

**REPORT OF THE
CHIEF LEGISLATIVE ANALYST**

DATE: April 5, 2023

TO: Honorable Members of the Los Angeles City Council

FROM: Sharon M. Tso 
Chief Legislative Analyst

Council File No: 20-0769-S5
Assignment No: 22-05-0295

City of Los Angeles' Unarmed Crisis Response Programs

SUMMARY

Motion (Martinez – Wesson), introduced on April 8, 2022, instructed the City Administrative Officer (CAO), Chief Legislative Analyst (CLA), and any other relevant departments, to report on all existing unarmed crisis response programs implemented by the City. The Motion requested the inclusion of information including budget, scope, model of service, target population, and metrics for each existing program.

On October 14, 2020, the City Council directed the CAO to develop and issue a Request for Proposals (RFP) to implement a pilot unarmed crisis response program, modeled after the Crisis Assistance Helping out on the Streets (CAHOOTS) Program, to dispatch service providers for non-violent calls for service that may relate to mental health, substance abuse, suicide threats, behavioral distress, conflict resolution, or welfare checks (CF No. 20-0769). On March 11, 2022, the CAO released the RFP with a deadline of April 25, 2022. The CAO report on this RFP will be submitted to Council under separate cover.

This report provides background on crisis response models, as well as an overview of the unarmed crisis response programs currently implemented by the City. The overview provides scope, model, program structure and history, budget, and metrics tracked. As of February 28, 2023, the City operates five unarmed crisis response programs, providing a mobile response and service to calls for non-violent crises.

RECOMMENDATION

That the City Council NOTE and FILE this report.

BACKGROUND

Individuals in crisis or requiring emergency assistance can call 9-1-1 and be directed to their local Public Safety Answering Point. Based on the information provided by the caller, the appropriate agencies are contacted and resources are dispatched to respond to the scene of the incident. Traditionally this may include a law enforcement response, emergency medical services (EMS), a fire suppression/rescue response, or a combination.

Calls for service to 9-1-1 for non-violent, non-emergency situations engage limited emergency resources and can result in increased response times for acute emergencies. The Los Angeles Police Department (LAPD) and the Los Angeles Fire Department (LAFD) first responders are focused on and equipped to respond to emergency situations requiring urgent medical attention, harm reduction, or law enforcement. First responders are not specially equipped to provide services to populations requiring non-emergency specialized services. Encounters with these populations, including persons experiencing homelessness, mental health crises, substance abuse disorder, or other chronic conditions, have led LAPD and LAFD to implement trainings and programs to best respond to these populations when encountered; but are limited by a number of challenges including lack of training and equipment to serve vulnerable populations, risk of escalation, inability to transport patients to destinations meeting their needs, inability to medically clear patients, and inability to evaluate a patient for an involuntary detention (5150) hold.

In response to the need for specialized services and additional crisis response options for individuals experiencing a mental health crisis or requiring a specialized response, service agencies have begun to explore alternative crisis response programs, most prominently mobile multi-disciplinary response teams. Alternative crisis response refers to an emergency response atypical of “traditional” crisis response or emergency first response. The term “alternative crisis response” encompasses a variety of services and models, provided by varying service providers, with differing objectives. Below is an overview of the most common alternative crisis response models:

- Specialized Crisis Response – Crisis response for a target population or service call type by professionals trained to respond to that particular type of crisis (medical, mental health, substance abuse, homelessness).
- Unarmed Crisis Response – Crisis response that does not include an armed law enforcement officer. This may include specialized civilian responders or unarmed sworn law enforcement officer.
- Co-Response Units – Crisis response units which include an armed or unarmed peace officer and a specialized, trained professional to respond to call for specialized service with a risk of escalation.
- Virtual Response/Telehealth – Programs that provide patients or first responders with video or telephone access to mental health, de-escalation, or physical health service providers to provide assistance at the scene of a crisis.

The City operates specialized, unarmed, and co-response models, with elements of telemedicine incorporated in several programs. It is important to note that the inclusion of law enforcement in a program does not preclude its classification as an alternate or unarmed crisis response program. Law enforcement officers that are specially trained, unarmed, or responding with other trained specialists can also be considered as alternative response. In addition, a program that includes a “mobile” option of service delivery will not necessarily provide crisis response services.

