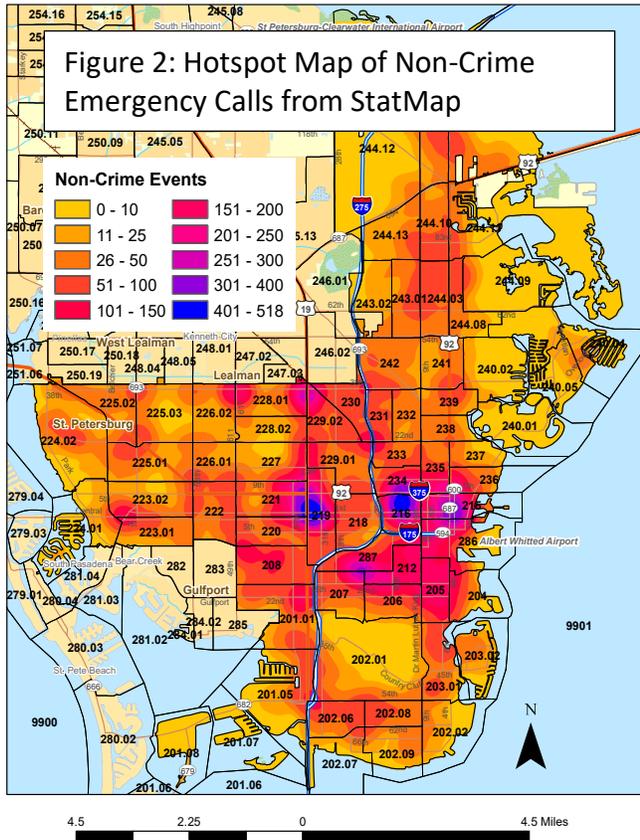
Rank	Zip Codes		Census Tracts	
	CALL-response	SPPD-response	CALL-response	SPPD-response
1	33710 (n = 554)	33713 (n = 501)	221.00 (n=42)	215.00 (n=90)
2	33713 (n = 536)	33705 (n = 471)	234.00 (n=36)	219.00 (n=90)
3	33712 (n = 501)	33712 (n = 343)	219.00 (n=32)	287.00 (n=78)
4	33705 (n = 478)	33711 (n = 345)	286.00 (n=32)	208.00 (n=75)
5	33701 (n = 341)	33701 (n = 330)	205.00 (n=29)	228.01 (n=74)

One of the goals of this evaluation was to determine whether CALL provision of services, types of contacts, or response times differ by community characteristics (e.g., does CALL team respond similarly to areas with more or fewer non-citizen individuals?). As such, we relied on census data associated with each zip code in our database and census tract data for the smaller portion of live contacts we matched from StatMap to extract several relevant **structural and community drivers**<sup>3</sup> of inequities (see box below).

<b>SOCIODEMOGRAPHIC INFORMATION AT ZIP CODE AND CENSUS TRACT LEVELS</b>		
<u>Gender</u>	<u>U.S. Citizenship</u>	<u>Income &amp; Employment:</u>
% male	% not U.S. citizen	Median household income
		% unemployed
<u>Median age</u>	<u>Educational Attainment:</u>	% below poverty
	% H.S. degree or higher	
<u>Race/Ethnicity:</u>		<u>Crime rates:</u>
% White	<u>Housing:</u>	% of all non-violent crime calls
% Black	Median home price	% of all violent crime calls
% Hispanic	% occupied housing units	

Using the StatMap website, census tract “hotspot” maps were created to illustrate density of “live” non-crime emergency calls (**Figure 2**), and crime related emergency calls of a violent (**Figure 3**) and nonviolent (**Figure 4**) nature<sup>1</sup> that occurred from May 2021 to February 2022. The StatMap data were emergency calls that SPPD catalogued and posted on their website and contained geographic information. Of note, some of the non-crime events overlapped with those in our main database, as indicated above, but data for the crime (violent and non-violent) emergency calls came solely from StatMap.

<sup>1</sup> Violent crimes were defined as those involving harm caused directly to another human during the course of the crime (e.g., assault, kidnapping, robbery), whereas nonviolent crimes involved property without direct harm to another person during the course of the crime (e.g., burglary, theft, fraud). Non-crimes were those eligible for CALL response (e.g., disorderly juvenile, mental illness).



As noted in these figures, there is geographic overlap of hotspots across non-crime and crime emergency calls, so that the same communities are requesting emergency services that span crime (e.g., burglaries) and non-crime (e.g., mental health) events. The communities clustered around major highways, especially in census tracts 216 and 215 and along the connecting boundaries of tracts 219, 220, and 221. These areas were quite diverse (see **Table 6**), with a wide range of community characteristics (extracted from census data), suggesting that both crime and non-crime call hotspots are similarly distributed. The one exception for crime calls is census tract 208 (zip code 33711), which represented a *crime* hotspot but not a non-crime hotspot. Compared to other census tracts serviced by CALL and SPPD, census tract 208 includes higher percentages of Black individuals and unemployment, as well as low household income and occupied housing units. (The Appendix includes **Table 12** with a list of census tracts with the most non-violent and violent emergency calls).

In contrast, census tract 287 (zip code 33712) appears solely as a *non-crime* call hotspot. Compared to other census tracts serviced by CALL and SPPD, tract 287 includes a higher percentage of Black individuals and unemployment, and additionally has one of the lowest home values (\$88,700) and highest below poverty rates (51%) compared to other census tracts. Together, this suggests that both crime and non-crime call hotspots are similar in community characteristics, but **the non-crime hotspots also include areas of high poverty and low home value** (see **Table 6**).

