DEPARTMENT OF MENTAL HEALTH

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March 9, 2021

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, DMH

Judge Songhai Armstead (Ret.)
Executive Director, CEO-ATI

S. Armstead

SUBJECT: **QUARTERLY REPORT RESPONSE ON THE PROGRESS OF THE LOS ANGELES COUNTY ALTERNATIVE CRISIS RESPONSE (ITEM 18, AGENDA OF SEPTEMBER 29, 2020)**

On September 29, 2020, your Board approved the motion "Los Angeles County Alternative Crisis Response" directing the Department of Mental Health (DMH), in coordination with the Chief Executive Office's Alternatives to Incarceration (CEO-ATI) Initiative, to move forward with the recommended "Next Steps" in the August 8, 2020, report, "LA County Alternative Crisis Response: Preliminary Report and Recommendations," and provide the Board with a progress report in sixty (60) days and quarterly thereafter, as specified in the Directives below.

1) Identify and implement changes that can begin immediately to improve the current system while addressing current barriers that exist and developing remedies to resolve those issues including but not limited to, creating a direct line to DMH ACCESS for law enforcement;

2) Develop the three alternative crisis system core components and associated subcommittees referenced in *LA County Alternative Crisis Response* report dated 8/14/20. These subcommittees will seek input from all relevant stakeholders.

3) Map the current, in development, and potential assets within each supervisorial jurisdiction in Los Angeles, prioritizing those to whom response is most impacted by behavioral health crisis and issues relating to social determinants as well as incarceration;

4) Secure a consultant who, in coordination with DMH and its Alternative Crisis Response (ACR) steering committee, will help:

    a. Analyze LA County's (LAC) existing crisis system and gaps in more detail;
    b. Develop focused recommendations and an implementation plan to improve the existing system and identify "early wins." These "early wins" need to address the current barriers that exist and provide remedies to resolve those issues;
    c. Design a new, scalable system structure, including a completed return on investment analysis and approval of the ACR Steering Committee and other impacted County departments, in which the County can allocate the needed resources in a way that will maximize a return on investment;
    d. Develop a long-term implementation plan for the new system design and work with County, state and federal leaders to develop a sustainable funding plan for it before it is implemented; and
    e. Establish performance metrics by which the system can measure and hold itself accountable for high quality outcomes.

The initial sixty (60) day report was submitted to your Board on December 7, 2020. The following is the first quarterly progress report on the above-mentioned Directives.

Directive #1: System Changes in Progress

There are several in-progress projects targeting improvements in our LAC crisis system, most of which are aligned with foundational recommendations from the Alternatives to Incarceration (ATI) Work Group final report. The following table outlines these ACR-related projects that are currently in-progress:

ACR-Related Projects In-Progress		
#	**Name, ATI Reference, and Status**	**Description and Status**
1	9-1-1 Diversion *ATI Foundational Recommendation #43*	The Los Angeles Police Department (LAPD) and Didi Hirsch Mental Health Services recently began a pilot to divert non-violent behavioral health calls from LAPD's 9-1-1 communications center to Didi Hirsch's Suicide Prevention Center (SPC). This pilot is currently operating from 12 pm to

#	Name, ATI Reference, and Status	Description and Status
	Status: Pilot	8 pm, 7 days per week, in preparation for an eventual full-scale 24/7 9-1-1 diversion program. In addition, DMH recently established a direct line to the DMH Help Line (ACCESS) call center for law enforcement, and it is piloting the use of this line with the LAC Sheriff's Department (LASD). This call diversion pilot is pending finalization of the criteria used to assess candidate calls for diversion, as well as final testing of the mechanism that LASD will use to facilitate call transfers. In addition, we are working to align this pilot with the LAPD and Didi Hirsch 9-1-1 diversion pilot to ensure consistency and to lay a foundation for expanding 9-1-1 diversion, to both Didi Hirsch and DMH as indicated, to all 78 primary 9-1-1 call centers (public safety answering points or PSAPs) countywide. We are currently investigating funding opportunities to help expand 9-1-1 diversion to the entire LAC 24/7, and DMH has submitted a proposal for Measure J funding to this effect.
2	Crisis Call Center Modernization Status: Scope Planning	DMH and Didi Hirsch are both undergoing projects to modernize the technology used by our crisis call centers (the DMH Help Line and Didi Hirsch's Suicide Prevention Center, respectively). These projects will help lay a foundation for improved service and coordination of crisis calls, texts, and chats.
3	Therapeutic Transportation Pilot *ATI Foundational Recommendation #35 and Recommendation #36* Status: Pilot	DMH has begun a pilot, in partnership with LA City Fire (LAFD), to create non-law enforcement, civilian mobile crisis response teams capable of transporting clients to a crisis facility if needed. Pilot teams are staffed by DMH but dispatched by LAFD, either via incoming 9-1-1 calls or by LAFD EMTs on the ground already. This pilot increases our civilian mobile crisis response resources in line with ATI Foundational Recommendation #35 but also addresses Recommendation #36 by increasing transportation capacity for individuals in crisis. This is a critical need as wait times for ambulance transport can increase service times in our Psychiatric Mobile Response Teams (PMRT) program significantly and contribute to long wait times for response. This pilot also creates a truly 24/7

