

## REPORT FROM

# OFFICE OF THE CITY ADMINISTRATIVE OFFICER

Date: June 16, 2025

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Council File No. 20-0769-S7

Council District: Citywide

To: Honorable Members of the City Council

From: Matthew W. Szabo, City Administrative Officer



Subject: **STATUS UPDATE ON THE UNARMED MODEL OF CRISIS RESPONSE PILOT PROGRAM**

## RECOMMENDATION

That the Council receive and file this report inasmuch as the report is informational in nature.

## SUMMARY

This report offers a summary of the progression of the City's Unarmed Model of Crisis Response (UMCR) pilot program. It includes information on the UMCR program's expansion, the City's partnership with the Los Angeles County Department of Mental Health's Alternative Crisis Response program, the enactment of the tiered intervention framework, updated performance metrics, and a summary of the results of a survey of the Police Service Representatives (PSRs).

## BACKGROUND

On March 12, 2024, the Office of the City Administrative Officer (CAO), launched a pilot to divert non-emergency 9-1-1 calls for service to unarmed responders. The pilot program, UMCR, provides 24/7 mobile crisis responses to appropriate and eligible calls for service. These calls for service are related to mental health crises, substance abuse, welfare checks, and indecent exposure.

This pilot was developed in collaboration with the Los Angeles Police Department (LAPD) and is delivered by three contracted service providers: Exodus Recovery, Inc.; Alcott Center; and Penny Lane Centers.

On October 15, 2024, the UMCR program expanded from three initial pilot areas: Devonshire, Wilshire, and Southeast, to add three additional areas: West Valley, Olympic, and West Los Angeles.

The information included in this report covers UMCR's first year of operations, beginning March 12, 2024 through March 11, 2025. As of May 15, 2025, UMCR has completed 9,325 calls for service, with 3.7% (347 calls) redirected for LAPD intervention.

## EXPANSION OF THE UNARMED MODEL OF CRISIS RESPONSE PILOT

Seven months into the inaugural run of the UMCR pilot, the contracted service providers, Exodus Recovery, Inc., Alcott Center, and Penny Lane Centers, had collectively provided mobile crisis responses to 2,800 calls for service in the areas of Southeast, Wilshire, and Devonshire. The service providers indicated that there was sufficient capacity to expand into one additional area each, utilizing planned budgets and existing teams, equipment, and resources. The Office of the CAO worked closely with LAPD to select expansion areas. Areas without an existing mobile unarmed crisis program were prioritized. This approach prevented the overlap of unarmed response coverage areas that could potentially lead to confusion of Police Service Representatives (PSRs) responsible for selecting the most appropriate crisis response to incoming 9-1-1 calls. Additionally, the providers' proximity to facilities that can serve as a responder landing site between calls for service was considered.

The areas of West Los Angeles, Olympic, and West Valley were selected for expansion and the providers' contracts were amended facilitating the expansion. Table 1 identifies the assigned service area of each provider agency.

**Table 1 - UMCR Service Areas By Provider**

AGENCY	SERVICE AREAS
Alcott Center	Wilshire / Olympic
Penny Lane Centers	Devonshire / West Valley
Exodus Recovery, Inc.	Southeast / West Los Angeles

## PARTNERSHIP WITH LOS ANGELES COUNTY ALTERNATIVE CRISIS RESPONSE

Occasionally, UMCR teams are deployed to situations involving individuals experiencing a severe behavioral health crisis, and after arriving on scene, the teams determine that the acuity of the crisis requires clinical capacity to address the person's needs. LA County's Department of Mental Health (DMH) Alternative Crisis Response Unit (ACR) provides care and treatment to individuals experiencing severe behavioral health episodes, including when a person's capacity to make medical decisions requires evaluation. When UMCR responders determine that an individual requires a higher level of care to meet their needs, up to and including involuntary commitment, UMCR field teams will directly contact DMH's ACR Unit to request the assistance of a mobile Field Intervention Team (FIT).

FIT teams facilitate assessment, service planning, and transportation to acute behavioral health care, as needed. A Memorandum of Understanding was executed to authorize the integration of UMCR into the DMH ACR network and establish referral protocols for UMCR teams to request a DMH FIT Team response via a DMH Help Line priority phone number. FIT teams are publicly-accessible, therefore, utilizing the priority phone number to access FIT enables UMCR responders to remain on scene with individuals suffering from mental and/or behavioral health concerns until FIT's arrival. The most recently reported average duration from the request of a mobile FIT team to FIT's arrival on scene is 2 hours and 53 minutes.

## **POLICE SERVICE REPRESENTATIVE SURVEY**

In September 2024, the CAO, in partnership with the Mayor's Office, distributed a survey to PSRs at the LAPD Communications Division to gather feedback on the implementation and effectiveness of the City's unarmed crisis response programs, including UMCR and CIRCLE. With 154 responses received (27% response rate), the survey captured a range of perspectives across shifts and years of service. Respondents shared feedback on training tools, diversion procedures, and challenges encountered when determining call eligibility for unarmed response. Key themes included the need for clearer guidance on call diversion policies, increased training opportunities, and more consistent updates on program outcomes. [Attachment 1](#) contains the Unarmed Crisis Response Survey Executive Summary.

The results of the survey are being used to inform ongoing improvements to the City's unarmed crisis response efforts. Several recommendations from respondents are already being addressed, including the rollout of additional Roll Call Training sessions, distribution of a simplified reference tool, and updates to the Divisional Order in coordination with LAPD and partner agencies. The survey findings also underscored opportunities to improve communication about diverted call outcomes and clarify program distinctions. Continued collaboration between the CAO, Mayor's Office, LAPD, and PSRs will guide future refinements to support effective diversion and improve program coordination.

## **IMPLEMENTATION OF TIERED INTERVENTION FRAMEWORK**

### **Call Interventions**

Once UMCR responders arrive on-scene, standard interventions include initial engagement, rapport building, assessment, de-escalation and meeting basic needs of the person in crisis. Given the range of possible interventions, it is important for UMCR responders to have access to a broad network of services and to maintain flexibility in how they approach each situation. This helps ensure that each individual receives the most appropriate care for their unique needs. By assessing the individual's mental health state, level of distress, and any potential risks to themselves or others, UMCR responders can help mitigate the escalation of crises and offer multiple call interventions.

In collaboration with the Harvard Kennedy School Government Performance Lab (GPL), the UMCR program has implemented a tiered intervention framework to better classify and understand the variety of resources and services provided during crises. This system categorizes response interventions into defined levels, allowing assessment of the effectiveness of intervention types and ensuring resources are allocated appropriately to the complexity of each situation. The framework is useful for analyzing UMCR interventions administered and relating them to program objectives, tracking UMCR program changes over time, identifying potential gaps in resources and skillsets, telling the story of UMCR responders and emphasizing the resources they are providing to the community. The framework is not to be used to rate the level of strenuous activity, skill, or intensity required by responders on scene or assigning a "score" to call outcome interventions. Each call for service can receive multiple interventions, but the tier assigned corresponds to the highest-level intervention administered.

## Tiered Intervention Framework Analysis

**Table 2 - UMCR Tiered Intervention Framework 03/12/2024 - 03/11/2025**

<b>Tier Level Description</b>	<b>Interventions Administered</b>	<b>Calls (%)</b>	<b>Resources Required</b>	<b>Average Time on Scene (H:MM:SS)</b>
<b>Tier 1 - Engaging in Foundational Interactions</b>	<ul style="list-style-type: none"> <li>Area search for individual</li> <li>Interaction with individual initiated</li> <li>Rapport building</li> </ul>	2,583 (38.33%)	<ol style="list-style-type: none"> <li>UMCR Team</li> <li>Expert Crisis Care Skills</li> </ol>	0:10:36
<b>Tier 2 - Rendering Of On-Scene Services</b>	<ul style="list-style-type: none"> <li>De-escalation</li> <li>Conflict mediation</li> <li>Social supports</li> <li>Basic needs (e.g. food clothes)</li> <li>Client declined transport</li> <li>Client declined referral</li> <li>Crisis counseling</li> <li>Psychoeducation</li> <li>Suicide screening</li> <li>Safety plan</li> </ul>	2,312 (34.31%)	<ol style="list-style-type: none"> <li>UMCR Team</li> <li>Expert Crisis Care Skills</li> <li>Client Supplies</li> </ol>	0:24:49
<b>Tier 3 - Coordinating Connection For Additional Care</b>	<ul style="list-style-type: none"> <li>Abuse/ neglect report</li> <li>Referral - future UMCR services as necessary</li> <li>Referral – substance use resource</li> <li>Referral – mental health provider</li> <li>Referral – community resource</li> <li>Referral – medical service</li> <li>Referral - shelter</li> </ul>	783 (11.62%)	<ol style="list-style-type: none"> <li>UMCR Team</li> <li>Expert Crisis Care Skills</li> <li>Client Supplies</li> <li>Care Coordination Planning</li> </ol>	0:42:47
<b>Tier 4 - Facilitating Follow Up Or Warm Hand-Off</b>	<ul style="list-style-type: none"> <li>Follow-up request</li> <li>Transport - substance use resource</li> <li>Transport - mental health provider</li> <li>Transport - community resource</li> <li>Transport - medical service</li> <li>Transport - shelter</li> <li>Transport - private location</li> <li>Contacted County ACCESS line</li> </ul>	436 (6.47%)	<ol style="list-style-type: none"> <li>UMCR Team</li> <li>Expert Crisis Care Skills</li> <li>Client Supplies</li> <li>Care Coordination Planning</li> <li>Transport</li> </ol>	1:23:18
<b>No Tier - Unspecified</b>	N/A	624 (9.26%)	N/A	0:20:13



The percentages listed for each tier in Table 2 represent the proportion of total calls within the UMCR program that fall into each specific tier of intervention. Below is a breakdown of tiers and percentages and what they represent:

- Tier 1 (38%): The largest percentage of calls fall under this category, as many crises are handled through foundational interactions or early-stage interventions that do not require immediate services or follow-up. Calls resulting in gone on arrival dispositions are included in Tier 1. The complex and dynamic nature of calls for service related to mental health crises and substance abuse issues require responders to establish a connection with each individual in each encounter in order to reduce tension and open the door to cooperation. Rapport enables an individual to feel heard and seen and, therefore, more likely to accept support. Non-compliance or distress resulting from responders' initial introduction may stem from trauma, paranoia, or disorientation.
- Tier 2 (34%): A significant portion involves rendering on-scene services. These cases demand active and direct assistance. On-scene services consist of gaining an understanding of the client's experience, situation, and goals in order to provide applicable support (crisis assessment) and determining appropriate and relevant community resources (crisis intervention). These evaluations ensure the support offered is appropriate and individualized. The interventions in Tiers 1 and 2 can lay the groundwork for future trust, even if the person declines services during the first contact.
- Tier 3 (12%): Tier 3 interventions require coordination for additional care (crisis planning and follow-up). These cases require effectively connecting individuals to long-term resources as part of a system of care. Tier 3 consists of linking individuals in crisis to all necessary services that can help resolve the situation and can also prevent future crises. Connections to longer-term structured interventions such as therapy or psychiatric treatment, substance abuse recovery programs, and case management can address the root cause of the crisis and help the person achieve long-term stability.
- Tier 4 (6%): Tier 4 indicates that the individual's specific social and healthcare needs required transport, follow-up, and a warm handoff to other service providers (care coordination). These services may include crisis stabilization, sobering centers, or acute inpatient hospitalization. Tiers 3 and 4 include referrals and transportation to longer-term resources such as mental health urgent care centers and sobering centers. Responders are designed to intervene in the moment, but, in 18% of interventions, connections to ongoing care prevent the risk of the crisis condition returning, leading to a cycle of repeated 9-1-1 calls, emergency services, and personal destabilization.
- No Tier (9%): Calls with no tier do not contain an outcome, or that responders did not follow the documentation protocol to accurately document all intervention outcomes.

