The Los Angeles Police Department (LAPD) has implemented several complementary program responses to address the complex mental health needs within its jurisdiction. For over four decades, the LAPD has deployed the Mental Evaluation Unit (MEU) to assist police officers with mental health calls for service. In 1993, Los Angeles was one of the first communities to develop police/mental health co-responder teams (Systemwide Mental Assessment Response Team, or SMART). The program is co-supported by the Los Angeles County Department of Mental Health (LACDMH) and is the largest of its kind in the country. The program was designed to effectively engage and link persons with a mental illness to appropriate services. In 2003, the Department implemented a Crisis Intervention Team (CIT) training (40 hours) and strategy as a pilot. The CIT pilot program was assessed and discontinued in 2004; however, an expansion of the MEU/SMART strategy was initiated. In 2006, the Department delivered the Introduction to Mental Health training (24 hours) and over 800 officers were trained between the two courses.

Even after the implementation of the above strategies, a fundamental problem remained involving persons with a mental illness who were the subject of a high number of emergency calls for service. Those calls for service cost the City and County millions of dollars in emergency resources without effective or measurable outcomes. In 2005, the LAPD developed the Case Assessment and Management Program (CAMP) to identify, monitor, and engage those subjects and to construct a case management approach that linked them to appropriate services. The CAMP averages 15-20 new cases each week and its cases never close. The CAMP pairs police detectives with psychologists, nurses and/or social workers from the LACDMH to develop long-term solutions for the individual client’s needs.

In 2014, the Department reviewed its mental health training and a re-design was initiated. At the end of 2014, the Department presented a POST-approved Mental Health Intervention Training (MHIT), which is a 40-hour course that is delivered 25 times a year to first responders (officers) who have the greatest likelihood of interaction with persons who suffer from a mental illness and who are in crisis.

In 2015, the Department, in partnership with the LACDMH, implemented an expansion plan to double the number of SMART units that were deployed, and established Bureau liaison officers in each geographic Bureau. This expansion was completed in September 2016, increasing the deployment of SMART to 17 units a day. In addition, the MEU added a Senior Lead Program (community liaison officers), establishing a liaison with the community, service providers, and uniformed patrol divisions, engaging in outreach and problem-solving activities, bridging obstacles encountered by the strategy.

The MEU/SMART operates 24-hours/7-days-a-week, including the MEU-Triage Desk. The primary function of the Triage Desk is to triage all Department contacts with persons who suffer from a mental illness. Triage personnel provide advice and guidance to responding officers in the field and document all Department contacts with the mentally ill, who are in crisis, on a Mental Evaluation Incident Report. Those reports and database are separate from the Crime Analysis Databases and are protected from outside access, which protects the privacy of the individuals who are contacted. A triage mental health professional is co-located with the officer and queries the LACDMH database to identify case managers, psychiatrists, or treatment centers. Collectively, the triage staff determines whether to dispatch a SMART unit or to direct the patrol officers to transport the person directly to a mental health facility. If the Triage personnel determine that a person has repeatedly contacted police or has demonstrated high risk behaviors, the case will be referred to the CAMP for more intensive case management.
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 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.

**PROGRAM HIGHLIGHTS**

- Multi-layered approach that includes co-deployed response, MHIT and follow-up teams.
- Comprehensive data collection and information-sharing procedures.
- Mental health professionals embedded in law enforcement agency.
- Staffed by 105 sworn officers and 50 LADMH clinicians.

In February 2021, the MEU modified SMART’s response model from a secondary responder to a co-responder. The SMART units are now dispatched to mental illness calls meeting specific criteria at the same time as the patrol unit assigned the call. Previously, the patrol unit arrived at scene, then requested SMART support.

**OVERVIEW OF MENTAL EVALUATION–RELATED OPERATIONS**

The primary mission of the MEU is to handle mental health crisis calls-for-service in support of patrol operations. The MEU evaluates persons who pose a danger to themselves or to others per Welfare and Institutions Code (WIC) §5150. The MEU refers mental health related and homeless outreach missions to other designated non-law enforcement Los Angeles County Mental Health resources.

