



MENTAL EVALUATION TEAM PROGRESS REPORT

FISCAL YEAR 2018-19



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Executive Summary

This progress report details the continued expansion and ongoing efforts for betterment of the Los Angeles County Mental Evaluations Teams (MET). In 2015, the MET unit was comprised of just five (5) mental health mobile co-response teams partnering a Department of Mental Health (DMH) clinician with a deputy sheriff. The MET was significantly understaffed due to lack of funding for expansion for over two decades.

Thankfully, priorities shifted in recent years and with the vision and support of today's Board of Supervisors, MET has experienced the initial and secondary stages of badly needed expansion to scale up MET to the minimum need of 60-units Countywide.

The Civilian Oversight Commission's recommendation of 60 *minimum* MET units (Feb. 2018) for the County of Los Angeles proved to be an accurate assessment based on accrued data from last year, coupled with two and five year mental health crises trend-analysis.

In 2018, the CEO Public Safety and the Board of Supervisors were provided an incremental growth proposal for MET expansion to reach key growth milestones in fiscal years 2018-19 and 2019-20. The suggested "phased-in" expansion of the MET was reaffirmed by data metrics in the 2018 Annual Report on MET. The proposed growth plan, milestones and goals for incremental expansion are again reaffirmed in this report.

The frequency and reoccurrence of mental health crises are increasing exponentially with an even greater need for CIT training and MET co-responders than ever before. Skipping even one (1) year of growth or settling for current coverage levels would equate to going backwards as mental health crises in LA County have increased by 72% in the past two calendar years.

In the current "Supplemental Budget" request now being considered (\$2.6M), the Sheriff's Department seeks to keep the positive momentum and returns on investment for incrementally continuing to add twelve (12) MET units during the second half of fiscal year 2019-20. Those additions would allow 24-hour MET coverage Countywide, 7-days per week, fills critical gaps, while allowing some overlap shift and relief coverage. This next phase of expansion is also vital to expand a new innovative custody diversion program and doubling of efforts to reduce the mentally ill population incarcerated in LA County jails, consistent with the [County Of Los Angeles 2016-2021 Strategic Plan](#).



The next achievement milestone of 45 MET units would help meet the critical needs for this County of 10 million people¹ (larger than 10 states) with an estimated 400,000+ residents suffering from “serious mental illness” (SMI), a jail 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.^{2 3 4}

| WIC §§ 5150 or 5585 “Holds” | FY 2018-19 | 2-yr Change | 5-yr Change | MET Calls | MET Holds | % Holds by MET |
|-----------------------------|------------|-------------|-------------|-----------|-----------|----------------|
| Central Patrol Division | 862 | UP 38% ↑ | UP 71% ↑ | 490 | 333 | 38.6% |
| South Patrol Division | 1,746 | UP 62% ↑ | UP 143% ↑ | 1,305 | 932 | 53.4% |
| East Patrol Division | 1,496 | UP 54% ↑ | UP 117% ↑ | 1,148 | 823 | 55.0% |
| North Patrol Division | 2,744 | UP 49% ↑ | UP 63% ↑ | 2,714 | 1,709 | 62.3% |
| All Patrol Divisions | 6,848 | UP 52% ↑ | UP 91% ↑ | 5,657 | 3,797 | 55.4% |

This fiscal year, MET achieved the projected goal of having MET units respond to help handle more than half of all Countywide crises in time to assist patrol with the most severe crises Countywide – those that result in an involuntary hold. Involuntary holds generally represent the most challenging crises for first responders involving patients who need care for acute mental illness, often with significant and distressing symptoms, suicidal behaviors, manic episode, paranoia or hallucinations requiring immediate intervention and expert handling.

MET expansion has resulted in many positive results, featured as return on investments (ROI) in this report and attributed to the past two years of incremental additions:

- 4 “suicides-by-cop” never occurred in FY 2018-19, due to MET interventions.
- Patrol deputies would have likely used at least “Level-1” force to subdue patients during 672 incidents in FY 2018-19, were it not for MET personnel arriving on scene in time to de-escalate the patient.

¹ County of Los Angeles, <https://www.lacounty.gov/government/geography-statistics/statistics/#1481130319389-8a1c0344-8add>

² Forbes 2019, URL <https://www.forbes.com/sites/jimgorzalany/2019/02/11/here-are-the-u-s-cities-suffering-the-worst-traffic-congestion/#1b2d87b96e36>

³ Curbed LA 2019, URL <https://la.curbed.com/2019/2/13/18222225/los-angeles-traffic-worst-nation-hours>

⁴ US News 2019, URL <https://www.usnews.com/news/cities/articles/2019-02-12/these-cities-have-the-worlds-worst-traffic-congestion>



- Administrative downtime (soft savings) based on those 672 use of force incidents that never happened in FY 2018-19, estimated in \$4,122,539 in saved expenditures.⁵ The estimated costs savings does not account for the multiple deputy injuries that never occurred during those 672 incidents.
- We will never know how many of the 672 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 helped resolved those incidents without any uses of force becoming necessary.
- On average in FY 2018-19, MET units relieved 2.3 patrol deputies and 1 patrol sergeant at *each incident* after arriving on scene and the situation was rendered safe. Patrol deputies were then able to return to proactive patrol duties and available for 911 call handling once MET assumed care of the patient.
- MET responded to 158 requests (one call every 2.3 days) for help in FY 2018-19 from station jail and court lock-up facilities (Type-I jails) to address inmates barricaded in cells. 35 of the incidents could have qualified for activation of an extraction team response but those incidents were resolved peacefully because MET personnel successfully talked the inmate out of the cell (2-hrs avg. handling time).
- 98% of the responses to Type-I jail crises by MET units yielded favorable results. Of the 158 requests for MET help in FY 2018-19 at Type-I jails, all but four (4) were de-escalated and exited their cell after MET arrived on scene to help.
- All LASD mental health training programs are now handled by MET, including the Crisis Intervention Training (CIT) program, taught to 1,244 patrol personnel so far (23%).
- Callers to 911 or the Station desks who reported a subject was mentally ill proved to be inaccurate nearly 30% of the time (often, drug use is mistaken for mental illness).
- Despite popular misconceptions about encounters with law enforcement, deputy contact with a mentally ill person resulted in arrest in just 3% of all engagements with patrol deputies. That number drops to 2% of encounters when all non-patrol Bureaus are factored.

⁵ Refer to Appendix I



About MET

The Los Angeles County Sheriff's Department Mental Evaluation Team (LASD), in collaboration with the Department of Mental Health (DMH), 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. Key goals of this co-response model is to reduce use of force incidents, 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 patients. 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 unit provide collaborative, compassionate mental health care in the community in the least restrictive manner to individuals suffering from mental illnesses. MET also



educates 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 arrange transportation via ambulance. MET also collaborates with and dispatches the Veteran Mental Evaluation Team (VMET) to co-respond to incidents involving veterans in crisis.

As of October 2018, the Risk Assessment and Management Program (RAMP) team at the MET began providing intensive mental health case management to individuals who are 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 patients 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 linked; both programs help divert mentally ill patients from the criminal justice system at the earliest intercept points possible.

The purpose of this report is to discuss, compare, summarize, evaluate, and outline the accomplishments of the MET program in fiscal year 2018-19, with recommendations for continued expansion and pursuit of incremental goals in subsequent years.



MET mobile response teams are LASD and DMH co-responders to urgent/emergent crises.



The Origin & Recent Expansion of MET

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.

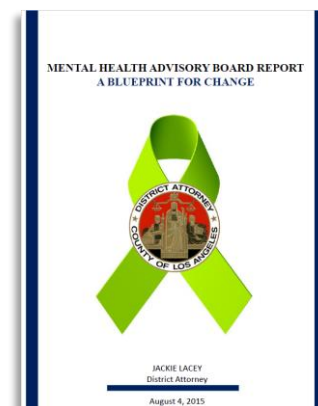
The program operated with minimal staffing of up to 5 teams for over 20 years with one sergeant and collateral oversight by a lieutenant until 2016, when MET began to experience significant changes and the recent incremental program expansion began.

The MET concept has proven to be very effective for de-escalating patient during mental health crises. MET provides 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 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





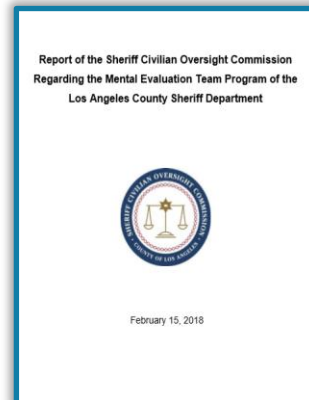
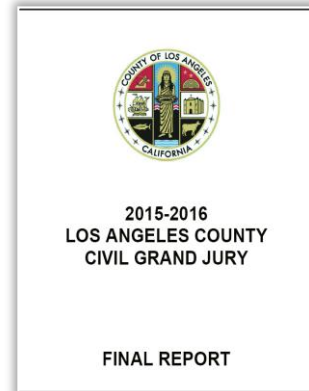
the increasing number of mental health crises being handled by patrol deputies. The committee consisted of stakeholders from Office of Inspector General, Field Operations & Support Services, National Alliance on Mental Illness (NAMI), along with DMH and LASD management representatives.

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.

Initially, the Department had no formal means of determining what the true minimum number of MET teams should be. Frankly, the data collection methodology prior to 2018 was insufficient to determine the scope of mental health crises Countywide and the minimum number of MET teams that would be necessary to ensure MET could co-respond with patrol deputies to nearly all 911-level mental health crises Countywide.



[Click Above for Report\(s\)](#)



By the end of 2018, the MET Triage Desk staff and deputies working each of the 23 MET units had contributed significant relevant data to a new MET program database that began in late 2017. In early 2019, analysis of MET and patrol data 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 in 2019, factoring recent crises data trends including call volume experienced in 2018. A total of nine RAMP teams are also recommended.



Calculating Minimum Needed of MET Units for LA County

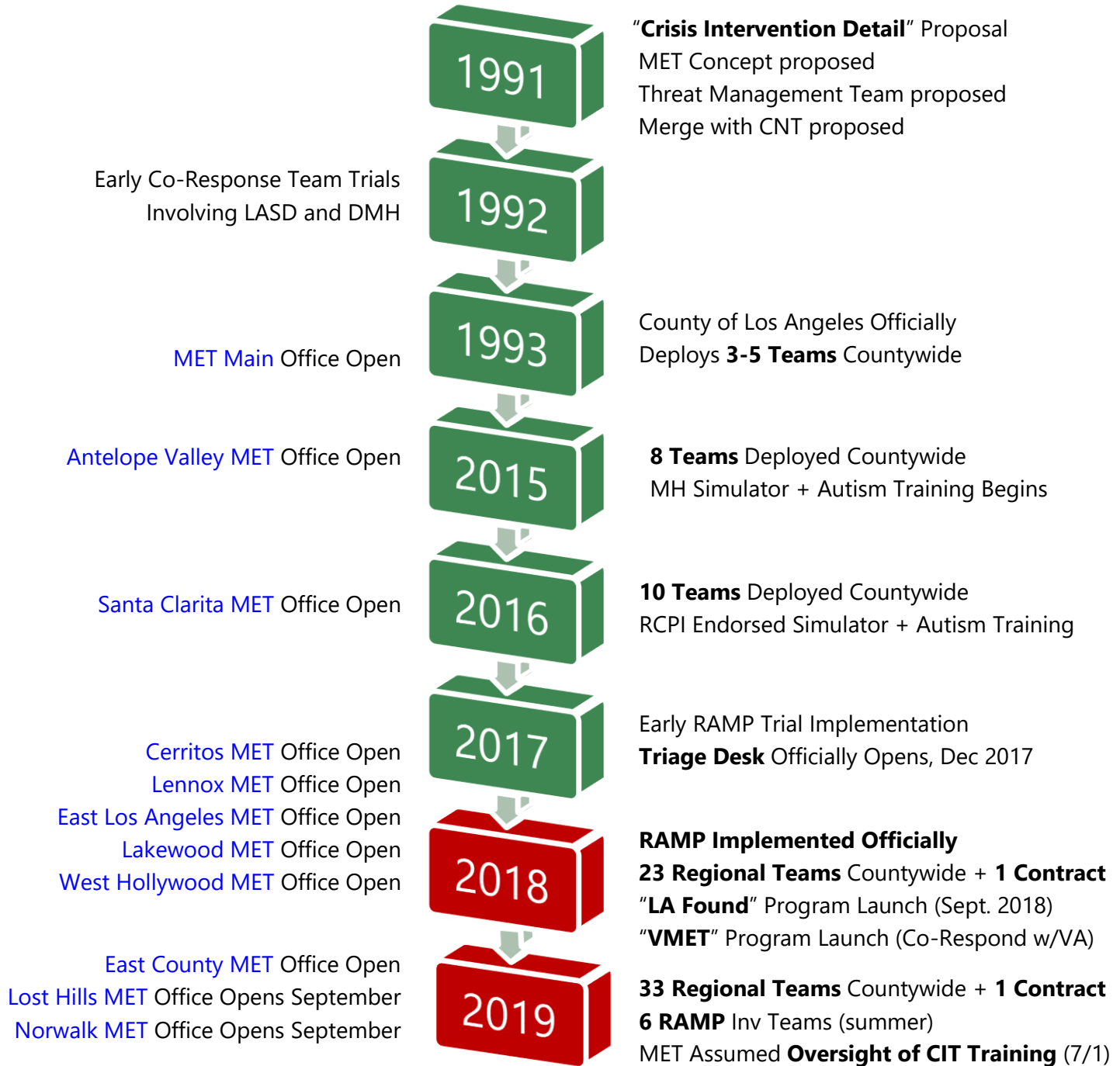
| | |
|-----------|--|
| 6,755 | Total Holds Written in LASD jurisdiction in 2018 |
| 33% | Increase in Patrol Holds Past Year (Calculated from Recent Trend) |
| 2229 | Increased Calls Projected for 2019, based on 2018 data and 2-year trend analysis |
| 8,984 | Projected PATROL Holds for 2019 |
| 257 | Add # of NON-PATROL Holds from 2018 and assume a 10% Increase factor |
| 9,241 | Total Projected Holds for 2019 Based on Recent 2-year Trend |
| | |
| 60% | Percentage of 2018 Mental Health Crises 911/Sheriff Station Calls Resulting in Holds |
| 15,402 | Total Calls Projected in 2019, based on 2018 Patrol & MET Call Data [goal is to have MET respond and handle nearly 100% of all confirmed crises that result in "holds"] |
| 9,657 | Difference Between Actual 2018 Calls Handled and Projected 2019 Call Volume (MET responding to and handling near 100% of crises) |
| 168% | Increase in 2019 Calls Over 2018 [Workload] |
| | |
| 23 | MET Teams Handling Calls – Impacting the 2018 Numbers |
| 168% | Increase in the Units Needed to <i>Minimally</i> Meet County's Goals (by 2018 data) |
| 39 | Number of teams in the field necessary with <u>No Relief Factors</u> and <u>NO staff injuries or illnesses</u> and <u>no EM shift coverage</u> considerations and NO new IBD process implemented (each would obviously add need for more MET units) |
| 9 | MET units to provide overlap coverage and MET relief shift factors (2.2 units PER SIDE OF WEEK with one covering North AND one unit in South County) |
| 12 | Number of deputies needed for proper EM Shift Coverage <i>Minimally</i> (3 deputies PER SIDE OF WEEK, Sun-Wed and Wed-Sun, each covering North AND South Co. RD's) |
| 60 | Total <i>Minimum</i> Qty of MET units recommended for MET coverage Countywide (2019) – consistent with Civilian Oversight Committee recommendations in 2018⁶ |

⁶ Source is report at URL: <https://coc.lacounty.gov/LinkClick.aspx?fileticket=NOUC3DWcsps%3d&portalid=35>



Timeline: Program Evolution

The following vertical timeline visually depicts key program milestones with emphasis on expansion during the past four (4) years. By June 30th, MET was budgeted to deploy 33 teams Countywide + 1 Contract Unit, which represents 55% of the Countywide units needed for MET, according to Civilian Oversight Commission and calculations based on actual 2018 MET data.





Funding MET Expansion

Six MET positions are currently funded by the Office of Diversion & Re-Entry. The majority of MET growth during recent years has largely occurred during the “Supplemental Budget” phase utilizing AB109 funding received from the state. Expansion of the MET was proposed in each of the past two 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 as a need in 2015. In 2018, the CEO Public Safety was provided a 2-year mid-growth phase proposal for MET expansion in fiscal years 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 an accurate assessment based on data available in 2019, coupled with recent 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 have **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 people⁷ larger than 10 states, with an estimated 400,000+ residents with “*serious mental illness*” (SMI), a jail 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.^{8 9 10}

⁷ County of Los Angeles, <https://www.lacounty.gov/government/geography-statistics/statistics/#1481130319389-8a1c0344-8add>

⁸ Forbes 2019, URL <https://www.forbes.com/sites/jimgorzelay/2019/02/11/here-are-the-u-s-cities-suffering-the-worst-traffic-congestion/#1b2d87b96e36>

⁹ Curbed LA 2019, URL <https://la.curbed.com/2019/2/13/18222225/los-angeles-traffic-worst-nation-hours>

¹⁰ US News 2019, URL <https://www.usnews.com/news/cities/articles/2019-02-12/these-cities-have-the-worlds-worst-traffic-congestion>



What About More Hospital Beds?

Hospital beds for mental health care in LA County remain an urgent need, especially in the East San Gabriel and Antelope Valleys, which are seeing huge increases in mentally ill patients presenting in crises. Fortunately, both of those regions have planned treatment facilities in the works, which will help add system-wide capacity in 2020. However, hospital beds are not the only solution to helping the mentally ill.

Today's public and private Urgent Care Centers (UCC) are providing mental health stabilization for many patients within 24 hours. Not all patients require long term hospitalization to be restored. The key to most patients remaining stable extends to their level of compliance in attending their prescribed post-care therapies and fulfillment and use of their prescribed medications.

MET managers are part of a vast network of experts participating in the County's Alternatives to Incarceration (ATI) workgroup sessions, meeting weekly to develop the community-based solutions of tomorrow to help patients avoid decompensation and crises that too often result in emergent encounters with law enforcement. While MET is not the *only* solution to this ongoing need Countywide, MET is unquestionably one of the best available resources to urgently respond when a patient in crisis presents during a manic episode or suicidal state of mind. The lack of sufficient immediate bed space does not reduce the increasing need for the equivalent of "mental health SWAT" teams who specialize in de-escalation of such patients, often in potentially dangerous encounters with law enforcement and other first responders.

Additionally, there are new uses of technology (tele-mental health care, iPhone linkage to service providers, remote access to psychiatrists, etc.) that are proving to help reduce bed dependency as the only remedy for all of the mentally ill. Even those with serious mental illness are benefitting from applied technology as well as expanding peer network outreach and other alternatives for care without automatically resorting to calling 911, arrest or hospitalization.

This report details ongoing outreach efforts by the newly revamped [Risk Assessment & Management Program](#) (RAMP) to help manage and advocate for patients who are treated at UCC's and released into the community after stabilization. RAMP is proving to be a vital component of MET service to reduce chronic utilizers of EMS services.



Next Phase of Proposed Expansion

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

- Fiscal Year 2019-20 – 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 (**Awaiting word at “Supplemental Budget”**).
- Fiscal Year 2019-20 – Crisis Intervention Training (CIT) proposed to merge in 2019, as originally envisioned in 2015 (**Done**).
- In 2020, a unit commander and second lieutenant position are added to the MET, with oversight from the Countywide Services Division Chief and Commanders, which then establishes a dedicated Mental Health Bureau or Crisis Mitigation Bureau within the Sheriff’s Department. This program becomes institutionalized.
- Proportionally add support and supervisory staff for the expanded operation.
- Implement the mobile de-escalation training unit in mid-2019, 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 will be deployed for periodic patrol refresher training in de-escalation Countywide, following 32-hr CIT training classes. Deputies will practice de-escalation techniques and decision-making skills during crisis scenarios. Patrol deputies must provably demonstrate their ability to de-escalate patients and use little or no force - as objectively reasonable.
- The mobile de-escalation training will also incorporate the “LA Found” program training for first responders (4th District sponsored initiative). One of the objectives for that initiative is to provide simulator-based experiential training sessions in FY 2019-20, 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 III](#) for a brief explanation of each. The following pages demonstrate current and next projected growth phases in the continued, incremental expansion of the MET program in Los Angeles County.



FY 2018-19 Growth to 34 MET Units

During FY 2018-19, MET increased funding from 23 to 33 regionally deployed teams Countywide, plus one (1) contracted team in the City of West Hollywood. Also during this current phase of growth, the Risk Assessment & Management Program (RAMP) was revitalized and expanded to six (6) teams Countywide.

One training deputy was added to help with training coordination for all MET personnel as well as simulator-based training to improve existing training for patrol personnel and a new training objective to train all first responders in LA County regarding the “[LA Found](#)” Program. Appropriate supervisory and support personnel were part of this phase of growth in fiscal year 2018-19.

The emphasis for current MET deployment with the added ten (10) teams has been to provide more crisis-handling capacity for the North County as a priority, which remains the busiest area of the County in terms of the overall volume of crises handled by the MET. Next, there has been emphasis on providing MET services with a reduced response time to the West County areas from downtown to the coastline.

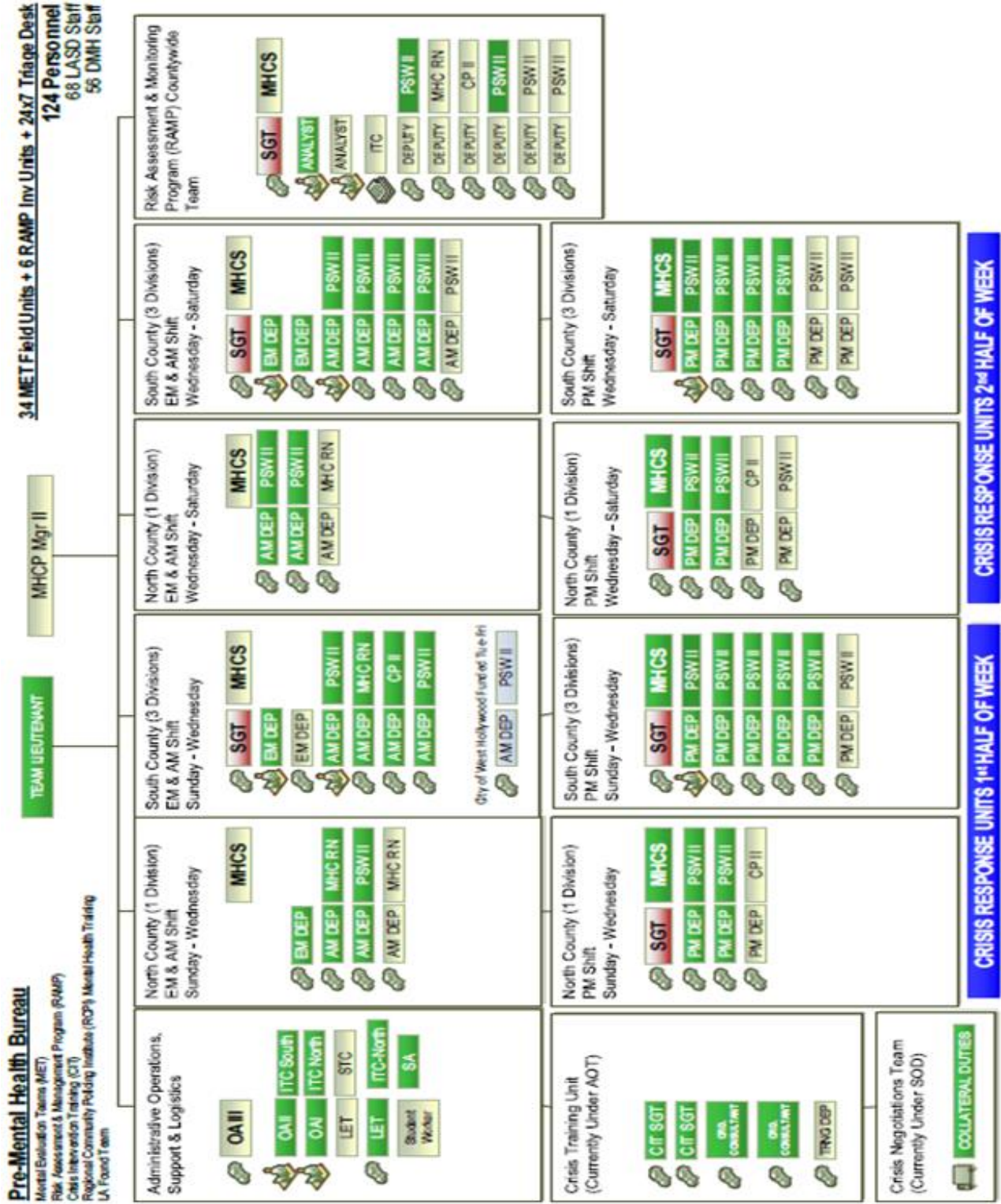
At this time, due to two long term deputy injuries on duty, minimal coverage is provided on the EM shift. That gap in coverage is critical and would be the first priority to resolve in the proposed next phase of expansion to 45 units. Finally, two flexible deployment units were added to allow the Triage Desk to backfill gaps and provide more flexible coverage in *any* area when an area-specific MET unit is on a call. Active management of the flexible deployment units is intended to reduce the response times to newly reported crises by *pre-staging* units based upon actual call volume and needs of the County daily.

The current deployment plan for 33 regional units, one contract unit, 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 organizational charts and deployment matrices in this report are subject to revision as the ongoing deployment of personnel often changes with fluctuations in crises and/or observable trends in specific regions Countywide.



Organizational Chart for Fiscal Year 2018-19 Growth





Deployment of 34 MET Units (Current Plan)

| | | | | | |
|--|-------------------------------|--|---------|-----------|-----------------------------------|
| BARCLAY H918S2 | NORTH PATROL DIVISION | AV / SCT SUPERVISOR COLLATERAL OVERSIGHT: MACARTHUR GRANT PROGRAM | FLEX | 1000-2000 | AV Office (North Hub) |
| TIWARI H918S3 | EAST PATROL DIVISION | SOUTH END SUPERVISOR (South / East / West Co) COLLATERALS: MET TRAINING + RCPI + LA FOUND LIAISON | SUN-WED | 1600-0200 | South El Monte (Admin) Office |
| BOJORQUEZ H918S4 | SOUTH PATROL DIVISION | SOUTH END SUPERVISOR (South / East / West Co) COLLATERAL OVERSIGHT: VA PROGRAMS + SCHEDULING | WED-SAT | 1200-2200 | East San Gabriel Valley Office |
| PLAIR H918S6 | CENTRAL PATROL DIVISION | SOUTH END SUPERVISOR (South / East / West Co) COLLATERAL OVERSIGHT: ADMIN TEAM / OPS / MEDIA LEAD | SUN-WED | 0600-1600 | South El Monte Office |
| VERVERA H918S7 | TRIAGE DESK OVERSIGHT | SOUTH END SUPERVISOR (South / East / West Co)* COLLATERAL OVERSIGHT: TRIAGE DESK + NAMI LIAISON | SUN-WED | 1600-0200 | East San Gabriel Valley Office |
| AVILA H918X1 | NORTH COUNTY MET | AV/SCT MET SUPERVISOR/ AV SCT RAMP SUPERVISOR COLLATERAL OVERSIGHT: NORTH CTY SCHEDULING MACARTHUR GRANT PROGRAM, CODE 3 RESPONSES | SUN-WED | 1530-0200 | AV Office (North Hub) |
| PANDURO- MORALES H918X3 | NORTH COUNTY MET | AV/SCT MET SUPERVISOR COLLATERAL OVERSIGHT: QA CODE 3 RESPONSES | WED-SAT | 1000-2030 | AV Office (North Hub) |
| ISAAC- PALMA H918X4 | SOUTH EAST COUNTY MET | SOUTH CTY MET SUPERVISOR COLLATERAL OVERSIGHT: SCHEDULING, TRAINING, MET PRESENTATIONS, CODE 3 RESPONSES | SUN-WED | 0600-1630 | East San Gabriel Valley Office |
| SADDLER H918X5 | SOUTH EAST COUNTY MET | SOUTH CTY MET SUPERVISOR COLLATERAL OVERSIGHT: MET TRIAGE DESK, QA, CODE 3 RESPONSES | SUN-WED | 1530-0200 | East San Gabriel Valley Office |
| ODJEGBA H918X6 | SOUTH EAST COUNTY MET | SOUTH CTY MET SUPERVISOR COLLATERAL OVERSIGHT: MET TRIAGE DESK VEHICLE MAINTENANCE, CODE 3 RESPONSES | WED-SAT | 0600-1630 | East San Gabriel Valley Office |
| VACANT H918X7 | SOUTH EAST COUNTY MET | SOUTH CTY MET SUPERVISOR COLLATERAL OVERSIGHT: MET TRIAGE DESK QA, CODE 3 RESPONSES | WED-SAT | 1530-0200 | East San Gabriel Valley Office |
| 18D | EM DESK 1 | MET TRIAGE DESK (DEPUTY ONLY) | SUN-WED | 2000-0600 | South El Monte (Admin) Office |
| H918D | EM DESK 2 | MET TRIAGE DESK (DEPUTY ONLY) | WED-SAT | 2000-0600 | South El Monte (Admin) Office |
| H918D | AM DESK 1 | MET TRIAGE DESK - DEPUTY + CLINICIAN | SUN-WED | 0600-1600 | South El Monte (Admin) Office |
| H918D | AM DESK 2 | MET TRIAGE DESK - DEPUTY + CLINICIAN | WED-SAT | 0600-1600 | South El Monte (Admin) Office |
| H918D | PM DESK 1 | MET TRIAGE DESK - DEPUTY + CLINICIAN | SUN-WED | 1400-0000 | South El Monte (Admin) Office |
| H918D | PM DESK 2 | MET TRIAGE DESK - DEPUTY + CLINICIAN | WED-SAT | 1400-0000 | South El Monte (Admin) Office |



| | | | | | |
|-----------------------------------|------------------------|---|---------|-----------|----------------------------------|
| LET H918U2 | ADMIN | VEH MAINTENANCE, LOGISTICS, MAIL, DESK ASSIST; LA FOUND SUPPORT; TRNG BACKUP COVERAGE | TUE-FRI | 0400-1400 | ESGV Office (East Hub) |
| H918G1 | SOUTH COUNTY | EM SHIFT UNIT (NO CLINICIAN) *** UNFILLED DUE TO IOD / PENNA *** | MON-THU | 2000-0600 | |
| H918G4 | SOUTH COUNTY | EM SHIFT UNIT *** UNFILLED DUE TO IOD / FERNANDEZ *** | WED-SAT | 2000-0600 | |
| H918G7 | NEW MET UNIT (PENDING) | EM SHIFT UNIT (NO CLINICIAN) | WED-SAT | 2000-0600 | Santa Clarita Office |
| H918A1 | CPD | CENTRAL PATROL DIVISION - DAY SHIFT | SUN-WED | 0600-1600 | ELA Station Office (Central Hub) |
| JOHNSON H918A2 | CPD | CENTRAL PATROL DIVISION - PM SHIFT [CPD LEAD] | MON-THU | 1600-0200 | ESGV Office (East Hub) |
| H918A3 | CPD | CENTRAL PATROL DIVISION - DAY 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) |
| H918B1 | SPD | SOUTH PATROL DIVISION - DAY SHIFT | SUN-WED | 0600-1600 | Lakewood Office |
| H918B2 | SPD | SOUTH PATROL DIVISION - PM SHIFT | SUN-WED | 1600-0200 | Cerritos Station Office |
| LOPEZ SCHED H918B3 | SPD | SOUTH PATROL DIVISION - DAY SHIFT | MON-THU | 0600-1600 | Cerritos Station Office |
| PARKER H918B4 | SPD | SOUTH PATROL DIVISION - PM SHIFT [SPD LEAD] | TUE-FRI | 1600-0200 | Lakewood Office |
| H918E1 | EPD | EAST PATROL DIVISION - DAY SHIFT | SUN-WED | 0600-1600 | ESGV Office (East Hub) |
| MIRANDA H918E2 | EPD | EAST PATROL DIVISION - PM SHIFT [EPD LEAD] | MON-THU | 1600-0200 | ESGV Office (East Hub) |
| H918E3 | EPD | EAST PATROL DIVISION - DAY SHIFT | WED-SAT | 0600-1600 | ESGV Office (East Hub) |
| H918E4 | EPD | EAST PATROL DIVISION - PM SHIFT | WED-SAT | 1600-0200 | ESGV Office (East Hub) |
| H918F1 | "FLOATING" UNIT | ADDED COVERAGE IN SOUTH BAY / SPD / or AS-NEEDED | SUN-WED | 1600-0200 | Carson Station Office (New) |
| H918F3 | "FLOATING" UNIT | OVERLAP IN CENTRAL / SOUTH COUNTY* or AS-NEEDED | SUN-WED | 0500-1500 | Norwalk Station Office (New) |
| H918F4 | "FLOATING" UNIT | OVERLAP IN SOUTH Co / EAST Co* or AS-NEEDED | WED-SAT | 1500-0100 | Norwalk Station Office (New) |
| H918N1 | NPD | LANCASTER/PALMDALE - DAY SHIFT | SUN-WED | 0600-1600 | AV Office (North Hub) |
| H918N2 | NPD | LANCASTER/PALMDALE - PM SHIFT | SUN-WED | 1600-0200 | AV Office (North Hub) |
| H918N3 | NPD | LANCASTER/PALMDALE - DAY SHIFT | WED-SAT | 0600-1600 | AV Office (North Hub) |
| H918N4 | NPD | LANCASTER/PALMDALE - PM SHIFT | WED-SAT | 0600-1600 | AV Office (North Hub) |
| H918N5 | NPD | LANCASTER/PALMDALE - PM SHIFT OVERLAP* | SUN-WED | 1500-0100 | AV Office (North Hub) |
| H918N6 | NPD | LANCASTER/PALMDALE - PM SHIFT OVERLAP* | WED-SAT | 1500-0100 | AV Office (North Hub) |
| H918N7 | NPD | LANCASTER/PALMDALE - DAY SHIFT OVERLAP* | SUN-WED | 0500-1500 | AV Office (North Hub) |
| H918N8 | NPD | LANCASTER/PALMDALE - PM SHIFT OVERLAP* | WED-SAT | 0500-1500 | AV Office (North Hub) |
| BROUMLEY H918V1 | NPD | SANTA CLARITA/FOOTHILLS [NPD LEAD] | SUN-WED | 0600-1600 | Santa Clarita Station Office |
| H918V2 | NPD | SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP) | WED-SAT | 1600-0200 | Santa Clarita Station Office |



| | | | | | |
|--------|-------------|---|---------|-----------|-------------------------------|
| H918V3 | NPD | SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP) | SUN-WED | 1600-0200 | Santa Clarita Station Office |
| H918V4 | NPD | SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP)* | WED-SAT | 0600-1600 | Santa Clarita Station Office |
| H918W | WEST COUNTY | WEST HOLLYWOOD CONTRACT CITY MET | TUE-FRI | 0600-1600 | West Hollywood Station |
| H918W1 | WEST COUNTY | WEST COUNTY REGIONAL AM UNIT (SD2/SD3) | TUE-FRI | 0800-1800 | Lennox Office (West Hub) |
| H918W2 | WEST COUNTY | WEST COUNTY REGIONAL PM UNIT (SD2/SD3)* | WED-SAT | 1600-0200 | West Hollywood Station Office |
| H918W3 | WEST COUNTY | MALIBU / LOST HILLS (MARINA BACKUP UNIT) | WED-SAT | 1000-2000 | Lost Hills Station (New) |

* OVERLAP UNITS MUST BE ASSIGNED WITH A SCHEDULE THAT ALLOWS PASS-ON OF (1) VEH SHARED BY TWO MET TEAMS

| RISK ASSESSMENT & MANAGEMENT PROGRAM (RAMP) | | | | | |
|---|------|----------------------|--------------|-----------|--|
| BRIZ H918S1 | RAMP | LASD RAMP SUPERVISOR | FLEX MON-THU | 0800-1800 | RAMP UNIT LEAD |
| SUAREZ H918S5 | RAMP | LASD RAMP SUPERVISOR | FLEX TUE-FRI | 0800-1800 | ADD'L SGT DUE TO HIGH RISK CASES & WORKLOAD VOLUME |
| SORIA H918X2 | RAMP | DMH RAMP SUPERVISOR | FLEX TUE-FRI | 0800-1800 | ADD'L SGT DUE TO HIGH RISK CASES & WORKLOAD VOLUME |
| H918I1 | RAMP | SOUTH COUNTY | MON-THU | 0800-1800 | ESGV Office (East Hub) |
| H918I2 | RAMP | SOUTH COUNTY | TUE-FRI | 0800-1800 | ESGV Office (East Hub) |
| H918I3 | RAMP | NORTH COUNTY | TUE-FRI | 0800-1800 | ESGV Office (East Hub) |
| H918I4 | RAMP | NORTH COUNTY | MON-THU | 0800-1800 | Palmdale Office (New) |
| H918I5 | RAMP | SOUTH COUNTY | MON-THU | 0800-1800 | ESGV Office (East Hub) |
| H918I6 | RAMP | TBD | TUE-FRI | 0800-1800 | TBD |

‡ RAMP hours may vary + on-call.

| TRAINING PROGRAMS | | | | | |
|-------------------|--------------------|---|---------|-----------|-------------------------------|
| MEDRANO H918T1 | SIMULATOR TRAINING | DE-ESCALATION TRNG; RCPI CLASSES; CIT ASSIST – COUNTYWIDE LA FOUND TRAINING | FLEX | 0600-1600 | South El Monte (Admin) Office |
| LET H918U1 | TRAINING SUPPORT | TRNG PROGRAM SUPPORT, LOGISITICS, LA FOUND SUPPORT; DESK BACKUP COVERAGE & CAD TRNG | FLEX | 0600-1600 | ESGV Office (East Hub) |
| ERHORN H918S8 | FOCIS-360 (CIT) | Field Operations Crisis Intervention Skills Training | MON-THU | 0700-1700 | ESGV Office (East Hub) |
| BROWN H918S9 | FOCIS-360 (CIT) | Field Operations Crisis Intervention Skills Training | MON-THU | 0700-1700 | ESGV Office (East Hub) |
| H918T2 | FOCIS-360 (CIT) | Field Operations Crisis Intervention Skills Training | MON-THU | 0700-1700 | ESGV Office (East Hub) |
| H918T3 | FOCIS-360 (CIT) | Field Operations Crisis Intervention Skills Training | MON-THU | 0700-1700 | ESGV Office (East Hub) |



FY 2019-20 Goal: Deploy 45 MET Units

The next milestone for MET expansion seeks to add 12 units to 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. 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 tends to have fewer calls between 0200-0600 hours, but there has been an upward trend in recent years.