DISCUSSION

The City currently implements a number of alternative crisis response programs, inclusive of unarmed, specialized, co-response models, and virtual response/telehealth, targeted to varying objectives and service populations. Motion (Martinez – Wesson) directed this Office to report on existing “unarmed crisis response programs” currently implemented by the City. Accordingly, this

report provides an overview of alternative crisis response programs that do not include the deployment or presence of armed law enforcement officers. The programs included in this report may not be exhaustive of the alternative crisis response services provided within the geographic limits of the City but are limited to those unarmed crisis response programs provided directly or indirectly by the City. This may not include specialized mobile response programs implemented by the County of Los Angeles, LAHSA, or community organizations. The overview presented below provides scope of services, objectives, team composition, program history, metrics, and budget for each unarmed crisis response program being implemented by the City as of this report. A summary of these unarmed crisis response programs is included as Attachment A to this report.

Existing Unarmed Crisis Response Programs

Fast Response Vehicles (FRVs) – LAFD

Model of Service: Specialized Crisis Response, Unarmed Crisis Response

Target Population: Individual experiencing a crisis

Team Composition: Two Firefighter/Paramedics

Program Description

FRVs provide a rapid Advanced Life Support (ALS) response to incidents requiring immediate intervention and triage, and are able to replace resources intended for acute emergencies.

Scope of Work

FRVs are comprised of a team of two Firefighter/Paramedics who patrol in a modified brush patrol vehicle with the capability to function as both a first response ALS unit as well as a fire suppression vehicle. Each vehicle is equipped with ALS equipment, medications, and limited fire suppression equipment. The initial goals of FRV implementation were to decrease response times, provide more rapid care to patients, and provide on scene triage, diverting fire companies and paramedic ambulances when appropriate. Program objectives were updated to include support of law enforcement at the scene when tactical EMS is needed, as well as medically clearing patients experiencing mental health crises and patients experiencing serial inebriation. Accordingly, FRV personnel have been trained and have the ability to transport patients experiencing a mental health crisis or serial inebriation to an alternate destination. The LAFD currently deploys four FRVs in high-demand service areas four days a week, (Monday – Friday with varying regular days off) for 10 hours a day (6am – 4pm). There are currently two FRVs stored at the Frank Hotchkin Memorial Center as ready reserves, one of which is currently operating in lieu of the SOBER Unit which will be discussed later in the report.

Geographic Scope

The FRVs currently deploy from Fire Station 7 (Sylmar), Fire Station 82 (Hollywood), the Frank Hotchkin Memorial Training Center (Downtown Los Angeles), and Fire Station 64 (Watts), providing service for their respective service areas. There is one FRV operating in each LAFD Bureau.

Program History

The FRV program was first implemented in September 21, 2015 as a six month pilot program funded by the Mayor's Innovation Fund. The pilot program initially deployed two FRVs in the North San Fernando Valley and Downtown Los Angeles communities. In 2019 and 2020, additional FRVs in Hollywood and South Los Angeles were added for a total of four FRVs Citywide.

Budget

Inclusive of personnel (direct and indirect costs) and equipment, each FRV costs \$812,181.72 annually. The total cost of the four FRVs currently deployed, not including the unit providing service as the SOBER Unit, is \$3,248,726.88 annually.

Metrics

The FRVs track metrics such as incidents dispatched, incidents on scene, patients treated and not transported, and patients treated and transported to an alternate location. For the current year, the five FRVs have been dispatched to 1384 incidents and treated 240 patients on scene without need for additional transport.

Sobriety Emergency Response (SOBER) Unit – LAFD

Model of Service: Specialized Crisis Response, Unarmed Crisis Response

Target Population: Persons Experiencing Alcohol Inebriation

Team Composition: One Firefighter/Paramedic, a Nurse Practitioner, and Case Manager

Program Description

The SOBER Unit provides response to calls for emergency medical service related to alcohol inebriation, providing medical clearance services and transport to a sobering center in lieu of an Emergency Department (ED) in order to reduce EMS call load.

Scope of Work

The SOBER Unit does not provide first response and is dispatched upon telemedicine or field request, but also proactively patrols the service area to identify patients needing transport to the David L. Murphy Sobering Center, operated by Exodus Recovery Inc. The Sobering Center connects inebriated individuals and chronic users of 9-1-1 services to services such as detoxification programs and transitional housing. The Sobering Center also provides respite, beds, showers, hydration, light snacks, and medical monitoring. The SOBER Unit consists of a single team, operating out of Fire Station No. 4, and deploys three days a week (Tuesday – Thursday) for 10 hours a day (7am – 6pm, including a one hour break).

