

**REPORT OF THE
CHIEF LEGISLATIVE ANALYST**

DATE: September 18, 2020

TO: Honorable Members of the Los Angeles City Council

FROM: Sharon M. Tso 
Chief Legislative Analyst

Council File No: 20-0769
Assignment No: 20-07-0700

Unarmed Models of Crisis Response

SUMMARY

On June 16, 2020, Motion (Wesson – Martinez – Harris-Dawson – et al., CF 20-0769) was introduced relative to reimagining public safety in the City. The Motion instructed this Office and the City Administrative Officer (CAO), with assistance from the Police Department (LAPD) and the Los Angeles Homeless Services Authority (LAHSA), to develop an unarmed model of crisis response that would divert non-violent calls for service away from the LAPD to appropriate non-law enforcement agencies. The Motion also instructed this Office to analyze and report back on crisis response programs such as Crisis Assistance Helping Out on the Streets (CAHOOTS) in Eugene, Oregon as well as other models of crisis intervention.

This report provides an overview of alternative models of crisis intervention and provides a summary of mobile crisis response programs currently being implemented or proposed in the United States and abroad. A report on the development of an unarmed crisis model is forthcoming, and will be transmitted to Council under separate cover.

RECOMMENDATIONS

That the City Council NOTE and FILE this report.

BACKGROUND

Crisis response is generally defined as an immediate response by qualified law enforcement, health, or emergency professionals during a crisis such as a violent crime, medical emergency, or natural disaster. These services are largely provided by governmental agencies and may be supplemented and assisted by community service providers. Mobile crisis response teams provide assistance at any location, often 24/7, where an individual may be experiencing a crisis. Mobile crisis response, in general, is solely provided by the police or other governmental entities, as healthcare providers do not have the capacity to respond to these crises 24/7 throughout a wide geographic area. In most jurisdictions, the first point of contact with a government entity tasked with crisis response is that jurisdiction's 9-1-1 system. Since the LAPD is the Public Safety Answering Point (PSAP) for the City, they are tasked with responding to a significant number of calls requiring crisis response.

Current Crisis Response Units in Los Angeles County

As the LAPD is often the first responder to crisis situations, special units, such as the Mental Evaluation Units (MEUs) and Domestic Abuse Response Teams (DARTs) have been developed to handle cases involving specialized response. These units pair specially trained officers with mental health professionals or other specialized service providers, and are often cited as some of the most innovative response models used in the United States. Referrals to these programs are generally made through 9-1-1. The Los Angeles Fire Department (LAFD) has also developed the Advanced Provider Response Units (APRUs) which are staffed with an LAFD Paramedic and an Advanced Provider such as a Physician's Assistant or Nurse Practitioner, and provide a broad scope of services outside of traditional paramedic response. The LAPD has been directed to report on its co-response units (CF 20-1088) and the LAFD has been directed to report on the inclusion of mental health professionals to APRUs (CF 20-0769-S1).

Similarly, Los Angeles County has created Mental Evaluation Teams (MET) which pair a Sheriff's Department Deputy and a Department of Mental Health clinician and task them with responding to cases involving mental health issues. The County operates several other programs such as the Psychiatric Mobile Response Teams to provide mental health evaluations for those under involuntary detention within a limited geographic service area; and the School Threat Assessment Response Team (START) which provides services to youth at risk for school violence. LAHSA implements the Homeless Outreach Teams (HOT) which provide services to individuals experiencing homelessness and has created the Los Angeles Homeless Outreach Portal (LA-HOP) to allow for referral for outreach services to individuals experiencing homelessness.

DISCUSSION

Motion (Wesson – Martinez - Harris-Dawson – et al., CF 20-0769) states that the City must develop a systematic crisis response plan that directly connects people in need with relevant service providers and replaces the law enforcement presence in non-violent, non-criminal situations with trained crisis response professionals. Following the nationwide protests over the murder of George Floyd in Minneapolis, calls for a reduced role of law enforcement in non-violent calls has been reiterated. The need for alternative unarmed models of crisis response has grown out of concerns related to the increased rates of arrest and use of force by law enforcement against individuals dealing with mental illness, persons experiencing homelessness, or persons of color. Armed response has been noted to be incompatible with healthcare needs or the need for other services, including service for the unhoused community. The cost of healthcare provision has also been presented as a more cost-effective alternative to armed response.

The following is an overview and analysis of various crisis response models that may be of interest as the City determines the best path forward on this issue. A summary of these models is provided on Attachment 1 of this report.

