

# Unarmed Model of Crisis Response



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### **TABLE OF CONTENTS**

Intro	duction	
Мар	of UMCR Service Areas	ŀ
First `	/ear at a Glance	7
Call [	Diversion Process 9	)
UMCI	Responders	1
Interv	rentions Delivered13	3
UMCI	R Clients	5
The C	crisis Response Continuum of Care17	7
From	Launch to Expansion	1
Area	Spotlights	3
	Wilshire	5
ı	Devonshire	7
	Southeast	9
	Olympic3	1
	West Valley33	3
	West L.A	5

#### **ACKNOWLEDGEMENTS**

We acknowledge the contributions of the frontline crisis response staff, dispatch and administrative teams, and our agency partners across emergency services and public safety. Their continued collaboration was critical to the program's operations this year.

We also thank the Mayor, City Council, and advisory collaborators, Harvard Kennedy School Government Performance Lab, for supporting the program's infrastructure and growth initiatives. Their decisions have helped maintain and expand essential services to residents experiencing crises.

For questions or media inquiries, email: unarmed.crisis.response@lacity.org.

# INTRODUCTION



# THE UNARMED MODEL OF CRISIS RESPONSE

was created by the elected leadership of the City of Los Angeles following public demand for expanded services that demonstrate a commitment to community safety. The Unarmed Model of Crisis Response shifts responsibility for non-emergency, non-violent 9-1-1 calls for service related to mental health, disturbances, well-being checks, indecent exposure, and intoxication away from a police response to experienced and trained community outreach, mental health, and substance abuse specialists.

The goal of the Unarmed Model of Crisis Response (UMCR) is to deliver the most appropriate response to individuals in crisis and to improve the efficiency of the City's public safety system. By sending trained professionals with backgrounds in behavioral and mental health and social services to non-violent and non-medical calls, UMCR allows the City's sworn personnel more time to focus on urgent law enforcement needs and high-acuity medical services.

#### STRENGTHENING OUR FIRST RESPONDER SYSTEM

City leaders sought to re-imagine public safety and advance non-law enforcement solutions in circumstances that are non-criminal (C.F. 20-0769). This entails expanding our crisis response to directly connect people in need to City, County or community-based service providers and replace law enforcement presence in non-violent, non-criminal situations with a range of unarmed service providers.



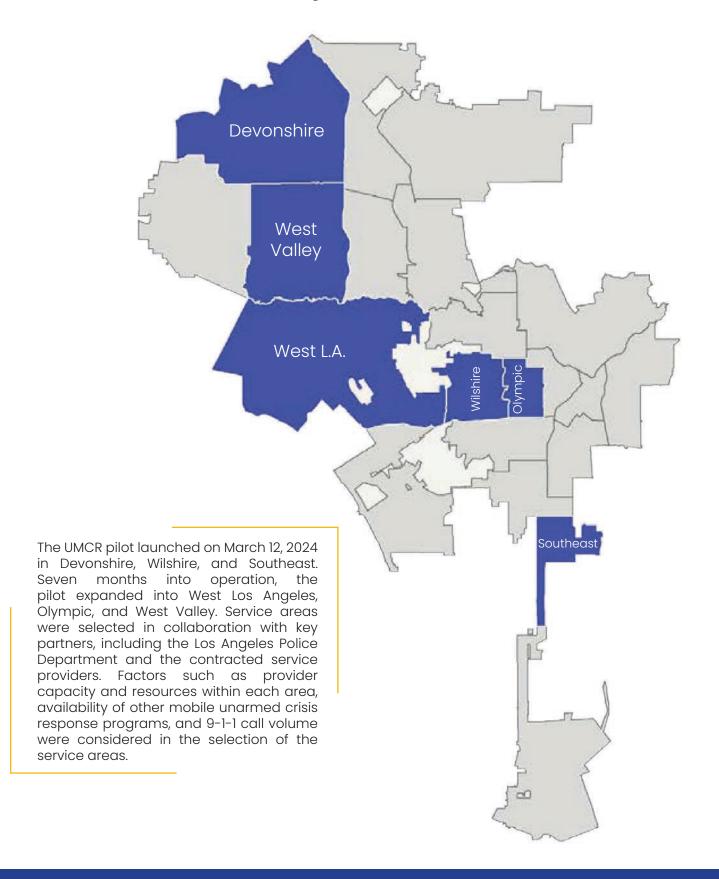
"Having multiple crisis response strategies, including unarmed responses, as part of our city's collective vision for community safety is very important. By building the right teams and expanding services, we can ensure Angelenos in crisis receive the appropriate support for their needs."