Last updated July 12, 2021
2020 SMART Calls for Service 19,226
Calls Handled by SMART 6,712
WIC §5150 Hospitalizations by SMART 5,627
Referrals by SMART 664

MISSION STATEMENT

The mission of the Mental Evaluation Unit is to reduce the potential for violence during police contacts involving people experiencing mental illness while simultaneously assessing the mental health services available to assist them.

GOALS

✓ Prevent unnecessary incarceration and/or hospitalization of mentally ill individuals.
✓ Provide alternate care in the least restrictive environment through a coordinated and comprehensive system-wide approach.
✓ Prevent the duplication of mental health services.
✓ Facilitate the speedy return of police patrol units to patrol activities.

MENTAL HEALTH CRISIS RESPONSE PROGRAM (MHCRP)

The MHCRP is established as a function under Detective Bureau. The Assistant Commanding Officer, Chief of Detectives, is the MHCRP Coordinator. The Officer-in-Charge of the Crisis Response Support Section, Detective Support and Vice Division, is the Mental Illness Project Coordinator whose responsibilities include the following:

• Represent the Department on all matters involving police response to mental health crises.
• Maintain, attend and support the MHCRP Advisory Board, which meets quarterly and consists of community stakeholders and persons in the mental health community;
• Provide information to outside agencies regarding Department procedures for handling persons with a mental illness;
• Analyze state and federal legislation that affect persons with mental illness;
• Maintain liaison with LACDMH and hospitals on issues related to persons with mental illness;
• Design and conduct in-service mental illness training, and provide expertise and support to Training Division regarding all recruit officer mental illness-related training;
• Conduct audits of non-categorical Use of Force reports that involve persons with indicators of a mental illness;
• Coordinate data collection to evaluate Department mental health crisis response; and,
• Review and revise Department strategies, policies, and procedures related to the handling of persons with a mental illness.
MENTAL EVALUATION UNIT (MEU)

OVERVIEW OF MEU RESPONSIBILITIES

- Conduct preliminary investigations of persons who come to the attention of law enforcement and are suspected of having a mental illness, amnesia, senility, post-alcoholic or delirium tremors, and/or who require psychopathic examinations.
- Investigate persons suspected of being escapees from mental institutions.
- Coordinate the assignment of State of California Department of Mental Health Apprehension and Transportation Orders.
- Arrange, 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 who have a mental illness and are placed on a mental health hold.
- Maintain, amend, and distribute the Department’s "Incidents Involving Persons Suspected of Suffering from a Mental Illness," Notebook Divider.
- Provide advice to officers on the confiscation and disposition of firearms or other deadly weapons confiscated from persons with a mental illness.
- Provide information on attempt suicide, barricaded suspect, or hostage incidents that involve persons with a mental illness.
- Assist field officers with intervention, referral, or placement of a person with a mental illness to prevent the unnecessary incarceration and/or hospitalization of that person.
- Provide roll-call training relative to MEU and SMART responsibilities.
- Maintain liaison with the Missing Persons Unit to determine whether a reported missing person was placed on a 72-hour hold.
- Provide staff support for the MHCRP Coordinator and Advisory Committee.
- Maintain liaison with the LACDMH and hospitals regarding policies and procedures that involve the detention and involuntary holds of persons suspected of having a mental illness.
- Provide analysis of state and federal legislation pertinent to law enforcement encounters with persons with suspected of having a mental illness.
- Provide expertise and support to Training Division regarding all mental illness-related training.
- Provide in-service training in regard to the Department’s response to persons who have a mental illness.
- Conduct audits of categorical and non-categorical Use of Force reports that involve persons with indicators of a mental illness.
- Review completed Use of Force reports with indicators of a mental illness.
- Coordinate data collection to evaluate Department mental health crisis response.
- Review, initiate, and coordinate Department mental health-related training courses.
- Maintain liaison with Psychiatric Hospitals and Mental Health Agencies.
- Maintain the Following Special Files:
  ✓ Requests for psychiatric examination reports; and,
  ✓ Unserved Apprehension and Transportation Orders.
SYSTEMWIDE MENTAL ASSESSMENT RESPONSE TEAM (SMART) OVERVIEW

- Assist Department police officers whenever they contact persons suspected of having a mental illness.
- Provide intervention, referral, or placement for a person with a mental illness to facilitate the speedy return of field officers to other field duties.
- Prevent unnecessary incarceration and/or hospitalization of persons with a mental illness.
- Provide alternate care in the least restrictive environment through a coordinated and comprehensive systemwide approach.
- Assist with intelligence functions at critical incidents.
- Assist with psychologically impaired victims at disaster scenes.