Alternative Crisis Response Models

CAHOOTS - Eugene, Oregon

The Crisis Assistance Helping Out on the Streets (CAHOOTS) program provides mobile crisis intervention in the Eugene-Springfield Metro area. The program is integrated into the City of Eugene's Police Department (EPD) but is staffed and managed by the White Bird Clinic through a contract with the City of Eugene. The CAHOOTS program provides crisis intervention response to incidents related to mental health, substance abuse, suicide threats, as well as providing conflict resolution and welfare checks.

The CAHOOTS program was established in 1989, with the first shift funded by EPD. Initially, the CAHOOTS program provided services 40 hours a week in Eugene but has since expanded to 24-hour service, and has broadened in geographic scope to serve portions of neighboring Springfield. The program has grown from one crisis response van to four and currently employs approximately 50 individuals.

As noted above, the CAHOOTS program currently operates four city-owned vans that are staffed by a minimum two-person team. These teams consist of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience in the mental health field. Each team is equipped with the appropriate city radio equipment to respond to calls. Calls received are triaged based on urgency and teams that are deployed assess the situation and provide immediate aid if necessary. Responders are able to provide aid related to crisis counseling, suicide prevention, assessment, intervention, conflict resolution and mediation, grief and loss counseling, substance abuse, housing crisis, first-aid and non-emergency medical care, resource connection and referrals, and transportation to services.

The City of Eugene's 9-1-1 dispatchers are trained to recognize situations with a behavioral health component for which an armed response is not necessary, and route those calls to CAHOOTS. The program is implemented through a non-emergency response number in Springfield. As the community has become increasingly aware of the CAHOOTS program and the services it provides, calls specifically requesting a CAHOOTS response have become more common.

The CAHOOTS response staff are not armed and do not perform any law enforcement duties. If a request for service involves a crime, potentially hostile individual, or potentially dangerous situation, the call is referred to the EPD. CAHOOTS reports that the leading types of services for clients experiencing homelessness are welfare checks, wound care and other forms of light medical needs, and transport to shelter or medical care. According to the White Bird Clinic, the CAHOOTS program receives an annual budget of \$2.1M, approximately 2 percent of EPD's operating budget, and responded to 17 percent of calls for service in Eugene in 2017.

As CAHOOTS is one of the oldest unarmed crisis response models in the United States, it is also frequently cited as a model for other jurisdictions to adopt. Proponents of the CAHOOTS program note that the program not only reduces reliance on police for non-emergency calls, but it is also far more cost effective than using sworn officers for these types of calls.

EMCOT - Austin, Texas

Austin's Expanded Mobile Crisis Outreach Team (EMCOT) provides a 24/7 mobile mental health crisis response service. The service is provided by the Integral Care, the County of Travis' mental health authority, in partnership with the City of Austin. The program provides co-response of a team of medical and mental health professionals with law enforcement for cases involving mental health issues.

The EMCOT connects individuals with community-based, residential, or inpatient services depending on need and provides follow up services for up to 90 days. These services can include assessments, case management, medication management, crisis services, and counseling. Since beginning operation in Austin in 2013, EMCOT has been able to address emergencies without involving law enforcement in 85 percent of calls dispatched to a mental health professional.

The EMCOT was initially funded by a Section 1115 Medicaid Transformation Waiver (Social Security Act) which can be awarded to programs that further the objectives of the Medicaid program. This funding source has since been replaced by joint funding from the City of Austin and Travis County. In recent years, the City of Austin has provided funds to expand collaboration with the city and county dispatch centers. The annual budget for EMCOT in 2018 was \$1.4M with approximately 23 full time equivalent (FTE) staff.

In response to recent calls for reduction to police funding and armed response, the Austin City Council included a reduction of approximately \$8.1M to the Austin Police Department in the 2020-2021 fiscal year, a 1.9% decrease of the total budget. \$2.7M will be reallocated to emergency mental health response. The remaining reallocation will be invested in the police oversight, mental health services, affordable housing, racial bias training, and an investment in the new Civil Rights Office to enforce discrimination laws.

STAR - Denver, Colorado

The Support Team Assisted Response (STAR) is a mobile crisis unit pilot program established on June 1, 2020, in order to remove police from non-violent situations and provide assistance to those in need. The service is provided through a contract between the Denver Police Department and Mental Health Center of Denver in collaboration with the Denver Hospital Authority. The STAR dispatches a unit to low-risk 9-1-1 calls for individuals experiencing mental health crises, depression, poverty, homelessness, and/or substance abuse. The program is based on Eugene's CAHOOTS program model.

The term of the pilot is six months and a single van currently operates from 10:00am to 6:00pm Monday through Friday, providing service to Denver's downtown area. Historic 9-1-1 call data was used to define the geographic scope and hours of operation for the pilot. Calls appropriate for STAR response are dispatched through Denver's 9-1-1 center. Dispatchers have undergone training in order to judge what calls are appropriate for a STAR response.

