AGN. NO.

January 10, 2017

MOTION BY SUPERVISOR HILDA L. SOLIS

Co-Response Teams and De-escalation

As the excellent motion put forth by Supervisors Barger and Ridley-Thomas describes, the Los Angeles County Department of Health (DMH) partners with 35 law enforcement agencies to participate in mental health law enforcement co-response teams throughout the County. This places the County in an opportune position to identify and disseminate best practices throughout the region.

The motion identifies four elements of the co-response program's mission. Two of these elements pertain to avoiding unnecessary arrests and hospitalizations, thereby preserving scarce emergency room and jail bed space for other purposes. The data presented in the motion demonstrates that these objectives are being achieved with great success.

The remaining two mission elements pertain to crisis situations: (1) to deescalate violent confrontations between law enforcement and persons with mental illness and (2) to provide a rapid and compassionate response at the time and place the crisis is occurring. The expansion of the Mental Evaluation Team program (MET) proposed by my colleagues provides an opportunity to explore potential improvements to the current operational model or alternative models that might more successfully accomplish the co-response model mission of de-escalating violent confrontations between law enforcement and persons with mental illness.

Available data indicates that expanding the number of co-response teams alone is unlikely to accomplish the de-escalation mission objectives. For example, despite the fact that the Los Angeles Police Department (LAPD) deploys more co-response teams—32—than any other police agency in the County, the most recent LAPD Use of Force Report found that 37% of people shot by LAPD officers were mentally ill. One explanation for these outcomes is that some jurisdictions appear to have adopted a coresponse team model in which teams are not deployed in situations where an actual crisis is unfolding that involves either the potential for violence or an armed person. Yet these are the very situations in which a lethal outcome is most likely to occur.

The expansion of the MET program proposed by my colleague is an appropriate occasion to explore whether potential adjustments to the current operational model might more successfully accomplish the MET mission elements related to de-escalating

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violent confrontations between law enforcement and persons with mental illness, while also protecting the safety of the mental health professionals and law enforcement officers. If such improvements are identified, DMH will be well positioned to spread these innovations throughout Los Angeles County.

I, THEREFORE MOVE THAT THE BOARD OF SUPERVISORS request that the Sheriff's Civilian Oversight Commission, in consultation with the Department of Mental Health, the Inspector General, and Sheriff, identify potential improvements to the current co-response team deployment models that might more successfully achieve the program's mission of de-escalating violent confrontations between law enforcement and persons with mental illness.

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