

LOS ANGELES POLICE COMMISSION

REVIEW OF THE MENTAL EVALUATION UNIT



Conducted by the
OFFICE OF THE INSPECTOR GENERAL

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I. INTRODUCTION & OVERVIEW

The Office of the Inspector General (OIG) completed a review of the Los Angeles Police Department's (Department or LAPD) Mental Evaluation Unit (MEU).¹ The MEU's mission is to reduce the potential for violence during police contacts with people suffering from mental illness and to assess the mental health services available to assist such persons.²

The MEU is comprised of four components: the Triage Desk, the System-wide Mental Assessment Response Team (SMART), the Case Assessment and Management Program (CAMP), and the Mental Health Training Detail.

A. Triage Desk

Triage Desk staff handles phone calls from patrol officers who have field contact with persons suffering from mental illness. To staff the Triage Desk, the MEU daily deploys seven police officers. Triage staff reviews the MEU database to determine whether a person has had prior contact with police. From 1300 to 2230 hours, a Los Angeles County Department of Mental Health (DMH) mental health nurse sits with Triage staff and queries the DMH database to identify whether any case manager, psychiatrist, or treatment center has previously assisted the person who police are contacting.

Triage staff telephonically responds to requests for assistance by patrol officers. The staff assesses a situation, provides advice, and prioritizes SMART car response when one is available to assist officers on-scene. Triage staff also refers to CAMP individuals who have been the subject of frequent calls for intervention.

B. System-wide Mental Assessment Response Team (SMART)

The SMART program pairs police officers and DMH mental health clinicians, who together respond to incidents involving persons in crisis from mental illness.³ The SMART develops referral service options including hospitalization or management of the person within the jail system. In 2014, SMART units responded to 4,733 incidents, or 12% of the total Department calls (38,389) involving mentally ill persons. The table on the following page provides information on the total number of service calls involving possible mental illness and the number handled by MEU.

¹ The MEU is under the Crisis Response Support Section, Detective Support and Vice Division, Detective Bureau, Office of Special Operations. See http://assets.lapdonline.org/assets/pdf/Org_Chart_8-3-15-NEW-DP-9.pdf.

² LAPD Mental Evaluation Unit handout, February 1, 2015.

³ The pairs work from unmarked cars in plain clothes.

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 ⁴ |
|---|--------|--------|--------|--------|--------|-------------------|
| Total “mentally ill” calls to Communications Division | 29,396 | 29,401 | 32,743 | 35,461 | 38,389 | 21,771 |
| MEU calls for service ⁵ | 12,555 | 12,322 | 12,026 | 13,055 | 13,813 | 8,163 |
| SMART Unit response ⁶ | 4,966 | 4,872 | 4,441 | 4,401 | 4,733 | 2,760 |
| SMART calls resulting in hospitalization ⁷ | 3,683 | 3,543 | 3,434 | 3,466 | 3,746 | 1,983 |

SMART is a secondary responder to mental health calls and responds when the situation is under control (subject detained by patrol). As a result, SMART has not been present at any incidents when a Categorical Use of Force (CUOF) occurred involving a mentally ill person.⁸ According to Department data for 2014, mentally ill persons were involved in approximately 10% of all CUOF and 20% of all Non-Categorical Uses of Force (NCUOF). The totals for uses of force involving mentally ill persons over the last five years are shown in the table below.

| | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------------|-------|-------|-------|-------|-------|
| CUOF Incidents | 85 | 112 | 84 | 95 | 73 |
| CUOF - Mentally Ill | 9 | 13 | 10 | 16 | 7 |
| NCUOF Incidents | 1,575 | 1,725 | 1,770 | 1,820 | 1,865 |
| NCUOF - Mentally Ill | 263 | 275 | 307 | 365 | 385 |

When SMART units did respond, almost 80% of their cases resulted in hospitalization. The response allowed officers to return to patrol duties, which is a primary SMART objective. Also, SMART was generally able to transfer persons into facility care more quickly than patrol units, according to MEU.

| | County Facility | Urgent Care Facility |
|--------------|--------------------------|----------------------|
| Patrol Units | 123 minutes (2.05 hours) | 52 minutes |
| SMART | 111 minutes (1.85 hours) | 34 minutes |

Persons who are violent, in need of medical care, or under the influence of drugs and/or alcohol are transported to a Los Angeles County hospital or a private care facility if the person’s

⁴ Data for 2015 is from January 1 through June 30, 2015.