The tiered intervention framework tracking enables analysis of interventions administered, data-driven refinement to the approach of crisis intervention assessment and enhances crisis response efforts.

## **UMCR UPDATED PERFORMANCE METRICS**

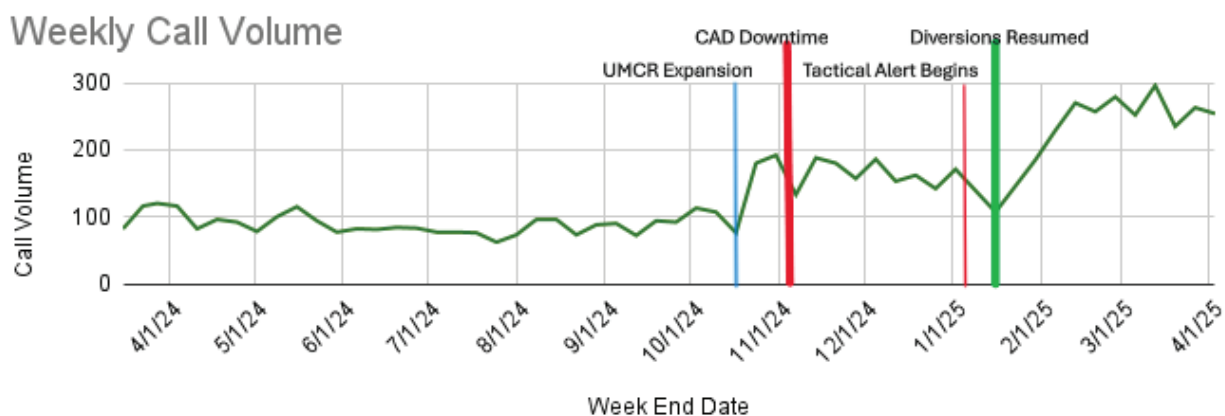
Performance metrics are essential to tracking and evaluating the effectiveness, efficiency, and overall impact of the UMCR program. The indicators listed below assess how well the program is meeting the Council-determined objectives, including providing timely and appropriate responses to mental health crises and reducing reliance on law enforcement. By regularly tracking and analyzing performance metrics, the UMCR program can identify areas of success, as well as opportunities for improvement, ensuring that the services delivered are meeting the needs of the community.

As of March 12, 2025, UMCR has completed its first full year of operations. [Attachment 2](#) to this report summarizes the key accomplishments and call data to support the program's first year of field operations.

## **Call Volume**

In the inaugural year of service, UMCR completed 6,738 calls for service. UMCR's call volume is dependent upon the call triaging work of PSRs to determine call eligibility. Call volume may be affected by factors such as the operability of the UMCR-facing Computer Aided Dispatch (CAD) system, events leading to an LAPD tactical alert, and UMCR-focused Roll Call training. Chart 1 shows the call volume by month annotated with incidents having an impact on call volume.

**Chart 1 - Total Call Volume by Month**



In analyzing the fluctuation of weekly call volume, lower diversions were noted during outages of the UMCR-facing CAD technology. CAD disruption interferes with the standard operating procedures of diversion. Instead of entering a modified circumstance to the system's call details, during CAD downtime, LAPD Communications Division personnel create the case in the LAPD CAD, take a screenshot of the incident details, then email the screenshot to UMCR dispatch. UMCR dispatchers will reply to the email informing LAPD of case number, operator identification, and call disposition. This downtime procedure may negatively impact the workload of the PSRs.

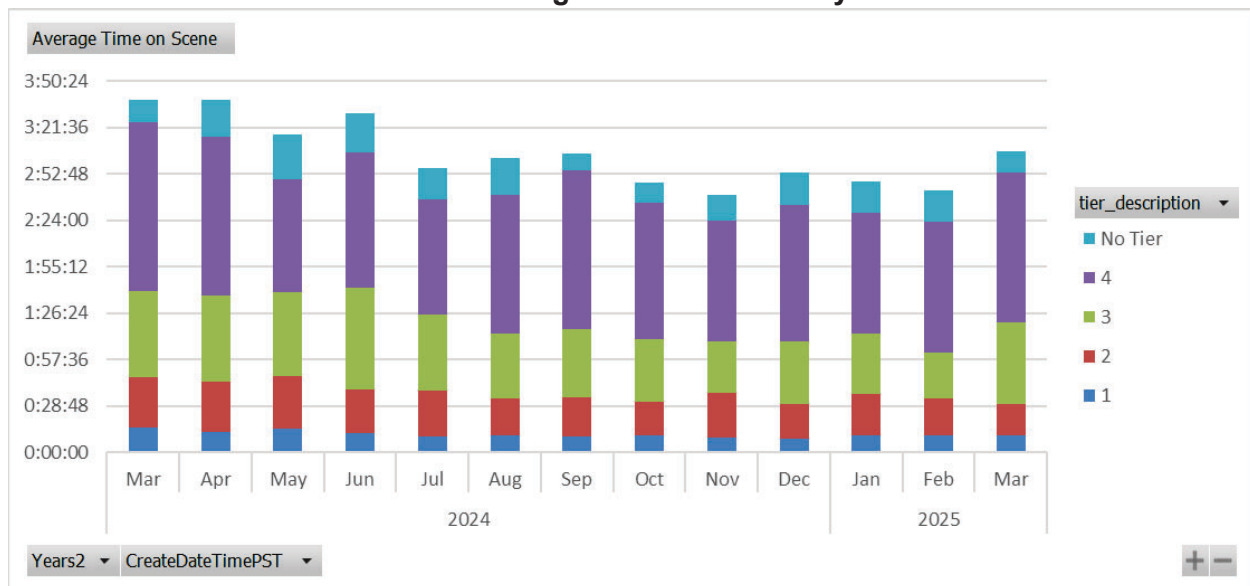
Diversion volume is additionally impacted by tactical alerts such as occurred during the Palisades and Eaton fires in January. A tactical alert is an LAPD procedure where on duty personnel are mobilized and redistributed to address critical or high-risk incidents that pose a threat to public safety. During tactical alerts, LAPD does not guarantee a response to non-coded calls. Non-coded calls are typically lower priority or routine calls and will not receive immediate attention from police officers during this time. However, UMCR can continue to receive diverted calls for service. This ensures that lower-priority or non-urgent calls meeting the UMCR criteria continue to receive responses.

During January's tactical alert status, UMCR call volume fell by 63%. After receiving notification that PSRs were not diverting non-coded calls because of the tactical alert, CAO staff reached out to the Communications Division to request distribution of instructions to resume diversions. Subsequently, a badge note informing Communications Division personnel to continue to divert calls to UMCR was issued and diversions resumed.

## On-Scene Time

UMCR responder teams are highly efficient, which is crucial for mitigating the impact of a crisis. The UMCR team is not just responding quickly but also taking the time to evaluate the situation properly and plan for any necessary follow-up. This thoughtful approach ensures that any immediate needs of the person in crisis are met while also addressing long-term support. Chart 2 illustrates the average on-scene time for each tier.

**Chart 2 - Average Time On-Scene by Tier**



A longer time spent on-scene typically correlates with more intensive interventions, while less time on-scene suggests that UMCR responders efficiently resolved the case through successful de-escalation and appropriate low-level interventions, such as brief support or quick referrals. Spending the appropriate amount of time on-scene allows responders to fully assess the situation and apply the necessary level of intervention, ensuring individuals receive the right care and support. This approach reduces the likelihood of escalation, repeat calls, or redirects to LAPD.

## Correlation Between Time On-Scene and Call Volume

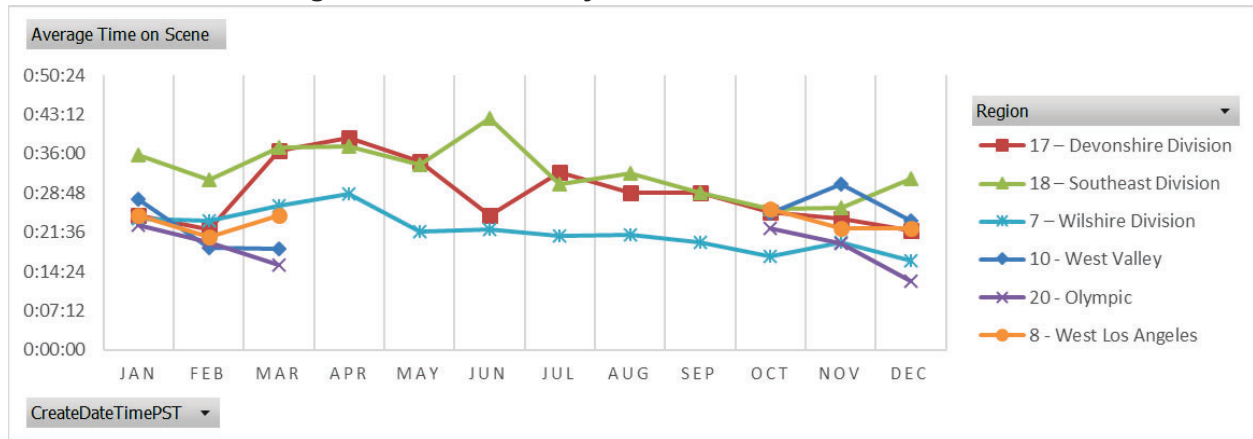
In general, as average time on-scene increases, the number of calls that can be completed in a shift decreases, unless staffing is adjusted. This correlation matters to understanding the number of units needed and the program's capacity.

While longer time on scene can reflect high-quality engagement through thorough assessments, safety planning, and warm handoffs to service providers, more time limits the program's reach. For example, if a team averages 30 minutes per call, each unit can theoretically handle 24 calls in 12 hours. If each call takes 60 minutes, they can handle only 12 calls. The correlation between call volume and time on scene is inversely proportional: as call volume increases, time on scene decreases.

Additionally, the time it takes to resolve a call includes more than just on scene time. Travel time to and from the scene, transporting clients to different locations, time required for report writing

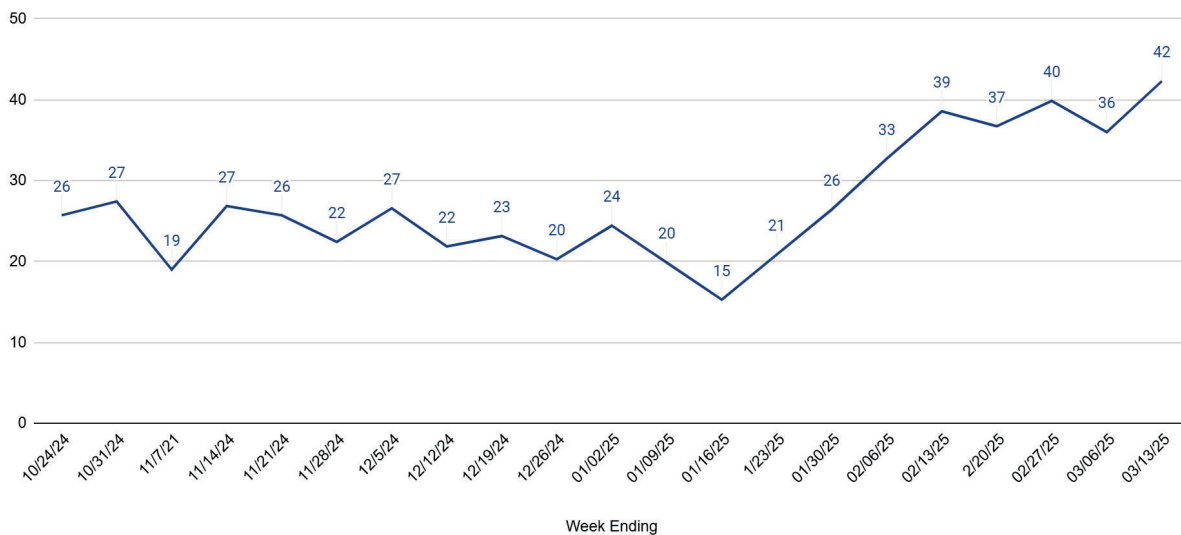
and debriefing, and time between calls reduce the actual number of calls that can be completed even further. Chart 3 displays the average time responders spent on scene by area and month.

