



## DEPARTMENT OF MENTAL HEALTH

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January 20, 2023

TO: Supervisor Janice Hahn, Chair  
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FROM: Lisa H. Wong, Psy.D. *Lisa Wong*  
Interim Director

SUBJECT: **REPORT RESPONSE ON 9-8-8 SUICIDE AND CRISIS LIFELINE  
ROLLOUT UPDATE (ITEM 28, AGENDA OF DECEMBER 20, 2022)**

On December 20, 2022, your Board approved a motion directing the Interim Director of Department of Mental Health (DMH) to provide a written report in 45 days and present the report at the Board's regular meeting of January 24, 2023, on the rollout of the 9-8-8 suicide and crisis lifeline.

On March 4, 2020, and June 23, 2020, your Board approved motions which led to the creation of the Alternative Crisis Response (ACR) initiative to address mental health crises and ensure a robust, reliable and timely mental health alternative to law enforcement response for individuals experiencing a mental health crisis. On October 17, 2020, the National Suicide Hotline Designation Act of 2020 was signed into federal law which established 9-8-8 as the national number for a behavioral health crisis. DMH established a new ACR Unit in June 2022, dedicated to ensuring crisis response services and systems are coordinated and comprehensive throughout Los Angeles (LA) County. The ACR Unit is also responsible for overseeing the network of ACR services and providers in LA County, including the 9-8-8 crisis call center, Field Intervention Teams (FIT), and crisis receiving facilities. Through a competitive solicitation, DMH contracted with Didi Hirsch Mental Health Services (Didi Hirsch) to provide 9-8-8 services to the residents of LA County and the new, three digit national 9-8-8 number went live on July 16, 2022. Since June 2022, DMH has been working closely with Didi Hirsch to rollout 9-8-8 services in LA County as well as expand FIT (Psychiatric Mobile Response Teams (PMRT) and Mobile Crisis Outreach Teams (MCOT)) availability across LA County.

**Data and Metrics**

Since July 16, 2022, calls, texts, and chats (collectively referred to as calls below) to the 9-8-8 Suicide and Crisis Lifeline (formerly the National Suicide Prevention Lifeline 10-digit phone number) answered by Didi Hirsch have increased by 26% from pre-9-8-8 levels. To address this increase, Didi Hirsch has hired an additional 76 crisis counselors since July 2022. Within LA County, there are roughly 5,000 calls to 9-8-8 per month and 95% of the calls were safely resolved over the phone. Typically, the calls are answered within 13 seconds, and each lasts about 13 minutes while the trained crisis counselor provides emotional support, risk assessment, and safety-planning. In November 2022, 65% of the callers reported danger to self (including suicide desire, cutting, suicide loss, and past history of suicide), 35% reported emotional distress, and 11% reported concerns regarding substance use. At this time, less than 10% of callers to 9-8-8 are from third-party callers (calling on behalf of someone in crisis). Below is a table that provides greater detail around 9-8-8 calls for the months of October 2022 and November 2022.

<b>9-8-8 LA County Data</b>	<b>October 2022</b>	<b>November 2022</b>
9-8-8 Total Calls, Texts, Chats:	5,031 (YTD 46,873)	4,773 (YTD 51,645)
Answer Rate	81%	86%
Average Speed to Answer	13 seconds	14 seconds
Average Call Length	13 minutes	13 minutes
Unhoused Callers	128 (3%)	120 (3%)
3 <sup>rd</sup> Party Callers	454 (9%)	469 (10%)
<b>Ethnicity:</b>		
White	35%	33%
Hispanic	37%	39%
Black	15%	15%
Asian	8%	9%
Native American	1%	1%
Other	4%	3%
<b>Age:</b>		
5-14	5%	5%
15-24	29%	29%
25-34	31%	32%
35-44	14%	14%
45-54	10%	8%
55-64	6%	7%
65+	5%	4%

9-8-8 LA County Data	October 2022	November 2022
Resolved Calls	4,851 (95%)	4,646 (95%)
Third Party Rescue ( <i>3<sup>rd</sup> party transferred to DMH/caller will contact 911/PMRT</i> )	102 (2%)	103 (2.1%)
Self-Rescue	50 (1%)	51 (1%)
Follow-Up: Linked		
Short-Term for imminent risk ( <i>within 24 hours of call</i> )	75%	67%
Standard for moderate to high risk callers ( <i>1-7 days after call</i> )	19%	20%