Although there would be fewer MET units on EM shift, as compared to AM and PM shifts, coverage would be appropriate for the anticipated call volume. MET units on EM shift generally have faster response times to and from crises calls due to significantly less traffic delays. This added 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.

The secondary emphasis during this phase of expansion 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.

One extra North County unit would be added to AM and PM shifts on both halves of the week with the next phase of expansion, where coverage is needed most due to increasing call volume and more calls anticipated when Lancaster becomes part of the Intake Booking Diversion (IBD) program. If there is no expansion for FY 2019-20, then Lancaster will not become part of the IBD pilot as the current allotment of North County MET units will be insufficient to handle the extra workload.

The deployment matrix on the following pages demonstrates where twelve (12) additional MET units would likely be deployed during this phase of expansion for maximum benefits Countywide. The new units are indicated in gray rows, meaning they are nonexistent units today (coverage gaps). This is subject to change, of course, as we

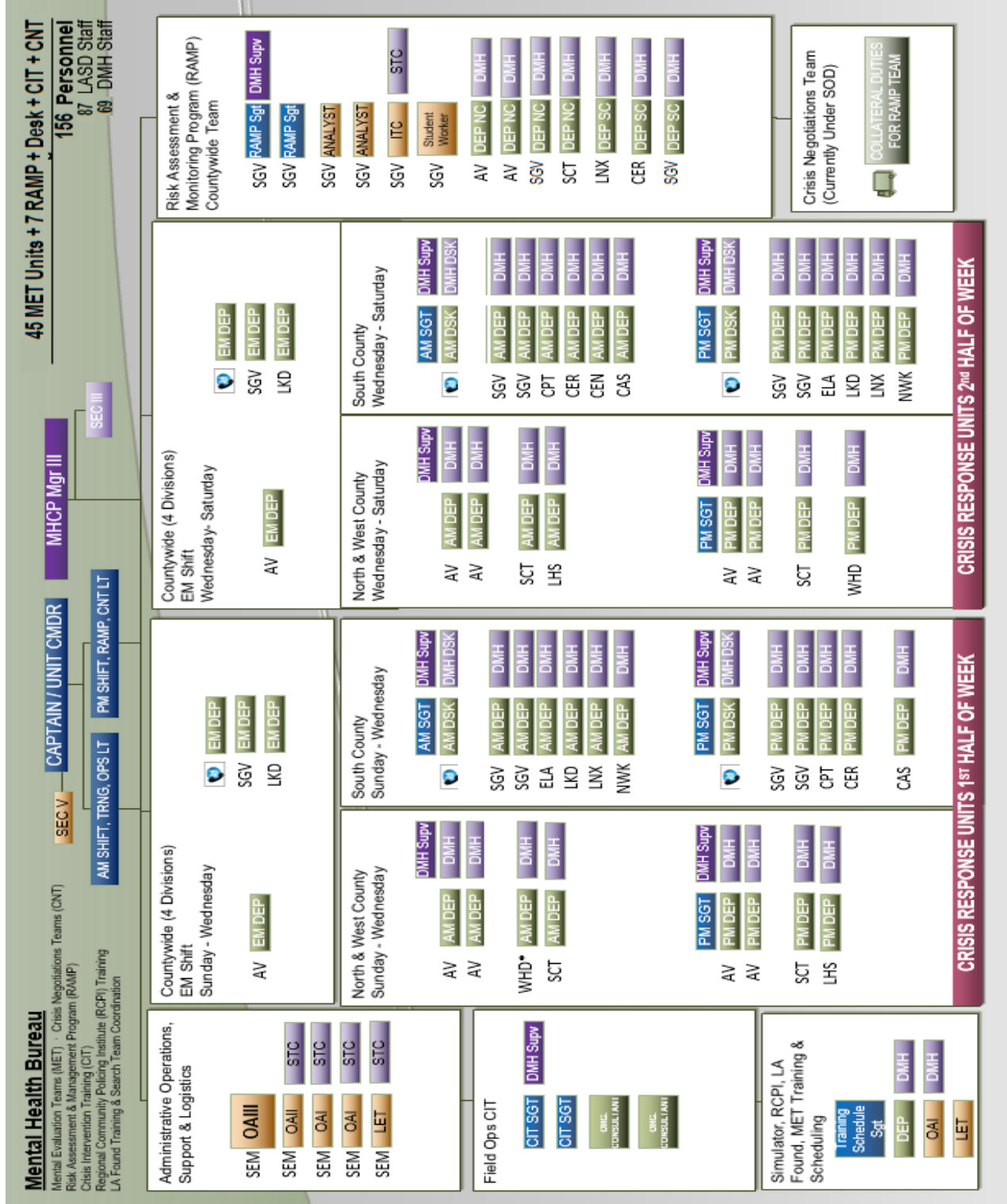


study the trends in mental health crises quarterly and make adjustments to deployment plans accordingly.

Note: MacArthur Grant and/or other grant opportunities are being explored to help augment desk staffing during the busiest times and to address the extra workload projected with implementation of the Intake Booking Diversion (IBD) program in 2019.



Proposed Organizational Chart to 45 MET Units (in FY 19-20)





Deployment of 45 MET Units (Pending Funding)

Projected LACo MET / RAMP Deployment by June 30, 2020 (IF FUNDED IN "SUPPLEMENTAL")

| | | | | | |
|--|--------------------------|--|-----------------|------------------|---|
| H918S2 | NPD (AB109) | AV / SCT LEAD SUPERVISOR COLLATERAL OVERSIGHT: MACARTHUR GRANT PROGRAM | MON-FRI FLEX | 1000-2000 | AV Office (North Hub) |
| H918S3 | TRNG/SCHED | SOUTH END SUPERVISOR (South / East / West Co) COLLATERALS: MET TRNG/SCHEDULING + LA FOUND PROGRAM | MON-THU | 0800-1800 | ESGV or HQ Office |
| H918S4 | SPD (AB109) | SOUTH END SUPERVISOR (South / East / West Co) COLLATERAL OVERSIGHT: VA PROGRAMS | WED-SAT | 0600-1600 | ESGV or HQ Office |
| H918S6 | CPD (AB109) | SOUTH END SUPERVISOR (South / East / West Co) COLLATERAL OVERSIGHT: ADMIN TEAM / OPS / MEDIA LEAD | SUN-WED | 0600-1600 | ESGV or HQ Office |
| H918S7 | DESK (AB109) | SOUTH END SUPERVISOR (South / East / West Co)* COLLATERAL OVERSIGHT: TRIAGE DESK + NAMI LIAISON | WED-SAT | 1600-0200 | ESGV or HQ Office |
| AVILA H918X1 | NORTH COUNTY MET | AV/SCT MET SUPERVISOR/ AV SCT RAMP SUPERVISOR COLLATERAL OVERSIGHT: NORTH CTY SCHEDULING MACARTHUR GRANT PROGRAM, CODE 3 RESPONSES | SUN-WED | 1530-0200 | AV Office (North Hub) |
| PANDURO -MORALES H918X3 | NORTH COUNTY MET | AV/SCT MET SUPERVISOR COLLATERAL OVERSIGHT: QA CODE 3 RESPONSES | WED-SAT | 1000-2030 | AV Office (North Hub) |
| ISAAC- PALMA H918X4 | SOUTH EAST COUNTY MET | SOUTH CTY MET SUPERVISOR COLLATERAL OVERSIGHT: SCHEDULING, TRAINING, MET PRESENTATIONS, CODE 3 RESPONSES | SUN-WED | 0600-1630 | East San Gabriel Valley Office |
| SADDLER H918X5 | SOUTH EAST COUNTY MET | SOUTH CTY MET SUPERVISOR COLLATERAL OVERSIGHT: MET TRIAGE DESK, QA, CODE 3 RESPONSES | SUN-WED | 1530-0200 | East San Gabriel Valley Office |
| ODJEGBA H918X6 | SOUTH EAST COUNTY MET | SOUTH CTY MET SUPERVISOR COLLATERAL OVERSIGHT: MET TRIAGE DESK VEHICLE MAINTENANCE, CODE 3 RESPONSES | WED-SAT | 0600-1630 | East San Gabriel Valley Office |
| VACANT H918X7 | SOUTH EAST COUNTY MET | SOUTH CTY MET SUPERVISOR COLLATERAL OVERSIGHT: MET TRIAGE DESK QA, CODE 3 RESPONSES | WED-SAT | 1530-0200 | East San Gabriel Valley Office |
| DEC '19 H918S8 | ALL AREAS (AB109) | PM / EM UNIT SUPERVISOR [SGT1] COLLATERAL OVERSIGHT: EM LIAISON + IB CONSULTANT | SUN-MON | 2000-0600 | Santa Clarita or AV Office (North Hub) |
| JUNE '20 H918S9 | ALL AREAS (AB109) | PM / EM UNIT SUPERVISOR [SGT2] COLLATERAL OVERSIGHT: EM LIAISON + IB CONSULTANT | WED-SAT | 2000-0600 | Industry Office (New) |



SEEKING GRANT-FUNDED OVERTIME TO ADD STAFFING COVERAGE ON DESK – IDEALLY, HAVE (2) DEPUTIES DURING BUSIEST HOURS

| | | | | | |
|-------|-----------|--------------------------------------|---------|-----------|-------------------|
| H918D | EM DESK 1 | MET TRIAGE DESK (DEPUTY ONLY) | SUN-WED | 2000-0600 | HQ (Admin) Office |
| H918D | EM DESK 2 | MET TRIAGE DESK (DEPUTY ONLY) | WED-SAT | 2000-0600 | HQ (Admin) Office |
| H918D | AM DESK 1 | MET TRIAGE DESK - DEPUTY + CLINICIAN | SUN-WED | 0600-1600 | HQ (Admin) Office |
| H918D | AM DESK 2 | MET TRIAGE DESK - DEPUTY + CLINICIAN | WED-SAT | 0600-1600 | HQ (Admin) Office |
| H918D | PM DESK 1 | MET TRIAGE DESK - DEPUTY + CLINICIAN | SUN-WED | 1400-0000 | HQ (Admin) Office |
| H918D | PM DESK 2 | MET TRIAGE DESK - DEPUTY + CLINICIAN | WED-SAT | 1400-0000 | HQ (Admin) Office |

| | | | | | |
|---------------|-------|---|---------|-----------|------------------------|
| LET H918U2 | ADMIN | VEH MAINTENANCE, LOGISTICS, DESK ASSIST; LA FOUND SUPPORT; TRNG BACKUP COVERAGE | TUE-FRI | 0600-1600 | ESGV Office (East Hub) |
| CSA H918U3 | ADMIN | NORTH VEH MAINTENANCE, MAIL RUNS, ASSIST w/ LOGISTICS FOR NORTH Co | MON-THU | 0600-1600 | AV Office (North Hub) |

| | | | | | |
|--------|--------------------------|---|---------|-----------|----------------------------------|
| H918G1 | SOUTH COUNTY | EM SHIFT UNIT (NO DMH CLINICIAN) | SUN-WED | 2000-0600 | HQ(Admin) Office |
| H918G2 | SOUTH COUNTY | EM SHIFT UNIT (NO DMH CLINICIAN) [1] | WED-SAT | 2000-0600 | Industry Office (New) |
| H918G3 | SOUTH COUNTY | EM SHIFT UNIT (NO DMH CLINICIAN) [2] | SUN-WED | 2000-0600 | HQ(Admin) Office |
| H918G4 | SOUTH COUNTY | EM SHIFT UNIT (NO DMH CLINICIAN) | WED-SAT | 2000-0600 | Industry Office (New) |
| H918G5 | NORTH COUNTY | EM SHIFT UNIT (NO DMH CLINICIAN) [3] | SUN-WED | 2000-0600 | AV Office (North Hub) |
| H918G6 | NORTH COUNTY | EM SHIFT UNIT (NO DMH CLINICIAN) [4] | SUN-WED | 2000-0600 | AV Office (North Hub) |
| H918G7 | NORTH COUNTY | EM SHIFT UNIT (NO DMH CLINICIAN) | WED-SAT | 2000-0600 | Santa Clarita Office |
| H918G8 | NORTH COUNTY | EM SHIFT UNIT (NO DMH CLINICIAN) [5] | WED-SAT | 2000-0600 | AV Office (North Hub) |
| 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 - DAY 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) |
| H918B1 | SPD | SOUTH PATROL DIVISION - DAY SHIFT | SUN-WED | 0600-1600 | Lakewood Office |
| H918B2 | SPD | SOUTH PATROL DIVISION - PM SHIFT | MON-THU | 1600-0200 | Cerritos Station Office |
| H918B3 | SPD | SOUTH PATROL DIVISION - DAY SHIFT [SPD LEAD] | TUE-FRI | 0600-1600 | Cerritos Station Office |
| H918B4 | SPD | SOUTH PATROL DIVISION - PM SHIFT | WED-SAT | 1600-0200 | Lakewood Office |
| H918E1 | EPD | EAST PATROL DIVISION - DAY SHIFT | SUN-WED | 0600-1600 | ESGV Office (East Hub) |
| H918E2 | EPD | EAST PATROL DIVISION - PM SHIFT [EPD LEAD] | MON-THU | 1600-0200 | ESGV Office (East Hub) |
| H918E3 | EPD | EAST PATROL DIVISION - DAY SHIFT | WED-SAT | 0600-1600 | ESGV Office (East Hub) |
| H918E4 | EPD | EAST PATROL DIVISION - PM SHIFT | WED-SAT | 1600-0200 | ESGV Office (East Hub) |
| H918E5 | EPD | OVERLAP COVERAGE [6] | TUE-FRI | 1000-2000 | Industry Office (New) |
| H918F1 | FLEXIBLE DEPLOYMENT UNIT | ADDED COVERAGE IN SOUTH BAY / SPD AS-NEEDED | SUN-WED | 1500-0100 | Carson Station Office (New) |
| H918F2 | FLEXIBLE DEPLOYMENT | OVERLAP AND RELIEF COVERAGE [7] | WED-SAT | 0500-1500 | Carson Station Office (New) |



| | | | | | |
|---------|---------------------|--|---------|-----------|---------------------------------------|
| H918F3 | FLEXIBLE DEPLOYMENT | OVERLAP IN CENTRAL / SO COUNTY or AS-NEEDED | SUN-WED | 0500-1500 | Norwalk Station Office (New) |
| H918F4 | FLEXIBLE DEPLOYMENT | OVERLAP IN SOUTH Co / EAST Co* or AS-NEEDED | WED-SAT | 1500-0100 | Norwalk Station Office (New) |
| H918F5 | FLEXIBLE DEPLOYMENT | OVERLAP AND RELIEF COVERAGE [8] | MON-THU | 0500-1500 | Century, Compton, or PRV Office (New) |
| H918F6 | FLEXIBLE DEPLOYMENT | OVERLAP AND RELIEF COVERAGE [9] | TUE-FRI | 1600-0200 | Century, Compton, or PRV Office (New) |
| H918N1 | NPD | LANCASTER/PALMDALE - DAY SHIFT [NPD LEAD] | TUE-FRI | 0600-1600 | AV Office (North Hub) |
| H918N2 | NPD | LANCASTER/PALMDALE - AM UNIT | SUN-WED | 0500-1500 | AV Office (North Hub) |
| H918N3 | NPD | LANCASTER/PALMDALE - AM UNIT | SUN-WED | 0600-1600 | AV Office (North Hub) |
| H918N4 | NPD | LANCASTER/PALMDALE - PM SHIFT | SUN-WED | 1500-0100 | AV Office (North Hub) |
| H918N5 | NPD | LANCASTER/PALMDALE - DAY SHIFT | SUN-WED | 1600-0200 | AV Office (North Hub) |
| H918N6 | NPD | LANCASTER/PALMDALE - DAY SHIFT | WED-SAT | 0500-1500 | AV Office (North Hub) |
| H918N7 | NPD | LANCASTER/PALMDALE - DAY SHIFT | WED-SAT | 0600-1600 | AV Office (North Hub) |
| H918N8 | NPD | LANCASTER/PALMDALE - PM SHIFT | WED-SAT | 1500-0100 | AV Office (North Hub) |
| H918N9 | NPD | LANCASTER/PALMDALE - PM SHIFT [10] | WED-SAT | 1600-0200 | AV Office (North Hub) |
| H918N10 | NPD | LANCASTER/PALMDALE - OVERLAP UNIT [11] | MON-THU | 1000-2000 | AV Office (North Hub) |
| H918N11 | NPD | LANCASTER/PALMDALE - OVERLAP UNIT [12] | TUE-FRI | 1000-2000 | AV Office (North Hub) |
| H918V1 | NPD | SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP) | SUN-WED | 0600-1600 | Santa Clarita Station Office |
| H918V2 | NPD | SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP) | WED-SAT | 1600-0200 | Santa Clarita Station Office |
| H918V3 | NPD | SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP) | SUN-WED | 1600-0200 | Santa Clarita Station Office |
| H918V4 | NPD | SANTA CLARITA/FOOTHILLS (CV, ALD, WHD BCKUP) | WED-SAT | 0600-1600 | Santa Clarita Station Office |
| H918W | WEST COUNTY | WEST HOLLYWOOD CONTRACT CITY MET UNIT | TUE-FRI | 0600-1600 | West Hollywood Station Office |
| H918W1 | WEST COUNTY | WEST COUNTY REGIONAL AM UNIT (SD2/SD3) | TUE-FRI | 0600-1600 | Lennox Office (West Hub) |
| H918W2 | WEST COUNTY | WEST COUNTY REGIONAL PM UNIT (SD2/SD3) | WED-SAT | 1600-0200 | West Hollywood Station Office |
| H918W3 | WEST COUNTY | MALIBU / LOST HILLS (MARINA BACKUP UNIT) | WED-SAT | 1000-2000 | Lost Hills Station (New) |

*Contract City Unit (Restricted to City of West Hollywood Only)

| RISK ASSESSMENT & MANAGEMENT PROGRAM (RAMP) | | | | | |
|---|------|------------------------|----------|-----------|--|
| H918S1 | RAMP | RAMP SUPERVISOR (LEAD) | TUE-FRI‡ | 0800-1800 | RAMP UNIT LEAD |
| H918S5 | RAMP | RAMP SUPERVISOR | MON-THU‡ | 0800-1800 | DUE to HIGH RISK CASES & WORKLOAD VOLUME |
| H918I1 | RAMP | SOUTH COUNTY | MON-THU‡ | 0800-1800 | Cerritos Office |
| H918I2 | RAMP | SOUTH COUNTY | TUE-FRI‡ | 0800-1800 | AV Office (North Hub) |
| H918I3 | RAMP | NORTH COUNTY | TUE-FRI‡ | 0800-1800 | Lennox Office (West Hub) |
| H918I4 | RAMP | NORTH COUNTY | MON-THU‡ | 0800-1800 | AV Office (North Hub) |
| H918I5 | RAMP | SOUTH COUNTY | MON-THU‡ | 0800-1800 | ESGV Office (East Hub) |
| H918I6 | RAMP | SOUTH COUNTY | TUE-FRI‡ | 0800-1800 | ESGV Office (East Hub) |
| H918I7 | RAMP | NORTH COUNTY [ADD NEW] | TUE-FRI‡ | 0800-1800 | Santa Clarita Office |



| TRAINING PROGRAMS | | | | | |
|-------------------|------------------------------|---|----------------|------------------|------------------------|
| H918T1 | SIMULATOR DE-ESCALATION TRNG | DE-ESCALATION TRNG; RCPI CLASSES; FOCIS/CIT ASSIST | FLEX AS NEEDED | 0700-1700 | ESGV Office (East Hub) |
| LET H918U1 | TRAINING SUPPORT STAFF | TRNG PROGRAM SUPPORT, LOGISITICS, LA FOUND SUPPORT; DESK BACKUP COVERAGE & CAD TRNG | | 0700-1700 | ESGV Office (East Hub) |

‡ RAMP hours may vary + on-call.

Positions in GRAY indicate a unit unfilled until the budget is approved to 45 units (incremental additions)

IF THE CRISIS INTERVENTION TRAINING TEAM IS MOVED TO MET (AS PROPOSED) THE FOUR POSITIONS BELOW WOULD BE PART OF THE MET TRAINING CADRE

| | | | | | |
|---------------|-----------------|--|---------|------------------|------------------------|
| H918S8 | FOCIS-360 (CIT) | Field Operations Crisis Intervention Skills Training | MON-THU | 0700-1700 | ESGV Office (East Hub) |
| H918S9 | FOCIS-360 (CIT) | Field Operations Crisis Intervention Skills Training | MON-THU | 0700-1700 | ESGV Office (East Hub) |
| H918T2 | FOCIS-360 (CIT) | Field Operations Crisis Intervention Skills Training | MON-THU | 0700-1700 | ESGV Office (East Hub) |
| H918T3 | FOCIS-360 (CIT) | Field Operations Crisis Intervention Skills Training | MON-THU | 0700-1700 | ESGV Office (East Hub) |



2018 Recommendation: 60 MET Units

Mental Health Bureau

Mental Evaluation Teams (MET) - Crisis Negotiations Teams (CNT)
 Risk Assessment & Management Program (RAMP)
 Crisis Intervention Training (CIT)
 Regional Community Policing Institute (RCPI) Training
 LA Field Training & Search Team Coordination

60 MET Units + 9 RAMP + Triage Desk + CIT + CNT
200 Personnel
 113 LASD Staff
 87 DMH Staff

SEC.V

CAPTAIN / UNIT CMDR

AM SHIFT, TRNG, OPS LT

SEC.IV

MHCP Mgr II

PM SHIFT, RAMP, CNT, LT

Administrative Operations, Support & Logistics

SEM OAIII STC

SEM OAI STC

SEM OAI STC

SEM OAI STC

SEM LET STC

AV LET STC

Field Ops CIT

CIT SGT DMH Supv

CIT SGT

ORG CONSULTANT

ORG CONSULTANT

Simulator, RCPI, LA Found, MET Training & Scheduling

Training Schedule Sgt

DEP DMH

OAI DMH

LET

Countywide (4 Divisions) EM Shift

Sunday - Wednesday

AV EM/DEP

SCT EM/DEP

Countywide (4 Divisions) EM Shift

Wednesday - Saturday

AV EM/DEP

SCT EM/DEP

South County

Sunday - Wednesday

SGV EM/DEP

LKD EM/DEP

ELA EM/DEP

South County

Wednesday - Saturday

SGV EM/DEP

LKD EM/DEP

ELA EM/DEP

North & West County

Sunday - Wednesday

AV EM/DEP

WHD* AM/DEP

SCT AM/DEP

RFL AM/DEP

North & West County

Wednesday - Saturday

AV AM/DEP

AV AM/DEP

AV AM/DEP

SCT AM/DEP

LHS AM/DEP

RFL AM/DEP

Countywide (4 Divisions) EM Shift

Wednesday - Saturday

EM SGT

EM DEP

EM DEP

EM DEP

EM DEP

South County

Sunday - Wednesday

AM SGT

AM DSK

AM DSK

SGV AM/DEP

SGV AM/DEP

ELA AM/DEP

LKD AM/DEP

LNX AM/DEP

NWK AM/DEP

South County

Wednesday - Saturday

AM SGT

AM DSK

AM DSK

SGV AM/DEP

SGV AM/DEP

CPT AM/DEP

CER AM/DEP

CEN AM/DEP

CAS AM/DEP

North & West County

Sunday - Wednesday

DMH Supv

DMH

DMH

DMH

DMH

DMH

DMH

DMH

DMH

DMH

North & West County

Wednesday - Saturday

DMH Supv

DMH

DMH

DMH

DMH

DMH

DMH

DMH

DMH

Countywide (4 Divisions) EM Shift

Wednesday - Saturday

EM SGT

EM DEP

EM DEP

EM DEP

EM DEP

South County

Sunday - Wednesday

AM SGT

AM DSK

AM DSK

SGV AM/DEP

SGV AM/DEP

ELA AM/DEP

LKD AM/DEP

LNX AM/DEP

NWK AM/DEP

South County

Wednesday - Saturday

AM SGT

AM DSK

AM DSK

SGV AM/DEP

SGV AM/DEP

CPT AM/DEP

CER AM/DEP

CEN AM/DEP

CAS AM/DEP

North & West County

Sunday - Wednesday

DMH Supv

DMH

DMH

DMH

DMH

DMH

DMH

DMH

DMH

North & West County

Wednesday - Saturday

DMH Supv

DMH

DMH

DMH

DMH

DMH

DMH

DMH

Risk Assessment & Monitoring Program (RAMP)

Countywide Team

SGV RAMP Sgt DMH Supv

SGV RAMP Sgt

SGV ANALYST

SGV ANALYST

SGV ITC

SGV ITC

SGV Shift Worker

AV DEP NC DMH

AV DEP NC DMH

SCT DEP NC DMH

SCT DEP NC DMH

LNX DEP SC DMH

CER DEP SC DMH

VA Lbch DEP SC DMH

SGV DEP SC DMH

SGV DEP SC DMH

Crisis Negotiations Team

(Currently Under SOD)

COLLATERAL DUTIES FOR RAMP TEAM

CRISIS RESPONSE UNITS 1ST HALF OF WEEK

CRISIS RESPONSE UNITS 2ND HALF OF WEEK

- 32 -



Current & Future MET Office Locations

Current MET Offices

MET will have at least 12 offices Countywide, by Fall 2019, from Antelope Valley to Carson:

1. MET Main Office (SG Valley)
2. Antelope Valley MET Office
3. Santa Clarita MET Office
4. Cerritos Station MET Office
5. Lakewood Station MET Office
6. Lennox MET Office
7. Carson MET Office
8. East Los Angeles Station MET Office



New MET offices were opened in FY2018-19 as a direct result of the funded expansion in fiscal year 2018-19 [parenthetical notation indicates supervisorial district(s) served]:

9. West Hollywood MET Office (SD2, SD3)
10. East San Gabriel Valley MET Office (SD1, SD4, SD5)
11. Norwalk Station MET Office (SD1, SD4)

Proposed Future MET Offices

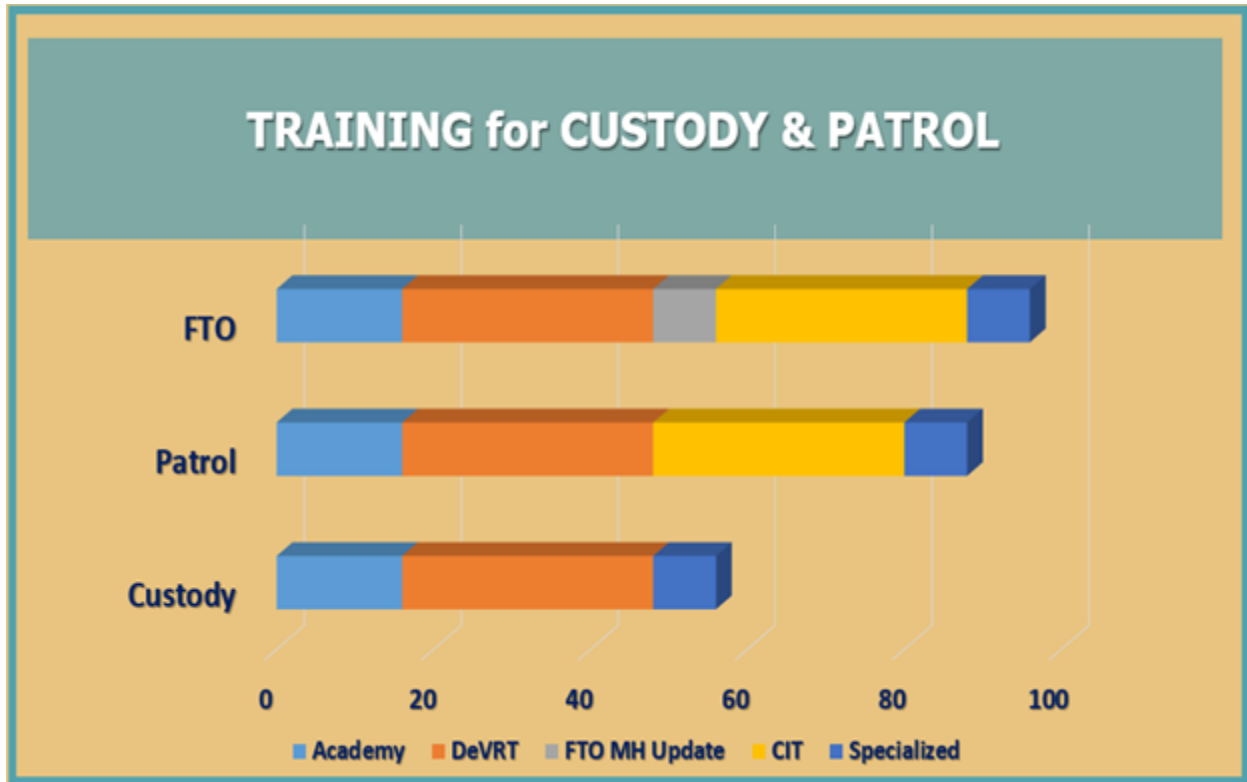
If MET expansion continues into fiscal year 2019-20, the following MET Offices would likely be added next [parenthetical notation indicates supervisorial district(s) served]:

12. Lost Hills/Malibu MET Office (SD3) [opens in September 2019]
13. Palmdale Station or PMRT Office (SD5) [opens in October 2019](not shown on map)
14. Industry Station MET Office (SD1, SD4) [opens in November 2019] (not shown on map)
15. Pico Rivera Station MET Office (SD1, SD2, SD4) [opens in November 2019]
16. Century Station MET Office (SD2) [2020 goal] (not shown on map)
17. Compton Station MET Office (SD2) [2020 goal] (not shown on map)



Why MET is Like “SEB of Mental Health”

The following chart reflects a summary of today’s best-trained deputies on patrol, as it pertains specifically to mental health and de-escalation training requirements now in effect:



The training above includes:

1. 15-hours of training in the academy (up from 6 hours prior to 2016)
2. DeVRT training in custody (32-hours)
3. 8-hours of mental health update when patrol deputies become training officers
4. Crisis Intervention Training (CIT) for 32-hours when deputies are in patrol
5. In-service mental illness awareness and update specialty courses, estimated at 8-hours (combined)

With all of the training listed above being offered today to custody/patrol deputies, one might ask then why there is still a need for MET units. The answer is simpler to

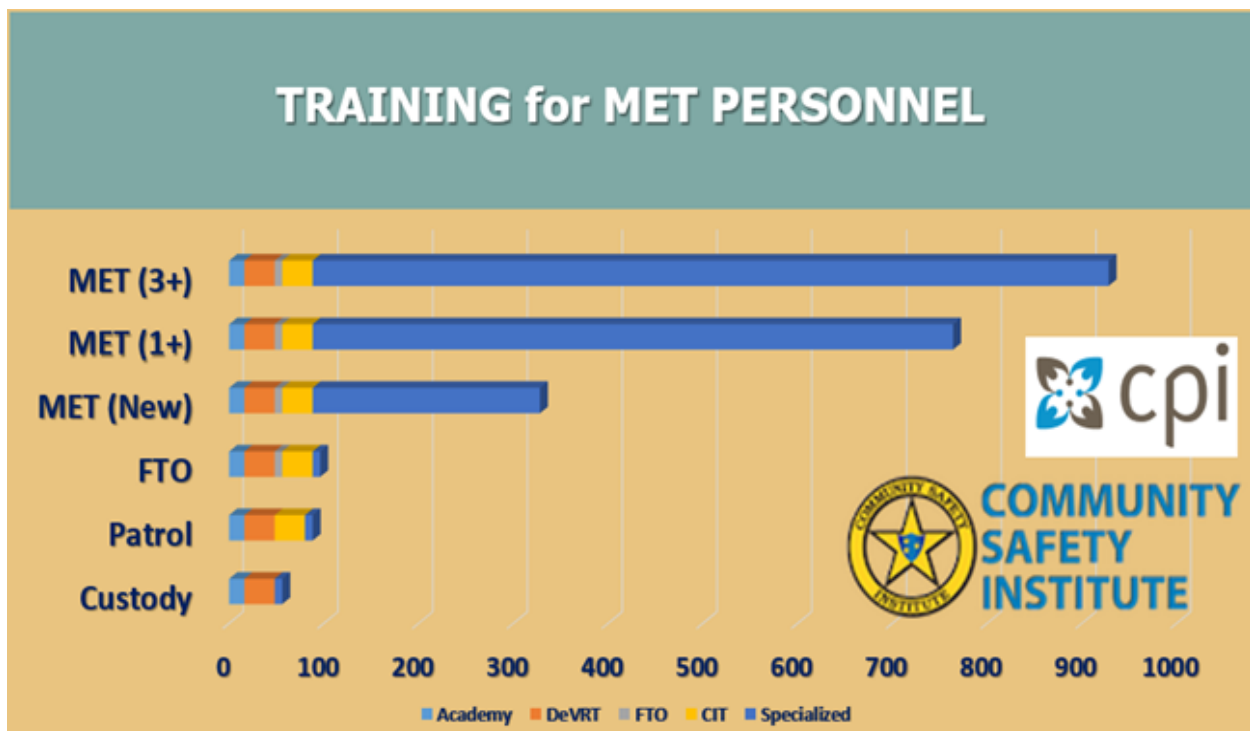


understand when visualized (below) and consider MET supports first responders the way Special Weapons and Tactics (SWAT) teams exist to support patrol officers/deputies with the most difficult and dangerous tactical situations.

SWAT teams in the Sheriff’s Department are referred to as “Special Enforcement Bureau” (SEB). SEB is called upon by patrol to help handle and relieve them in some cases when a higher, more specialized level of training and expertise among the staff is sought to help ensure the best possible outcome for such incidents.

In the scope of the mental health mobile crises response model, MET would be the equivalent of sending the “SEB of Mental Health” team deployed when a notably higher level of expertise and training is necessary to help ensure the best possible outcome.

In the case of MET, the amount of training and expertise is significantly more in depth than patrol, which helps to visualize below as compared to patrol deputy counterparts.



