Alternative Crisis Response (ACR)

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Mental Health Commission June 22, 2023

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing

Our aspiration for Alternative Crisis Response (ACR)

Individuals experiencing a mental health crisis in LA County are treated **quickly**, **effectively**, and **with empathy** at the least restrictive level of care to meet their short- and long-term needs in the mental health system as appropriate so that they can remain in their community

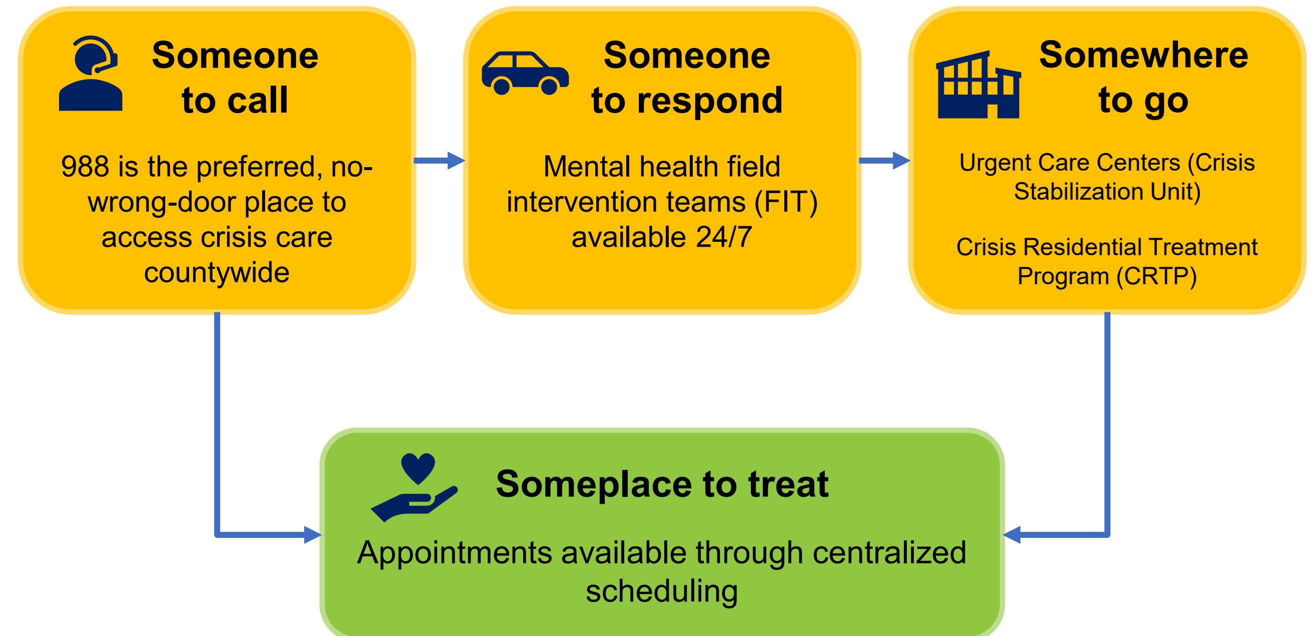
Alternative Crisis Response (ACR) overview

Timeline

- **June 2020:** Alternative Crisis Response (ACR) initiative created by Board of Supervisors (BOS) as partnership between DMH and CEO-ATI
- **October 2020:** Federal bill established 988 as national number for behavioral health crisis calls, to go live in July 2022
- **July 2022:** 988 officially launched nationwide, triggering key program expansions in LA County, DMH contracted with Didi Hirsch for 988 services
- **August 2022**: DMH contracted with Sycamores for FIT in Service Areas 1, 2, 3, 4 and 6
- **October 2022:** Sycamores began providing FIT services
- **November 2022:** DMH officially assumed responsibility for ACR implementation in LA County
- **January 2023:** DMH contracted with Vista del Mar for FIT in SA 5

Objective

Having a robust, reliable, and timely 24/7 mental health alternative to law enforcement response for individuals experiencing a mental health crisis



ACR is an ambitious reform agenda. We have the following goals for 2023:

Objective: Having a robust, reliable, and timely 24/7 alternative to law enforcement response for individuals experiencing a mental health crisis.

