16-12 - Terms and References Related to Calls Involving Alleged Mentally Ill Persons

Los Angeles County Sheriff's Department
NEWSLETTER
Field Operations Support Services, (323) 890-5411

TERMS AND REFERENCES RELATED TO CALLS

INVOLVING ALLEGED MENTALLY ILL PERSONS

The following terms and references are related to topics covered in the Field Operations Directive 16-003 Calls for Service Involving Alleged Mentally Ill Persons.

MENTAL EVALUATION TEAMS

The Sheriff's Department maintains several Mental Evaluation Teams (MET). These teams are assigned to the Special Operations Division. Each team consists of a deputy sheriff who is specially trained in mental health issues, along with a non-sworn mental health professional. MET is available to assist field deputies in the handling of calls involving the mentally ill and can be contacted through SCC by requesting a "Sam 918" unit. MET services are not available at all hours, but can be contacted only by LASD personnel at (626) 258-3002 for general information during normal business hours.

PATIENT

For purposes of related newsletters and Field Operations Directives, a patient is a person who is suspected to be mentally ill by field personnel. The term is used to describe the intended disposition of the alleged mentally ill person to be subsequently transported to a mental health facility for evaluation and/or treatment. The term patient, subject, and mentally ill person are used interchangeably.

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 mentally ill person, the public, and/or Department members. The decision to exercise this option can be initiated by the field unit but requires consultation with the field sergeant on scene, and shall have the concurrence of the watch commander.

§5150 & 5585 OF THE WELFARE AND INSTITUTIONS CODE (WIC)

The authority to take a mentally ill adult into custody is found in Section 5150 WIC, and the authority to take a minor into custody is found in Section 5585 WIC. Deputies do not need the consent of a parent or guardian to place a "hold" on juveniles meeting the criteria for 5585 WIC. Both state, in part:

> "When any person, as a result of mental disorder, is a danger to others, or to himself, or gravely disabled, a peace officer (or other specified person)...may, upon probable cause, take...the person into custody and place him or her in a facility designated by the County and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation."

Sections 5150 & 5585 WIC establish two elements. Both must be present before a patient may be lawfully detained:

- The person must be a danger to self, a danger to others, or be gravely disabled; and
- The person must fall into one of these categories by reason of mental disorder.

While a psychiatric diagnosis of mental illness may only be done by persons holding the necessary credentials, the law only requires that a peace officer have "probable cause" to believe that the person has a mental disorder. A mental disorder is simply a behavior pattern that causes suffering or impairs a person from functioning in ordinary life and is considered socially or developmentally abnormal. This standard is much lower in comparison. The Welfare and Institutions Code §5150.05(a)-(d) requires relevant information, including information provided by the patient or the patient's family about the historical course of a patient's mental disorder, be considered when determining whether probable cause exists to involuntarily detain a person for 72-hour treatment and evaluation. To avoid over-representing a deputy's qualification to assess mental illness, report writing language similar to "...as a result of the above, I formed a reasonable person's opinion that the patient possessed a mental disorder" may be used.

For clarification, several conditions may result in a person being a danger to self, danger to others, or gravely disabled that are not the result of a "mental disorder" as the term is commonly understood. Alzheimer's disease, dementia, organic brain disorders, and other forms of physical brain damage are examples of these conditions. A patient may be detained based on behavior pursuant to 5150 WIC regardless if the root cause is a mental disorder or an organic brain disorder. The authority to involuntarily detain a person for treatment is a legal one. The California Attorney General has issued a formal legal opinion that such individuals may fall under the provisions of 5150 WIC.

ENTRY INTO THE LOCATION OF A 5150 OR 5585 WIC PATIENT

The question of what to do with a 5150 or 5585 WIC patient inside a location often arises. The very nature of 5150 & 5585 WIC suggests exigent circumstances of varying degrees that could justify intrusive actions by law enforcement which would otherwise be viewed as a violation of a person's constitutional right of privacy. The standard for intrusive behavior by law enforcement in removing a patient should be based on the extent to which that person poses a threat to himself or others. The immediate need to take action must outweigh the person's privacy interest.

Mentally ill patients who are a danger to themselves as a result of being "gravely disabled," e.g., refuse to eat or refusal to obtain routine medical care, usually do not require immediate actions by law enforcement. MET should be consulted in these cases. The Los Angeles County Department of Mental Health ACCESS Center can also be contacted at (800) 854-7771. If it is determined that the person has become a danger to

themselves by becoming severely gravely disabled and are in imminent danger of dying, deputies may take appropriate action to gain entry into the location for lifesaving purposes.

