

***RESOURCE***

***GUIDE***

**MENTAL HEALTH  
INTERVENTION  
TRAINING**

Version 2

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# CALIFORNIA WELFARE AND INSTITUTIONS CODE

<b>5150</b>	(a) When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer.....may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment.....
<b>5150 (b)</b>	When determining if a person should be taken into custody pursuant to subdivision (a), the individual making that determination shall apply the provisions of Section 5150.05, and shall not be limited to consideration of the danger of imminent harm.
<b>5150 (e)</b>	The application shall also record whether the historical course of the person's mental disorder was considered in the determination, pursuant to Section 5150.05
<b>5150 (f)(1)</b>	At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him or her into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person.
<b>5150 (g)(1)(2)</b>	Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form: <i>My name is _____ . (peace officer/mental health _____ professional) with _____ . (name of agency) You are not under criminal arrest, but I am taking you for an examination by mental health professionals at _____ . (name of facility) You will be told your rights by the mental health staff. If taken into custody at his or her own residence, the person shall also be provided the following information: You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.</i>
<b>5150.2</b>	In each county whenever a peace officer has transported a person to a designated facility for assessment under Section 5150, that officer shall be detained no longer than the time necessary to complete documentation of the factual basis of the detention under Section 5150 and a safe and orderly transfer of physical custody of the person.
<b>5150.05</b>	When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, .....shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.
<b>5250</b>	14 day certification for involuntary treatment after the initial 72 hour involuntary hold.
<b>5350</b>	30 day certification for involuntary treatment after the 14 day involuntary hold.
<b>5585</b>	This part shall be known as the Children's Civil Commitment and Mental Health Treatment Act of 1988. <i>Code used for Juvenile 5150.</i>
<b>5345</b>	<i>Laura's Law</i> : "Assisted outpatient treatment" shall be defined as categories of outpatient services that have been ordered by a court pursuant to Section 5346 or 5347.



<b>5328</b>	All information and records obtained in the course of providing services ..to either voluntary or involuntary recipients of services shall be <i>confidential</i> .
<b>8100 (b)</b>	<i>Tarasoff Warning</i> : Person who communicates to a licensed psychotherapist (1010 (a)-(e) CA Evidence Code) a serious threat of physical violence against a reasonably identifiable victim
<b>8101</b>	(a) Any person who shall knowingly supply, sell, give, or allow possession or control of a deadly weapon to any person described in Section 8100 or 8103 shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or in a county jail for a period of not exceeding one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both the fine and imprisonment. (b) Any person who shall knowingly supply, sell, give, or allow possession or control of a firearm to any person described in Section 8100 or 8103 shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for two, three, or four years.
<b>8102</b>	a) Whenever a person, who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon.
<b>8103 (i)</b>	(i) Every person who owns or possesses or has under his or her custody or control, or purchases or receives, or attempts to purchase or receive, any firearm or any other deadly weapon in violation of this section shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code or in a county jail for not more than one year.
<b>8103 (f)(1)</b>	No person who has been (A) taken into custody as provided in Section 5150 because that person is a danger to himself, herself, or to others, (B) assessed within the meaning of Section 5151, and (C) admitted to a designated facility within the meaning of Sections 5151 and 5152 because that person is a danger to himself, herself, or others, shall own, possess, control, receive, or purchase, or attempt to own, possess, control, receive, or purchase any firearm for a period of five years after the person is released from the facility.
<b><u>CALIFORNIA PENAL CODE</u></b>	
<b>1524 (a) (10)</b>	When the property or things to be seized include a firearm or any other deadly weapon that is owned by, or in the possession of, or in the custody or control of, a person described in subdivision (a) of Section 8102 of the Welfare and Institutions Code.
<b>1524 (a) (14)</b>	Beginning January 1, 2016, the property or things to be seized are firearms or ammunition or both that are owned by, in the possession of, or in the custody or control of a person who is the subject of a gun violence restraining order that has been issued pursuant to Division 3.2 (commencing with Section 18100) of Title 2 of Part 6, if a prohibited firearm or ammunition or both is possessed, owned, in the custody of, or controlled by a person against whom a gun violence restraining order has been issued, the person has been lawfully served with that order, and the person has failed to relinquish the firearm as required by law.

1542.5	<p>Notwithstanding any other law, with regards to a search warrant issued upon the grounds specified in paragraph (14) of subdivision (a) of Section 1524, the following shall apply:</p> <p>(a) The law enforcement officer executing the warrant shall take custody of any firearm or ammunition that is in the restrained person's custody or control or possession or that is owned by the restrained person, which is discovered pursuant to a consensual or other lawful search.</p> <p>(b) (1) If the location to be searched during the execution of the warrant is jointly occupied by the restrained person and one or more other persons and a law enforcement officer executing the warrant finds a firearm or ammunition in the restrained person's custody or control or possession, but that is owned by a person other than the restrained person, the firearm or ammunition shall not be seized if both of the following conditions are satisfied:</p> <p>(A) The firearm or ammunition is removed from the restrained person's custody or control or possession and stored in a manner that the restrained person does not have access to or control of the firearm or ammunition.</p> <p>(B) There is no evidence of unlawful possession of the firearm or ammunition by the owner of the firearm or ammunition.</p> <p>(2) If the location to be searched during the execution of the warrant is jointly occupied by the restrained person and one or more other persons and a locked gun safe is located that is owned by a person other than the restrained person, the contents of the gun safe shall not be searched except in the owner's presence, and with his or her consent or with a valid search warrant for the gun safe.</p> <p>(c) This section shall become operative on January 1, 2016.</p>
(New) 11106.4	<p>(a) Every law enforcement agency shall develop, adopt, and implement written policies and standard protocols pertaining to the best manner to conduct a "welfare check," when the inquiry into the welfare or well-being of the person is motivated by a concern that the person may be a danger to himself or herself or to others. The policies shall encourage a peace officer, prior to conducting the welfare check and whenever possible and reasonable, to conduct a search of the Department of Justice Automated Firearms System via the California Law Enforcement Telecommunications System to determine whether the person is the registered owner of a firearm.</p>
(New) 18100	<p><i>A gun violence restraining order is an order</i>, in writing, signed by the court, prohibiting and enjoining a named person from having in his or her custody or control, owning, purchasing, possessing, or receiving any firearms or ammunition. This division establishes a civil restraining order process to accomplish that purpose.</p>
29805	<p>.....or Section 8100, 8101, or 8103 of the Welfare and Institutions Code, any firearm-related offense pursuant to Sections 871.5 and 1001.5 of the Welfare and Institutions Code.....owns, purchases, receives, or has in possession or under custody or control, any firearm is guilty of a public offense</p>
25135 (a)	<p>A person who is 18 years of age or older, and who is the owner, lessee, renter, or other legal occupant of a residence, who owns a firearm and who knows or has reason to know that another person also residing therein is prohibited by state or federal law from possessing, receiving, owning, or purchasing a firearm shall not keep in that residence any firearm that he or she owns unless one of the following applies:</p> <p>(1) The firearm is maintained within a locked container.</p> <p>(2) The firearm is disabled by a firearm safety device.</p> <p>(3) The firearm is maintained within a locked gun safe.</p> <p>(4) The firearm is maintained within a locked trunk.</p> <p>(5) The firearm is locked with a locking device as described in Section 16860, which has rendered the firearm inoperable.</p> <p>(6) The firearm is carried on the person or within close enough proximity thereto that the individual can readily retrieve and use the firearm as if carried on the person.</p> <p>(b) A violation of this section is a misdemeanor.</p> <p>(c) The provisions of this section are cumulative, and do not restrict the application of any other law. However, an act or omission punishable in different ways by different provisions of law shall not be punished under more than one provision.</p>

### FIREARMS PROHIBITIONS

<b>5 Year</b>	5150 WIC detained for evaluation 72 hour hold <u>AND</u> 5151 WIC Assessed and evaluated <u>AND</u> 5152 WIC Admitted to a mental health facility 8100 (b) Tarasoff Notification
<b>Lifetime</b>	5250 WIC - 14 day certification 5350 WIC - 30 day certification Conservatorship 1370 PC Incompetent to stand Trial 1026 PC Not Guilty by Reason of Insanity

### FORMS

<b>LACDMH</b>	<b>MH302</b>	APPLICATION FOR ASSESSMENT, EVALUATION AND CRISIS INTERVENTION OR PLACEMENT AND EVALUATION
<b>LAPD</b>	<b>10.03.00</b>	Receipt of Personal Property
	<b>10.10.05</b>	RECEIPT AND NOTICE OF RIGHTS FOR CONFISCATED FIREARMS/OTHER DEADLY WEAPONS
	<b>10.10.06</b>	LOS ANGELES POLICE DEPARTMENT RELEASE OF FIREARM ADVISEMENT

### FEDERAL LAWS

<b>EMTALA</b>	Emergency Medical Treatment and Active Labor Act
<b>FERPA</b>	Family Educational Rights and Privacy Act
<b>HIPAA</b>	Health Insurance Portability and Accountability Act

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 6

March 16, 2016

**SUBJECT:** VARIOUS MANUAL SECTIONS APPLICABLE TO PERSONS WITH A MENTAL ILLNESS – RENAMED AND REVISED; PRIVATE PERSONS' REQUEST FOR INFORMATION AND TRANSPORTATION OF A FEMALE WITH A MENTAL ILLNESS TO A STATE HOSPITAL – DELETED; WELFARE CHECK FOR A PERSON SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS - ESTABLISHED; INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS - FIELD NOTEBOOK DIVIDER, FORM 18.47.00 – REVISED; AND, RELEASE OF FIREARM ADVISEMENT, FORM 10.10.06 – ACTIVATED

**BACKGROUND:** In 2013, the California Legislature passed Senate Bill No. 364, which amended several sections of the Welfare and Institution Code (WIC) relating to persons with a mental illness. The Department has reviewed the new amendments and determined that officers must take reasonable precautions to safeguard the personal property of persons suffering from a mental illness.

**PURPOSE:** This Order revises various Department Manual sections applicable to persons with a mental illness; deletes Department Manual Section 4/260.10, *Private Persons' Request for Information* and 4/260.55, *Transportation of a Mental Illness to a State Hospital*; and, establishes Department Manual Section 4/260.17, *Welfare Check for a Person Suspected of Suffering from a Mental Illness*. Additionally, this Order updates the Incidents Involving Persons Suspected of Suffering from a Mental Illness - Field Notebook Divider, Form 18.47.00, and activates the Release of Firearm Advisement, Form 10.10.06. The Release of Firearm Advisement informs parties who reside with and/or a caretaker for a person described in California Penal Code Sections 29800(a)(1) or 29805(a), or a person described in WIC Sections 8100 or 8103 of their ineligibility to own, possess or have access to a firearm or other deadly weapon(s). Person(s) who sign this form acknowledge that they understand the prohibitions imposed on the person named on the form.

**PROCEDURE:**

- I. VARIOUS MANUAL SECTIONS APPLICABLE TO PERSONS WITH A MENTAL ILLNESS – RENAMED AND REVISED.** Attached are several revised Department Manual sections pertaining to persons with a mental illness with the revisions indicated in italics.
- II. PRIVATE PERSONS' REQUEST FOR INFORMATION – DELETED.** Department Manual Section 4/260.10, *Private Persons' Request for information*, and Department Manual Section 4/260.55, *Transportation of a Female with a Mental Illness to a State Hospital* have been deleted.
- III. WELFARE CHECK FOR PERSON SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – ESTABLISHED.** Department Manual Section 4/260.17, *Welfare Check for a Person Suspected of Suffering from a Mental Illness*, has been established and is attached to this Order.

**IV. INCIDENTS INVOLVING PERSON SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – FIELD NOTEBOOK DIVIDER, FORM 18.47.00 – REVISED.** The Incidents Involving Persons Suspected of Suffering from Mental Illness – Field Notebook Divider, Form 18.47.00, has been revised to reflect the various Department Manual updates related to persons with a mental illness.

**V. RELEASE OF FIREARM ADVISEMENT, FORM 10.10.06 – ACTIVATED.** The Release of Firearm AdviseMENT, Form 10.10.06, has been activated.

**A. Use of Form.** This form will be used to inform parties or caretakers who reside with a person described in California Code Penal Sections 29800(a)(1) or 29805(a), or a person described in WIC Sections 8100 or 8103 of their ineligibility to own, possess or have access to a firearm or other deadly weapon. Person(s) who sign this form acknowledge that they understand the prohibitions on the person named on the form.

**B. Completion.** The completion of this form is self-explanatory.

**C. Distribution.**

1 – Original, Facsimile (Fax) and forward the original via Department mail to the Mental Evaluation Unit.

**1 – TOTAL**

**FORM AVAILABILITY:** A copy of the Release of Firearm AdviseMENT and the Incidents Involving Persons Suspected of Suffering from a Mental Illness - Field Notebook Divider are attached for immediate use and duplication and are available in E-Forms on the Department's Local Area Network (LAN). All other versions of the Incidents Involving Persons Suspected of Suffering from a Mental Illness – Field Notebook Divider shall be marked "obsolete" and placed in the divisional recycling bin.

**AMENDMENTS:** This Order amends Sections 4/260.20, 4/260.25, 4/260.40, 4/260.50, 4/260.52, and 4/260.60; establishes Section 4/260.17; and, deletes Section 4/260.10 and 4/260.55 of the Department Manual. The "Form Use" link applicable to the Release of Firearm AdviseMENT is accessible in E-Forms on the Department's LAN.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



CHARLIE BECK  
Chief of Police



Attachments

DISTRIBUTION "D"

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**VOLUME IV**  
**Revised by Special Order No. 6, 2016**

**260. PERSONS WITH A MENTAL ILLNESS.**

**260.15 MENTAL EVALUATION UNIT NOTIFICATIONS.** Any incident commander, crisis negotiation team, or officer who is in charge of an attempted suicide, barricaded suspect, or hostage incident shall notify the Mental Evaluation Unit, Detective Support and Vice Division, for information regarding the involved person.

**260.17 WELFARE CHECK FOR A PERSON SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS.** *When an officer receives information that a welfare check is being requested for a person suspected of suffering from a mental illness, the officer, when reasonable, shall conduct a search of the Department of Justice (DOJ), Automated Firearms System (AFS), via the California Law Enforcement Telecommunications System (CLETS), to determine whether the person is a registered owner of a firearm, per Penal Code Section 11106.4.*

**260.20 TAKING PERSONS WITH A MENTAL ILLNESS INTO CUSTODY.** When the only reason for detention is the person's suspected mental illness, *the Mental Evaluation Unit (MEU) shall be contacted prior to transporting an apparently mentally ill person to any health facility or hospital.*

**Exception:** In those situations where the subject is injured and requires immediate medical treatment, *the MEU shall be contacted after the subject is transported to an appropriate medical facility. Officers shall fax or forward via Department mail a copy of the 72-hour Detention for Evaluation and Treatment Application to the MEU.*

*When a person is taken into custody for a criminal offense and the person is suspected of having a mental illness, the MEU shall be contacted prior to the person being booked. When a subject is a suspect in a felony or high-grade misdemeanor crime, or has a felony or high-grade misdemeanor warrant, the criminal matters shall take precedence. If the subject is under arrest for a low-grade misdemeanor crime, misdemeanor warrant, or infraction, and meets the criteria for an Application for 72-hour Detention for Evaluation and Treatment, booking is at the discretion of the Area watch commander. Arrestees suffering from mental illness may be booked at any Department jail facility. Brief information concerning the mental illness should be documented in any booking reports and under the "Additional" heading in the Arrest Report.*

*The MEU, Detective Support and Vice Division, is available for advice and assistance in facilitating 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. If the subject is not booked for the criminal offense, officers shall complete the appropriate criminal Investigative Report (IR).*

Upon request, uniformed officers shall assist the Lanterman-Petris-Short (LPS) Act-designated County Psychiatric Mobile Response Teams, *LPS designated mental health clinician*, or the court-designated conservator, *or the court mandated treatment provider*, in the apprehension of persons suffering from a mental illness or violent *patients with mental illness* who are being placed on a mental health hold.

