Los Angeles Police Department
and the
Los Angeles County Department of Mental Health

Law Enforcement and Mental Partnerships

A collaboration serving the City of Los Angeles
Captain Darnell Davenport, MPA
Commanding Officer
Southwest Patrol Division
Eula Love shooting in South Los Angeles, changed LAPD shooting policy from “shoot to kill” to “shot to stop.”

Crack cocaine epidemic. LAPD for the first time experience drug induced mental illness and had no real plan to address it.

Mitchell, who was pushing a shopping cart along La Brea Avenue, lunged at officers with a screwdriver and that one of the officers stumbled and then fired, killing her.

Federal Consent Decree to improve respond to mental illness.

San Diego study found that the least experienced officers were assigned mental illness calls and that within 15 minutes of dispatch a Use of Force occurred.

LAPD changed dispatch policy for mental illness calls.

1979

1980

2000

2001

2016

LAPD in 2016
Community Focused with collaborations
What is the System-wide Mental Assessment Response Team?

Mental Evaluation Unit

The LAPD’s MEU is responsible for defusing potentially explosive encounters with people in the midst of a mental health crisis. The MEU boasts specialized teams known as “System-wide Mental Assessment Response Team.” SMART – comprise of a police officer and a psychologist, psychiatric nurse, or other clinician. There are 111 officers assigned and 44 DMH employees.

SMART received 14,238 phone calls from patrol officers seeking guidance on handling people in the midst of a mental health crisis.

Provided crisis intervention in response to 4,724 calls in 2014 saving the LAPD 6,600 hours of patrol time.
Senior Lead Officer Mark Wheeler
Mental Evaluation Unit
Detective Support and Vice Division
What is the mission of the collaborative between LAPD and LACDMH?

The Mission is to reduce the potential for violence during police contacts involving people suffering from mental illness while simultaneously assessing the mental health services available to assist them.

This requires a commitment to problem solving, partnership, and supporting a coordinated effort from law enforcement, mental health services and the greater community of Los Angeles.
What Are the Goals?

1. Prevent unnecessary incarceration and/or hospitalization of mentally ill individuals.

2. Provide alternate care in the least restrictive environment through a coordinated and comprehensive system-wide approach.

3. Prevent the duplication of mental health services.

4. Facilitate the speedy return of police patrol units to patrol activities.
If your family member is in a crisis and is:

• A danger to themselves, and/or

• A danger to others, and/or

• Gravely disabled (the person is unable to appropriately provide basic personal needs such as food, clothing, or shelter. This inability must be due to a mental disorder and not merely a lifestyle or personal choice)

• All of the above due to a **MENTAL ILLNESS**.

**Call 911**
You are asking a stranger to come into your home to resolve a crisis. They will only have the information that you provide them. It is a good practice to gather as much of this information as possible before a crisis occurs.
Hold this list in your hand when you call 911, so you can read from it

Give the dispatcher the following information:

- **Your name**
- **Address** to which the police should respond
- **Nature** of the crisis (Why do you need the police?)
- **Prior or current violent behavior**
- **Weapons** or **access to weapons**
- **Name** of your family member in crisis
- **Age** of family member in crisis
• **Height** and **weight** of family member in crises
• **Clothing** description of family member in crises
• **Current location** of family member in crises
• **Diagnosis** (Mental Health and/or Medical)
• Current **medications** (On or Off?)
• **Drug use** (current or past)
• **Triggers** (what upsets them?)
• State what has helped in **previous police contacts**
• **Identify** other **persons in the residence** or at the location
The Police Response
What to expect?… Who will respond to your crisis?

1. The 911 operator will dispatch uniformed patrol officers to your location.
2. Officers will detain your family member, which will include handcuffing and is for the safety of everyone, including your family member.
3. Officers will conduct a preliminary investigation to determine whether a crime occurred.
4. Officers will conduct a preliminary mental health investigation to determine whether your family member is a danger to self, danger to other(s), or gravely disabled due to a mental illness (CA WIC §5150).
5. Your statements and historical information are an important part of the mental health investigation (CA WIC §5150.05).
1. Patrol Officers will inquire about any firearms or other deadly weapons, and in most cases will seize them for safe-keeping (pursuant to CA WIC §8102).