- Councilmember Bob Blumenfield

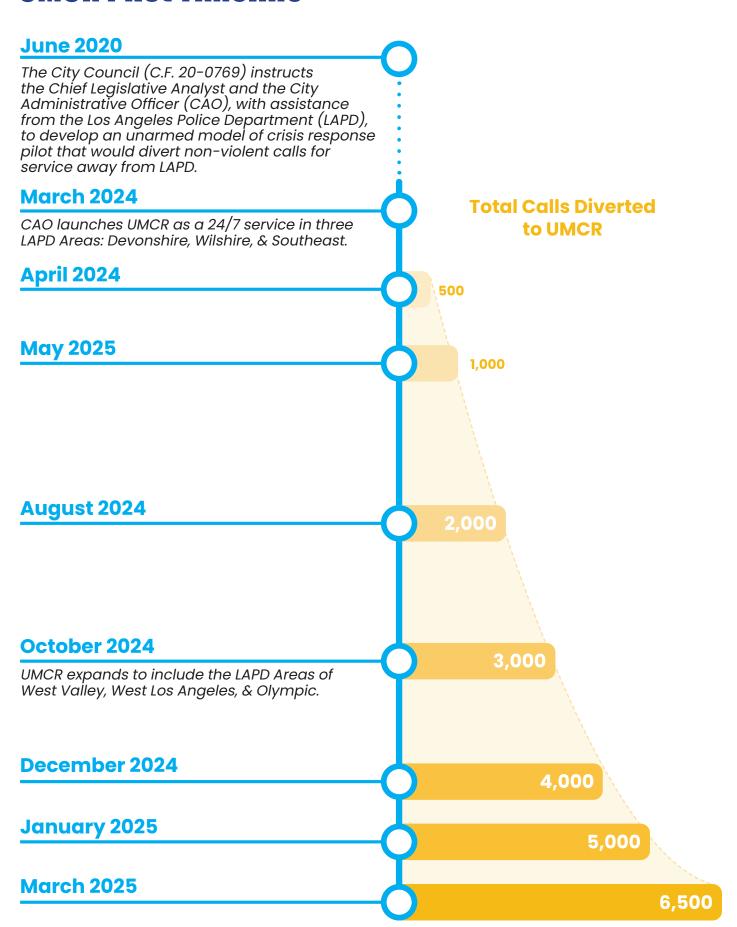
Co-Chair, Ad Hoc Committee on Unarmed Crisis Prevention, Intervention, & Community Services

#### MAP OF UMOR SERVICE AREAS

During the Pilot Year



#### **UMCR Pilot Timeline**





UMCR responders were called to assist with a report of a woman, "Liz," behaving erratically in an apartment building. Upon finding her open apartment door, they gently asked if she needed help - and with her consent, entered to provide support. Inside, they noticed empty prescription bottles and signs of a potential medication overdose. During their assessment, they discovered two gas stovetops turned on without flames, indicating possible carbon monoxide exposure — which was affecting both Liz and the responders. They acted quickly to ventilate the space, retrieve additional medical supplies, and contact the Los Angeles Fire Department (LAFD) for support. When Liz initially tried to leave, UMCR responders patiently advocated for her care, emphasizing the importance of addressing her health and safety. Working alongside LAFD, they reassured her and encouraged her return ultimately motivating her to agree to hospital care. Their persistent, compassionate approach helped ensure Liz received the critical help she needed.