**Chart 3 - Average Time on Scene by Area and Month 03/12/2024 - 03/11/2025**



According to the Harvard GPL, responder units average five calls per day per unit (i.e. one team available at any given time point) and more established programs demonstrate ability to respond to seven or more calls per unit. Currently, UMCR averages 39 calls per day, or approximately 3.25 calls per team (12 hour shifts) or 6.5 calls per day per unit (two teams across 24 hours) with additional capacity to take more calls. Chart 4 reflects the average daily calls per week since October 15, 2024, the effective date of UMCR's expansion. The calls have been increasing since January.

**Chart 4 - Post Expansion Average Daily Calls by Week**



In order to determine the maximum number of calls UMCR can handle, the average time on scene, average responder transit time, and average time per call was calculated to determine the total time per call. Table 3 shows the method used to determine maximum program capacity at its current staffing level.

**Table 3 - Calculating Program Capacity**

ACTIVITY	QUANTITY
Average Time on Scene	00:25:00
Average Transit Time	00:22:00
Transportation of Client, Follow ups, Paperwork, etc.	00:25:00
<b>Average Total Time per Call</b>	<b>01:12:00</b>
Employee Breaks per Shift (12 hours)	01:30:00
Call Capacity per 24 Hour Coverage (two shifts x one team)	19
<b>Total Daily Call Capacity of All Units (two shifts x six teams)</b>	<b>114</b>

An effort to maximize utilization of program capacity is underway. This office is working with the Unarmed Response Partners Workgroup to potentially expand divertable call types and accept crisis calls from additional sources such as LAFD. Additionally, consideration of redeploying resources based on workload and factors such as peaks in demand is being analyzed.

### **Call Dispositions**

To fully determine the UMCR program's impact, enable tracking of call outcomes, and identify trends, each call is dispositioned with a final call outcome. Dispositions provide a quantifiable way to demonstrate the program's value and can be aggregated to show overall effectiveness, gaps in service, and outcomes over time. Dispositions help explain what was done and what is needed next, which is essential to refer to partner agencies and law enforcement. Table 4 lists the program's call dispositions and quantities.

**Table 4 - UMCR Call Dispositions 03/12/2024 - 03/11/2025**

Category	Disposition	Call Volume
<b>Immediate Resolution</b>	Assisted - No Crisis Identified	125
	Assisted - On Scene	2034
	Assisted - Transport	492
<b>Non-Engagement or Incomplete</b>	Gone on Arrival (GOA)	2856
	Refused UMCR - No Redirect Needed	582
	UMCR Canceled by LAPD	74
	#N/A	293
<b>Escalation to 9-1-1/EMS</b>	Redirected #EMS	35
	Redirected #LACounty	11
	Redirected #LAPD - Crime Report	26

	Redirected #LAPD - Group Size (3+)	19
	Redirected #LAPD - Hazard	1
	Redirected #LAPD - Outside Service Area	6
	Redirected #LAPD - Refused UMCR	134
	Redirected #LAPD - Under 18	2
	Redirected #LAPD - URGENT HELP	8
	Redirected #LAPD - Violence / Weapons	40
<b>Grand Total</b>		<b>6738</b>

## **NEXT STEPS**

The Office of the CAO, in partnership with the Mayor's Office of Community Safety, LAPD, LAFD, and the County, will continue to formalize protocols, including consideration of a call type expansion and exploration of acceptance of calls screened and triaged through emergency medical services.

## **FISCAL IMPACT STATEMENT**

There is no fiscal impact to the General Fund associated with the information provided in this report.

## **FINANCIAL POLICIES STATEMENT**

The recommendation for this report is consistent with the City's Financial Policies in that current operations will be funded by current appropriations and the report is provided for informational purposes only.

Attachments

MWS:PH:AEH:VW





# UNARMED CRISIS RESPONSE SURVEY EXECUTIVE SUMMARY

## PURPOSE

In September 2024, the Office of the City Administrative Officer (CAO) and the Mayor's Office conducted a survey of Police Service Representatives (PSRs) at the Los Angeles Police Department (LAPD) Communications Division. The survey sought feedback on the implementation and effectiveness of the City's unarmed crisis response programs, including the Unarmed Model of Crisis Response (UMCR) and Crisis and Incident Response through Community-led Engagement (CIRCLE). This analysis provides insights to inform program improvements and enhance operational efficiency.

## FINDINGS

### • Response Rate

- 154 responses were collected from 562 PSRs, yielding a 27% response rate, with representation across various shifts and experience levels.

### • Effectiveness of Training Resources

- Roll Call Training: 69% found it effective, but 19% did not attend.
- Informational Video: 51% rated it effective, though 35% were unaware of it.
- Call Diversion Decision Tree: 52% reported it was useful, but 34% were unfamiliar with it.

### • Call Diversion Criteria

- PSRs primarily base their call diversion decisions on the nature of the incident (75%) and the caller's description of the situation (64%), with previous experience and team availability also playing smaller roles.

### • Barriers to Call Diversion

- Primary Themes (mentioned 15 to 35 times):
  - Policy Clarity: Respondents highlighted vague diversion policies that led to confusion during decision-making.
  - Decision-Making Delays: Reported by 15 respondents who experienced time-consuming efforts to review procedures mid-call.
- Secondary Themes (mentioned 5 to 7 times):
  - Desire for a citywide unarmed crisis response program.
  - Inconsistent application of policy due to unclear guidelines.
  - Public requests for police response instead of unarmed responders.
  - Additionally, respondents noted that exclusionary criteria—such as multi-party incidents or calls involving ambulance requests—limited the ability to divert calls. While recognized as a barrier, these criteria were put into place to ensure the safety of unarmed responders and the public.





◦ Program Effectiveness

- 83% of respondents believe the unarmed crisis response programs are somewhat or very effective, with only 17% rating them as somewhat or very ineffective.
- While most respondents viewed the programs positively, a minority raised concerns about specific operational issues such as occasional response delays and the lack of enforcement authority in certain situations. However, it is important to note that enforcement inherently conflicts with the core philosophy of unarmed crisis response, which prioritizes de-escalation and community-led engagement over coercive measures.

## RECOMMENDATIONS

Based on the analysis of the survey responses, the following recommendations were drafted:

- Conduct regular Roll Call Training at LAPD Communications Division, with the inclusion of unarmed crisis responders;
- Revisit the Call Diversion Decision Tree and other training tools to ensure both their comprehensibility and accessible for users;
- Revise the Divisional Order to improve clarity and include specific examples of calls that qualify for diversion;
- Provide PSRs with regular updates on unarmed crisis diversion programs, highlighting success stories that describe interventions and call outcomes;
- Offer real-time updates on diverted calls via the computer aided dispatch (CAD) system, including estimated arrival times and call dispositions;
- Enhance collaboration between unarmed crisis response programs to streamline the call triaging process for PSRs, including the creation of a centralized dispatch center and the development of a unified diversion program.

## PROGRESS ON RECOMMENDATIONS

Significant progress has been made on key recommendations from the survey analysis, with steps taken to address feedback provided by Police Service Representatives and improve the implementation of unarmed crisis response programs.

### *CONDUCT REGULAR ROLL CALL TRAINING*

Starting February 2025, the Mayor's Office and CAO will be implementing regular Roll Call Training at LAPD Communications Division. These sessions will involve unarmed crisis response personnel to ensure ongoing familiarity and support.



### ***IMPROVE TRAINING TOOLS (CALL DIVERSION DECISION TREE)***

A UMCR “cheat sheet” was distributed summarizing key points from the Call Diversion Decision Tree to improve accessibility and usability for all PSRs.

### ***CLARIFY AND REVISE DIVISIONAL ORDER***

In collaboration with LAPD, the Mayor's Office, and the CAO are developing a new Divisional Order that will include clearer examples to guide diversion decisions.

### ***PROVIDE REGULAR UPDATES ON PROGRAM OUTCOMES***

Upcoming training presentations for unarmed crisis response programs will be tailored to share success stories, outcomes, and interventions. This effort aligns closely with the regular Roll Call Training.

### ***REAL -TIME UPDATES ON DIVERTED CALLS***

The Mayor's Office and the CAO are currently in discussions with LAPD to evaluate the feasibility of providing real-time updates on diverted calls via the CAD system. This process must comply with confidentiality policies related to healthcare data.

### ***ENHANCE COLLABORATION FOR STREAMLINED CALL TRIAGING***

While this recommendation requires more conversation with multiple departments, it remains a long-term goal. The Mayor's Office and the CAO are hopeful that streamlined coordination and centralization will be possible in the future.

## **CONCLUSION**

The survey analysis has provided critical insights into the challenges and opportunities within the Unarmed Crisis Response framework. Efforts are underway to address key recommendations, including enhancing training, improving clarity in policies, and fostering interdepartmental collaboration. These actions aim to streamline processes, support Police Service Representatives, and improve the overall effectiveness of unarmed crisis response programs. Continued feedback and collaboration will remain essential as the program evolves to meet the needs of the community.



City of Los Angeles

# Unarmed Model of Crisis Response

## YEAR ONE

3/12/2024 – 3/11/2025



Office of the  
CITY ADMINISTRATIVE OFFICER

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# ACKNOWLEDGEMENTS

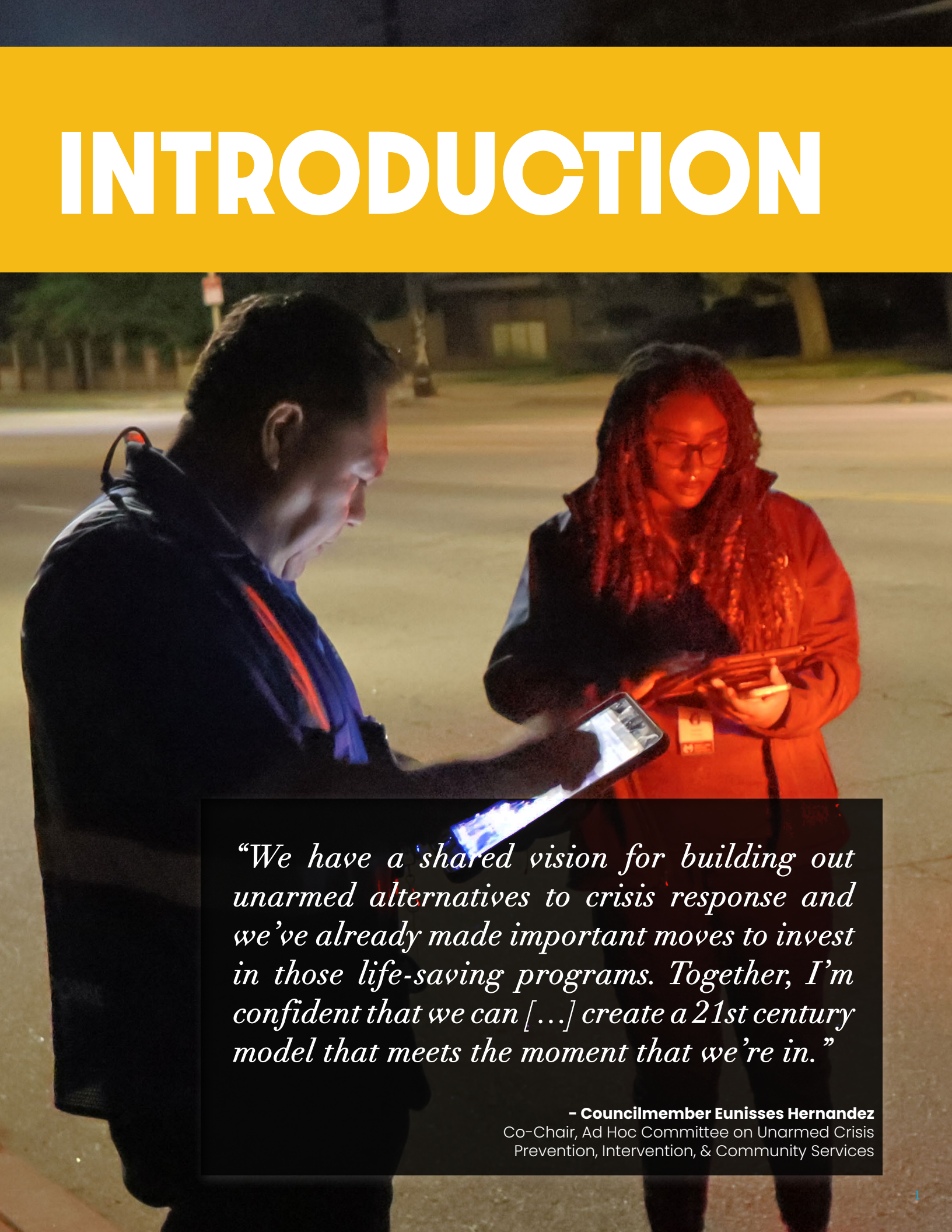
We acknowledge the contributions of the frontline crisis response staff, dispatch and administrative teams, and our agency partners across emergency services and public safety. Their continued collaboration was critical to the program's operations this year.

