

# **MENTAL EVALUATION UNIT**



**LOS ANGELES POLICE DEPARTMENT  
and  
LOS ANGELES COUNTY DEPARTMENT OF  
MENTAL HEALTH**



**LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.

## **Operations Guide**

*Internal Use Only*

**Detective Support and Vice Division  
Crisis Response Support Section**

Police Headquarters Facility  
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## **GUIDELINES**

The Operations Guide is intended for Crisis Response Support Section (CRSS) personnel as a standardized reference guide for the response to mental health emergencies. The guideline provides written procedures and protocols specific to the unique functions of the Mental Evaluation Unit (MEU)-Triage, the Systemwide Mental Assessment Response Team (SMART), MEU Senior Lead Officers, MEU Training Detail, and the Case Assessment Management Program (CAMP).

These guidelines also incorporate existing Los Angeles Police Department (LAPD) and Los Angeles County Department of Mental Health (LACDMH) directives. All SMART personnel shall adhere to their respective department manuals and other publications when providing services.

## **DISTRIBUTION AND MAINTENANCE**

The CRSS Officer in Charge is responsible for the distribution, maintenance, and revisions of these guidelines. This guide shall be distributed to all assigned MEU, SMART, and CAMP personnel, impacted Department entities, and concerned City and County agencies.

All MEU, SMART, and CAMP personnel shall be familiar with the operations guide. Supervisors shall ensure that MEU, SMART, and CAMP personnel have ready access to these guidelines and are trained in its content.

## **MEMORANDUM OF AGREEMENT**

On November 8, 2002, the Board of Police Commissioners directed the Department to develop a Memorandum of Agreement (MOA) between the Department and the Los Angeles County Department of Mental Health (LACDMH). This was made as a condition to complete Paragraph 112 of the Consent Decree. Personnel assigned to the Mental Evaluation Unit are currently assigned as partners with LACDMH clinicians.

The Department and the LACDMH entered into its most recent MOA on April 21, 2015. The Department's Mental Illness Project Coordinator and the LACDMH Law Enforcement Program Head are responsible for each entities compliance with the MOA. This MOA memorializes the commitment of both of agencies in the response and management of calls for service involving persons suffering from a mental health crisis.

## **CRISIS RESPONSE SUPPORT SECTION**

### **1. MENTAL EVALUATION UNIT**

#### **1.1 HISTORY**

##### **1.1.1 MENTAL EVALUATION UNIT (MEU)**

The first documented procedure on the management of persons suffering from a mental illness, were the Department's Daily Training Bulletins, dated November 10 & 12, 1948. The Department entity responsible for the management of persons suffering from a mental illness was the "Hospital Division."

In September of 1965, the Department established the "Hospital Section," which was responsible for preliminary investigation and processing of Emergency Mental Patients, which included interviewing of the mentally ill persons taken into custody, and preparation of the Application for Emergency Admission, and Request for Psychopathic Examination.

In 1971 and 1976 several Department Training Bulletins makes mention of transporting or contacting the "Hospital Detail," for the management of mentally disordered persons.

In 1985 the Department established the Mental Evaluation Detail under Detective Headquarters Division.

In 1986 the Mental Evaluation Detail was re-designated the Mental Evaluation Unit.

On August 21, 1987, the Department, in response to several incidents involving persons suffering from a mental illness expanded the duties of the Mental Evaluation Unit. The role of the MEU is to develop, improve, and maintain adequate systems for recognition and early intervention of the mentally disordered and the developmentally disabled.

##### **1.1.2 SYSTEMWIDE MENTAL ASSESMENT RESPONSE TEAM (SMART)**

On September 3, 1991, the Los Angeles County Board of Supervisors convened the Incarcerated Mentally Ill Task Force (IMITF). This IMITF was comprised of concerned governmental and private agencies and was charged with addressing growing public concerns about the increased forced hospitalization and incarceration of mentally ill citizens.

In July 1992, the IMITF findings concluded that there was a societal failure to adequately meet the needs of the county's mentally ill population. The task force's primary recommendation to resolve this problem was the implementation of a Systemwide Mental Assessment Response Team (SMART) pilot program. Each SMART team would be comprised of a specially trained mental health clinician and a law enforcement partner, with mobile capabilities.

In January 1993, the Los Angeles County Department of Mental Health (LACDMH) and the Los Angeles Police Department (LAPD) committed personnel and resources to staff SMART in the City of Los Angeles.

In October 2002, as a result of the Lodestar recommendations the Department established the Mental Health Crisis Response Coordinator and the central authority with oversight of all Department specialized response approaches for persons who may be mentally ill. In addition, it was recommended that the Department expand the MEU/SMART operations to 24 hours a day, seven days a week.

In 2005, the MEU/ SMART operation was expanded to 20 hours a day, seven days a week. In addition, the SMART staffing was increased to 18 teams covering each of the police bureaus on two watches.

In 2015, utilizing overtime funding, the MEU was expanded to 24 hours a day, 7 days a week. In addition, the City of Los Angeles and the Los Angeles Police Department have initiated an expansion of the SMART to double the deployment to two SMART units per Police Bureau per watch.

In June 2016, the MEU became a 24-hour a day, seven day a week operation.

In May of 2017, the MEU established the MEU Senior Lead Program, assigning a Senior Lead Officer to each of the geographic bureaus.

### **1.1.3 CASE ASSESSMENT MANAGEMENT PROGRAM (CAMP)**

In September 2005, the Case Assessment Management Program (CAMP) was added to the Mental Illness Project. Comprised of LAPD investigators and LACDMH clinicians, its primary function was to identify those persons suffering from a mental illness, who are high utilizers of emergency services and/or who are at risk for violent encounters with police officers, (e.g. School Violence, Jumpers, and Suicide by Cop (SbC)).

In July 2008, the CAMP was made a permanent investigative and follow-up entity of MEU. In 2008 the School Threat Assessment Response Team was established and in 2012 the Threat Assessment Response Partners (LA-TARP) in collaboration with Los Angeles Unified School District was established. Also in 2012 a full-time position was dedicated in CAMP for the management



of firearms seized from Mentally Disordered individuals, which followed the California Department of Justice Armed Prohibited Persons System initiation and funding.

#### **1.1.4 MENTAL EVALUATION ADMINISTRATIVE TRAINING DETAIL**

The Department had not engaged in formal crisis communication – de-escalation / behavioral health training since the Crisis Intervention Training Pilot in 2003-2004. In 2007 the Mental Illness Project Coordinator established the Admin-Training Detail, which developed the twenty-four hour / three-day Introduction to Mental Health training course, which was delivered during 2008 to 2012. The previous CIT course and Introduction to Mental Health course was delivered to approximately 930 personnel. In 2013 the Introduction to Mental Health course was not re-certified with California Peace Officer Standards and Training. In 2014 the Admin-Training Detail was expanded and the new four-day Mental Health Intervention Training (MHIT) was developed CA-POST certified and first delivered in September of 2014. The course is now scheduled to be a part of the Police Science Leadership course and is scheduled to be delivered twenty-four times each calendar year.

## **2. PHILOSOPHY / GOALS / ORGANIZATION**

**1/240.30 CONTACT WITH PERSONS SUFFERING FROM A MENTAL ILLNESS.** In police contacts with persons suffering from a mental illness, the goal of the Department is to provide a humane, cooperative, compassionate and effective law enforcement response to persons within our community who are afflicted with mental illness. The Department seeks to reduce the potential for violence during police contacts involving people suffering from mental illness while simultaneously assessing the mental health services available to assist. This requires a commitment to problem solving, partnership, and supporting a coordinated effort from law enforcement, mental health services and the greater community of Los Angeles. SMART is designed to provide a cooperative, compassionate mental health/ law enforcement response to assist affected citizens in accessing available mental health services.

### **2.1 MEU-TRIAGE / SMART GOALS**

- Prevent unnecessary incarceration and/or hospitalization of mentally ill individuals;
- Provide alternate care in the least restrictive environment through a coordinated and comprehensive systems approach;
- Prevent the duplication of mental health services; and,
- Allow police patrols to return to service as soon as possible.

## 2.2 CAMP GOALS

- The ultimate goal of the CAMP is to prevent a violent confrontation between emergency service personnel and individuals suffering from mental illness.
- This is accomplished by developing innovative prevention minded strategies linking these individual to mental health services.

## 2.3 ORGANIZATIONS AND FUNCTIONS

**2.3.1 MENTAL HEALTH CRISIS RESPONSE PROGRAM (MHCRP).** The MHCRP is established as a function under Detective Bureau and the Assistant Commanding Officer, Chief of Detectives, is the MHCRP Coordinator and is responsible for:

- Maintaining, attending and supporting the MHCRP Advisory Board which meets quarterly, consisting of community stakeholders and persons in the mental health community;
- Maintain liaison with the Los Angeles County Department of Mental Health;
- Providing information to outside agencies on Department procedures relating to the handling of persons with mental illness;
- Analyze state and federal legislation affecting persons with mental illness;
- Maintaining liaison with County and private hospitals on issues relating to persons with a mental illness;
- Providing expertise and support to Training Division regarding all training in the area of mental illness;
- Conducting audits of filed non-categorical Use of Force reports with indicators of mental illness maintained by the Use of Force Review Division of the Department;
- Coordinating data collection to effectively measure all mental health crisis responses by the Department; and,
- Meeting regularly with the Department's Mental Illness Project (MIP) Coordinator to review Department strategies, policies, and procedures relating to the handling of persons with mental illness.

**2.3.2 CRISIS RESPONSE SUPPORT SECTION (CRSS).** The Crisis Response Support Section is comprised of:

- Threat Management Unit
- Mental Evaluation Unit
  - MEU Triage Desk;
  - Systemwide Mental Assessment Response Team (SMART);
  - Case Assessment Management Program (CAMP); and



- MEU Administrative Training Detail.

**Special Duties:** The officer in Charge of the CRSS is the Department's Mental Illness Project Coordinator.

### **2.3.3 MENTAL EVALUATION UNIT**

The Mental Evaluation Unit (MEU) is responsible for:

#### **2.3.3.1 MENTAL EVALUTATION UNIT TRIAGE DESK**

- Provide advice and guidance to officers conducting preliminary investigations of persons who come in contact with emergency service personnel who are suspected of having a mental illness, suffering from Dementia, diagnosed with a Developmental Disability, and persons who require psychiatric examinations;
- Investigating persons suspected of being wanted escapees from mental institutions;
- Coordinating the assignment of apprehension and transportation orders;
- Arranging, upon request, for uniformed officers to assist Lanterman-Petris-Short Act (LPS) designated Psychiatric Mobile Response Teams or court designated conservators in the apprehension of persons suffering from a mental illness, who are being placed on a mental health hold;
- Maintaining, amending, and distributing the Department's "Incidents Involving Persons Suspected of suffering from Mental Illness," Notebook Divider;
- Assisting field officers with intervention, referral, or placement of a person with suspected mental illness, which aids in the prevention of unnecessary incarceration and/or hospitalization of persons with a suspected mental illness;
- Providing roll-call training relative to MEU and System-wide Mental Assessment Response Team (SMART) responsibilities;
- Maintain liaison with the Missing Persons Unit to determine if a reported missing person has been hospitalized due to a suspected mental illness;
- Providing staff support for the MHCRP Coordinator and Advisory Committee;
- Providing advice to officers on the confiscation and disposition of firearms or other deadly weapons confiscated from persons with a mental illness;
- Providing information on attempt suicide, barricaded suspect, or hostage incidents involving persons with a mental illness;
- Maintaining liaison with the Department of Health Services, Los Angeles County Department of Mental Health, and hospitals regarding policies and procedures involving the detention and involuntary holds of persons with suspected mental illnesses;
- Providing analysis of state and federal legislation pertinent to law enforcement encounters with persons suspected of suffering from a mental illness;

- Providing expertise and support to Police Science and Training Bureau regarding all training in the area of police contacts with persons suspected of suffering from a mental illness;
- Coordinating data collection to effectively measure all mental health crisis responses by the Department;
- Review, initiate and coordinate Department training courses involving the response to and handling of calls for service involving persons suspected of suffering from a mental illness;
- Documenting, tracking and managing the unit calls for service;
- Monitor via the radio Air-K9 – Channel 26, for broadcast calls for service requests;
- Ensuring the SMART unit(s) are logged on via the Mobile Digital Computers and the deployment on the Area Command Center is current;
- Tracking and updating the status of the deployed SMART units; and,
- Maintaining the MEU Kitroom and equipment assigned.

**Note:** Mental Evaluation Unit is no longer responsible for conducting preliminary investigations of officers who are suspected of being mentally ill, nor of making the appropriate notifications concerning all mentally ill employees.

**Special Liaison.** The MEU will maintain liaison with:

- **Psychiatric Hospitals and Mental Health Agencies.** To assist in investigating and placing persons suspected of having mental illness.
- **Special Files:** The MEU will maintain files of the following:
  - Requests for psychiatric examination reports; and,
  - Unserved apprehension and transportation orders.

#### **2.3.3.2 SYSTEMWIDE MENTAL ASSESSMENT RESPONSE TEAM**

**(SMART).** The Systemwide Mental Assessment Response Team (SMART) is responsible for:

- Monitor via the Mobile Digital Computer (MDC) and radio Air-K9 – Channel 26, for dispatched and broadcast calls for service requests involving a person suffering from a mental illness;
- Assisting field police officers whenever they come into contact with suspected persons with a mental illness;
- Providing intervention, referral, or placement for a person with a mental illness allowing field officers to quickly return to other field duties;
- Preventing unnecessary incarceration and/or hospitalization of persons with a mental illness;
- Providing alternate care in the least restrictive environment through a coordinated and comprehensive system wide approach.
- Assist with intelligence functions at critical incidents;
- Providing roll-call training relative to MEU and System-wide Mental Assessment Response Team (SMART) responsibilities;

- and, Assist with psychologically impaired victims at disaster scenes.

#### **2.3.3.3 CASE ASSESSMENT MANAGEMENT PROGRAM (CAMP).**

The Case Assessment Management Program is responsible for:

- Managing cases involving persons with a history of violent criminal activity caused by mental illness;
- Managing cases involving persons with a history of mental illness that have resulted in numerous responses by law enforcement and the use of substantial police resources;
- Preventing unnecessary incarceration and/or hospitalization of persons with a mental illness;
- Providing alternate care in the least restrictive environment through a coordinated and comprehensive system wide approach;
- Maintaining a file of Weapon Confiscation Receipts; and,
- Additional cases include but are not limited to:
  - Subjects that attempt suicide by cop (SbC);
  - High utilizes of emergency services by abuse of the 911 system;
  - Subjects that initiate the response of SWAT and/or high profile tactical operations;
  - Returning veterans suffering Post Traumatic Stress Disorder, or other mental illnesses;
  - Persons involved in acts of targeted school violence;
  - Persons suspected of being on a pathway to targeted mass violence (PATHE),
  - The seizure of firearms from the mentally ill prohibited possessors; and,
  - Persons enrolled in the State of California, Department of Mental Health, Conditional Release Program (ConRep).