⁵ Communications Division dispatches a patrol unit to a call for service. The patrol unit arrives and determines whether there is a mental illness issue. If so, the patrol officer telephones MEU for advice and possible dispatch of a SMART unit.

⁶ Calls where SMART relieved patrol and handled the incident.

⁷ California Welfare and Institutions Code Section 5150 provides that peace officers (and others) may take into 72-hour custody persons who are gravely disabled or a danger to themselves or others.

⁸ Per Department Manual Volume 3 Sections 794 et seq., a CUOF is defined as an officer-involved shooting, in-custody death, head strike, incident resulting in serious injury, animal shooting, or non-tactical unintentional discharge of a firearm.

insurance allows. All other persons may be transported to a psychiatric urgent-care center instead of a hospital.

C. Case Assessment and Management Program (CAMP)

The CAMP staff manages chronic cases involving persons with a history of violent criminal activity due to mental illness and persons who have been the subject of frequent calls for intervention. CAMP's role is to identify, track, and link persons to long-term solutions, including uniting with family, conservatorship, group home placement, and in-home assistance.

CAMP is comprised of officers and DMH clinicians forming teams that carry caseloads averaging between 15 to 20 cases weekly. Cases are prioritized based on the level of risk a person poses. A single case can contain multiple behavior classifications such as high-risk behavior, emergency services high utilizer, and veteran.⁹ The table below shows the behavior classifications most frequently addressed by CAMP personnel.

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015¹⁰ |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| Total CAMP cases | 490 | 395 | 484 | 598 | 715 | 360 |
| High Risk Behavior ¹¹ | 26 | 182 | 206 | 226 | 240 | 168 |
| Emergency Services High Utilizer ¹² | 35 | 293 | 334 | 215 | 160 | 116 |
| Suicide by Cop ¹³ | 60 | 61 | 58 | 72 | 123 | 116 |
| Veterans ¹⁴ | 30 | 39 | 35 | 45 | 59 | 72 |

Persons are referred to CAMP from the Triage Desk and SMART units. The CAMP has an integrated firearms component that includes follow-up with persons prohibited from possessing dangerous weapons. In 2014, CAMP was responsible for the confiscation of 342 firearms from persons prohibited from possessing dangerous weapons due to a mental illness.

⁹ CAMP uses 19 different behavior classifications.

¹⁰ Data regarding incidents reported to CAMP for 2015 is from January 1 through September 20, 2015.

¹¹ Refers to persons who exhibit behavior, due to mental illness, such as standing on a building threatening to jump, attempting suicide, barricading, or provoking a categorical use of force or multiple use of force incidents.

¹² Refers to persons placed on a six-month hold within a year or the focus of repeated contact with emergency services.

¹³ In the vast majority of cases, this is attempt only, or expressed verbal desire only. Of the 123 incidents classified as "suicide by cop" in 2014, none resulted in a categorical use of force.

¹⁴ The majority of veterans referred to CAMP suffer from post-traumatic stress disorder.

D. Mental Health Training Detail

The Mental Health Training Detail (Detail) trains first responder patrol officers or those specialized field unit officers most likely to encounter persons with a mental illness.¹⁵ The Detail provides training to law enforcement officers from the Department and outside agencies about responding to persons suffering from mental illness. From 2004 to 2012, the Detail trained 801 sworn personnel through its 40-hour Crisis Intervention Training (CIT) course. The CIT course provided lecture-based training to officers on available mental illness intervention services.

