OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 30 December 9, 2020

APPROVED BY THE BOARD OF POLICE COMMISSIONERS ON December 8, 2020

SUBJECT: CONTACT WITH PERSONS SUFFERING FROM A MENTAL ILLNESS – REVISED; HANDCUFFING PERSONS WITH A MENTAL ILLNESS – REVISED; A PERSON SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – CONSIDERATIONS – ESTABLISHED; TACTICAL DISENGAGEMENT – ESTABLISHED; PRIVATE PERSONS' REQUEST FOR INFORMATION – REVISED; NOTIFICATIONS FROM A MENTAL HEALTH PROFESSIONAL – ESTABLISHED; TAKING PERSONS WITH A MENTAL ILLNESS INTO CUSTODY – REVISED; PERSON CONFINED IN PSYCHIATRIC WARD, LOS ANGELES COUNTY-USC MEDICAL CENTER – PROPERTY DISPOSITION – REVISED; FIELD OFFICER'S NOTEBOOK, FORM 15.03.00 – REVISED; DETAINMENT ADVISEMENT FOR PERSONS WITH A MENTAL ILLNESS, FORM 15.04.00 – ACTIVATED; AND, INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – FIELD NOTEBOOK DIVIDER, FORM 18.47.00 – REVISED

PURPOSE: Individuals suffering from a mental illness are some of the most vulnerable residents of the City. The purpose of this Order is to provide Department personnel with specific direction on interacting with, evaluating, taking custody of, and remanding persons with a mental illness to treatment facilities. This Order also rescinds Chief of Detectives Notice, *Determination of Persons Suspected of Suffering from a Mental Illness*, dated May 19, 2017.

PROCEDURE:

I. **CONTACT WITH PERSONS SUFFERING FROM A MENTAL ILLNESS – REVISED.** Department Manual Section 1/240.30, *Contact with Persons Suffering from a Mental Illness*, has been revised and is attached with the revisions indicated in italics.

II. **HANDCUFFING PERSONS WITH A MENTAL ILLNESS – REVISED.** Department Manual Section 4/217.36, *Handcuffing Persons with a Mental Illness*, has been revised and is attached.

III. **A PERSON SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – CONSIDERATIONS – ESTABLISHED.** Department Manual Section 4/260.05, *A Person Suspected of Suffering from a Mental Illness – Considerations*, has been established and is attached.

IV. **TACTICAL DISENGAGEMENT – ESTABLISHED.** Department Manual Section 4/260.07, *Tactical Disengagement*, has been established and is attached.

Note: Personnel should reference Training Bulletin, **Tactical Disengagement**, dated July 2019 for additional information. Personnel are further reminded that the apprehension of serious and/or violent criminal offenders remains the preeminent consideration in the Department's mandate to maintain public safety.

V. **PRIVATE PERSONS' REQUEST FOR INFORMATION – REVISED.** Department Manual Section 4/260.10, *Private Persons' Request for Information*, has been revised and is attached with the revisions indicated in italics.

VI. **NOTIFICATIONS FROM A MENTAL HEALTH PROFESSIONAL – ESTABLISHED.** Department Manual Section 4/260.12, *Notifications from a Mental Health Professional*, has been established and is attached.

VII. **TAKING PERSONS WITH A MENTAL ILLNESS INTO CUSTODY – REVISED.** Department Manual Section 4/260.20, *Taking Persons with Mental Illness into Custody*, has been revised. Attached is the revised Department Manual section with the revisions indicated in italics.

VIII. **PERSON CONFINED IN PSYCHIATRIC WARD, LOS ANGELES COUNTY-USC MEDICAL CENTER – PROPERTY DISPOSITION – REVISED.** Department Manual Section 4/260.52, *Person Confined in Psychiatric Ward, Los Angeles County-USC Medical Center – Property Disposition*, has been revised. Attached is the revised Department Manual section with the revisions indicated in italics.

IX. **FIELD OFFICER'S NOTEBOOK, FORM 15.03.00 – REVISED.** The Field Officer's Notebook, Form 15.03.00, has been revised to include the Detainment Advisement for Persons with a Mental Illness relative to California Welfare and Institutions Code Section 5150 (g)(1).

