

# 2019



Mobile Training Simulator for Practicing De-Escalation (New Acquisition for 2019)

## LASD MENTAL EVALUATION TEAMS ANNUAL REPORT



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# Forward - COVID-19 Impact

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This report was substantially completed prior to the COVID-19 pandemic and subsequent state-of-emergency orders in Los Angeles County<sup>1</sup> and California.<sup>2</sup> The negative impacts upon the County's budget outlook was not yet known when this report was finalized.

The forecasted loss in pending revenues appears to indicate pending cutbacks in County services. Any cutbacks in AB109 or Office of Diversion & Re-Entry funding could have devastating consequences for the MET program. The impact upon MET planned incremental expansion to achieve the County goals is/was not known yet.

In the next annual "Fiscal Year 2019-20" report (August 2020) these budget concerns and the potential impacts of the COVID-19 pandemic will be thoroughly addressed.

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<sup>1</sup> County of Los Angeles at URL <https://covid19.lacounty.gov/>

<sup>2</sup> Office of the Governor at URL <https://www.gov.ca.gov/2020/03/04/governor-newsom-declares-state-of-emergency-to-help-state-prepare-for-broader-spread-of-covid-19/>





# Executive Summary

In 2019, the Mental Evaluation Team (MET) had 33 regional co-response teams representing 55% of the 60 minimally recommended and needed teams Countywide. Based on the crises response data from 2019, LA County's MET program achieved the stated annual goal by responding to 5,697 of the 10,425 patrol calls (55%) involving mentally ill or cognitively impaired persons in crises.

MET Triage Desk is credited with properly screening and managing the daily calls for service and sending MET units to those calls with the highest likelihood of an involuntary hold being necessary pursuant to WIC §§ 5150 or 5585. As a result, MET exceeded the annual goal by handling 64.6% of all 911-level mental health crises in LASD patrol jurisdictions during 2019. That goal was achieved by the MET program in 2019 despite exponentially increasing mental health crises in the past two years (up 113%), as reflected in the data summarized below:

With 23 MET units, the LASD/DMH projected goal was for MET to respond to and handle approximately 45-50% of Countywide crises involving the seriously mentally ill in fiscal year 2018-19.

WIC §§ 5150 or 5585 "Holds"	2019	2-yr Change	6-yr Change	MET Calls (2019)	MET Holds (2019)	% of Holds by MET (2019)
Central Patrol Division	958	UP 37% ↑	UP 112% ↑	532	463	48.3%
South Patrol Division	1,875	UP 59% ↑	UP 166% ↑	1,343	1,169	62.4%
East Patrol Division	1,485	UP 32% ↑	UP 141% ↑	1,178	1,044	70.3%
North Patrol Division	2,813	UP 35% ↑	UP 78% ↑	2,641	1,930	68.6%
All Patrol Divisions	7,131	UP 40% ↑	UP 113% ↑	5,697	4,609	64.6%

[Click Here for Hyperlink to View Full Table in Report Reflecting Data for Each Sheriff Station Area](#)

MET increased from nine (2018) to twelve (2019) regional offices Countywide, which helped reduce response times Countywide to 19.3 minutes average; responses were often substantially less (under 10 minutes) for *true* emergency responses for crises in progress that would likely lead to injury or death without immediate intervention.





## Reduction in Uses of Force

On average, MET units relieved 2.4 patrol deputies and 1 sergeant at each incident in 2019, after arriving on scene and after the situation was rendered safe. Patrol personnel were then able to return to proactive patrol duties and 911 call handling once MET assumed care of the patient.

Based on the opinion of the handling patrol deputy and/or patrol supervisor at the scene of each crisis in 2019, patrol deputies would have reportedly “very likely” used at least “Level-1” force to subdue patients during 431 incidents in 2019, were it not for MET personnel arriving on scene in time to de-escalate the patient. This represented approximately 6% of all MET responses in 2019.

Based on the average estimated cost of to the County per use of force investigation, the total estimated cost savings estimated based on those 431 use of force incidents that never happened in 2019, due to MET resolving the situation peacefully, exceeded \$2,644,068 in saved expenditures.<sup>3</sup> That’s a savings of \$7.4M in “soft costs” during the past two years of MET expansion.

The estimated costs savings does not account for the multiple staff injuries that never occurred during those 431 incidents (besides injuries from auto collisions, fighting with suspects is one of the highest risk and costliest factors in deputy injuries and lost work productivity). We will never know how many of the 431 uses of force would have resulted in patient injuries, added hospital costs for patient treatment, subsequent civil claims and any number of lawsuits that will never be filed against the County of Los Angeles since MET resolved those 431 incidents without use of force becoming necessary.

Factoring all of calendar year 2018 and 2019 data combined, the expansion of MET and vastly increased training in mental health subject matter for patrol deputies has resulted in an average monthly savings of 49.3 uses of force that never reportedly happened in the past 24 months due to these combined factors (training and MET arrival in time to help with peaceful resolution of the crisis).

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<sup>3</sup> Refer to Appendix I



MET responded to 288 requests for help in 2019 from station jail and court lock-up facilities (Type-I jails) to address inmates barricaded in cells. 243 (84%) of those incidents were resolved without any need for deploying an extraction team and use of force because MET personnel successfully talked the inmate out of the cell with NO force necessary.

37 patrol crises incidents reportedly ended with LESS use of force required by patrol personnel (a lower level of force) as a direct result of MET arriving on scene to help de-escalate the patient.

## Overtime Savings Due to MET Expansion

MET team members handled 23 incidents in direct support of patrol that would have required (in the past) calling in several off-duty Crisis Negotiation Team (CNT) personnel using a significant amount of overtime. In fact, off-duty, collateralized CNT staff responded to just 15 incidents in all of 2019, compared to nearly 100 incidents each year in 2016 and 2017, and down from 27 incidents in 2018.

MET deputies are all CNT “Advanced-Level” trained and able to respond to major incidents in a fraction of the time compared to calling in staff off duty using considerable overtime expenditures – and long delays to arrive and support patrol.

The entire on-call Special Enforcement Bureau (SEB) team did not have to be called in, saving considerable overtime and deployment expenditures, for four (4) separate incidents in 2019, because MET personnel were able to resolve the incident quickly upon arrival before SEB was activated. Patrol deputies would have otherwise summoned the full SEB (LASD’s version of SWAT team) for tactical incidents such as barricades, which generally result in lengthy, costlier deployments.

## MET Expansion

The MET is currently funded for 33 regional MET units Countywide representing approximately 55% of the minimum recommended needs of the County of Los Angeles



according to both the Civilian Oversight Commissions report in 2018,<sup>4</sup> and the most recent study during the Alternatives to Incarceration Workgroup initiative for Los Angeles County.<sup>5</sup>

The next proposed phase of MET expansion would be to achieve 45 field units, et al. Incremental expansion was declared an unmet need in the “Recommended Budget” process for both Departments for FY19-20 and FY20-21, so it is yet unclear when it will be possible to achieve this level of growth.

Without any additional expansion in FY20-21, coupled with the 40% trend in increased 911-calls for mental health crises reported during the past two years, the effectiveness of the MET will be reduced Countywide. With 33 regional units and the increased call volume in patrol from 10,425 crises to handling 14,595 crises annually, MET is projected to respond to just over 39% of mental health crises patrol deputies are called to handle in FY2020-21. Without incremental increases in the number of MET units to keep up with demand, MET is projected to handle just 46.2% of all involuntary holds (the most dangerous, seriously mentally ill clients) in FY2020-21. This would mean there is also higher exposure to liabilities and civil claims and soft-dollar for administrative time losses from the projected increase in crises that would likely result in uses of force without enough MET units to keep pace to help de-escalate those additional patients.

## New Collaborations and Use of Tele-Mental Health

It is clear that the future of responses to behavioral health emergencies will require some new strategies and expanded use of technology to increase our capacity for handling cases by exploring new collaborations. The National Institute for Health is projecting a nationwide shortage of clinician social workers of approximately 195,000 fewer personnel by 2030.<sup>6</sup> As such, law enforcement agencies with mental health collaborative teams, such as the LASD MET, much look to new potential partners and collaborations in addition to the use of tele-mental health options to expand the reach of fewer available clinicians.

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<sup>4</sup> Refer to URL: <https://coc.lacounty.gov/LinkClick.aspx?fileticket=NOUC3DWcsp%3d&portalid=35>

<sup>5</sup> Refer to URL: <https://lacialternatives.org/reports/>

<sup>6</sup> “U.S. Social Worker Workforce Report Card: Forecasting Nationwide Shortages” on PubMed.gov at URL: <https://www.ncbi.nlm.nih.gov/pubmed/26897994>



LASD and the VA Hospitals in Long Beach and West Los Angeles enjoys a fantastic working relationship as it pertains to helping veterans in crises. In 2018, the LASD worked with the VA to establish the nation's first Veterans Mental Evaluation Teams (VMET) where the VA provides a uniquely trained federal police officer and VA clinician to co-respond and meet MET personnel in the field during 911-level crises involving veterans. When not handling crises, the VMET proactively follows up on patients who were declared highest risk by the VA when they stop showing up for their follow-up care. This program has resulted in more than 300 lives saved since implementation in 2018. This program is discussed in greater detail later in this report.

In conversations with VA management in 2019, it has become apparent that the VA has an interest in working collaboratively with the LASD to improve outreach and services being provided to veterans with mental health and/or homeless veterans in need of assistance Countywide. The LASD MET and VA will continue exploring options to unite personnel in some meaningful capacity either as a regional task force involving multiple agencies and the VA, or a side-by-side partnership involving a deputy and federal clinician may be possible in the near future. This would help reduce pressure on MET and allows DMH and LASD MET resources to focus on non-veterans while reducing the use of County hospital beds by veterans who are eligible for services and better treated at the VA.

Another program expansion force multiplier would be the implementation of tele-mental health in MET vehicles. It is possible to customize MET vehicles to include a Surface Pro or iPad mounted in the single-patient enclosures in newer MET vehicles and use the 4G wireless networking to link MET patients directly to the VA and/or DMH clinicians centrally located at the Triage Desk or DMH Access call center to provide real-time evaluations remotely. This allows our specially trained MET deputies to help de-escalate the patient, secure them and link to clinicians Countywide regardless of how far away the patient resides. This program may be particularly beneficial for the more remote areas of the County, in particular. This concept has proven effective in multiple jurisdictions with particular emphasis on the model developed in Harris County, Texas.<sup>7</sup> The LASD MET intends to more deeply study the Emergency Mobile Psychiatric

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<sup>7</sup> Refer to URL: <https://mhealthintelligence.com/news/texas-deputies-turn-to-telemedicine-to-treat-mental-health-crises>



Assessment via Telehealth (EMPATH)<sup>8</sup> program and evaluate this program for an adaptation pilot project trial in North Patrol Division (including the Antelope Valley) proposed during the Fall of 2020.

The use of tele-mental health options adapted to meet the changing needs of the County in the years ahead and improve mental health crisis response services appears consistent with the Department of Mental Health 2020-2030 organizational plan, particularly regarding strategy 4.1 (structure) and 4.3 (outcomes) respectively:

- (4.1) **Develop an organizational structure that effectively supports community-based care and partnerships**
  - Ensure clinical and administrative programs and support staff can quickly adapt to meet changing community needs
- (4.3) **Optimize DMH's services from the ground up with the values of a *Just Culture* and continuous quality improvement**
  - Identify and leverage outcomes to drive needed change throughout the system to better support our staff to do good work<sup>9</sup>

Our third strategy to overcome the shortage of DMH clinicians may involve strategic partnerships with charitable organizations, peer support network groups, and community health care professionals in the private sector, such as the model in San Diego for Psychiatric Emergency Response Team (PERT) program.<sup>10</sup> Especially when complimented by the applied tele-mental health technology and ability to provide remote consultations with DMH clinicians, this should vastly open up new possibilities for such partnerships to be tested as a modification of our future responses to behavioral health emergencies in Los Angeles County.

## Mental Health Training

In 2019, the Field Operations Crisis Intervention Skills (FOCIS) training unit trained 401 more patrol personnel during 17 classes. Over 1,700 total sworn had received this very

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<sup>8</sup> Refer to URL: <https://www.haynesboone.com/publications/an-update-on-telehealth-in-texas-and-beyond>

<sup>9</sup> Refer to DMH URL: <https://dmh.lacounty.gov/about/lacdmh-strategic-plan-2020-2030/4-organizational-support/>

<sup>10</sup> Refer to URL: [https://sandiego.networkofcare.org/mh/services/agency.aspx?pid=PsychiatricEmergencyResponseTeamPERT\\_61\\_2\\_0](https://sandiego.networkofcare.org/mh/services/agency.aspx?pid=PsychiatricEmergencyResponseTeamPERT_61_2_0)



high quality mental health awareness class by the end of 2019. MET instructors provided training for all new field training instructors in 2019 (140 personnel), taught at three field operations supervisory schools (75 sergeants), two school resource training officer classes (80 deputies) and 10 patrol schools (562 deputies moving from custody to patrol assignments). The training team also taught several LASD security officer courses in 2019. They provided segments of training sponsored by Temple and East Los Angeles Station's which benefitted approximately **150** sworn personnel. New for 2020, the FOCIS training group will implement training for 911 operators and desk personnel – a program goal that was also highly recommended by the ATI Workgroup in 2020.<sup>11</sup>

In 2019, the Crisis Intervention Training (CIT) unit was merged into the MET, which now manages all non-custody mental health training for the Department.

## Mental Health Regional Training Center for LASD (Industry)

In the later part of 2020, the MET anticipates the opening of a new \$1.7M regional training facility graciously funded by the City of Industry specializing in first responders' vocational education in response to mental health crises and de-escalation strategies. The City of Industry graciously is building this state-of-the art facility directly across from Industry Sheriff Station. This will also be the site of future MET teams planned for the late PM and EM ("graveyard" shift) hours in pending future phase(s) of incremental MET expansion. We are looking forward to reporting on this development further in upcoming annual reports.

## Alternatives to Incarcerations & Intake Booking Diversion (IBD)

This report addresses the pending pilot program entitled "Intake Booking Diversion" (IBD), which involves mandatory notifications to the MET Triage Desk when officers and deputies question an arrestee during the booking process using the County Medical Screening form. When it becomes known during booking that an arrestee suffers from a mental health condition, given certain program considerations and criteria, the MET unit will respond to the booking site and conduct an evaluation and make a recommendations to the arresting officer and approving watch commander as to whether they would be better suited to a mental health facility in lieu of jail. This IBD

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<sup>11</sup> Refer to URL: [https://lcalternatives.org/wp-content/uploads/2020/03/ATI\\_Full\\_Report\\_single\\_pages.pdf](https://lcalternatives.org/wp-content/uploads/2020/03/ATI_Full_Report_single_pages.pdf)



program will first be tested in the East Patrol Division in 2020, with planned expansion to other areas of the County as workload and available MET units allow for.

This program will be studied, evaluated and reported on by third party researchers from the Center for Court Innovation utilizing a Bureau of Justice Assistance grant from the US Department of Justice. The grant research period will take place from 1-3 years of study. The results are expected to be shared nationwide.

## Risk Assessment & Management Program (RAMP)

The RAMP program reached it's funded staffing limit in 2019 with 6 fulltime investigators and 5 clinicians plus supervisors from LASD and DMH. 6,127 cases were reviewed/screened by the RAMP supervisors in 2019. Of the cases screened, 630 cases (10%) met RAMP Level 3-5 criteria and required follow-up in 2019:

- 373 **Level 3** (59.2%) criteria cases were activated in 2019
- 241 **Level 4** (38.3%) criteria cases were activated in 2019
- 16 **Level 5** (2.5%) criteria cases were activated in 2019

This report includes real-world stories of how intense case management by the RAMP team was vital in changing the trajectory of people's lives and reducing the reoccurrence of calls involving chronic users of 911 services in lieu of remaining engaged with a long-term treatment plan and preventing such crises from happening at such regular intervals as we saw in prior years.

## LA Found (Project Lifesaver)

A major initiative led by the Fourth District, "[LA Found](#)" program launched Countywide in September of 2018, with LASD MET assuming the lead role in coordinating all searches in LA County (88-cities) and providing the training of all personnel to help locate missing persons utilizing "[Project Lifesaver](#)" equipment.

To date, the LASD MET has been deployed in thirty-eight (38) missions to locate missing persons. Twenty-two (22) successful rescues have led to reuniting sixteen (16) Project Lifesaver participants with their families and caregivers (some more than once) through





the collaborative efforts of LASD, DMH and the LA County Department of Workforce Development, Aging & Community Services (WDACS).<sup>12</sup>

A summary of all search and rescue missions in 2019 are provided in this report.

## Other Sections of This Annual Report

This report provides great insights into the many amazing accomplishments, programs and innovations happening at the MET during 2019. MET is highly engaged in several new or expanded training initiatives and our community outreach efforts were improved during 2019.

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<sup>12</sup> Report to the Board of Supervisors from WDACS entitled: "IMPLEMENTATION OF THE L.A. FOUND INITIATIVE (ITEM NO. 2, AGENDA OF FEBRUARY 20, 2018)" dated May 1, 2020.



# Historical Perspective

This section of the report provides details regarding the early stages of the MET program through calendar year 2019.



# Overview of LA County MET Program

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The Los Angeles County Sheriff's Department Mental Evaluation Team (LASD MET) provides crisis assessment, intervention and targeted case management services to diffuse potentially violent situations, prepare appropriate documentation to assist in the placement of persons with mental illness in acute inpatient psychiatric facilities, and/or to link these individuals to outpatient mental health services or appropriate community resources. Each team consists of a deputy sheriff and a DMH licensed mental health clinician who is Lanterman-Petris-Short Act (LPS) designated to initiate involuntary acute psychiatric hospitalization, in accordance with the Welfare and Institutions Code (WIC), section 5150 or 5585. The MET provides mental health support, field crisis intervention, and appropriate psychiatric placement in situations involving patrol deputy contacts with citizens suffering from mental illness. The goal of this co-response model is to reduce incidents with use of force, reduce hospitalizations, and avoid unnecessary incarcerations of severely mentally ill citizens.

LASD MET also performs in-service training for de-escalation, crisis negotiations during major incidents, averting use of force and reducing incarceration of mentally ill consumers. MET clinicians educate families about the least restrictive options to mental health crisis interventions.

In 2018, the LASD MET Triage Desk began helping patrol deputies in the field on a 24/7 basis with consultations and with providing mental health resources to help patrol divert patients away from incarceration when Mental Evaluation Teams were not available to respond. MET Triage Desk centrally dispatches and helps expedite responses of MET units to support patrol deputies responding to mental health crises Countywide.

The Triage Desk is/was instrumental in receiving requests for MET responses by LASD Station desks and CHP dispatchers for incidents in LASD jurisdictions or when requesting emergency mutual aid on the highways. The Triage Desk centrally collects data about mental health crises in LASD jurisdictions, provides consultation services to LASD deputies and CHP officers and helps electronically refer designated patients to the Risk Assessment and Management Program (RAMP).

The MET teams provide collaborative, compassionate mental health care in the community in the least restrictive manner to individuals suffering from mental illnesses.



MET teams also educate deputies about de-escalation in emotionally charged situations and transport patients to acute psychiatric or medical facilities in an unmarked car (pursuant to [WIC § 5153](#)) or arranges transportation via ambulance. MET also collaborates with and dispatches the Veteran Mental Evaluation Team (VMET) to co-respond to incidents involving veterans in crisis.

The Risk Assessment and Management Program (RAMP) was initiated in 2018, to answer the question: "What do we do to help the seriously mentally ill beyond the initial crisis?"

During 2019, the RAMP was re-structured with daily case management meetings and case closure meetings occurring at least weekly. New management tools and productivity metrics were developed to help manage the caseload and ensure cases were actively managed in real time with the best outcomes possible given the circumstances of each case (with is discussed in detail during the case assignment and case closures meetings).

RAMP provided intensive mental health case management to individuals who were difficult to engage in mental health treatment when DMH clinicians and a DMH supervisor joined the reimagined RAMP initiative. RAMP is designed to provide field based follow-up and mental health linkage to consumers who are high-utilizers of 911 systems, barricaders, bridge-jumpers, suicide-by-cop, veterans with post-traumatic stress syndrome, homeless mentally ill individuals posing threats, and for those who presented in crises involving deadly weapons. The MET and RAMP are directly linked; both program help divert mentally ill patients from the criminal justice system at the earliest intercept points possible.



# The Origin & Recent Expansion of MET

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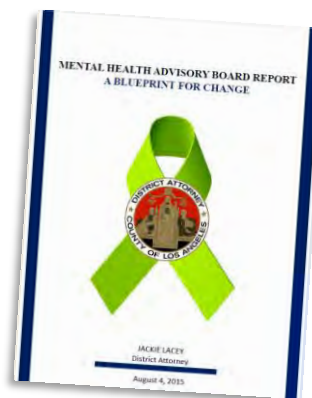
In September of 1991, Sergeant Barry Perrou worked with Department of Mental Health (DMH) Program Manager Linda Boyd to develop what would become "MET" - the nation's first law enforcement mental health collaborative co-response teams handling mental health crises.

The program operated with minimal staffing of up to 5 teams for over 20 years with one sergeant and collateral oversight by a lieutenant until 2016, when MET began to experience significant changes and the recent incremental program expansion began.

The MET concept has proven to be very effective for de-escalating mental health crises, immediate evaluation of the client to determine whether an involuntary "hold" is required when the patient is determined to be a danger to themselves, others or gravely disabled due to a mental health condition. Once determined that a hold is necessary, MET units generally transport the patient in unmarked cars or transportation is arranged via DMH-contracted ambulance companies. While many patients have committed at least a low level misdemeanor-level offense, the vast majority of assessments by the MET (95%) result in diversion away from the criminal justice system and avoidance of the jail system in lieu of mental health treatment facilities whenever possible.

In past years, MET was referred to as a "second responder" due largely to the average response time of nearly an hour to arrive at calls Countywide. In truth, many stations did not even call upon the MET years ago because the deputies figured they could handle the situation to conclusion by the time a MET unit would be available to help. With 3-5 units covering over 4700 square miles, the MET program was minimally staffed and set up for failure.

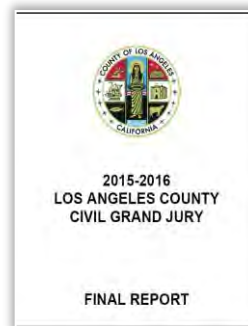
In 2015, District Attorney Jackie Lacey's Blue Ribbon Committee recommended immediate MET expansion to at least 23 teams, which was calculated to be the maximum number of teams that could be trained in one (1) year with so few tenured MET staff to act as trainers / mentors.



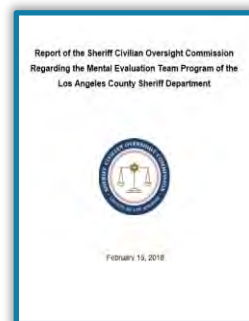


In 2015, The “Investment in Mental Health” multi-agency committee was later convened to study how best to support the increasing number of mental health crises being handled by patrol deputies. The committee consisted of stakeholders from Office of Inspector General, Field Operations & Support Services, National Alliance on Mental Illness (NAMI), along with DMH and LASD management representatives. The committee recommended training all patrol deputies in the 40-hour Crisis Intervention Training curriculum, expansion of MET units, establishment of a Triage Desk (following the “best practice” model from the LAPD), the eventual establishment of a Mental Health Bureau and vast improvements to Department policies and training on the handling of mental health crises.

In 2015, the Civil Grand jury studied the level of MET services provided Countywide. Their report recommended significantly more MET units were needed in Los Angeles County.



In 2017, the Civilian Oversight Commission assigned an Ad Hoc Committee to investigate the Sheriff’s Department Mental Evaluation Team program(s) and make recommendations to the Board of Supervisors regarding the true expansion needs of the MET program in Los Angeles County. In their final report to the board in February of 2018, the Civilian Oversight Commission formally recommended that the MET program be expanded incrementally to a minimum of 60 co-response teams, plus adoption and implementation of the Triage Desk model from the LAPD and establishment of the Risk Assessment & Management Program (RAMP) to mirror investigative teams established by the LAPD / DMH since 2005.



*[Click Above for Report](#)*

Analysis of MET and patrol data from 2018 regarding mental health crises proved conclusively that the minimum recommendation from the Civilian Oversight Commission was spot on; it would indeed take 60 MET teams to effectively cover the County of Los Angeles. Factoring crises data trends, including call volume experienced in 2019, the total number of MET field teams had risen plus four to 64 units Countywide to achieve minimum coverage goals (refer to [Appendix II](#) for those calculations).

A total of nine RAMP teams are also recommended.



The following vertical timeline visually depicts key program milestones with emphasis on expansion during the past five (5) years. By June of 2019, MET deployed 33 teams Countywide + 1 Contract Unit, which represents 55% of the Countywide need for MET, according to Civilian Oversight Commission and calculations based on actual 2018 MET data.







## Funding of Recent MET Expansion

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Six positions are currently funded by the Office of Diversion & Re-Entry. The majority of MET growth during recent years has largely occurred during “Supplemental Budget” phase utilizing AB109 funding received from the state. Expansion of the MET was proposed in each of the past three years utilizing the normal budget processes; however the proposed expansion each time did not rise to the top of Department budget priorities and ultimately went unfunded as “unmet needs.”

Fortunately, in each of the past two years, sufficient AB109 monies were received in the summer of 2017 and 2018, and the Board of Supervisors approved continue expansion of MET following the incremental phased-in approach to adding staffing throughout the year to save on initial year costs. This approach has also helped reduce impact on available training mentors at the MET to train new staff – not all new staff start at once. The original proposal to incrementally expand MET and eventually establish a standalone Bureau was first reported in 2015. In 2018, the CEO Public Safety was provided a 2-year mid-growth phase proposal for MET expansion in fiscal year 2018-19 and 2019-20. Those recommendations were provided based on projected needs and best available data about mental health crisis at the time. Ultimately, it was the Civilian Oversight Commission’s recommendation of 60 minimum MET units that proved to be the most accurate needs assessment based on data now available in 2019, coupled with trend-analysis. The prior recommended incremental “Phased-in” approach to expanding the MET is reaffirmed in 2019. However, *skipping a year of growth or settling for current coverage levels would equate to going backwards* as mental health crises in LA County has increased by 72% in the past two calendar years alone. The next goal of 45 units helps meet the increasing needs in a County of 10 million people<sup>13</sup> larger than 10 states, with an estimated 400,000+ residents with “*serious mental illness*” (SMI), a jail

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<sup>13</sup> County of Los Angeles, <https://www.lacounty.gov/government/geography-statistics/statistics/#1481130319389-8a1c0344-8add>

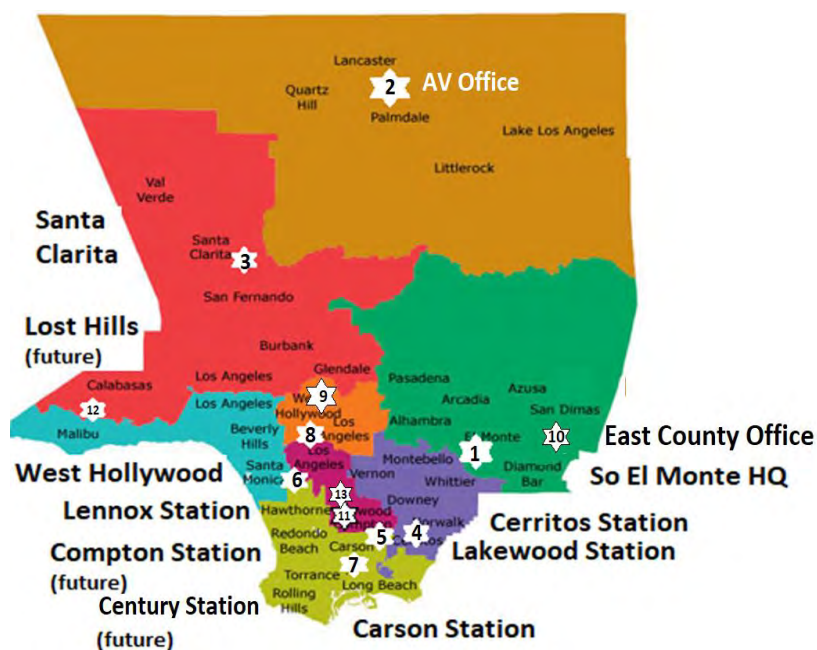


population with over 1/3 of inmates diagnosed with mental illness, a massive 4,700+ square mile County to cover, and the fifth worst traffic congestion in the nation.<sup>14 15 16</sup>

## MET Office Locations

MET had a dozen offices Countywide by the end of 2019, from Lancaster to Carson:

1. MET Main Office (SG Valley)  
[Triage Desk Operation & Program Administration]
2. Antelope Valley MET Office  
[expanded "hub" office includes MET supervisor(s)]
3. Santa Clarita MET Office
4. Cerritos Station MET Office
5. Lakewood Station MET Office
6. Lennox MET Office
7. East Los Angeles Station MET Office
8. East San Gabriel Valley MET Office (SD1, SD4, SD5)
9. West Hollywood MET Office (SD2, SD3)
10. Norwalk Station MET Office (SD1, SD4)
11. Lost Hills/Malibu MET Office (SD3)
12. Palmdale MET Office (SD5)



If MET expansion continues, the following MET Offices would likely be added next (parenthetical notation indicates supervisorial district(s) served):

<sup>14</sup> Forbes 2019, URL <https://www.forbes.com/sites/jimgorzalany/2019/02/11/here-are-the-u-s-cities-suffering-the-worst-traffic-congestion/#1b2d87b96e36>

<sup>15</sup> Curbed LA 2019, URL <https://la.curbed.com/2019/2/13/18222225/los-angeles-traffic-worst-nation-hours>

<sup>16</sup> US News 2019, URL <https://www.usnews.com/news/cities/articles/2019-02-12/these-cities-have-the-worlds-worst-traffic-congestion>



1. Industry Regional Mental Health Training Center & MET Office [2020](SD1, SD4)
2. West LA Veterans Affairs Hospital Office (Serving SD2, SD3, SD4, SD5)
3. Long Beach Veterans Affairs Hospital Office (Serving SD1, SD2, SD4, SD5)
4. Century Station MET Office (SD2)
5. Acton (SD5)
6. Compton Station MET Office (SD2)
7. Pico Rivera Station MET Office (SD1, SD2, SD4)

## Triage Help Desk

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LASD MET Triage Desk began helping patrol deputies in the field on a 24/7 basis with consultations and with providing mental health resources to help patrol divert patients away from incarceration when Mental Evaluation Teams were not available to respond. MET Triage Desk centrally dispatches and helps expedite responses of MET units to support patrol deputies responding to mental health crises Countywide.

The Triage Desk is/was instrumental in receiving requests for MET responses by LASD Station desks and CHP dispatchers for incidents in LASD jurisdictions or when requesting emergency mutual aid on the highways. New by the end of 2019, the Fire Department was invited to call the Triage Help Desk if and when MET consultations or direct requests for MET units were needed from Fire Department field units.

