

REPORT FROM

OFFICE OF THE CITY ADMINISTRATIVE OFFICER

Date: June 5, 2024

CAO File No. 0220-05827-0005

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 Public Safety Committee receive and file this report inasmuch as the report is informational in nature.

SUMMARY

This report provides a status update on the City's Unarmed Model of Crisis Response (UMCR) pilot program, including an update on how the program is performing and what resources will be required for the continuation and extension of the program.

BACKGROUND

On March 12, 2024, the Office of the City Administrative Officer (CAO), in partnership with the Los Angeles Police Department (LAPD) and three non-profit service providers, Exodus Recovery, Inc., Alcott Center, and Penny Lane Centers, launched a pilot to divert non-emergency 9-1-1 calls for service to unarmed responders. This pilot, the Unarmed Model of Crisis Response (UMCR), currently is operational in three Police Areas, Southeast, Wilshire, and Devonshire. Council File 20-0769-S6 provided a summary of the UMCR pilot and efforts taken ahead of its launch to ensure success. This report will provide further information on the pilot, its first month of service, preliminary findings, and recommendations for expansion.

The UMCR Pilot will also inform the development of a multi-year transition plan and framework to create a citywide, 24/7 unarmed response program (Council File 22-0979). This Office is closely monitoring the UMCR performance, challenges, and successes to provide future guidance on expanding this program in coordination with other, existing alternative response programs.

UPDATE ON THE UNARMED MODEL OF CRISIS RESPONSE PILOT PROGRAM

Pre-Launch Phase

Identifying and triaging calls appropriate for UMCR is a key part of how Police Service

Representatives (PSRs, i.e. 9-1-1 call-takers) contribute to an effective response. PSRs are tasked with assessing risk in all the calls they receive, and, in divertable circumstances, attempting to determine whether there is a risk of violence or harm that would negate a UMCR response.

To be successful, PSRs must have clear protocols, training, and support on how and when to divert calls to crisis response teams. CAO staff participated in the preparation of PSRs prior to launch. At each of the two LAPD Communications Dispatch Centers, the CAO staff conducted presentations at roll call meetings to provide PSRs a better understanding of the UMCR program and their responsibilities with regard to selecting appropriate 9-1-1 calls for diversion. Additionally, the PSRs were provided internal training based on the Communications Divisional Order specifying when the UMCR teams will and will not respond. The procedures to operationalize the call diversions via the Computer Aided Dispatch (CAD) technology system were issued and a training video was created and sent to all Communications Division personnel along with the finalized decision tree (Attachment 1) and Divisional Order.

Prior to launch, a mandatory, in-person Kick-Off Meeting was convened to ensure responders were informed of the City's expectations and goals. Responders were advised of the background on the need for the program, the program's goals and objectives, the roles and responsibilities of team members, and best protocols and practices of civilian crisis response programs. Supervisors from the LAPD Communications Division attended as well, ensuring that everyone was aligned on the program's requirements.

UMCR Pilot Launch

The UMCR Pilot successfully launched at 8:00 a.m. on Tuesday, March 12, 2024, and began to deploy multidisciplinary teams of trained crisis responders to calls diverted by PSRs in the Southeast, Wilshire, and Devonshire areas. The UMCR dispatch center, operated by and housed at the Exodus Recovery facility, receives incidents from LAPD's PSRs via the CAD system and transfers the incident details to the mobile crisis dispatch platform, Behavioral Health Link (BHL). Utilizing GPS, BHL notifies the nearest available response team and electronically dispatches them to the location of the incident. The responder team indicates acceptance of the dispatch, and marks themselves en route. Once on scene, the team accesses the BHL platform to mark their arrival and, as an advanced safety protocol, electronically check-in every 10 minutes.

Every operating area of UMCR is staffed at all times by two teams of two responders. Responder team composition varies depending on the contracted partner (Table 1). All teams include or are supervised by licensed clinicians who bring in-depth knowledge of mental health disorders, therapeutic techniques, and evidence-based interventions.