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**260.25 FIREARMS OR OTHER DEADLY WEAPONS IN POSSESSION OF PERSONS WITH A MENTAL ILLNESS.** *Whenever a person, who has been detained or apprehended for examination of his/her mental condition or who is a person described in Welfare and Institution Code (WIC) Section 8100 or 8103, is found to own, or have in his/her possession or under his/her control, any firearm whatsoever, or any other deadly weapon, shall be confiscated by any law enforcement agency. Officers shall retain custody of the firearm or other deadly weapon and follow procedures for booking firearms (Department Manual Section 4/540.30).*

*Where the detention or apprehension of a person for examination of his/her mental condition or who is a person described in WIC Sections 8100 or 8103 occurs either inside or outside the person's residence or other premises, and where officers have reasonable cause to believe (based on the totality of facts and circumstances known to the officer at the time of the detention) that the detainee owns, possesses, or has under his/her control a firearm or any other deadly weapon, the officer shall:*

- *Where practical, attempt to obtain valid consent from either the detainee, a cohabitant or other person with standing within the residence or premises to enter and search the location in order to confiscate the firearms/deadly weapon(s);*
- *Absent consent to search, officers shall only confiscate firearms or other deadly weapons from the person of the detainee, the area immediately within the detainee's wingspan, or within the plain view of the officer in the area where the detention/apprehension occurred; and,*
- *Obtain a search warrant, pursuant to California Penal Code Section 1524(a) (10), authorizing confiscation of all other firearms or other deadly weapons pursuant to WIC Section 8102, outside the parameters identified above.*

*If a firearm or other deadly weapon within the residence or premises is owned by a person **other than** the person being detained or apprehended pursuant to WIC Sections 5150, 8100 or 8103, and the firearm or deadly weapon is secured and not accessible to the person being detained, officers must not seize the firearm or other deadly weapon. The officer(s) shall provide the owner a Release of Firearm Advisement, Form 10.10.06, which provides him/her with an overview of the law and the responsibilities delineated within WIC Section 8101.*

***Note:** Searches for the **purpose of public safety** cannot be utilized by law enforcement in furtherance of a criminal investigation (People v. Sweig, 2008\_Cal.App.4<sup>th</sup>).*

*The Receipt and Notice of Right for Confiscated Firearms/Other Deadly Weapons, Form 10.10.05, shall be completed by the officer and given to any person with a mental illness from whom a firearm(s) or other deadly weapon(s) has been seized. Officers must telephonically notify the Mental Evaluation Unit (MEU), Detective Support and Vice Division, of the seizure of any firearms or deadly weapons. Officers shall ensure that copies of the Receipt and Notice of Rights for Confiscated Firearms/Other Deadly Weapons and reports associated with the confiscation are forwarded to the MEU/Case Assessment Management Program (CAMP) Unit, as soon as practicable. This will prevent persons with a mental illness from recovering their*



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firearm(s) or *deadly weapon(s)* before they have been judged competent to own a firearm(s) or *other deadly weapon(s)*. Additionally, because of the legal complexities of the WIC, and in the interest of public safety, officer(s) shall contact *the MEU/CAMP Unit* for guidance **prior** to releasing a confiscated firearm(s) or *other deadly weapon(s) which has been confiscated pursuant to WIC Section 8102.*

**260.40 TRANSPORTATION OF PERSONS WITH A MENTAL ILLNESS - REQUEST FOR AMBULANCE.** Officers shall request an ambulance to transport persons with a mental illness only:

- If the person is violent and requires restraint to the extent that *he/she* must be transported in a recumbent position; or,
- If the person is injured or physically ill and is in need of immediate medical attention.

**Note:** Los Angeles Fire Department (LAFD) personnel cannot refuse a request for transportation *made pursuant to the above circumstances*. If LAFD personnel refuse to transport a subject, the officers shall request a *LAPD and LAFD* supervisor to assist with resolving the issue.

**260.46 ACCOMPANYING PERSONS WITH A MENTAL ILLNESS.** When a person with a mental illness is transported by ambulance, at least one officer shall ride in the ambulance with the person.

**260.50 ENTERING PSYCHIATRIC WARD - WEAPONS TO BE CHECKED.** When a person with a mental illness is taken to any locked *psychiatric* ward, the transporting officers shall secure their weapons at the Admittance Office, other approved holding facility, or other location of safety, before accompanying the person *into the psychiatric ward*.

**Note:** Weapons shall include, but are not limited to, firearms, knives, tasers, *Oleoresin Capsicum* sprays, and batons.

**260.52 PERSON CONFINED IN PSYCHIATRIC WARD, LOS ANGELES COUNTY - USC MEDICAL CENTER - PROPERTY DISPOSITION.** When a person is confined in the Los Angeles County-USC Medical Center *psychiatric* ward, his/her personal property shall accompany him/her.

**Arrestee to Psychiatric Ward.** When the person to be confined is an arrestee, the deputy sheriff or the hospital attendant receiving the arrestee shall be given the arrestee's personal property, *including articles with which he/she might injure himself/herself or others* and shall be required to sign a Property Receipt, Form 10.03.00. *The transporting officer(s) shall submit the Property Receipt to the Area Records Unit.*

**Exception:** Firearms or *other deadly weapons* shall be booked as evidence (*Manual Section 4/260.25*). *This includes items possessed and used by the person during the initial police mental health contact, which may be of a public safety concern. This also includes items*

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*such as replica firearm(s), crossbow(s), sword(s), and other items which could be used as a deadly weapon or may result in an application of deadly force by officer(s).*

**Non-arrestee to Psychiatric Ward.** When the person to be confined is not an arrestee, officers taking the person into custody for evaluation, must take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person or within a reasonable time thereafter, unless a responsible relative, guardian or conservator of the person is in possession of the person's personal property. Upon arrival at the psychiatric ward, transporting officers shall:

- Release to the attendant any articles with which the individual might injure himself/herself that have been taken from the person with a mental illness;

**Exception:** Firearms or other deadly weapons shall be booked as evidence (Manual Section 4/260.25). This includes items possessed and used by the person during the initial police mental health contact, which may be of a public safety concern. This also includes items such as replica firearm(s), crossbow(s), sword(s), and other items which could be used as a deadly weapon or may result in an application of deadly force by officer(s).

- Remain in the presence of the person with a mental illness while he/she is searched by the attendant; and
- Complete the Los Angeles County Department of Mental Health Patient Property Receipt, County Form No. MH-331, or the Patient Property Receipt provided by the facility. Once completed, give the original receipt to the hospital staff and retain a copy of the receipt.

*Note* The transporting officer shall write the MEU No. provided to them in the upper left corner of any receipt(s) and submit to the Area Records Unit.

**260.60 APPREHENSION AND TRANSPORTATION ORDER SERVICE.** A State of California Department of Mental Health Apprehension and Transportation Order (A&T Order) issued to the Department shall be processed by the Mental Evaluation Unit (MEU), Detective Support and Vice Division, and forwarded to the involved Area. The involved Area commanding officer shall ensure that officers are assigned to execute the A&T Order.

If the assigned officers are unsuccessful at executing the A&T Order, the officers shall complete a Missing/Found Persons Investigation Report, Form 03.16.00.

Officers assigned to apprehend a person named on an A&T Order shall contact the MEU prior to discharging their duties.

**Note:** Section 7325 of the Welfare and Institutions Code requires that the Department, upon receipt of an A&T Order issued by the State Department of Mental Health, shall apprehend, take into custody and deliver the person named in the order to a place authorized by the State Department of Mental Health.

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When practicable, the apprehension of a person with a mental illness, pursuant to an A&T Order, shall be made during daylight hours.

**Juveniles.** Juveniles shall be transported to a location designated by the *MEU*

**Adults.** Adults shall be transported to the *issuing* hospital, or to the Metropolitan State Hospital, 11401 Bloomfield Avenue, Norwalk, California.

## INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS

The purpose of this Field Notebook Divider is to summarize general guidelines when dealing with a person suspected of suffering from a mental illness.

### 5150 Welfare and Institutions Code

An Application for a 72-hour Detention for Evaluation and Treatment Form may be initiated when an officer conducts an assessment of a person believed to be suffering from a mental illness and the officer concludes there is **probable cause to believe** any or all of the following conditions exist:

1. **DANGER TO SELF: Due to a mental disorder**, a person has threatened, attempted, or does physical harm to themselves, or has engaged in behavior, which deliberately or otherwise, has a likely consequence to cause harm to themselves.
2. **DANGER TO OTHERS: Due to a mental disorder**, a person has threatened, attempted, or does harm to others, or has engaged in behavior, which deliberately or otherwise, has a likely consequence to harm others.
3. **GRAVELY DISABLED: Due to a mental disorder**, 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.

**Note:** Section 5585 Welfare and Institutions Code (WIC) is used for juveniles.

### Conducting an Assessment

In order to determine if a person meets the criteria for an application for an evaluation pursuant to 5150 or 5585 WIC, officers should conduct an assessment of the individual. Questions should be clear, concise, and asked in a calm, non-threatening manner. Officers should take into consideration medications, or lack thereof, when conducting an assessment.

### 5150.05 Welfare and Institutions Code Available and Relevant Information

When determining if probable cause exists to take a person into custody pursuant to 5150 or 5585 WIC, officers *shall* consider available relevant information from any mental health provider, or other credible person, including family members or witnesses. The subject's prior mental health history may be taken into consideration, however, it solely would not merit a subsequent involuntary psychiatric hospitalization.

When conducting an assessment of a person suspected of suffering from a mental illness, officers should ask any relevant questions to determine if an application for an evaluation should be initiated. The following suggested questions are provided as a guideline:

- |   |  |
|---|--|
| <input type="checkbox"/> How are you feeling today?   | <input type="checkbox"/> How do you care for yourself? (i.e., as lodging, income, work)                                    |
| <input type="checkbox"/> Are you taking any medications? Are you still taking them and what are they? Inspect the medication.                 | <input type="checkbox"/> Do you have a doctor, counselor, or therapist? (What is his/her name?)                            |
| <input type="checkbox"/> Are you hearing voices others can't hear? If so, what are the voices saying to you?                                  | <input type="checkbox"/> What do you plan to do when/if we leave?  |
| <input type="checkbox"/> Do you want to hurt or kill yourself or someone else?  | <input type="checkbox"/> How is your sleep? How many hours do you sleep?   |
| <input type="checkbox"/> Do you have a history of mental illness? If so, name the clinic or hospital where services have been obtained.       | <input type="checkbox"/> Do you take street drugs? (If yes, what type?)  |
| <input type="checkbox"/> Have you ever been admitted into a psychiatric hospital or have you ever been hospitalized for a psychiatric reason? | <input type="checkbox"/> Have you recently suffered a traumatic episode?   |
| <input type="checkbox"/> Why were the police called today?  | <input type="checkbox"/> Have you threatened or attempted to use violence or acted dangerously towards yourself or others? |
| <input type="checkbox"/> Do you have the means to hurt yourself?  | <input type="checkbox"/> Do you have any family history of mental illness, or suicide attempts?                            |
| <input type="checkbox"/> Do you have access to weapons?   |  |

### Field Encounters

- |   |  |
|---|--|
| <input type="checkbox"/> Control and assess the situation   | <input type="checkbox"/> Notify the MEU at (213) 996-1300 ( <i>Manual Section 4/260.20</i> ).  |
| <input type="checkbox"/> Officers <i>shall</i> handcuff the subject. ( <i>Manual Section 4/217.36</i> ) | <input type="checkbox"/> A SMART Unit will be dispatched if available.   |
| <input type="checkbox"/> Complete the Field Interview Report, Form 15.43.00.                            | <input type="checkbox"/> If NOT AVAILABLE, a MEU number will be issued.  |
| <input type="checkbox"/> Conduct a Want and Warrant check.  | <input type="checkbox"/> Complete the Application for 72-hour Detention for Evaluation and Treatment Form (MH 302).  |
| <input type="checkbox"/> Check the Automatic Firearm System (AFS) (NECS system) for firearms.           | <input type="checkbox"/> Provide advisement pursuant to Section 5150(f)(1) WIC, also located on top right of Application for 72-hour Detention for Evaluation and Treatment Form (MH 302). |
| <input type="checkbox"/> Interview family, neighbors, and witnesses.                                    | <input type="checkbox"/> Transport the subject to the designated facility.   |
| <input type="checkbox"/> If firearm is present, seize and book pursuant to Section 8102 WIC.            | <input type="checkbox"/> Fax and gray mail (Mail Stop 400) a copy of the completed Application Form to (213) 996-1320.   |
| <input type="checkbox"/> Interview the subject.   |  |

**Note:** Upon request, uniformed officers shall assist the Lanterman-Petris-Short (LPS) Act-designated County Psychiatric Mobile Response Teams, LPS designated mental health clinician, the court-designated conservator, or court mandated treatment provider in the apprehension of persons suffering from a mental illness, or violent mental patients who are being placed on a mental health hold (*Manual Section 4/260.20*).



## INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS

### TELEPHONE NUMBERS FOR POLICE USE ONLY

LAPD MEU/SMART (213) 996-1300	MEU FAX (213) 996-1320
LASD Inmate Reception Center (IRC) (213) 893-5324	LASD Century Regional Detention Facility (CDRF) (323) 568-4506
Harbor UCLA Medical Center	1000 West Carson Street, Torrance, CA
LA County USC Medical Center	1983 Marengo Street, Los Angeles, CA
Olive View Medical Center	14445 Olive View Drive, Sylmar, CA
	Psychiatric ER (310) 222-3510
	Psychiatric (323) 409-6861
	Psychiatric (818) 364-4433

### Arrest and Booking

*When a subject is a suspect in a felony crime or high-grade misdemeanor, or the subject has warrants, the criminal matters shall take precedence. If the subject is under arrest for a low grade misdemeanor, misdemeanor warrant, or infraction and meets the criteria for an Application for 72-Hour Detention for Evaluation and Treatment, booking is at the discretion of the Area watch commander. Arrestees suffering from mental illness may be booked at any Department jail facility. Brief information concerning the mental illness should be documented in any booking reports and under the "Additional" heading in the Arrest Report. The MEU Detective Support and Vice Division is available for advice and assistance in facilitating 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.*

### Notifications

When the only reason for detention is the person's suspected mental illness, the MEU SHALL be contacted PRIOR to transporting an apparently mentally ill person to any health facility or hospital. Exception: In those situations where the subject is injured and requires immediate medical treatment, the MEU *shall* be contacted after the subject is transported to an appropriate medical facility.

When a person with suspected mental illness has been taken into custody for a criminal offense, the MEU SHALL be contacted PRIOR to the person being booked (Department Manual Section 4/260.20).

*When an officer receives information that a welfare check is being requested for a person suspected of suffering from a mental illness, the officer, when reasonable, shall conduct a search of the Department of Justice (DOJ), Automated Firearms System (AFS), via the California Law Enforcement Telecommunications System (CLETS), to determine whether the person is a registered owner of a firearm, per Penal Code Section 11106.4.*

Officers who receive information from a mental health professional regarding a potential threat to any person (Tarasoff Notification) *shall* immediately notify the MEU.

### Hospital or Psychiatric Facility Patients

When an Los Angeles Fire Department Rescue Ambulance unit has transported a person to a medical facility for medical reasons due to a suicide attempt, officers are required to respond to the hospital and conduct an investigation. Officers should also advise the paramedics and the hospital staff that the subject requires a psychiatric evaluation by the hospital mental health staff or LA County Psychiatric Mobile Response Team (PMRT). Officers are not required to remain with the subject until the subject is medically cleared. Officers may be advised by the MEU to complete an application for an evaluation.

If a mentally ill person is a patient at any hospital, or secure facility, officers should not remove the subject from that facility. It is the facility staff's responsibility to arrange for the proper security and care for any patient in their facility. Officers may contact the MEU for advice.