#	Name, ATI Reference, and Status	Description and Status
		civilian mobile crisis response program for the first time in LAC as PMRT does not currently operate 24/7.
4	EMS Alternative Transportation Status: Pilot	In line with recently-passed CA legislation, the LA County Emergency Medical Services (EMS) Agency, part of the Department of Health Services, has initiated a pilot and corresponding guidance for EMTs to transport individuals experiencing a behavioral health crisis to destinations other than emergency rooms, when indicated. These alternative transport destinations include behavioral health urgent care centers (UCCs) and sobering centers. These facilities are specially designed for caring for individuals experiencing a behavioral health crisis and are a preferred alternative to emergency rooms except when acute medical care is required.
5	Crisis Facility Expansion *ATI Foundational Recommendation #2* Status: In Development	There are several crisis facility projects in the pipeline, including the development of a behavioral health urgent care center (UCC), a sobering center, and more crisis residential treatment programs (CRTPs). One new UCC, located in the Antelope Valley (Lancaster), is expected to be fully operational by March 31, 2021. It will have 18 beds/chairs total, 12 for adults and 6 for adolescents. One new sobering center, located at the Mark Ridley-Thomas Behavioral Health Center (MRT BHC) in Willowbrook, is expected to be fully operational by December 31, 2021. It will have 15 beds. Finally, there are several new CRTP programs in the pipeline. Most of them will be spread across four of the LAC medical campuses / Restorative Care Villages: LAC+USC, Olive View, Rancho Los Amigo, and the MRT BHC. These programs are expected to be fully operational by December 31, 2021, and they will have 240 beds total. Another 32 beds are in development across two additional sites, and these sites are expected to be operational by July 31, 2021, and December 31, 2021, respectively.

#	Name, ATI Reference, and Status	Description and Status
		We are currently investigating funding opportunities to help further expand our crisis facility programs to meet the need, and DMH has submitted a proposal for Measure J funding to this effect.
6	Real-Time Bed Availability *ATI Recommendation #40* Status: Implementation	DMH recently went live with its Mental Health Resource Locator and Navigator (MHRLN, pronounced "Merlin") application and has begun a department-wide rollout. This application is capable of tracking and displaying bed availability in semi real-time, including the availability of crisis facility beds such as behavioral health urgent cares (UCCs), crisis residential treatment programs (CRTPs), and acute inpatient psychiatric care. In addition, CEO-ATI is exploring the development of an app that would include semi real-time bed availability functionality with an expanded scope to cover all kinds of treatment beds relevant to alternatives to incarceration. As part of this process, they will review existing departmental bed tracking apps, including DMH's MHRLN app, to determine whether any could serve as a starting point for development of the CEO-ATI app.

In addition, there are several ACR-related projects that are in discussion and design phases but that have not yet started implementation:

ACR-Related Projects In Discussion/Design		
#	**Name, ATI Reference, and Status**	**Description and Status**
7	Crisis Call Center Interconnectivity with 9-1-1 Network and 9-8-8 Implementation *ATI Foundational Recommendation #43* Status: Design/Planning	The current 9-1-1 diversion pilots rely on a manual call transfer process between 9-1-1 and Didi Hirsch/DMH that is less efficient than the process used to coordinate calls between 9-1-1 call centers themselves. We are exploring avenues to bring the Didi Hirsch and DMH call centers up to a similar level of interconnectivity as 9-1-1 call centers have with each other, e.g., via designation of the Didi Hirsch and DMH call centers as secondary public safety answering points (PSAPs).

#	Name, ATI Reference, and Status	Description and Status
		Furthermore, we are working with legislative advocates to inform draft legislation regarding the implementation of 9-8-8 in California, to ensure that this need for improved connectivity between 9-1-1 systems and the 9-8-8 crisis call center network is addressed in a uniform and rigorous way throughout the State.
8	Crisis Call Center Coordination Status: Design/Planning	Currently, Didi Hirsch's Suicide Prevention Center (SPC) specializes in resolving crises by phone, chat, and text. DMH's Help Line, on the other hand, specializes more in the dispatch of mobile response teams for individuals in crisis. With 9-8-8 on the horizon, it is important for DMH and Didi Hirsch to be able to triage calls to one another in line with our specialities: calls likely resolvable by phone to Didi Hirsch, and calls requiring a non-law enforcement mobile response to DMH. We are in the process of developing such a connection and partnership, including any needed technological changes to facilitate this improved coordination of our crisis call center services.
9	PMRT / Therapeutic Transportation Program Expansion *ATI Foundational Recommendation #35 and Recommendation #36* *ATI Foundational Recommendation #108* Status: Design/Planning	As noted in the asset mapping section later in this report, PMRT is not currently a 24/7 program. Furthermore, PMRT program capacity is not where it needs to be to serve as a reliable alternative to law enforcement around the clock for indicated crisis calls. Addressing both of these issues will require expansion of capacity in the PMRT program. Furthermore, at least some of this expansion should include an expansion of the transportation capacity featured in our Therapeutic Transportation pilot. And finally, we believe there is a significant opportunity to increase our peer workforce (staff with lived experience) as part of this expansion, which is in line with ATI Foundational Recommendation #108. We are currently investigating funding opportunities to help expand our PMRT and Therapeutic Transportation programs to meet the need, and DMH has submitted a proposal for Measure J funding to this effect.
10	Co-Response Program Expansion	Some crisis calls require a law enforcement response, typically due to the presence of a serious and imminent threat to public safety. In these scenarios, co-response with behavioral health crisis professionals and law enforcement