The STAR van is staffed with a Licensed Clinical Social Worker and a paramedic. In total there are two clinicians and four paramedics to cover the shifts. The budget for the pilot program is \$78,000, which covers the cost of the clinicians, but costs were kept low by repurposing an old van and partnering with the hospital authority to provide paramedic services. The program is

funded through a grant from Caring 4 Denver, a local ballot initiative adopted in 2018 that directly funds mental health and substance abuse programs through tax dollars.

After completion and evaluation of the pilot, the City of Denver is expected to procure an operator for a full program covering the entire city with at least 5 to 7 vans through a request for proposals.

MACRO - Oakland, California

The Mobile Assistance Community Responders of Oakland (MACRO) is a proposed pilot program that will provide mobile crisis response to 9-1-1 calls in Oakland for non-violent incidents, using a mental health professional and an Emergency Medical Technician instead of an armed response. As with Denver, this model would be based on the CAHOOTS program model. Although the final pilot implementation plan is still under consideration, the program will receive initial funding of \$1.85M through the Oakland Department of Violence Prevention (DVP). A large portion of this funding was made available through a recent \$14.3M reduction in the DVP's budget.

The City of Oakland has provided funds for a comprehensive feasibility study for an unarmed crisis response completed by the Urban Strategies Council. The proposal as outlined in the feasibility study would be a 12-month pilot operating 24/7 services in a narrowly defined geographic area with strong referral resources, a population with increased risk of negative police intervention, a sizable underserved mental health and unhoused population, and diverse communities. The MACRO teams are envisioned to collaborate closely with the Oakland Police Department dispatch.

The feasibility study also includes discussion of allowing unlicensed mental health professionals to participate in the program to increase cost-effectiveness and allow the employment of non-traditional applicants. The study notes that unlicensed responders acting within their scope of practice were not found to increase liability. The structure of the program and whether the program should be implemented by governmental agencies or community organizations is also under consideration.

Although the proposed pilot would be based on the CAHOOTS program model, the feasibility study notes the difference in diversity between Eugene and Oakland and notes the need for cultural competencies.

PSR - Portland, Oregon

The Portland Street Response (PSR) is a proposed pilot program to provide non-emergency response to people who are experiencing a mental health crisis or have a non-urgent medical issue. The proposal would deploy responders trained in behavioral health, crisis intervention, and medical assistance, to reduce police and firefighter interactions with those who have not committed a crime nor require emergency medical attention.

The Portland City Council approved the Portland Street Response implementation plan, along with a \$500,000 budget, in November 2019. The implementation plan proposes operating times of 10:00am to 6:00pm from Monday to Friday, and would consist of one two-person team for a

one-year term, with a second team joining six months into the term. Each team would be trained with a mixture of medical and crisis worker skills and would be housed in the Portland Fire and Rescue Department.

Originally, the pilot was intended to provide services in the Lents neighborhood, where 9-1-1 calls rose over 20 percent in the last year, and was expected to begin operation in spring of 2020. However, the pilot was delayed by the COVID-19 pandemic. Further, after calls to reduce the budget of the police department, the Portland City Council approved a \$15M reinvestment of police funds. \$4.8M will be reinvested into Portland Street Response to expand the number of teams and the geographic scope of the pilot. The City of Portland is working to launch a pilot program in the spring of 2021.

PAM - Stockholm, Sweden

The Psychiatric Emergency Response Team (PAM) responds to emergency calls related to severe mental health or behavioral distress, with a focus on those exhibiting suicidal behavior. Each PAM team is staffed by two specialized psychiatric nurses and a paramedic who collaborate with police, ambulance, and rescue services. The program was provided by Stockholm County in collaboration with the North Stockholm Psychiatric clinic and Ambulance Care in Greater Stockholm (AISAB). The services are delivered through cooperation with Stockholm County's Emergency Call Center (ECC). An emergency call operator dispatches the PAM after assessing the emergency call as a psychiatric emergency situation appropriate for mental health services.

The program was created in 2015 in response to high suicide rates and the need for improved outcomes in healthcare for those requiring mental health services. The program was also aimed at addressing the stigma associated with psychiatric problems. Stockholm County's Psychiatric Emergency Department provided 24/7 psychiatry emergency service but lacked the capacity to respond to emergency situations. These cases were handled by the police and often resulted in police transport to the Psychiatric Emergency Department. In 2011, a two-week pilot program was conducted in Stockholm with a single nurse accompanying a police unit. The full program was implemented in 2015 for a term of two years following the success of the pilot. Following positive response from the police department, health care providers, patients, and the public, the program was adopted as a permanent service in 2017. The cost of full implementation in 2017 for the PAM program was \$6.5M.