High level of specialized training for new MET staff, after 1 year at MET and after 3 years at MET

When MET personnel get off training (mentoring) they have more than triple the expertise in mental health and de-escalation capability of an average patrol deputy. Whereas the Peace Officers Standards & Training (POST) has no minimum requirements for MET teams in the State of California, LASD MET deputies are certified within their



first year of assignment at the MET to two national standards in nonviolent crisis prevention and de-escalation techniques by the Crisis Prevention Institute and the Community Safety Institute, both nationally recognized for expertise in these topics.

There is both an art and science to reducing threats posed by a mentally ill person during a crisis. MET personnel practice these techniques in specialized training courses and periodic refresher training qualifications.

In fact, MET personnel typically acquire over 1,700 hours of experience annually specializing in the handling of difficult encounters with the mental ill.

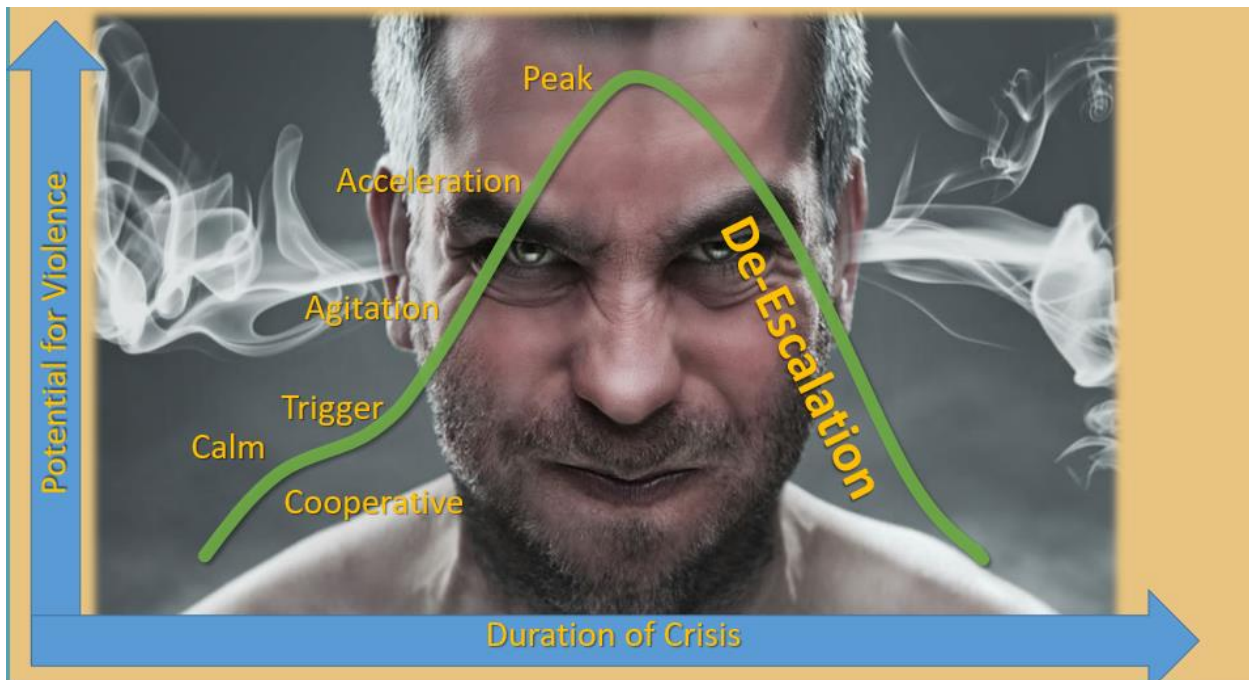


Chart above reflects typical evolution and de-escalation of a crisis (incident training visualization)



MET Expansion Return on Investment

Naturally, there is a return on investment (ROI) to be expected for investing in the high level of MET specialized training. We have seen recent years of data showing remarkable results and outcome to 911-level crises calls when a MET unit is available and arrives on scene to help de-escalate mental health patients in crises.

In fiscal year 2018-19, 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 FY 2018-19 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 23 minutes in FY 2017-18 to approximately 19 minutes Countywide on average in FY 2018-19.

Relief of Patrol Units by MET

- On average in FY 2018-19, MET units relieved 2.3 patrol deputies at each incident after arriving on scene and after the situation was rendered safe. Patrol deputies return to proactive patrol duties and 911 call handling once MET assumes care of the patient.
- On average in FY 2018-19, 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 672 incidents in FY 2018-19, were it not for MET personnel arriving on scene in time to de-escalate the patient.



- This represented approximately 11% of the MET responses in FY 2018-19.
- Based on the average estimated cost of to the County per use of force investigation, the total estimated cost savings estimated based on those 672 use of force incidents that never happened in FY 2018-19, due to MET resolving the situation peacefully, exceeded \$4,122,539 in saved expenditures.¹¹
- The estimated costs savings does not account for the multiple staff injuries that never occurred during those 672 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 672 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 672 incidents without use of force becoming necessary.
- MET responded to 158 requests (one call every 2.3 days) for help in FY 2018-19 from station jail and court lock-up facilities (Type-I jails) to address inmates barricaded in cells. 35 of the incidents would qualify for an extraction team response but were resolved without a need for deploying an extraction team because MET personnel successfully talked the inmate out of the cell.
- 98% of the responses to Type-I jail crises by MET yielded favorable results. Of the 158 requests for help in FY 2018-19 from station jail and court lock-up facilities (Type-I jails) to address inmates barricaded in cells, all but four (4) were de-escalated with no use of force necessary after MET arrived on scene to help address the crisis. These incidents generally took MET just over 2 hours to resolve peacefully on average.

¹¹ Refer to Appendix I



Reduction in Uses of Force Involving the Mentally Ill

- 46 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.
- 4 of the incidents of reduced force were resolved without killing the suspect despite the patient still wielding a dangerous weapon when MET arrived on scene to help de-escalate the patient.
- 4 “suicides-by-cop” never occurred in FY 2018-19, because MET units arrived on scene and de-escalated the patient before the patrol deputies on scene were forced to shoot them.

Fewer Crisis Negotiations Team Responses

In FY 2018-19, Mental Evaluation Teams positively impacted various aspects of daily operations of the Department, which is summarized below:

MET team members handled 20 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 27 incidents in 2018, compared to nearly 100 incidents in each of the prior two (2) years.

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 five (5) separate incidents in FY 2018-19, 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.





FY 2018-19 Calls Involving the Mentally Ill

| STAT CODE | PATROL STATIONS | ALL LASD BUREAUS |
|---|-----------------|------------------|
| 890 Contact Made: Person(s) with No Indication of Mental Illness | 4,781 (29%) | 7,154 (31%) |
| 891 Contact Made: Person(s) With Indication of Mental Illness | 9,939 (60%) | 13,587 (59%) |
| 892 Arrest: Person(s) with No Indication of Mental Illness | 382 | 395 |
| 893 Arrest: Person(s) With Indication of Mental Illness | 258 | 266 |
| 894 Unable to Locate Person(s) with Alleged Mental Illness | 1,919 (12%) | 2,131 (9%) |
| 898 Contact Made: Indication(s) of Homelessness | 5,586 | 5,737 |
| 899 Arrest: Person(s) with Indication(s) of Homelessness | 529 (9%) | 553 (10%) |

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.

Approximately 16,639 calls were received by LASD patrol deputies, which involved contact with a mentally ill or an alleged mentally ill person. When all Bureaus are factored, there were 22,872 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 nearly 30% 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.



Average MET Incident Handling Times in FY 2018-19

- The average MET crises handling time for incidents in FY 2018-19, which resulted in a hold, was 2 hours, 15 minutes (up 5 minutes compared to calendar year 2018).
- For “holds” where the patient met RAMP criteria, the average incident handling time for MET was extended by 19 minutes (2 hours, 34 minutes). This average is trending upward by 10 minutes on average calls since the calendar year 2018 progress report.
- The average incident handling time for MET to conduct de-escalation and patient evaluation that did not result in a “hold” was one (1) hour in FY 2018-19.
- The average MET wait time Countywide for all urgent care centers and hospitals was 1 hour, 3 minutes in FY 2018-19 (an improvement of -14 minutes average from calendar year 2018)



Mental Health Crises Trend Summary

Involuntary “holds” for patients encountered after 911 calls for reported crises are increasing dramatically Countywide. The final column shows the percentage of “holds” handled by MET in FY 2018-19. Overall, MET achieved the projected goal of handling 50-55% of involuntary “holds” in LASD patrol station areas by the end of FY 2018-19.

| WIC §§ 5150 or 5585 “Holds” | FY 18-19 | 2-yr Change | 5-yr Change | MET Calls | MET Holds | % Holds by MET |
|--------------------------------|--------------|-----------------|------------------|--------------|--------------|-------------------|
| Central Patrol Division | 862 | UP 38% ↑ | UP 71% ↑ | 490 | 333 | 38.6% |
| Avalon | 15 | 25% | 650% | 16 | 11 | 73.3% |
| Century | 219 | 53% | 174% | 117 | 82 | 37.4% |
| Compton | 251 | 27% | 11% | 92 | 66 | 26.3% |
| East LA | 225 | 74% | 150% | 170 | 113 | 50.2% |
| Marina Del Rey | 43 | -14% | 8% | 27 | 16 | 37.2% |
| South LA | 109 | 17% | 70% | 68 | 45 | 41.3% |
| South Patrol Division | 1,746 | UP 62% ↑ | UP 143% ↑ | 1,305 | 932 | 53.4% |
| Carson | 213 | 46% | 84% | 39 | 28 | 13.1% |
| Cerritos | 87 | 24% | 123% | 94 | 67 | 77.0% |
| Norwalk | 517 | 78% | 262% | 362 | 258 | 49.9% |
| Lakewood | 638 | 68% | 194% | 545 | 392 | 61.4% |
| Lomita | 107 | 30% | -3% | 51 | 33 | 30.8% |
| Pico Rivera | 184 | 67% | 96% | 212 | 154 | 83.7% |
| East Patrol Division | 1,496 | UP 54% ↑ | UP 117% ↑ | 1,148 | 823 | 55.0% |
| Altadena | 125 | 51% | 268% | 51 | 34 | 27.2% |
| Crescenta Valley | 53 | 29% | -12% | 28 | 17 | 32.1% |
| Industry | 360 | 102% | 101% | 318 | 227 | 63.1% |
| San Dimas | 188 | 45% | 65% | 64 | 37 | 19.7% |
| Temple | 538 | 51% | 156% | 472 | 351 | 65.2% |
| Walnut | 232 | 27% | 155% | 215 | 157 | 67.7% |
| North Patrol Division | 2,744 | UP 49% ↑ | UP 63% ↑ | 2,714 | 1,709 | 62.3% |
| Lancaster | 1,145 | 81% | 135% | 1,442 | 904 | 79.0% |
| Palmdale | 512 | 15% | 5% | 582 | 394 | 77.0% |
| Santa Clarita | 720 | 41% | 41% | 430 | 268 | 37.2% |
| Lost Hills/Malibu | 156 | 5% | 22% | 98 | 70 | 44.9% |
| West Hollywood | 211 | 105% | 201% | 162 | 73 | 34.6% |
| All Patrol Divisions | 6,848 | UP 52% ↑ | UP 91% ↑ | 5,657 | 3,797 | 55.4% |



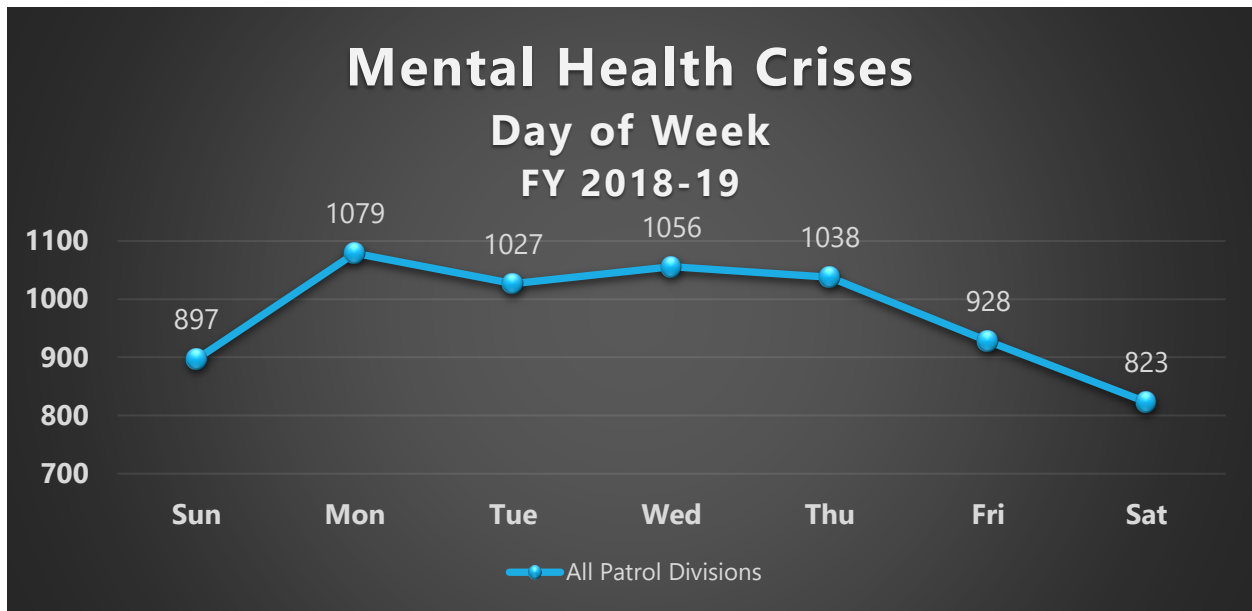
MET Support for Countywide Courts in FY 2018-19

The table below shows mental health “holds” handled by non-patrol station deputies assigned to each unit shown and crises handled by MET during FY 2018-19 (shown to right):

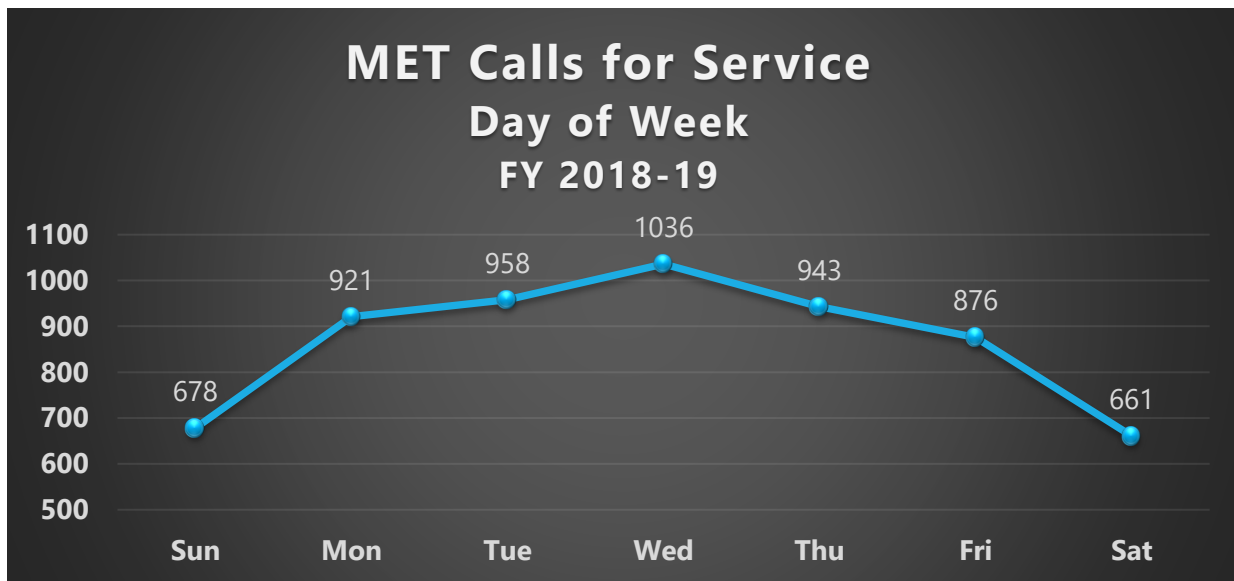
| WIC §§ 5150 or 5585 “Holds” Non-Patrol Stations | FY 2013- 14 | FY 2014- 15 | FY 2015- 16 | FY 2016- 17 | FY 2017- 18 | FY 2018- 19 | MET Calls (FY 2018- 19) | MET Holds (FY 2018-19) |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------------------|------------------------------|
| Central Bureau | 4 | 4 | 6 | 2 | 4 | 3 | 1 | 1 |
| Clara Shortridge Foltz | 2 | 4 | 5 | 0 | 2 | 1 | 0 | 0 |
| Metropolitan | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Stanley Mosk | 0 | 0 | 1 | 2 | 2 | 1 | 0 | 0 |
| East Bureau | 24 | 7 | 5 | 1 | 3 | 0 | 11 | 4 |
| Compton | 8 | 2 | 2 | 0 | 1 | 0 | 2 | 1 |
| Norwalk | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| Bellflower | 5 | 0 | 1 | 0 | 0 | 0 | 3 | 1 |
| Downey | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pasadena | 3 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| Alhambra | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Burbank | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Glendale | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Pomona | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 1 |
| El Monte | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| West Covina | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Department 95 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| West Bureau | 10 | 19 | 12 | 12 | 4 | 5 | 10 | 3 |
| Airport | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 0 |
| Inglewood/Inglewood Juvenile | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Long Beach | 3 | 2 | 0 | 2 | 0 | 0 | 0 | 0 |
| Torrance | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michael D Antonovich Antelope Valley | 4 | 2 | 0 | 0 | 3 | 1 | 5 | 2 |
| San Fernando | 1 | 11 | 6 | 2 | 0 | 0 | 1 | 1 |
| Santa Clarita | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Chatsworth | 0 | 2 | 0 | 1 | 0 | 1 | 1 | 0 |
| Van Nuys | 0 | 0 | 6 | 6 | 0 | 3 | 1 | 0 |
| Transportation Bureau | 5 | 3 | 7 | 6 | 7 | 0 | 0 | 0 |
| All Court Services Division | 43 | 33 | 30 | 21 | 18 | 8 | 22 | 8 |



Crises by Day of the Week

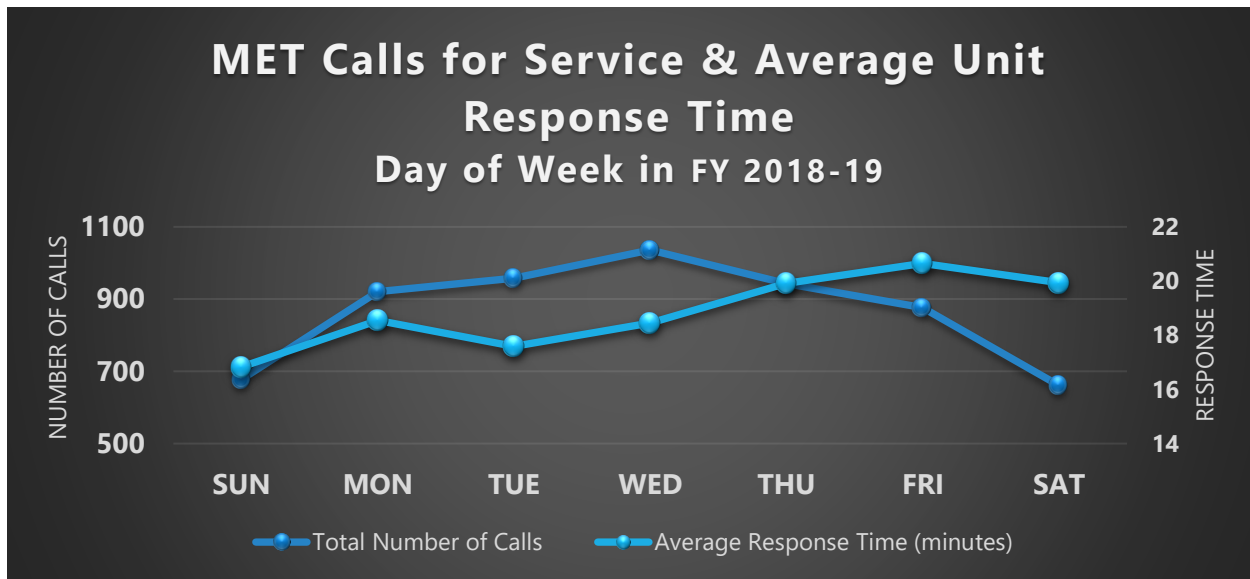


The table above reflects how many mental health crises occurred during each day of the week as reported to the Triage Desk. Mental health crises occur more often during the weekdays and decline over the weekend, which is a trend observed now for over a decade in LA County. Accordingly, MET calls for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



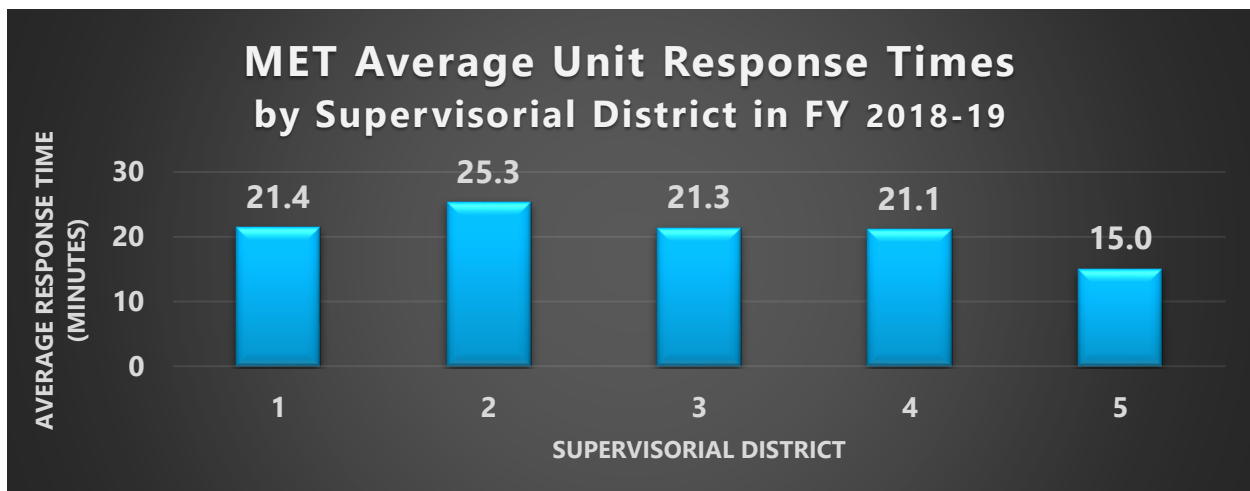


Response Times to MET Calls for Crises



Response times were shorter earlier in the week but increased later in the week across all Supervisorial Districts.

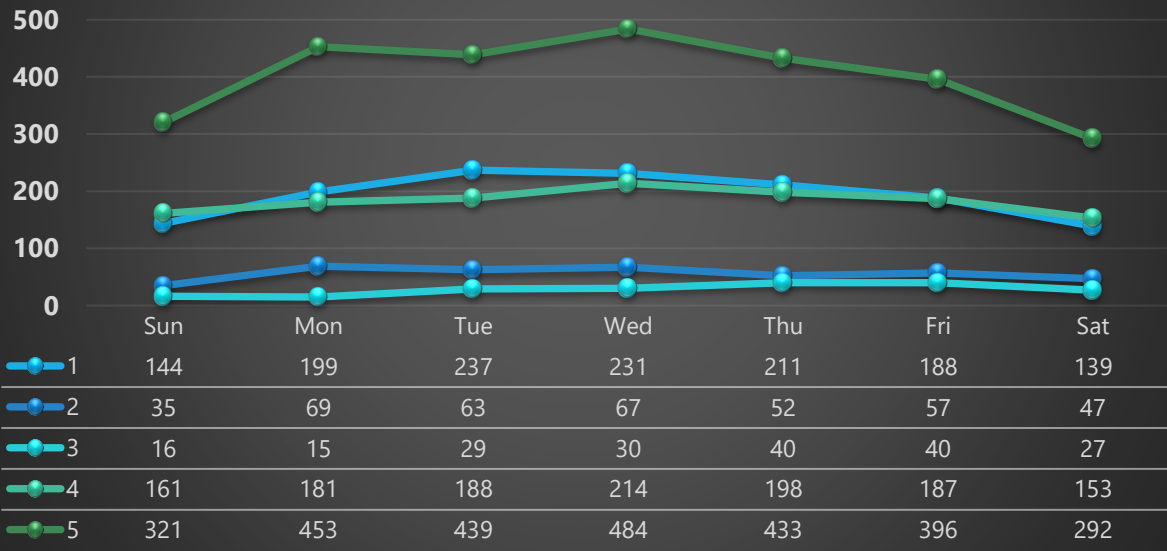
Note: outliers in response times were filtered out to eliminate data entry errors – there were some response times that were 5+ hours, which were obviously recorded in error.



The above chart shows the average response time of MET units in each supervisorial district. Despite handling the largest amount of calls, Supervisorial District 5 had the shortest average response times.

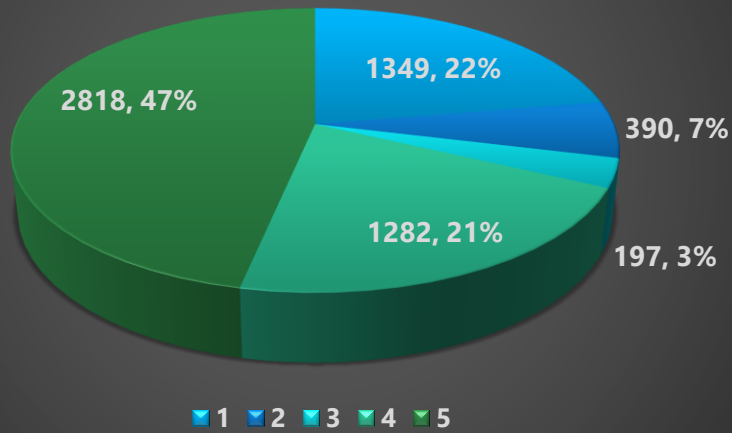


MET Calls for Service by Supervisorial District Day of Week in FY 2018-19



The above chart breaks down MET’s total calls for service by Supervisorial District. Nearly all Supervisorial Districts experienced a decrease in calls on the weekends.

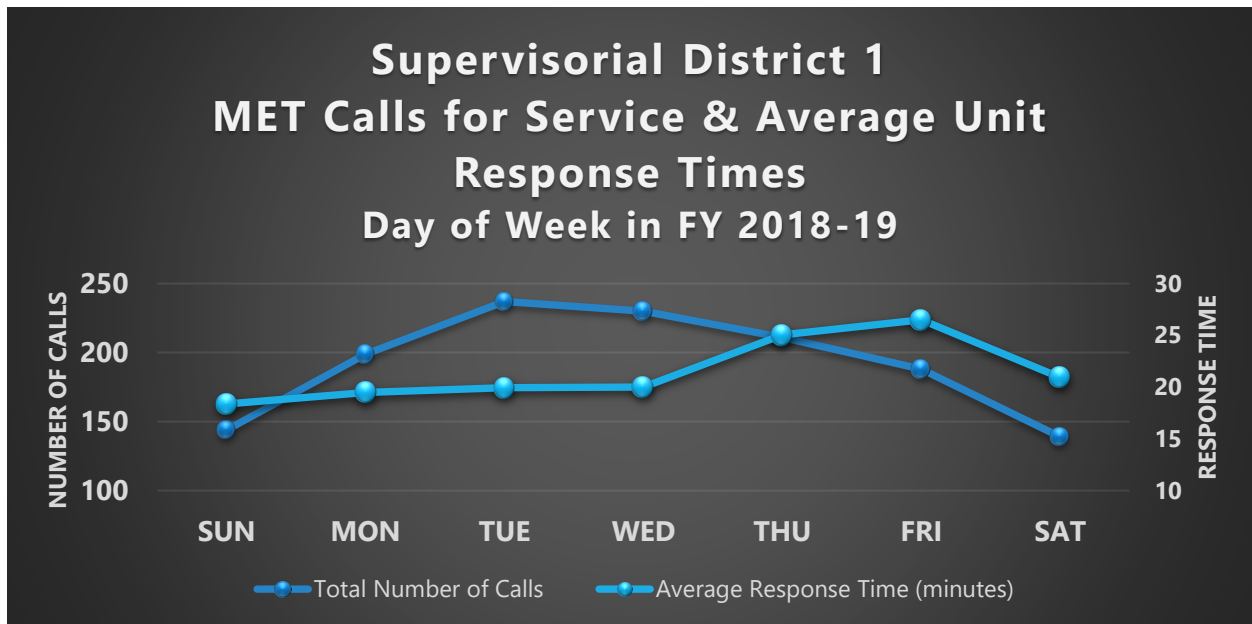
MET Calls for Service by Supervisorial District in FY 2018-19



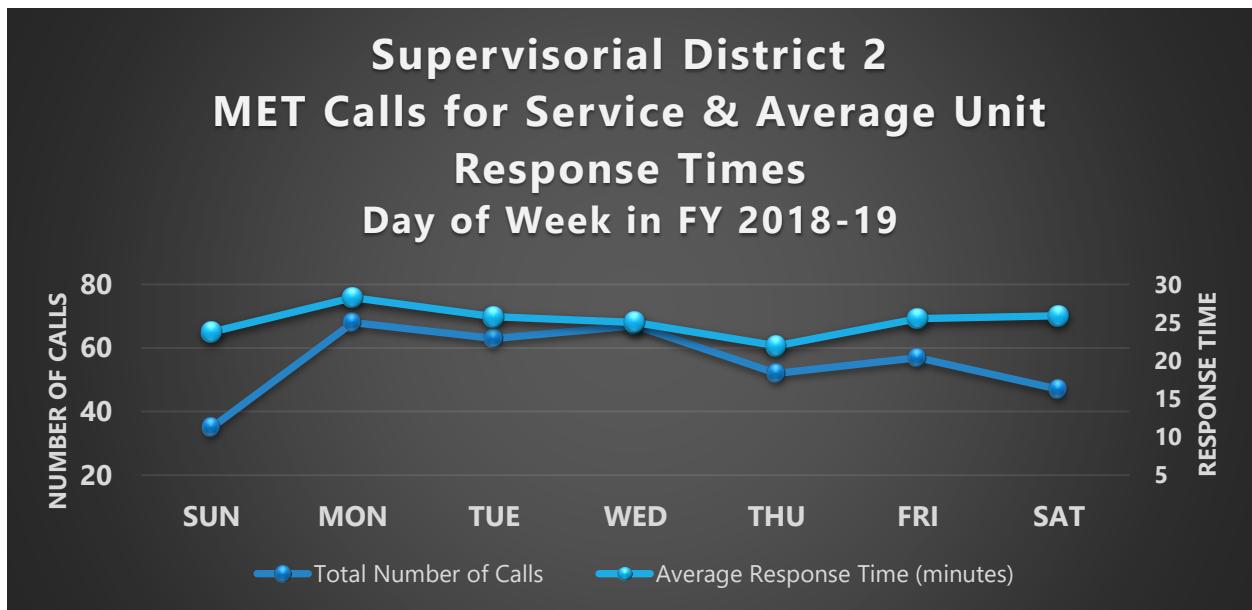
Nearly half of all of MET’s calls for service in FY 2018-19 originated from Supervisorial District 5, which covers the Antelope Valley.



The following graphs depict a cross-reference between calls for service and average unit response times, broken down by day of the week for each Supervisorial District.



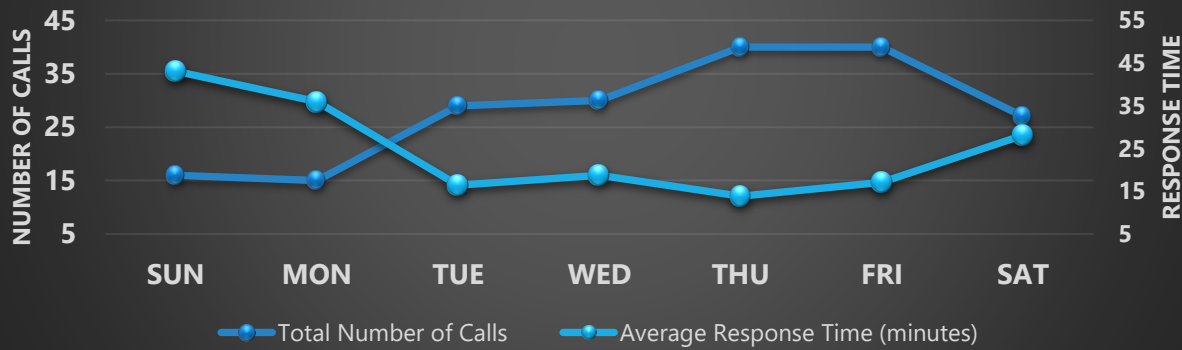
Similar to the average for all Supervisorial Districts, response times increased towards the end of the week, but with a dip on Saturday.



Supervisorial District 2 had very consistent response times, whether call volume was high or low.

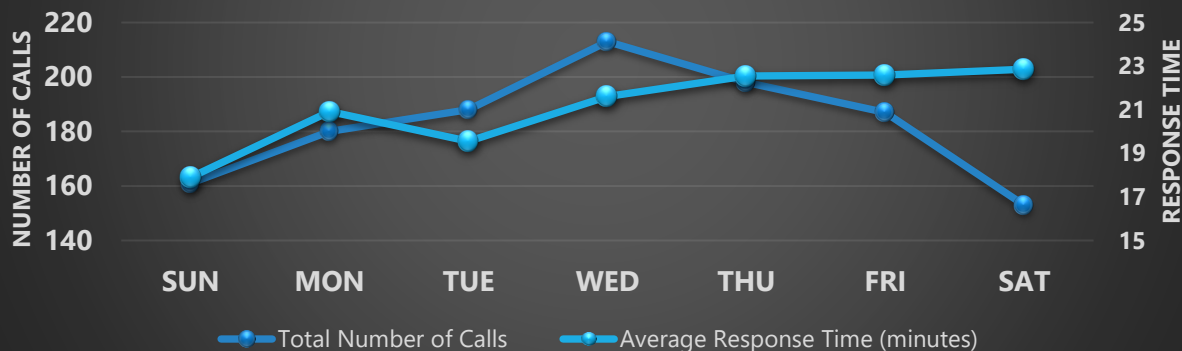


Supervisorial District 3 MET Calls for Service & Average Unit Response Times Day of Week in FY 2018-19



We had very few calls in Supervisorial District 3 and even fewer valid entries for response times. The sample of calls that we do have data for is not indicative of Supervisorial District 3 as a whole. The data in this chart should not be considered valid nor reliable in representing Supervisorial District 3.

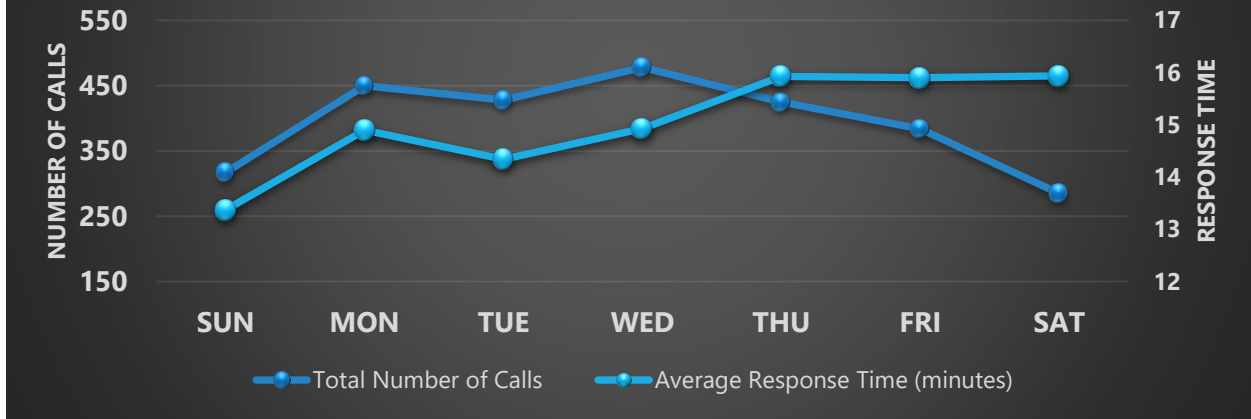
Supervisorial District 4 MET Calls for Service & Average Unit Response Times Day of Week in FY 2018-19



Call volume peaked on Wednesdays in Supervisorial District 4 and dropped significantly during the weekends.