### Mandatory Confiscation and Custody of Firearms or Other Dangerous Weapons

Whenever a person who has been detained or apprehended for examination of his/her mental condition, or who is a person described in Sections 8100 or 8103 of the WIC, is found to own, has possession of, or is in control of, any firearm whatsoever, or any other deadly weapon, that firearm/deadly weapon shall be confiscated by any law enforcement peace officer/agency and shall retain custody of the firearm or other deadly weapon. "Deadly weapon," as used in this section is described in Section 8100 WIC. *A Receipt and Notice of Rights for Confiscated Firearms/Other Deadly Weapons, Form 10.10.05, must be issued for any weapons confiscated. Officers must telephonically notify the MEU of the seizure of firearms and be guided by the advice of the investigator on duty (Manual Section 4/260.25).* A copy of any reports associated with the confiscation should be forwarded to the MEU/Case Assessment Management Program (CAMP) Unit, Stop No. 400, as soon as possible.

If a firearm or other deadly weapon within the residence or premises is owned by a person other than the person being detained or apprehended pursuant to WIC Sections 5150, 8100 or 8103, and the firearm or deadly weapon is secured and not accessible to the person being detained, officers must not seize the firearm or other deadly weapon. The officer(s) shall provide the owner a Release of Firearm Advisement, Form 10.10.06, which provides him/her with an overview of the law and the responsibilities delineated within WIC Section 8101.

## INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS

**Note:** A copy of the patient Property Receipt and the Release of Firearm Advisement, Form 10.10.06 must be sent via Department mail to MEU.

### Mental Illness Disposition Codes

Officers **SHALL** use one of the six mental illness-related incident disposition codes to clear all incidents dispatched as involving a person suspected of mental illness (e.g., "918-person with mental illness," "245-ADW suspect, possibly mentally ill").

1. **ARM - Arrest, Indication of Mental Illness**  
Subject arrested, and exhibits indication of mental illness.
2. **HOM - Hospitalized/hold, Indication of Mental Illness**  
Subject met California Welfare and Institutions Code Section 5150 (5150 WIC) hold criteria and was hospitalized.
3. **REM - Referral, Indication of Mental Illness**  
Subject exhibits signs of mental illness, but does not meet requirement for a hold or arrest; subject was released with referral advice.
4. **NMI - No Indication of Mental Illness**  
Subject does not exhibit any indication of mental illness.
5. **ARN - Arrest, No Indication of Mental Illness**  
Subject arrested, and does not exhibit any indication of mental illness.
6. **GOA - Gone on Arrival**  
All parties [person(s) reporting or subject] cannot be located for officers to make a determination if mental illness is involved.

### Referrals

When a person does not meet the criteria for 5150 WIC, consider providing referral information to the subject and his/her family. If the subject voluntarily wants to receive treatment, refer the subject to a psychiatric ER facility or urgent care center. These locations can be obtained from the MEU.

- |  |   |
|--|---|
| <input type="checkbox"/> LA County Mental Health Health/Crisis Help Line (800) 854-7771                                    | <input type="checkbox"/> Autism Society of America (562) 804-5556 |
| <input type="checkbox"/> Mayor Crisis Response Team, via RACR (213) 484-6700   | <input type="checkbox"/> Alzheimer's Safe Return (800) 272-3900   |
| <input type="checkbox"/> LA County Suicide Prevention and Survivor Hotline/ Didi Hirsch 24-hour Crisis Line (877) 727-4747 | <input type="checkbox"/> Child Abuse Hotline (800) 540-4000       |
| <input type="checkbox"/> Alzheimer's Association Help Line (800) 272-3900  | <input type="checkbox"/> Elder Abuse Hotline (800) 992-1660       |
|  | <input type="checkbox"/> Teen Line (800) 852-8336                 |

### Critical Incidents

The MEU should be contacted by the first responding unit at a critical incident, such as a possible barricade, jumper, or other crisis where the psychological status of a subject, witness, or other involved person may be in question. Be prepared to give the MEU Desk the following information if available:

- |  |   |
|--|---|
| <input type="checkbox"/> Synopsis of situation.                                    | <input type="checkbox"/> From what direction should the SMART Team/CAMP Unit respond?   |
| <input type="checkbox"/> Subject's information, if known.                          | <input type="checkbox"/> Has Metropolitan Division been contacted? Are they responding? |
| <input type="checkbox"/> Number of involved persons.                               |   |
| <input type="checkbox"/> Command post location and telephone number, if available. |   |

DR NO.: \_\_\_\_\_  
MEU NO.: \_\_\_\_\_

**LOS ANGELES POLICE DEPARTMENT  
RELEASE OF FIREARM ADVISEMENT**

You are hereby notified that the California Department of Justice records indicate that Name: \_\_\_\_\_ DOB: \_\_\_\_\_ is a person not eligible to own, possess or have access to a firearm or other deadly weapon. He/She is a person described in California Penal Code Section 29800(a)(1) or 29805 (a), or as a person described in Welfare and Institutions Code (WIC) Section 8100 or 8103, or as a person described in Section 922 of Chapter 44 of Title 18 of the United States Code.

\*\*\*\*\*

**California Welfare and Institutions Code**

8101. (a) Any person who shall knowingly supply, sell, give, or allow possession or control of a deadly weapon to any person described in Section 8100 or 8103 shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or in a county jail for a period of not exceeding one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both the fine and imprisonment.

(b) Any person who shall knowingly supply, sell, give, or allow possession or control of a firearm to any person described in Section 8100 or 8103 shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for two, three, or four years.

(c) "Deadly weapon," as used in this section has the meaning prescribed by Section 8100.

\*\*\*\*\*

By signing this document you are acknowledging that you reside with (and/or) are a caretaker for the person named above. You understand the prohibitions imposed on the person named above and your responsibilities pursuant to the above code.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule: A Guide for Law Enforcement**

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### **What is the HIPAA Privacy Rule?**

The Health Insurance Portability and Accountability Act of 1996 (*HIPAA*) Privacy Rule provides Federal privacy protections for individually identifiable health information, called protected health information or PHI, held by most health care providers and health plans and their business associates. The HIPAA Privacy Rule sets out how and with whom PHI may be shared. The Privacy Rule also gives individuals certain rights regarding their health information, such as the rights to access or request corrections to their information.

### **Who must comply with the HIPAA Privacy Rule?**

HIPAA applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically (e.g., billing a health plan). These are known as covered entities. Hospitals, and most clinics, physicians and other health care practitioners are HIPAA covered entities. In addition, HIPAA protects PHI held by business associates, such as billing services and

others, hired by covered entities to perform services or functions that involve access to PHI.

### **Who is not required to comply with the HIPAA Privacy Rule?**

Many entities that may have health information are not subject to the HIPAA Privacy Rule, including:

- employers,
- most state and local police or other law enforcement agencies,
- many state agencies like child protective services, and
- most schools and school districts.

While schools and school districts maintain student health records, these records are in most cases protected by the Family Educational Rights and Privacy Act (FERPA) and not HIPAA. HIPAA may apply however to patient records at a university hospital or to the health records of non-students at a university health clinic.





**Under what circumstances may a HIPAA covered entity disclose PHI to law enforcement?**

**A HIPAA covered entity may disclose PHI to law enforcement with the individual's signed HIPAA authorization.**

**A HIPAA covered entity also may disclose PHI to law enforcement without the individual's signed HIPAA authorization in certain incidents, including:**

- To report PHI to a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- To report PHI that the covered entity in good faith believes to be evidence of a crime that occurred on the premises of the covered entity.
- To alert law enforcement to the death of the individual, when there is a suspicion that death resulted from criminal conduct.
- When responding to an off-site medical emergency, as necessary to alert law enforcement to criminal activity.
- To report PHI to law enforcement when required by law to do so (such as reporting gunshots or stab wounds).

- To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or an administrative request from a law enforcement official (the administrative request must include a written statement that the information requested is relevant and material, specific and limited in scope, and de-identified information cannot be used).

- To respond to a request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person, but the information must be limited to basic demographic and health information about the person.

- To respond to a request for PHI about an adult victim of a crime when the victim agrees (or in limited circumstances if the individual is unable to agree). Child abuse or neglect may be reported, without a parent's agreement, to any law enforcement official authorized by law to receive such reports.

**For More Information**

This is a summary of the relevant provisions and does not include all requirements that are found in the HIPAA Privacy Rule. For complete information, please visit the U.S. Department of Health and Human Service's Office for Civil Rights HIPAA web site at <http://www.hhs.gov/ocr/privacy>.

## A Gravely Disabled person is:

- suffering from a severe mental condition
- incapable of making reasonable decisions/lacks insight regarding providing for essential needs (without significant supervision and assistance from others)
- persistent lack of ability to care for one's basic needs, such as:
  - o securing food, or
  - o clothing, or
  - o shelter

### Food:

- incapable of accessing and consuming life sustaining, adequate and unspoiled food and potable water ON THEIR OWN
- evidence of malnutrition and/or dehydration

### OR

#### Clothing:

- lack of clothing i.e.; nudity or partial nudity
- evidence of exposure (e.g., frostbite, trench foot, hypothermia, hyperthermia)

### OR

#### Shelter:

- incapable of securing adequate and appropriate shelter for the weather and one's safety
- shows repeated and recent history of failure to maintain and sustain adequate shelter due to behaviors and symptoms of mental illness

## Most Vulnerable Gravely Disabled Who are a Danger to Self

### 1. At risk for substantial bodily harm as a result of:

#### ☛ Hygiene

- ☛ covered in feces/vomit/urine/blood

#### ☛ Unable to keep from severe infestations

- ☛ lice/scabies/vermin/maggots

#### ☛ Lack of self-care, such that there is a dangerous worsening of serious medical conditions

- ☛ unintentional substantial weight loss
- ☛ serious open wounds/serious skin infections
- ☛ altered mental status/delirium/disorientation
- ☛ lacks capacity to make medical decisions where no treatment would lead to substantial bodily harm\*
- ☛ imminent harm

### OR

- ☛ repeated outreach and persistent refusal of care of severe chronic medical condition

### 2. Showing signs of significant psychiatric deterioration as evidenced by worsening symptoms of psychosis or severe mood disorder and/or highly agitated, physically or verbally aggressive behaviors

### 3. Placing oneself in repeated high risk situations where one could be abused and/or taken advantage of without insight into the danger of these situations

- ☛ Signs or known history of repeated battery/assault/rape

### \*Criteria for Decision-Making Capacity (After full disclosure without coercion)

1. Communicate a choice (Can indicate treatment choice)
2. Understands the relevant information (can paraphrase what medical discussion was)
3. Appreciates the situation and its consequences ("What do you believe is wrong with you?")
4. Reason about treatment options; engages in a reasonable process of the information

## **Crisis Response Template**

Individual's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Today's Date \_\_\_\_\_ Location of Assessment \_\_\_\_\_  
Name of Person Filling out List \_\_\_\_\_ Title \_\_\_\_\_ Agency \_\_\_\_\_  
Contact Number \_\_\_\_\_ Length of Time Working with Individual \_\_\_\_\_

### **LPS Standard Summary:**

- ☐ I. Demonstrates a Mental Disorder
- ☐ II. Danger to Self: (check all that apply-if one box checked off, requires LPS services)
  - ☐ Attempted physical harm to self
    - ☐ Did individual use weapon, take pills, jump, attempt hanging? Other \_\_\_\_\_
    - ☐ Date/Time of Event \_\_\_\_\_ CPR: Yes/No
  - ☐ Spoke of harming self with plan or intent
  - ☐ Gave away belongings with plan for self-harm
  - ☐ Places self in repeated high risk situations/danger for victimization
    - assault/rape/robbery, other: \_\_\_\_\_
- ☐ III. Danger to Others: (check all that apply - if one box checked off, requires LPS services)
  - ☐ Attempted physical harm to others:
    - Did individual use weapon: ☐ Knife ☐ Gun ☐ Other \_\_\_\_\_
    - Date/Time of Event \_\_\_\_\_
  - ☐ Physically threatening others with intent or plan \_\_\_\_\_
  - ☐ Verbally threatening others with intent or plan \_\_\_\_\_
- ☐ IV. Gravely Disabled: (check all that apply)
  - ☐ Unable to access and consume adequate life-sustaining/unspoiled food/clean and/or potable drinking water on his/her own
  - ☐ Appears malnourished/cachectic/wasted
  - ☐ Appears dehydrated
  - ☐ Nude or partially nude
  - ☐ Evidence of exposure to the weather
    - ☐ Clothing causing profuse sweating in the heat
    - ☐ Lack of clothing causing shivering in the cold
    - ☐ Frostbite or trench foot
    - ☐ Other \_\_\_\_\_
  - ☐ Incapable of securing adequate and appropriate shelter for the weather and/or their safety
  - ☐ Shows repeated and recent history of failure to maintain and sustain adequate shelter

### **NON-LPS but increased risk of morbidity/mortality**

- ☐ V. Evidence of the following vulnerabilities that exacerbate grave disability: (check all that apply - If boxes I, IV and one in V are checked off, individual should be prioritized for LPS Services)
  - ☐ Places Self in repeated high risk situations/danger for victimization:
    - assault/rape/robbery, other: \_\_\_\_\_
  - ☐ Worsening symptoms of psychosis or severe mood disorder that would result in danger to self
    - highly agitated, physically aggressive, verbally aggressive, hallucinations, other: \_\_\_\_\_
  - ☐ Evidence of severe bodily infestation:
    - ☐ lice,
    - ☐ scabies,
    - ☐ maggots,
    - ☐ vermin,
    - ☐ other \_\_\_\_\_

OVER

- ☐ Significantly covered in bodily fluids:
  - ☐ blood,
  - ☐ feces,
  - ☐ urine,
  - ☐ vomit,
  - ☐ other \_\_\_\_\_
- ☐ Evidence of an untreated medical condition making individual extremely vulnerable to death:
  - ☐ Unintentional substantial weight loss
  - ☐ Serious open wound/serious skin infections
  - ☐ Altered mental status/delirium/disorientation
  - ☐ other \_\_\_\_\_
- ☐ \*Lacking decision-making capacity for medical decisions:
  - ☐ If individual does not receive medical treatment, they will suffer imminent harm
  - ☐ Unduly delays and/or consistently refuses care for severe chronic medical condition that will cause eventual serious harm

**\*Criteria for Decision-Making Capacity** (After full disclosure and without coercion)

1. *Communicate a choice (can indicate treatment choice)*
2. *Understands the relevant information (can paraphrase what medical discussion was)*
3. *Appreciates the situation and its consequences ("What do you believe is wrong with you?" "Can repeat back what will happen if you don't get treatment?")*
4. *Reasoning about treatment options; engages in a reasonable process of the information ("Why are you refusing care?" Delusional reasons or no reason is unacceptable)*

### Additional Notes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## CHIEF OF DETECTIVES

### NOTICE

1.8

July 21, 2015

**TO:** All Department Personnel

**FROM:** Chief of Detectives

**SUBJECT:** IMPLEMENTATION OF LAURA'S LAW

Assembly Bill (AB) 1421 (Thomson, Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law. Laura's Law sought to address the needs of mentally ill adults by providing court-ordered outpatient treatment to those who are at substantial risk for relapse and deterioration as a result of not having accessed mental health services or voluntarily maintained participation in such services due to the symptoms of their mental illness.

On July 15, 2014, the Los Angeles County Board of Supervisors voted to expand the current County pilot program from 20 slots to 300 slots, making the Assisted Outpatient Program-Los Angeles (AOT-LA) a countywide strategy. The Los Angeles County Department of Mental Health is now accepting referrals from qualified reporting parties.

