

2018

CELEBRATING
25
Years



LASD MENTAL EVALUATION TEAMS ANNUAL REPORT



Los Angeles County
Sheriff's Department

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LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

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Executive Summary

In fiscal year 2017-18, the County of Los Angeles funded Mental Expansion Teams (MET) with the goal of adding a 24x7 Triage Help Desk in support of patrol and 23 MET teams were to be deployed by mid-2018. The expansion objectives were all met on time or ahead of schedule. With 23 MET units, the LASD/DMH projected goal was for MET to respond to and handle approximately 45-50% of Countywide crises involving the seriously mentally ill in fiscal year 2018-19.

Based on the crises response data from 2018, the LASD/DMH MET achieved that stated goal by handing 47% of all crises in LASD patrol jurisdictions in 2018. That goal was achieved by the MET program in 2018 despite exponential increasing mental health crises in the past two years (up 72%), as reflected in the data summarized below:

WIC §§ 5150 or 5585 “Holds”	2018	2-yr Change	5-yr Change	MET Calls (2018)	MET Holds (2018)	% of Holds by MET (2018)
Central Patrol Division	854	UP 49% ↑	UP 89% ↑	466	273	32.0%
South Patrol Division	1,624	UP 71% ↑	UP 130% ↑	1,221	790	48.6%
East Patrol Division	1,520	UP 92% ↑	UP 146% ↑	1,094	723	47.6%
North Patrol Division	2,757	UP 72% ↑	UP 74% ↑	2,356	1,392	50.5%
All Patrol Divisions	6,755	UP 72% ↑	UP 101% ↑	5,137	3,178	47.0%

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

For years, the MET units struggled to get to calls Countywide due to severe understaffing –five deployed MET units did their best for more than two (2) decades with response times to calls exceeding 55 minutes on average. With such long response times, MET was a myth to most patrol deputies who never experienced MET support in the field. While the concept and intent was noble, deployment of only five MET units in essence set the program up to fail.

Due to the recent investments in expansion of the MET unit, coupled with the revised deployment model (centralized dispatch / desk operation), the MET units’ average [response times](#) Countywide are now averaging 22.8 minutes.



MET units are [strategically deployed](#) daily to reduce response times. MET units are increasingly arriving in time (corresponding with patrol units in some cases) to affect the outcome of the crises in the earliest stages of contact with patients. The sooner highly-trained MET personnel can arrive on scene, the better chances are that the situation can be resolved peacefully, averting many uses of force, without harm to the patient.

In fact, data from 2018 revealed that the availability of additional MET personnel last year had an *extraordinary* impact on uses of force in patrol. Based on the opinion of the handling patrol deputy and/or supervisor at the scene, patrol deputies would have likely used at least "Level-1" force to subdue patients during 751 incidents in 2018, were it not for MET personnel arriving on scene in time to de-escalate the patient. This represented approximately 12% of the MET responses in 2018.

Based on the average [estimated cost](#) to the County per use of force investigation, the total estimated cost savings based on those 751 use of force incidents that never happened in 2018, due to MET resolving the situation peacefully, exceeded \$4.8M in saved expenditures.¹

The estimated County cost savings *does not* include the multiple deputy injuries that never occurred during those 751 incidents (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 751 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 resolve those 751 incidents without use of force becoming necessary.

It is also important to note, the investment in [Crisis Intervention Training](#) for patrol deputies appears to be helping as 20% of the patrol force is now trained and able to more effectively engage with mentally ill patients while the MET unit is on the way. Both CIT and MET are interrelated programs with a noticeable, positive impact in 2018.

Fifty-five (55) incidents were resolved with less significant 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. Twelve (12) of the incidents of reduced force were resolved without killing suspects still wielding a dangerous weapon when MET arrived on scene

¹ Refer to Appendix I



to help de-escalate the patient. Nine (9) “suicides-by-cop” never occurred in 2018, because MET units arrived on scene and de-escalated the patient before the patrol deputies on scene were forced to kill them. Here again, some portion of the credit goes to the [CIT \(training\) program](#) as well, and the changing hearts and minds of patrol deputies, who have embraced the training and make extraordinary efforts daily to help, not hurt, the mentally ill.

In 2018, MET units relieved an average of 2.7 patrol deputies and 1 patrol sergeant at each of over 3100 incidents after the situation was rendered safe. Patrol deputies were able to return to their proactive patrolling duties, also available for 911 emergencies, once MET assumed care of the patient.

The average MET crises handling time for incidents in 2018, which resulted in a hold, was 2 hours, 3 minutes. For “holds” where the patient met RAMP criteria, the average incident handling time for MET was extended by 23 minutes (2 hrs, 26 min). The average incident handling time for MET to conduct de-escalation and patient evaluation that did not result in a “hold” was 1 hr, 2 min in 2018. The average MET wait time Countywide for all urgent care centers and hospitals was 1 hr 12 minutes in 2018.

MET responded to 84 requests for help in 2018 from station jail and court lock-up facilities (“Type-I” jails) to address inmates barricaded in cells. 74 (88%) of the incidents were resolved without need for deploying an extraction team because MET personnel successfully talked the inmate out of the cell without *any* use of force. In several instances, the MET personnel on scene not only de-escalated the patient but were also able to talk inmates into cleaning up their defaced cell before exiting.

MET personnel are Advanced-Level [Crisis Negotiation Team \(CNT\)](#) certified negotiators. In 2018, MET handled 56 CNT incidents (67%) in direct support of patrol that would have required calling in off-duty CNT personnel in years past. In fact, off-duty collateralized CNT staff responded to fewer than 30 incidents in 2018, compared to nearly 100 incidents in each of the prior two (2) years.

[Recommendations for Next Phase of MET Expansion \(FY 2019-20\)](#)

2018 achievements documented in this report provide renewed emphasis in urging the Board of Supervisors to continue the planned incremental expansion of the MET by



adding 12 more field units in FY2019-20, using AB109 monies at “Supplemental Budget,” to achieve the next milestone of [45 co-response teams](#).

The successes in 2018 were not possible without the tireless efforts and funding of support staff, supervisors and the logistics necessary to expand existing mental health training, threat assessment, de-escalation and diversion efforts into a holistic cadre of mental health services provided by what is proposed to become a “Mental Health Bureau” in 2020. This newly formed bureau of [156 personnel](#) could combine MET, LASD Crisis Intervention Training (CIT) and Crisis Negotiations Teams (CNT) under the direct command of a captain, with additional oversight by the commander and chief of Countywide Services Division (CWSD). The proposed Mental Health (or Crisis Mitigation) Bureau concept nearly replicates the nationwide “best practice” model adopted by the LAPD. The reorganization of all related mental health crisis response and training units into the CRSS won the LAPD acclaim nationally, with noteworthy recommendations by the Justice Center Council of State Governments,² urging replication by other law enforcement agencies.

As highly-trained MET personnel arrive at crises more frequently and replaces the front line patrol deputies with specially-trained subject matter experts, the likelihood of an unfortunate outcome is significantly reduced with more encounters resolved favorably for the patients (93% diverted away from the criminal justice system). RAMP personnel then help ensure they are linked to longer term care with intense case management.

Projections for RAMP in 2019

This annual report highlights the new Risk Assessment and Management Program (RAMP), which was revamped in 2018 to address the highest risk, seriously mental ill patients in need of intense case management using an evidence-based assertive community team treatment model. RAMP has already proven to be well-worth the investment and will be an *absolutely essential* component in any future efforts to divert more mentally ill patients away from the criminal justice system.

RAMP cases reflected patients who met [specific criteria](#) in 27% of the MET calls to crises. Criteria includes chronic users of police services and those who possessed deadly

² Justice Center Council of State Governments (2018) <https://csqjusticecenter.org/law-enforcement/learning-sites/los-angeles-police-department/>



weapons, and other pre-defined criteria. The table below depicts the breakdown of RAMP cases reviewed during 2018, divided by the regions where the crises first occurred (generally where patients resided):

Qty Cases w/ RAMP Criteria		Santa Clarita	North County	South County	East County	West & Central Co.
1,365	# RAMP Patients from the Listed Jurisdictions	128	455	352	231	152
	% of RAMP Cases in 2018	9%	33%	26%	17%	11%

Based on 2018 data, the LASD can project approximately 15,402 calls alleging crises involving the mentally ill in 2019. Approximately 4,467 of all crises resulting in a “hold” by MET are forecast to meet RAMP criteria. With early figures showing an average of 2.7 hours of casework per case logged by RAMP personnel, an estimated 11,837 hours of casework needs to be handled in 2019. Based on the average of 1,772 hours³ per investigator/clinician per year, it would take **9 RAMP teams** to handle this workload. One additional RAMP team is recommended in the next fiscal year with future growth in later years.

