

REPORT FROM

## OFFICE OF THE CITY ADMINISTRATIVE OFFICER

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Date: October 19, 2023

To: Honorable Members of the City Council

From: Matthew W. Szabo, City Administrative Officer

CAO File No. 0220-06094-0001  
Council File No. 22-0979, 22-0978,  
20-0769-S6  
Council District: All

Subject: **STATUS UPDATE ON THE DEVELOPMENT OF AN ALTERNATIVE  
RESPONSE FRAMEWORK**

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### SUMMARY

This report provides a status update on the City's Alternative Response Programs, including an update on the implementation of the Unarmed Model of Crisis Response (UMCR) pilot program (Council File 20-0769-S6); and an update to the development of the City's Alternative Response Framework (Council Files 22-0979 and 22-0978).

This report is specifically responsive to Council Files 20-0769-S6, 22-0979<sup>1</sup>, and 22-0978 but also includes updates on the ongoing conversations around the creation of a Citywide alternative response program and an Office of Unarmed Response — including elements of Council Files 20-0769, 20-0769-S5, 20-1178-S2, 22-0037, 22-0978-S1, and 23-0258.

### RECOMMENDATIONS

That the City Council, subject to the Mayor's approval:

1. Review and approve the proposed performance evaluation forms and direct relevant departments and contracted partners to complete and return them within 120 days;
2. Review and approve the proposed performance metrics for use in measuring pilot program success;
3. Authorize by resolution, subject to allocation by the Board of Civil Service Commissioners, one Management Analyst (9184-0) and one Senior Management Analyst I (9171-1) in the Office of the City Administrative Officer to support the policy and coordination work necessary for developing a citywide alternative response framework and managing the Unarmed Model of Crisis Response pilot from November 19, 2023 through June 30, 2024;
4. Instruct the Emergency Management Department to hold vacant one resolution authority

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<sup>1</sup> This report does not address unarmed traffic safety enforcement as the Los Angeles Department of Transportation's report outlining the findings of a consultant study on the feasibility of civilian enforcement of traffic laws is forthcoming (C.F. 20-0875).

Senior Management Analyst I (9171-1) that was approved for the unarmed crisis response program;

5. Transfer \$89,841 from the Emergency Management Department, Fund No. 100/35, Account 001010, Salaries General to the Office of the City Administrative Officer Fund No. 100/10, Account 001010, Salaries General for the Senior Management Analyst I position;
6. Transfer and appropriate \$46,112 from the Unappropriated Balance Fund No. 100/58, Account No. 580425 Unarmed Crisis Response to the Office of the City Administrative Officer Fund No. 100/10, Account 001010, Salaries General to fund the salary costs of the requested Management Analyst; and,
7. Authorize the City Administrative Officer to make technical corrections as necessary to those transactions included in this report to implement Mayor and Council intentions.

## **BACKGROUND**

On October 11, 2022 Council File 22-0979 instructed the Office of the City Administrative Officer (CAO) to report on the development of a multi-year transition plan to shift responsibility for nonviolent calls related to homelessness and emergency crisis response to unarmed personnel — including alternative models for traffic safety enforcement that do not rely on armed law enforcement officers.

On June 6, 2023, as part of the development of this framework, the City Council provided a clear vision and objectives for an alternative response program in Los Angeles: a Citywide, 24/7 operation which diverts calls for service which may best be addressed by non-police experts or a co-response model — including calls involving people experiencing homelessness; individuals suffering from a mental and/or behavioral health crisis; conflicts that could be resolved through mediation or other resolution strategies; and other low-acuity or non-criminal calls for service.

On July 1, 2023, the Mayor and City Council approved the CAO's recommendation granting authority to execute service agreements with three non-profit partners to pilot the Unarmed Model of Crisis Response (UMCR). The three partners are Exodus Recovery, Inc., Alcott Center, and Penny Lane Centers. Additionally, the Mayor and City Council directed the CAO to re-issue a Request for Proposals (RFP) to add additional partners throughout the length of the pilot program, with the intent of expanding to City-wide, 24-hours per day coverage. In the committee and council meetings on these topics, there was a clear call from City leaders to ensure that the City was meeting public demand for service expansion while ensuring that pilot programs were carefully crafted and aligned with the City's vision for a comprehensive program.

In response, the CAO has consolidated the teams working on the Alternative Response Framework and the UMCR pilot and focused on launching the City's Unarmed Model of Crisis Response as quickly and effectively as possible — while ensuring that it was coordinated with other existing programs and with the City's vision for a future comprehensive program. This has allowed ongoing

research and analysis to directly inform the City's new pilot program, and will in turn allow the pilot to inform the City's Alternative Response Framework.

One key measure of success for the UMCR pilot will be whether it produces lessons for how the City's Alternative Response Program should move forward, including:

- Which calls should be diverted to unarmed response
- How to ensure safety for providers in the field
- How programs should be coordinated and potentially consolidated
- What formal structure should manage the City's citywide program
- What service model(s) will be ideal for the City's program
- What resources are required to meet 24/7 citywide service

This report provides a status update on the City's Alternative Response Programs — including a detailed update on the implementation of the UMCR pilot program and an update on progress toward the development of a Citywide Framework for Alternative Response.

## **STATUS OF EXISTING ALTERNATIVE RESPONSE PROGRAMS**

### **Introduction**

This section provides a broad overview of the status of all alternative crisis response programs and pilots in operation in the City, including information on the FY 23-24 funding levels, program service areas, and services provided. Additionally, in depth information is provided on progress made toward launching UMCR, on the changes made to LAFD alternative response pilots, and on the progress LA County's Department of Mental Health (DMH) has made toward expanding its Alternative Crisis Response (ACR) program.

### **Update on the Status of the Unarmed Model of Crisis Response Pilot Program**

Implementing a successful unarmed crisis response pilot program requires careful planning and strict adherence to safety protocols to ensure the safety of both the crisis responders and the individuals in crisis. The CAO is working closely with the City Attorney's Office to ensure that the program's protocols align with all federal, state, and local laws, regulations and ethical standards. Further, the CAO is engaged in contract negotiations with the three selected non-profit partners to ensure all responders receive uniform and consistent training, personal protective equipment, clear procedures and escalation protocols, and crisis management tools.

The complexity and gravity of these issues, coupled with our commitment to address them by working in a collaborative manner with both City and non-City partners, has necessitated a number of substantive shifts in approach. The pilot program launch is now set for the first quarter of 2024.

## **Development of Pilot Scope**

In July 2023, the CAO was selected by the Harvard Kennedy School – Government Performance Lab (GPL) to receive GPL applied research support and technical assistance. GPL supports jurisdictions across the U.S. to launch and scale teams of unarmed trained specialists to respond to 9-1-1 calls and have successfully initiated or scaled in 17 jurisdictions nationwide. GPL has provided access to coaching and templates and program materials from government agencies running alternative response teams, allowing assessment of each of their models and their operations. The UMCR pilot has benefited from their guidance on best practices regarding call types for inclusion at launch and those to be implemented in future phases; designing and launching innovations to call-taker training; and operationalizing the rollout.

In order to determine the scope of the project, GPL advised the CAO to categorize all call types as either Emergency (Priority I and II) or Non-emergency (Priority III). The UMCR will respond to relatively low-risk non-emergency calls, however welfare checks are created as Priority II and are considered for inclusion, as they are considered to be a key element of the City's alternative response strategy. Next, the CAO matched appropriate response types (traditional emergency response, unarmed response, unarmed crisis response, unarmed enforcement response, and co-response) to categorized call types. Emerging from this exercise, was a list of call types for consideration and specific aspects that should be considered when instituting an unarmed crisis response program for the City of Los Angeles.

The City of Los Angeles has existing unarmed response programs — including Call Direction to Ensure Suicide Safety (CRESS), Crisis and Incident Response through Community-Led Engagement (CIRCLE), Therapeutic Van Pilot, Advanced Provider Response Unit (APRU), Sobriety Emergency Response (SOBER) Unit, Fast Response Vehicles (FRVs), and Conflict Resolution Program. To avoid repetitious and fragmented services, which can create confusion for call-takers and citizens seeking assistance, the UMCR will avoid redundancies in service delivery. While CIRCLE is responsive to some similar call types as the UMCR (Intoxication, Wellbeing Check, Indecent Exposure), its areas of operation and target population differ from the UMCR initial coverage areas. And, while the CRESS program and UMCR address similar crises (mental illness with the possibility of self-harm), the UMCR can provide in-person, mobile responses while CRESS is limited to telephonic engagement.

### **Call Types for Diversion**

Council instructed the CAO to explore the inclusion of call scenarios with social services components — such as mental health, substance abuse, suicide threats, behavioral distress, conflict resolution, and welfare checks. CAO obtained historical data on emergency calls for service, including call types, locations, times, and response outcomes. In collaboration with the LAPD Communications Division, CAO analyzed each call type's eligibility for diversion depending on relevant factors — including the nature of the incident, the level of threat or urgency involved, and the policies and procedures of law enforcement for specific calls. Because UMCR is a pilot program, with an ancillary goal of assessing the efficacy of the program, the UMCR should begin with less critical call types — where there is widespread agreement on their appropriateness for

diversion — and regularly review and determine whether any changes are needed before it is more widely implemented. See Attachment 1 for the initial list of call types.

