

DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Gregory C. Polk, M.P.A. Chief Deputy Director

Curley L. Bonds, M.D. Chief Medical Officer

Lisa H. Wong, Psy.D. Senior Deputy Director

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TO:

Supervisor Hilda L. Solis, Chair

Supervisor Holly J. Mitchell Supervisor Sheila Kuehl Supervisor Janice Hahn

Supervisor Kathryn Barger

FROM:

Jonathan E. Sherin, M.D./Ph.D.

Director

SUBJECT:

REPORT RESPONSE TO THE MOTION "ACCESS TO THE NATIONAL

SUICIDE PREVENTION LIFELINE (ITEM 25, AGENDA OF

FEBRAURY 23, 2021)"

On February 23, 2021, your Board directed the Department of Mental Health (DMH) to explore the feasibility of partnering with Didi Hirsch to allow for calls to be rerouted and transferred between the DMH Help Line and the Didi Hirsch National Suicide Prevention Hotline, as needed, and report back with an update in 30 days. The following provides an update on the feasibility of implementing the partnership.

Background

Didi Hirsch provides rapid and compassionate response by phone, text, and chat to individuals in crisis via its Suicide Prevention Center (SPC), and DMH dispatches Psychiatric Mobile Response Teams (PMRT) via its Help Line to respond to individuals in crisis who need in-person, non-law enforcement mobile crisis response. With 9-8-8 on the horizon, it is imperative that Didi Hirsch and DMH coordinate their respective crisis response programs to ensure individuals in crisis are connected with the most appropriate crisis care in real-time. Below is the recommended scope and timeline for a partnership between Didi Hirsch and DMH to accomplish this needed crisis care coordination.

Project Scope and Timeline/Phases

The proposed scope and timeline/phases for this partnership include two (2) major phases plus a brief preparation period at the beginning (Phase 0):

Phase 0: Brief Study

- DMH to conduct a brief study of its crisis call volume to determine:
 - Number of crisis calls initiated by the person in crisis vs. initiated by someone else.
 - o Percentage who would require transfer to a crisis counselor at Didi Hirsch.
- DMH will use this brief study to inform any necessary agreement with Didi Hirsch regarding Phase 1.

Phase 1: Live Transfer of Calls

- Utilize a screening tool, co-developed by DMH and Didi Hirsch, to determine calls that may be appropriate to live-transfer from DMH to Didi Hirsch and vice versa.
- Establish a process and dedicated lines as needed to live-transfer crisis calls.
- Establish an agreement between DMH and Didi Hirsch, as needed, to facilitate this Phase 1 partnership.

Phase 2: Automated or Facilitated Routing of Calls

- Identify preferred mechanism for more automated or facilitated routing of crisis calls to Didi Hirsch first for triage to the most appropriate crisis response.
- Will require addressing any legal/regulatory considerations, as well as establishing technology links to support proper care coordination of shared clients.
- Will continue to live-transfer callers as needed between the two call centers.
- Preparation for Phase 2 will begin concurrently with Phase 1.

Estimated Timeline

CY 2021	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Phase 0									
Phase 1									
Phase 2 (prep)									
Phase 2									
(implementation)									

Key Performance Indicators (KPIs) for the Partnership

Need to establish mechanisms for tracking these KPIs and for ongoing quality assurance and improvement activities to work on continuous improvement. KPIs could include:

- 1. Volume of crisis calls routed from DMH to Didi Hirsch and vice versa.
 - Percentage of calls transferred that must be re-transferred back to the originating call center.
- 2. Average length of crisis calls.
- 3. Percentage of crisis calls resulting in:
 - a. Over the phone resolution by Didi Hirsch.
 - b. Mobile crisis team dispatch by DMH.
 - c. Escalation to law enforcement response.
- 4. Percentage of crisis calls resulting in connection to a hospital or crisis care facility after field response.
- 5. Average and longest response times of mobile crisis teams.
- 6. Average service time length for mobile crisis teams.
- 7. Percentage of mobile crisis team dispatches resolved in the community with no need for facility-based care.
- 8. Percentage of mobile crisis team dispatches resulting in a psychiatric hold.

Future updates on the implementation of the plan outlined above will be incorporated into the quarterly Alternative Crisis Response reports.

If you have additional questions, please contact me or Dr. Amanda Ruiz, Deputy Director, at (213) 738-4651 or amaruiz@dmh.lacounty.gov.

JES:jfs

c: Executive Office, Board of Supervisors Chief Executive Office