Projections for MET (Minimum Teams Needed)

This annual report includes the results of 2018 data and analysis of recent trends to help determine mathematically what the true minimum number of needed MET units are in Los Angeles County. The Civilian Oversight Commission got it right; a minimum of 60 MET units are needed to achieve the recommended level of mobile crisis co-response capacity sought to arrive in time to help deescalate patients at most calls and MET relieving patrol deputies and handling to conclusion more than 90% of crises Countywide when mental illness rises to the level of a “hold” per WIC §§ 5150 or 5585.

The prior planning for incremental additions of MET teams using AB109 monies and staggered start dates, or “phasing-in” of new personnel, during the initial years of new additions still appears to be the best, most cost-effective approach to MET expansion.

³ Using Contract Law Enforcement model (1,772 hours per staff member) and 75% time on task



LA Found (Project Lifesaver)

“[LA Found](#)” program launched in September of 2018, with LASD MET assuming the lead role in coordinating all searches in LA County (88-cities) and providing the training of all personnel to help locate missing persons utilizing “[Project Lifesaver](#)” equipment. In 2018, three (3) patients who could not self-identify due to their disabilities were located successfully and safely reunited with their loved ones due to the efforts of MET personnel in collaboration with allied agencies - especially our counterparts at the LA County Department of Workforce Development, Aging & Community Services.

Other Sections of This Annual Report

This report provides great insights into the many amazing accomplishments, programs and innovations happening at the MET during 2018. MET is highly engaged in several new or expanded training initiatives. With over 800 hours of formalized training and two national certifications in non-violent crisis de-escalation, MET personnel are uniquely equipped to provide in-service [de-escalation training](#) for first responders.

This report offers several summarized [personal stories](#) from real world encounters with patients and their families and the human impact MET and RAMP expansion has had on people in Los Angeles County who are/were in dire need of our services.

By the end of 2018, MET stepped up [community outreach](#) efforts including emphasis in expanding our followers on Twitter and significantly increasing participation at organized town halls, conferences and other community events. MET has set new goals to improve upon “branding” and messaging to ensure constituents in Los Angeles County learn more about the returns on investment for expanding MET services.

In 2018, the MET unit collaborated with the Veterans Affairs Administration to establish the first nationwide [Veterans Mental Evaluation Teams](#) (VMET). MET is engaging with our community partners, VA and other government agencies to *significantly* improve [suicide prevention outreach](#) to veterans. MET has become a leader in this area, which has been recognized by media including [national coverage](#) by the Washington Post.

In 2019, the MET will be piloting a new “[Intercept 1](#)” jail diversion program to help ensure proper reporting and mental health screening has occurred for all arrested suspects who present with mental illness. Whenever possible, MET will endeavor to help educate arresting officers/deputies and station detectives about mental health



treatment options which may be preferable to incarceration when the underlying cause of the criminal offense was mental illness. MET expansion is going to be vital to ensure MET can help maximize such opportunities and help divert new bookings away from station jails when exercising peace officer discretion for mental health diversion under [Penal Code § 849\(b\)\(5\)](#) is believed to result in a better outcome for patients and the community, as they receive treatment to prevent reoccurrences – *not* incarceration.

The final portion of this report reflects analysis of available data metrics that were collected by [DMH](#) and [LASD](#) analysts during 2018, which reflect a well-run program.



2018 MET Progress Report

This section of the report provides details regarding the expansion of MET with emphasis on calendar year 2018.



Overview of MET

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

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

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

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

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



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

As of October 2018, the Risk Assessment and Management Program (RAMP) of 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 consumers who are high-utilizers of 911 systems, barricaders, bridge-jumpers, suicide-by-cop, veterans with post-traumatic stress syndrome, homeless mentally ill individuals posing threats, and for those who presented in crises involving deadly weapons. The MET and RAMP are linked; both program 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 calendar year 2018, with recommendations for continued expansion and pursuit of incremental goals in subsequent years.



MET co-response team and LACo Fire Dept hospitalizing a patient in crisis



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.

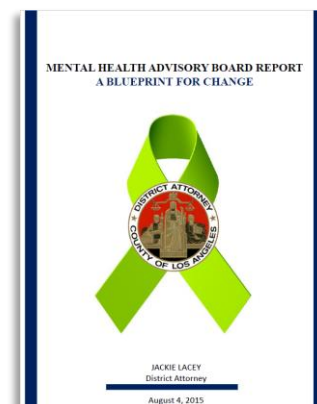
The program operated with minimal staffing of up to 5 teams for over 20 years with one sergeant and collateral oversight by a lieutenant until 2016, when MET began to experience significant changes and the recent incremental program expansion began.

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

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

In 2015, District Attorney Jackie Lacey's Blue Ribbon Committee recommended immediate MET expansion to at least 23 teams, which was calculated to be the maximum number of teams that could be trained in one 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





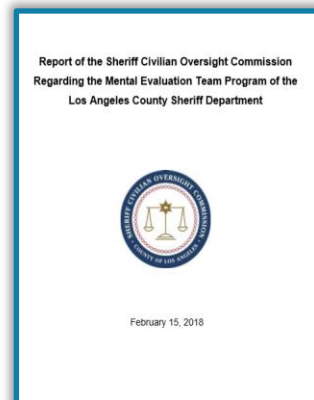
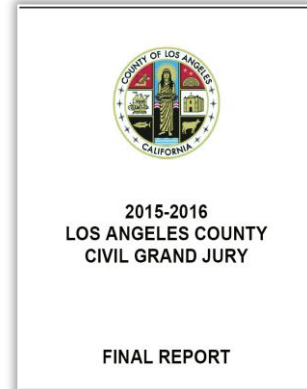
the increasing number of mental health crises being handled by patrol deputies. The committee consisted of stakeholders from Office of Inspector General, Field Operations & Support Services, National Alliance on Mental Illness (NAMI), along with DMH and LASD management representatives. The committee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

By the end of 2018, the MET Triage Help 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



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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.