In addition to the call types, the CAO worked closely with LAPD to determine exclusionary criteria for which scenarios would be unsafe for unarmed response. These criteria may evolve as information from the UMCR pilot program is analyzed and incorporated. Criteria which make an incident ineligible include need for medical attention and known presence or immediate threat of weapons and/or physical violence. Additionally, if a caller indicates that the person in need of intervention is a juvenile or that the call is in reference to a group or gang, it is ineligible for diversion to UMCR.

### **Coordination with LAPD and Other City Pilot Programs**

The City's Public Safety Answering Point (PSAP; i.e. emergency/non-emergency call center) is operated by LAPD Communications Division. Based on insights from LAPD call-takers, implementing multiple overlapping diversion initiatives will increase liability risks, add more complex work, and impose unwieldy rigidity in call-taker practices. Currently, in a partnership with Harvard GPL, LAPD and the CAO, a decision tree is being developed for the UMCR. The decision tree will provide a visual representation of the triage process for diverting mental health calls to Didi Hirsch (i.e., CRESS), calls involving persons experiencing homelessness to Urban Alchemy (i.e., CIRCLE) and calls involving disputes, intoxication, disturbance, well-being check and indecent exposure to UMCR. The decision tree reduces liability by covering all risk-based decisions, consolidates all key triage information into one clear document, can be easily updated to account for program changes, and is adaptable to LAPD's current procedures. The decision tree will sit alongside formal divisional orders to aid and streamline call taker decision-making and can be deployed in training materials and as a print-out reference sheet. The formal divisional order is currently in progress.

### **Areas of Service**

At UMCR pilot launch, the program will be operational in three LAPD Areas: Southeast, Devonshire, and Wilshire. These regions were selected based on resource availability and the feasibility of non-profit partners. The CAO is developing an RFQ solicitation to identify qualified non-profit partners to provide services in additional areas across the City. Future operating regions will be selected by analyzing which areas in the City have the highest number of calls which would be eligible for diversion. Those with the highest number of calls will be prioritized for program expansion. The City will ask firms from the qualified non-profit partner list to provide bids detailing their costs and plan for the provision of services to those geographic areas. This will enable the City to select the best and most competitive service provider for each additional area of service. Figure 1 on the following page displays the initial UMCR areas of service.

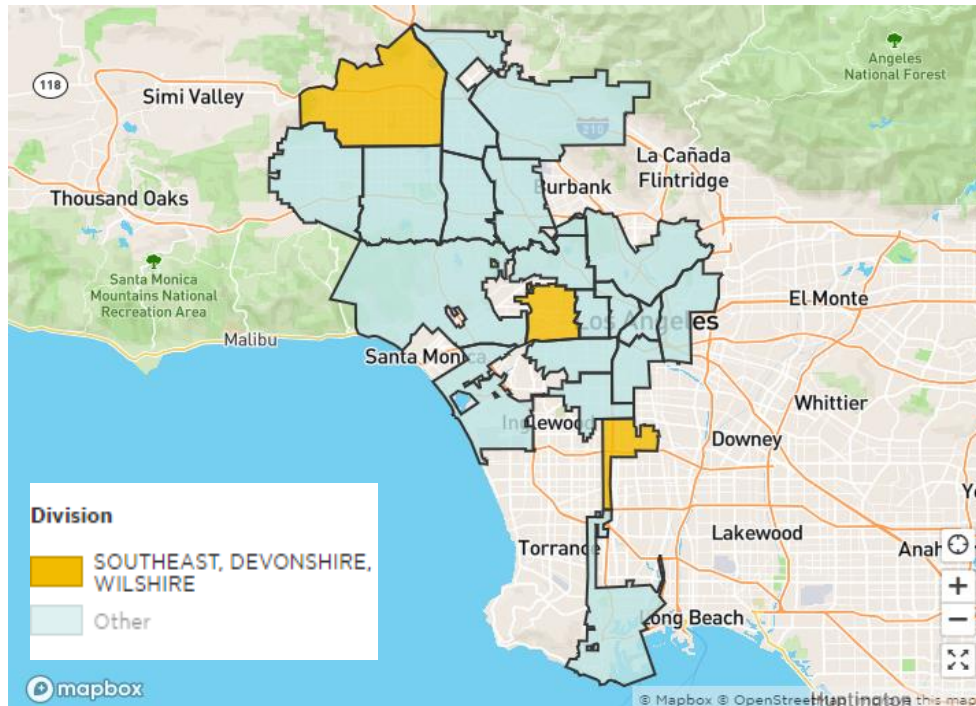
### **UMCR Implementation Next Steps**

Upon execution of the contracts, CAO will finalize the UMCR's program structure — including outlining key components such as composition of response teams, training protocols, and communications systems. In order to ensure the safety and effectiveness of the responders, these

components will be developed in collaboration with contracted partners to incorporate their insights and will include the learnings of other alternative response providers and administrators.

Specific on-scene protocols for crisis responders will be developed to provide essential guidelines and procedures that are designed to ensure consistency in the provision of appropriate care and support.

Figure 1. Initial UMCR Pilot Areas of Service



Contracted partners will hire and train staff to ensure they are prepared in key program skills and safety protocols designed to minimize harm, coordinate efforts, and provide appropriate care and support to those affected. Additionally, they will work closely with LAPD to develop dispatch protocols and equipment required for launch. The crisis response team will attend roll calls at Communications Division and Area police stations to familiarize their personnel with the first responders.

### **Current Status of Alternative Crisis Response Programs and Pilots**

Attachment 2 provides a breakdown of current fiscal year funding allocated to City alternative response programs, the type of service or response provided, and their current status.

In addition to the nearly \$78 million allocated to programming costs for alternative response programs in the city outline in the attachment, the City Council has also allocated funding to provide staffing and cover administrative costs of expanding unarmed crisis response programs, including \$1 million in the General City Purposes Fund to establish the Office of Unarmed Response and

Safety, \$249,469 for nine months funding for two positions – one Senior Management Analyst I and one Geographic Information Systems Specialist – in the Emergency Management Department, and \$294,496 for nine months funding for two positions – one Senior Management Analyst II and one Senior Management Analyst I – in the Office of the CAO.

### **Update on Pilots in the Los Angeles Fire Department (LAFD)**

LAFD has some of the longest running alternative response programs, including the Sober Unit, Fast Response Vehicles (FRV), Advanced Provider Response Unit (APRU), and the Therapeutic Van pilot. The goals of these programs is to improve the efficacy of sworn firefighter paramedics, provide faster response for medical calls for service, provide increased on-scene treatment, and transport patients to alternative destinations to reduce the strain on emergency room operations. LAFD has begun reviewing the efficacy of these pilots, identifying challenges, and updating its programs based on key learnings.

Attachment 3 includes additional details on the current status and key findings from these four LAFD programs. The LAFD is no longer operating the Sober Unit and is finalizing its recommendations on the Therapeutic Van pilot, pending the completion of the extended pilot phase in June 2024. The Chief Legislative Analyst is working on a report back to Council File 20-0769-S5 on recommendations for how the four LAFD programs can be consolidated.

Nevertheless, based on LAFD pilot program success with alternate destination transportation, the Los Angeles County Department of Health Services (DHS) adopted a new policy in October 2020 — allowing for specially trained paramedics to determine whether an alternate destination (e.g. sobering center or psychiatric urgent care center) is appropriate for a patient. Prior to the adoption of this policy, this determination could only be made after the patient had been medically cleared and seen by an emergency department. A select number of LAFD paramedics have completed the necessary training and are able to transport patients in limited circumstances to an alternate destination instead of an emergency department.

There are a limited number of participating alternate destinations — thus, LAFD does not recommend training further paramedics at this time. It is therefore advisable that the LAFD continue to work with DHS to continue supporting expanded implementation of the new DHS policy.

According to LAFD's analysis of the various programs, the APRU program stands out as the most effective resource for addressing many alternative resolutions to calls for medical emergencies — including non-life threatening complaints, clearing patients experiencing a mental health crisis and a co-medical complaint for transport to a PUC, and clearing patients for transport to sobering centers. Further, the Los Angeles County Department of Mental Health recently approved the advanced providers staffing the APRUs the ability to write psychiatric holds — thereby allowing APRUs to transport patients to a broader number of alternate destinations. If successfully implemented, this would provide a service similar to the Therapeutic Vans and could obviate the need for a separate program. The LAFD is also working with the Mayor's Office and the City Attorney to allow LAFD the ability to refer patients to CIRCLE teams for wrap-around services, as LAPD officers are able to.

This Office will continue to work with the LAFD to improve and expand coordination with the City's other alternative response programs as well as LA County services.