The Triage Desk centrally collects data about mental health crises in LASD jurisdictions, provides consultation services to LASD deputies and CHP officers and helps electronically refer designated patients to the Risk Assessment and Management Program (RAMP).

## Lead Deputy

A clinician is assigned to the desk 20-hours per day, 0600-0200 hrs. Deputies staff the desk 24 hours per day including overlap on the PM shift when it tends to be highest call volume in the evenings.

The Triage Desk Lead Deputy is the most experienced team member assigned at the desk. The lead deputy must ensure the desk team and operation functions effectively in



the handling of calls, dispatching of MET resources, collection of data from all contacts with the mentally ill, and the coordination of department and other resources during crisis countywide. In this regard, the lead deputy acts as a first line supervisor, comparable to a station watch deputy, during the assigned MET shift. The Triage Desk Lead Deputy is also responsible for training newly assigned MET deputies as part of their mentorship program so that all new deputies assigned to the MET understands the role, functions and capabilities of the Triage Help Desk.

## Desk Handle

During 2019, the Triage Help Desk handled 659 crises calls (9%) which were resolved by consultation with the triage desk alone and did not require a MET response to the field as a result. In such cases, the desk staff provides mental health history information, recommendations for de-escalation and the desk will assist field units in finding an available bed, when requested.

## Supporting LA Found

The triage desk coordinates the deployment of all Countywide “Project Lifesaver” search and rescue operations responses, which are considered in-progress emergencies and generally requires an emergency response from available MET units and off-duty “on-call” staff.

## Overcoming Obstacles

In 2019, the Triage Desk experienced a couple of power outages at the headquarters office. This necessarily helped MET better prepare for these inevitable urgencies in the future. MET now has the capability of transferring and forwarding calls to the East County MET Office with new procedures and protocols in established in 2019. The transfer protocol was tested twice with the longest temporary use of the backup dispatching location lasting approximately 48 hours before resuming normal operations.



## Need for Additional Triage Desk Staffing

One of the objectives of the MET unit is to divert the mentally ill away from the criminal justice system when feasible. The LASD MET is actively involved in assisting patients to avoid criminalization of mental illness wherever possible. With the Inmate Booking Diversion (IBD) now underway at the MET and added emphasis on diversion away from incarcerating as a better outcome for mentally ill patients who engage with law enforcement during a crisis, call volume at the Triage Desk is expected to rise sharply in 2020. Therefore, we are monitoring call volume and may need to add a LET or deputy on the busiest shifts (AM and/or PM) to assist with the increased number of calls and consultations and/or data entry at the triage desk.

## MET Link to 211 LA County

The MET and "County 211" began a collaboration in 2018, wherein emergency phone calls to "211" can be linked to the MET Triage Desk in real time so MET personnel could more quickly help coordinate and respond to such emergencies as in-progress suicide attempts and threats to commit acts of violence.



On August 9th, 2019, Sergeant Ververa and Lead Deputy Barragan visited County "2-1-1" and cross trained with personnel regarding handling of calls involving crisis.

2-1-1 call center is open 24 hours, 7 days a week, with trained community resource advisors prepared to offer help with any situation, any time an individual is in a crisis. The MET triage desk is connected to 2-1-1 crisis line using a web-based call handling program which can be linked between both offices during a call involving a suicidal patient. Triage Desk personnel are then able to help guide the agent with silent (text) prompts and questions to ask while MET is coordinating a law enforcement and fire department response to handle the mental health crisis.

To date, there have only been a couple of calls linked during actual emergencies. However, MET and 211 staffs believe it is very likely that this continued collaboration will help save lives moving forward.



# Proposed MET Expansion

This section of the report provides details regarding the proposed expansion of MET to adequately serve the County of Los Angeles. These incremental growth recommendations were supported by the County of Los Angeles Alternatives to Incarceration Workgroup (2019-2020) and the Civilian Oversight Commission (2018) recommendations.



# Current Deployment (33 MET Units)

## No Growth Projected in FY2019-20

No services were added in FY 2019-20. Further MET expansion was not prioritized in fiscal year 2019-20, based on budgetary constraints and MET expansion was categorized as "unmet needs."

The current deployment of 33 Countywide regional MET units, one contract city unit (West Hollywood), and 6 RAMP teams is reflected on the pages that follow. Each assigned team, workdays and shift hours are based on quarterly analysis of where and when most mental health crises are occurring Countywide. Emphasis is placed on filling critical gaps that may help reduce MET response times to crises.

*Note: All deployment matrices are subject to revision as we deploy resources based on latest trends in mental health crises occurring in specific regions of the County.*

MET WITH 33 REGIONAL UNIT + 1 CONTRACT CITY					
LT		Ops Lt / MET South / Training & Scheduling / FOCIS	FLEX		ESGV or South El Monte Office
PROGRAM MGR II		DMH Program Manager	FLEX		ESGV or South El Monte Office
OAI		Administrative Office Manager	FLEX		ESGV or South El Monte Office
OAI		Personnel Lead & Billing for Staff			ESGV or South El Monte Office
OAI		Procurement / Purchasing			ESGV or South El Monte Office
LET		Administration & Desk Backup	FLEX		ESGV or South El Monte Office
IC		DMH Clerical Support North - Medical Records / Billing	AM		ESGV or South El Monte Office
IC		DMH Clerical Support South - Medical Records / Billing	AM		AV Office (North Hub)
MET WATCH COMMANDERS (LASD)					
SHIFT WC	NPD LEAD	NORTH END SUPERVISOR (North Co)	ALL	FLEX	AV Office (North Hub)
SHIFT WC	EPD (AB109)	SOUTH END SUPERVISOR (South / East / West Co)	SUN-WED	FLEX / AM	ESGV or South El Monte Office
SHIFT WC	DESK (AB109)	SOUTH END SUPERVISOR (South / East / West Co)	WED-SAT	FLEX / PM	ESGV or South El Monte Office





MET SHIFT SUPERVISORS (DMH)					
DMH SUPV		NORTH END SUPERVISOR (North Co)	SUN-WED		AV Office (North Hub)
DMH SUPV		NORTH END SUPERVISOR (North Co)	WED-SAT		AV Office (North Hub)
DMH SUPV		SOUTH END SUPERVISOR (South / East / West Co)	SUN-WED		ESGV or South El Monte Office
DMH SUPV		SOUTH END SUPERVISOR (South / East / West Co)	WED-SAT		ESGV or South El Monte Office

TRIAGE HELP DESK (24 HOURS DISPATCH & CONSULTATIONS)					
H918D	EM DISP/DESK	MET TRIAGE DESK (DEPUTY ONLY)	MON-THU	2000-0600	El Monte (Admin) Office
H918D	EM DISP/DESK	MET TRIAGE DESK (DEPUTY ONLY)	THU-SUN	2000-0600	El Monte (Admin) Office
H918D	AM DISP	MET TRIAGE DESK - DEPUTY	SUN-WED	0500-1500	El Monte (Admin) Office
H918D	AM DESK	MET TRIAGE DESK - CLINICIAN	SUN-WED	0500-1500	El Monte (Admin) Office
H918D	AM DISP	MET TRIAGE DESK - DEPUTY	WED-SAT	0500-1500	El Monte (Admin) Office
H918D	AM DESK	MET TRIAGE DESK - CLINICIAN	SUN-WED	0500-1500	El Monte (Admin) Office
H918D	PM DISP	MET TRIAGE DESK - DEPUTY	SUN-WED	1400-0000	El Monte (Admin) Office
H918D	PM DESK	MET TRIAGE DESK - CLINICIAN	SUN-WED	1400-0000	El Monte (Admin) Office
H918D	PM DISP	MET TRIAGE DESK - DEPUTY	WED-SAT	1400-0000	El Monte (Admin) Office
H918D	PM DESK	MET TRIAGE DESK - CLINICIAN	WED-SAT	1400-0000	El Monte (Admin) Office

CENTRAL PATROL DIVISION MET CRISES CO-RESPONSE UNITS					
H918A1	CPD	CENTRAL PATROL DIVISION - DAY SHIFT	SUN-WED	0600-1600	ELA Station Office (Central Hub)
H918A2	CPD	CENTRAL PATROL DIVISION - PM SHIFT [CPD LEAD]	MON-THU	1600-0200	ESGV Office (East Hub)
H918A3	CPD	CENTRAL PATROL DIVISION - PM SHIFT	WED-SAT	0600-1600	ELA Station Office (Central Hub)
H918A4	CPD	CENTRAL PATROL DIVISION - PM SHIFT	WED-SAT	1600-0200	ELA Station Office (Central Hub)



SOUTH PATROL DIVISION MET CRISES CO-RESPONSE UNITS					
<b>H918B1</b>	SPD	SOUTH PATROL DIVISION - DAY SHIFT [TRNG UNIT]	SUN-WED	<b>0600-1600</b>	Lakewood Office
<b>H918B2</b>	SPD	SOUTH PATROL DIVISION - PM SHIFT	SUN-WED	<b>1600-0200</b>	Cerritos Station Office
<b>H918B3</b>	SPD	SOUTH PATROL DIVISION - DAY SHIFT	TUE-FRI	<b>0600-1600</b>	Cerritos Station Office
<b>H918B4</b>	SPD	SOUTH PATROL DIVISION - PM OVERLAP [SPD LEAD]	TUE-FRI	<b>1400-0200</b>	Lakewood Office

EAST PATROL DIVISION MET CRISES CO-RESPONSE UNITS					
<b>H918E1</b>	EPD	EAST PATROL DIVISION - DAY SHIFT	SUN-WED	<b>0600-1600</b>	ESGV Office (East Hub)
<b>H918E2</b>	EPD	EAST PATROL DIVISION - PM SHIFT [EPD LEAD]	MON-THU	<b>1600-0200</b>	ESGV Office (East Hub)
<b>H918E3</b>	EPD	EAST PATROL DIVISION - DAY SHIFT	WED-SAT	<b>0600-1600</b>	ESGV Office (East Hub)
<b>H918E4</b>	EPD	EAST PATROL DIVISION - PM SHIFT	WED-SAT	<b>1600-0200</b>	ESGV Office (East Hub)

NORTH PATROL DIVISION MET CRISES CO-RESPONSE UNITS					
<b>H918N1</b>	NPD	LANCASTER/PALMDALE - DAY SHIFT	SUN-WED	<b>0600-1600</b>	AV Office (North Hub)
<b>H918N2</b>	NPD	LANCASTER/PALMDALE - PM SHIFT	SUN-WED	<b>1600-0200</b>	Palmdale Station
<b>H918N3</b>	NPD	LANCASTER/PALMDALE - DAY SHIFT	WED-SAT	<b>0600-1600</b>	Palmdale Station
<b>H918N4</b>	NPD	LANCASTER/PALMDALE - PM SHIFT	WED-SAT	<b>1600-0200</b>	AV Office (North Hub)
<b>H918N5</b>	NPD	LANCASTER/PALMDALE - AM OVERLAP	TUE-FRI	<b>0530-1530</b>	AV Office (North Hub)
<b>H918N6</b>	NPD	LANCASTER/PALMDALE - PM OVERLAP	MON-THU	<b>1530-0130</b>	AV Office (North Hub)
<b>H918N7</b>	NPD	LANCASTER/PALMDALE - DAY's	SUN-WED	<b>0530-1530</b>	AV Office (North Hub)
<b>H918N8</b>	NPD	LANCASTER/PALMDALE - PM's	WED-SAT	<b>1530-0130</b>	AV Office (North Hub)
<b>H918V1</b>	NPD	SANTA CLARITA/FOOTHILLS [NPD LEAD]	SUN-WED	<b>0600-1600</b>	Santa Clarita Station Office
<b>H918V2</b>	NPD	SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP)	SUN-WED	<b>1600-0200</b>	Santa Clarita Station Office
<b>H918V3</b>	NPD	SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP)	WED-SAT	<b>0600-1600</b>	Santa Clarita Station Office
<b>H918V4</b>	NPD	SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP)*	WED-SAT	<b>1600-0200</b>	Santa Clarita Station Office



<b>WEST COUNTY MET CRISES CO-RESPONSE UNITS</b>					
<b>H918W</b>	<b>CONTRACT CITY</b>	WEST HOLLYWOOD CONTRACT CITY MET UNIT	<b>TUE-FRI</b>	<b>0600-1600</b>	West Hollywood Station Office
<b>H918W1</b>	WEST COUNTY	WEST COUNTY REGIONAL AM UNIT (SD2/SD3)	<b>MON-THU</b>	<b>0800-1800</b>	South LA (West Hub)
<b>H918W2</b>	WEST COUNTY	WEST COUNTY REGIONAL PM UNIT (SD2/SD3)*	WED-SAT	<b>1600-0200</b>	West Hollywood Station Office
<b>H918W3</b>	WEST COUNTY	MALIBU / LOST HILLS (MARINA BACKUP UNIT)	WED-SAT	<b>1000-2000</b>	Lost Hills Station

<b>FLEXIBLE / FLOATING / RELIEF COVERAGE MET CRISES CO-RESPONSE UNITS</b>					
<b>H918F1</b>	"FLOATING" UNIT	FLEX DEPLOYMENT COUNTYWIDE - IBD SUPPL CVG	SUN-WED	<b>0530-1530</b>	Norwalk Station Office
<b>H918F2</b>	"FLOATING" UNIT	FLEX DEPLOYMENT COUNTYWIDE - IBD SUPPL CVG	SUN-WED	<b>1530-0530</b>	Norwalk Station Office
<b>H918F3</b>	"FLOATING" UNIT	FLEX DEPLOYMENT COUNTYWIDE - IBD SUPPL CVG	WED-SAT	<b>0530-1530</b>	ESGV Office (East Hub)
<b>H918F4</b>	"FLOATING" UNIT	FLEX DEPLOYMENT COUNTYWIDE - IBD SUPPL CVG	WED-SAT	<b>1530-0530</b>	Norwalk Station Office

<b>"GRAVEYARD" SHIFT (EM) COUNTYWIDE MET CRISES CO-RESPONSE UNITS</b>					
<b>H918G1</b>	COUNTYWIDE	EM SHIFT COVERAGE IN SOUTH COUNTY	SUN-WED	<b>1800-0600</b>	ESGV Office (East Hub)
<b>H918G2</b>	COUNTYWIDE	EM SHIFT COVERAGE IN SOUTH COUNTY	WED-SAT	<b>1800-0600</b>	ESGV Office (East Hub)



<b>RISK ASSESSMENT &amp; MANAGEMENT PROGRAM (RAMP)</b>					
<b>H918S1</b>	RAMP	LASD RAMP SUPERVISOR (PROGRAM LEAD)	FLEX	<b>0800-1800</b>	ESGV Office (East Hub)
<b>H918S5</b>	RAMP	LASD RAMP SUPERVISOR	FLEX	<b>0800-1800</b>	ESGV Office (East Hub)
<b>H918X2</b>	RAMP	DMH RAMP SUPV	FLEX	<b>0800-1800</b>	ESGV Office (East Hub)
<b>H918X3</b>	RAMP	DMH RAMP SUPV	FLEX	<b>0800-1800</b>	ESGV Office (East Hub)
<b>ANALYST</b>	RAMP	CRIME ANALYST	AM	<b>0800-1800</b>	ESGV Office (East Hub)
<b>ANALYST</b>	RAMP	CRIME ANALYST	AM	<b>0800-1800</b>	ESGV Office (East Hub)
<b>IC</b>	RAMP	DATA ENTRY SPECIALIST (CONTACT SHEETS)	AM	<b>0800-1800</b>	ESGV Office (East Hub)
<b>STUDENT WORKER</b>	RAMP	CURRENTLY VACANT ITEM			ESGV Office (East Hub)
<b>H918I1</b>	RAMP	DEPUTY / CLINICIAN	MON-THU	<b>0800-1800‡</b>	ESGV Office (East Hub)
<b>H918I2</b>	RAMP	DEPUTY / CLINICIAN	TUE-FRI	<b>0800-1800‡</b>	AV Office (North Hub)
<b>H918I3</b>	RAMP	DEPUTY / CLINICIAN	TUE-FRI	<b>0800-1800‡</b>	ESGV Office (East Hub)
<b>H918I4</b>	RAMP	DEPUTY / CLINICIAN	MON-THU	<b>0800-1800‡</b>	ESGV Office (East Hub)
<b>H918I5</b>	RAMP	DEPUTY / CLINICIAN	TUE-FRI	<b>0800-1800‡</b>	ESGV Office (East Hub)
<b>H918I6</b>	RAMP	DEPUTY	MON-THU	<b>0600-1600‡</b>	ESGV Office or SCV Office

‡ RAMP hours may vary + on-call.



<b>IN-SERVICE TRAINING (STAFF CERTIFICATION / MENTORING) PROGRAM FOR MET, RAMP &amp; LA FOUND MOBILE TRAINING SIMULATOR FIRST RESPONDER TRAINING</b>					
<b>H918S3</b>	LASD COLLATERAL OVERSIGHT of MET TRAINING & SCHEDULING [SGT]				El Monte (Admin) Office
<b>DMH SUPV</b>	DMH COLLATERAL OVERSIGHT / MET TRAINING & SCHEDULING [SUPV]				El Monte (Admin) Office
<b>H918U2</b>	TRAINING SUPPORT	PRIMARY MET/PATROL TRGN SUPPORT; BACKUP CIT TRNG PROGRAM SUPPORT, LOGISTICS, LA FOUND SUPPORT; DESK BACKUP COVERAGE; ASSIST/BACK-UP FOR MET ADMIN/OPS		<b>0600-1600</b>	El Monte (Admin) Office
<b>H918T1</b>	TRAINING LEAD	DE-ESCALATION TRNG; MILO; LA FOUND TRNG	<b>FLEX</b>	<b>FLEX</b>	El Monte (Admin) Office

<b>CRISIS RESPONSE TRAINING FOR PATROL (FOCIS-360, VETERANS, DEVELOPMENTAL DISABILITIES, ET AL.)</b>					
<b>H918S8</b>	FOCIS-360 (CIT) & 1-DAY TR CLASSES	Field Operations Crisis Intervention Skills Training 360	MON-THU	<b>0700-1700</b>	ESGV Office (East Hub) [Moving to Industry Site in 2020]
<b>H918S9</b>	FOCIS-360 (CIT) & 1-DAY TR CLASSES	Field Operations Crisis Intervention Skills Training 360	MON-THU	<b>0700-1700</b>	ESGV Office (East Hub) [Moving to Industry Site in 2020]
<b>H918P3</b>	FOCIS-360 (CIT) & 1-DAY TR CLASSES	Field Operations Crisis Intervention Skills Training 360	MON-THU	<b>0700-1700</b>	ESGV Office (East Hub) [Moving to Industry Site in 2020]
<b>H918P4</b>	FOCIS-360 (CIT) & 1-DAY TR CLASSES	Field Operations Crisis Intervention Skills Training 360	MON-THU	<b>0700-1700</b>	ESGV Office (East Hub) [Moving to Industry Site in 2020]



## Next Phase of Expansion (45 MET Units)

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Based on the 2-year proposal to CEO Public Safety midyear in 2018, coupled with the lack of expansion in FY2019-20 and the continued need to build capacity yearly to eventually reach a minimum of 60-64 MET units, the following would be the next projected milestone achievements to strive for:

- Add twelve (12) additional MET teams Countywide to reach the next major milestone of **forty five (45) crisis response teams** in the field operating 24x7, 7-days per week.
- Merge the Homeless Outreach Services Team (HOST) into the MET, which would unite the workforce serving our most vulnerable populations and would establish the "Crisis Intervention Bureau."
- A unit commander and second lieutenant position are added to the MET, with oversight from the Countywide Services Division Chief and Commanders.
- The MET and HOST programs then becomes institutionalized.
- Proportionally add support and supervisory staff for the expanded operation.
- Expand the mobile de-escalation training unit as part of the catalog of mental health training classes provided to the Department and taught by well-qualified MET instructors on a rotational basis.
- New mobile training simulators could be deployed for periodic patrol refresher training in de-escalation Countywide, following 32-hr FOCIS training classes. Deputies will practice de-escalation techniques and decision-making skills during crisis scenarios. Patrol deputies would provably demonstrate their ability to de-escalate patients and use little or no force - as objectively reasonable.
- The mobile de-escalation training would also incorporate the "LA Found" program training for first responders (4<sup>th</sup> District sponsored initiative). One of the objectives for that initiative is to provide simulator-based experiential training sessions to improve first responders' communications and decision making skills when confronted by challenging circumstances involving the mentally ill or developmentally disabled.

The aforementioned proposal for continued expansion correlates to no less than twenty (20) individual goals, strategies and objectives within the County of Los Angeles 2016-2021 Strategic Plan. Please refer to [Appendix V](#) for a brief explanation.



The following additions are/were proposed to be added during the next projected growth phase in the continued incremental expansion of the MET program in Los Angeles County:

## Flexible Coverage / Intake Booking Diversion Coverage

<b>H918F5</b>	"FLOATING" UNIT	Flexible coverage for "Intake Booking Diversion" (a program highly supported by ATI Workgroup)	SUN-WED	0530-1530	Pico Rivera Office
<b>H918F6</b>	"FLOATING" UNIT	Flexible coverage for "Intake Booking Diversion" (a program highly supported by ATI Workgroup)	WED-SAT	1530-0130	Pico Rivera Office

The four units above add overlap and relief coverage for handling crises with the added caseload anticipated with the onset and planned expansion of the "[Intake Booking Diversion](#)" program, which is highly supported by the 2020 ATI Workgroup.

Flexible coverage units also backfill behind MET units are busy at a hospital. For example, if the only Santa Clarita Valley MET unit is busy with a patient at the hospital, a flexible coverage unit (designated with "F" in call sign) can be moved to that region of the County by the Triage Help Desk to help reduce ETA to calls there by having the "F" unit backfill until the regularly assigned car returns to field duty.

## Relief Coverage / Intake Booking Diversion Coverage in North

<b>H918N9</b>	NPD	LANCASTER/PALMDALE - IBD SUPPL COVERAGE	RELIEF	AV Office (North Hub)
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During this phase of growth a relief unit would be provided in the North County (shown above), which allows for backup coverage during days off, vacations and other pre-approved absences. When there are no absences, this unit augments coverage to allow for addition jail diversions using Intake Booking Diversion program for Lost Hills, Santa Clarita, Lancaster, and Palmdale Stations.

## MET Training Rotation Unit

<b>H918T2</b>	MENTAL HEALTH CLASSES INSTRUCTOR ROTATION	DE-ESCALATION TRNG; MILO; LA FOUND TRNG	AM/PM	City of Industry Regional Training Center
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Dating back to the “Investment in Mental Health” committee that helped determine what the future of MET and Field operations Crisis Intervention Skills training program for the LASD, and later reaffirmed by the Civilian Oversight Commission in their report on recommendations for the MET unit expansion<sup>17</sup>, this phase of expansion would fund one extra team dedicated to training of mental health crises de-escalation classes with the FOCIS and vocational education (internal) training unit. This added team allows existing teams to rotate out of the field for one week at a time such that all mental health trainings for the LASD will always include one (1) MET team there to interact with patrol personnel and help teach the classes. This was the vision to eventually have this level of interaction to include MET instructors that actually work in the field regularly that patrol is used to seeing and working with in the field.

## Specialized Units for Sub-Populations & Collaboration with VA

MET SPECIALIZED UNITS FOR MENTAL HEALTH SUB-POPULATIONS					
<b>H918S</b>	COUNTYWIDE	TASK FORCE / VETERANS & HOMELESS OUTREACH	SUN-WED	TBD	VA Task Force Offices
<b>H918V1</b>	COUNTYWIDE	TASK FORCE / VETERANS NORTH PATROL DIVISION	SUN-WED	TBD	VA Task Force Office WLA
<b>H918V2</b>	COUNTYWIDE	TASK FORCE / VETERANS CENTRAL PATROL DIVISION	WED-SAT	TBD	VA Task Force Office WLA
<b>H918V3</b>	COUNTYWIDE	TASK FORCE / VETERANS SOUTH PATROL DIVISION	SUN-WED	TBD	VA Task Force Office in Long Beach
<b>H918V4</b>	COUNTYWIDE	TASK FORCE / VETERANS EAST PATROL DIVISION	WED-SAT	TBD	VA Task Force Office in Long Beach
<b>H918H1</b>	COUNTYWIDE	HOMELESS OUTREACH SUPPORT NORTH PATROL DIVISION	VARIES	TBD	MET / HOST Office
<b>H918H2</b>	COUNTYWIDE	HOMELESS OUTREACH SUPPORT SOUTH PATROL DIVISION	VARIES	TBD	MET / HOST Office
<b>H918H3</b>	COUNTYWIDE	HOMELESS OUTREACH SUPPORT CENTRAL PATROL DIVISION	VARIES	TBD	MET / HOST Office
<b>H918H4</b>	COUNTYWIDE	HOMELESS OUTREACH SUPPORT EAST PATROL DIVISION	VARIES	TBD	MET / HOST Office

The units proposed above reflect our commitment to improving outreach services to the homeless population and veterans by having designated MET units working side-by-side with HOST and new/expanded collaboration with our VA counterparts. This “task force” approach would provide a “force multiplier” effect and keeps other MET

<sup>17</sup> Refer to Pages 8, 11, and 12 at URL: <https://coc.lacounty.gov/LinkClick.aspx?fileticket=NOUC3DWcsp%3d&portalid=35>



units available to support patrol station responses to crises since the existing MET personnel would not have to be interrupted temporarily to support those efforts. Currently, MET field units are diverted to assist temporarily on as-needed basis, which limits field coverage. These additional resources could also be utilized when other MET field units are busy to provide for overlap and relief coverage that is not possible today.



## Minimum Goal Deployment (60 MET Units)

The final major milestone for MET incremental expansion would add the remaining necessary 15 units to the MET with emphasis on becoming a true 24-hour operation Countywide. This would ensure that MET personnel are available at all hours when there are crises calls.

### Early Mornings / Graveyard Shift Coverage

<b>H918G3</b>	COUNTYWIDE	EM SHIFT COVERAGE IN SOUTH COUNTY	SUN-WED	<b>1800-0600</b>	Industry Office
<b>H918G4</b>	COUNTYWIDE	EM SHIFT COVERAGE IN SOUTH COUNTY	WED-SAT	<b>1800-0600</b>	Industry Office
<b>H918G5</b>	COUNTYWIDE	EM SHIFT COVERAGE IN NORTH COUNTY	SUN-WED	<b>1800-0600</b>	Acton Office
<b>H918G6</b>	COUNTYWIDE	EM SHIFT COVERAGE IN NORTH COUNTY	WED-SAT	<b>1800-0600</b>	Acton Office
<b>H918G7</b>	COUNTYWIDE	EM SHIFT COVERAGE IN NORTH COUNTY	SUN-WED	<b>1800-0600</b>	Acton Office
<b>H918G8</b>	COUNTYWIDE	EM SHIFT COVERAGE IN NORTH COUNTY	WED-SAT	<b>1800-0600</b>	Acton Office
<b>H918G9</b>	COUNTYWIDE	EM SHIFT COVERAGE - IBD SUPPL COVERAGE	SUN-WED	<b>1800-0600</b>	South LA Office
<b>H918G10</b>	COUNTYWIDE	EM SHIFT COVERAGE - IBD SUPPL COVERAGE	WED-SAT	<b>1800-0600</b>	South LA Office

EM shift patrol deputies have not yet seen the full potential of the MET program as they have had the least coverage thus far Countywide. With limited resources, most MET deployment has been on AM and PM shifts just due to the sheer volume of crises. EM shift has fewer calls than AM or PM shifts, but there has been an upward trend in crises in recent years. Although there would be fewer MET units on the EM shift, as compared to AM and PM shifts, it would be appropriate for the call volume. Also, the units on EM shift generally have faster response times to and from crises calls due to significantly less traffic on EM shift. The added EM coverage will also allow PM MET units to be relieved if they are delayed at a local hospital or treatment center. Adding EM coverage will be vital to increased efforts to decriminalize mental illness and divert patients on EM shift and allows additional expansion of the [Intake Booking Diversion](#) program discussed later in this report.



## Flexible Coverage / Intake Booking Diversion Coverage

<b>H918F7</b>	"FLOATING" UNIT	INTAKE BOOKING DIVERSION + FLEX COVERAGE	SUN-WED	<b>0530-1530</b>	ESGV Office (East Hub)
<b>H918F8</b>	"FLOATING" UNIT	INTAKE BOOKING DIVERSION + FLEX COVERAGE	WED-SAT	<b>1530-0130</b>	ESGV Office (East Hub)
<b>H918F9</b>	"FLOATING" UNIT	INTAKE BOOKING DIVERSION + FLEX COVERAGE	SUN-WED	<b>1530-0130</b>	West County Office (TBD)
<b>H918F10</b>	"FLOATING" UNIT	INTAKE BOOKING DIVERSION + FLEX COVERAGE	WED-SAT	<b>0530-1530</b>	West County Office (TBD)

The secondary emphasis during this phase of expansion (reflected above) would be to add overlap units to help stagger MET unit personnel so there won't be a gap noticed approaching 1600 hours daily, when most MET units have shift changeover. That is currently a necessary limitation of the program to ensure the limited number of MET vehicles can be passed on to the oncoming personnel Countywide. By adding more units during this phase, at least three offices will have teams working on an alternate schedule to changeover their cars at 1500 hours, to help ensure our emergency response times to crises don't suffer.

Flexible coverage units also backfill behind MET units are busy at a hospital. For example, if the only Santa Clarita Valley MET unit is busy with a patient at the hospital, a flexible coverage unit (designated with "F" in call sign) can be moved to that region of the County by the Triage Help Desk to help reduce ETA to calls there by having the "F" unit backfill until the regularly assigned car returns to field duty.

## West County Coverage / Intake Booking Diversion Coverage

<b>H918W4</b>	WEST COUNTY	MALIBU / LOST HILLS (MARINA BACKUP UNIT)	SUN-WED	Lost Hills Station
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The unit proposed above would fill a gap in coverage for the West County areas from Marina Del Rey up through Malibu and the Lost Hills Sheriff Station jurisdiction. This coverage should allow Lost Hills/Malibu Sheriff station to participate in the Intake Booking Diversion program.



## Foothills Coverage / Intake Booking Diversion Coverage

<b>H918E5</b>	EPD	FOOTHILLS COMMUNITIES & OVERLAP COVERAGE	TUE-FRI	<b>1200- 2200</b>	Crescenta Valley / Altadena (New)
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The unit proposed above would fill a gap in coverage for the communities along the foothills region from Santa Clarita to Altadena. This coverage should allow Altadena and Crescenta Valley Sheriff Stations to both participate in the Intake Booking Diversion program.

## Relief Coverage / Intake Booking Diversion Coverage in North

<b>H918N10</b>	NPD	LANCASTER/PALMDALE - IBD SUPPL COVERAGE	RELIEF	AV / Office (North Hub)
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During this phase of growth a relief unit would be provided in the North County, which allows for backup coverage during days off, vacations and other pre-approved absences. When there are no absences, this unit augments coverage to allow for additional jail diversions using Intake Booking Diversion program for Lost Hills, Santa Clarita, Lancaster, and Palmdale Stations.