#### **2.3.3.4 MENTAL EVALUATION ADMINISTRATIVE TRAINING DETAIL.**

The MEU Administrative Training Detail is responsible for:

- Administration and delivery of the Mental Health Intervention Training (MHIT) course;
- Administration and delivery of the MHIT update course;
- Providing expertise and support to Training Division regarding all training in the area of mental illness;
- Administration and coordination of the quarterly Mental Health Crisis Response Program Advisory Board meeting;
- The MEU Department LAN profile;
- The MEU Twitter Account;
- The MEU Facebook Account;
- Community outreach and engagement;
- The MEU COMPSTAT Profile and unit statistical information;
- Review and updating Department Manual Sections, Orders, Notices, and Training Materials in regard to the Departments response to persons suffering from a mental health crisis;

- Maintaining, amending, and distributing the Department's "Incidents Involving Persons Suspected of suffering from Mental Illness," Notebook Divider;
- Conducting audits of filed categorical and non-categorical Use of Force reports with indicators of mental illness, maintained by Use of Force Review Division;
- Providing analysis of state and federal legislation pertinent to law enforcement encounters with persons with suspected mental illnesses; and,
- Assisting the MHCRP Coordinator with the review of completed Use of Force reports with indicators of mental illness.

#### **2.4 PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS DEFINED.**

In formulating the opinion that a person may be suffering from a mental illness, officers will consider the following:

- The officer(s) observations (based on training and experience);
- Self-reported by the subject (diagnosis and/or medication);
- Statements from credible third party (family member, care-giver, mental health professional, and/or citizen); or,
- History of mental health contacts or hospitalizations (Mental Evaluation Report via Mental Evaluation Unit).

#### **2.5 DEPLOYMENT - MENTAL EVALUATION UNIT**

##### **2.5.1 PERSONNEL ASSIGNED**

###### **2.5.1.1 Officer in Charge CRSS**

Lieutenant II  
Call sign 1K110  
Assigned Daywatch

The OIC CRSS has functional command of the Mental Evaluation Unit, the MEU Triage Desk, the Systemwide Mental Assessment Response Team (SMART), the Case Assessment Management Program (CAMP), the MEU Training Detail, and the Threat Management Unit. The OIC of CRSS works in conjunction with the Los Angeles County Department of Mental Health (LACDMH) Program Head to ensure the co-deployed teams are maintaining the mission and accomplishing the Unit's goals.

###### **2.5.1.2 Officer in Charge MEU - Triage Desk, SMART**

Detective III  
Call sign 1K120  
Assigned Daywatch

The OIC of MEU Triage Desk and SMART has functional command of the MEU call intake operation and SMART field response to calls for service involving persons suffering from a mental health crisis. The OIC works in conjunction with LACDMH supervisors to ensure sufficient deployment of the co-deployed teams and that the calls for service are

properly handled. The OIC of MEU is responsible for the Unit's COMPSTAT reporting.

#### **2.5.1.2.1 Mental Evaluation Unit Watch Commander**

##### **Sergeant II**

Call sign 1K130

One assigned to Watch 2 and one assigned to Watch 3.

The MEU Watch Commander has functional command of the watch they are assigned, which oversees the MEU call intake operation and SMART field response to calls for service involving persons suffering from a mental health crisis, and interface with the Area Patrol Watch Commanders. The MEU Watch Commander works in conjunction with the LACDMH Supervisor to ensure sufficient deployment of the co-deployed teams are met and properly handling of calls for service is occurring. In addition, the MEU Watch Commander reviews all completed MEU Incident Reports, Desk logs, Kitroom log and SMART DFARs.

#### **2.5.1.2.2 Mental Evaluation Unit Field Supervisor**

Detective II or Sergeant I

Call sign 1K140, 1K150, 1K160, 1K170, 1K180

Can be assigned one of the three primary watches

The MEU Field Supervisor is responsible for field management of the SMART units deployed on their watch, they respond to calls for service, monitor call management and interface with the patrol supervisors. The field supervisors work in conjunction with the LACDMH supervisor in call response and call management.

#### **2.5.1.2.2.1 Mental Evaluation Unit Senior Lead Officer**

Police Officer III+I

Call signs 1K171 (Operations Valley Bureau), 1K172 (Operations West Bureau), 1K173 (Operations Central Bureau), 1K174 (Operations South Bureau).

Can be assigned to one of the three primary watches

The MEU SLO is responsible for the Police Bureau they are assigned and all of the Area Commands. They act as a liaison with the Area Senior Lead Officers to provide an interface between the Area SLOs with Department and Countywide resources to manage mental health related issues or concerns. This includes community meetings, COMPSTAT related concerns, and response strategies.

**Special Duty:** Coordination of the quarterly Mental Health Crisis Response Program Advisory Board meeting



#### **2.5.1.2.2.2 MEU Triage / SMART Officer**

Police Officer III, Police Officer II

Call signs 1K190 (desk), 1K111, 1K112, 1K113, 1K114, 1K115, 1K116, 1K117, 1K118, 1K119, 1K121, 1K122, 1K123, 1K124, 1K125, 1K126, 1K127, 1K128, 1K129, 1K131, 1K132, 1K133, 1K134, 1K135, 1K136, 1K137, 1K138  
Day watch, Mid-Day watch, PM watch, AM watch  
Can be assigned one of the three primary watches

The MEU Triage / SMART Officer can be assigned to work the MEU Triage Desk, managing call intake / advice / MEU Incident Report completion or assigned to work a deployed SMART unit teamed with a clinician from the Los Angeles County Department of Mental Health, responding to calls for service involving persons suffering from a mental health crisis. A Police Officer III assigned to the MEU Triage Desk, shall be assigned as the Desk Coordinator 1K190.

The Police Officer III assigned a SMART unit, will be assigned by Police Bureau by watch, they are responsible for ensuring the Bureau Basic Car integrity and call management. The Police Officer IIs assigned to the SMART units are responsible for the Bureau Basic Car integrity and coordinate with the Police Officer III assigned the same SMART unit.

The SMART officer shall also conduct Area Watch Commander check-ins and conduct periodic roll call trainings at the Geographic Areas within their assigned Police Bureaus. The SMART officer shall check the status of the Area's supply of the Community Mental Health Resource Guide and 911 Checklists and their availability. When necessary request a restock by notifying the MEU Watch Commander, who will assign delivery to the Area by the next oncoming shift of SMART officers. This activity will be logged on the SMART DFAR.

#### **2.5.1.3 Officer in Charge Case Assessment Case Assessment Management Program**

Detective III

Call sign 1K220

Assigned Daywatch - Detective hours

The OIC of CAMP has functional supervision over the detectives and detective trainees assigned to the unit. The OIC and LACDMH CAMP supervisor are responsible for review of all CAMP referrals completed. The OIC is responsible for the CAMP case assignment, review and determining whether the case is deemed inactive. The OIC tracks all of the cases assigned, their status, and conducts package reviews. The OIC

of CAMP is responsible for the COMPSTAT reporting information from the unit.

#### **2.5.1.3.1 Assistant Officer in Charge Case Assessment Management**

##### **Program**

Detective II

Call sign 1K230

Assigned Daywatch-Detective hours

The Assistant OIC has the same job description in the OICs absence. In addition, conducts follow ups with the CAMP investigative teams.

#### **2.5.1.3.1.1 CAMP Detective and Detective Trainee**

Detective I, Police Officer III

Call sign 1K241, 1K242, 1K243, 1K244, 1K245, 1K246, 1K247, 1K248, 1K249.

Responsible for investigating assigned cases and working in partnership with the co-deployed LACDMH clinician to develop long term case management strategies for those persons suffering from a mental illness, who are high utilizers of emergency services and/or at risk of violent encounters with emergency personnel.

#### **2.5.1.4 Office in Charge Mental Evaluation Administrative Training Detail**

Detective III

Call sign **None**

Assigned Daywatch – Administrative hours

The OIC of the MEU Administrative Training Detail has functional supervision over the officers assigned to the MEU Admin-Training Detail. The OIC is responsible for coordinating the COMPSTAT profile for the MEU. The OIC is responsible for the administration and delivery of the Mental Health Intervention Training (MHIT), and the for review and updating of Department Manual Sections, Orders, Notices, and Training Materials in regard to the Departments response to persons suffering from a mental health crisis.

#### **2.5.1.4.1 Assistant Office in Charge Mental Evaluation Administrative Training Detail: Detective II**

The Assistant OIC has the same job description in the OICs absence.

#### **2.5.1.4.1.1 MEU Administrative Training Detail Officers**

Police Officer III, Police Officer II, Police Service Representative

Assigned Daywatch – Administrative hours

Responsible for administration and delivery of the Mental Health Intervention Training (MHIT) course and the MHIT update course. They coordinate the quarterly Mental Health Crisis Response Program Advisory Board meeting, and the management of the MEU Department LAN, Twitter, Instagram and Facebook profiles. In addition, they manage the MEU COMPSTAT Profile and the Unit's statistical information.

## 2.5.2 JURISDICTIONAL BOUNDRIES

The MEU has citywide jurisdiction and is responsible for all four Police Bureaus and 21 Geographical Areas.

**Central Bureau Detail:** The Central Detail SMART team works Mid-Day Watch and PM Watch; it is based at Central Station. The primary responsibility of the Central Detail is to handle calls in Central Bureau.

**Note:** When there is a nexus to the City of Los Angeles, the SMART and CAMP teams may respond outside of the city limits, with supervisory approval.

## 2.5.3 HOURS OF DEPLOYMENT

### 2.5.3.1 MEU / SMART Watch Hours / Deployment Minimums

#### 2.5.3.1.1 MEU Triage Desk (deployed 24 hours 7 days a week)

##### Daywatch

0600 – 1600

- (1) Watch Commander
- (1) Clinical Supervisor (LACDMH)
- (3) Officer(s)

##### Mid-Daywatch

1000 – 2000

- (1) Supervisor
- (1) Officer(s)
- (1) Clinician(s) – Triage (LACDMH)

**Note:** Mid-watches, special traffic details, and other details which do not report at one of the regular times for change of watch shall be under the supervision of the watch commander on-duty at the time the detail reports for duty. The responsibility for supervision of such detail is transferred at the change of watch to the watch commander coming on-duty. (LAPD Manual 3/222.75)

##### PM – Watch

1530 – 0130



- (1) Watch Commander
- (1) Clinical Supervisor (LACDMH)
- (1) Field Supervisor
- (3) Officer(s)

**Morning Watch**

2030 – 0630

- (1) Watch Commander/Supervisor
- (2) Officers

**2.5.3.1.2 SMART (deployed 24 hours 7 days a week, two SMART units per Police Bureau per watch)**

**Daywatch**

0600– 1600

- (2) Officer(s)
- (2) Clinician(s) (LACDMH)

**Mid-Daywatch**

1000 – 2000

- (6) Officer(s)
- (6) Clinician(s) (LACDMH)

**PM – Watch**

1530 – 0130

- (8) Officer(s)
- (8) Clinician(s) (LACDMH)

**Morning Watch**

2030 – 0630

- (2) Officer(s)

**2.5.3.1.3 CAMP watch hours / Deployment Minimums**

**Daywatch – Monday thru Friday**

0600– 1600

- (1) Supervisor
- (1) Clinical Supervisor (LACDMH)
- (3) Detectives or Police Officer III
- (3) Clinician(s) (LACDMH)

**2.5.3.1.4 MEU Admin-Training Detail**

**Daywatch – Monday thru Friday**

0600-1600

- (2) Supervisor
- (4) Officer(s) (PSR) (SCT)

## **2.5.4 ROLL CALL**

### **2.5.4.1 MEU Triage Desk and SMART**

Shall be conducted at the beginning of each of the primary watches and attended by all of the personnel assigned to the watch. The roll call can be used to debrief significant or unique interventions.

### **2.5.4.2 CAMP**

Shall hold monthly squad meetings and shall be attended by all personnel assigned. The squad meeting will be used to discuss significant or unique cases and interventions.

## **2.5.5 EQUIPMENT**

### **2.5.5.1 Kitroom**

The MEU Triage Desk will be responsible for the MEU Kitroom and its contents, utilizing the Kitroom Inventory Tracking System (KITS). A Kitroom Audit will be completed each watch and signed off on by the on-duty MEU Watch Commander.

### **2.5.5.2 Radios**

All Radios are located and stored in the MEU Kitroom. Radios shall be checked out at the beginning of the watch and returned at the end of watch to the MEU Kitroom.

### **2.5.5.3 Tasers**

All Tasers are located and stored in the MEU Kitroom. Tasers shall be checked out at the beginning of the watch and returned at the end of watch to the MEU Kitroom.

### **2.5.5.4 Vehicles**

All vehicles assigned to the MEU are parked at the Garage located at 236 South Main Street on the fourth floor or at the Erector Set on Judge Aiso Street. Vehicles shall be checked out at the beginning of the watch and returned at the end of watch. All vehicle keys shall be stored in the key cabinet located at the MEU Triage Desk.

**Note:** An inspection of vehicles and equipment being released by a watch going off duty shall be made by a supervisor. The supervisor shall cause his or her watch commander to be notified of any defects observed in vehicles or equipment. (LAPD Manual 3/222.60)

### **2.5.5.5 Field Equipment**

All SMART Officers when deployed to the field shall carry the following equipment on their equipment belt at all time during their shift:

- Ammunition
- Department Badge

- Handcuffs
- Department approved firearm
- Chemical Irritant Control Device
- Electronic Control Device (Taser)
  - If a two-officer team is deployed, at least one officer shall check out and carry a taser. If additional tasers are available, then both officers may carry a taser.

The following item may be carried on the equipment belt (**optional**)

- Collapsible baton (**optional**)

#### **2.5.5.6 Dress Code – SMART / CAMP / Admin-Training**

Sworn MEU personnel may choose one of the following two attire options while in the performance of their duties.