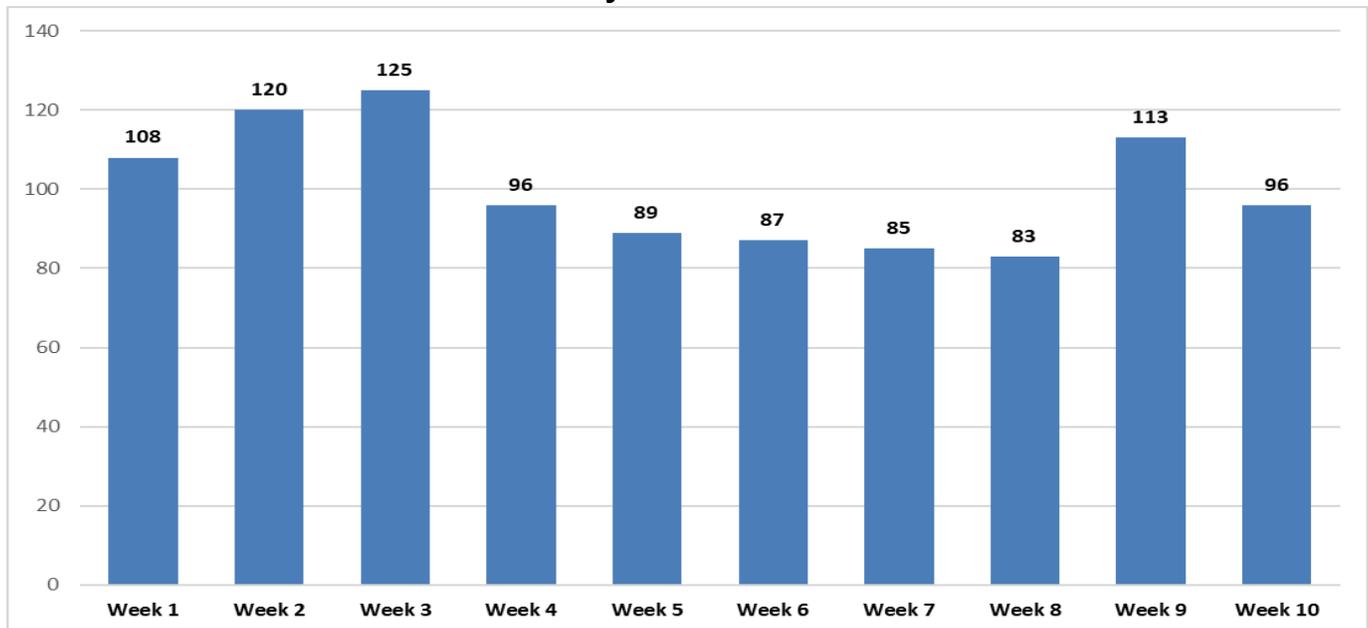
TABLE 1 - RESPONDER TEAM COMPOSITION

Contractor	Area	Responder Team Composition
Exodus Recovery, Inc.	Southeast	Licensed EMT/LVN/LPT Mental Health Specialist
Alcott Center	Wilshire	Coordinator (BA-level) Case Managers
Penny Lane Centers	Devonshire	Licensed MFT/CSW/PCC Community Workers

UMCR Performance Metrics

Data has informed all stages of program implementation for UMCR from the earliest stages of planning to ongoing monitoring and evaluation once the program launched on March 12, 2024. To evaluate if the program is achieving its intended goals and identify areas for improvement, key metrics including volume of calls and call types are tracked. Additionally, the on-scene crisis response and the interactions and outcomes of the response are gathered, including response time and time on scene, types of services and supports offered, post crisis follow-up, and transporting to other services.

