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MOTION BY SUPERVISORS KATHRYN BARGER AND MARK RIDLEY-THOMAS

January 10, 2017

Mental Evaluation Teams

Throughout the United States, encounters between law enforcement personnel and individuals with untreated mental illness continue to prove troubling. While it is estimated that 10% of law enforcement calls involve individuals who are mentally ill, such interactions carry a high risk. A recent USA Today article reported that the mentally ill are 16% more likely than those without mental illness to be killed by police, accounting for one out of every four fatal police encounters. Although most interactions between law enforcement and those with mental illness end peacefully, those who are suffering from serious mental illness are often booked, arraigned and incarcerated. In situations where minor crimes are driven by mental illness, rather than criminogenic tendencies, diversion into treatment – including psychiatric hospitalization – can be a more humane and effective response.

Communities across this country are searching for strategies that will improve the outcomes of law enforcement encounters with the mentally ill. Los Angeles County (County) was the first in the nation to develop and implement co-response teams, such as the LASD/DMH Mental Evaluation Team (MET) which pairs a mental health clinician with a law enforcement officer to respond to emergency calls involving a psychiatric crisis or a critical incident. Developed as a pilot in October 1991, the Board of Supervisors approved ongoing funding in July 1992; the first night of MET service was January 31, 1993. The mission of the MET is to:

- Provide a rapid and compassionate response at the time and place the crisis is occurring.
- De-escalate violent confrontations between law enforcement and persons with mental illness.
- Avoid hospitalizations and/or arrests whenever possible.
- Decompress County emergency rooms and jails by getting the person to the appropriate care as quickly as possible.

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Subsequent to the establishment of the MET teams, the Department of Mental Health (DMH) has partnered with 35 law enforcement agencies throughout the County to establish 82 similar teams. DMH has used a combination of funds from Mental Health Services Act, State SB82 and the federal government to assist smaller law enforcement agencies in their effort to establish co-response teams. The Los Angeles Police Department (LAPD) has 32 co-response teams, known as SMART. LAPD and DMH also have a Mental Evaluation Unit (MEU), a triage service, that provides consultation to patrol officers regarding safe and effective resolution of encounters with individuals suspected of having a mental illness.

Relying on a combination of funding streams, the Sheriff's Department and DMH currently have 10 MET teams. Working collaboratively, they are proposing expansion of MET teams to 23 as well as the establishment of a mental health triage help desk, similar to the MEU. The expansion of the MET teams will address gaps in services to our residents in time of crisis and reduce risk and liability resulting from use of force by law enforcement. Over the past three years, the Board has approved settlements totaling nearly \$7 million, plus an additional \$1.2 million in attorneys' fees and costs. These lawsuits involved the use of deadly force by the Sheriff's Department during encounters with persons with mental illness.

The expansion of MET teams have previously been constrained by limited resources; however, the time is right for the County to invest in better intervention and prevention of use of force incidents involving people with mental illness, some of whom are also homeless, and diverting them to appropriate services.

In Fiscal Year 2015-2016, the MET program responded to 1,154 calls for service. Of these calls, 64% resulted in hospitalizations for mental health treatment and less than 1% resulted in an arrest. This model has clearly demonstrated that it is a humane and effective way to respond to individuals with mental illness. These teams are among the myriad services and supports necessary to address the gap in the overall continuum of services for this vulnerable population. To that end, DMH is working diligently to expand urgent care centers, mobile mental health triage teams and crises residential treatment programs.

Co-response teams, as well as a mental evaluation triage units, currently offered only in collaboration with LAPD, reduce the risk of adverse outcomes, and maximize the likelihood that those who are suffering will be treated rather than incarcerated.

WE THEREFORE MOVE that the Board of Supervisors instruct the Chief Executive Officer to work with the Sheriff, the Director of the Health Agency, the Office of Diversion and Reentry and the Department of Mental Health to:

- 1. Review the proposals developed by the Sheriff's Department and the Department of Mental Health and recommend a funding plan that considers all sources of applicable funding, including the possible use of Medicaid Whole Person Care waiver funding;
- 2. To the extent that one-time or grant funding is utilized, determine a plan for ongoing funding for future years to ensure continuity and stability of the MET teams.

- 3. Identify the resulting increased demands for stabilization and remedial services and/or housing and provide funding recommendations for those services/needs;
- 4. Develop a timeline that expands the MET teams and establishes the triage help desk as rapidly as feasible; and,
- 5. Provide a written report to the Board on the above in 60 days or in time for the fiscal year 2017-2018 recommended budget in April.

WE FURTHER MOVE that the Board of Supervisors request the Sheriff, the Director of the Department of Mental Health and the Office of Diversion and Reentry to provide a report on the type of data, including measurements of outcomes, which will be gathered to track the effectiveness of this program. This data should be broken down by region and include monthly data on the volume of calls for service, response times, number of persons hospitalized, transported to psychiatric urgent care centers, incarcerated and/or released to family or home with services.

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