The AOT-LA program is an optional resource available to police officers, who are considered a "Qualified Reporting Party" and who may generate a referral to the AOT-LA for individuals they believe meet the AOT-LA criteria by completing the "Los Angeles County Department of Mental Health (DMH) Assisted Outpatient Treatment Candidate Referral Form" (Attached). The person must meet each of the following criteria to qualify for the AOT program:

1. *Person must be eighteen years of age or older,*
2. *Person must suffer from mental illness,*
3. *Person must be unlikely to survive safely in the community without supervision, based on clinical determination,*
4. *Person must have a history of non-compliance with the treatment that has been a significant factor in his or her being in a hospital, prison, or jail at least twice within the last 36 months or; resulted in one or more acts, attempts or threats of serious violent behavior toward self or others within the last 48 months,*
5. *Person has been offered an opportunity to participate in a treatment plan and fails to engage,*
6. *The person's condition is deteriorating,*
7. *Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability and/or,*
8. *In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.*



**Example:** An officer has received several calls for service on a homeless individual who is regularly setting up housing in the public restroom and refuses to exit when personnel come to clean the restroom. He is verbally abusive to anyone who interacts with him and appears dirty, with torn clothing and he is sleeping in unsanitary conditions. As the responding officer on several occasions, you are aware that he has refused any type of social services and when you continue to offer treatment services, he always refuses. You feel that over the past few months his mental and physical condition has become worse. It is believed that this person is suffering from a mental illness, and possible drug abuse, but you have conducted a mental health evaluation pursuant to section 5150 of the Welfare and Institutions Code and he does not meet the criteria. You may be unaware of any diagnosis or treatment history, but should refer this person to the AOT-LA program.

Once completed by the referring officer, the *"Los Angeles County Department of Mental Health (DMH) Assisted Outpatient Treatment Candidate Referral"* form **must** be forwarded to the Mental Evaluation Unit (MEU), via fax at (213) 996-1320 or gray mail (Mail Stop 400) for processing. The MEU is responsible for retaining a copy of the referral form and forwarding the original form to the AOT-LA program. The management of the AOT-LA client is the responsibility of the AOT-LA Program designated outreach personnel.

The AOT-LA case manager may contact the concerned geographic Area for assistance with case management. The geographic Area to which the referring officer is assigned is responsible for:

- Interacting with the AOT-LA case manager and providing additional information needed to assist in the development of a strategy to engage and manage the referred person;
- Conducting *"Welfare Checks"* at the request of the AOT-LA case manager; and,
- Providing *"Civil Standby"* for the AOT-LA during field contacts, when requested.

**Note:** Officers are reminded of Department Manual §4/260.20 - TAKING PERSONS WITH A MENTAL ILLNESS INTO CUSTODY, which states in part, *"....Upon request, uniformed officers shall assist the Lanterman-Petris-Short (LPS) Act-designated County Psychiatric Mobile Response Teams, or the court-designated conservator in the apprehension of persons suffering from a mental illness, or violent mental patients who are being placed on a mental health hold."*

The AOT-LA criteria and *"Los Angeles County Department of Mental Health (DMH) Assisted Outpatient Treatment Candidate Referral"* form is accessible through the Local Area Network System (LANS) homepage, on the right side of the screen, under the "Applications" heading, (Select more to view additional applications).

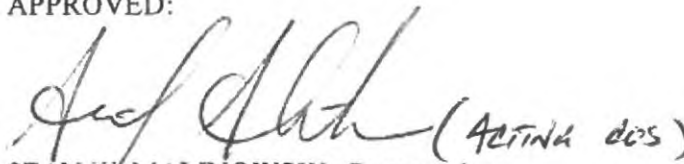
All Department Personnel  
Page 3  
1.8

If you have any questions regarding this matter, please contact the Crisis Response Support Section, Detective Support and Vice Division, at (213) 996-1349.



KIRK J. ALBANESE, Deputy Chief  
Chief of Detectives

APPROVED:



SEAN W. MALINOWSKI, Commander  
Chief of Staff  
Office of the Chief of Police

DISTRIBUTION "A"

Attachment



## CONFIDENTIAL

**AOT-LA**

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (DMH)  
ASSISTED OUTPATIENT TREATMENT  
CANDIDATE REFERRAL FORM**

Please fax completed form to (213) 380-3680 or email [AOTLAOE@dmh.lacounty.gov](mailto:AOTLAOE@dmh.lacounty.gov)  
For more information, please contact (213) 738-2440  
550 S. Vermont Ave., 10<sup>th</sup> Floor  
Los Angeles, CA 90020

### REFERRING PARTY INFORMATION

Name: \_\_\_\_\_ Relation to Candidate: \_\_\_\_\_  
DOB (required if referring party is a child or cohabitant of Candidate): \_\_\_\_\_  
Agency/Hospital (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

### CANDIDATE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Sex/Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_ IS # (if applicable): \_\_\_\_\_ SSN: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eyes: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Living Situation: \_\_\_\_\_ Phone(s): (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Race / Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_

### IMMEDIATE SAFETY CONCERNS

Current behaviors including danger to self or others or inability to care for self: (If more space is needed, please attach an additional sheet of paper)

Most concerning behavior you have seen from candidate: (If more space is needed, please attach an additional sheet of paper)

### TREATMENT INFORMATION

Reason for belief that candidate is at risk further deterioration: (If more space is needed, please attach an additional sheet of paper)

Reason for belief that candidate has not accepted voluntary treatment: (If more space is needed, please attach an additional sheet of paper)

Do you believe the candidate should currently be in a psychiatric hospital or other locked facility? If so, why? (If more space is needed, please attach an additional sheet of paper)



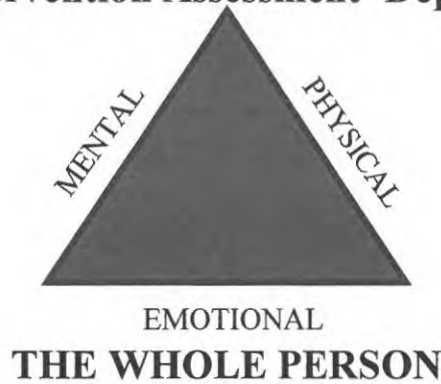
CONFIDENTIAL

AOT-LA

TREATMENT INFORMATION	
Psychiatric Problems (if known): (If more space is needed, please attach an additional sheet of paper)	Presence of Significant Medical Problems (if known): (If more space is needed, please attach an additional sheet of paper)
Current Mental Health Treatment (including providers, types of services and compliance with current treatment): (If more space is needed, please attach an additional sheet of paper)	Presence of Substance Abuse: (type, frequency, treatment programs): (If more space is needed, please attach an additional sheet of paper)
Treatment History and Compliance (Did candidate keep appointments? If prescribed, did candidate take medication? Was candidate ever on a conservatorship, if so, when?): (If more space is needed, please attach an additional sheet of paper)	
Did candidate improve with treatment (please describe)? (If more space is needed, please attach an additional sheet of paper)	
History of Psychiatric Hospitalization and/or Incarceration (list dates and locations, if known): (If more space is needed, please attach an additional sheet of paper)	
History or Risk of:	Date(s) or Year(s), if known
Suicide Attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
History of Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Date(s) or Year(s), if known
	Have Police ever been called? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Frequent ER visits <input type="checkbox"/> Yes <input type="checkbox"/> No _____
For Administrative Use Only	
Date Referral Received	Staff Name:
Action Taken: (for additional information, please add another sheet)	

Updated 3/10/15

## Crisis Intervention Assessment -Depression



**What do you have?**

**General Description:**

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**MENTAL**

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**PHYSICAL**

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**EMOTIONAL**

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**RISK ASSESSMENT:**

☐ Danger To Self

☐ Danger To Others

☐ Gravely Disabled

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## PROCESS REGARDING PETITIONS TO RESTORE FIREARMS RIGHTS (WIC 8103)

### General Procedure Regarding Court Consideration of Petition

1. File Request for Hearing for Relief from Firearms Prohibition
2. Obtain and provide complete records (as listed below)
3. Interview with a Court-appointed psychiatrist/psychologist, who will write a report for the Court with his/her recommendation regarding the petition
4. Court hearing on the petition (APPROX ONE MONTH LATER)

### Records Required for Review

Petitioner must obtain the following records and bring them to the Court for review by the Court-appointed doctor:

1. Complete records from the psychiatric hospitalization
2. Complete reports from all other psychiatric hospitalizations, if any
3. Complete records from any out-patient psychiatrist/psychologist/other mental health professional, if any
4. Report from any out-patient psychiatrist/psychologist/other mental health professional regarding:
  - a. How long petitioner has been in treatment
  - b. Diagnosis of mental illness, if any
  - c. Whether any medications have been prescribed. If so, what type of medication, how much and for how long they have been prescribed
  - d. Most important: The doctor's opinion regarding whether petitioner is currently safe to own/possess firearms.
5. If drugs or alcohol were involved in the circumstances leading to the hospitalization:
  - a. Records from in-patient alcohol/drug treatment facilities, if any
  - b. Records regarding attendance at alcohol/drug treatment, including AA/NA, if any

6. POLICE REPT / PMPT / SMART TEAM REPT GENERATED, IF ANY

### PETITIONS CANNOT BE CONSIDERED UNTIL ALL RECORDS ARE PROVIDED TO THE COURT

#### Court-appointed Doctor: Evaluation and Report

Once the records are complete, the Court will appoint a mental health professional, who will review all records and interview the petitioner. This interview typically lasts under an hour. The doctor will prepare a report regarding the circumstances of the hospitalization, the course of hospitalization and any other relevant information for the Court to consider. The Court-appointed doctors typically will not recommend restoration of gun rights sooner than one year after discharge from the hospital. Petitioner will receive a copy of this report.

#### Court Hearing

The Court will schedule a hearing on the petition. The District Attorney will represent the People. The Court will review the Court-appointed doctor's report. The doctor may testify as a witness. The Petitioner can testify and may call witnesses to testify on their behalf. The Court will make a ruling based on the testimony of the witnesses, if any, and the report of the doctor.

#### Limitations of the Court's Ruling

The Superior Court of California can only restore gun rights under California law. If there is also a hold or other restriction under federal law, the order of this Court has no effect on a federal hold.

#### Reclaiming Seized Firearms

If a firearm was seized at the time of the hold, this Court can issue an order to the involved police agency not to destroy the seized firearms. If there is a request to reclaim the seized weapons, such request is made by application to the California Department of Justice, Law Enforcement Gun Release Program.

**RECEIPT AND NOTICE OF RIGHTS  
FOR CONFISCATED FIREARMS/OTHER DEADLY WEAPONS**

☐ Pursuant to Welfare and Institutions Code (WIC) Section 8102, the firearms and/or other deadly weapons listed below were confiscated from you on \_\_\_\_\_ (Date). Upon release from \_\_\_\_\_ the professional person in charge of the facility, or his or her designee, shall notify you of the procedure for the return of your weapon(s). Health facility personnel shall also notify the Los Angeles Police Department, Mental Evaluation Unit, of your release.

Section 8102 of the WIC provides that whenever a person who has been detained or apprehended for examination of his or her mental condition or who is a person described in WIC Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon.

**Mental Health Incidents - Notice of Rights**

A report of the details surrounding the confiscation of these items may be given to the county prosecuting agency. The prosecuting agency must file a petition in the County Superior Court within 30 days from the date of release from the mental health facility, alleging that the return of these items would be likely to result in endangering you or others, or if the items must be returned to you by the law enforcement agency if you are not prohibited from possessing firearms. If the prosecuting agency does file such a petition, you have a right to a hearing on the question of whether returning the items would in-fact, be likely to result in endangering you or others. A copy of the prosecuting agency's petition will be mailed to you at the address you provided to the law enforcement agency. If you wish to have a hearing, you must notify the clerk of the County Superior Court within 30 days of the filing date of the prosecuting agency's petition. The clerk will then set a date and time for such a hearing and a notification will be mailed to you.

If you are detained under WIC 5150 and are subsequently involuntarily admitted to a mental health facility, you are prohibited from owning, possessing and controlling firearms for a period of five (5) years in California. If you currently own any firearms, you must contact the nearest law enforcement agency to surrender those firearms. Pursuant to California Penal Code (PC) Section 33850(7)(b), you are entitled to transfer title of the confiscated firearm to a licensed gun dealer. A written notification specifying your actions to transfer ownership must be made to the Los Angeles Police Department within 180 days from the date of the notice of confiscation. Failure to do so will result in the disposal of the firearm.

☐ Pursuant to PC Section 18250, the firearms and/or other deadly weapons listed below were confiscated from you on \_\_\_\_\_ (Date).

**Domestic Violence Incidents - Notice of Rights**

Unless the items confiscated from you are to be used as evidence in any criminal procedure, the firearm(s) shall be made available to you from the law enforcement agency 5 business days after the seizure or as soon thereafter as possible. If, within this time, the law enforcement agency believes the return of these items will likely result in endangering the victim or person reporting a domestic violence assault, you will be advised, and within 60 to 90 days of the seizure, a petition will be initiated in Superior Court to determine if these items should be returned.

☐ **Firearms Surrendered for Disposal:** I hereby relinquish to the Los Angeles Police Department my right, title, or interest in the below-described firearm(s).

(Signature of Person Relinquishing) \_\_\_\_\_ (Date).

**List make, model, caliber, serial number and importer:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The confiscated firearm and/or other deadly weapons may be available for release at: \_\_\_\_\_. Any person who claims title to any firearm that is in the custody or control of law enforcement agency and who wants to have the firearm returned shall make application for a determination by the Department of Justice as to whether he or she is eligible to possess a firearm (PC Section 33850). Prior to the return of any firearm to its owner, the individual seeking the return of the firearm must submit a Law Enforcement Gun Release Application to the DOJ. The application is available on the State of California Department of Justice website at [www.ag.ca.gov/firearms](http://www.ag.ca.gov/firearms). It may take up to 30 days to process the application. If firearms are not claimed within 180 days of notification that the firearm is available for return, the law enforcement agency may charge a storage fee for firearms. This storage fee is: \_\_\_\_\_.

**I acknowledge receipt of a copy of this notice.**

Date \_\_\_\_\_

Signature of Person Notified \_\_\_\_\_

I, \_\_\_\_\_  
(Officer's Name/Title) declare under penalty of perjury under the laws of the State of California, that I served the above named person with a copy of the above notice, and this declaration is executed on \_\_\_\_\_ (Date)  
at \_\_\_\_\_ (City), California.

Signature of Officer Serving Notice \_\_\_\_\_ Serial No. \_\_\_\_\_

**THIS RECEIPT DOES NOT CONSTITUTE RECOGNITION OF LEGAL TITLE TO ABOVE PROPERTY**

☐ I recommend court petition for retention of firearms \_\_\_\_\_ (initials of officer)

Original - Law Enforcement Agency

Copy - Person Notified

FOR INFORMATION REGARDING PROPERTY RELEASE, CONTACT THE DETECTIVE DIVISION INDICATED BELOW BY A CHECK MARK, BETWEEN THE HOURS OF 7:30 a.m. AND 3:30 p.m., MONDAY THROUGH FRIDAY.

