

**REPORT OF THE  
CHIEF LEGISLATIVE ANALYST**

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DATE: May 18, 2023

TO: Honorable Members of the Los Angeles City Council

FROM: Sharon M. Tso   
Chief Legislative Analyst

Council File No: 22-0037  
Assignment No: 22-03-0134

**Report on Unarmed Crisis Response Programs in Other Cities**

**SUMMARY**

Motion (Blumenfield, Harris-Dawson – Rodriguez, CF 22-0037), introduced on January 11, 2022, instructed the Chief Legislative Analyst (CLA) to report on the progress and cost of unarmed crisis response teams launched over the recent years including the University of California, cities within Southern California, and those identified in the September 18, 2020 CLA report (CF 20-0769).

On October 2, 2020, the City Council considered a CLA report relative to a Motion (Wesson et al. – O’Farrell) which instructed the CLA to report on crisis response programs such as the Crisis Assistance Helping Out on the Streets (CAHOOTS) program as well as other models of crisis interventions. The report provided a general overview of unarmed crisis response programs in other cities and the progress made in these cities. This report provides a status update on all programs identified in the September 18, 2020 CLA report (CF 20-0769).

**RECOMMENDATIONS**

That the City Council NOTE and FILE this report.

**BACKGROUND**

Increasing calls for service relating to behavioral and mental health, as well as populations requiring specialized care have resulted in the implementation of alternative crisis response across the country. The CAHOOTS program in Eugene, Oregon has been in service since 1989, and has become a model for similar programs across the nation. Several alternative crisis response programs, including those in Los Angeles, have been modeled after and piloted in the past several years.

The programs included in this report are all alternative unarmed crisis response programs, providing a gamut of services, intended to serve differing populations and objectives. This report provides a high-level overview of each program’s scope, history, current status, and budget. Additional information to further provide context on the scope and budget of each program is also included as appropriate.

Among the programs surveyed, the most common differentiating factors between programs have consistently been the target populations, governance structure, sourcing of program specialists (contracted or in-house), and whether a program integrates or diverts 9-1-1 calls for service. Other important recurring themes are the provision of 24/7 jurisdiction-wide service and the leveraging of grant funding (or police department diverted funds) for scaling and one-time purchases.

## **DISCUSSION**

### **Unarmed Crisis Response Programs in Other Jurisdictions**

#### *CAHOOTS - Eugene, Oregon*

The CAHOOTS program is an unarmed mobile crisis response program that provides response to “social service type” calls for service including mental health, substance abuse, and suicide threats. The program is integrated into the City of Eugene’s Police Department but is staffed and managed by the White Bird Clinic through a contract with the City of Eugene.

The program was first established in 1989 and has since expanded to provide service citywide 24 hours, seven days a week. CAHOOTS currently deploys two vans each comprised of a mental health crisis worker and an Emergency Medical Technician (EMT). The latest contract between the City of Eugene and White Bird Clinic funds CAHOOTS through June 30, 2023. The latest annual budget for CAHOOTS is \$835,656.

In preparation for the end of the existing contract, the Eugene Police Department has released a Request for Proposals (RFP) for a mobile crisis response program. A consultant report on the program is also being prepared and preliminary findings have shown that CAHOOTS has become overburdened with calls for service, impeding its ability to focus on mental health services.

#### *Expanded Mobile Crisis Response Team (EMCOT) – Austin, Texas*

EMCOT is a co-response program that provides crisis response to individuals experiencing a behavioral or mental health crisis. The EMCOT program is administered by Integral Care, Travis County’s Local Behavioral Health Authority, and was established to address growing calls for crisis service related to mental health. EMCOT works to connect individuals, on a voluntary basis, to community-based, residential, or inpatient services, also providing follow-up services for up to 90 days. Each EMCOT unit is comprised of two clinicians that provide psychiatric emergency care.

