Reengineering LA County's Crisis System

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Forward Motion: Moving a Crisis into Action

Transforming the Los Angeles County Behavioral Health System

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About me

- Studied Industrial & Systems Engineering (ISE) at USC, with a Health Systems focus
  - "ISEs apply analytics and critical decision-making skills to optimize complex processes, systems, networks, and organizations."
- In 2017, graduated and went to work for the LA County Department of Mental Health
  - Strategic Plan 2020-2030
  - Behavioral health treatment bed gap analysis
  - Alternative Crisis Response (ACR) initiative

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ACR background/timeline

- **June 2020:** LA County Alternative Crisis Response (ACR) initiative created by the Board of Supervisors as partnership between DMH and CEO-ATI
  - **Goal:** To improve systems of care for individuals experiencing health and human services crises to serve as a default alternative to law enforcement response
  - Builds on years of community organizing around LA County Alternatives to Incarceration (ATI), particularly related to Intercept 0
- **October 2020:** Federal bill establishes 988 as national number for behavioral health crisis calls, to go live in July 2022
- **January 2021:** ACR committees established, including crisis care providers, County depts, law enforcement, and fire department / EMS partners
- **May 2021:** Ballmer Group awards funding to RI International for consulting engagement with LA County on ACR
- **August 2021:** Contract between RI International and LA County finalized and executed

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What's happening now?

"Every system is perfectly designed to get the results it gets."

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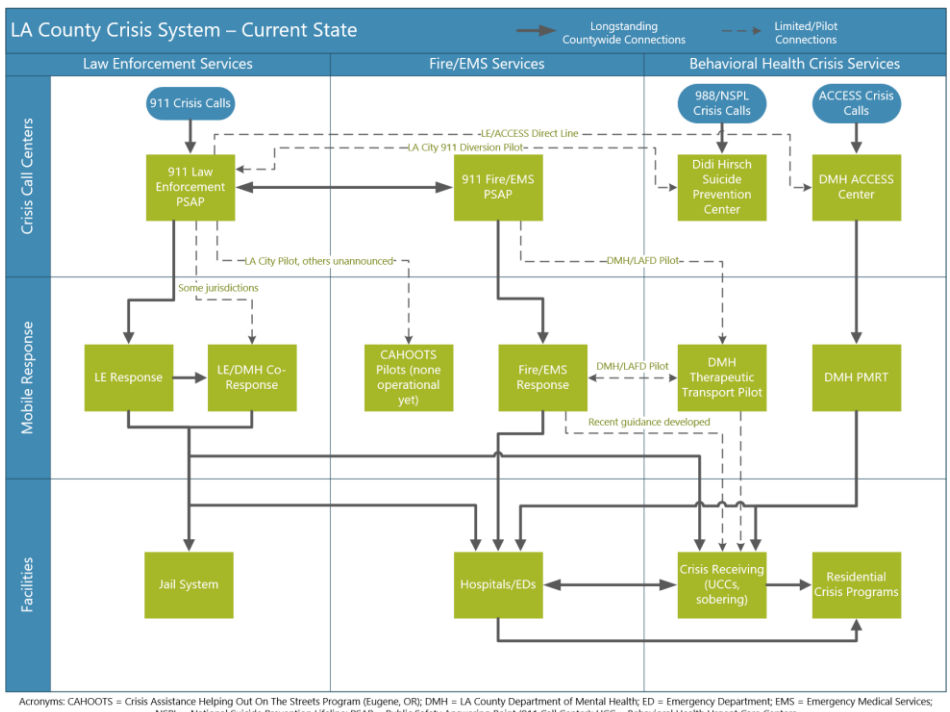

Acronyms: CAHOOTS = Crisis Assistance Helping Out On The Streets Program (Eugene, OR); DMH = LA County Department of Mental Health; ED = Emergency Department; EMS = Emergency Medical Services; NSPL = National Suicide Prevention Lifeline; PSAP = Public Safety Answering Point (911 Call Center); UCC = Behavioral Health Urgent Care Centers