<u>DETECTIVE DIVISIONS</u>		<u>PHONE NOS.</u>	<u>TDD NOS.</u>
<input type="checkbox"/> CENTRAL	251 East 6th Street, Los Angeles, 90014	(213) 972-1200	(213) 485-9819
<input type="checkbox"/> DEVONSHIRE	10250 Etiwanda Ave., Northridge, 91325	(818) 832-0609	(818) 832-0665
<input type="checkbox"/> FOOTHILL	12760 Osborne Street, Pacoima, 91331	(818) 834-3115	(818) 756-9034
<input type="checkbox"/> HARBOR	2175 John S. Gibbson Blvd., San Pedro, 90732	(310) 726-7900	(310) 726-7706
<input type="checkbox"/> HOLLENBECK	2111 East 1st Street, Los Angeles, 90033	(323) 342-8900	(323) 224-0125
<input type="checkbox"/> HOLLYWOOD	1358 North Wilcox Ave., Los Angeles, 90028	(213) 972-2967	(213) 485-9899
<input type="checkbox"/> MISSION	11121 North Sepulveda Blvd., Mission Hills, 91345	(818) 838-9810	(818) 837-9858
<input type="checkbox"/> NEWTON	3400 South Central Ave., Los Angeles, 90011	(323) 846-5363	(323) 846-6535
<input type="checkbox"/> NORTH HOLLYWOOD	11640 Burbank Blvd., North Hollywood, 91601	(818) 623-4045	(818) 756-9035
<input type="checkbox"/> NORTHEAST	3353 San Fernando Road, Los Angeles, 90065	(323) 344-5702	(323) 344-5799
<input type="checkbox"/> OLYMPIC	1130 South Vermont Avenue, Los Angeles, 90006	(213) 382-9380	(213) 382-4365
<input type="checkbox"/> PACIFIC	12312 Culver Blvd., Los Angeles, 90066	(310) 482-6313	(310) 482-6419
<input type="checkbox"/> RAMPART	1410 West 6th Street, Los Angeles, 90017	(213) 484-3450	(213) 484-3664
<input type="checkbox"/> 77TH STREET	7600 South Broadway, Los Angeles, 90003	(213) 485-4175	(213) 485-6409
<input type="checkbox"/> SOUTHEAST	145 West 108th Street, Los Angeles, 90061	(213) 972-7813	(213) 485-9934
<input type="checkbox"/> SOUTHWEST	1546 West Martin Luther King Bl., Los Angeles, 90062	(213) 485-6570	(213) 485-1015
<input type="checkbox"/> TOPANGA	21501 Schoenborn Street, Canoga Park, 91304	(818) 756-4820	(818) 756-5899
<input type="checkbox"/> VAN NUYS	6240 Sylmar Ave., Van Nuys, 91401	(818) 374-0040	(818) 785-6619
<input type="checkbox"/> WEST LOS ANGELES	1663 Butler Ave., West Los Angeles, 90025	(310) 444-1580	(310) 575-8719
<input type="checkbox"/> WEST VALLEY	19020 Vanowen Street, Reseda, 91335	(818) 374-7730	(818) 705-1566
<input type="checkbox"/> WILSHIRE	4861 Venice Blvd., Los Angeles, 90019	(213) 922-8205	(213) 485-2112
<u>NARCOTICS</u>			
<input type="checkbox"/>	VALLEY BUREAU COMPLAINT TEAM - 6240 SYLMAR AVENUE, VAN NUYS, 91401	(818) 374-0095	(818) 785-6619
<input type="checkbox"/>	ALL OTHER AREAS - 251 EAST 6TH STREET, ROOM 322, LOS ANGELES, 90014	(213) 833-3710	(877) 275-5273

#### SPECIAL INSTRUCTIONS

State law provides that a finder may claim found property if the owner does not come forward within 97 days after booking. If no claim is made by the owner or a finder within 97 days after booking, found property will be disposed of.



## FIREARMS EMERGENCY PROTECTIVE ORDER

LAW ENFORCEMENT CASE NUMBER:

1. **RESTRAINED PERSON** (insert name of subject): \_\_\_\_\_  
 Sex: ☐ M ☐ F Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. **TO THE RESTRAINED PERSON** (Also see important Warnings and Information on Page 2):

**YOU MUST NOT** own, possess, purchase, receive, or attempt to purchase or receive any firearm or ammunition. If you have any firearms or ammunition, you **MUST IMMEDIATELY SURRENDER THEM IN A SAFE MANNER TO LAW ENFORCEMENT ON REQUEST**. If no request has been made, you must surrender all firearms and ammunition in a safe manner to your local law enforcement agency or sell them to or store them with a licensed gun dealer **within 24 hours** of being served with this order. You must **file a receipt proving surrender, sale, or storage with the Court listed below within 48 hours**, or if the court is closed, then on the next business day after the firearms are surrendered or sold. **FAILURE TO TIMELY FILE THIS RECEIPT IS A VIOLATION OF THIS ORDER.**

(Name and address of court): \_\_\_\_\_

3. **THIS ORDER WILL EXPIRE ON:** \_\_\_\_\_ **TIME** \_\_\_\_\_

INSERT DATE OF 21st CALENDAR DAY  
DO NOT COUNT DAY THE ORDER IS GRANTED

4. Reasonable grounds for the issuance of this Order exist, and a Firearms Emergency Protective Order (1) is necessary because the Restrained Person poses an immediate danger of causing personal injury to himself or herself or to another by having custody or control, owning, purchasing, possessing, or receiving a firearm; **and** (2) less restrictive alternatives were ineffective or have been determined to be inadequate or inappropriate under the circumstances.

5. **To the Restrained Person:** This order will last until the expiration date and time noted above. You are required to **surrender all firearms and ammunition that you own or possess in accordance with section 18120 of the Penal Code and you may not have in your custody or control, own, purchase, possess, or receive, or attempt to purchase or receive, a firearm or ammunition while this order is in effect. However a more permanent gun violence restraining order may be obtained from the court. You may seek advice of an attorney as to any matter connected with the order. The attorney should be consulted promptly so that the attorney may assist you in any matter connected with the order.**

Judicial officer (name): \_\_\_\_\_ granted this Order on (date): \_\_\_\_\_ at (time): \_\_\_\_\_

## APPLICATION

6. Officer has a reasonable cause to believe that the grounds set forth in item 4, above, exist (state supporting facts and dates; specify weapons—number, type and location): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. ☐ Firearms were ☐ observed ☐ reported ☐ searched for ☐ seized.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

By: \_\_\_\_\_  
 (PRINT NAME OF LAW ENFORCEMENT OFFICER)

(SIGNATURE OF LAW ENFORCEMENT OFFICER)

Agency: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Badge No.: \_\_\_\_\_

## PROOF OF SERVICE

8. Person served (name): \_\_\_\_\_

9. I personally delivered copies of this Order to the person served as follows: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Address: \_\_\_\_\_

10. At the time of service, I was at least 18 years of age. I am a California law enforcement officer.

11. My name, address, and telephone number are (this does not have to be server's home telephone number or address): \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Date: \_\_\_\_\_  
 (TYPE OR PRINT NAME OF SERVER)

(SIGNATURE OF SERVER)



**FIREARMS EMERGENCY PROTECTIVE ORDER  
WARNINGS AND INFORMATION**

EPO-002

**TO THE RESTRAINED PERSON:** You are prohibited from owning, possessing, purchasing, receiving, or

attempting to purchase or receive a firearm or ammunition. (Pen. Code, § 18125 et seq.) A violation of this Order is a misdemeanor punishable by a \$1,000 fine or imprisonment for six months or both. (Pen. Code, §§ 19, 18205.)

Within 24 hours of receipt of this order, you must turn in your firearms to a law enforcement agency or sell them to or store them with a licensed firearms dealer until the expiration of this order. (Pen. Code, § 18125 et seq.) A receipt proving surrender, sale, or storage must be filed with the court within 48 hours of receipt of this order, or on the next court business day if the 48 hour period ends on a day when the court is closed. You must also file the receipt with the law enforcement agency that served you with this Order. You may use Form GV-800, *Proof of Firearms Turned In, Sold, or Stored* for this purpose.

This Firearms Emergency Protective Order is effective when made. It will last until the date and time in item 3 on the front.

A law enforcement officer or agency or a family member may seek a more permanent restraining order from the court.

If you violate this order, you will also be prohibited from having in your custody or control, owning, purchasing, possessing, or receiving, or attempting to purchase or receive, a firearm or ammunition for an additional five-year period, to begin on the expiration of the more permanent gun violence restraining order. (Pen. Code, § 18205.)

This protective order must be enforced by all law enforcement officers in the State of California who are aware of it or shown a copy of it. The terms and conditions of this order remain enforceable regardless of the acts or any agreement of the parties; it may be changed only by order of the court.

**A la persona restringida:** Tiene prohibido ser dueño de un arma de fuego, poseer, comprar o tratar de comprar, recibir o tratar de recibir u obtener un arma de alguna otra manera. (Código Penal, §§ 18125 y siguientes). Una violación de esta orden está sujeta a una multa de \$1000 y encarcelamiento de seis meses o ambos. (Código Penal, §§ 19 y 18205.)

Dentro de las 24 horas de recibir esta orden, tiene que entregar sus armas de fuego a una agencia del orden público o venderlas a o guardarlas con un comerciante de armas autorizado hasta el vencimiento de esta orden. (Código Penal, §§ 18125 y siguientes). Dentro de las 48 horas de recibir esta orden, se tiene que presentar a la corte una prueba de haberlas entregado, vendido, o guardado. Se puede usar la forma GV-800 por este propósito.

Esta orden de protección de emergencia de arma de fuego entra en vigencia en el momento en que se emite. Durar hasta la fecha y hora indicadas en el punto 3 al otro lado.

Un agente o agencia del orden público o un familiar puede pedir que la corte emita una orden de restricción más permanente de la corte.

Si está en violación de este orden de restricción, se le prohibirá tener en su posesión o control, comprar, poseer o recibir, o intentar comprar o recibir un arma de fuego o municiones por otro periodo de cinco años mas, a comenzar a partir del vencimiento de la orden de restricción actual de violencia con armas de fuego. (Código Penal, § 18205.)

Todo agente del orden público del estado de California que tenga conocimiento de la orden o a quien se le muestre una copia de la misma deberá hacer cumplir esta orden de protección. Los términos y condiciones de esta orden se podrán hacer cumplir independientemente de las acciones de las partes; solo la corte podrá cambiar esta orden.

**To law enforcement:** The Firearms Emergency Protective Order must be served on the restrained person by the officer if the restrained person can reasonably be located. A copy must be filed with the court as soon as practicable after issuance. Also, the officer must have the order entered into the computer database system for protective and restraining orders maintained by the Department of Justice.

The provisions in this Temporary Firearms Emergency Protective Order do not affect those of any other protective or restraining order in effect, including a criminal protective order. The provisions in another existing protective order remain in effect.

## **TACTICAL DE-ESCALATION TECHNIQUES**

### **PURPOSE**

The Los Angeles Police Department (LAPD) is guided by the principle of Reverence for Human Life in all investigative, enforcement, and other contacts between officers and members of the public. When officers are called upon to detain or arrest a suspect who is uncooperative, actively resisting, may attempt to flee, poses a danger to others, or poses a danger to him or herself, they should consider tactics and techniques that may persuade the suspect to voluntarily comply or may mitigate the need to use a higher level of force to resolve the situation safely.

The purpose of this Directive is to define tactical de-escalation techniques and does not address all techniques that may be used to reduce the intensity of an incident.

#### **Tactical De-Escalation defined:**

Tactical de-escalation involves the use of techniques to reduce the intensity of an encounter with a suspect and enable an officer to have additional options to gain voluntary compliance or mitigate the need to use a higher level of force while maintaining control of the situation.

**Note:** Tactical de-escalation does not require that an officer compromise his or her safety or increase the risk of physical harm to the public. De-escalation techniques should only be used when it is safe and prudent to do so.

### **PROTOCOL**

While enforcing the law and protecting the public, officers are often forced to make split-second decisions in circumstances that are tense, uncertain, rapidly changing, and dangerous. In rapidly developing circumstances, especially when a suspect poses an imminent threat of death or serious bodily injury, officers may not have sufficient time or reasonable options available to resolve the situation without the need to use objectively reasonable force. In other circumstances, however, de-escalation techniques may enable officers to gain additional time and tactical options to potentially reduce the necessity of using force to take a suspect into custody, prevent escape or address a threat while also maintaining control of the situation.

## TACTICAL DE-ESCALATION TECHNIQUES

**Planning.** Officers should attempt to arrive at scene with a coordinated approach based upon initial information and any pre-existing knowledge of the suspect(s) or the involved parties. The dynamic nature of most incidents will require tactical plans to be flexible, and officers need to adapt their plan(s) as additional information or factors become known to the officer(s).

### Tactical De-Escalation Techniques

- Planning
- Assessment
- Time
- Redeployment and/or Containment
- Other Resources
- Lines of Communication

**Assessment.** Officers should continually assess the situation as circumstances change and new information is received. If a suspect is failing to comply with orders, officers should attempt to determine whether a suspect's lack of compliance is a deliberate attempt to resist or escape, or an inability to comprehend the situation due to environmental, physical, cognitive, or other conditions. If the suspect is unable to comprehend the situation, other tactical options may be more effective in resolving the situation safely.

**Time.** *Distance+Cover=Time.* Time is an essential element of de-escalation as it allows officers the opportunity to communicate with the suspect, refine tactical plans, and, if necessary, call for additional resources. If a suspect is contained and does not pose an imminent threat to officers, the public, or himself/herself, time can provide an opportunity for the suspect to reconsider his/her actions and decisions.

**Redeployment and/or Containment.** Redeployment and/or containment can afford officers the added benefit of time and distance while continuing to maintain control of the situation. The addition of time and distance may give officers an opportunity to re-assess, communicate, request additional resources, or deploy other tactics to reduce the likelihood of injury to both the public and officers while also mitigating any potential ongoing threats. Redeployment, however, should not enable a subject to gain a tactical advantage, arm himself/herself, or flee and pose a greater danger to the public or officers.

**Other Resources.** In the case of a tense or potentially dangerous encounter, requesting additional resources can provide officers with specialized expertise, personnel and tools to help control and contain an incident.

**Lines of Communication.** Maintaining open lines of communication between officers and communicating effectively with a suspect are critically important when managing a tense or potentially dangerous encounter. Communication between officers can improve decision-making under tense circumstances and increase the effectiveness of coordinated actions. In addition, when a suspect observes that officers are prepared,

well organized, professional, and working as a team, he or she may be deterred from attempting to flee, fight, or actively resist.

Because every situation is fluid and unique, ongoing communication and coordination between officers is critically important to respond effectively in a tense and uncertain encounter. Communicating with a suspect may slow down the incident, creating time to plan. All or some of the following tactics may be used in the same incident as time or circumstances allow:

- Verbal warnings
- Persuasion
- Defusing
- Empathy
- Redirecting
- Advisements
- Building rapport
- Asking open ended questions
- Giving clear and direct orders

## CONCLUSION

The overall objective of any tactical encounter is to gain control and safely resolve the situation. Tactical situations vary and there is no single solution to resolving every incident. In addition, some situations require an immediate response and de-escalation techniques are neither viable nor effective options. Nevertheless, employing tactical de-escalation techniques under the appropriate circumstances can improve officer safety, mitigate threats, reduce injuries, build public trust, and preserve life.

### Important Reminder

Deviation from these basic concepts sometimes occurs due to the fluid and rapidly evolving nature of law enforcement encounters and the environment in which they occur. Deviations may range from minor, typically procedural or technical, to substantial deviations from Department tactical training. Any deviations are to be explained by the involved officer(s), and justification for substantial deviation from Department tactical training shall be articulated and must meet the objectively reasonable standard of the Department's Use of Force policy.



CHARLIE BECK  
Chief of Police

DISTRIBUTION "A"

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## DE-ESCALATION:

Improve Police Interaction  
with Individuals who Suffer from Mental Illness

### Establish Officer Safety...FIRST!

- ▶ Officers **must** handcuff the subject, per Manual §4/217.36
- ▶ Operate from a position of tactical advantage
- ▶ begin "the process" of de-escalation *AFTER* you establish that there is no **immediate** threat, such as:
  - 415 Suspects
  - Possible Jumpers
  - Barricaded Suspects
  - Mentally Ill Subjects (i.e., Suicide-By-Cop, etc.)

### The Basics...

#### Time

- ▶ Time is on your side
- ▶ There is no need to rush...**slow down!**
- ▶ It may take time to resolve the situation **peacefully**...be patient...