X. **DETAINMENT ADVISEMENT FOR PERSONS WITH A MENTAL ILLNESS, FORM 15.04.00 – ACTIVATED.** The Detainment Advisement for Persons with a Mental Illness, Form 15.04.00, has been activated for use by officers to provide a verbal advisement to detained persons suffering from a mental illness.

A. **Use of Form.** This form shall be laminated by the Department of General Services; and, inserted inside the Field Officer's Notebook or officer's shirt pocket for reference relative to this advisement, per Department Manual Section 4/260.20.

B. **Completion.** The form is a verbal advisement only and is self-explanatory.

C. **Distribution.**

1 – Original, issued to all sworn personnel.

1 – TOTAL

Note: Officers who verbally provide this advisement to the person shall note the advisement on either the Computer Aided Dispatch Summary Report, Daily Field Activities Report (DFAR), Form 15.52.00, or the Traffic Daily Field Activities Report (TDFAR), Form 15.52.01.

XI. **INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – FIELD NOTEBOOK DIVIDER, FORM 18.47.00 – REVISED.** The Incidents Involving Persons Suspected of Suffering from a Mental Illness Field Notebook Divider, Form 18.47.00, has been revised and is attached.

FORM AVAILABILITY: The initial dissemination of 10,000 Detainment Advisement for Persons with a Mental Illness forms shall be distributed as laminated cards to all sworn personnel by the Mental Evaluation Unit. Once the current stock of Field Officer's Notebooks which do not contain the integrated advisement have been depleted from the Department of General Services, this advisement shall then be integrated into the inside cover of the Field Officer's Notebook. Training Division shall be responsible to order the stand-alone laminated advisement forms for its recruit officers until the advisement has been integrated into the Field Officer's Notebook.

The "Form Use" link applicable to the Incidents Involving Persons Suspected of Suffering from a Mental Illness – Field Notebook Divider and the Field Officer's Notebook has been updated.

AMENDMENTS: This Order adds Sections 4/260.05, 4/260.07, and 4/260.12; and, amends Sections 1/240.30, 4/260.10, 4/260.20 and 4/260.52 of the Department Manual.

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

MICHEL R. MOORE
Chief of Police

Attachments

DISTRIBUTION "D"

DEPARTMENT MANUAL
Volume I
Revised by Special Order No.30, 2020

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 *have a* 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.

217.36 HANDCUFFING PERSONS WITH A MENTAL ILLNESS. *When taking* a person with *a* mental illness into custody, *Department personnel shall evaluate the totality of the circumstances to facilitate taking custody of the individual without unnecessarily escalating the contact.*

When *the age or physical condition (i.e., height, weight, strength, apparent intoxication or influence of an illicit substance) of* a person with a mental illness is such that the personal safety of the *individual or* the *officer* clearly will not be jeopardized, the use of handcuffs *shall not be required, but shall* be *at* the discretion of the officer.

The decision as to the timing and use of handcuffs shall be based in part on the viability of de-escalation factors such as time and distance, to minimize the likelihood that the application of the restraints unduly results in an aggressive/combative response from the person with a mental illness.

When handcuffing a person with a mental illness, officers *shall* use only official handcuffs and ensure that the handcuffs are double locked. Temporary plastic restrain*ts shall* not be used to restrain a person with a mental illness, nor *may such restraints* be furnished to private persons *by Department personnel* for use in restraining a person with a mental illness.

Exception: *When a person with a mental illness is receiving medical treatment, which requires medical imaging where metal handcuffs are not permissible, Department personnel may utilize temporary plastic restraints for the medical procedure only.*

Exception: *When engaged in an unusual occurrence, such as large-scale crowd control tactics, and officers deem handcuffing to be necessary to ensure the safety of themselves and others, personnel are permitted to use Department approved temporary plastic restraints on individuals with a mental illness. However, absent exigent circumstances and sufficient need, Department personnel are expected to make every effort to utilize official handcuffs on persons with a mental illness.*

DEPARTMENT MANUAL
Volume IV
Revised by Special Order No.30, 2020

260. PERSONS WITH MENTAL ILLNESS.

260.05 A PERSON SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – CONSIDERATIONS. *In formulating the opinion that a person may be suffering from a mental illness, officers shall consider the following:*