EMCOT was established in 2013 as an expansion of the Travis County’s Mobile Crisis Response Team (MCOT) program, in operation since 2006, which provides crisis response services for individuals experiencing behavioral or mental health distress. MCOT program services are requested and provided through a dedicated line. EMCOT expanded on MCOT by making behavioral health services available through the 9-1-1 crisis response system. Since its inception, EMCOT has diverted over 90 percent of its patients from jail, emergency rooms, and involuntary commitments to psychiatric facilities.

The EMCOT program was initially funded through Integral Care Delivery System Reform Incentive Payments (DSRIP) through the Section 1115 Medicaid Transformation Waiver intended to incentivize service delivery to low-income underserved patients. This funding ended in 2017 due to changes in the Medicaid waiver. The Austin City Council dedicated funds to maintain services but this resulted in a reduction to the EMCOT program's annual budget from \$1.8 million to \$1.4 million with just over 23 full time equivalent staff.

In fiscal year (FY) 2019-20, the City of Austin's EMCOT funding was increased to \$1.6 million, further being increased in FY 2020-21 to \$3.3 million using a re-allocation from the Austin Police Department's budget. For the current FY 2022-23, Integral Care's EMCOT budget is \$4,380,328, of which \$3,265,229 is from the City of Austin. Metrics tracked by EMCOT include incidents, call source, diversions, and referrals.

#### Support Team Assisted Response (STAR) – Denver, Texas

STAR is an alternative crisis response program providing mobile crisis response by unarmed emergency response teams to incidents related to mental health, depression, poverty, homelessness, and/or substance abuse. The STAR program is aimed at ensuring individuals in crisis receive the correct response and service, as well as diverting low-risk, low-acuity calls for service from first responders. The program is managed by the Denver Department of Public Health & Environment.

Each team is comprised of a behavioral health clinician, and a Denver Health paramedic or EMT. Clinical services and medical services are provided by contract through WellPower (formerly the Mental Health Center of Denver), a community service provider, and the Denver Health and Hospital Authority (DHHA) respectively.

The City and County of Denver issued an RFP for mobile crisis response, leading to the launch of the STAR program on June 1, 2020 as a six-month pilot in partnership with WellPower and the DHHA. The pilot initially deployed a single team, from 10am to 6pm, Monday through Friday in a service area in Downtown Denver. The pilot program was launched with a budget of \$208,141 in "Caring for Denver" funds. Caring for Denver was established by a 2018 Denver ballot initiative which established a sales tax increase to fund mental health services. Following the conclusion of the pilot on November 30, 2020, a STAR pilot program evaluation recommended the full implementation and expansion of the STAR program, finding that the STAR program was meeting its stated calls.

In October 2022, the City and County of Denver entered into a contract with Servicios de la Raza, a local service provider, to improve service referrals and increase accessibility to services. Currently, the STAR program deploys five teams from 6am to 10pm for seven days a week. The City and County of Denver is currently exploring the feasibility of expanding to 16 teams for 24/7 response.

The STAR program is supported by the City and County's General Fund and Caring for Denver funds. The FY 2021-22 budget provides a total of approximately \$3.8 million for the STAR program. The existing contract with WellPower (\$2,277,565) and DHHA (\$2,495,232) for the STAR program expires on December 31, 2023.

Metrics tracked by the STAR program include incidents, incident types, services provided, client demographics, geographic location, referrals, and follow-up services provided.

*Mobile Assistance Community Responders of Oakland (MACRO) – Oakland, California*

The MACRO program provides response to non-violent, non-emergency 9-1-1 calls by a team of unarmed responders to reduce call burden on the City’s emergency services. MACRO teams are intended to respond to “quality of life” calls relating to behavioral health issues, individual well-being, and community disturbances. Each MACRO Team consists of an EMT and a crisis support specialist, and are also supported by an on-call behavioral health clinician.

In 2019, the Oakland City Council allocated \$40,000 for a contract to research the feasibility of launching a program in Oakland modeled after CAHOOTS. The resulting report prepared by the Urban Strategies Council recommended the implementation of a pilot to provide service in east Oakland. The pilot was initially intended to provide service through a contract(s) with community providers as recommended by the report, but Oakland elected to have the program administered and operated by City staff.