- Business Attire (as identified in the Department Manual §3/605.80)
- Modified Field Uniform
  - Black Shirt (as specifically described below)
  - Tan Pants (as specifically described below)
  - Black or White T-Shirt
  - Tan or Black Uniform Boots
  - Black Zipper-Front Jacket or Department Approved Raid Jacket

**Note:** A hood and/or external decoration on the jacket is prohibited; however, the jacket may be embroidered with the authorized MEU logo on the left front panel as described below. Vest-type jackets are also prohibited.

The “Modified Field Uniform” consists of the following uniform pieces and is authorized for wear by all Mental Evaluation Unit personnel (CAMP, SMART, Training).

- 5.11 Brand Tactical Freedom Flex Woven Short Sleeve Shirt – *Black*
- 5.11 Brand Tactical Freedom Flex Woven Long Sleeve Shirt – *Black*
- 5.11 Brand Polo Short Sleeve – *Black*
- 5.11 Brand Polo Long Sleeve – *Black*
- Dickies Brand Tactical Polo – *Black*
- Dickies Brand Women’s Tactical Polo – *Black*
- Dickies Brand Men’s Ripstop Tactical Pant – *Desert Sand*
- Dickies Brand Women’s Ripstop Tactical Pant – *Desert Sand*
- 5.11 Tactical Pants- Tac Lite Ripstop – TDU Khaki

The shirt SHALL have the authorized MEU logo embroidered on the left front panel. The Modified Field Uniform is “self-purchase.”

At tactical operations officers may wear approved MEU t-shirt with an approved tactical vest.

#### **2.5.5.7 Safety Equipment**

Officers shall have at their disposal and in their vehicle

- Body Armor
- Reflective Safety Vest
- Raid Jacket or approved Tac-vest
- Helmet (general duty)

#### **2.5.5.8 Uniform**

All officers shall possess, at all times, serviceable uniform and necessary equipment in their locker to perform field duties in case of emergencies or activation for an unusual occurrence or planned event

### **2.5.6 CALL INTAKE / TRIAGE AND DISPATCH**

#### **2.5.6.1 Desk Operations**

##### **2.5.6.1.1 Field Notifications / Inquiries**

An *MEU Incident Report* **shall** be completed for each of the below notifications.

##### **Exceptions:**

- When a Missing Person check is completed and there is no history or indication of a mental illness.
  - When a location check is completed on a Search Warrant and there is no history or indication of a mental illness. (*LAPD Manual Section 4/742.10*)
- 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. (*LAPD Manual Section 4/260.15*)
- 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 and gray mail a copy of the Application for Mental Evaluation Hold 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.
- 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 mental patients who are being placed on a mental health hold. (*LAPD Manual Section 4/260.20*)
- 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 for information regarding the involved person. (*LAPD Manual Section 4/260.15*)

**Note:** *Immediately notify the on-duty MEU Watch Commander.*

- Officers who receive information from a mental health professional regarding a potential threat to any person (Tarasoff Notification) must immediately notify the MEU.
- ACCESS calls should be directed to the DMH Triage Supervisor when the position is staffed. If the call is of an emergency nature, a patrol unit will be dispatched immediately. If a SMART unit is available, one will be dispatched as a secondary responder. MEU should follow up with ACCESS to provide an update on the disposition of the call. Non-emergency calls should be handled by PMRT when available.
- Missing Person Check (*LAPD Manual Section 4/712.05*)  
Missing Person Investigation - Field Notebook Divider - 18.37.00
- A State of California Department of Mental Health Apprehension and Transportation Order (A&T Order) is issued, these include a person who is a participant in the Conditional Release Program (Con-Rep).

*(LAPD Manual Section 4/260.60)*

- An officer wishing to refer a subject to the “Laura’s Law” program.

**Note:** These requests are handled by the MEU Admin/Training Detail, have the requesting officer fax the application and place it in the in-box titled Laura’s Law.

- Inquiries as to whether a person has been entered into the MEU Incident Tracking System:
  - If it is an active situation in which officers are responding to or are engaged with the subject and there is exigency, then desk personnel are authorized to provide this information without prior approval.
  - If it is an inquiry in which there is not a public safety concern then the request shall be forwarded to the on-duty MEU Watch Commander, who will determine the individual’s right to know and need to know. Examples of such inquiries are:
    - Force Investigation Division;
    - Secret Service;
    - Area Detectives; and
    - Public Inquiries.

**Note:** The MEU Watch Commander will confer with the LACDMH supervisor as to the appropriateness of the release of information.

#### **2.5.6.1.2 Call Triage / Officer Safety Alerts**

- The MEU Triage Desk is responsible for conducting preliminary investigations of persons who come in contact with emergency service personnel who are suspected of having a mental illness, suffering from Dementia, diagnosed with a Developmental Disability, and persons who require psychiatric examinations; and,
- Assisting field officers with intervention, referral, or placement of a person with mental illness. This aids in the prevention of unnecessary incarceration and/or hospitalization of persons with a mental illness.

**Note:** MEU Triage Desk officers should refer the patrol officers to the current **INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM MENTAL ILLNESS - FIELD NOTEBOOK DIVIDER, FORM 18.47.00** to assist them in the management of call (Special Order No. 6, 2016)

- **Alert patrol officers** to any incidents in the MEU Incident Tracking System, which indicates there is a potential risk involving the person being contacted such as a previous ***use of force***, or ***firearms*** having been seized from the location.

**Note:** If a subject has been previously involved in a *Use of Force* incident, and the **NCUOF** of **CUOF** box has been checked in *Connecting Reports* **NCUOF; CUOF** the subject's name will be highlighted in **Green** on the return screen. If firearms have been seized and the *Gun Seized* box has been checked under *Tracked Stats* **Gun Seized** or any of the boxes checked under *CAMP*: **Barricade; School Violence; Animal Cruelty; Explosives/Arson; Hoarder; Fin.Stress; Suicide by Cop; Veteran; CONREP; Probation; Parole; PD High Utilizer; FD High Utilizer; DMH High Utilizer; Inc.High Risk behav.; Bullying/Bullied; Spec.Loc; AB 109; PATHE; Disengagement** the subject's name will be highlighted in **Pink** on the return screen.

MEU Number:	<input type="text"/>	SSN:	<input type="text"/>
Subject Last Name:	<input type="text" value="Garcia"/>	First	<input type="text" value="Ruben"/>
Street Name	<input type="text"/>	RD# :	<input type="text"/>
What's Your Division:	<input type="text" value="Admin"/>	Searched on: 12/1/2017 8:19:01 AM	

LastName	FirstName	SSN	DOB	Desc
Garcia	Ruben	xxxxxxxx	XX/XX/1963	M/H
Garcia	Ruben		XX/XX/1974	M/H
Garcia	Ruben	xxxxxxxx	XX/XX/1986	M/W
Garcia	Ruben	xxxxxxxx	XX/XX/1995	M/H

New Subject & Incident

Search

- Officers must decide as to the most appropriate management of the call for service and must answer some basic questions;
  - Are there indicators of a mental illness?
    - If so is the person a ***danger to self, others, or gravely disabled – due to a mental illness (5150WIC)***;
    - Does **“Probable Cause”** exist to detain and transport involuntarily to and a mental health facility;



**Note:** Ensure that the person being detained is read the admonition contained within 5150(f) WIC.

- If the detention occurs in the field, ensure a supervisor responds, documents and asked the “three questions;”
- If there is insufficient “**Probable Cause**” ensure that the person with mental illness or there family are provided referral resources such as:
  - The National Alliance on Mental Illness 1-800-950-6264
  - Los Angeles County Department of Mental Health ACCESS line 1-800-854-7771
  - LAPD MEU 911 Checklist; and,
  - LAPD Community Mental Health Resource Guide.
- When a detained person is to be released without being booked or cited, the detaining officer shall normally provide for the return of the person to the place where he or she was originally detained.

**Exception:** Under compelling circumstances, and with approval of a supervisor, the detaining officer may elect to deny further transportation to a person detained and released without being booked or cited (Examples of circumstances where such denial could be appropriate include return of violent suspects to the scene of prior hostile events, return to the scene of suspects who previously threatened physical violence to persons remaining at the scene, etc.). (LAPD Manual 4/217.51)

**Note:** 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.

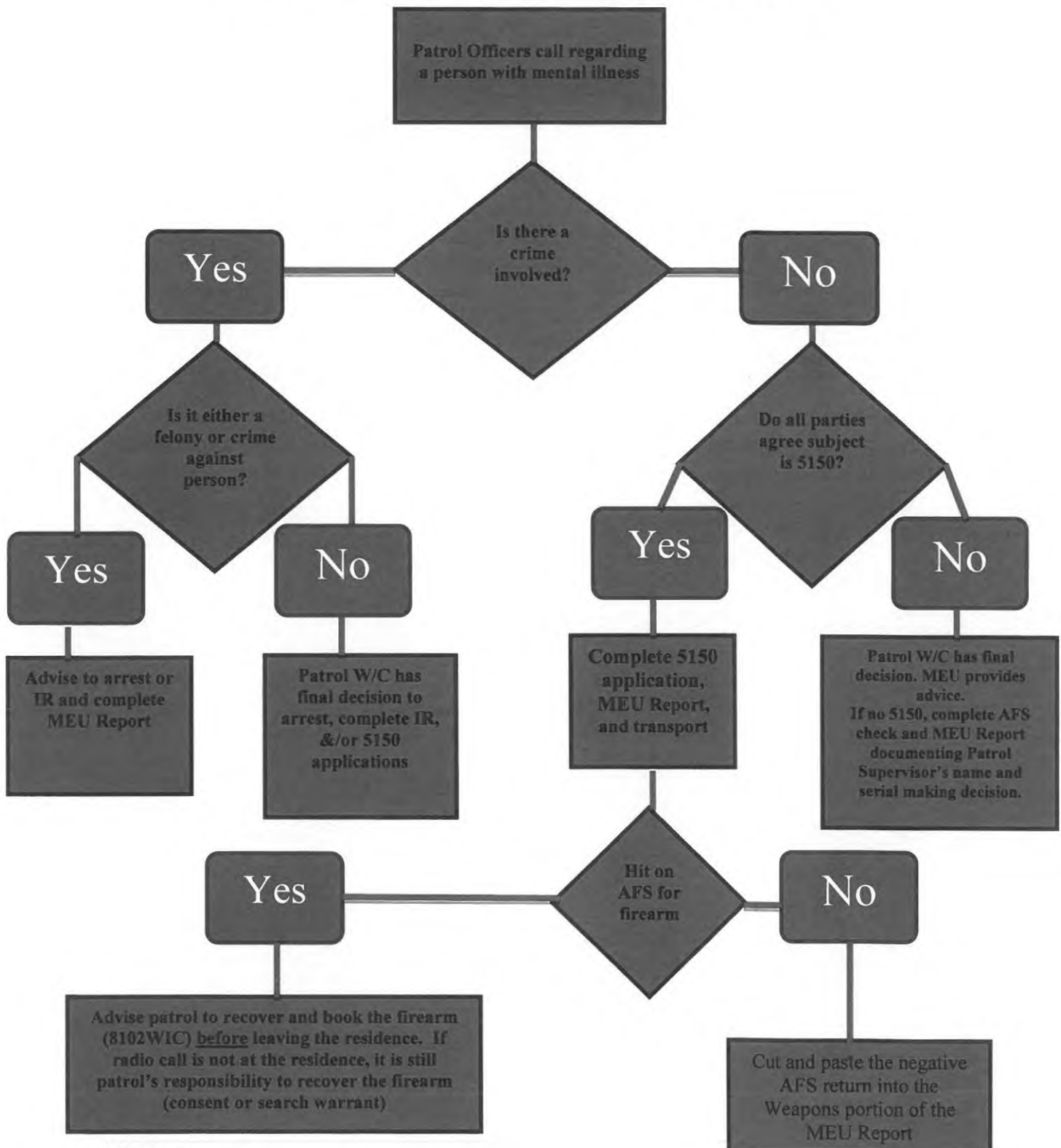
- Has a crime been committed?
  - If so should the person be arrested and booked or can they be diverted to mental health treatment (LAPD Manual 4/260.20); and,
  - If the subject is arrested/booked into a City Jail on a high-grade misdemeanor, felony or outstanding warrant, the MEU Triage shall attempt to coordinate the



transfer of the subject to the custody of the Los Angeles County Sheriff, in order to coordinate appropriate mental health treatment. This is coordinated via the on-duty Watch Commander at the Twin Towers facility. The MEU Triage clinician when appropriate will make contact with the Los Angeles County Department of Mental Health personnel assigned to the Twin Towers facility to ensure appropriate information sharing has occurred.

- Officers are provided the below MEU Mental Illness Triage Flowchart for guidance:

## **Mental Illness Triage Flowchart**



### 2.5.6.1.3 Pre-Booking Diversion

- Whenever a person has been detained or arrested for a criminal offense and is also determined to be mentally ill and a danger to self or others, and/or gravely disabled.
- When a subject is a suspect in a felony or high-grade misdemeanor crime, or the subject has any 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. (LAPD Manual 4/260.20)
- If the decision by the officers in the field is to place the subject on a mental health hold as opposed to booking the subject, then the **Pre-Booking Diversion** box shall be checked. If there is a reportable crime, then the MEU personnel will advise that a crime report should be completed by the field officers and the **Crime** box checked in Connecting Reports, describe the type of crime in the narrative of the report. If there is mental illness, but it is an offense that the officers in the field decide to book the subject on then the **Arrest** box is checked under Connecting Reports.

Connecting Reports	Crime
Tracked Statistics	Pre-Booking Diversion

### 2.5.6.1.4 Post-Booking Diversion

- If a subject who suffers from a mental illness is booked into the jail facility, and is later determined to be eligible for a release on his Own Recognizance or Bail has been posted; and is a danger to self / others, or gravely disabled and cannot be safely released by jail personnel should;
  - Jail sworn personnel shall conduct a mental health evaluation of the individual.
  - If the person is determined to be a danger to self / others or is gravely disabled, then complete an “**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION**” and shall upon release be transported to a mental health facility (county hospital or urgent care center) for treatment.
  - Jail sworn personnel shall contact the MEU Triage desk prior to transport.
- The MEU Triage officer completing the report shall indicate in the MEU Incident Report that the unit handling is Jail and:

Connecting Reports  
Tracked Statistics

ARREST
Post-Booking Diversion

#### 2.5.6.1.5 Mental Evaluation Incident Report Completion

- The MEU Triage Officer receiving the initial notification from the field shall:
  - Initiate an MEU Incident Report and complete all sections;
  - Initiate a search of the MEU system for prior reports;
  - If the person detained is a juvenile, ensure that the parent/legal guardian information is captured and documented in the MEU Incident Report;
  - If there is a California Driver's License number provided, enter it in the system, search, and attach the corresponding Department of Motor Vehicles Photograph provided;
  - If the person is homeless check the "homeless" checkbox;
  - If there is information provided in the CAMP Status Box, follow the directions and notify the assigned CAMP investigator. If there is not a CAMP investigator on duty, when you save the report an email will be generated to the investigator and supervisors;
  - Obtain the reporting officers Name, Serial No. and inquire as to whether or not they have attended Mental Health Intervention Training (MHIT).
  - **Note:** Check MHIT box if either officer has attended the course.
  - Inquire if the officer(s) in the field have conducted a check for registered firearms. Document their response in the fields provided in the report;  
  
**Note:** MEU officers shall also conduct an additional search via NECS/Automated Firearms System and copy and paste the response into the body of the report.
  - Inquire if there are any firearms or other deadly weapons in the residence that are not registered to the person being detained;  
  
**Note:** Juveniles cannot have firearms registered to them, but inquire if there are firearms accessible to the juvenile in the residence. Document in the box provided.