**Table 6: Sociodemographic Characteristics of Census Tract Hotspots**

	Crime-only Hotspot (CT 208)	Non-crime only Hotspot (CT 287)	Both crime & non- crime hotspots (CTs 215, 216, 219, 220, 221)
<b>Sociodemographic Characteristics</b>	<b>Value</b>	<b>Value</b>	<b>Range</b>
% male	57%	44%	34-55%
% White	13%	5%	30-81%
% Black	86%	94%	8-69%
% Hispanic	3%	2%	1-12%
% HS education or higher	43%	31%	17-99%
% non-U.S. citizen	11%	26%	37-85%
% below poverty	22%	51%	8-39%
% unemployed	7%	10%	1-9%
% occupied housing	64%	52%	73-91%
Median age	31 years	26 years	31-60 years

**Table 6: Sociodemographic Characteristics of Census Tract Hotspots**

	Crime-only Hotspot (CT 208)	Non-crime only Hotspot (CT 287)	Both crime & non- crime hotspots (CTs 215, 216, 219, 220, 221)
Sociodemographic Characteristics	Value	Value	Range
Median household income	\$38,990	\$23,214	\$42,528-\$139,375
Median home value	\$108,200	\$88,700	\$96,700-\$529,600
% of all crime calls made	4.3%	2.9%	2.2-4.6%
% of all non-crime calls made	2.4%	2.9%	1.3-4.4%

*Note: CT = census tract*

**Summary and take-home points.** According to analyses of contacts included in the main database, the CALL team is responding to almost 60% of the non-crime calls that come in or are re-routed to them. There are still a substantial number of non-crime calls routed to SPPD during CALL operational hours, especially those involving juveniles and panhandling. Mental health issues represent the most common non-crime events to which the CALL team responds, and almost 50% of their contacts have to do with follow ups and officer referrals, in addition to the live referrals that come in through dispatch. These proactive contacts are a major strength of the work being done by the CALL team, in that individuals can receive continued services and the CALL team can anticipate needs. The same areas of the city are seeking both crime and non-crime related emergency services, except for census tract 287 (zip code 33712), which is a non-crime hotspot more specifically and represents the community with the most poverty and lowest home prices.

Recommendations for this section are the following:

- A fairly large percentage of non-crime calls are responded to by SPPD, primarily due to violence risk and safety concerns for the CALL team. The program should collect specific data on reasons for SPPD versus CALL response to these calls.
- St. Pete officials should determine whether services can be offered in other ways to individuals excluded from CALL team services.
- SPPD tends to respond at high rates to juvenile disorderly and panhandling calls, which indicates that these types of events are disproportionately excluded from CALL services. The program should evaluate the extent to which these exclusions may affect their abilities to reach the needs of key communities and individuals.

- Given that the same areas that are hotspots for crime emergency events are also hotspots for non-crime emergency events, the CALL program should consider how the needs of some of these communities are met given the exclusions from CALL services (e.g., violence histories, crime events) that will disproportionately affect them.

### Analyses of Potential Disparities

To explore equitable implementation and access, we used our main database and the zip code/census tract community characteristics data to analyze the following main questions:

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**Q1** Is the CALL program implemented equitably, providing services to the persons who most need it? Do the CALL team response times and quality of services differ by neighborhood characteristics or caller demographics?

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**Q2** Could exclusionary criteria disproportionately affect certain persons or communities who are in higher need for CALL team services (e.g., more socioeconomic disadvantage)? Are the communities who are potentially overpoliced still being served more often by SPPD vs. CALL for non-crime calls?

We used both significance testing and effect size estimations in our analyses. Significance testing (i.e., p-values) answers the question, “is there a relationship at all?,” whereas effect sizes answer the question, “how *strong* is the relationship?” We present effect size estimates using several statistics: Cohen’s *d* ( $d$ ; for t-tests), eta squared ( $\eta^2$ ; for ANOVAs), and Cramer’s  $\nu$  ( $\phi_c$ ; for chi-square tests). General guidelines for interpreting effect sizes are below:

Test	Small effect	Medium effect	Large effect
Cohen’s $d$ ( $d$ ) <sup>11</sup>	.20	.50	.80
Eta squared ( $\eta^2$ ) <sup>11</sup>	.01	.06	.14
Cramer’s $\nu$ ( $\phi_c$ ) <sup>12</sup>	.20	.40	.60

Despite overall statistical significance, an effect size less than “small” (e.g.,  $d < .20$ ) may indicate relatively negligible effects; when this is the case, the importance of the relationship – its *meaningfulness* – may be up to interpretation. In this report, most effects less than “small”

are included only in the Appendix; exceptions to this are results that may be *meaningful* when considering structural or community drivers of inequity. In particular, results consistent across analyses were considered to be meaningful.

**Q1: Potential Disparities in CALL Services and Response Times**

These first set of analyses involved only events serviced by CALL to better understand equitable implementation within the program (e.g., if more involuntary hospitalizations were requested for minority clients or communities). Analyses included comparing referral types, event types, and response times as a function of client demographics and relevant zip code and census tract characteristics.

**Client characteristics.** Client gender and age generally had no effects on referrals, contacts, or requests for LEO assistance. There were, however, some notable differences by racial/ethnic identity. First, far fewer officer referrals were given to white (34.7%), Black (38.2%), and Hispanic (28.3%) individuals compared to those in the “other” race/ethnicity category (i.e., non-white, non-Black, non-Hispanic clients; 57.3%),  $\chi^2(6, N = 3003) = 133.4, p < .001, \phi_c = .15$ . This indicates that individuals categorized as “other” race (relative to the identified racial categories) were 50% more likely to be responded to by SPPD first before it was determined that CALL services could be utilized.

There were also effects of race on event types,  $\chi^2(33, N = 3794) = 234.5, p < .001, \phi_c = .14$ . First, Black and “other” racial/ethnic identified individuals had disproportionately higher CALL contacts for disorderly juvenile (14.5% of all Black and 11.9% of all “other”) compared to white (3.9%) and Hispanic (2.6%) clients. Second, white individuals had proportionally more Panhandling events (2.5% of all Whites) compared to the other races (ranging from 0.0 - 0.9%). Third, 26.0% of all Hispanic individuals and 23.2% of all white

**Table 7: Average Response Times by Event Type**

	Avg. Mins b/w Initial Contact & On-Scene Arrival
<b>Mental Health</b>	<b>0:10</b>
Baker Act	0:04
Suicide Threat	0:11
Mental Issue	0:08
Mental Health Transport	0:15
<b>Substance Use</b>	<b>0:04</b>
Drug Overdose	0:03
Intoxicated	0:02
Marchman Act	0:07
<b>Neighborhood Concerns</b>	<b>0:16</b>
Neighborhood Dispute	0:23
Panhandling	0:09
<b>Youth</b>	<b>0:06</b>
Disorderly Juvenile	0:09
Truancy	0:03
<i>Total</i>	<i>0:07</i>

individuals had suicide threats, compared to 17.1% of all Black and 10.9% of all “other” individuals.