#	Name, ATI Reference, and Status	Description and Status
	ATI Foundational Recommendation #48 and Recommendation #45 Status: Design/Planning	ensures the individual in crisis is getting the "care first" services they need. Our co-response programs, whereby we pair a behavioral health professional with specially trained law enforcement on the same team, are a key way we can ensure individuals in crisis get the right care even when law enforcement must also be present. There is a need for more capacity in our co-response programs to ensure that all crisis calls needing a law enforcement response are also served by a behavioral health co-response. We are currently investigating funding opportunities to help expand our co-response programs to meet the need, and DMH has submitted a proposal for Measure J funding to this effect (to fund only the DMH staff who are part of these co-response teams; no proposed Measure J funding would go to any law enforcement agency).
11	Crisis System Peer Workforce Expansion *ATI Foundational Recommendation #108* Status: Design/Planning	Peers are staff with lived experience who provide empathetic care for those in need that is rooted in their experience. The recently passed CA bill Senate Bill 803, which DMH co-sponsored, provides exciting new opportunities to fund and employ our peer workforce, and this is especially true in our crisis system programs. We believe peers should be utilized as part of care teams throughout all three of our crisis system's components: the crisis call center network, mobile crisis response, and crisis facilities. We are currently investigating funding opportunities to expand our peer workforce, and DMH has submitted a proposal for Measure J funding specifically to address this goal.
12	Crisis Information Exchange *ATI Foundational Recommendation #110* Status: Design/Planning	For individuals experiencing a behavioral health crisis, the ability to exchange key information between crisis care providers about those individuals can be lifesaving. Valuable information could include a current crisis care plan, contact info for primary mental health providers (such as a Full Service Partnership program), and any psychiatric advance directives (PADs) the individual has authorized. All of this information can be vital to ensure, when the individual

#	Name, ATI Reference, and Status	Description and Status
		experiences a crisis, that any care provider who encounters that individual has key information that would assist them in providing better care and ensuring the most appropriate follow-up services. The LAC currently exchanges some of this information in LANES, our regional health information exchange. But many providers of crisis care are not yet connected to LANES. Furthermore, there are other existing exchange solutions that would complement LANES for this particular use case. We are currently outlining a scope for expansion of technologies that would support better crisis information exchange. We are also exploring possible funding sources, including for the purchase of applications themselves as well as, crucially, the onboarding of providers onto those solutions to ensure they are able to share and view the vital crisis-relevant information within them. DMH has submitted a proposal for Measure J funding to this effect.

Directive #2: Crisis System Core Components and Subcommittees

The ACR Subcommittees have been established, one for each of the three core crisis system components outlined in our preliminary report: (1) crisis call center network; (2) mobile crisis response programs; and (3) crisis receiving and stabilization facilities. Thus far each subcommittee has held two meetings and will continue meeting monthly.

These subcommittees are using the Alternatives to Incarceration (ATI) Work Group final report as a blueprint, along with other key documents such as the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) behavioral health crisis system guidelines, to develop specific designs and implementation plans for needed changes in our crisis system.

In addition, subcommittee co-chairs will be attending regular public meetings with stakeholders such as the ATI/ACR public convenings, to check in with the community on the progress of this design and implementation work and ensure continued alignment to the ATI Work Group foundational recommendations.

Going forward for future quarterly updates, this directive will be considered fulfilled, and we will provide updates on subcommittee activities as part our updates on the system changes being pursued (Directive #1).

Directive #3: Asset Mapping

The following is a preliminary outline of current and in-development ACR-related assets across the LAC. A more thorough gap analysis and set of recommendations to address them, especially for the communities most impacted by behavioral health crisis and issues relating to social determinants as well as justice involvement, is pending final onboarding of a consultant to perform this critical work. Data on inequities in the system must be front and center to this analysis to ensure we are identifying system gaps that disproportionately impact specific communities, e.g., racial/ethnic, geographic, and LGBTQ+ communities, and allocating the resources needed to address these inequities.

These ACR-related assets are also summarized in a diagram in Appendix A that shows some of the connections between them, including longstanding countywide connections (solid lines) as well as limited/pilot connections (dotted lines).

Crisis Call Centers

The call centers in LAC most oriented toward serving those in crisis include:

1. 78 primary 9-1-1 public safety answering points (PSAPs). These are 9-1-1 call centers which answer calls made to 9-1-1 directly. They provide connection to law enforcement and emergency medical services/fire response for individuals in crisis, and each is independently governed and operated by local law enforcement agencies throughout the LAC.
2. The Didi Hirsch Suicide Prevention Center (SPC). This center answers calls made from LAC area codes to the National Suicide Prevention Lifeline and provides compassionate crisis counseling and emotional support 24/7 to individuals by phone, chat, and text. When 9-8-8 goes live by July 2022, Didi Hirsch will also answer calls to 9-8-8 in LAC. The SPC currently handles approximately 130,000 crisis calls per year and provides services to the entire LAC.
3. The DMH Help Line (formerly known as the ACCESS Center). DMH's Help Line primarily serves as the 24/7 central access point for LAC individuals with Medi-Cal or who are indigent and are in need of specialty mental health services. In addition, about 30% of calls to the Help Line are crisis calls, to which we have the capability of dispatching PMRT, a non-law enforcement civilian crisis response program. The DMH Help Line handles approximately 60,000 crisis calls per year and provides services to the entire LAC.

As noted under Directive #1 above, there are several projects underway and in discussion to improve connections and collaboration between these crisis call centers and to develop a true network for responding to crisis calls and directing follow-up crisis services as needed throughout the LAC.

