

16-003 Calls for Service Involving a Person Experiencing a Mental Health Crisis

Los Angeles County Sheriff's Department

FIELD OPERATIONS DIRECTIVE

Field Operations Support Services



CALLS FOR SERVICE INVOLVING A PERSON EXPERIENCING A MENTAL HEALTH CRISIS

PURPOSE

The purpose of this directive is to establish policy and procedures for responding to and handling calls for service involving persons who may be experiencing a mental health crisis due to a mental illness, cognitive impairment, physical impairment, and/or stressors, while minimizing use of force incidents.

DEFINITION OF TERMS

Mental Health Crisis is defined as a situation where an individual's feelings, thoughts, or actions put them and/or others at risk, i.e. self-harm, suicidal, homicidal, episode of mania or hypomania, and/or psychosis. The crisis may occur due to a mental illness, cognitive or physical impairment, and/or due to life stressors.

General Considerations

When responding to a call involving a person who is believed to be experiencing a mental health crisis, consideration should be given to how that crisis may affect the individual's ability to comprehend and respond to instructions, commands, and/or the events unfolding around them.

Factors to consider when attempting to identify whether a person may have been diagnosed with an intellectual, mental, or physical disability include: 1) self-reporting by the person, 2) information provided by witnesses or other deputies on scene, 3) previous calls for service or knowledge of the individual, and 4) the deputy's own observations.

DE-ESCALATION RECOMMENDATIONS

Each incident is different, and the following may not be appropriate under the circumstances; however when it is safe and reasonable to do so based on the totality of the circumstances known by responding personnel, they should assess the situation and determine whether any or all of the following may help to de-escalate the incident:

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- Maintain a safe distance when possible.
- Slow down. Attempt to stabilize the incident or prevent further escalation; and

NOTE: An individual experiencing a mental health crisis may respond unpredictably to applications of force and may escalate dramatically.

- Only one person should speak to the individual at a time; and
- Speak calmly using normal conversational volume and tone; and
- Listen carefully after asking questions, avoid interrupting, and attempt to gain information; and
- Use body language that conveys patience, respect, and concern; and
- Avoid sudden movements, especially those directed at the individual; and

NOTE: 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, rather than an intentional refusal to comply.

- Determine if the informant or family member may or may not be helpful to de-escalate or prevent further escalation and utilize them as appropriate; and
- Request a MET response; and
- Disengagement may be a consideration; however the decision to do so shall be conveyed and approved through the chain of command, which is explained in the disengagement section.

MENTAL EVALUATION TEAM

The Mental Evaluation Team (MET) is a Department resource that specializes in mental health crisis situations. MET is not reached directly by the public. MET responses are activated by station personnel contacting the MET Triage Desk at (626) 258-3000. MET field units may also self-dispatch by monitoring SCC radio traffic.

PROCEDURES

The following procedures shall be followed when responding to calls involving a person experiencing a mental health crisis:

Desk Personnel Procedures

- Shall assign a minimum of two deputies and a sergeant to any call involving an individual experiencing a mental health crisis; and
- When there is a threat of imminent danger or death, desk personnel shall authorize units to respond

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Code-3; and

- When practicable to do so:
 - Attempt to keep the caller on the line and give continual updates to field personnel, if it is safe for the caller to do so.
 - Check the location for any HAZARD (HAZ) hit or Special Alert inquiry via the Computer Aided Dispatch system (CAD), update the call with details of the return, and voice the HAZ hit or Special Alert via radio, if any.
 - Assess whether the patient owns or has access to a firearm or deadly weapon. An Automated Firearms System (AFS) inquiry shall be made to assist with this assessment. Update the call with details of the AFS return, if any, and voice via radio.
 - Assign a Field Operations Crisis Intervention Skills – Crisis Intervention Training (FOCIS - CIT) trained deputy to the call, when practicable; and
- The watch deputy shall immediately notify the watch sergeant and watch commander regarding the call for service, when practicable; and
- The watch deputy shall immediately notify the watch sergeant and watch commander regarding the call for service, when feasible; and
- If the handling unit voices a request by radio (SCC/LTAC) for a Mental Evaluation Team (MET), the station desk shall follow up with the request to the MET Triage Desk landline and provide details of the call and any HAZ/Special Alert return information; and
- When practicable, upon assigning the handling unit to calls involving a person who is experiencing a mental health crisis, refrain from assigning them additional priority calls until the call is handled to conclusion; and
- Re-assign any other pending priority or emergent calls for service from the handling unit
- Code-3 Response calls for service:
 - Desk personnel shall request a MET response via MET Triage Desk.

Field Deputy/Unit

Emergent Calls

- Responding units shall be authorized to respond Code 3, including the field sergeant; and
- Request a MET response via radio (SCC); and

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- Deputies tasked with using less lethal resources shall have them ready for use upon arrival at the incident location; and
- Responding units should request fire/medical resources to respond and stage a safe distance away, as deemed necessary; and
- Handle as any other emergency call for service by following the standard of the Tactical Incident Policy (refer to MPP section 3-10/150.00, Tactical Incidents).

Priority Calls

- Coordinate the response with assisting units; and
- Handle as a tactical incident (refer to MPP section 3-10/150.00, Tactical Incidents); and
- When it is reasonably safe to do so, Request MET response via the MET Triage Desk landline; and if possible, provide the individual's information (name, date of birth, etc.) and a brief description of the incident to the MET Triage Desk; and
- Communicate with the informant, if appropriate; and
- At the conclusion of the call for service, offer resources to the affected family members (MET pamphlet, 988 card, Access Hotline (800) 854-7771) regardless of outcome. Document the resources provided in the report and/or in the log clearance if no report was written.
- If the individual is determined to meet 5150/5585 WIC criteria, refer to the section, "Application for 72-Hour Detention."