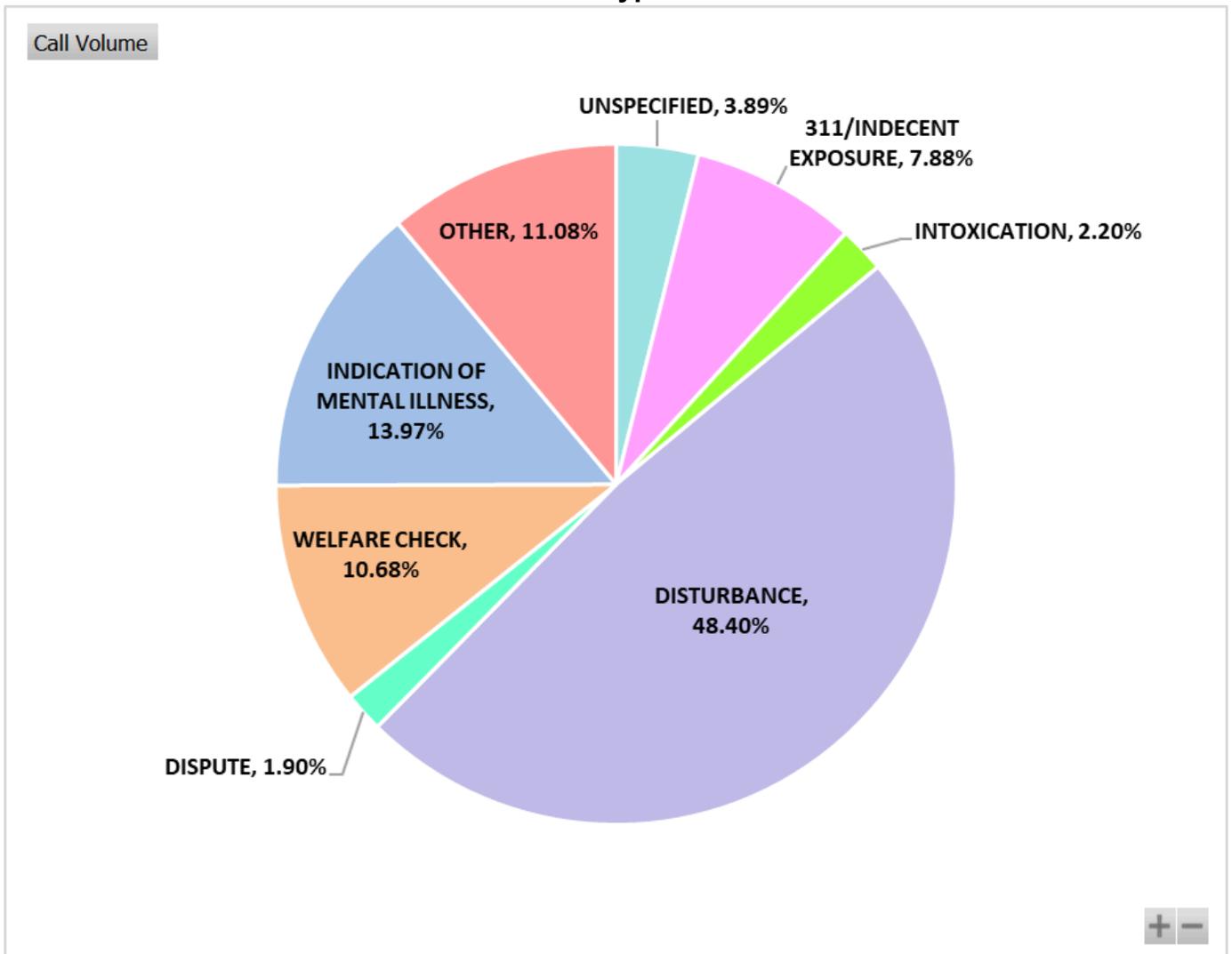
**GRAPH 1 -
Weekly Volume of Calls**



Call Volume

Call volume in the UMCR's inaugural period is stable, however Graph 1 shows a decrease in diverted calls beginning in Week 4. To address this decrease, additional proactive outreach and education for the LAPD Communications Division was conducted resulting in an upward trend in call volume. Each visit to the LAPD Communications Division increases their awareness of the availability of the program, and increases case volume to an upward trend. This office is closely monitoring trends and is prepared to adapt strategies accordingly to ensure continued effectiveness.

**GRAPH 2 -
Call Types**



Call Categories

Over the course of the initial ten weeks of the launch of the UMCR, call type and category data was collected through the program's records management system. Graph 2 reflects the information on the types of calls received by the unarmed crisis response program. Call types are categorized based on the nature of the call reported to PSRs.