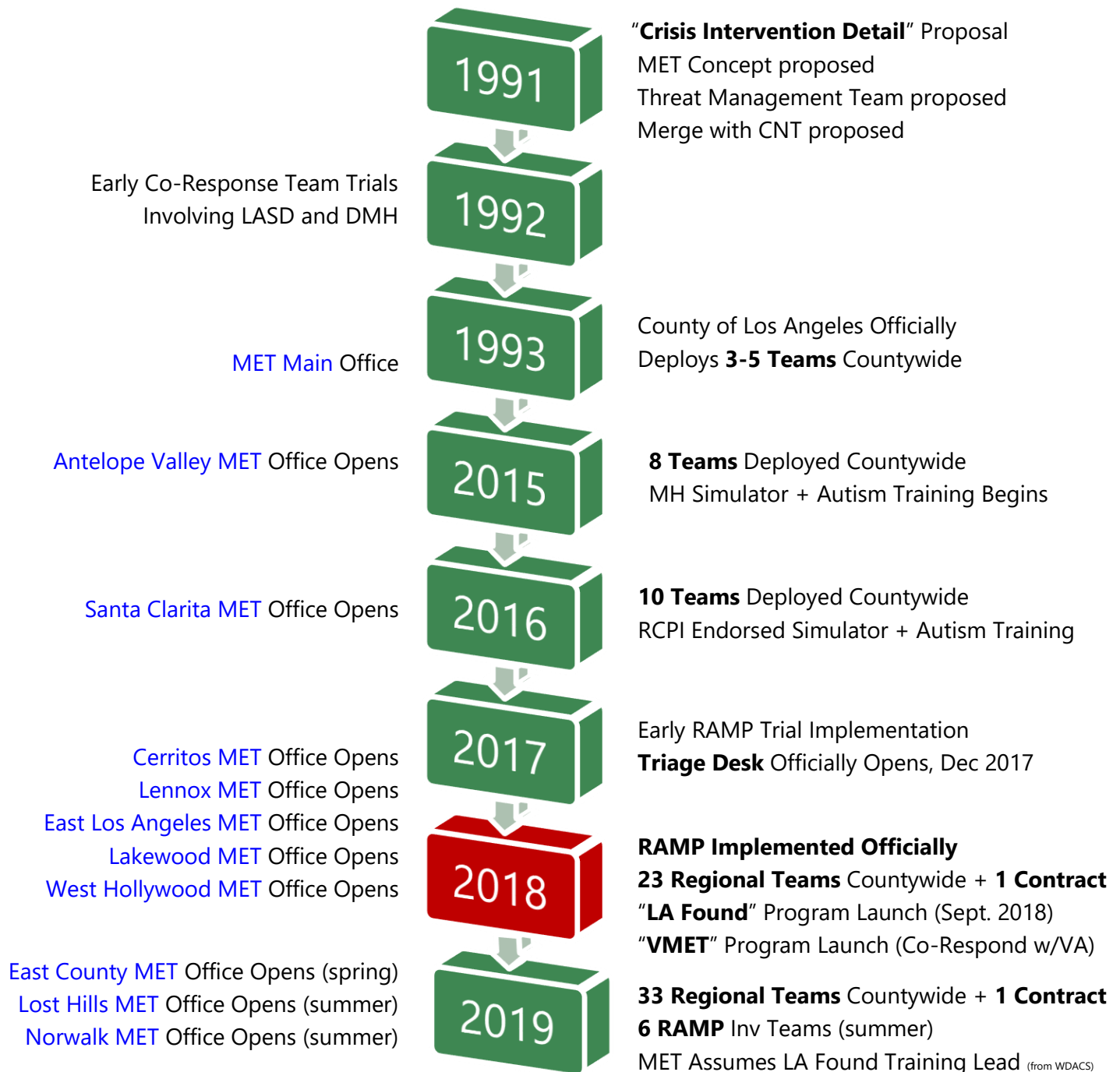
Calculating Minimum Needed of MET Units for LA County

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 <i>No Relief Factors</i> and NO staff injuries or illnesses and <i>no EM shift coverage</i> 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 2018



Timeline: Program Evolution

The following vertical timeline visually depicts key program milestones with emphasis on expansion during the past four (4) years. By June of 2019, MET is projected to deploy 33 teams Countywide + 1 Contract Unit, which represents 55% of the Countywide need for MET, according to Civilian Oversight Commission and calculations based on actual 2018 MET data.





Funding MET Expansion

Six positions are currently funded by the Office of Diversion & Re-Entry. The majority of MET growth during recent years has largely occurred during “Supplemental Budget” phase utilizing AB109 funding received from the state. Expansion of the MET was proposed in each of the past 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 in 2015. In 2018, the CEO Public Safety was provided a 2-year mid-growth phase proposal for MET expansion in fiscal year 2018-19 and 2019-20. Those recommendations were provided based on projected needs and best available data about mental health crisis at the time. Ultimately, it was the Civilian Oversight Commission’s recommendation of 60 minimum MET units that proved to be the most accurate needs assessment based on data now available in 2019, coupled with trend-analysis. The prior recommended incremental “Phased-in” approach to expanding the MET is reaffirmed in 2019. However, *skipping a year of growth or settling for current coverage levels would equate to going backwards* as mental health crises in LA County has increased by 72% in the past two calendar years alone. The next goal of 45 units helps meet the increasing needs in a County of 10 million people⁴ 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.^{5 6 7}

⁴ County of Los Angeles, <https://www.lacounty.gov/government/geography-statistics/statistics/#1481130319389-8a1c0344-8add>

⁵ Forbes 2019, URL <https://www.forbes.com/sites/jimgorzalany/2019/02/11/here-are-the-u-s-cities-suffering-the-worst-traffic-congestion/#1b2d87b96e36>

⁶ Curbed LA 2019, URL <https://la.curbed.com/2019/2/13/18222225/los-angeles-traffic-worst-nation-hours>

⁷ US News 2019, URL <https://www.usnews.com/news/cities/articles/2019-02-12/these-cities-have-the-worlds-worst-traffic-congestion>



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.
- Fiscal Year 2019-20 – (45) MET, (7) RAMP and Crisis Intervention Training (CIT) proposed to merge in 2019, as originally envisioned in 2015.
- 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 FY2019-20, 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.



Current FY 2018-19: 33 MET Units

During the current phase of MET expansion, MET increased from 23 to 33 regionally deployed teams Countywide, plus one 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 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.

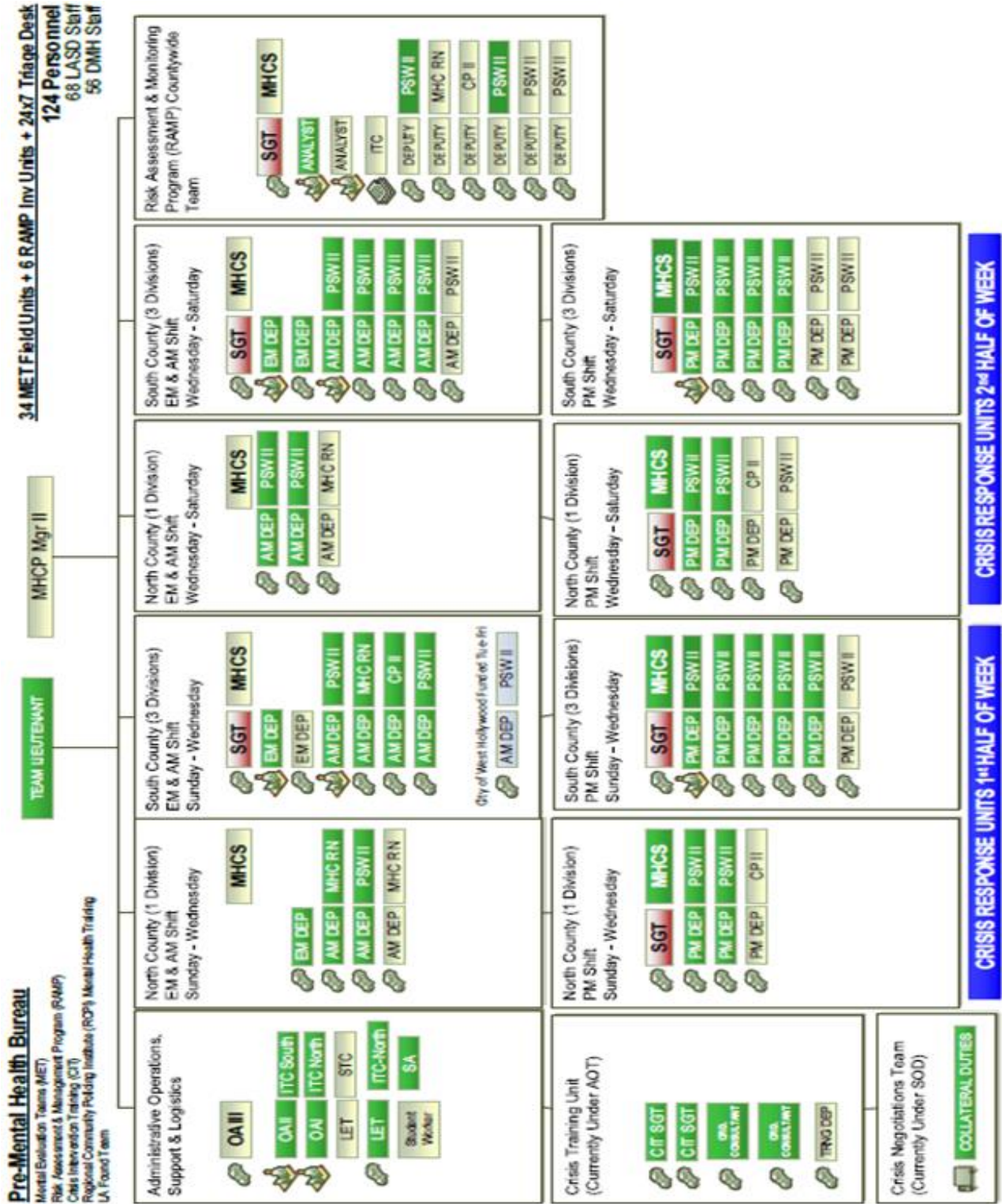
The emphasis for current MET deployment with the added ten (10) teams has been to provide more crisis-handling capacity for the North County, which remains the busiest area of the County in terms of the overall volume of crises handled by the MET. Next, there has been emphasis on providing MET services with a reduced response time to the West County areas from downtown to the coastline. Some coverage will also be provided on EM shift. Finally, two flexible deployment units are being 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 (by June 30, 2019)