2. Patrol Officers will notify the MEU and a SMART unit (officer & clinician) will be dispatched, if available.

3. If your family member is an adult the investigating officers and/or the SMART Unit cannot disclose information about him/her due to medical records-related privacy laws.
Field Protocols for call Management and Diversion

• After an incident is tactically stable, patrol officers must conduct an assessment of the detained individual to determine whether there is mental illness and whether the individual meets criteria for an involuntary mental health hold under section 5150 of the WIC. The incident can be managed by a SMART unit, if available, or by the patrol officers with the guidance of the MEU.

• When a person with suspected mental illness has been taken into custody for a criminal offense, MEU will be contacted prior to the person being booked.
Arrest and Booking

- When a subject is detained for a felony crime or high-grade misdemeanor or the subject has warrants, the criminal matter takes precedence.

- Booking the arrestee for misdemeanor warrants is at the discretion of the Area watch commander. Arrestees who suffer from mental illness may be booked at any LAPD jail facility.

- The MEU is available for advice and assistance to facilitate the transfer of the subject to a Los Angeles County Jail Facility.

- Any questions concerning the arrest, booking, housing, or transfer of an individual suspected of suffering from a mental illness should be directed to the MEU Watch Commander.
Jail Monitoring

- All Adult Corrections Officers (ACOs) have received eight hours of training titled “Mental Illness Introduction for Adult Corrections Officers.”

- All sworn jail personnel have received four hours of mental illness training.

- All arrestees are screened during the booking process and ACOs ensure that the arresting officers have notified the MEU if the arrestee indicated that he/she suffers from mental illness, which will prompt an MEU information report.

- If an arrestee is determined to be in a mental health crisis or is suffering from a chronic mental illness, and the arrestee can be released on their own recognizance or arrange bail, jail personnel or a patrol unit will conduct the mental illness assessment and transport to a psychiatric facility.

- The MEU provides telephonic advice, documents the incident, and directs transporting units to appropriate hospitals.
Diversion Programs

Pre-booking diversion occurs via the patrol officers or via SMART when:

- A crime was committed;
- The crime is a low grade misdemeanor;
- A report or citation and release is competed; and,
- The person with mental illness is taken to the Psychiatric Emergency Department coordinated through the MEU.

Post-booking diversion occurs when the subject can be released on their own recognizant or bail is posted. The subject can also be diverted to a mental health treatment provider during the arraignment process or as a condition of their plea or conviction.
Mr. Chuck Lennon, LCSW
Mental Health Clinical Program Head
Law Enforcement Programs
<table>
<thead>
<tr>
<th>Service Area</th>
<th>Psychiatric Mobile Response Teams (PMRT)</th>
<th>Specialized Teams</th>
<th>LPS Designated Hospitals Psychiatric Emergency Teams (PET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area 1</td>
<td>School Threat Assessment and Response Team (START)</td>
<td></td>
<td>Aurora Las Encinas</td>
</tr>
<tr>
<td>Service Area 2</td>
<td>Homeless Outreach Mobile Engagement (HOME)</td>
<td></td>
<td>College Hospital (Cerritos)</td>
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<tr>
<td>Service Area 3</td>
<td>Assisted Outpatient Treatment Outreach and Engagement Team (AOT – O &amp; E)</td>
<td></td>
<td>Community Hospital of Long Beach</td>
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<tr>
<td>Service Area 4</td>
<td>Mental Health Alert Team (MHAT)</td>
<td></td>
<td>Encino Hospital Medical Center</td>
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<tr>
<td>Service Area 5</td>
<td>Emergency Response Teams (ERT)</td>
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<td>Kaiser Permanente (Kaiser members only)</td>
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<td>Service Area 6</td>
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<td>Mission Community Hosp.</td>
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<td>Service Area 7</td>
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<td>San Gabriel Valley Medical Center</td>
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<td>Service Area 8</td>
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<td>Southern California Hospital at Culver City</td>
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<td>USC Verdugo Hills Hospital</td>
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Table 1: EMERGENCY OUTREACH BUREAU
Field Response Operations