There were no significant differences in response times by client gender, racial/ethnic identity, or age. There was a difference in arrival response time by event type (see **Table 7**): Neighborhood Dispute calls took the longest time between initial contact and arrival on-scene,  $F(11, 2159) = 4.7, p < .001, \eta^2 = .02$ , whereas the shortest time between dispatch and arrival was for Intoxicated calls.

**Zip code-level community characteristics.** There were no meaningful differences in referral types by zip-code characteristics, but there were a few differences in type of contacts by zip code characteristics. Zip codes with higher than average percentage of Black residents ( $M = 26.7, SD = 24.8; t[3357] = 3.3, p < .001, d = .11$ ), unemployment ( $M = 5.0, SD = 1.6; t[3506] = 2.9, p < .01, d = .10$ ), poverty ( $M = 13.3, SD = 4.7; t[3506] = 3.9, p < .001, d = .13$ ), non-U.S. citizens ( $M = 36.4, SD = 6.7; t[3506] = 3.0, p < .01, d = .10$ ), and unoccupied housing ( $M = 80.0, SD = 7.3; t[3380.5] = -3.2, p < .001, d = .11$ ) were more likely to be seen for initial contact than for follow-ups. On the other hand, zip codes with more white residents were more likely to be seen for follow-ups ( $M = 61.1, SD = 21.1; t[3357.4] = -3.3, p < .001, d = .11$ ). These effects are considered “small”, but seem meaningful, given similar results in other analyses (see below).

Disorderly juvenile cases, relative to other event types, were significantly more likely to occur in zip codes with more Black residents ( $F(11, 3496) = 5.8, p < .001, \eta^2 = .02$ ), non-U.S. citizens ( $F(11, 3496) = 2.9, p < .001, \eta^2 = .01$ ), unemployment ( $F(11, 3496) = 3.1, p < .001, \eta^2 = .01$ ), poverty ( $F(11, 3496) = 5.1, p < .001, \eta^2 = .02$ ), and unoccupied housing structures ( $F(11, 3496) = 3.9, p < .001, \eta^2 = .01$ ), as well as lower educational attainment ( $F(11, 3496) = 5.1, p < .001, \eta^2 = .02$ ) and home value ( $F(11, 3496) = 2.8, p < .001, \eta^2 = .01$ ). Truancy calls were also most likely to occur in areas with more Black residents ( $F(11, 3496) = 5.8, p < .001, \eta^2 = .02$ ). This indicates that the CALL team’s response to juvenile events were more likely to occur in primarily Black and less economically advantaged zip codes. Though the effects are considered “small,” the real-life impact of these disparities may be meaningful.

In contrast, suicide threats were significantly more likely to occur in zip codes with more Hispanic residents ( $F(11, 3496) = 4.3, p < .001, \eta^2 = .01$ ). This may be related to the higher number of requests for LEO assistance for Hispanic-identified clients, reported above. That is, clients of Hispanic background may have needed transport to mental health facilities, which often requires police transport. Baker Acts (involuntary hospitalization orders) were significantly more likely to occur in zip codes with higher poverty ( $F(11, 3496) = 5.1, p < .001, \eta^2 = .02$ ) and

lower educational attainment ( $F[11, 3496] = 5.1, p < .001, \eta^2 = .02$ ). These effects are considered small.

**Census tract-level community characteristics.** In the smaller proportion of “live” calls for which we had census tract data, there were few meaningful differences by census tract characteristics. However, there were medium-sized effects by event type. In particular, panhandling contacts, relative to other event types, were *least* likely to occur in census tracts with high occupied housing units ( $F[9, 832] = 5.1, p < .001, \eta^2 = .05$ ), lower poverty ( $F[9, 832] = 3.5, p < .001, \eta^2 = .04$ ) and higher proportion of Black residents ( $F[9, 832] = 4.6, p < .001, \eta^2 = .05$ ).

As with the zip code level results above, juvenile contacts, relative to other event types, were more likely to occur in the most sociodemographically disenfranchised communities. These were medium-sized effects. Disorderly juvenile cases handled by CALL were significantly more likely to occur in census tracts with more Black residents ( $F[9, 832] = 4.6, p < .001, \eta^2 = .05$ ), poverty ( $F[9, 832] = 3.5, p < .001, \eta^2 = .04$ ), and unoccupied housing units ( $F[9, 832] = 5.1, p < .001, \eta^2 = .05$ ), and with lower home value ( $F[9, 708] = 2.8, p < .01, \eta^2 = .03$ ). Truancy cases were most likely to occur in census tracts with higher poverty ( $F[9, 832] = 3.5, p < .001, \eta^2 = .04$ ), unemployment ( $F[9, 832] = 5.1, p < .05, \eta^2 = .03$ ), and unoccupied housing units ( $F[9, 832] = 5.1, p < .001, \eta^2 = .05$ ). The size of these effects were larger for census tract than zip code, and since they appeared in both zip code and census tract analyses, it is likely a meaningful finding.

## Q1 SUMMARY OF CALL PROGRAM SERVICES:

- For individual client demographics, *few* client characteristics had impacts on CALL services, including contact (initial vs. follow up), referrals (live, officer, or high utilizer), or event type (e.g., mental issue, suicide threat), as well as requests for law enforcement assistance and response times.
  - However, of all CALL clients, more officer referrals to the CALL team were made for non-white/non-Black/non-Hispanic (“other”) individuals, suggesting that these clients were more likely to be responded to *first* by SPPD before it could be determined that CALL services could be utilized.
  - CALL follow up contacts were more common for white clients than Black clients, who received more initial than follow up contacts.
  - CALL requests for LEO assistance were disproportionately higher for Hispanic-identified clients. It is unclear why that is. Suicide threats were significantly more

likely to occur in zip codes with more Hispanic residents, which may explain the higher rates of LEO assistance to Hispanic identified clients (as LEO assistance is often needed for purposes of transport to mental health facilities).