We also thank the Mayor, City Council, and advisory collaborators, Harvard Kennedy School Government Performance Lab, for supporting the program's infrastructure and growth initiatives. Their decisions have helped maintain and expand essential services to residents experiencing crises.

***For questions or media inquiries, email:  
unarmed.crisis.response@lacity.org.***



# INTRODUCTION

A photograph of a man and a woman standing outdoors at night. The man, on the left, is wearing a dark jacket and is pointing at a tablet held by the woman. The woman, on the right, is wearing a red jacket and glasses, and is looking down at the tablet. They appear to be in a parking lot or a similar outdoor area with some trees and a building in the background. The lighting is dim, with some ambient light from the surroundings.

*“We have a shared vision for building out unarmed alternatives to crisis response and we’ve already made important moves to invest in those life-saving programs. Together, I’m confident that we can [...] create a 21st century model that meets the moment that we’re in.”*

**– Councilmember Eunisses Hernandez**  
Co-Chair, Ad Hoc Committee on Unarmed Crisis  
Prevention, Intervention, & Community Services



# ***THE UNARMED MODEL OF CRISIS RESPONSE***

was created by the elected leadership of the City of Los Angeles following public demand for expanded services that demonstrate a commitment to community safety. The Unarmed Model of Crisis Response shifts responsibility for non-emergency, non-violent 9-1-1 calls for service related to mental health, disturbances, well-being checks, indecent exposure, and intoxication away from a police response to experienced and trained community outreach, mental health, and substance abuse specialists.

The goal of the Unarmed Model of Crisis Response (UMCR) is to deliver the most appropriate response to individuals in crisis and to improve the efficiency of the City's public safety system. By sending trained professionals with backgrounds in behavioral and mental health and social services to non-violent and non-medical calls, UMCR allows the City's sworn personnel more time to focus on urgent law enforcement needs and high-acuity medical services.

# STRENGTHENING OUR FIRST RESPONDER SYSTEM

*City leaders sought to re-imagine public safety and advance non-law enforcement solutions in circumstances that are non-criminal (C.F. 20-0769). This entails expanding our crisis response to directly connect people in need to City, County or community-based service providers and replace law enforcement presence in non-violent, non-criminal situations with a range of unarmed service providers.*



Law enforcement  
for violent crimes in  
progress



Non-violent, non-urgent calls for  
services related to mental health,  
substance abuse, well-being  
checks, and behavioral distress



Fire and emergency  
medical needs

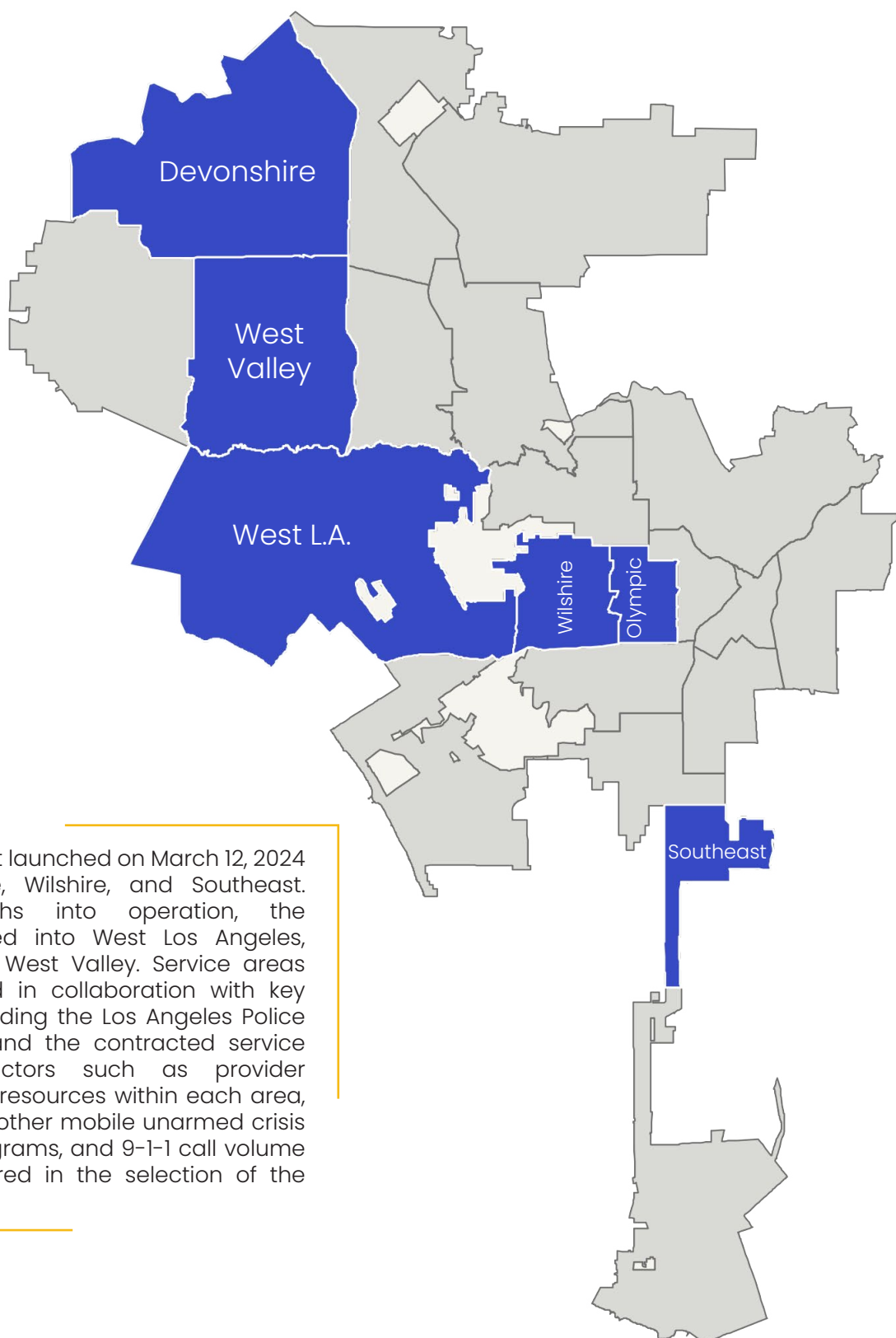
*“Having multiple crisis response strategies, including unarmed responses, as part of our city’s collective vision for community safety is very important. By building the right teams and expanding services, we can ensure Angelenos in crisis receive the appropriate support for their needs.”*

**– Councilmember Bob Blumenfield**

Co-Chair, Ad Hoc Committee on Unarmed Crisis  
Prevention, Intervention, & Community Services

# MAP OF UMCR SERVICE AREAS

*During the Pilot Year*



The UMCR pilot launched on March 12, 2024 in Devonshire, Wilshire, and Southeast. Seven months into operation, the pilot expanded into West Los Angeles, Olympic, and West Valley. Service areas were selected in collaboration with key partners, including the Los Angeles Police Department and the contracted service providers. Factors such as provider capacity and resources within each area, availability of other mobile unarmed crisis response programs, and 9-1-1 call volume were considered in the selection of the service areas.

# UMCR Pilot Timeline

## June 2020

The City Council (C.F. 20-0769) instructs the Chief Legislative Analyst and the City Administrative Officer (CAO), with assistance from the Los Angeles Police Department (LAPD), to develop an unarmed model of crisis response pilot that would divert non-violent calls for service away from LAPD.

## March 2024

CAO launches UMCR as a 24/7 service in three LAPD Areas: Devonshire, Wilshire, & Southeast.

## April 2024

## May 2025

## August 2024

## October 2024

UMCR expands to include the LAPD Areas of West Valley, West Los Angeles, & Olympic.

## December 2024

## January 2025

## March 2025

Total Calls Diverted to UMCR

500

1,000

2,000

3,000

4,000

5,000

6,500





# *Stories from the Field*

*UMCER responders were called to assist with a report of a woman, "Liz," behaving erratically in an apartment building. Upon finding her open apartment door, they gently asked if she needed help — and with her consent, entered to provide support. Inside, they noticed empty prescription bottles and signs of a potential medication overdose. During their assessment, they discovered two gas stovetops turned on without flames, indicating possible carbon monoxide exposure — which was affecting both Liz and the responders. They acted quickly to ventilate the space, retrieve additional medical supplies, and contact the Los Angeles Fire Department (LAFD) for support. When Liz initially tried to leave, UMCER responders patiently advocated for her care, emphasizing the importance of addressing her health and safety. Working alongside LAFD, they reassured her and encouraged her return — ultimately motivating her to agree to hospital care. Their persistent, compassionate approach helped ensure Liz received the critical help she needed.*

# FIRST YEAR AT A GLANCE

Pilot year data: March 12, 2024 through March 11, 2025



**Calls Diverted to UMCR**

**6,738**



**LAPD Redirect Rate**

**4.1%**



**Average Time on Scene**

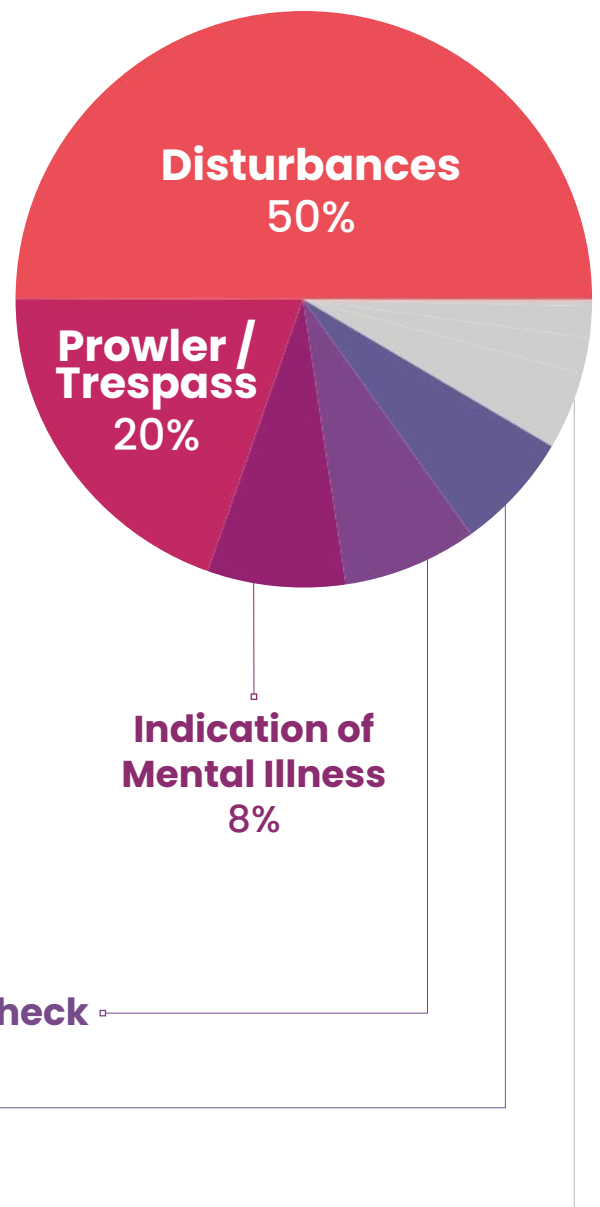
**0:25:05**



**Average Response Time**

**0:28:26**

## Call Types



**Other**  
8%

Includes additional call types that are outside of the specified call types originally identified for diversion eligibility. Circumstances surrounding incidents that are appropriate for UMCR response do not always fit neatly into the original call types selected.