### **Los Angeles County Department of Mental Health (DMH)**

In November 2022, DMH assumed responsibility for the implementation of the Alternative Crisis Response (ACR) Program created to consolidate the County's various programs that provide mobile mental health care to individuals experiencing a mental health crisis. DMH is actively recruiting mental health professionals to be able to expand their services to operate 24 hours per day and to provide the appropriate level of care for each crisis. These programs as described in Attachment 4 include Field Intervention Teams (FIT), Law Enforcement Teams (LET), School Threat Assessment Response Teams (START) and the Therapeutic Transportation Program (TT, i.e. Therapeutic Van Pilot). The LET and TT programs are co-response teams that have on-going partnerships with the City.

By the end of the calendar year, DMH hopes to expand these various mobile response teams from 37 (31 PMRTs and 6 MCOTs) county-wide to 60. Additionally, DMH has partnered with Didi Hirsch, the service provider that handles the 9-8-8 crisis hotline for Los Angeles County, to ensure that these programs are connected to 9-8-8. Establishing this connection between services will help to facilitate a mobile response for calls that require more than telephonic intervention, thereby expanding the quality of care available to people in crisis. This will help meet the County's goal to provide timely, appropriate care for all individuals experiencing a mental health crisis and will consequently expand the level of care available to Angelenos that may call 9-8-8 directly or be transferred to Didi Hirsch through the CRESS diversion partnership with the LAPD.

### **UPDATE ON THE DEVELOPMENT OF ALTERNATIVE RESPONSE FRAMEWORK**

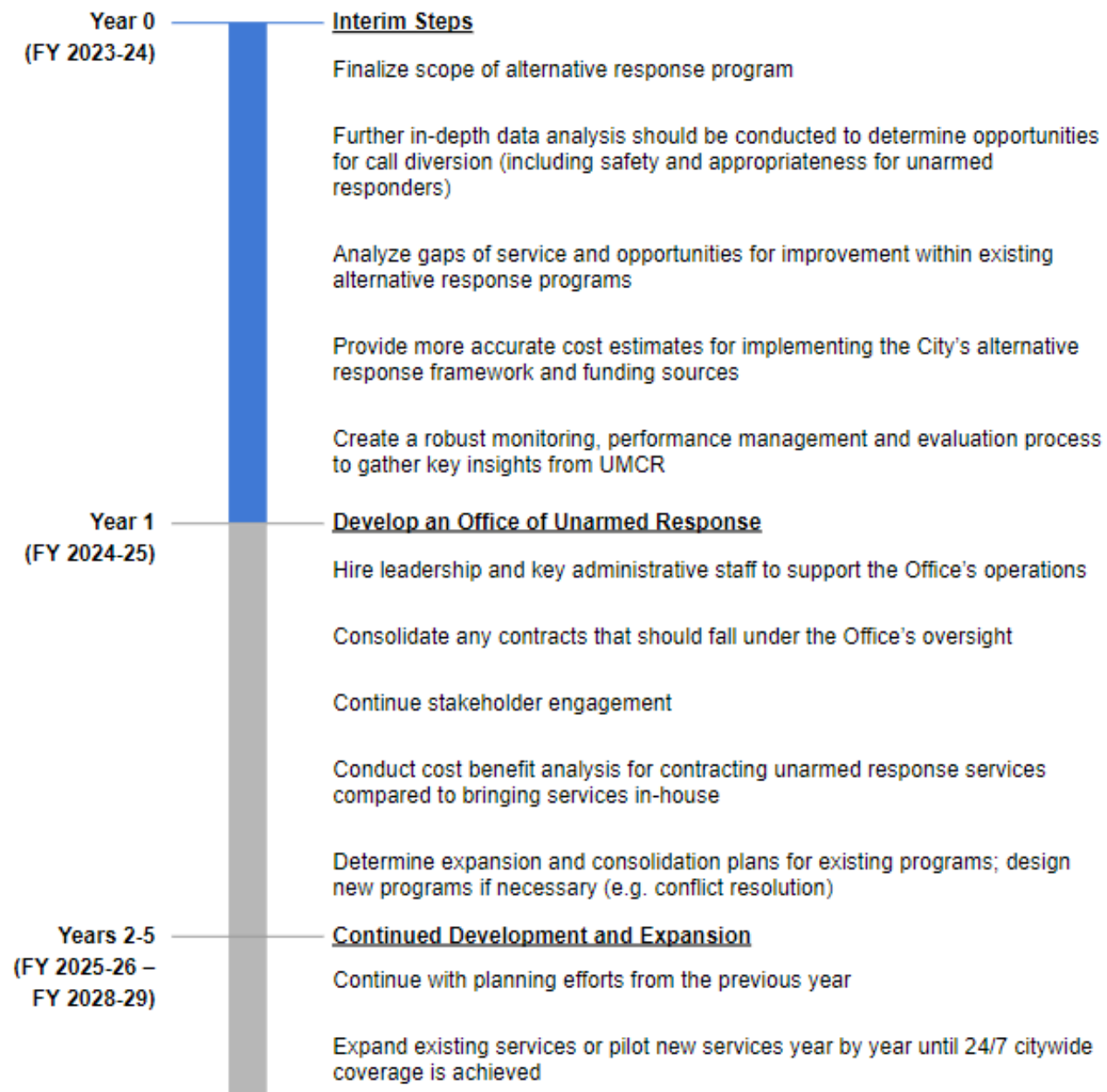
This section of the report reflects additional research and recommendations relating to the City's Alternative Response Framework, i.e. the policy map for the City's alternative response program. The framework will include four major areas: Vision and Objectives, Program Scope, Organizational Structure, and Expansion Plan. This report will address the last three aspects of that framework:

- Program Scope Progress
  - Data Challenges
  - Collaboration with the Department of Mental Health
- Plan for Service Delivery and Expansion
  - Potential Funding
  - Facility Needs
  - 9-1-1 Capacity and Systems
- Organizational Structure
- Measuring Program Success

Figure 2 on the following page provides an update to the proposed timeline for the multi-year alternative response expansion plan. This Office is presently focused on the Interim Steps outlined under Year 0.



Figure 2: Timeline for Alternative Response Expansion Plan



**Program Scope – Progress on Development**

In order to ensure progress to delivering expanded services, efforts toward developing the UMCR pilot scope have been focused on where there is agreement on what unarmed responders can respond to, setting aside the more complex call types which may or may not be appropriate for unarmed responders, and the question of the expansion of co-response models.

## **Los Angeles Police Protective League (LAPPL) Call Analysis**

In March 2023, the Los Angeles Police Protective League (LAPPL) released an initial list of call for service categories that the union identified as potential opportunities for an unarmed responder to be initially dispatched to rather than a sworn police officer.

The CAO collaborated separately with the LAPD and LAPPL to conduct a preliminary analysis of the list of calls from both the management and the union's perspectives. This analysis can be found in Attachment 5. As part of its initial analysis the CAO has identified additional inquiries to frame further analysis:

- Of the calls which do not require an armed response, which entities or mechanisms could provide an appropriate response and do they have the capacity to respond?
- If armed response is required in some instances, but not others, is there room to set boundaries on when an LAPD sworn police officer should be expected to respond?
- What is the City's ultimate objective in responding to these incidents and do they align with the City's alternative response objectives?

The CAO continues to work with the LAPD and LAPPL to answer these questions.

## **Collaboration with Department of Mental Health on Scope and Pilot Implementation**

The CAO has developed a working relationship with the L.A. County Department of Mental Health to ensure that the City's pilots continue to work in harmony with DMH's expanding alternative crisis response programs and jointly develop a long term approach and program for alternative response.

The CAO worked with DMH to ensure that as much as possible the City's pilot programs do not compete to hire the same kind of staff, to create a complementary model to DMH's ACR program, and support DMH in staffing their mental health field teams to their full capacity as quickly as possible. This in turn allows DMH to provide necessary clinician support to the City's SMART and LAFD programs. SMART is reliant on DMH's ability to provide clinicians to meet the goal of maintaining 24 teams available citywide.

The CAO is coordinating with the administrators and partner/providers of unarmed response programs to explore enhancements to the planned service delivery of the UMCR. For example, DMH has developed an MOU with the City of West Hollywood to dispatch West Hollywood's mobile crisis CARE Team simultaneously with DMH's psychiatric mobile team in cases where DMH's estimated arrival team to the scene of the crisis is more than 30 minutes. The CAO is exploring whether a similar agreement is feasible to enhance response effectiveness for the City of Los Angeles.

This Office will continue working with DMH to develop a long-term vision for a collaborative and streamlined approach to alternative response programs — including determining how and when to connect 9-1-1, 9-8-8 and CRESS systems to the appropriate responders for every type and level of crisis.

## **Data Challenges to Development of Program Scope**

In the previous status update, the CAO's preliminary assessment of the potential scope for an alternative response program was focused on analyzing use of force data and 9-1-1 call data on LAPD incident types to determine potential program scale, scope and prioritization. Based on ongoing conversations with LAPD, it is clear that further analysis and data will be needed to make decisions based on such information.