#### Space

- ▶ Give the subject **space**, yet maintain control
- ▶ Let the subject know that you will respect their **space**
- ▶ Remove distractions (limit number of officers, turn down radios, clear people from scene)

#### Background Information (Medications, Diagnosis, Family/Friends, Issues, etc...)

- ▶ Obtain information from the subject, PR, neighbors, relatives, witnesses...
- ▶ Establish one point of contact for the subject (someone to whom he/she responds)
- ▶ Introduce yourself by your first name
- ▶ Ask only one question at a time
  - "Why are you here?"
  - "Do you want to hurt yourself?"
  - "Who do you think you are talking to?" (test the subject's perception)
  - "I believe that you feel you are hearing voices."
- ▶ Identify Hooks & Triggers
  - Focus on those things to which the subject responds
  - Avoid those things that aggravate the subject
- ▶ Repeat yourself as necessary to build rapport and influence the subject
- ▶ Display patience and sincerity when speaking to the subject
- ▶ Limit emotionality
- ▶ Don't make promises you can't keep - Keep the promises you make (only after subject complies, *for example: Give the subject water AFTER he steps off the ledge, NOT BEFORE*)

**IF THE SUBJECT IS TALKING...YOU ARE WINNING!**

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## **CAN YOU NAME THE PSYCHOLOGICAL DISORDER?**

1. Restlessness and general discomfort, worried much of the time with no reason
2. Feelings of hopelessness, helplessness, and worthlessness
3. Having periods of elated mood in which the individual is highly talkative, excitable, and distractible
4. Suffering from false beliefs that others are monitoring your thoughts and attempting to do you extreme harm
5. Often does not seem to listen, does not follow through on instructions and fails to finish homework or duties in the workplace, fidgets with hands or squirms in seat, talks excessively, and interrupts
6. Impaired ability to learn new information or recall previously learned information and failure to recognize or identify objects
7. Being tormented by flashbacks and frightening images after being involved in a near fatal accident three weeks ago
8. Engaging in repetitive behavior associated with troublesome and persistent thoughts that are unwanted and intrusive
9. Engaging in frequent illegal acts such as conning other people out of their hard-earned savings and engaging in petty theft without feeling a sense of remorse or guilt
10. Fatal attraction

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## MHIT Substance Abuse & Co-Occurring Disorders

### Interview Tips

#### Building Rapport:

- Time is on your side! Spend the extra few minutes
- Keep a calm and non-threatening demeanor
- One person talks at a time to help avoid confusion
- Express genuine interest (curiosity) of some aspect of person's life
- Be non-judgmental
- Don't make promises you can't keep! Keep promises you do make!

**Possible Medical Emergency?** If YES to below, consider immediate medical attention:

- ✓ Altered state of consciousness?
- ✓ Possible ingestion of multiple substances?
- ✓ "Did you take any pills today?"
  - "What did you take?"
  - "How many pills?"

**\*Even if person denies ingesting substances, if you have a credible source-  
Err on the side of caution. WHEN IN DOUBT - CALL AN RA !**

#### Asking about Drug and Alcohol Use:

- Ask- "When is the last time you used/drunk?"
  - Don't ask- "Do you use?" (the answer will be NO!)
- "What is your drug of choice?" *If yes...*
  - "What else have you tried?"
- "What did you do / use today?"
- "How often do you drink alcohol?"
- "What do you smoke"
- "How much do you drink?" "How much do you do of (name drug)?"

#### Asking about Mental Health:

- "Have you ever been diagnosed with a mental health issue?"
- "Have you been told by a doctor you should take medication?"
  - "Are you currently taking medications?"

National Institute on Drug Abuse reports:	
Healthy men	no more than 4 drinks per day or 14 drinks per week
Healthy women	no more than 3 drinks per day or 7 per week
Remember one drink = 12 oz beer, 5 oz wine, 1.5 oz liquor (Ask how much!)	

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**APPLICATION FOR ASSESSMENT, EVALUATION, AND  
 CRISIS INTERVENTION OR PLACEMENT FOR  
 EVALUATION AND TREATMENT**

Confidential Client/Patient Information

See California W&I Code Section 5328 and HIPAA Privacy Rule  
 45 C.F.R. § 164.508

**Welfare and Institutions Code (W&I Code), Section 5150(f)  
 and (g),** require that each person, when first detained for  
 psychiatric evaluation, be given certain specific information orally  
 and a record be kept of the advisement by the evaluating facility.

☐ **Advisement Complete**      ☐ **Advisement Incomplete**

**Good Cause for Incomplete Advisement:**

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**DETAINMENT ADVISEMENT**

My name is \_\_\_\_\_  
 I am a (peace officer/mental health  
 professional) with (name of agency).

You are not under criminal arrest, but I  
 am taking you for examination by  
 mental health professionals at (name of  
 facility).

You will be told your rights by the  
 mental health staff.

***If taken into custody at his or her  
 residence, the person shall also be  
 told the following information:***

You may bring a few personal items  
 with you, which I will have to approve.  
 Please inform me if you need  
 assistance turning off any appliance or  
 water. You may make a phone call and  
 leave a note to tell your friends or family  
 where you have been taken.

Advisement Completed By:	Position:	Language or Modality Used:	Date of Advisement:
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To (name of 5150 designated facility): \_\_\_\_\_  
 Application is hereby made for the assessment and evaluation of \_\_\_\_\_  
 residing at \_\_\_\_\_, California, for up to 72- hour  
 assessment, evaluation and crisis intervention or placement for evaluation and treatment at a designated  
 facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code. If a minor,  
 authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible  
 party appears to be / is: **(Check one):** ☐ **Parent;** ☐ **Legal Guardian;** ☐ **Conservator;**

☐ **Juvenile Court under W&I Code 300;** ☐ **Juvenile Court under W&I Code 601/602.**

If known, provide names, address and telephone numbers in area provided below: \_\_\_\_\_

The above person's condition was called to my attention under the following circumstances:

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I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to others,  
 or to himself/ herself, or gravely disabled because: (state specific facts):

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(CONTINUED ON NEXT PAGE)

CLIENT NAME: \_\_\_\_\_

**APPLICATION FOR 72 HOUR DETENTION FOR EVALUATION AND TREATMENT  
(CONTINUED)**

**Historical course of the person's mental disorder:**

- ☐ I have considered the historical course of the person's mental disorder: [Includes evidence presented by service/support provider, family member(s), and person subject to probable cause determination or designee.]

- ☐ No reasonable bearing on determination    ☐ No information available

Advisee's Name	Address	Phone Number	Relation

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:

- ☐ A danger to himself / herself.                      ☐ Gravely disabled adult.  
☐ A danger to others.                                      ☐ Gravely disabled minor.

**Minors only:** ☐ Based upon the above information, it appears that there is probable cause to believe that authorization for voluntary treatment is not available.

*Signature, title and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.*

<b>X</b> _____ Badge/ID # _____	Date: _____	Phone: _____
	Time: _____	
Name of Law Enforcement Agency or Evaluation Facility/Person: _____	Address of Law Enforcement Agency or Evaluation Facility/Person: _____	For patients in medical ERs, detention began: Date: _____ Time: _____

**NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY**

Notify (officer/unit & telephone #): \_\_\_\_\_

**NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:**

- ☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.
- ☐ Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

**SEE SUBSEQUENT PAGES FOR DEFINITIONS AND REFERENCES**



## DEFINITIONS AND REFERENCES

**“Gravely Disabled”** means a condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing and shelter. *SECTION 5008(h) W&I Code*

**“Gravely Disabled Minor”** means a minor who, as a result of a mental disorder, is unable to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. Intellectual disability, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder. *SECTION 5585.25 W&I Code*

**“Peace officer”** means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility. *SECTION 5008(i) W&I Code*

**Section 5152.1 W&I Code:** The professional person in charge of the facility providing 72-hour evaluation and treatment, or his or her designee, shall notify the county mental health director or the director’s designee and the peace officer who makes the written application pursuant to Section 5150 or a person who is designated by the law enforcement agency that employs the peace officer, when the person has been released after 72-hour detention, when the person is not detained, or when the person is released before the full period of allowable 72-hour detention if all of the conditions apply:

- (a) The peace officer requests such notification at the time he or she makes the application and the peace officer certifies at that time in writing that the person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.
- (b) The notice is limited to the person’s name, address, date of admission for 72-hour evaluation and treatment, and date of release.

If a police officer, law enforcement agency, or designee of the law enforcement agency, possesses any record of information obtained pursuant to the notification requirements of this section, the officer, agency, or designee shall destroy that record two years after receipt of notification.

### **Section 5150.05 W&I Code:**

- (a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information ~~about the historical course of the person’s mental disorder if the authorized person determines that the~~ information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.
- (b) For purposes of this section, “information about the historical course of the person’s mental disorder” includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person.
- (c) If the probable cause in subdivision (a) is based on the statement of a person other than the one authorized to take the person into custody pursuant to Section 5150, a member of the attending staff, or a professional person, the person making the statement shall be liable in a civil action for intentionally giving any statement that he or she knows to be false.
- (d) This section shall not be applied to limit the application of Section 5328.



### DEFINITIONS AND REFERENCES (CONTINUED)

**Section 5152.2 W&I Code:** Each law enforcement agency within a county shall arrange with the county mental health director a method for giving prompt notification to peace officer pursuant to Section 5152.1 W&I Code.

**Section 5585.50 W&I Code:** The facility shall make every effort to notify the minor's parent or legal guardian as soon as possible after the minor is detained. *Section 5585.50 W&I Code.*

A minor under the jurisdiction of the Juvenile Court under Section 300 W&I Code is due to abuse, neglect, or exploitation.

A minor under the jurisdiction of the Juvenile Court under Section 601 W&I Code is due to being adjudged a ward of the court as a result of being out of parental control.

A minor under the jurisdiction of the Juvenile Court under Section 602 W&I Code is due to being adjudged a ward of the court because of crimes committed.

**Section 8102 W&I Code (EXCERPTS FROM):**

- (a) Whenever a person who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon. "Deadly weapon," as used in this section, has the meaning prescribed by Section 8100.
- (b)
  - (1) Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of his or her mental condition, the peace officer or law enforcement agency shall issue a receipt describing the deadly weapon or any firearm and listing any serial number or other identification on the firearm and shall notify the person of the procedure for the return, sale, transfer, or destruction of any firearm or other deadly weapon which has been confiscated. A peace officer or law enforcement agency that provides the receipt and notification described in Section 33800 of the Penal Code satisfies the receipt and notice requirements.
  - (2) If the person is released, the professional person in charge of the facility, or his or her designee, shall notify the person of the procedure for the return of any firearm or other deadly weapon which may have been confiscated.
  - (3) Health facility personnel shall notify the confiscating law enforcement agency upon release of the detained person, and shall make a notation to the effect that the facility provided the required notice to the person regarding the procedure to obtain return of any confiscated firearm.

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**Health and Safety Code 1799.111 (e)**

A person detained under this section in a medical emergency room shall be credited for the time detained, up to twenty-four hours, in the event he or she is placed on a subsequent 72-hour hold pursuant to Section 5150 of the Welfare and Institutions Code.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
PATIENT PROPERTY RECEIPT

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

Home Address: \_\_\_\_\_

Patient's Destination: \_\_\_\_\_

The personal property listed below has been safeguarded and transported with the above named patient:

**Money:**

**Credit Cards (list numbers):**

\$1 X \_\_\_\_\_ = \_\_\_\_\_

\$5 X \_\_\_\_\_ = \_\_\_\_\_

\$10 X \_\_\_\_\_ = \_\_\_\_\_

\$20 X \_\_\_\_\_ = \_\_\_\_\_

\$\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Coins \_\_\_\_\_ = \_\_\_\_\_

Total \_\_\_\_\_ = \_\_\_\_\_

Jewelry: \_\_\_\_\_  
\_\_\_\_\_

☐ Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

☐ Medi-Cal/Insurance Card #: \_\_\_\_\_  
\_\_\_\_\_

Miscellaneous Articles: (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Refused/Unable: \_\_\_\_\_

Sending DMH Staff Signatures (must be two): \_\_\_\_\_

Witness (must be two): \_\_\_\_\_  
\_\_\_\_\_

Signature of Ambulance Staff in Receipt of the Patient's Property: \_\_\_\_\_  
\_\_\_\_\_

Hospital Staff Signature (Receiving Facility): \_\_\_\_\_  
\_\_\_\_\_

Signature of Transporter of the Property: \_\_\_\_\_  
\_\_\_\_\_

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DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **BASE HOSPITAL CONTACT  
AND TRANSPORT CRITERIA**

(EMT, PARAMEDIC, MICN)  
REFERENCE NO. 808

**PURPOSE:** To identify the signs, symptoms, chief complaints, or special circumstances of patients for whom base hospital contact is required for medical direction and/or patient destination. This policy delineates when transport to an appropriate and approved facility is indicated.

**AUTHORITY:** California Health and Safety Code, Division 2.5, Section 1798 et seq.,  
California Code of Regulations, Title 22, Section 100169  
California Welfare and Institution Code, Section 5008(h)(1)

**PRINCIPLES:**

1. Paramedics should contact their assigned base hospital.
2. In situations not described in this policy, paramedics and EMTs should exercise their clinical judgment as to whether ALS intervention, base hospital contact and/or transport is anticipated or indicated.
3. Children ☐ 36 months of age require base hospital contact and/or transport in accordance with this policy.
4. When base hospital contact and/or transport are not performed in accordance with this policy, appropriate explanation and documentation shall be recorded on the EMS Report Form. **This does not apply to patients  $\leq$  36 months of age.**
5. Circumstances may dictate that transport be undertaken immediately with attempts to contact the base hospital enroute.
6. In situations where EMTs arrive on scene prior to the paramedics, EMTs shall not cancel the paramedic response if a patient meets any criteria outlined in Section I of this policy. An ALS unit shall be requested if one has not been dispatched, unless Principle 7 applies.
7. In life-threatening situations in which the estimated time of arrival (ETA) of the paramedics exceeds the ETA to the most accessible receiving facility (MAR), EMTs should exercise their clinical judgment as to whether it is in the patient's best interest to be transported prior to the arrival of paramedics. EMTs shall make every effort to notify the MAR via the VMED28, telephone, dispatch, or other appropriate means of communication when exercising this principle.
8. Paramedics shall contact their designated receiving trauma center on all injured patients meeting trauma triage criteria and/or guidelines or if, in the paramedics' judgment, it is in the patient's best interest to be transported to a trauma center. When the receiving

EFFECTIVE: 7-13-77

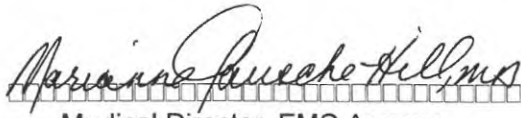
PAGE 1 OF 4

REVISED: 07-01-16

SUPERSEDES: 8-1-15

APPROVED: ☐

  
Director, EMS Agency

  
Medical Director, EMS Agency

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trauma center is not a base hospital (only applies to Children's Hospital Los Angeles), paramedics shall contact their assigned base hospital.

9. A paramedic team may transfer care of a patient to an EMT team in cases where, in the paramedics' judgment, the patient does not require ALS level care. If the patient's condition meets base hospital contact criteria, the base hospital must approve the EMT transport.