## FIRST YEAR AT A GLANCE

Pilot year data: March 12, 2024 through March 11, 2025



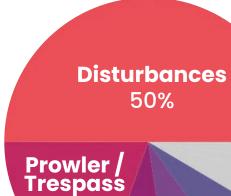
**Calls Diverted to UMCR** 

6,738



**LAPD Redirect Rate** 

4.1%



20%

**Call Types** 



**Average Time on Scene** 

0:25:05



**Average Response Time** 

0:28:26



Well-being Check -

**Indecent Exposure** 

Other 8%

Includes additional call types that are outside of the specified call types originally identified for diversion eligibility. Circumstances surrounding incidents that are appropriate for UMCR response do not always fit neatly into the original call type's selected.

# 30% of the population of the City of Los Angeles.

That is...

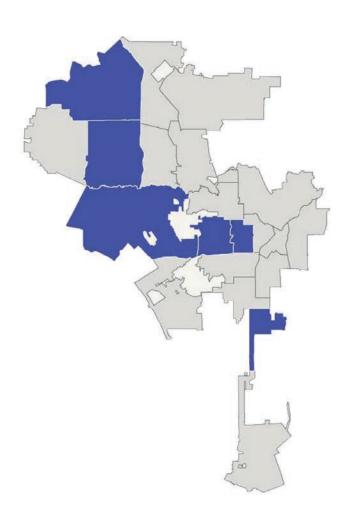
1.1 Million

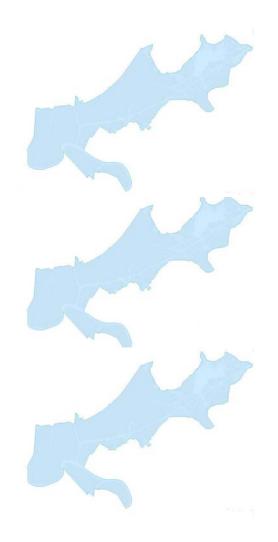
Los Angeles Residents



**3X** 

Population of New Orleans





# CALL DIVERSION PROCESS

The Office of the Los Angeles City Administrative Officer (CAO) manages the UMCR program, in close partnership with the Los Angeles Police Department (LAPD), the Los Angeles Fire Department (LAFD), and contracted service providers. In its first year, UMCR contracted with Exodus Recovery, Alcott Center, and Penny Lane Centers.

Exodus Recovery currently manages the UMCR Centralized Dispatch Center, which triages incoming calls for service. Dispatchers receive diverted calls from the LAPD 9-1-1 Dispatch Center, determine acuity, and deploy the appropriate mobile crisis responders.

#### **EXCLUSIONARY CRITERIA**

There is a violent crime in progress

There is an immediate threat of violence and/or weapons involved

The incident requires medical attention

The person(s) involved is confirmed to be under the age of 18

There are three or more individuals involved in the incident

#### **ELIGIBLE CALL TYPES**



#### WELL-BEING CHECK

Where there is concern for quality of life; Possibly suffering from effects of narcotics and/or alcohol abuse, actively engaged in use of narcotics; inadequately clothed to meet current climate