- *The officer's observations, based on his or her training and experience;*
- *A self-reported condition by the subject, i.e., diagnosis and/or medication;*
- *Statements from a credible third party, i.e., family member, caregiver, mental health professional, and/or citizen; or,*
- *History of law enforcement contacts, mental health evaluations or hospitalizations, e.g., Mental Evaluation Report via the Mental Evaluation Unit.*

260.07 TACTICAL DISENGAGEMENT. *Disengagement is the tactical decision to leave, delay contact, delay custody, or plan to make contact at a different time and under different circumstances. This tactic should be considered when an officer reasonably believes continued contact may result in an unreasonable risk to the person in crisis, the public, and/or Department members, especially in situations involving a barricaded suspect, a suicidal subject, or a person believed to be experiencing a mental health crisis (pursuant to the Department Training Bulletin, Tactical Disengagement, dated July 2019).*

Investigating Officer's Responsibilities. *Disengagement can be proposed by the primary unit, but shall* ***not*** *be effected prior to:*

- *Consultation with the field supervisor;*
- *Consultation with the Mental Evaluation Unit (MEU) watch commander, if the subject is experiencing a mental health crisis; and,*
- *Approval by the Area watch commander.*

Tactical situations vary and there is no single solution to resolving every incident. Disengagement is only one of many tactics that should be considered, if feasible, to potentially reduce the intensity of the encounter if believed it would de-escalate the situation and no crime or a minor crime has occurred (i.e., non-violent misdemeanor or felony, weapons uninvolved).

> ***Note:*** *Minor crimes include, but are not limited to, infractions or crimes that can be followed up with an Investigative Report, Form 03.01.00.*

Officers should continually assess the situation as circumstances change and new information is received. Officers should additionally evaluate if further contact with the subject may result in an undue safety risk to the person, the public, and/or officers.

The primary unit shall document their notifications and any direction received from Department personnel on their Daily Field Activities Report, Form 15.52.00.

Field Supervisor's Responsibilities. *The incident commander (IC) at scene shall contact the Area watch commander, and when feasible, contact Metropolitan Division's watch commander to request the Special Weapons and Tactics team (SWAT) and/or the Crisis Negotiations Team (CNT) whenever:*

- *The incident meets the criteria for a barricaded suspect; or,*
- *A suicidal subject is armed; or,*
- *A suicidal subject is on an elevated or unstable surface which could cause a fall that may result in a significant impact injury.*

The IC shall also contact MEU, Detective Support and Vice Division, for advice if the incident involves an individual experiencing a mental health crisis. ***However, the watch commander for the geographic Area of occurrence shall be the final authority on whether to disengage from any of the above circumstances.*** *The IC shall document his or her notifications and any direction received from Department personnel on their Sergeant's Daily Report, Form 15.48.00.*

> ***Note:*** *Not all suicidal subjects are considered barricaded or require a SWAT/CNT response or immediate police action.*

Watch Commander's Responsibilities. *The Area watch commander shall make direct contact with the incident commander in incidents under consideration for tactical disengagement. Where appropriate, the watch commander shall review the incident with the MEU and Metropolitan Division watch commanders. The Area watch commander shall:*

- *Weigh the situation against the community's interests (i.e., Balance Test);*
- *Provide direction to at-scene personnel consistent with the Department's guiding principle of reverence for human life and pursuant to the Tactical Disengagement Training Bulletin (dated July 2019); and,*
- *Document his or her notifications and any direction received from and given to Department personnel on his or her Watch Commander's Daily Report, Form 15.80.00.*

260.10 PRIVATE PERSONS' REQUEST FOR INFORMATION. Private persons who inquire about treatment of persons with a mental illness or the filing of mental *health* petitions shall be advised to telephone the *National Alliance on* Mental Illness (NAMI) Greater Los Angeles County or the Los Angeles County Department of Mental Health Access Center for guidance.

260.12 NOTIFICATIONS FROM A MENTAL HEALTH PROFESSIONAL. *When an officer receives a notification from a mental health professional regarding a communicated threat of physical violence against a reasonably identifiable victim(s), also known as a* ***"Tarasoff Notification,"*** *he or she shall immediately notify the Mental Evaluation Unit (MEU), Detective Support and Vice Division. The MEU shall complete the required documentation and notification to the California Department of Justice.*

The reporting officer shall conduct the appropriate criminal investigation, to include any required investigative reports.