CASE ASSESSMENT AND MANAGEMENT PROGRAM (CAMP) OVERVIEW

- Manage cases that involve persons with a history of violent criminal activity caused by a mental illness.
- Manage cases that involve persons with a history of a mental illness who have caused numerous responses by law enforcement and the deployment of substantial police resources.
- Prevent unnecessary incarceration and/or hospitalization of persons with a mental illness.
- Provide alternate care in the least restrictive environment through a coordinated and comprehensive systemwide approach.
- Maintain a file of Weapon Confiscation Receipts.

CAMP CASES INCLUDE BUT ARE NOT LIMITED TO:

- Subjects who attempt Suicide by Cop (SbC);
- Subjects who frequently utilize emergency services and/or abuse the 911 system;
- Subjects who are the subject of a SWAT response and/or high-profile tactical operation;
- Veterans who suffer from Post-Traumatic Stress Disorder or other mental illness;
- Subjects involved in acts of targeted violence;
- Mentally ill prohibited possessors (to ensure the seizure of all known firearms); and,
- Subjects enrolled in the State of California, Department of Mental Health, Conditional Release Program (ConRep).
- Providing Alternatives To Hinder Extremism (P.A.T.H.E.) strategy
  ➢ The P.A.T.H.E. is a risk assessment and management strategy used to identify behaviors, exhibited by a person suffering from a mental illness or mental health crisis, which are indicative of being on a pathway to a future act(s) of targeted mass violence. The P.A.T.H.E. includes tailored intervention strategies designed to assess, intervene, and manage the identified behaviors and provide supportive alternatives to divert the person, while managing the causative factors of the identified behaviors. The P.A.T.H.E. operates in the non-criminal space and is not designed as a criminal prosecutorial tool. If a criminal act is identified, then the case will be referred to the appropriate investigative entity.
TRIAGE DESK

- Receive mental health crisis calls from patrol operations.
- Vet incoming calls and dispatch SMART to handle calls for service, as appropriate.
- Manage radio calls and SMART deployment.
- Coordinate client hospitalization for patrol personnel.
- Prepare MEU investigative reports.
- Maintain the MEU Incident Tracking database.
- Coordinate outside agency response resources.
- Make appropriate notifications.
- Forward follow-up referrals to CAMP.
ADMINISTRATION AND TRAINING

TRAINING PROVIDED TO OUTSIDE LAW ENFORCEMENT AGENCIES

Since 1993, the MEU has trained personnel from the following agencies as a model co-response program. In 2010, the MEU was distinguished as a National Learning Site.

<table>
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<tr>
<th>United States</th>
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<tr>
<td>Maricopa County Sheriff Office</td>
<td>Arizona</td>
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<td>San Bernardino County</td>
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<td>Santa Clara County Sheriff</td>
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<td>Pomona Police Department</td>
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<th>INTERNATIONAL SINCE 2010</th>
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<td>Moorabbin Police, Melbourne</td>
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<td>FTAC London Metropolitan Police</td>
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Last updated July 12, 2021
CRISIS INTERVENTION TEAM (CIT) TRAINING (40 HOURS, 2002-2004) AND
INTRODUCTION TO MENTAL HEALTH TRAINING (MHIT) (24 HOURS, 2006-2012)

In response to the Federal Consent Decree, MEU developed a 40-hour Crisis Intervention Training (CIT) based on the Memphis Model that was established in 1988. The course was piloted from 2002 through 2003. At the end of the CIT pilot, the Department chose not to continue the course and it dropped from the California Peace Officer Standards and Training (CA-POST) list of certified courses of instruction.