Disturbances constitute a significant portion (48.40%) of the total calls received by the program. Disturbances may involve disorderly conduct, including but not limited to behaviors that disrupt public order, aggressive panhandling, public intoxication, and disruptive gathering. Interventions involve facilitating constructive dialogue and resolution between the parties involved in the disturbance, helping individuals express their concerns, identifying common ground, and working towards mutually acceptable solutions that ensure the safety of all parties involved. An example, which occurred during the first week of the program, came when UMCR responders provided support to "Diane," a woman in her 50s who has been unhoused for 20 years. She was sheltering in a laundromat on a rainy day when the owner called 9-1-1 to remove her. UMCR team members responded and engaged with Diane to understand her needs, earn enough trust to convince her to exit the laundromat, and offer her immediate shelter. Over the next several days, a UMCR Care Coordinator worked with Diane to find and apply to a shelter that met her needs. The team then drove Diane to the shelter and assisted her with a successful intake and assessment for long-term housing. As Diane awaits long-term housing, the shelter offers food, showers, and stability — and the UMCR Care Coordinator continues following up to support Diane's wellbeing.

The second highest call category is indication of mental illness, at 13.97% of total call volume. Indications of mental illness calls include individuals experiencing a mental health crisis, emotional distress, or exhibiting symptoms of severe mental illness. Interventions typically involve crisis de-escalation techniques, referrals to mental health services, and assistance in accessing appropriate resources.

Wellbeing checks, the next highest specified call type at 10.68% of total call volume, relate to concerns about the well-being of individuals. Wellbeing checks typically involve conducting wellness assessments, connecting individuals to support services, and coordinating with other agencies for ongoing assistance.

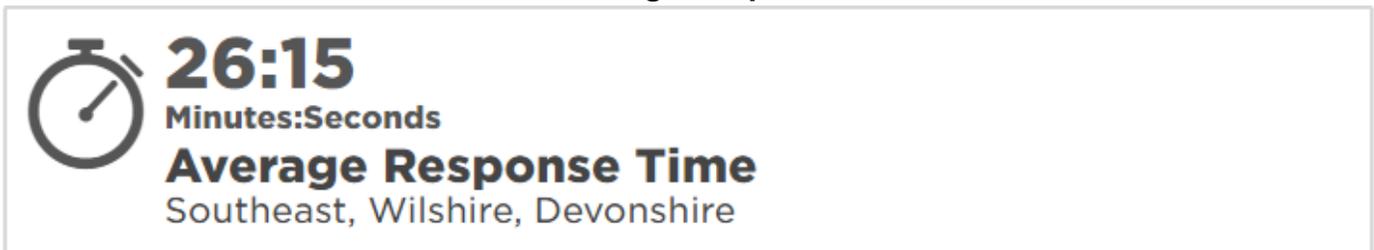
Indecent exposure calls for service make up 7.88% of UMCR calls. In these circumstances, responders are able to offer immediate and direct resources including clothing and food items and assist individuals to access ongoing resources such as housing, financial assistance, or food resources.

Calls related to intoxication make up 2.20% of UMCR's volume. Intoxicated individuals may be experiencing a drug overdose or be in need of support for addiction issues. Interventions may include providing connections to substance abuse treatment programs and offering harm reduction strategies.

Unspecified and other call types, which can include social service assistance and general assistance calls, encompass a variety of non-crisis situations where individuals seek assistance or information. “Unspecified” and “other” call types, account for 14.97% of total call volume, interventions may range from providing guidance, offering reassurance, or directing individuals to appropriate resources. During the third week of UMCR service, UMCR responded to a 9-1-1 call placed by the mother of two adult male siblings, who she reported were becoming increasingly neglectful of basic self-care. After arriving and having a discussion with the mother in the front yard, responders met with each young man separately, learned their interests, and asked if they would be willing to be seen at a mental health urgent care center. Responders found locations for both and provided transport. During a follow-up call with the UMCR Care Coordinator, the mother praised the responders’ work and reported that both of her sons were feeling better and had returned home.

The analysis of call types included in the inception period of the program highlights the diverse range of crises encountered in communities. Additionally, this analysis underscores the importance of collaboration between unarmed crisis response teams, law enforcement, social service agencies, and other community organizations. This office will continue to monitor trends in call types.