Geographic Scope

The SOBER Unit operates out of Fire Station 4 in the Skid Row community of the City. The team primarily responds to calls for service in the vicinity of Skid Row but is also available to respond to calls outside of that area as appropriate.

Program History

The SOBER Unit was first established in November 2017 as a twelve-month pilot program in partnership with Exodus Recovery Inc (C-130580) which was subsequently extended for a period of three years in October 2021 (C-139108). Exodus Recovery Inc, previously provided a Nurse Practitioner and Case Manager to the City at no charge, but has experienced staffing challenges resulting in its deployment as a FRV in lieu of a SOBER Response Unit.

Budget

As previously noted, the Nurse Practitioner and Case Manager in the SOBER Unit were provided by Exodus Recovery free of charge, with the City providing an LAFD Firefighter, ambulance, and required equipment. The annual cost of the SOBER Unit is approximately \$697,758, including the cost of the Firefighter/Paramedic (\$268,085), the rescue ambulance (\$300,000), and equipment (\$129,673).

Metrics

The SOBER Unit tracks the following metrics including shifts staffed, incidents dispatched, homeless patients treated, and transport destinations. For the existing year, the SOBER Unit has been dispatched to 27 incidents, treated 53 homeless patients, and transported 53 patients to the Sobering Center.

Advanced Provider Response Unit (APRU) - LAFD

Model of Service: Specialized Crisis Response, Unarmed Crisis Response

Target Population: Persons Requiring Low-Acuity Physical Health Services

Team Composition: An EMS Advanced Provider (Nurse Practitioner or a Physician Assistant), and a Firefighter or Paramedic

Program Description

APRUs provide mobile advanced care for medical non-emergency, low-acuity calls for service at the scene of an incident.

Scope of Work

APRUs provide on-scene evaluation, testing, medication, immediate care, transport to alternate destinations, and referrals for follow-up care. The APRUs also provide proactive wellness visits, medical clearance, and referrals to services for select mental health and inebriated patients. Four APRU teams currently operate out of Fire Station 7 (Sylmar), Fire Station 82 (Hollywood), Fire Station 65 (Watts), and Fire Station 58 (Pico/Robertson), providing service Citywide for 10 hours a day (6:30am – 4:30pm), four days a week (Monday – Thursday).

The California Health and Safety Code defines EMS as “pre-hospital services” requiring any EMS services providers to transport to hospitals or similar facilities, regardless of the acuity of the patient’s condition. Patients arriving at an ED with low acuity medical problems or requiring simple medical clearance can experience long waits, occupy hospital resources, and result in increased wall time (time spent at ED) for ambulances. The deployment of APRUs can contribute towards reducing overcrowding at EDs and decrease wall time for EMS, thereby increasing the availability of rescue ambulances for emergent needs.

APRUs are able to medically clear patients on-scene, and further provide transport to “alternate destinations,” generally referring to facilities that may provide health care, mental health care, substance abuse services, or other services, reducing trips to ED. APRUs also assist in providing service to 9-1-1 “super users,” or chronic users of emergency services, who can generate increased cost for the City, hospitals, and the patients themselves.

Geographic Scope

The APRUs are able to provide response Citywide, operating out of Fire Station 7 (Arleta), Fire Station 82 (Hollywood Hills and Northeast), Fire Station 65 (Watts), and Fire Station 58 (Pico/Robertson).

Program History

The APRU program was first established in January 2016 as the Nurse Practitioner Response Unit (NPRU) pilot program. The pilot consisted of one team, initially supported by the Innovation Fund and private donations, and operated out of Fire Station 58. The APRU program is currently under full program operation, administered by the LAFD. For the current year, only three APRUs are in operation do to staffing challenges.

Budget

Operation of each APRU team requires approximately \$876,574.79 on an annual basis, inclusive of salaries and equipment. This results in approximately \$3,506,299.16 for full program implementation on an annual basis.

Metrics

The APRUs track metrics such as incidents dispatched, incidents on scene, patients experiencing homelessness, transports to ED, patients treated and not transported, and patients treated and sent to mental health urgent care/sobering center. For the current year, the three APRUs have been dispatched to 707 incidents, provided service to 41 homeless patients, and treated 221 patients on scene without need for additional transport.

Therapeutic Van Pilot Program – LAFD

Model of Service: Specialized Crisis Response, Unarmed Crisis Response

Target Population: Persons experiencing a mental health (MH) crisis

Team Composition: Los Angeles County Psychiatric Mobile Response Teams (PMRTs) comprised of a licensed psychiatric technician, peer support specialist, and clinical driver

Program Description

The Therapeutic Van Pilot provides an alternative response by mental health professionals to 9-1-1 calls involving individuals experiencing a mental health crisis.