### LAPD Incident Types

LAPD 9-1-1 calls are categorized by "Incident Types" (e.g. 620F, family dispute), describing the category of incident that officers are responding to and the urgency of their response. Given the complex and dynamic nature of situations involving human behavior and conflict, it is not possible to uncover the whole story within the few minutes of a 9-1-1 call. It is at the call-taker's discretion to decide on a method of questioning to gain a better understanding and assign the most appropriate Incident Type. Each call-taker will base their decision on their training, adherence to policy and procedures, and their work experience. The same situation being reported can be categorized differently depending on the call-taker handling the 9-1-1 call. Therefore, Incident Types are a useful starting point when deciding the types of calls that can be diverted to alternative crisis responders — however, they are not precise enough to be the main focus of analysis and decision-making.

### LAPD Data Systems

The LAPD utilizes a variety of software programs and methods to query and analyze data involving 9-1-1 calls, Use of Force (UOF) data, crime trends, and other information. These systems are designed to provide operational insights that allow the department to effectively respond to incidents and crime trends, and analyze whether individual UOF incidents comply with policy. These systems can cause challenges when analyzing data related to alternative and unarmed crisis response.

For instance, many data points that would be relevant to understanding which situations would be most appropriate for unarmed crisis response are tracked in call notes and written logs about each incident — and are not easily queried for a meta-analysis or to assess trends. LAPD would need to undertake an extensive and largely manual data process to extract information relevant to unarmed crisis response. Further, much of this data would require time-intensive manual redaction of sensitive information, which further impedes expeditious and responsive data analysis.

Additionally, LAPD's data lives across various systems which have limited ability to share or connect related information across platforms, which hinders the ability to connect incident data from their initial connection point (e.g. 9-1-1 call data) to their ultimate outcome (e.g. arrest records) — making it difficult to draw conclusions about which types of calls lead to which types of outcomes.

This Office is currently working with LAPD to uncover data answers to key questions, including:

- The average length of time officers are on scene for various incident types

- The relationship between incident types and outcomes (e.g. how many mental health related calls result in no action, involuntary holds, warnings, arrests, and/or use of force)
- Missed opportunities for de-escalation that could have benefited from an alternative response program
- The relationship between incident types and threats of violence that would exclude the deployment of unarmed crisis response
- The relationship between calls for service and the need to offer trauma-informed care, behavioral health intervention, or other social services

### **Next Steps Toward Program Scope Development**

To reach a comprehensive program scope, the following actions are imperative: outcomes from the pilot program must be analyzed and next steps determined from these learnings; more in-depth data analysis should be conducted to determine opportunities for call diversion; and further discussions between LAPD, the CAO and other stakeholders should be focused on assessing the safety and appropriateness of sending unarmed responders to calls for service and what skill sets would be needed by responders for successful diversion.

### **Plan For Citywide Service Delivery and Expansion**

This year, the City dedicated nearly \$14 million in additional funding to expanding unarmed response programs, leading to opportunities for increased services. The City's new pilot program — the Unarmed Model of Crisis Response — will begin in the areas indicated in Figure 1, and is building capacity to reach some level of 24/7 citywide coverage. This process will allow the City to evaluate the capacity, systems and services needed to provide a permanent, efficient, and responsive citywide program that meets the needs of Angelenos.

This section covers the research conducted into resource constraints and operational challenges which could impact the timely expansion of a citywide alternative response program.

### **Potential Funding Sources for Citywide Alternative Response Program**

The City Council directed this Office to report back on the funding sources to support the expansion of alternative response programs (Council Files 20-1178-S2, 22-0978, 22-0037). The section below outlines preliminary research into the current funding landscape, including federal, state, and local sources. Because the landscape is dynamic, this Office will continue to monitor and track funding opportunities and will report back on specific funding options after additional conversations are had with the County and relevant state agencies around the requirements for each potential source, including:

- The specifications required for city-specific mobile crisis teams to leverage Medi-Cal;
- The requirements established by AB 988 for services provided by a mobile crisis team to qualify as “medically necessary treatment of a mental health or substance use disorder”;
- and

- The likelihood of a secondary funding round for the Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S) Act Grant Pilot Program.

To date, the majority of City funds allocated to alternative crisis response programs have been General Fund monies. Although a citywide alternative response program will likely continue to have a General Fund impact, a convergence of various national and state policies have created opportunities for the expansion and funding of local programs.

### Federal Sources

#### *Medicaid Qualifying Community-Based Mobile Crisis Programs*

The American Rescue Plan Act of 2021 (ARPA) authorizes Medicaid reimbursement opportunities from the U.S. Department of Health and Human Services for “qualifying community-based mobile crisis intervention services” for a period of up to five years, during the period starting April 1, 2022, and ending March 31, 2027. Additionally, the California Fiscal Year 2022-2023 state budget built on Medi-Cal expansions and included \$108 million in total funds to add community-based mobile crisis intervention services as a new Medi-Cal benefit for individuals experiencing a behavioral health crisis. Under the program, “crisis intervention” refers to “a service, lasting less than 24 hours, to or on behalf of a beneficiary, for a condition that requires more timely response than a regularly scheduled visit.” In order to qualify for reimbursement, community-based mobile crisis intervention services must:

- Be provided to a Medicaid beneficiary who is experiencing a behavioral health disorder crisis;
- Be available 24/7 and provide services in the home or any setting where a crisis may be occurring;
- Be furnished by a multidisciplinary mobile crisis team that consists of professionals and paraprofessionals (including trained peer support providers), who are trained in crisis intervention skills and in serving as the first responders to children and families needing help on an emergency basis; and
- Maintain the privacy and confidentiality of patient information.

### State Sources

#### *California Assembly Bill 988: Miles Hall Lifeline and Suicide Prevention Act*

In October 2020, the National Suicide Hotline Designation Act of 2020 established 9-8-8 as the national number for behavioral health crisis calls and set the number to go live in July 2022. The Act also allows each state to pass their own legislation funding 9-8-8 the same way as 9-1-1, through state-managed monthly customer service fees. Specifically, the Act allows for the revenue generated by these fees to fund local crisis centers and support the development and implementation of wraparound crisis care services. California Assembly Bill 988, adopted in September 2022, establishes the state 9-8-8 surcharge and requires counties to make crisis services available telephonically as well as in-person, through mobile crisis teams and crisis receiving and stabilization services available to those who need it. The 9-8-8 surcharge rate for the 2023 calendar year is \$0.08 (versus \$0.30 for 9-1-1).

Additionally, AB 988 requires health care service plans and insurers to cover medically necessary treatment of a mental health or substance use disorder provided by a 9-8-8 center or mobile crisis team, regardless of whether the service is provided by an in-network or out-of-network provider, at the in-network cost-sharing amount.

This Office will continue to work with the County in order to ensure City-led programs can leverage federal and state funding to the fullest extent possible.

*Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S) Act Grant Pilot Program*

Made possible by Assembly Bill 118, the California Department of Social Services (CDSS) launched a \$9.5 million grant pilot program to support partnerships between city, county, and/or tribal governments and community-based organizations to provide emergency response services to lessen the reliance on law enforcement agencies as first responders to crisis situations unrelated to a fire department or emergency medical service response. Applications for eligible programs were due July 2023 and it is unclear if the CDSS will extend the grant pilot for future funding rounds.

Local Sources

The majority of programs reviewed in other cities have relied on their respective local general fund monies to support the creation of unarmed alternative response pilots. Many cities, like Los Angeles, utilized their ARPA local fiscal recovery funds to fund programs in the last few years. The City of Denver, CO passed a specific ballot measure to fund a broad array of mental health and substance abuse programs.

*Caring for Denver Ballot Initiative – Denver, CO*

In 2018, voters passed the Caring for Denver ballot initiative, approving a \$0.25 sales tax increase to fund mental health services and treatment for children and adults, suicide prevention programs, opioid and substance abuse prevention, treatment, and recovery programs, facilities and programs for individuals with mental health and substance abuse needs such as housing, joint efforts of first-responder and mental health experts, and training for first-responders. The initiative helped fund the launch of Denver's Support Team Assisted Response (STAR), a community response program modeled after the CAHOOTS program in Eugene, Oregon.

**Facility Needs for Expanded Alternative Crisis Response Programs**

Council File 22-0037 requested that the CAO identify potential community spaces that can be utilized for crisis resource centers to deploy mobile crisis response teams. Research to date has found that existing programs, including the UMCR, have the facilities required for implementing programming at current levels. The CAO is working with GSD to evaluate what facilities may be available in the long term to support an expanded alternative response program, based on criteria developed by examining existing facilities used by the CIRCLE program.

## **9-1-1 Capacity and Communications Systems**

Currently, the City's pilot alternative crisis response programs, such as CIRCLE and CRESS, are being triaged through the LAPD Communications Division, which serves as the City's public safety answering point (PSAP; i.e., 9-1-1 call center). This section outlines this group's findings on pressures and potential opportunities for the City's 9-1-1 system.