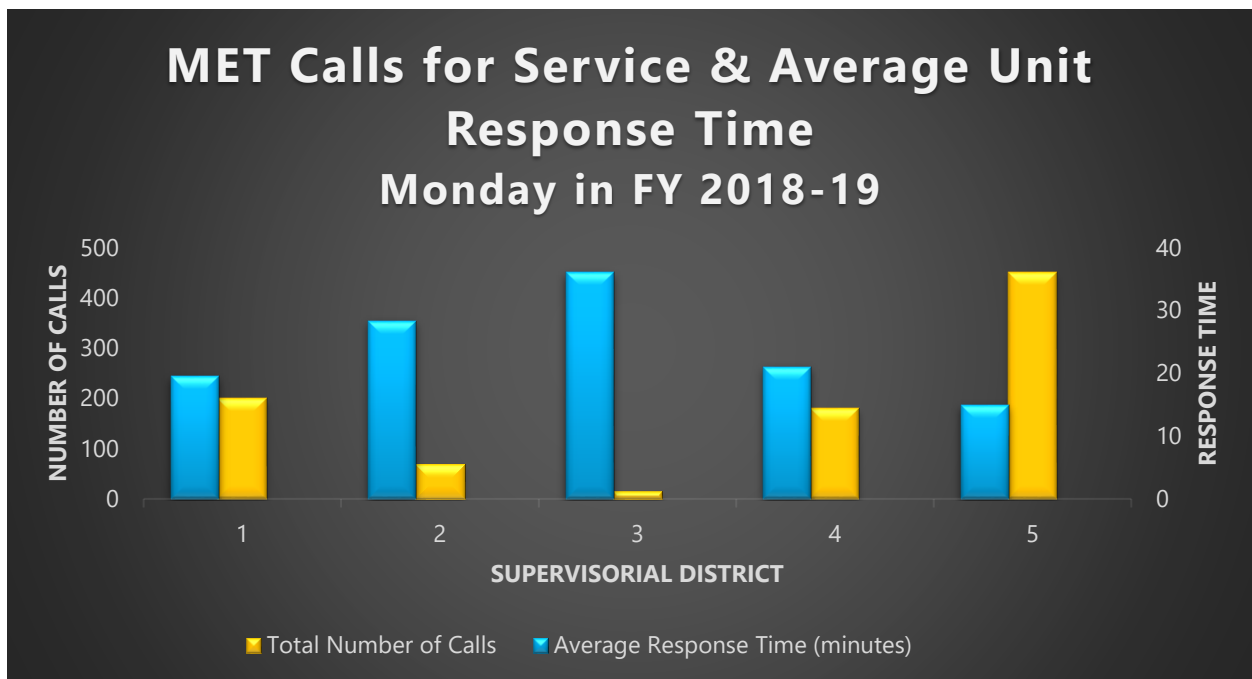
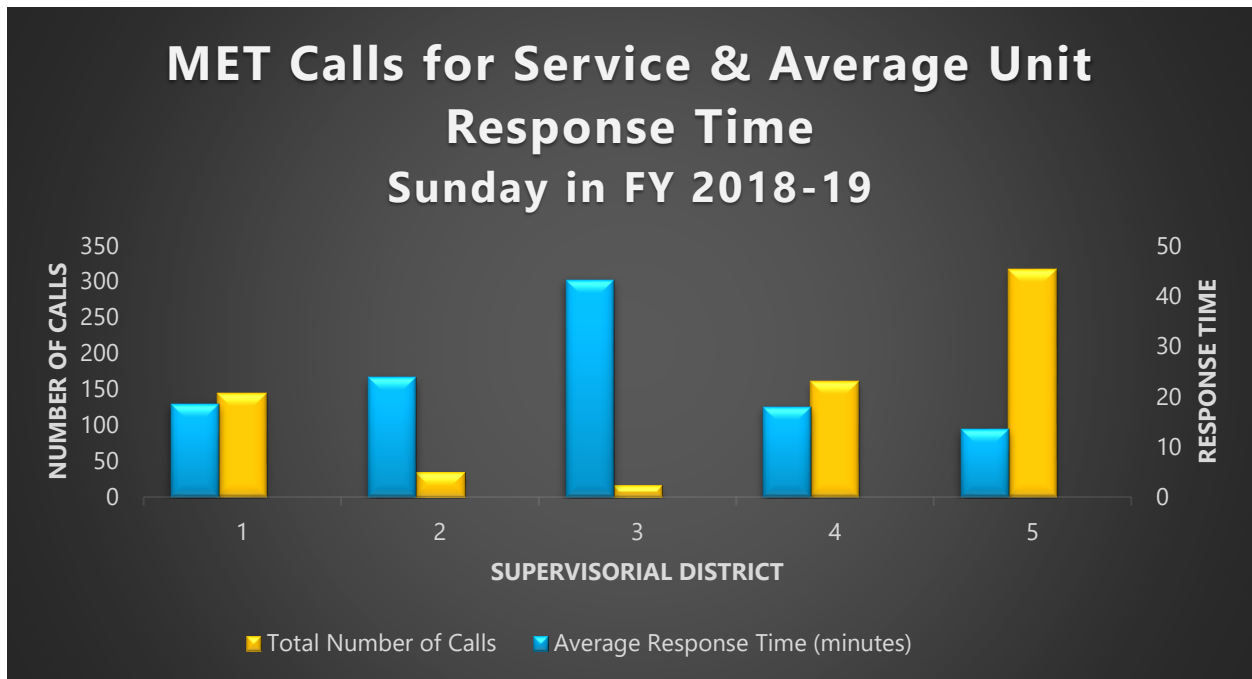
Supervisorial District 5 MET Calls for Service & Average Unit Response Times Day of Week in FY 2018-19



Supervisorial District 5 had response times that were consistent with the volume of calls from Sunday to Wednesday, but then progressively increased during the end of the week, despite the decrease in calls.

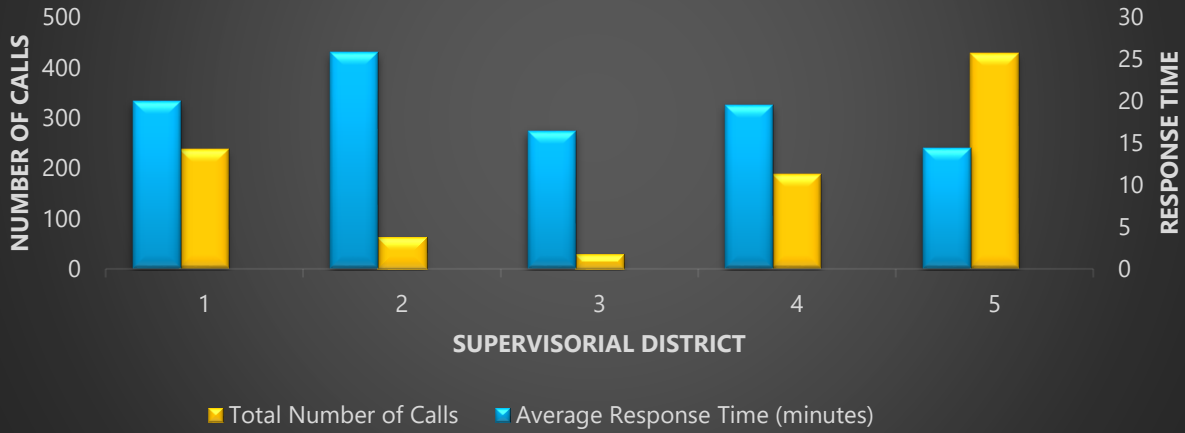


The following bar graphs depict calls for service and response times broken down by Supervisorial District for each day of the week.

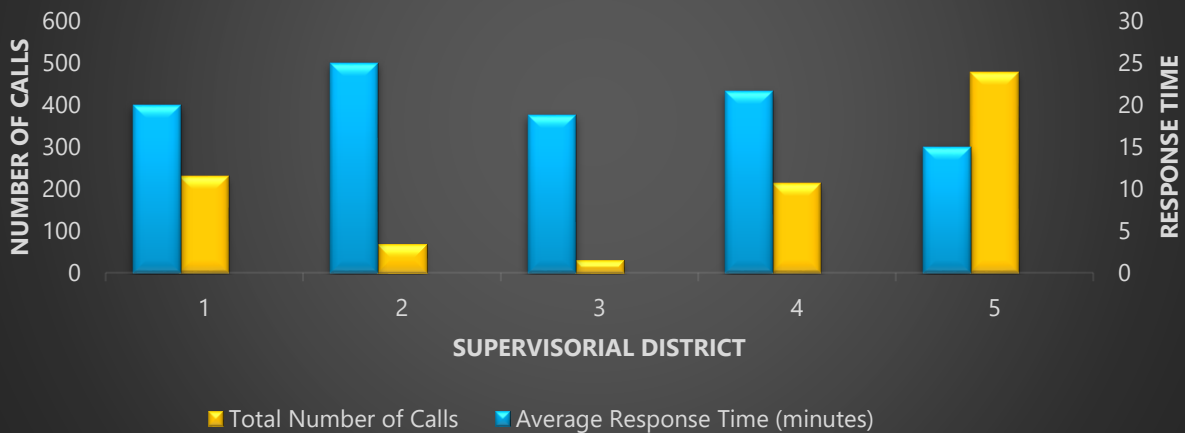




MET Calls for Service & Average Unit Response Time Tuesday in FY 2018-19

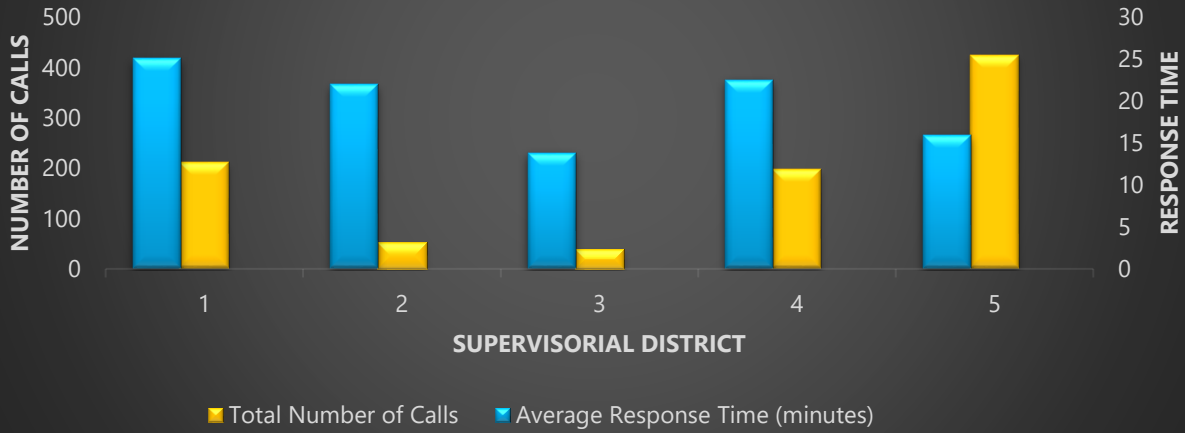


MET Calls for Service & Average Unit Response Time Wednesday FY 2018-19

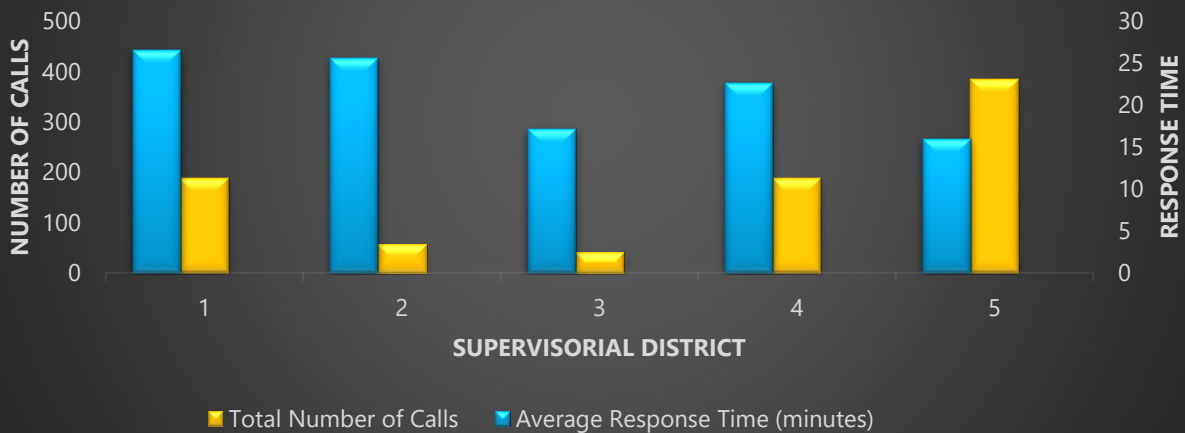




MET Calls for Service & Average Unit Response Time Thursday in FY 2018-19

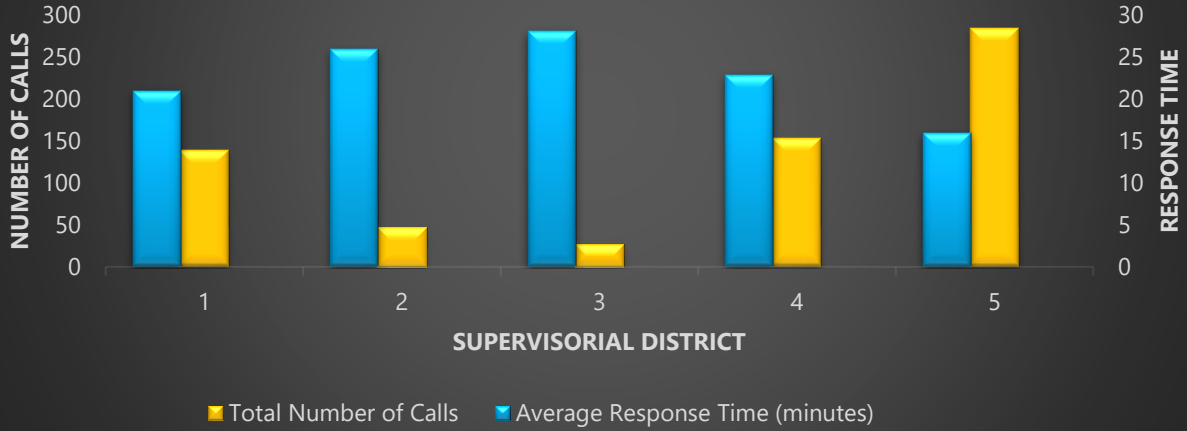


MET Calls for Service & Average Unit Response Time Friday in FY 2018-19





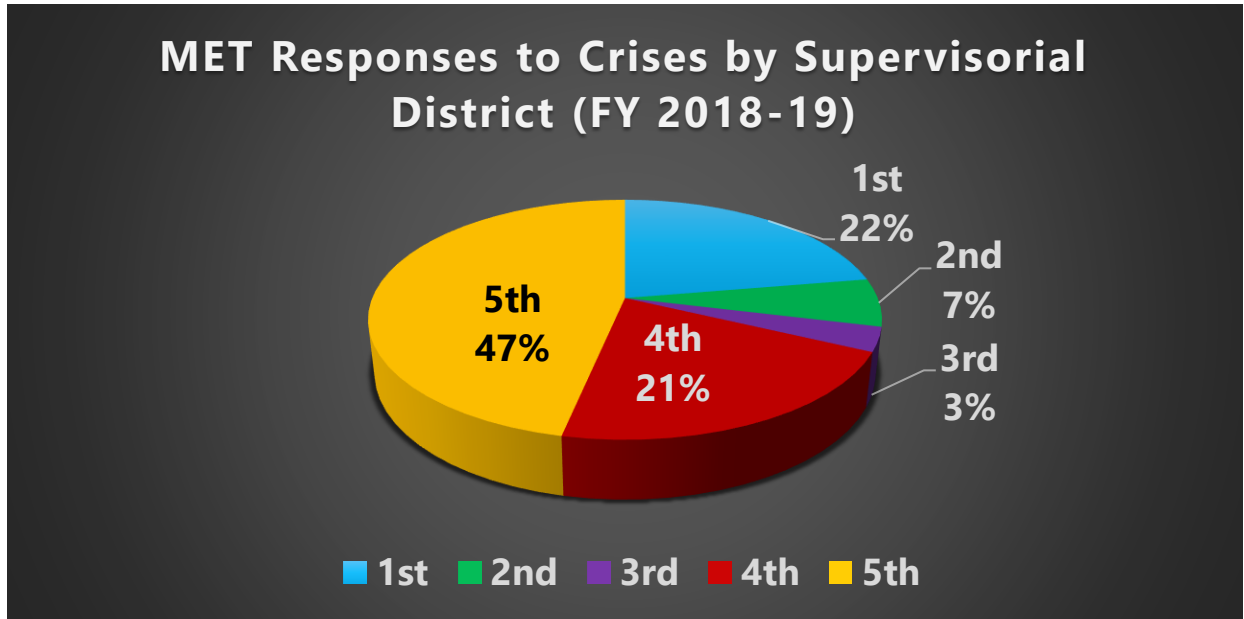
MET Calls for Service & Average Unit Response Time Saturday in FY 2018-19



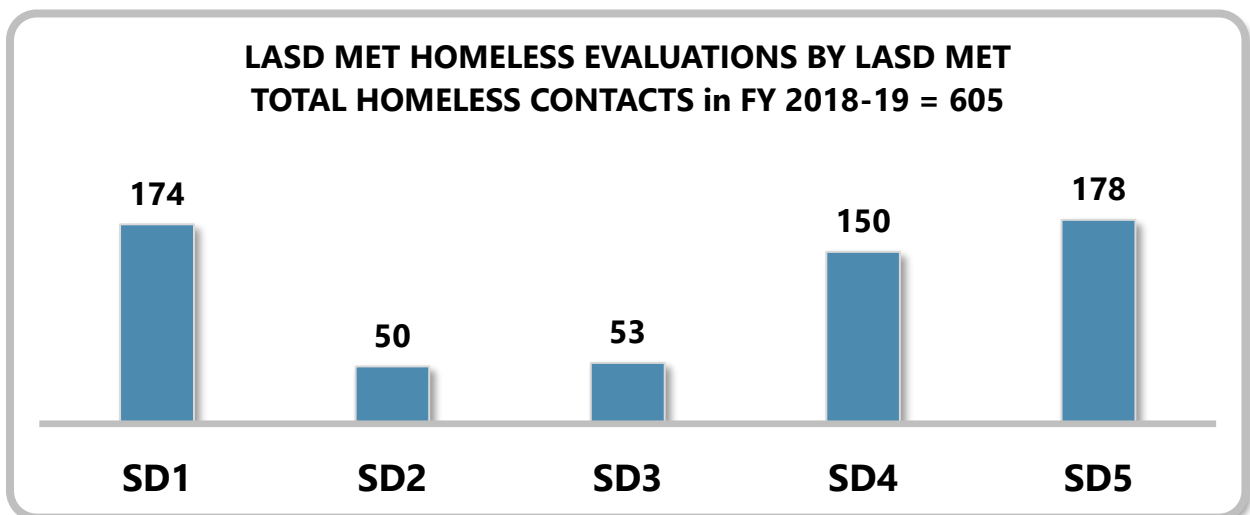


MET Calls by Supervisorial District

The chart below represents the breakdown of percentage of crisis MET was requested to respond to in FY 2018-19:

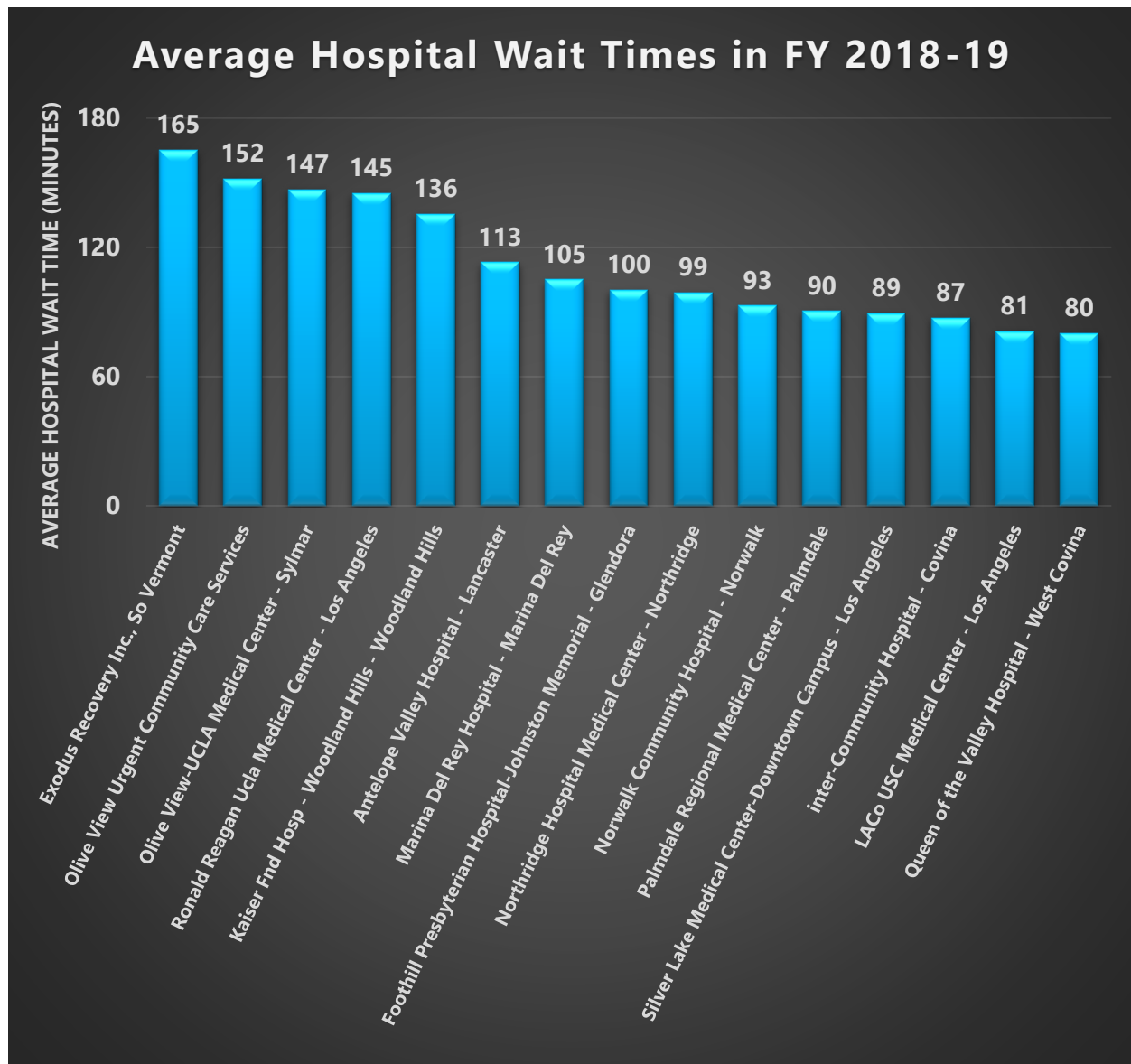


The chart below illustrates the distribution of LASD MET evaluations for homeless individuals by supervisorial district (SD):





Hospitalizations in FY 2018-19



This chart shows wait times for the 15 hospitals with the longest wait times for MET units in FY 2018-19. On the following page is a table with all recorded hospital wait times logged by MET deputies at hospitals Countywide in FY 2018-19, sorted from longest to shortest average wait times for MET.



| HOSPITAL | AVE WAIT TIME (min) |
|--|---------------------|
| Exodus Recovery Inc., So Vermont | 165 |
| Olive View Urgent Community Care Services | 152 |
| Olive View-UCLA Medical Center - Sylmar | 147 |
| Ronald Reagan Ucla Medical Center - Los Angeles | 145 |
| Kaiser Fnd Hosp - Woodland Hills - Woodland Hills | 136 |
| Antelope Valley Hospital - Lancaster | 113 |
| Marina Del Rey Hospital - Marina Del Rey | 105 |
| Foothill Presbyterian Hospital-Johnston Memorial - Glendora | 100 |
| Northridge Hospital Medical Center - Northridge | 99 |
| Norwalk Community Hospital - Norwalk | 93 |
| Palmdale Regional Medical Center - Palmdale | 90 |
| Silver Lake Medical Center-Downtown Campus - Los Angeles | 89 |
| inter-Community Hospital - Covina | 87 |
| LACo USC Medical Center - Los Angeles | 81 |
| Queen of the Valley Hospital - West Covina | 80 |
| St. John's Health Center - Santa Monica | 80 |
| LACo Harbor-UCLA Medical Center - Torrance | 78 |
| Long Beach Memorial Medical Center - Long Beach | 74 |
| Pih Hospital - Downey - Downey | 73 |
| Torrance Memorial Medical Center - Torrance | 72 |
| East Los Angeles Doctors Hospital - Los Angeles | 69 |
| Presbyterian Intercommunity Hospital - Whittier | 68 |
| Kaiser Foundation Hospital - Downey - Downey | 68 |
| St. Francis Medical Center - Lynwood | 68 |
| Kaiser Fnd Hosp - South Bay - Harbor City | 68 |
| Lakewood Regional Medical Center - Lakewood | 67 |



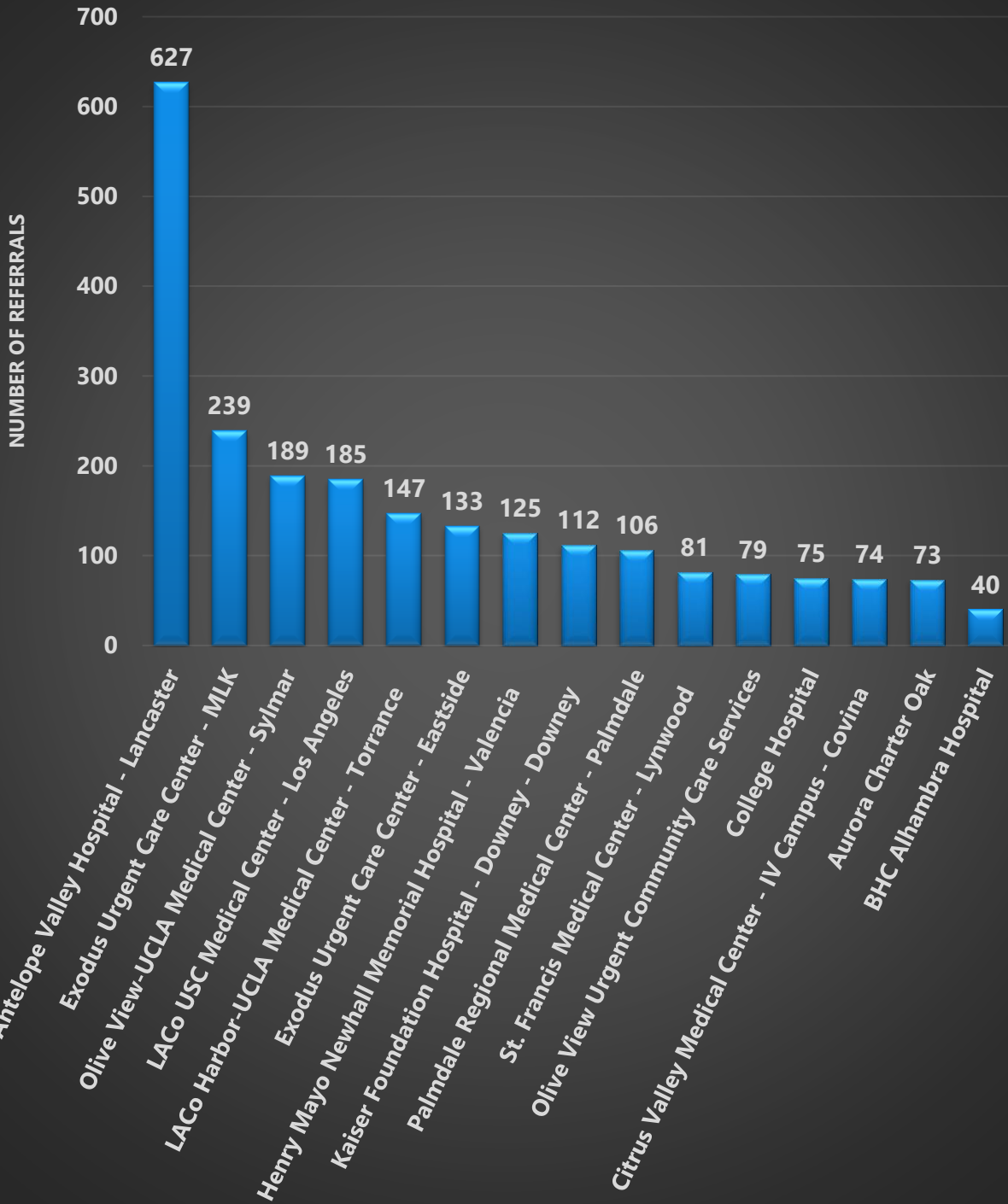
| | |
|--|----|
| Las Encinas Mental Health Hospital | 65 |
| Kaiser Fnd Hosp - Baldwin Park - Baldwin Park | 64 |
| Henry Mayo Newhall Memorial Hospital - Valencia | 63 |
| Alhambra Hospital - Alhambra | 63 |
| Whittier Hospital Medical Center - Whittier | 63 |
| Citrus Valley Medical Center - IV Campus - Covina | 62 |
| Mission Community Hospital - Panorama Campus - Panorama City | 61 |
| VA Long Beach | 60 |
| Exodus Recovery Inc., Crisis Residential Treatment Program | 60 |
| Kaiser Fnd Hosp - Panorama City - Panorama City | 60 |
| College Medical Center South Campus D/P Aph - Long Beach | 59 |
| Exodus Urgent Care Center Westside | 59 |
| Pomona Valley Hospital Medical Center - Pomona | 59 |
| Citrus Valley Medical Center - QVH Campus - West Covina | 56 |
| Santa Monica - UCLA Medical Center & Orthopaedic Hospital | 56 |
| Coast Plaza Hospital - Norwalk | 55 |
| Exodus Mlk Urgent Care Center | 55 |
| Del Amo Hospital | 54 |
| Exodus Urgent Care Center - Westside | 50 |
| Gateways Hospital and Mental Health Center - Los Angeles | 50 |
| Community Hospital of Huntington Park - Huntington Park | 49 |
| Huntington Memorial Hospital - Pasadena | 49 |
| San Gabriel Valley Medical Center - San Gabriel | 48 |
| White Memorial Medical Center - Los Angeles | 48 |
| Kedren Community Mental Health Center | 48 |
| Kindred Hospital Baldwin Park - Baldwin Park | 48 |
| Cedars Sinai Medical Center - Los Angeles | 47 |
| Exodus Urgent Care Center - Harbor UCLA | 47 |



| | |
|---|----|
| Silver Lake Medical Center-Ingleside Campus - Rosemead | 45 |
| College Hospital | 44 |
| Exodus Urgent Care Center - Eastside | 44 |
| Kaiser Fnd Hosp - Mental Health Center - Los Angeles | 43 |
| Kaiser Fnd Hosp - West La - Los Angeles | 43 |
| Aurora Charter Oak | 42 |
| VA West Los Angeles | 41 |
| West Hills Hospital and Medical Center - Canoga Park | 41 |
| Exodus Urgent Care Center - MLK | 41 |
| Exodus Recovery Inc., Washington | 40 |
| Los Angeles Community Hospital - Los Angeles | 40 |
| Centinela Hospital Medical Center - Inglewood | 40 |
| College Medical Center - Long Beach | 38 |
| Greater El Monte Community Hospital - South El Monte | 36 |
| Methodist Hospital of Southern California - Arcadia | 35 |
| California Hospital Medical Center - Los Angeles | 35 |
| BHC Alhambra Hospital | 33 |
| Beverly Hospital - Montebello | 30 |
| Exodus Recovery Inc., FSP Vermont | 30 |
| Star View Adolescent - P H F - Torrance | 29 |
| Aurora Las Encinas Hospital | 28 |
| Garfield Medical Center - Monterey Park | 25 |
| Exodus Recovery Inc., Maple | 19 |
| Community Hospital of Long Beach - Long Beach | 15 |
| Pacifica Hospital of the Valley - Sun Valley | 14 |
| San Dimas Community Hospital - San Dimas | 10 |
| Memorial Hospital of Gardena - Gardena | 3 |
| Tarzana Treatment Center | 1 |

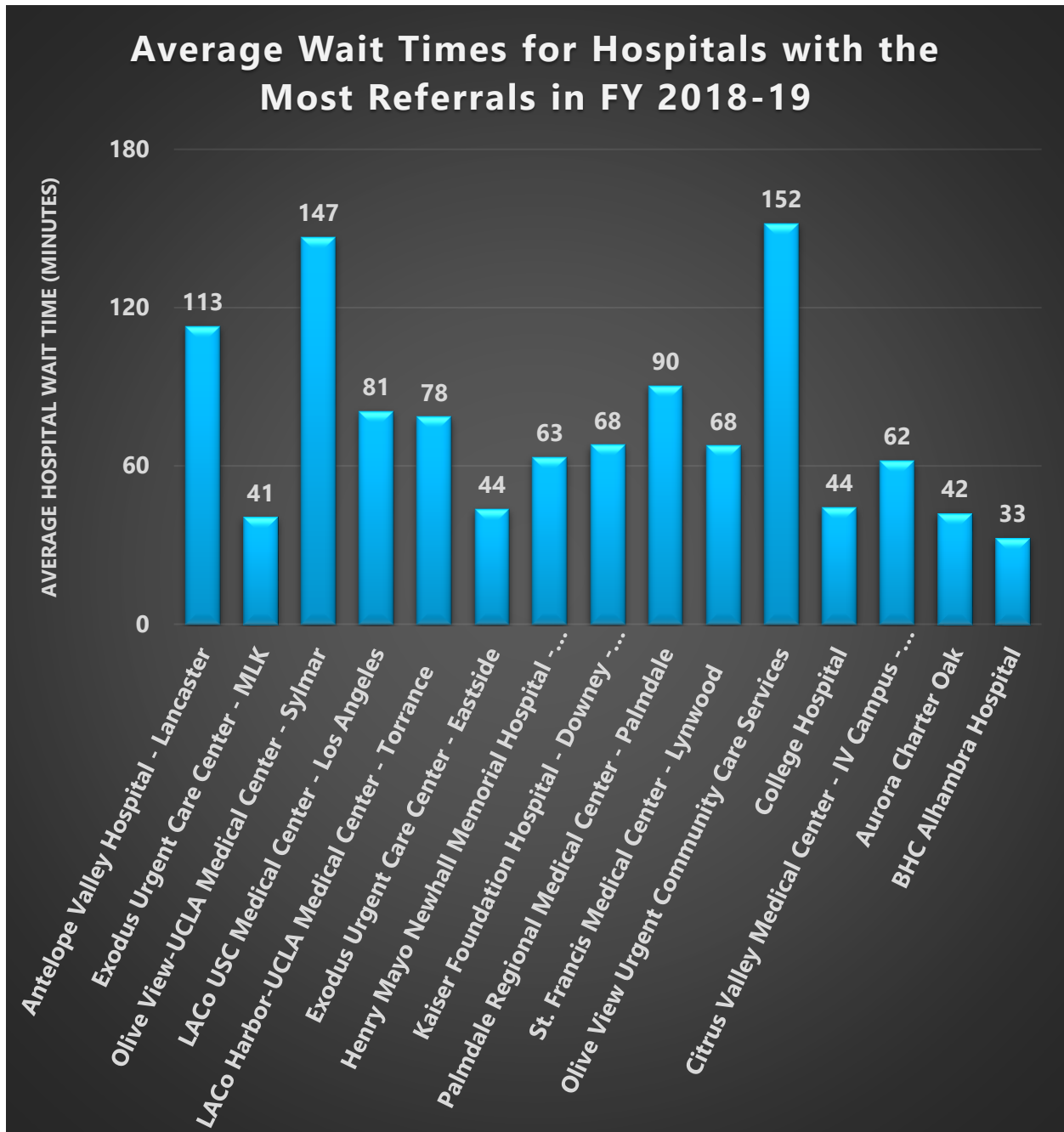


Hospital Referrals by LASD MET in FY 2018-19





This chart shows the hospitals with the most referrals for MET units in FY 2018-19.