- Importantly, more youth-related calls (both juvenile disorderly and truancy) were for clients with Black and other racial/ethnic identities who were served by CALL.
- In terms of community-level characteristics, CALL services were provided similarly to communities regardless of sociodemographic characteristics and proportion of violent and non-violent crime calls made in those communities.
  - However, there was a tendency for communities with more Black residents, non-US citizens, and economic disadvantage (unemployment, poverty, unoccupied housing) to receive fewer follow up than initial contacts by CALL. On the other hand, zip codes with more white residents were more likely to be seen for follow-ups.
  - Both zip code and census tract-level data indicated that more CALL team responses to disorderly juvenile calls were made to areas with more Black residents, poverty, and unoccupied housing units.

#### Recommendations for Q1 are the following:

- The CALL program should evaluate why Black clients and communities with more Black residents, non-US citizens and economic disadvantage receive more initial than follow up services from CALL, when white clients receive more follow up services.
- St. Pete officials should examine the reasons why disorderly juvenile calls more often occur in areas that include residents from traditionally oppressed groups (e.g., Black youth) and higher in economic disadvantage. Even if the CALL team is responding to these, the fact that these communities receive more of these calls can represent potential biases by community callers who are more likely to see youth conduct issues as a reason to call 911.
- To the extent that the CALL program is diverting individuals and facilitating the receipt of needed services and supports, it is important that the CALL team more often than SPPD responds to juvenile calls (although see results below, which indicate otherwise). This approach can help divert youth away from involvement in the juvenile justice system.

#### **Q2: Potential Disparities in CALL vs. SPPD Contact**

*Note: Our analyses comparing the non-crime contacts responded to by CALL program versus SPPD assumes that these calls were handled as per protocol, in that excluded calls were routed to SPPD due to safety concerns. That would be a correct decision made by emergency communication staff. Our results will nonetheless describe whether excluding these calls from*

*the CALL program, even though it was deemed appropriate per protocol, can still produce disparities in who is served versus not served by the CALL program.*

### Analysis of Disparities in Issues Handled

**Event-type comparisons.** This analysis compared the proportion of event types (e.g., Baker Acts, truancy cases) to which the CALL team versus SPPD responded to see if exclusionary criteria resulted in disparities in who received CALL services. There were notable differences, as shown in **Table 3**. First, all Baker Acts, drug overdoses, mental health transport, and intoxication cases were handled **exclusively** by the CALL team, although these were small in number relative to other cases to which CALL responded (52 out of 3,794 CALL contacts). Second, mental issue and suicide threats were significantly more likely to be handled by CALL than SPPD,  $\chi^2(10, N = 5695) = 800.2, p < .001, \phi_c = .38$ . While this is a small effect, it still suggests an effective use of the program, in that the CALL team is more likely than SPPD to respond to mental health and drug/alcohol intoxication issues.

In contrast, SPPD was more likely to respond to youth cases (disorderly juvenile and truancy) and to Marchman Act, neighborhood disputes, and panhandling,  $\chi^2(10, N = 5695) = 800.2, p < .001, \phi_c = .38$ , a small effect (see **Table 3**). In fact, SPPD was almost two times more likely to respond to juvenile calls and more than three times more likely to handle Marchman Acts than the CALL team. So, not only are juvenile calls more likely to occur in disenfranchised communities (as seen in analyses of Q1), they are also more likely to be responded to by police than CALL.

An analysis by representatives of the CALL program, communicated to the evaluation team by Megan McGee from SPPD, suggest that part of this may be due to the frequency (around 40%) of truancy calls that originate within schools, which are contractually obligated to be responded to by the School Resource Officer rather than diverted to the CALL team. Additionally, the higher frequency of SPPD-responded disorderly juvenile contacts may be because these calls can originate as an event type indicating violence (e.g., battery on parent), which are directly routed to SPPD rather than CALL.

**Response time comparisons.** SPPD responses took significantly longer than CALL responses for time between dispatch and on-scene arrival ( $M = 14.0, SD = 17.0; t[5554] = 7.4, p < .001, d = .20$ ), which suggests that the CALL program is more efficient in getting to the scene (see **Table 3**).

### Analysis of Disparities in Communities Served

Individual client sociodemographic characteristics were not available for SPPD-responded calls; thus, sociodemographic disparity analyses in this section focus on zip code and census tract level comparisons.

**Zip code-level comparisons.** On average, SPPD more likely than CALL responded to communities with higher unemployment ( $M = 5.1, SD = 1.7; t[5920.7] = 5.4, p < .001, d = .14$ ), higher poverty ( $M = 13.6, SD = 4.7; t[6362] = 4.6, p < .001, d = .12$ ), and more unoccupied housing structures ( $M = 79.6, SD = 7.3; t[6362] = -4.1, p < .001, d = .10$ ) (see **Table 8**). This indicates that SPPD, more so than CALL, is generally serving communities with the most structural inequities, and the effect sizes are very small but seemingly meaningful ( $d$ s = .10-.14). In contrast, there were no differences between CALL and SPPD response rates by zip code characteristics involving average age, gender, racial/ethnic identity, income, educational attainment, and home value.

**Table 8: Zip Code Characteristics by CALL vs. SPPD Response**

Zip Code Characteristics	CALL responses (n = 3794)	SPPD responses (n = 2859)
Median age	43.3	43.5
Avg. % Black	25.5	26.5
Avg. % Hispanic	7.9	7.9
Avg. median income	\$56,943	\$56,695
<b>Avg. % unemployed*</b>	<b>4.9</b>	<b>5.1</b>
<b>Avg. % below poverty*</b>	<b>13.0</b>	<b>13.6</b>
Avg. % H.S. degree or higher	91.7	91.6
<b>Avg. % non-U.S. citizens*</b>	<b>36.1</b>	<b>36.5</b>
<b>Avg. % occupied housing*</b>	<b>80.4</b>	<b>79.6</b>
Avg. median home value	\$222,570	\$223,846

*Notes: H.S. = High School; \*Statistically significant difference (in blue font)*

**Census tract-level comparisons.** There were no significant differences between CALL vs. SPPD responses by census tract sociodemographic or emergency crime calls (see **Table 8** below). As a reminder, census tract analyses could only be made for a small portion of CALL

responded contacts, specifically 47% of “live” events to which CALL responded and 66.8% of total SPPD-responded contacts.