- MEU officers shall conduct a check via the Mental Health Firearms Prohibition System in order to determine if the person contacted is a prohibited possessor and or has had hospitalizations outside of their contacts with LAPD;

**Note:** If firearms are located or suspected, copy and paste the response into the body of the report.

- Inquire if the subject being contacted has been involved in a Categorical or Non-categorical use of force with officers, check the appropriate box, enter the serial number of the MEU officer inquiring.

**Note:** Also check CUOF or NCUOF box in connecting reports.

- Inquire if the officers have conducted a Want and Warrant Check on the person being detained. Document their response in the fields provided in the report;

**Note:** MEU officers shall also conduct an additional search via Want/Warrant system and copy and paste the response into the body of the report;

- When appropriate ask the **P.A.T.H.E.** Screening Question
  - *During your contact were there any statements or behaviors that would lead you to believe, that the individual you contacted, is at risk of being on a pathway to commit a future act of targeted mass violence?*
  - If answered in the affirmative;
    - Check the PATHE box and complete a Referral to CAMP
    - Open PATHE tab on MEU Incident Report
      - Complete PATHE questionnaire (*when practical*)
      - Assign a risk level based on the initial contact (*when practical*)

**Note:** If a crime has been committed, the criminal investigation shall take precedence over the mental health intervention.  
(Department Manual Section 4/260.20)

**Note:** If there is an active Criminal investigation, the case can be dual tracked in conjunction with the PATHE intervention.

However, the PATHE intervention cannot be used in furtherance of the Criminal/Terrorism related investigation.

**Note:** Refer to PATHE procedural guide folder

- MEU Officers shall review each of the report headings listed and check the appropriate box(es):
  - Report Type
    - **5150 Amb/Injury:** This heading is selected when an individual who is suffering from a mental illness, is in crisis but during the contact and assessment there is a medical emergency identified, which requires an immediate medical intervention. An Application for Involuntary Treatment should be completed (5150 WIC).
    - **5150Amb/Att Suicide:** This heading is selected when a person who is suffering from a mental health crisis has attempted suicide (e.g. overdose) and requires an immediate medical intervention. The officer shall follow the RA to the Emergency Room and obtain patient number and treating doctor information, and if necessary complete an Application for Involuntary Treatment (5150 WIC).
    - **5150 WIC:** This heading is selected when an individual who is suffering from a mental illness, is in crisis and due to this crisis is detained and transported to a facility for a psychiatric examination.
    - **5585 Amb/Injury:** This report heading is selected for a juvenile who is suffering from a mental illness, in crisis but during the contact and assessment there is a medical emergency identified, which requires an immediate medical intervention.
    - **5585 Amb/Att Suicide:** This heading is selected when a juvenile who is suffering from a mental health crisis has attempted suicide (e.g. overdose) and requires an immediate medical intervention. The officer shall follow the RA to the Emergency Room and obtain patient number and treating doctor information, and if necessary complete an Application for Involuntary Treatment (5585 WIC).
    - **5585 WIC:** This heading is selected for a juvenile who is suffering from a mental illness, is in crisis and due to this crisis, is detained and transported to a facility for a psychiatric examination.

- **ConRep:** This heading is selected when a subject who is remanded to the Conditional Release Program, managed by Gateways Hospital has been admitted to the program or has absconded (*immediately notify the CAMP*).
- **Information:** This heading is for a report where officers responded to and or have contacted an individual with a mental illness but was not detained or transported for examination or has been arrested for a crime. It can be used to document any other incident which does not fall under one of the other headings.
- **Tarasoff:** This heading is for a report of a credible threat against a reasonable identifiable individual made to a mental health professional. Each time the threat is made to a new mental health professional, it shall be documented. (this does not include what was written on the Application).  
**Note:** You must complete the notification to the California Department of Justice and include the file number in the report.  
**Note:** If the threat is communicated to a DMH /SMART clinician, the clinician shall complete the Tarasoff warning and the LAPD/SMART officer shall complete the DOJ Mental Health Reporting System (MHRS) report.
- **A-T Order:** This heading is for an Apprehension and Transportation Order; when an individual has been detained, transported, and admitted to a facility but escapes. The order is only good for the length of the original mental health hold (e.g. 72 hours, 2 weeks, 30 days).  
**Note:** Ensure the signed A&T Order is faxed over with the doctor's signature, and attach it to the report. Advise the Area the hospital is located in and the Area the subject resides. The subject may be detained and transported back to the hospital without additional "Probable Cause."
- **Laura's Law:** This heading is used for subjects who qualify for Laura's Law and an application has been submitted to the Los Angeles County Department of Mental Health – Assisted Outpatient Treatment program.  
**Note:** These reports are handled by the Admin/Training Detail.



- **Outreach:** This heading is used primarily by the MEU-Senior Lead Officers, or SMART officers working with the Homeless Outreach Teams.
  - **Arrest:** When a person with a mental illness is arrested for a crime and cannot be diverted.
  - **Critical Missing w/MI:** This heading is used for a person who is the subject of a critical missing investigation and suspected of suffering from a mental illness or cognitive impairment.
- Initial Responder / Incident Handled By / Unit Transporting
- These dropdowns are used to identify the initial responding unit or source of call to the MEU Triage Desk and the Unit or entity who handled the final disposition of the call for service.
  - SLO, RESET, HOPE, BEACH, and CRT have been added to both dropdown boxes. The SLO refers to the MEU SLOs and the others are a part of the Department's homeless outreach programs. (OFFICE OF OPERATIONS ORDER NO. 5 June 3, 2016)
- Disposition
- **County Facility:** Olive View, Harbor UCLA, USCMC.
  - **Private Facility:** Private hospitals such as College Hospital, UCLA NPI, Northridge Hospital, etc.
  - **Arrest:** If the subject has been arrested and booked as opposed to being hospitalized.
  - **No Action Taken:** No mental illness
  - **Referral:** Did not meet the criteria for involuntary hospitalization, however there is a mental illness, and referral information was provided to the subject, family, or caregiver.  
**Note:** If subject is transported to the Exodus Sobering Center, document as a referral.
  - **Urgent Care:** Exodus (East, West, South), Olive View Urgent Care.
  - **Refusal:** Did not meet the criteria for involuntary hospitalization, there is a mental illness, but refuses all referrals or additional information.
  - **Placement:** Individual engaged by a SLO, RESET, HOPE, BEACH, CRT is successfully engaged and placed in housing.



- **Tarasoff:** When the only action is that Tarasoff report is completed, CADOJ notified, and the subject has not been contacted by police.

➤ Facility Transported to

- It is important to ensure that the location in which a subject is transported to is accurately reported in the MEU Incident Report. An example of this is an Urgent Care transportation:

Dispo:

CDO#  Exodus East

or

Dispo:

CDO#  Exodus South

➤ Connective Reports

- **Arrest:** If arrested and booked (include DR# in box provided)
- **Crime:** If a crime has occurred and the subject is placed on an involuntary mental health hold instead of booking. (include DR# in box provided)
- **CUOF/NCUOF:** Document the Source of Activity, why the Officer, Supervisor, or FID investigator believes there is a mental illness, and that a UOF occurred.

**Note:** If a NCUOF or CUOF occurs complete a CAMP referral. (The TEAMS II system has been updated so that the supervisor completing, when the check box Mental Illness is checked, cannot proceed with checking the MEU contacted box and obtaining an MEU officers serial number and MEU Report Number.)

➤ Tracked Statistics

- **SMART not Available:** Call for service is received at the MEU Triage Desk and all of the SMART units are on calls and not available to respond.
- **Gun Seized:** Firearm seized as a result of a mental health contact.

**Note:** If a firearm or other deadly weapon is seized under 8102 WIC complete a CAMP referral.

- **Pre-Booking Diversion:** A subject of a mental health call has committed a low-level crime, but is diverted to an involuntary mental health hold as opposed to booking. (Complete IR) (include DR# in box provided)
- **Post-Booking Diversion:** A subject of mental health call has committed a crime, is arrested, and booked for the crime, but is cited out of jail and or has posted bail and is placed on an involuntary hold.
- **Urgent Transport / Combative:** A subject of mental health call fits the criteria for an involuntary hold, a SMART unit is available for dispatch, however due to the subject being combative the patrol unit requests to do an urgent transport to the hospital. (requires MEU Watch Commander notification)
- **Pre-Booking Screening:** A subject has been arrested and during the pre-booking medical screening states that they suffer from a mental illness, the desk officer shall check the Pre-Booking Screening box, along with ARREST check box in Connected Reports.

**Note:** When contacted by a Patrol Officer during the pre-booking screening notification the MEU Triage Desk Officer shall:

- Run the subject in the MEU Incident Tracking System.
- Run the Subject in the CA-DOJ Mental Health Firearms Prohibition System
- Advise the Patrol Officer booking the subject of all MEU or DOJ hospitalizations within the last (6) months. In addition, if there are any at risk behaviors to include; Use of Force, Previous Suicide Attempts, or any at risk behavior which may be of concern to the Custody Officer.
- Example: Subject has been hospitalized two times in the last (6) months for DTSO.

- Complete an MEU Incident Information report and provide the MEU report number and your serial number to the reporting officer.
- Record that this information was provided and to whom in the Narrative portion of the MEU Incident Report under the Additional heading.
- Fax to the Jail Dispensary:
- The most recent MEU Incident Report within the last 6 months of the current contact.
  - Metropolitan Detention Center, Jail Dispensary  
FAX No. 213-356-3778
  - Van Nuys Jail Dispensary  
FAX No. 818-756-9561
  - 77<sup>th</sup> Street Jail Dispensary  
FAX No. 323-789-1473

➤ CAMP

**Note:** Check the applicable box(es), document in the narrative of the MEU Incident Report, and complete a CAMP referral.

**Note:** Whenever a CAMP box is checked, a firearm is seized or an individual is involved in a Use of Force with officers a CAMP email is generated to the MEU supervisors and CAMP investigators.

**Note:** Confidential Reports by checking this box, it will only allow a supervisor the ability to view the details of the report.

- Person Reporting, Relationship, Address, and Phone Number

**Note:** Accurate reporting of this information, especially the relationship, can assist in future follow ups.

- Call Location, Facility Type, Incident Address, and RD

**Note:** Call location and Facility type are important especially if a school is involved. (much of this information will auto-populate if input correctly and selected).

- Appearance of Possible Mental Illness

- Appearance, Thought, Eye Contact, Sensory Observations, Mood, Speech, Behavior, Body Movements, and Other

**Note:** This is designed to ensure that the officer reporting conducts a thorough assessment of the person being detained. Complete all of the check box(es) that apply.

- Subject Stated Diagnosis and Psychotropic Medications

**Note:** These are generally self-reported, check those that apply

- Report Narrative

- Provide a detailed report delineating the reason for the response and how the officers developed the “*Probable Cause*” to detain the person for an involuntary hospitalization. Ensure each of the narrative headings are addressed. At the end of each narrative entry the officer completing shall type their LAST NAME and SERIAL number. This is also required for each subsequent update.

**Note:** Reports involving CUOF, NCUOF the narrative should be limited to the Source of Activity, why do the officers suspect mental illness, that a CUOF (OIS) or NCUOF occurred and disposition of the subject. (*this prevents the MEU report from conflicting with the UOF report*)

- The SMART unit officer shall include their UNIT NUMBER, LAST NAME, and CLINICIANS LAST NAME in the narrative of the report.

**Note:** When completing an Electronic Notification to the California Department of Justice on a Tarasoff, ensure you type the reference number in the narrative under the appropriate heading and scan and attach the corresponding emailed response.

- **Juveniles:** an entry must be made in the report narrative which states, “Parents were advised of voluntary placement, but due to the seriousness of the incident an involuntary application was completed.”

- Attachments

- Officers are encouraged to attach any relevant documents by scanning them into the system, these include crime reports, MH302, Tarasoff D.O.J. returns, etc. (Attachment Tab).
  - Signification Case Notification
    - If an incident occurs which generates a Significant Case Notification (SCN) through the Chain of Command, the completing supervisor shall check the SCN box.
- Note:** If the on-duty MEU Watch Commander determines that an incident arises to an SCN they shall notify the SMART OIC, Section OIC, and Commanding Officer and be guided by their direction.
- CAMP Referral
    - When a CAMP referral is completed, the on-duty MEU Watch Commander, shall review and sign the completed CAMP referral, check the CAMP referral box at the bottom of the MEU Incident Report, and ensure its delivery to the CAMP referral in-box.
  - MEU Incident Report Approval
    - All on duty MEU supervisors shall review the MEU Incident Reports for accuracy and completeness throughout their shift.
    - It is the responsibility of the on-duty MEU Watch Commander to ensure the MEU Incident Reports are completed, reviewed, and approved throughout each shift.
    - Once the review is complete, the reviewing MEU supervisor shall electronically sign the MEU Incident Report.

#### 2.5.6.1.6 Dispatch of SMART units

- When a request for service is received at the MEU Triage Desk for the response of a SMART unit the desk officer shall:
  - Check the availability of the SMART units deployed,

**Note:** This can be accomplished by checking the Unit Status Board, the ACC, and telephonically contacting the SMART unit(s).