# 2019 Data Analysis

This section of the report focuses on analysis of data and key metrics associated with MET responses to crises in 2019.



## 2019 LASD Calls Involving the Mentally Ill

<b>STAT CODE</b>	<b>PATROL STATIONS</b>	<b>ALL BUREAUS</b>
<b>890 CONTACT MADE: PERSON(S) WITH NO INDICATION OF MENTAL ILLNESS</b>	<b>3,437 (33%)</b>	<b>6,973 (30%)</b>
<b>891 CONTACT MADE: PERSON(S) WITH INDICATION OF MENTAL ILLNESS</b>	<b>5,492 (53%)</b>	<b>13,989 (61%)</b>
<b>892 ARREST: PERSON(S) WITH NO INDICATION OF MENTAL ILLNESS</b>	<b>296 (3%)</b>	<b>405 (2%)</b>
<b>893 ARREST: PERSON(S) WITH INDICATION OF MENTAL ILLNESS</b>	<b>178 (2%)</b>	<b>285 (1%)</b>
<b>894 UNABLE TO LOCATE PERSON(S) WITH ALLEGED MENTAL ILLNESS</b>	<b>1,496 (14%)</b>	<b>2,012 (9%)</b>
<b>898 CONTACT MADE: INDICATION(S) OF HOMELESSNESS</b>	<b>2,174</b>	<b>5,729</b>
<b>899 ARREST: PERSON(S) WITH INDICATION(S) OF HOMELESSNESS</b>	<b>373 (17%)</b>	<b>480 (8%)</b>

In 2018, the LASD began using new 89x statistical codes to clear all calls involving contact with the mentally ill (898 and 899 for homelessness). The codes reflected above must be entered when clearing calls in the computer aided dispatch (CAD) system.

In 2019, approximately 10,425 calls were received by LASD patrol deputies, which reportedly involved contact with a mentally ill or alleged mentally ill person. When all Bureaus are taken into consideration, there were 22,974 total contacts logged with mentally ill or alleged mentally ill persons.

Notable findings:

- Callers to 911 or the Station desks who reported a subject was mentally ill proved to be inaccurate approximately 1/3 of the time (often, drug use is mistaken for mental illness).



- Contact with a mentally ill person resulted in arrest in just 3% of all encounters with patrol deputies. That number drops to 2% of encounters when all non-patrol Bureaus are factored.

It should be noted; as part of the new "Intake Booking Diversion" (IBD) program, the MET unit will obtain a new data set to study all 2019 bookings at station jails where the arrestee reported a mental health condition. The new data (available in March 2020) will be compared to this data from the Computer-Aided Dispatch (CAD) program to determine compare and determine how reliable this CAD data has been entered by field personnel. The results will be reported in the FY2019-20 annual report on the MET program.

## Average MET Incident Handling Times

- The average MET crises handling time for incidents in 2019, which resulted in a hold, was 2 hours, 17 minutes (up 11% over 2018).
- For "holds" where the patient met RAMP criteria, the average incident handling time for MET was extended by 16 minutes (2 hrs, 33 min).
- The average incident handling time for MET to conduct de-escalation and patient evaluation that did not result in a "hold" was 1 hr, 5 min in 2019 (up 3% from 2018).
- The average MET wait time Countywide for all urgent care centers and hospitals was 1 hr 14 minutes in 2019.





# Mental Health Crises Trend Summary

LASD involuntary "holds" from 911-level crises have been increasing dramatically:

WIC §§ 5150/5585 Hold	2019	2-yr Change	6-yr Change	MET Calls	MET Holds	% by MET
<b>Central Patrol Division</b>	<b>958</b>	<b>UP 37% ↑</b>	<b>UP 112% ↑</b>	<b>532</b>	<b>463</b>	<b>48.3%</b>
Avalon	10	-55%	400%	10	10	100.0%
Century	235	57%	180%	140	126	53.6%
Compton	295	49%	53%	71	61	20.7%
East LA	233	28%	219%	173	144	61.8%
Marina Del Rey	56	24%	70%	45	41	73.2%
South LA	129	24%	95%	93	81	62.8%
<b>South Patrol Division</b>	<b>1,875</b>	<b>UP 59% ↑</b>	<b>UP 166% ↑</b>	<b>1,343</b>	<b>1,169</b>	<b>62.3%</b>
Carson	255	86%	78%	85	77	30.2%
Cerritos	111	50%	141%	84	76	68.5%
Norwalk	540	61%	291%	359	311	57.6%
Lakewood	626	46%	238%	538	459	73.3%
Lomita	100	25%	1%	28	21	21.0%
Pico Rivera	243	99%	159%	249	225	92.6%
<b>East Patrol Division</b>	<b>1,485</b>	<b>UP 32% ↑</b>	<b>UP 141% ↑</b>	<b>1,178</b>	<b>1,044</b>	<b>70.3%</b>
Altadena	119	5%	297%	41	33	27.7%
Crescenta Valley	50	-2%	-9%	33	27	54.0%
Industry	370	90%	140%	310	278	75.1%
San Dimas	190	41%	70%	76	63	33.2%
Temple	512	27%	191%	496	447	87.3%
Walnut	244	8%	171%	222	196	80.3%
<b>North Patrol Division</b>	<b>2,813</b>	<b>UP 35% ↑</b>	<b>UP 78% ↑</b>	<b>2,641</b>	<b>1,930</b>	<b>68.6%</b>
Lancaster	1,129	53%	158%	1,221	854	75.6%
Palmdale	529	10%	20%	633	488	92.2%
Santa Clarita	760	23%	57%	521	388	51.1%
Lost Hills/Malibu	186	37%	26%	153	141	75.8%
West Hollywood	209	82%	194%	113	59	28.2%
<b>All Patrol Divisions</b>	<b>7,131</b>	<b>UP 40% ↑</b>	<b>UP 113% ↑</b>	<b>5,694</b>	<b>4,606<sup>18</sup></b>	<b>64.6%</b>

<sup>18</sup> DMH clinicians were present for 82% of MET "holds"



# MET Support at Courthouses in 2019

This table shows mental health “holds” handled at LASD courts during 2019:

<b>WIC §§ 5150 or 5585 “Holds”</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>MET Calls (2019)</b>	<b>MET Holds (2019)</b>
<b>Non-Patrol Stations</b>									
<b>Central Bureau</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>7</b>	<b>0</b>
Clara Shortridge Foltz	2	3	5	3	0	2	2	0	
Central Civil West	0	0	0	0	0	0	1	0	
Metropolitan	2	0	0	0	0	1	1	0	
Stanley Mosk	0	0	0	1	4	0	2	0	
<b>East Bureau</b>	<b>26</b>	<b>12</b>	<b>9</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>2</b>
Compton	10	3	3	0	1	0	0	2	1
East LA	3	0	0	0	0	0	0	0	
Norwalk	1	0	0	0	1	1	0	1	
Bellflower	3	2	1	0	0	0	0	5	2
Downey	1	1	1	0	0	0	0	0	
Pasadena	2	1	1	1	0	0	0	0	
Alhambra	1	3	1	0	0	0	0	0	
Burbank	0	0	0	0	0	0	0	0	
Glendale	0	0	0	0	0	0	0	0	
Pomona South	1	0	1	0	1	0	0	2	
Pomona North	0	0	0	0	0	0	0	0	
West Covina	1	1	1	0	0	0	0	0	
Department 95	2	1	0	0	0	0	0	0	
<b>West Bureau</b>	<b>11</b>	<b>16</b>	<b>15</b>	<b>12</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>4</b>
Airport	2	0	1	1	0	0	0	0	
Inglewood/Inglewood Juvenile	0	1	0	0	0	0	0	3	
Long Beach	5	2	0	2	0	0	0	1	1
Torrance	1	0	0	0	0	0	0		
Michael D Antonovich Antelope Valley	2	5	0	0	2	2	0	4	1
San Fernando	0	6	10	4	0	0	0	0	
Santa Clarita	0	0	0	0	1	0	0	1	
Chatsworth	1	2	0	1	0	0	1	1	
Van Nuys West	0	0	4	4	4	3	1	2	
<b>Transportation Bureau</b>	<b>11</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
<b>Civil Management Bureau</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>All Court Services Division</b>	<b>52</b>	<b>33</b>	<b>35</b>	<b>23</b>	<b>26</b>	<b>10</b>	<b>8</b>	<b>44</b>	<b>11</b>



# MET Expansion Return on Investment (ROI)

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In 2019, Mental Evaluation Teams had an extraordinary impact on uses of force in patrol. Data was captured daily by handling MET deputies and the Triage Desk staff, following every crisis incident. The results of MET data entry and benefits of MET expansion are summarized below.

Having additional MET units in 2019 allowed for deployment at more localized offices to help reduce the ETA of MET units to arrive in time during emergencies and MET helped positively impact the trajectory of the incident and de-escalate the crisis in literally hundreds of incidents. In fact, MET ETA to calls was reduced from over 56 minutes Countywide on average in FY 2016-17 to approximately 23 minutes on average in FY 2017-18, which further improved to just over 19 minutes on average in CY 2019.

## Relief of Patrol Units by MET

- On average in 2019, MET units relieved 2.4 patrol deputies and 1 sergeant (required to respond by policy) at each incident after arriving on scene and after the situation was rendered safe. Patrol personnel were able to return to proactive patrol duties and 911 call handling once MET assumed care of the patient.
- On average in 2019, MET units relieved 1 patrol sergeant (mandated response per policy) at each crisis after they arrived on scene and after the situation was rendered safe.

## Averted Uses of Force Involving the Mentally Ill

- Based on the opinion of the handling patrol deputy and/or supervisor at the scene, patrol deputies would have very likely used at least "Level-1" force to subdue patients during 431 incidents in 2019, were it not for MET personnel arriving on scene in time to de-escalate the patient.
  - This represented approximately 6% of the MET responses in 2019.



- Based on the average estimated cost of to the County per use of force investigation, the total estimated cost savings estimated based on those 431 use of force incidents that never happened in 2019, due to MET resolving the situation peacefully, exceeded \$2,644,068 in saved expenditures.<sup>19</sup> That's a savings of \$7.4M in "soft costs" during the past two years of MET expansion.
- The estimated costs savings does not account for the multiple staff injuries that never occurred during those 431 incidents (besides injuries from auto collisions, fighting with suspects is one of the highest risk and costliest factors in deputy injuries and lost work productivity)
- We will never know how many of the 431 uses of force would have resulted in patient injuries, added hospital costs for patient treatment, subsequent civil claims and any number of lawsuits that will never be filed against the County of Los Angeles since MET resolved those 431 incidents without use of force becoming necessary.
- MET responded to 288 requests for help in 2019 from station jail and court lock-up facilities (Type-I jails) to address inmates barricaded in cells.
  - 243 (84%) of the incidents were resolved without need for deploying an extraction team because MET personnel successfully talked the inmate out of the cell with NO use of force.

## Reduction in Uses of Force Involving the Mentally Ill

- 37 incidents reportedly ended with LESS use of force required by patrol personnel (a lower level of force) as a direct result of MET arriving on scene to help de-escalate the patient.

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<sup>19</sup> Refer to Appendix I



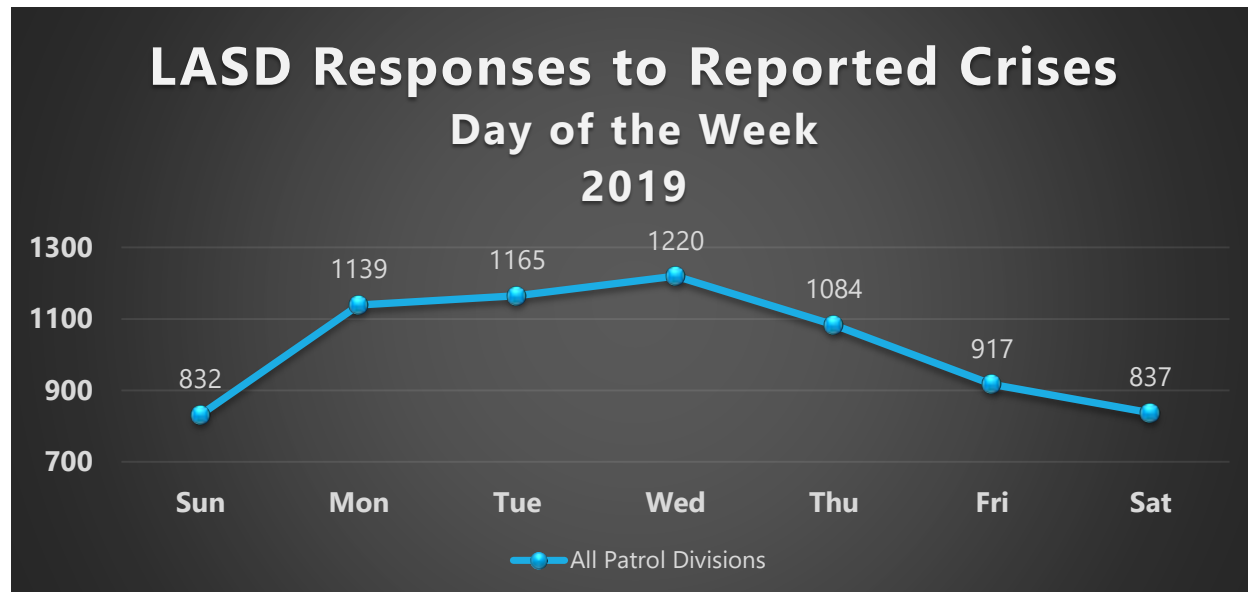
## MET Return on Investment (ROI): Other Cost Savings

In 2019, Mental Evaluation Teams positively impacted various aspects of daily operations of the Department, which is summarized below:

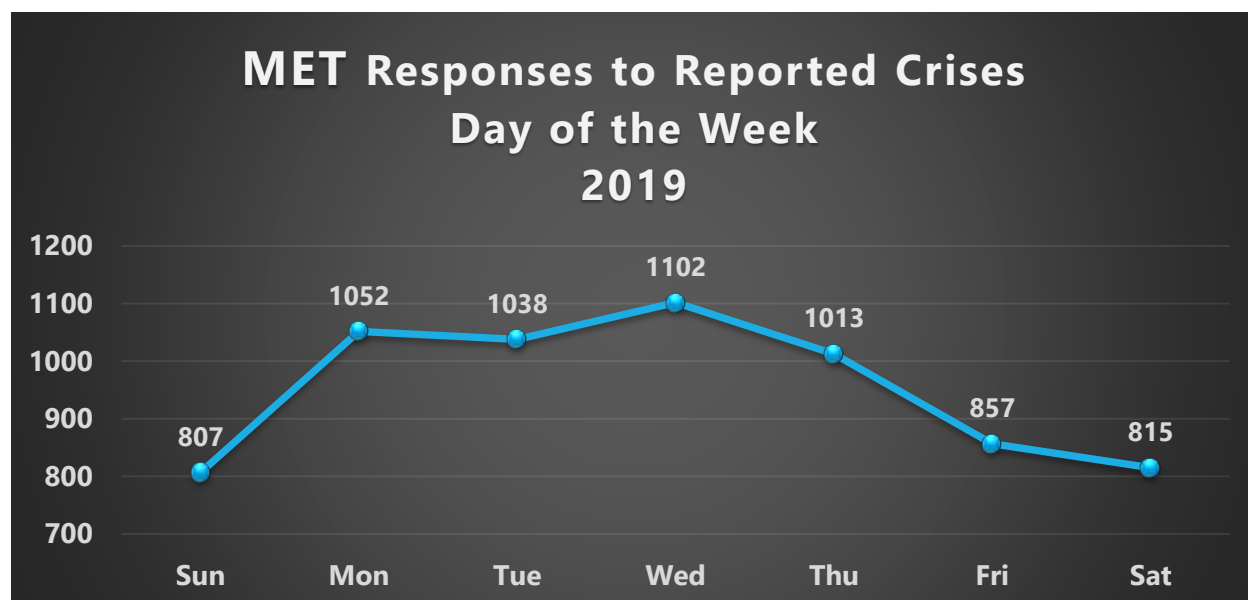
- MET team members handled 23 incidents in direct support of patrol that used to require calling in off-duty Crisis Negotiation Team (CNT) personnel. In fact, off-duty, collateralized CNT staff responded to just 15 incidents in 2019, compared to nearly 100 incidents each year in 2016 and 2017, and 27 incidents in 2018.
- MET deputies are all CNT “Advanced-Level” trained and able to respond to major incidents in a fraction of the time compared to calling in staff off duty using considerable overtime expenditures – and long delays to arrive and support patrol.
- The entire on-call Special Enforcement Bureau (SEB) team did not have to be called in, saving considerable overtime and deployment expenditures for four (4) separate incidents in 2019, because MET personnel were able to resolve the incident quickly upon arrival. Patrol deputies would have otherwise summoned the full SWAT team for tactical incidents such as barricades – generally resulting in lengthy, costlier deployments.



## Crises by Day of the Week

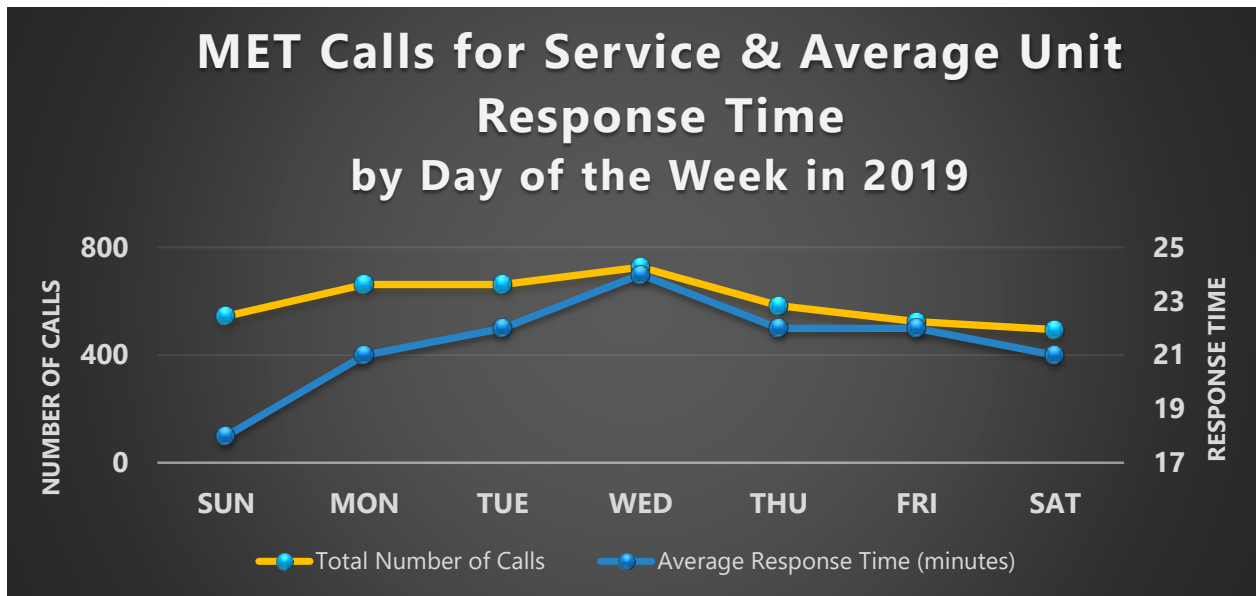


The table above reflects how many mental health crises occurred during each day of the week as reported to the Triage Help Desk. Mental health crises occur more often during the weekdays and decline over the weekend, which is a trend observed now for over a decade in LA County. Accordingly, MET calls for service are also higher during the weekdays and lower on the weekends.



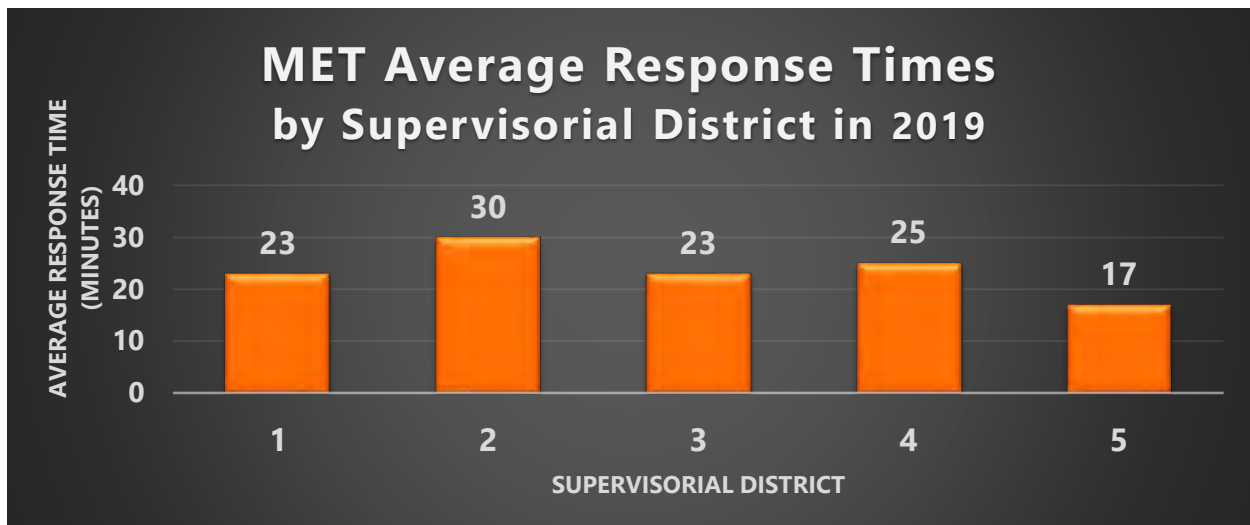


## Response Times to MET Calls for Crises



There is a clear correlation between number of calls and average response times, with the exception of Sunday and Monday where the response times were better than average by 3 minutes and 2 minutes per call, respectively.

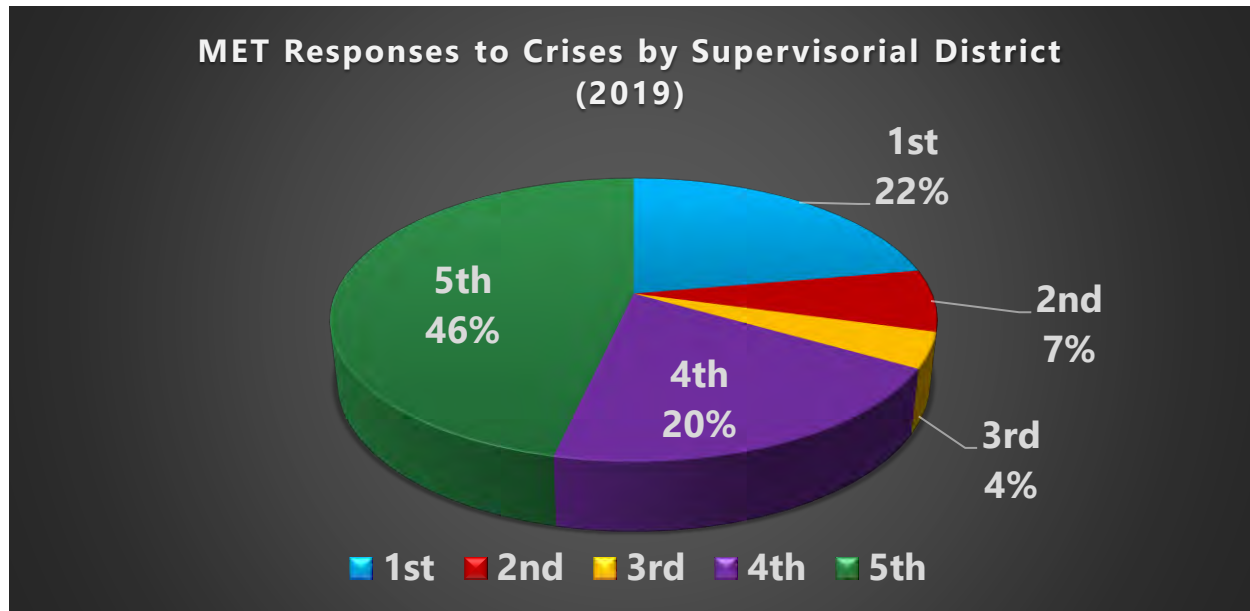
Even with the increased volume in calls on Wednesdays, the average response time only varied by an extended 2 minutes per call on average.



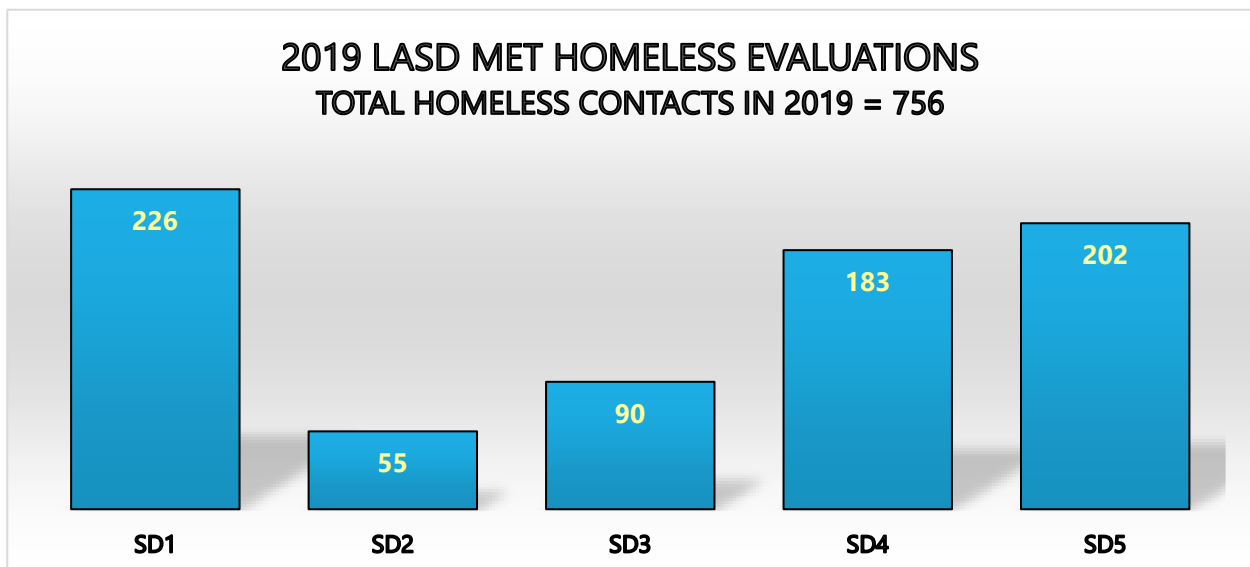


# MET Calls by Supervisorial District

The chart below represents the breakdown of percentage of all crisis MET was requested to respond in 2019:



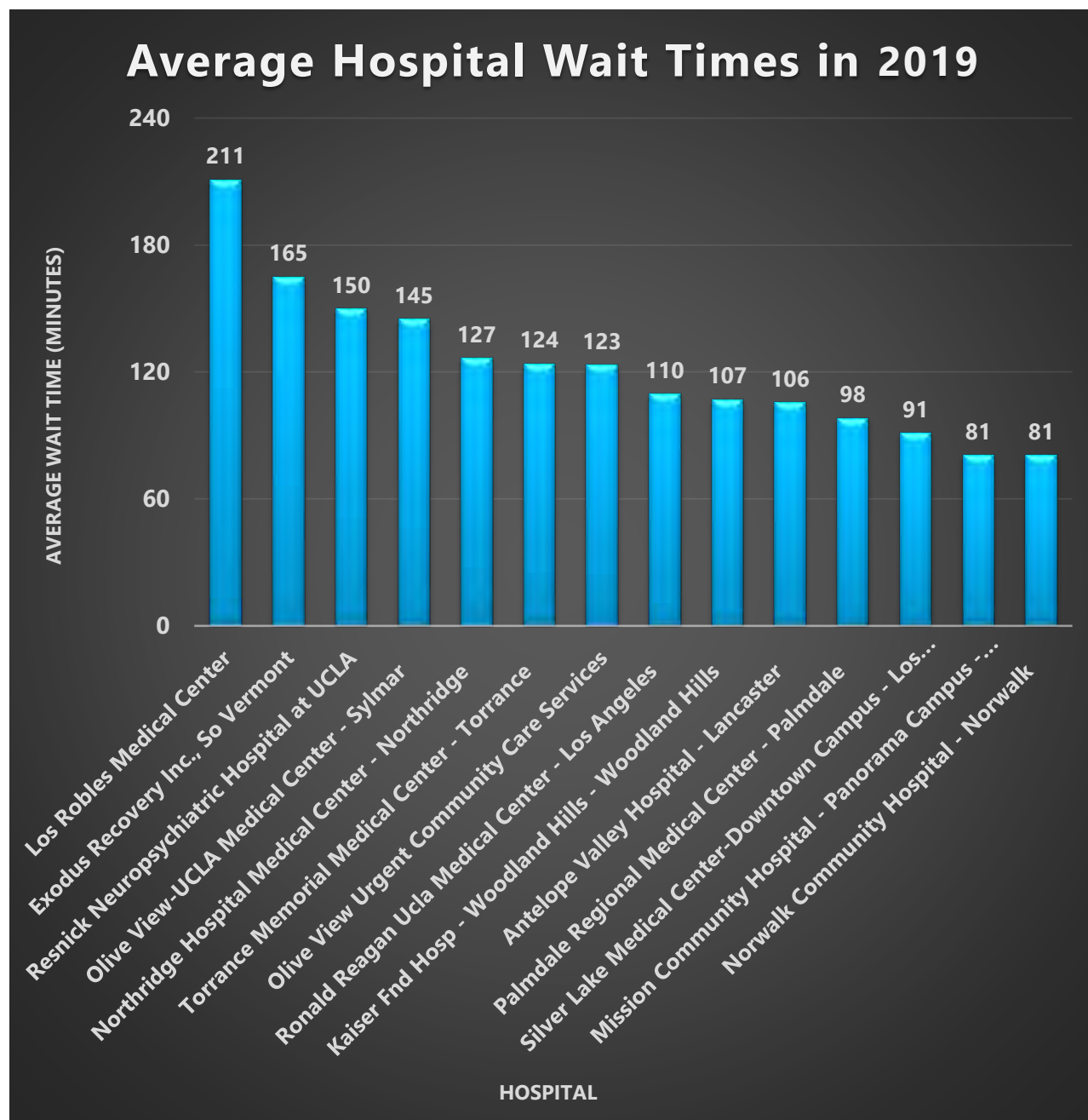
The chart below illustrates the distribution of LASD MET evaluations for reported **homeless** individuals by supervisorial district (SD):







# MET Patient Hospitalizations in 2019



This chart shows the 14 hospitals with the longest wait times (shown in descending order) for MET units in 2019.