**Table 9: Census Tract Characteristics by CALL vs. SPPD Response for Subset of the Contacts**

Census Tract Characteristics	CALL responses (n = 874)	SPPD responses (n = 1909)
Median age	42.1	42.5
Avg. % Black	29.7	30.6
Avg. % Hispanic	7.9	7.8
Avg. median income	\$61,422	\$61,699
Avg. % unemployed	3.8	3.8
Avg. % below poverty	16.1	15.9
Avg. % H.S. degree or higher	40.8	39.5
Avg. % non-U.S. citizens	38.2	37.8
Avg. % occupied housing	79.8	80.6
Avg. median home value	\$224,320	\$223,932
Avg. % non-violent crime calls	2.1	2.1
Avg. % violent crime calls	2.3	2.3

*Notes: H.S. = High School; \*Statistically significant difference (in blue font)*

## Q2 SUMMARY OF CALL VS. SPPD CONTACTS:

- There were notable differences in the types of cases handled and responses times by the CALL team vs. SPPD contacts.
  - The results indicate that the CALL team is more likely than SPPD to respond to mental health and drug/alcohol intoxication issues, which demonstrates that this part of the program is working effectively, providing services to those with such issues.
  - In contrast, SPPD responded more than CALL to neighborhood concerns, juvenile disorderly and truancy, and Marchman Act cases. In fact, SPPD was almost two times more likely to respond to juvenile disorderly calls and more than three times more likely to handle Marchman Acts than the CALL team.

- Since Youth calls are more likely to occur in disenfranchised communities (see Q1 analyses), this means those communities are also more likely to be served by the police than by CALL services when it comes to youth cases.
- There were several differences in CALL vs. SPPD responses by zip code characteristics.
  - On average, SPPD is responding more than the CALL team to zip codes with some of the strongest community drivers of inequities (e.g., higher unemployment, more non-US citizens, and higher poverty rates), and equally likely as CALL to respond to communities with higher proportions of ethnic minority residents.
- Unlike the zip code level, there were no differences in community characteristics served by CALL vs. SPPD at the census tract-level, including sociodemographics and violent or non-violent crime emergency calls. This indicates that the CALL team is as equally likely as SPPD to respond to census tracts with higher crime events – areas which also potentially have higher service needs.
  - These data do not show the full picture though, as half of the CALL responses were not able to be matched to StatMap emergency call data and the StatMap data is only for “live” referrals.

Recommendations for Q2 are the following:

- CALL is more likely to respond to high-need event types (mental health, intoxication, hospitalizations), but less likely than SPPD to respond to zip codes with higher economic disadvantage. The program should evaluate why these communities are less likely to receive CALL than police responses, given that the program is hoping to serve those communities that often feel overpoliced.
- SPPD tended to respond to some cases, especially Youth and Marchman Act events at substantially higher rates than the CALL team. In particular, youth calls are more likely to occur in disenfranchised and Black communities (see Q1 results above), and the results of Q2 analyses indicate that they are also more likely to be responded to by the police. There may be logistical reasons for the exclusion of juvenile calls from CALL team services (e.g., school referrals, domestic violence situations); however, the CALL program should conduct a more systematic evaluation as to why these cases are much less likely to be served by CALL.
- This disproportionately higher contact between at-risk youth and the police can fuel concerns that these youth will be placed within the juvenile justice system and may not

receive the needed services that the CALL team can provide. Qualitative preliminary data from the Florida Violent Death Reporting System shows that prior engagement with law enforcement may lead to negative outcomes for Black male youth, including risks for suicide. As such, regardless of the reasons why these youth are being referred to the police more than to CALL, it is imperative that St. Pete officials figure out ways to divert these youth from police contact and provide psychosocial services instead.

## NEXT STEPS

### Review and Dissemination of Evaluation Results

- Review of evaluation by SPPD and GCJFCS for confirmation of findings in this report.
- Distribution of evaluation results to government and community stakeholders
- Oral presentation of the findings and recommendations to SPPD, GCJFCS, and other St. Petersburg government and community stakeholders.
- Publication of findings in regional publications, trade journals (e.g., law enforcement, mental health), and academic journals.