- Psychiatric Mobile Response Teams (PMRT)
- Specialized Teams
  - School Threat Assessment and Response Team (START)
  - Homeless Outreach Mobile Engagement (HOME)
  - Assisted Outpatient Treatment Outreach and Engagement Team (AOT – O & E)
  - Mental Health Alert Team (MHAT)
  - Emergency Response Teams (ERT)
- LPS Designated Hospitals Psychiatric Emergency Teams (PET)
  - Aurora Las Encinas
  - College Hospital (Cerritos)
  - Community Hospital of Long Beach
  - Encino Hospital Medical Center
  - Kaiser Permanente (Kaiser members only)
  - Mission Community Hosp.
  - San Gabriel Valley Medical Center
  - Southern California Hospital at Culver City
  - USC Verdugo Hills Hospital

- BHC Alhambra
- College Medical Center
- Del Amo Hospital
- Glendale Memorial Hospital and Health Ctr
- Little Company of Mary/San Pedro
- Pacifica Hospital of the Valley
- Silver Lake Medical Center
- St. Francis Hospital
Table 2: EMERGENCY OUTREACH BUREAU
Field Response Operations
Law Enforcement Team Collaboratives

<table>
<thead>
<tr>
<th>LOS ANGELES SHERIFF DEPARMENT</th>
<th>LOS ANGELES POLICE DEPARTMENT</th>
<th>OTHER CITY LAW ENFORCEMENT AGENCIES</th>
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<tbody>
<tr>
<td>Mental Evaluation Team (MET)</td>
<td>Systemwide Mental Assessment Response Team (SMART)</td>
<td>Southeast Region Mental Evaluation Teams (SMET)</td>
</tr>
<tr>
<td>MTA-CRU Crisis Response Unit (CRU)</td>
<td>Case Assessment and Management Program (CAMP)</td>
<td>Bell Gardens PD</td>
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<td>Bell PD</td>
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<td>Downey PD</td>
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<td>Huntington Park PD</td>
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<td>Signal Hill PD</td>
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<td>Vernon PD</td>
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|                               | Burbank PD Mental Health Evaluation Team (BMHET) | Long Beach PD Mental Evaluation Team (LBMET) |
|                               |                                               | Pasadena PD Homeless Outreach Psychiatric Evaluation (HOPE) |
|                               |                                               | Santa Monica PD Homeless Liaison Program (HLP) |
|                               |                                               | Torrance PD Mental Evaluation Team (TMET) |

Table 2:
EMERGENCY OUTREACH BUREAU
Field Response Operations
Law Enforcement Team Collaboratives
Table 3: EMERGENCY OUTREACH BUREAU
Field Response Operations
Law Enforcement Team Collaboratives (Cont.)

<table>
<thead>
<tr>
<th>City</th>
<th>Mental Evaluation Team</th>
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<tbody>
<tr>
<td>BEACH CITIES</td>
<td>Mental Evaluation Teams (BCMET)</td>
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<tr>
<td>Hermosa Beach PD</td>
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<tr>
<td>Manhattan Beach PD</td>
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<tr>
<td>Redondo Beach PD</td>
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<tr>
<td>SOUTH BAY</td>
<td>Mental Evaluation Teams (SMET)</td>
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<tr>
<td>Gardena PD</td>
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<tr>
<td>SOUTH BAY</td>
<td>Mental Evaluation Teams (SMET)</td>
</tr>
<tr>
<td>West Covina PD</td>
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<tr>
<td>EAST SAN GABRIEL</td>
<td>Mental Evaluation Teams (ESGMET)</td>
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<tr>
<td>Azusa PD</td>
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<tr>
<td>East San Gabriel PD</td>
<td>Mental Evaluation Teams (ESGMET)</td>
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<td>Covina PD</td>
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<td>Glendora PD</td>
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<td>Mental Evaluation Teams (BCMET)</td>
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<td>Glendora PD</td>
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<tr>
<td>WEST SAN GABRIEL</td>
<td>Mental Evaluation Teams (WSGMET)</td>
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<tr>
<td>Arcadia PD</td>
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<td>West Covina PD</td>
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<td>Arcadia PD</td>
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<td>South Pasadena PD</td>
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<td>South Pasadena PD</td>
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<td>NORTH BAY</td>
<td>Mental Evaluation Teams (NBMET)</td>
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<td>Monterey Park PD</td>
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<td>Pomona PD</td>
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<td>Santa Monica PD</td>
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<td>Culver City PD</td>
<td>Mental Evaluation Team (CCMET)</td>
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<td>Inglewood PD</td>
<td>Mental Evaluation Team (IMET)</td>
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<tr>
<td>Monterey Park PD</td>
<td>Mental Evaluation Team (MPMET)</td>
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<tr>
<td>Montebello PD</td>
<td>Mental Evaluation Team (MMET)</td>
</tr>
<tr>
<td>Pomona PD</td>
<td>Mental Evaluation Team (PMET)</td>
</tr>
<tr>
<td>Santa Monica PD</td>
<td>Mental Evaluation Team (SMMET)</td>
</tr>
</tbody>
</table>

