

16-003 Calls for Service Involving Alleged Mentally Ill Persons

Los Angeles County Sheriff's Department
FIELD OPERATIONS DIRECTIVE



CALLS FOR SERVICE INVOLVING ALLEGED MENTALLY ILL PERSONS

PURPOSE

The purpose of this directive is to establish policy and procedures for responding and handling calls for service involving persons who may be mentally ill, while minimizing use of force incidents.

The Lanterman-Petris-Short (LPS) Act, found in sections 5000-5550 of the Welfare and Institutions Code (WIC), deal with involuntary treatment for mentally disordered persons. The LPS Act provides for the involuntary treatment of those persons who are mentally ill that pose a danger to themselves or society, but have not committed a criminal offense. Since there is no underlying criminal offense, the state is functioning in the role of "Parens Patriae" (sovereign power of guardianship over persons with a disability). Sections 5150 WIC and 5585.50 WIC define the scope and authority for detaining persons for an involuntary evaluation and treatment of adults and juveniles, respectively.

General Considerations

When responding to a call involving a person who is believed to be mentally ill, consideration should be given to how that mental illness may affect the individual's ability to comprehend and respond to instructions, commands, and/or the events unfolding around them. Persons who are mentally ill may be entitled to accommodations under the Americans with Disabilities Act (ADA). A mentally ill person who is a danger to themselves may be entitled to such accommodations; however, a mentally ill person who is a "direct threat" to the safety of others does not qualify for accommodations under the ADA. Some possible accommodations are discussed below.

PROCEDURES WHEN ANY PERSON IS IN IMMEDIATE DANGER

The following procedures shall be followed when it is believed any person is in immediate danger:

- Responding units shall be authorized to respond Code 3, including the field sergeant;
- Request and have fire/medical resources respond and stage a safe distance away, as deemed necessary;
- Handle as any other emergency call for service by following the standard Tactical Incidents policy (3-10/150.00, Tactical Incidents); and
- Call for a Mental Evaluation Team (MET) via Sheriff's Communication Center (SCC) when safe to do

so. The station desk shall make a notification to the MET Triage Desk.

PROCEDURES WHEN NO PERSONS ARE IN IMMEDIATE DANGER

If no persons are in immediate danger, but there is an indication of a potential use of force, the following procedures shall be implemented:

Station/Unit Dispatch

- This call for service shall be dispatched as a priority call;
- Keep the caller on the line and give continual updates to field personnel;
- A field sergeant shall be assigned to the call;
- Ensure the field sergeant acknowledges the call;
- If there is an extended response time, authorize Code 3 as appropriate;
- Determine if MET is available through SCC or by having the station desk call the MET Triage Desk; and
- Advise field deputies/units of the MET's availability.

The location of known mentally impaired violent persons shall be entered into the computer aided dispatch (CAD) system as a "hazard" to assist in managing future calls for service. The dispatch/watch deputy personnel shall ensure Crisis Intervention Trained (CIT) personnel are designated on the in-service personnel roster whenever a CIT deputy is assigned to work that shift. Dispatch shall assign a CIT deputy to handle or assist on a call involving mentally ill persons whenever available.

Field Deputy/Unit

- Coordinate the response with assisting units;
- Unless an exigency has developed, briefly stage away from the location of the call to develop a tactical plan;
 - Include the following topics in the tactical plan:
The location's description, circumstances, containment options, ensure appropriate resources are available [i.e., arwen, pepperball, stunbag, Conducted Electrical Weapon (CEW), O.C., MK-46, video], and assignment of responsibilities, including who will be the designated person that will talk to the patient and consider the other *Possible Accommodations* listed below.
- Handle as a tactical incident (refer to MPP section 3-10/150.00, Tactical Incidents);
- Deputies tasked with using less lethal resources shall have them ready for use upon arrival at the incident location;
- Request a MET response through SCC when coordinating the call;
- Communicate with the informant, if appropriate;
- When reasonably safe to do so, the handling unit shall contact or designate an assisting unit to contact the MET Triage Desk. This can be done through the CAD system using "MET01" as a recipient. Notification can also be made by calling [REDACTED TEXT] which is available 24 hours a day, 7 days a week, while being mindful of the Department's policy on use of personally-owned mobile phones;
- Assess if the patient owns or has access to a firearm or deadly weapon. An Automated Firearms

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System (AFS) inquiry shall be made to assist with this assessment, whenever possible. If the patient is known to possess, own, or have control of these items, deputies shall confiscate such firearm(s) or deadly weapons pursuant to section 8102 WIC;

- In the event a patient is the subject of a restraining order rising to the potential for gun violence, procedures for a gun violence restraining order shall be followed, if applicable (see Field Operations Directive 16-001, Gun Violence Restraining Order Procedures for more information); and
- At the conclusion of the call for service, provide the pocket planner brochure to the affected family members of the patient. Document in the report that the pocket planner was given to a family member and/or in the log clearance if no report was written.