### Future Evaluation Efforts (as needed)

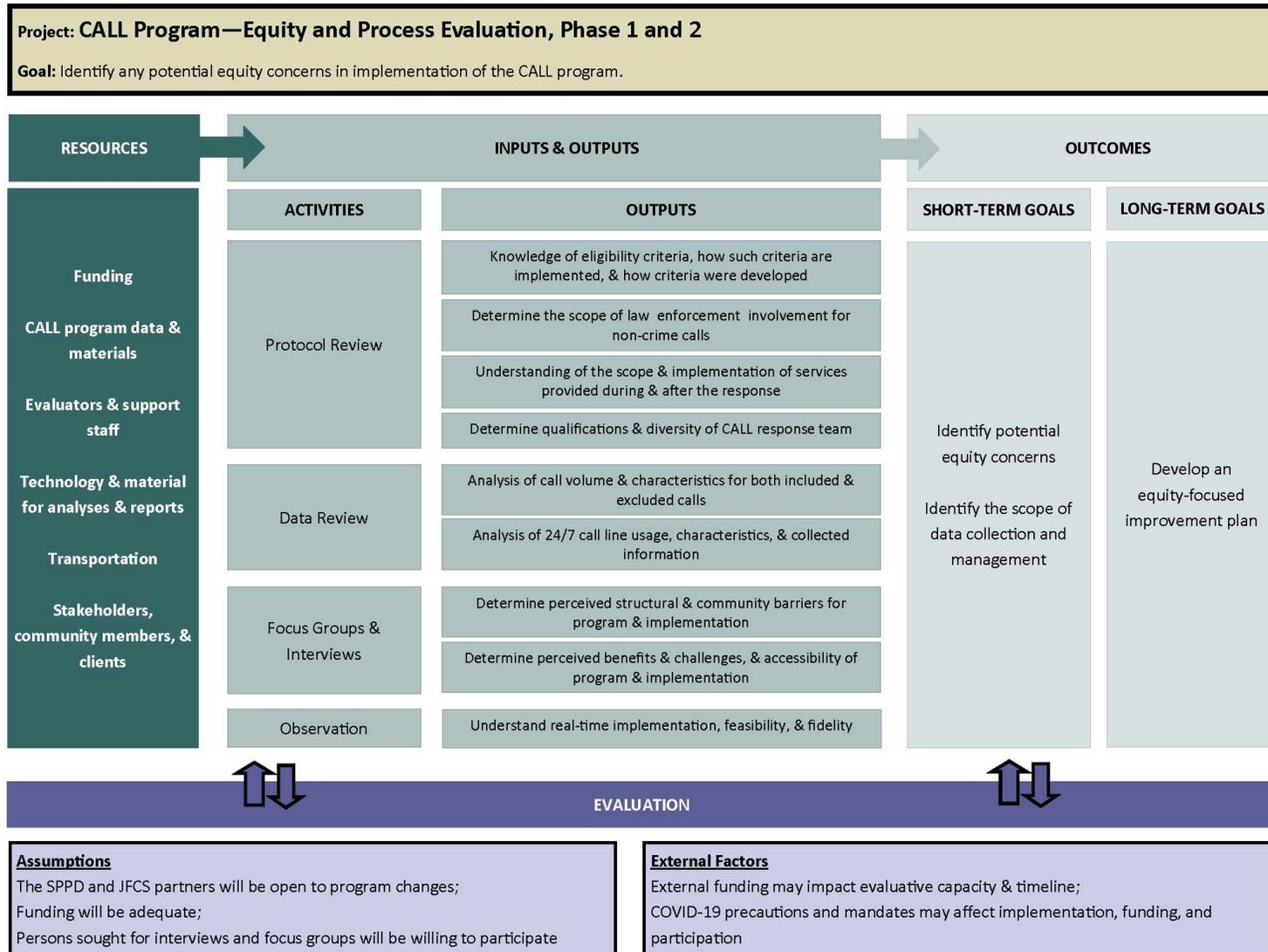
- A more thorough evaluation of the *real-time* implementation of the program could be implemented.
  - Given observed disparities that result from exclusions of cases from CALL services (see Q2 results), an examination of the process by which exclusions occur and the reasons for exclusions can help inform CALL practices moving forward.
  - A more thorough evaluation could also determine the acceptability of the program for clients and communities most affected (to what extent do those at most need accept and trust components of the program and services?) and fidelity (is the program being delivered as intended and in line with cultural competency and equity concerns).
- A more thorough evaluation could involve one or more of the following activities, as deemed vital or necessary:
  - Observations and ride-alongs with CALL team, observations of dispatcher routing of calls
  - Individual qualitative interviews with program leaders, and a selection of dispatchers and CALL team members (3-4 each) to evaluate perceived benefits and challenges of the program related to their positions, , protocol adherence, experiences and satisfaction, recommendations
  - Individual qualitative interviews with police officers who are responding to excluded calls and if they feel their load is lightened, their job is made easier or more difficult, and if they find it valuable to have the CALL team in place

- Individual qualitative interviews with potential clients of the CALL team to understand their experiences, satisfaction, and recommendations, with attention to representation of clients from subgroups that have been historically excluded/overpoliced (e.g., African-American, Hispanic, low income).
- Focus groups (3-4 of them) with community stakeholders, such as anti-racism advocacy groups, public health groups, those interested in police reform, and police advocacy organizations for program feedback.

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Figure 1: Logic Model



Updated 05.31.2021

## APPENDIX: TABLES

*Table 10: Zip Codes Responded to by CALL and SPPD for Non-Crime Calls*

Zip Code	CALL-responded N (%)	SPPD-responded N (%)
33701	340 (9.0)	324 (11.3)
33702	278 (7.3)	186 (6.5)
33703	112 (3.0)	110 (3.8)
33704	100 (2.6)	89 (3.1)
33705	478 (12.6)	456 (15.9)
33706	2 (< 1)	0 (0)
33707	80 (2.1)	62 (2.2)
33708	3 (< 1)	0 (0)
33709	27 (< 1)	46 (1.6)
33710	554 (14.6)	296 (10.4)
33711	273 (7.2)	328 (11.5)
33712	501 (13.2)	330 (11.5)
33713	536 (14.1)	486 (17.0)
33714	73 (1.9)	69 (2.4)
33715	13 (< 1)	10 (< 1)
33716	108 (2.8)	56 (2.0)
33717	1 (< 1)	0 (0)
33730	2 (< 1)	0 (0)
33760	1 (< 1)	0 (0)
33761	1 (< 1)	0 (0)
33762	10 (< 1)	8 (< 1)
33770	2 (< 1)	0 (0)
33771	5 (< 1)	0 (0)
33773	1 (< 1)	0 (0)
33774	2 (< 1)	0 (0)
33781	3 (< 1)	0 (0)
33782	4 (< 1)	0 (0)
34695	1 (< 1)	0 (0)
Unknown	0 (0)	3 (< 1)

**Table 11: Census Tracts Responded to by CALL and SPPD for Non-Crime Calls**

Census Tract	CALL-responded N (%)	SPPD-responded N (%)	Census Tract	CALL-responded N (%)	SPPD-responded N (%)
201.01	30 (3.6)	63 (3.3)	228.02	5 (0.6)	9 (0.5)
201.05	9 (1.1)	32 (1.7)	229.01	10 (1.2)	41 (2.2)
201.06	0 (0.0)	1 (0.1)	229.02	22 (2.6)	71 (3.7)
201.07	0 (0.0)	4 (0.2)	230.00	7 (0.8)	35 (1.8)
201.08	2 (0.2)	2 (0.1)	231.00	7 (0.8)	19 (1.0)
202.01	8 (1.0)	18 (0.9)	232.00	3 (0.4)	9 (0.5)
202.02	5 (0.6)	8 (0.4)	233.00	10 (1.2)	33 (1.7)
202.06	3 (0.4)	23 (1.2)	234.00	38 (4.5)	28 (1.5)
202.07	1 (0.1)	3 (0.2)	235.00	12 (1.4)	22 (1.2)
202.08	12 (1.4)	24 (1.3)	236.00	11 (1.3)	18 (0.9)
202.09	9 (1.1)	14 (0.7)	237.00	4 (0.5)	7 (0.4)
203.01	19 (2.3)	22 (1.2)	238.00	6 (0.7)	11 (0.6)
203.02	4 (0.5)	11 (0.6)	239.00	6 (0.7)	16 (0.8)
204.00	8 (1.0)	16 (0.8)	240.01	0 (0.0)	6 (0.3)
205.00	32 (3.8)	60 (3.2)	240.02	3 (0.4)	6 (0.3)
206.00	14 (1.7)	39 (2.1)	240.04	4 (0.5)	15 (0.8)
207.00	8 (1.0)	24 (1.3)	240.05	1 (0.1)	4 (0.2)
208.00	28 (3.3)	69 (3.6)	241.00	14 (1.7)	20 (1.1)
212.00	26 (3.1)	57 (3.0)	242.00	10 (1.2)	48 (2.5)
215.00	27 (3.2)	88 (4.6)	243.01	10 (1.2)	16 (0.8)
216.00	25 (3.0)	46 (2.4)	243.02	4 (0.5)	14 (0.7)
218.00	10 (1.2)	17 (0.9)	244.03	19 (2.3)	19 (1.0)
219.00	37 (4.4)	89 (4.7)	244.06	11 (1.3)	8 (0.4)
220.00	13 (1.6)	27 (1.4)	244.08	6 (0.7)	24 (1.3)
221.00	48 (5.7)	63 (3.3)	244.09	2 (0.2)	4 (0.2)
222.00	15 (1.8)	29 (1.5)	244.10	12 (1.4)	13 (0.7)
223.01	7 (0.8)	27 (1.4)	244.12	9 (1.1)	16 (0.8)
223.02	10 (1.2)	44 (2.3)	244.13	10 (1.2)	19 (1.0)
224.01	3 (0.4)	11 (0.6)	245.09	2 (0.2)	8 (0.4)
224.02	6 (0.7)	31 (1.6)	245.11	12 (1.4)	22 (1.2)