260.20 TAKING PERSONS WITH A MENTAL ILLNESS INTO CUSTODY. When *Department personnel make the determination to take custody of a person suspected of suffering from a mental illness, and* the only reason for *the* detention is the person's suspected mental illness, *officers shall communicate the Detainment Advisement for Persons with a Mental Illness, Form 15.04.00, to the individual. Officers shall further ensure that they document on their activities log, [e.g., Computer Aided Dispatch (CAD) Summary Report, Daily Field Activities Report (DFAR), Form 15.52.00, or its electronic version (i.e., e-DFAR); or the Traffic Daily Field Activities Report (TDFAR), Form 15.52.01], that the Detainment Advisement was given.*

*T*he Mental Evaluation Unit (MEU) **shall** be contacted prior to transporting *a* person *with mental illness* to any health facility or hospital.

> **Exception:** In those situations where *an exigency exists (i.e., hostile crowd, combative suspect or* the subject is injured and requires immediate medical treatment), the MEU shall be contacted after the subject is transported to an appropriate medical facility. Officers shall fax or forward via Department mail a copy of the *Los Angeles County Department of Mental Health – MH 302 NCR Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment* form to *the* MEU.

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

The MEU, Detective Support and Vice Division, is available for advice and assistance in facilitating the transfer of the subject to a Los Angeles County jail facility. Any questions concerning the arrest, booking, housing, or transfer of an individual suspected of suffering from a mental illness *shall* be directed to the MEU Watch Commander. If the subject is not booked for the criminal offense, officers shall complete the appropriate criminal Investigative Report (IR), *Form 03.01.00. Brief information concerning the mental illness shall be documented under the "Additional" heading in the IR, as well as the notifications made (i.e., who was contacted and/or provided advice). Follow-up shall be conducted by the appropriate investigative entity.*

When practical, provide the subject and/or family with the Department's Community Mental Health Resource Guide and 911 Checklist, available from the MEU, and on E-forms. Upon

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

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

Arrestee to *Psychiatric* Ward. When the person to be confined is an arrestee, the deputy sheriff or the hospital attendant receiving the arrestee shall be given the arrestee's personal property, including articles with which he *or* she might injure himself *or* herself or others; and, shall be required to sign a Receipt *for Property Taken into Custody*, Form *10.10.00*. The transporting officer(s) shall submit the Receipt *for Property Taken into Custody* to the Area Records Unit.

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

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

- Release to the attendant any articles with which the individual might injure himself *or* herself.

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

- Remain in the presence of the person with a mental illness while he *or* she is searched by the attendant; and,
- Complete the Los Angeles County Department of Mental Health Patient Property Receipt, County Form No. MH-331, or the Patient Property Receipt provided by the

facility. Once completed, give the original receipt to the hospital staff and retain a copy of the receipt.

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

DEPARTMENT MANUAL
FORM USE LINK
Revised by Special Order No. 3Q2020

15.03.00 FIELD OFFICER'S NOTEBOOK, FORM 15.03.00.

15.03.00-01 Use of Form. This form is provided as an investigative aid for officers. The *A*dmonition of *R*ights is printed in English and Spanish on the front cover of the notebook.

15.04.00 DETAINMENT ADVISEMENT FOR PERSONS WITH A MENTAL ILLNESS, FORM 15.04.00.

15.04.00-01 Use of Form. *This form is provided as a detention aid for officers. Officers shall use the Detainment Advisement to communicate the nature and scope of their detention of mentally ill persons for a Welfare and Institutions Code Section 5150 investigation. The Detainment Advisement is printed in English and integrated into the interior of the Field Officer's Notebook, Form 15.03.00.*

15.04.00-10 Completion. *The form is a verbal advisement only.*

15.04.00-08 Distribution.

1 – Original, issued to all sworn personnel.

1 – TOTAL

Detainment Advisement for Persons with a Mental Illness

Field Officer's Notebook

California Welfare and Institutions Code 5150(g)(1)

Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

"My name is _____."

"I am a _____,
(peace officer/mental health professional)

with the _____."
(name of agency)

*"You are **not** under criminal arrest, but I am taking you for an examination*

by mental health professionals at _____."
(name of facility)

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

5150(g)(2) WIC

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

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

Mental Evaluation Unit
(213) 996-1300

Considerations for Subjects With a Mental Illness

Field Officer's Notebook

Tactical Issues

➤ *Establish **officer safety FIRST!***

Remember P.A.T.R.O.L.