Below is a table with average hospital wait times logged by MET deputies at hospitals Countywide in 2019, sorted from longest to shortest average wait times.

<b>HOSPITAL</b>	<b>AVG WAIT TIME (min)</b>
<b>Los Robles Medical Center</b>	<b>211</b>
<b>Exodus Recovery Inc., So Vermont</b>	<b>165</b>
<b>Resnick Neuropsychiatric Hospital at UCLA</b>	<b>150</b>
<b>Olive View-UCLA Medical Center - Sylmar</b>	<b>145</b>
<b>Northridge Hospital Medical Center - Northridge</b>	<b>127</b>
<b>Torrance Memorial Medical Center - Torrance</b>	<b>124</b>
<b>Olive View Urgent Community Care Services</b>	<b>123</b>
<b>Ronald Reagan Ucla Medical Center - Los Angeles</b>	<b>110</b>
<b>Kaiser Fnd Hosp - Woodland Hills - Woodland Hills</b>	<b>107</b>
<b>Antelope Valley Hospital - Lancaster</b>	<b>106</b>
<b>Palmdale Regional Medical Center - Palmdale</b>	<b>98</b>
<b>Silver Lake Medical Center-Downtown Campus - Los Angeles</b>	<b>91</b>
<b>Mission Community Hospital - Panorama Campus - Panorama City</b>	<b>81</b>
<b>Norwalk Community Hospital - Norwalk</b>	<b>81</b>
<b>Presbyterian Intercommunity Hospital - Whittier</b>	<b>75</b>
<b>St. John's Health Center - Santa Monica</b>	<b>75</b>
<b>PIH Hospital - Whittier</b>	<b>74</b>
<b>Hollywood Presbyterian Medical Center - Los Angeles</b>	<b>72</b>
<b>West Hills Hospital and Medical Center - Canoga Park</b>	<b>72</b>
<b>St. Francis Medical Center - Lynwood</b>	<b>71</b>
<b>LACo USC Medical Center - Los Angeles</b>	<b>70</b>
<b>Pomona Valley Hospital Medical Center - Pomona</b>	<b>70</b>
<b>Exodus Recovery Inc., Crisis Residential Treatment Program</b>	<b>69</b>
<b>LACo Harbor-UCLA Medical Center - Torrance</b>	<b>69</b>
<b>Long Beach Memorial Medical Center - Long Beach</b>	<b>68</b>



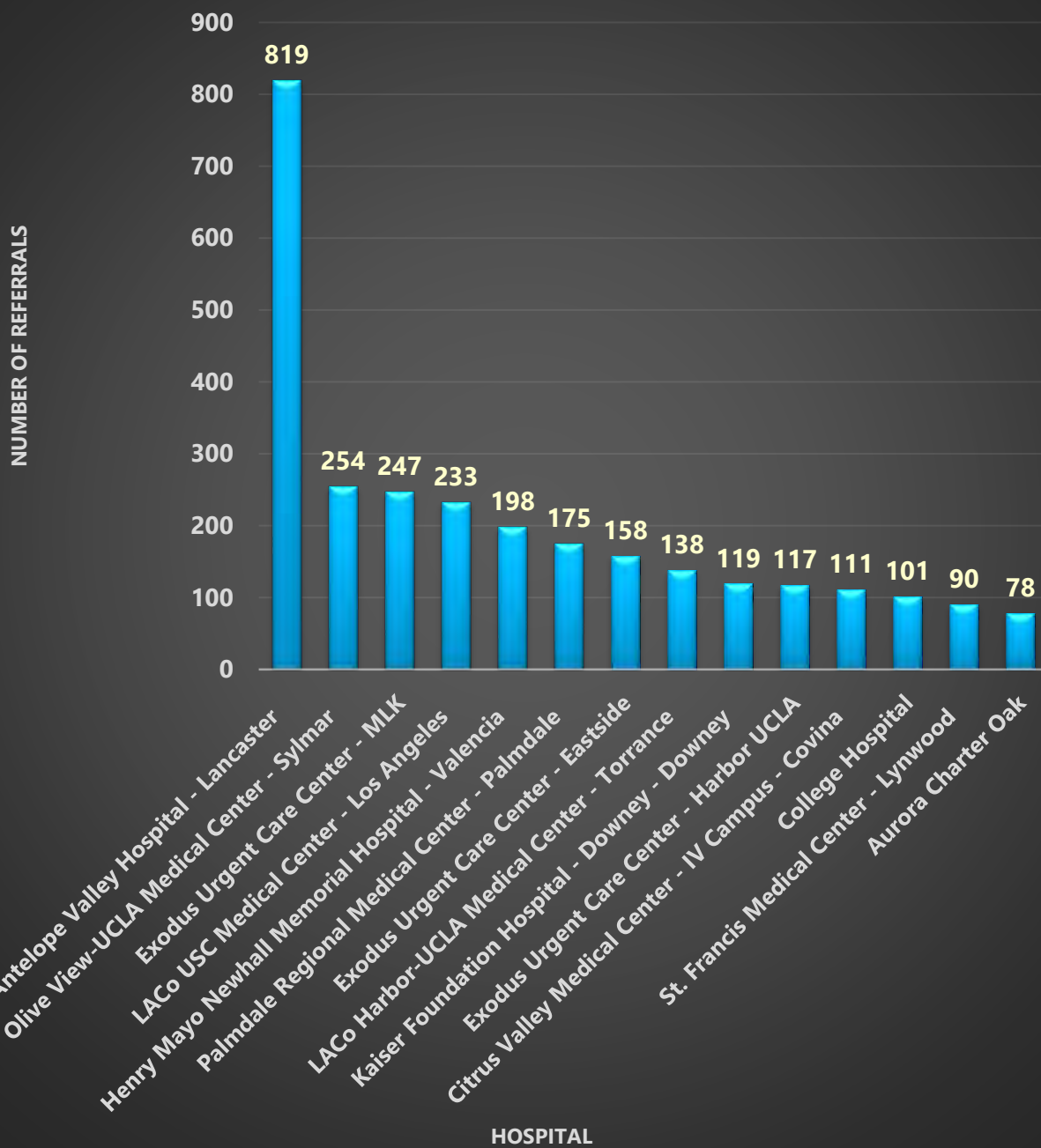
<b>Santa Monica - UCLA Medical Center &amp; Orthopedic Hospital - Santa</b>	<b>65</b>
<b>East Los Angeles Doctors Hospital - Los Angeles</b>	<b>65</b>
<b>City of Hope Helford Clinical Research Hospital - Duarte</b>	<b>65</b>
<b>Memorial Hospital of Gardena - Gardena</b>	<b>65</b>
<b>Whittier Hospital Medical Center - Whittier</b>	<b>65</b>
<b>Kaiser Foundation Hospital - Downey - Downey</b>	<b>62</b>
<b>Shriners Hospital for Children - L.A. - Los Angeles</b>	<b>61</b>
<b>Pih Hospital - Downey - Downey</b>	<b>60</b>
<b>Kaiser Fnd Hosp - Baldwin Park - Baldwin Park</b>	<b>60</b>
<b>Providence Saint Joseph Medical Center - Burbank</b>	<b>60</b>
<b>Citrus Valley Medical Center - IV Campus - Covina</b>	<b>60</b>
<b>San Dimas Community Hospital - San Dimas</b>	<b>60</b>
<b>Exodus Urgent Care Center - Harbor UCLA</b>	<b>58</b>
<b>Henry Mayo Newhall Memorial Hospital - Valencia</b>	<b>57</b>
<b>White Memorial Medical Center - Los Angeles</b>	<b>56</b>
<b>College Medical Center South Campus D/P Aph - Long Beach</b>	<b>55</b>
<b>Marina Del Rey Hospital - Marina Del Rey</b>	<b>55</b>
<b>Kaiser Fnd Hosp - Panorama City - Panorama City</b>	<b>55</b>
<b>VA West Los Angeles</b>	<b>52</b>
<b>VA Long Beach</b>	<b>51</b>
<b>Huntington Memorial Hospital - Pasadena</b>	<b>51</b>
<b>Foothill Presbyterian Hospital-Johnston Memorial - Glendora</b>	<b>50</b>
<b>Aurora Las Encinas Hospital</b>	<b>49</b>
<b>Exodus Urgent Care Center - Westside</b>	<b>48</b>
<b>Cedars Sinai Medical Center - Los Angeles</b>	<b>48</b>
<b>Community Hospital of Huntington Park - Huntington Park</b>	<b>47</b>
<b>Glendale Adventist Medical Center - Wilson Terrace - Glendale</b>	<b>46</b>
<b>Lakewood Regional Medical Center - Lakewood</b>	<b>46</b>



<b>Centinela Hospital Medical Center - Inglewood</b>	<b>44</b>
<b>Coast Plaza Hospital - Norwalk</b>	<b>44</b>
<b>Citrus Valley Medical Center - QVH Campus - West Covina</b>	<b>44</b>
<b>College Hospital</b>	<b>44</b>
<b>Gateways Hospital and Mental Health Center - Los Angeles</b>	<b>43</b>
<b>College Medical Center - Long Beach</b>	<b>43</b>
<b>Garfield Medical Center - Monterey Park</b>	<b>42</b>
<b>Kaiser Fnd Hosp - Mental Health Center - Los Angeles</b>	<b>41</b>
<b>Beverly Hospital - Montebello</b>	<b>41</b>
<b>Del Amo Hospital</b>	<b>40</b>
<b>Las Encinas Mental Health Hospital</b>	<b>40</b>
<b>Methodist Hospital of Southern California - Arcadia</b>	<b>38</b>
<b>Exodus Urgent Care Center - MLK</b>	<b>38</b>
<b>San Gabriel Valley Medical Center - San Gabriel</b>	<b>36</b>
<b>Exodus Recovery Inc., Washington</b>	<b>36</b>
<b>Exodus Urgent Care Center - Eastside</b>	<b>35</b>
<b>Aurora Charter Oak</b>	<b>34</b>
<b>Star View Adolescent - P H F - Long Beach</b>	<b>33</b>
<b>BHC Alhambra Hospital</b>	<b>33</b>
<b>Kedren Community Mental Health Center</b>	<b>32</b>
<b>California Hospital Medical Center - Los Angeles</b>	<b>30</b>
<b>Star View Adolescent - P H F - Torrance</b>	<b>29</b>
<b>Los Angeles Community Hospital - Los Angeles</b>	<b>27</b>
<b>Greater El Monte Community Hospital - South El Monte</b>	<b>26</b>
<b>Sherman Oaks Hospital - Sherman Oaks</b>	<b>22</b>
<b>Exodus Recovery Inc., Maple</b>	<b>19</b>
<b>Community Hospital of Long Beach - Long Beach</b>	<b>15</b>
<b>Kaiser Fnd Hosp - Los Angeles - Los Angeles</b>	<b>10</b>



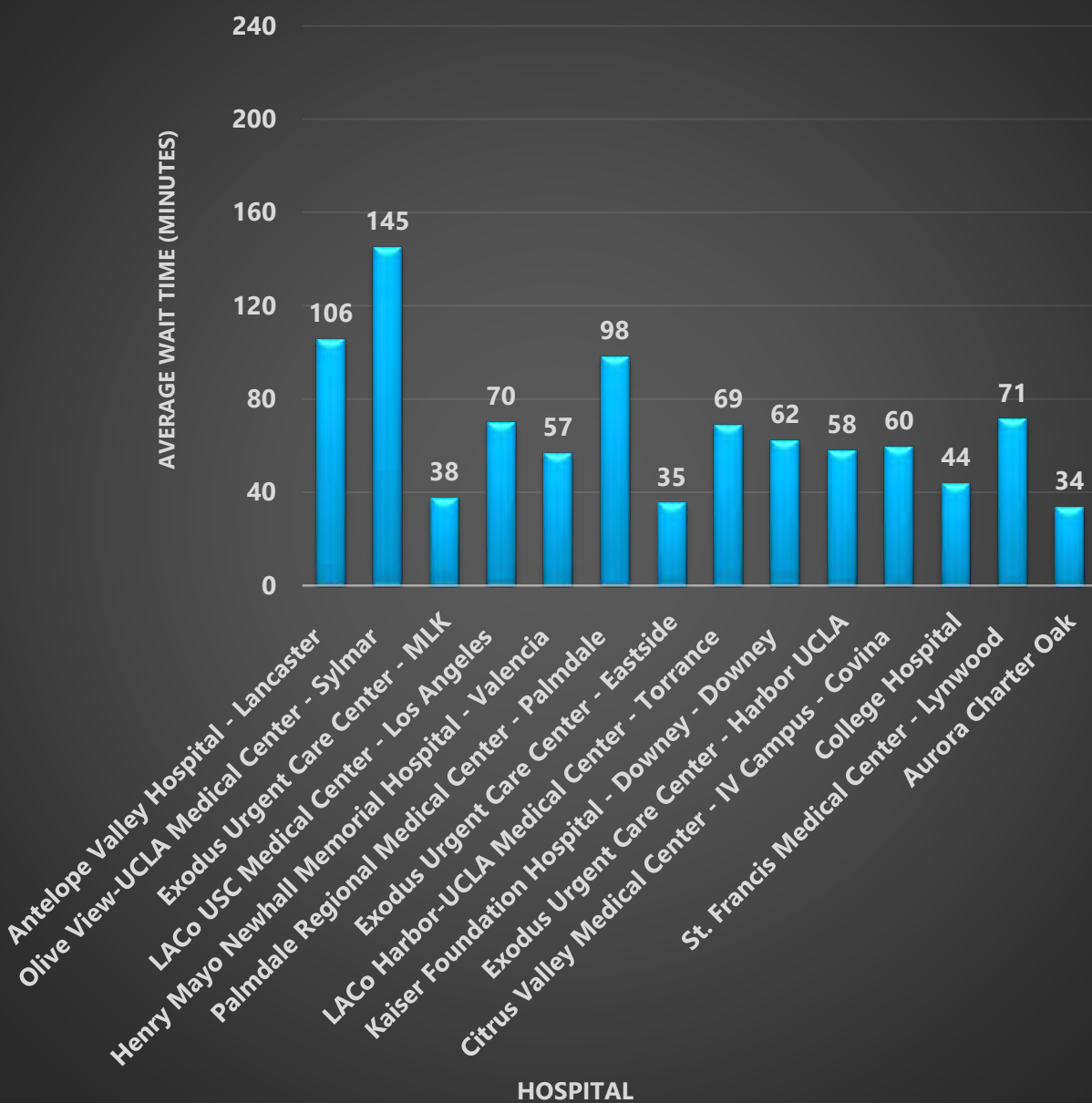
## Hospital Referrals by LASD MET 2019



This chart shows the hospitals with the **most referrals** for MET units in 2019.



## Average Wait Times for Hospitals with the Most Referrals in 2019

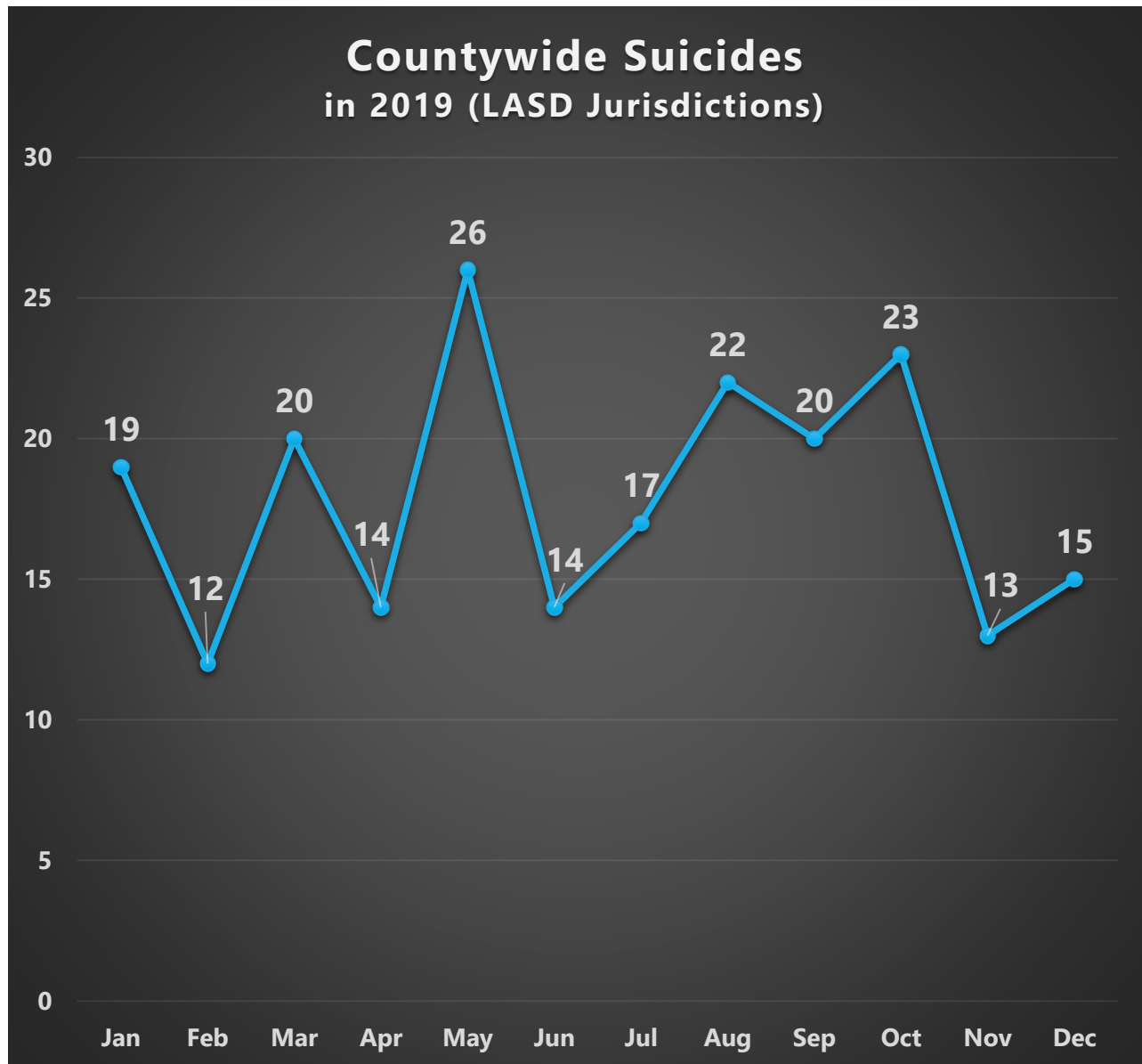


This chart shows the hospitals with the most referrals for MET units in 2019 with their average wait time reflected.



# Suicide Data

215 total suicides were reported in LASD jurisdictions in 2019 (down 9% from 2018). The number of occurrences per month is depicted below:



This chart represents the number of suicides that occurred in each month in LASD jurisdiction. May had the most suicides while February had the least reported cases.

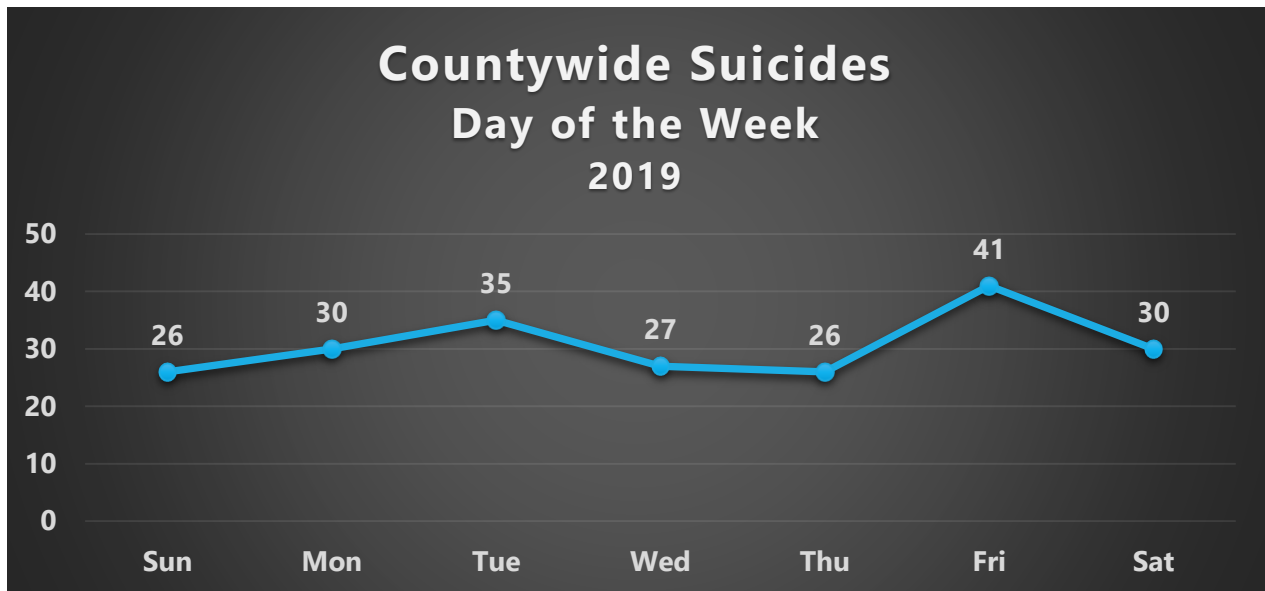


Number of days with...	
1 suicide	103
2 suicides	36
3 suicides	9
4 suicides	2
5 suicides	1
0 suicides	214

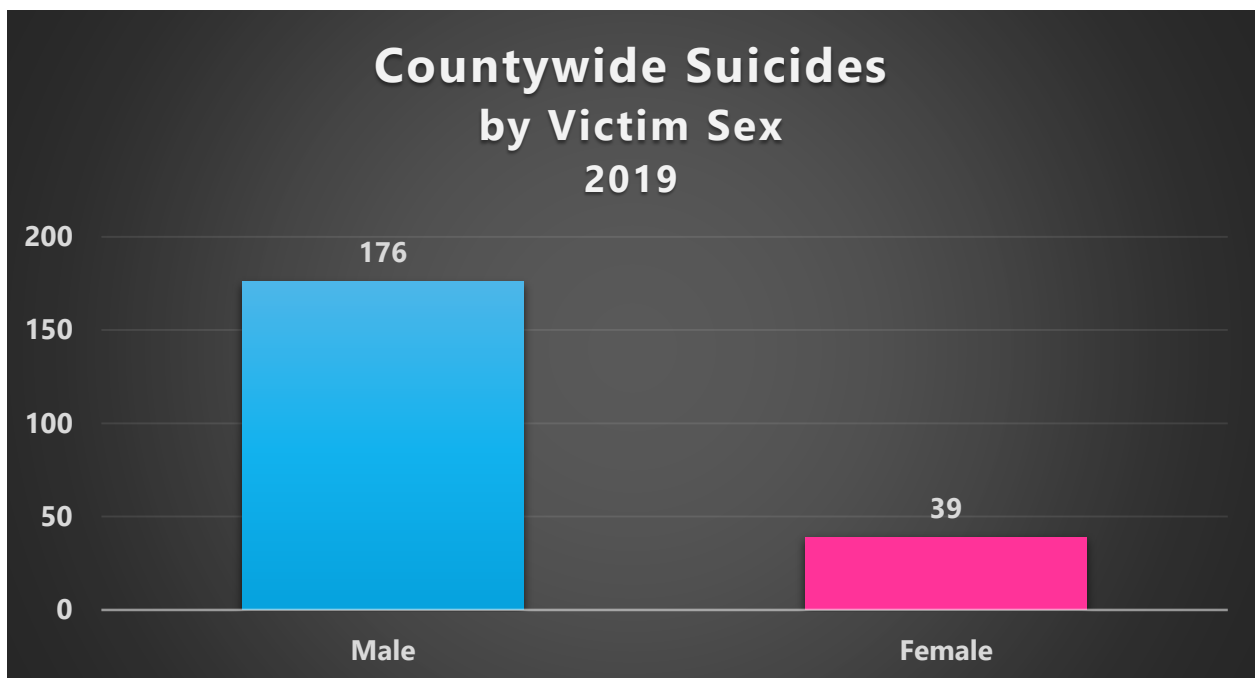
The above frequency table shows how many days of the year had a certain number of suicides. There were a few notable observations:

- 1 suicide occurred every 1.7 days on average.
- No suicides on New Year's Day, Valentine's Day, 4<sup>th</sup> of July, Halloween, Thanksgiving, or Christmas.
- The largest gap in suicides was a 9-day stretch from November 25-December 3.
  - Thanksgiving was on November 28 in 2019.
- January 12, 2019, was the date with the most suicides (5).
- The two days where 4 suicides occurred were May 24 and September 20, 2019.

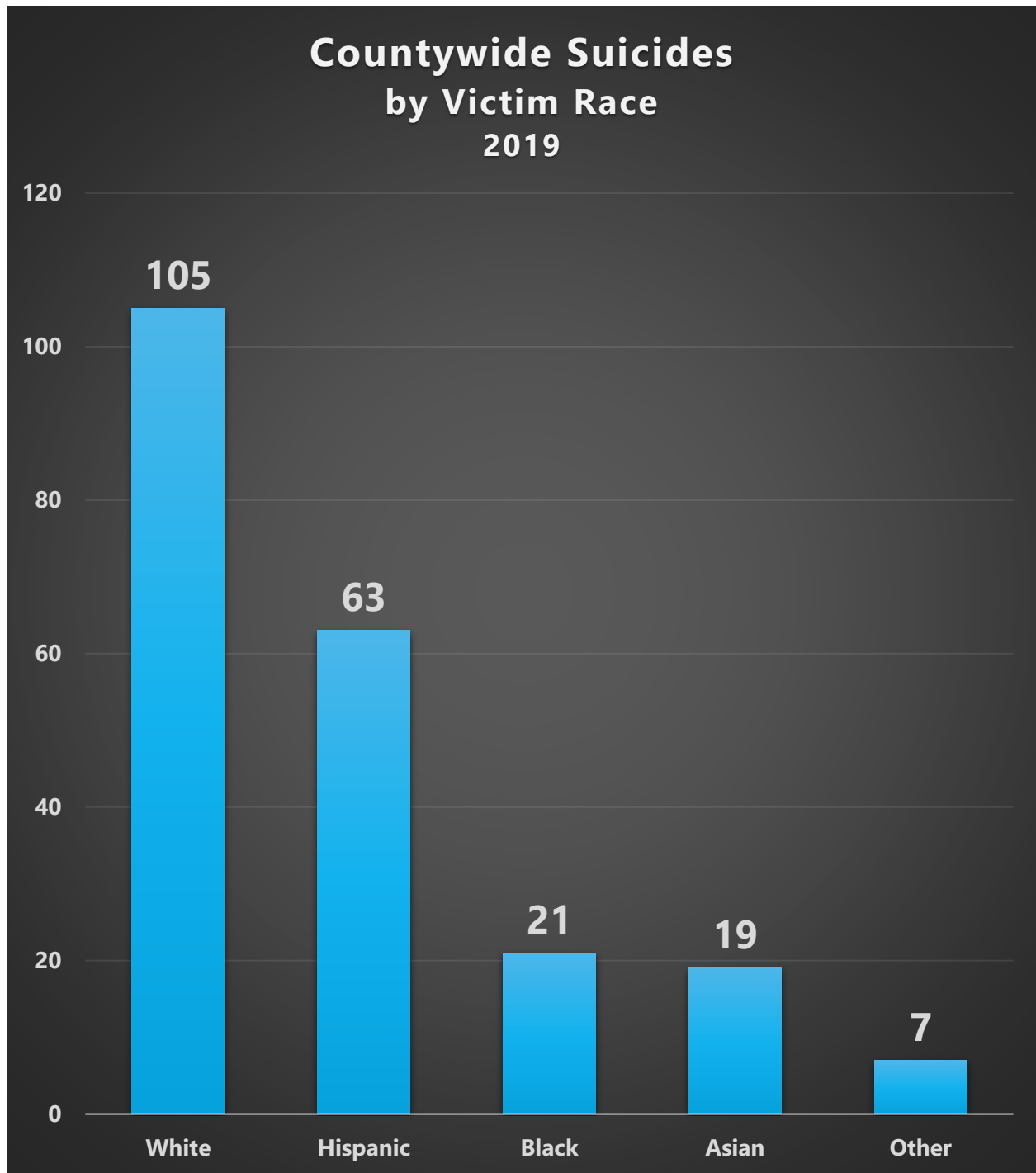




This graph shows the number of suicides committed by day of week. The number of suicides peak on Fridays and drop significantly on Sundays and Thursdays.



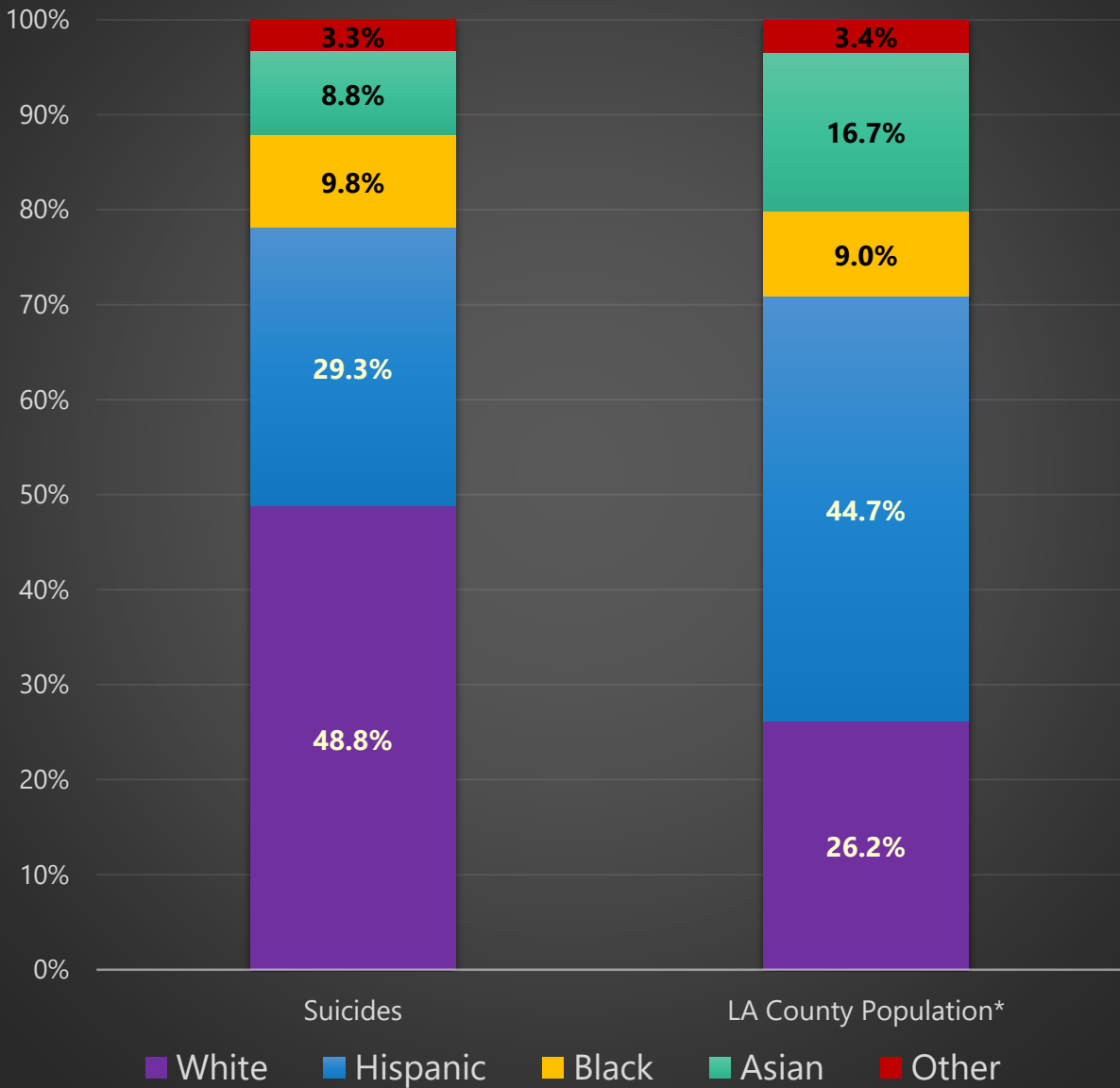
This graph shows the number of suicides by victim's sex. Males are four and a half times more likely than females to commit suicide.