EMEREGENCY DETENTION

When taking an alleged mentally ill individual into custody under the authority of 5150 or 5585 WIC, an Incident Report (SH-R-49) must be completed. The report must contain sufficient facts to establish all elements of 5150 or 5585 WIC. Indicate the action taken by the deputy, the location of first contact, and the accepting facility where the patient was examined. If the patient lives alone, indicate who secured the premises, if applicable

Section 5150 WIC requires that a peace officer, when taking an individual into custody, must provide certain information to the individual. This statement is included on the "*Application for 72-Hour Detention for Evaluation and Treatment"* form MH-302. The patient must be verbally advised of the following:

"My name is _____. I am a deputy sheriff with the Los Angeles County Sheriff's Department. You are not under criminal arrest, but I am taking you for examination by mental health professionals to (name of facility). You will be told your rights by the mental health staff."

After advising the individual, complete the section at the top of form MH-302. If advisement is not possible, note the reason on the form.

In cases of mentally ill conservatees with commitments to mental institutions, conservators may request a peace officer to detain their conservatee and return them to the facility in which he/she was placed or to transfer such person to a County designated treatment facility, pursuant to §7325 WIC. This request shall be in writing and accompanied by a certified copy of the letter of conservatorship verifying that the person requesting the detention and transfer is the appointed conservator of the person sought to be detained.

When taking an individual into custody, care must be taken to protect the personal property in possession of the individual. If possible, those items should be turned over to a responsible relative, guardian or conservator. If this is not possible, the premises should be locked and items in the person's possession safeguarded until they are turned over to staff at the mental health facility or other responsible person. These efforts should be documented in the Incident Report (SH-R-49).

APPLICATION FOR 72-HOUR DETENTION

When detaining someone under Section 5150 or 5585 WIC, the deputy must complete form MH-302, *"Application for 72-Hour Detention for Evaluation and Treatment."* In the spaces provided, the deputy must describe clearly and objectively what led them to conclude that the patient met the criteria of 5150 or 5585 WIC.

The information stated on the form also establishes that the deputy had probable cause for taking the individual into custody. All applicable 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 (SH-R-49). The URN shall be placed on all copies.

PRIVATE MENTAL HEALTH FACILITIES

It is permissible but not practical for deputies to transport 5150 & 5585 WIC patients to designated private facilities. The private facility may accept a patient because the patient's doctor is on the staff, or the facility accepts the patient's medical insurance plan and has bed space available. Private facilities should be contacted prior to transporting the patient to ascertain that the facility can or will accept the patient. Private facilities are under no obligation to accept the patient.

ACCEPTANCE OF PATIENTS

Two provisions of the Welfare and Institutions Code govern the acceptance of 5150 & 5585 WIC patients at designated facilities and the amount of time that handling deputies may be delayed at the facility while transferring patients:

- Section 5150.1 prevents designated facilities from turning away a patient who has been transported to the facility for evaluation by a peace officer.
- Section 5150.2 prevents a designated facility from delaying the transporting peace officer longer than is needed to complete the required documentation (form MH-302) and the “safe and orderly transfer of physical custody” of the patient.

Deputies should maintain supervision of the patient until the receiving psychiatric facility assumes custody. Deputies are not required to remain at the designated facility pending any mental health evaluation of the patient. The designated facility is not required to keep the patient for the maximum 72-hour period. After assessment, if the facility concludes that continued detention is not necessary, the facility may release the patient.

TRANSPORTING TO DESIGNATED PSYCHIATRIC FACILITIES

Deputies may not detain a patient pursuant to 5150 or 5585 WIC and transport that person to a private facility that is not a "designated psychiatric facility.” An exception is where a “private designated facility” accepts a patient and arrangements have been made in advance. Please consult MET for a list of these “private designated facilities.” The statute mandates that the person detained be taken to a designated psychiatric hospital. Any other psychiatric facility can neither accept, nor hold, patients under this section of law. See the attachment for a list of designated psychiatric facilities.

If a person wishes to be admitted voluntarily to a non-designated private psychiatric facility, deputies may provide transportation if medical transportation is unavailable or delayed. Deputies shall consider whether the patient meets the criteria of Section 5150 or 5585 WIC prior to undertaking this course of action. Patients admitted to these private facilities are not subject to involuntary detention. In this case, a patient who may be a danger to themselves or others may leave the facility without supervision.

MEDICAL HOSPITAL EMERGENCY ROOMS

Medical hospital staff often have contact with mentally ill patients who arrive at their facility by conventional means (ambulance, fire dept. transport, private vehicle). The hospital has an obligation to provide appropriate medical and mental health services to that individual. This is a responsibility of the hospital and not to deputy personnel, should they be called. The hospital emergency room or department (E.R.) has the responsibility for

arranging mental health care, usually through a contracted psychiatric evaluation team. Refer to the Health and Safety Code, Section 1799.111 for further information.