(Planning, Assessment, Time, Redeployment, Other Resources, Lines of Communication)
(Use of Force Tactics Directive No. 16, Tactical De-Escalation Techniques, dated October 2016)

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When making contact with mentally ill subjects…

- *Take time to assess the situation.*
- *Introduce yourself.*
- *Provide reassurance that officers are there to help.*
- *Give the person time to calm down (if practical).*
- *Have one person speak at a time.*
- *Remove/reduce any distractions (e.g., Radios, TV volume).*
- *Assume a quiet, non-threatening manner.*
- *If possible, explain intended actions prior to taking action.*
- *Acknowledge the person's feelings.*
- *Avoid topics that may agitate the subject.*
- *Allow time for the subject to consider questions. Be prepared to repeat them.*
- *Do not agree or disagree with any delusions or hallucinations.*

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Remember to distribute the

LAPD Community Mental Health Resource Guide** and the **911 Checklist

Los Angeles County
Department of Mental Health
ACCESS line
(800) 854-7771

National Alliance on Mental Illness (NAMI) Greater Los Angeles County
(213) 386-3615

INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – *FIELD NOTEBOOK DIVIDER*

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

A PERSON SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS CONSIDERATIONS

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

- *The officer's observations, based on training and experience;*
- *A self-reported condition by the subject (i.e., diagnosis and/or medication);*
- *Statements from a credible third party (e.g., family member, caregiver, mental health professional, and/or citizen); or,*
- *History of law enforcement contacts, mental health evaluations or hospitalizations [e.g., Mental Evaluation Report via Mental Evaluation Unit (**Department Manual Section 4/260.05**)].*

California Welfare and Institutions Code (WIC) *Section 5150*

An *Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment Form* may be *completed* when an officer conducts an assessment of a person believed to be suffering from a mental illness and the officer concludes there is **probable cause to believe** any or all of the following conditions exist:

1. DANGER TO SELF: **Due to a mental *health disorder***, a person has threatened, attempted, or does physical harm to *himself or herself*, or has engaged in behavior, which deliberately or otherwise, has a likely consequence to cause harm to themselves.
2. DANGER TO OTHERS: **Due to a mental *health disorder***, a person has threatened, attempted, or does harm to others, or has engaged in behavior, which deliberately or otherwise, has a likely consequence to harm others.
3. GRAVELY DISABLED: **Due to a mental *health disorder***, the person is unable to appropriately provide basic personal needs such as food, clothing, or shelter. This inability *shall* be due to a mental disorder and not merely a lifestyle or personal choice.

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

Conducting an Assessment

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

Welfare and Institutions Code Section 5150.05, Available and Relevant Information

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

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

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

INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS – *FIELD NOTEBOOK DIVIDER*

Field Encounters

- ☐ **Control and assess the situation.**
- ☐ **Officers *shall* handcuff the subject *consistent with Department* Manual Section 4/217.36.**
- ☐ Complete the Field Interview *report*, Form 15.43.00.
- ☐ Conduct a Want and Warrant check.
- ☐ Check the AFS (NECS) for firearms.
- ☐ Interview family, neighbors, and witnesses.
- ☐ If firearm is present, seize and book pursuant to *WIC* Section 8102.
- ☐ Interview the subject.
- ☐ **Notify the MEU at (213) 996-1300 (*Department* Manual Section 4/260.20).**
- ☐ A SMART Unit will be dispatched if available.
- ☐ IF NOT AVAILABLE, a*n* MEU *n*umber will be issued.
- ☐ Provide *Detainment Advisement for Persons with a Mental Illness, Form 15.04.00.*
- ☐ Complete the *Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment* Form (MH 302).
- ☐ Transport the subject to the designated facility.
- ☐ Fax and gray mail (Mail Stop 400) a copy of the completed Application Form to (213) 996-1320.