Furthermore, the LAC operates several other call centers which, while not billed as crisis call centers per se, do at times encounter a caller in crisis. These other call centers may also provide specialized services helpful to an individual calling one of the County's traditional crisis call centers. Because of this, we have been exploring how to ensure that these other call centers are meaningfully linked to our crisis call center network, including:

- LA County 211
- The LA County Substance Abuse Services Hotline (SASH), operated by the Department of Public Health's Substance Abuse Prevention and Control division (DPH-SAPC)
- The LA County Domestic Violence Hotline, also operated by the Department of Public Health
- The LA County Child Protection Hotline, operated by the Department of Children and Family Services

<u>Mobile Crisis Response Programs</u>

There are three main kinds of mobile crisis response programs in LAC:

1. Non-law enforcement behavioral health-specialized mobile crisis response
2. Non-law enforcement emergency medical services
3. Law enforcement-based co-response or co-dispatch programs

The main program within #1 is DMH's PMRT program. The PMRT program operates countywide, in all 8 service planning areas and in all 5 supervisorial districts. There are no other non-law enforcement programs specializing in behavioral health crisis response that are operating at this scale and/or that have a similar capacity to serve as an alternative to law enforcement response for individuals in crisis.

Currently, the PMRT program consists of approximately 50 Full Time Equivalent staff who provide services on weekdays from 8 am to 5 pm. In addition, on weekdays from 5 pm to 2 am, and on weekends from 8 am to 2 am, the PMRT program relies on voluntary overtime staffing to provide services during those hours. There are typically no PMRT services available from 2 am to 8 am daily although PMRT management remains on-call during those hours.

For #2 above, these emergency medical services (EMS) programs are operated by LAC and municipal fire departments throughout the LAC. They are not specialized providers of behavioral health crisis response, but in cases where law enforcement is not required and PMRT is not quickly available, they are preferable to a law enforcement response.

And for #3, these programs ensure that, even when a behavioral health crisis requires a law enforcement response, e.g., due to a serious and imminent threat to public safety, the individual in crisis still receives professional behavioral health crisis care in the field. There are some jurisdictions in LAC that regularly use a co-*dispatch* model, often co-dispatching law enforcement with EMS personnel, and sometimes co-dispatching law enforcement with PMRT. More commonly, co-*response* programs, where law enforcement officers are paired directly with behavioral health professionals on the same team, are utilized for this purpose. DMH has partnerships with 40 law enforcement agencies to provide behavioral health professional staff for various co-response programs, including the Systemwide Mental Assessment Response Team (SMART)/Mental Evaluation Unit (MEU) program operated by LAPD as well as the LAC Sheriff's MET program.

Crisis Facilities

Traditionally, individuals experiencing a behavioral health crisis serious enough to require facility-based care have ended up in emergency rooms and hospitals. This still happens much of the time in LAC, but thanks to several years of progress there are now alternative and preferable options to both. Therefore, even though emergency rooms and hospitals are also crisis facilities, this section will instead focus on those alternatives in our system that are generally preferable facilities for individuals experiencing a behavioral health crisis.

These hospital and ER-alternative crisis facilities can be broken down into two major types:

1. **Crisis receiving and stabilization facilities:** These are facilities which can receive individuals in crisis 24 hours per day, 7 days per week, and provide temporary stabilization services typically lasting less than 24 hours in length. They are the preferred alternative to emergency rooms for individuals in crisis who do not have serious co-morbid acute medical issues. They include our behavioral health urgent care centers (UCCs), which serve individuals in acute behavioral health crises, and a sobering center, which provides a place for intoxicated individuals to become sober. Critically, both kinds of facilities serve as drop off locations for law enforcement and other first responders and thus provide a needed "care first" alternative to incarceration for individuals in crisis.

2. **Residential crisis facilities:** These are facilities that typically do not receive clients directly at the start of a crisis but rather can be relied on to provide overnight care to individuals who are stepping down from a crisis receiving and stabilization facility. They are the preferred alternative to hospitals for individuals in crisis requiring overnight care who do not have serious co-morbid acute medical issues and are able and willing to receive care voluntarily. They include our crisis residential treatment programs (CRTPs), as well as peer respite programs which specialize in being peer designed and run.

The following table summarizes our current crisis facilities as well as crisis facility projects in the pipeline. Furthermore, Appendices B through E contain maps of our UCCs, sobering center, residential crisis programs, and acute inpatient psychiatric facilities, respectively.

Facility Type	Current	In the Pipeline	Total
Behavioral Health Urgent Care Centers (UCCs)	8 facilities, 126 beds/chairs total	1 facility, 18 beds/chairs, expected to be operational by March 31, 2021	9 facilities, 144 beds/chairs total
Sobering Centers	1 facility, 50 beds total	1 facility, 15 beds, expected to be operational by December 31, 2021	2 facilities, 65 beds total
Crisis Residential Treatment Programs (CRTPs)	7 facilities in the DMH network, 99 beds total Approx.12 private, out-of-network facilities, 72 beds total	Several programs for the DMH network across 6 sites, 272 beds total, expected to be operational by December 31, 2021	13 facilities/sites in the DMH network, 371 beds total Approx.12 private, out-of-network facilities, 72 beds total
Peer Respite Programs	2 facilities, 18 beds total	-	2 facilities, 18 beds total

Directive #4: Securing a Consultant

In December 2020, the Chief Executive Office (CEO) released a request for information (RFI) for consultant services to support our ACR project. After a review of all responses, we identified among them one outstanding candidate. We are currently working to finalize the consultant's scope of work. In addition, we are working to identify the needed funding to support this scope.