# UMCR currently serves **30%** of the population of the City of Los Angeles.

*That is...*

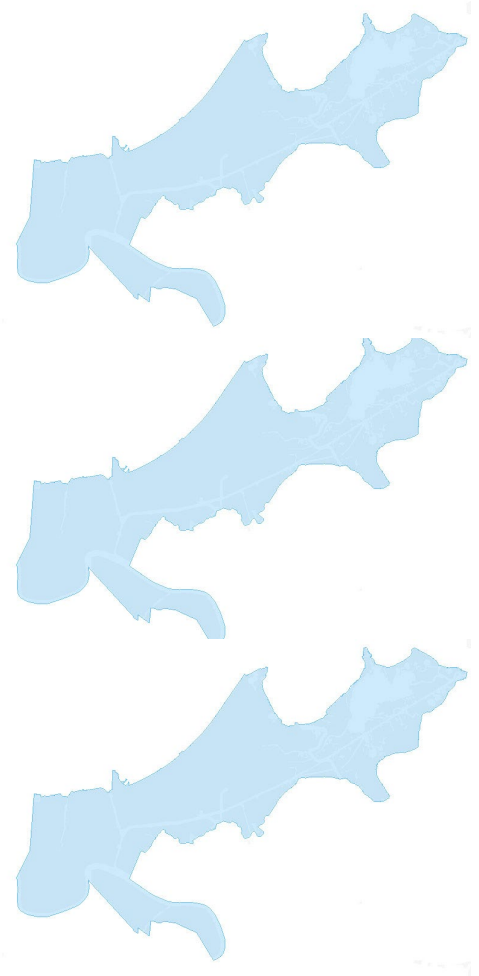
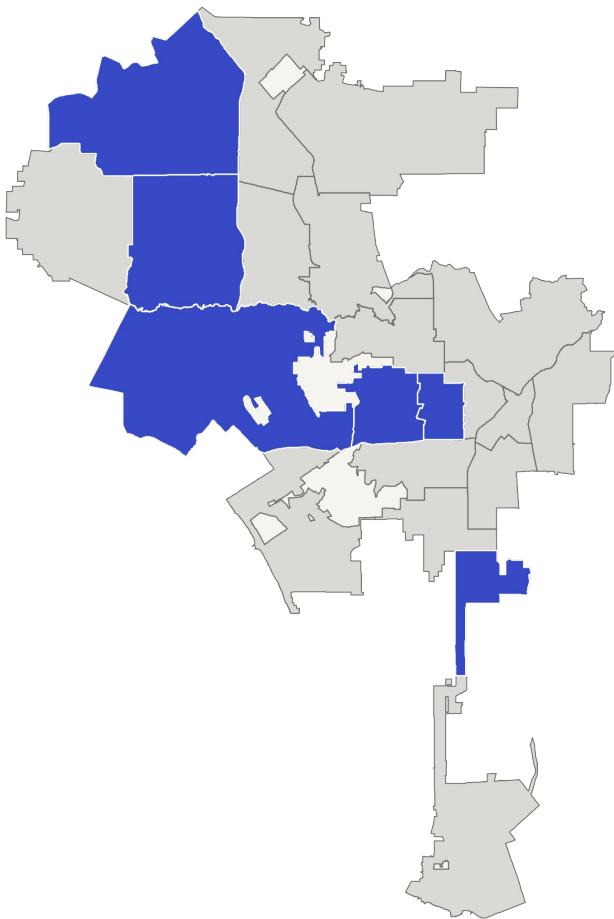
**1.1 Million**

Los Angeles Residents



**3X**

Population of New Orleans





# CALL DIVERSION PROCESS

The Office of the Los Angeles City Administrative Officer (CAO) manages the UMCR program, in close partnership with the Los Angeles Police Department (LAPD), the Los Angeles Fire Department (LAFD), and contracted service providers. In its first year, UMCR contracted with Exodus Recovery, Alcott Center, and Penny Lane Centers.

Exodus Recovery currently manages the UMCR Centralized Dispatch Center, which triages incoming calls for service. Dispatchers receive diverted calls from the LAPD 9-1-1 Dispatch Center, determine acuity, and deploy the appropriate mobile crisis responders.

## EXCLUSIONARY CRITERIA

*There is a violent crime in progress*

*There is an immediate threat of violence and/or weapons involved*

*The incident requires medical attention*

*The person(s) involved is confirmed to be under the age of 18*

*There are three or more individuals involved in the incident*

## ELIGIBLE CALL TYPES



### WELL-BEING CHECK

*Where there is concern for quality of life; Possibly suffering from effects of narcotics and/or alcohol abuse, actively engaged in use of narcotics; inadequately clothed to meet current climate*



### INDECENT EXPOSURE

*Individual exposed and is not engaged in lewd conduct*



### DISTURBANCES

*Verbally causing a disturbance of the peace*



### MENTAL HEALTH

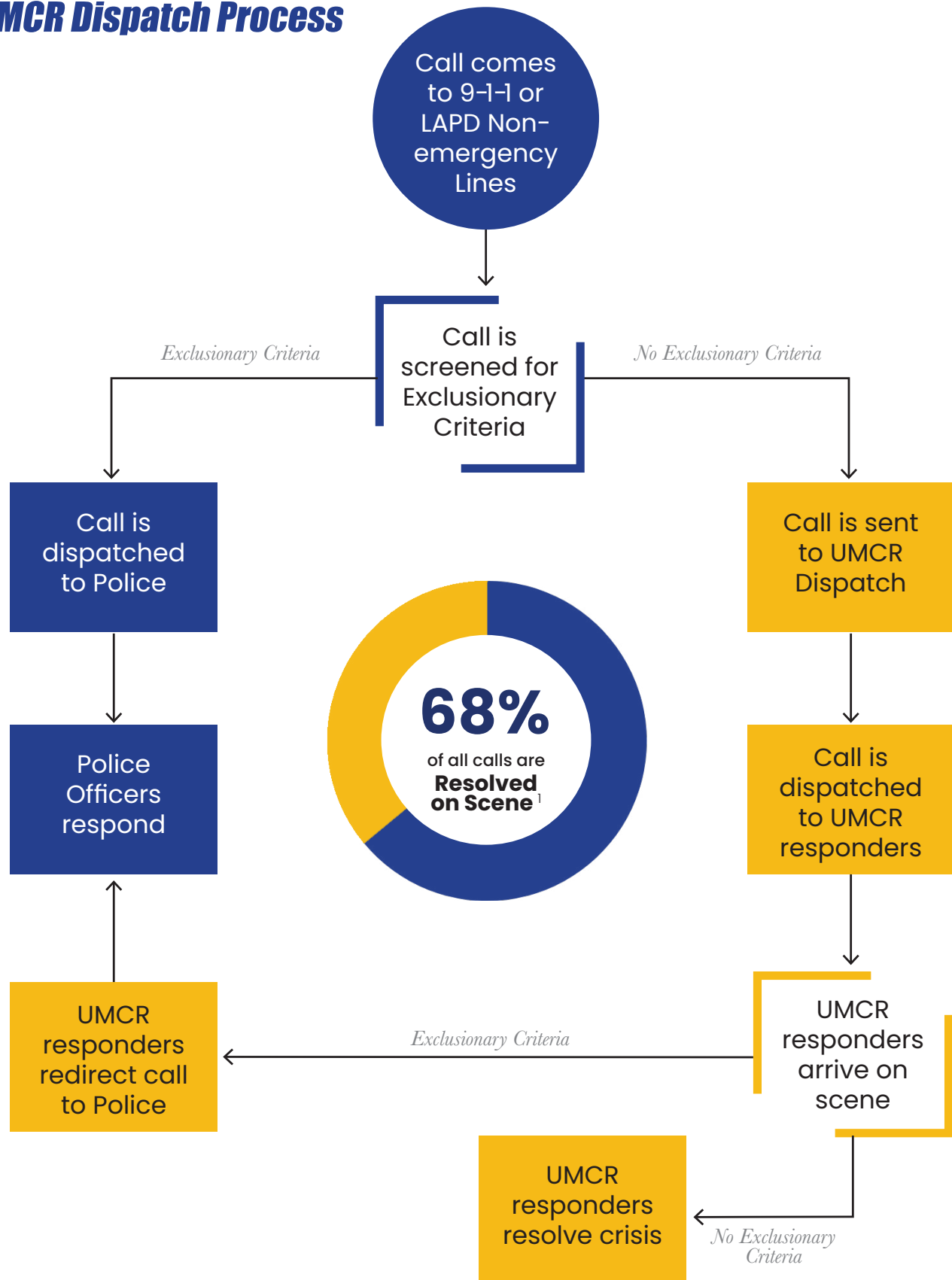
*Suspected or diagnosed with a mental illness*



### INTOXICATION

*Appears to be under the influence of alcohol and narcotics in a public space and/or private property and is not actively operating a vehicle*

## UMCR Dispatch Process



1. Calls resolved on scene are those where the crisis was resolved at the scene of the incident and includes calls with the final disposition of "Assisted - No Crisis Identified", "Assisted - On Scene", and "Assisted - Transport". Calls with a final disposition of "Gone on Arrival", "UMCR Canceled by LAPD", and "Unable to locate the individual" were not included in the total calls for this calculation.

# UMCR RESPONDERS



Unarmed crisis responders bring a unique set of skills and expertise to crisis response. Responders utilize the lowest level of intervention to resolve incidents by providing on-scene support, humanitarian assistance, and follow-up care, among other therapeutic tools.

When deployed to non-violent, non-urgent calls for service, unarmed crisis responders have been shown to minimize the potential for escalation and address critical mental health emergencies in a manner that prioritizes compassion and safety. Beyond providing more appropriate care to individuals affected by crises, unarmed crisis responders also allow LAPD more time to focus on traditional law enforcement efforts.

Responders from each of the three providers are deployed to appropriate calls in teams of two. Each provider currently services two LAPD Areas.

# *UMCR TEAMS ARE MADE UP OF TWO INDIVIDUALS WHO MAY BE...*



## **Licensed Clinicians**

Clinical leads who assess risk, determine mental health needs, and guide field decisions, including referrals to urgent psychiatric care.



## **Social Workers**

Specialists in crisis resolution and resource navigation who connect clients to housing, benefits, and long-term support systems.



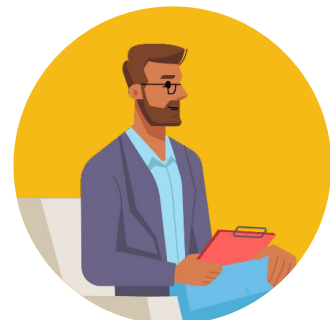
## **Community Workers**

Trusted team members who build rapport, engage hard-to-reach clients, and connect them to immediate, community-based resources.



## **Psychologists**

Experts in behavior and trauma who support clients with complex mental health conditions and contribute to individualized stabilization plans.



## **Therapists**

Skilled in de-escalation and rapport-building, therapists provide emotional support and bridge clients to outpatient mental health care.