Scope of Work

PMRTs are dispatched upon request to medically cleared, non-violent calls for service to provide short-term crisis intervention, psychiatric stabilization, perform evaluations for involuntary detention holds, and referrals to service. The Therapeutic Vans provide response by mental health

professionals as a dispatch option within the LAFD Tiered Dispatch System, thereby increasing access to mental health services and lessen the impact on City resources and EDs. Prior to implementation of the pilot, PMRTs did not respond to City emergency dispatch calls, responding solely to community calls. Previously, response to calls involving an individual experiencing a mental health crisis were likely to result in transport to a local ED, regardless of the ED's ability to provide mental health services.

Twenty therapeutic transport teams will be deployed in the City from five fire stations, identified based on each station's mental health emergency call load, proximity to a mental health urgent care facility, and inclusion within LA County Supervisorial Districts. Each van will be staffed by four therapeutic response teams deployed on alternate shifts for two 12-hour shifts, allowing for service for 24-hours a day, seven days a week.

Geographic Scope

Teams currently operate out of Fire Station 4 (Central Bureau), Fire Station 59 (West Bureau), Fire Station 77 (Valley Bureau), Fire Station 40 (South Bureau), and Fire Station 94 (South Bureau).

Program History

The Therapeutic Van Pilot is provided through a Memorandum of Agreement (MOA) between the LAFD and the Los Angeles County Department of Mental Health (C-139192). The term of the agreement is 12 months, originally ending on October 2022, but due to delays in implementation, was extended through June 2023. The pilot began implementation in January 2022 with the first van deployed on January 30, 2022 (Fire Station 4), the second van deployed on March 6, 2022 (Fire Station 59), and the third van deployed on May 16, 2022 (Fire Station 77). The final two vans (Fire Stations 40 and 94) were deployed in August 2022. Motion (Rodriguez – Price et al), introduced on August 10, 2022, instructed the LAFD to begin negotiations for the extension of the Memorandum of Agreement between the Los Angeles County Department of Mental Health and the City for the Therapeutic Van Pilot (CF 20-1178-S2).

Budget

As outlined in the terms of the MOA between the LAFD and Department of Mental Health (DMH), the City reimburses DMH for the salaries, employee benefits and overtime of Clinical Drivers, up to a total amount of \$2 million during the 12-month term of the Pilot Program.

Metrics

The Therapeutic Van Pilot Program tracks metrics including incidents with a Therapeutic Van dispatched, incidents addressed on scene, and incidents requiring transport. This year the Therapeutic Vans have been dispatched to 485 incidents, provided service on scene for 221 incidents, and provided service and transported patients to a hospital for 243 incidents.

Crisis and Incident Response through Community-led Engagement (CIRCLE) – Mayor's Office/LAPD

Model of Service: Unarmed Crisis Response, Specialized Crisis Response

Target Population: Persons Experiencing Homelessness

Team Composition: One licensed mental or behavioral health clinician, and two crisis/homeless outreach practitioners

Program Description

The CIRCLE program provides a mobile, unarmed alternative response for non-emergency, non-violent 9-1-1 calls involving persons experiencing homelessness with the intent of reducing contact with enforcement.

Scope of Work

LAPD dispatchers identify incoming calls for service as appropriate for diversion and refer the calls to integrated CIRCLE Program dispatchers who direct Crisis Response Teams (CRTs) to respond. CRTs respond to the scene of the crisis and provide a specialized response to a number of call types that involve persons experiencing homelessness such as wellness checks, indecent exposure, loitering, and noise complaints on a 24/7 basis. Each CRT staffs one vehicle and is equipped with face masks, sanitizer, first aid equipment, water, snacks, clothing, and naloxone (Narcan).

The CIRCLE program also fields Proactive Embedded Response Teams (PERTs) in areas identified as having acute need. Each PERT is comprised of two homeless outreach practitioners with lived experience and proactively patrol their assigned areas de-escalating situations, providing sustained outreach, light sanitation services, and COVID-19 related services. PERTs are embedded and deployed in each area eight hours a day (7:30am to 3:30pm), seven days a week. CRTs and PERTs are deployed from decompression centers operated by the service provider, Urban Alchemy, in each service area. Decompression centers also serve as a destination for persons experiencing homelessness needing reprieve. The centers have water, food, and place to sit and lie down.