#### INDECENT EXPOSURE

Individual exposed and is not engaged in lewd conduct





#### **DISTURBANCES**

Verbally causing a disturbance of the peace

#### MENTAL HEALTH

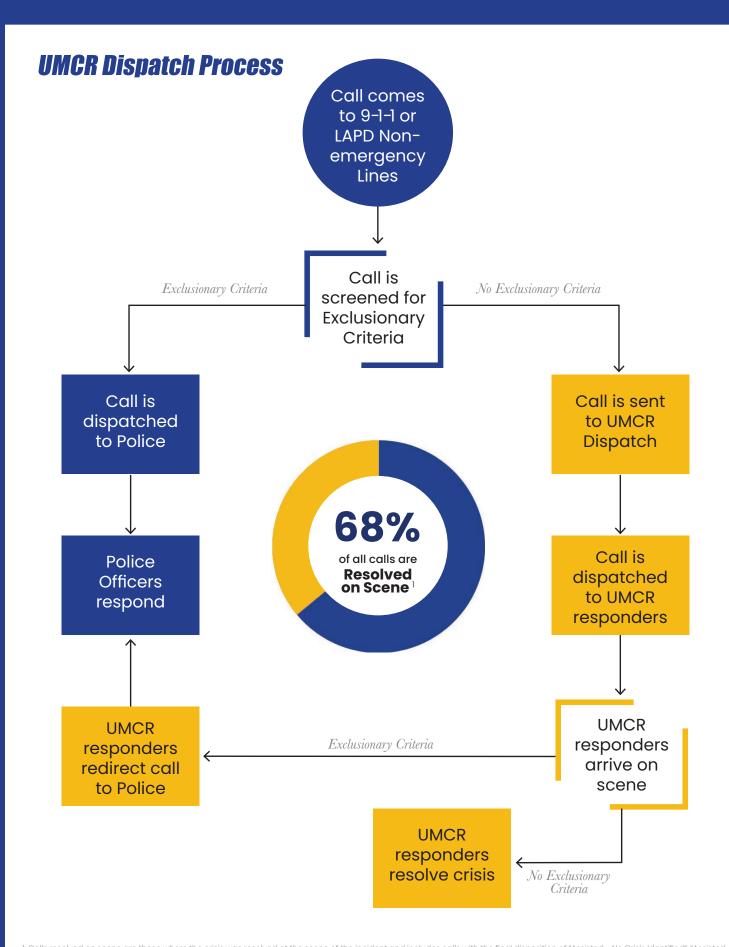
Suspected or diagnosed with a mental illness





#### INTOXICATION

Appears to be under the influence of alcohol and narcotics in a public space and/or private property and is not actively operating a vehicle



<sup>1.</sup> Calls resolved on scene are those where the crisis was resolved at the scene of the incident and includes calls with the final disposition of "Assisted - No Crisis Identified", "Assisted - On Scene", and "Assisted - Transport". Calls with a final disposition of "Gone on Arrival", "UMCR Canceled by LAPD", and "Unable to locate the individual" were not included in the total calls for this calculation.

# UMCR RESPONDERS



Unarmed crisis responders bring a unique set of skills and expertise to crisis response. Responders utilize the lowest level of intervention to resolve incidents by providing on-scene support, humanitarian assistance, and follow-up care, among other therapeutic tools.

When deployed to non-violent, non-urgent calls for service, unarmed crisis responders have been shown to minimize the potential for escalation and address critical mental health emergencies in a manner that prioritizes compassion and safety. Beyond providing more appropriate care to individuals affected by crises, unarmed crisis responders also allow LAPD more time to focus on traditional law enforcement efforts.

Responders from each of the three providers are deployed to appropriate calls in teams of two. Each provider currently services two LAPD Areas.

## UMCR TEAMS ARE MADE UP OF TWO INDIVIDUALS WHO MAY BE...



#### **Licensed Clinicians**

Clinical leads who assess risk, determine mental health needs, and guide field decisions, including referrals to urgent psychiatric care.



#### **Social Workers**

Specialists in crisis resolution and resource navigation who connect clients to housing, benefits, and longterm support systems.



#### **Community Workers**Trusted team members who build

Trusted team members who build rapport, engage hard-to-reach clients, and connect them to immediate, community-based resources.



#### **Psychologists**

Experts in behavior and trauma who support clients with complex mental health conditions and contribute to individualized stabilization plans.



#### **Therapists**

Skilled in de-escalation and rapportbuilding, therapists provide emotional support and bridge clients to outpatient mental health care.

# INTERVENTIONS DELIVERED

UMCR provides a variety of services that require different levels of engagement with clients that build on top of each other. In order to better understand the acuity and intensity of services administered as part of unarmed crisis response, the UMCR program utilizes a Tiered Intervention Framework, developed in collaboration with the Harvard

Kennedy School Government Performance Lab, to categorize calls based on the services administered on-scene.