If a mentally ill person has been transported to a medical hospital due to a serious self-inflicted physical injury or illness, the E.R. staff should be informed of any observations of mental illness such as suicide attempt. The notification, pertinent facts, and names of staff members who treated the patient should be indicated in an incident report.

When deputies have determined a patient is to be held on a 5150 WIC “hold” and transport this patient (via ambulance or radio car) to any medical facility (E.R.), they must remain with the patient to ensure proper detention and delivery to a psychiatric facility.

CRIMINAL OFFENSES BY 5150 OR 5585 WIC PATIENTS

Deputies shall be cognizant that the standards for 5150 & 5585 WIC commitments are different from standards considered for an “insanity defense.” The fact that a person falls within the provisions of 5150 or 5585 WIC does not render them incapable of committing a crime.

MET is a specialized resource that primarily deals with incidents involving alleged mentally ill persons in crisis. The fact MET responds to an incident does not give them the obligation of the final disposition of the suspect. Station/unit personnel have the primary responsibility of the suspect, particularly in cases where a crime was committed by the alleged mentally ill suspect.

When mentally ill suspects are arrested for a criminal offense where prosecution is desired, they should be processed in the same manner as any other arrestee. The apparent mental illness should be noted in the incident report. If a mentally ill suspect is injured or declares a medical condition, the handling unit should obtain medical evaluation and/or treatment for this person prior to transporting to a custody facility for psychiatric evaluation.

Mentally ill adults who are arrested should be transported to the Inmate Reception Center (IRC) for males, and Century Regional Detention Facility (CRDF) for females. This is to ensure that they receive appropriate medical evaluation or treatment. The placing of the individual in criminal custody does not prevent them from receiving psychiatric assistance. Forensic psychiatric services (evaluation and treatment) are available for inmates in the custody of the Los Angeles County Sheriff's Department.

In cases of juveniles that are detained on a 5585 WIC hold with criminal charges, they should not be transported to the nearest locked intake Probation Department facility unless the juvenile is medically and psychologically cleared, if applicable. The Los Angeles County Mental Access Line or a designated psychiatric facility should be contacted to ascertain a vacancy for a juvenile on a 5585 WIC hold with criminal charges prior to transporting the juvenile. See the attachment for a list of the designated psychiatric facilities and locked intake Probation Department facilities.

Under Penal Code Section 4011.6, an individual in criminal custody may also be diverted for psychiatric evaluation and treatment. If applicable, courts can order the inmate to be moved out of the criminal justice system and into the civil courts for that purpose.

CONFISCATION OF WEAPONS

Whenever a person who has been detained or apprehended for examination of his or her mental condition, pursuant to 5150 or 5585 WIC, is found to own, have in his or her possession or under their control, any firearm, or any other deadly weapon, the firearm or deadly weapon shall be confiscated pursuant to 8102 WIC.

Typically, when a patient has been admitted into a psychiatric facility as a danger to themselves or others on a 5150 WIC "hold," they are restricted from having in his or her possession, custody or control, any firearm or any other deadly weapon for a period of five years, unless a certificate of successful court petition was issued to the patient (refer to Section 8102 and 8103 WIC). Deputies should verbally advise patients of return and restriction procedures for confiscated firearms and note the advisement in their report.

The procedures for handling confiscated weapons for persons that are committed or have a guardian appointed may be found in the Manual of Policy and Procedure §5-09/180.05, POSSESSION CONFISCATION AND RELEASE OF FIREARMS - MENTALLY ILL PERSONS.

Information regarding the content of this newsletter may be directed to Field Operations Support Services.

Designated Psychiatric Facilities for Los Angeles County

Harbor/UCLA Medical Center……Hospital (Main) (310) 222-2345
1000 W. Carson St. Psychiatric E.R. (310) 222-3144
Torrance, CA 90509 Psychiatric Inpatient Unit -3292
CSB site dispatch (310) 222-3311
Olive View Medical Center……Hospital (Main) (818) 364-1555
14445 Olive View Dr. Psychiatric E.R. (818) 364-4340
Sylmar, CA 91342 Psychiatric Inpatient Unit -4433
CSB site dispatch (818) 364-3409
Los Angeles County + USC Medical Center……..Hospital (Main) (323) 409-1000
1983 Marengo St. Adults -Psychiatric E.R. (323) 409-7085
Los Angeles, CA 90033 Juveniles - Pediatric E.R. (323) 409-3601
CSB site dispatch (323) 226-3333

Probation Department Intake facilities for Juveniles cleared of 5585 WIC holds

Central/Eastlake Juvenile Hall….....Intake Detention Control (IDC) (323) 226-8506
1605 Eastlake Ave.
Los Angeles, CA 90033
Barry J. Nidorf/Sylmar Juvenile Hall.……Intake Detention Control (IDC) (818) 364-2030
16350 Filbert St.
Sylmar, CA 91342