MACRO launched on April 9, 2022 as an 18-month pilot, under then Oakland Fire Department following the establishment of a MACRO Community Advisory Board. The program deployed three teams in two service areas covering East Oakland identified as service-deficient. MACRO teams initially performed solely “on-view” or proactive response, partnering with the Oakland Police Department and Fire Department to begin response to 9-1-1 calls for service on August 1, 2022. The MACRO program currently provides response seven days a week from 6:30am to 1:45pm, and from 1:45pm to 10pm for at least three days a week.

The City of Oakland initially dedicated \$1.85 million for the MACRO pilot, funding which was made available through an allocation from a \$14.3 million reduction for Oakland’s Department of Violence Prevention. Following the program’s outreach and planning process, the funds remaining from the initial allocation were carried over to the FY 2021-2022 for a total annual budget of \$3.96 million. Further, the MACRO program received assistance in the amount of \$10 million from the State of California in the Budget Act of 2021. This funding was included with budgeted funds resulting in \$6,157,631 (FY 2021-22) and \$9,407,907 (FY 2022-23) in annual funding levels for the two subsequent fiscal years.

The metrics tracked by the MACRO program include number of incidents, incident types, call source, referrals, client demographics, incident time, and outcomes (including transfers to law enforcement or emergency rooms).

*Portland Street Response (PSR) – Portland, Oregon*

PSR is an unarmed mobile crisis response program that provides response to incidents involving individuals who may be experiencing a mental health crisis, alcohol or drug inebriation, have collapsed, yelling, or requiring a referral for services. PSR is administered by the Portland Fire and Rescue (PF&R) Department, under the Bureau of Emergency Communications. In December

2021, a new Community Health Division was established under PF&R to administer several community health programs, including PSR, previously housed under the PF&R Chief's Office. PSR is dispatched to calls reporting no access to weapons and not physically combative or threatening.

In June 2019, following efforts by community organizations led by the advocacy group Street Roots, the Portland City Council allocated \$500,000 toward developing and implementing an unarmed crisis response pilot program. In November 2019, the project implementation plan was considered and unanimously approved by Portland City Council.

The PSR program was established on February 16, 2021 as a pilot program initially providing service to the Lents neighborhood. The program expanded to two teams covering the Portland Police Department's East Precinct on November 4, 2021, and expanded citywide on March 28, 2022, following the end of the initial pilot period. PSR's initial hours of operation were Monday to Friday from 10am to 5pm. Upon the addition of the second team, through February 16, 2022, the hours of operation were divided into two shifts: one shift on Monday to Thursday from 9am to 5pm, and the second shift on Thursday to Sunday from 6pm to 2:30am. The initial pilot team was comprised of a firefighter/paramedic, mental health crisis responder, and two community health workers. The second team deployed during the pilot period comprised of a firefighter/EMT, mental health crisis responder, and two peer support specialists.

Following calls in 2020 to reduce the Portland Police Department's budget, \$15 million was reallocated from the Portland Police Department budget, \$4.8 million of which was set aside to expand PSR to multiple teams operating in different parts of the city. Those funds were placed in a set-aside account that has been accessed periodically to scale up the program. Funding comparable to the \$4.8 million set aside has been converted to ongoing funding in the City of Portland's General Fund.

As of today, six PSR teams provide citywide coverage from 8am to 10pm, seven days a week. The program is staffed by 56 full time equivalent staff with an annual budget of \$11.5 million in FY 2022-23; funded by a combination of the City of Portland's General Fund, Recreational Cannabis Fund, and American Rescue Plan Act funds.

At the inception of the pilot, the City of Portland contracted with Homelessness Research & Action Collaborative for evaluation of the pilot at six and twelve months. The evaluation covered program effectiveness, need for refinement, and sustainability. The goals of the program were to reduce police call load, reduce behavioral health and non-emergency calls, reduce emergency room transports. The metrics tracked for the program are: incidents responded to, source of the call, type of call, average response times, number of co-responses, referrals, transports, client demographics, and arrests.