**Table 11: Census Tracts Responded to by CALL and SPPD for Non-Crime Calls**

Census Tract	CALL-responded N (%)	SPPD-responded N (%)	Census Tract	CALL-responded N (%)	SPPD-responded N (%)
225.01	13 (1.6)	21 (1.1)	246.01	0 (0.0)	1 (0.1)
225.02	11 (1.3)	37 (1.9)	246.02	0 (0.0)	1 (0.1)
225.03	10 (1.2)	18 (0.9)	247.02	0 (0.0)	1 (0.1)
226.01	7 (0.8)	15 (0.8)	248.04	1 (0.1)	3 (0.2)
226.02	12 (1.4)	16 (0.8)	250.18	3 (0.4)	0 (0.0)
227.00	8 (1.0)	24 (1.3)	286.00	37 (4.4)	53 (2.8)
228.01	11 (1.3)	73 (3.8)	287.00	28 (3.3)	75 (3.9)

**Table 12: Census Tracts with Most Emergency Calls, by CALL and SPPD response**

Non-Violent Crime Events			Violent Crime Events		
Top 5 CT <sup>a</sup> (%)	% CALL <sup>b</sup>	% SPPD <sup>c</sup>	Top 5 CT <sup>a</sup> (%)	% CALL <sup>b</sup>	% SPPD <sup>c</sup>
219.00 (4.9)	29.9	70.1	212.00 (5.6)	31.3	68.7
215.00 (4.4)	23.9	76.1	215.00 (5.1)	23.9	76.1
208.00 (4.1)	28.6	71.4	208.00 (5.1)	28.6	71.4
216.00 (3.8)	36.5	63.5	287.00 (4.1)	28.3	71.7
201.01 (3.1)	33.7	66.3	205.00 (4.0)	34.7	65.3

Notes:<sup>a</sup> CT = census tract. <sup>b</sup> Of all calls made to that CT, percent CALL responded to. <sup>c</sup> Of all calls made to that CT, percent SPPD responded to. \* Significant difference between CALL and SPPD responses ( $p < .05$  on chi-square tests)

**Table 13: Event Types by Zip Code Characteristics for CALL-Responded Contacts Only**

	Avg. % Black	Avg. % Hispanic	Avg. Median Income (\$)	Avg. % Un- employed	Avg. % Below Poverty	Avg. % H.S. Edu. or Higher	Avg. % Non-U.S. Citizen	Avg. % Occupied Housing	Avg. Median Home Value (\$)
Baker Act	23.2	8.5	51815.9	5.6	15.9	89.2	38.4	80.5	192606.7
Disorderly Juvenile	32.1	7.5 <sup>e</sup>	55465.1	5.2 <sup>b</sup>	14.4	91.0	37.6	79.2	206530.1
Drug Overdose	30.0	6.9	62272.0	4.7	12.5	92.3	38.0	80.9	240966.7
Intoxicated	23.6	8.6	61899.6	4.8	12.3	92.9 <sup>a, b</sup>	37.4	81.8	246463.6
Marchman Act	17.6 <sup>b</sup>	7.9	59046.0	4.3	11.3 <sup>a, b</sup>	92.0 <sup>a</sup>	35.1	83.1 <sup>b</sup>	233187.0
Mental Issue	26.7 <sup>b, d</sup>	7.8 <sup>d</sup>	56985.7	5.0	13.1 <sup>b</sup>	91.9 <sup>a, b</sup>	36.1 <sup>b</sup>	79.9 <sup>d</sup>	226262.5 <sup>b</sup>
MH Transport	28.2	7.3	60051.8	4.8	12.4	93.3	35.5	79.8	254620.0
Neighborhood Dispute	25.0 <sup>b</sup>	8.0	57577.6	5.1	13.2	91.8 <sup>a, b</sup>	36.7	80.1	224484.5
Panhandling	14.9 <sup>b</sup>	8.6	56422.4	4.4	11.6 <sup>b</sup>	91.5	33.9 <sup>b</sup>	82.6	213597.7
Suicide Threat	22.0	8.3	57387.2	4.8	12.7 <sup>b</sup>	91.8 <sup>a, b</sup>	35.8 <sup>b</sup>	81.3	223636.8 <sup>b</sup>
Truancy	53.0 <sup>c, d</sup>	5.6	51261.0	4.7	15.0	91.7	35.0	75.4	226314.3
Total	25.5	8.0	56943.0	4.9	13.0	91.7	36.1	80.4	222570.2

Notes: Avg. = Average. H.S. = High School. Edu. = Education. MH = Mental Health

Subscripts denote a significant difference when compared to: <sup>a</sup> Baker Act. <sup>b</sup> Disorderly Juvenile. <sup>c</sup> Marchman Act. <sup>d</sup> Suicide Threat