In 2006, MEU developed the Introduction to Mental Health Training, which was a 24-hour CA-POST certified course. The MHIT course was delivered from 2006 to 2012. At the end of 2012, the Department determined that the course required substantial update, so it was decertified and dropped from the CA-POST list of certified courses of instruction. To date, 801 Department personnel have received either the 24-hour or 40-hour mental health courses of instruction.

| LAPD: 801 |
| Outside agencies: 129 |
| Total: 930 |

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<tr>
<th>OUTSIDE AGENCIES TRAINED IN CIT AND IMHT BY LAPD</th>
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<tr>
<td>Beverly Hills Police Department</td>
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<td>City Attorney Investigators</td>
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<td>Federal Bureau of Investigation</td>
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<td>Hawthorne Police Department</td>
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<td>Los Angeles Airport Police Department</td>
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<td>Los Angeles County Sheriff Office, CTU</td>
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<td>Los Angeles County Sheriff Office, Mental Evaluation Team</td>
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<td>Los Angeles Unified School District Police Department</td>
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MENTAL HEALTH INTERVENTION TRAINING (MHIT) 40 HOURS (ESTABLISHED SEPTEMBER 2014)

In 2013, the MEU and Police Training and Education (PTE) began development of an updated mental health training course, and in 2015, the MHIT was developed, CA-POST certified, and delivered.

The course includes an overview of mental illness, crisis de-escalation and communication techniques, the Force Options Simulator (FOS) and situation simulations that were designed to test the students’ understanding of, and ability to apply, their knowledge. The MHIT is a paradigm shift from the lecture-based, PowerPoint-driven, instruction of the past, as it utilizes small interactive groups that challenge the students to work as teams and participate in a facilitated adult learning model environment. This course is Senate Bill 29 Compliant. The course also includes blocks of instruction from:

- The Los Angeles County Department of Mental Health
- The Autism Society of Los Angeles (ASLA); and,
- The National Alliance on Mental Illness (NAMI).

The LAPD has provided MHIT training to the following number of students, year-to-date:*

| LAPD (sworn): 4337 |
| Outside Agencies (below): 424 |
| Total: 4761 |

*Last updated July 12, 2021
The course includes an overview of mental illness, crisis de-escalation and communication techniques, the Force Options Simulator (FOS), and situation simulations that were designed to test the students’ understanding of, and ability to apply, their knowledge. This course is Senate Bill 29 Compliant and is designed specifically for Field Training Officers.

The LAPD has provided CI-MHIT update training to the following number of students, year-to-date:

| Total LAPD (sworn): | 428 |

Last updated July 12, 2021
ADDITIONAL MENTAL HEALTH-RELATED TRAINING

The MEU conducts or distributes the following training courses throughout the year:

**Classroom**
- Mental Health Intervention Training (40 hours) 25 times a year
- Field Training Officer (FTO) Course (SB29 – 4 hours)
- Field Training Officer (FTO) Update Course (SB29 – 2 hours) all FTOs every two years
- Mental Illness Introduction for Adult Corrections Officers (8 hours)
- Mental Health Intervention Training Update Course (8 hours) every two years
- Dispatcher – Persons with Mental Illness (2 hours)
- Armed Prohibited Persons/Mental Health Firearms Prohibition System (2 hours)
- Crisis Communication for First Responders (8 hours)
- Combat to Community/Police and Veteran Interaction (8 hours)
- School Threat Assessment Response Team (8 hours)

**E-Learning**
- Mental Illness – Use of Force and Crisis Intervention
- Mental Illness – Use of Force and Crisis Intervention – *Update*
- Legal Environment – Policing the Mentally Ill
- Mood Disorders
- Communicating with People with Disabilities

**Tele-course**
- Recognizing Mental Illness: A Proactive Approach

**Mandated Training**

In May 2014, all LAPD sworn personnel (over 9,900) were mandated to complete the two-hour CA-POST 2013 Mental Health Update course. To date, 98% have successfully completed the training and the remaining 2% were unable to complete the training due to long-term illness or injury.

As of February 2016, all LAPD sworn personnel completed a one-hour Crisis Communications for First Responders Course that was presented by the MEU staff as part of the Public Trust Training.