Deployment Plan: 33 MET Units (6 RAMP)

Projected LACo MET / RAMP Deployment by June 30, 2019 (FUNDED TO 33 REGIONAL MET UNITS)

H918S2	NPD (AB109)	AV / SCT SUPERVISOR COLLATERAL OVERSIGHT: MACARTHUR GRANT PROGRAM	FLEX	1000-2000	AV Office (North Hub)
H918S3	EPD (AB109)	SOUTH END SUPERVISOR (South / East / West Co) COLLATERALS: MET TRAINING + RCPI + LA FOUND LIAISON	SUN-WED	1600-0200	ESGV or HQ Office
H918S4	SPD (AB109)	SOUTH END SUPERVISOR (South / East / West Co) COLLATERAL OVERSIGHT: VA PROGRAMS + SCHEDULING	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) [APRIL 28, 2019] COLLATERAL OVERSIGHT: TRIAGE DESK + NAMI LIAISON	WED-SAT	1600-0200	ESGV or HQ Office
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, MAIL, DESK ASSIST; LA FOUND SUPPORT; TRNG BACKUP COVERAGE	TUE-FRI	0600-1600	ESGV Office (East Hub)
H918G1	SOUTH COUNTY	EM SHIFT UNIT (NO DMH CLINICIAN)	SUN-WED	2000-0600	HQ (Admin) Office
H918G4	SOUTH COUNTY	EM SHIFT UNIT (NO DMH CLINICIAN) [1]	WED-SAT	2000-0600	Industry Office (New)
H918G7	NORTH COUNTY	EM SHIFT UNIT (NO DMH CLINICIAN) [2]	WED-SAT	2000-0600	Santa Clarita Office
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)
H918F1	FLEXIBLE DEPLOYMENT	ADDED COVERAGE IN SOUTH BAY / SPD / AS-NEEDED	SUN-WED	1600-0200	Carson Station Office (New)
H918F3	FLEXIBLE DEPLOYMENT	OVERLAP IN CENTRAL / SOUTH COUNTY [3] 2019	SUN-WED	0500-1500	Norwalk Station Office (New)
H918F4	FLEXIBLE DEPLOYMENT	OVERLAP IN SOUTH Co / EAST Co* [4] PENDING 2019	WED-SAT	1500-0100	Norwalk Station Office (New)
H918N1	NPD	LANCASTER/PALMDALE - DAY SHIFT [NPD LEAD]	TUE-FRI	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 [5] NEW 2019	SUN-WED	1600-0200	AV Office (North Hub)
H918N6	NPD	LANCASTER/PALMDALE - PM SHIFT [6] NEW 2019	WED-SAT	1400-0000	AV Office (North Hub)
H918N7	NPD	LANCASTER/PALMDALE - DAY SHIFT [7] PENDING 2019	SUN-WED	AM/TBD	AV Office (North Hub)
H918N8	NPD	LANCASTER/PALMDALE - PM SHIFT [8] PENDING 2019	WED-SAT	AM/TBD	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	0800-1800	Lennox Office (West Hub)
H918W2	WEST COUNTY	WEST COUNTY REGIONAL PM UNIT (SD2/SD3) [9]	WED-SAT	1600-0200	West Hollywood Station Office
H918W3	WEST COUNTY	MALIBU / LOST HILLS (MARINA BACKUP UNIT) [10]	WED-SAT	1000-2000	Lost Hills Station (New)

*Restricted to City of West Hollywood Only

RISK ASSESSMENT & MANAGEMENT PROGRAM (RAMP)					
H918S1	RAMP	RAMP SUPERVISOR (LEAD)	FLEX	0800-1800‡	RAMP UNIT LEAD
H918S5	RAMP	RAMP SUPERVISOR	FLEX	0800-1800‡	ADD'L SGT DUE TO HIGH RISK CASES & WORKLOAD VOLUME
H918I1	RAMP	SOUTH COUNTY [1] NEW DEC 2018	MON-THU	0800-1800‡	Cerritos Office
H918I2	RAMP	SOUTH COUNTY [2] NEW FEB 2019	TUE-FRI	0800-1800‡	AV Office (North Hub)
H918I3	RAMP	NORTH COUNTY [3] NEW MAR 2019	TUE-FRI	0800-1800‡	Lennox Office (West Hub)
H918I4	RAMP	NORTH COUNTY [4] PENDING SPRING 2019	MON-THU	0800-1800‡	AV Office (North Hub)
H918I5	RAMP	SOUTH COUNTY [5] PENDING SPRING 2019	MON-THU	0800-1800‡	ESGV Office (East Hub)
H918I6	RAMP	SOUTH COUNTY [6] PENDING SPRING 2019	TUE-FRI	0800-1800‡	ESGV Office (East Hub)
TRAINING PROGRAMS					
H918T1	SIMULATOR TRAINING	DE-ESCALATION TRNG; RCPI CLASSES; CIT ASSIST	FLEX	0600-1600	ESGV Office (East Hub)

‡ RAMP hours may vary + on-call.



Deployment of 45 MET Units (7 RAMP)

The next milestone for MET expansion seeks to add 12 units to MET and 1 team to RAMP 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, 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, it appears appropriate for the call volume. Also, the units on EM shift generally have faster response times to and from crises calls due to significantly less traffic on EM shift. 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.

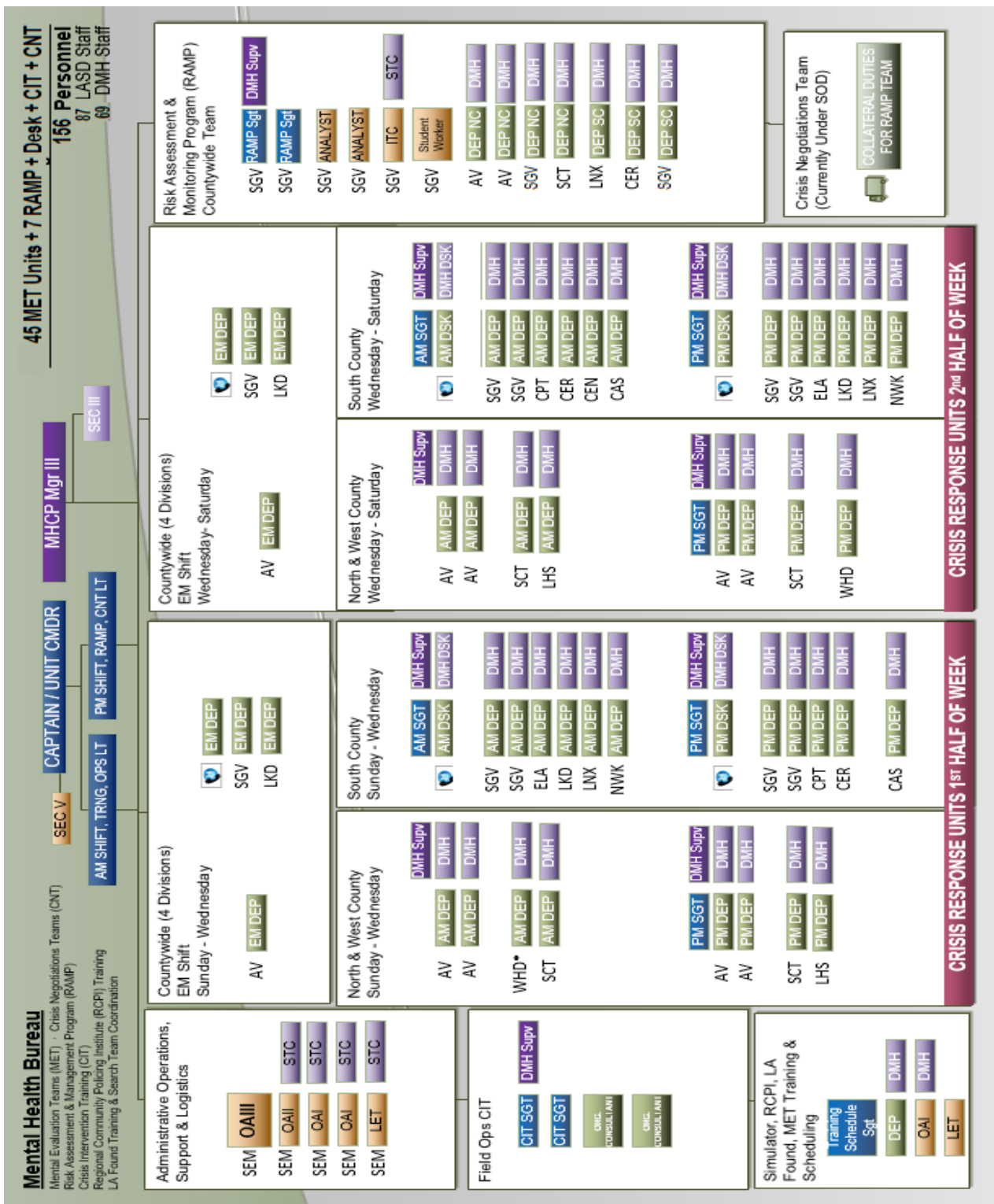
The secondary emphasis during this phase of expansion would be to add overlap units to help stagger MET unit personnel so there won't be a gap noticed approaching 1600 hours daily, when most MET units have shift changeover. That is currently a necessary limitation of the program to ensure the limited 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.