### **Decentralized Communications Systems and Staff Shortage**

Currently, several departments in the City of Los Angeles use their own Computer Aided Dispatch (CAD) systems including the LAPD, LAFD, and Department of Transportation (DOT), and each unarmed response pilot program utilizes their own dispatch system. These different systems are not able to communicate with each other or send information between systems. When an emergency or non-emergency call is received at the City's PSAP and it is transferred to other internal departments, the information has to be recreated with each transfer and the caller is asked the same question multiple times. This includes calls for alternative crisis response (i.e. CIRCLE) which are transferred to the non-emergency queue — significantly increasing call-wait times before callers can be connected to the appropriate unarmed response programs. Additionally, unarmed response contractors do not have access to police and fire radio communication systems, so if they need further assistance from LAPD or LAFD, they have to generate a new call to the PSAP. These issues cause frustration for members of the community and increase call-wait times and response times.

Another factor in increased call-wait times is the shortage of Police Service Representatives (PSR), the public safety telecommunicators responsible for triaging emergency and non-emergency calls in the City's PSAP. In order to support citywide expansion of programming, critical hiring issues in the PSR classification must be addressed. On August 29, 2023 at the Board of Police Commissioners meeting, LAPD's Communications Division and Personnel Division reported that as of August 2023, there were 167 vacancies in the Communications Division (i.e., PSRs and SR PSRs), amounting to a vacancy rate of approximately 25% among PSRs — which has led to increased call-wait times on emergency and non-emergency lines and mandatory overtime to back-fill for short staffing. There is cause for concern that implementation of additional diversion protocols could potentially lead to even greater increases in call-wait times and a need for more mandatory overtime as PSRs acclimate to new procedures and integrate these procedures into their current practices.

A subsequent report from this Office (Rodriguez-McOsker - C.F. 22-0978-S2) will address hiring innovations, retention efforts and strategies for reducing attrition rates among the PSR classification and provide recommendations for providing resources for PSRs as it relates to the alternative crisis response model.

## Best Practices

### *Centralized Unarmed Dispatch Center*

Due to the current decentralized unarmed response model, there are various unarmed response entities that 9-1-1 operators have to connect with. Streamlining these dispatch operations, to allow for one destination for 9-1-1 operators to transfer calls to would substantially increase efficiency. This change, however, would require both a logistical and technical re-structuring of the City's unarmed response programs and a broader reimagining of 9-1-1's policies and practices on diversion of calls to other entities, including unarmed response and non-emergency calls.

### *Centralized CAD System*

A commonality among several municipalities with alternative and unarmed response programs is their utilization of a single CAD system. In these cities, the system is accessed by the police department, fire department, mental health departments, and alternative crisis responders. Using a single system allows cities to track the progression of a situation, individual and/or location from the initial call into the PSAP to the organization providing wrap-around services. In addition, access can be granted to different users to ensure censoring of sensitive information such as medical and criminal histories. The option is available to provide a version of the CAD system with limited capabilities that responders in the field can access via an application on their cell phone and/or tablet. A benefit of having a single system is the retention of information from department to department that allows for tracking performance metrics not only for traditional emergency services but for alternative crisis response as well.

### *Centralized Radio Systems*

Other municipalities have also integrated their radio systems to allow for communication between multiple responders in the field. For example, Dayton, Ohio's Mediation Response Unit (MRU) responders are able to communicate with public safety and medical dispatchers directly, request assignment of calls, and ask for additional resources from traditional first responders. In addition, police and fire personnel are able to request the response for MRU at certain calls that have been assessed to be more appropriate for diversion. The integration of radio systems or some other form of communications link between traditional public safety branches and unarmed field responders is considered a best practice for supporting unarmed responder and community member safety, as well as greater collaboration and communication between traditional and alternative responders.

### *Relocating the Public Safety Answering Point*

Many other cities with unarmed response programs house their PSAP (i.e. 9-1-1 call center) outside of their police department. These cities have found that separating the 9-1-1 answering and triaging function from law enforcement agencies can support the streamlined integration of new diversion protocols, systems and personnel for alternative and unarmed crisis response programs. In addition, advocates believe that a PSAP unaffiliated with law enforcement can help foster broader trust in the 9-1-1 system — breaking the stigma of calls for assistance automatically resulting in the arrival of armed personnel.

Each of these options would require significant changes to systems, personnel and change management. A critical area for further research is identifying the ideal level for the integration of



systems that will not only support the success of alternative response programs, but also improve the City's overall public safety system.

### **Organizational Structure**

The CAO continues to gather information to develop a recommendation on the appropriate long-term organizational structure for these programs. This section provides an update on this research, including a recommendation on immediate staffing needs.

### **Pilot Program Organization**

The City's pilot programs currently function mostly independently in their respective organizations, however there is growing collaboration between key programs and agencies — CIRCLE, UMCR, LAPD, LAFD/DMH, which allows for a streamlined and coordinated approach. Over the next calendar year, the majority of CIRCLE, CRESS and UMCR work is and will continue to be contract and program management activities. This office has found no clear operational detriment that necessitates full integration in the short term.

As shown in Attachment 2, the City has a variety of models. As the ultimate program scope is finalized, decisions may be made to combine some programs and sunset others — but it appears likely that the City will ultimately continue to offer some programs which include some type of LAFD medical co-response model (e.g. APRU), and others which do not (e.g. UMCR). This may be a factor in determining the ultimate home for field programs — depending on the desire to combine all services under one department, or offer a streamlined but federated model in which medical programs remain in LAFD and others are housed in another entity.

### **Policy and Coordination Team Expansion**

Separate from the ultimate home of the pilot programs themselves, there are benefits to expediting the creation of a full-time, dedicated team to develop the City's framework and to support coordination between programs. Such a team would ensure that these efforts are given the expertise and focus that the envisioning of the City's alternative response program deserves.

Such a team could be housed in the CAO in the short term and then moved to a dedicated office of unarmed response and safety upon its creation. These positions could be funded from the \$1M set aside for the creation of such an office.

### **Measuring Program Success**

Measuring progress and effectiveness toward program objectives is vital to ensuring that the program is delivering on the City's vision. A robust evaluation strategy should include the following:

- *Performance Management:* A continual assessment that uses metrics and benchmarks to ensure performance objectives and goals are being met.
- *Program Evaluation:* A systematic assessment that is grounded in social science research and the use of the scientific method to compare outcomes to a set of implicit and/or explicit

standards. The emphasis is identifying ways to improve the program and ensuring that the program is having the intended effects.

Upon approval by City Leadership, the below recommended Performance Management and Program Evaluation strategies will be tested on the City's existing pilot programs in order to determine the City's ultimate program success measurement strategy.

### **Performance Management**

The program's operations may be measured through regularly reported and analyzed performance metrics. These metrics should measure whether providers are meeting key service delivery targets. Metrics may also be combined with regular discussion of potential areas of continuous growth and improvements to the program.

In order to develop a standardized set of metrics, this Office reviewed the metrics currently tracked for existing programs in the City as well as best practices across other cities in the country. A number of metrics arose as commonly used for alternative crisis response programs as well as key themes for grouping the metrics. This Office has categorized metrics under the four major components of the call answering and response process (Call-Triaging, Dispatching, Responding, and Wrap-Around Service and Follow up) in order to better assess the performance of these programs at all key stages. See Attachment 6 for a list of recommended performance management metrics.

Additionally, this Office developed a preliminary performance evaluation form as an effort to streamline and establish performance metrics and expectations across existing alternative crisis response programs and pilots operating in the City. See Attachment 7 for the draft intake form for current programs and pilots.

### **Program Evaluation**

Council File 22-0979 requested an analysis to understand the relative value and effectiveness of unarmed, alternative crisis response programs. This assessment could also address concerns from the Council about the effectiveness of current armed responses identifying gaps in services and areas of improvement. The key to any successful alternative crisis response program is the continual monitoring and evaluation of the effectiveness and impact of the program. It is critical to establish a plan for program evaluation to ensure that alternative crisis response programs are addressing community needs, providing effective services and meeting key objectives and goals. These evaluations are critical for assessing if the City's alternative response program is meeting the five primary objectives that City Council approved.

Other municipalities that have implemented evaluations partnered with either an academic institution or external consulting agency. For example, Austin, Texas conducted a racial equity evaluation on their Expanded Mobile Crisis Outreach Team (EMCOT) program using an outside consultant, Smith Research & Consulting LLC. Likewise, Chicago, Illinois partnered with the

University of Chicago's Health Lab to evaluate their Crisis Assistance Response and Engagement (CARE) program.

This Office has developed a partnership with Claremont Graduate University in Claremont, CA, to provide a preliminary proposal that outlines a plan for conducting a program evaluation on the Unarmed Model of Crisis Response (UMCR) pilot. This proposal will use an equity-focused lens to ensure community needs are being addressed and will inform this Office on the resources and funding needed to implement the evaluation. In addition, insight from the proposal can assist in developing a larger scale evaluation to assess the overall effectiveness and efficiency of the City's Alternative Crisis Response Framework.

The CAO will pursue additional partnerships to conduct program evaluations for the remaining City alternative response programs, and will report back on any funding requirements.