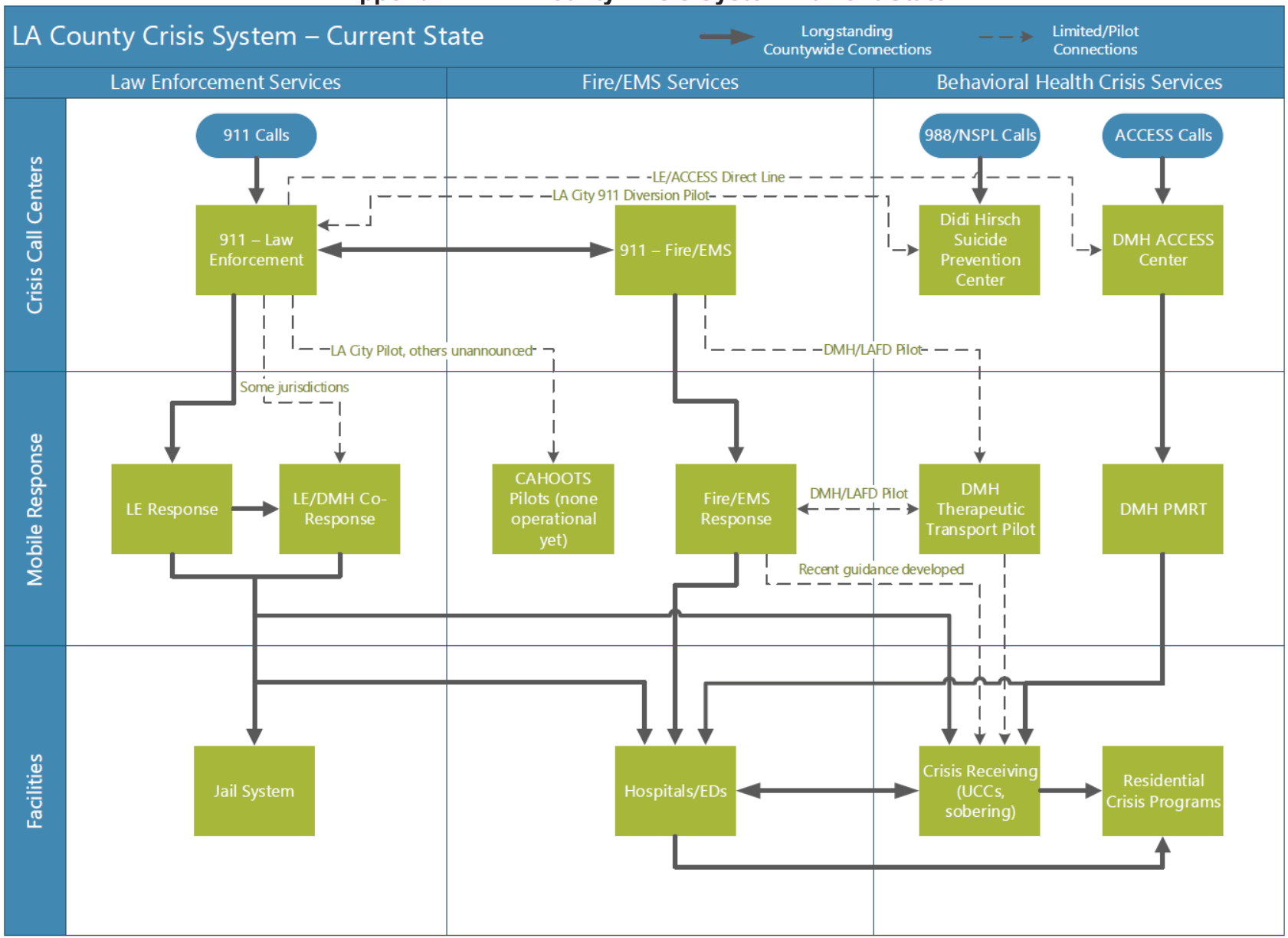
If you have any questions or need additional information, please contact me, or staff may contact Dr. Amanda Ruiz, Deputy Director, at (213) 738-4651 or amaruiz@dmh.lacounty.gov.

JES:SA:jfs

Attachments

c: Executive Office, Board of Supervisors
Chief Executive Office

Appendix A: LA County Crisis System Current State



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; UCC = Behavioral Health Urgent Care Centers

Appendix B: LA County Behavioral Health Urgent Care Centers (UCCs)