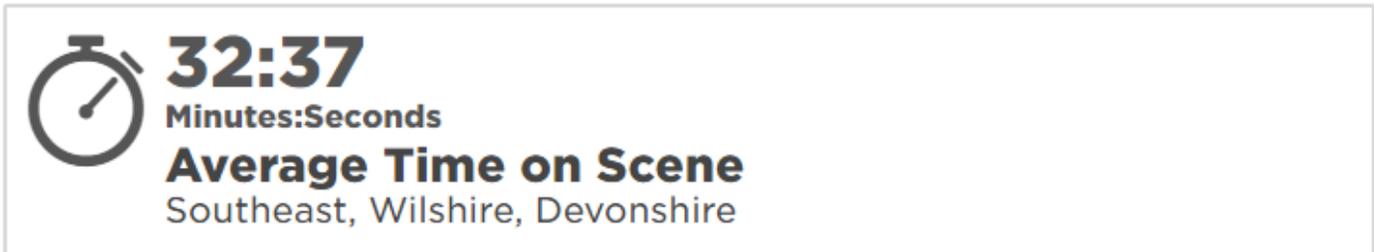
**FIGURE 1 -
UMCR Average Response Time**



Response Time

UMCR places a strong emphasis on early intervention strategies. Timely crisis response helps ensure the safety and well-being of individuals in crisis situations. By responding promptly, trained responders can assess the situation, de-escalate tensions, and prevent the potential escalation of violence or harm. Figure 1 displays the current average response time of the UMCR response teams. UMCR will continue to emphasize the importance of providing expedient responses to individuals in crisis situations and minimize delays to ensure rapid deployment of responders to crisis scenes.

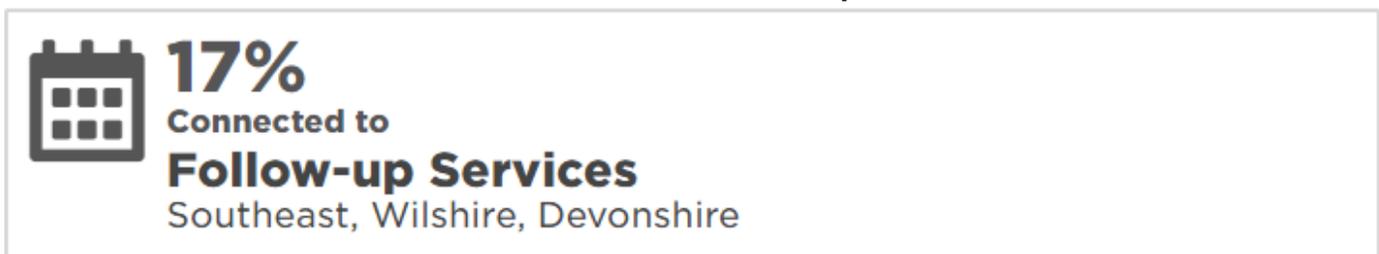
**FIGURE 2 -
UMCR Average Time On Scene**



Time On Scene

Upon arrival at the scene of a crisis, unarmed responders need to assess the situation, gather information, and develop an appropriate plan of action. This process takes time to ensure that the response is tailored to the specific needs and circumstances of the crisis. While the time on scene ranges from one minute to five hours, the average time UMCR responders remain on the scene of a crisis call is shown in Figure 2. Responders need to establish trust and build rapport with the individual before addressing the underlying issues. This approach may require additional time to ensure an effective resolution. However, unarmed responders may spend more time on scene compared to law enforcement for several reasons. Unlike law enforcement, unarmed responders do not have the authority to use force or coercion to compel compliance. Responders rely on verbal communication, empathy, and persuasion to engage individuals in crisis. This non-confrontational approach may take longer to achieve desired outcomes but it is essential for building trust and promoting long-term positive outcomes.

**FIGURE 3 -
Clients Connected to Follow-Up Services**



Follow-up Services

Follow-up services are an essential part of crisis management. Follow-up assistance provides continuity of care, risk reduction, recovery support, connection to resources, and feedback and assessment which has the potential to significantly improve the lives of individuals by providing comprehensive assistance beyond the initial crisis. Especially in the cases of mentally ill individuals, the stigma of disclosing mental health struggles and seeking treatment may cause a reluctance to accept help. Like all of UMCR's services, follow-up services are voluntary and

consent-based. Responders are trained to engage in open and non-judgmental dialogue to understand the reasons for refusing follow-up services, address any concerns and misconceptions, and explore alternative forms of support that may better align with the individual's preferences and needs.

The UMCR program has provided access to follow-up services for seventeen percent (17%) or more than 120 clients as reflected in Figure 3. Increasing the utilization of follow-up services requires a multifaceted approach that addresses barriers to engagement and highlights the advantages of ongoing care. This office continues to encourage facilitation of seamless transitions between crisis intervention, ongoing treatment, and support services.