- Determine the call location based on the involved Police Bureau.
- Dispatch the nearest available SMART unit using the Sequential Order of Dispatch Model:

**Operations Valley Bureau**

1K111 / 11K21 (Basic Car) (Daywatch)  
1K131 (X-Car) (Daywatch)  
1K112 / 1K122 (PM watch)  
1K132 (X-Car) (PM watch)

- Order of Dispatch

1. 1K111 / 1K121 or 1K112 / 1K122
2. Any SMART unit not assigned a Bureau
3. Operations West Bureau
4. Operations Central Bureau
5. Operations South Bureau

**Operations Central Bureau**

1K113 / 1K123 (Daywatch)  
1K133 (X-Car) (Daywatch)  
1K114 / 1K124 (PM watch)  
1K134 (X-Car) (PM watch)

- Order of Dispatch

1. 1K113 / 1K123 or 1K114 / 1K124
2. Any SMART unit not assigned a Bureau
3. Operations South Bureau
4. Operations West Bureau
5. Operations Valley Bureau

**Operations South Bureau**

1K115 / 1K125 (Daywatch)  
1K135 (X-Car) (Daywatch)  
1K116 / 1K126 (PM watch)  
1K136 (X-Car) (PM Watch)

- Order of Dispatch

1. 1K115 / 125 or 1K116 / 126
2. Any SMART unit not assigned a Bureau
3. Operations Central Bureau
4. Operations West Bureau
5. Operation Valley Bureau

**Operations West Bureau**

1K117 / 1K127 (Daywatch)

1K137 (X-Car) (Daywatch)

1K118 / 1K128 (PM watch)

1K138 (X-Car) (PM Watch)

- Order of Dispatch

1. 1K117 / 127 or 1K118 / 1K128
2. Any SMART unit not assigned a Bureau
3. Operations Valley Bureau
4. Operations Central Bureau
5. Operations South Bureau

**Morning Watch**

1K182

1K184

➤ **Critical Incident Request:**

If a SMART unit is requested by the Incident Commander at a *critical incident*, such as an attempted suicide, jumper, barricaded suspect/subject, hostage situation, mass casualty situation, and/or as deemed necessary by the on-scene Incident Commander, whether or not the subject/suspect is contained or detained, a SMART unit **shall** be dispatched (if available) and an MEU Supervisor **shall** also respond to the incident (*LAPD Manual Section 4/260.15*).

**Note:** If no SMART unit is available then at minimum an MEU Supervisor **shall** respond to the request.

**Note:** If there is no MEU Field Supervisor is available, then the MEU Watch Commander **shall** respond to the request.

**Note:** An on-scene Incident Commander may request the response of a SMART unit Code-3; however, this request must be broadcast over the air. The SMART unit assigned shall respond over the air and comply with the Incident Commander request. The officer who assigned the SMART unit shall immediately notify the on-duty MEU Watch Commander, who will determine the appropriateness of the request.



- At a critical incident scene, the SMART supervisor will have command and control of the SMART unit in support of the on-scene Incident Commander, in-regards to its use (tactical deployment, e.g. if an officer goes down range, to what extent the clinician engages the subject, etc.).
- If there is not a SMART Unit available, or if there is a request for Urgent Transport due to a subject being combative, and/or if there are not any SMART unit(s) deployed, then MEU Triage Officer shall immediately notify the on-duty MEU Watch Commander.
  - Check the SMART not Available, SMART not on duty or Urgent Transport on the MEU Report under **Tracked Stats**;
  - Direct the patrol unit by catchment area to the nearest facility (County Hospital or Urgent Care Center);
  - Provide the patrol unit the MEU Number;
  - Advise the patrol unit to complete an **"APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION"** placing the MEU number on the top of the form;
  - Mark Handled and Transported by Patrol in the dropdowns; and,
  - Advise the Patrol Unit to call back with the completion time in order to document the Wait Time.
- If the subject requires *immediate medical attention* due to an attempt suicide or a medical condition has arisen during the initial contact:
  - Provide the Patrol Unit with the MEU Number;
  - Direct the Patrol Unit to follow the Rescue Ambulance to the medical facility and provide a report to the medical staff as to what their investigation at scene revealed;
  - Obtain a patient number and treating doctor's information, document in the MEU report;
  - If the Patrol Unit is concerned that the medical facility is not going to address the psychiatric emergency, they can complete an **"APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION;"**

- Check the appropriate report type and mark handled by Patrol, Transported by LAFD, Urgent Transport in Tracked Statistics; and,
- Document in the narrative of the MEU report the circumstances surrounding the call, the Patient Number and Treating Physicians name.

#### **2.5.6.2 SMART Unit Response and Call Management**

- The SMART unit composition:
  - An officer assigned to the MEU and a clinician from the Los Angeles County Department of Mental Health.
  - Two officers assigned to the MEU when there are not any clinicians available.
- The SMART unit will drive in a dual-purpose police vehicle equipped with a cage.
- SMART calls for service
  - Received from the MEU Triage Desk
  - Broadcast over the radio
    - If the SMART officer buys a call over the radio, they must notify the MEU Triage Desk.
  - The SMART officer shall broadcast over the base frequency that they are responding to the assigned call for service and have the Communications Radio-Telephone Operator (RTO) assign the call to them via the Mobile Digital Computer (MDC) located in the SMART vehicle.
  - The SMART officer shall conduct an Incident Recall via the MDC, so they and the clinician can review the comments of the call.
  - The LACDMH clinician can, prior to the response of the SMART unit to the call location, gather pertinent and available mental health information.
  - The SMART officer shall inquire of the MEU Triage officer if there are any previous incidents or alerts in the MEU Incident Tracking System.

- It is recommended that the SMART interview be conducted at the location where the person suffering from a mental health crisis was detained. This allows for the collection of collateral information, such as speaking to the Person Reporting, viewing living conditions etc.

**Exception:** If the person being detained becomes combative or the location where the person was detained is not tactically safe to remain, they should be transported to the appropriate police station.

- On scene call management
  - The SMART officer shall ensure the scene is safe to conduct the mental health interview.
  - The subject to be interviewed shall be handcuffed (LAPD Manual 4/217.36).
  - The patrol unit shall remain until released by the SMART officer.
    - The SMART officer and LACDMH clinician shall jointly conduct a mental health assessment to determine if there is “Probable Cause” to complete an **“APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION.”**
  - If “Probable Cause” exists the **“APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION”** is generally completed by the LACDMH clinician; however, both the SMART officer and LACDMH clinician have the legal authority to complete the Application, and both shall sign the bottom of the form.
  - Ensure that the person being detained is read the admonition contained within 5150(f) WIC.
  - If a dispute arises between the SMART officer and the LACDMH clinician as to whether “Probable Cause” exists, they shall both notify their immediate supervisors.
    - The **“APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION”** shall still be completed; however, the officer or clinician, who did not believe there was sufficient “Probable Cause” is not required to sign the form.

- Once the determination is made to transport the subject to a mental health facility, the SMART unit takes responsibility for the custody of the individual.
- If the detention occurs in the field, ensure a supervisor responds, documents, and asks the “three questions.”
- The SMART unit is responsible for transportation of the subject.

**Exception:** If the subject is combative or violent, the SMART unit shall request that patrol officers to assist in the transportation, or request an LAFD Rescue Ambulance.

- The SMART unit shall provide a report to the facility staff and provide them with the completed “**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION.**”
- The SMART unit shall complete an inventory of the personal property and retain a copy of the receipt, attaching it to the DFAR and placing a copy in the LACDMH patient chart.
- If there is insufficient “Probable Cause,” ensure that the person with mental illness or their family are provided referral resources such as:
  - The Nation Alliance on Mental Illness 1-800-950-6264
  - Los Angeles County Department of Mental Health ACCESS line 1-800-854-7771
  - LAPD MEU 911 Checklist; and,
  - LAPD Community Mental Health Resource Guide.
- When a detained person is to be released without being booked or cited, the detaining officer shall normally provide for the return of the person to the place where he or she was originally detained.

**Exception:** Under compelling circumstances, and with approval of a supervisor, the detaining officer may elect to deny further transportation to a person detained and released without being booked or cited. An example where a denial could be appropriate may include return of violent suspects to the scene of prior hostile events, return to the

scene of suspects who previously threatened physical violence to persons remaining at the scene, etc.) (LAPD Manual 4/217.51).

- If the subject is booked into a City Jail on a high-grade misdemeanor, felony or outstanding warrant, the SMART officer shall attempt to coordinate the transfer of the subject to the custody of the Los Angeles County Sheriff, in order to coordinate appropriate mental health treatment. This is coordinated via the on-duty Watch Commander at the Twin Towers facility. The SMART clinician when appropriate will contact the Los Angeles County Department of Mental Health personnel assigned to the Twin Towers facility to ensure appropriate information sharing has occurred.

**Note:** For clarification of high-grade misdemeanors refer to LAPD manual section 4/615.40.

➤ SMART unit response to hospitals

- The SMART unit can respond to hospitals at the request of LAPD uniform officers. This will be at the direction of the on-duty MEU Watch Commander and LACDMH supervisor.

➤ SMART Unit response to City Jails

- This is at the discretion of the on-duty MEU Watch Commander; generally, the call for service is handled by City Jail sworn personnel or the original booking Patrol Area.

➤ Transportation

- The subject can be transported in the SMART vehicle or via contract ambulance, which is arranged for by the LACDMH clinician.  
**Note:** The SMART unit may transport out of the City limits to private LPS designated facilities. In the rare occasions that they must transport out of the county, they must obtain the MEU Watch Commander and LACDMH clinical supervisor approval.

**Note:** The SMART unit is not required to follow the contract ambulance to the treating facility.

- The SMART officer is responsible for the updating and completion of the MEU Incident Report, and any additional reports and notifications required.
- The SMART clinician is responsible for the completion of the patient chart, and any additional reports and notifications required.
- If a CAMP referral is determined appropriate, then the SMART officer and clinician shall jointly complete the form and submit it for approval from the on-duty MEU Watch Commander and LACDMH clinical supervisor.
- The SMART officer shall complete a SMART Daily Field Activity Report (DFAR), attach all pertinent document (e.g. property receipts) and turn it in to the on-duty MEU Watch Commander at the end of their shift.

**Note:** An officer assigned to a unit which is dispatched on calls via radio shall not pass on to the succeeding watch any unanswered radio dispatches without prior permission of the watch commander. (LAPD Manual 3/222.55)

#### 2.5.6.2.1 PATHE Cases

- Complete MEU Incident Report
- Ask pre-screening question
  - If answered in the affirmative
    - Check the PATHE box and complete a Referral to CAMP
    - Open PATHE tab on MEU Incident Report
      - Complete PATHE questionnaire
      - Assign a risk level based on the initial contact

**Note:** If a crime has been committed, the criminal investigation shall take precedence over the mental health intervention. (*Department Manual Section 4/260.20*)

**Note:** If there is an active Criminal investigation, the case can be dual tracked in conjunction with the PATHE intervention. However, the PATHE intervention cannot be used in furtherance of the Criminal/Terrorism related investigation.

**Note:** Refer to PATHE procedural guide folder

#### **2.5.6.2.2 SMART Response to Schools and Interviewing Juveniles**

- When a request for a SMART response is received from a School, the MEU Triage Desk should determine if the call location is a LAUSD campus or a non-LAUSD campus.
  - If the call is at an LAUSD campus, the MEU Triage Desk should inquire if the Los Angeles School Police Department (LASPD) has been notified and request LASPD respond.
  - If LASPD is unable to respond, the MEU Triage desk shall generate a call for service via Communications and dispatch an available SMART unit to the call for service.
  - If LAPD patrol units are on scene, SMART shall be dispatched to assist the patrol unit in the management of the call for service.
  - SMART shall be dispatched in cases of Targeted School Violence incidents; along with a SMART supervisor.
- In general, officers responding to a school to conduct any investigation must first check-in with the school's administration to establish contact and advise of the need to conduct an interview with a child.
- If school administration refuses to facilitate an interview at school, officers should provide the administrator with the summary of Los Angeles Unified School District (LAUSD) procedures. If the school staff continues to deny an interview, officers should contact the Los Angeles School Police Department (LASPD) Watch Sergeant for advice and assistance. The LASPD watch sergeant can be reached at (213) 625-6631, at any time.
- Best practices indicate that on-campus child interviews are best conducted in a private setting with the child, and with the support of an advocate for the child when appropriate. Also, officers conducting an on-campus interview of a child should allow the principal or a teacher to attend the interview if requested and notify the child's parent(s) and/or guardian(s) when appropriate.



**Note:** A notification to the Department of Children and Family Services (DCFS) shall be made, if there are allegations of suspected neglect or child abuse.

- Investigating a Targeted School Violence incident, several components should be considered to safeguard the parties involved. Information to be considered include but are not limited to:
  - History of the child's school behavior (FERPA)
  - History of bullying or being bullied
  - Mental health history or lack of mental health history
  - Check the child's backpack, locker, and bedroom for elements of violence and tactics of incursion (look at writings)
  - Child's access and familiarization to weapons and or explosives (including family members)
  - Child's fixation of proximity/school shooting incidents (Social Media)
- Who can conduct interviews of juveniles on campus:
  - **Law enforcement:** Can interview anyone regarding suspected child abuse/neglect investigation. Other interviews are permissible if investigating a crime and the disruption to instruction is minimized. In general, for suspected in-home child abuse/neglect or abduction/ kidnapping cases, the school should not contact the parent regarding the interview. However, the school should obtain the officer's name and contact information should the parent later contact the school about an interview. If a student is released from school to law enforcement, the school should take immediate steps to notify the parent unless the case is suspected child abuse/neglect or kidnapping/abducting (Education Code section 48906).
  - **DCFS:** Can interview anyone regarding suspected child abuse/neglect investigation. Other interviews are permissible if some documentation of link to child (e.g., minute order with worker and child's name) and the disruption to instruction is minimized.
  - **Probation officers:** interviews are permissible if some documentation of link to child (e.g., minute

order with officer and child's name) and the disruption to instruction is minimized.

- **District Attorney/Public Defender Investigators:** Permissible with a subpoena or parent/guardian consent or consent of adult employee and disruption to instruction/work is minimized.
- **Private investigators:** Permissible with a subpoena or parent/guardian consent or consent of adult employee and disruption to instruction/work is minimized.

#### 2.5.6.2.3. Use of Restraints

- Officers **shall** handcuff a person with mental illness taken into custody when the person is not restrained by means of a straitjacket or restraining straps.

**Exception:** When a person with a mental illness whose age or physical condition is such that the personal safety of the person with a mental illness and the officer clearly will not be jeopardized, the use of handcuffs is at the discretion of the officer.

