

***Community Assistance & Life Liaison (CALL) Program  
in St. Petersburg, Florida:  
Equity & Process Evaluation***

**Phase 1: Protocol and Data Review  
Technical Report**

Evaluation by:

Center for Justice Research & Policy  
University of South Florida

Funded by:

Foundation for a Healthy St. Petersburg

Note: The current document is a brief technical report that provides an overview and results of the evaluation and key recommendations. Thorough descriptions and elaborated results and methods are contained in the *main evaluation report* located at <https://usf.box.com/s/1ayivrqu6ybtj5liyon1gy9igs9igkdqfd>.

## INTRODUCTION AND BACKGROUND

- The CALL program in St. Petersburg, Florida is a collaboration between St. Petersburg Police Department (SPPD) and Gulf Coast Jewish Family Community Services (GCJFCS). CALL was enacted to help divert non-crime emergency calls (e.g., mental health, substance use, panhandling) to case workers, called “community navigators,” instead of law enforcement.
- The Foundation for a Healthy St. Petersburg contracted the evaluation team at the USF Center for Justice Research and Policy (CJRP) to conduct an independent evaluation of the extent to which the CALL program is implemented *equitably*.
- The CJRP team conducted a comprehensive “process” evaluation of procedures and implementation data relevant to issues of equity. The CJRP evaluators conducted a protocol review (reported and written procedures) and archival data review (obtained from contacts made by the CALL team) as an initial step toward determining equitable access.
- The main goals were to determine whether implementation protocols are vulnerable to discriminatory practices, implicit bias, or inadvertent oversight and whether the data indicate that the implementation of the program is serving the communities with relevant needs.

## EVALUATION METHODS

### Protocol Review

- The CJRP evaluation team requested and received from SPPD and GCJFCS documents that included the following (and various others):
  - General Order establishing CALL program
  - St. Pete emergency communications division procedures and training slides
  - Position descriptions and training requirements of CALL team, staffed by GCJFC
  - GCJFC procedural memos, response determination process sheet (decision tree), risk assessment protocols, and cultural competency and diversity plan
- Further information was also obtained through virtual conference calls or email communications with staff at SPPD and GCJFCS.
- The inspection of written materials and reported 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.

### Data Review

- The main database used for analyses included non-crime contacts by the CALL team or SPPD (for excluded calls) between May 2021, when the full implementation of the program began (e.g., Phase 3), to February 2022, when the evaluators received the data. The data contained demographic information on a subset of clients served and zip codes of each contact, but not more precise geographical information.
- The CJRP evaluation team independently collected zip code- and census tract-level data on community drivers of inequities from census data (American Community Survey, 2020 5-year estimates<sup>1</sup>).
- The data were analyzed to understand the level and characteristics of services provided and whether the CALL team is serving the communities with the most need.

## EVALUATION RESULTS PART 1: PROTOCOL REVIEW

### Review of CALL Team Operations and Services

- The CALL team (GCJFCS-hired navigators, supervisors, and directors) is made up of a diverse and highly-trained staff, and emphasizes experience and training working with vulnerable and underserved communities.
- CALL team racial/ethnic demographics tend to match those of the communities they are serving (see **Table 1**), with some language interpretive services available.

**Table 1: Demographics Relevant to CALL Staff**

	St. Pete Pop.	CALL Staff	CALL Clients*
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%

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

- The CALL team on-scene shifts cover 16 hours per day 7 days per week. There is no on-scene CALL coverage from 12am-8am; however, the CALL team runs a 24/7 call line that clients can use at all hours.

<sup>1</sup> U.S. Census Bureau. (2020). *American Community Survey 5-year data*. Retrieved from <https://www.census.gov/data.html>

- 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 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 CALL team is meant to respond to calls with the following “event types”, which represent those involving mental health, substance use, and materials needs or support:

***EVENT TYPES SERVED BY CALL***

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

YOUTH

**Truancy** during school hours

**Disorderly juvenile**

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

**Reasons for exclusions from CALL team response include:**

- Safety reasons
  - *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
- CALL team availability
  - Calls that arrive *outside CALL on-scene operation hours* (i.e., 12am – 8am)

Review of Emergency Communications and Routing of Calls

- Training documents provided by SPPD emergency communications clearly specify which non-crimes calls/contacts are excluded from CALL (i.e., routed to

SPPD instead of the CALL team), most of which have to do with assuring the safety of the CALL team (see above exclusions).

- The emergency communications procedures for routing of calls and exclusions appear to be 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.