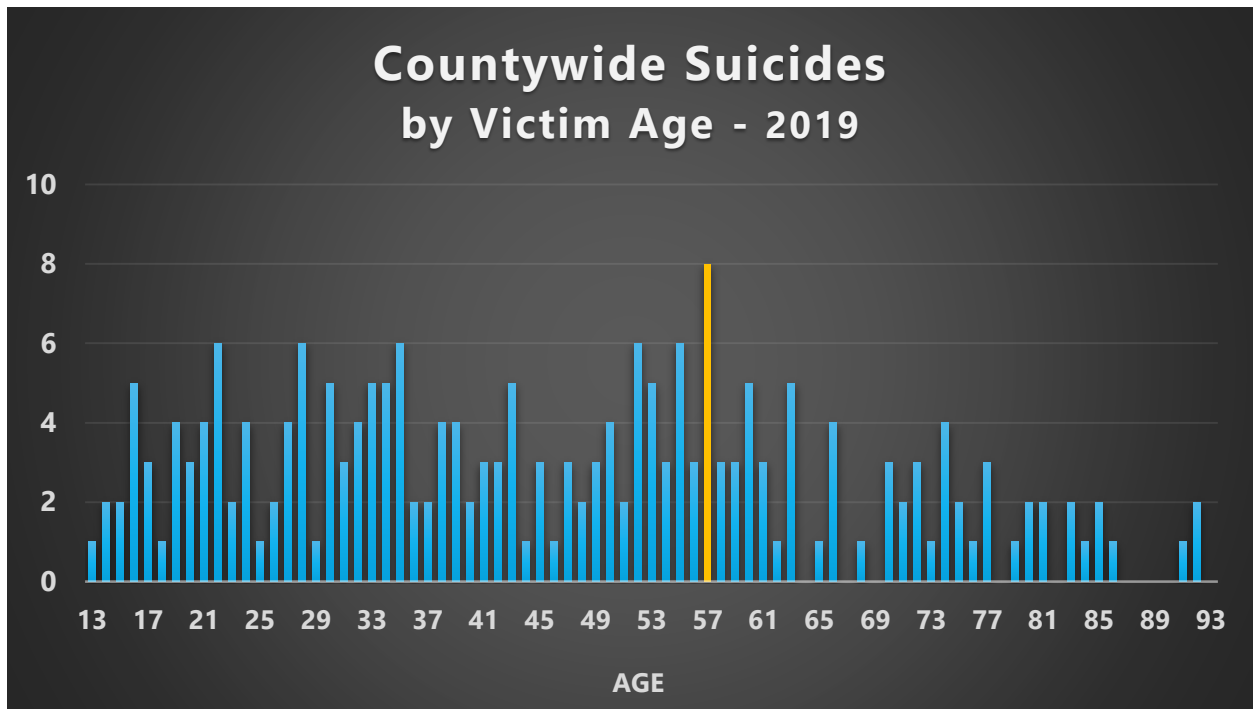
This chart depicts the number of suicides that occurred by victim's race. The majority of suicides were committed by whites.



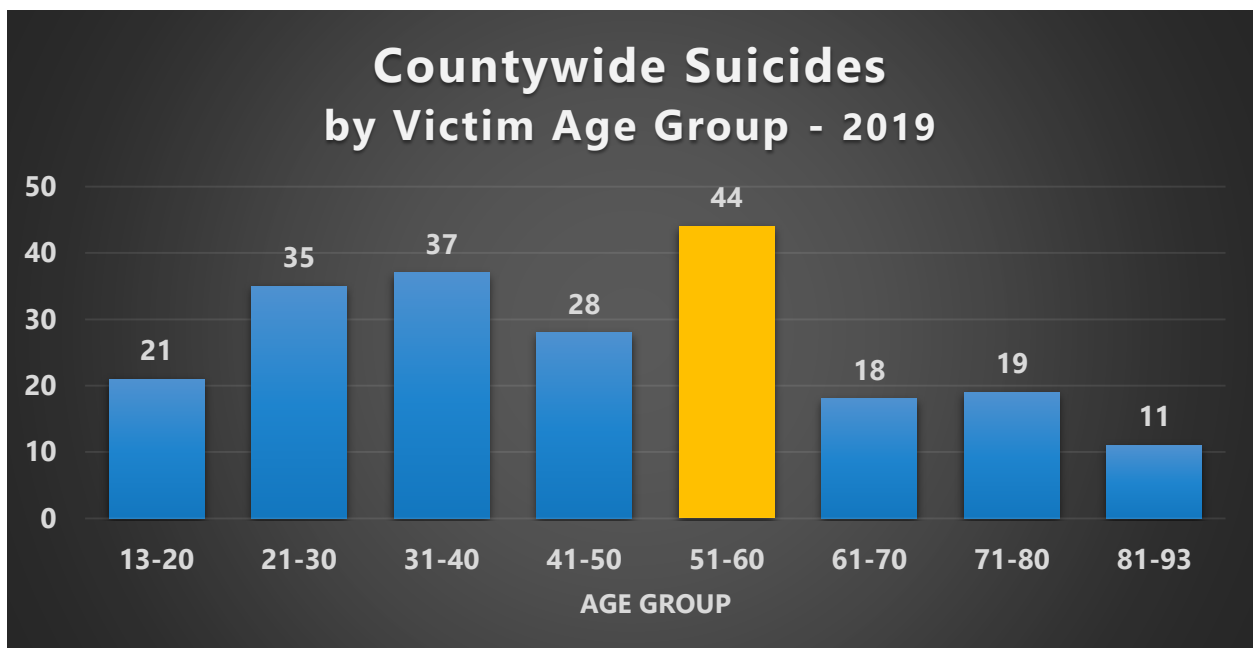
## Countywide Suicides Racial Composition Comparison 2019



\*LA County racial composition data was obtained via the US Census' most recent estimates (July 2018). While whites are heavily overrepresented in suicides Countywide, blacks are also slightly overrepresented in the 2019 totals.



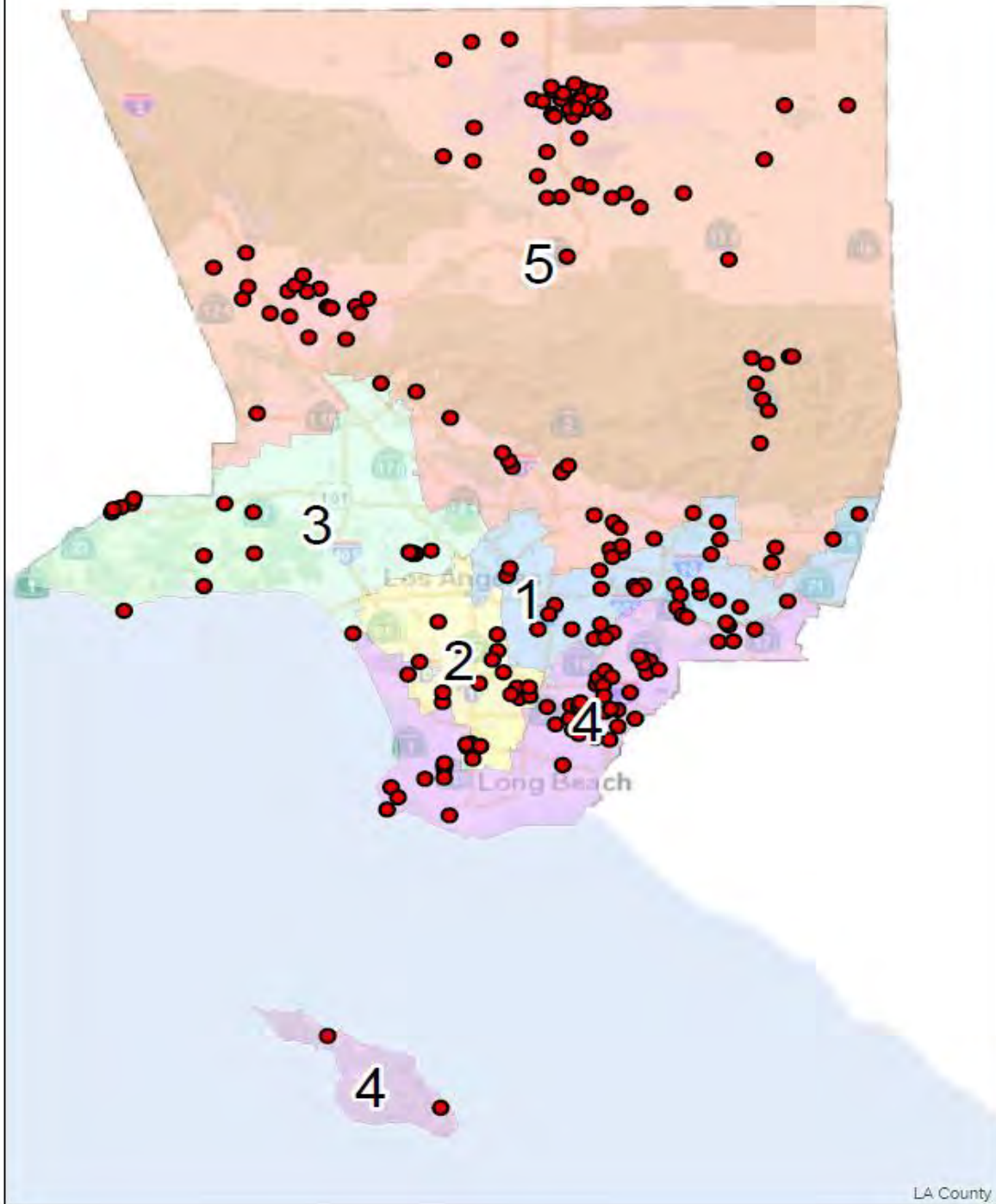
This chart above depicts the number of suicides that occurred by age of the victim.



This table breaks down the number of suicides by age group. Suicides occurred most often for those between the ages of 21 and 40 as well as between 51 and 60.



## Countywide Suicides 2019





# Risk Assessment & Management Program

This section of the report provides an overview and progress update regarding the developing LA County Risk Assessment & Management Program (RAMP).



# Risk Assessment & Management Program

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Risk Assessment and Management Program (RAMP) addresses the needs of patients with serious mental illness who meet designated criteria. The RAMP concept is “Investigative Crisis Stabilization,” which is a combination of intensive case management, patient advocacy, and assertive community treatment. Assertive community treatment is a team-based treatment model to provide multidisciplinary, flexible treatment and support to people with mental illness 24/7. The idea is that people receive better care when their mental health care providers all work together.<sup>20</sup>

During 2019, RAMP expanded to now consist of six specially trained deputies, five dedicated DMH clinicians, two fulltime LASD analysts, one dedicated and one part time clinical supervisor, and two LASD supervisors. The goal number of RAMP teams needed to adequately handle the case volume reported in 2018 and 2019 is estimated at nine (9) teams. This need was first reported in the 2018 MET Annual Report and reaffirmed in this year’s report based on 2019 caseload data (refer to [Appendix III](#)).

Clinicians, deputies and crime analysts work as a team to help assess the threat level of each patient MET encounters with serious mental illness and determine those who may pose future significant risk to themselves or the public. The goal is to engage the disengaged individual, linking them to the mental health system to address their underlying mental health needs *before* they rise to the level of actually being dangerous to themselves or others rather than waiting until the patient again presents in another crisis.

Measurable goals of the program include the reduction of hospitalizations for chronic users of police services and avoidance of further calls for police services or new cases within the criminal justice system for such high utilizers. With regard to the latter objective, this may be referred to as a “*prevention before punishment*” strategy.<sup>21</sup>

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<sup>20</sup> A psychosocial treatment outlined by National Alliance on Mental Illness (NAMI) <https://www.nami.org/Learn-More/Treatment/Psychosocial-Treatments>

<sup>21</sup> D’Ingillo, Pietro, Industrial Consultant for the Los Angeles County Sheriff’s Department. May 1, 2018.



The principles of RAMP consist of:

- Addressing the risk
- Reducing the risk
- Managing the risk

## Case Screening

Sergeants and a Clinician Supervisors meet daily now to review all incoming referrals and to screen MET cases which appears to match RAMP criteria. They utilize specially developed database tools and conduct face-to-face meetings to discuss each patient and determine which cases require intense case management from the RAMP unit.

# CRITERIA

- Extensive history of violence
- Use of force
- Frequent threats of violence
- Suicide by cop
- Sexual Assault Victim
- Barricade/Disengagement
- Veteran with PTSD
- Threats of Violence
- Increasing high risk behavior
- School Threat
- Weapon Involved
- Discretionary

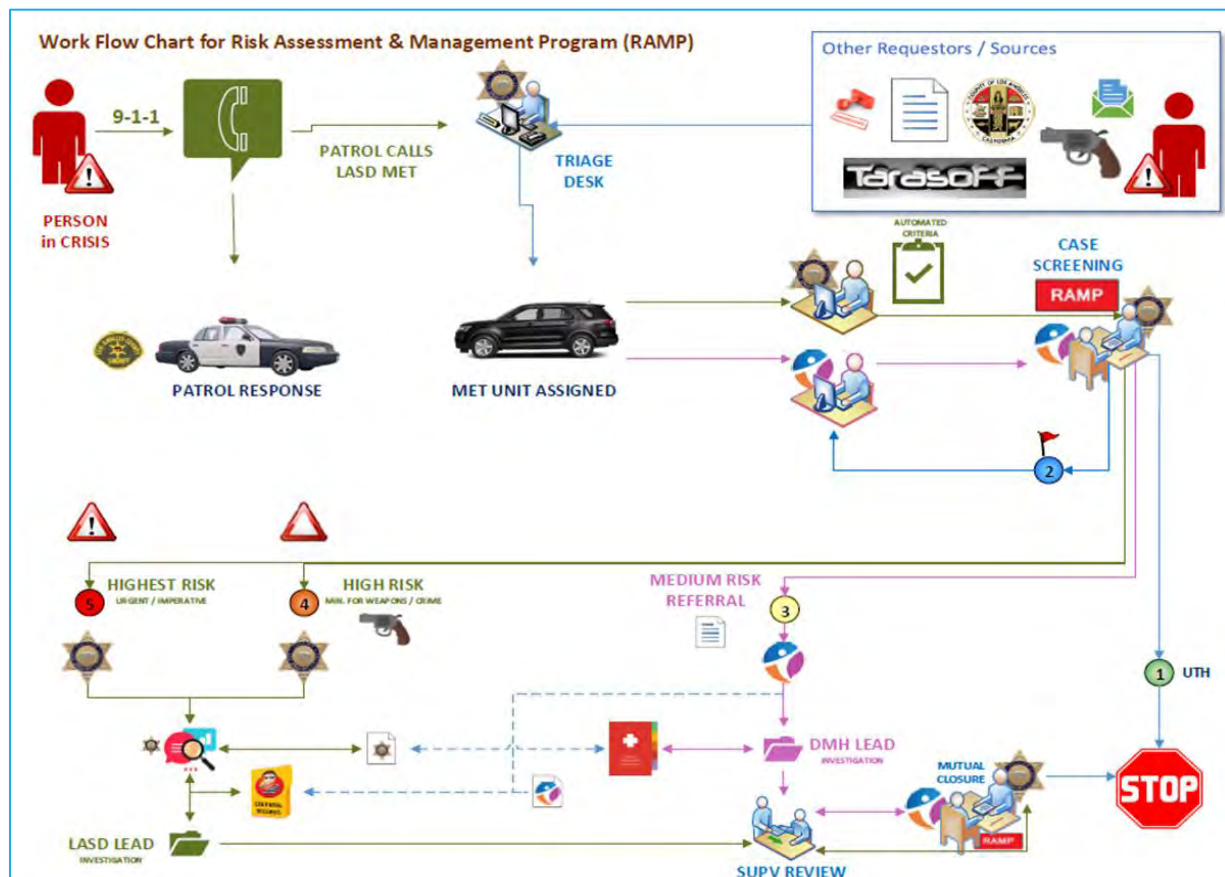


The process of case screening was revised in late 2019. All "Level 3" RAMP cases are now being assigned to have field work completed by the MET units when they are not busy on calls. This was done to allow RAMP teams to focus on the most difficult cases and chronic users of 911-level services while helping to provide workload for MET units during slow periods or periods in between handling their calls. Once follow-up is completed, the Level-3 cases will be returned to RAMP unit for data entry and processing of case closure documents in order to categorize and study outcome data.





The work flow chart on the following page illustrates the process of case review and how RAMP cases are assessed a risk level (numeric value of 0-5) and assigned to the lead investigator:



## Assessment of Risk: Threat Severity Level

Cases assigned to the RAMP are assigned one of the following levels by the reviewing case managers, which corresponds to perceived risk and determines the lead role to follow-up on each case based on perceived risk factors:

- Level 0 – Case review determines the case does not meet criteria for RAMP
- Level 1 – Unable to Handle “UTH” (Insufficient Staffing; Case Screening)
- Level 2 – Unable to Assess Risk Level Due to Insufficient Update – Return to MET



Level 3 – Moderate Risk; assign to MET unit for follow up when not busy on calls (DMH Lead)

Level 4 – High Risk / LASD Lead (Includes cases with a deadly weapon involved)

Level 5 – Imminent Threat / Immediate Action Required / LASD Lead

## RAMP Clinicians (Case Managers)

Each RAMP patient's case is assigned to a licensed clinical social worker from the RAMP unit. The clinician helps ensure the patient is receiving comprehensive care from community mental health providers. The clinician follows up regularly with the patient to ensure he or she is following the prescribed treatment plan, acquiring and taking their medications to help ensure wellness. The clinician also assists the patient and caretakers to ensure linkage to peer support, National Alliance on Mentally Ill (NAMI), family advocacy office, Assisted Outpatient Treatment (AOT)-Los Angeles, Whole Person Care/Intensive Service Recipient, Kin through-Peer (KTP) Program, Full Service Partnership (FSP), Community Mental Health Clinic, Veterans and Loved Ones Recovery (VALOR), Service Area Navigators, substance abusing and dual diagnosis services, community outreach and other public/private programs that address underlying needs such as housing needs and employment opportunities.

## RAMP Deputies (Investigators)

The deputies assigned to the RAMP unit act in the role of lead investigators for Level 4+ cases involving seriously mentally ill (SMI) patients. They interact with MET counterparts, patrol and outside agency law enforcement personnel while conducting field investigations. RAMP deputies have access to law enforcement databases and the ability to place a "want" in the system and/or create "Be on the Look Out" (BOLO) fliers to help locate patients who may pose a significant risk to law enforcement and the public. RAMP deputies may author search warrants and typically work in conjunction with station detective bureaus and courts to follow-up on 72-hour "hold" patient cases, to seize firearms registered to "prohibited possessors" pursuant to WIC § 8102 and to mitigate high risk threats.



## RAMP 2019 Caseload Divided by Station Jurisdiction

The table below depicts the breakdown of RAMP cases reviewed during 2019, based upon the regions where the crisis first occurred (generally where patient resided):

Qty Met RAMP Criteria	Station	SC Valley	AV	South County	East County	West & Central Co.
107	Lancaster Station		107			
64	Palmdale Station		64			
49	Temple Station				49	
41	Lakewood Station			41		
40	Santa Clarita Station	40				
40	Norwalk Station			40		
33	Industry Station				33	
33	Pico Rivera Station			33		
18	East LA Station					18
17	Lost Hills Station					17
15	Walnut Station				15	
14	West Hollywood					14
11	Century Station					11
10	South Los Angeles					10
9	San Dimas Station				9	
8	Compton Station					8
6	Carson Station			6		
6	Marina Del Rey Station					6
5	Cerritos Station			5		
3	Lomita Station			3		
3	Altadena Station				3	
532	RAMP Cases from the Above Jurisdictions	40	171	128	109	84
	% of RAMP Cases →	7.5%	32.1%	24.1%	20.5%	15.8%
	RAMP Investigator(s) Allocated [6 total] →	0.5	2	1.5	1	1

The above chart reflects Sheriff Station cases only. RAMP activated 98 cases from referrals made by non-Sheriff Station Bureaus and agencies above and beyond what is reflected above (630 total cases activated in 2019).



## RAMP 2019 Level 3+ Cases Assigned for Follow-Up

6,127 cases were reviewed/screened by RAMP supervisors in 2019. Of the cases screened, 630 cases (10%) met RAMP Level 1-3 criteria and required follow-up in 2019:

- 373 **Level 3** (59.2%) criteria cases were activated in 2019
- 241 **Level 4** (38.3%) criteria cases were activated in 2019
- 16 **Level 5** (2.5%) criteria cases were activated in 2019

## RAMP Case Closures by DA Disposition Codes (LASD)

- 38 RAMP cases were closed with diversion away from criminal justice system despite reported criminal complaint filed with LASD
- 6 RAMP cases were closed with felony charges filed (co-investigation with DB)
- 6 RAMP cases were closed due to felony complaint filed by DA in each case.
- 3 RAMP cases were closed as early trial of Intake Booking Diversion (IBD) program pilot.
  - All three were originally felony cases
  - RAMP diverted these cases per 849(b)(5)PC
- 2 RAMP cases were “other diversion” (working with ODR, for example)
- 1 RAMP case was closed FIST – felony incompetent to stand trial
- 1 RAMP case was closed with misdemeanor charges (convicted)

## LASD RAMP Sub-Populations Served

- Approximately 10% of RAMP cases involved homeless individuals
- Approximately 11.5% of RAMP cases involved veterans (both honorably and dishonorably discharged)



## 2019 RAMP Data by Referral Type (Program Linkage)

The following linkages / results were reported during 2019, regarding each of 158 cases closed by the RAMP unit (does not factor cases that remained open into 2020):

<b>Qty of Cases</b>	<b>% of Closures</b>	<b>Referral to Program Type</b>
34	<b>21.5%</b>	Other Programs (private treatment programs, for example)
20	<b>12.7%</b>	Law Enforcement Program(s)
19	<b>12.0%</b>	Private MH Provider
12	<b>7.6%</b>	START (DMH School Program)
12	<b>7.6%</b>	County DMH Outpatient
12	<b>7.6%</b>	Contract DMH Outpatient Services
11	<b>7.0%</b>	AOT (DMH Advanced Outpatient)
10	<b>6.3%</b>	Regional Center
8	<b>5.1%</b>	DMH Full Service Partnership (FSP)
5	<b>3.2%</b>	Social Service Agency
4	<b>2.5%</b>	Drug/Alcohol Treatment
4	<b>2.5%</b>	Public Guardian
2	<b>1.3%</b>	Emergency Room
1	<b>0.6%</b>	School-Based Mental Health (Other than DMH START program)
1	<b>0.6%</b>	Shelter/Homeless Services
1	<b>0.6%</b>	DMH Whole Person Care (WPC)
1	<b>0.6%</b>	DCFS
1	<b>0.6%</b>	Mental Health Urgent Care



## RAMP 2019 Cases: Nature of Follow-Up (Level 4 & 5)

During 2019, LASD investigative actions for Level 4 & 5 cases were captured in journal entries just as station detectives track follow-up work on their cases. The majority of time on RAMP casework was conducting threat assessments and work in the field:

<b>Follow-Up Action(s)</b>	<b>% of Time Logged on Cases</b>
<b>Acknowledge and Reviewed Case (Foundation of Case)</b>	<b>4.6%</b>
<b>Action Item Assigned</b>	<b>0.8%</b>
<b>Administrative</b>	<b>1.8%</b>
<b>Assist Other Detective</b>	<b>0.4%</b>
<b>Assist Patrol</b>	<b>0.3%</b>
<b>Attend Training</b>	<b>1.0%</b>
<b>Case Closed / Closure Pkg</b>	<b>2.0%</b>
<b>Case Review Committee Mtg</b>	<b>2.0%</b>
<b>Committee Review</b>	<b>4.2%</b>
<b>Court Appearance</b>	<b>2.5%</b>
<b>Crime Analysis (Threat Assessment / Research)</b>	<b>31.3%</b>
<b>Database / Online Research</b>	<b>2.0%</b>
<b>DMH Lead Handling Time</b>	<b>3.8%</b>
<b>DMH Notification</b>	<b>0.3%</b>
<b>DMH Records Query</b>	<b>1.2%</b>
<b>Email to / from Involved Party</b>	<b>1.5%</b>
<b>Field Investigation</b>	<b>18.0%</b>
<b>Follow Up Directed by Committee</b>	<b>0.1%</b>
<b>Initiated New Case</b>	<b>0.6%</b>
<b>Interview</b>	<b>1.9%</b>
<b>Other</b>	<b>8.2%</b>
<b>Records Search</b>	<b>0.1%</b>
<b>Phone Call(s)</b>	<b>7.9%</b>
<b>Presentation</b>	<b>0.2%</b>
<b>RAMP Database Program Update(s)</b>	<b>0.3%</b>
<b>Search Warrant / Court Order Prep</b>	<b>0.2%</b>
<b>Supervisory Review</b>	<b>2.4%</b>
<b>Supplemental Report Writing</b>	<b>0.5%</b>



# RAMP Case Highlights for 2019

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## Working Well with Others (La Habra Police Department)

A referral to The Risk Assessment and Management Program (RAMP) was made in July of 2019 when a concerned wife walked into La Habra Police Department (PD) lobby (in Orange County) to report being in fear of her life. The woman informed La Habra PD that her spouse threatened to “slice” her throat, the throat of her children and then kill himself.

La Habra PD and Norwalk Sheriff Station personnel responded to the spouse’s business located in the city of Whittier. Upon arrival, two firearms, along with several fully loaded magazines, were located and confiscated per 8102 WIC. It was also discovered that the male that threatened his family was an Army Veteran. He was placed on a “hold” for 5150 WIC as a danger to himself and a danger to others.

RAMP investigators made contact with the Long Beach Veteran’s Administration Hospital and the mentally ill veteran was transported there instead of being incarcerated initially.

RAMP learned that the Army Veteran’s mental health had been deteriorating months prior to contacting La Habra PD. The veteran’s wife described her husband’s religious beliefs had become more rigid and concerning; he was acting more aggressive toward her. She stated for months he threatened to slit his family’s throat and flee to Pakistan. At times he would not allow her to speak. She did not initially report this behavior for fear of being killed.

The handling RAMP investigator learned that the Joint Regional Intelligence Center (JRIC) and the Federal Bureau of Investigations (FBI) had the Army Veteran listed as a person of interest. With the help from LBVA PD Veteran’s Mental Evaluation Team (VMET) the psychiatrist at LBVA Hospital was contacted to inform him of the increased threats of violence towards family in the hopes of possibly having his hold extended. Despite the increased threats, the treating psychiatrist ultimately chose to release him.



In order to keep the veteran's family safe, it was decided to have Long Beach VA Police Department officers arrest the man for child endangerment and criminal threats. The veteran bailed himself out of custody at La Habra PD a few days after. His wife obtained a restraining order and began the divorce process.

RAMP investigators, along with the LBVA, continued to monitor and remained in contact with the Army veteran. He remained compliant with his mental health treatment program and took the prescribed medication that helped stabilize his behaviors. He had neither missed an appointment with his therapist nor his psychiatrist. RAMP also learned that JRIC and the FBI no longer considered the Veteran a person of interest at the time his case was resolved.

## Finally Caught a Break

RAMP became involved with a young male that had no history of mental health treatment. He made threats to kill himself and law enforcement officers in mid-summer of 2019.

RAMP contacted the young male while he was at Exodus Urgent Care Center (UCC). He was linked to "Whole Person Care" with Department of Mental Health (DMH) and he obtained temporary housing upon discharge from the UCC.

A few days after the successful linkage and housing was provided, the young male was arrested by Carson Station deputies for burglary, robbery and carjacking. RAMP met with the male while in custody then met with the Compton Court District Attorney, Public Defender, and the DMH Court Liaison. RAMP advocated for diversion for the young male with all entities mentioned. The court was asked to please consider diversion into mental health treatment instead of incarceration due to the young male's recent mental health diagnosis.

Due to RAMP's objective of "Prevention before Punishment" and expert knowledge of the diversion process, the court chose to divert and link the young male to Didi Hersch Mental Health Center Full Service Partnership (FSP) for mental health treatment. He was provided housing, ancillary supportive services and ultimately the charges for the crimes he committed were dropped. Upon RAMP's last contact with the young man in October





2019, he remained in mental health treatment at Didi Hersch FSP and is still housed and doing well.

## World War III Diverted in the Hills

In the fall of 2019, a case was brought to the attention of RAMP when MET responded to Agoura Hills regarding a suicidal male. A Middle Eastern male sent a picture to his wife while he sat inside of a bathtub, bleeding from his head and asking her to bury him. Upon contacting his wife, she informed MET that her spouse had numerous high power firearms and ammunition. She also disclosed that her husband made threats to commit acts of mass violence, suicide by cop, and was fearful because he told her, "Muslims die before they kill themselves." The wife stated that increased illicit drug use was a factor in this situation.

MET personnel initially contacted the male; he had numerous cuts and deep lacerations on his face. He was placed on a hold for 5150 WIC and was transported to Olive View Medical Center in Sylmar. The male disclosed that he was part of a covert military group and gave details of how he facilitated tactical maneuvers with firearms and other deadly weapons. He was very delusional and stated that he was part of a military unit; he said he was going to seek retribution against his perceived enemies. He also stated that he made silent firearms and had several weapons at his home. A check for firearms was conducted and just one firearm was registered to him according to California and national databases.

RAMP was notified immediately and responded to Agoura Hills/Lost Hills Station (LHS) regarding this "Level 5" case. A MET deputy wrote a search warrant (8102 WIC) and it was served that evening. During the warrant service and search of the home, RAMP, together with MET personnel, recovered *numerous* assault rifles, semi-automatic pistols, two large tubs of ammunition, hundreds of combat and throwing knives, swords, archery bows and arrows, tactical/military grade body armor vests and helmets. During the search of the home, the male, while in the hospital, called his wife numerous times and threatened to kill her and take their children to Turkey.