- When handcuffing a person with a mental illness, officers must use only official handcuffs and ensure that the handcuffs are double locked. Temporary plastic restraining straps must not be used to restrain a person with a mental illness, nor will they be furnished to private persons for use in restraining a person with a mental illness (LAPD Manual 4/217.36).
- Officers should use handcuffs or other restraining devices when making arrests in schools, whenever deemed necessary, to ensure the security of juvenile arrestees and the safety of the officers and others.
  - To the degree possible, minimize embarrassment to the juvenile and disruption of school activities and functions by having the school principal or his/her designee make contact with the juvenile and escort the juvenile back to his/her office; and,
  - Ensure that the juvenile's parent(s), guardian(s), or responsible adult is notified of the juvenile(s) removal. (LAPD Manual 4/218.40) (Juvenile Procedures Manual Chapter 6)
- The **GRIP Wrist to Waist Restraint System** may be used on **Non-combative, compliant subjects**. The system **shall**

**only** be transitioned from a handcuffed subject. The subject **shall** be monitored and under the direct supervision of the officer who applied the restraint until its removal. (approved for the use by MEU personnel only)

- When practical children under the age of 12 years should be transported by a County Contract Ambulance.
- When transporting on a gurney by a LAFD;
  - The subject shall remain handcuffed; and,
  - The handcuff shall not be affixed to the rail of the gurney per LAFD policy.

#### 2.5.6.2.4. Seizure of Firearms

- 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).

**Note:** Officers 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, and shall inquire if there are any firearms or other deadly weapons in their possession or accessible to them.

- 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.

***Note: It is the responsibility of the Area Detective to obtain a search warrant for any outstanding firearms***

- 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 for the purpose of the furtherance of a criminal investigation (People v. Sweig, 2008\_Cal.App.4th).

- 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 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) to a person with a mental illness which has been confiscated pursuant to WIC Section 8102.
- It is the responsibility of the primary patrol unit to manage the seizure and booking of firearms or other deadly weapons under this authority.
- The primary patrol unit must *demonstrate due diligence* in locating all firearms that they are aware of and if there is a firearm outstanding they shall immediately notify the Area Watch Commander and the MEU Watch Commander
- Officers shall indicate on the bottom of the **“APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION”** that a firearm has been seized or still outstanding, so the treating staff is aware of the seriousness of the incident. In addition provide a good contact name and phone number (watch commander line & possibly MEU line) so the staff can contact them with additional information or when the subject is to be released.

## 2.5.7. LAWS

### 2.5.7.1. Statutes

- **California Welfare and Institutions Code(s)**
  - 5150 - 5155<sup>1</sup> Involuntary Detention Laws (72 hours)
  - 5150<sup>2</sup> Involuntary Detention
  - 5150.2<sup>3</sup> Delay of a Peace Officer
  - 5150.05<sup>4</sup> Using historical information

<sup>1</sup> <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5150-5155>

<sup>2</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=5150.&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5150.&lawCode=WIC)

<sup>3</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=5150.2.&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5150.2.&lawCode=WIC)

<sup>4</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=5150.05.&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5150.05.&lawCode=WIC)

**Note:** As of 2016, the Application must include a statement that they used/or considered historical information in making the determination.

- 5250 – 5259.3<sup>5</sup> Certification for Intensive Treatment (14 Days)
- 5328<sup>6</sup> Privacy Law / Patient Information
- 5350 - 5372<sup>7</sup> Conservatorship (30 Days)
- 5585 – 5585.25<sup>8</sup> Civil Commitment of Minors
- 7325<sup>9</sup> Apprehension an Transportation Order
- 8100 – 8108 <sup>10</sup> Firearms / Tarasoff
- 8101<sup>11</sup> Knowingly Supply Firearm to Prohibited Possessor
- 8102<sup>12</sup> Mental Health Firearm seizure

➤ **California Penal Code(s)**

- 1026<sup>13</sup> Not Guilty by Reason of Insanity
- 1370<sup>14</sup> Incompetent to Stand Trial
- 1524<sup>15</sup> Search Warrant
- 29805<sup>16</sup> Prohibited Possessor / Firearm
- 25135<sup>17</sup> Properly securing firearm
- 4110.6<sup>18</sup> Jails
- 18100-18122<sup>19</sup> Gun Violence Restraining Order

➤ **California Code of Regulations**

- Title 15<sup>20</sup> Custody regulations / Mentally Disordered Inmates

<sup>5</sup> <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5250-5259.3>

<sup>6</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=5328](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5328)

<sup>7</sup> <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5350-5372>

<sup>8</sup> <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5585-5585.25>

<sup>9</sup> <http://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-7325.html>

<sup>10</sup> <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=08001-09000&file=8100-8108>

<sup>11</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=8101.&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=8101.&lawCode=WIC)

<sup>12</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=8102.&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=8102.&lawCode=WIC)

<sup>13</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=1026.&lawCode=PEN](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1026.&lawCode=PEN)

<sup>14</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=1370.&lawCode=PEN](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1370.&lawCode=PEN)

<sup>15</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=1524.&lawCode=PEN](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1524.&lawCode=PEN)

<sup>16</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=29805.&lawCode=PEN](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=29805.&lawCode=PEN)

<sup>17</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=25135.&lawCode=PEN](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=25135.&lawCode=PEN)

<sup>18</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=4011.6.&lawCode=PEN](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4011.6.&lawCode=PEN)

<sup>19</sup> [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=18100.&lawCode=PEN](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=18100.&lawCode=PEN)



➤ **Federal Law(s)**

- HIPAA<sup>21</sup> Privacy law – disclosure to Law Enforcement
- FERPA<sup>22</sup> School Privacy Laws
- EMTALA<sup>23</sup> Emergency Medical Treatment

**2.5.7.2. Tarasoff Notification**

- Officers who receive a notification from a mental health professional that a patient has made a credible threat against a reasonably identifiable person(s) shall:

- Make a Tarasoff report either electronically or via certified mail to the California Department of Justice in compliance with WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 8100( b )( 1 ) & 8105( c );

**Note:** The legal duty to warn the intended victim of the threat is the responsibility of the mental health professional.

- Complete a crime report if appropriate;
- Run the subject in the Mental Health Firearms Prohibition System;

**Note:** If notification was done electronically the prohibition should occur concurrent to the electronic notification.

- Officers 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, and shall inquire if there are any firearms or other deadly weapons in their possession or accessible to them.

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<sup>20</sup>

<https://govt.westlaw.com/calregs/Document/IA5EEDA4080EF11E3919DFDAA2C695CEE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=%28sc.Default%29>

<sup>21</sup> [http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures\\_for\\_law\\_enforcement\\_purposes/505.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_for_law_enforcement_purposes/505.html)

<sup>22</sup> <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/library/montcounty0215.html>

<sup>23</sup>

[http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display\\_arch&article\\_id=2549&issue\\_id=122011](http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=2549&issue_id=122011)



- If there are weapons immediately advise the on-duty MEU Watch Commander and provide a copy of the MEU Incident Report and a copy of the Mental Health Firearms Prohibition System printout
- The MEU Watch Commander shall notify the concerned Area Watch Commander of the prohibition and the firearms;

**Note:** complete a CAMP referral; and,

- If there are not any registered firearms notify the Area Watch Commander of the threat and request a welfare check be conducted to advise the intended victim.
- If the threat of violence is communicated to the SMART clinician during the interview, they shall immediately notify their partner officer, who will complete the Tarasoff Report and assist in making notification to the intended victim.

#### 2.5.7.3. Apprehension and Transportation Order

- An Apprehension and Transportation Order is issued pursuant to California Welfare and Institutions Code 7325, when an individual has been detained, transported, and admitted to a facility but escapes. The order is only good for the length of the original mental health hold (e.g. 72 hours, 2 weeks, 30 days).

**Note:** Ensure the signed A&T Order is faxed to the MEU Triage Desk with the doctor's signature, attach it to the report. Notify the Patrol Area the hospital is located in, about the escape, and the Patrol Area the subject resides. The subject may be detained and transported back to the hospital without additional "Probable Cause."

**Note:** Apprehension and Transportation orders are not warrants of arrest. (Detective Bureau Notice *SERVICE OF ORDERS FOR 72-HOUR DETENTIONS AND/OR APPREHENSION AND TRANSPORTATION ORDERS*) Officers are not empowered to force entry to serve them. Escape from a mental institution is not a crime. In some instances, an institution may apply for and get a warrant of arrest for an escape. These are true warrants of arrest. Any Mentally Disordered Person arrested on a warrant shall be booked at the Metropolitan Detention Center or Valley Jail

Section; warrants issued for escapes on criminal court commitments will be for the original criminal offense.

#### **2.5.7.4. Conditional Release Program (ConRep)**

- The Conditional Release Program (CONREP) is the California Department of State Hospital's (formerly Department of Mental Health) statewide system of community based treatment and supervision services for;
  - Judicially committed individuals (PC 1026, Not Guilty by Reason of Insanity; PC 1370, Incompetent to Stand Trial; WIC 6316, Civilly Committed Mentally Disordered Sex Offender, PC 2972) and,
  - Mentally Disordered Offender Parolees (PC 2962).
- The primary mission of CONREP is the protection of the public through the reduction, if not prevention, of re-offense by specified forensic patients. Since 1990 Gateways Hospital and Mental Health Center has contracted with the California Department of State Hospitals to provide Conditional Release Program services to all of Los Angeles County.
- Notification of AWOL to the MEU Triage Desk
  - Notify on duty SMART Watch Commander of AWOL.
  - Complete an Apprehension and Transportation, Mental Evaluation Incident Report.
  - Ensure that the completed Apprehension and Transportation Order is received (faxed) from the reporting party.
  - Scan and attach the Apprehension and Treatment Order to the MEU Incident Report
  - The Apprehension and Transportation Order in the book at the Triage Desk.

**Note:** An A&T Order for a ConRep is of longer duration as they are committed to the treatment facility by the Court. The treatment facility will notify the court and a No-Bail Warrant will be issued for the AWOL subject.

  - Ensure that a Missing Person Report has been completed in the Area of the AWOL occurrence.

- Notify any on duty Case Assessment Management Program (CAMP) detective of the AWOL.
- Notify CAMP supervisor of the AWOL.
- The CAMP responsibilities
  - CAMP detective assigned the case will update the CONREP file and generate an information flyer on the AWOL subject.
  - Distribution of the flyer and concerned Areas will be at the discretion of the CAMP supervisor and Section OIC.

**Note:** The distribution will generally include the Area of the AWOL and last known residence or location of nearest family member.

- CAMP detective will monitor the status of the case and update the flyer when the No-Bail Warrant is issued, at which point the Missing Person Report will be removed from the system.

## **2.5.8. CASE ASSESSMENT MANAGEMENT PROGRAM (CAMP)**

### **2.5.8.1. CAMP Referral**

#### **2.5.8.1.1. Referral Sources**

- MEU Triage Desk
- SMART unit
- Threat Management Unit (TMU)
- Geographic Area
- Secret Service
- LA-Threat Assessment Response Partners (LA TARP)
- School Threat Assessment Response Team (START)
- IMPACT meeting
- Community Meeting

**Note:** The sources listed above are the most common; however, a referral for intervention and management can come from many reporting parties or entities.

### **2.5.8.2. CAMP Case Triage and Assignment**

#### **2.5.8.2.1. CAMP Referral Criteria**

- A subject may be referred to the CAMP for the following reasons:
  - High utilizers of emergency services by abuse of the 911 system;
  - Subjects who have been involved in a use of force with emergency service personnel;
  - Subjects that attempt suicide by cop (SbC);
  - Subjects that initiate the response of SWAT and/or high profile tactical operations;
  - Returning veterans suffering Post Traumatic Stress Disorder, or other mental illnesses;
  - Persons involved in acts of targeted school violence;
  - The seizure of firearms from the mentally ill prohibited possessors;
  - Persons enrolled in the State of California, Department of Mental Health, Conditional Release Program (ConRep); and,
  - Individuals who due to their mental illness are demonstrating behavior, which are high risk, who require immediate intervention.
  - Providing Alternatives to Hinder Extremism (P.A.T.H.E.)

**Note:** Referrals are not limited to the above list, if a referring source believes that a CAMP intervention may be helpful or necessary the case can be referred.

#### **2.5.8.2.2. CAMP Case Referral Completion**

- All CAMP referrals received must have the following:
  - A completed CAMP Referral Form, with all of the pertinent information completed and reviewed by the on-duty MEU Watch Commander and LACDMH clinical supervisor
    - MEU Incident Report(s)
    - Printouts of any criminal records, AFS firearms checks, Mental Health Firearms Prohibition System (MHF), Incident Printout, Property Report – Receipts, and any other reports completed
    - Significant Case Notification (if completed)

- Completed CAMP referrals shall be placed in the CAMP OIC CAMP referral in-box

**Exception:** If a CAMP referral requires immediate intervention, notify the CAMP OIC or Assistant CAMP OIC

#### 2.5.8.2.3. CAMP Case Triage and Review

- The CAMP case referred will be run in the LACDMH Incident System (IS) for any information contained within the county system.
  - The CAMP referral shall be logged into the CAMP Log
- The CAMP clinical supervisor shall review the information contained within the LACDMH
- The CAMP clinical supervisor shall triage and review the CAMP referred case with the CAMP OIC and/ or CAMP Asst. OIC to determine if the CAMP referral will be assigned as an Active CAMP case and assigned to a CAMP investigative team. Information to be considered include but are not limited to:
  - Reason for the referral
  - Mental health history or lack of mental health history
  - History of compliance or lack of compliance with mental health (are they already linked to a service provider)
  - Criminal history
  - Parole or probation
  - History of violence, risk to personal or public safety
  - Access to firearms or other deadly weapons
  - Criminal Arrest
- The CAMP OIC and LACDMH clinical supervisor will assign an investigative level to the CAMP referral
  - Category 1 – A case will immediately be assigned to an active CAMP team for intervention and follow up
  - Category 2 – A case may only require follow up by the detective or clinician assigned, examples include:
    - Case involving a firearm;

- An arrest with minimal history of mental health; and,
- Case involving a person who is already linked to services.

- Category 3 – A case where the level of risk is low; however, a telephonic follow up to ensure the subject received appropriate mental health care at the time of the crisis, or cases that do not meet CAMP criteria.

**Note:** Cases can be elevated or demoted by any team member after a preliminary investigation. The CAMP OIC and LACDMH clinical supervisor shall be notified.