In 2019, with the re-instatement of Standardized Roll Calls, the Mental Health Roll Call Training Series, a seven-part series, was delivered Departmentwide over seven Deployment Periods (DPs).
9-1-1 PROTOCOLS

All Police Service Representatives (PSRs) have received eight hours of training titled, “Persons with Mental Illness.” The purpose of the training was to ensure that calls involving persons with a mental illness are properly categorized, dispatched, and to ensure that sufficient information is provided to responding patrol officers. This includes information such as diagnosis, medication(s), threatening behavior, and/or weapon(s). Dispatchers are also trained on specific criteria to divert calls to Didi Hirsch Mental Health Services. Calls for service involving a mental illness are call-typed as the following:

- 918 M Male with Mental Illness
- 918 F Female with Mental Illness
- 918 VM Violent Male with Mental Illness
- 918 J Juvenile with Mental Illness
- 918 VF Violent Female with Mental Illness
- 918 VJ Violent Juvenile with Mental Illness
- 918 AM Ambulance Male with Mental Illness
- 918 PM Possible Male with Mental Illness
- 918 AF Ambulance Female with Mental Illness
- 918 PF Possible Female with Mental Illness
- 9073 Attempt Suicide
- 907A3 Ambulance Attempt Suicide

ADDITIONAL PROTOCOLS INCLUDE THE FOLLOWING:

- In incidents that involve mental health and a crime, the crime code takes precedence; however, the PSR gathers additional information regarding the mental health issue.

- Uniformed patrol officers are dispatched to all calls that involve a person in a mental health crisis, including Ambulance Attempt Suicide/Suicide calls.

- A notation is made by the PSR in the Incident Details, “CONTACT MENTAL EVALUATION UNIT IMMEDIATELY UPON SCENE STABILIZATION 213/996-1300” on all calls for service that involve a person with a mental illness.

- Patrol officers conduct a preliminary investigation to determine whether there is a mental illness and then contact MEU for advice and possible dispatch of a SMART unit, if the SMART unit has not already been dispatched with the primary patrol unit.

- If there is a medical emergency, the patrol officer must conduct an on-scene investigation, conduct a follow-up to the hospital, and provide their findings to the admitting hospital staff.
FIELD PROTOCOLS FOR CALL MANAGEMENT AND DIVERSION

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

NOTIFICATIONS

Any incident commander, crisis negotiation team, or officer who oversees an attempted suicide, barricaded suspect, or hostage incident shall notify the Mental Evaluation Unit, Detective Support and Vice Division, for information regarding the involved person. (Department Manual §4/260.15)

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

Exception: If the subject is injured and requires immediate medical treatment, the MEU must 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, MEU MUST be contacted PRIOR to the person being booked (Department Manual §4/260.20).

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

ARREST AND BOOKING

When a person is taken into custody for a criminal offense and the person is suspected of having a mental illness, the MEU shall be contacted prior to the person being booked. When a subject is a suspect in a felony or high-grade misdemeanor crime, or has a felony or high-grade misdemeanor warrant, the criminal matters shall take precedence. If the subject is under arrest for a low-grade misdemeanor crime, misdemeanor warrant, or infraction, and meets the criteria for an Application for 72-hour Detention for Evaluation and Treatment, booking is at the discretion of the Area Watch Commander. Arrestees suffering from 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 having a mental illness should be directed to the MEU Watch Commander. If the subject is not booked for the criminal offense, officers shall complete the appropriate criminal Investigative Report (IR).

JAIL MONITORING

- All Adult Corrections Officers (ACOs) have received eight hours of training titled “Mental Illness Introduction for Adult Corrections Officers.”
- All sworn jail personnel have received four hours of mental illness related training.
- All arrestees are screened during the booking process and ACOs ensure that the arresting officers have notified the MEU if the arrestee indicated that he/she suffers from a mental illness, which will prompt a MEU information report.

If an arrestee is determined to be in a mental health crisis or is suffering from a chronic mental illness, and the arrestee can be released on their own recognizance or arrange bail, jail personnel or a patrol unit will conduct the mental health assessment and transport to a psychiatric facility. The MEU provides telephonic advice, documents the incident, and directs transporting units to appropriate hospitals.

DIVERSION PROGRAMS

- Pre-booking diversion occurs via the patrol officers or via SMART when:
  - A crime was committed;
  - The crime is a low-grade misdemeanor;
  - A report or citation and release is completed; and,
  - The person with a mental illness is taken to the Psychiatric Emergency Department or Urgent Care Center coordinated through the MEU.

- Post-booking diversion occurs when the subject can be released on their own recognizance or bail is posted. The subject can also be diverted to a mental health treatment provider during the arraignment process or as a condition of their plea or conviction.