Launch Findings

This office worked closely with the service providers, LAPD, and the City Attorney to ensure the success of the launch of the UMCR. This included identifying and troubleshooting various issues and providing timely and effective decisions regarding the program's administration. During the initial phase of program implementation, some challenges have been identified and addressed, including calls being returned to LAPD and the need to enhance documentation protocols to track program outcomes, measure impact, and identify areas for improvement.

Calls Returned to LAPD

In the inaugural month since the UMCR launched, calls for backup of armed law enforcement officers are rare. Law enforcement was requested in 5% of responses. Unarmed crisis situations often involve individuals who are in distress and experiencing a mental health crisis. In these cases, the priority is to de-escalate the situation and provide support. By focusing on empathizing, understanding, and non-violent intervention strategies, unarmed crisis responders are able to ensure the safety and well-being of all individuals involved in most crisis situations.

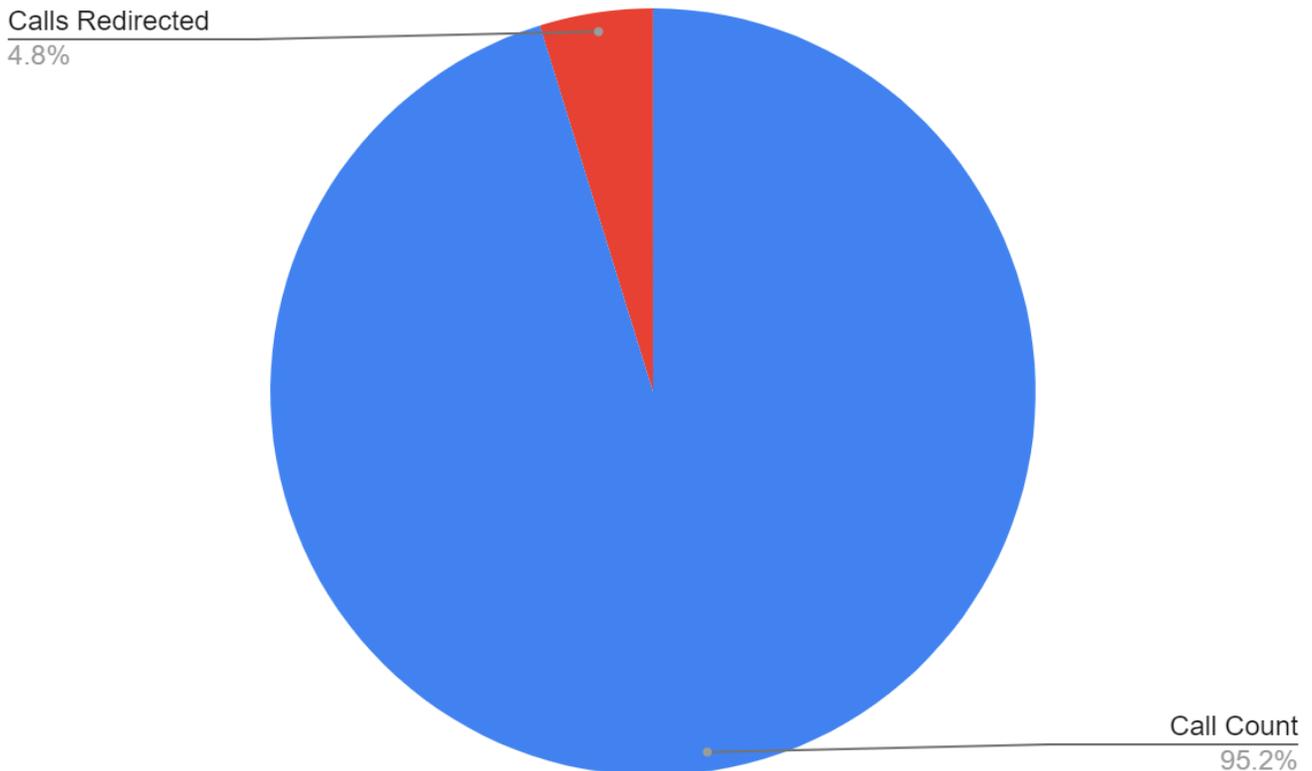
There are instances where UMCR has requested assistance from law enforcement. While unarmed crisis responders are trained in de-escalation techniques and crisis intervention, there may be instances where the situation evolves and becomes unpredictable or potentially dangerous. For example, responders were dispatched to a residence after a report that two individuals were setting up an encampment on private property. When responders arrived, there were six individuals within the encampment. Because responders are excluded from intervening when there are more than two people involved in the incident, the call was returned to the Communications Division for LAPD intercedence.