Diagram:

- BEACH CITIES
  - Hermosa Beach PD
  - Manhattan Beach PD
  - Redondo Beach PD

- SOUTH BAY
  - Gardena PD

- EAST SAN GABRIEL
  - Azusa PD
  - Covina PD
  - Glendora PD
  - West Covina PD

- WEST SAN GABRIEL
  - Arcadia PD
  - South Pasadena PD

- OTHER CITY LAW ENFORCEMENT AGENCIES
  - Culver City PD
  - Inglewood PD
  - Monterey Park PD
  - Montebello PD
  - Pomona PD
  - Santa Monica PD
Psychiatric Mobile Response Teams (PMRT)

The PMRT is composed of paraprofessional staff of 8 to 10 members consisting of social workers, psychiatric nurses, and psychiatric technicians. One team is assigned to each LA County service area. They respond 7-days a week between 8:00 a.m. and 2:00 a.m. They evaluate community members to determine if they danger to self/others, and or gravely disable. The PMRT will arrange for transport to inpatient psychiatric facility. Additionally, they provide follow-up and linkage to outpatient mental health services.

The PMRT provides field response to:

- Residences,
- board and care facilities, and
- other community settings.
Field Response Services

- Crisis Intervention
- W.I.C. 5150 or 5585 Assessments
- 911 Response
- Homeless Outreach or Engagement
- Targeted School Threat Response
- Referrals and Follow-up
- Critical Incident or Disaster Response
Involuntary Psychiatric Hospitalization
Welfare Institution Codes 5150 or 5585

• Danger to Self - Anyone Expressing or Posing Danger to Self.
• Danger to Others - Anyone Expressing/Posing Danger to Others.
• Grave Disability - Anyone Showing Signs of Grave Disability.
• All of the Above: Due to a Mental Disorder.
• Provide field response to:
  residences,
  board and care facilities,
  group homes, and
  other community settings.
DMH (LAW Enforcement Teams)

DMH clinician and law enforcement officer co-response to 911 or patrol officers requests on calls involving mentally ill individuals for several police departments as follows:

- Alhambra Police Department
- Beach Cities Police Departments (Hermosa, Manhattan, etc)
- Burbank Police Department Mental Health Evaluation Team
- Culver City Police Department
- East San Gabriel (Azusa, Covina, Glendora and West Covina)
- Inglewood Police Department
- LA Police Department Case Assessment and Management
- LAPD System wide Mental Assessment Response Team (SMART)
- LASD Metropolitan Transit Bureau Team
- Long Beach Police Department
- Los Angeles County Sheriff’s Department MET
- Monterey Park Police Department
- Montebello Police Department
- Pasadena Police Department Homeless Psychiatric Evaluations
- Pomona Police Department
- Santa Monica Police Department Homeless Liaison Program
- South Bay Police Departments (Gardena & Hawthorne)
- Southeast Region Police Departments (Bell, Bell Gardens, Downey, Huntington Park, Signal Hill, South Gate & Vernon)
- Torrance Police Department
- West San Gabriel Police Departments
- Whittier Police Departments (Santa Fe Springs & Whittier)
Law Enforcement Teams

- Teams composed licensed social workers and mental health clinicians, psychiatric nurses.
- Respond to 911 calls for service involving mentally ill individuals.
- Evaluate for danger to self/others, grave disability and arrange for transport to inpatient psychiatric facility.
- Provide follow-up and linkage to out patient mental health services.
For DCFS minor, PMRT or LET Staff will contact DCFS and initiate a joint DCFS-DMH assessment and necessary follow-up to address mental health needs of the child.