Community characteristics obtained from Census<sup>8</sup> data and St. Petersburg's StatMap<sup>9</sup>

**Table 14: Event Types by Census Tract Characteristics for CALL-Responded Contacts Only**

	Avg. % Black	Avg. % Hispanic	Avg. Median Income (\$)	Avg. % Un- employed	Avg. % Below Poverty	Avg. % H.S. Edu. or Higher	Avg. % Non-U.S. Citizen	Avg. % Occupied Housing	Avg. Median Home Value (\$)	Avg. % Non- Violent Crime Calls	Avg. % Violent Crime Calls
Baker Act	4.6	9.4	64142.7	2.8	9.1	28.1	38.3	89.1	224950.0	1.1	0.8
Disorderly Juvenile	35.1	8.1 <sup>b</sup>	60325.2	4.0	18.2	39.2	39.9	79.7 <sup>b</sup>	196256.8	2.1	2.3
Drug Overdose	14.6	8.8	59002.6	2.8	13.4	35.6	35.4	84.6	279945.5	-	-
Intoxicated	15.5 <sup>b</sup>	9.0	58593.6	3.2	11.5	39.9	37.0	83.9	256092.3	2.1	3.0
Marchman Act	32.9 <sup>a</sup>	8.1 <sup>c</sup>	59676.9	4.0 <sup>c</sup>	17.1	40.3	38.6	77.7 <sup>c</sup>	212476.6	2.2	1.9
Mental Issue	28.7 <sup>b</sup>	8.4	60127.7	4.0	16.0	38.6	38.8	80.5 <sup>b</sup>	204394.4	2.2	2.3
MH Transport	12.2	8.7	60545.6	2.9	10.1	29.0	32.9	87.9	245636.7	-	-
Neighborhood Dispute	29.7	7.6 <sup>c</sup>	63193.5	3.8	16.2	43.8	38.4	78.9 <sup>b</sup>	237057.8	1.9	2.2
Panhandling	64.8 <sup>a</sup>	3.3 <sup>c</sup>	32318.0	8.5 <sup>c</sup>	38.6	29.7	27.3	62.4	111066.7	2.1	1.5
Suicide Threat	29.2 <sup>b</sup>	8.0 <sup>c</sup>	61422.0	3.8	16.1	40.8	38.2	79.8 <sup>b</sup>	224320.6 <sup>a</sup>	2.1	2.4
Truancy	4.6	9.4	64142.7	2.8	9.1	28.1	38.3	89.1 <sup>b</sup>	224950.0	1.8	3.0
Total	35.1	8.1	60325.2	4.0	18.2	39.2	39.9	79.7	196256.8	2.1	2.3

Notes: Avg. = Average. H.S. = High School. Edu. = Education. MH= Mental Health. Dash (-) = data not available.

Subscripts denote a significant difference when compared to: <sup>a</sup> Disorderly Juvenile. <sup>b</sup> Panhandling. <sup>c</sup> Truancy

Community characteristics obtained from Census<sup>8</sup> data and St. Petersburg's StatMap<sup>9</sup>

## APPENDIX: ADDITIONAL STATISTICAL RESULTS

This section of the Appendix includes the analyses that while statistically significant, had very small or negligible effect sizes, indicating the relationship between variables might not be as meaningful. Effect size estimates included: Cohen's  $d$  ( $d$ ; for t-tests), eta squared ( $\eta^2$ ; for ANOVAs), and Cramer's  $v$  ( $\phi_c$ ; for chi-square tests). The effects less than "small" ( $d < .20$ ,  $\eta^2 < .01$ , and  $\phi_c < .20$ ) are detailed below.

### Q1: Potential Disparities in CALL Services and Response Times

**Client characteristics (see Table 4).** Although client age generally had no effects on referrals, contacts, or LEO requests, there was a small association between older age and follow-up, rather than initial, contacts ( $M = 44.4$ ,  $SD = 19.9$ ;  $t[3404] = -2.2$ ,  $p < .05$ ,  $d = .08$ ). There was also a very small effect of race on requests for law enforcement officer (LEO) on-scene: both Hispanic (10% of all Hispanics) and White (7% of all Whites) clients had significantly more LEO requests compared to Black and other clients (5% each),  $\chi^2(3, N=3794) = 11.4$ ,  $p < .05$ ,  $\phi_c = .06$ . It is unclear if this was related to language status or any other client characteristics. Finally, there was a difference in dispatch to arrival response time by event type (see Table 8): Neighborhood Dispute calls took the longest time between initial contact and arrival on-scene,  $F(11, 2159) = 4.7$ ,  $p < .001$ ,  $\eta^2 = .02$ , whereas the shortest time between dispatch and arrival was for Intoxicated calls.

**Zip code-level community characteristics.** In terms of referral types, significantly more live than officer referrals occurred in communities higher in percentage of men ( $F[2, 2754] = 3.4$ ,  $p < .05$ ,  $\eta^2 = .002$ ), unemployment ( $F[2, 2754] = 6.8$ ,  $p < .01$ ,  $\eta^2 = .005$ ), poverty ( $F[2, 2754] = 6.8$ ,  $p < .01$ ,  $\eta^2 = .005$ ), non-U.S. citizens ( $F[2, 2754] = 5.0$ ,  $p < .01$ ,  $\eta^2 = .004$ ), and average age ( $F[2, 2754] = 3.2$ ,  $p < .05$ ,  $\eta^2 = .002$ ). Response times were generally consistent across zip codes, with the exception of occupied housing units: CALL team response times from dispatch to arrival were slightly longer to areas with more occupied housing ( $r = .05$ ,  $p < .01$ ).

**Census tract-level community characteristics.** In the smaller proportion of calls for which we had census tract data for CALL contacts, there was one difference in response times: Census tracts with lower home value received slightly quicker response times from dispatch to on-scene arrival ( $r = .09$ ,  $p < .05$ ).

## Q2: Potential Disparities in CALL vs. SPPD Contact

*Zip code-level comparisons.* On average, SPPD more likely than CALL to respond to communities with more non-U.S. citizens ( $M = 36.5$ ,  $SD = 6.9$ ;  $t[6010.4] = 2.1$ ,  $p < .05$ ,  $d = .05$ ) (see Table 7).