The JRIC, FBI and our Major Crimes Bureau was notified of this weapons confiscation and took handle of this case. Upon discharge from the hospital, he was taken into



custody. His wife and children have remained safe and free from worry without the hundreds of weapons and ammunition that were removed from their home.

## Guardian Angels

In the summer of 2019, RAMP responded to a middle school in Norwalk when a female student struck the assistant principal with a hard cover book after being reprimanded for inappropriate behavior.

The female student made suicidal statements and was placed on a hold. RAMP learned that the student was a foster child who was overcome with the feeling of overwhelming sadness which caused her violent outbursts. Norwalk Station detectives indicated her case was sent directly to Probation Department. The RAMP investigator contacted Los Padrinos Juvenile Hall and advised staff of the student's mental health status and that RAMP was attempting an outreach.

Due to the advocacy efforts of RAMP, the student's criminal case was temporarily not filed. Continuous outreach and face to face contact was made with the female student at her new placement facility. Various de-escalation and grounding techniques were shared with the student for future use when she felt sadness or violent tendencies coming on. RAMP worked together with resources set in place by the foster care system and contact was made with every resource to ensure appropriate monitoring, care, and support for the female student.

In late summer, RAMP contacted the female student as she attended the first day of her new school. The female student was personally introduced to the School Resource Officer who opened his office and welcomed her there and told her the office was a safe place for her to go to throughout the school year. The female student was also linked to the school social worker who also agreed to check in with her regularly.

In early fall, Probation Department staff and the female student's school reported that she was doing well and displayed appropriate behavior. The female student's case was downgraded from a felony to a misdemeanor due to her good behavior. The only restitution required was some community service.



# Jail Diversion Initiatives

This section of the report provides details regarding the LA County Mental Evaluation Team continued emphasis on diverting those with mental illness away from the criminal justice system and into more proper community treatment programs and health care facilities whenever possible.



## MacArthur Foundation Grant Program

In 2018, the LASD MET unit was selected to receive a grant for \$50,000 from the MacArthur Foundation for the purpose of additional MET hours (overtime) to make it possible to divert more mentally ill patients away from the criminal justice system. The funds have lasted into the 2019 year and are expected to continue into 2020.

The grant award was put to good use in the North County where the funds and program are being managed by Sergeant Brandon Barclay. North County was selected based on this highest number of mentally ill patients encountered by MET in the four patrol divisions.

Since the inception of the grant in September of 2018, Sergeant Barclay reports an average of 15 crises handled each month using the MacArthur Grant overtime.

- 120 mentally ill patients have been assisted by MET using MacArthur Foundation funds.
- 66% of them were taken to the hospital on a psychiatric hold.
- 33-35% were considered mentally ill persons diverted away from the criminal justice system due to a minor criminal charge not being pursued in each case.
- 13 of the incidents were notable in that MET personnel involvement to de-escalate the patient in crisis reduced or entirely avoided a use of force.

A conference for jail reform and ethnic disparity discussion was held in Houston, Texas. MET personnel attended. In addition, a "Sequential Intercept Model" was discussed during a "meeting of the minds" in Los Angeles in March. Jail Population Management Bureau, The District Attorney's office, and MET were actively involved.



The above picture is another example of how MacArthur Grant overtime impacted a call. Using grant funds for overtime, MET deputies were able to persuade this suicidal parolee off of a bridge above the train tracks. The mentally ill man wanted his parolee switched to Long Beach office to better suit the rehabilitation of his life. After talking





him down from the bridge, MET deputies were able to work with state parole agents to avoid a similar crisis in the future.

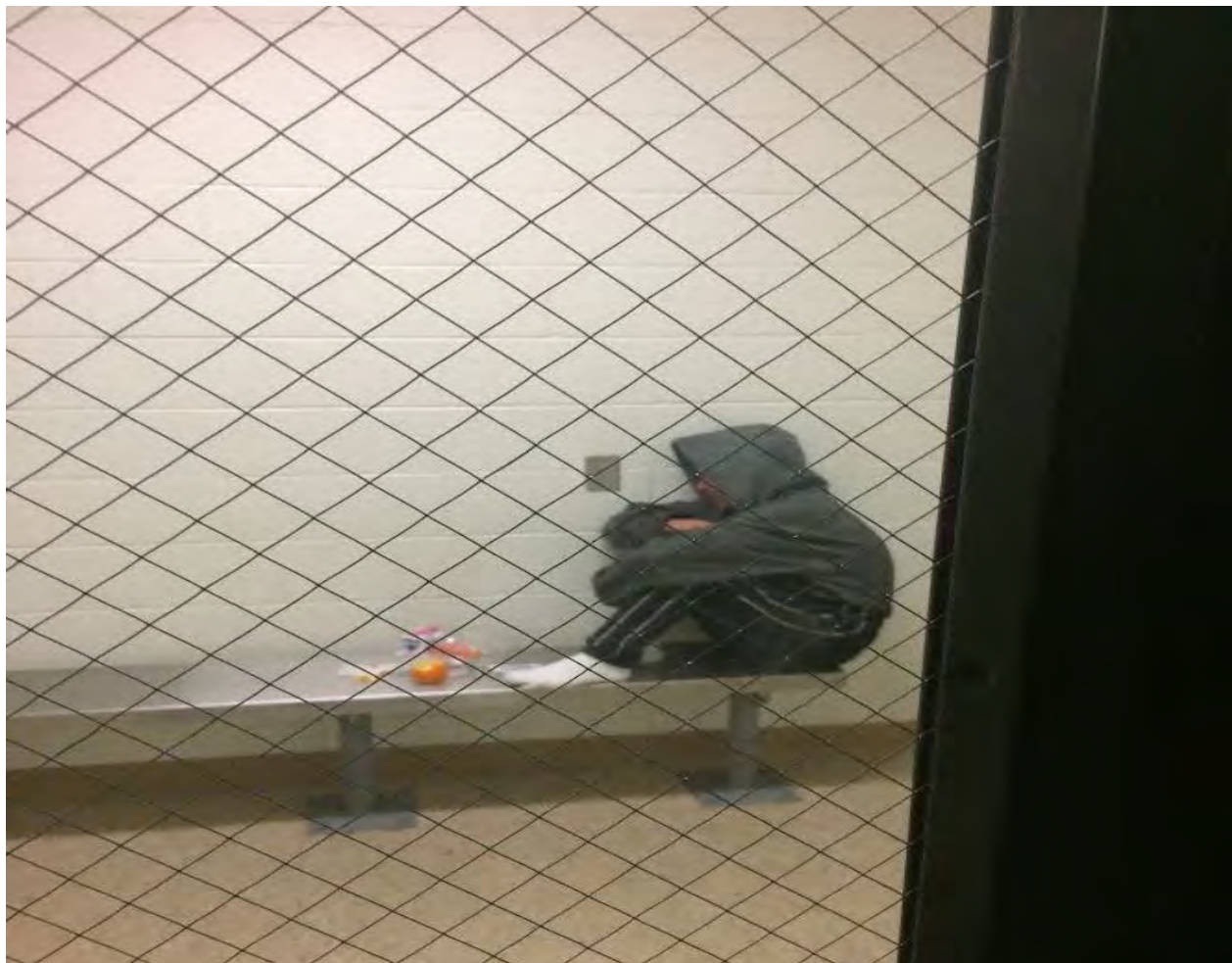


The picture to the left is a baby who was rescued from her mentally-ill mother after a standoff involving a woman barricaded with the infant in a parked van. The van did not belong to her and she could have gone to jail for vehicle burglary and child endangerment. MET intervention by added coverage funded by the MacArthur Grant assuredly prevented this woman from being unnecessarily incarcerated as she was more properly diverted to a mental health care facility. The child was safely transferred to the Department of Children and Family Services.



# Intake Booking Diversion Program

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*The new Intake Booking Diversion pilot program in Los Angeles County (2020) will help ensure MET is notified when mentally ill detainees arrive at station booking cages like the one shown above.*

The Los Angeles County Sheriff's Department (LASD), in collaboration with the Department of Mental Health (DMH), will be piloting a trial program in 2020 with the Center for Court Innovation to study the effectiveness of proactive MET interventions in an attempt to divert mentally ill arrestees away from the criminal justice system prior to or during early booking stages at a local station or court lock-up (Type-I) jail to prevent the arrestee(s) from being added to the current LA County jail population of inmates with mental illness - whenever possible.



Intervention may predominantly occur at one of four (4) predetermined intercept opportunities:

1. Prior to booking at the station
2. During the booking process at the station
3. After being initially booked at the station but *before* the Probable Cause Declaration has been signed (within 48-hours)
4. Upon rejection of the case filing by the District Attorney (at station or court lock-up)

To accomplish these goals and measure the potential impact of proactive diversion strategy to reduce the LA County jail mentally ill inmate population, six stations were selected in East Patrol Division (EPD) to participate with North Patrol being the next likely addition to the pilot if further workload is needed for the study. A grant-funded third party researcher will track and report study results for the next 1-3 years, as the program is expected to increase.

## IBD Pilot Overview

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The LASD “Arrestee Medical Screening Form” (SH-R-422) was revised in 2019 for implementation in 2020, which will now include mandatory notification to the MET Triage Help Desk whenever an arrestee has indicators of mental illness or cognitive impairment. Refer to [Appendix V](#) to view the changes made to revise the form that will soon be implemented.

When the MET Triage Desk is notified that an arrestee at a station booking site has self-reported or observable signs of mental illness or cognitive impairment, an initial triage case screening will be conducted over the phone. If the Triage Desk concludes the candidate may qualify for Intake Booking Diversion (IBD), the first available MET unit will be dispatched to the station booking site to meet the arresting officer/deputy and conduct an evaluation.

***Note: at some point in the future, the MET response could be expedited by use of tele-mental health (iPad technology) to help conduct the interview, if feasible.***





Both misdemeanor and felony defendants may be considered for mental health diversion. When deciding whether jail or a mental health treatment facility would be the most appropriate intake for the person with mental illness, the watch commander, arresting officer, handling detective and MET evaluation personnel will discuss the patient's apparent mental health condition, medical history, new/open charges, and appropriateness of mental health diversion vs. jail booking.

Considerations for Intake Booking Diversion<sup>22</sup> includes:

- The defendant suffers from a mental health condition<sup>23</sup> *other than* antisocial personality disorder, borderline personality disorder, or pedophilia;
- The defendant's mental disorder played a significant role in the commission of the charged offense<sup>24</sup>;
- In the opinion of a mental health professional or MET staff, the defendant would likely benefit from mental health treatment and/or may qualify for "hold" pursuant to §§ 5150 or 5585 WIC;<sup>25</sup>
- The defendant is cooperative and compliant with the suggested mental health treatment<sup>26</sup>; release for treatment pursuant to citation, § 849(b)(1) PC or § 849(b)(5) PC diversion [NO charges to ever be sought]; and
- The watch commander, DB, and involved mental health consultant are generally satisfied that if the defendant receives acute mental health treatment, he/she does not pose an unreasonable risk of danger to public safety.<sup>27</sup>

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<sup>22</sup> These conditions are not mandated in Penal Code but will likely be established to help guide staff in consideration of these factors.

<sup>23</sup> DMH can help with determining this with access to DMH database via LASD MET Triage Desk

<sup>24</sup> During case review, one may conclude this if the defendant showed symptoms of the disorder at or near the time of the alleged offense. Witness, victim, suspect, caretaker and/or family statements and past mental health treatment records may help provide evidence of this criteria.

<sup>25</sup> Accomplished by: 1) MET assessment / DMH clinician, 2) DMH or VA psychiatrist, 3) potentially use of tele-mental health screening option, 4) On-site assessment by DMH or DHS psychiatric staff (IRC).

<sup>26</sup> Charges may still be filed by DA at later time, if necessary (citation issued, letter filing, arrest warrant, etc.)

<sup>27</sup> Proposed treatment facility and degree of security available may be considered among other factors. Other consideration may include defendant's lawyer, qualified mental health expert opinion, severity of charges and criminal history (past history of violence).



- Given the nature and severity of the charges, coupled with above factors, the patient appears to be a reasonably good candidate for diversion; if diverted, assign case to RAMP for follow-up case management to ensure linkage.<sup>28</sup>

To restrict consideration of certain charges, additional exclusionary criteria will be imposed with some further adjustments to the protocol expected during the pilot:<sup>29</sup>

- A defendant may not be eligible if the detective handling anticipates charging patient with a felony punishable in California state prison.
- Mental health diversion would not be available in cases of certain specified felonies unless the DA's Office concurs with diversion. These would include felony violations of:
  - Vehicle Code 23153, DUI causing injury,
  - California's "manslaughter" laws,
  - Child pornography, and
  - California gun crimes.<sup>30</sup>

Intervention may predominantly occur at one of four (4) predetermined intercept opportunities:

- Prior to booking at the station
- During the booking process at the station
- After being initially booked at the station but *before* the Probable Cause Declaration has been signed (within 48-hours)
- Upon rejection of the case filing by the District Attorney (at station or court).

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<sup>28</sup> Refer to flow chart for process overview. RAMP monitors case for a minimum of 45 days to ensure linkage.

<sup>29</sup> Two items removed after discussion with Office of Diversion & Re-Entry: Vehicle Code 10851, "joyriding" and some "drug crimes" *may* qualify for diversion (generally qualifies for diversion in other programs). W/C and/or handling detective's discretion.

<sup>30</sup> Seek consultation with local filing DA.



To accomplish these goals and measure the potential impact of proactive diversion strategy to reduce the LA County jail mentally ill inmate population, six stations were selected in East Patrol Division (EPD) to participate as an active participants follows:

- Industry Station
- Walnut Station
- Altadena Station

In order to measure and compare similar sized stations to the above stations selected to participate, three EPD stations were selected as controls for comparative purposes only. These stations will not actively participate in IBD, but the data metrics will be collected and studies as part of this pilot:

- Temple Station (control for Industry Station)
- San Dimas Station (control for Walnut Station)
- Crescenta Valley Station (control for Altadena Station)

Periodically, data will be gathered regarding new bookings particularly involving arrestees with mental health conditions reported prior to or during the booking process using the Department Medical Screening form. This may involve the manual or electronic gathering of booking records at each of the six stations as deemed necessary during the pilot to gather the most accurate data for study and comparison.

In the event that insufficient volume of data is collected at the above stations, then the trial will be expanded to include the following as an active participant:

- Lancaster Station

And, the following station would be added as a control measure:

- Palmdale Station (control for Lancaster Station)

In further study and evaluation is needed and additional stations are necessary to expand the trial, the next logical choice would be South Patrol Division based on the increasing number of seriously mentally ill patients presenting in that region, coupled with the ability to add comparable control stations within the same Division as those participating in the trial (Lakewood vs. Norwalk, Cerritos vs. Lomita, etc.).



## Research Partner

The US Department of Justice, Office of Justice Program at the National Institute of Justice, selected this pilot program for a grant fund issued to the Center for Court Innovation wherein, the Center for Court Innovation will be the primary third-party reviewer of all data metrics and program results for purpose of academic study and sharing the learned body of knowledge through the Office of Justice Program at the National Institute of Justice.

The grant is intended to primarily fund the researcher's expenses to conduct this study. However, there are provisions for some amount of funding (to be determined) to address program expenses for data capture, retrieval of records, research, reporting to the researcher and handling of IBD cases. An appropriate MOU is being sought to address the commitments for both the Sheriff's Department and the research partner for purposes of successfully executing and managing this grant and the IBD program.

A copy of the research grant award by the Office of Justice Program at the National Institute of Justice is attached to this pilot program summary report.

## Pilot Program Term

This pilot program will be in effect during 2020 with options to extend the research up to three (3) years. This trial may be expanded, contracted and/or extended depending on results and determinations made by reviewing and evaluating program data during the pilot. Consideration of the availability of Department resources to continue or change the pilot shall be addressed when making recommendations that impact the term or scope of this pilot program.

Recommendations for changes, expansion, and/or extension of the pilot will be made by the program manager in each monthly recap/report. The ultimate determination will be made by the Administrative Oversight and Leadership team with Chief Jordan having override authority, if needed.

## Metrics

The program management team will meet with the participating researchers in early 2020 to determine the data metrics necessary for the successful implementation of this



pilot program. MET has already made adjustments to the Triage Desk database to ensure collection of all known or perceived key metrics that may be of interest to researches, Department executives and other stakeholders who will later review results of this pilot program.

## Veterans Risk Assessment & Management Program

The newly revised booking medical health screening form will capture US military veteran status claimed by arrestees during the booking process (begins in January 2020). Such cases reported to the Triage Desk involving mentally ill veterans will be reviewed by the MET VA liaison, for potential consideration of diversion attempt – regardless of the station making the arrest. A determination will be made as to the validity of the veteran status, eligible mental health benefits at the VA, and follow-up will be coordinated by MET for confirmed veterans who may be potential candidates for diversion away from the criminal justice system if the arresting station/agency detective bureau concurs.

The follow-up actions regarding veterans with mental illness will be considered a sub-population being studied in conjunction with implementation of this pilot program. This aspect of the pilot will be referred to as the Veterans Risk Assessment & Management Program (VRAMP). In collaboration with the VA, the VRAMP goal is to divert mentally ill veterans away from the booking into LA County jails where treatment and services may be more appropriately administered by the VA.

These cases will require intense case management and tracking for program compliance as part of the VRAMP program, involving aspects of both the LASD Risk Assessment & Management Program (RAMP) team in coordination with the VA Veterans Mental Evaluation Teams (VMET).

The VRAMP trial will be considered an adjunct to the pilot for Intake Booking Diversion and reported as such in future program research, studies, and reporting metrics.

For veterans with mental illness who are successfully diverted from LA County jails during this pilot program, Sergeant Bojorquez will help initiate the contact and arrange necessary resources with the VA. Once the case has been accepted by the VA, the *ongoing* case management and follow-up monitoring and reporting shall transition to RAMP. If the VA will not assist with the veterans' ongoing needs for mental health care,



then the case will default to LASD RAMP team and will be handled as a non-VRAMP case at appropriate Level 2-5, as determined during case screening.

The transition phase from the MET VA liaison's initial efforts in conjunction with the VA shall be documented clearly in the patient's case journal to include date/time and all actions taken prior to transitioning the case to RAMP.

The case shall continue to be referred to as "VRAMP" when differentiating the non-veteran caseload at RAMP versus those cases being managed that do involve confirmed veterans.

## Procedural Changes and Guidelines for IBD Pilot Program

To ensure that all bookings involving a person self-reporting or observed to have behavioral health concerns (mental illness, observed cognitive impairment, self-declared or apparent developmental disability) the Department's "Arrestee Medical Screening Form" (SH-R-422) was necessarily changed in December of 2019. The new form (attached) will be utilized at all Sheriff Station Countywide starting in the first half of 2020.

This new form should expectedly trigger mandated notifications to the MET Triage Desk for all persons being booked who self-report or appear to have mental illness, observed cognitive impairment, self-declared or apparent developmental disability. Capturing this data by Triage Desk will allow MET and researchers involved in this pilot program to better study and understand the actual number of arrestees entering the LA County jail system via station Type-I jails who may have been potentially eligible for Intake Booking Diversion consideration if the Department had sufficient resources at the MET to handle the volume of added calls and responses to stations to conduct mental health evaluations daily.

As a means of checks and balances, station jailers who review the booking packages will check to verify the arresting officer/deputy has made notification to the MET Triage Desk and obtained a MET Case No. which will then be documented on the SH-R-422 form. Any agency booking at a participating station jail shall be subject to this requirement regardless whether a member of LASD, CHP or another outside agency. Therefore, the Pilot Program Manager shall ensure this program overview is briefed to



school police departments, other local police agencies and CHP stations who regularly book at the designated participating jails.

The MET unit will retool its database to handle the additional data collection needed and expected to begin January 1, 2020. If the call volume to the Triage Desk causes congestion, an alternative procedure is being developed to allow the booking officer/deputy to make verbal notification about the arrest over the phone, then send a copy of the booking information to the Triage Desk via fax or email and the Triage Desk will enter that information where there is available downtime at the desk.

## Anticipated Impact Upon MET and RAMP Operations

If the IBD process proves successful in helping the Department to screen mentally ill arrestees for diversion away from the criminal justice system with treatment instead by community mental health providers, the pilot could be expanded to eventually include all stations and court lock-ups Countywide (including city jails). It is yet unclear what the impact will be upon the MET; however, the following impacts *could* result from implementation of the IBD Countywide:

- Significant increase in call volume to the Triage Desk
- Additional staffing may eventually be required to help with the added workload.
- Significant increase in intense case management demands upon the RAMP investigators.
- Additional RAMP personnel may eventually be required to help with workload.
- The program could theoretically be expanded to require municipal police departments to conduct IBD assessments of their arrestees, where the designated criteria is met.
- LASD MET could potentially be expanded to allow coverage 24-hours, 7-days per week, to respond and assess arrestees at both LASD *and* non-LASD "Type-I" jails.

## IBD Process Work Flow Chart

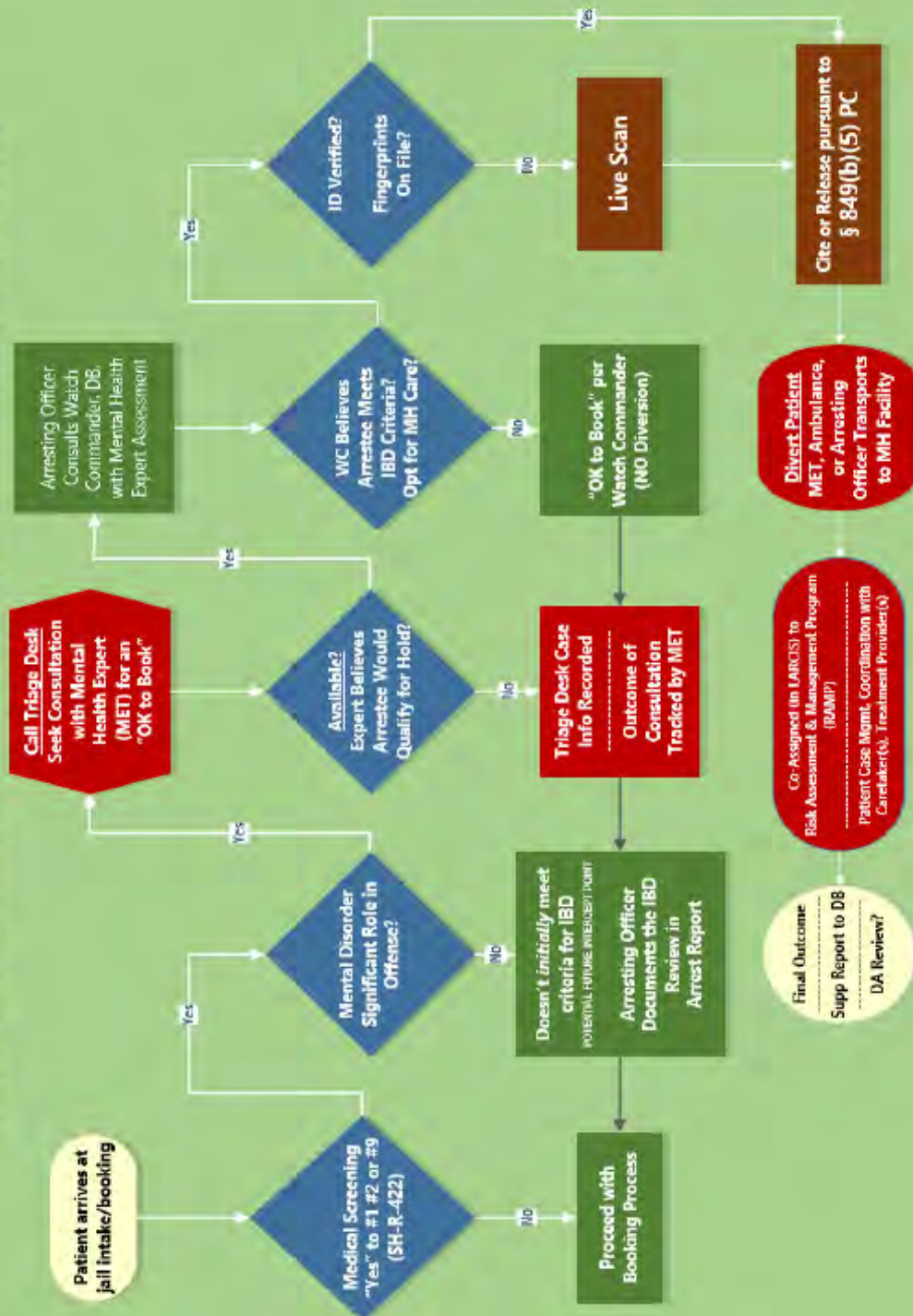
The flow chart on the following page demonstrates how the IBD process will work in practice – triggered by the detention of an arrestee with suspected mental illness or cognitive impairment.





# Mentally Ill Defendant Intake Booking Diversion (IBD)

REV 4/3/19 – LT. JOHN GANNON (MENTAL EVALUATION TEAM / RISK ASSESSMENT & MANAGEMENT PROGRAM)



Intake Booking Diversion (IBD) Process Flow Chart (FY 2019-20)





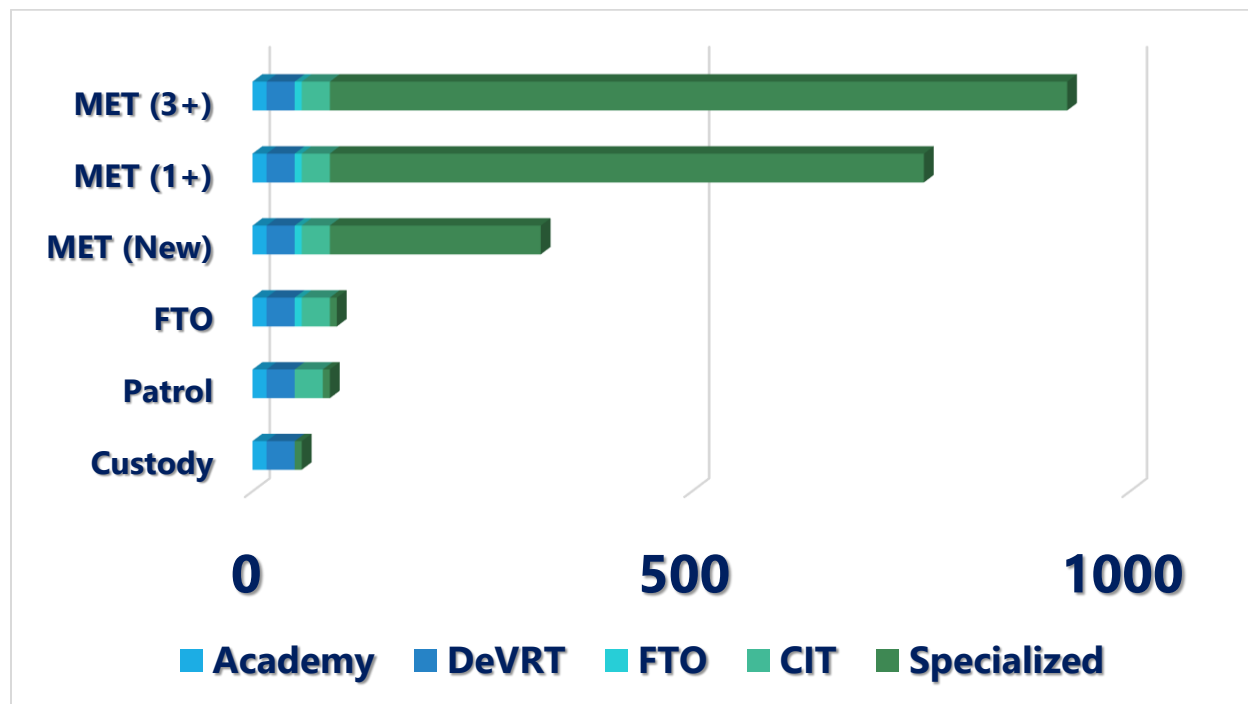
# Mental Health Training



*Cadre of MET personnel certified to teach MILO simulator training exercises to first responders.*



# Specialized Training for MET



The chart above visually depicts the level of training and expertise that is gained by a typical MET deputy during their first three years assigned to the unit. The numbers shown reflect number of hours attending specialized and experiential training. This is compared and contrasted to an average deputy in custody and patrol (which *exceeds* California mandates for law enforcement).

The level of mental health training provided by the Los Angeles County Sheriff's Department meets or, in most cases, exceeds the minimum required training for law enforcement officers in California. We sometimes refer to the MET as being a "Mental Health SWAT Team" equivalency.

As of 2019, there were no state-mandates for the minimum prescribed training for MET field personnel. As such, the MET internal training program seeks to find and send MET personnel to nationally recognized training courses, conferences and other learning opportunities to obtain vast in-depth expertise from providers who specialize in services for the mentally ill, the cognitively impaired, and their caretakers.

In addition, MET develops new innovative curriculum when there is a clear need to expand our knowledge base or to address perceived gaps in training. An example is the "Veterans Cultural Awareness" and PTSD three part curriculum that the MET worked with Secure Measures LLC to



develop in 2019. This new beginning, intermediate and advanced level training program will likely be well-attended by other Departments and agencies' personnel, as well as up to 5,300 LASD patrol personnel in the years ahead.

## Mentoring Program for MET Deputies

Deputies entering the Mental Evaluation Team are met with an abundance of minimum training requirements for completion during their first year in the unit of assignment.