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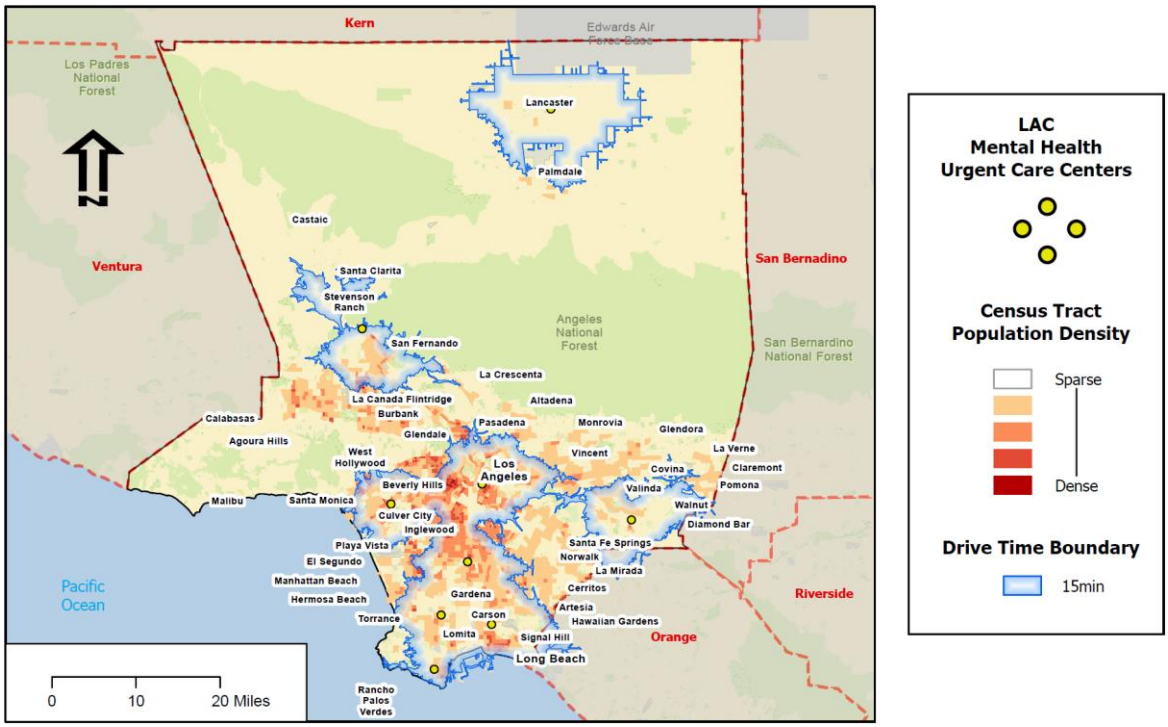

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Where are we trying to go?

"All models are wrong, but some are useful."

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The LA County consensus

- Mental health and substance use crises are health emergencies
  - They deserve a rapid and appropriately staffed and trained response
  - 9-1-1 and 988 need to coordinate seamlessly using shared standards
- Divert from law enforcement response by default
  - Clearly identify crises which truly require law enforcement, and send co-response teams to those crises
  - Use purely civilian responses for everything else
- Local is ideal; want decentralization but without fragmentation
  - Work with cities to develop municipal crisis response programs
  - Cultural understanding and humility is critically important
- Trust isn't a given; transparency is a start

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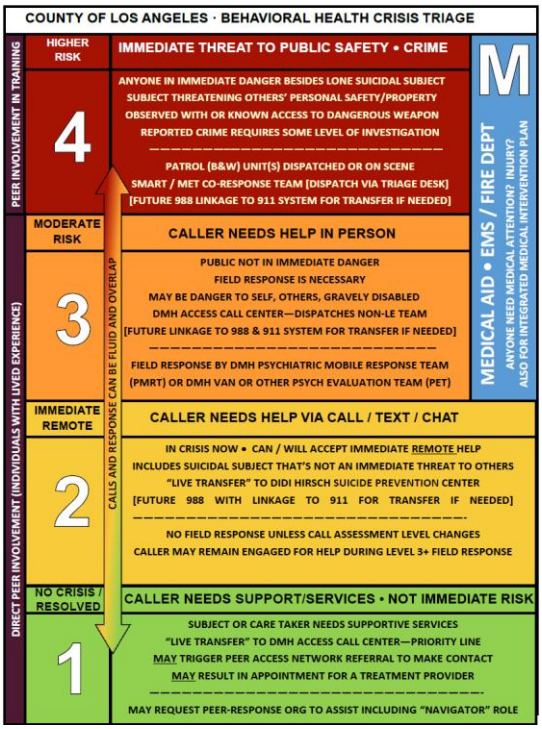