### **Community Feedback**

The Council of State Governments (CSG) Justice Center developed a toolkit for local communities and states to aid in implementing and strengthening community responder programs. Drawing on the experience of emerging models across the nation, the toolkit identifies key issues that are crucial to the success of any program. According to the toolkit, community engagement and collaborating with key stakeholders is an essential topic when measuring the success of a community responder program. Core components in this area include:

- Creating a space for all stakeholders to contribute
- Using a multi-pronged engagement approach
- Increasing transparency in the decision-making process
- Building trust among Black, Indigenous and People of Color (BIPOC) community members

Municipalities that have integrated community engagement and collaboration into the framework of their community responder programs include Albuquerque, NM, Atlanta, GA, and New York City, NY. These cities surveyed community members asking critical questions about supporting community responders, visions for reimagining public safety, services and resources required and satisfaction with the alternative crisis response programs.

Community collaboration creates meaningful engagement, speaks of trust and emphasizes the power of the peoples' voice. Angelenos are our key stakeholders and part of the City's responsibility is to identify the types of services needed and the likely impact of those services on our stakeholders. Community feedback is critical for the development and success of the alternative crisis response framework and can include:

- Community Surveys
- Interviews with community members
- Focus groups, round tables and town halls
- Data dashboards
- Evaluations

Utilizing one or several methods above can help integrate Angelenos' voice into the decision-making process as policy makers continue to mold and provide direction for the development of the alternative crisis response framework.

The Mayor's Office is in the process of identifying an external partner to engage Angelenos on perceptions of public safety and strategies for creating safer communities, including exploring attitudes and expectations around unarmed, civilian response programs. This Office will work to incorporate relevant feedback into the development of the Alternative Response Framework.

## **FISCAL IMPACT**

There is no additional fiscal impact to the General Fund as there is sufficient funding in the 2023-2024 budget for the recommended transfer of \$46,112 from the Unappropriated Balance to the Office of the City Administrative Officer.

The on-going expenses for Unarmed Crisis Response and Alternative Response will continue beyond fiscal year 2023-24 and will be considered in future budget processes.

## **FINANCIAL POLICIES STATEMENT**

This report complies with the City's Financial Policies as the funding for the additional resources requested was included in the 2023-24 Adopted Budget. Although the City's Financial Policies indicate that only in extreme circumstances will requests for new or expanded programs be considered on an interim basis, outside of the City's annual budget development process, Unarmed Crisis Response is an emerging policy area that has specific funding for expansion earmarked in the Unappropriated Balance.

*MWS:MCB:AEH:HMR:VW:SG:EG:EIZ:17240004*

### Attachments

1. List of Initial Call Types Selected for the Unarmed Model of Crisis Response (UMCR) Pilot Program
2. Current Status and Funding of Alternative Crisis Response Programs
3. Los Angeles Fire Department (LAFD) Alternative Response Pilots
4. Los Angeles County Alternative Crisis Response Programs
5. Los Angeles Police Protective League (LAPPL) Alternative Response Call Analysis
6. Alternative Response Framework – Recommended Performance Management Metrics
7. Draft Intake Form for Current Alternative Response Programs

**List of Initial Call Types Selected for the Unarmed Model of Crisis Response  
(UMCR) Pilot Program**

<b>Incident Type</b>	<b>Name</b>	<b>Description</b>
314M	311/INDECENT EXPOSURE	311 MAN
314PM	311/INDECENT EXPOSURE	POSS 311 MAN
314PMW	311/INDECENT EXPOSURE	POSS 311 MAN/WOMAN
314PW	311/INDECENT EXPOSURE	POSS 311 WOMAN
314W	311/INDECENT EXPOSURE	WOMAN
390M	INTOXICATION	MAN
390MD	INTOXICATION	MAN DOWN
390W	INTOXICATION	WOMAN
390WD	INTOXICATION	WOMAN DOWN
415M	DISTURBANCE	MAN
415W	DISTURBANCE	WOMAN
6201	DISPUTE	ROOMMATE DISPUTE
620B	DISPUTE	BUSINESS DISPUTE
620L	DISPUTE	LANDLORD/TENANT DISPUTE
620N	DISPUTE	NEIGHBOR DISPUTE
820W	GO TO	WELFARE CHECK
918F	INDICATION OF MENTAL ILLNESS	FEMALE W/INDICATION OF MENTAL ILLNESS
918M	INDICATION OF MENTAL ILLNESS	MALE W/IOMI*
918MF	INDICATION OF MENTAL ILLNESS	MALE AND FEMALE W/IOMI*
918PF	INDICATION OF MENTAL ILLNESS	POSS FEMALE W/IOMI*
918PM	INDICATION OF MENTAL ILLNESS	POSS MALE W/IOMI*

\*With indication of mental illness

### Current Status and Funding of Alternative Crisis Response Programs

Unarmed Crisis Response					
Program Name	Lead/ Supporting Agency	Team Composition	Appropriate Calls for Diversion	Current Status	FY 23-24 Budget
Crisis Incident Response and Community-led Engagement (CIRCLE)	Mayor's Office/ Urban Alchemy	1 Supervisor + 1 Peer Outreach Worker (with on-call support from a Mental Health Counselor)	Low-acuity calls related to people experiencing homelessness	Active (24/7 in current service areas)	\$8,000,000
Call Direction to Ensure Suicide Safety (CRESS)	LAPD/ Didi Hirsch	Telephonic crisis counselor	Mental health and suicide calls appropriate for telephonic response	Active (24/7)	\$960,000
Advanced Provider Response Unit (APRU)	LAFD	1 Advanced Provider + 1 Firefighter/ Paramedic (FF/PM)	Medical calls that can be resolved by basic and advanced life support, on-site treatment for low-acuity patients and ability to transport to sobering center or mental health facilities	Active* (10 hours a day, 4 days a week)  *AP65 is currently piloting a 12 hours a day, 7 days a week deployment	\$2,917,654
Fast Response Vehicle (FRVs)	LAFD	2 FF/PMs	Medical calls that require rapid response and provides ability to transport patients to sobering centers or mental health facilities	Active (10 hours a day, 4 days a week)	\$3,271,986

Sobriety Emergency Response (SOBER) Unit	LAFD/ Exodus Recovery	1 Nurse Practitioner + 1 Case Manager + 1 FF/PM	Calls for individuals that could benefit from transport to a sobering center instead of an emergency room	Not Active	\$0
Therapeutic Van Pilot	LAFD/ LA County DMH	1 Licensed Psychiatric Technician + 1 Peer Support Specialist + 1 Clinical Driver	Mental health related calls that are otherwise medically cleared, including transportation to mental health facilities	Active (24/7 in select service areas)	\$1,000,000
Unarmed Model of Crisis Response Pilot	CAO/ PennyLane, Exodus Recovery, Alcott Center	1 Behavioral Health Specialist + 1 Community Worker w/ lived experience -or- 1 Therapist + 1 Crisis Interventionist	Low-acuity calls including welfare checks, intoxication, mental health, minor disputes and disturbances	To be launched early 2024 (24/7)	\$5,186,581
Unarmed Crisis Response	The Council modified the Mayor's Proposed Budget by adding funding in the Unappropriated Balance for unarmed crisis response programs. CIRCLE team expansion is an eligible expense for this item.				\$13,245,176
Unarmed Response to Homelessness and Non-Violent Calls	The FY 22-23 Year-End Financial Status Report reappropriated funding to FY 23-24 in the General City Purposes fund for unarmed response programs in Council Districts 6, 8, 9, 10, 13, and 14.				\$ 7,754,000
<b>Subtotal</b>					<b>\$42,335,397</b>

Co-Response					
Program Name	Lead/ Supporting Agency	Team Composition	Appropriate Calls for Diversion	Current Status	FY 23-24 Budget
Systemwide Mental Assessment Response Team (SMART)	LAPD/ LA County DMH	1 Police Officer + 1 Mental Health Clinician	Mental health related calls that require a police response	Active (24/7, dependent on availability)	\$22,964,347
Domestic Abuse Response Team (DART)	LAPD/ Casa de la Familia, Domestic Abuse Center, Jenesse Center, Peace Over Violence, Strength United, 1736 Family Crisis Center	1 Police Officer + 1 Community- based Advocate	Domestic violence calls	Active (10 hours a day, 4 days a week)	\$11,377,768 <sup>1</sup>
Crisis Response Team (CRT)	Mayor's Office/ LAPD/ LAFD/ crisis volunteers	2 Responders (including Mental Health Specialists, Social Workers, Case Managers, or Certified Crisis Volunteers, dependent on incident)	Calls related to traumatic incidents such as homicide, suicide, or a tragic death	Active (24/7)	\$980,000
<b>Subtotal</b>					<b>\$35,322,115</b>
<b>Total</b>					<b>\$77,657,512</b>

<sup>1</sup> Total amount includes funding for DART service providers and LAPD staffing costs for DART deployment.