This system categorizes responses into defined levels, allowing teams to assess the effectiveness of intervention types and ensure resources are allocated appropriately to the complexity of each

#### Collaboration

The Harvard Kennedy School Government Performance Lab (GPL) is an applied research lab based in the School's Taubman Center for State and Local Government in Cambridge, Massachusetts. Launched in 2021, the GPL's Alternative 9-1-1 Emergency Response Implementation Cohort provides applied research support and technical assistance to jurisdictions that are testing, implementing, or expanding alternative 9-1-1 emergency response.

situation. Tracking and analyzing the percentage of calls in each tier facilitates data-driven refinements to the crisis response approach by informing program managers of the types of resources and skills needed in the field.

#### Tiered Intervention Framework



**Tier** interventions focus on initial contact, engagement, and rapport-building with individuals in crisis.

38%



Tier 2 involves de-escalation, conflict mediation, provision of basic needs, crisis counseling, psychoeducation, suicide screening, and safety planning.

34%



**Tier 3** consists of referrals to substance use resources, mental health providers, community resources, shelters, and reports for abuse or neglect.

12%



**Tier 4** includes follow-ups and warm handoffs to substance use resources, mental healthcare providers, community resources, and shelters.

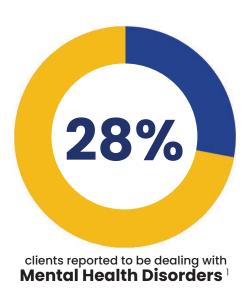
6%

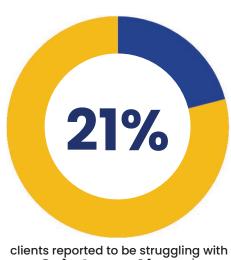
Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework.

# UMCR CLIENTS









clients reported to be struggling with **Substance Abuse** 1

<sup>1.</sup> Calls with a final disposition of "Gone on Arrival", "UMCR Canceled by LAPD", and "Unable to locate the individual" were not included in the total calls for this calculation.

# Stories from the Field



In June 2024, UMCR was deployed to a well-being check in a parking lot – and encountered a 21-year-old experiencing suicidal ideation. UMCR Responders listened to his trauma; they acknowledged, understood, and encouraged his feelings, and assessed him for suicidal means, intent, and plan. After determining that his risk of self-harm was critical, the responders worked to earn his trust and develop a safety plan. After having communicated his story to such active and engaged listeners, the client agreed to accept immediate linkage to mental health resources and subsequent follow-ups from the responder team.

During the follow-up visits, the client expressed gratitude and asked to share his experiences. <u>Scan or click on the QR code above</u> to listen to his conversation with Ricardo, one of the UMCR responders that helped him that night.



## THE CRISIS RESPONSE CONTINUUM OF CARE

The UMCR program is a vital component of an evolving crisis response infrastructure. Developed as a complementary alternative to traditional public safety and clinical interventions, UMCR fills a critical gap by responding to non-emergency, non-violent crisis calls with trained behavioral health and social service professionals.

Rather than functioning in isolation, UMCR is intentionally integrated with other crisis response efforts. When a call exceeds UMCR's scope, responders can quickly escalate to higher-acuity services through formal partnerships and protocols, including direct lines to Angeles County Department of Mental Health's (DMH) field intervention teams and LAFD'semergencymedical services. This flexibility ensures seamless transitions between levels of care situations evolve in real

time

to

ensure individuals receive the most appropriate care for their needs.

As a pilot program, UMCR has helped the City identify opportunities to build efficiencies across agency linesimproving coordination, reducing duplication, and enabling more deployment of limited precise safety resources. public layered approach supports a more responsive and humane system, one that is better equipped to serve Angelenos in moments of crisis.

Responds to violent, high-risk incidents where there is an active crime in progress