Los Angeles County Mental Health Urgent Care Centers

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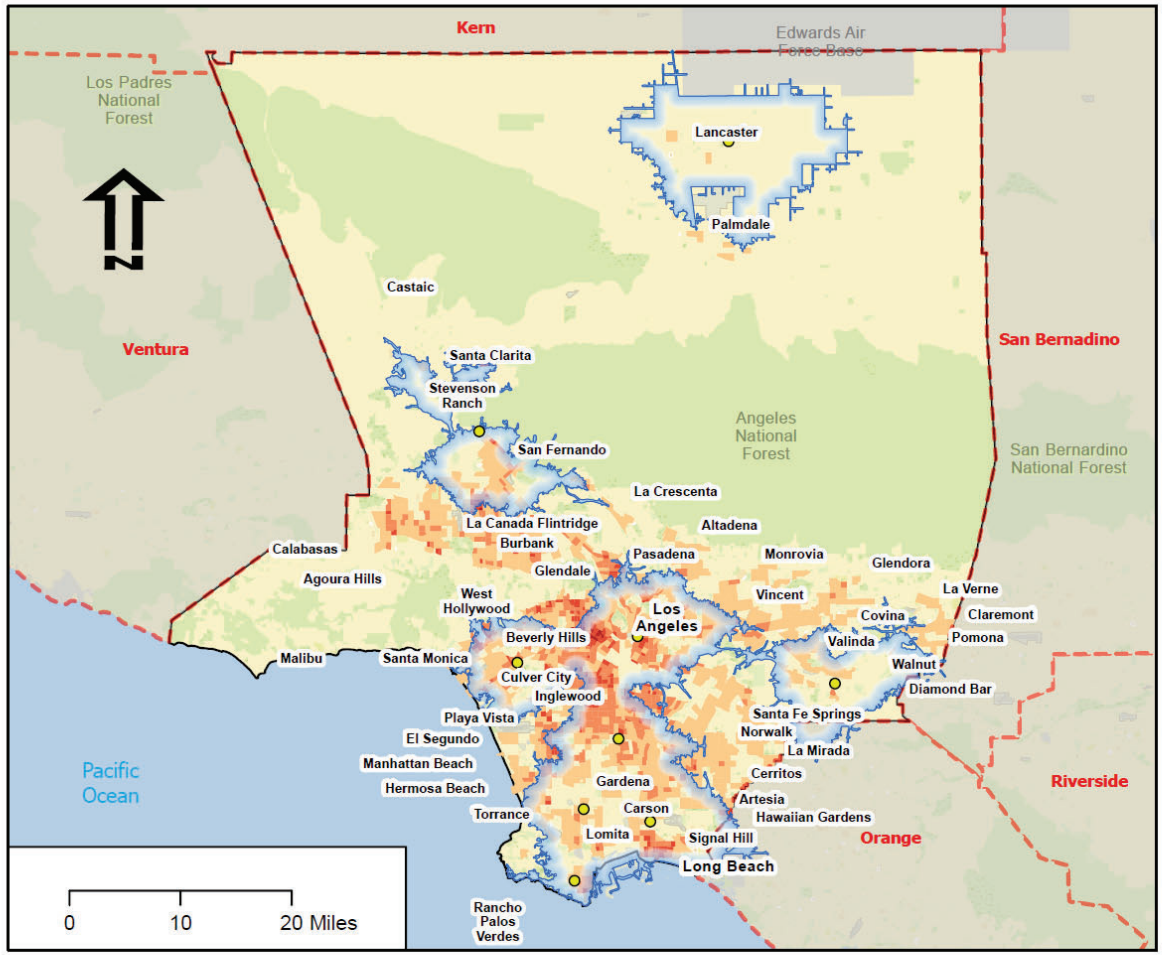

LAC Mental Health Urgent Care Centers

Census Tract Population Density

Sparse

Dense

Drive Time Boundary

15min

Map Created: JAN 2021
By: LACDMH-CIOB (K.T. Williams)
Contact: KyWilliams@dmh.lacounty.gov

Disclaimer: This product is for informational purposes only and may not be suitable for legal, engineering, or survey purposes. Users of this information should review or consult the primary data and information sources to ascertain the usability of the information.

Sources: U.S. Census Bureau American Community Survey 2015-2019 5-year estimates; California Public Utilities Commission; and 2020 Planning Database
Pop Density = (Total Estimated Pop / Census Tract Area in SQMI)
Drive Time Calculated for Tues 01/12/2021 @ 9:15AM

Appendix C: LA County Sobering Centers

Los Angeles County Sobering Center

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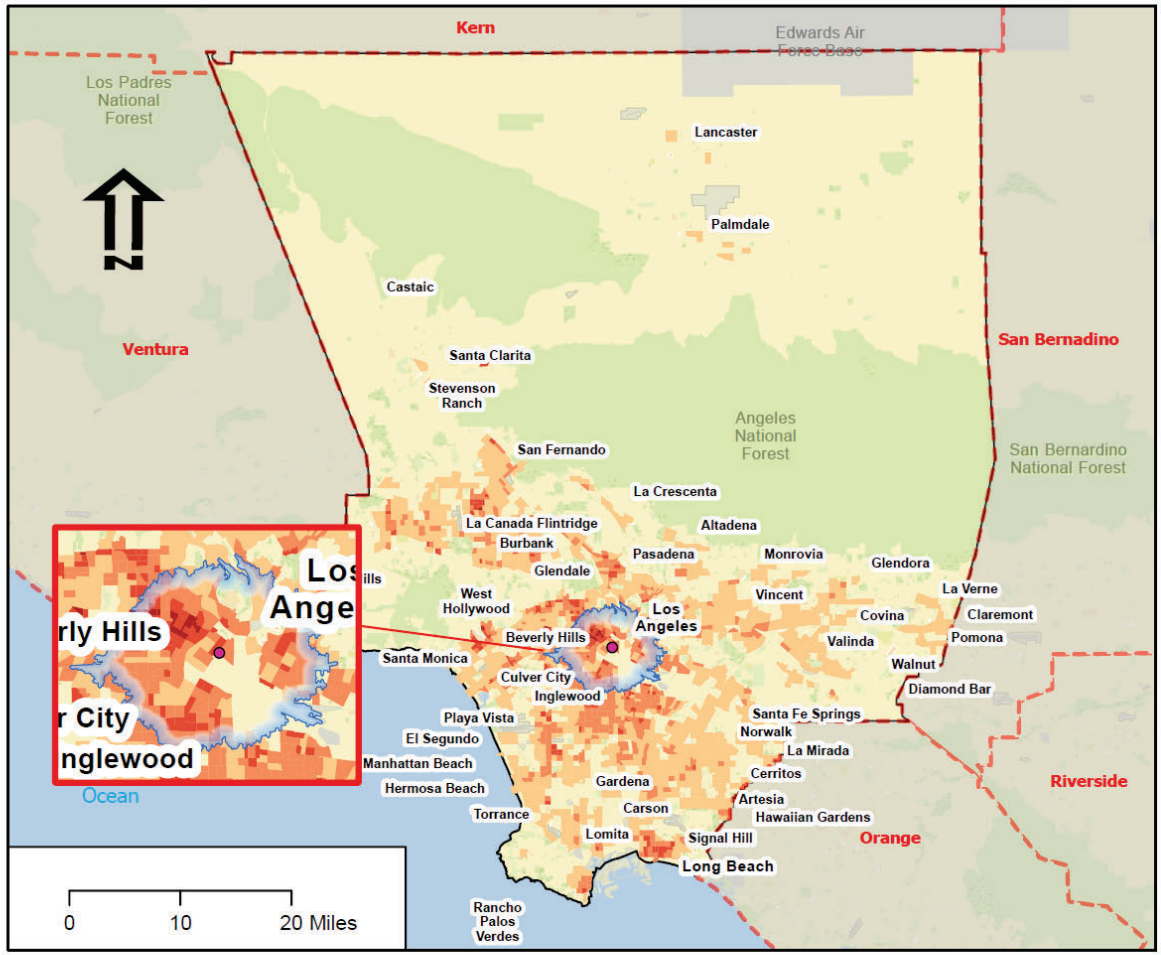