## **Los Angeles Fire Department (LAFD) Alternative Response Pilots**

### **Fast Response Vehicles**

Launched in September 2015, the goals of the Fast Response Vehicle (FRV) pilot (C.F. 14-0600-S49) were to decrease response times to emergencies, provide more rapid treatment for patients with time-critical medical emergencies, and perform on-scene triage therefore allowing a FRV the ability to cancel fire companies and paramedic ambulances when appropriate. The FRVs are modified brush patrol vehicles which carry a full complement of basic and advanced life support equipment and medications as well as water and hoses for fire suppression. There are currently seven FRVs (FR9, FR64, FR82, FR91, FR200, FR201, FR401) in operation citywide. Three FRVs are variably staffed by offering 24-hour overtime shifts and deployed as Advanced Life Support (ALS) Assessment resources. The staffing of these FRVs consists of one Firefighter (FF) and one Firefighter/Paramedic (FF/PM). Four FRVs are staffed by FF/PMs assigned to the Tactical Emergency Medical Support (TEMS) Unit. These FRVs are staffed and equipped as ALS Mobile Intensive Care Units with additional specialized capabilities. The FF/PMs assigned to these FRVs are trained in TEMS, mental health crisis response, and alternate destination assessments. These units either patrol and respond to calls in routinely designated districts or are moved to high-volume areas based on real-time analysis of incident activity and resource availability.

### **Key Findings**

The additional training in alternate destination assessments provided to FF/PMs, allows the FRVs to transport patients who meet a specified checklist criteria to an alternate destination – either a mental health facility or sobering center – via ambulance. Although it was not a specific goal of the pilot initially, FRVs have allowed the Los Angeles Fire Department to provide specialized screening to clear patients with solely mental health crises for transport to a destination that best meets their needs as well as provide specialized screening to clear serial inebriants with no medical complaints for transport to a sobering center. This additional training is discussed in more detail under the Sobriety Emergency Response (SOBER) Unit section below.

### **Advanced Provider Response Units**

Introduced in January 2016, the Advanced Provider Response Unit (APRU) was originally staffed with one Nurse Practitioner (NP) and one FF/PM and known as the Nurse Practitioner Response Unit. It was later renamed to the Advanced Provider Response Unit and staffed with one Advanced Provider, either a Physician Assistant or a Nurse Practitioner, and one FF/PM. There are currently four APRUs in operation citywide (AP7, AP82, AP65, AP58), with one additional (AP4) pending Advanced Provider hiring. The units are available 10 hours a day, 4 days a week, with AP65

currently piloting a 12 hours a day, 7 days a week deployment. The APRU units are currently the first paramedic assessment resource to be dispatched on many high and low acuity incidents, thus alleviating the need for a heavy fire apparatus such as an Engine Company. The APRU's will also attach themselves to medical incidents in their vicinity. In addition, they will respond to incidents such as multi-casualty incidents, hazardous materials incidents, and structure fires with multiple patients.

### *Key Findings*

APRUs have proven to be an invaluable field resource for optimizing LAFD operations and providing workload relief to rescue ambulances and fire companies as a result of their ability to:

- Provide Basic and Advanced Life Support
- Treat and release low-acuity patients on scene rather than transporting to a hospital or emergency room
- Write a prescription and provide medications on scene
- Medically clear patients for transport to an alternate destination such as a sobering center or psychiatric urgent care center
- Follow-up care to EMS high-volume utilizers
- Refer patients with increased social or medical risk factors to additional services and allied agencies.

More recently, the LAFD received a Lanterman-Petris-Short (LPS) designation authorization from the Los Angeles County Department of Mental Health (DMH) for the advanced practitioners staffing the APRUs. The Department is currently developing the training process to effectuate the advanced practitioners' ability to write psychiatric holds. This authorization will allow the APRUs to transport to a broader number of alternate destinations and would allow for the APRUs to absorb the workload of the Therapeutic Vans should this consolidation be found to be a more effective use of City resources.

### *Sobriety Emergency Response (SOBER) Unit*

Established in November 2017, the SOBER Unit pilot program (C.F. 16-0371) was a partnership between the LAFD, the Los Angeles County Department of Health Services (DHS), and Exodus Recovery, Inc. The SOBER Unit consisted of a multidisciplinary team, including: one Nurse Practitioner and one Case Manager provided by Exodus Recovery, Inc. and one LAFD FF/PM in a specially designated LAFD ambulance. The pilot's goal was to alleviate the strain on scarce emergency resources caused by serial inebriates. It aimed to accomplish this by providing individuals who met the appropriate medical exclusion criteria with transport to a sobering center instead of an emergency room, so that they could be monitored and placed into an appropriate detox program

and/ or transitional housing instead of receiving potentially unnecessary testing in an emergency room and released back onto the streets without addressing their addiction and social needs.

### *Key Findings*

As a result of pilot programs such as the SOBER Unit that have found success with alternate destination transportation, the DHS adopted a new policy in October 2020 allowing for paramedics with additional training the ability to determine if an alternate destination is appropriate for a patient. Prior to the adoption of this policy, this determination could only be made after the patient had been medically cleared and seen by an emergency department. In light of this new policy, a number of LAFD paramedics have completed the appropriate training curriculum for the transport of patients to an alternate destination instead of an emergency department.

The SOBER Unit has not been in operation for about a year due to hiring challenges faced by Exodus Recovery, Inc. for nurse practitioners and case managers. During this lapse of service, two FF/PMs with additional alternate destination training have been deployed in a FRV in place of the SOBER Unit. The Board of Fire Commissioners approved the termination of the agreement with Exodus Recovery, Inc in September 2023, sunseting the SOBER pilot and approved the redeployment of SOBER Unit 4 as APRU 4.

According to LAFD's analysis, APRUs have proven to be the most effective resource to navigate the complex psychiatric, inebriation, and medical issues this patient population experiences. In contrast, the SOBER unit is solely equipped to manage serial inebriation. The ability of the advanced provider on the APRU to manage medical and some psychiatric issues, allows for seamless patient care and dispositions that benefits the patient. APRUs are also able to identify and authorize appropriate patients for transport to sobering centers or mental health urgent care centers, and have a BLS ambulance complete the transport.

### *Therapeutic Van Pilot*

The Therapeutic Van Pilot is a partnership between the LAFD and DMH designed to determine the feasibility of transferring care of a patient experiencing an isolated non-violent mental health crisis from the care of a responding LAFD paramedic or emergency medical technician (EMT) to DMH staff for transport to an alternate destination such as a Psychiatric Urgent Care Center (PUCC) or specialized mental health emergency room. The first Therapeutic Van unit was established in January 2022 and currently there are five units in operation citywide (TV4, TV59, TV77, TV94 & TV40). The vans are all staffed by three DMH personnel, including one Licensed

Psychiatric Technician, one Peer Support Specialist, and one Clinical Driver and have the authority to place patients on psychiatric hold. Due to DMH staffing shortages, only TV4 and TV59 operate 24 hours a day, seven days a week with the exception of County Holidays; TV77 and TV40 operate 12 hours a day, seven days a week, and TV 94 operates 12 hours a day, four days a week and 24 hours a day the remaining three days a week. The City Council approved to extend the pilot for an additional year, from July 1, 2023 to June 30, 2024.

The original intent of the pilot was for the Therapeutic Van units to be dispatched *without* a LAFD primary unit in order to more effectively utilize emergency resources. However, DHS, the region's Local Emergency Medical Services Agency, ruled that any 9-1-1 call for service involving an individual deemed a patient, that is, involving a person requesting medical help or a person who appears to need medical help, requires that the LAFD dispatch at minimum an EMS provider to medically assess and administer emergency medical services on scene. LAFD medical personnel conduct an initial medical assessment and once the patient is clear, LAFD personnel transfer care of the patient to DMH Therapeutic Van staff. As a result, the Therapeutic Van units respond non-emergency alongside LAFD paramedics or EMTs either at the time of dispatch or at the request of paramedics or EMTs already on the scene of an incident. The inability for the Therapeutic Van staff to conduct medical assessments, limits the number of calls they can respond to.

### *Key Findings*

As reported by the LAFD in a report to the Board of Fire Commissioners (File No. 23-067), there are a number of findings from the pilot's first year in operation that should inform any expansion or consolidation of programs. Firstly, the Therapeutic Van pilot has been another successful proof of concept of alternate destination transportation. The pilot program data to date illustrates that transportation to alternative destinations, such as sobering centers or psychiatric urgent care centers (PUCCs), is an effective disposition for patients experiencing a mental health crisis that have been appropriately identified and medically cleared by the LAFD. Nevertheless, in practice, the pilot has found that the majority of mental health related calls received by the LAFD also involve a patient experiencing a medical problem or overdose, or exhibiting violent behavior requiring law enforcement. This means that the majority of calls involve patients that cannot be medically cleared for transportation by a Therapeutic Van and only in some cases can an LAFD paramedic on scene with the primary unit approve transport to a PUCC. In 2023 for example, on average fewer than four patients met the criteria for transport by a Therapeutic Van each day. The APRUs on the other hand, staffed with an AP and a FF/PM trained in DHS's alternate destination protocol, can both medically clear and transport patients to alternate destinations. Moreover, the recent authorization

granted by the DMH for APs staffing the APRUs to issue involuntary holds will allow the APRUs to transport to a larger number of alternate destinations that do not have the internal staff to write involuntary holds.