- In February 2021, several types of mental health calls were considered for 911 diversion to Didi Hirsch Mental Health Services as part of a pilot program. Non-imminent suicide and behavioral health related calls answered by Communications Division are being diverted to a dedicated line at the Didi Hirsch Mental Health Crisis Call Center between 1200-2000 hours, if the following elements are not imminent:
  - The subject is threatening to jump from a bridge or structure;
  - The subject needs medical attention;
  - A suicide attempt is in progress;
  - The subject has a weapon and is not in a building or residence; or
  - The subject has a weapon inside a building or residence and other people are present.

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

- Los Angeles County Department of Mental Health
  ✓ System Leadership Team (SLT)
  ✓ Court Liaison Program Community Reintegration Program (CRP)
  ✓ Countywide Resource Management - AB109
  ✓ Jail Services - Forensic Inpatient Program (FIP) (Twin Towers)
- National Alliance on Mental Illness (NAMI) San Fernando Valley (SFV)
- National Alliance on Mental Illness (NAMI) Greater Los Angeles County (GLAC)
- Autism Society of Los Angeles (ASLA)
- Los Angeles County Department of Health Services (LACDHS)
- State of California – State Mental Health Facilities (Patton State, Metropolitan State Hospital)
- State of California Mental Health Services Act – Oversight and Accountability Commission
- Hospital Association of Southern California (HASC)
- Gateways Hospitals – ConRep Administrator and Community Reintegration Program (CRP)
- Los Angeles Superior Mental Health Court
- Los Angeles County District Attorney’s Office – Department 95
- Los Angeles County Superior Court – Veterans Court
- California Department of Justice – Bureau of Firearms (CADOJ)
- Department of Veteran’s Affairs
- Los Angeles Unified School District (Crisis Counseling)
CONFERENCES

The MEU has given presentations at the following conferences:

• 2006 5th Annual Conference on Police/ Mental Health Systems Liaisons ”Psychiatrists in Blue: Emerging Partnerships,” Ottawa, Ontario, Canada
• 2006 CIT International Conference, “CIT and the Homeless Mentally Ill.”
• 2007 National Alliance on Mental Illness, Los Angeles, CA
• 2007 Association of Threat Assessment Professionals, “Threat Assessment and Case Management Involving the Mentally Ill.”
• 2008 National GAINS Center Conference, Washington, DC
• 2008 International Association of Chiefs of Police (IACP), “Tailoring Responses to the Mentally Ill.”
• 2008 School Threat Assessment Response Team
• 2010 Post Traumatic Stress Disorder- Combat to Community, Returning Veterans, in Conjunction with the National Center for PTSD, VA, Menlo Park, CA
• 2011 Justice and Mental Health Collaboration Program National Training and Technical Assistance Event: Collaborating to Achieve and Communicate Positive Public Health and Public Safety Outcomes, Baltimore, MD
• 2011 Association of Threat Assessment Professionals, School Threat Assessment Response Team (START)
• 2012 National Association for Civilian Oversight of Law Enforcement, Annual Conference- Albuquerque, NM
• 2013 National GAINS Center Conference – Washington, DC
• 2013 Association of Threat Assessment Professionals, Strategic Information Sharing and Safeguarding between Risk Management Professionals and Disciplines
• 2014 International Association of Chiefs of Police, Annual Conference, Newport Beach, CA
• 2014 Crisis Intervention Team Training, Annual Conference, Ft. Lauderdale, FL
• 2014 California National Alliance on Mental Illness, Annual Conference – Burlingame, CA
• 2014 National Association for Civilian Oversight of Law Enforcement, Annual Conference-Albuquerque, NM
• 2015 JMHCP Law Enforcement Grantee Intensive Training Summit - New York
• 2015 SCA-JMHCP National Conference – Washington, DC
• 2016 Beating Mental Illness - USC Gould School of Law
• 2016 Forensic Mental Health Association of California, Monterey, CA
• 2016 Crisis Intervention Training International Conference – Chicago
• 2016 California National Alliance on Mental Illness, Annual Conference – Burlingame, CA
• 2016 National Association for Civilian Oversight of Law Enforcement, Annual Conference-Albuquerque, NM
• 2016 SMART Policing Initiative, “Community Response to People in Crisis.” Bureau of Justice Assistance - Webinar
• 2017 Stepping Up Initiative: California Summit, Sacramento, CA
• 2017 Forensic Mental Health Association of California, Monterey, CA
• 2017 National Alliance on Mental Illness, California Annual Conference, Newport Beach, CA
• 2017 Crisis Intervention Team Training, Annual Conference, Ft. Lauderdale, FL
• 2017 International Association of Chiefs of Police, Annual Conference, Philadelphia, PA
• 2018 Bureau of Justice Assistance FY 17 Justice and Mental Health Collaboration Program Strategic Planning for Police and Mental Health Collaboration Meeting, Washington DC
• 2019 Council of State Governments – Webinar – Police Mental Health Collaboration Framework, a Conversation with the Learning Sites
• 2019 National Governor’s Association (NGA) Oklahoma City – PATHE
• 2019 Association of Threat Assessment Professional (ATAP), Anaheim, CA – PATHE
• 2019 Federal Bureau of Investigation / Dallas region – PATHE
• 2021 RTI International Policing Symposium (VIRTUAL)
AWARDS, RECOGNITIONS AND ACKNOWLEDGEMENTS