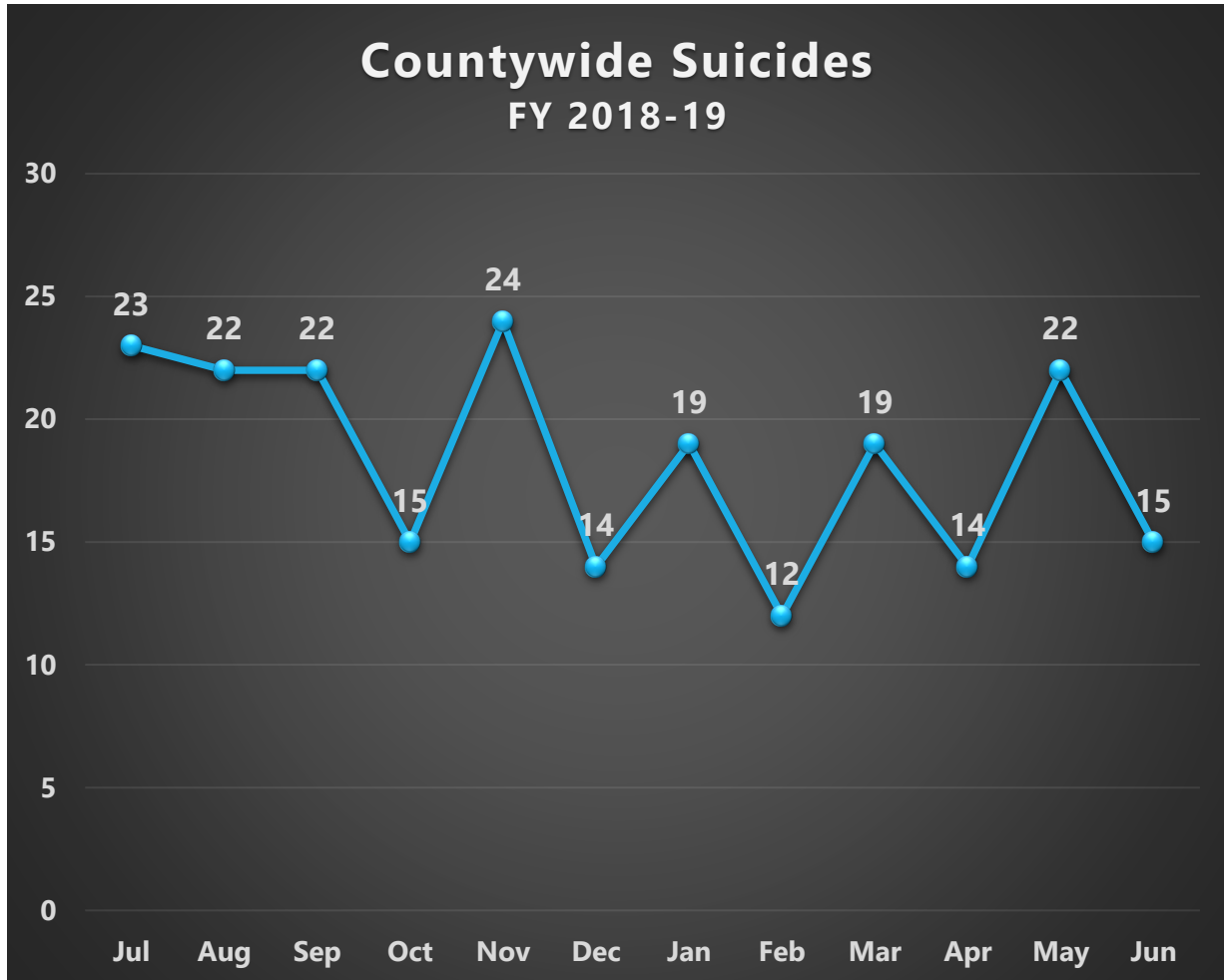


This chart shows the hospitals with the most referrals for MET units in FY 2018-19 with their average wait time reflected.



Suicide Data

221 total suicides were reported in LASD jurisdictions in FY 2018-19. The number of occurrences per month is depicted below:



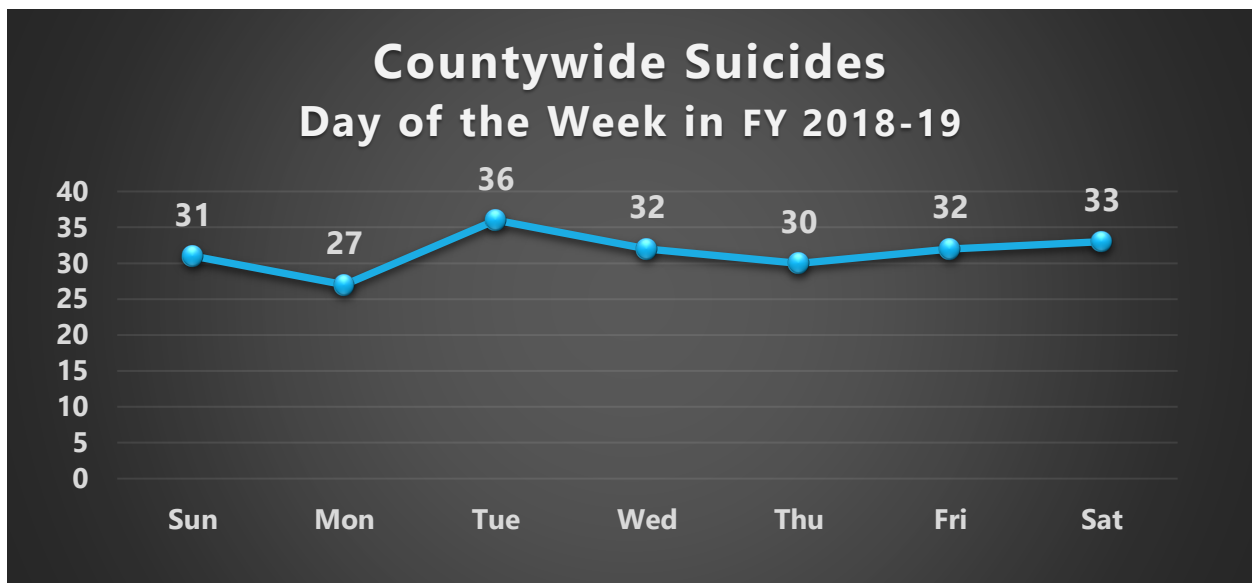
This chart represents the number of suicides that occurred in each month in LASD jurisdiction. November had the most suicides while February had the least.



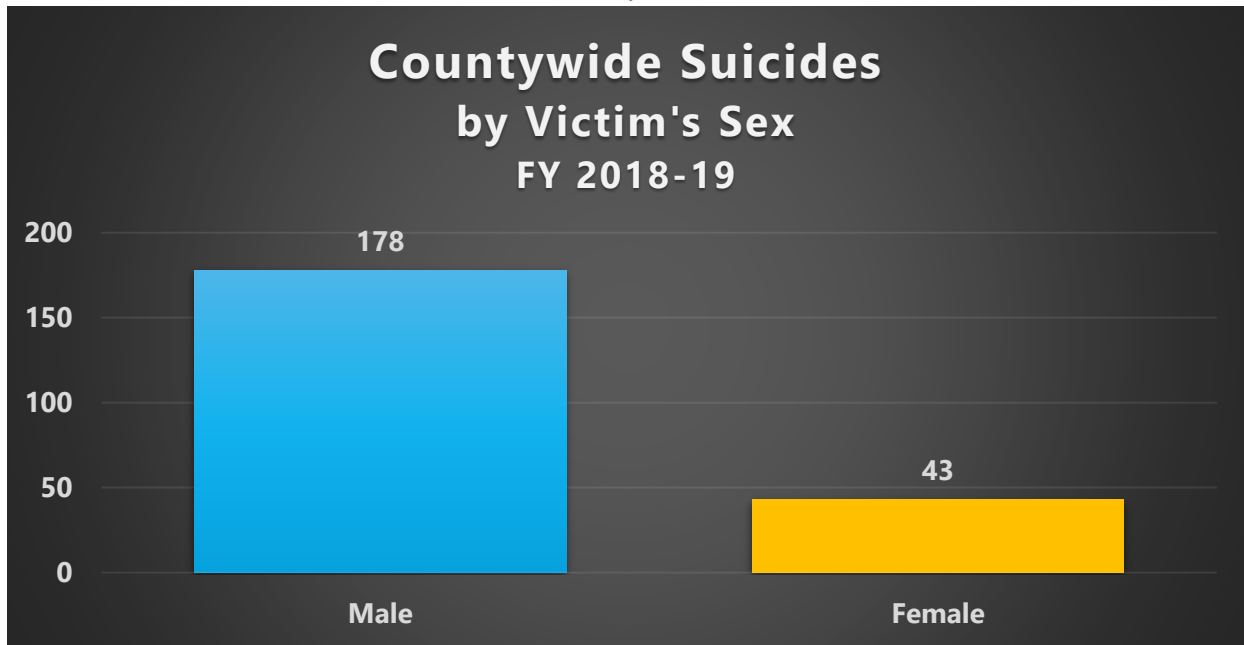
| Number of days with... | |
|------------------------|-----|
| 1 suicide | 114 |
| 2 suicides | 35 |
| 3 suicides | 8 |
| 4 suicides | 2 |
| 5 suicides | 1 |
| 0 suicides | 205 |

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

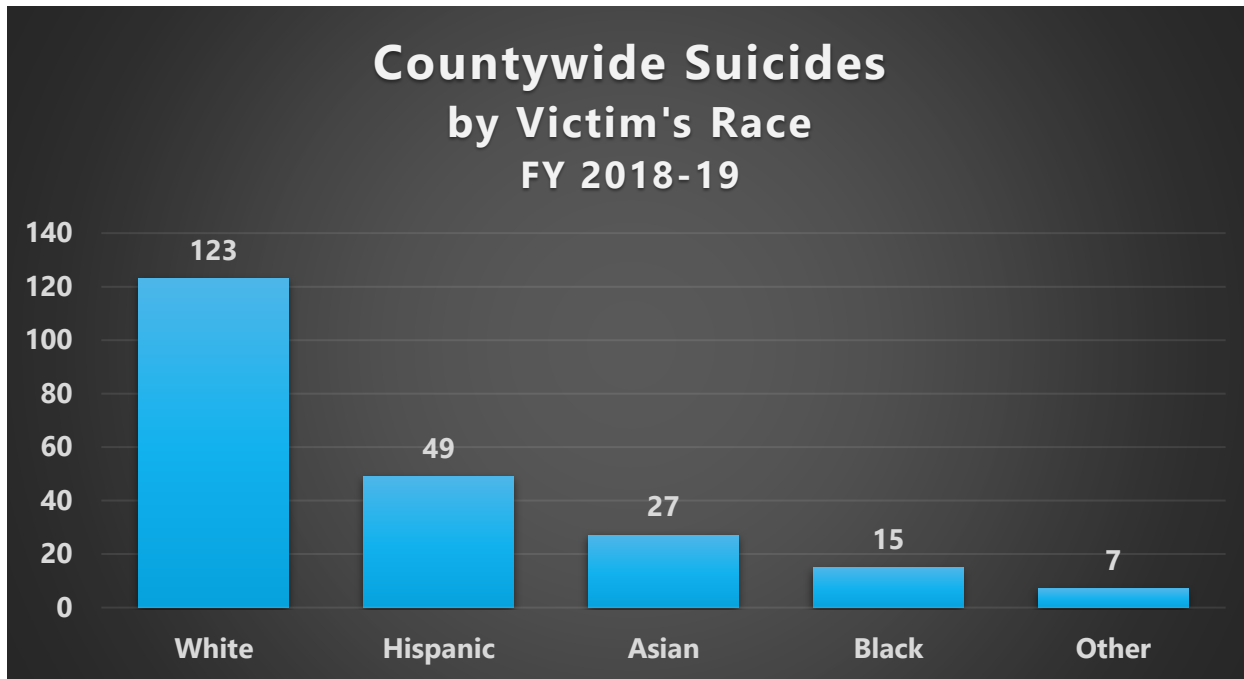
- 1 suicide occurred every 1.7 days on average
- No suicides on the 4th of July, Thanksgiving, Christmas, Valentine’s Day, Mother’s Day or Father’s Day.
- No suicides in the 8 days over New Year’s Eve and Day from December 27, 2018 to January 3, 2019.
- March 12, 2019, was the date with the most suicides (5).
- The days where 4 suicides occurred were September 20, 2018 and May 24, 2019.



This graph shows the number of suicides committed by day of week. The number of suicides are lowest on Mondays and peak on Tuesdays.



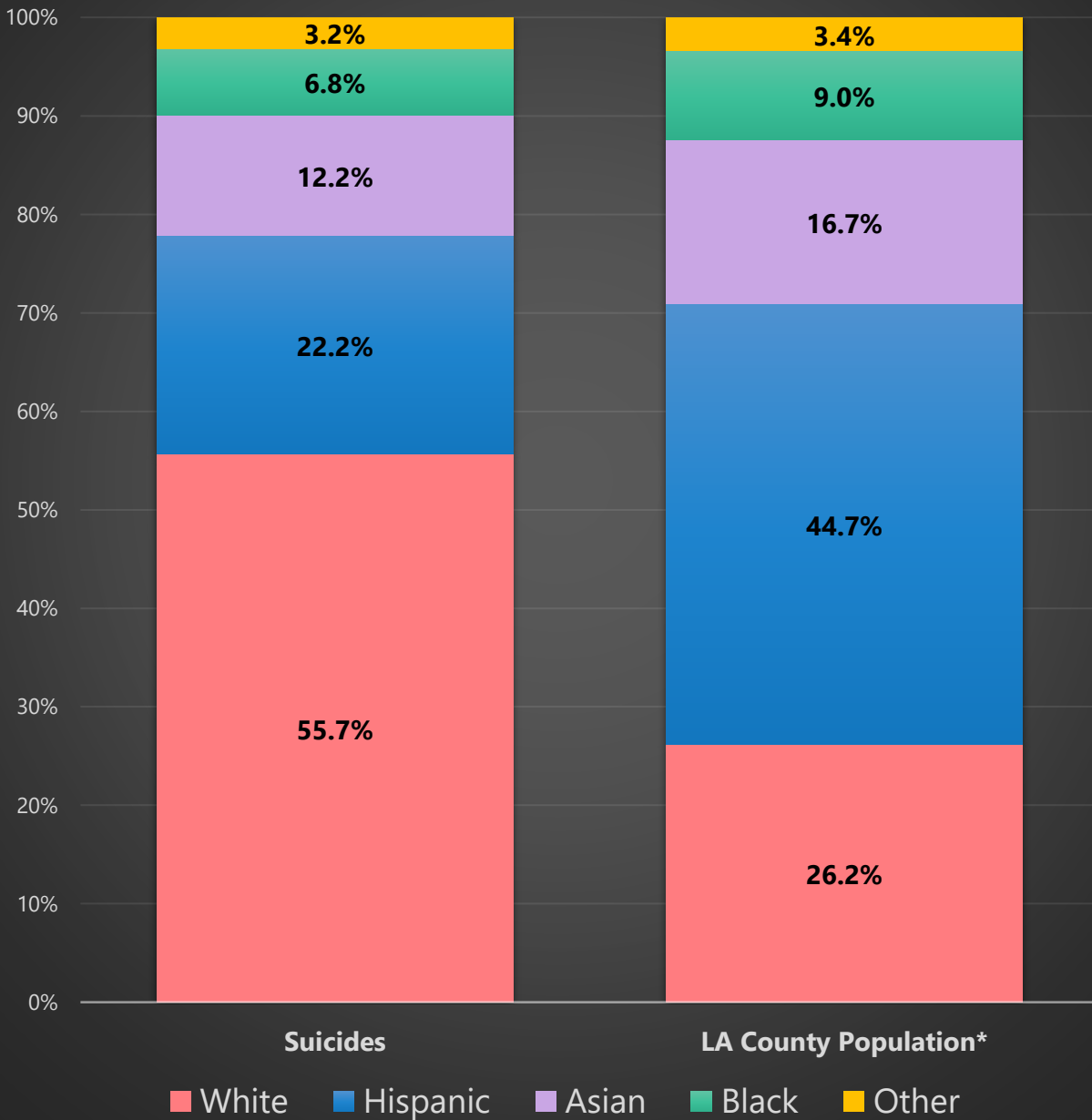
This graph shows the number of suicides by victim's sex. Males are nearly four times as likely as females to commit suicide.



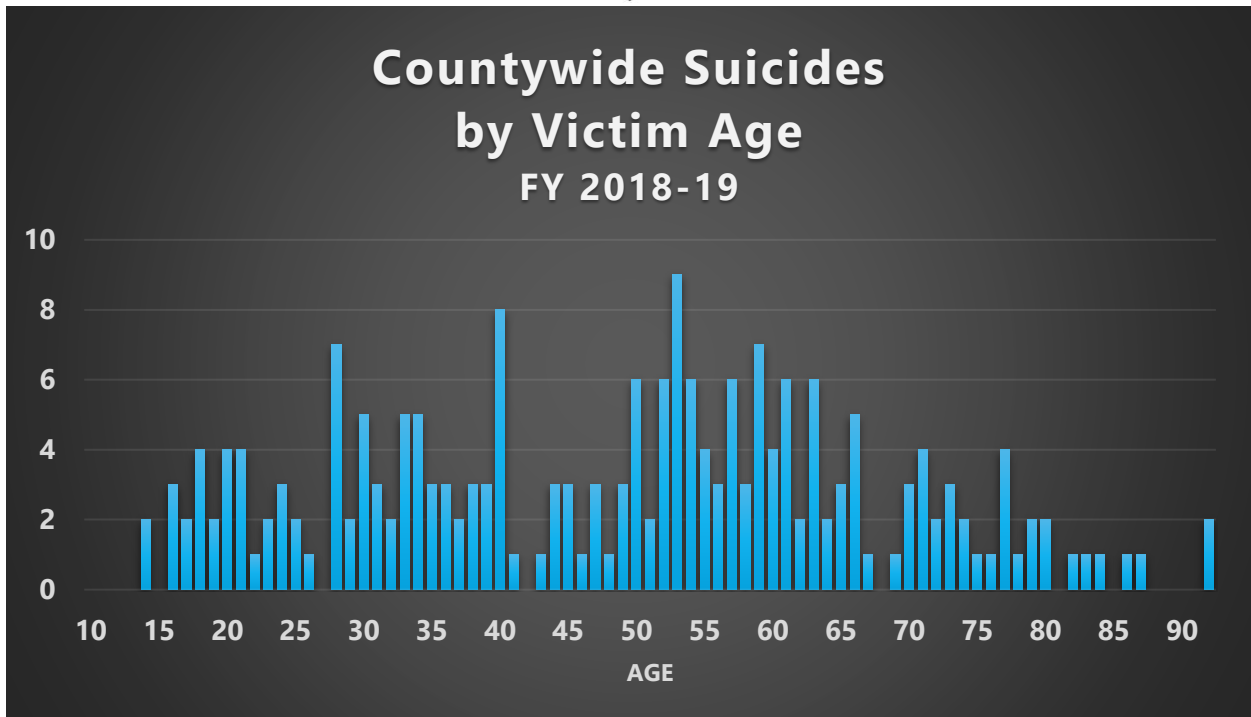
This chart depicts the number of suicides that occurred by victim's race. The majority of suicides were committed by whites.



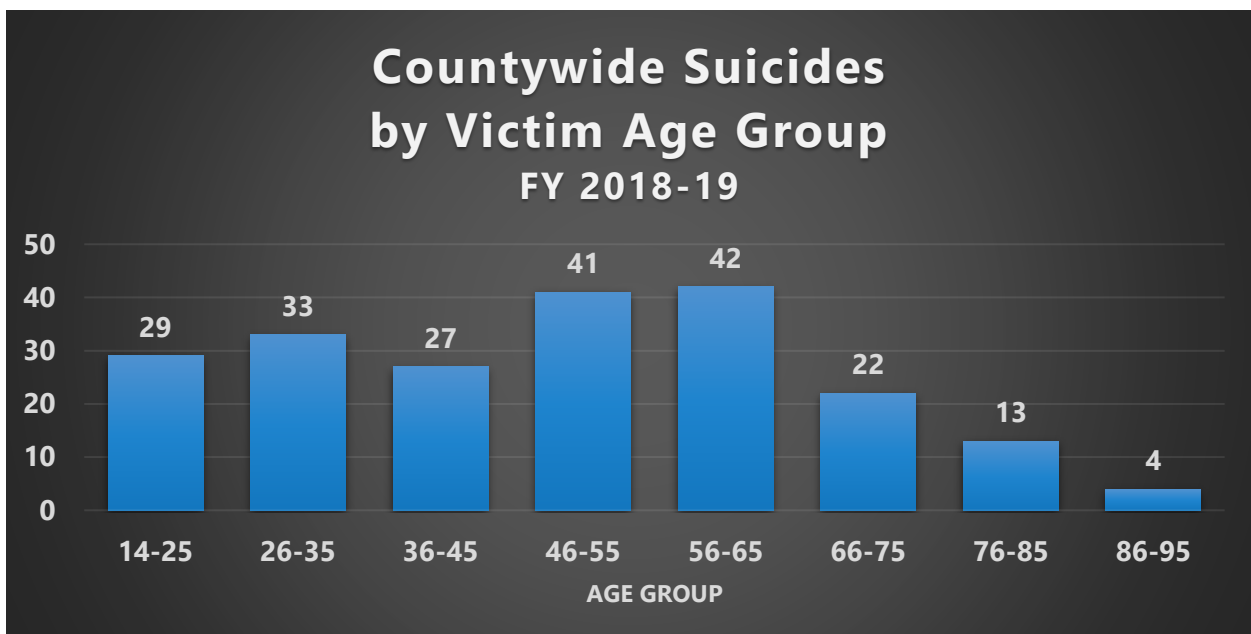
Countywide Suicides Racial Composition FY 2018-19



LA County racial composition was obtained by US Census estimates for July 2018. Whites are the only racial group overrepresented in suicides Countywide.



This chart 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 commonly for those between the ages of 46 and 65.



Juvenile Suicide Attempts

In the 2018-19 fiscal year, LASD patrol division handled 78 juvenile suicide attempts.

- 51 of these attempts were committed by females and 27 were committed by males.
- 41% (32) of these patients were Hispanic, 24% (19) were black, 23% (18) were white, 4% (3) were Asian, and 8% (6) were unspecified.
- The average age of these individuals at the time they attempted suicide is 14.8 years old.
- 47% (37) of these incidents were attempted by individuals who live in the Antelope Valley.
- One juvenile attempted suicide twice during the fiscal year; the remaining 76 incidents were attempted by different juveniles.



Improving Responses to Veterans in Crises

The following statistical data was compiled near the end of fiscal year 2018-19, as it relates to veterans in County of Los Angeles:

- There are an estimated 265,000 veterans in County of Los Angeles.
 - Veterans comprise 3% of the adult population Countywide.
 - LA County has the largest veteran population of any County nationwide.¹²
 - At least 47,700 vets in LA County have some degree of mental illness.
 - At least 10,600 vets in LA County live with **serious** mental illness.
- 3,874 homeless vets¹³ in the City of Los Angeles as of early 2019.
 - That is just 12 fewer veterans than in 2018.¹⁴

In 2018, the LASD MET responded to 149 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.

- Triage Desk received 136 calls regarding veterans in fiscal year 2019-20; MET responded to 123 of those calls.
 - 101 (74%) of cases involved male veterans
 - 6 (4%) involved female veterans
 - 16 (12%) were unspecified (data entry omission)
- When veterans presented in crises, they were more likely to be a danger to themselves, to others, or gravely disabled due to mental illness. In 80% of cases

¹² Source at URL: <http://www.laalmanac.com/military/mi09.php>

¹³ Source at URL: <https://www.scp.org/news/2018/05/31/83625/veteran-homelessness-in-la-has-dropped-by-18-perce/>

¹⁴ Source at URL: https://laist.com/2019/06/05/veteran_homelessness_has_barely_budged_in_la_heres_why_thats_a_win.php



involving veterans, the patient met criteria for a 5150 hold, compared to 70% of cases involving non-veterans.

- In 56% (69) of cases, the veteran patient was known to suffer from Veteran PTSD.
- 27% of the veteran patients exhibited suicidal tendencies, whereas only 19% of non-veterans exhibited these same tendencies.
- In 82% (101) of the cases, the veteran patient was referred to the VA (we need to improve this number).
- Calls involving veteran patients were 54% more likely to result in use of force than calls involving non-veteran patients (2.44% vs. 1.58% of cases).
- In 9% of MET cases involving veterans, the patient met criteria for our Risk Assessment and Management Program (future VRAMP) compared to only 7% of cases involving non-veterans.

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 and LAPD SMART units 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 VA Police Department 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 are able to respond to emergency crises more quickly, when needed.



There are 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.

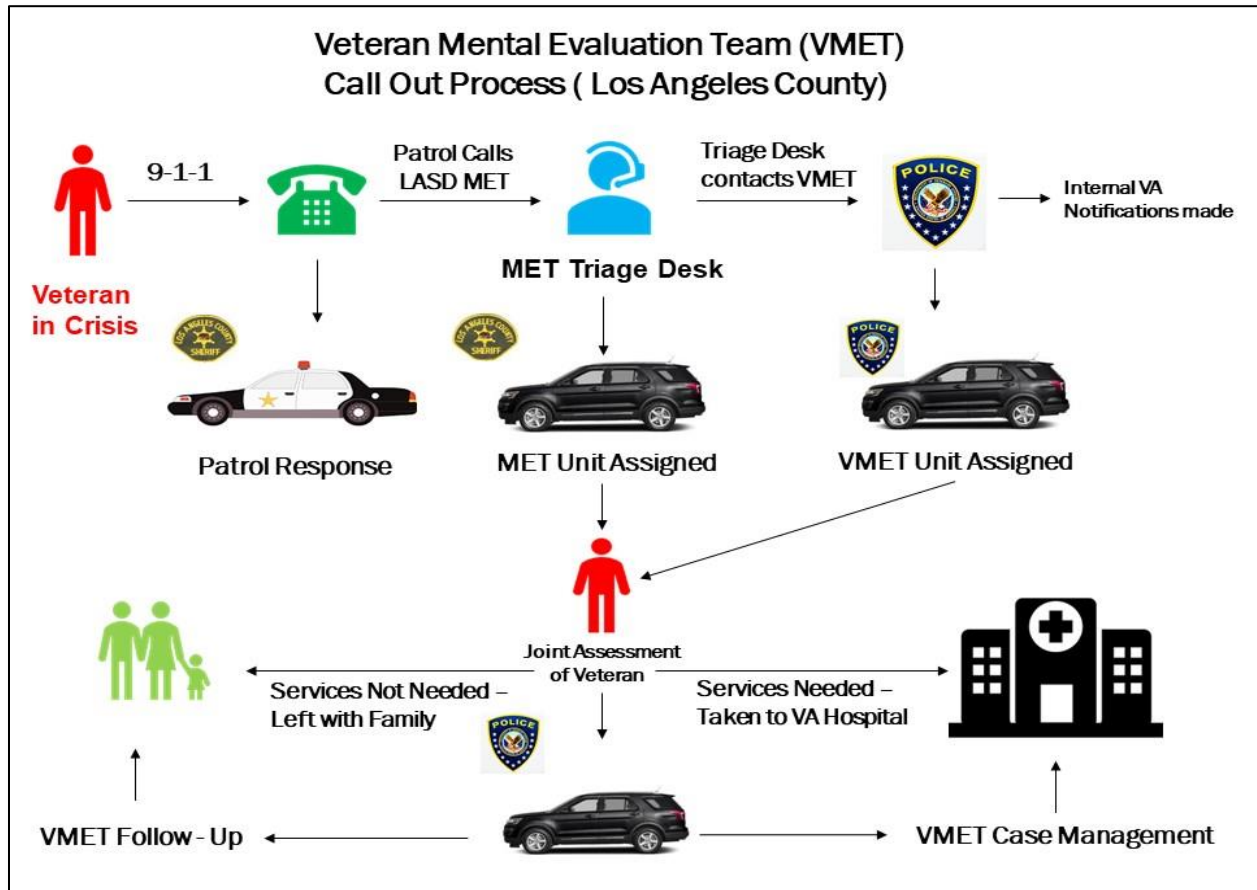
Second, the VMET personnel are experts in navigating the Department of Veterans Affairs (VA). As employees who work at the hospitals when they are not in the field, the VMET staff knows the treatment providers and resources available to veterans at the VA. As such, they are able to have conversations 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 to 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 difficult 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 jurisdiction with only minor modifications in protocol.



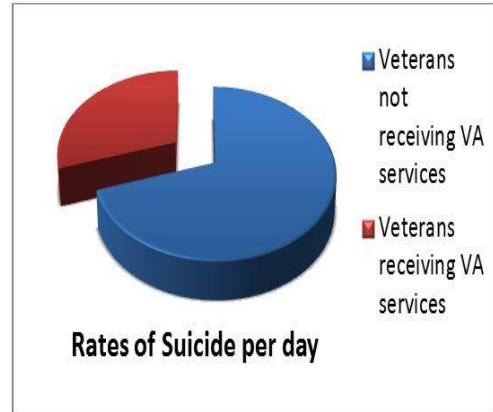
LASD MET / VMET Notification and Co-Response Process Model Flow Chart¹⁵

According to the VA and the Substance Abuse and Mental Health Service Administration (SAMHSA), there is an average of 20 veterans per day dying by suicide. 14 of those who die daily had not been receiving recent services from the VA.

¹⁵ Ret. Chief David Weiner, Secure Solutions LLC., from slide 31 of "VA Police & Local Law Enforcement Collaborations" presentation to New York Police Department and state agencies, July 26, 2019.



The VA Secretary 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, this VMET collaborative is timely and directly applicable to help 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 along is clearly a best practice nationwide that will continue to garner more attention of the exceptional work being done to help veterans in Los Angeles County.



National Media Coverage for the MET/VMET

For further information, examples of VMET collaboration benefits and positive national media coverage for VMET and the LASD MET, the following article is suggested at URL:

https://www.washingtonpost.com/national/veterans-talking-veterans-back-from-the-brink-a-new-approach-to-policing-and-lives-in-crisis/2019/03/20/c1add29e-4508-11e9-8aab-95b8d80a1e4f_story.html

Also refer to URL:

<https://www.kpbs.org/news/2019/feb/06/help-veterans-crisis-va-counselors-are-riding-alon/>

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).¹⁶ The LASD MET has been an instrumental member of the initiative to help improve the support system for veterans and their families in Los Angeles County, while also focusing on improving outreach collaborations for multi-agency responses to veterans with PTSD during a crisis.



Special Project: Veterans Training

Sergeant Bojorquez is currently working with specialists from the Department of Veterans Affairs, the DMH Veteran’s and Loved Ones Recovery (VALOR) Program,¹⁷ and Secure Measures, LLC., a subject matter expert, to help develop new training for patrol deputies and MET units Countywide with regard to military culture and unique approaches to handling crises involving veterans Countywide.

There is a definite need for the specialty curriculum, which will likely result in 8-hour courses for each of three training levels based upon depth of knowledge needed: introductory, intermediate, and advanced-level curriculum.

Sergeant Bojorquez is working with the MET Training Unit to ensure the new training will be certified by the Peace Officers Standards & Training (POST), which enables potential reimbursement opportunities for the Department to send personnel to attend future class offerings. A pilot program is set for initial training to begin in September of 2019, which will test these new course offerings and obtain critical feedback from MET staff attendees in the classes.

¹⁶ Refer to SAMHSA URL <https://www.samhsa.gov/newsroom/press-announcements/201802200200>

¹⁷ Refer to DMH/VALOR Program URL <https://dmh.lacounty.gov/our-services/outpatient-services/valor/>



Veteran Impact Stories

Female Veteran Stand Off In Carson

Carson Sheriff's Station received a call of a female running up and down the street acting violent while holding knives in her hands; she was making threatening movements towards people in the area. Carson patrol personnel responded and made contact with the female. The training officer on scene had recently been to LASD CIT training and did a tremendous job of calmly talking to the patient during a tense standoff until the patient could be detained. Meanwhile, a MET unit was dispatched and arrived to assist in de-escalating the situation; the manic patient had become uncooperative and refused to be transported.

Deputy Joe Luther and Clinician Jaime Orr were able to calm the patient and detain her without using force. They were able to determine that the patient was having a psychotic episode and was paranoid/schizophrenic. The female was a veteran of the United States Marine Corps and had delusions that people were out to get her. She told Deputy Luther that she was afraid for her life and she was just trying to protect herself.

Deputy Luther offered the patient compassionate care in a mental health facility; however, she adamantly refused to go anywhere but the VA. She kept repeating that she was a veteran with PTSD. It was later learned that she also suffered from Military Sexual Trauma (MST). She feared going to a county mental health care facility.

Deputy Luther was aware that a VMET Team had been recently formed out of the Long Beach VA. He immediately placed a call to VMET and they responded from home during off-duty hours in 30 minutes. During this time, Deputy Luther had told the patient that a team from the VA would be coming out to take her to the Long Beach VA for follow up care and additional treatment.

The patient had been registered with the Long Beach VA and was due for an appointment the following day. Because of this, she kept insisting that deputies let her go and assured them that she would go to her appointment the next day. She was a danger to herself and to others; letting her go was not an option.



Deputy Luther urged her to go with the VMET a day early in order to get her the best care available. Upon arrival of the VMET Team, Deputy Luther made the introduction to the patient. Captain Berry of the VA Police Department was able to quickly establish a rapport with the patient – unlike anyone else at the scene. He reached her on a deeper level of understanding due to their shared experiences and knowledge of military culture. Ultimately, the patient became cooperative and agreed to be transported by VMET to the Long Beach VA for immediate, urgent care that night.

The next day, Captain Burns, from the Long Beach VAPD, and supervisor of the VMET team, was able to conduct an interview with the patient. He learned that the patient was grateful for the performance of our MET Team and the collaboration with VMET. She said that their compassionate treatment was the reason she was willing to go with the VMET team for care. The patient recognized the seriousness of the encounter and stated that she was surprised that the initial handling deputies did not shoot her when she had the knife.

She has since been able to continue with follow up specialized treatment and counseling offered by the Long Beach VA, which is above and beyond anything she expected a non-VA mental health facility could offer. Today, the patient's life has dramatically improved. Her outlook for the future is positive and she is grateful to the Los Angeles County Sheriff's Department's Mental Evaluation Team and the Long Beach Veterans Affairs Police Department's Mental Evaluation Team for helping her when she could not help herself.

Lending a Helping Hand

Recently, the Los Angeles County Sheriff's Mental Evaluation Team was contacted by the West Los Angeles Veterans Administration office. They told us they knew about our relationship with the VA in Long Beach and, although they do not yet have an established VMET, they were in need of assistance with an elderly Vietnam Veteran.

Administrator Banko, of the Housing and Homeless Administration at the West Los Angeles VA told us she was in need of assistance with one of her clients. She learned of an Army Veteran in his 70's, who had recently suffered from a stroke while at an appointment in West Los Angeles. She was told that the veteran was living in an empty apartment and had been sleeping on the floor for months with no mattress or blankets.



He had no family and was living alone. He could not afford to buy a mattress or bedding for his apartment, which the VA was paying the rent. There was concern that he might be unable to care for himself.

Upon hearing this, MET formulated a plan to assist. The man was assessed and his mental health was judged to be stable. He simply had no means to provide for some basic needs in the home.

MET Sergeant Bojorquez engaged the local business community and was able to obtain donated goods from a local furniture store in East Los Angeles (Wenger Furniture & Appliances). Mr. Wenger, when hearing of the Vietnam Veteran's living conditions, immediately donated a full sized bed with frame. Sergeant Bojorquez was able to obtain the bedding and a special pillow for the veteran and delivered and set it up at his house. A few days after the bed was delivered, the veteran (shown below) said he had never slept better and his health conditions were improving.





How It Works - A Visit From Congress

Recently, the Los Angeles County Sheriff's Mental Evaluation Team, along with the Veterans Administration Police Department of Long Beach, hosted a meeting with Congressman Gil Cisneros' field deputies in order to explain firsthand how the VMET model works in cooperation with the Los Angeles Sheriff's Department MET. As a collaborative team, the VAPD and LASD staffs explained the concepts and benefits of having a VMET co-respond to a Veteran in crisis.