### Los Angeles County Alternative Crisis Response Programs

Program	City Partnership	Model
9-8-8 Suicide and Crisis Lifeline	No formal partnership; Angelenos can access services through 9-1-1	Telephone access to trained crisis counselors that can help people experiencing suicidal thoughts, mental health crisis, a substance use crisis, or emotional distress
Field Intervention Teams (FIT)	No formal partnership; Angelenos can access services through 9-1-1/9-8-8 CRESS partnership	Mobile crisis response for individuals facing a behavioral health crisis not involving law enforcement; includes Psychiatric Mobile Response Teams (PMRT) and Mobile Crisis Outreach Teams (MCOT)
Law Enforcement Teams (LET)	Partnership through LAPD SMART Units	Co-response teams consisting of a sworn law enforcement officer and a LACDMH mental health clinician who respond to 9-1-1 calls involving mental health crises
Therapeutic Transportation Program (TTP)	Partnership through LAFD Therapeutic Vans	LAFD co-respond to calls involving, or presumed to involve, an individual experiencing a mental health crisis
School Threat Assessment Response Teams (STAR)	No formal City Partnership	Mobile crisis evaluation and intervention in school settings

	LAPPL	LA City Council	LAPD	Potential Incident Type(s)
<b>Context</b>	<i>The Los Angeles Police Protective League list of potential calls for diversion to an unarmed responder:</i>	<i>The City Council list of call categories for alternative response (C.F. 22-0979):</i>	<i>The LAPD proposed categories for potential diversion (C.F. 20-0769-S3):</i>	<i>Preliminary alignment between call categories and LAPD 9-1-1 incident types:</i>
<b>Call Categories</b>	<b>Calls currently being diverted under existing programs:</b>			
	Non-criminal, non-violent and quality of life calls involving persons experiencing homelessness Panhandling Defecating and urinating in public	People experiencing homelessness		May include 415M, 415W, 415G, 9212, 314M, 314W, 1101  415M, 415W, 415G, 9212 415M, 415W
	Non-criminal mental health related calls	Mental Health Suicide Threats Behavioral Distress		Most detail types that start with 918; 9073
	Syringe disposal	Substance Abuse		No detail type for this call; could be 1101
	Individuals engaged in alcohol or substance use, including public intoxication, where no other crime is present		Public Intoxication/Overdose (Substance Abuse)	390M, 390W, 390G, 907A2, Detail types that starts with 110
	<b>Welfare Checks:</b>			
	Welfare checks including courtesy requests from medical professionals or hospitals	Welfare Checks	Welfare Checks	820W
	<b>Conflict Resolution:</b>			
	Non-fatal vehicle collisions excluding those involving criminal offenses (e.g., verbal disputes at the scene of a traffic collision, parties refusing to exchange information, property damage only collisions involving personal and City property) Disputes involving landlord, tenants and roommates	Conflict Resolution	Minor Disputes (Conflict Resolution)	9041, 9049, 9043, 415G at the scene of a Traffic Collision  620L, 6201
	<b>Requests for LAPD support for Municipal Services:</b>			
	Request from Department of Transportation (DOT) for police officers to stand by at the scene			7201 (Meet the Officer)
	Death from natural causes or no indication of foul play			927D, 927I, 927A, 927AI, 927P
	Homeless encampment clean ups excluding pre-scheduled requests			No detail type for this call; could be 415G
	<b>Enforcement Activities:</b>			
		Traffic Safety Enforcement		Pending LADOT report
	Parking violations including vehicles blocking driveways			586 - typically not used because DOT deals with parking violations; depending on where the driveway is situated, could also be a dispute such as 620N, 620B
	Abandoned vehicles			No detail type for this call - LAPD typically does not respond unless located on private property; could be 503P as a possible abandoned stolen vehicle
	Illegal gambling			415G
	Fireworks			507F
	Illegal dumping			374

LAPPL	LA City Council	LAPD	Potential Incident Type(s)
Complaints of vicious and dangerous dogs excluding attacks in progress			Most detail types that start with 905
<b>Miscellaneous call categories which require further analysis:</b>			
Anonymous noise complaints involving loud parties and disruptive music			415P, 507P, 507R, 507V
Non-violent calls for service at City parks			Varies by situation
Loitering and trespassing calls with no indication of danger			9212, 9212N, 921S
Public health order violations			620B, 415G, 415M, 415W
Illegal vending			620B, 415W, 415M
Alarm calls at residences and businesses excluding panic, duress or silent alarms			906B1, 906B1C
Non-violent disturbances involving juveniles excluding mandatory reporting notifications			620F, 415J



## **Alternative Response Framework – Recommended Performance Management Metrics**

The Office of the City Administrative Officer recommends that all current and future alternative response programs track the metrics below.

- **Call Triaging Process**
  - Call volume parsed out to include categories for daily, hourly, day of the week, weekly, and monthly call volumes
  - Number and types of calls diverted (e.g., indecent exposure, intoxication, landlord and tenant dispute, etc.)
  - Referral source (e.g., police, fire department, city entities, external entities, public request)
  
- **Dispatching Process**
  - Number of incidents dispatched and needs addressed by category (e.g., conflict resolution, homelessness, mental health, behavioral health, substance abuse)
  - Number of calls involving co-response with law enforcement and/or fire personnel
  - Number of instances law enforcement and/or fire personnel were canceled
  - Number of instances that resulted in need for law enforcement response
  - Average response time per incident
  
- **Response Process**
  - Client characteristics and demographics including living situations, and primary language
  - Number and types of services and support offered, including number of instances where services were declined
  - Number of repeat calls for service with the same individual and/or location
  - Number and type of transports and involuntary mental health holds
  - Length of on-scene time
  - Response outcome (i.e. disposition of incident)
  
- **Wraparound Service and Follow-up**
  - Number of coordinated response, events, and outreach with internal and external partners
  - Number of clients provided follow-up care or wrap around services
  - Number and types of follow-up care or wrap around service provided including instances where services were declined

## Draft Intake Form for Current Alternative Response Programs

**[Program Name]**

**Lead Department:**

Supporting Department / Agencies:

*Evaluation Period:*

*FY 22-23 Funding:*

*FY 23-24 Budget:*

### PROGRAM OBJECTIVES & OUTCOMES

**Geographic Areas Served:** *What areas of the city does the program serve?*

**Target Population:** *What is the target population of this program?*

**Number of people served:** *How many individuals did the program serve within the evaluation period? What is the dollar/ intervention?*

**Objectives:** *What are the program's objectives (specific, measurable, achievable, relevant, and time-bound objective)?*

**Logic Model:** *Does the program have a logic model? If so, please include a diagram or describe it below.*

**Metrics:**

#### Call Triaging Process

- Number of type of calls diverted from LAPD/ LAFD:
- Patrol hours saved:
- Calls diverted that resulted in need for law enforcement response:
- Referral source breakdown:

#### Dispatching Process

- Average response time per incident:
- Number of calls dispatched:

#### Response Process

- Disposition of calls:
- Number of repeat encounters:
- Number of people served:
- Average time on scene per incident:

- Client demographics:
- Number of calls diverted from emergency rooms and jails:

### **Wraparound Service and Follow-up**

- Type and number of service provided:
- Number of people who decline services:

## **OVERVIEW OF KEY FINDINGS**

*Please provide a short analysis of the performance of the program based on your knowledge and experiences of it. Include key successes and barriers.*

## **FEEDBACK FROM SERVICE PROVIDERS**

Instructions: Answer the questions in the following sections based on the service provider's experiences from the evaluation period.

### **Call Triaging Process**

*Refers to the hand-off of a caller from the City's 9-1-1 call center, information provided by the City's 9-1-1 call-taker, interaction with the City's 9-1-1 call-taker, and feedback from service provider call-takers.*

Please describe your successes in the call triaging process.

Please describe your challenges in the call triaging process.

### **Dispatching Process**

*Refers to dispatching calls to responders, equipment used for dispatching, information available to responders, and feedback from service provider dispatchers.*

Please describe your successes in the dispatching process.

Please describe your challenges in the dispatching process.

## **Response Process**

*Refers to interactions with clients, types of resources offered to clients, availability of resources to offer clients, willingness from clients to accept resources, and feedback from service provider responders.*

Please describe your successes in the response process.

Please describe your challenges in the response process.

## **Wraparound Services and Follow-up**

*Refers to programs that offer follow-up/wrap-around services, experience with client follow up post the initial interaction, availability of post services, and willingness from clients to accept post services.*

If offered, please describe your successes with follow-up/wrap-around services.

If offered, please describe your challenges with follow-up/wrap-around services.

## **General Program Feedback**

*Refers to the types of calls handled by the service provider, policy and procedures concerning scope of work for the service provider, and availability of funding, personnel, technology, and/or equipment.*

What could be added that would enhance the overall success of the program for the future? Any gaps? Any improvements?

How can the City of Los Angeles assist in the continued success of the program?

How can the City of Los Angeles assist in the potential expansion of the program?

Please highlight any client feedback or positive stories that highlight the impact of your program.