#### *Street Crisis Response Team (SCRT) - San Francisco, California*

The SCRT is an unarmed, mobile crisis response program that deploys teams to 9-1-1 calls involving mentally disturbed individuals with no risk of imminent harm. The program is administered by the San Francisco Fire Department.

The SCRT was established as a 12-month pilot program on November 30, 2020 providing service in the Tenderloin neighborhood of San Francisco, deployed between 9am to 9pm, Monday through Friday. Each SCRT unit is comprised of one community paramedic, one behavioral health clinician, and a behavioral peer specialist. Behavioral health specialists are provided by the San Francisco Department of Public Health (DPH) through contracts with several community organizations.

The SCRT pilot was planned to initially deploy a single team and scale up by phasing in the deployment of six teams within one year. Full implementation of the SCRT, or Phase 2, began in June 2022, deploying seven teams providing citywide 24/7 service; and transitioning the SCRTs from SFPD dispatch to the City and County's Department of Emergency Management dispatch. This transition allowed the program to handle a wider range of calls including indoor calls, and further separated the SFPD from behavioral health crisis response. On May 2022, the final evaluation of the SCRT pilot was released, finding that the program met its objectives by decreasing police response to behavioral health incidents, provided appropriate services and referrals to clients, and lowered involuntary holds.

For its initial year, SCRT received partial funding in FY 2020-21 fiscal year in the amount of \$6,185,850. Full year funding was provided in FY 2021-22 in the amount of \$13,474,284. This budget included staffing of six teams operating seven days per week and included field staff, Office of Coordinated Care positions, management costs, and other program costs such as vehicles and technology. An estimated 60 full-time staff are anticipated to be hired to directly support the program.

Metrics tracked by the SCRT program include calls for service, response times, call source, client demographics, client outcomes, and referrals. The SCRT program provides referrals through the Office of Coordinated Care, established in April 2021 to coordinate service provision. In addition, the City and County of San Francisco concurrently deploys the Street Wellness Response Team (SWRT), Street Overdose Response Team (SORT), and EMS-6 mobile crisis response teams.

### University of California

The University of California (UC) Police Department (UCPD) was constituted under authority granted by the State of California to the UC Regents in 1947. UCPD deploys about 439 officers, providing law enforcement and security at ten campuses, five medical centers, and three national laboratories administered by the UC Regents. In 2018, UC President Janet Napolitano established the Presidential Taskforce on Universitywide Policing to review existing police practices throughout the UC system and to provide recommendations to improve university policing.

In 2021, the UC Community Safety Plan (Safety Plan) was established to provide a more data driven, service-oriented, community centric approach to public safety. The Safety Plan called for an approach including a multidisciplinary team of mental health professionals, campus police, social service providers, police accountability boards, and other personnel to prioritize campus well-being. The Safety Plan's key guidelines include a "Holistic, Inclusive and Tiered Response Model for Safety Services," noting that safety will be defined to include mental health, wellness, basic needs and bias/hate response as well as other services. The Safety Plan calls for the crisis

response teams to triage behavioral health crises, conduct wellness checks, and safely connect individuals to coordinated care, including health and social support resources. The Safety Plan provides an expected implementation timeline for actions.

The Safety Plan calls for each UC Campus to develop implementation plans to create and sustain a holistic, tiered response portfolio including defined roles and responsibilities and staffing and budget plan. The Safety Plan also called for a halt to campus UCPD hiring until each respective plan has been submitted.

Currently, each campus has submitted a plan, and is at varying stages of implementation for multidisciplinary response teams. Several campuses have initiated or proposed unarmed crisis response teams including UC Davis (Health 34), UC Irvine (Public Safety Officers), UC Riverside (Student Well-Being, Intervention and Follow-Through), UC San Francisco (Public Safety Ambassadors), UC San Diego (Psychological Emergency Response Team) and UC Santa Cruz (Campus Mobile Crisis Team). Each campus continues to progress in implementation of the Safety Plan and provide periodic status updates.

**FISCAL IMPACT**

There is no General Fund impact as a result of this report.



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