**POLICY:**

- I. Paramedics shall make base hospital contact for medical direction and/or patient destination on all patients meeting one or more of the following criteria:
- A. Anaphylaxis
  - B. Signs or symptoms of shock
  - C. Cardiopulmonary arrest (excluding patients defined in Ref. Nos. 814 and 815)
  - D. Chest pain or discomfort
  - E. Shortness of breath and/or tachypnea
  - F. Pediatric Medical Care (PMC) guidelines as defined in Ref. No. 510
  - G. Situations involving five or more patients who require transport (Contacting the Medical Alert Center constitutes base hospital contact)
  - H. Altered level of consciousness as defined in the Medical Control Guidelines
  - I. Suspected ingestion of potentially poisonous substances
  - J. Exposure to hazardous materials with a medical complaint
  - K. Abdominal pain in a pregnant or in a suspected pregnant patient greater than or equal to 20 weeks gestation
  - L. Hypertension (blood pressure 140/90 mmHg or greater) in pregnant patient greater than or equal to 20 weeks gestation or post-partum patient (up to 6 weeks)
  - M. Childbirth or signs of labor
  - N. Suspected femur fracture
  - O. Facial, neck, electrical, or extensive burns:
    - 1. 20% or greater BSA in adults
    - 2. 15% or greater BSA in children

- 
- 3. 10□ or greater BSA in infants
  - P. Trauma Triage Criteria and Guidelines as defined in Ref. No. 506
  - Q. Traumatic Crush Syndrome
  - R. Syncope or loss of consciousness, or acute neurological symptoms (suspected signs and symptoms of stroke) prior to or upon EMS personnel arrival.
  - S. A patient meeting any criteria in Section I who refuses transport against medical advice (AMA). Base contact is required prior to the patient leaving the scene.
- II. EMT or paramedic personnel shall transport all patients meeting one or more of the following criteria:
- A. Abdominal pain
  - B. Suspected isolated fracture of the hip
  - C. Abnormal vaginal bleeding
  - D. Suspected allergic reaction
  - E. Asymptomatic exposure to hazardous material known to have delayed symptoms
  - G. Gastrointestinal bleeding
  - H. Near drowning
  - I. Patients who are gravely disabled or a danger to themselves or others.
- III. Prehospital personnel shall manage pediatric patients □ 36 months of age as follows:
- A. All children □ twelve (12) months of age shall be transported, regardless of chief complaint and/or mechanism of injury **unless** the child meets the criteria outlined in Reference No. 814, Determination/Pronouncement of Death in the Field, e.g., rigor mortis, post-mortem lividity, evisceration of the heart, lung or brain, etc.
  - B. All children thirteen (13) months to thirty-six (36) months of age require base hospital contact and/or transport, except in isolated minor extremity injury.
  - C. If a parent or legal guardian refuses transport (AMA), base contact is required prior to the patient leaving the scene.
- IV. Paramedics utilizing Standing Field Treatment Protocols (SFTPs) shall make base hospital contact for medical direction and/or patient destination on all patients meeting one or more of the following criteria:
- A. If indicated in the SFTPs
  - B. For any criteria listed in Section I of this policy that is not addressed by SFTPs
-



- C. Anytime consultation with the base hospital is indicated

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 411, **Provider Agency Medical Director**  
Ref. No. 502, **Patient Destination**  
Ref. No. 506, **Trauma Triage**  
Ref. No. 510, **Pediatric Patient Destination**  
Ref. No. 515, **Air Ambulance Trauma Transport**  
Ref. No. 519, **Management of Multiple Casualty Incidents**  
Ref. No. 606, **Documentation of Prehospital Care**  
Ref. No. 802, **Emergency Medical Technician Scope of Practice**  
Ref. No. 813, **Standing Field Treatment Protocols**  
Ref. No. 814, **Determination/Pronouncement of Death in the Field**  
Ref. No. 815, **Honoring Prehospital DNR Orders**  
Ref. No. 816, **Physician at Scene**  
Ref. No. 832, **Treatment/Transport of Minors**  
Ref. No. 834, **Patient Refusal of Treatment or Transport**

Medical Control Guidelines

**Los Angeles County EMS Agency**  
**Ref. No. 808.1 - BASE HOSPITAL CONTACT AND TRANSPORT CRITERIA**  
**Field Reference**

**PRINCIPLES:**

- ① Contact assigned base whenever possible.
- ② Clinical judgment should be exercised in situations not described in this policy.
- ③ Children under three years of age require base hospital contact and/or transport in accordance with this policy.
- ④ Thorough documentation is essential, especially if contact/transport is not performed in accordance with this policy (\* **EXCEPTION, See SECTION III**).
- ⑤ Circumstances may dictate immediate transport with base contact en route.
- ⑥ EMTs shall not cancel a paramedic response if a patient meets any criteria in Section I; an ALS Unit shall be requested if one has not been dispatched.
- ⑦ In life threatening situations, consider BLS transport if ALS arrival is longer than transport time.
- ⑧ Contact shall be made with the area's trauma center, when it is also a base hospital, on all injured patients meeting Trauma Criteria and/or Guidelines.

**SECTION I – BASE CONTACT REQUIRED**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Anaphylaxis</li> <li>▪ Signs or symptoms of shock</li> <li>▪ Cardiopulmonary arrest (excluding those meeting Ref. No. 814, 815)</li> <li>▪ Chest pain or discomfort</li> <li>▪ Shortness of breath and/or tachypnea</li> <li>▪ PMC/PTC Criteria/Guidelines (Ref. No. 510)</li> <li>▪ 5 or more patients requiring transport (contacting MAC constitutes base contact)</li> <li>▪ Altered level of consciousness as defined in the Medical Control Guidelines</li> <li>▪ Suspected ingestion of poisonous substance</li> <li>▪ Exposure to hazardous materials with a medical complaint</li> <li>▪ Abdominal pain pregnancy or suspected pregnancy <math>\geq 20</math> weeks gestation</li> </ul> | <ul style="list-style-type: none"> <li>▪ Hypertension (BP <math>\geq 140/90</math> mmHG) in pregnant patient <math>\geq 20</math> weeks gestation or post-partum patient (up to 6 weeks)</li> <li>▪ Childbirth or signs of labor</li> <li>▪ Suspected femur fracture</li> <li>▪ Facial, neck, electrical, or extensive burns:<br/>20% or &gt; in adults<br/>15% or &gt; in children<br/>10% or &gt; in infants</li> <li>▪ Trauma Criteria/Guidelines (Ref. No. 506)</li> <li>▪ Traumatic Crush Syndrome</li> <li>▪ Syncope, loss of consciousness, acute neurological symptoms (suspected signs/symptoms of stroke)</li> <li>▪ Refusal of transport (AMA), if meeting any criteria in Section I</li> </ul> |
|--|--|

**SECTION II – TRANSPORT REQUIRED**

- Abdominal pain
- Suspected isolated fracture of the hip
- Abnormal vaginal bleeding
- Suspected allergic reaction
- Asymptomatic exposure to hazardous material (If known to have delayed symptoms)
- GI bleeding
- Near drowning
- Patients who are gravely disabled or a danger to themselves or others

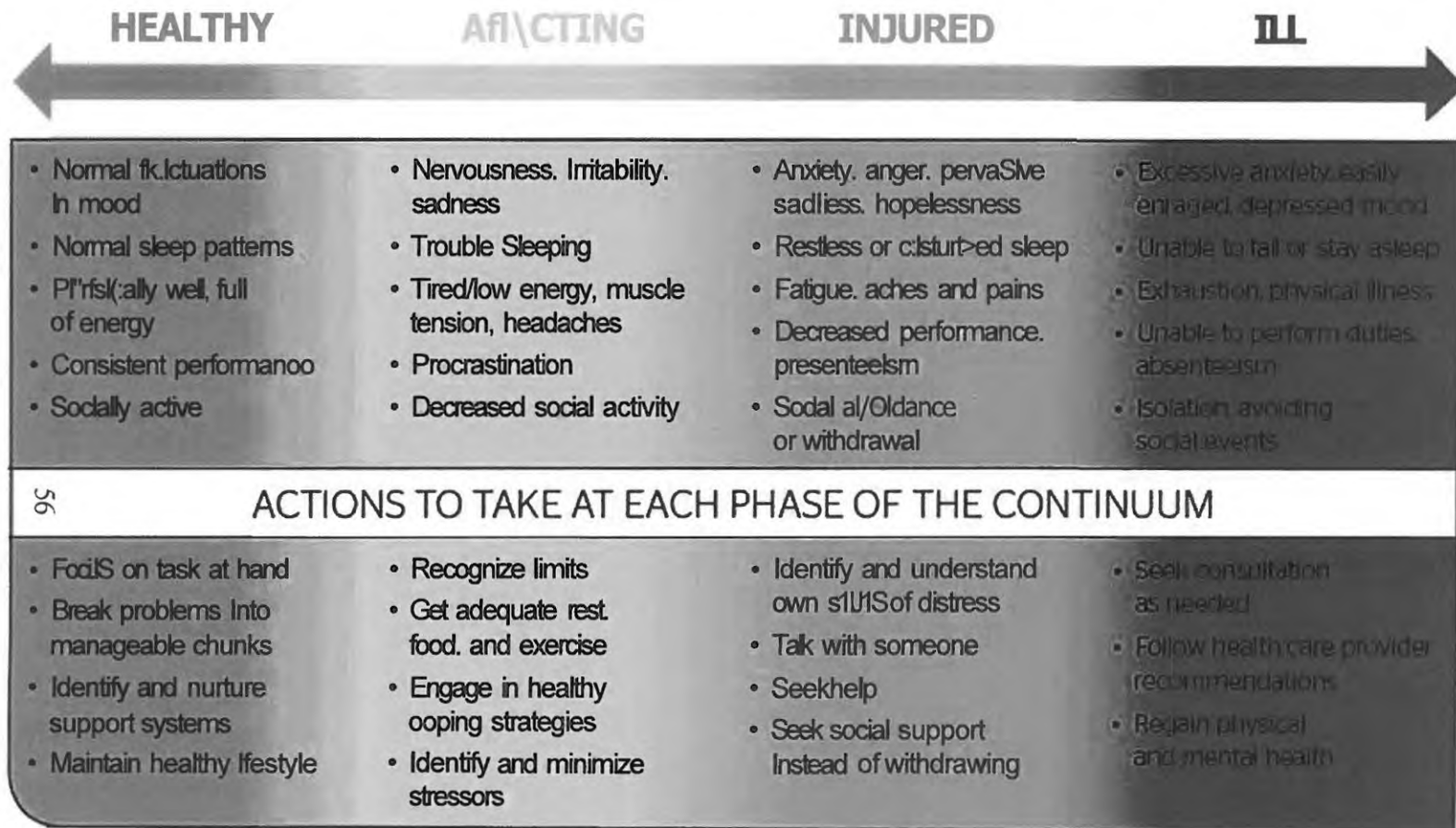
**SECTION III – PEDIATRIC PATIENTS**

- Infants  $\leq 12$  months of age shall be transported, regardless of chief complaint and/or mechanism of injury
- EXCEPTION: Infants  $\leq 12$  months of age who meet Ref. No. 814, Determination/Pronouncement of Death in the Field, Section I.**
- Children 13-36 months of age require base hospital contact and/or transport except isolated minor extremity injury
  - If a parent or legal guardian refuses transport (AMA), base contact is required prior to leaving the scene
- EXCEPTION: Ref. No. 808, Principle 4 does not apply to patients  $\leq 36$  months of age.**

**SECTION IV – REQUIRED BASE CONTACT CRITERIA FOR SFTPs**

- If indicated in the SFTPs
- For any criteria listed in Section I that is not addressed by SFTPs
- Whenever consultation with the base hospital is Indicated

# MENTAL HEALTH CONTINUUM MODEL



# How to **HELP** me

- ☐ Use **CALMING TECHNIQUES** to help me keep my cool:
  - ✓ Use a **CALM** voice.
  - ✓ **AVOID** physical contact if possible to reduce flight or fight response.
  - ✓ **REDUCE INPUT** like noise and lights to calm my senses.
  - ✓ **ALLOW** me to calm myself with movement like rocking or flapping.
- ☐ Be **CLEAR**. Use simple words. Give one instruction at a time.
- ☐ **WAIT**, be patient. I need time to think, and respond.
- ☐ **CALL** someone who knows me and ask them to help.

**WARNING: DANGER of SUFFOCATION.**  
DO NOT hold in face-down position.

## Tips to Interact with Someone on the Autism Spectrum

1. Make sure the person is always **SAFE**.
2. Use a **CALM** voice.
3. **WAIT**, be patient. Give the person time to process.
4. Be **CLEAR**. Spell things out.  
Be specific. Go one step at a time.
5. **EXPLAIN** procedures as they happen.  
Use words like first, now and next.
6. **SIMPLIFY** when the person doesn't understand what you mean.
7. **AVOID** physical contact as much as possible. Try to give the person space.
8. **AVOID fight or flight responses**.
9. Be aware of **SENSORY SENSITIVITIES**.  
Reduce input whenever possible.
10. **ALLOW** the person to rock or use other self-stimulatory behavior if it does not hurt anyone.
11. **ENCOURAGE** the person by saying, "We're here to help you."
12. **LISTEN TO CAREGIVERS** for ideas to handle the situation.

By Emily Iland, M.A.



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# BeSafeTheMovie.com

I live at \_\_\_\_\_  
 Number(s) \_\_\_\_\_  
 Name 2 \_\_\_\_\_  
 Number(s) \_\_\_\_\_  
 Name 1 \_\_\_\_\_  
 Please get in touch with my Emergency Contact right away:  
 I need help in an emergency or criminal situation.  
 My name is \_\_\_\_\_

## EMERGENCY CONTACTS

# I HAVE AUTISM

Autism  
affects my



BE SAFE  
THE MOVIE

**Communication-** Speaking, expressing myself, understanding you, using eye contact/gestures.

**Social Skills-** Interacting with you, responding to instructions or cues.

**Behavior-** Resisting change, focusing on special interests, repeating words, noises, or movement.

**Sensory Sensitivity-** Handling sensations like sounds, lights, smells and touch.

I may shut down or escalate when stressed.

## Autism Spectrum Facts & Features

**Who:** 1 in 68 children has ASD

**What:** Developmental impairments in social communication and behavior

**Where:** Across the globe, across economic groups and ethnicities

**When:** Starts in early life, lasts a lifetime, can improve over time

**Why:** Multiple causes, including genetic and environmental factors

**How:** Recognize and respond to multiple symptoms:

- Language or verbal skills
- Non-verbal communication
- Processing delays
- Social skills
- Repetitive behavior
- Intense interests
- Sensory issues
- Fine/gross motor

Compliments of LAPD, ASLA & Experience Autism™

## 7 Things to Know to BE SAFE

1. Following the law is a great way to BE SAFE and stay out of trouble.
2. The police protect and serve. There is no reason to be afraid of the police.
3. I will keep my hands to myself when I meet the police (I won't touch their equipment or tools).
4. When I meet the police I will stay calm, stay where I am, and follow all instructions they give me.
5. It may be a good idea to let the police know about a disability or special needs I may have. I can plan and practice a good way to do this.
6. If I am arrested or a suspect in a crime, I have the right to remain silent. It's a good idea to learn what this means and role play to practice protecting my rights.
7. If I need to call 911 in an emergency, the first thing I should tell the operator is WHERE help is needed so first responders can arrive quickly.

I can learn more with BE SAFE The Movie & BE SAFE Teaching Edition

Available at [BeSafeTheMovie.com](http://BeSafeTheMovie.com)





National Alliance on Mental Illness

## WHAT IS NAMI?

**NAMI** is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. **NAMI** has over 1,100 affiliates in communities across the country that engage in advocacy, research, support and education. Members of **NAMI** are families, friends and people living with mental illness such as major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder.

**Family-to-Family/ De Familia a Familia** is a 12-week course for families, partners and friends of individuals with serious mental illness taught by trained NAMI family members and caregivers of individuals living with mental illness.

**Basics /Bases y Fundamentos** is a 6-session education program developed specifically for parents and other family caregivers of children and adolescents.

**Family Support Group** is a semi-monthly/weekly meeting of caregivers of individuals with a mental illness where family members can talk frankly about their challenges and help one another through their learned wisdom. These meetings are facilitated by trained NAMI members and participants are encouraged to share actively in the work of the group.

**Connections** is a weekly 90 minute is a peer-facilitated recovery support group for those diagnosed with mental illness, enabling them to learn from each others' experiences.

**Peer-to-Peer** is a 10-week, peer led, recovery education course open to any person with a serious mental illness. Peer-to-Peer emphasizes recovery from mental illness as a feasible, supportable goal and challenges the stigma often wrongly associated with mental illness.

**Parents and Teachers as Allies** is an-service program that helps school professionals and families understand the early warning signs of mental illness in children and adolescents.

**Provider Education** is a 5 session course for mental health workers and professionals. Providers learn what it is like to live with mental illness from the individual and family perspective.

**In Our Own Voice** is a public education program in which two trained consumer speakers share their stories of living with mental illness and achieving recovery.

**Ending the Silence** is a 50 minute presentation designed to give students an opportunity to learn about mental illness through an informative presentation.

**NAMI in the Lobby** is a program in which volunteers will be available during visiting hours at local hospitals that have inpatient psychiatric units. The volunteer will serve as a resource for families whose loved one is hospitalized. This may involve providing resources on mental illnesses, treatment, medications and the mental health system. Providing hope and support and steering families to NAMI classes or support groups.

**NAMIWalks** is the largest anti-stigma walk-a-thon in America. This team event raises public awareness and supports the NAMI Signature Programs outlined above.

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**For more information on available NAMI programs in your location contact:**

**NAMI Los Angeles County Council**

**[www.namilacc.org](http://www.namilacc.org)**

**Phone: (213) 386-3615 Fax: (213) 386-1109**

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*NAMI programs are offered free, at no cost.*

NAMI Los Angeles County Council is a charitable 501(c)(3) tax exempt corporation.