UNIT AWARDS

- “In recognition of this unique collaboration of first responders whose success has increased awareness and served as a model program nationwide,” Mental Health Commission, 6th Annual Recognition and Volunteer Awards Program, May 19, 2005.
- Certificates of Appreciation from the Los Angeles Board of Police Commissioners 2005.
- Los Angeles Police Department, Police Meritorious Unit Citation, March 20, 2007.
- National Association of Counties, Achievement Award 2007.
- 21st Annual Los Angeles County Productivity and Quality, Bronze Eagle Award 2007.
- 21st Annual Los Angeles County Productivity and Quality, Million Dollar Club 2007.
- 2009 Autism Society of America, LA Hearts and Arts Award.
- 2010 Specialized Policing Responses: Law Enforcement/Mental Health National Learning Site as selected by the Council of State Governments Justice Center with support from the Bureau of Justice Assistance (BJA).
- 2011 LAPD Mental Illness Project selected as a “Bright Ideas” Award recipient from the Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government, Harvard University.
- 2012 Autism Society of Los Angeles recognition for continued support and training.
- 2012 School Threat Assessment Response Team (START) selected as a “Bright Ideas” Award recipient from the Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government, Harvard University.
- 2013 M.I.L.E.S. Award Program
- 2016 Christine M. West Award, Forensic Mental Health Association of California (FMHAC)
- 2016 Los Angeles County Productivity and Quality Award, Special Merit Plaque, “Mental Health Training for First Responders.”
- 2017 Los Angeles Police Department, Police Meritorious Unit Citation, Mental Health Intervention Training Development
- 2019 Telly Award – Bronze, Mental Health Roll Call Training Series
INDIVIDUAL AWARDS

- (5) Police Stars for Bravery
- (6) Life Saving Medals
- (1) California Peace Officers Associations (CPOA) Award of Valor
- (1) California POST Excellence in Training Award (Post Incident Debriefs)
- (1) Recipient of “the Legacy Award,” LACDMH Mental Health Commission (1993),
- (2) Recipients of the Dorothy Richardson Award, NAMI (1994),
- (1) Recipient of a certificate of recognition, LACDMH Mental Health Commission (1997),
- (1) Employee of Year 2003, Los Angeles County
- (1) Recipient of the California State Attorney General’s Award of Merit (2005),
- (1) Nurse of the Year 2007, Los Angeles County
- (1) Rising Star Award 2008, Los Angeles County
- (1) Recipient of the “Human Rights and Dignity Award,” Office of Advocacy and Empowerment (2010),
- (1) Extra M.I.L.E.(s) Award Individual 2018
- (1) Paradigm Award – Law Enforcement Champion (FMHAC) 2018
ARTICLES, PUBLICATIONS, COMMUNITY FORUMS