Geographic Scope

CIRCLE Program currently provides service in five service areas located in the Hollywood, Venice, Downtown Los Angeles, South Los Angeles, and the Northeast Valley communities of the City. These service areas encompass portions of 10 Council Districts and 12 LAPD Divisions. The CIRCLE program currently deploys one CRT and one PERT for each existing service area, with the exception of the Northeast Valley service area which does not deploy a PERT.

Program History

The CIRCLE Pilot Program is administered by the Mayor's Office of City Homeless Initiatives (MOCHI), in partnership with the LAPD, through a contract with Urban Alchemy, a non-profit organization whose objective is to transform people and communities at the intersection of extreme poverty, addiction, mental illness, and homelessness (C-139200). Due to the rise in COVID-19 cases, the pilot program was segmented to begin deployment of embedded PERTs in July 2021 to provide COVID-related services. Full pilot program implementation, including the integrated dispatch component provided by CRTs, began operation in January 2022.

Budget

The initial contract compensation amount for implementation of the CIRCLE Pilot Program was \$2.6 million. This cost was inclusive of three teams for a 12-month period. An additional \$400,000

was appropriated to the CIRCLE program for the preliminary dispatch of teams to address the rise in COVID-19 cases in the summer of 2021. The contract compensation costs include both salaries and equipment costs. On July 6, 2022, a Second Amendment to the CIRCLE program contract was executed to extend the term of the agreement through June 30, 2023 and increase the contract compensation amount by \$4,930,000 for a total contract compensation amount of \$7,930,000. The Second Amendment also expanded the CIRCLE pilot program to portions of Downtown Los Angeles, Lincoln Heights, the San Fernando Valley, and South LA. In March 2022, the City received an award of \$1.5 million in federal earmarks to expand the CIRCLE pilot program in the community of Venice and Del Rey in the 33rd Congressional District. The total cost of \$7,930,000 for the period between July 1, 2022 and June 30, 2023 includes the cost of all personnel (including administration and crisis response teams), contractual services, and non-personnel costs.

Metrics: Metrics for the pilot program include, but are not limited to: the number of calls received, calls diverted that result in need for law enforcement response, clients that accept follow-up services, and disposition of the call.

Through the end of June 2022, the CIRCLE pilot program has responded to 992 diverted 9-1-1 incidents, in addition to 2,438 incidents encountered and managed in the field by CIRCLE teams. Of the responses to diverted 9-1-1 calls, the majority were in response to loitering complaints (639), noise complaints (178), indecent exposure (46), wellness checks (43), verbal disagreements (12), syringe disposals (2), and miscellaneous non-emergency requests (72). For calls encountered in the field by CIRCLE teams, the plurality of incidents were requests for wellness checks (2,215), follow-up engagement (91), loitering (41), miscellaneous non-emergency requests (37), noise complaints (17), indecent exposure (16), syringe disposals (11), and verbal disagreements (10).

For the period between July 2022 and January 2023, the CIRCLE pilot program has responded to 3,487 calls diverted from 9-1-1 or the non-emergency LAPD line, in addition to 260 through proactive outreach. For this service period, the leading calls for service were consistent with the previous service period: loitering complaints (2,688), noise complaints (326), indecent exposure (173), miscellaneous non-emergency requests (154), wellness checks (100), requests for assistance (31), verbal disagreements (14), and syringe disposals (1). Proactive outreach resulted mostly in loitering (114), noise complaints (26), indecent exposure (29), miscellaneous non-emergency incidents (70), verbal disagreements (20), and syringe disposals (1).

CONCLUSION

Inclusive of existing pilots and programs under full implementation, the City of Los Angeles currently provides unarmed crisis response options for crises involving persons experiencing homelessness, a mental health crisis, non-emergency or chronic medical needs, and alcohol inebriation. The scope of services provided by these programs include outreach, de-escalation, medical care, specialized care, transport, and respite. The geographical distribution of deployment the City's unarmed crisis response programs include areas identified as having increased service needs, as well as broader Citywide implementation.