- Cases are assigned to the CAMP teams on a rotational basis, the complexity of the case, and the current workload.
  - The CAMP log is updated with the case Category and the team assigned.
- If the case involves a criminal complaint or arrest the CAMP team should:
  - Contact and advise the investigating officer that the subject under arrest suffers from a mental illness;
  - Determine when the subject is due to be arraigned;
  - Make arrangements to meet with the attorney from the respective filing, prosecuting and investigating entities;
  - Ideally, this should be done at the time of filing consideration and the prosecuting attorney should be notified of the subject's previous contacts with LAPD; and,
  - If criminal charges are filed, CAMP, a LACDMH clinician and other involved entities will meet to:
    - Monitor the criminal case; and,
    - Include CAMP input to facilitate a positive resolution.

#### **2.5.8.2.4. PATHE Cases**

- CAMP supervisors shall review all PATHE referrals
  - Evaluate the Initial Responder assigned Risk Level

**Note:** If case is referred by CTSOB PATHE Coordinator/Approver, CAMP investigator shall complete the MEU Incident Report

- Assign a CAMP Risk Level and CAMP category based on the totality of the information and sign the PATHE tab report completed
  - If case is assigned as a Category 1 CAMP case, assigned investigator shall open the PATHE tab on the MEU Incident Report
    - CAMP team to conduct an in-person interview and complete or update the PATHE questionnaire
  - If case is assigned as a Category 2 CAMP case
- A case may only require follow up by the detective or clinician assigned, examples include:
  - Case involving a firearm;
  - An arrest with minimal history of mental health; and,
  - Case involving a person who is already linked to services.
- If case is assigned as a Category 3 CAMP case
  - A case where the level of risk is low; however, a telephonic follow up to ensure the subject received appropriate mental health care at the time of the crisis, or cases that do not meet CAMP criteria.
- If case is assigned as a Category 4 CAMP case
  - A case is criminal in nature and is to be referred to the appropriate criminal investigative entity

**Note:** At any time, the assigned CAMP investigative team may upgrade the case Category based on the ongoing investigation, or refer to the appropriate criminal investigative authority, with supervisory approval.



**Note:** If a crime has been committed, the criminal investigation shall take precedence over the mental health intervention. (*Department Manual Section 4/260.20*)

**Note:** If there is an active Criminal investigation, the case can be dual tracked in conjunction with the PATHE intervention. However, the PATHE intervention cannot be used in furtherance of the Criminal/Terrorism related investigation.

#### 2.5.8.2.5. Firearms Cases

➤ When a firearm or other dangerous weapon is seized pursuant to 8102 WIC, or an individual who is detained and hospitalized pursuant to 5150 WIC, and firearms or other dangerous weapons are outstanding, a CAMP referral must be generated by the MEU Triage Desk to the CAMP Unit.

➤ CAMP Investigator responsibilities:

- Complete an **8102 WIC Weapons Confiscation Case Package**;
- Generate a Non-Crime MEU Incident Report Number and assign the case in DCTS;
- Set the confidentiality to *normal access* for all 8102 cases only, *link to the Property Report IR number*;
- Run the subject for registered firearms (compare with property report);
- Run each registered firearm separately by serial number;

**Note:** If there are any outstanding firearms the assigned detective must recover or account for them. This can be accomplished via Consent Search or a Search Warrant pursuant to 1524 (a) (10) of the Penal Code.

- Obtain a copy of the property report from the Area of occurrence;

- Complete a 15.25 contact card and send it to the subject
- Complete a 10.10.05, *Receipt and Notice of Rights for Confiscated Firearms/Other Deadly Weapons*.

**Note:** When practical this should be given to the subject in person to obtain a signature, otherwise mail and verbally advise the subject of his/her rights. This is only necessary if not completed by patrol

**Note:** This will comply with the notification requirement to start the clock on the 180-day destruction notice.

- Run the subject in the Mental Health Firearms Prohibition System via NECS;

**Note:** If there is no hit for the subject in the system, verify the involuntary hold status with the admitting hospital and the status of the Advisement completion and if it was forwarded to the California Department of Justice.

- Ensure Firearms are logged in the “P” drive under 8102;
- Update the Prohibited Possessor system in the FDR/Incident Tracking system;
- Document all of your activities including the status of all seized firearms in the case notes of the MEU IR number via the Detective Case Tracking System case notes, including any notifications and the date of the 10.10.05 notification date, MHFPS status, Department 95 hearing information and disposition of the case; and,
- Check the weekly Los Angeles Superior Court, Department 95 Log of Appeals and provide the necessary information to the Court Clerk for the scheduled hearing.

#### **2.5.8.2.6. Special Location Files (Special Order No. 7, February 17, 2015)**

- Qualifying criteria for entering a Mental Evaluation (MEU) subject into the Special Location File (SLF):

- Subject expressed credible “suicide by cop” ideations or;
  - Subject has exhibited behavior of violence towards police or;
  - Subject has repeatedly demonstrated a behavior that is likely to provoke a use of force from responding officers or; and,
  - Subject’s mental illness revealed a critical need to warn officers of danger at a particular location.
- In keeping with the mission of MEU, subjects who meet the above criteria should have already been referred to the Case Assessment Management Program (CAMP) for follow-up investigations. Thus, all subjects meeting the criteria for inclusion to the Special Location File (SLF) should be CAMP cases (although not all CAMP cases should be special locations). This being the case, CAMP should have principle responsibility for maintaining special locations involving mentally ill subjects.
- Maintaining accurate information in the MEU/SLF database:
- Upon the determination that a CAMP subject meets the above criteria, the assigned CAMP investigator MUST complete the “LAPD Mental Evaluation Unit Special Location File Entry Form.” The form must then be approved by either a CAMP supervisor or the on-duty Watch Commander. The location must be entered into the Area Command Console (ACC) as a Premise Hazard, and the impacted Area Watch Commander and the Communication BCC Operator shall be notified. Enter the name and serial number of the persons notified into the case chronological report.
  - The special location information should include a purge date six months after the date of entry. It is at that time the assigned CAMP investigator should determine if the location should be renewed for another six months. It becomes the responsibility of the assigned CAMP investigator to respond to the alert generated by the MEU system when the purge date approaches.

- The completed and signed original SLF Entry Form must be kept in the CAMP package. A copy must be digitally filed into MEU database in the subject's most recent contact.
- If it is determined that during the six-month period that the special location is actively listed in the system, either of the following:
  - The subject of the special location no longer resides at the location; or,
  - The subject no longer justifies a premise hazard; and,
  - The CAMP supervisor or Watch Commander must be notified, and premise hazard must be removed from the SLF.
- The CAMP supervisor will run a special location report in the MEU Incident Report System every 6 months (January and June) and assess whether or not the information entered into the EMERGENCY COMMAND CONTROL COMMUNICATIONS SYSTEM SPECIAL LOCATIONS / PREMISE HAZARD FILE requires modification or removal.
- CAMP investigators and supervisors must remain vigilant in protecting the subject's information related to HIPAA privacy laws.

#### **2.5.8.2.7. Supervisory Review of Detective's Case Package**

- Ensure that all of the appropriate information boxes are completed. Gun cases will have a separate Detective's Case Package for the documents needed in Department 95, Mental Health Court. (link the Property DR# and MEU DR# in DCTS).
- A 3.14 Follow Investigation Report is required for all Category 1 cases and for Category 2 cases that require follow up clarification or additional information to be added to the report. Address all potential risk factors and actions by the CAMP team in investigative portion of the report. A thorough investigation addresses all of the risk factors and ensures a secure linkage and/or intervention strategy.

- Open the MEU report and review:
  - The CAMP box and appropriate additional information boxes are checked (e.g. Barricade, Suicide by Cop, etc.);
  - The appropriate Case Category is indicated (Category 1, 2, 3);
  - The Chrono Box is updated and the initial entry shows when assigned, DR# purchased and confidentiality;
  - An e-copy of the completed 3.14 in the supporting documents and or other important documents are attached to the MEU Report under the Supporting Docs tab;
  - If an Information or Officer Safety flyer has been generated, ensure a copy has been attached to the MEU Report under the Supporting Docs tab. Print a copy and place in the Case Package;
  - If entered into the Special Location File, check the appropriate box in the CAMP tracked stats, ensure you have included the BCC notified and Area Watch Commander notified in the Chrono notes. Print a copy and place in the Case Package;
  - The CAMP status box should contain:
    - Who the case is assigned to...
    - The date the case was assigned
    - The current MEU # of the case being worked.
    - DR Number
    - The status of the case (C/O, CBA, I/C) and the date the 3.14 was turned in.
    - If linked to services, list the provider name and number, also include in the boxes provided in the report.
    - Instructions to the SMART or Patrol officers on the future handling of the subject.

- The CAMP Case Status Box should read essentially as below:

Case Status: Closed 2-11-14  
C/O, linked to Kedren, contact  
TAY F.S.P. at (323) 432-5122

Assigned: Parker and Hamed  
Date: 2-11-13  
MEU Case:1985394 DR# xx-xx-xxxxxx

**Note:** Ensure you save after updating MEU report

- Open DCTS and locate the file utilizing the DR #, ensure the confidentiality is appropriately set.
- To close the case open NECS and enter “PCMOD” on the command line. Enter the CAMP DR# associated with the case and put a “X” PPIR and hit enter. At the bottom of this screen and go to “ACT DT CLRD (which stands for actual date cleared) and use the date the 3.14 or case package was submitted. In the “CASE STAT” use the flowing two letter codes to clear the case:
  - AA (Adult Arrested);
  - AO (Adult Other);
  - JA (Juvenile Arrested; and,
  - JO (Juvenile Other).
- Gun Cases – link the Property DR# with the MEU DR#, set case status “**Normal Access**” update the Case Notes in DCTS, including the status of the firearms and the date the advisement was given to the subject.
- Open on the MEU “P” drive and go to the CAMP folder, CAMP Assigned Cases folder, go to the appropriate year and month.
- Locate the case in the month assigned and highlight in yellow to indicate closed, fill in the appropriate boxes. (e.g. the case was opened in April). **Ensure you save after each update.**
- Complete the Cases Closed log in the month the case was closed, fill in the appropriate boxes. (e.g. the case was closed in September). **Ensure you save after each update.**
- After review of the package, sign the 3.14 Follow-Up Investigation Report and the Detective’s Case Envelope and return to the assigned investigator to file.
- LACDMH Clinical Supervisor is responsible for the auditing and review of the completed patient charts.

## **2.5.9. MEU - ADMININSTRATIVE TRAINING DETAIL**

### **2.5.9.1 Mental Health Intervention Training (MHIT) course**

- Schedule and coordinate the 40-hour course delivery 25 times in the calendar year
- Audit and update the MHIT course delivery to ensure compliance with CA-POST
- Select and provide the additional CA-POST self-paced courses which are to be completed prior to attending the course:
  - Post-Traumatic Stress Disorder
  - Homelessness
- Maintain Department-wide statistics on attendance and demographics of those who have attended MHIT

**Note:** All personnel (sworn and clinician) assigned the MEU shall attend the MHIT course.

- Administration and delivery of the CI-MHIT update course

### **2.5.9.2 Manage and update the MEU social media sites**

- MEU Department LAN profile
- MEU Twitter Account: @LAPDMEU
- MEU Facebook Account: LAPDMEU
- MEU Instagram Account LAPDMEU

### **2.5.9.3 MEU Statistics**

- Compile the unit statistics
  - MEU Triage Desk
  - SMART DFAR
  - CAMP stats
  - MEU Incident Tracking System reports
  - Complete COMPSTAT profile
- Maintain the MEU "P" drive

### **2.5.9.4 Use of Force Audits**

- Conducting audits of filed categorical and non-categorical Use of Force reports with impression of mental illness, maintained by Use of Force Review Division; and,



- Assisting the MHCRP Coordinator with the review of completed Use of Force reports with impression of mental illness.

#### **2.5.10. CONFIDENTIAL FILES, PATIENT CHARTS, AND CASE PACKAGES**

- All information and records obtained by CRSS personnel in the course of providing mental health intervention and evaluations services for voluntary and involuntary clients shall be confidential pursuant to Section 5328 WIC.
  - Essentially “confidentiality” mandates the restriction of the disclosure of any information about the client’s mental health history, including:
    - Diagnosis;
    - Treatment; and,
    - Medication.
  - This information is for the exclusive use of MEU personnel and receiving mental health facility personnel. No confidential client mental health or medical information shall be released to any other law enforcement entity, except as delineated in Section 5328WIC.
    - All official police files, documents, records, reports, criminal history and other information regarding MEU contacts are also confidential under the provisions of the law.
  - **Federal / State Statutes and Regulations**
    - Health: HIPAA/ 45 CFR 164
    - Substance Use: 42 CFR Part 2
    - Educational Records: Federal Educational Rights and Privacy Act (FERPA)
    - California Welfare and Institutions Code 5328
    - Criminal Offender Information (CORI) Ca. Penal Code 11075-11081
  - **HIPAA provides a number of circumstances where information can be shared without consent for security purposes (45 CFR sec. 164.512 (f) and (k)(5)):**

- Under (f): to assist law enforcement, e.g.;
- When there is a state law duty to report;
- In response to subpoenas, etc.;
- “for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person” (but not ALL information); and,
- Under (k)(5): Correctional institutions and other law enforcement custodial.

**Note:** The MEU supervisor will confer with the LACDMH supervisor as to the appropriateness of the release of any information.

- Pursuant to the interagency MOA, LACDMH client records and LAPD investigative files, reports, and criminal offender records may be shared between the MEU SMART and CAMP team members for the purpose of the proper management and wellbeing of the person in crisis, who has been contacted.
- All LACDMH client records shall be stored separately from all LAPD investigative files and reports
- All LAPD investigative files and reports shall be stored separately from LACDMH client records,

**Note:** LAPD and LACDMH supervision are responsible for the audit of their respective files and charts to ensure compliance with the privacy laws.

#### 2.5.11. MENTAL HEALTH COURT

- The Mental Health Courthouse is located at  
1942 South Hill Street  
Los Angeles CA 90007 (temporary)
  - **Department 95**  
Writs of Habeas Corpus Hearings: notify if patient signs voluntarily or discharged, Competency Hearings, Extended Commitments, Weapons Hearings
  - **Department 95A**  
Adult conservatorship, Public Guardian and existing Private Conservatorship Renewals, Accounting

- **Department 95B**  
Minor Conservatorship, new Private Conservatorship, Writs of Habeas Corpus. Hearings and Medication Appeals: notify if patient signs voluntarily or is discharged, all cases involving minors.
- **Mental Health Court Program (626) 403-4370**  
In conjunction with the Los Angeles County Department of Mental Health, the Mental Health Court Program assists mentally ill defendants by providing mental health consultation services and a Community Reintegration Program.

## **2.5.12. LOS ANGELES FIRE DEPARTMENT – TRANSPORTATION**

### **2.5.12.1. 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 or she *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.