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 (FY 2019-20)





Deployment Plan: 45 MET Units (7 RAMP)

Projected LACo MET / RAMP Deployment by June 30, 2020 (IF FUNDED TO 45 MET UNITS)

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
DEC '19 H918S8	ALL AREAS (AB109)	PM / EM UNIT SUPERVISOR [SGT1] COLLATERAL OVERSIGHT: EM LIAISON + IBD 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 + IBD 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, LOGISTICS, 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)



LACo. Need: 60 MET Units (9 RAMP) Min.

Mental Health Bureau Mental Evaluation Team (MET) - Crisis Negotiations Team (CNT) Risk Assessment & Management Program (RAMP) Crisis Intervention Training (CIT) Regional Community Policing Institute (RCPI) Training LA Forensic Training & Search Team Coordination		60 MET Units + 9 RAMP + Triage Desk + CIT + CNT 200 Personnel 113 LASD Staff 87 DMH Staff
SEC V AM SHIFT, TRNG, OPS LT CAPTAIN / UNIT CMDR PM SHIFT, RAMP, ONTLT MHCP Mgr III SEC II		
Administrative Operations, Support & Logistics SEM OAI III STC SEM OAI STC SEM OAI STC SEM OAI STC SEM LET STC AV LET STC	Countywide (4 Divisions) EM Shift Sunday - Wednesday AV EM DEP SCT EM DEP EM SGT EM DEP SGV EM DEP LKD EM DEP ELA EM DEP	Countywide (4 Divisions) EM Shift Wednesday - Saturday AV EM DEP SCT EM DEP EM SGT EM DEP SGV EM DEP LKD EM DEP ELA EM DEP
Field Ops CIT CIT SGT DMH Supv CIT SGT CRD CONSULTANT CRD CONSULTANT	South County Sunday - Wednesday AM SGT DMH Supv AM DSK DMH DSK AM DSK DMH DSK AM DSK DMH DSK SGV AM DEP DMH SGV AM DEP DMH ELA AM DEP DMH LKD AM DEP DMH LNK AM DEP DMH NWK AM DEP DMH PM SGT DMH Supv PM DEP DMH PM DEP DMH PM DEP DMH SGV AM DEP DMH SGV AM DEP DMH CPT AM DEP DMH CER AM DEP DMH CEN AM DEP DMH CAS AM DEP DMH RFL AM DEP DMH	North & West County Sunday - Wednesday AM SGT DMH Supv AM DEP DMH AM DEP DMH AM DEP DMH AM DEP DMH WHD* AM DEP DMH SCT AM DEP DMH RFL AM DEP DMH PM SGT DMH Supv PM DEP DMH PM DEP DMH PM DEP DMH SGV AM DEP DMH SGV AM DEP DMH SCT AM DEP DMH LHS AM DEP DMH RFL AM DEP DMH
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Simulator, RCPI, LA Found, MET Training & Scheduling Training Schedule Sg DEP DMH OAI DMH LET	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

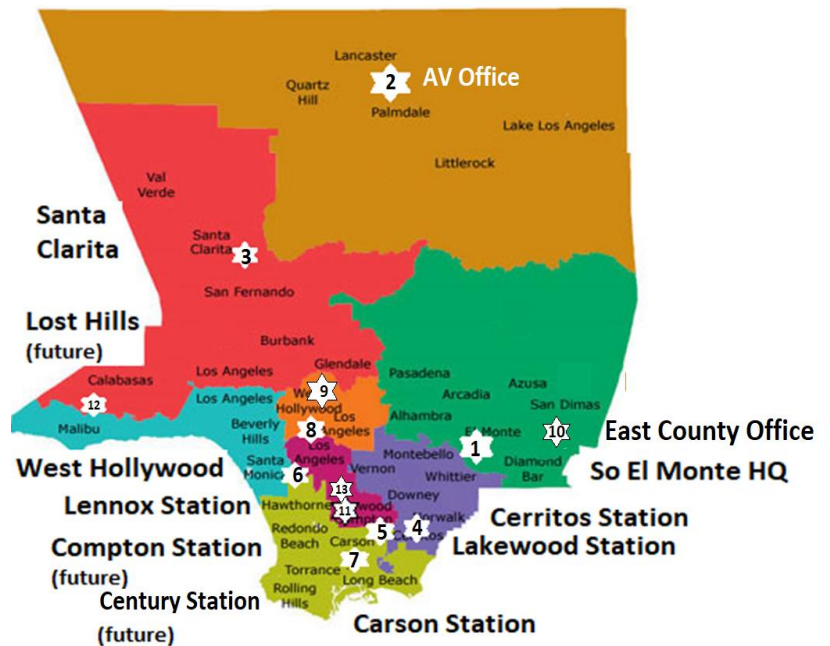


MET Office Locations

Current MET Offices

MET will have 11 offices Countywide, by June 30, 2019, from Antelope Valley to Carson:

1. MET Main Office (SG Valley) [Triage Desk Operation & Program Administration]
2. Antelope Valley MET Office [expanded "hub" office includes MET supervisor(s)]
3. Santa Clarita MET Office
4. Cerritos Station MET Office
5. Lakewood Station MET Office
6. Lennox MET Office
7. East Los Angeles Station MET Office



New and Proposed Future MET Offices

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

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

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. Century Station MET Office (SD2)
13. Compton Station MET Office (SD2)
14. Industry Station MET Office (SD1, SD4)
15. Pico Rivera Station MET Office (SD1, SD2, SD4)



Risk Assessment & Management Program

Risk Assessment and Management Program (RAMP) 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 together⁸.