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

TELEPHONE NUMBERS FOR POLICE USE ONLY

Harbor UCLA Medical Center	1000 West Carson Street, Torrance, CA	Psychiatric ER	(310) 222-3*144*
LA County USC Medical Center	1983 Marengo Street, Los Angeles, CA	Psychiatric ER	(323) 409-7085
Olive View Medical Center	14445 Olive View Drive, Sylmar, CA	Psychiatric ER	(818) 364-1555
LAPD MEU/SMART (213) 996-1300	*100 W. 1st Street, Room 630, Los Angeles, CA*	MEU fax	(213) 996-1320
LASD Inmate Reception Center (IRC)	*450 Bauchet Street, Los Angeles, CA*		(213) 893-5324
LASD Century Regional Detention Facility (CDRF)	*11705 Alameda Street, Lynwood, CA 90262*		(323) 568-4506

Arrest and Booking

When *the* subject is a suspect in a felony or high-grade misdemeanor *crime*, or the subject has *a felony or high-grade misdemeanor* warrant, the criminal matters *shall* take precedence. If the subject is under arrest for a low-grade misdemeanor, misdemeanor warrant, or infraction and meets the criteria for completion of an *Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment Form*, booking is at the discretion of the Area watch commander. Arrestees suffering from *a* mental illness may be booked at any Department jail facility. Brief information concerning the mental illness *shall* be documented in any booking reports and under the "Additional" heading in the Arrest Report. The MEU, Detective Support and Vice Division, is available for advice and assistance in facilitating the transfer of the subject to a*n LA* County Jail Facility. Any questions concerning the arrest, booking, housing, or transfer of an individual suspected of suffering from a mental illness *shall* be directed to the MEU Watch Commander *at (213) 996-1300.*

Tactical Disengagement

Disengagement is the tactical decision to leave, delay contact, delay custody, or plan to make contact at a different time and under different circumstances. This tactic should be considered when an officer reasonably believes continued contact may result in an unreasonable risk to the person in crisis, the public, and/or Department members, especially in situations involving a barricaded suspect, a suicidal subject, or a person believed to be experiencing a mental health crisis (pursuant to the Department Training Bulletin, Tactical Disengagement, dated July 2019).

Investigating Officer's Responsibilities. *Disengagement can be proposed by the primary unit, but shall not be effected prior to:*

- *Consultation with the field supervisor;*
- *Consultation with the MEU Watch Commander, if the subject is experiencing a mental health crisis; and,*
- *Approval by the Area watch commander.*

Tactical situations vary and there is no single solution to resolving every incident. Disengagement is only one of many tactics that should be considered, if feasible, to potentially reduce the intensity of the encounter if believed it would de-escalate the situation and no crime or minor crime has occurred.

Note: Minor crimes include, but are not limited to infractions or crimes that can be followed up with an Investigative Report, Form 03.01.00.

INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM A MENTAL ILLNESS –
FIELD NOTEBOOK DIVIDER

Officers should continually assess the situation as circumstances change and new information is received. Officers should additionally evaluate if further contact with the subject may result in an undue safety risk to the person, the public, and/or officers.

The primary unit shall document their notifications and any direction received from Department personnel on their Daily Field Activities Report, Form 15.52.00.

Notifications

When the only reason for detention is the person's suspected mental illness, the MEU ***SHALL*** be contacted **PRIOR** to transporting an apparently mentally ill person to any health facility or hospital.

Exception: In those situations where *an exigency exists* (*i.e., hostile crowd, combative suspect or* the subject is injured and requires immediate medical treatment), the MEU *shall* be contacted after the subject is transported to an appropriate medical facility.

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

Notifications from a Mental Health Professional

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 *California* PC Section 11106.4.

When an officer receives a notification from a mental health professional regarding a communicated threat of physical violence against a reasonably identifiable victim(s), also known as a "Tarasoff Notification," he or she shall immediately notify the MEU, Detective Support and Vice Division. The MEU shall complete the required documentation and notification to the California Department of Justice. The reporting officer shall conduct the appropriate criminal investigation, to include any required investigative reports ***(Department Manual Section 4/260.12).***

Hospital or Psychiatric Facility Patients

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

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

Mandatory Confiscation and Custody of Firearms or Other Dangerous Weapons

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

If a firearm or other deadly weapon within the residence or premises is owned by a person **other than** the person being detained or apprehended pursuant to WIC Section 5150, 8100 or 8103, **and** the firearm or deadly weapon is secured and not accessible to the person being detained, officers *shall* 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 *or* her with an overview of the law and the responsibilities delineated within WIC Section 8101.