Someone to call

988 is the preferred, no-wrong-door place to access crisis care countywide

- 5 new jurisdictions diverting 1,300 calls from 911 to 988
- 988 calls from ~5,300-7,000 calls/ month
- 988 to FIT referrals from ~10 to ~20 a month

Someone to respond

Mental health field intervention teams (FIT) available 24/7

- Teams increase from 35 to 60
- 80% of arrival times <1 hour
- 24/7 operation & implement Medi-Cal Mobile Crisis Benefit

Somewhere to go

Utilize Urgent Care Centers (UCC) and Crisis Residential Treatment Program (CRTP)

- UCC chairs for youth increase from 0 to 12
- CRTP beds increase from 161 to 337

Someplace to treat

Direct access to appointments through centralized scheduling

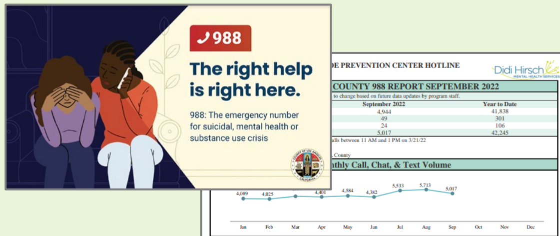
- 50/month urgent appointments available within 48 hours
- 300/month hospital discharge appointments available within 5 business days
- Implement follow-up engagement teams for dis-engaged clients

Since last report out in April…

Executed contract with LANES (an HIE) to increase coordination of care across crisis providers

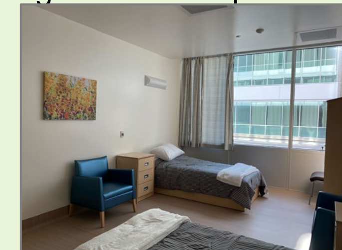
Met with CEO to discuss ACR Positions

Area	Someone to call	Someone to respond	Somewhere to go
Progress to date	**Expand and Coordinate with 988** ***~150%*** **increase in direct transfers from Didi Hirsch 988 to ACCESS for dispatch**	**Scale and Improve Field Intervention Teams** ***2*** **new MCOT** teams available (now up to 5)	**Expanding Urgent Care Centers and Crisis Residential Treatment Services** ***211*** CRTP beds available ***4*** contracts signed with hospitals for dedicated beds



988 Outreach materials; Didi Hirsch monthly report

ACR staff in SA 1


Brand new facilities at MLK BHC

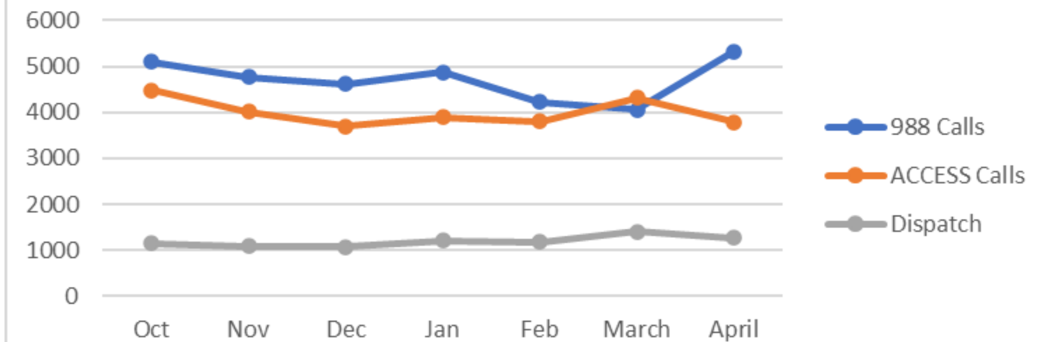
*Note: Calls encompass calls, texts, and chats