By June 30, 2019, 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 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

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



⁸ A psychosocial treatment outlined by National Alliance on Mental Illness (NAMI) <https://www.nami.org/Learn-More/Treatment/Psychosocial-Treatments>

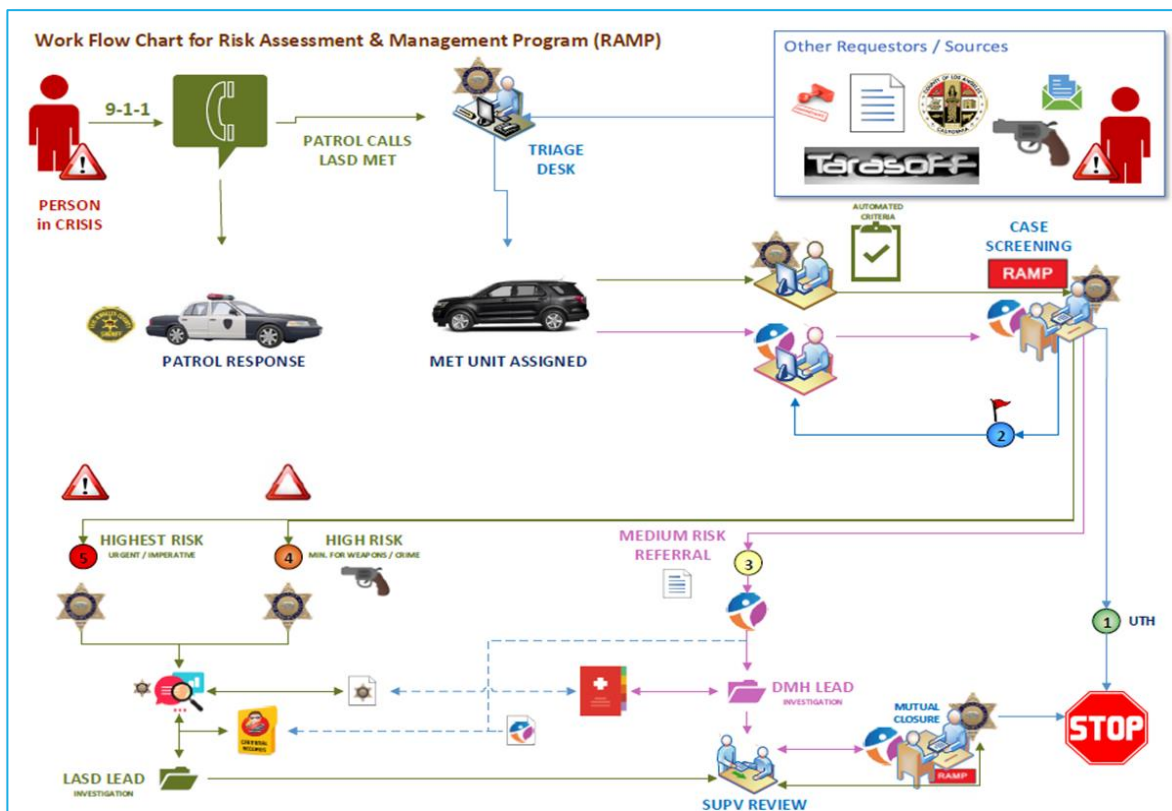
to themselves or others rather than waiting until the patient again presents in another crisis.

Measurable goals of the program include the reduction of hospitalizations for chronic users of police services and avoidance of further calls for police services or new cases within the criminal justice system for such high utilizers. With regard to the latter objective, this may be referred to as a "prevention before punishment" strategy.⁹

RAMP Supervisors

Sergeants and a Clinician Supervisor meet regularly to review all new MET cases. 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.

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



⁹ D'Ingillo, Pietro, Industrial Consultant for the Los Angeles County Sheriff's Department. May 1, 2018.



Assessment of Risk: Threat Severity Level

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

Level 0 – Case review determines the case does not meet criteria for RAMP

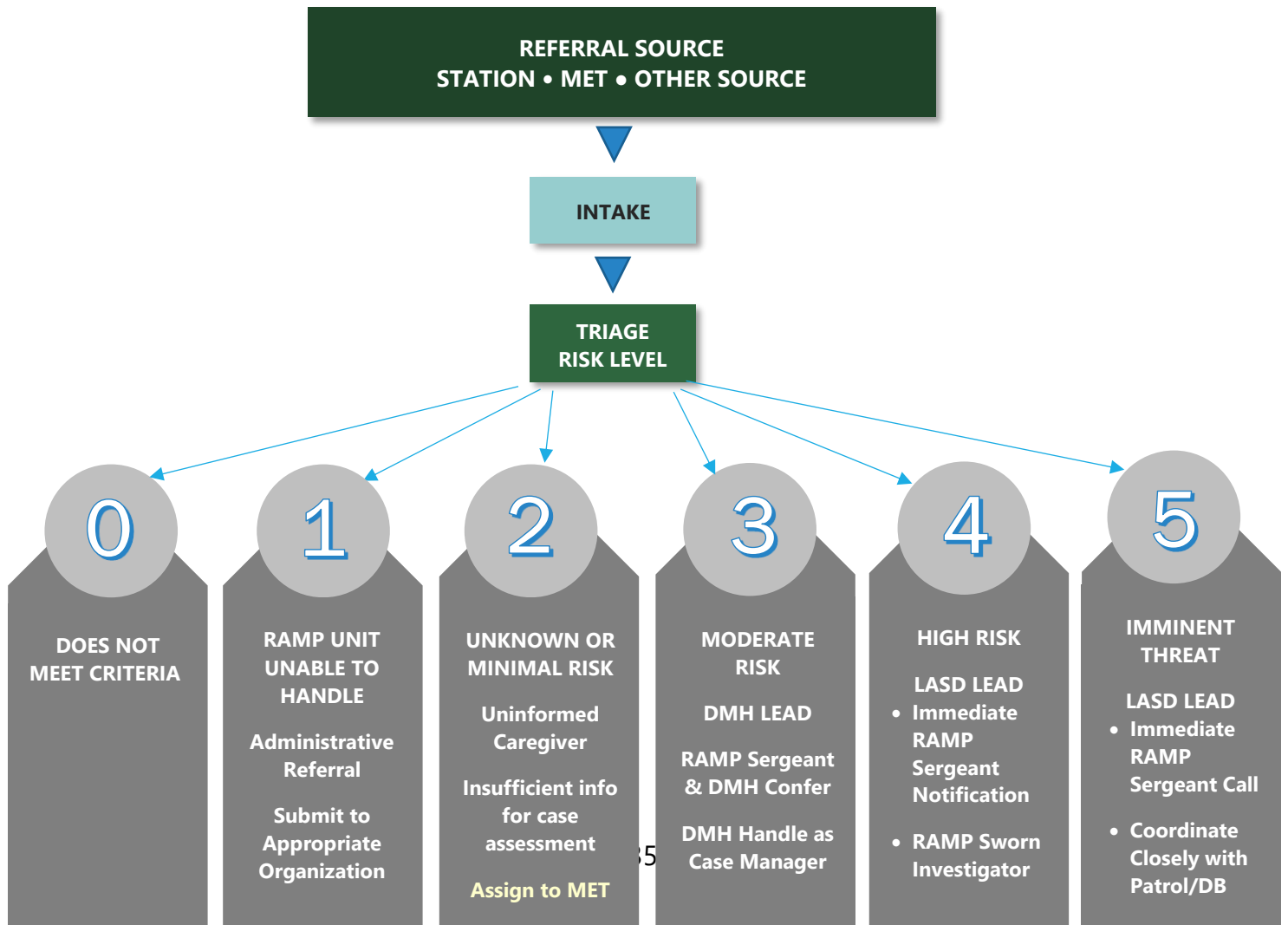
Level 1 – Unable to Handle “UTH” (Insufficient Staffing; Case Screening)

Level 2 – Unable to Assess Risk Level Due to Insufficient Update – Return to MET

Level 3 – Moderate Risk / DMH Lead

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

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





RAMP Clinicians (Case Managers)

Each RAMP patient's case is assigned to a licensed clinical social worker from the RAMP unit. The clinician helps ensure the patient is receiving comprehensive care from community mental health providers. The clinician follows up regularly with the patient to ensure he or she is following the prescribed treatment plan, acquiring and taking their medications to help ensure wellness. The clinician also assists the patient and caretakers to ensure linkage



to peer support, National Alliance on Mentally Ill (NAMI), family advocacy office, Assisted Outpatient Treatment (AOT)-Los Angeles, Whole Person Care/Intensive Service Recipient, Kin through-Peer (KTP) Program, Full Service Partnership (FSP), Community Mental Health Clinic, Veterans and Loved Ones Recovery (VALOR), Service Area Navigators, substance abusing and dual diagnosis services, community outreach and other public/private programs that address underlying needs such as housing needs and employment opportunities.

RAMP Deputies (Investigators)

The deputies assigned to the RAMP unit act in the role of lead investigators for Level 4+ cases involving seriously mentally ill (SMI) patients. 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.