The field deputies were impressed with the explanation and examples of how the VMET works. They were happy to hear about the success of the VMET and told everyone they were going to bring the information back to Washington D.C. for a closer examination on a national level.

The field deputies were put through a "crash course" of training that the Long Beach VMET and Los Angeles County Sheriff's offer every member of the department. They were challenged with de-escalation training by experiencing the MILO (Multiple Interactive Learning Objective) simulator.

They also participated on a ride along with the MET/VMET teams to experience how MET and VMET work together.

North County MET Unit Helps Iraq War Veteran

The MET team recently came to the aid of a veteran who served in Operation Iraqi Freedom. The veteran was homeless and felt suicidal. As shown in the picture at right, he was in a rather desolate



area in the heat of summer. MET transported him to the VA in West Los Angeles where they were able to provide mental health treatment and connect him with a case social worker (VA benefits "navigator") to address his ongoing supportive housing needs.



Beyond Co-Responding to Crises

This section of the report sheds light on endeavors of the MET unit beyond the highly visible mental health mobile co-response teams the unit is known for – over 25 years.



Mental Health Training Program for LASD

The Mental Evaluation Teams (MET) is responsible for providing five mental health training programs for law enforcement and clinicians. Effective July 1, 2019, the Crisis Intervention Training (CIT) program merged into LASD MET unit, so that all mental health crises and de-escalation training is centrally managed for the LASD by the MET unit.

Patrol School

Starting in 2018, the LASD MET began teaching 2-hour training sessions at every Patrol School. This is an excellent opportunity to reach all new deputies about to be assigned to patrol stations. Sergeant Briz taught at the majority of Patrol School classes, which started the patrol deputies off with the right mindset for handling crises in the future. Her hands-on teaching methods and first-person demonstrations were very well-received by students.

Moving forward, Sergeant Tiwari (MET Training Sergeant) will be assuming this training duty for patrol school deputies. This was necessary to allow Sergeant Briz to focus on RAMP duties due to the expansion of RAMP in FY 2018-19.

Mental Health Update Class for In-Service Patrol Deputies

Sergeant Briz taught "Mental Health Update" 8-hour in-service training classes during 2018. Classes were sanctioned and administered by the [Regional Community Policing Institute](#) (RCPI). Deputies and officers from multiple agencies attended the courses during 2018, which were generally offered twice per month. Sergeant Briz has since passed on this duty to other trainers at the MET in order to focus on the expansion and needs of the RAMP unit.

Under the leadership of Sergeant Tiwari, MET personnel will continue to provide this valuable training to the Department in 2019, and for the foreseeable future.



MILO De-Escalation Simulator & Interactions with the Developmentally Disabled



One of (9) Mental Health Update & Interactions with the Developmentally Disabled Classes

The "[Mental Health Update and Interactions with the Developmentally Disabled for Patrol Class](#)," which was developed in 2016, was modified in 2018 to have a cadre of instructors exclusively from the Mental Evaluation Team (MET). The Department of Mental Health (DMH) clinicians also assisted with course instruction. As subject matter experts in the field, DMH trainers were able to give valuable input to the students.

This unique class encompasses 3 segments:

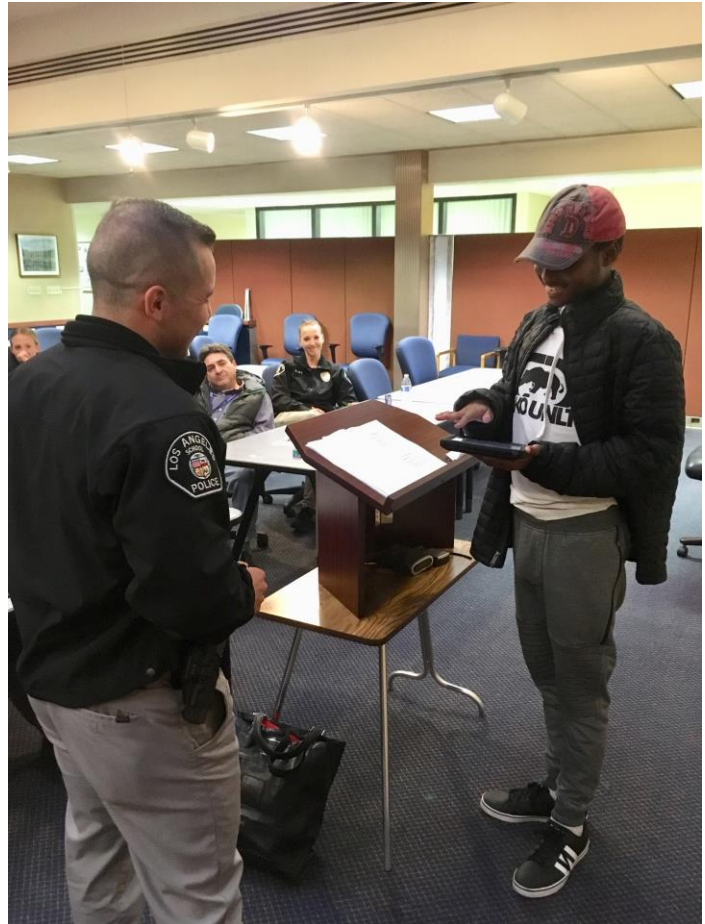
The first portion is the POST-certified "Mental Health Update," which involves tabletop scenarios utilizing POST-approved training video programs designed to help raise



awareness among law enforcement personnel. This interactive segment provides students instruction on how to more effectively handle 5150 calls for service.

The second segment of the class involves use of the MILO simulation, where all participants practice interview and de-escalation strategies using realistic training scenarios projected in a specially outfitted digital training simulator. Use of the MILO 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.

The last segment is provided by "[Autism Interaction Solutions](#)" where attendees participate and view [exercises to simulate the daily challenges](#) of those with developmentally disabilities. Participants learn to recognize some of the signs and symptoms associated with patients in crises who present in the field with developmentally disabilities. Children with autism interact with deputies and officers during this segment to enhance their understanding about Autism.



Officer in Training Interacting with Hunter (Autistic)

During FY 2018-19, nine classes were presented to a total of 197 attendees. Los Angeles Sheriff's Department personnel, local and state law enforcement agencies, DMH and partners from the Workforce Development Aging and Community Services were included, making this a very diverse group of attendees during FY 2018-19.



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.¹⁸ 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.¹⁹



LASD CIT Class in Progress

¹⁸ Bureau of Justice Assistance US Department of Justice, November 2018 Bulletin, at the following URL:

<https://csjjusticecenter.org/wp-content/uploads/2019/01/MEU-Program-Outline-Nov-2018.pdf>

¹⁹ 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>



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 deputies²⁰ have attended the 32-hour training program since implementation in 2017.

As of the end of fiscal year 2018-19, a total of 1,244 deputies in patrol have been trained in the Department 32-hour CIT program. With an estimated 5,300 deputies in patrol in need of training, the estimate today is 23% of existing patrol staff have been trained so far, as reflected below:

- FY 2016/2017- 462 personnel trained
- FY 2017/2018- 400 personnel trained
- FY 2018/2019- 382 personnel trained

Effective July 1, 2019, MET unit assuming oversight of the LASD CIT training to replicate the “best practice” of the LAPD model, which involves MEU subject matter experts involved in a rotational training role to improve the training experience and officers’ engagement. There are advantages to the Department including the involvement of DMH instructors and use of MILO training simulators to enhance the CIT evolving training curriculum for the maximum benefit of all participants, the Department and the County.

²⁰ Approximately 1,100 patrol deputies trained as of March 2019 (Sgt. Eric Ehrhorn, CIT Instructor)



Community Outreach



During much of 2018, the MET had limited ability to engage in a meaningful social media campaign due to insufficient personnel and expertise. Community outreach was limited for the same reason. By contrast, LAPD MEU has enjoyed excellent social media and outreach due to additional staffing, which includes four (4) area team leadership officers who act as liaisons in the four major sections of the City of Los Angeles.

The LASD MET unit does not have dedicated liaisons as there is a greater need to fill the minimal needs as co-responders before such ideas can be considered. The MET does have one patrol division team sergeant and team leader allocated.

Sergeants act as patrol liaisons by division on a collateral basis. Each attends the monthly Crime Management Forum meetings to apprise patrol captains of MET trends and recent efforts to address crises.



MET Team Supports the Special Olympics



MET personnel attended this year's Special Olympics in Long Beach and assisted in handing out medals to the participants (above).

MET Assists the SHARE Tolerance Program





MET Deputies and clinicians (prior page) attended a Santa Clarita Town Hall meeting where they worked with the “SHARE” (Stop Hate and Respect Everyone) Tolerance Program which aims at fighting hate and intolerance in our communities.

MET at the 2019 African American Mental Health Conference



MET Deputies attended the African American Mental Health Conference at STAPLES Center with The Department of Mental Health, to show what services we can provide for patients and residents of Los Angeles County.





MET Collaboration with Board Deputies and Hospitals



Board of Supervisors' Justice Deputies accompanied MET teams to discuss expanded services with hospital directors from both Palmdale Regional and Antelope Valley Hospitals. The goal of the meeting was to create fluidity, reciprocity, and integral working relationships between law enforcement and hospital staff.

Social Media

An important component to ensure our stakeholders and public are aware of the services MET provides is proper marketing. In July 2017, MET started a social media Twitter page [@LasdMET](#) but had limited resources to post information. A Law Enforcement Technician from Santa Clarita assigned as the station Public Information Officer was doing limited postings, mainly focusing on North County incidents. In January 2019, an additional Sergeant transferred to MET with public information officer and social media experience.

Since that time, the social media postings have increased tenfold. The goal, by the end of 2019, is to have 1,000 Twitter "followers" at which time MET will explore adding on Instagram to its social media platforms. Since January, MET has been averaging 100 new followers each month.



LASD MET (Mental Evaluation Team) @LasdMET · Jan 25

Group effort in linking an individual with services- Outreach in Palmdale by MET team, DMH Assisted Outpatient Treatment (AOT) coordinator and Tarzana Treatment Center staff. Learn more about AOT at bit.ly/2RffTkX



LA County Sheriff's, LA Mental Health, Los Angeles County and 2 others

Example of posting on LASD MET Twitter Account

Posts are linked to real time events and retweets of applicable mental illness posts. The two leads for posting on social media for MET receive text messages about calls for service, which gives them an advantage to monitor calls in real time and ask for pictures related to events. The posting strategy is aligned with the MET mission and highlights the various duties of personnel in their day to day activities. Additionally, MET has been successful in garnering significant media attention in the past year.

The Washington POST newspaper wrote an extensive story about the MET collaboration with the Veterans Mental Evaluation Team at the following URL:

<https://www.washingtonpost.com/national/veterans-talking-veterans-back-from-the-brink-a->



[new-approach-to-policing-and-lives-in-crisis/2019/03/20/c1add29e-4508-11e9-8aab-95b8d80a1e4f_story.html](https://www.kcet.org/shows/socal-connected/la-county-tests-tracking-device-that-helps-locate-alzheimers-patients)

KCET, NBC Channel 4, Noticias Channel 52, the Los Angeles County Channel 36, and an Asian newspaper have done stories on various facets of MET at the following URL's:

<https://www.kcet.org/shows/socal-connected/la-county-tests-tracking-device-that-helps-locate-alzheimers-patients>

<https://www.nbclosangeles.com/news/local/LASD-Mental-Health-Simulator-Los-Angeles-505751412.html>

Other related stories on LASD MET:

<https://www.211la.org/mental-evaluation-team-ride-along>

<https://www.dailybulletin.com/2017/11/13/we-see-them-at-their-worst-how-la-countys-mental-health-team-is-working-to-end-a-stigma/>

<http://healthagency.lacounty.gov/2017/02/01/board-of-supervisors-approves-measure-expanding-mental-evaluation-teams/>

MET responded to at least 12 critical incidents in the field during 2018, which were covered by media during 2018. All incidents were resolved favorably, which resulted in positive press coverage for the County.

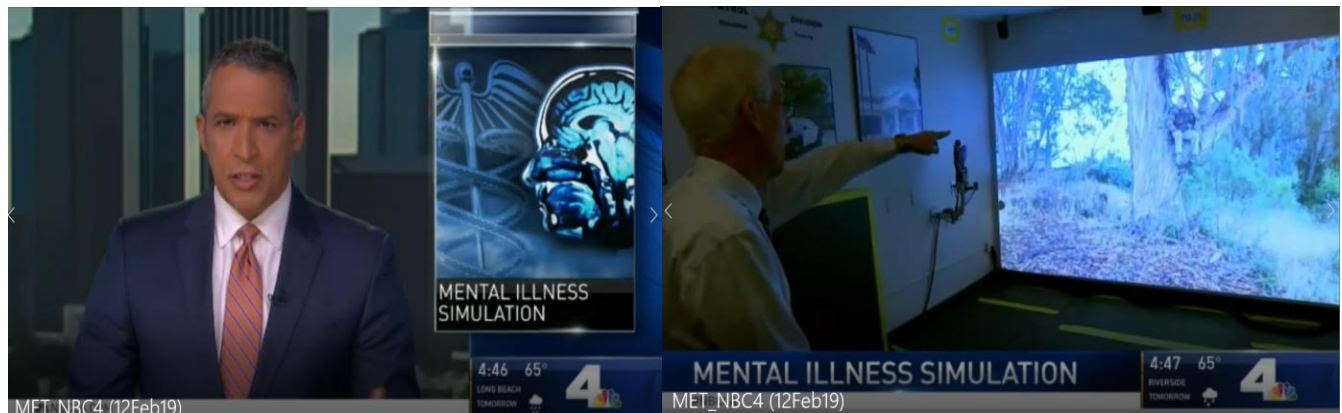
Another component of our branding strategy is our community outreach efforts. MET has recently invested in marketing materials to advertise the team at conferences, safety expos, community fairs, school events - just to name a few.



Media Relations

During FY 2018-19, social media has become an important facet of MET. We have become more aware of the importance of telling the MET story through community outreach events, training, assisting patrol and capturing the “how and why we do what we” do via our Twitter account and partnering with our media stations.

MET was featured in a prime time story on February 2019 done by long time Channel 4’s Patrick Healy, Spanish Chanel 52/Telemundo and the Chinese Press. The exposé covered our efforts to train deputies in de-escalation tactics, our work with the LA Found initiative, Work Development Aging and Community Services Agency (WEDACS) and Project Lifesaver.



In March 2019, another similar story was done by the Los Angeles County News Channel highlighting our MILO interactive training, collaborations with Department of Mental



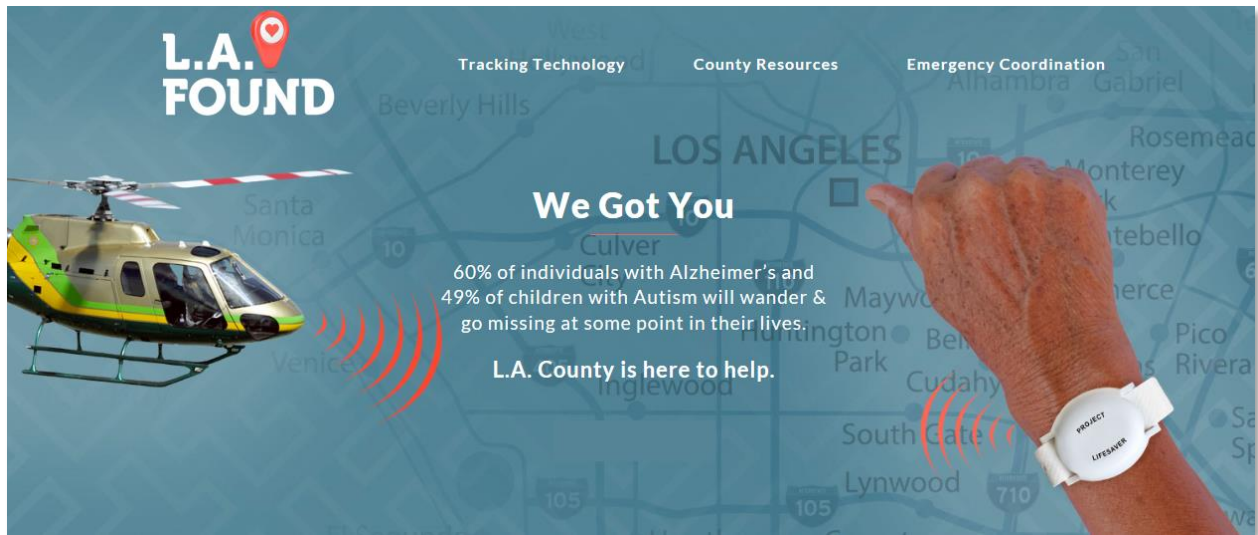
Health (DMH), the Veteran's Mental Evaluation Team (VMET), and our efforts to educate employees when dealing with autistic person(s).



During June of 2019, our Special Enforcement Team was involved in a barricaded suspect call involving a person with suspected mental illness. MET Crisis Negotiators were called to assist and were able to establish dialogue with the suspect. A subsequent social media tweet was posted advising the public we were assisting with the incident. Channel 2 used the above picture of MET, which highlighted our ongoing efforts to bring rapidly evolving and tense situations like that incident in June to a peaceful resolution. Next year promises to be another eventful year as we hope to increase on our progress from last year.



“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 is 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 agreements. The LASD MET has trained approximately 84 members of the department including the both North and South County Search and Rescue Teams. All the information about LA Found clients are entered into a database in the event a person is found, so that LASD-MET is able to do a reverse search.

“LA Found” Support Vehicle

To help with branding and marketing of the new (2018) LA Found program, one of the support vehicles for the MET unit (Transit Van) will have a “wrap” applied in 2019. The vehicle was ordered in May of



2019. We are hoping to complete it by September 2019, which will then serve as a centerpiece at multi-agency command posts, complete with logistics support to include additional radios, batteries, chargers, map drawers, spare parts, extra antennas, 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.

“LA Found” at the County Fair in 2019

In September of 2019, staff from Workforce Development, Aging and Community Services, Department of Mental Health and Sheriff’s Department MET/RAMP personnel will staff a booth/display at the Los Angeles County Fair. In 2018, the LA County Fair drew 1.13 million visitors, a 5% increase over 2017.²¹ The display at the Fair represents a tremendous opportunity to reach many potential future program candidates and their caregivers.



²¹ Source: LA Times Article “Los Angeles County Fair Reports 5% Rise In Attendance, Cites Lower Prices” by Hugo Martin, dated September 24, 2018. URL: <https://www.latimes.com/business/la-fi-county-fair-attendance-20180924-story.html>



Project Lifesaver Participant Data

The below tables provide a breakdown of Project Lifesaver bracelets issued Countywide through June 30, 2019, including participant demographics.²² The County is projecting up to 1,000 users will be registered in LA County by the end of fiscal year 2019-20.

| Supervisorial District | Project Lifesaver Devices Issued |
|-------------------------------|---|
| <i>First District</i> | 82 |
| <i>Second District</i> | 62 |
| <i>Third District</i> | 42 |
| <i>Fourth District</i> | 101 |
| <i>Fifth District</i> | 74 |
| Total | 361 |

| Population | Participant Demographics |
|---|---------------------------------|
| <i>Male</i> | 227 |
| <i>Female</i> | 134 |
| Total | 361 |
| <i>Adults 60 Years of Age and Over</i> | 202 |
| <i>Children (< 18 yrs.)</i> | 105 |
| <i>Dependent Adults (18 to 59 yrs.)</i> | 54 |
| Total | 361 |
| <i>Alzheimer's/Dementia</i> | 198 |
| <i>Autism</i> | 129 |
| <i>Other Cognitive Impairments</i> | 34 |
| Total | 361 |

Note: Some Individuals with tracking devices reported suffering from more than one impairment listed above.

²² Source: Cinthie Lopez Paz, Workforce Development, Aging and Community Services; compiled on August 6, 2019.



Recent “LA Found” Success: Man Located In Long Beach

On June 21, 2019, a male adult suffering from dementia, bi-polar disorder and schizophrenia was reported missing in the City of Long Beach. The missing person was a participant of “LA Found” program and was wearing his wristband transmitter. It was noted that the missing person had a prior history of violence against local police.

MET units equipped with the “Project Lifesaver” trackers responded to the City of Long Beach, along with an LASD Helicopter (Air-8). MET units were on scene searching for the missing person approximately 45 minutes after the initial call. Air-8 arrived on scene and began receiving an audible “chirp” from the missing person’s transmitter. Air-8 directed ground units to the location. Five minutes later, the missing person was located. He was evaluated on scene. The family was advised of his location and he was reunited with them. Due to MET’s professionalism and experience in dealing with the mentally ill, he was very happy with MET personnel and happily posed for this picture.



MET personnel staging with “LA Found” client (second from left) found in Long Beach on June 29th.



Crisis Negotiations Team(s)

With recent MET expansion, the County has seen a reduction by 67%²³ 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 of CNT was effectively removed from 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 currently proposed expansion, which includes MET becoming its own Bureau within the Department, may be the key to whether or not CNT will be merged back into the MET based on conversations had with the Special Operations Division Chief. The propositions to merge CNT into MET makes more sense when the Department recognizes the unit as a Bureau and allows for two lieutenants to handle the CNT oversight then on "A" and "B" shift duties.



²³ Versus 2016 and 2017 CNT data; calls in 2018 for CNT activations have dropped by 2/3 over those prior years.



Recent Walnut Station “Jumper” Case

During the month of June, a collaborative effort of training was done between the Jail Mental Evaluation Team (JMET) and the Mental Evaluation Team (MET). During the cross training, eleven JMET Deputies and one sergeant were partnered with seasoned MET Deputies and their clinicians to assist with various calls for service.

MET Deputy Medrano and JMET Deputy Jones responded to a person in crisis call possible “jumper” who wanted to kill himself in Walnut California.

Once on scene, Deputy Medrano and Deputy Jones saw a male Hispanic standing on the roof of his home stating he wanted to kill himself due to a recent break up with his girlfriend and losing his job.

After gathering some background information about the patient, Deputy Jones, the secondary negotiator was able to contact his daughters and get a “third-party intermediary” (TPI) recording of his loved ones while Deputy Medrano, the primary negotiator, stood by the patient to establish a rapport by engaging him in constant meaningful dialogue and credibility.

During the ongoing Crisis Negotiation, Deputy Jones instructed a Walnut Station deputy to drive his patrol vehicle to the driveway of the house adjacent to where the patient was. Deputy Jones played a recording of his mother on the patrol car public address (PA) system, which said she loved him and didn’t want him to hurt himself.

After about three hours of persistent dialogue and negotiations, Deputy Medrano and Deputy Jones were able to convince the patient to come down from the roof without further incident.

The patient was cleared by fire and transported to a psychiatric hospital where he was admitted for “Danger to Himself” (WIC § 5150) with no further incident.

While at the hospital, the patient told Deputy Medrano and Deputy Jones that he was very grateful for saving his life; he was glad to get psychiatric treatment.



Contracted MET Unit in West Hollywood

MET provided the first contracted team to the City of West Hollywood during fiscal year 2018-19. By all feedback, this pilot project year was a phenomenal success. The city has opted to renew and extend the contract with the LASD and DMH for a dedicated MET unit.

A summary of metrics for the MET unit assigned to West Hollywood during FY 2018-19 is provided in Appendix IV.



Diversion

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. Two specific diversion efforts are underway at the MET with emphasis on diversion away from incarcerating as a better outcome for mentally ill patients who engage with law enforcement during a crisis. These efforts are also supported by the (new in 2018) RAMP team.

MacArthur Foundation Grant

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 grant award was put to good use in the North County where the funds and program are being managed by Sergeant Barclay. North County was selected because it has the 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.

- 115 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.
- 12 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.

MET used approximately 54 hours a month on average of grant overtime to achieve the above results. Two conferences for jail reform and ethnic disparity discussion have been held in Chicago and Pittsburg. MET personnel have attended both. 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.



FY2018-19 RAMP Progress Report

This section of the report provides details regarding the expansion of Risk Assessment & Management Program during fiscal year 2018-19.



Risk Assessment & Management Program

Risk Assessment and Management Program (RAMP) is a vitally important adjunct to the MET program, which addresses the needs of patients with serious mental illness who meet designated criteria. The RAMP concept 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 together²⁴.

RAMP will consist of six specially trained deputies, six clinicians, two analysts, one clinical supervisor, and two supervisors. The goal number of RAMP teams needed to adequately handle the case volume reported in 2018 is nine (9) teams. We will address the need for three (3) additional teams during future team expansion as the caseload is being closely monitored.

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 criteria for RAMP intense case management is reflected below.

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



²⁴ A psychosocial treatment outlined by National Alliance on Mental Illness (NAMI) <https://www.nami.org/Learn-More/Treatment/Psychosocial-Treatments>



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. Metrics will be tracked in 2019 to measure outcomes on all RAMP cases considered “inactive.”

RAMP Supervisors

LASD Sergeants and a DMH Clinician Supervisor meet regularly to review any new MET cases and referrals. They utilize specially developed database tools and conduct face-to-face meetings to provide case screenings to determine which cases meet criteria for RAMP follow-up.

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 and 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 (similar role to a station detective bureau) for Level 4+ cases involving seriously mentally ill (SMI) patients. Deputies are also utilized to provide security for Level 3 case follow up and to help investigate the whereabouts of patients who have been deemed “at risk” due to missed treatment appointments. They interact with MET counterparts, patrol and outside agency law enforcement personnel while conducting field investigations.

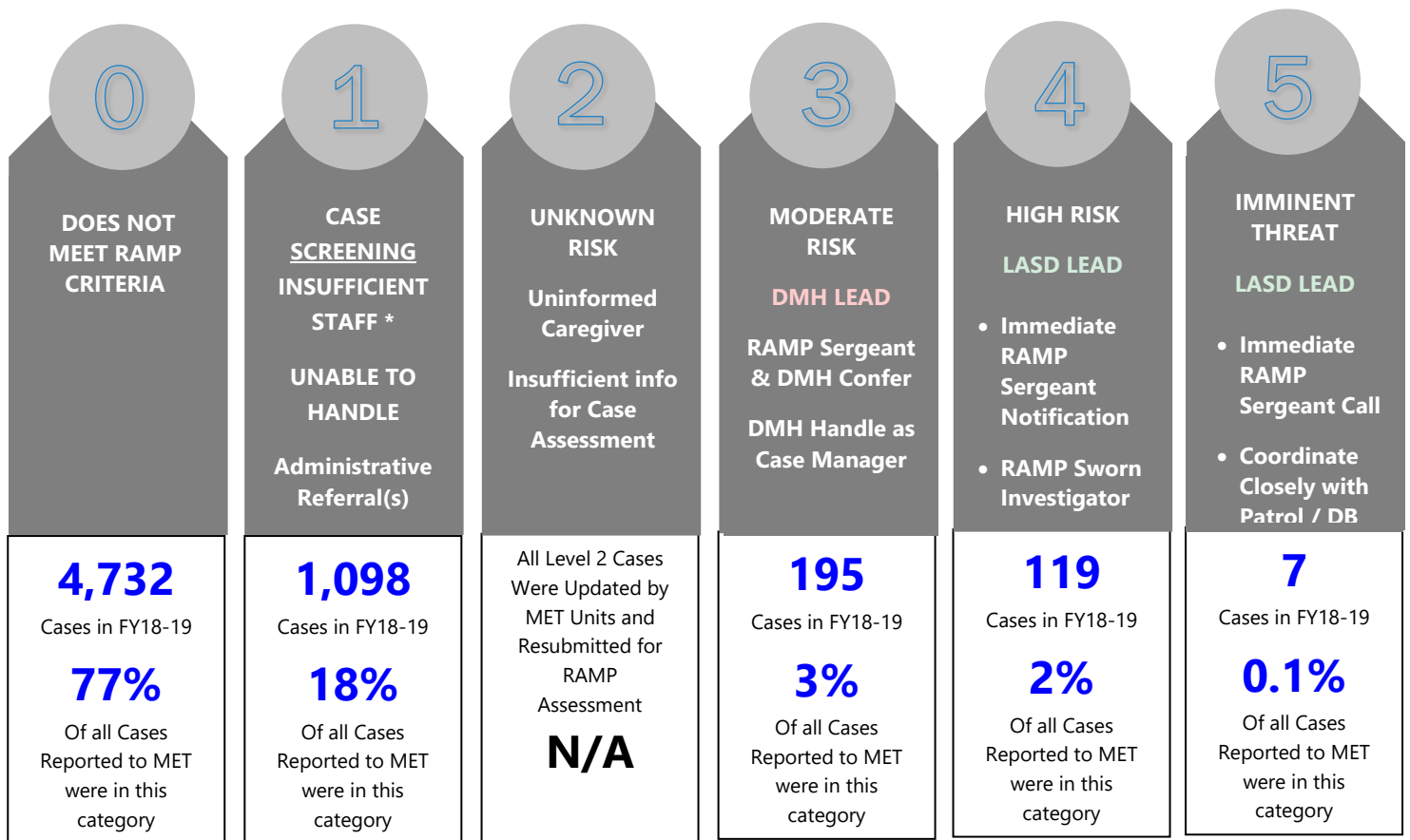
RAMP deputies have access to law enforcement databases and the ability to place a “want” in the system and/or create “Be on the Look Out” (BOLO) fliers to help locate patients who may pose a significant risk to law enforcement and the public. RAMP deputies may author search warrants and typically work 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.



Assessment of Risk: Threat Severity Level

Cases assigned to the RAMP are assigned one of the following levels by the reviewing case managers, which correspond to perceived risk and determine 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 / DMH Lead
- Level 4 – High Risk / LASD Lead (Includes cases with a deadly weapon involved)
- Level 5 – Imminent Threat / Immediate Action Required / LASD Lead



* Although cases were reviewed during the entire fiscal year, RAMP did not begin receiving full-time investigator teams until near the end of 2018. New teams were phased-in during the Spring of 2019, according to the incremental expansion plan, with most new staff added near end of fiscal year. During 2019, the metrics for tracking RAMP productivity are being further developed to provide a clearer picture about the outcome of all RAMP investigations including nature of linkages.



RAMP FY 2018-19 Cases by Station Jurisdiction

The table below depicts the breakdown of RAMP cases by Station jurisdiction during FY 2018-19, based upon the regions where the crisis first occurred (generally where patient resided):

| Station | Cases | % | AV | Foothills | West | Metro | South | East |
|-----------------------------|-------|-------|------------|------------|-----------|------------|------------|------------|
| Altadena Station | 11 | 0.8% | | 11 | | | | |
| Avalon Station | 3 | 0.2% | | | | | 3 | |
| Carson Station | 7 | 0.5% | | | | | 7 | |
| Century Station | 34 | 2.4% | | | | 34 | | |
| Cerritos Station | 21 | 1.5% | | | | | 21 | |
| Compton Station | 17 | 1.2% | | | | 17 | | |
| Crescenta Valley Station | 10 | 0.7% | | 10 | | | | |
| East LA Station | 52 | 3.7% | | | | 52 | | |
| Industry Station | 62 | 4.4% | | | | | | 62 |
| Lakewood Station | 106 | 7.5% | | | | | 106 | |
| Lancaster Station | 362 | 25.5% | 362 | | | | | |
| Lomita Station | 10 | 0.7% | | | | | 10 | |
| Lost Hills / Malibu Station | 22 | 1.6% | | | 22 | | | |
| Marina Del Rey Station | 5 | 0.4% | | | 5 | | | |
| Norwalk Station | 96 | 6.8% | | | | | 96 | |
| Palmdale Station | 154 | 10.9% | 154 | | | | | |
| Pico Rivera Station | 54 | 3.8% | | | | | 54 | |
| San Dimas Station | 13 | 0.9% | | | | | | 13 |
| Santa Clarita Station | 89 | 6.3% | | 89 | | | | |
| South Los Angeles Station | 10 | 0.7% | | | | 10 | | |
| Temple Station | 99 | 7.0% | | | | | | 99 |
| Walnut Station | 55 | 3.9% | | | | | | 55 |
| West Hollywood | 21 | 1.5% | | | | 21 | | |
| RAMP Cases by Region | | | 516 | 110 | 27 | 134 | 297 | 229 |



RAMP Co-Investigation Teams as of End of Fiscal Year

RAMP was funded to slowly expand to 6 teams incrementally from October of 2018 to June of 2019. Most new additions were budgeted for expansion in the second half of the fiscal year due to salary savings. LASD was behind by approximately 1-2 months in filling each new deputy item, as higher emphasis was placed on filling vital MET gaps due to increasing call volume. Salary savings overtime was used to add capacity to handle more RAMP investigations with the 4 new teams. The remaining two teams are anticipated to be in place by the end of September, 2019.

FY 2018-19 RAMP Data Recorded by LASD:

- 7% of all MET patient evaluations met criteria for RAMP referral in FY 2018-19
- 1,419 MET cases met RAMP criteria during FY 2018-19
 - 118+ Avg. incoming new RAMP cases for review *per month*
 - 1,098 (77%) screened out due to insufficient personnel to handle
 - 195 (14%) were assigned as Level 3 cases in FY 2018-19 – DMH lead role
 - 119 (8%) were assigned as Level 4 cases in FY 2018-19 – LASD lead role
 - 7 (0.4%) were assigned as Level 5 cases in FY 2018-19, due to imminent threat to public safety; these required *immediate* action by RAMP
- The average RAMP case resulted in 2.7 hours of case work by RAMP personnel (logged in case journals).
- RAMP addressed 24 patients in FY 2018-19 who each had five (5) or more reported crises
- Four (4) patients in FY 2018-19 accounted for thirty-eight (38) crises Responses by LASD patrol and MET units.