In September 2014, the Detail implemented the 36-hour Mental Health Intervention Training (MHIT) course in place of CIT. The MHIT focuses on the application of crisis communication and de-escalation concepts. The Detail offers the training monthly to class sizes no larger than 25 and will offer 15 MHIT classes in 2015 and 24 classes in 2016. The Detail has trained 251 of the 3,570 officers assigned to patrol and specialized field units.¹⁶

In May 2014, the Department's Personnel and Training Bureau directed that sworn employees complete a two-hour California Peace Officers Standards and Training (POST) mandated 2013 Mental Health Update course. As of October 15, 2015, the Department reported that 9,278 of the 9,769 sworn personnel completed the training.¹⁷ The Department is making efforts to ensure all sworn personnel complete the training.

In July 2015, the Department implemented new Preservation of Life Training, a five-hour course conducted at all 21 Department divisions. All sworn personnel have received the Preservation of Life Training. The course focused on use of force and dealing with the mentally ill.¹⁸

II. MEU DEPLOYMENT AND STAFFING

The MEU functions 24 hours a day, 7 days a week, and is staffed by 61 sworn Department personnel. Additionally, the Los Angeles County DMH provides 30 clinicians who work in partnership with Department personnel to respond to mental health issues.¹⁹ The MEU's current daily deployment and staffing for Triage and SMART is depicted on the following page.

¹⁵ The specialized units include Safer Cities, Beach Detail, Traffic, and Bike Unit.

¹⁶ Data provided by the Office of Operations.

¹⁷ Data provided by Police Sciences and Training Bureau.

¹⁸ As part of this training, MEU staff provided an hour-long segment on Crisis Communication and De-escalation.

¹⁹ Clinicians include clinical psychologists, licensed clinical social workers, and mental health nurses.

| Watch | Triage Desk | SMART Car(s) | Supervisor(s) |
|----------------------------|-------------|---|------------------------------|
| 0600-1600 Day Watch | 3 officers | 1 car (1 officer and 1 clinician) | 1 (sergeant or detective) |
| 1000-2000 Mid-day Watch | ---- | 3 cars (1 officer and 1 clinician per car) | 2 (sergeant or detective) |
| 1530-0200 PM Watch | 3 officers | 4 cars (1 officer and 1 clinician) | 2 (sergeant or detective) |
| 0130-0600 AM Watch | 1 officer | ---- | 1 (sergeant or detective) |

The MEU has a goal of expanding their ability as a secondary field responder. The table below presents MEU's Fiscal Year 2016-17 daily proposed deployment and staffing for Triage and SMART personnel. SMART currently fields 8 cars daily but, under the proposed deployment, would more than double that amount to 17 cars daily.

| Watch | Triage Desk | SMART Car(s) | Supervisor(s) |
|----------------------------|-------------|---|-------------------------------|
| 0600-1600 Day Watch | 3 officers | 2 Cars (1 officer and 1 clinician per car) | 1 (sergeant or detective) |
| 1000-2000 Mid-day Watch | ---- | 6 Cars (1 officer and 1 clinician per car) | 2 (sergeant or detective) |
| 1530-0200 PM Watch | 3 officers | 8 Cars (1 officer and 1 clinician per car) | 3 (sergeant or detective) |
| 2030-0630 AM Watch | 3 officers | 1 Car (1 officer and 1 clinician) | 1 (sergeant or detective) |

In addition to requiring additional personnel assigned to MEU, increased deployment would also create the need for more SMART cars and mobile digital computers for effective communication and tracking.

III. RECOMMENDATION

The OIG submitted this report to the Commanding Officer (CO), Detective Bureau, for review. The CO confirmed that the Detective Bureau has approved MEU's proposal for increased staffing and equipment, for consideration during the Department's budget process.

Based on the information obtained during this review and the Department's response, the OIG recommends the following:

1. The Department ensures that all sworn personnel complete the POST-mandated 2013 Mental Health Update training course.