Responds to medical emergencies

#### **DMH Field Intervention Teams**

Responds to high-acuity individuals experiencing a psychiatric emergency

#### **UMCR**

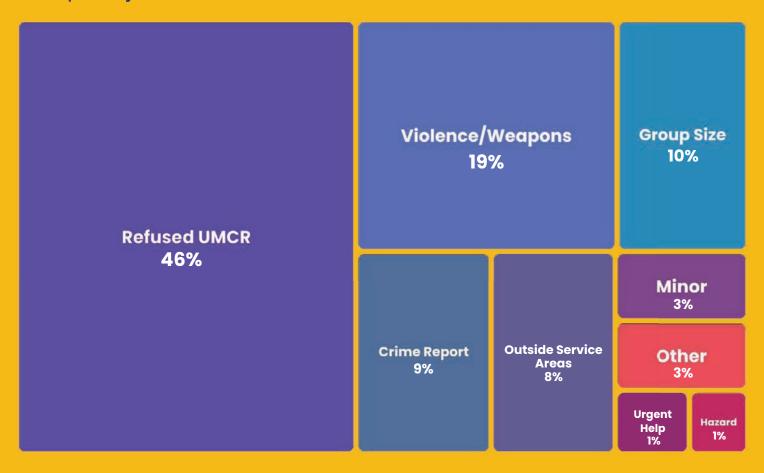
Responds to non-emergency, non-violent 9-1-1 calls for service related to mental health, disturbances, well-being checks, indecent exposure, and intoxication

# 4.1%

## of UMCR calls were redirected to LAPD

UMCR's primary goal is to divert select 9-1-1 calls away from law enforcement to unarmed responders. However, situations and circumstances can quickly change and some calls may ultimately require to be redirected to LAPD for a response from law enforcement. This is not only to ensure client safety, but responder safety as well.

The primary reasons for these redirects are...



#### Less than 1% of calls were redirected to other agencies, including LAFD and Los Angeles County DMH

0.62% of UMCR calls were redirected to LAFD for an EMS response.

0.18% of UMCR calls were redirected to L.A. County for a higher-level response from one of their field intervention teams.



UMCR saves LAPD officers' time, during which officers are able to respond to higher risk calls for service.

## 6,900+ hours

#### **Patrol Time Saved**

Includes the time that a UMCR team was in transit to a call, on scene, or transporting the client. Does not account for time spent on follow-ups after the initial crisis call.

# Stories from the Field

UMCR responders were called out on a call involving two brothers, "Michael" and "Darren," who lived with their mother and had been neglecting to care for themselves for many weeks. UMCR responders spent time with each brother getting to know them and building rapport. After twenty minutes of conversation, the brothers were willing to accept transportation to a mental health urgent care center. The UMCR responders worked with multiple facilities in order to secure a spot for each brother to receive care that same day. UMCR responders followed-up with the family days later and were told that both young men were feeling better and back home. Their mother praised the UMCR responders and expressed her gratitude for their prompt, professional and skilled services.

# FROM LAUNCH TO EXPANSION

On October 21, 2024, UMCR expanded into the areas of West Valley, West Los Angeles, and Olympic, doubling its number of service areas. The expansion was done at no cost to the City, by collaborating with service providers to identify which areas would allow them to fulfill their capacity without incurring additional costs. The number of average daily calls to UMCR doubled after expanding into the three additional areas.

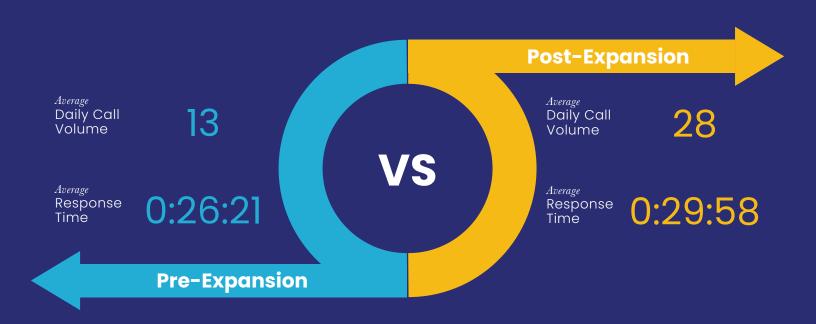
#### Average Daily Call Volume

(March 12, 2024 - March 11, 2025)