RAMP FY 2018-19 Cases: Nature of Follow-Up (Level 4 & 5)

Beginning January 1, 2018, 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 in FY 2018-19 was conducting follow-up case work in the field:

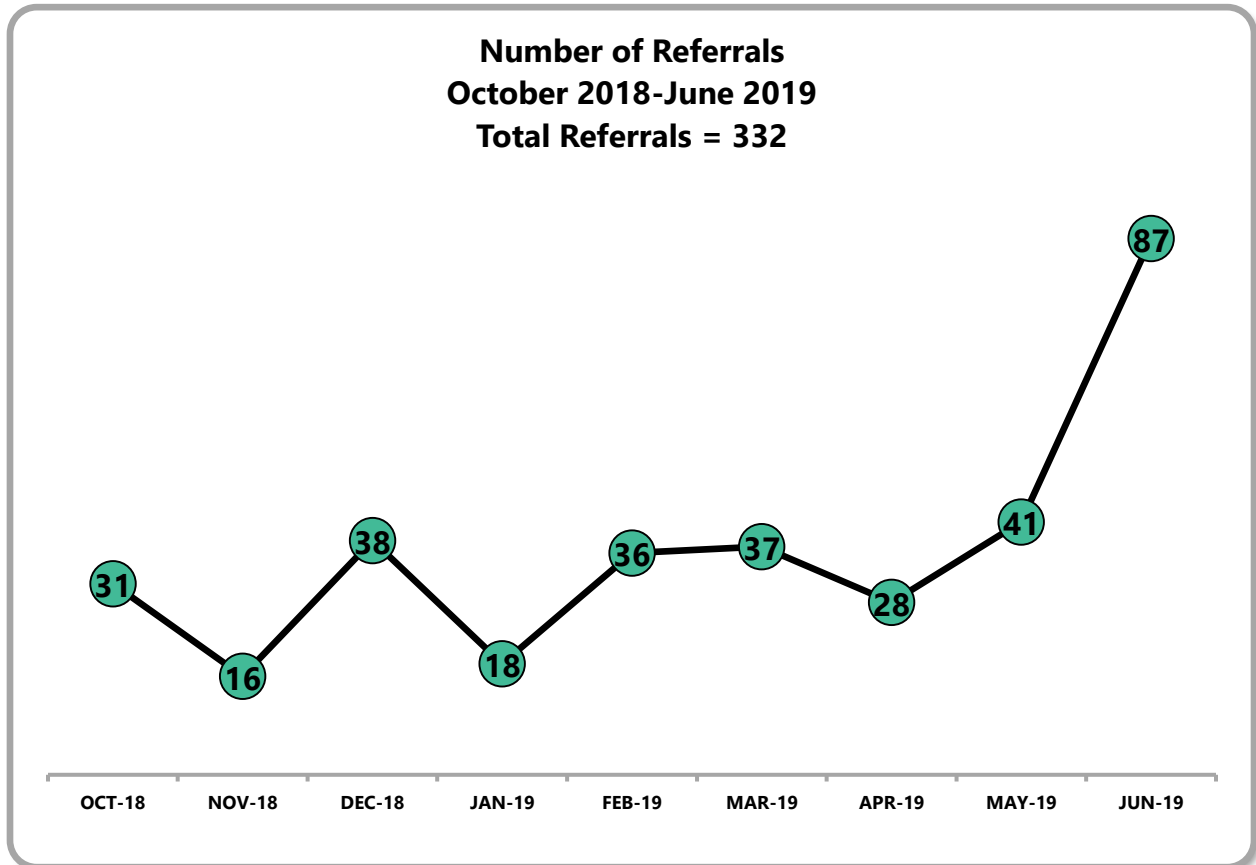
| Type Action | % of Follow-Up |
|---------------------------------|----------------|
| Ack / Reviewed Case | 20.1% |
| Action Item Assigned | 3.8% |
| Administrative | 8.1% |
| Assist Other Detective | 0.1% |
| Assist Patrol | 2.4% |
| Case Closed / Closure Pkg | 0.6% |
| Case Review Committee Mtg | 1.7% |
| Committee Review | 0.4% |
| Court Appearance | 2.4% |
| Crime Analysis (Assistance) | 21.9% |
| Database / Online Research | 1.3% |
| DMH Notification | 0.7% |
| DMH Records Query | 0.7% |
| Email to / from Involved Party | 4.8% |
| Field Investigation | 21.6% |
| Initiated New Case | 0.4% |
| Interview | 0.5% |
| Other | 1.8% |
| Palantir Records Search | 0.0% |
| Phone Call(s) | 6.3% |
| RAMP Database Program Update(s) | 0.2% |
| Supervisory Review | 0.2% |



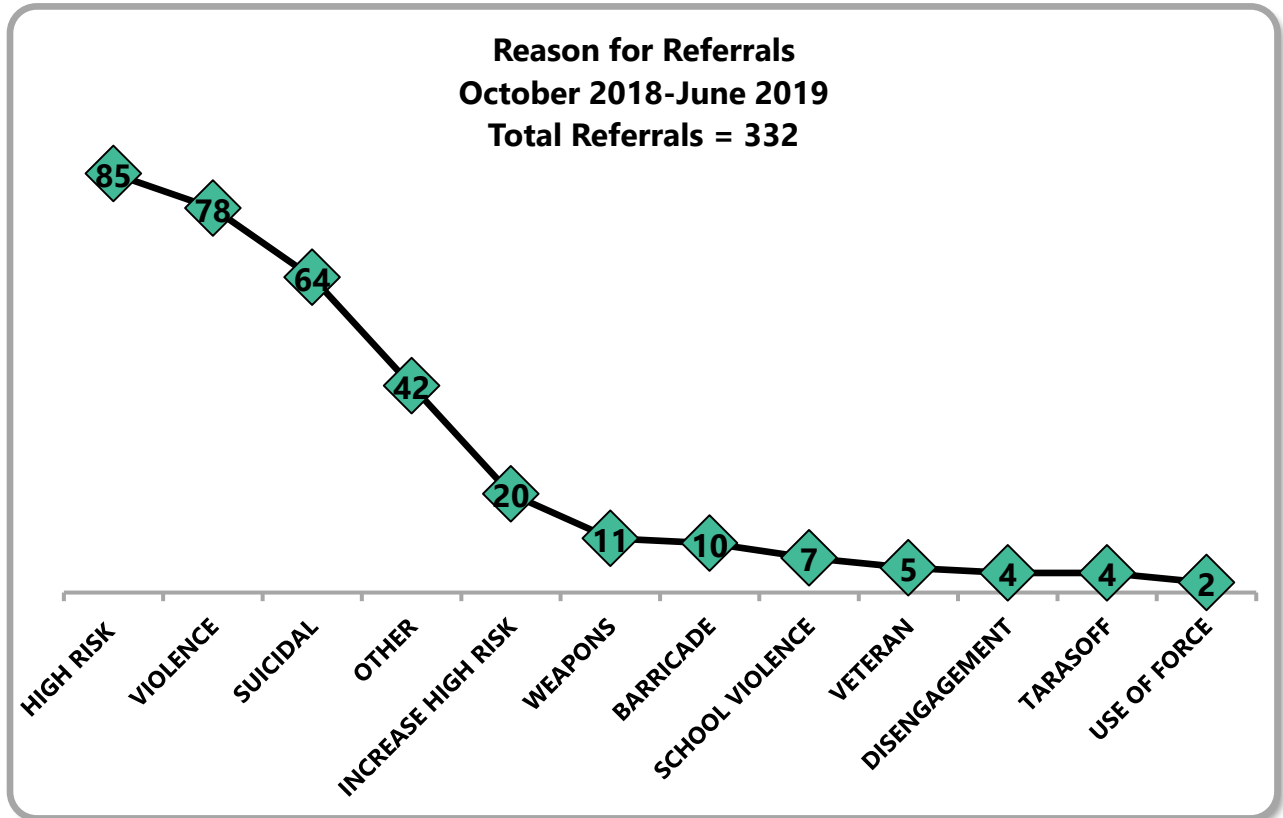
Fiscal Year 2018-19 RAMP Data Recorded by the DMH

In October of 2018, the DMH began participating in the revitalized RAMP program with the addition of two clinicians as part of the FY 2018-19 expansion goals. During the fourth quarter of the year, the RAMP program was reimagined with a new structure and screening processes that officially began in 2019, still evolving today, allowing a period of training and refinement. This updated version of the program was referred to as the "RAMP 2.0" since January 1st.

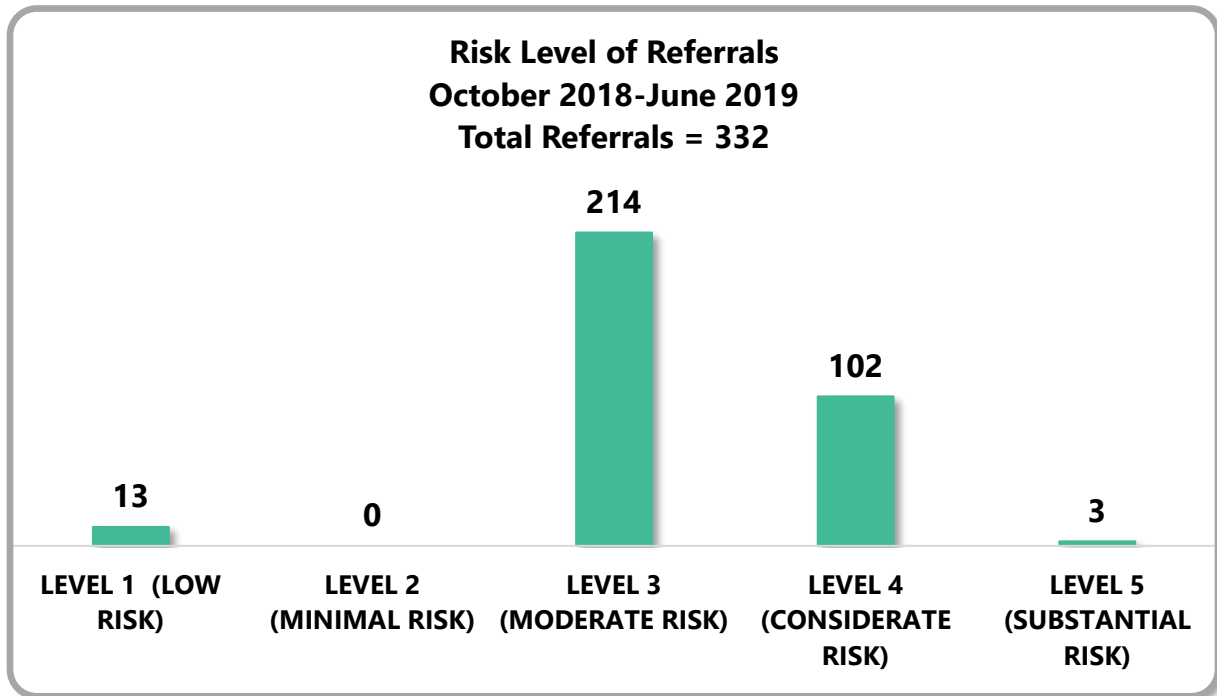
DMH clinicians reported involvement in 332 case referrals since officially joining the LASD in the revised version of RAMP (v2.0) with the following data metrics recorded:



The number of referrals received for RAMP have fluctuated from October 2018 through January 2019. They remained fairly stable during February and March 2019 then declined in April 2019 before spiking up again. This is attributed to an increase in RAMP staffing from 2 clinicians in 2018, to 5 clinical staff in 2019.



The majority of referrals were received for high risk, violent, and suicidal mental health services patients (26%, 23% and 19% respectively).



64% of RAMP referrals received by the DMH RAMP clinicians were moderate risk level patients and 31% were for considerate (high) level patients.

RAMP Staffing

RAMP clinicians have increased from 2 to 5 staff in 2019. Each clinician is paired with a former MET deputy. LASD anticipates the sixth deputy to be moved to RAMP after the pending transfer list in September. RAMP will then enjoy the full complement of investigators and case managers.



| Title | Date Hired |
|----------------------------|------------|
| Mental Health Clinician II | 7/16/18 |
| Mental Health Clinician II | 5/1/19 |
| Mental Health Counselor RN | 7/1/19 |



RAMP Personnel Deployment Considerations

Based on calendar year 2018 data, the LASD/DMH projected deployment of six (6) RAMP teams to address casework needs in each region of the County based on case volume last year:

- (2) RAMP teams for Antelope Valley and Santa Clarita
- (3) RAMP teams for South and East County
- (1) RAMP team for West and Central County

However, data from FY 2018-19 revealed a change in the trend with more recent RAMP cases being reported in Antelope Valley. As such, the proper allocation of resources is:

- (2) RAMP teams for Antelope Valley
- (1) RAMP team for Santa Clarita, Foothills and West County
- (3) RAMP teams for Metro LA Area, plus South and East County

| RAMP TEAM ALLOCATION FACTORS | AV | SCT/Foothills | West | Metro | South | East |
|---|----------------|---------------|-----------|----------------|------------|------------|
| Qty by Region of County | 516 | 110 | 27 | 134 | 297 | 229 |
| % among RAMP cases by Station Area | 39% | 8% | 2% | 10% | 23% | 17% |
| RAMP Investigative Teams Needed | 2.4 | 0.6 | | 0.6 | 1.4 | 1.0 |
| | 3 teams | | | 3 teams | | |

Projection for RAMP Moving Forward

Based on 2018 data, the LASD/DMH projects approximately 15,402 LASD calls involving mental health crises this year. Approximately 4,467 of those crises are expected to result in a "hold" with involved factors meeting RAMP criteria.

Analysis from fiscal year 2018-19 RAMP cases revealed an average of 2.7 hours of casework logged per case by RAMP personnel; that equates to an estimated 11,837 hours of casework to be handled in 2019.



Based on the average of 1,772 work hours²⁵ per investigator/clinician per year, it would take **9 RAMP teams**²⁶ to minimally handle the RAMP workload in 2019 Countywide. Based on 2018 data and 2019 projections, a minimum of nine (9) RAMP personnel would be assigned to handle cases as follows:

- (3) RAMP teams for Antelope Valley
- (2) RAMP teams for South County
- (2) RAMP teams for East County
- (1) RAMP team for West County, Foothills and Central County
- (1) RAMP team for Santa Clarita

²⁵ Using Contract Law Enforcement model (1,772 hours per staff member) and 75% time on task

²⁶ The new Intake Booking Process (addressed later in this report) was not factored in the recommended nine (9) investigators. Once the true impacts of the IBD process is known in 2019, the recommendation will be adjusted accordingly.



RAMP in Action

Alleged Vandalism Suspect in Palmdale

In late February 2019, North County RAMP Investigators became involved with a male who was a recurrent problem for neighbors and patrol. He was very paranoid and delusional. He believed and accused his neighbors of killing his mother. The male also threw rocks at homes breaking windows. He was extremely aggressive towards everyone around him and those attending a nearby elementary school.

The male patient had generated extensive calls for police/EMS services dating back to 2012. He had not received any documented mental health treatment since 2015. When the male was accused of breaking the windows at a neighbor's home, RAMP investigators responded with Palmdale Station deputies. There was no response from the male after numerous attempts to make contact.

The RAMP investigators collaborated with Department of Mental Health (DMH)/Assisted Outpatient Treatment (AOT) and learned that they also had no luck in contacting this patient. The RAMP investigators was able to contact neighbors and a niece of the man in an effort to make contact and engage him in services.

Palmdale Station detectives had an open criminal investigation. The investigation had stalled with no further action by detectives.

In April 2019, the RAMP investigator learned the patient had been hospitalized in Orange County, on a 5150 WIC hold, following an incident with CHP in Mission Viejo. CHP observed the male driving with obvious traffic collision damage to his vehicle. A traffic stop was initiated by CHP which resulted in a vehicle pursuit. Spike strips were deployed which led to the car yielding. The patient/suspect barricaded himself and refused to exit the vehicle. CHP negotiated with the male for some time. The male abruptly exited his vehicle demanding CHP to kill him. CHP was able to take him into custody without incident.

Later, when asked about the vehicle damage to his vehicle, the male vaguely recalled an accident in the Antelope Valley area but said he fled because a woman driver had a "gun in her vagina."



The RAMP investigator followed up on the traffic collision investigation in the Antelope Valley and discovered a hit and run was reported to Palmdale Sheriff's station. The male was identified as the driver of the vehicle. The RAMP investigator coordinated with the traffic detective which led to solving the hit and run case.

The RAMP investigator assisted the Orange County hospital in seeking temporary conservatorship for the male. Temporary conservatorship was granted.

Orange County and Los Angeles County are now working together to obtain appropriate housing and much needed mental health treatment for the man. The RAMP investigator is also working with detectives regarding criminal proceeding for the male.

Male Threatens to Blow up LAX & Government Buildings

In April 2019, a RAMP referral was received from the LASD Criminal Intelligence Bureau (CIB) of a male threatening to blow up LAX and other government buildings. The male was contacted by Crescenta Valley Sheriff's Station personnel about an unrelated traffic stop. He made the same statements to patrol deputies. The man stated he was on his way home to obtain guns and bombs to carry this threat out. He was subsequently placed on a 5150 WIC "hold" and transported to a treating hospital.

The RAMP investigators interviewed the male at the hospital. He was uncooperative, refusing any treatment/medication. He insisted there was nothing wrong with him and wanted nothing to do with RAMP.

After discharge, he returned home to Glendale. RAMP investigators referred the case to Department of Mental Health (DMH)/Assisted Outpatient Treatment (AOT) staff. DMH/AOT Staff requested RAMP to accompany them to attempt to engage with the male and offer him mental health services. Upon contact, the man became very angry and threatened to harm RAMP and DMH/AOT staff if they did not leave his home. He produced a knife and began to advance on RAMP and DMH personnel. He was rapidly de-escalated by RAMP personnel on scene and a deputy-involved shooting was averted.

The man was placed on a 5150 WIC "hold" and transported to a treatment hospital. During this encounter, the man's sister was home. She stated she was a marriage and family therapist and stated that her brother had never been diagnosed with a mental illness. The sister informed RAMP that her brother did have access to a firearm that



belonged to her father. The family located the firearm and requested that it be destroyed. The firearm was surrendered to the RAMP investigator and it was booked into evidence at Crescenta Valley Sheriff's Station for later destruction.

In May 2019, RAMP personnel followed up with the male at the hospital. He had been compliant with treatment, medication and was very pleasant. He was literally like talking to a different person. He was remorseful for his behavior from just a month prior. He stated he wanted to "get his life back." He agreed to continue to cooperate with RAMP intensive case management and will continue to be part of DMH/AOT. To this date, he remains compliant and is being provided with proper mental health treatment.

Arsonist and High Utilizer of Public Services

In May of 2019, a RAMP referral was received from Community Partnership Bureau (CPB), Law Enforcement Assisted Diversion (LEAD) team. The male was a transient in Compton Station's area. He had been a high utilizer of department resources dating back to 2015. The man had countless arrests for drug related crimes, false imprisonment, felony vandalism, indecent exposure, arson and numerous 5150 WIC "holds."

In May, the RAMP investigators, along with the LEAD team, responded to a Compton Sheriff's Station request for a MET team due to the man setting a trash fire and walking into traffic with a chair in hand. The man was placed on a 5150 WIC "hold" and transported to a hospital for treatment. Upon his release from the hospital, he was arrested for arson and additionally charged with violating the conditions of his probation.

RAMP Investigators and LEAD team members visited the man while he was in custody. He agreed he had mental health and substance abuse issues. He was offered RAMP assistance in advocating for treatment services for him at court. He agreed and signed forms promising to be released from custody and demonstrating his willingness to enter a "live-in" treatment program.

RAMP Investigators met with the District Attorney (DA) and Public Defender (PD) at Compton Court to advocate for the man. The court agreed and ordered the man, upon his release from IRC, to be picked up from custody and transported to a program.



When the man was released from custody, transportation was waiting for him to take him to a live-in program. He refused to get into the transportation van and fled. Approximately, one month later, the man was arrested by Pasadena Police Department for arson on the campus of Pasadena City College.

In July 2019, RAMP investigators met with the DA and public defender at Pasadena Courthouse. Due to the man's unwillingness to participate in a voluntary live-in program out of custody, RAMP investigators requested he be placed in a court-mandated mental health therapy program.

The man pled no contest and was ordered to complete 90 days in custody drug mental health program, 90 days out of custody "live-in" program, as well as he must be in compliance with his probation and all laws and return to court in July 2020 for sentencing. Compliance with treatment could result in a reduced sentencing. Non-compliance with treatment could lead to 3 years state prison. If he has committed a crime during this time, the penalty would be up to 6 years state prison. As of this date the male remains compliant with treatment.

Linkage to Substance Abuse Program

A 30 year old Hispanic male patient, who was residing with his mother, was referred to RAMP in January of 2019 after the Lakewood Sheriff Station responded to a 911 call made by the patient's family. The patient was observed to be running in the middle of the street "posturing as if he had a gun in his waistband." According to deputies, the patient also stated, "Just shoot me!" The DMH clinician started working this case but was unable to locate or engage the patient. However, the clinician spoke to the patient's mother and girlfriend who provided collateral information. The patient suffered from severe alcohol abuse and had never received any treatment.

On January 31, 2019, RAMP team interviewed patient at his mother's home. The patient expressed interest in treatment. However, shortly after meeting, he went on another binge and refused to meet with RAMP team. The RAMP clinician remained in contact with the mother, sent a letter to the patient with reference to meetings in his area and a note of encouragement.

On February 26, 2019, the patient called the RAMP Clinician stating, "I need help." The RAMP deputy visited the patient at his mother's home on February 27, 2019, to assess his



current mindset and needs. The clinician gave the patient the letter that he had just sent in the mail to the patient with a list of meetings in his area and encouragement to reach out for help. The patient read the letter and presented with a balanced and humbled mood. The patient had a black eye and reported that, since his last contact with RAMP, he had been in jail twice. The patient's mother reported that she was very frustrated and wanted her son to get help or risk losing his family for good. The patient cried as he described the grip that alcohol has on him and all the things/experiences that he is missing because of drinking.

The clinician and patient discussed various treatment options. The patient opted to participate in AA meetings and outpatient care. The clinician agreed to do some research and was willing to pick up the patient in the morning if he did not have transportation. On February 28, 2019, the RAMP team met at the patient's home in Whittier and drove him to "Prototypes" (treatment center) in El Monte. The patient met with a counselor for intake and received a referral to "Los Angeles Centers for Alcohol and Drug Abuse" (LA CADA) in Santa Fe Springs, an intensive outpatient substance abuse treatment, for 4-5x/week starting Wednesday, March 6. Prototypes is also assisted the patient with obtaining Medi-Cal benefits. The patient was relieved, lighter in mood and thanked RAMP team for helping him. The patient stated that he intended to go to an Alcoholic Anonymous (AA) meeting. MET stopped receiving calls regarding this patient since March 2019, through the present time.

Office of Diversion and Re-entry Program Linkage

A 44-year-old male patient had a long history of homelessness, frequent periods of arrests and incarcerations for misdemeanor trespassing and public disturbances. In addition, the patient had frequent episodes of inpatient psychiatric hospitalizations due to threats to himself and others. The patient would agree to mental health services while in the hospital, but upon discharge, would not engage and lacked compliance with any mental health treatment.

During his recent incarceration for assault on a peace officer, Risk Assessment and Management Program (RAMP) team collaborated with Jail Mental Evaluation Team (JMET) and Department of Health Services (DHS) Office of Diversion & ReEntry to advocate for mental health treatment for this patient. RAMP team's interventions included gathering collateral information from patient's mother, attending court hearings, intervening with



the patient's public defender, and to the presiding Judge. RAMP team was able to collaborate successfully with the patient's Public Defender and Department of Health Services under the Office of Diversion and Re-entry Program. The patient was placed in a locked residential mental health treatment facility to continue mental health services.

A Mother's Appreciation of Compassionate Interventions

A 41-year-old female patient who was homeless and diagnosed with unspecified Psychosis and Traumatic Brain Injury was assigned to RAMP on March 25, 2019. The patient was hospitalized twice in March for issues related to her not being able to care for herself (gravely disabled). The patient's mother advocated for her daughter and wanted RAMP services. The patient had a history of hospitalization two years ago at UCLA Hospital. The RAMP team was able to locate the patient and conducted outreach in a homeless encampment.

RAMP Team engaged the patient first by introducing themselves and building rapport. The patient was disheveled, eating out of the trash, experiencing delusions, was severely malnourished, and wearing several layers of unsanitary clothing. The patient looked much older than her chronological age. Despite being very distrustful at first, the patient agreed to be transported to a hospital to receive treatment. RAMP Team went above and beyond by taking patient to UCLA Hospital where she had received treatment before and where the staff were familiar with her history, symptoms, needs, and behaviors. The patient eventually was discharged to her mother who is in the process of obtaining conservatorship. The patient was referred to Advanced Outpatient Treatment (AOT). Her mother and RAMP communicated with the patient's private therapist whom the patient trusts to resume counseling.

Within days of returning home, the patient returned to living on the streets. Her mother alerted RAMP and the RAMP team coordinated with AOT to mobilize another round of outreach while working on what seems like an inevitable outcome: conservatorship via Department 95 (Courtroom). While these intervention efforts are ongoing, it is significant to point out that the patient's mother, who is a surgical nurse, has repeatedly expressed appreciation to RAMP team members for what she considers to be an *exceptional* level of service and compassionate regarding the responses to her daughter's situation and crisis.



Threats of Blowing Up Home to Linkage to FSP

A 32 year old male, Cambodian, male patient, English speaking, was diagnosed with a thought-disorder and made high-risk threats to blow up his family home, which resulted in the entire family moving out of the home fearing the patient's threats.

RAMP team made face-to-face contact at the home and the patient agreed to mental health services. RAMP made a referral to the DMH Full Service Program (FSP) program for linkage. Upon acceptance to FSP, the program clinician requested the RAMP team to assist with the outreach and engagement contact to help establish rapport. Despite the patient presenting with a blunt affect and rambling dissociative speech, he agreed that he needed help and was open to services with the FSP team. He is doing well today and making great progress in treatment and his threats were successfully mitigated.



Future Opportunities

This section of the report provides insights about program expansion ideas and future considerations for implementation of beneficial services in LA County well beyond fiscal year 2018-19.



Mutual Aid and Resource Sharing Countywide

The LAPD and LASD are the only agencies on the west coast staffing a full time, 24 hour triage desk operation in support of patrol officers' and deputies' needs when handling calls involving the mentally ill. The LAPD generally has double (or more) staffing at their triage desk than we enjoy today in LA County. With the increased call volume anticipated from implementing the Intake Booking Diversion (IBD) pilot program in late 2019, there is concern about the impact on desk operations.

IBD calls may take significantly longer than some MET requests for service handled typically today. It is not yet clear what the impact will be, so the IBD is being carefully tested in limited release and incremental additions to consider other stations may be possible only if the triage desk can support the call volume. It is foreseeable that LA County will need to address the need for additional staffing at the triage desk in order to proceed with several beneficial ideas even beyond the IBD pilot.

The Sheriff's Department has a unique relationship with municipal law enforcement agencies due to the Sheriff's role as the central coordinator of Countywide emergency services. The Sheriff's Department already provides emergency support services such as SEB and K9, when an agency requests support. It is not uncommon for Special Victims Bureau and Homicide Bureau detectives to respond to cities in support of those specialized criminal investigations.

MET Triage Desk already provides centralized dispatching in support of the "LA Found" Countywide to all 88 cities, if requested. It could presumably work to have the LASD MET Triage Desk potentially help centrally coordinate requests for mutual aid responses among participating City and County specialized MET co-response teams to help patrol officers and deputies in need when they are responding to a mentally ill person in crisis. The triage desk could keep track of available MET units Countywide and know the nearest availability of a unit when an emergency crisis call is received. MET personnel are very limited resources and sharing that high-level expert resource could be mutually beneficial to involved agencies when they would otherwise have no access to their own MET unit due to lack of availability. More importantly, it could lead to improved likelihood of positive outcomes and potential diversion away from the criminal justice system if a MET unit can arrive in time to help impact the outcome of the crisis encounter.



This concept may be explored further in the future with regard to the feasibility of this idea.

Enhancements to RAMP Threat Assessments

In 2017 and again in 2018, MET staff and management from the Sheriff's Department and DMH studied in depth the model program established by the LAPD in 2005: Case Assessment Management Program. The CAMP mission is to find and use innovative ways to help people in crisis, decreasing the possibility of a violent episode with emergency first responders.²⁷

The CAMP model was adapted to the County needs with some modifications geared toward the Sheriff's Department. The LASD/DMH version of the program merged the best of the LAPD CAMP model with threat assessment input by organizational consultants for the Sheriff's Department, Dr. Pietro D'Ingillo and Dr. Jennifer Hunt. Both had been working on a proposal for a threat management team scalable to potentially include outside law enforcement agencies, potentially becoming a task force one day. Their emphasis and work to raise awareness of the need for a robust risk assessment and threat management component to the MET unit led to adoption of the acronym "RAMP" ([Risk Assessment & Management Program](#)) where "R" replaced "C" in the LAPD program titling.

Having a CAMP or RAMP follow-up component to address risk assessment, threat and case management, especially for chronic utilizers of emergency services, is a rarity for Departments nationwide. Los Angeles County is fortunate to have large agencies who believe in the value of continuity of care, sharing of best practices and "prevention before punishment"²⁸ strategies to help the mentally ill without criminalizing their actions unnecessarily.

The following sections provide insights about concepts being considered to enhance future preparedness and capabilities of the RAMP unit and improvement of services to the mentally ill Countywide.

²⁷ Source URL: http://www.lapdonline.org/july_2012/news_view/51390

²⁸ Source: LASD Dr. Pietro D'Ingillo presentations and case work on "Prevention Before Punishment" model of case management.



ATAP – Association of Threat Assessment Professionals Certification for RAMP

There is no set standard for threat analysis and assessment in California and no POST certificate program to address the advanced level needs of RAMP investigators. While there are many nationally recognized best practices and programs to address school threats and violence, there is a need to obtain more in-depth training to address the broader population and settings the MET and RAMP handle daily. We are looking to the Association of Threat Assessment Professionals (ATAP) as a likely best practice in training. Relatively new, since 2015, the ATAP offers one of the most renowned training curriculums in their Certified Threat Manager certification program. This level of certification for LA County RAMP team members would greatly enhance our ability to detect early warning indicators and help mitigate threats of violence against vulnerable targets and potential victimization of innocent bystanders in our communities.

During fiscal year 2019-20, the RAMP program will apply to have at least 1/3 of the team enrolled in the courses necessary to achieve the ATAP certification. In subsequent years, other team members could rotate through the program to become qualified threat managers. In the most populated County in the nation, this training and level of preparedness is a sound investment in the future safety of our communities.

VRAMP – Veteran Risk Assessment Management Program

In the past 12-18 months, the collaborative efforts between MET and the VA (VMET) expanded significantly due to the obvious benefits of working together to better assist veterans' mental health. We jointly handled many crisis negotiations team responses with successful outcomes, which later led to the mobile crisis co-response and de-escalation model referred to as the [VMET](#). Due to recent threats against the VA facilities in LA County, coupled with a series of homicides / suicides at VA facilities nationwide, VA Police Department officials are considering a full or part time VA officer to partner with our RAMP unit to jointly address threats and provide more intense case management options for veterans with mental illness who are being released after acute treatment for a mental health crisis. The prevailing thought is that the resources of three large Departments working together could produce better actionable intelligence and threat mitigation potential than working alone in proverbial "silos." There is great potential to add a "VRAMP" aspect to the current RAMP program where all cases involving veterans would be co-managed to involve the VA official on the team.



Likewise, County mental health and investigative support would be offered to help mitigate potential violence against VA facilities, staff and patients. The synergy of these agencies working together could result in a force-multiplier effect, where all involved collaborators are able to achieve better results than working independently. This VRAMP concept is under consideration and may be formally proposed to include a Memorandum of Understanding among involved agencies for a defined period of time, such as a 1 or 2 year pilot study on program effectiveness.

Multi-Agency Task Force / Resource Sharing

Similar to the aforementioned VRAMP collaboration being considered between the VA and LA County MET units, it is entirely possible to seek out public and private foundation grants who might consider funding seed money for a task force pilot program involving a rotation among participating law enforcement agencies to provide threat assessment and intense case management follow-up to high-level, chronic users of emergency services in the County of Los Angeles.

Similar to TRAP and narcotics tasks forces, there may be government funding or grant opportunities to explore the possibilities of addressing threat management and mental health crises on a wider scale with a similar shared-resource approach. Agencies big and small could benefit by having officers and deputies participating from jurisdictions Countywide or maybe Regional RAMP task force for a term. They would return to their agency with a higher level of expertise in mitigating threats and providing case management for at-risk clients well beyond the initial 72-hours of acute treatment.

Intake Booking Diversion (IBD)

During the Fall of 2019, the Department is considering implementation of a proposed new process or policy suggested by the Mental Evaluation Team leader. The change would establish an intercept point to potentially divert more individuals who enter the Type-I (Station or Court) jail facilities for booking – if the Triage Desk was not called for consultation in the field.

Affirmative responses to the “Mental Health Screening Observations” form would trigger an automatic notification to the MET Triage Desk to capture the patient’s data and check for mental health history. A discussion could then be initiated to discuss the viability of diverting the person away from the criminal justice system in lieu of



transporting to a mental health facility, if deemed more appropriate than incarceration. In some cases, the Mental Evaluation Team may respond to the station to assess for potential hold under §§ 5150 or 5585 WIC, if a patient needs to be evaluated due to being brought in without notification to the MET in the field. This is quite similar to the LAPD model, where notification is required to the Triage Desk for *all* mentally ill patients, whether intended to be booked for criminal charges or not; all contacts must result in notification to the Triage Desk, regardless. LASD policy requires such notification, but currently deputies and officers are bringing patients to the station jail intended for booking which is circumventing the MET notification and potential evaluation.



“Leaving serious mental illness untreated forces people with mental illness into the criminal justice system.”

DJ Jaffe, “Insane Consequences: How the Mental Health Industry Fails the Mentally Ill,” Prometheus Books (2017), P. 43

The new intercept point and MET notification trigger mechanism, the booking process and Mental Health Observation form respectively, would provide a check and balance to ensure MET Triage Desk is not bypassed due to criminal charges associated with a mentally ill patient.

There are new laws in 2018, which serve to guide the station watch commanders, MET and detective bureau personnel when considering the appropriateness of incarceration of patients versus intercepting and transfer of some patients, when appropriate based on their condition, to mental health treatment facilities followed by the intense case management of RAMP instead of jail.



California Senate Bill 8 ("SB 8") and PC § 1001.36 became effective on June 27, 2018. That section may offer some *general considerations* when evaluating a mental health patients for potential intercept away from incarceration and potentially not seek prosecution for certain public offenses.

Both misdemeanor and felony defendants may be considered for mental health diversion, per Penal Code § 849(b)(5). 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, MET Triage Desk and/or MET unit providing the on-scene evaluation should discuss the patient's apparent mental health condition, medical history, severity and nature of new/open charges, and then determine appropriateness of mental health diversion vs. jail booking.

Considerations for Intake Booking Diversion²⁹:

1. The defendant suffers from a mental health condition³⁰ *other than* antisocial personality disorder, borderline personality disorder, or pedophilia;
2. The defendant's mental disorder played a significant role in the commission of the charged offense³¹;
3. In the opinion of a qualified mental health professional, the defendant would likely qualify for "hold" pursuant to §§ 5150 or 5585 WIC; patient needs mental health treatment;³²
4. The defendant is cooperative; compliant with the suggested mental health treatment plan³³;
5. The watch commander, handling detective(s), and involved mental health consultant(s) are generally satisfied if the defendant receives acute treatment, he/she does not pose an unreasonable risk of danger to public safety.³⁴

²⁹ Criteria used is similar to specifications in Penal Code § 1001.36

³⁰ DMH can help with determining this with access to DMH database via LASD MET Triage Desk (626) 258-3000
Does

³¹ 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 provide evidence of this criteria.

³² 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).

³³ Charges may still be filed by DA at later time, if necessary (citation issued, letter filing, arrest warrant, etc.)

³⁴ Proposed treatment facility and degree of security available may be considered among all factors. Other consideration may include defendant's lawyer, qualified mental health expert, severity of charges and criminal history (past history of violence).



6. Given the nature and severity of the charges, coupled with above factors, the patient appears to be a reasonably good candidate for diversion (release for treatment pursuant to § 849(b)(5) PC) and subsequent RAMP case management.³⁵

To restrict consideration of certain charges³⁶, additional exclusionary criteria may be imposed in the proposed decision matrix with some further adjustments expected:³⁷

7. A defendant may not be eligible if charged with a felony punishable in California state prison.
8. 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:
 - a. Vehicle Code 23153, DUI causing injury,
 - b. California's "manslaughter" laws,
 - c. Child pornography, and
 - d. California gun crimes.³⁸

The chart on the following page demonstrates the potential work flow for this proposed process. While a pilot program is likely to take place in early 2019, the ability to handle this increased workload associated with IBD is dependent upon continued expansion of the MET unit toward the minimal goal of 60 units³⁹.

³⁵ Refer to flow chart for process overview. RAMP monitors case for a proposed minimum of 45 days.

³⁶ Criteria derived from majority of considerations in California Senate Bill 215 and Penal Code § 1001.82

³⁷ Two items removed after discussion with Office of Diversion & Re-Entry: Vehicle Code 10851, "joyriding" and drug crimes (generally qualifies for diversion in other programs).