RAMP 2018 Cases by Station Jurisdiction

The table below depicts the breakdown of RAMP cases reviewed during 2018, based upon the regions where the crisis first occurred (generally where patient resided):

Qty Met RAMP Criteria	Station	SC Valley	North County	South County	East County	West & Central Co.
301	Lancaster Station		301			
154	Palmdale Station		154			
143	Lakewood Station			143		
128	Santa Clarita Station	128				
101	Norwalk Station			101		
85	Temple Station				85	
83	Industry Station				83	
58	Pico Rivera Station			58		
40	West Hollywood					40
37	Walnut Station				37	
31	East LA Station					31
27	Cerritos Station			27		
27	Century Station					27
24	Lost Hills Station					24
23	Lomita Station			23		
22	Compton Station					22
16	Altadena Station				16	
16	Carson Station					
14	Palmdale Station					
12	Court Services Division					
10	San Dimas Station				10	
8	Marina Del Rey Station					8
3	Avalon Station					
2	Parks Bureau					
1,365	RAMP Cases from the Above Jurisdictions	128	455	352	231	152
	% of RAMP Cases	9%	33%	26%	17%	11%



RAMP 2018 Case Statistical Data

During Fiscal Year 2017-18, the only personnel funded and assigned to RAMP was one sergeant (Sergeant Briz). She focused on case review, data collection and determination what the 2018 caseload represented in terms of need for investigators to staff the unit. She had to screen most cases as "Unable to Handle" (UTH - Level 1) and only activated and followed up on cases that were absolutely critical.

Based on data she collected during the first six (6) months of 2018, we were able to project a need for at least six (6) investigators needed for LA County RAMP. In Fiscal Year 2018-19, a DMH Supervisor, six (6) DMH clinicians, and six (6) LASD Investigators were funded, along with addition of a second analyst and a clerk. The majority of staff were intentionally not added to the unit until 2019, in order to reduce first year (expansion) costs. As a result, the majority of the cases handled by the new team members are not reflected in 2018 data shown in this report. 2019 data should be notably higher in terms of cases activated versus those the unit was unable to handle.

2018 RAMP Data Recorded by LASD:

- 26% of all MET patient evaluations met criteria for RAMP during 2018.
- 1,681 total cases were reviewed by RAMP unit during 2018
- 140+ RAMP cases were screened by the unit *per month* in 2018
- 1,460 (87%) were screened out due to insufficient personnel to conduct follow-up
- 134 (8%) were assigned as Level 3 cases in 2018
- 65 (4%) were assigned as Level 4 cases in 2018
- 23 (1.3%) were assigned as Level 4 cases in 2018, due to imminent threat to public safety; these requires immediate follow-up action by RAMP
- The average Level 4+ case resulted in 2.65 hours of case work by RAMP personnel (logged in case journals).
- RAMP addressed 28 patients in 2018 who each had five (5) or more 9-1-1 crises
- Four (4) patients alone in 2018 accounted for forty-eight (48) 9-1-1 crises

New procedures, statistical codes and reporting methods went into effect in in 2019, which will help better describe the outcome of all cases, linkages to community treatment services and conclusions to RAMP cases beginning with the next report.



RAMP 2018 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 was conducting case work in the field:

Follow-Up Action(s)	% of Time Logged on Cases
Ack / Reviewing Cases	20.3%
Action Item Assigned	3.9%
Administrative	8.4%
Assist Other Detective	0.1%
Assist Patrol	2.5%
Case Closed / Closure Pkg	0.5%
Case Review Committee Mtg	1.7%
Committee Review	0.4%
Court Appearance	4.3%
Crime Analysis (Assistance)	18.2%
Database / Online Research	1.5%
DMH Notification	0.3%
DMH Records Query	0.1%
Email to / from Involved Party	5.0%
Field Investigation	23.1%
Initiated New Case	0.4%
Interview	0.5%
Other	1.9%
Phone Call(s)	6.5%
RAMP Database Program Update(s)	0.2%
Supervisory Review	0.3%

RAMP 2019 Cases by Nature of Follow-Up (Level 3)

The Department of Mental Health began participating in the RAMP initiative in October of 2018, as new staffing had been approved and funding for the program. Beginning in January of 2019, DMH investigative time spent on Level 3 cases may be included and reported cumulatively with the LASD RAMP case journal results in future reports.



2018 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.

Between October and December of 2018, DMH clinicians reported their involvement in 85 cases with the following data metrics:

RAMP RISK REPORT W/DISPOSITION					
REFERRALS ¹⁰ FROM OCTOBER 2018 THROUGH DECEMBER 2018					
RISK LEVEL		REASON FOR REFERRAL		DISPOSITION	
LEVEL 1	5	SUICIDAL	29	LAW ENFORCEMENT	8
LEVEL 2	0	VIOLENCE	32	PRIMARY CARE PROVIDER	1
LEVEL 3 (MODERATE RISK)	58	WEAPONS	0	PRIVATE MENTAL HEALTH PROVIDER	9
LEVEL 4 (HIGH RISK)	21	SCHOOL VIOLENCE	1	FULL SERVICE PARTNERSHIP (FSP)	2
LEVEL 5 (Imminent Threat)	1	HIGH RISK	4	CONTRACT DMH OUTPATIENT SVCS	1
		DISENGAGEMENT	1	ONGOING	45
		INCR HIGH RISK	12	COUNTY DMH OUTPATIENT	2
		USE OF FORCE	0	UNABLE TO HANDLE	5
		OTHER	29	REGIONAL CENTER	2
				OTHER	2
				DCFS	6
				CONSERVATORSHIP	2
	85		85		85

¹⁰ Referrals involving DMH clinicians, newly added to RAMP unit in October 2018



RAMP Deployment for FY 2018-19

Based on 2018 data, the LASD/DMH projects deployment of six (6) RAMP teams to address casework needs in the following areas of the County based on case volume:

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

Projections for RAMP in FY 2019-20

Based on 2018 data, the LASD/DMH can project approximately 15,402 LASD calls involving mental health crises in 2019. Approximately 4,467 of those crises are expected to result in a “hold” with involved factors meeting RAMP criteria.

Early analysis from late in 2018/early 2019, 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 hours¹¹ per investigator/clinician per year, it would take **9 RAMP teams**¹² to handle the anticipated workload Countywide. Based on 2018 data and 2019 projections, nine (9) RAMP personnel would ideally 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 and Central County
- (1) RAMP team for Santa Clarita

¹¹ Using Contract Law Enforcement model (1,772 hours per staff member) and 75% time on task

¹² 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.



Mental Health Training for Patrol

The Mental Evaluation Teams (MET) are associated with five training programs, which are interrelated. In 2019, the LASD MET will propose to merge with CIT trainers so that all mental health crises training will be centrally managed.

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 FY2018-19.

Mental Health Update (RCPI)

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. Here again, 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.



Mental Health Update and Interactions with the Developmentally Disabled for Patrol Class (RCPI)

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.