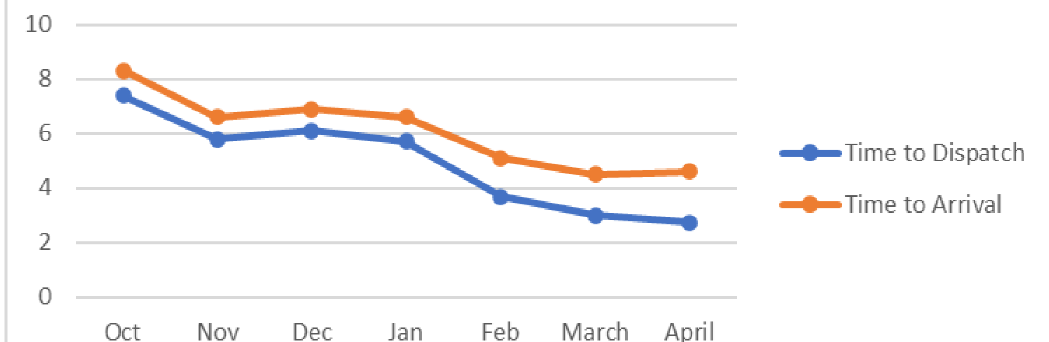
ACR Data

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	April-23
988 Calls	5094	4773	4611	4878	4224	4052	5332
% Resolved	95%	95%	94%	95%	95%	94%	95%
% 3rd Party Caller	9%	10%	11%	10%	10%	10%	8%
# Transferred to DMH	8	6	8	11	24	47	51
ACCESS Crisis Calls	4487	4019	3694	3893	3803	4321	3783
Needing Dispatch						2256	1975
% No Dispatch						37%	35%
PMRT Dispatch	1154	1091	1082	1216	1181	1403	1271
Avg Time to Dispatch (Hours)	7.4	5.8	6.1	5.7	3.7	3	2.75
Avg Time to Arrival (Hours)	8.3	6.6	6.9	6.6	5.1	4.5	4.6
% Arrival Under 1 Hour	8%	7%	6%	6%	4%	4%	4%
% Arrival 1-4 Hours	42%	48%	46%	50%	62%	63%	65%
% Hospitalized	35%	30%	31%	32%	43%	46%	44%
% Requiring Law Enforcement						5%	5%
Crisis Stabilization Services					3056	3591	
Average Length of Stay					14.6	14.5	
Clients Re-Admitted					8%	8%	

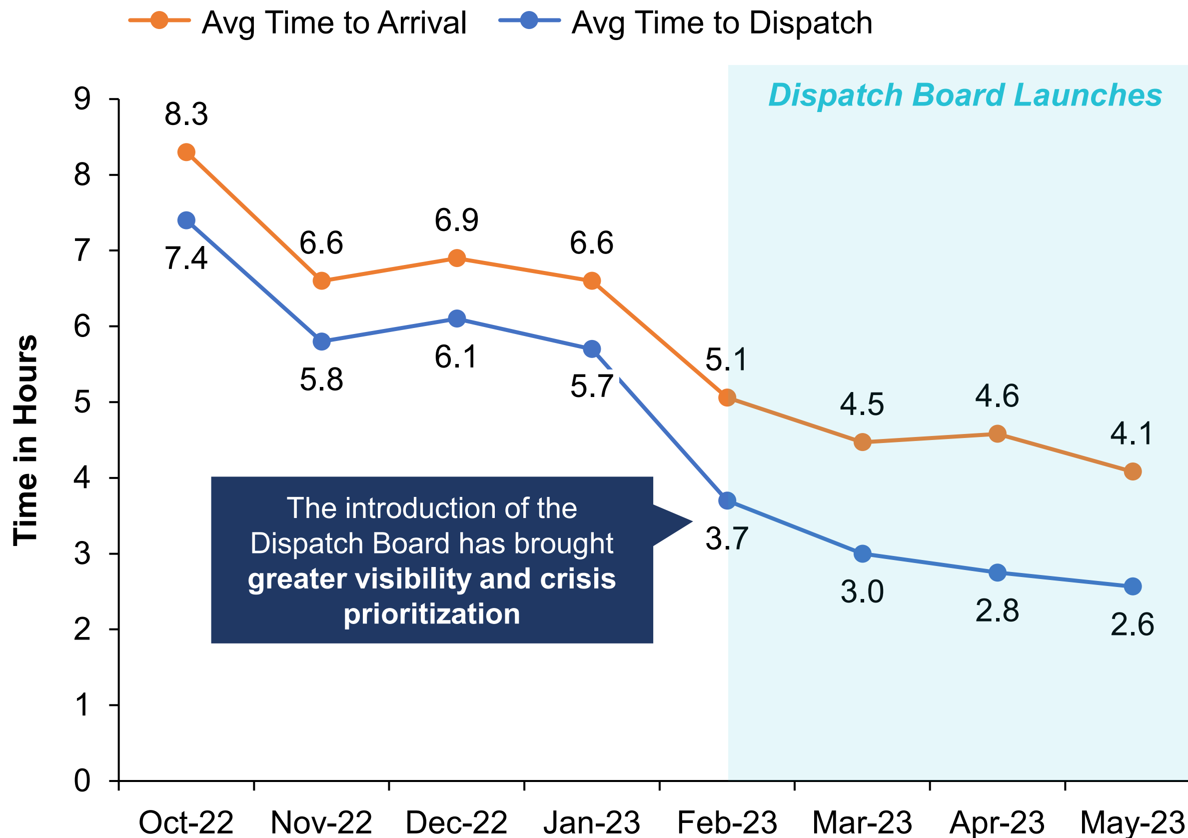
Key Takeaways & Areas to Explore

- 988 calls increased (monitor to see if continues)
- Time to dispatch decreased while time to arrival increased (likely due to errors in data entry)
- While % arrival under an hour remains fairly steady, % arrival 1-4 hours has increased significantly
- Should look at referral sources for crisis stabilization to increase utilization