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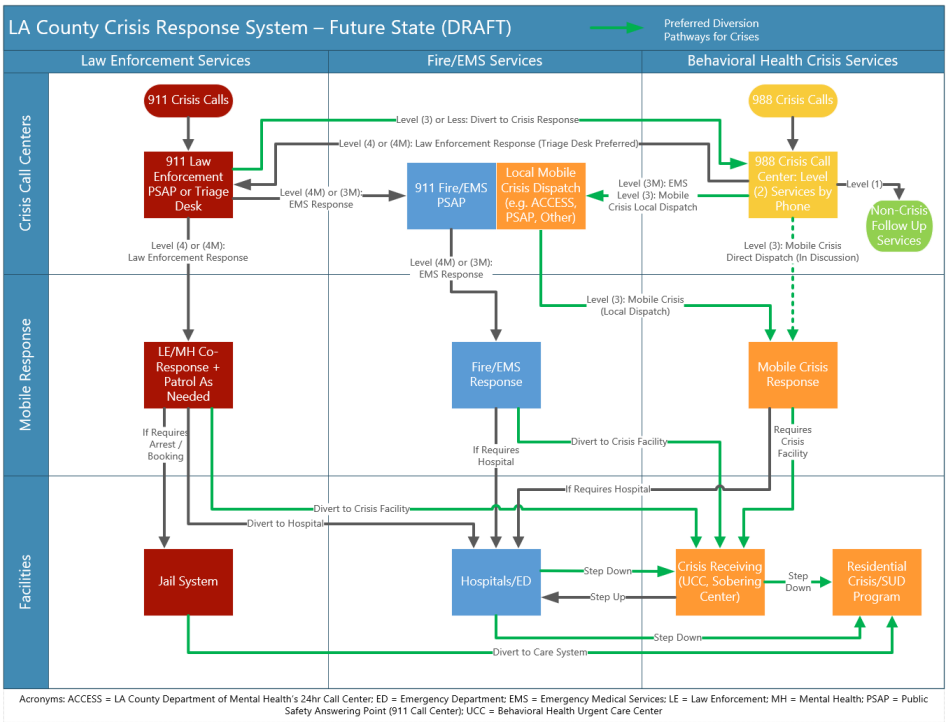

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How far away are we?

"Between the idea and the reality…falls the shadow."

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Changes needed

- **Capacity:** Need to build capacity across all three crisis system components to meet current and anticipated needs; aim to provide a response comparable to law enforcement / fire / 9-1-1
- **Efficiency:** Many existing services need improved efficiency; 5 hour average service time for DMH PMRT, not all crisis receiving facilities providing true "no wrong door" service
- **Coordination:** Decentralization without fragmentation will only work with strong and cohesive system oversight
- **Workforce:** Ideal workforce for these services doesn't seem fully realized…yet! Alternative Crisis Response Training Academy?
- **Funding:** Need a pathway to sustained funding of ACR capacity expansions, including both financial and human ROI

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Key accomplishments to date

1. Developed a consensus, cohesive model / vision for ACR in LA County though substantive discussions and listening sessions with a broad mix of stakeholders, including law enforcement, fire department / EMS providers, crisis care providers, and other community members
2. Established a portfolio of ~15 change projects needed to achieve this model / vision, from capacity expansion, to quality improvement, to legislative advocacy, to technology and financing needs, to structural / organizational / cultural change

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Key accomplishments to date

3. Onboarded RI International to consult for LA County on design and implementation planning; at this point, have solidified preliminary recommendations and are working on finance strategy and the argument needed to drive and sustain change
4. Secured ~$100M in one-time funds to support LA County ACR expansion, plus an additional $20M in state funds to support expansion of 988 call centers statewide

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Key takeaways from a systems engineer

1. The system isn't broken; it's operating exactly as it was designed
2. Define the problem, and then look for solutions
3. Articulate a clear vision, principles, and strategies that anyone can understand and can help you socialize to generate buy-in
4. Don't rely only on measurables, but do use them to craft clarity
5. The full scope is overwhelming; help others see the baby steps
6. In the shadow between ideas and reality, be patient, understanding, and flexible; but also, be relentless and illuminating

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For additional information

See ACR website with links to additional materials, especially our preliminary ACR report from August 2020, as well as our quarterly status update reports since, notably our July 2021 status update which contains the current list of ACR projects in-progress:

https://ceo.lacounty.gov/ati/alternative-crisis-response/

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Questions?

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Thank You

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