Field Sergeant

- Unless the field sergeant is handling another field emergency or priority call for service, the field sergeant shall respond to the call and shall be responsible for directing force, when reasonable; and
- If it is determined that contact or continued contact with the individual may result in an undue safety risk to that person, the public, or Department members, disengagement shall be considered. The watch commander shall be consulted and must concur with the decision to disengage.

Watch Commander

- The watch commander shall be advised by dispatch to monitor the incident as appropriate; and
- The watch commander shall make the final decision on whether or not to disengage from the call for service or crisis.

Possible Accommodations

Each situation is different, and all of the following may not be appropriate under the circumstances, but personnel should assess the situation and determine if any or all of the following may help to diffuse the situation:

- Call a MET team;
- Slow down the pace - take the time you need to de-escalate the situation;
- Start with a reasonable and safe distance - avoid an overly “command oriented” presence;
- Only one person should speak at a time to the patient;
- Use body language that projects patience, respect, and concern;
- Avoid sudden movements, especially those directed at the patient;
- Speak calmly using normal conversational volume and tone;
- Listen carefully, avoid interrupting, ask questions, and gain information.
REMEMBER: A lack of response to your direction or instruction may be due to the individual hearing “voices” or being distracted by other hallucinations, auditory or visual stimuli, and not because of resistance or hostility;
- Determine if the informant or family member may or may not be helpful to de-escalation and utilize them as appropriate.
REMEMBER: Mentally ill persons in crisis may respond unpredictably to applications of force and may escalate dramatically; and/or

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- Consider disengagement. This tactic requires consultation with the field sergeant at the scene and shall have the concurrence of the watch commander.

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 continued contact may result in an undue safety risk to the person, the public, and/or Department members.

MET shall be notified and included as a special request distribution (SRD) on any incident report if one is written, for incidents where disengagement was exercised and the basis of the call was mental health-related.

Application for a 72-hour Detention

When detaining someone under the authority of section 5150 or 5585.50 WIC, sworn personnel shall complete the, "Application for 72-Hour Detention for Evaluation and Treatment" form (MH-302). In the spaces provided, sworn members must clearly and objectively describe what led them to conclude that the patient met the criteria of section 5150 or 5585.50 WIC.

The information stated on the form also establishes that the deputy had probable cause for taking the individual into custody. All sections of Form MH-302 must be completed. A copy of the form shall be left with the hospital and a copy shall be attached to the incident report. The URN number shall be placed on all copies.

A copy of the AFS inquiry results for the patient shall be included with the incident report documenting whether or not the patient has/had firearms registered to them. MET Triage Desk notification shall be noted in the incident report and "MET" shall be indicated as the SRD for the report.

Transporting 5150 or 5585.50 WIC Patients

The decision to transport a 5150 or 5585.50 WIC patient to a designated facility or to wait for a MET is the responsibility of the handling deputy.

The law requires that 5150 or 5585.50 WIC patients be transported to facilities that are designated for the reception of 5150 or 5585.50 WIC patients. LAC+USC (LCMC), Harbor/UCLA General Hospital, and Olive View Medical Centers are the "designated" public facilities for Los Angeles County.

Patients that have not been charged with a crime shall not be transported to a Sheriff's station or jail facility.

Whenever any person is taken into custody as authorized by section 5150 and/or 5585.50 WIC, they shall be transported to a designated psychiatric facility by no less than two deputies, with the exception of a MET unit when they are staffed with a non-sworn mental health professional.

Deputies shall request an ambulance to transport persons with a mental illness only if:

- The person is violent and requires restraint to the extent that he or she must be transported in a recumbent position; and

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- The person is injured or physically ill and is in need of immediate medical attention.

When a person with a mental illness (patient) is transported by ambulance, at least one deputy shall ride in the ambulance with the patient if detained on a 5150 WIC “hold.”

ATTACHMENTS

List of Designated Psychiatric Facilities

LASD Pocket Planner brochure http://intranet/intranet/announcements/LASD_CARES.pdf

REFERENCES

Americans with Disabilities Act, Title II Regulations, Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services, published September 10, 2010, Section 139, Direct Threat.

Manual of Policy and Procedures, section 5-09/070.05, Emergency detention - Provides supplemental procedural guidance.

Manual of Policy and Procedures, section 5-09/180.05, Mentally Ill Persons (Confiscation of weapons) - Provides supplemental procedural guidance.

Manual of Policy and Procedures, section 4-16/010.00, Mentally Ill Persons (Case assignment) - Provides supplemental procedural guidance.

Manual of Policy and Procedures, section 3-10/150.00, Tactical Incidents – Provides general guidance on handling of tactical incidents.

Manual of Policy and Procedures, section 3-01/100.46, Use of Communication Devices – Provides restrictions to the use of personal mobile phones for official use.

Field Operations Directive 16-001, Gun Violence Restraining Order Procedures

LASD Newsletter #81 Automated Firearms System (Update)

Replaced FOD 92-02, Alleged Mentally Ill Persons