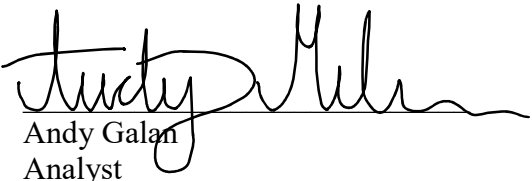
The City also provides additional alternative response programs that cannot be classified as "unarmed crisis response" but are important to acknowledge as part of the greater framework of services offered to those needing specialized service. These programs notably include:

- Call Direction to Ensure Suicide Safety (CRESS) – Specialized Crisis Response and Telehealth Response – A 9-1-1 call diversion program provided in partnership with Didi Hirsch Mental Health Services for calls received from individuals in suicidal crisis or in severe emotional distress to receive appropriate crisis support and mental health services (C-137882).
- Domestic Abuse Response Team (DART) – Co-Response Unit – Deploys a response unit comprised of an LAPD Police Officer and domestic abuse advocate provided by a service provider to respond to domestic violence calls. DART provides crisis intervention services to victims of domestic violence at the scene and provides follow-up services.
- USC Street Medicine Program – Specialized Crisis Response – Pilot program provided in partnership with the USC Care Medical Group to deliver outpatient primary care, behavioral health care, and substance abuse treatment to homeless residents (C-139720). The program also provides connection to housing and social services.
- Mental Evaluation Unit (MEU) – Specialized Crisis Response – Deploys co-response units called Systemwide Mental Assessment Response Teams (SMART) consisting of a specially trained LAPD officer and a mental health clinician from the DMH to respond to calls related to mental health illnesses. The MEU also provides case management through the Case Assessment Management Program (CAMP).

The wide variety of programs targeted to differing populations, objectives, and models has provided the City with the opportunity to implement a number of nationally recognized best practices. This includes dispatch integration, embedded teams performing proactive outreach, variable staffing, and transport to alternate destinations. In addition, the programs provided in the City cumulatively incorporate every core element of a crisis system as identified by the Substance Abuse and Mental Health Services Association (SAMHSA) in the “National Guidelines for Behavioral Health Crisis Care, Best Practice Toolkit,” regional crisis call hub services (“Someone to Talk To”), mobile crisis team services (“Someone to Respond”), and crisis receiving and stabilization services (“A Place to Go”). Principles such as harm reduction, trauma-informed care, as well as peer and lived experience services have also been integrated into the alternative response programs provided by the City. The scope of programs and services offered present several opportunities for expansion or improvement of crisis response services.

FISCAL IMPACT

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



Andy Galan
Analyst

Attachment

A. Overview of the City’s Unarmed Crisis Response Programs

Overview of the City’s Unarmed Crisis Response Programs

| Name | Administering Agency | Program Description/Scope of Work | Model of Service | # of teams operating | # of personnel per team | Population | Annual Budget |
|--|----------------------|---|---|----------------------|-------------------------|---|---------------|
| Fast Response Vehicles (FRVs) | LAFD | FRVs provide a rapid Advanced Life Support (ALS) response to incidents requiring immediate intervention and triage, and are able to replace resources intended for acute emergencies. | Specialized and Unarmed Crisis Response | 4 | 2 | Persons Experience Crisis | \$3.3M |
| Sobriety Emergency Response (SOBER) Unit | LAFD | The SOBER Unit provides response to calls for emergency medical service related to alcohol inebriation, providing medical clearance services and transport to a sobering center in lieu of an ED. | Specialized and Unarmed Crisis Response | 1 | 3 | Persons Experiencing Alcohol Inebriation | \$.7M |
| Advanced Provider Response Unit (APRU) | LAFD | The Advanced Provider Response Unit provides mobile advanced care for non-critical, non-emergency, and low-acuity calls for service at the scene of an incident | Specialized and Unarmed Crisis Response | 4 | 2 | Persons Requiring Low-Acuity Physical Health Services | \$3.5M |
| Therapeutic Van Pilot | LAFD | The Therapeutic Van Pilot provides an alternative response to 9-1-1 calls involving individuals experiencing a mental health crisis | Specialized and Unarmed Crisis Response | 20* | 3 | Persons Experiencing Mental Health Crisis | \$2M |
| Crisis Incident Response and Community-led Engagement (CIRCLE) | Mayor’s Office | The CIRCLE program provides an alternative response by a specialized team for non-emergency, non-violent 9-1-1 calls specifically involving persons experiencing homelessness | Specialized and Unarmed Crisis Response | 5 | 3 | Persons Experiencing Homelessness | \$7.9M** |

*20 teams staffing five vans, one at each assigned station, for alternating 12 hour shifts.

*Phased implementation of teams over the one year contract period. Only three teams are contracted for a full 12 months, the remaining teams are contracted for five, six and nine months respectively.