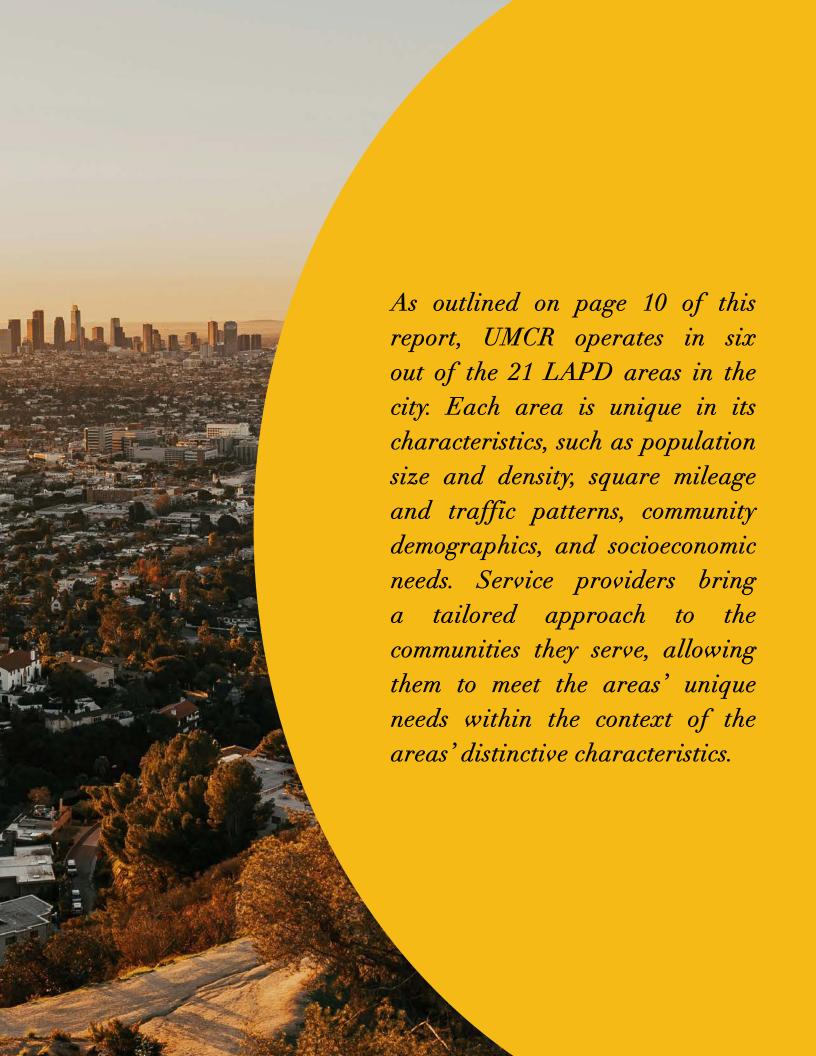


## UMCR is responding to more than twice as many calls with only a 15% increase in response time.

#### Impact of Expansion on Key Metrics









**Population** 

146,364

Service Period

3/12/24 - 3/11/25

Call Volume

2,143



0:33:19
Response Time



0:21:59
Time on Scene



**4.9%** *LAPD Redirect Rate* 



24% Unhoused Clients

# AREA SPOTLIGHT: WILSHIRE

#### **Call Types**

Disturbances	53%
Trespass / Prowler	17%
Indication of Mental Illness	6%
Well-being Check	9%
Indecent Exposure	8%
Other	7%

#### **Tiers of Service**



Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.



**Population** 234,015

Service Period 3/12/24 - 3/11/25 Call Volume 1,294



**AREA** 

**SPOTLIGHT** 

Response Time





4.6% LAPD Redirect Rate



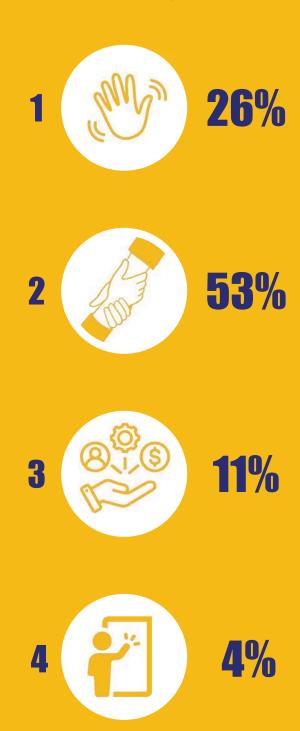
**Unhoused Clients** 

#### AREA SPOTLIGHT: DEVONSHIRE

#### **Call Types**

Disturbances	53%
Trespass / Prowler	15%
Indication of Mental Illness	9%
Well-being Check	10%
Indecent Exposure	6%
Other	7%

#### **Tiers of Service**



Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.