A successful crisis intervention involves obtaining background information on the individual in crisis, establishing a positive relationship, discussing the events, and providing emotional support to diffuse the situation. Responders have been trained to identify and assess the stages of crises and evaluate whether an individual remains in an acute crisis after intervention and crisis resolution techniques have been administered. If an individual in crisis remains in an agitated or distressed state, they could potentially pose a threat to themselves or others. Therefore, if a

person remains unstabilized, the case is returned to LAPD for a higher level of intervention, up to and including involuntary psychiatric hospitalization. An example of an incident that responders could not adequately resolve happened as a result of a disturbance call. UMCR Responders were dispatched to assist an individual who was experiencing a behavioral health crisis and had locked themselves inside the restroom of a privately-owned group home/ residential facility. After spending nearly two hours attempting to de-escalate, responders determined that the individual's psychiatric state prevented them from safely returning to the community and LAPD was sent to intervene. Responders remained on scene until LAPD arrived.

Overall, the collaboration between unarmed crisis responders and law enforcement is crucial in managing crisis situations effectively. Crisis responders are trained in de-escalation techniques, crisis intervention, and mental health support, while law enforcement officers have training in law enforcement procedures, risk assessment, and public safety. By combining their expertise, ensuring safety, conducting comprehensive assessments, coordinating resources, and building trust, a more holistic and effective response is provided to individuals in crisis. Graph 3 reflects the collaborative and complementary nature of the responses that required UMCR and law enforcement to work together and leverage their respective skills to address crises effectively.

**GRAPH 3 -
Cases Returned to LAPD**



Developing Documentation Protocols

Because the UMCR pilot remains in its initial stages, there is limited information available for the purposes of meaningfully measuring outcomes or assessing the pilot's overall effectiveness. However, we have recognized that a clear, systemic approach to documenting interventions and dispositions is essential to determine program impact and facilitate learning and improvement.

This Office, with the assistance of Harvard University's Government Performance Lab (GPL) and the contracted service providers, has already begun developing updates to the dispositions recorded in the UMCR records management system in order to provide more detailed records of the actions taken while on scene. In order to coordinate and integrate the documentation protocols among the three contracted providers, a small workgroup was convened to discuss the best practices. GPL, which assists jurisdictions across the nation to plan, launch, and expand alternative crisis response programs, provided pre- and post-launch research and technical assistance to support our assessment of the appropriate format and structure for documenting the nature of the UMCR responders' interaction with clients. During those sessions, this Office agreed to utilize the Subjective, Objective, Assessment, and Plan (S.O.A.P.) documentation structure.

The Subjective section should reflect the information received from the individual in crisis. Typically, this will include the individual's perception of their problem(s), how they're currently feeling, the symptoms they may be experiencing, and medical and family history. Direct quotes from the client are included here. The Objective section records the responders' objective observations on client's appearance, observable symptoms, and diagnosis and can also include a review of inputs from other health professionals. The Assessment section allows responders to record their observations and interpretation of the behaviors and feedback provided by the subject and an overview of the person's condition and progress. Finally, in the Plan section, based on the assessment, responders are taught to lay out the next steps for the individual's treatment.

Documenting crisis response interventions provides valuable information for training sessions, case studies, and skill-building exercises aimed at enhancing the competence and effectiveness of crisis responders. The S.O.A.P. documentation structure also provides a record of the actions taken during responses, and supports the decisions made by the responders. Developing and implementing consistent documentation practices will contribute to the quality and effectiveness of crisis interventions, ultimately benefiting the individual in crisis.

Next Steps

The introduction of the UMCR is an important step in addressing various types of personal and mental crises in the community. In order to meet the City's evolving needs, current efforts are focused on optimizing call volume and response times, increasing the utilization of follow-up services, strengthening relationships, improving data collection, and consistently enhancing

service delivery.

