

OFFICE OF THE CHIEF OF POLICE

NOTICE
8.2

January 14, 2021

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: IMPLEMENTATION OF THE MENTAL EVALUATION UNIT'S
SYSTEMWIDE MENTAL ASSESSMENT RESPONSE TEAM CO-RESPONSE
MODEL

Recently, the Los Angeles City Council passed a motion to reimagine how and when police respond to mental illness radio calls. As a result, the Chief of Police directed the Mental Evaluation Unit (MEU), Detective Support and Vice Division (DSVD), to modify the Systemwide Mental Assessment Response Team's (SMART) response model from a secondary responder to a co-responder. The SMART units will be dispatched to mental illness calls meeting specific criteria at the same time as the patrol unit assigned the call. Previously, the patrol unit arrived at scene, then requested SMART support.

Since a SMART unit is composed of a sworn officer and a Los Angeles County Department of Mental Health (DMH) clinician, patrol will remain the primary unit with the SMART unit serving as a supporting element.

The co-response model provides SMART with more opportunities to respond to a wider variety of mental illness calls and provide services to the subject and their support network at the scene. The model also permits the SMART unit to relieve the patrol officers from the call faster and more efficiently, generally from the field.

DISPATCH PROCEDURES

- Mental illness calls for service will be dispatched through Communications Division.
- The SMART units will respond to calls that may include the following:
 - Subject is violent;
 - Subject is armed, and the public is at risk;
 - Welfare checks;
 - Subject has possibly committed a criminal act due to mental illness;
 - Subject's behavior is high-risk (barricade or unsecured on an elevated platform, for example); or
 - Any critical incident where SMART may assist with de-escalation.
- For all radio calls, a patrol unit will be assigned as the primary unit, and SMART will be dispatched as a secondary or support element.

- The SMART unit shall not go Code-6 before the patrol unit arrives on scene. If a SMART unit arrives to the call prior to the patrol unit, the SMART officer shall broadcast they are “Code-6 in the area” to inform patrol the SMART unit is waiting for their arrival.
- Frequently, the subject involved with a mental health call has a documented history with MEU or DMH. This information may be important to responding units. If possible, the two units should discuss the call via radio while en route to the call or upon arrival, if time permits.
- If a SMART unit is not immediately available, one assigned to a different bureau may be dispatched, or patrol may be instructed to call SMART for advice and documentation in lieu of having a SMART unit present.

PROCEDURES AT SCENE

Patrol officers will be the primary contact and cover officers for each call, with the SMART unit providing support. If both units arrive together, the patrol officers may allow the SMART officer to assume the contact role to de-escalate a situation.

Note: When the SMART unit arrives on scene, the DMH clinician will stay back with the police vehicle or another tactically secure location as directed by the SMART officer. After the situation is stabilized, the SMART officer will introduce the DMH clinician into the call, and the SMART unit will handle the mental health evaluation.

Once the scene is stabilized, the patrol and SMART units will assess the call together and determine the best course of action. The patrol officers will conduct any criminal investigation, and the SMART unit will assume responsibility for the mental illness portion of the radio call. The criminal investigation takes precedence over the mental illness.

For those investigations where SMART assumes a primary role, the SMART unit may require assistance from patrol in the following circumstances:

- Patrol will book weapons or objects the subject wanted to use to harm themselves or others.
- Patrol will stand by while SMART completes their investigation due to safety concerns.
- Patrol will complete the Automated Field Data Report (AFDR).

DIDI HIRSCH 911 DIVERSION PROGRAM

Consistent with the City and Department goal of eliminating a police response when possible, several types of mental health calls will be considered for 911 diversion to Didi Hirsch Mental Health Services. Non-imminent suicide and behavioral health related calls answered by Communications Division will be diverted to a dedicated line at the Didi Hirsch Mental Health Crisis Call Center between 1200–2000 hours, if the following elements are not imminent:

- The subject is threatening to jump from a bridge or structure;
- The subject needs medical attention;
- A suicide attempt is in progress;
- The subject has a weapon and is not in a building or residence; or
- The subject has a weapon inside a building or residence and other people are present.

If any of these elements are present, a patrol unit will be dispatched. When none of the elements are present, Didi Hirsch crisis counselors will receive a transfer from Communications Division and provide mental health services as they deem necessary. If during the call, the crisis counselor determines the situation has escalated where a police response is required, the crisis counselor will transfer the call back to Communications Division, who will then create a radio call and dispatch appropriate resources.

CONCLUSION

The SMART co-response model will provide patrol with immediate assistance and faster relief with mental health-related radio calls. The public will benefit from mental health professionals being available at the scene to provide immediate assistance and support.

If you have any questions regarding this Notice, please contact Lieutenant II Kelly Muniz, Acting Commanding Officer, DSVD, at (213) 996-1349.



MICHEL R. MOORE
Chief of Police

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