### YEAR 1 GOALS FOR MET DEPUTY TRAINING

- 200 hours Field work with mentor
- 160 hours Field work being shadowed by mentor (partner with clinician)
- 32 hours LASD Field Operations Crisis Intervention Skills (F.O.C.I.S.) *formally C.I.T.*
- 40 hours Crisis Negotiation Team (CNT) Basic [ MET Unit Order 2.6]
- 20 hours Transit Mental Health Training [MET Unit Order 2.7]
- 20 hours Jail Mental Evaluation Training (JMET) Training [MET Unit Order 2.7]
- 10 hours Homeless Outreach Training w/ CPB H.O.S.T.
- 4 hours Mental Health Court Training at Department 95
- 4 hours Mental Evaluation Team Unit Orders Overview
- 4 hours Field Operations Directives (FOD) 16-003 & LASD Manual of Policies & Procedures
- 8 hours RCPI: Mental Health Update [MET Unit Order 2.7]
- 8 hours RCPI: MH DVD, de-escalation simulator and autism awareness [MET Unit Order 2.7]
- 6 hours Stepping In Conference
- 6 hours MILES Conference
- 20 hours Crisis Prevention Institute (CPI) "Train-the-Trainer"
- 30 hours Advanced De-Escalation to a National Standard "Train-the-Trainer"
- 10 hours Veterans Affairs- Advanced Level Class on Military Culture and PTSD
- **582 hours of formal training during the first year assigned to the Mental Evaluation Team.**
- **1, 190 minimum hours of MET Experience (field work & engagement) during 1<sup>st</sup> year**
- **1,772 minimum hours of MET formal training and experience by the end of the 1st year (milestone)**



### YEAR 2 GOALS FOR MET DEPUTY TRAINING

- 32 hours Mental Health Intervention Training (MHIT)
- 24 hours Crisis Negotiation Team (CNT) Advanced
- 56 minimum hours of formal training during 2<sup>nd</sup> year
- **638 minimum hours of formal mental health training by the end of the 2<sup>nd</sup> year (milestone)**
- **1,716+ hours of MET Experience (field work & engagement) during 2<sup>nd</sup> year**
- **3,488+ hours of training & experience by the end of the 2<sup>nd</sup> year (milestone)**

### YEAR 3 GOALS FOR MET DEPUTY TRAINING

- 8 hours Mental Health First Aid for Public Safety (National Council for Behavioral Health) or comparable
- 16 hours CNT Team Leader Training
- 40 hours specialization mental health sub-topic(s) training
- 64 minimum hours of formal training during 3<sup>rd</sup> year
- **702 minimum hours of formal mental health training by the end of 3<sup>rd</sup> year (milestone)**
- **1,708+ hours of MET experience (field work & engagement) during 3<sup>rd</sup> year**
- **5,260+ hours of training & experience by the end of 3<sup>rd</sup> year (milestone)**

### RISK ASSESSMENT & MANAGEMENT PROGRAM (RAMP)

- 160 hours RAMP work directly supervised by mentor
- 32 hours Advanced Threat Assessment Program (ATAP)[LAPD-hosted conference]
- 24 hours Case Management – Basic
- 16 hours Search Warrant Certification
- 8 hours POALAC Counterterrorism Symposium
- **240+ hours of RAMP-related training in addition to the above MET requirements. RAMP focuses on intense case management, threat analysis and interdictions, and liaison work with other investigators.**



# Mental Health Training for Patrol

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This section of the report provides details regarding the mental health training programs provided by the LA County Mental Evaluations Teams with emphasis on patrol personnel.





## Overview of Training Program

The Mental Evaluation Teams (MET) are associated with five noteworthy training programs, which are interrelated. In 2019, the Crisis Intervention Training (CIT) training group merged into the MET, so now all mental health crises response and de-escalation training is centrally managed by MET for the entire Department.

MET also conducted various trainings for deputies and other law enforcement personnel utilizing the Milo simulation, where all participants practiced interviewing and de-escalation strategies using realistic training scenarios projected in a specially outfitted digital training simulator. Use of the simulator allows electronic detection of participants' commands and their reactions to difficult subjects suffering a mental illness. Verbal de-escalation skills are practiced along with judgement about when to utilize less-lethal versus deadly force for self-defense.

## Patrol School

Starting in 2018, the LASD MET began teaching 2-hour training sessions at every "Patrol School" class for custody deputies transferring to patrol assignments. This training starts the patrol deputies off with the right mindset for handling crises in their new assignments. Hands-on teaching methods and first-person demonstrations were well-received by students in these classes.

## Crisis Intervention Training (CIT)

Crisis Intervention Training (CIT) program and training stems from a study later referred to nationally as the "Memphis Model." CIT is a registered trademark of CIT International, Incorporated. Agencies who wish to implement the CIT program and training are supposed to adhere to very specific guidelines about how to structure the CIT program and the training curriculum.

LAPD piloted the CIT program and training in 2003. CIT was discontinued by LAPD in 2004 in favor of an in-house version of mental health training for patrol officers. In 2014, the LAPD revamped their program and established the current "MHIT" (Mental



Health Intervention Training) program.<sup>31</sup> All LAPD training is overseen by their Mental Evaluation Unit, comparable to the LASD MET, which is recognized as a “best practice” nationally by the Department of Justice.

The District Attorney’s Office fulfills the need for law enforcement mental health crisis training for agencies that do not otherwise have their own training program, such as the LAPD MHIT. The District Attorney’s Criminal Justice Institute focuses on 45 municipal police agencies to provide 16-hour trainings twice a month throughout the county.<sup>32</sup>

In 2015, LASD studied the CIT program and opted not to implement that model; a *different* training program was developed in late 2016. Approximately 20% of patrol deputies<sup>33</sup> have attended the 32-hour training program since implementation in 2017.

The inclusion of “CIT” in the class titling may be inappropriate since the LASD *does not* closely follow the CIT International, Inc. guidelines. Therefore, the Mental Evaluation Team suggests re-naming the current class so that it does not purport to follow the CIT International model involving their core elements.<sup>34</sup>

## Field Operations Crisis Intervention Skills (FOCIS)

The original proposed name for the LASD CIT training program was “Field Operations Crisis Intervention Skills” (FOCIS) training, which was proposed by the Psychological Services Bureau Director. During 2019, the program was retitled to reduce confusion about LASD 32-hour curriculum and program versus the 40-hour CIT curriculum and program under the registered trademark for CIT International, Inc.

By the end of 2019, nearly 1,700 patrol personnel had been trained in the CIT/FOCIS curriculum. Feedback from participants in the courses indicate this is one of the best experiences in training for many attendees. It was consistently reported as one of the most meaningful training courses to address today’s contemporary policing needs.

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<sup>31</sup> Bureau of Justice Assistance US Department of Justice, November 2018 Bulletin, at the following URL: <https://csgjusticecenter.org/wp-content/uploads/2019/01/MEU-Program-Outline-Nov-2018.pdf>

<sup>32</sup> LA County District Attorney’s Office Website, July 3, 2017, at the following URL: <http://da.lacounty.gov/inside-LADA/mental-health-training-for-first-responders>

<sup>33</sup> Approximately 1,100 patrol deputies trained as of March 2019 (Sgt. Eric Ehrhorn, CIT Instructor)

<sup>34</sup> Refer to CIT International URL: <http://www.citinternational.org/resources/Documents/CoreElements.pdf>





## Training on Developmental Disabilities



*Photo at the conclusion of one of the classes provided by Autism Interaction Solutions in 2019*

The Mental Evaluation Team expanded offerings of the 1-day (8 hour) training classes which includes invaluable training from "[Autism Interaction Solutions](#)" (Kate Movius), where deputy, officer and clinician attendees participate and view [exercises to simulate the daily challenges](#) of those with developmentally disabilities. Participants learn to recognize some key signs and symptoms associated with patients in crises who present in the field with developmental disabilities. Children and adults with autism interact with deputies and officers during this class to enhance their understanding about Autism and the broad range of the Autism spectrum.





## LA Found Mobile Training Simulator



As part of an ongoing collaboration with the Department of Workforce Development, Aging and Community Services (WDACS), MET was able to procure and customize a new trailer into a state of the art mobile MILO training trailer. This will allow MET personnel to travel to various police/ sheriff's stations Countywide and provide experiential "in-service" training opportunities for first responders to improve their future interactions with the cognitively impaired. In addition, the collaboration involving WDACS and spearheaded by Supervisor Hahn (4<sup>th</sup> District) seeks to provide EMS (ambulance) and emergency room staffs with customized experiential training opportunities which are being uniquely designed with realistic scenarios they too might encounter.



# MET Community Outreach



*MET Sergeant Gabriela Ververa, Cinthie Lopez-Paz (WDACS) and Training Sergeant Kevin Tiwari at Grand Park Event promoting the "LA Found" program*



# Community Engagement in 2019

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As in 2018 the MET community outreach focus was to ensure our stakeholders were better aware of our services and the revolutionary work we are doing in mental health policing. MET staff participated in a record breaking 28 community events to include display tables at events/conferences speaking engagements and presentations. Listed below are the events we participated in last year:

1. Feb, 28, display table at African American Mental Illness Conference, DTLA (Deputy Mills attended).
2. Feb 28, display table at Santa Clarita Town Hall Meeting.
3. Mar 2, Veteran's Administration representatives and MET personnel attended the American Legion Gala Event at "Theatre Ace Hotel" Los Angeles. Other departmental members attended and MET was invited because of our collaborative programs with the Veterans Administration.
4. Apr 3, MET personnel did a presentation for Los Angeles area consulates at the Hall of Justice.
5. April 24, display table at "Stepping in Mental Health" conference at the Double Tree Hotel, Norwalk, CA.
6. April 30, display table at Civilian Oversight Commission Town Hall Meeting, Carson CA.
7. May 23, MET personnel participated as a panel member in the Department of Mental Health "We Rise" community event.
8. May 28, MET personnel participated as a panel member during Hispanic Mental Health conference, Los Angeles.
9. May 29, display table at Moral Pathways to Recovery Conference, USC
10. June 8, MET personnel assisted at Special Olympics, CSULB
11. July 25- 26, MET personnel did a presentation in New York for NYPD and Veterans Administration about our joint VMET pilot program (with the VA).





12. July 30, MET and DMH personnel did presentation for West Hollywood City Council regarding MET programs and growth.
13. Aug 1, MET/CIT(FOCIS) did presentation for British and Canadian consulates at West Covina office. New MET vehicles displayed.
14. Aug 28, 2<sup>nd</sup> District Board of Supervisor Justice Deputy (Newell) visited MET, presentations on Triage desk operations, MILO simulator and participated on a ride-along.
15. Sept 1, MET display table at L.A County Fair with WDACS (shown below).



*MET and WDACS staff with Supervisor Barger (5<sup>th</sup>) at the 2019 Los Angeles County Fair*

16. Sept 13, MET personnel did presentation on VMET program for San Diego law enforcement agencies (MET was seen as a model to emulate).



17. Sept 15, display table at LAPD "We Walk Together" suicide prevention walk, Elysian Park. MET and VMET staff recognized by National Organization for Suicide Prevention for suicide prevention work among veteran community.
18. Sept 20 thru 22, MET displayed a booth at the African American Alzheimer Association event, Grand Park, LA (shown below):



*"LA Found" display at African American Alzheimer Association event, Grand Park in LA*

19. Oct 19, MET did a presentation for National Association of Public Administrators conference at Hall of Justice on MET capabilities, MILO simulator.
20. Oct 21, 22, MET hosted department wide Mindfulness and Resiliency Course, taught by Government Training Center a San Diego based law enforcement training agency. 25 students to include LASD personnel participated in the wellness course.



- 21. Oct 24, MET display booth at Mental Illness and Law Enforcement Systems (MILES) conference in San Gabriel, hosted by Pacific Clinics.
- 22. Oct 29, personnel from San Diego Behavioral Health toured MET Triage desk and viewed our operations.
- 23. Oct 30, Board of Supervisor's representatives visited MET, received presentation on Triage Desk operations and MILO demonstration (Kyla Coates, Anna Houasapian).
- 24. Nov 7, display booth at Health and Safety Expo, Alhambra CA.
- 25. Nov 16, display booth, MILO trailer demonstration, panel discussion at Civilian Oversight Commission "Community Policing" conference (Sergeants Briz and Tiwari shown participating in the photos below).



- 26. Nov 19, MET personnel participated in Russian foreign delegate briefings on "Community Policing Programs" in LA.
- 27. Dec 3, MET personnel did presentation for civic leader and governmental agencies of Malibu, Lost Hills, Agoura, Calabasas, in Malibu CA.
- 28. Dec 8, display booth set up at Malibu Emergency Preparedness Expo.





# The Impact of Social Media

## Sharing About the MET

2019 marked another banner year in the sharing of the MET program and services utilizing our social media platforms and other media outlets. At year's end, MET had reached over 700 followers on Twitter and nearly 200 on the newly created Instagram page. The social media postings helped educate our stakeholders (BOS, Civilian Oversight Commission, Office of Diversion and Re-Entry, DMH, LASD, other law enforcement agencies, NAMI, caretakers, families and other interested parties) about the importance of our mental health crisis co-response team and gave viewers of periodic glimpse of how we served our local communities.



**LASD MET (Mental Evaluation Team) @LasdMET** · Jan 29  
MET portable Multiple Interactive Learning Objectives simulator roadshow in full effect in @PRVLASD. Briefings on Use of Force, AB392 #Deescalation #lawenforcementtraining #mentalhealthpolicing #lasdcares



*Example of a recent posting on LASD MET Twitter account*



Viewers on our social media platforms can truly see and experience multiple aspects of our daily duties from administrative meetings, training, personal stories and some of the more intense situations personnel encountered in the field.

## News Media Coverage in 2019

On September 9, 2019, Emmy award winning NBC4 journalist Lolita Lopez aired a three minute expose<sup>35</sup> about the MET unit and the new patient-centric cars that were funded by the Board of Supervisors and deployed by the MET in 2019. This comprehensive coverage discussed impressive statistics and how the mental health call volume to handle crises has been significantly increasing. The LASD and DMH collaborative was highlighted to help the public learn about our co-response model and role.



*MET Lieutenant John Gannon being interviewed by Lolita Lopez (NBC4)*

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<sup>35</sup> <https://www.nbclosangeles.com/on-air/more-sheriff-s-mental-evaluation-teams-to-hit-streets-los-angeles-2/1965261/>





## Media Coverage for First Anniversary of LA Found Program

MET's collaborative effort with WDACS, Supervisor Janice Hahn and Supervisor Kathryn Barger's office for the "LA Found" Program was highlighted by KCAL Channel 9 in a September 6<sup>th</sup> media story (shown at right).

September marked the one year anniversary of Los Angeles County participation in the "LA Found" program.

Last year MET participated in over 25 searches. This expose highlighted our efforts with not only the above agencies but MET's participation with our Aero Bureau (helicopter support) and San Dimas Search and Rescue Team.

MET plans to continue its upward trend of using existing media platforms to show the community and our stakeholders the great collaborative team efforts.

In 2020, there is interest from a documentary producer to potentially film a documentary focusing on our collaborations in support of Veteran's mental health needs in the County of Los Angeles.



## Community Liaisons

The LASD MET unit does not have dedicated liaisons for community outreach as there is a greater need to still fill the minimal needed (60-64) co-response teams before staffing a nonessential position can be considered. The MET relies on sergeants acting as patrol liaisons with each patrol division on a collateral basis.

MET deputies chaired meetings with Antelope Valley mental health stakeholders, shown below.



# Helping Veterans in Crisis

This section of the report details the innovative and groundbreaking work in providing mental health crises services to veterans in the County of Los Angeles.



# Needs of Local Veterans

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In 2019, the LASD MET responded to 71 crises involving our nation's veterans. The LASD MET unit has been leading and encouraging new ideas and innovation to enhance mental health crises services and responses to mitigate crises Countywide that involve military veterans. This section provides a brief overview of some key initiatives that MET is currently piloting and/or helping to expand services.



## Veterans Mental Evaluation Teams (VMET)

The LASD MET unit worked closely with the Department of Veterans Affairs and federal police officers to develop new protocol and procedures for improved responses to help veterans in crises Countywide. A pilot program began in September of 2018, which is referred to as the Veterans Mental Evaluation Team (VMET). VMET mirrored the success of LASD MET by partnering a licensed clinical social worker with a sworn peace officer to co-respond together to crises when called upon by law enforcement agencies.

Today, the LASD MET Triage Desk deploys a MET unit and automatically notifies the VMET when a 911-level calls is received regarding a veteran with PTSD in crisis. The VMET personnel generally call and coordinate with the responding LASD MET unit to either arrive together at the location or to arrive shortly after the MET unit is on scene to assist with de-escalation. They are equipped with lights and siren and able to respond to emergency crisis situations more quickly, when needed.

There are three significant advantages to this approach of co-responding with the VMET to help veterans in crises. First, the VMET staff are veterans themselves. They know the unique language and culture of all military branches, which is a huge help in reducing the time required to gain a veteran's trust and develop rapport more quickly on scene.



That is vitally important to help overcome their crisis. They are able to connect with veterans in a personal way that non-veterans likely cannot understand.

Second, the VMET personnel are experts in navigating the Department of Veterans Affairs (VA). As employees who work at the hospitals when they are not in the field, the VMET staff knows the treatment providers and resources available to veterans at the VA. As such, they are able to have conversations with veterans in crises about how they can help them navigate the processes and programs at the VA to get specific treatment and follow-up help if they cooperate and allow VMET and LASD MET to help them. Then, the VMET acts as a navigator to provide veterans with linkage to programs that help them and their families through very difficult circumstances.

Third, when VMET is involved, quite often the transportation and hospitalization phase of getting the veteran to the VA is either handled entirely or partially by the VMET. The wait times at VA hospitals, if LASD MET needs to transport, is nearly nothing when VMET is involved. They help coordinate a “warm handoff” of the patient from the field team to the VA police officers at the VA. Nearly all Veterans prefer being taken to the VA and by doing so, it frees up a County hospital bed and puts the LASD MET team back in service more quickly. This collaboration, in effect, is a force multiplier for the MET when VMET assists in resolving the situation.

Finally, the VMET is able to proactively provide outreach to help veterans who are in danger of slipping into a state of mind where another crisis call to 911 would likely occur. The VMET proactively follows up on their cases to talk to treatment providers and veterans about their ongoing care. When psychiatrists learn that a critical mental health patient has missed appointments, the patient is added to a list of home visits and outreach conducted daily by the VMET. This helps prevent regression by the same veterans and demonstrates too many veterans (often to their astonishment) how the VA cares enough about their well-being that they send the VMET to check on them and get them to re-engage in treatment. This approach is often in collaboration with LASD RAMP personnel for the more difficult (high risk) cases.

The program has helped over 300 veterans in the past nine months – and counting. Since its inception, the VMET is now supporting LAPD MEU and other agency MET units. There are many other jurisdictions outside of California taking notice of the VMET / MET



collaboration. This concept can be replicated in most jurisdictions with minor modifications to our proven-effective collaboration strategy.

According to the VA and SAMHSA, there are 20-22 veterans per day dying by suicide. 14 of those who die daily had not been receiving recent services from the VA.

The Secretary of the VA has made this concern the highest priority for the VA to support those with suicidal ideations and change their trajectory and ensure they get the VA help they need to prevent another suicide. As such, the VMET collaboration was timely and remains directly applicable to helping the VA reach this very vulnerable population at the earliest possible intercept point, when a family member or caretaker calls 911 for help. Having the VMET available to help our crisis so-response teams is a best practice nationwide that will continue to garner more attention of the exceptional work being done to help veterans in Los Angeles County.

## Veterans Affairs Mental Health Liaison

In late 2018, Sergeant Bojorquez assumed the collateral duty as our liaison supervisor between MET and all entities serving the mental health needs of veterans and support for their families and caretakers. He has also assumed the lead role to represent the LASD MET in the ongoing initiative referred to as the "Mayor's Challenge to End Veterans' Suicides" in Los Angeles County – sponsored by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>36</sup>

The LASD MET has been an instrumental member of the initiative to help improve the support system for veterans in their families in Los Angeles County, while also focusing on improved outreach collaborations for multi-agency responses to veterans with PTSD during a crisis.

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<sup>36</sup> Refer to SAMHSA URL <https://www.samhsa.gov/newsroom/press-announcements/201802200200>



## Special Project: Veterans Training

Some of the main goals for MET is to co-respond to calls with a Department of Mental Health clinician, reduce the incidents of force, prevent the use of deadly force if possible, and to effect the outcome of a call with peaceful means.

To accomplish the above with any measure of success, our deputies have to undergo a minimum of 730 hours of training related to mental health, in addition to the mandated risk management and policy update training. Our deputies are trained at the highest levels in order to provide the absolute best service to the people of Los Angeles County.

Even with all this training, many of our staff lacked the understanding of veteran culture and how we as law enforcement can better interact with veterans in crises. This concept caught the attention of the governing body responsible for all training for peace officers in the state of California. Peace Officers Standards and Training (POST) recently certified a class developed by Chief Weiner, retired VAPD, of Secure Measures L.L.C. and Sergeant Richard Bojorquez of MET.

Real world incidents involving veterans showed there was a need for military culture awareness training for law enforcement. The training developed in 2019 provides for a full background about all the branches of military service, provides tools for dealing with veterans in various crises situations, emphasizes the need to slow down and take one's time, and employ some unique tactics not related to the average civilian in crisis. This new training highlights the risks involved with dealing with a veteran who is highly skilled in combat and proven in battle. The class increases awareness on a level not yet explored by any law enforcement agency prior to 2019. Based on early feedback from deputy personnel, the training has provided them with effective strategies and considerations to help improve their future engagements with veterans in the hopes of



reducing potentially violent confrontations, uses of force and deadly encounters with military veterans.

This new training co-developed with MET in 2019, along with innovative thinking and the a desire to truly improve the quality of life for individuals struggling with mental illness, MET has become an innovator in this field.

## VA Task Force Leader Sergeant

MET has really made it a high priority to address mental health and wellness for veterans in crisis. There is strong support from our partners at the local Veterans Administrations from Long Beach and West Los Angeles campuses. The systems in place regarding veterans and veterans' service organizations is large and complex. There are over two hundred nonprofits who service veterans in different capacities such as, job training, placement in medical and mental health care, temporary and permanent housing, hospice care, etc. Many of the veterans who rely on or need these services reside in Los Angeles County.

MET has identified a goal to improve the lives of veterans who suffer from mental illness and who are repeatedly coming into contact with law enforcement along with the homeless veteran population who are suffering from mental illness and other conditions related to PTSD. In order to bring all the support organizations together it will take strong leadership and coordination on the part of a future proposed MET sergeant acting in the capacity of a task force leader to involve multiple collaborative agencies. This may lead to a potentially new collaboration where MET and VA personnel could work side-by-side daily to provide future outreach and supportive services to veterans in LA County.

## Mayor's Challenge

The Mental Evaluation Team is an actively participating member of the Los Angeles City and County "Mayors Challenge" to reduce veteran suicide rates. This initiative came about because of the high rate of veteran suicides every day in America (20).

Doctor Sharon Birman, Chief of Suicide Prevention at the West Los Angeles Veterans Administration, saw a need to unite efforts to reduce veteran suicides in LA County and





she reached out to Mayor Garcetti's office. The mayor quickly rose to the challenge and the Mayors Challenge for the Prevention of Veteran Suicide was formed. The involved group of stakeholders meet monthly to discuss and implement new ideas for the cause of veteran suicide prevention. This group has a panel which consists of The Mayor's Office, Los Angeles Police Department, Los Angeles County Sheriff's Mental Evaluation Team, Didi Hirsch, LA 211, the Los Angeles County Department of Mental Health along with several internal groups from the West Los Angeles Veterans Administration.

## VMET: Saving Veterans' Lives in LA County

During 2019, the VA Veterans Mental Evaluation Teams (VMET) responded to an estimated 800 calls for service related to veterans in crisis and who were suffering from mental illness or PTSD. Of those 800 calls, nearly 300 were placed on holds related to mental health conditions. Seventy (70) veterans in LA County were deterred from committing suicide and ten (10) had been contemplating "suicide by cop" situations, but instead they received care and treatment. If not for the ongoing relationship with our VMET team at the Long Beach Veterans Administration, along with their ability to respond to help us with veterans during crises when requested, these positive outcomes most likely would not have been realized in 2019.

## California Department of Corrections Liaison

There are approximately 5,400 veterans incarcerated in the California Department of Corrections prison facilities. This population of state prisoners is growing every year because of the concentration of veterans settling in California when discharging from military service. More veterans choose to call Los Angeles County home than any other county nationwide<sup>37</sup>. The Sheriff's Mental Evaluation Team seeks to proactively try and close the revolving door of incarceration specifically with the prison population with mental illness and who are veterans.

Sergeant Bojorquez and Chief David Weiner of Secure Measures L.L.C., along with a representative from Mr. Jim Zenner's office who is constructing the Veterans Peer Access Network for the DMH, met with the entire board of directors for the California

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<sup>37</sup> Axios data at URL: <https://www.axios.com/where-veterans-live-in-the-united-states-1513303986-32d7f095-72f2-4e1a-8491-2d8d4f2568a1.html>





Department of Corrections and Prison Reform in 2019. They presented a model that would engage veterans in prison prior to discharge and set them up into programs they need for success upon parole prior to being placed on probation. This approach should help expedite the level of care needed in the first 72 hours which has a greater impact on the success of the individual and would help reduce the rates of recidivism in this demographic.

By the end of January 2020, 630 veterans currently incarcerated will be released into society without any help or assistance from anyone other than the normal elements of probation or parole. This is a sub-population that we feel can be significantly helped with the future addition of a MET liaison sergeant to lead our collaborative efforts involving the LASD, DMH, the VA and other stakeholders.

## VA Homelessness Liaison

There is an added benefit for MET to be more actively involved with homeless initiatives throughout Los Angeles County. MET receives the most training related to veterans suffering from mental illness and post-traumatic stress injuries. MET members can readily recognize the signs and symptoms of a person in crisis suffering from various mental illnesses along with suicidal ideation and other war related mental afflictions.

There is a direct correlation with homeless veterans and the above mentioned illnesses. The need to reach out to the homeless veteran population is great. We have a chance to solve homelessness for veterans as a high-focus sub-population within the overall homeless population. It will require a specific approach with the right resources. It requires long term goals, building trust, cooperation and confidence with the homeless veteran population.

MET Sergeant Bojorquez is currently developing a potential model for this program and building partnerships with the hundreds of veteran service organizations committed to the cause of helping veterans in need. The main goal is to bring all the veterans living in the streets to a home and to keep others from becoming homeless. A future MET liaison sergeant to the VA will be able to assume the role of homeless veteran liaison and a leader coordinating with all of the involved entities. Rather than go it alone, the goal of such new and expanded collaborative efforts will be the “force multiplier” effect of entities joining together in a meaningful way to transition veterans to “real” homes.



## "Caring Contacts" to Reduce Veteran Suicides

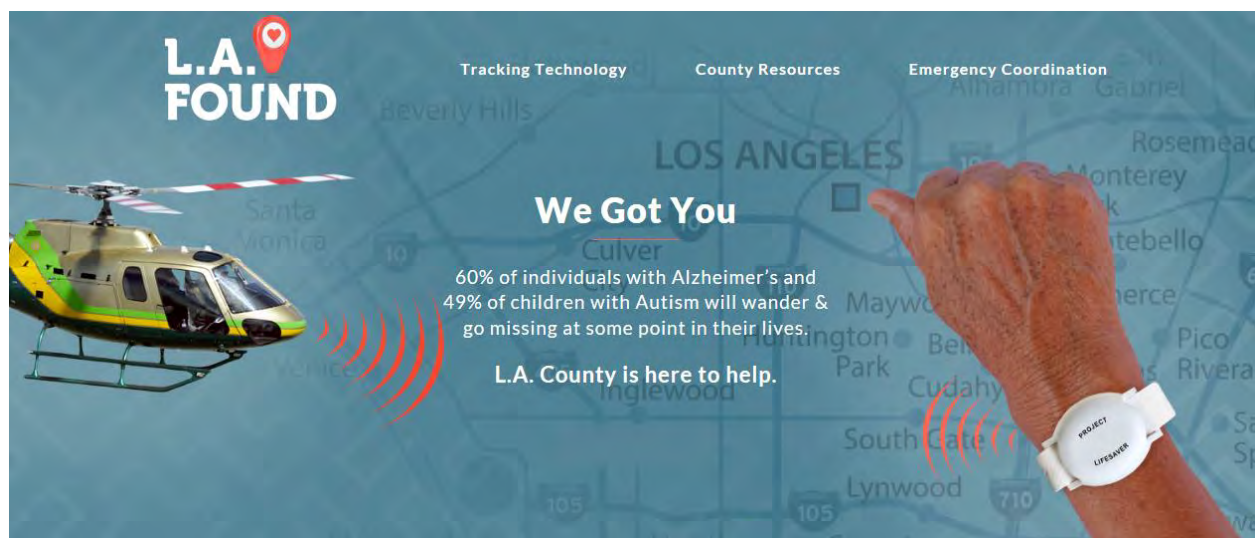
It has been a successful year here at MET. We have developed innovative training teaching law enforcement and clinicians how to best interact with veterans in crisis, how to recognize specific cultural references regarding military service and how to peacefully resolve a situation involving an agitated veteran in crisis. We hope to expand this training to deal specifically with the signs and symptoms of PTSD and what the effects are of continued long term suffering. We will also be expanding the suicide prevention portion along with advanced training dealing with navigating the VA and veteran service organizations to better serve veterans suffering from mental illness, PTSD, TBI, MST and other service-connected disabilities.

Of the 20 veterans per day who die of suicide nationwide, 17 have fallen out of the care of any mental health provider, lost any connection to VA services, or never sought help or services for conditions they developed while in service to our country. The veterans who have attempted suicide but failed are likely to complete the act upon release from a mental health facility. This usually occurs within the first 90 days after being treated and released.

MET has discovered a program developed 40 years ago known as "Caring Contacts." This model has proven to reduce suicide by 85% in the demographic of people who have expressed suicidal ideation or have failed attempts but it is an under-utilized program that could be expanded and adapted to LA County needs. MET has assembled a preliminary panel of groups who are working together on a plan to initiate the modified caring contacts model for use in outreach to the suicidal veteran community. Currently, as a collateral duty, Sergeant Bojorquez is developing ideas, protocols and training curriculum for this future endeavor.



## "LA Found" Program



In February 2018, the Los Angeles County Board of Supervisors unanimously approved the Bringing Our Loved Ones Home Initiative (now known Countywide as "L.A. Found"), a groundbreaking countywide initiative to help locate individuals with Alzheimer's dementia or Autism who wander.

LA Found consisted of a partnership between the Workforce Development, Aging and Community Service (WDACS) and the Los Angeles County Sheriff's Department - Mental Evaluation Team (LASD MET) to collaborate on specific strategies and technology to locate members of the public who are reported missing. After extensive research, the LA found group chose to join the Project Lifesaver (PLS), a premier search and rescue program.

Project Lifesaver, a 503 (c)(3) corporation which formed out of Chesapeake Virginia in 1998, has the primary mission to provide a timely response to save lives and reduce injury for those prone to wander. Since its inception, PLS has resulted in 3,513 successful searches that resulted in the patient being found each time.

Each PLS transmitter, which is the size of a wrist watch, emits a unique three digit radio frequency (RF). In the event a PLS participant was to elope or go missing, the



radio frequency number is entered into the receiver and the person can be tracked locally by deploying specially equipped MET personnel to the area to join in the search.

On September 5, 2018, “LA Found” was officially launched in Los Angeles County with a formal press release and staged media event involving local and national news outlets.

The LASD MET, in conjunction with Communication Fleet Management Bureau (CMFB) and Aero Bureau, are responsible for searching for any missing LA Found participant wearing a PLS Bracelet in Los Angeles County, including all municipal cities, through existing mutual aid agreement. The LASD MET has trained approximately 164 members of the department including the both North and South County Search and Rescue Teams.

## New Support Vehicle for “LA Found”

To help with branding and marketing of the LA Found program, one of the support vehicles for the MET unit (Transit Van) had a “wrap” applied in 2019. The vehicle will serve as a centerpiece at multi-agency command posts, complete with extra radios, batteries, chargers, map drawers and supplies. It will also serve as an excellent backdrop for future media interviews involving countywide deployments and for display at special events in each Supervisor’s District to generate more awareness about the program.