Note: A copy of the patient Property Receipt and the Release of Firearm Advisement *shall* be sent via Department email to MEU.

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Mental Illness Disposition Codes

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

1. **ARM** – Arrest, Indication of *a* Mental Illness
   Subject arrested for a crime and exhibits indication of *a* mental illness.

2. **HOM** – Hospitalized/hold, Indication of *a* Mental Illness
   Subject met 5150 WIC hold criteria and was hospitalized.
3. **REM** – Referral, Indication of *a* Mental Illness
   Subject exhibits signs of *a* mental illness, but does not meet *the* requirement for a hold or arrest; subject was released with referral advice.
4. **NMI** – No Indication of *a* Mental Illness
   Subject does not exhibit any indication of *a* mental illness.
5. **ARN** – Arrest, No indication of *a* Mental Illness.
   Subject arrested, and does not exhibit any indication of *a* mental illness.
6. **GOA** – Gone on Arrival
   Shall be used in instances in which the parties (person reporting or subject) cannot be located for officers to make a determination if *a* mental illness is involved or not.

Referrals

When a person does not meet the criteria for 5150 WIC, consider providing referral information to the subject and his *or* her family. If the subject voluntarily *wishes* to receive treatment, refer the subject to a psychiatric ER facility or urgent care center. These locations can be obtained from the MEU. *When practical provide the subject and/or family member the Community Mental Health Resource Guide and 911 Checklist.*

- ☐ LA County Department of Mental Health/Access Center Help Line (800) 854-7771
- ☐ Mayor Crisis Response Team (213) 978-0697
- ☐ LA County Suicide Prevention and Survivor Hotline/ Didi Hirsch 24-hour Crisis Line (877) 727-4747
- ☐ Alzheimer's Association Help Line (800) *272-3900*
- ☐ Autism Society of America (562) 804-5556
- ☐ Alzheimer's Safe Return (888) 572-8566
- ☐ Child Abuse Hotline (800) 540-4000
- ☐ Elder Abuse Hotline (800) 992-1660
- ☐ Teen Line (800) 852-8336

Critical Incidents

Any field supervisor, crisis negotiation team, or officer who is in charge of an attempted suicide, barricaded suspect, or hostage incident shall notify the MEU for information regarding the involved person ***(Department Manual Section 4/260.15).***

Be prepared to give the MEU desk the following information if available:

- ☐ Synopsis of situation.
- ☐ Subject's information, if known.
- ☐ Number of involved persons.
- ☐ Command post location and telephone number, if available.
- ☐ From what direction, should the SMART/CAMP Unit respond?
- ☐ Has Metropolitan Division been contacted?
  *Are they responding?

Detainment Advisement for Persons with a Mental Illness

California Welfare and Institutions Code

5150(g)(1): Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

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"My name is _____."
"I am a
_____
(peace officer/mental health professional)
with the _____."
(name of agency)

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

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

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

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

Mental Evaluation Unit (213) 996-1300
Tactical Considerations for Subjects with a Mental Illness

➤ *Establish officer safety **FIRST!***

Remember P.A.T.R.O.L.
(Planning, Assessment, Time, Redeployment, Other Resources, Lines of Communication)
(Use of Force Tactics Directive, Tactical De-Escalation Techniques, Directive No. 16, dated October 2016)
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When making contact with persons with a mental illness…

- *Take time to assess the situation.*
- *Introduce yourself.*
- *Provide reassurance that officers are there to help.*
- *Give the person time to calm down (if practical).*
- *Have one person speak at a time.*
- *Remove/reduce any distractions (e.g., radios, TV volume).*
- *Assume a quiet, non-threatening manner.*
- *If possible, explain intended actions prior to taking action.*
- *Acknowledge the person's feelings.*
- *Avoid topics that may agitate the subject.*
- *Allow time for the subject to consider questions. Be prepared to repeat them.*
- *Do not agree or disagree with any delusions or hallucinations.*

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Remember to distribute the
LAPD Community Mental Health Resource Guide and the 911 Checklist

Los Angeles County
Department of Mental Health ACCESS line
(800) 854-7771

National Alliance on Mental Illness (NAMI) Greater Los Angeles County
(213) 386-3615