Tax ID#95-4049720 affiliated with NAMI California and NAMI National

[www.nami.org](http://www.nami.org) - [www.namicalifornia.org](http://www.namicalifornia.org)





**NAMI**  
National Alliance on Mental Illness

# Los Angeles County Council

## AFFILIATES

**NAMI Antelope Valley**  
[www.nami.org/sites/nami-av](http://www.nami.org/sites/nami-av)  
Phone: (661) 341-8041

**NAMI East San Gabriel Valley**  
Message Phone: (626) 974-8702

**NAMI Glendale**  
[www.namiglendale.org](http://www.namiglendale.org)  
Phone: (213) 797-0494  
Email: [namiglendale@gmail.com](mailto:namiglendale@gmail.com)

**NAMI Long Beach Area**  
[www.namilongbeach.org](http://www.namilongbeach.org)  
Phone: (562) 435-2264  
Email: [nami@namilongbeach.org](mailto:nami@namilongbeach.org)

**NAMI Pomona Valley**  
[www.namipv.org](http://www.namipv.org)  
Info Helpline: (909) 399-0305  
Office Number: (909) 625-2383

**NAMI San Gabriel Valley**  
[www.namisangabrielvalley.org](http://www.namisangabrielvalley.org)  
Phone: (626) 577-6697  
Email: [sgvnami@pacificclinics.org](mailto:sgvnami@pacificclinics.org)

**NAMI South Bay**  
[www.namisouthbay.com](http://www.namisouthbay.com)  
Phone: (310) 533-0705  
Email: [pstans5@aol.com](mailto:pstans5@aol.com)

**NAMI San Fernando Valley**  
[www.namifv.org](http://www.namifv.org)  
Info Helpline: (818) 994-6747

**NAMI Los Angeles South Central**  
Phone: (310) 668-4271 – ask for Bruce  
Message Phone: (310) 668-5239  
Email: [namisocentral@gmail.com](mailto:namisocentral@gmail.com)

**NAMI Urban Los Angeles**  
[www.namiurbanla.org](http://www.namiurbanla.org)  
Phone: (323) 294-7814  
Fax: (323) 294-1534  
Email: [info@namiurbanla.org](mailto:info@namiurbanla.org)

**NAMI Westside**  
[www.namila.org](http://www.namila.org)  
Phone: (310) 889-7200  
Fax: (310) 889-1133

**NAMI Whittier**  
Phone: (562) 692-8006  
Email: [namiwhittier@aol.com](mailto:namiwhittier@aol.com)

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**NAMI Los Angeles County Council**  
[www.namilacc.org](http://www.namilacc.org)  
Phone: (213) 386-3615  
Fax: (213) 386-1109

## Resources

### Suicide Prevention and Survivor Hotline

(24 hours/7 days)

Los Angeles/Orange/Ventura/San  
Bernardino/Riverside/Imperial Counties:  
English - (877)727-4747  
Spanish – (888)628-9454

Calling from outside the above counties:  
(310)391-1253

<http://www.suicide.org/hotlines/california-suicide-hotlines.html>

### Text Crisis Line

Text START to 741-741  
[www.Crisistextline.org](http://www.Crisistextline.org)

### Substance Abuse Hotline

(888)742-7900

[publichealth.lacounty.gov/sapc/findtreatment.htm](http://publichealth.lacounty.gov/sapc/findtreatment.htm)

### California Youth Crisis Hotline

(24 hours/7 days)

(800)843-5200

[www.Calyouth.org](http://www.Calyouth.org)

### Veteran's Crisis Hotline

Veterans Crisis Line: (800)273-8255 Press 1

[www.va.gov/landing2\\_vetsrv.htm](http://www.va.gov/landing2_vetsrv.htm)

### Cohan Military Family Clinic

(213)688-9810

<http://militaryfamilyclinic.usc.edu>

### National Alliance on Mental Illness

NAMI in LA County (213)386-3615

(800)950-NAMI (6264)

[www.namilacc.org](http://www.namilacc.org)

### Los Angeles Gay and Lesbian Center

(323)993-7400

[www.thecenterlv.org](http://www.thecenterlv.org)

### Los Angeles LGBT Center

(323)993-7669

[www.lalgbtcenter.org/mental\\_health\\_services](http://www.lalgbtcenter.org/mental_health_services)

### Family Services

(888)683-5084 Toll Free

[info@thevillagefs.org](mailto:info@thevillagefs.org)

### Autism Society of Los Angeles

(562)804-5556

[www.AutismLA.org](http://www.AutismLA.org)

### Women and Children Crisis Shelter

(562)945-3939

[www.Wccshope.org](http://www.Wccshope.org)



### Systemwide Mental Assessment Response Team (SMART)

SMART was established to prevent unnecessary incarceration and/or hospitalization, provide alternate care in the least restrictive environment and to support patrol.

### Case Assessment Management Program (CAMP)

CAMP was established as a follow program for SMART. The focus of CAMP is to investigate high utilizers of emergency service, use of force, targeted school violence, incidents with increasing risk behavior, incident involving weapons and help link individuals to resources.

### Los Angeles Police Department Mental Evaluation Unit

100 West 1st Street

Room 630

Los Angeles, CA 90012

### Social Media:

FB: [facebook.com/lapdmeu](https://facebook.com/lapdmeu)

Twitter: @lapdmeu

Instagram: @lapdmeu

## Los Angeles Police Department

## Community Mental Health Resource Guide



## Department of Mental Health

LAPDONLINE.ORG  
DMH.LACOUNTY.GOV

## Crisis Response

### CALL 911

When your family is experiencing an emergency that puts yourself, your loved one, and/or the public in immediate danger, call 911.

While speaking to the 911 dispatcher use the **911 Checklist** to provide helpful information to the responding Officers.

LAPD will send a patrol unit to stabilize the crisis and detain the loved one for a mental health evaluation. During the detention Officers will handcuff the loved one for everyone's safety and because it is LAPD's policy.

"Statistics show that when officers handcuff a person who is in crisis, the application of force by officers is significantly reduced."

When the scene is stabilized a Systemwide Mental Assessment Response Team (SMART) unit will respond, if available, to provide mental health assistance.



(Maya Sugarman/KPCC)

## Mental Health Emergency

### CALL ACCESS (800)854-7771

For psychiatric emergency incidents involving mental illness that do not require a 911 response, please call ACCESS 24/7.

When you call ACCESS a Psychiatric Mobile Response Team (PMRT) will respond, if available, to your location.

ACCESS is a Department of Mental Health service for all members of the Los Angeles County community.

#### Department of Mental Health Clinics

##### Central Los Angeles

**Northeast Community Mental Health** 5321 Via Marisol Ave L.A. 90042 **(323)478-8200**

**Downtown Mental Health** 529 Maple Ave, L.A. CA 90013 **(213)430-6700**

##### South Los Angeles

**Long Beach Mental Health** 1975 Long Beach Blvd, L.A. CA 90806 **(562)599-9280**

**San Pedro Mental Health Clinic** 150 W 7<sup>th</sup> St San Pedro CA 90731 **(310)519-6100**

##### San Fernando Valley

**San Fernando Mental Health** 10605 Balboa Blvd, Granada Hills, CA 91344 **(818)832-2400**

**West Valley Mental Health Center** 7621 Canoga Ave, Canoga Park, CA 91304 **(818)598-6900**

##### West Los Angeles

**Edelman West Side Mental Health Center** 11080 W. Olympic Blvd, L.A. CA 90064 **(310)966-6500**

**Didi Hirsch Community Mental Health** 11133 Washington Bl. Culver City, CA 90232 **(310)895-2300**

#### Additional information

[http://dmh.lacounty.gov/wps/portal/dmh/our\\_services](http://dmh.lacounty.gov/wps/portal/dmh/our_services)

## Develop a Care Plan

### National Alliance on Mental Illness

**NAMI** helps families and consumers by offering **E**ducation, **A**dvocacy, **S**upport and **R**esources.

*Find **HELP**, Find **HOPE***

**CALL (800)950-6264**

[www.namilacc.org](http://www.namilacc.org)



211 is a service that can link you to countywide programs. When struggling to find answers for a family member that may be suffering from mental illness, this toll free phone number is a great place to start.

When you call, expect to follow a few automated prompts before you will speak to a person.

#### **What is a 5150 Hold?**

*During a mental health crisis officers/ clinicians will detain the subject to determine if he/she meets the criteria for a 5150 WIC application for a 72 hour hold.*

*Subjects will be assessed for the danger they pose to themselves, danger they pose to others, and grave disability. The Officer's determination will be based on physical evidence, the Subject's history, the Subject's statements, and reliable witness statements.*



LOS ANGELES POLICE DEPARTMENT  
Mental Evaluation Unit

## 911 Checklist

If your family member is in crisis and is a danger to themselves or others,

Call 911

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 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
- ☐ **Height & weight** of family member
- ☐ **Clothing** description of family member
- ☐ **CURRENT location** of family member
- ☐ **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

**IMPORTANT:** *You are asking a stranger to come into your home to resolve a crisis. They will only have the information that you provide to them. It is a good practice to gather as much of this information as possible before a crisis occurs.*

## THE POLICE RESPONSE:

*What to expect...*

*Who will respond to your crisis?*

- The 911 operator will dispatch **uniformed patrol officers** to your location.
- Officers will detain your family member, which **will include handcuffing** and is for the safety of everyone, including your family member.
- Officers will conduct a preliminary investigation to determine whether a crime occurred.
- 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*).
- Your statements and historical information are an important part of the mental health investigation (*CA WIC §5150.05*).
- 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*).
- Officers will notify the Mental Evaluation Unit and a SMART unit (officer & clinician) will be dispatched if available.
- If your family member is an adult, the officers and/or the SMART unit cannot disclose information about him/her due to medical records-related privacy laws.

### NON-EMERGENCY

Los Angeles County  
Department of Mental Health  
**ACCESS – 1-800-854-7771**  
National Alliance on Mental Illness  
**NAMI 1-800-950-6264**  
<http://namilacc.org/>





**Departamento de Policía de Los Angeles  
Unidad de Evaluación Mental  
911 Lista de Comprobación**

**Si su miembro de familia está en crisis y es un peligro para ellos o otros,**

**Llame 911**

Sostenga esta lista en su mano cuando usted llame a 911, entonces usted puede leer de ello.

Dele a la operadora la información siguiente:

- ☐ **Su nombre**
- ☐ **Domicilio** al cual la policía debería responder
- ☐ **Razon** de la crisis (por qué usted necesita la policía)
- ☐ Comportamiento violento previo o corriente
- ☐ **Armas o acceso a armas**
- ☐ **Nombre** de su miembro de familia en crisis
- ☐ **Edad** del miembro de familia
- ☐ **Altura y peso** del miembro de familia
- ☐ **La ropa** descripción del miembro de familia
- ☐ **Posición corriente** del miembro de familia
- ☐ **Diagnóstico** (Salud Mental y / o Médico)
- ☐ ¿**Medicaciones** corrientes (En o Pasado?)
- ☐ Uso de **drogas** (corriente o pasado)
- ☐ **Desencadenantes** (¿qué les molesta?)
- ☐ Lo que ha ayudado **en contactos anteriores con la policía** cuando esta en este estado
- ☐ **Identificar** a otras **personas en la residencia o en el lugar**

**IMPORTANTE:** Esta pidiendo que un extraño entre a su casa para resolver un crisis. Sólo tendra la información que usted dio. Es una buena práctica para reunir tanta información como sea posible, antes de que ocurra un crisis.

**La Respuesta Policial:**

**Que esperar....**

**¿Quién va a responder a su crisis?**

- **911** operadora enviará a oficiales de **patrulla uniformados** a su lugar.
- Los oficiales detendrán a su miembro de familia, **que incluirá esposar**, para la seguridad de cada uno.
- Los oficiales conducirán una investigación preliminar para determinar si un delito ocurrió.
- Los oficiales conducirán una investigación preliminar para determinar si su miembro de familia es un peligro para el mismo, peligro para otro(s), o gravemente incapacitado debido a una enfermedad mental (CA WIC Sección 5150).
- Sus declaraciones y información histórica son una parte importante de la investigación de salud mental (CA WIC Sección 5150.05)
- Los oficiales preguntarán de **cualquier arma de fuego y otras armas mortales**, y en la mayor parte de casos, los embargarán para el depósito (de acuerdo con CA la Sección 8102 de WIC).
- Los oficiales notificarán la Unidad de Evaluación Mental y la Unidad SMART (oficial y clínico) será enviada, si esta disponible.
- Si su miembro de familia es un adulto, los oficiales y/o la unidad SMART no pueden revelar la información sobre él/su, debido a leyes de privacidad relacionadas con los archivos médicos.

**NO CRÍTICO**

**Condado de Los Angeles  
Departamento de Salud Mental  
ACCESO – 1-800- 854-7771**

**Llame a la línea de ayuda de NAMI  
1- 800-950-6264  
<http://espanol.nami.org/>**



## LOS ANGELES FIRE DEPARTMENT ARSON COUNTER TERRORISM SECTION



LAFD ARSON INVESTIGATOR ALVAREZ, #73595, AND \_\_\_\_\_ #\_\_\_\_\_,  
WORKING A-UNIT \_\_, CONDUCTED AN ARSON INVESTIGATION AND DETERMINED THE  
FIRE TO BE INCENDIARY IN ORIGIN, (ARSON). PLEASE REFER TO ATTACHED LAFD  
FIRE INVESTIGATION REPORT FOR DETAILS

### PCD SUGGESTED NARRATIVE

SUSPECT JOHN SMITH WILLFULLY AND MALICIOUSLY IGNITED AVAILABLE  
COMBUSTIBLES WITH AN OPEN FLAME CAUSING FIRE DAMAGE TO (STRUCTURE,  
VEHICLE, VEGETATION, INJURING VICTIM JANE SMITH, etc) ARSON INVESTIGATORS  
CONDUCTED AN INVESTIGATION AND DETERMINED THE FIRE TO BE INCEDDIARY IN  
ORIGIN(ARSON), AND IN VIOLATION OF 451 ( ) PC, ARSON OF \_\_\_\_\_

Section	Definition	Bail
451(a) P.C.	Arson Causing Great Bodily Injury	\$250,000
451(b) P.C.	Arson of Inhabited Structure	\$250,000
451(c) P.C.	Arson of Forest Land or Structure	\$75,000
451(d) P.C.	Arson of Property (belonging to another)	\$50,000
452(a) P.C.	Recklessly Cause Fire, resulting in GBI	\$35,000
452(b) P.C.	Recklessly Cause Fire to Inhabited Structure	\$25,000
452(c) P.C.	Recklessly Cause Fire to Forest Land or Structure	\$20,000
453(a) P.C.	Possession, etc., of Flammable/Combustible Material	\$50,000
453(b) P.C.	Possession, etc., of Incendiary Device	\$50,000
18740 P.C.	Use/Possess Explosive/Destructive Device	\$500,000
148.4 P.C.	False Alarm or Destroy Fire Equipment	

### 4299 Arson (We are considered the 99th division of the LAPD)

LAPD OFFICERS: DO EVERYTHING YOU WOULD AS IF YOUR DETECTIVES WERE GOING TO FILE THE  
CASE. THE ONLY DIFFERENCE IS, YOU NEED TO LEAVE ALL THE ORIGINALS IN A FOLDER LABELED  
"LAFD ARSON" WITH THE WATCH COMMANDER. AN LAFD INVESTIGATOR WILL PICK UP ALL  
PAPERWORK THE NEXT DAY OR SOONER TO FILE THE CASE THE FOLLOWING COURT DAY.

PLEASE INCLUDE YOUR BASIC POLICE REPORT, ARREST FACE-SHEET, (I.E.) 5.1, 5.9, 5.10, COPY OF  
THE PCD AND THE BOOKING APPROVAL.

### FEEL FREE TO CALL WITH ANY QUESTIONS

A-Unit 1	213-485-9798 Ofc.	213-359-9221 Cell
A-Unit 2	818-762-6700 Ofc.	213-359-9752 Cell