A key component of ACR includes having mental health teams to respond to a crisis when 9-8-8 is unable to safely resolve the situation over the phone. FITs are made up of a team of mental health professionals (typically a clinician and a peer) and provide crisis intervention services in the location where the individual is most comfortable (e.g., home or other field location). The goal of the FIT is to stabilize the individual and allow them to remain in the community. DMH has both directly operated FITs known as PMRT and contracted FITs known as MCOT. At this time, FIT is typically initiated by contacting the DMH Help Line ACCESS Center which receives roughly 4,000 crisis related calls per month resulting in about 1,100 dispatches. The remaining crisis calls that do not receive dispatch are situations in which the caller did not need crisis services, the call was a follow-up to an existing crisis call, or the caller cancelled the request for crisis services. Over 90% of the crisis calls to the DMH Help Line ACCESS Center are by third-party callers. Less than 40% of calls receiving FIT services result in an application for Lanterman-Petris-Short (LPS) 5150/5585 holds, and the individual/situation can be safely resolved in the community. Below is a table that provides greater detail around FIT dispatches for the months of October 2022 and November 2022.

Field Intervention Teams (FIT): Includes PMRT and MCOT	October 2022	November 2022
Dispatch	1,155	1,093
PMRT	1,147	1,067
MCOT	8	26
<u>Ethnicity</u>		
White	15%	16%
Hispanic	34%	30%
Black	19%	21%
Asian	3%	2%
Native American	0%	1%
Other	7%	8%
Unknown/Not Reported	22%	22%

<b>Field Intervention Teams (FIT): Includes PMRT and MCOT</b>	<b>October 2022</b>	<b>November 2022</b>
<u>Age</u>		
0-11	8%	7%
12-17	27%	24%
18-24	11%	11%
25-44	31%	33%
45-64	15%	16%
65+	6%	6%
<u>Average Time to Dispatch</u>		
Less than 1 hour	23%	27%
1-2 hours	16%	17%
2-4 hours	18%	19%
4+ hours	42%	36%
Percent Placed on LPS Hold (5150/5585)	35%	30%

**Crisis Call Routing/Triaging**

DMH and Didi Hirsch have developed protocols for transferring third-party callers to the DMH Help Line ACCESS Center for FIT dispatch. Callers who are determined to meet specific criteria (third-party caller and requesting FIT dispatch) can be quickly and efficiently transferred from 9-8-8 to the DMH Help Line ACCESS Center using a dedicated phone number. In October 2022, 9-8-8 counselors were provided a priority transfer line number and instructions to transfer to the DMH Help Line ACCESS Center for third-party callers looking for FIT dispatch. In October, eight (8) calls were transferred to the DMH Help Line ACCESS Center for FIT dispatch and in November six (6) calls were transferred. DMH will be implementing its new FIT Dispatch Board in February 2023, which prioritizes calls awaiting FIT dispatch into high, medium, and low categories. Once this is implemented, DMH and Didi Hirsch will begin working together to develop protocols for triaging and transferring all callers who need FIT dispatch through the dedicated priority line.

The Los Angeles Police Department (LAPD) and Didi Hirsch have developed a program to triage and divert 911 calls to Didi Hirsch 9-8-8 crisis counselors. If there is no public safety threat, LAPD triages suicide attempts, possible suicide attempts, mental illness and potential mental illness and transfers to Didi Hirsch. Between January and November 2022, 1,253 calls were diverted from 911. The vast majority of these calls (85%) were able to be resolved over the phone with no police involvement or in-person response. Only 6% of the calls were redirected back to LAPD 911. In 2023, the Department will be prioritizing the expansion of 911 triage and diversion. On January 11, 2023, the

Countywide Criminal Justice Coordination Committee, chaired by Supervisor Hahn, approved a motion to form an ad hoc workgroup to develop best practices for DMH/law enforcement agency partnership in support of ACR. The ad hoc workgroup will work toward developing 911 diversion protocols and implementing a model similar to the LAPD diversion in other jurisdictions.