## EVALUATION PART 1 PROTOCOL REVIEW: RECOMMENDATIONS

- The CALL team position descriptions (e.g., navigators, program director, clinical supervisors) and position requirements should include more experience in cultural competency and health inequities and perhaps greater availability of language interpretation services (11% of St. Pete population is foreign born).<sup>2</sup>
- 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, including cultural competency and language skills.
- St. Pete officials should consider expanding the CALL on-scene hours of operation to include 12am – 8am. A review of live emergency calls from StatMap indicated that almost 6% of “live” referrals for non-crime events come in outside of CALL on-scene operation hours, which amounted to almost 700 potential contacts between March 2021 and February 2022. The 24/7 line number is available to existing clients at all hours.
- A future comprehensive evaluation of the *real-time implementation* of procedures by which calls are routed or excluded, and gathering more information directly from emergency communications and CALL staff will allow for a better analysis of equity in terms of on the ground organizational decisions and outcomes.
- For the sake of transparency, written documents could be created by the CALL team to clarify what specific set of services and providers are offered to clients that show particular needs. This will help better understand the decision-making processes at the scene and ensure that services provided are relevant to particular client needs, and not based on other characteristics.
- The CALL team should 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 to whom.

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<sup>2</sup> <https://datausa.io/profile/geo/st-petersburg-fl>

**EVALUATION RESULTS PART 2: DATA ANALYSIS**

Overall Descriptives

- The CALL team is responding to 3,794 non-crime live calls and proactive contacts. A substantial number of non-crime calls are still routed to SPPD, and this number does not include those that come in outside of CALL on-scene service hours (12am-8am).
- The most common non-crime contacts are for Mental Health, regardless of whether CALL or SPPD responded.
- As shown in **Table 2**, the CALL team made the most contacts for events involving Mental Health, including mental issue and suicide threat, and for intoxication and drug overdoses.
- In contrast, SPPD-responded calls (i.e., excluded for safety reasons) were more likely to involve Youth (e.g., disorderly juvenile, truancy), Marchman Acts (substance use hospitalization), and Neighborhood Concerns (e.g., panhandling).
- The CALL team took an average of 7 minutes between dispatch and response, and most responses ended within 30 minutes of being dispatched (see **Table 2**).

6,653

**6,653**  
TOTAL NON-CRIME  
CONTACTS

3,794

**3,794**  
TO WHICH CALL  
TEAM RESPONDED  
CONTACTS

**Table 2: Frequencies of Case Types by CALL- and SPPD-Responded Contacts**

<b>Event Type</b>	<b>N (%) of 3,794 CALL contacts</b>	<b>N (%) of 2,859 SPPD contacts</b>
Mental Health	2120 (55.9%)	1229 (43.0%)
Neighborhood Concerns	285 (7.5%)	821 (28.7%)
Substance Use	77 (2.0%)	148 (5.2%)
Youth	354 (9.3%)	661 (23.1%)
Unknown/Undefined	958 (25.3%)	0 (0%)
<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)

- Of the demographic data available from CALL-responded clients, most were white, women, and median of 44 years of age, although contacts ranged from 6 to 99 years of age (see **Table 3**). However, 28.9% of individual client race/ethnicities, 40.7% of clients' gender identities, and 48.8% of clients' ages were unknown or not collected

- As for the communities served, **Table 4** lists the top 5 zip codes to which CALL team and SPPD responded for non-crime calls. It seems that similar zip codes are served by CALL and SPPD.
- Using data available from St. Pete’s [StatMap](#) website, we were able to match a portion (2,783 or 41.8% of total calls) of live emergency call events in the main database. Thus, of all the contacts in our main database, we were able to extract 874 or 47% of live referrals to the CALL team, and 1,909 or 66.8% of total SPPD-responded calls, and thus, we obtained census tract information for those events only. **Table 4** lists the five most frequent census tracts (using only live events matched to StatMap data) to which CALL and SPPD responded for non-crime calls.
- Using the StatMap website, census tract “hotspot” maps indicated geographic overlap between 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. *See the main evaluation report to view the hotspot maps.*

**Table 3: Client Demographics\* vs. St. Pete Population**

	<b>CALL clients</b>	<b>St. Pete Pop</b>
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*

**Table 4. Most frequent zip codes (all calls) and census tracts (portion of calls matched to StatMap) for non-crime contacts**

Rank	<u>Zip Codes</u>		<u>Census Tracts</u>	
	<b>CALL-response</b>	<b>SPPD-response</b>	<b>CALL-response</b>	<b>SPPD-response</b>
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)

Analysis of Potential Disparities

**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?

- These first set of analyses involved only cases serviced by CALL to better understand equitable implementation within the program (e.g., if more involuntary hospitalizations were requested for minority clients or communities).
- For individual client demographics, *few* client characteristics had an impact on CALL services. 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.
- There were more requests by CALL for law enforcement assistance made to Hispanic clients relative to white, Black, and “other” racial/ethnic identities. Suicide threat events 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 disorderly juvenile and truancy) were made for clients with Black and other racial/ethnic identities who were served by CALL.
- At the community level, there was a tendency for zip codes with more Black residents, non-US citizens, and economic disadvantaged (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. Since this appeared in both levels of analysis, it is likely an accurate representation and should be internally evaluated by the CALL team.