LAC Sobering Center

Census Tract Population Density

Sparse

Dense

Drive Time Boundary

15min

Map Created: JAN 2021
By: LACDMH-CIOB (K.T. Williams)
Contact: KyWilliams@dmh.lacounty.gov

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Sources: U.S. Census Bureau American Community Survey 2015-2019 5-year estimates; California Public Utilities Commission; and 2020 Planning Database
Pop Density = (Total Estimated Pop / Census Tract Area in SQMI)
Drive Time Calculated for Tues 01/12/2021 @ 9:15AM

Appendix D: LA County Residential Crisis Facilities

Los Angeles County Crisis Residential Facilities

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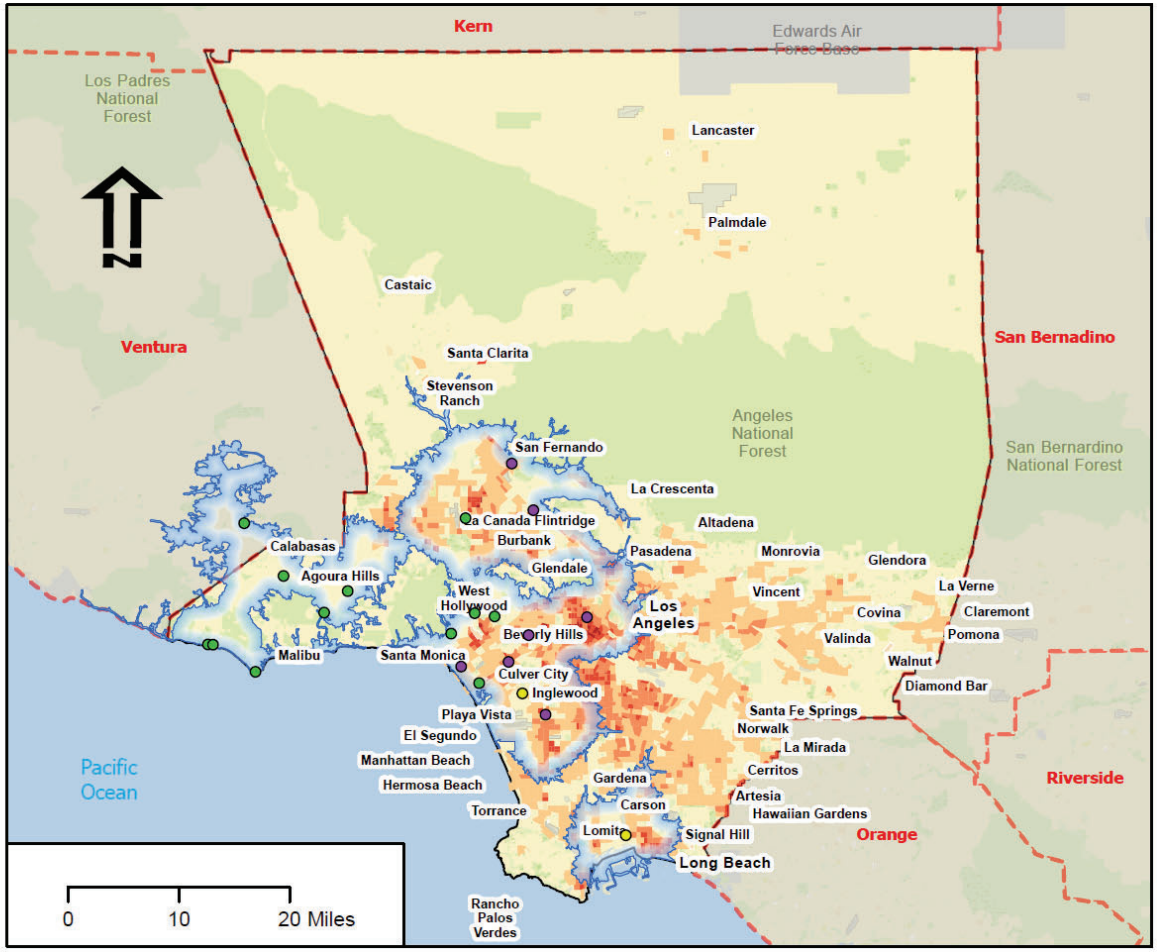