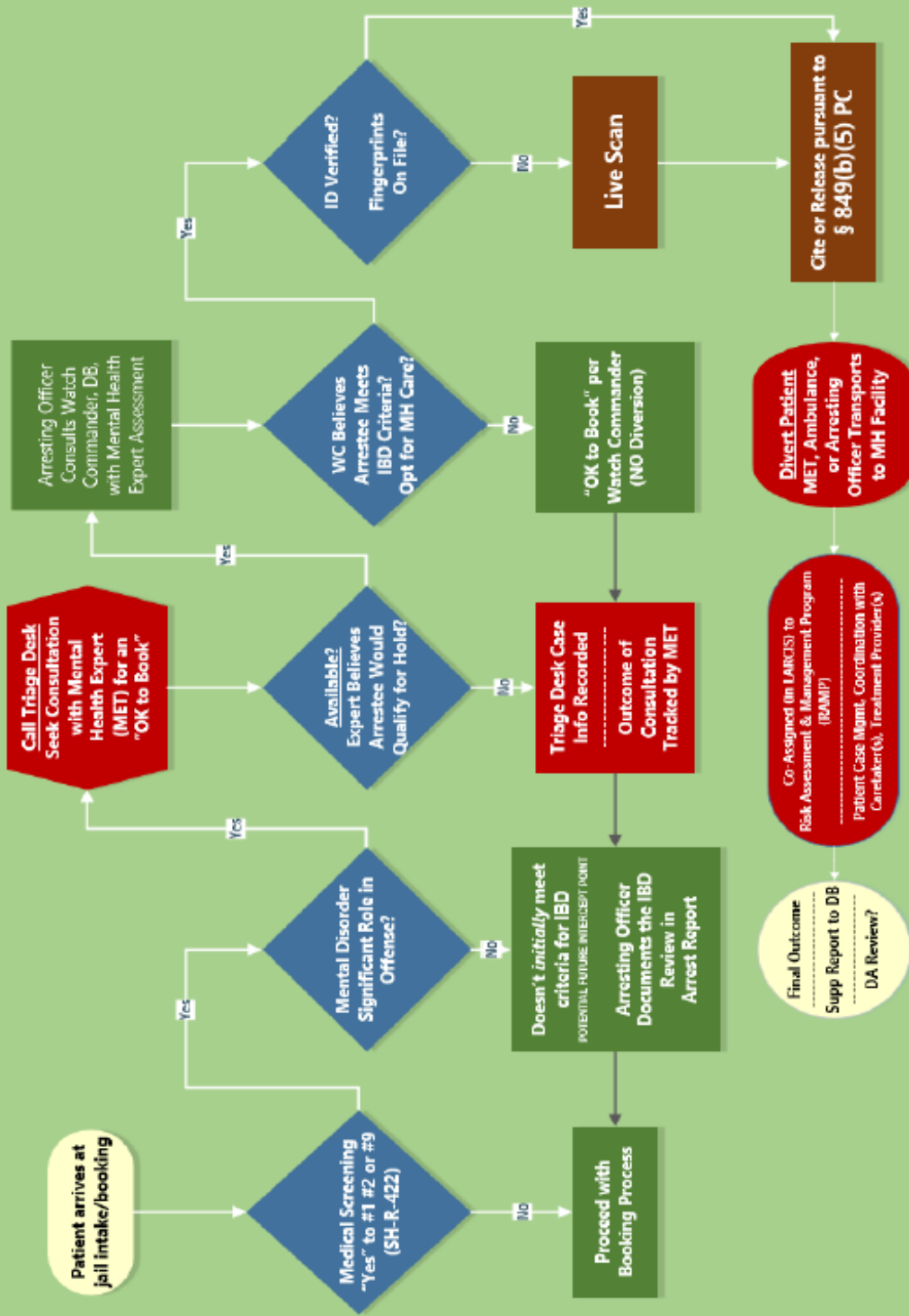
³⁸ Seek consultation with DA Office; potentially add more exclusions (pending).

³⁹ Civilian Oversight Commission



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 (2019)



Appendixes



Appendix I – Admin. Cost Est. per UOF

The following estimations were used for purposes of estimating the cost of each use of force investigation that never had to occur in 2018, 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. |
| 23 | Total County Hrs | | \$ 3,134.73 | Estimated Average Cost for Typical UOF Incident |

| | | | | |
|----|---|----------------|-------------|---|
| 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) |

\$ 3,000.00 Estimated Fire/Paramedic/EMT Costs for UOF

| | | |
|--|--|---------------------------------|
| \$ 6,134.73 Avg. Estimated Combined Cost to County per UOF | | |
| DOES NOT INCLUDE POTENTIAL CLAIM/LAWSUIT or INJURED STAFF / WORK COMP CLAIM(S) or TREATMENT IN HOSP FOR INJURED PATIENT | | |
| 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 – Expansion Need Calculations

The following is a breakdown of calculations used for minimum recommended staffing levels for MET in 2019, based upon 2018 data and 5-years' worth of calls for crisis.

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

| | |
|----------------|---|
| 6,755 | Total Holds Written in 2018 |
| 33% | Increase in Patrol Holds Past Year (Trend) |
| 2229 | Increased Calls Predicted This Year - Using a 33% Factor of Growth to project 2019 Holds |
| 8,984 | Projected PATROL Holds for 2019 |
| 257 | Add # of NON-PATROL Holds from 2018 and assume a 10% Increase factor |
| 9,241 | Total Projected Holds for 2019 Based on Recent 2-year Trend |
| | |
| 60% | Amount of Calls Result in Holds (Therefore, there are 40% more calls above and beyond those resulting in "holds") |
| 15,402 | Total Calls Projected for in 2019, Based on 2018 Patrol & MET Call Data + factoring MET Handling nearly 100% of all "Holds" |
| 9,657 | Difference Between Actual 2018 Calls Handled and Projected 2019 Call Volume (assuming MET Handling Near 100% Crises) |
| 168% | Increase in 2019 Calls Over 2018 [Workload] in order for MET to achieve co-response goals |
| | |
| 23 | Teams Handling Calls – Impacting the 2018 Numbers |
| 168% | Increase in 2019 the Units Needed to Minimally Meet County's Goals |
| 39 | Number of Teams in the Field Necessary with <u>No Relief Factors</u> and <u>no EM coverage</u> Considerations (covers 20-hours per day with no relief) |
| 9 | Overlap coverage and MET relief factors (2.2 units PER SIDE OF WEEK with one covering N AND one in S County) |
| 12 | Number of Deputies Needed for EM Shift Coverage <i>Minimally</i> (3 PER SIDE OF WEEK North AND South Co.) |
| 60 | Total Minimum Qty MET Units Recommended |
| Need +27 Teams | Based on funded growth to 33 Teams by 6/30/19, the total No. of MET Units still needed LACo to meet minimum coverage goals (DMH side would exclude EM shift but training unit lacks DMH coverage) |



| | |
|-------------|---|
| | <u>Desk Staffing</u> |
| 6 | Current Triage Desk Staffing is 6 Deputies providing 1 per shift |
| 168% | Workload Increase Projected at Desk (MINIMALLY) |
| 10 | Number of Deps for Desk to Handle Call Volume in CURRENT Conditions (<i>seek grant</i>) |
| 4 | Additional Needed Deputy and Clinician Pairs/Teams for future Triage Desk 20-Hour Coverage (1 deputy on EM still covers 0200-0600 period. |
| | |
| | <u>Proper MET Supervisor Staffing of 6:1 ratio → 60 deputies/teams to 10 sergeants</u> |
| 6 | Current MET Field Sgt Staffing Level for MET + RAMP |
| 1 | Current Admin/Ops Sgt |
| 2 | CIT Sergeants (No Change/ODR Funded) if MET takes over the CIT program |
| 12 | Ideal/recommended MET Field Sgt/WC Staffing Level for MET (24-Hrs x 7 Days on 3 Shifts with PM/EM Overlap) + 2 RAMP Sgts (Caseload severity and volume) |
| 1 | Training & Scheduling Sergeant (both internal MET training and RCPI training program for patrol – a vital need that cannot be overlooked due to SME needs) |
| 8 | Total Net Increase in Future Sgts; [+3 Code 3 Equipped Veh's] |

| MET Watch Commanders/Field Sgts | Sun-Wed | Vehicle | Wed-Sat | Vehicle |
|--|----------------|----------------|----------------|----------------|
| Countywide PM/EM 2100-0500 Especially important for IBD Process | 1 | Tahoe 1 | 1 | Tahoe 4 |
| South / Central / East Co. AM 0500-1500 | 1 | Tahoe 2 | 1 | Tahoe 5 |
| South / Central / East Co. PM 1500-0100 | 1 | | | |
| North Co. AM 0500-1500 | 1 | Tahoe 3 | 1 | Tahoe 6 |
| North Co. PM 1500-0100 | 1 | | | |
| Total Sgts on Daily for MET Support | 5 | | 5 | |
| Total Overall for MET Field Ops | 10 | | | |

- 2 Recommended Lieutenants for Unit (7:1 Supv Ratio) & CNT Team A/B Oversight**
- 1 Total Net Increase in Lt [+1 Veh]**
- 1 Total Net Increase in Unit Cmdr for a Mental Health Bureau [+1 Veh]**



3 Represents the current OA1, OA2, LET: Current Civilian Support Staff Handling 2018 Workload / Supporting 23 Teams + 6 Desk + Supv's

Approximate Ratio of 1:12 Support Staff to Sworn Positions (support keeps MET on task)

2 FY18-19 Adding OAIII; pending request was for (1) OA1 in 19-20 (procurement)

2 Needed Future Support Staff: (1) LET North Co, (1) Int. Clerk (Tarasoff's, MET Data Entry, Timekeeping)

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

15,402 Total Calls Projected for MET Based on 2018 Call Data + MET Handling 100% Holds

Of All MET Calls, 29% of Calls Are Estimated to Meet RAMP Criteria

4,467

← 29% figure is based on ratio of 5,745 cases studied met RAMP criteria in 2018

2.65 Avg Follow Up (Hours) per RAMP Case in 2018 159 minutes --> 2.65 Hrs

11,837 Total Estimated Hours of Follow-Up Needed for RAMP Cases Countywide in 2019 (Assumes No Calls Cleared "UTH" Unable to Handle)

9 Estimated No. of RAMP Investigators Needed - Using CLEB Formula of 1772 hours per deputy per year and factoring 75% time on case work

3 **Additional RAMP Investigation Teams (1 Deputy + 1 Clinician) Needed for Increasing Workload Anticipated [+3 Code 3 Equipped Veh's]**



Appendix III – County Strategic Objectives

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.⁴⁰
- **I.3.1 Reduce the Incidence of Involvement with the Justice System Among Vulnerable Populations:** MET, RAMP, and CIT programs include linkage to appropriate health, mental health and substance use disorder services with the goal of diversion

⁴⁰ National Alliance on Mental Illness (NAMI) <https://www.nami.org/Learn-More/Public-Policy/Jailing-People-with-Mental-Illness>



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 IV – FY 2018-19 West Hollywood MET Data Summarized

This section of the report focuses on analysis of data and metrics associated with mental illness crises and MET responses in West Hollywood during fiscal year 2018-19.



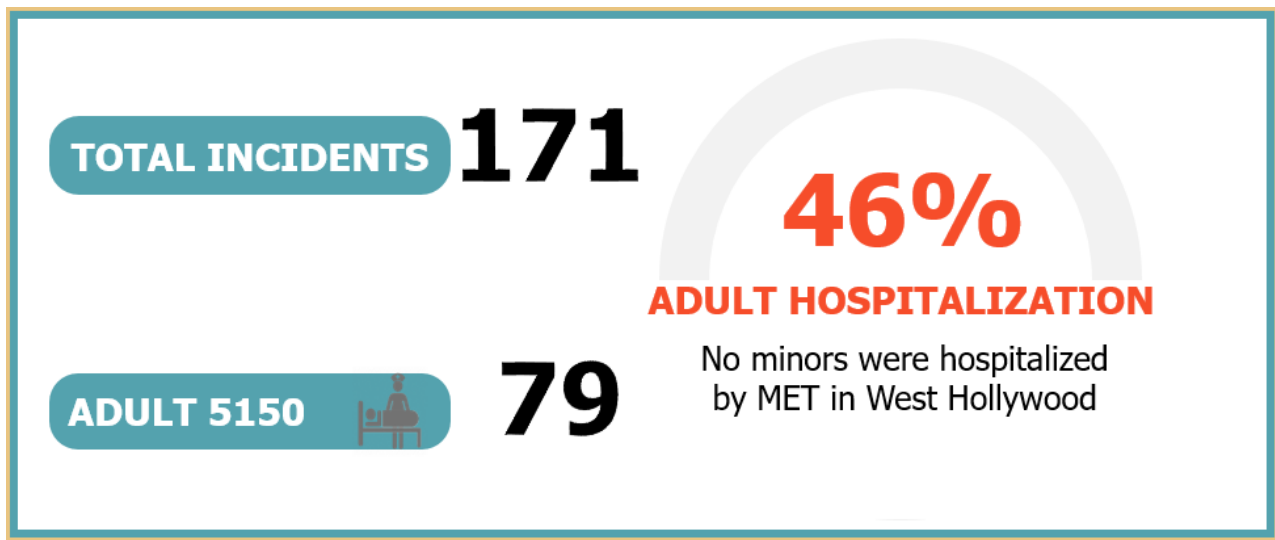


Total WHD Incidents Handled by the MET

MET responded to 308 calls at the request of West Hollywood patrol deputies, which involved contact with a person suspected of having mental illness.

Callers mistakenly reported mental illness only 16% of the time (often, drug use is mistaken for mental illness). That number is much better (lower) than the Countywide average of 30%. Therefore, it is believed the local community more properly identifies mental illness as a factor in the incident when calling the West Hollywood Sheriff's Station.

In West Hollywood, MET handled 171 evaluations of persons believed to have some degree of mental illness. As a result, 79 adults were involuntarily hospitalized by the MET to receive mental health treatment. No children were encountered.





WHD Involuntary Holds for § 5150 WIC

The following table reflects Countywide “Holds” written by patrol deputies and MET personnel in each Division. West Hollywood is within the LASD North Patrol Division, which had the most holds written among the patrol divisions.

West Hollywood Station jurisdiction has seen more than a doubling of incidents of persons with mental illness in crisis, as a danger to themselves or others, in just the past two years. This trend indicates the City properly recognized a spike in such incidents and took the proactive stance of contracting for a MET unit to help address the concern with a local resource that specializes in interaction with the mentally ill population.

| WEST HOLLYWOOD PATROL & MET “HOLDS” in FY 2018-19 | | | | | | |
|--|-------------------|------------------------|------------------------|----------------------|----------------------|---------------------------|
| WIC §§ 5150 or 5585 “Holds” | FY 2018-19 | 2-yr Change | 5-yr Change | MET Calls | MET Holds | % Holds by MET |
| Central Patrol Division | 862 | UP 38% ↑ | UP 71% ↑ | 490 | 333 | 38.60% |
| South Patrol Division | 1,746 | UP 62% ↑ | UP 143% ↑ | 1,305 | 932 | 53.40% |
| East Patrol Division | 1,496 | UP 54% ↑ | UP 117% ↑ | 1,148 | 823 | 55.00% |
| North Patrol Division | 2,744 | UP 49% ↑ | UP 63% ↑ | 2,714 | 1,709 | 62.30% |
| West Hollywood | 211 | 105% | 201% | 171 | 79 | 37.40% |
| All Patrol Divisions | 6,848 | UP 52% ↑ | UP 91% ↑ | 5,657 | 3,797 | 55.40% |

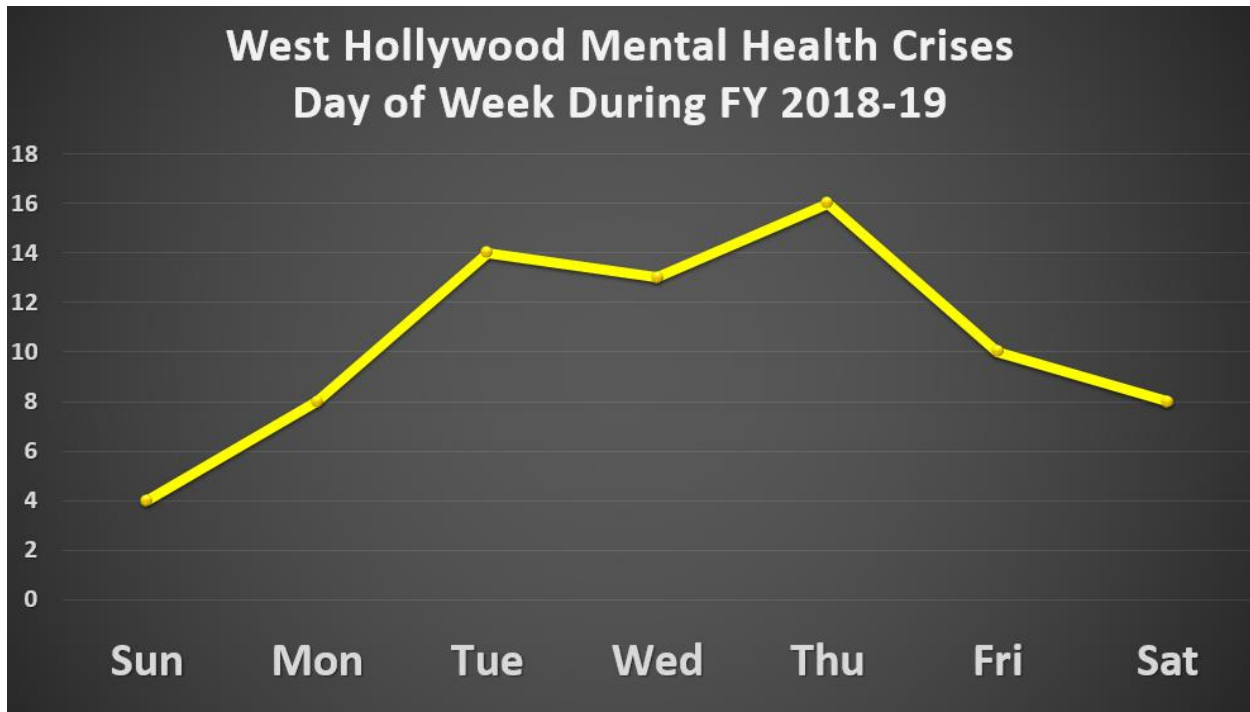
Notice that all patrol areas are trending up with a 91% overall average increase in the mentally ill presenting in crises more frequently to law enforcement in the past five years. The trend in West Hollywood indicates local crises have more than doubled the Countywide trend in the past five years. The City was absolutely right in perceiving the need to address this trend with a local MET resource. The City smartly contracted for



one locally dedicated and focused MET resource for improved handling of such calls, as the need is clearly supported by the best available crises data.

WHD Crises by Day of the Week

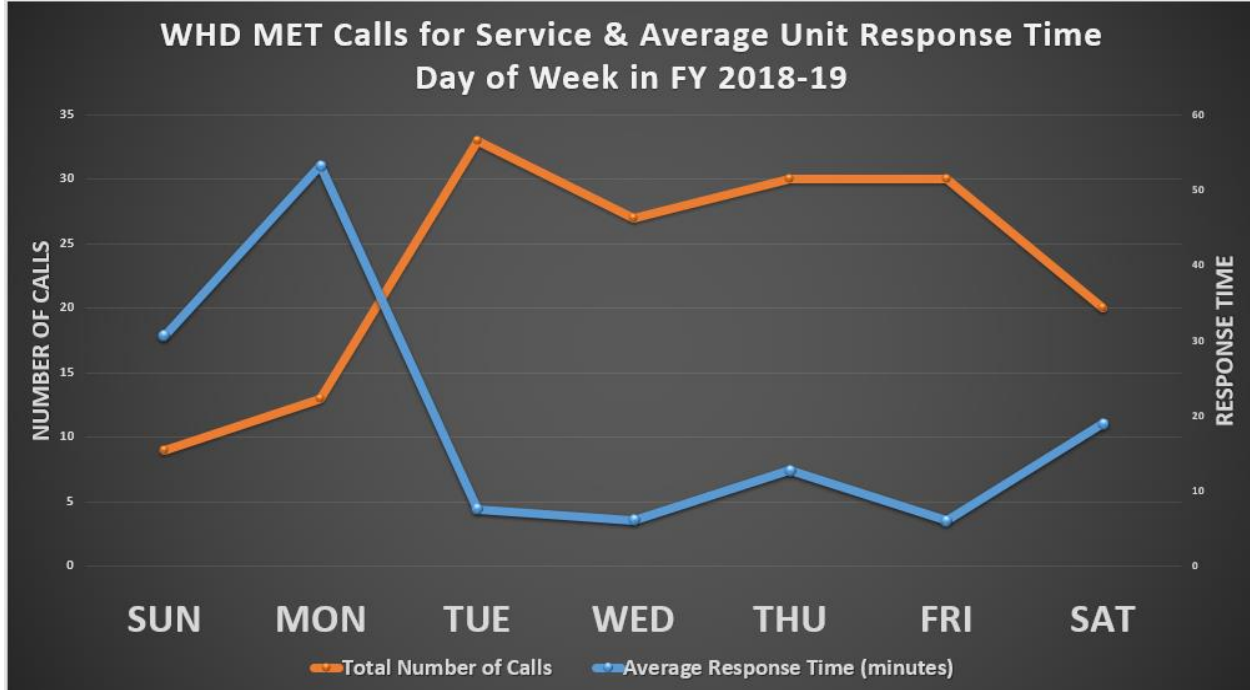
West Hollywood MET reported more mental health crises in the middle of the week than on weekends. This is fairly typical of the Countywide trends seen for about a decade now, although weekend contacts are higher in most other areas of the County:





WHD ETA to Calls by Day of the Week

West Hollywood enjoyed shorter response times, well below Countywide averages, Tuesday-Friday when the local team was on duty. There is a clear nexus between local availability of MET unit and response time to crises.



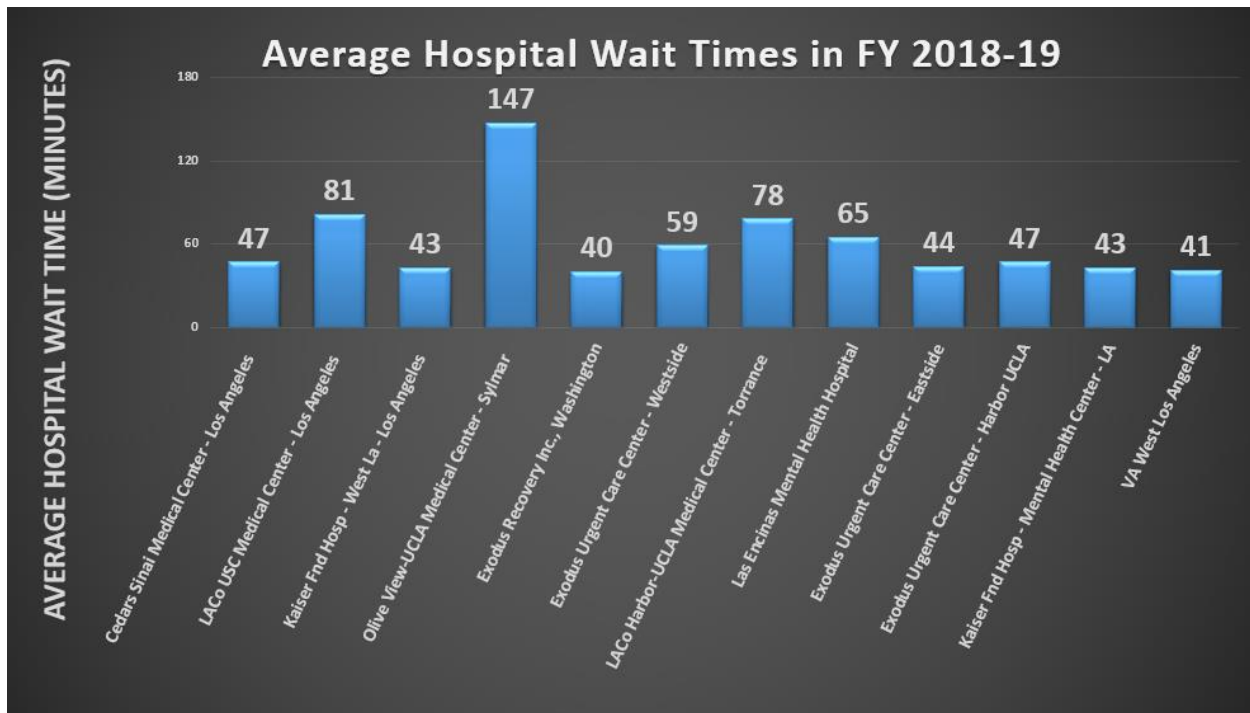


WHD Handling Times for MET Calls

West Hollywood MET average incident handling time to conduct de-escalation and patient evaluation that did not result in a “hold” was 1 hour, 1 minute.

Average MET crises handling time involving a hold (hospitalization) was 2 hours, 20 minutes. That is approximately 10 minutes longer than Countywide average and believed to be caused by additional traffic encountered daily to/from West Hollywood.

The average urgent care center and hospital wait time average for MET was 22 minutes as compared to 1 hour, 17 minutes average Countywide.



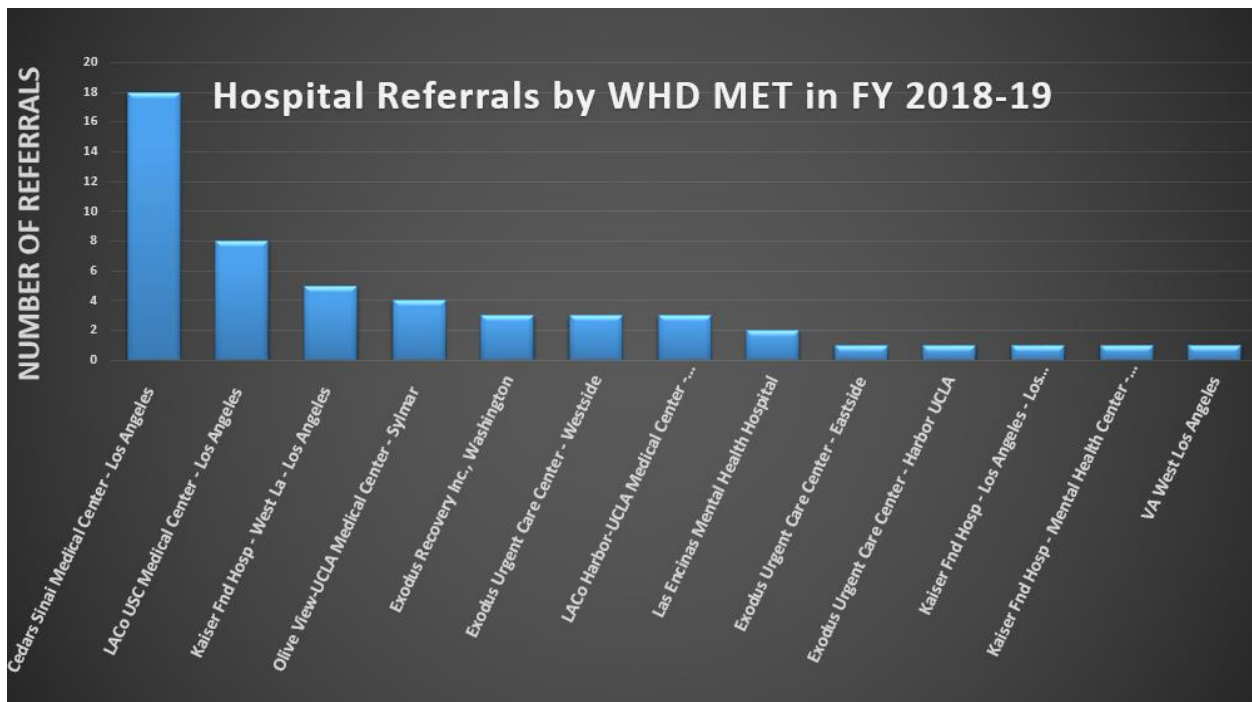
The chart above reflects the average wait times at the hospitals and urgent care centers where MET personnel were most likely to transport a patient from West Hollywood.



WHD Hospitalizations

West Hollywood mental health patients were transported to the following hospitals, ranked from most hospitalizations to least, left to right. It is not surprising to see Cedars Sinai Medical Center as the highest rate of hospitalization due to proximity to the jurisdiction.

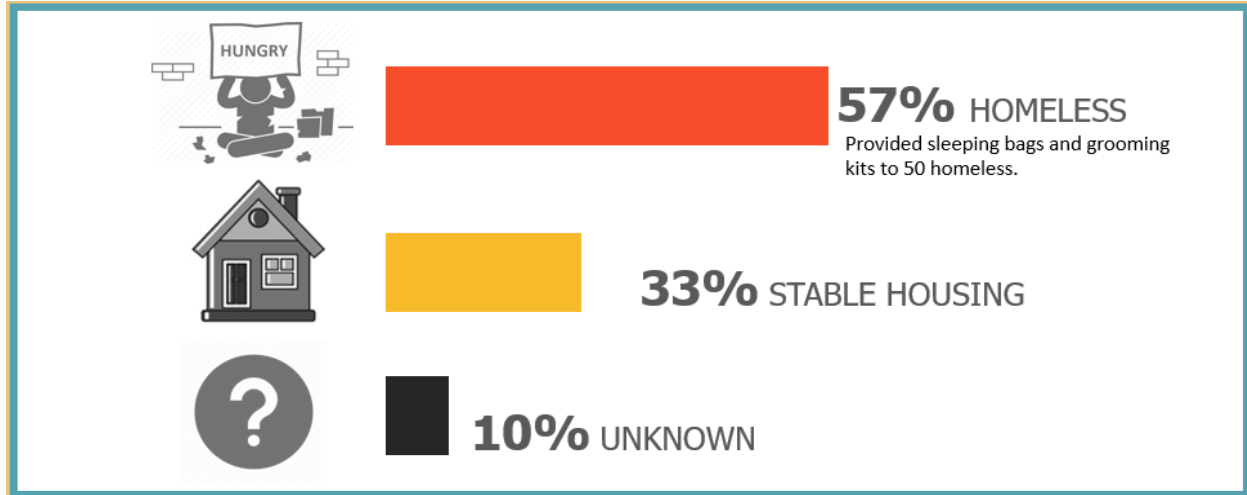
Since many patients initially presented with medical conditions, it is not uncommon for most patients to initially require stabilization in the medical center emergency room before addressing the patient's mental health needs:





WHD Homelessness

West Hollywood MET conducted outreach to 250 homeless individuals in FY 2018-19. 57% of the patients encountered were provided sleeping bags and hygiene kits – provided by the City of West Hollywood.



Source: DMH provided data reflected above

WHD Homeless Arrests

Contact with a mentally ill person resulted in arrest in just 6% of all encounters with West Hollywood MET unit.

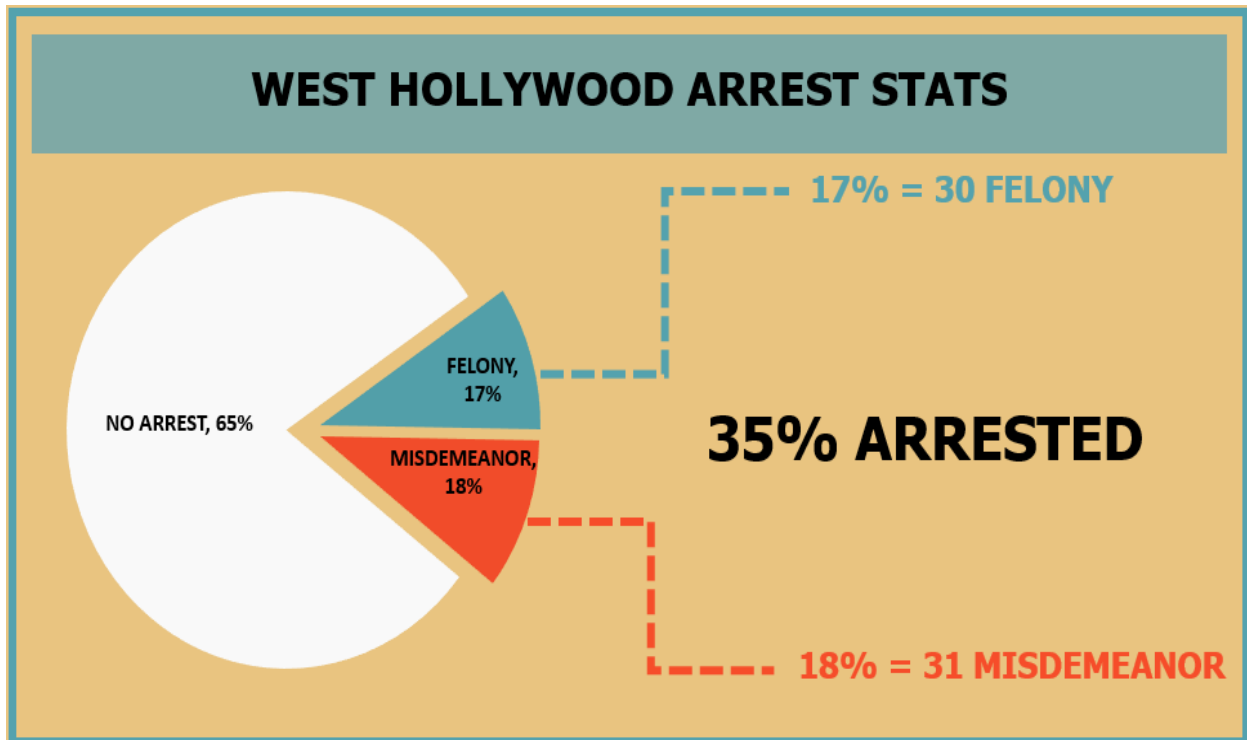
West Hollywood patrol deputies' contacts with homeless individuals resulted in arrest 21% of the time. This is up from the Countywide average of 9%. This may be reflective of more problematic encounters locally where transient population has more reported negative encounters in the community than in other jurisdictions. This is a number MET will be monitoring and helping to address with even more proactive outreach to homeless individuals to try and avert negative encounters with patrol deputies and/or the public.



WHD Persons Arrested vs Diversion

One of the goals of the MET is to help divert patients away from the criminal justice system whenever possible. This is a primary goal of decriminalizing mental illness and reduction of the jail population of mentally ill inmates seeking treatment.

During FY 2018-19, MET helped divert 65% of all patients who otherwise might have become involved in the criminal justice system. These cases represent better opportunities from urgent care, community-based treatment, and hospitalizations as opposed to incarceration.





WHD Outcome of Contacts With MET

The following table reflects the outcomes of contacts with the West Hollywood MET team in FY2018-19:

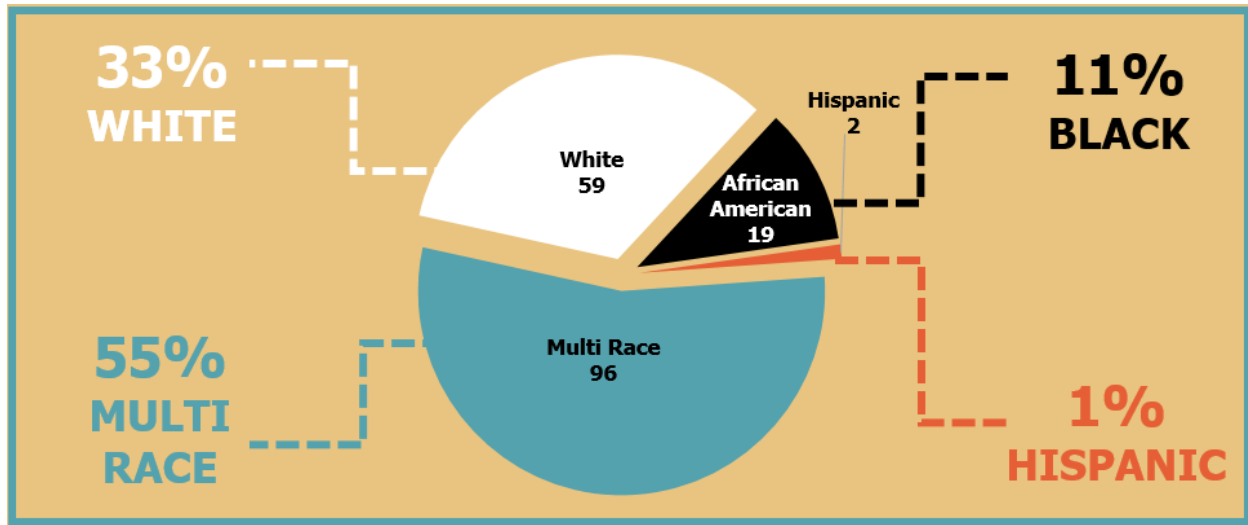
| WHMET Referred To FY 18-19 | | |
|-----------------------------------|--------------|-------------|
| Referred To | Count | % |
| DMH Contracted Hospital | 46 | 27% |
| Law Enforcement | 31 | 18% |
| Taken into Police Custody | 30 | 18% |
| Emergency Room | 23 | 13% |
| No Follow Up Needed | 14 | 8% |
| Did Not Meet Criteria | 13 | 8% |
| Exodus | 9 | 5% |
| County DMH Outpatient | 3 | 2% |
| Kaiser | 2 | 1% |
| Grand Total | 171 | 100% |

Source: DMH provided data reflected above



WHD Ethnicity of Contacts by MET

The chart reflects the breakdown of ethnicity of the contacts by the MET unit during FY2018-19:



Source: DMH provided data reflected above



WHD Suicides Tracked by the MET

The following is a breakdown of the six (6) suicides that occurred within the City of West Hollywood during FY 2018-19. MET reviews cases for any similarities or aspects of their lives such that MET would like to help intervene and prevent suicides whenever possible in the future:

WEST HOLLYWOOD MET DEATHS by SUICIDE in FY 2018-19

- 6 suicides were reported.
- All male adults.
- 19 to 80 years old.
- Four between the ages of 33 and 57.
- Five Caucasian.
- One Hispanic.