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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?

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- This second set of analyses compared the non-crime calls responded to by CALL team versus non-crime calls responded to by SPPD. *Based on the protocol review summarized above, we assume that these calls were routed appropriately and as per protocol, in that excluded calls were routed to SPPD due to safety concerns. Our results will nonetheless describe whether excluding these calls from the CALL program, even though these exclusions were appropriate as per protocol, can still produce disparities in who is served versus not served by the CALL program.*
- The CALL team was 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 (e.g., panhandling), Youth (disorderly and truancy), and Marchman Act cases. In fact, SPPD was almost two times more likely to respond to Youth calls and more than three times more likely to handle Marchman Acts than the CALL team.
- Youth calls are more likely to occur in disenfranchised communities (see Q1 analyses), and they are more likely to be handled by SPPD than CALL. This means that youth of color are likely being served by the police rather than receiving CALL services. 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.
- The CALL team was efficient at getting to the scene (7 minutes) and spent about 30 minutes with clients at the scene.
- As shown in **Table 5**, SPPD is responding to zip codes with slightly more community drivers of inequity (e.g., lower unemployment and higher poverty rates), although these effects were mostly small. CALL and SPPD were about equally likely to respond to communities with higher proportions of ethnic minority residents.

**Table 5: Zip Code Characteristics by CALL vs. SPPD Response**

<b>Zip Code Characteristics</b>	<b>CALL responses (n = 3794)</b>	<b>SPPD responses (n = 2859)</b>
Avg. % Black	25.5	26.5
Avg. % Hispanic	7.9	7.9
Median age	43.3	43.5
Avg. median income	\$56,943	\$56,695

Avg. % unemployed*	4.9	5.1
Avg. % below poverty*	13.0	13.6
Avg. % H.S. degree or higher	91.7	91.6
Avg. % non-U.S. citizens*	3.5	3.5
Avg. % occupied housing*	80.4	79.6
Avg. median home value	\$222,570	\$223,846

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

- As for census tract characteristics, there were no differences in those served by CALL vs. SPPD, including sociodemographics and violent or non-violent crime emergency calls (see **Table 6**). 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, since the StatMap data was only for “live” referrals (calls routed directly by emergency communications) and not follow ups, officer referrals, or proactive engagements. Only about 47.1% of live referrals for CALL in our database could be matched to census tract data.

**Table 6: Census Tract Characteristics by CALL vs. SPPD Response for Subset of the Contacts**

Census Tract Characteristics	CALL responses (n = 874)	SPPD responses (n = 1909)
Avg. % Black	29.7	30.6
Avg. % Hispanic	7.9	7.8
Median age	42.1	42.5
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	3.5	3.6
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

Note: H.S. = High School

**EVALUATION PART 2 DATA ANALYSIS: RECOMMENDATIONS**

- Given that a large percentage of non-crime contacts are still responded to by SPPD, St. Pete officials should determine whether services can be offered in other ways to individuals excluded from CALL team services, including for safety reasons, as they represent those with the highest risks and needs.
- 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.
- St. Pete officials should conduct a much more systematic evaluation of the reasons why calls for juvenile disorderly, even the ones that the CALL team responds to, are more often made for minority youth and in areas that include residents from traditionally oppressed groups and higher in economic disadvantage (e.g., Black youth).
- CALL is more likely to respond to high-need event types (mental health, intoxication, hospitalizations), but SPPD is more likely to respond to communities with slightly higher economic disadvantage. The effects were small, and more evaluation is needed to determine the meaningful impact of the findings.
- SPPD responded to some cases, especially Youth contacts and Marchman Acts, at substantially higher rates than the CALL team. 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 youth calls, although this does not seem to be happening. A shift in approach can help divert youth away from involvement in the juvenile justice system.
- Higher contact between at-risk youth and the police can fuel concerns about youth involvement in the juvenile justice system. 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.

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## Recommended Evaluation Efforts in the Future

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- Discussion can be had about whether another phase of evaluation is needed or desired
- In particular, a more thorough evaluation of the real-time implementation of the program can 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 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).

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