San Francisco, California

San Francisco Mayor London Breed has announced the creation a 24-Hour Street Crisis Response Team that would respond to calls related to behavioral health emergencies in lieu of law enforcement. These response teams would be equipped with one paramedic, a behavioral health clinician, and a behavioral health peer.

The program will be funded with \$4M from the city's general fund in the 2020-2021 and 2021-2022 budgets. The program may receive additional funding through a business tax reform measure that will be considered by voters in November 2020.

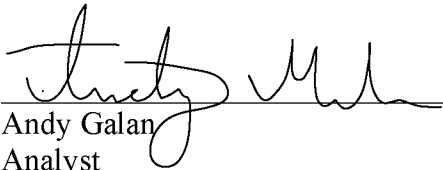
In the past, San Francisco has also implemented programs such as CONCRN, a program that provided an alternative to 9-1-1 and used a crisis reporting app and peer responder teams who were trained in de-escalation to provide crisis intervention and linkage to services. The program was shuttered in 2019, as it was unable to overcome challenges with maintaining consistent peer responders, managing volunteers, and scalability.

CONCLUSION

Unarmed mobile crises response programs are provided throughout the United States by several differing jurisdictions and municipalities. These programs are largely provided by municipalities in collaboration with non-profits or governmental public health providers. Additional municipalities including but not limited to the cities of Sacramento, CA, Albuquerque, NM, and Minneapolis, MN have recently taken steps to replace law enforcement responses to non-violent calls with alternative healthcare and unarmed responses. As noted within this report, many are based on the CAHOOTS program model which has been in operation for 31 years and services a variety of calls 24/7. Further models in France, England, and Australia provide for unarmed public safety officers to address non-violent calls and allow armed officers to increase responsiveness to violent or other appropriate emergency calls.

FISCAL IMPACT

There is no General Fund impact, inasmuch as this report is informational.



Andy Galan
Analyst

Attachment 1. Summary of Unarmed Response Models

SUMMARY OF UNARMED CRISIS RESPONSE MODELS

Name	City	Description	Status	Annual Budget
The Crisis Assistance Helping Out on the Streets (CAHOOTS)	Eugene, Oregon	Provides mobile crisis intervention response to incidents related to mental health, substance abuse, suicide threats, as well as providing conflict resolution and welfare checks. Teams are staffed by two-person teams including a medic and crisis worker in collaboration with the White Bird Clinic.	Full Program Implementation	\$2.1M
Expanded Mobile Crisis Outreach Team (EMCOT)	Austin, Texas	Provides 24/7 mobile mental health crisis co-response of a team of medical and mental health professionals with law enforcement for cases involving mental health issues. The service is provided by Integral Care, the County of Travis' mental health authority, in partnership with the City of Austin.	Pilot Program underway	\$1.4M
Support Team Assisted Response (STAR)	Denver, Colorado	Mobile crisis pilot program to provide assistance to individuals experiencing mental health crises, depression, poverty, homelessness, and/or substance abuse. Teams will include a Licensed Clinical Social Worker and a paramedic. The service is provided by the Denver Police Department and Mental Health Center of Denver.	Pilot Program underway	\$.078M
Mobile Assistance Community Responders of Oakland (MACRO)	Oakland, California	Proposed pilot program that will provide mobile crisis response for non-violent incidents, using a mental health professional and an Emergency Medical Technician in lieu of an armed response. The program would be provided through the Oakland Department of Violent Prevention.	Proposed Pilot	\$1.85M
Portland Street Response (PSR)	Portland, Oregon	Proposed pilot program to provide non-emergency response to those experiencing a mental health crisis or non-emergency medical issue by responders trained in behavioral health, crisis intervention, and medical assistance. The program will be provided through the Portland Fire and Rescue Department.	Pilot Program to begin in 2021	\$4.8M
Psychiatric Emergency Response Team (PAM)	Stockholm, Sweden	Responds to emergency calls related to severe mental health or behavioral distress, with a focus on those exhibiting suicidal behavior. Each team is staffed by two specialized psychiatric nurses and a paramedic who collaborate with police, ambulance, and rescue services.	Full Program Implementation	\$6.5M
24-Hour Street Crisis Response Team	San Francisco, California	Proposal announced by San Francisco Mayor London Breed for a crisis response team that would respond to calls related to behavioral health emergencies in lieu of law enforcement. These response teams would be equipped with one paramedic, a behavioral health clinician, and a behavioral health peer.	Announced	\$2M