## New Training Videos for LA Found

In 2019, MET worked with LASD's Video Production Unit to produce five unique training videos. These videos covered an overview of Project Lifesaver, Critical Missing's, Unidentified Found Persons, Individuals with Autism, as well as Dementia and Alzheimer's. These videos are intended to be viewed by all LA County Agencies, as well as Police and Fire Departments within Los Angeles. To date, over 2,500 members of the Los Angeles County Sheriff's Department have been trained utilizing these videos, with the goal of 10,000 by the end of 2021.







## Search & Rescue Deployment Summary for 2019

In 2019, there were 23 Project Lifesaver activations and responses from MET. The following is a summary from each search & rescue mission that MET personnel responded to:

1. (02/20/2019) 44 year male, suffering from Autism), Missing from Pasadena for approximately 45 minutes. MET Deputy located the missing person within minutes of arriving on scene.
2. (4/30/2019) 67 year old male, suffering from Alzheimer's and Dementia, Missing for over two days prior to MET being contacted. 4-hour search before missing person was located by LAPD.
3. (05/10/2019) 88 year old female, suffering from Alzheimer's and Dementia, missing for 4 hours prior to being notified. MET initially, then relieved by San Dimas Search and Rescue team, who searched for approximately 6 hours, before missing person was located at a department store and transported to a local hospital.
4. (06/21/2019) 60 year old male, suffering from Dementia, missing from Long Beach clinic. After searching on the ground for approximately 20 minutes, missing person was located and safely returned home.
5. (07/23/19) 71 year old male, suffering from dementia and Alzheimer's, missing for 2 hours from his home in Norwalk. Missing person was located within 5 minutes of arriving on scene and beginning search.
6. (07/26/2019) 74 year old female, suffering from Alzheimer's and Dementia, missing for 6 hours prior to MET being notified. After searching for two hours, missing person was located 8 miles away, walking down the street.
7. (07/31/2019) \*Second search on this person\* 60 year old male, suffering from dementia), missing for over a day prior to being reported to MET. MET located missing person within 1 hour of arriving on scene and beginning to search.
8. (08/10/2019) 75 years old male, suffering from Dementia and Alzheimer's), missing for 2 hours prior to MET being notified. San Dimas Search and Rescue responded and located the missing person within 15 minutes of arriving on scene.
9. (08/19/2019) 85 year old male, suffering from Alzheimer's- Missing from his Topanga residence for approximately two hours. While en-route to begin searching, LAPD advised us he was located.



10. (09/10/2019) 77 year old female, suffering from dementia - Missing from her residence and was last seen 20 minutes before reported missing. She was located a short distance away in a local neighborhood.
11. (09/11/2019) \*Second search on this person\* 77 year old female, suffering from dementia - Missing from her residence and was last seen two hours before reported. She was located a short distance away at a gas station.
12. (09/27/2019) \*Third search on this person\* 60 year old male, suffering from dementia, missing for over an hour. After beginning a ground search, the patient's wristband was located near his residence. The search was called off. Missing person was later located that week and returned home.
13. (09/28/2019) 91 year old male, suffering from dementia. Missing person was located, while two units were en-route to the location.
14. (10/03/2019) 21 year old male, unknown diagnosis missing from Lakewood Station. Missing person's wristband was located at 7-11 dumpster and it was intentionally removed. The missing person was eventually located by Lakewood Station deputies.
15. (10/08/2019) \*Third search on this person\* 77 year old female, suffering from dementia. Missing from her residence and was last seen nine hours before reported. She was located a short distance away near her old residence
16. (10/15/2019) \*Fourth search on this person\* 77 year old female, suffering from Dementia. Missing from residence and was last seen three hours before reported. She was located 3 miles away from her residence in a local neighborhood.
17. (10/24/2019) 50 year old female, suffering from dementia - missing from her residence and was last seen seven hours before reported missing. After an extensive search, the search was called off in the early morning hours. The missing person was later located in San Diego.
18. (11/09/2019) \*Fifth search on this person \* 77 year old female, suffering from dementia. Missing from her Inglewood residence and was last seen three hours before reported. She was found by the daughter the next day at a gas station.
19. Search #23 (11/16/2019) \*Sixth search on this person\* 77 year old female, suffering from dementia. Missing from her residence and was last seen two to three hours before reported. She was located at her previous residence approximately 3 miles away.



20. (11/28/2019) 77 year old female, unknown diagnosis. Missing from her Long Beach residence and was last seen five hours before reported missing. The missing person was later located the following day, a few cities away.
21. (12/15/2019)\*Second search on this person\* 75 year old male, suffering from dementia. Missing from his residence and was last seen one hour before reported missing. Missing person was located within an hour from our arrival on scene.
22. (12/20/2019)\*Seventh search in this person\* 77 year old female, suffering from dementia. Missing from her residence and was last seen an hour and half before reported missing. She later returned home on her own.
23. (12/21/2019) 76 year old male, suffering from dementia. Missing from church and was last seen 1 hour before reported missing. After initiating a search on the ground and in the air, it was advised the wearers transmitter battery was not changed in approximately three months. The missing person was ultimately located by his daughter.







## Search & Rescue Team Volunteers



San Dimas Station- Search and Rescue (SAR) Teams have approximately 50 personnel trained on Project Lifesaver and respond from the San Dimas area. SAR played a crucial role in assisting MET with Project Lifesaver searches. In 2019, they assisted MET with 17 out of the 23 searches. Once their team is on scene, they are able to relieve MET personnel, who are then able to immediately resume their normal daily MET duties.

On August 10, 2019, at approximately 0240 hours, a 75 years old male, suffering from dementia and Alzheimer's, missing for 2 hours prior to MET being notified. MET was in the process of calling off-duty personnel to respond in from home when San Dimas Search and Rescue advised they were responding with two receivers. Once they were on scene, they were able to locate the missing person wandering the streets within just 15 minutes upon arriving on scene.



SAR Deputies at the home of the missing person they located, being praised by Supervisor Janice Hahn.

## LA Found Participants

The County is projecting over 1,000 “LA Found” users will eventually be registered in LA County by the end of 2020. Since inception in 2018, over 549 transmitter bracelets were issued as of December 31, 2019.



# Crisis Negotiations Team(s)

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All MET personnel are POST-certified advanced level crisis negotiators for the County of Los Angeles. With the MET expansion, the County has seen a reduction by 67%<sup>38</sup> in the need to activate collateral/off-duty Crisis Negotiations Team (CNT) personnel to handle crises due to the number of MET trained personnel on-duty and available to respond to major incidents more quickly.

In January of 2018, when MET was moved under another Division within the Department, administrative oversight was no longer under the MET. In early 2019, a proposal to return administrative oversight of the CNT to the MET was submitted for the good of the Department, pursuant to MPP § 3-01/010.75.

The MET management team believes the CNT would be best administered under the proposed Crisis Intervention Bureau (CIB) when MET eventually reaches 45 units and adds a second lieutenant for CNT A/B Shift oversight (part of the proposed expansion).

## CNT Incident Examples

In the early morning hours of January 7, 2019, MET personnel were alerted to a Culver City Police Department officer involved shooting where an active duty Marine had barricaded himself in a hotel room. MET personnel responded as well as our Veterans Mental Evaluation Team (VMET) counterparts to assist Special Enforcement Bureau. Each entity proved valuable to the ultimate outcome and safe surrender of the suspect.

Another significant CNT incident occurred on June 6, 2019, where MET negotiators responded to assist San Gabriel Police Department with a person with suspected weapons who barricaded himself in a house. During the highly publicized incident, MET personnel handled the responsibilities of primary negotiations.

With continued growth and training tempo, our responses to major incidents such as these should help decrease the need for off-duty staff to respond to CNT incidents and less reliance on overtime.

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<sup>38</sup> Versus 2016 and 2017 CNT data; calls in 2019 for CNT activations have dropped by 2/3 over those prior years.





2019 marked the first year LASD was chosen to send a negotiator to the (very) highly sought after two week Federal Bureau of Investigations Advanced Hostage Negotiations Course in Quantico Virginia. Sergeant Annadennise Briz was selected to represent LASD MET which, in her words, was an invaluable experience. Sergeant Briz is the MET lead for all LASD CNT matters.



*Sergeant Annadennise Briz is the our CNT leader for LA County MET*



# Appendixes



## Appendix I – Admin. Cost Estimated / UOF

The following estimations were used for purposes of estimating the cost of each use of force investigation that never had to occur in 2019, due to MET expansion:

Min.	Qty	Rank	Total Cost	Description
30	1	Sergeant	\$ 59.26	Delays to personnel for Fire Department response to treat patient on scene
30	3	Deputies	\$ 157.45	Delays to personnel for Fire Department response to treat patient on scene
10	1	Sergeant	\$ 19.75	Telephonic notification to watch commander from the scene
10	1	Lieutenant	\$ 24.64	Telephonic notification to watch commander from the scene
90	1	Sergeant	\$ 177.77	Response to Hospital for Treatment / OK to Book / Doctor Interview
90	2	Deputies	\$ 314.90	Response to Hospital for Treatment / OK to Book / Brief ER on Circs
45	1	Sergeant	\$ 88.88	Interviewing witnesses on scene
45	1	Sergeant	\$ 88.88	Data Collection at Scene for UOF Reporting (438P)
15	1	Sergeant	\$ 29.63	Initial interview of suspect
15	1	Sergeant	\$ 29.63	Interview of suspect at jail
15	1	Lieutenant	\$ 36.96	Interview of suspect at jail
30	1	Sergeant	\$ 59.26	PDE Entry in Database
90	1	Sergeant	\$ 177.77	Watch & Catalog Video Evidence (incl download of Taser Info)
20	1	Sergeant	\$ 39.50	Briefing in-person to watch commander
90	1	Deputies	\$ 157.45	Initial data collection, notes, Incident Report (SH-R-49) with evidence collection/booking
30	1	Deputies	\$ 52.48	Supplemental report
30	1	Deputies	\$ 52.48	Supplemental report
45	1	Sergeant	\$ 88.88	Read and approve all report(s) related to incident / return for corrections
20	1	Deputies	\$ 34.99	Report corrections
20	1	Sergeant	\$ 39.50	Review and approve report corrections
60	1	Sergeant	\$ 118.51	Initial portion of UOF 438P with detailed analysis for codes of each participant's actions
60	1	Sergeant	\$ 118.51	Narrative portion of UOF 438P
30	1	Sergeant	\$ 59.26	Finalize package, final review, assemble package with cover sheet
90	1	Lieutenant	\$ 221.78	Watch commander initial review of package
30	1	Sergeant	\$ 59.26	Review feedback and make any adjustments/updates/corrections



20	1	Lieutenant	\$ 49.29	Second review after updating
15	1	Lieutenant	\$ 36.96	Watch commander log entry
45	1	Sergeant	\$ 88.88	Operations sergeant package review + logging
30	1	Lieutenant	\$ 73.93	Operations lieutenant package review
30	1	Lieutenant	\$ 73.93	Watch commander adjustments to paperwork
15	1	Sergeant	\$ 29.63	Processing time in/out of operations & logging paperwork (paper trial and timeline compliance)
30	1	Captain	\$ 92.27	Unit commander review and approval process
20	1	Sergeant	\$ 39.50	Division sergeant initial screening of paperwork
75	1	Lieutenant	\$ 184.82	Division lieutenant review/editing/feedback process + watching all videos
45	1	Commander	\$ 138.40	Review/Approval of entire package
10	1	Sergeant	\$ 19.75	Final processing of package to Discovery Unit, et al.
<b>23</b>	<b>Total County Hrs</b>		<b>\$ 3,134.73</b>	<b>Estimated Average Cost for Typical UOF Incident</b>

45	1	Fire Captain	\$ 1,800.00	Fire Department response to treat patient on scene
45	1	Engineer		Fire Department response to treat patient on scene
90	2	Paramedics		Fire Department response to treat patient on scene (Estimate from EMS Commissioner)
90	1	Ambulance Crew	\$ 1,200.00	Transport to Hospital (Avg cost used for LA County Patients)
<b>\$ 3,000.00</b>				<b>Estimated Fire/Paramedic/EMT Costs for UOF</b>

			<b>\$ 6,134.73</b>	<b>Avg. Estimated Combined Cost to County per UOF</b>
<b>DOES NOT INCLUDE POTENTIAL CLAIM/LAWSUIT or INJURED STAFF / WORK COMP CLAIM(S) or TREATMENT IN HOSP FOR INJURED PATIENT</b>				
0.8		Total Commander Hours		
0.5		Total Captain Hours		
4.8		Total Lieutenant Hours		
12.1		Total Sergeant Hours		
0.8		Total Fire Captain Hours		
0.8		Total Fire Engineer Hours		
3.0		Total Paramedics Hours (1.5 X2)		



## Appendix II – MET Minimum Needs

The following is a breakdown of calculations used for minimum recommended staffing levels for MET in 2020, based upon 2019 data and analysis of recent years of crises calls.

### MET Co-response Units to De-escalate Crises and Provide Acute Triage-Level Care

10,425	Number of calls for all crises handled in 2019 within all LASD jurisdictions
5,694	Number of crises calls MET responded to in 2019 with 33 regional units (excludes WHD)
55%	Ratio of crises MET was able to co-respond to in 2019 with 33 regional units <sup>39</sup>
173	Average number of annual crises calls in patrol handled per MET unit in 2019
7,131	Total number of involuntary holds in 2019 in all LASD station jurisdictions
4,606	Total number of involuntary holds in 2019 where MET relieved patrol and handled
65%	Ratio of crises in patrol jurisdictions that MET handled in 2019
140	Average number of annual involuntary holds in patrol handled per MET unit in 2019
1,426	Increased holds predicted this year - using a 20% conservative projected increase
8,557	Estimated number of involuntary holds for 2020 (not factoring IBD)
62	Calculated number of MET units needed to handle nearly all "holds" anticipated <sup>40</sup>
2,085	Increased crises calls predicted this year - using a 20% conservative increase factor
12,510	Estimated number of crises calls in LASD patrol jurisdictions for 2020
72	Calculated MET units needed to co-respond to nearly all crises anticipated in 2020 <sup>41</sup>
1	Added unit to provide MET rotation to assist with de-escalation training of patrol deputies, per recommendations of Civilian Oversight Commission (COC)
1	MET deputy (minimum) for LA Found mobile crises de-escalation simulator training Countywide, toward recommendations of COC for patrol deputy skills practice
64	Number of MET deputies <sup>42</sup> needed <i>at minimum</i> to respond to 85% of crises in patrol and handle nearly all involuntary holds handled by MET (IBD factors yet to be determined on top of this) plus rotational training support for patrol classes and mobile de-escalation (simulator trailer) practice.

<sup>39</sup> Factoring shortage of 1-2 units and partial backfill at times due to injured/ill workers.

<sup>40</sup> The unknown variable being Intake Booking Diversion (IBD) program which may add substantially to the MET workload; includes West Hollywood contract unit but this does not factor injuries on duty or other unpredictable factors that occur in "real world."

<sup>41</sup> Same; see #31

<sup>42</sup> Fewer County clinicians are needed due to EM coverage, tele-mental health factors, and potential new MOU with VA to partner with clinicians using VMET model. Other alternatives may include sub-contracting for clinicians such as PERT in San Diego Co.





## Appendix III – RAMP Minimum Needs

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The following is a breakdown of calculations used for minimum recommended staffing levels for RAMP in 2020+ based upon 2019 data and analysis of recent years of crises that meet RAMP criteria:

### **RAMP - Risk Assessment & Management Program: Beyond the Acute Triage-Level Care**

<b>12,510</b>	<b>Total Calls Projected for MET Based on 2019 Call Data + MET Handling 100% Holds</b>
	<b>Of All MET Calls, 29% of Calls Are Estimated to Meet RAMP Criteria<sup>43</sup></b>
<b>4,467</b>	<b>← 29% figure is based on ratio of 5,745 cases studied met RAMP criteria in 2018</b>
<b>2.65</b>	<b>Avg Follow Up (Hours) per RAMP Case in 2018 159 minutes --&gt; 2.65 Hrs</b>
<b>11,837</b>	<b>Total Estimated Hours of Follow-Up Needed for RAMP Cases Countywide in 2019 (Assumes No Calls Cleared “UTH” Unable to Handle)</b>
<b>9</b>	<b>Estimated No. of RAMP Investigators Needed - Using CLEB Formula of 1772 hours per deputy per year and factoring 75% time on case work</b>
<b>3</b>	<b>Since there are 6 investigators today, it would take three (3) additional RAMP investigation teams (1 Deputy + 1 Clinician) to handle the increasing workload anticipated without closing cases “unable to handle” due to volume.</b>

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<sup>43</sup> Intake Booking Diversion (IBD) program could significantly add to this workload (TBD)



# Appendix IV – County Strategic Objectives

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## County Of Los Angeles 2016-2021 Strategic Plan

County Board priorities and Strategic Plan objectives affected by MET/RAMP continued expansion proposal:

- **Strategy I.1 - Increase Our Focus on Prevention Initiatives:** The RAMP initiative uses evidence-based practices to increase our residents' self-sufficiency, prevent long-term reliance on the County's social safety net, and prevent involvement with the County's foster, juvenile justice, and adult justice systems.
- **I.1.6 Increase Home Visitation Capacity:** The RAMP initiative includes follow-up home visitations by LASD deputies and DMH clinicians for the most serious mentally ill patients with advanced support for their caretakers.
- **Strategy I.2 - Enhance Our Delivery of Comprehensive Interventions:** The pending MET expansion proposal seeks to add capacity for the LASD and DMH MET to deliver comprehensive and seamless services to those seeking assistance from the County. Both the MET and RAMP initiatives support this strategy.
- **I.2.8 Address the Needs of Victims of Child Sex Trafficking:** By policy, the LASD/DMH MET unit is summoned to assist with victims of sex trafficking when support services are required.
- **Strategy I.3 – Reform Service Delivery Within Our Justice Systems:** MET and Crisis Intervention Training (CIT) are widely accepted as viable strategies to help reduce incarceration of the mentally ill whenever possible.<sup>44</sup>
- **I.3.1 Reduce the Incidence of Involvement with the Justice System Among Vulnerable Populations:** MET, RAMP, and CIT programs include linkage to appropriate

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<sup>44</sup> National Alliance on Mental Illness (NAMI) <https://www.nami.org/Learn-More/Public-Policy/Jailing-People-with-Mental-Illness>



health, mental health and substance use disorder services with the goal of diversion away from the criminal justice system. MET diverts mentally ill patients away from the criminal justice system and provides viable alternatives to custody, when appropriate, including working with the DA office, detectives and Department 95 court for restorative justice opportunities which emphasize intervention and patient rehabilitation over prosecution.

- **Strategy I.3.4 - Enhance Sheriff's Ability to Effectively and Appropriately Respond to Crises Involving the Mentally Ill:** Expand the number of Mental Evaluation Teams and training for sheriff's deputies as well as other appropriate staff.
  - a. "Effectively" may be a set goal of having MET respond to 90%+ of crises Countywide and handling nearly all "holds" pursuant to WIC §§ 5150 and 5585
  - b. "Appropriately" may indicate the continued expansion leads to MET arrival on scene with further reduced ETA's to help positively influence the outcome of encounters with the mentally ill, whereby de-escalation helps further reduce uses of force and opportunities for diversion away from incarceration are maximized (*decriminalizing mental illness*) by implementation of the Intake Booking Diversion program (Intercept 1).
- **I.3.6 Implement Comprehensive Community Policing:** MET and RAMP programs deploy teams to primary service regions within the County in order to become familiar with local patients and caretakers.
- **II.1.3 Coordinate Workforce Development:** The RAMP program helps navigate some patients toward workforce development programs to provide career pathways for high-needs, priority populations including the mentally ill.
- **II.2.4 Promote Active and Healthy Lifestyles:** MET and RAMP and all deputies trained in CIT curriculum are encouraged to provide outreach to high needs, traditionally underserved populations within the County including direct support during homeless outreach missions with public and private entity partners and efforts to reduce mental health stigma within the community. The CIT now includes training on deputy/clinician wellness and self-care, which is considered bringing the curriculum "360 degrees" back to the staff (aka "CIT-360" training).



- **III.1.1 Develop Staff Through High Quality Multi-Disciplinary Approaches to Training:** The MET continually stresses employee vocational education opportunities to improve subject matter expertise while also implementing and providing training models that envision learning and professional growth.
- **III.1.2 Develop Effective Manager-Leaders:** The LASD MET and DMH team continually recruits, trains and equips supervisors with the technical, problem solving, and relationship skills characteristic of professional and effective leaders. The MET is a highly sought place of employment with a waitlist of interested candidates, which attracts new candidates to help address future expansion.
- **Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability:** It is envisioned to consolidate MET, RAMP, CIT, RCPI mental health training, and potentially CNT programs within a (new) Crisis Mitigation Bureau to provide superior strategic advantages to both Departments and our constituents. The current alternative is having three independently operated yet interrelated units under three different commands, each within different divisions, which limits the ability of subject matter experts to work together more effectively, creatively and interchangeably because each entity is currently a sub-program or collateral duty within separate Departments and Bureaus where no current Bureau specializes in responses to crises involving the mentally ill.
- **III.3.1 Maximize Revenue:** The DMH clinicians working with MET and RAMP follow policies and procedures, which includes billing for certain services, systematically leveraging appropriate state and federal resources to help offset costs.
- **III.3.3 Measure Impact and Effectiveness of our Collective Efforts:** MET continually seeks development and operationalization of a range of metrics and measures to track implementation and outcomes of MET expansion, RAMP and consolidation of services as a Bureau.
- **III.3.6 Implement a *Workplace of the Future*:** By locally assigning team personnel and collating MET response units at or near Sheriff Stations around the County, the LASD and DMH envisions a conceptual office space model designed to support the work and/or



activities of employees, encourage employee collaboration with patrol counterparts and other strategic partners.

The LASD has increased the amount of available workspace within existing space resources to help accommodate MET personnel at Santa Clarita, East Los Angeles, Cerritos, Carson, Lakewood, Lost Hills, and West Hollywood Stations. The varied assignments and work locations at the MET helps reduce commuting for staff while improving the health of the workplace environment for employees by the natural interactions that occur between MET and patrol personnel, who converse at briefings, training, and meetings to address local seriously mentally ill patients and chronic users of police services.

With RAMP interventions, the concerned patients and the local patrol personnel are mutually benefitted with fewer negative encounters, up to and including the use of force, which improves the health, safety and welfare of patients and patrol deputies alike (less uses of force correlates to fewer employee injuries).

- **Strategy III.4 - Engage and Share Information with Our Customers, Communities and Partners:** The MET demonstrates transparency and accountability in the form of quarterly accountability reports and metrics in addition to more detailed quarterly reports to include concerned stakeholders including designated community partners such as the Civilian Oversight Commission and the National Alliance on Mental Illness (NAMI).



# Appendix V – Medical Screening Form

## LOS ANGELES COUNTY UNIFIED ARRESTEE MEDICAL SCREENING FORM

ARRESTING AGENCY	ARRESTEE NAME		BOOKING NUMBER	DATE		
			<b>*MET Case No., if applicable:</b>			
ARRESTEE QUESTIONNAIRE				YES	NO	REFUSE
1	Do you feel suicidal or feel like hurting yourself? If yes, complete a Behavioral Observation and Mental Health Referral (SH-I-407), Inmate Special Handling Request (SH-I-181 or Intranet), and place an "S" (Suicidal) code on the inmate's wristband, and notify the MET Triage Desk at (626) 258-3860*.					
2	Do any of the following apply to you: (If yes, circle all that apply) <b>If yes, notify the MET Triage Desk at (626) 258-3860*.</b>					
	Attempted suicide	Mental health issues	Under the care of a mental health professional	Taking psychiatric medications	Hearing things that are not there	
3	Do you require any medical attention? If yes, why:					
4	Do you have any injuries? If yes, what:					
5	Are you currently taking any medications? If yes, complete the below:					
	1) Name:	Dosage:	How Often:			
	2) Name:	Dosage:	How Often:			
	3) Name:	Dosage:	How Often:			
6	Do you have any medical conditions such as: (circle all that apply)					
	HIV/AIDS	Tuberculosis	High Blood Pressure	Diabetes		
	Epilepsy	Dialysis	Open Wound/Abscess/Boil (MRSA)	Other:		
	If yes to "open wound/abscess/boil," describe:					
7	Have you been prescribed and/or fitted by a physician to use any of the following: (If yes, circle all that apply and provide name and contact information of the prescribing physician/provider)					
	Orthopedic or prosthetic appliance	Hearing aid or cochlear implant	Tapping cane (blind or visually impaired assistive device)	Wheelchair	Walking cane	
	Facility/provider:	Phone number:				
	Did you have your prescribed medical appliance with you at the time of your arrest? If not, where is the prescribed medical appliance now?					
8	Do you regularly use any alcohol or drugs? If so:					
	1) NAME:	Last Use:				
	How Often:	How Much:				
	2) NAME:	Last Use:				
	How Often:	How Much:				
	3) NAME:	Last Use:				
	How Often:	How Much:				
9	Have you ever been in a "special education" class for slow learners or for emotional problems, considered developmentally disabled or a client of a regional center? <b>If yes, notify the MET Triage Desk at (626) 258-3038*.</b>					
10	Are you receiving ongoing medical treatment from any medical facility and/or assisted living, board and care, rehabilitation center? If yes, name and contact information of the facility/provider.					
	Facility/Provider:	Phone Number:				
11	<b>Are you a veteran of the US Armed Forces?</b>			If known, Veteran ID #:		
12	<b>Females only</b> – Do you have any of the following conditions? (If yes, circle all that apply)					
	Birth Control Medication	Pregnant - If yes, do you have: Vaginal bleeding and/or Abdominal pain				
	Lactating/Breastfeeding	Other:				
ARRESTEE SIGNATURE				DATE		
DEPUTY/OFFICER WITNESSING		EMPLOYEE/ID NUMBER		DATE		TIME

This document has been reviewed and approved by the Chief Medical Officer and Mental Health Director of Correctional Health Services. Original documents are on file with the Correctional Health Services Administration.



ARRESTING DEPUTY/OFFICER OBSERVATION (REQUIRED FOR ALL LASD AND OUTSIDE AGENCY BOOKINGS AT IRC OR SHERIFF STATION JAILS)				YES	NO
1	Does the arrestee appear to have any injuries or medical problems? If yes, describe: <b>ARRESTEES WHO HAVE, OR ARE SUSPECTED TO HAVE, AN ACTIVE COMMUNICABLE DISEASE ARE TO BE SEGREGATED AND TRANSFERRED TO AN APPROPRIATE MEDICAL FACILITY AS SOON AS POSSIBLE. (TITLE 15, ARTICLE 5, SECTION 1051)</b>				
2	Did the arrestee physically resist arrest and/or require the use of force during the arrest? If so, enter Report #: _____ a) If so, did the arrestee receive medical treatment?				
3	Did the arrestee threaten suicide or attempt "suicide by cop" during their arrest? If yes, initiate a Behavioral Observation and Mental Health Referral form (SW-J-407), Inmate Special Handling Request (SW-J-181 or Intranet), and place an "S" (Suicidal) code on the inmate's wristband, and notify the MET Triage Desk at (626) 258-3000*.				
4	Was the arrestee medically treated and cleared? (OK to Book: attach diagnosis/treatment/recommendations paperwork) Name of clearing medical facility: _____ Provider: _____ Phone: _____				
5	Does the arrestee appear to be under the influence of alcohol and/or drugs? If yes, have jailer begin "Intoxication Observation Sheet."				
6	Does the arrestee have any prescribed medications in their property? If yes, list: _____				
7	Did the arrestee require assistance walking at the time of their arrest? (circle all that apply) Cane      Crutches      Walker      Wheelchair      Observed Walking				
8	a) Are you aware if the arrestee is currently under the care of a mental health professional, or has a history of mental illness? If yes, list reason(s), if known. _____ b) Did the arrestee recently exhibit any suicidal, bizarre, or unusual behavioral or is there any other reason to believe the arrestee suffered from a mental illness at the time of the offense? If yes, initiate a Behavioral Observation and Mental Health Referral form (SW-J-407) and notify the MET Triage Desk at (626) 258-3000*.				
9	Is the arrestee suspected of murdering or attempting to murder a family member?				
DEPUTY/OFFICER NAME		EMPLOYEE/ID NUMBER	DATE	TIME	

JAILER OBSERVATIONS				YES	NO
1	Is the arrestee's consciousness level impaired? Examples: difficult to arouse, difficulty breathing, increased lethargy, unaware of their location, name, and date. If YES, SUMMON PARAMEDICS				
2	Does the arrestee have obvious symptoms suggesting the need for emergency care? Examples: bleeding, difficulty breathing, cold clammy perspiration, violent shaking, convulsions. If YES, SUMMON PARAMEDICS				
3	Does the arrestee appear to have visible signs of alcohol/drug withdrawal? (Examples: profuse sweating, profuse vomiting, anxiety, visual hallucinations. If YES, SUMMON PARAMEDICS				
4	Does the arrestee require more than minimal assistance when walking? If yes, obtain medical evaluation.				
5	Does the arrestee require the use of a medical appliance (see Arrestee Questionnaire, question A7)? If yes, complete and submit the Arrestee Medical Appliance Clearance Record (SW-R-423) form (LASD staff, refer to COM 5-03/080.00, 5-03/080.10, and 5-03/080.15)				
6	Does the arrestee's behavior or statements suggest a risk of suicide? Examples: severe depression, crying, withdrawal, silence, history of previous suicide attempt such as self-inflicted injuries? If yes, place under close supervision/suicide watch, complete a Behavioral Observation and Mental Health Referral form, notify the MET Triage Desk at (626) 258-3000*, and transport to the appropriate Reception Center.				
7	Does the arrestee display any of the following behaviors? Examples: responding to something that is not there, withdrawn, bizarre beliefs, rambling nonsensically, overly suspicious, combative without apparent provocation. If yes, complete a Behavioral Observation and Mental Health Referral form (SW-J-407), notify the MET Triage Desk at (626) 258-3000*, and segregate and/or transport to the appropriate Reception Center.				
8	Does the arrestee appear to be developmentally disabled? If yes, notify the MET Triage Desk at (626) 258-3000* and notify the appropriate regional center (by arrestee's zip code of residence) if arrestee is to be held more than 24 hours. (Title 15, article 5, section 1057)				

If the arrestee appears to be under the influence of alcohol and/or drugs, the Intoxication Observation Sheet shall be completed.  
**\*\*ANY AFFIRMATIVE ANSWER TO THIS QUESTIONNAIRE SHALL BE BROUGHT TO THE ATTENTION OF THE JAIL SUPERVISOR.\*\***

JAILER SIGNATURE	EMPLOYEE/ID NUMBER	DATE	TIME
JAIL SUPERVISOR SIGNATURE	EMPLOYEE/ID NUMBER	DATE	TIME