**Population** 

145,000

Service Period

3/12/24 - 3/11/25

Call Volume

1,038



0:17:02
Response Time



0:33:08
Time on Scene



3.3%

LAPD Redirect Rate



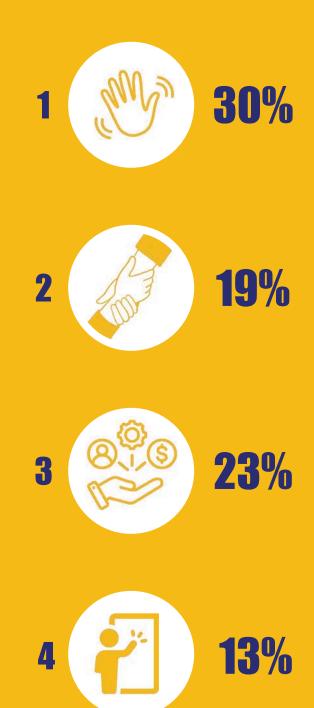
36% Unhoused Clients

#### AREA SPOTLIGHT: SOUTHEAST

#### **Call Types**

Disturbances	40%
Trespass / Prowler	10%
Indication of Mental Illness	19%
Well-being Check	8%
Indecent Exposure	9%
Other	15%

#### **Tiers of Service**



Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.



Population

181,669

Service Period

10/21/24 - 3/11/25

Call Volume

666



0:37:54
Response Time



**0:18:43** *Time on Scene* 



**2.4%** *LAPD Redirect Rate* 



**21%**Unhoused Clients

#### AREA SPOTLIGHT: OLYMPIC

#### **Call Types**

Disturbances	49%
Trespass / Prowler	29%
Indication of Mental Illness	3%
Well-being Check	5%
Indecent Exposure	6%
Other	9%

#### **Tiers of Service**



Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.



**Population** 

200,999

Service Period

10/21/24 - 3/11/25

Call Volume

472



**AREA** 

**SPOTLIGHT** 

Response Time





LAPD Redirect Rate



**Unhoused Clients** 

#### AREA SPOTLIGHT: WEST VALLEY

#### **Call Types**

Disturbances	51%
Trespass / Prowler	26%
Indication of Mental Illness	4%
Well-being Check	4%
Indecent Exposure	5%
Other	10%

#### **Tiers of Service**



Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.



Population

234,439

Service Period

10/21/24 - 3/11/25

Call Volume

1,115



0:27:39
Response Time



0:22:52
Time on Scene



**2.2%** *LAPD Redirect Rate* 



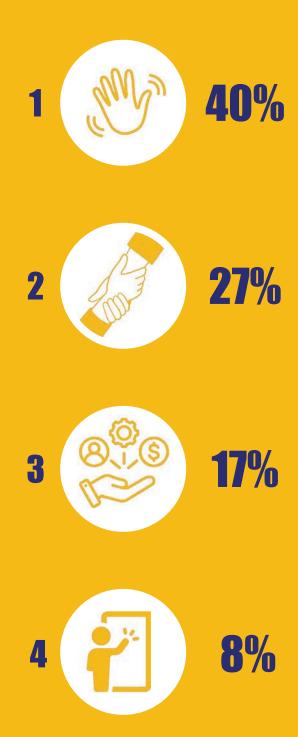
47%
Unhoused Clients

# AREA SPOTLIGHT: WEST LOS ANGELES

#### **Call Types**

Disturbances	50%
Trespass / Prowler	31%
Indication of Mental Illness	4%
Well-being Check	5%
Indecent Exposure	4%
Other	6%

#### **Tiers of Service**



Note: Percentages may not add up to one hundred. Numbers only account for interventions included in the Tiered Intervention Framework as outlined on page 14.