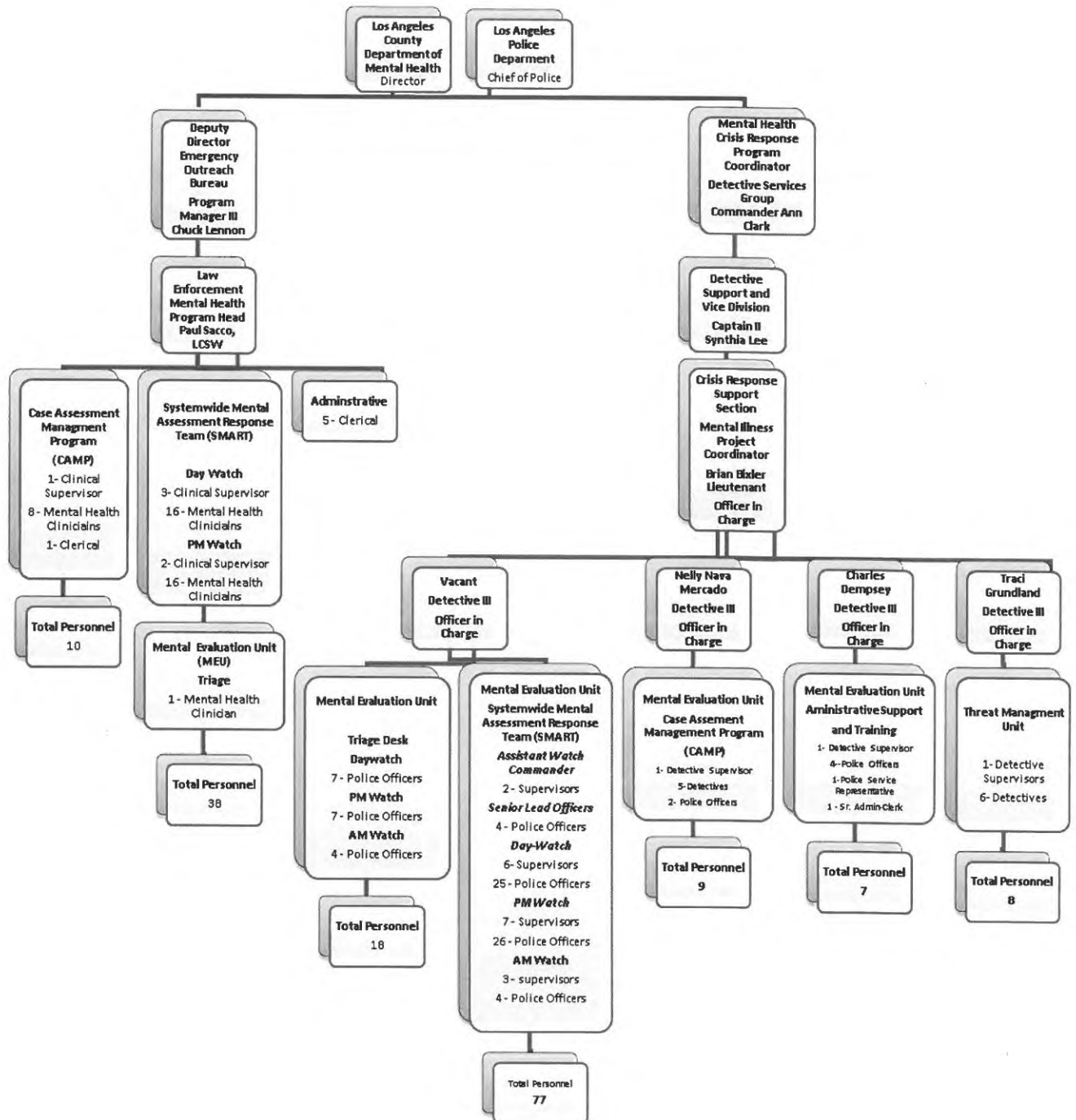
**Note:** Los Angeles Fire Department (LAFD) personnel cannot refuse a request for transportation *made pursuant to the above circumstances* related to this issue. If LAFD personnel refuse to transport a subject, the officers shall request a supervisor and/or EMS Captain to assist with resolving the issue. (LAPD Manual 4/260.40)

### **2.5.12.2. 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. (LAPD Manual 4/260.46)

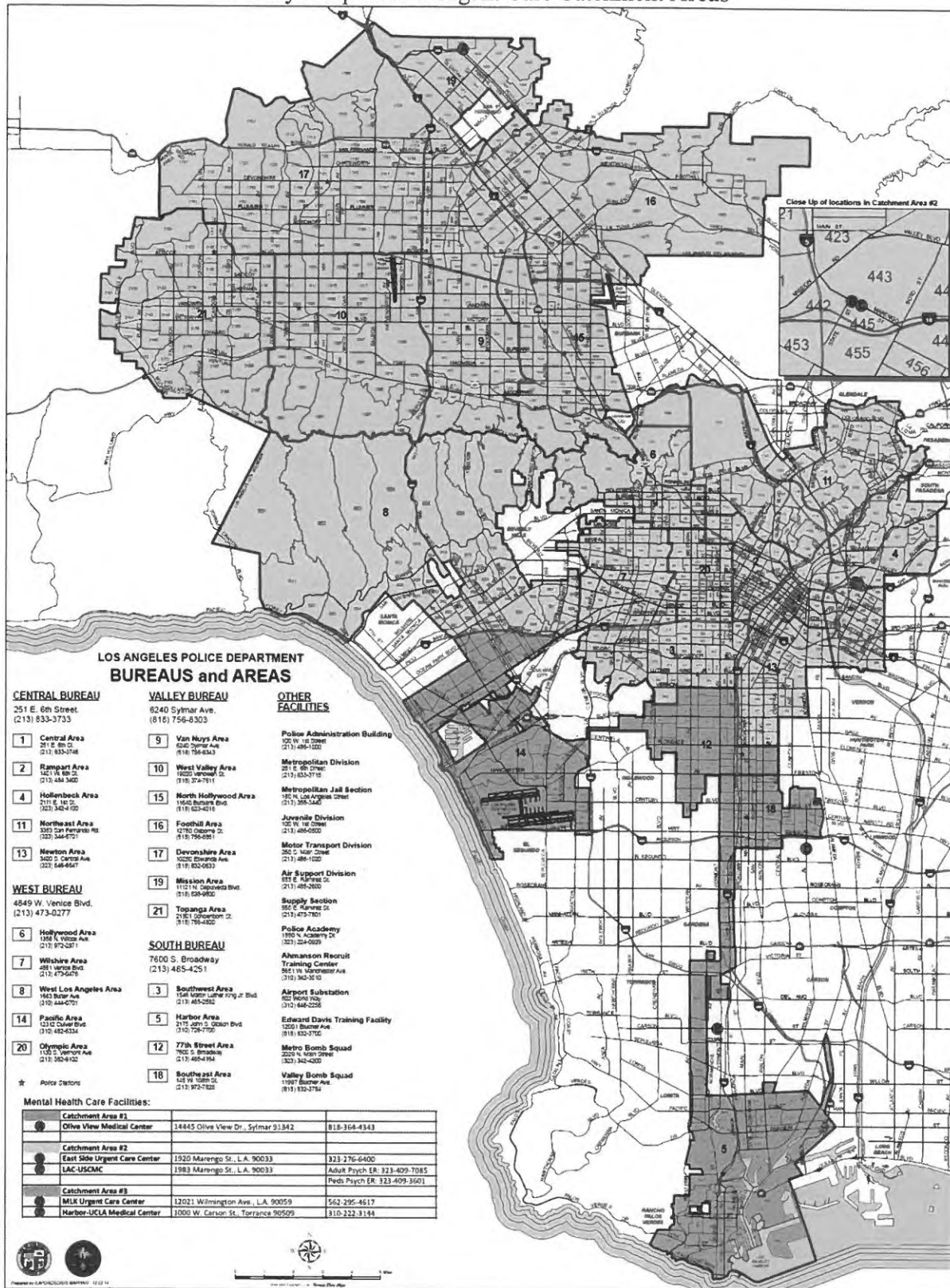
## **2.5.13. REFERENCE MATERIAL**

- All reference material and forms are included in the e-folders provided.

Los Angeles Police Department-Los Angeles County Department of Mental Health  
Mental Illness Project Organization Chart (2017)



# County Hospital and Urgent Care Catchment Areas







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 tendrá 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 Ángeles  
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/>**



## 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](https://twitter.com/lapdmeu)

Instagram: [@lapdmeu](https://www.instagram.com/lapdmeu)

## Los Angeles Police Department

## Community Mental Health Resource Guide



## Department of Mental Health

[LAPDONLINE.ORG](http://LAPDONLINE.ORG)  
[DMH.LACOUNTY.GOV](http://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.namillac.org](http://www.namillac.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.*

## Recursos

### Línea directa de Prevención de Suicidio y Sobrevivencia

(24 horas/7 días)  
Condados de: Los  
Ángeles/Orange/Ventura/San  
Bernardino/Riverside/Imperial  
(877) 727-4747

Español (888) 628-9454

### Llamadas de otros condados:

(310) 391-1253

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

### Línea de Texto

Textear START al 741-741

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

### Línea Directa de Abuso de Sustancias

(888) 742-7900

<http://publichealth.lacounty.gov/sapc/>

### Línea Directa para Jóvenes en Crisis

24 horas/7 días

(800) 843-5200

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

### Línea Directa para Veteranos en Crisis

Línea de Veteranos en Crisis (800) 273-8255

Presione 1 [www.va.gov/landing2\\_vetsrv.htm](http://www.va.gov/landing2_vetsrv.htm)

### Clínica Cohan para Familias de Militares

(213) 688-9810

<http://militaryfamilyclinic.usc.edu>

### Alianza Nacional de Enfermedades Mentales

NAMI en el condado de L.A. (213) 386-3615

(800) 950-NAMI (6264)

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

### Centro para Lesbianas y Homosexuales en L. A

(323) 993-7400

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

### Centro LGBT en Los Ángeles

(323) 993-7669

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

### Servicios a Familias

(888) 683-5084 Llamada Gratuita

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

### Sociedad de Autismo en Los Ángeles

(562) 804-5556

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

### Refugio para Mujeres y Niños en Crisis

(562) 945-3939

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



### **Systemwide Mental Assessment Response Team (SMART)**

SMART se estableció para evitar el encarcelamiento y/o la hospitalización innecesaria, proveer cuidados alternativos en un ambiente menos restringido y para apoyar a la patrulla de policía.

### **Case Assessment Management Program (CAMP)**

CAMP fue establecido como un programa que responde a los casos de SMART. El enfoque de CAMP es investigar aquellos que usan servicios de emergencia continuamente, casos de uso de fuerza, violencia en las escuelas, casos con comportamiento de alto riesgo, casos que involucran armas y conecta a la persona con servicios de salud mental

Departamento de Policía  
de Los Ángeles  
Unidad de Evaluación Mental  
100 West 1st Street  
Room 630  
Los Angeles, CA 90012

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

Twitter: @lapdmeu

Instagram: @lapdmeu

5/2018

## Departamento de Policía de Los Ángeles

## Guía de Recursos de Salud Mental en la Comunidad



## Departamento de Salud Mental

LAPDONLINE.ORG  
DMH.LACOUNTY.GOV

## Llamada de Crisis

### Llame al 911

Cuando su familia tenga una emergencia que ponga a usted, a su ser querido y/o al público en peligro inmediato llame al 911.

Cuando hable con el operador del 911 use la **lista de verificación del 911** para dar información útil a los oficiales que respondan a la llamada.

LAPD enviará una patrulla de policía para estabilizar, evaluar, y detener a la persona en crisis. Durante la detención, LAPD esposará a su familiar por seguridad y por ser póliza de LAPD.

"Las estadísticas muestran que cuando un oficial esposó a una persona que está en crisis, el uso de fuerza por parte de los oficiales se reduce significativamente."

Después de que se estableció la situación, el equipo (SMART) responderá si está disponible para proveer asistencia de salud mental.



## Emergencia de Salud Mental

### Llame a ACCESS (800) 854-7771

Para incidentes de emergencia psiquiátrica de enfermedades mentales que no requieran una respuesta del 911, por favor llame a ACCESS 24/7.

Cuando llame a ACCESS el equipo (PMRT) responderá si está disponible en su localidad.

ACCESS es un servicio del Departamento de Salud Mental para la comunidad del Condado de Los Ángeles.

### Clínicas de Salud Mental

#### Centro de Los Angeles

##### **Northeast Community Mental Health**

5321 Via Marisol Ave., LA, CA 90042 **(323)478-8200**

##### **Downtown Mental Health**

529 Maple Ave., LA, CA 90013 **(213)430-6700**

#### Sur de Los Angeles

##### **Long Beach Mental Health (562)599-9280**

1975 Long Beach Blvd., LA, CA 90806

##### **San Pedro Mental Health (310)519-6100**

150 W 7<sup>th</sup> St., San Pedro, CA 90731

#### Valle de San Fernando

##### **San Fernando Mental Health (818)832-2400**

10605 Balboa Blvd., Granada Hills, CA 91344

##### **West Valley Mental Health (818)598-6900**

7621 Canoga Ave., Canoga Park, CA 91304

#### Oeste de Los Angeles

##### **Edelman West Side Mental Health**

11080 W. Olympic Blvd., L.A, CA 90064 **(310)966-6500**

##### **Didi Hirsch Community Mental Health**

11133 Washington Blvd., Culver City, CA 90232

**(310)895-2300**

#### **Información adicional**

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

## Desarrolle un plan de cuidado

### **Alianza Nacional de Enfermedades Mentales**

**NAMI** ofrece Educación, Abogacía, Apoyo y Recursos a las familias y consumidores

Encuentre ayuda, Encuentre esperanza

**LLAME (800)950-6264**

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



2-1-1 es un servicio que puede conectarlo a programas en el condado de Los Ángeles. Cuando esté buscando ayuda para un ser querido sufriendo de una enfermedad mental, este número gratuito es un buen comienzo.

Cuando llame, siga las instrucciones para poder hablar con un representante.

### **¿Que es una detención 5150?**

Durante una crisis de salud mental oficiales y personal clínico detendrán a la persona para determinar si el/ella cumple los requisitos para una solicitud 5150 WIC de detención de 72 horas. El cliente será evaluado para determinar si representa un peligro hacia ellos mismos o hacia otras personas y/o está gravemente discapacitado. La decisión del oficial se basará en la evidencia física, información clínica, y las declaraciones de la persona y de los testigos.