AGN. NO.

<u>REVISED</u> MOTION BY SUPERVISORS JANICE HAHN AND LINDSEY P. HORVATH

August 11, 2026

~~Exploring~~ <u>Implementing</u> a Pilot to Authorize Emergency Room Physicians under the Lanterman-Petris-Short Act to Improve the Alternative Crisis Response System in LA County

The County of Los Angeles (County), through the Department of Mental Health (DMH), continuously works to enhance its mental health system of care, including by investing in and expanding upon the County's Alternative Crisis Response (ACR) system. Through ACR, when someone is in the midst of a mental health crisis, they can receive a health-focused response in the community as an alternative to a law enforcement response. ACR ensures that people in crisis are supported by clinicians and peers who meet them where they are and get them the help they need.

Since 2022, DMH has built up the ACR system to operate 24 hours a day, seven days a week, with 71 mobile crisis intervention teams available to respond to community mental health crises when the DMH 24/7 Help Line or the national 988 number is called. In 2025, DMH's Psychiatric Mobile Response Teams (PMRT) conducted over 24,000 in-person responses to behavioral health crises – incidents that might otherwise have resulted in a response from a local law enforcement agency or paramedic, leading to more people receiving clinically appropriate care rather than landing in jails or emergency rooms.

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Over the last few years, the County has seen a meaningful shift in the public's reliance on mental health resources instead of law enforcement in mental health crisis situations. Between 2023 and 2025, 911 calls to the Los Angeles Sheriff's Department (LASD) that reported suspected mental illness concerns declined by 16%, and arrests resulting from those calls dropped by 24%. Similarly, 911 calls to the Los Angeles Police Department (LAPD) with suspected mental illness as the primary complaint declined by 8%. During that same time period, crisis calls to the DMH 24/7 Help Line referred for a mobile crisis response increased by 31%.

DMH has also been working to decrease the amount of time it takes to respond to people who call DMH for an in-person response. While the County has made substantial progress in decreasing PMRT response times, there is still room to improve this component of alternative crisis response. DMH is using a number of strategies to expedite in-person responses, including by modernizing dispatch processes so teams are connected to callers more quickly, and incentivizing hiring through various bonuses so that more teams can meet the demand. Another area to improve response times involves requests for PMRT to conduct 5150 evaluations in private hospital Emergency Rooms (ERs).

PMRT is often called to hospital ERs because PMRT clinicians are authorized under the Lanterman-Petris-Short Act (LPS) to conduct 5150 evaluations, whereas non-designated ERs lack the staff to do the evaluations themselves. Through these evaluations, PMRT determines whether an individual meets the criteria for temporary involuntary hospitalization because their emotional or mental state may impair their ability to take care of their basic needs or place them or others at risk of harm. At the same time, the ACR system is designed primarily to deploy PMRT to people in crisis in their homes,

public spaces, or other unsecured community settings, where they are more likely to otherwise be met with a police response.

Despite this community-based priority, approximately 15 to 20 percent of PMRT service requests originate from ERs at more than 35 private, non-LPS designated hospitals across the County. Because these hospitals do not have LPS-authorized personnel, they call PMRT to conduct a 5150 evaluation in their ERs. Since PMRT prioritizes community-based calls higher than calls in secured facilities, consumers in ERs can face long wait times for a PMRT response. Moreover, the volume of calls generated by hospital ERs reduces PMRT's capacity to promptly serve individuals dealing with a mental health crisis in the community.

Given this resource constraint, DMH is working to identify how it can better support individuals experiencing a mental health crisis who end up in ERs, without sacrificing rapid emergency response for those in the community in need of help. Recently, the state legislature passed Assembly Bill 416, amending the LPS Act to allow County behavioral health directors to include ER physicians as one of the practice disciplines eligible to be authorized by the County to conduct 5150 evaluations. This would enable ER physicians at non-LPS designated facilities to write 5150 applications to involuntarily hospitalize individuals without relying on PMRT.

DMH has evaluated this new law and believes that it can properly train and certify ER physicians to absorb this responsibility, particularly at non-designated hospitals in the County seeing the highest volume of patients presenting with behavioral health crises. This will ensure that people in need of a higher level of mental health care can be promptly connected to an appropriate facility and treatment. The County should engage non-LPS-designated hospitals to collaborate on this effort, leverage ER physicians to better support

individuals in crisis, and help preserve mobile response capacity for individuals in the community.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Department of Mental Health (DMH) to report back to the Board, in writing, in 120 days, and provide quarterly status updates at the Health and Mental Health cluster, thereafter, on the following:

1. The status and timeline for implementing a pilot program to train and authorize Emergency Room (ER) physicians to conduct 5150 evaluations in at least five non-DHS, non-LPS designated hospitals by the end of 2026, with particular focus on hospitals in communities with the highest reliance on Psychiatric Mobile Response Teams (PMRTs) for crisis evaluation support, including the hospitals engaged by DMH, their readiness to participate, anticipated implementation timelines, and any unresolved barriers to participation;
2. Protocols to ensure appropriate training, certification, and oversight by DMH with respect to the expansion of LPS authorization to ER physicians; and
3. A plan for phased expansion to all non-DHS, non-LPS designated hospitals in Los Angeles County by the end of 2027, prioritizing facilities with the highest PMRT utilization and based on lessons learned from the pilot.

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JH:ccr:ap