- Los Angeles Times Newspaper Forum on Homelessness, KTLA Channel 5, 2007, working in conjunction with the Mayor’s Safer Cities Initiative and the Mentally Ill.
- Daily News Article – February 1, 2008, “Special Cops Cope with Suicidal 7-Year Old or Britney.”
- Los Angeles Magazine, October 2009, “The War Within” on PTSD.
- Detective Bureau Bi-Monthly, Volume 2, Issue 1, Year 2009, recognition for the establishment of the School Threat Assessment Team strategy and the successful conferences.
- Los Angeles County Department of Mental Health, Prevention and Early Intervention Early START project proposal, dated January 12, 2009, incorporating the School Threat Assessment Response Team strategy developed by the CRSS and adopted county-wide.
- December 18, 2012 KCET “SoCal Connected” discussed SMART operation and Prohibited Possessor, post Sandy Hook.
- March 10-13, 2015, KPCC Public Radio, “Police and the mentally ill: LAPD unit praised as model for nation.”
- December 16, 2015, “Mayor Garcetti Announces Expansion of LAPD SMART Teams.”
- March 30, 2016, KABC Channel 7, “LAPD Chief Charlie Beck Discusses Public Safety, Mental Health Issues, Officer Training.”
- December 8, 2016, “LAPD Mental Evaluation Unit, Media Day.”
- L.A. City View 35, LAPD’s Mental Health Intervention Program, February 2019.
NATIONAL PUBLICATIONS

- TAPA Center, Enhancing Success of Police-Based Diversion Programs for People with Mental Illness, 2005.
- Department of Justice, Bureau of Justice Assistance, Improving Responses to People with Mental Illnesses, Strategies for Effective Law Enforcement Training, 2008.
- Department of Justice, Bureau of Justice Assistance, Improving Responses to People with Mental Illnesses, The Essential Elements of a Specialized Law Enforcement–Based Program, 2008.
- Department of Justice, Bureau of Justice Assistance, Statewide Law Enforcement/Mental Health Efforts, Strategies to Support and Sustain Local Initiatives, 2012.

Published Articles and Studies

- Decriminalizing Mental Illness: Specialized Policing Responses, CNS Spectrums 2020, (Dempsey, Quanbeck, Bush, Kruger)
- Suicide by Cop: A New Perspective on an Old Phenomenon, September 10, 2019, Police Quarterly Journal (Jordan, Panza-Ryba, Dempsey)
- Responding to Persons in Crisis in Los Angeles, date Apr 2019, Southern California Psychiatrist, Newsletter, Volume 67, Number 8 (Dempsey)
- Stalking risks to celebrities and public figures BJPsych Advances Volume 24 - Issue 3 - May 2018, Cambridge Press (Simon, Dempsey, Farnham, Manze, Taylor)
- Diagnosis and Management of Agitation: Agitation in Field Settings-Emergency Medical Service Providers and Law Enforcement– Cambridge Press (Dunn / Dempsey 2017)
- Beating Mental Illness: Crisis Intervention Team training and Law enforcement response trends USC Interdisciplinary Law Journal, Spring 2017 (Dempsey)
- A descriptive study of LAPD’s co-response model for individuals with mental illness. ProQuest School of Social Work, University of California, Long Beach, CA; 2016 (Lopez).

Projects

- Guidance Center Roll Call Training Videos - https://www.tgclb.org/what-we-offer/roll-call/

Last updated July 12, 2021
REFERENCES

TO LEARN MORE ABOUT:

The Law Enforcement/Mental Health Learning Sites, coordinated by the Council of State Governments (CSG) Justice Center and supported by the Bureau of Justice Assistance (BJA), visit https://csgjusticecenter.org/projects/police-mental-health-collaboration-pmhc/law-enforcement-mental-health-learning-sites/ or contact Ethan Aaronson eaaronson@csg.org

Law Enforcement Responses to People with Mental Illness, visit www.consensusproject.org/issue_areas/law-enforcement

The Ash Center for Democratic Governance and Innovation and Bright Ideas, visit http://www.ash.harvard.edu/Home/Programs/Innovations-in-Government/Awards/Bright-Ideas. The Roy and Lila Ash Center for Democratic Governance and Innovation advances excellence and innovation in governance and public policy through research, education, and public discussion.

Three major programs support our mission:

- The Program on Democratic Governance;
- The Innovations in Government Program; and,
- The Rajawali Foundation Institute for Asia.

Social Media
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