CR Facility Types

- Crisis Residential - DMH In-Network
- Crisis Residential - Out-of-Network
- Peer Respite

Census Tract Population Density

Sparse — Dense

Drive Time Boundary

15min

Map Created: JAN 2021
By: LACDMH-CIOB (K.T. Williams)
Contact: KyWilliams@dmh.lacounty.gov

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Sources: U.S. Census Bureau American Community Survey 2015-2019 5-year estimates; California Public Utilities Commission; and 2020 Planning Database
Pop Density = (Total Estimated Pop / Census Tract Area in SQMI)
Drive Time Calculated for Tues 01/12/2021 @ 9:15AM

Appendix E: LA County Acute Inpatient Psychiatric Facilities

Los Angeles County
Inpatient Acute Psychiatric Facilities

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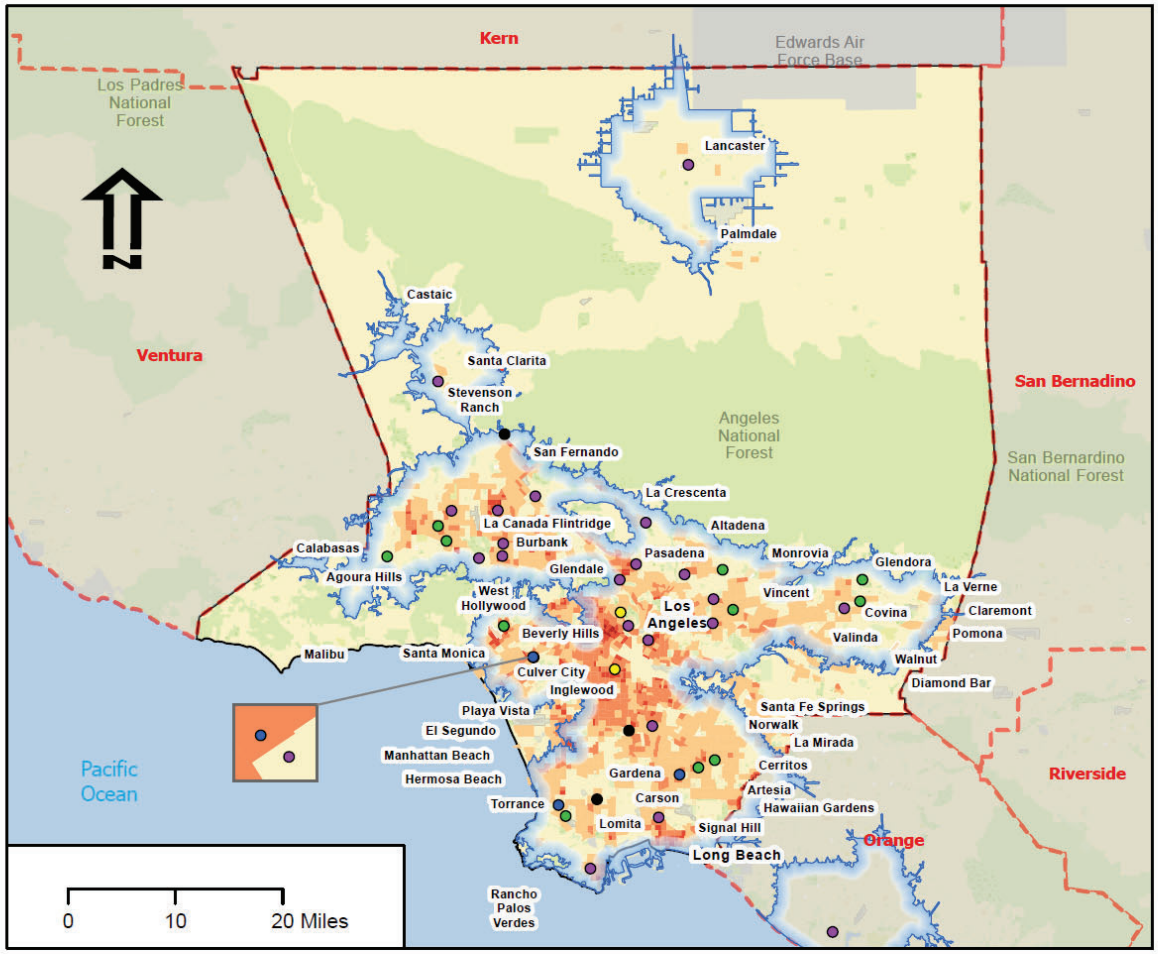

IAP Facility Types

- County Hospital (DHS)
- FFS Hospital - APH
- FFS Hospital - GACH
- Psychiatric Health Facility
- Short Doyle Hospital - APH

Census Tract Population Density

Sparse — Dense

Drive Time Boundary

15min

Map Created: JAN 2021
By: LACDMH-CIOB (K.T. Williams)
Contact: KyWilliams@dmh.lacounty.gov

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Sources: U.S. Census Bureau American Community Survey 2015-2019 5-year estimates; California Public Utilities Commission; and 2020 Planning Database
Pop Density = (Total Estimated Pop / Census Tract Area in SQMI)
Drive Time Calculated for Tues 01/12/2021 @ 9:15AM