FRO Bulletin #001 “24/7 Crisis Response to DCFS Children” and FRO Bulletin #002 “DCFS Real Time Notification by field Response Operations.”
The MTA CRU responds to calls for service involving the homeless mentally ill on bus, rail or any other MTA property.
Assisted Outpatient Treatment (AOT-LA)

- Allows LAC DMH to serve seriously mentally ill persons at substantial risk of deterioration and/or detention under section 5150 of the WIC as a direct result from poor psychiatric treatment compliance.

- AOT-LA included extensive outreach and engagement to engage them voluntarily in Full Service Partnership (FSP) services.

- If person refuses services, AOT-LA may petition court to order person into psychiatric outpatient treatment, i.e., FSP.
Homeless Outreach Team

- Intensive field response to seriously mentally ill homeless persons at risk for incarceration or involuntary hospitalization.
- Linkage to outpatient mental health services, physical health providers, general relief, housing or shelter.
- Collaborate with other field-based teams for appropriate linkage (e.g., homeless veteran).
- Evaluation for Section 5150 of the WIC and transport to inpatient psychiatric facility, if needed.
LPS Designated Psychiatric Inpatient Facilities

- Facilities designated by LACDMH to evaluate and treat persons involuntarily detained under LPS Act.
- Forty-one LPS designated facilities which are involuntary and 2 are voluntary inpatient facilities.

<table>
<thead>
<tr>
<th>Designated Bed for Adults</th>
<th>Designated Beds for Minors</th>
<th>Voluntary Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2147</td>
<td>267</td>
<td>100+</td>
</tr>
</tbody>
</table>
Suicide Assessment Five Step Evaluation and Triage

- Risk Factors
- Protective Factors
- Suicide Inquiry
- Risk Evaluation
- Documentation
**Procedures**

<table>
<thead>
<tr>
<th>Call ACCESS at (800) 854-7771 or PMRT SA 7 at (310) 482-3260, Monday through Friday, between 8:00a.m. and 5:00 pm.</th>
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</thead>
<tbody>
<tr>
<td>Everyone with knowledge of the crisis must be available, at minimum by telephone.</td>
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<tr>
<td>Often decisions by the Team are based on collateral information</td>
</tr>
<tr>
<td>Teams cannot be left alone for safety.</td>
</tr>
<tr>
<td>If the situation changes, immediately notify ACCESS or PMRT.</td>
</tr>
<tr>
<td>Adults or minors in crisis should not be left alone.</td>
</tr>
<tr>
<td>Call 911 if the situation warrants it.</td>
</tr>
</tbody>
</table>
Once law enforcement and DMH arrive what is the procedure (May take up to 3-5 hours)

Teams interviews client and all collaterals

Determination of disposition is made

Meet with the caller and provide a disposition

Hospital or urgent care (Bed secure), if needed.

Ambulance Requested, if needed.

Referrals made to outpatient services when hospitalization is not required.
Follow-up Services

- PMRT handles the initial call.
- Referral to Start, if required.
- Linkage to mental health services.
Life Threatening Emergency
CALL 911

Non-Emergency Resources
Los Angeles County Department of Mental Health
ACCESS
24-Hour Hotline
(800) 854-7771

National Alliance of Mental Illness (NAMI)
(800) 950-6264
Http://namilacc.org/
LAPD Intervention Programs (Preparing Youth for the future)

**Police Orientation Preparation Program**
- Obtain Associate Arts (AA) Degree
- Allows senior in high school to complete college courses at LAPD academy with other youth. Upon completion of high school and one additional year of education the student will have a AA degree.

**Police Academy Magnet Schools**
- Youth interested in public service can attend. Designed to expose youth to law enforcement.

**Cadet Leadership Program**
- Mentor students by helping to instill self esteem, discipline, leadership, scholastic excellence, and life-skills development.
End of Presentation

Questions?