**Expansion of Field Intervention Teams (PMRT and MCOT)**

In addition to the implementation of 9-8-8, DMH has prioritized expanding FIT availability to ensure mental health teams are available and can quickly respond to a mental health crisis 24/7. To expand, DMH has focused on adding peers to PMRT teams and contracting with providers for MCOT. Peers are a critical component of the FIT, and the Department has been working to ensure each PMRT includes a peer. Currently, there are thirty-three (33) PMRT available during business hours. Fourteen (14) out of thirty (30) new positions for Community Health Workers have been hired. Currently, DMH is experiencing challenges with candidates accepting interviews for the positions. Below is a breakdown of budgeted teams versus available teams for PMRT.

Service Area	Budgeted Teams			Available Teams	
	FY 2021-22 Teams	Increase In Teams	FY 2022-23 Total Teams	Current Teams Available	No. of Vacancies
1	3	1	4	3.5	0.5
2	5	2	7	3.5	3.5
3	6.5	2.5	9	4.5	4.5
4	5	2	7	5	2
5	3	1	4	3.5	0.5
6	5.5	2.5	8	5	3
7	3	2	5	4	1
8	4.5	2	6.5	4	2.5
Total	35.5	15	50.5	33	17.5

In April 2022, DMH issued a competitive solicitation for FIT MCOT. The MCOT would offer the same services as PMRT and would focus on providing services on the weekends and in the evenings. Since opening the solicitation, DMH has entered into two contract amendments with existing Legal Entity providers to expand FIT services countywide. Sycamores has been contracted to provide services in Service Areas 1, 2, 3, 4, and 6. On October 24, 2022, Sycamores MCOT began providing services Monday through Friday, from 4:00 pm to 11:00 pm, utilizing existing staff in an overtime function. Currently,

Sycamores has one MCOT in operation. To date, Sycamores has hired two full-time staff who will begin providing services at the end of January 2023. DMH has also contracted with Vista del Mar to provide FIT services in Service Area 5. Vista del Mar is currently in the process of identifying teams and hiring staff. The Department is currently in discussion with one additional provider to cover services in Service Areas 7 and 8.

### **Challenges and Opportunities**

A key priority for DMH in this year is to develop and implement a standardized screening tool to operationalize the County of Los Angeles Behavioral Health Crisis Triage chart previously developed with broad stakeholder engagement. The purpose of the standardized screener is to triage calls for law enforcement response (level 4 calls), FIT response (level 3 calls), and 9-8-8 response (level 2 calls). The standardized screener will be used to determine the appropriate level of care for the individual in crisis and ensure resources are properly assigned. This will allow the DMH Help Line ACCESS Center to begin triaging and routing calls to 9-8-8 when appropriate instead of relying solely on FIT dispatch. It will also assist in the diversion of calls from 911 to 9-8-8 and from 9-8-8 to FIT dispatch.

Currently, the largest challenge for ACR is the hiring and retention of mental health clinicians and peers for the FIT in order to be available 24/7 and reduce time to dispatch. As with the rest of the mental health field, the recruitment of mental health practitioners is challenging due to a limited workforce. In addition, the nature of the FIT work (late at night and on weekends as well as in the field) has created even greater hiring challenges. To increase hiring and retention, DMH is currently exploring ways to integrate telehealth into the FIT work in order to increase desirability of the positions, re-opening countywide exams, exploring job fairs, incentive and retention bonuses, and other ways to advertise the positions. In addition, DMH will be analyzing data to ensure an equitable expansion of FIT and identify communities/service areas to focus the aforementioned hiring and retention efforts.

### **Conclusion/Next Steps**

DMH is committed to continuing to expand the crisis continuum of care in LA County to ensure individuals experiencing a mental health crisis 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 they can remain in their community.

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If you have any questions or require additional information, please contact me or staff can contact Jennifer Hallman, Mental Health Program Manager over Alternative Crisis Response, at (213) 943-8289 or [jhallman@dmh.lacounty.gov](mailto:jhallman@dmh.lacounty.gov).

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