# INTERVENTIONS DELIVERED

UMCR provides a variety of services that require different levels of engagement with clients that build on top of each other. In order to better understand the acuity and intensity of services administered as part of unarmed crisis response, the UMCR program utilizes a Tiered Intervention Framework, developed in collaboration with the Harvard Kennedy School Government Performance Lab, to categorize calls based on the services administered on-scene.

This system categorizes responses into defined levels, allowing teams to assess the effectiveness of intervention types and ensure resources are allocated appropriately to the complexity of each situation. Tracking and analyzing the percentage of calls in each tier facilitates data-driven refinements to the crisis response approach by informing program managers of the types of resources and skills needed in the field.

## *Collaboration*

The Harvard Kennedy School Government Performance Lab (GPL) is an applied research lab based in the School's Taubman Center for State and Local Government in Cambridge, Massachusetts. Launched in 2021, the GPL's Alternative 9-1-1 Emergency Response Implementation Cohort provides applied research support and technical assistance to jurisdictions that are testing, implementing, or expanding alternative 9-1-1 emergency response.

## ***Tiered Intervention Framework***



**Tier 1** interventions focus on initial contact, engagement, and rapport-building with individuals in crisis.

**38%**



**Tier 2** involves de-escalation, conflict mediation, provision of basic needs, crisis counseling, psychoeducation, suicide screening, and safety planning.

**34%**



**Tier 3** consists of referrals to substance use resources, mental health providers, community resources, shelters, and reports for abuse or neglect.

**12%**



**Tier 4** includes follow-ups and warm handoffs to substance use resources, mental healthcare providers, community resources, and shelters.

**6%**

Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework.

# UMCR CLIENTS



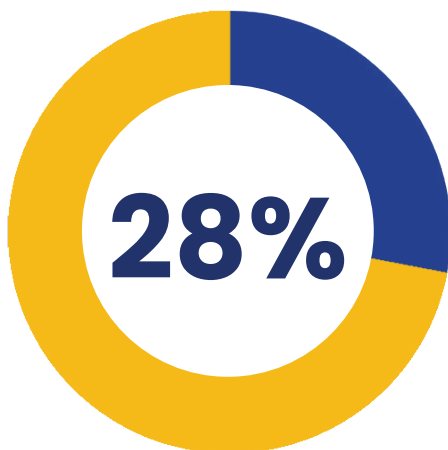
**Housed Clients**

**69%**

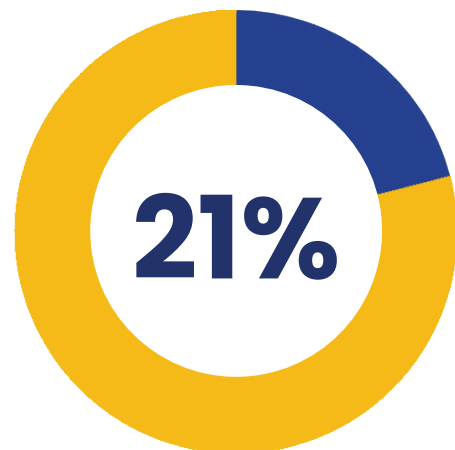


**Unhoused Clients**

**31%**



clients reported to be dealing with  
**Mental Health Disorders**<sup>1</sup>



clients reported to be struggling with  
**Substance Abuse**<sup>1</sup>

1. Calls with a final disposition of "Gone on Arrival", "UMCR Canceled by LAPD", and "Unable to locate the individual" were not included in the total calls for this calculation.



# Stories from the Field



*In June 2024, UMCR was deployed to a well-being check in a parking lot – and encountered a 21-year-old experiencing suicidal ideation. UMCR Responders listened to his trauma; they acknowledged, understood, and encouraged his feelings, and assessed him for suicidal means, intent, and plan. After determining that his risk of self-harm was critical, the responders worked to earn his trust and develop a safety plan. After having communicated his story to such active and engaged listeners, the client agreed to accept immediate linkage to mental health resources and subsequent follow-ups from the responder team.*

*During the follow-up visits, the client expressed gratitude and asked to share his experiences. Scan or click on the QR code above to listen to his conversation with Ricardo, one of the UMCR responders that helped him that night.*



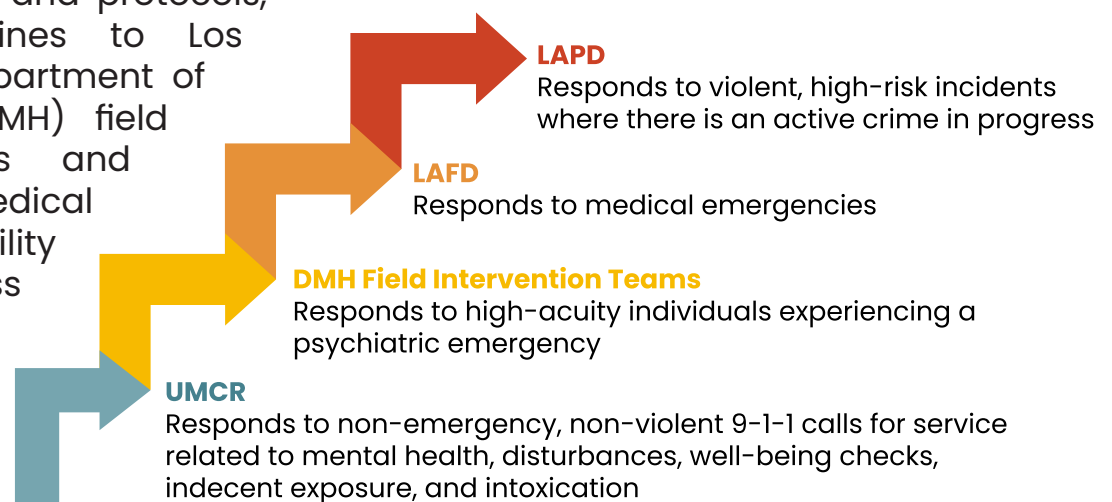
# THE CRISIS RESPONSE CONTINUUM OF CARE

The UMCR program is a vital component of an evolving crisis response infrastructure. Developed as a complementary alternative to traditional public safety and clinical interventions, UMCR fills a critical gap by responding to non-emergency, non-violent crisis calls with trained behavioral health and social service professionals.

Rather than functioning in isolation, UMCR is intentionally integrated with other crisis response efforts. When a call exceeds UMCR's scope, responders can quickly escalate to higher-acuity services through formal partnerships and protocols, including direct lines to Los Angeles County Department of Mental Health's (DMH) field intervention teams and LAFD's emergency medical services. This flexibility ensures seamless transitions between levels of care as situations evolve in real time to

ensure individuals receive the most appropriate care for their needs.

As a pilot program, UMCR has helped the City identify opportunities to build efficiencies across agency lines—improving coordination, reducing duplication, and enabling more precise deployment of limited public safety resources. This layered approach supports a more responsive and humane system, one that is better equipped to serve Angelenos in moments of crisis.

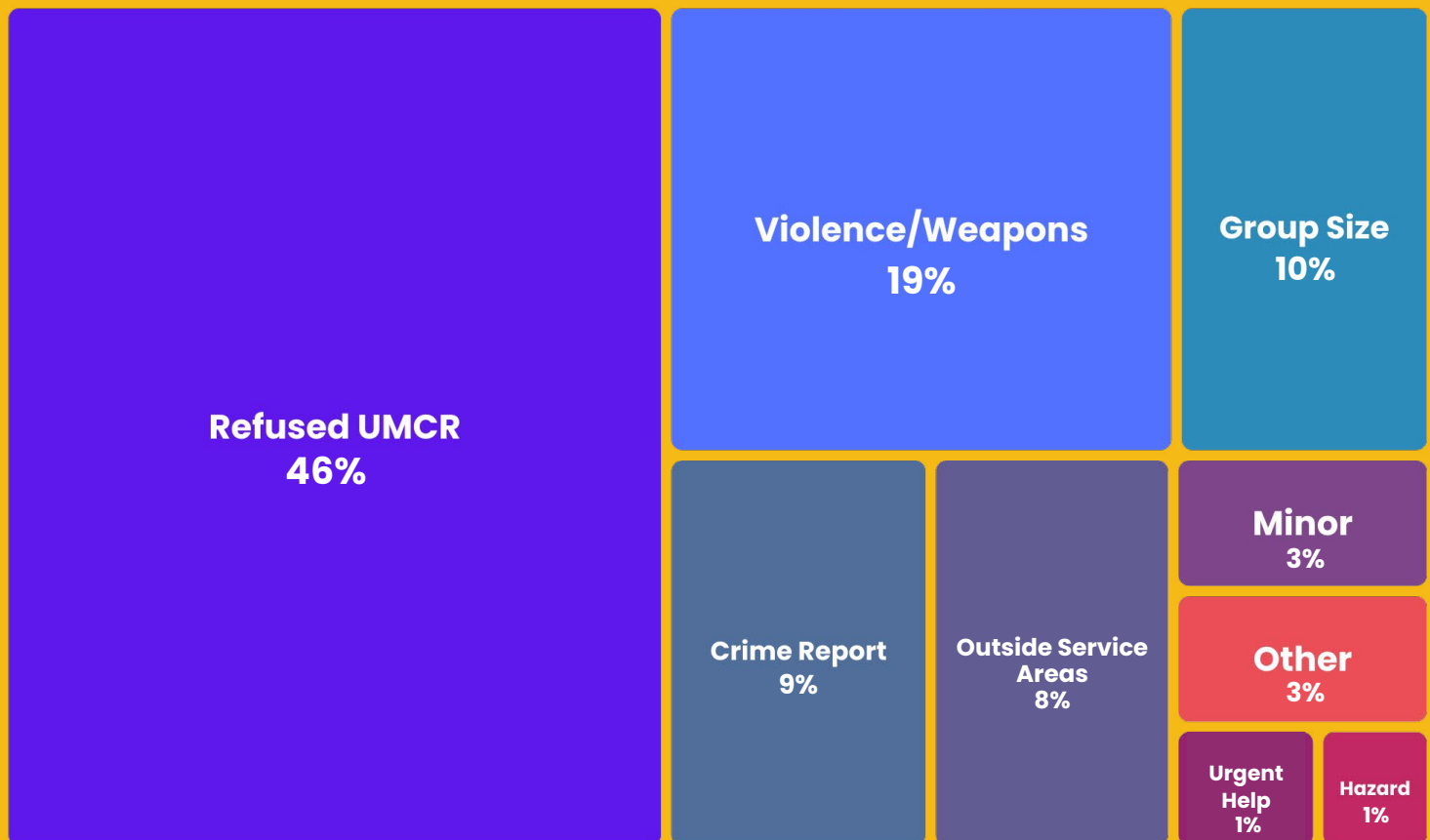




## of UMCR calls were redirected to LAPD

UMCR's primary goal is to divert select 9-1-1 calls away from law enforcement to unarmed responders. However, situations and circumstances can quickly change and some calls may ultimately require to be redirected to LAPD for a response from law enforcement. This is not only to ensure client safety, but responder safety as well.


The primary reasons for these redirects are...