Field Sergeant

- Acknowledge call; and
- Ensure the call is precoordinated with assisting units; and
- Absent another field emergency or priority call for service, the field sergeant shall respond to the call; and
- Shall ensure a plan is formulated with on-scene personnel, a less lethal option is available, and direct force if necessary; and
- If it is determined that engagement or continued engagement 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 concurrence to disengage shall be approved by the watch commander prior to disengaging.

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Watch Sergeant

- Respond to the station desk,
- Confirm a field sergeant has been assigned to the call and has acknowledged the call; and
- When practicable, ensure any other pending priority or emergent calls for service are reassigned.

Watch Commander

- When advised by the desk of the call and circumstances, the watch commander shall monitor the incident; and
- Upon consultation with the on-scene field sergeant, the watch commander shall make the final decision on whether to disengage from the call for service or crisis (Refer to Disengagement Procedures).

Unit Commander

- Shall ensure FOCIS trained deputies are noted on the in-service.

Disengagement Procedures

Disengagement is the tactical decision to leave, delay physical contact, delay custody, or plan to make contact at a different time and under different circumstances. This tactic should be considered when the on-scene field sergeant has reason to believe continued contact may result in an undue safety risk to the person, the public, and/or Department members.

- If it is determined engagement or continued engagement with the individual may result in an undue safety risk to that person, the public, or Department members, disengagement shall be considered by the handling deputy and communicated to the field sergeant; and
- The field sergeant shall consult with the watch commander, and the watch commander shall make the final decision on whether to disengage from the call for service or crisis; and
- The watch commander shall document the disengagement in the watch commander log.

MET shall be notified of any mental health crisis calls for service where a disengagement occurred and shall be included as a special request distribution (SRD) on any incident report, if one is written.

Application for a 72-hour Detention

The Lanterman-Petris-Short (LPS) Act, enacted in sections 5000-5550 of the Welfare and Institutions Code (WIC), which provides for the involuntary treatment of persons who are mentally ill that pose a danger to themselves or society but have not committed a criminal offense.

NOTE: The LPS Act and related statutes were amended in 2023 pursuant to the passage of Senate Bill 43

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(SB 43). SB 43 is defined as, "A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder, is unable to provide for their basic needs for food, clothing, shelter, personal safety, or necessary medical care."

When detaining someone under section 5150 and/or 5585-WIC, the deputy shall complete the "Application for 72-Hour Detention for Evaluation and Treatment" (MH-302). In the spaces provided, the deputy must describe clearly and objectively what led them to conclude that the patient met the criteria of section 5150 and/or 5585 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 (SH-R-49), unless the hold was written by MET personnel. The URN number shall be printed on each attachment. MET shall be included as the SRD.

Pursuant to *8102 WIC*, assess if the patient owns or has access to a firearm or deadly weapon through the Automated Firearms System inquiry. If the patient is known to possess, own or have control of these items, field deputies shall make effort to confiscate such firearm(s) or deadly weapons, and note the weapons confiscated or the reasons the weapons were not confiscated in the Incident Report (SH-R-49).

In the event a patient is also the subject of a restraining order rising to the potential for gun violence, procedures for a Gun Violence Restraining Order Field Operations Directive (16-001) shall be followed, if applicable. Additionally, the Security of Firearm Advisement form must be completed.

TRANSPORTING 5150 or 5585 WIC PATIENTS

The handling deputy or MET deputy will transport a 5150 or 5585 WIC patient to a LPS designated facility, such as:

- LA General Medical Center
- Harbor/UCLA General Hospital
- Olive View Medical Center

If there is a medical emergency, the fire department shall be requested.

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

Two-Deputy Transport

Whenever a person is taken into custody as authorized by section 5150 and/or 5585-WIC, the person may be transported to a designated psychiatric facility by no less than two deputies. For purposes of compliance with this requirement, two one-deputy units may transport a patient in tandem with the patient in the lead vehicle and secured in the rear seat enclosure; and MET, when they are staffed with a non-sworn mental health professional.

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One-Deputy Transport

If necessary, a lone MET or patrol deputy may transport the individual to a hospital with the approval of the transporting deputy's unit sergeant. Prior to transport, the deputy shall:

- Record the transportation using the Mobile Digital Computer (MDC) and the body worn camera (BWC).
- The BWC shall continue recording until the contact has ended.

Other Transport

The fire department shall be requested if there is a medical emergency.

Deputies shall request an ambulance to transport the person experiencing a mental health crisis if:

- The person is violent and requires restraint to the extent that he or she must be transported in a recumbent position; and
- The person is injured or physically ill and needs immediate medical attention.

STATION OR COURT LOCKUP (NEW BOOKINGS)

Station/ Court Lockup personnel shall obtain a MET case identification number if items one, two, or nine of the "Arrestee Questionnaire" section or if items three or eight of the "Arresting Deputy/Officer Observation" section of the Arrestee Medical Screening Form (SH-R-422) are checked "Yes". This identification number shall be written on page one of the Arrestee Medical Screening Form (SH-R-422).

AFFECTED DIRECTIVES/PUBLICATIONS

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

Manual of Policy and Procedures, Section 5-09/140.05 (Notification Prior to In-Custody Female Transportation) - 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.

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Field Operations Directive 16-001, Gun Violence Restraining Order Procedures
<http://intranet/intranet/sites/rmb/foss/fods2/documents/16-001.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.

SB 43 Health and Safety Code Section 15610.67. WIC 5008(d)