This Office is working in consultation with the Mayor’s Office of Community Safety to explore development of a centralized Unarmed Response Call and Dispatch Center that could support the City’s unarmed response efforts, including but not limited to the UMCR and CIRCLE programs. Currently, CIRCLE and UMCR operate separate call center facilities that receive and manage eligible diverted incidents from 9-1-1, requiring PSRs to spend additional time to determine which call center is appropriate for the divertable incident.

Consolidating call and dispatch operations has the potential to streamline incident diversion for 9-1-1 Communications and give PSRs a clear choice for all calls that are divertable to unarmed response programs. When PSRs receive a call meeting the criteria for diversion, they would no longer have to choose between unarmed response programs. Additionally, a single dispatch center can maintain a comprehensive database of all incidents, responses, and outcomes. The centralized data collection facilitates better analysis, helping to identify trends, measure performance, and improve responses. By merging resources, a consolidated dispatch center can also eliminate redundant roles and services.

Consolidating unarmed response dispatch centers offers numerous benefits, including improved coordination, the development of unified protocols and best practices, efficient resource allocation, and cost savings.

FUTURE OF THE UNARMED MODEL OF CRISIS RESPONSE PILOT

UMCR Pilot Extension

The current UMCR service agreements will expire on September 1, 2024, however the agreements include an option to extend the contracts for a period of one year. This Office surveyed the three non-profit partners, Exodus Recovery, Inc., Alcott Center, and Penny Lane Centers, to provide a preliminary estimate to extend the contract by 12 additional months until August 31, 2025. The initial estimates this Office received are shown below:

AREA/ ACTIVITY	COST
Devonshire	\$3,484,019.81
Southeast	\$3,555,042.78
Wilshire	\$2,535,331.00
Dispatch (Continue for existing areas only)	\$1,106,017.35
TOTAL	\$10,680,410.94

Total with 5% contingency	\$11,214,431.49
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These estimates reflect the varied staffing models utilized by each service provider. Our office is exploring extensions to these contracts so that there is not a lapse in service in September 2024, and to ensure that the pilot includes at least one full year of service delivery.

Program Expansion

As directed by the City Council, this Office is developing a Request for Qualifications (RFQ) for the potential expansion of the UMCR pilot to additional areas. This office anticipates the release of the RFQ will occur in Fall 2024.

Estimate for funding required to expand pilot area

In anticipation of releasing the RFQ, this Office has developed a preliminary estimate of the cost to expand to additional areas and ultimately citywide. This estimate is not intended to be precise, but rather to convey the potential scale of the costs of a citywide program using currently available information.

Current costs

Population Served	Year 2 - 12 Months of service
Wilshire, Devonshire & Southeast (population ~530,000)	\$10,680,410.94

Estimated costs to expand

Population Served	12 Months of Service
Initial Expansion: Three Additional Police Service Areas (population ~590,000)	\$12,820,276.75
Citywide (population ~ 3.9M)	\$83,454,401.92

To develop this estimate, this office extrapolated costs based on the number of individuals currently served by the program and scaled the costs based on the estimated populations that would be served by expansion to new areas. This estimate assumes that the current scope and scale of the program does not change, and that costs would be the same for serving other populations in LA, but it does not account for inflation.

FISCAL IMPACT STATEMENT

There is no fiscal impact to the General Fund associated with the information provided in this report. Funding for the contracts in the current year is available through the Unappropriated Balance. Any remaining funding needs should be addressed through the 2024-25 budget process.

FINANCIAL POLICIES STATEMENT

The CAO reports that the information in this report is consistent with the City's Financial Policies in that current operations will be funded by current appropriations.

MWS:MCB:AEH:HMR:VW

Attachment

LAPD 911 Triage for Diversion Programs

Version 1.4

FOR ALL CALLS: Conduct normal call interview to determine nature of incident (Who? What? When? Where? How?)

If call is one of the following call codes, conduct the Diversion Triage below:

- Suicide Attempt (DH)
- Disturbance (UMCR)
- Loitering or trespassing (CIRCLE)
- Possible Suicide Attempt (DH)
- Intoxication (UMCR + CIRCLE)
- Noise complaint (CIRCLE)
- Mental Illness (DH + UMCR)
- Wellbeing Check (UMCR + CIRCLE)
- Syringe disposal (CIRCLE)
- Possible Mental Illness (DH + UMCR)
- Indecent Exposure (UMCR + CIRCLE)
- PEH (CIRCLE)