**Less than 1% of calls were redirected to other agencies, including LAFD and Los Angeles County DMH**

*0.62% of UMCR calls were redirected to LAFD for an EMS response.*

*0.18% of UMCR calls were redirected to L.A. County for a higher-level response from one of their field intervention teams.*



**UMCR saves LAPD officers' time, during which officers are able to respond to higher risk calls for service.**

**6,900+  
hours**

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### **Patrol Time Saved**

*Includes the time that a UMCR team was in transit to a call, on scene, or transporting the client. Does not account for time spent on follow-ups after the initial crisis call.*





# *Stories from the Field*

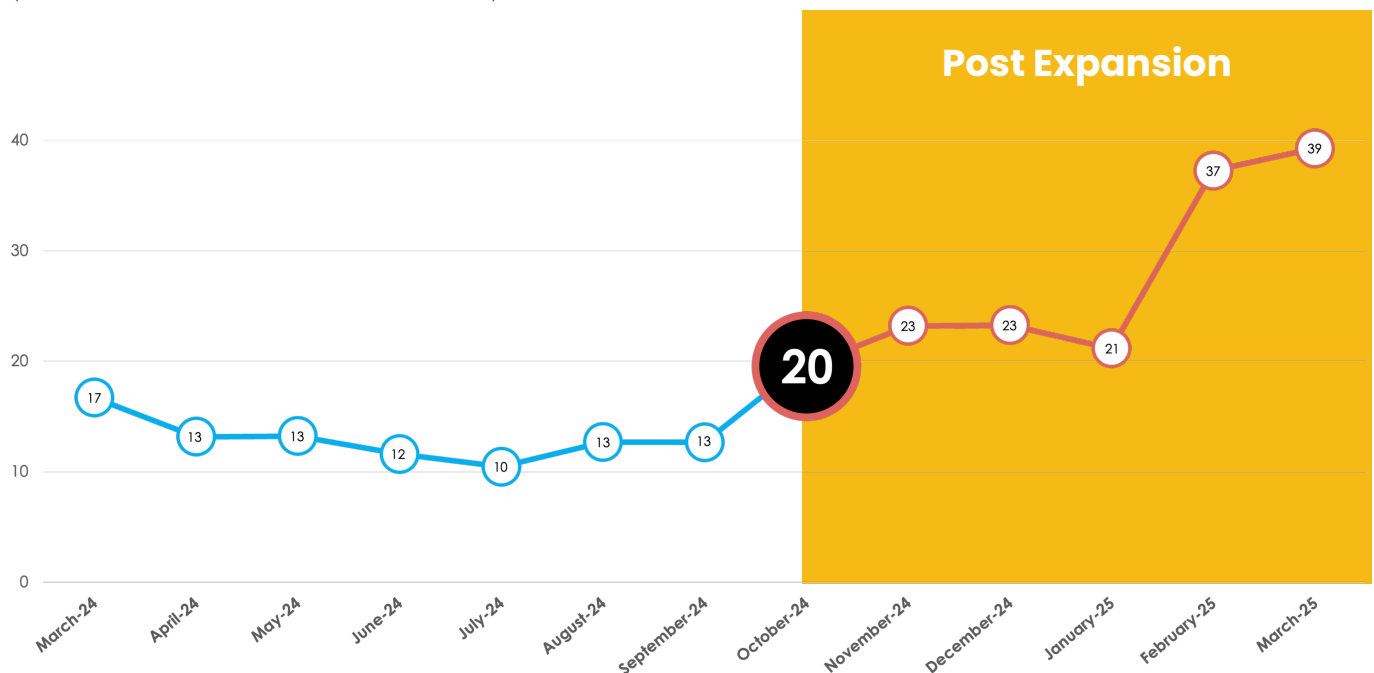
*UMCR responders were called out on a call involving two brothers, “Michael” and “Darren,” who lived with their mother and had been neglecting to care for themselves for many weeks. UMCR responders spent time with each brother getting to know them and building rapport. After twenty minutes of conversation, the brothers were willing to accept transportation to a mental health urgent care center. The UMCR responders worked with multiple facilities in order to secure a spot for each brother to receive care that same day. UMCR responders followed-up with the family days later and were told that both young men were feeling better and back home. Their mother praised the UMCR responders and expressed her gratitude for their prompt, professional and skilled services.*

# FROM LAUNCH TO EXPANSION

On October 21, 2024, UMCR expanded into the areas of West Valley, West Los Angeles, and Olympic, doubling its number of service areas. The expansion was done at no cost to the City, by collaborating with service providers to identify which areas would allow them to fulfill their capacity without incurring additional costs. The number of average daily calls to UMCR doubled after expanding into the three additional areas.

## *Average Daily Call Volume*

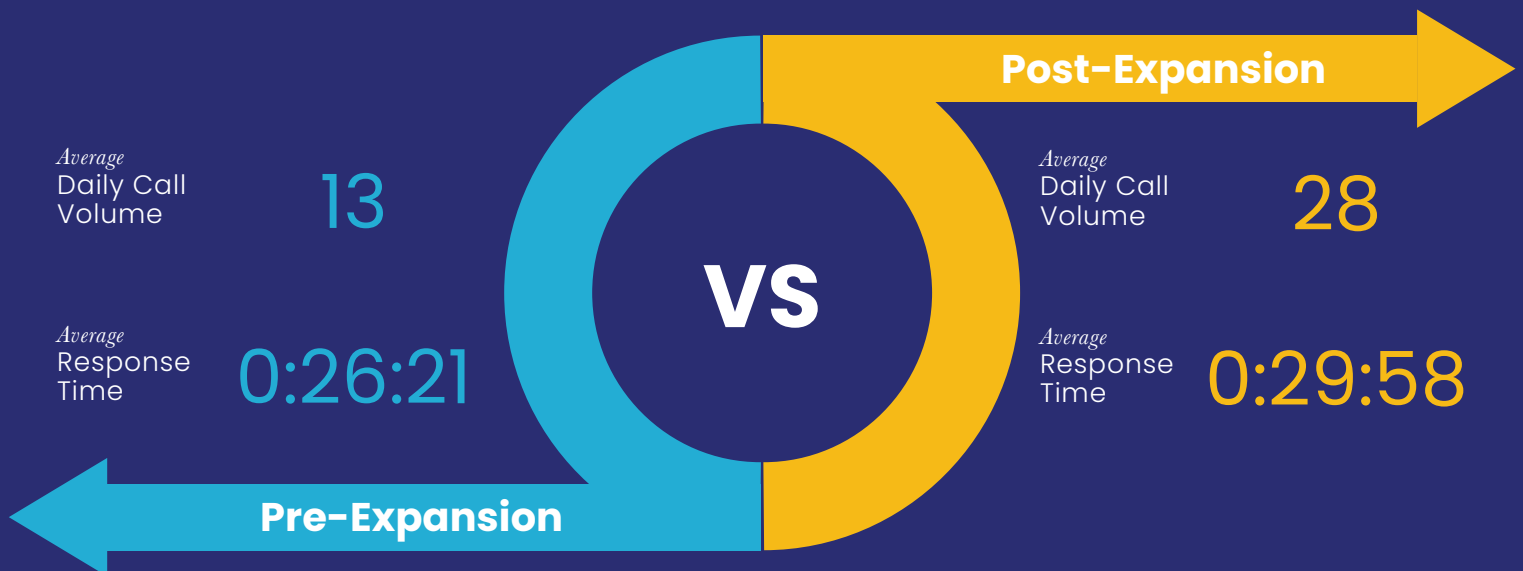
(March 12, 2024 - March 11, 2025)