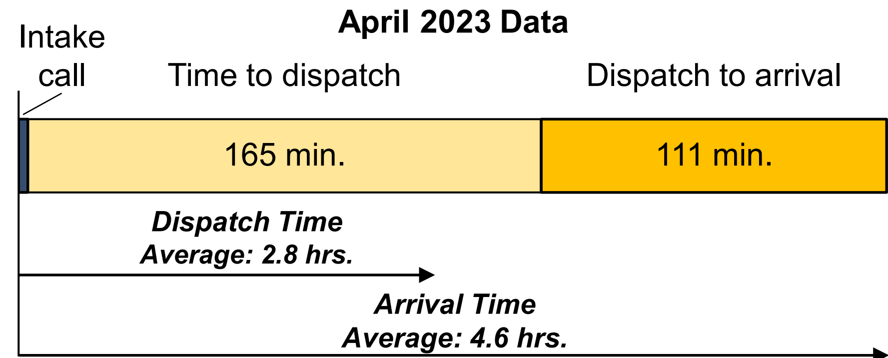
Average times to dispatch/arrival have more than halved since October, even as the number of dispatches increased



Progress Towards 1-Hour Arrival Times

- While there has not been notable improvement in the percentage of calls with arrival times under one hour, **the average dispatch and arrival times have decreased significantly**.
- This decrease has **largely been driven by the implementation of the new dispatch board and accompanying policies**, leading to improvements in call prioritization and standardized collection of metrics.

How does dispatch time differ from arrival time?



ACR Status

ISSUES	ACTIONS	PROGRESS SINCE 4-21-23
Medi-Cal Mobile Crisis Services Benefit *Receive an enhanced 85 percent federal medical assistance percentage (FMAP) for expenditures for the first 12 fiscal quarters within the five-year period during which a state meets the conditions outlined in statute*	**Implement Mobile Crisis Benefit by 2024** *Implementation plan due to DHCS by October*	1. Mapped out implementation plan which includes all core requirements of the Benefit 2. Draft screening tool and protocols developed 3. Telehealth pilot for ER calls (which won't qualify for Benefit): Developed protocols with plan to implement in the summer
Response Times & 24/7 *Teams are not in operation between 2am and 8am and staffing has been a challenge on all levels, even more so for field response work where it is a much higher stress job*	**Hire additional Field Intervention Teams** *Anticipating needing additional 15 teams to meet 1 hour arrival time 80% of time and be 24/7*	1. Kicked off PMRT Innovations Sprint 2. CHW Hiring Fair – 3 potential hires 3. Finalizing third MCOT contract with a new provider in SA7 and SA8 4. Mapped calls time to strategize when teams are needed – will utilize vacant PMRT items to get to 24/7 (work midnight to 9am shift) 5. Meeting with SD4 and CEO on incentives (plan submitted to CEO last week)
Coordination with Cities *Many cities are setting up their own field response teams as diversions from Law Enforcement*	**Develop strategies for coordinating with Cities** *Need to ensure not duplicating services and maximizing capacity throughout the County*	1. Registration sent out for City Summit – July 20th from 8:30-12:00 2. Developing messaging with focus of cities on social services 3. MOU submitted for review with City of West Hollywood
911 Diversion *Need to divert mental health crisis calls from 911 but technology capability driven by the State*	**Pilot 911 Diversion in Multiple Law Enforcement Jurisdictions** *Developing protocols that do not require waiting for State technology but then requires going jurisdiction by jurisdiction*	1. Field visit with law enforcement to UCC/Sobering Center 2. CCJCC workgroup established 911 diversion framework 3. Gained buy-in from LASD and other law enforcement partners 4. Asked Didi Hirsch to provide an implementation plan 5. Identified 5 locations for diversion: 2 Sheriff, Culver City, Bell Gardens, and Pomona

Questions
Reflections
Recommendations

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