**UMCR is responding to *more than twice* as many calls with *only a 15% increase* in response time.**

### ***Impact of Expansion on Key Metrics***

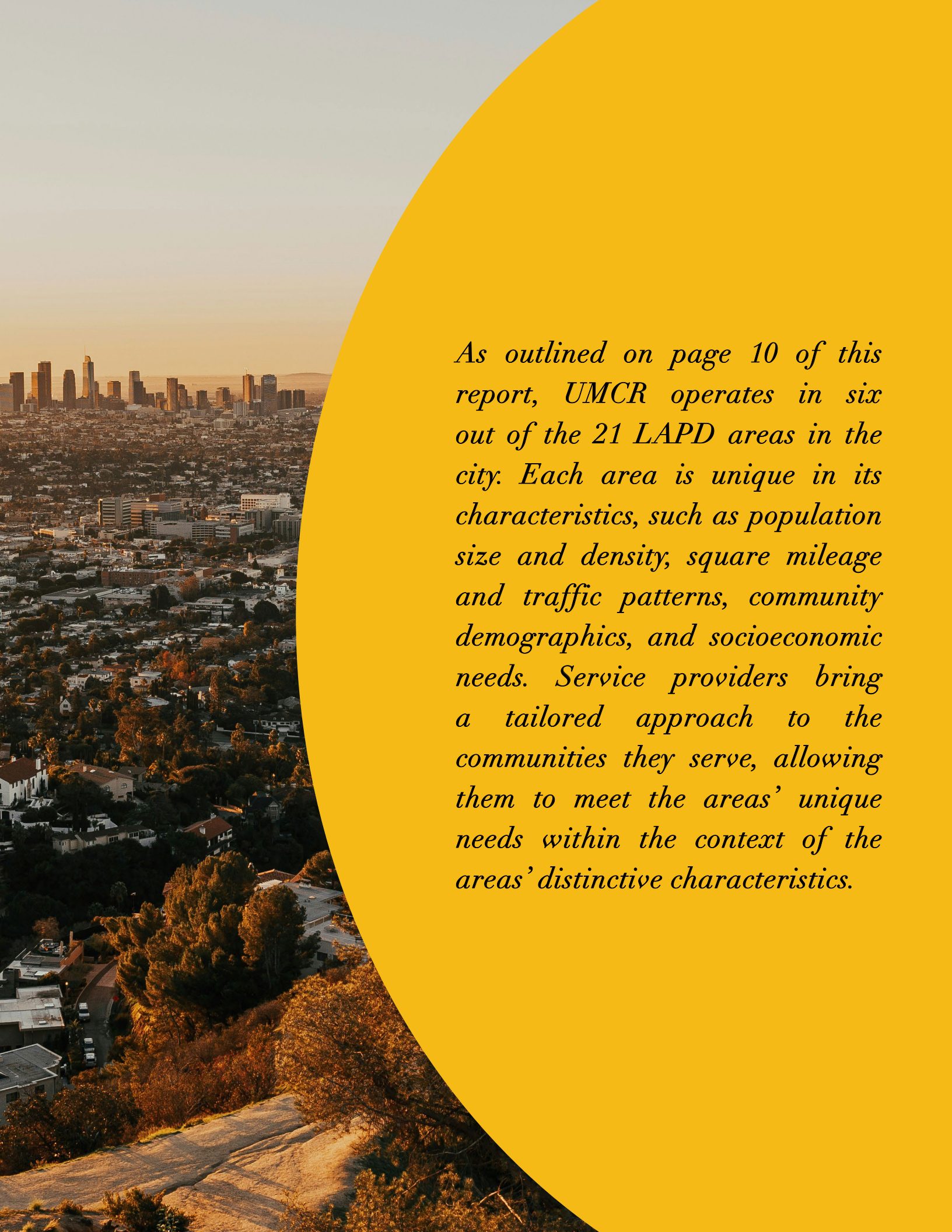




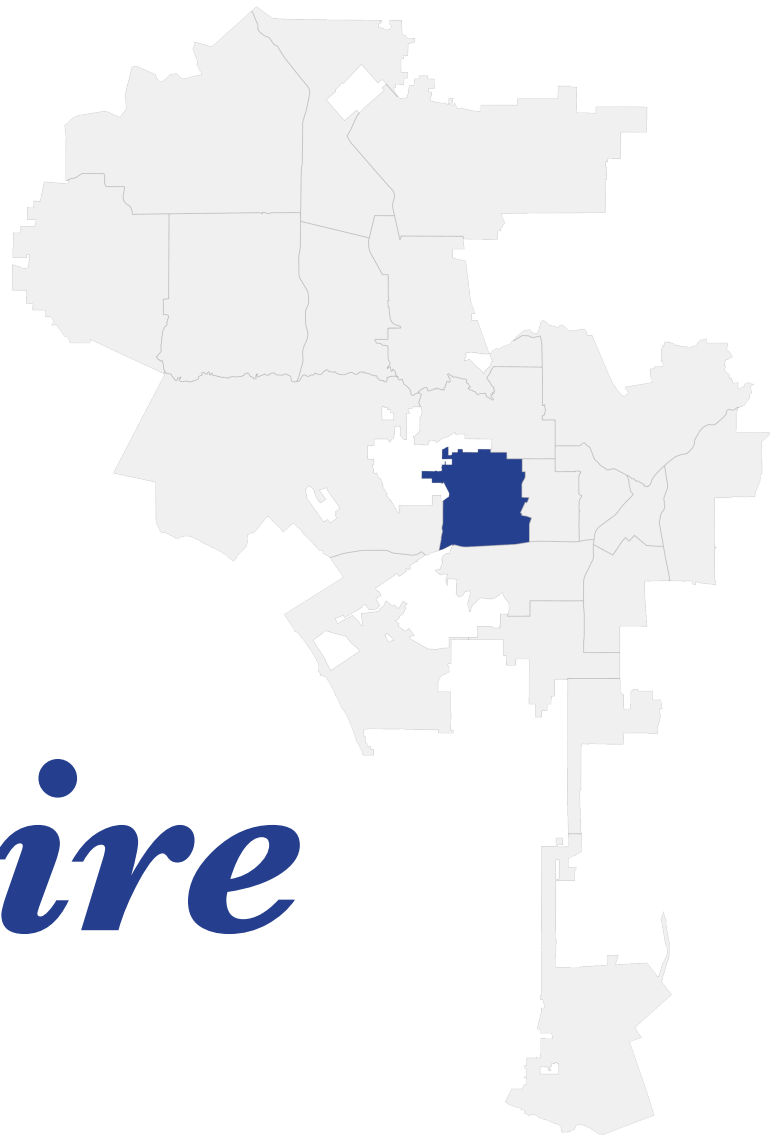
# AREA SPOTLIGHTS







*As outlined on page 10 of this report, UMCR operates in six out of the 21 LAPD areas in the city. Each area is unique in its characteristics, such as population size and density, square mileage and traffic patterns, community demographics, and socioeconomic needs. Service providers bring a tailored approach to the communities they serve, allowing them to meet the areas' unique needs within the context of the areas' distinctive characteristics.*



**AREA  
SPOTLIGHT**

# *Wilshire*

*Population*

**146,364**

*Service Period*

**3/12/24 – 3/11/25**

*Call Volume*

**2,143**



**0:33:19**

*Response Time*



**0:21:59**

*Time on Scene*



**4.9%**

*LAPD Redirect Rate*



**24%**

*Unhoused Clients*

# AREA SPOTLIGHT: WILSHIRE

## Call Types

Disturbances	53%
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Trespass / Prowler	17%
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Indication of Mental Illness	6%
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Well-being Check	9%
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Indecent Exposure	8%
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Other	7%
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## Tiers of Service

1		48%
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2		30%
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3		7%
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4		6%
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Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.



## AREA SPOTLIGHT

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# *Devonshire*

*Population*

**234,015**

*Service Period*

**3/12/24 – 3/11/25**

*Call Volume*

**1,294**



**0:26:00**

*Response Time*



**0:29:13**

*Time on Scene*



**4.6%**

*LAPD Redirect Rate*



**22%**

*Unhoused Clients*



# AREA SPOTLIGHT: DEVONSHIRE

## Call Types

Disturbances	53%
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Trespass / Prowler	15%
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Indication of Mental Illness	9%
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Well-being Check	10%
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Indecent Exposure	6%
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Other	7%
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## Tiers of Service

1		26%
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2		53%
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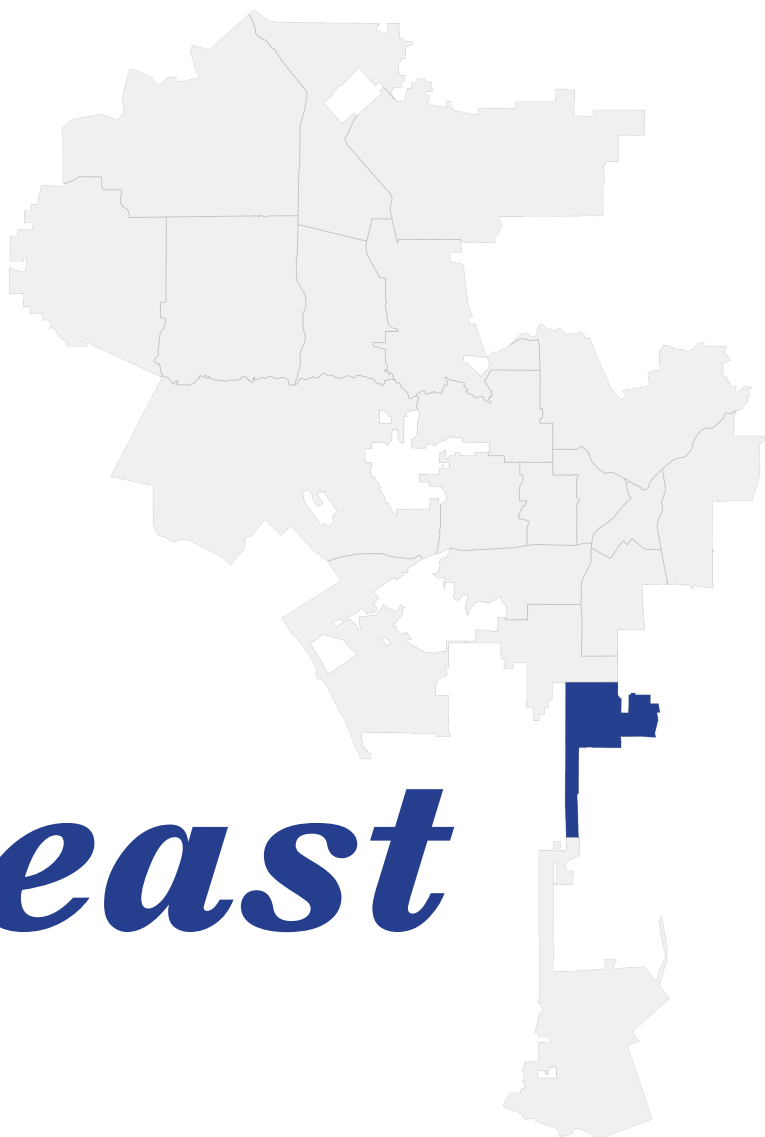
3		11%
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4		4%
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Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.

## AREA SPOTLIGHT

# *Southeast*



*Population*

**145,000**

*Service Period*

**3/12/24 – 3/11/25**

*Call Volume*

**1,038**



**0:17:02**

*Response Time*



**0:33:08**

*Time on Scene*



**3.3%**

*LAPD Redirect Rate*



**36%**

*Unhoused Clients*

# AREA SPOTLIGHT: SOUTHEAST

## Call Types

Disturbances	40%
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Trespass / Prowler	10%
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Indication of Mental Illness	19%
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Well-being Check	8%
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Indecent Exposure	9%
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Other	15%
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## Tiers of Service

1		30%
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2		19%
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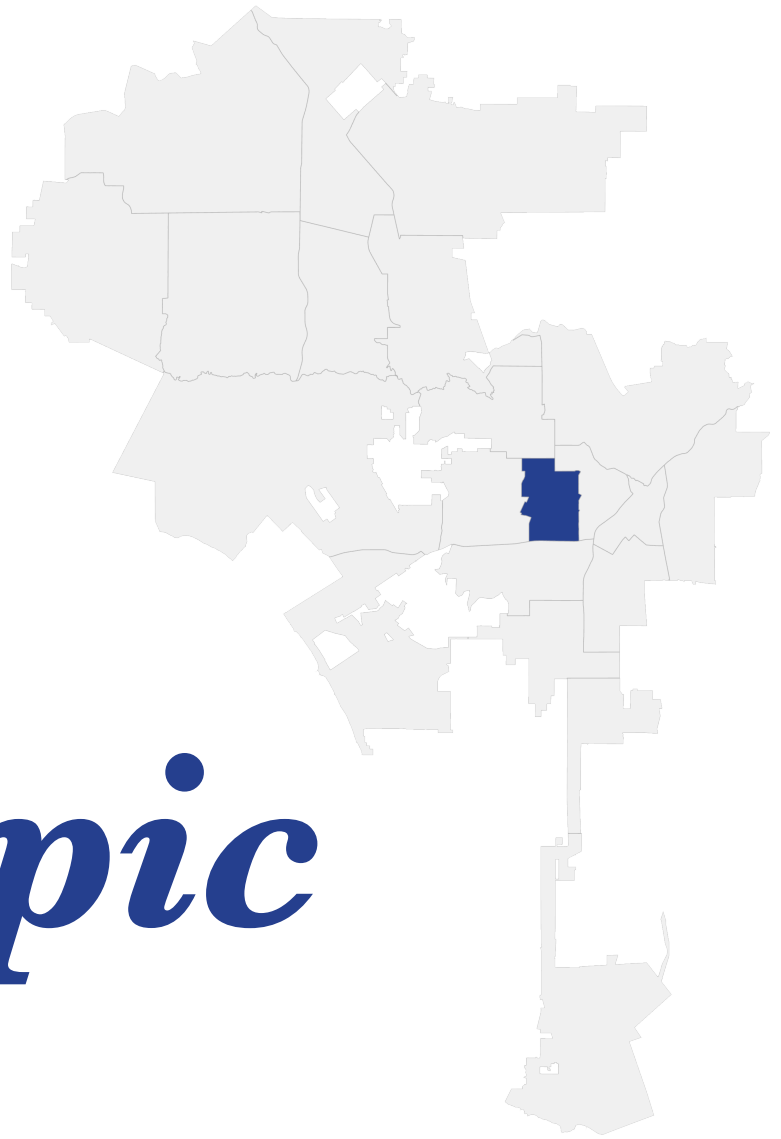
3		23%
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4		13%
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Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.

## AREA SPOTLIGHT

# Olympic



*Population*

**181,669**

*Service Period*

**10/21/24 – 3/11/25**

*Call Volume*

**666**



**0:37:54**

*Response Time*



**0:18:43**

*Time on Scene*



**2.4%**

*LAPD Redirect Rate*



**21%**

*Unhoused Clients*

# AREA SPOTLIGHT: OLYMPIC

## Call Types

Disturbances	49%
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Trespass / Prowler	29%
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Indication of Mental Illness	3%
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Well-being Check	5%
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Indecent Exposure	6%
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Other	9%
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## Tiers of Service

1		58%
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2		27%
---	--	-----

3		4%
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4		4%
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Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.





## AREA SPOTLIGHT

# West Valley

*Population*

**200,999**

*Service Period*

**10/21/24 – 3/11/25**

*Call Volume*

**472**



**0:28:48**

*Response Time*



**0:23:53**

*Time on Scene*



**5.1%**

*LAPD Redirect Rate*



**53%**

*Unhoused Clients*

# AREA SPOTLIGHT: WEST VALLEY

## Call Types

Disturbances	51%
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Trespass / Prowler	26%
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Indication of Mental Illness	4%
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Well-being Check	4%
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Indecent Exposure	5%
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Other	10%
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## Tiers of Service

1		19%
---	---	-----

2		65%
---	--	-----

3		8%
---	---	----

4		3%
---	---	----

Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.



## AREA SPOTLIGHT

# *West L.A.*

*Population*

**234,439**

*Service Period*

**10/21/24 – 3/11/25**

*Call Volume*

**1,115**



**0:27:39**

*Response Time*



**0:22:52**

*Time on Scene*



**2.2%**

*LAPD Redirect Rate*



**47%**

*Unhoused Clients*

# AREA SPOTLIGHT: WEST LOS ANGELES

## Call Types

Disturbances	50%
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Trespass / Prowler	31%
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Indication of Mental Illness	4%
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Well-being Check	5%
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---

Indecent Exposure	4%
-------------------	----

---

Other	6%
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## Tiers of Service

1		40%
---	---	-----

2		27%
---	--	-----

3		17%
---	---	-----

4		8%
---	---	----

Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.



*City of Los Angeles*

**OFFICE OF THE CITY ADMINISTRATIVE OFFICER**  
**MATTHEW W. SZABO**

*June 2025*