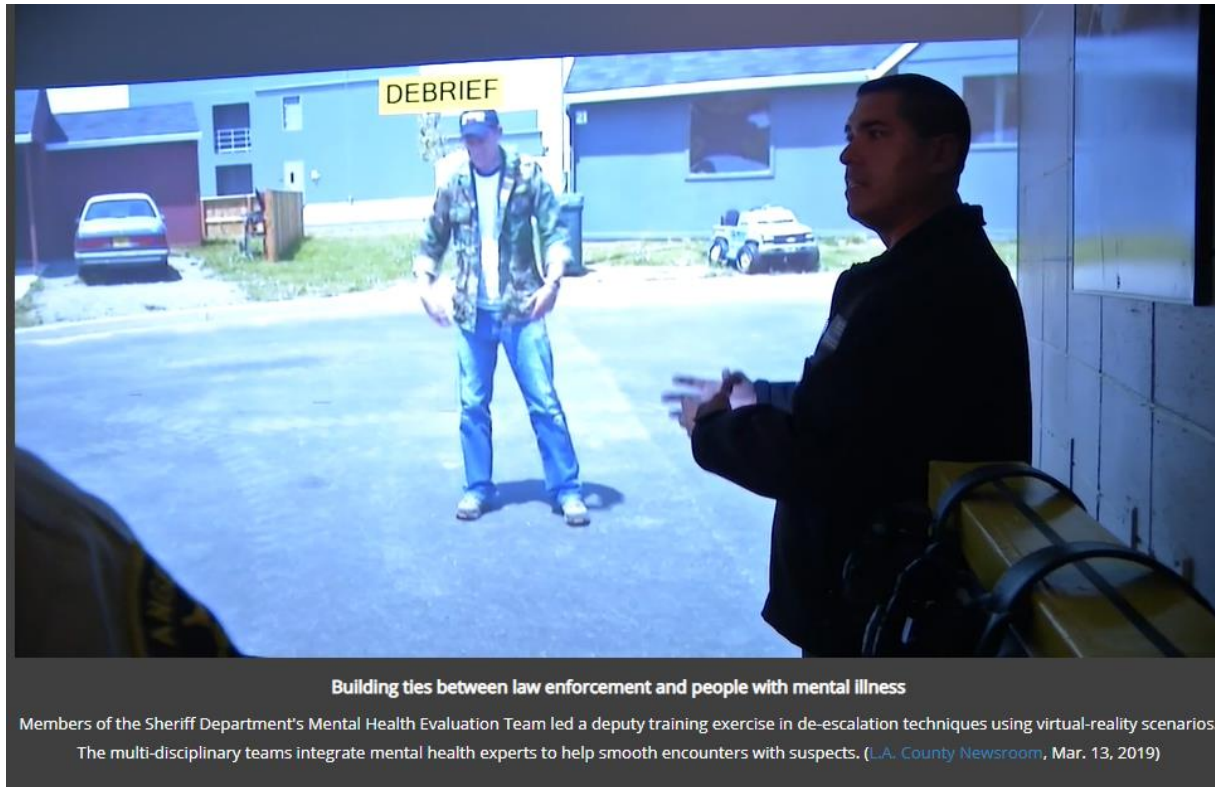
This unique class encompasses 3 segments:

The first portion is the POPST-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 provided 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.

During 2018, seven classes were presented to a total of 133 Los Angeles Sheriff's Department personnel, local and state law enforcement agencies, DMH and partners from the Workforce Development Aging and Community Services, making this a very diverse group of attendees.



The following is a sampling of noteworthy quotes provided by attendees in 2018:

"The MILO training was immersive and interactive. It gave me a chance to experience the situations, and tough decisions, that I may be faced with when working in the field. Overall, I would recommend the training for field staff because the trainers were hands on and provided me with great feedback that I will be able to directly apply during my everyday duties."

"The Autism Interaction Training was very effective because we had a chance to meet individuals with Autism and their families. This human element helped me understand how to interact and communicate with individuals with Autism. Kate Movius provided us with the knowledge and practical strategies needed to better serve all members of our community."

"Excellent Mental Health class with amazing and highly effective role playing scenarios. Speaking to an actual autistic child and their parent really immerses you in the content. I firmly believe this Mental Health Class should be a requirement to all of LASD due to the high amount of calls we get in the field."



"I found the training to be very informative and thought provoking. I was left with a much better understanding of Autism and it helped that the training highlighted the diversity that exist between autistic individuals. I found the one on one interactions with those diagnosed with Autism and their parents to be very helpful and eye opening. Overall I feel that this training should be taken by anyone who has contact with the Autistic community."

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

Project Lifesaver Training

The LASD MET has trained approximately 85 members of the Department, including the both North and South County Search and Rescue Teams, in the use of "Project Lifesaver" tracking equipment to find lost individuals wearing a special wristband device. LASD MET is now the Department lead for all matters associated with "LA Found" patient tracking including the coordination of this ongoing training to expand our search cadre.



Sheriff Villanueva demonstrating the "Project Lifesaver" Radio Frequency (RF) Wristband for Media



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.¹³ 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.¹⁴

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 deputies¹⁵ have attended the 32-hour training program since implementation in 2017.

The inclusion of “CIT” in the class titling may be inappropriate since the LASD *does not* closely follow the [CIT International, Inc.](#) guidelines. Therefore, the Mental Evaluation Team suggests re-naming the current class so that it does not purport to follow the CIT International model involving their core elements.¹⁶

¹³ Bureau of Justice Assistance US Department of Justice, November 2018 Bulletin, at the following URL: <https://csgjusticecenter.org/wp-content/uploads/2019/01/MEU-Program-Outline-Nov-2018.pdf>

¹⁴ 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>

¹⁵ Approximately 1,100 patrol deputies trained as of March 2019 (Sgt. Eric Ehrhorn, CIT Instructor)

¹⁶ Refer to CIT International URL: <http://www.citinternational.org/resources/Documents/CoreElements.pdf>



Field Operations Crisis Intervention Skills (FOCIS)

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

MET Merge with CIT (Centralized Mental Health Training)

In 2019, a proposal will be submitted to Department executives for consideration about MET personnel 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 would be advantages to the Department including the involvement of DMH instructors and use of Milo training simulators to enhance the current training curriculum for the maximum benefit of all participants, the Department and the County.

Other Training and Outreach

According to DMH records, LASD MET conducted approximately **180** trainings during 2018. The trainings reached a total of **4,670** individuals ranging from students, community members, law enforcement professionals to mental health clinicians Countywide.

In 2018, trainings/debriefings were provided on a weekly, monthly, bimonthly basis or by request. The training/debriefings included but were not limited to, debriefing and counselling services for Highland High School shooting; coordinating participation in homeless encampment outreach; providing networking and community outreach/education on suicide prevention; psychoeducation on the purpose and role of MET, completion of WIC §§ 5150 and 5585 applications, LPS Designated facilities in the Carson area and the ages they serve, common mental health disorders and psychotropic medications; Homeless outreach with the C.O.P.S Team, LAHSA and other homeless outreach agencies to the local parks; Mental Illness Awareness training to provide law enforcement personnel with interventions to de-escalate individuals with mental illness. The table below illustrated the number of trainings and attendees by location.



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.

Social Media

An important component to ensure our stakeholders and public are aware of the services MET performs 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. Our social media goal moving forward is as follows:

MET seeks to use social media, other media outlets and community events to educate and inform our stakeholders (BOS, Civilian Oversight Commission, Office of Diversion and Re-entry, DMH, LASD, NAMI, caretakers, families and other interested parties) about why we do what we do, how we do what we do, and the importance of mental health policing.



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 a recent 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?utm_term=.b822c19e2cbe

KCET, NBC Channel 4, Noticias Channel 52 and 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>



<http://www.la36.org/videos?page=2>

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/>



NBC News Interview with MET Program Manager During Patrol De-Escalation Training by MET

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. Two pictures on the following page show examples of MET attending the Civilian Oversight Commission



Town Hall meeting in Santa Clarita, where MET had displays for both mental health services and the “LA Found” program.



LA Found display at Santa Clarita town hall meeting.



Staff from MET were on hand to answer questions from the public and explained how their loved ones could be protected using LA Found wristbands.

Veterans

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.



Veterans Mental Evaluation Teams (VMET)

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

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

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



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

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

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

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

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



The 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).¹⁷ The LASD MET has been an instrumental member of the initiative to help improve the support system for veterans in their families in Los Angeles County, while also focusing on improved outreach collaborations for multi-agency responses to veterans with PTSD during a crisis.



¹⁷ Refer to SAMHSA URL <https://www.samhsa.gov/newsroom/press-announcements/201802200200>



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,¹⁸ and a subject matter expert acting in the role of a consultant to help develop training for law enforcement officers 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-hours courses for each of three training levels based upon depth of knowledge needed: beginning/introduction, 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 expected during FY 2019-20 to test these new course offerings and obtain critical feedback from subject matter experts who attend the classes.

¹⁸ Refer to DMH/VALOR Program URL <https://dmh.lacounty.gov/our-services/outpatient-services/valor/>



Personal Impact

Marina Del Rey Station Needs Help Dealing With High Utilizer of Police Services Regarding A Veteran Suffering From PTSD

RAMP was contacted by a Marina Del Rey Station watch commander and requested to assist with a veteran whom they had three (3) recent major tactical incidents involving the LASD Special Enforcement Bureau (SEB). The watch commander voiced concern about the likely possibility of deputies using deadly force in the next encounter with the veteran. He tended to either fight with deputies or fled whenever he saw them.

Station personnel had disengaged with the former Army combat medic numerous times and Department of Mental Health (DMH) handled numerous Psychiatric Mobil Response Team (PMRT) calls for requests to help the same veteran.

RAMP collaborated with the veteran's mother, station patrol personnel and the new VMET. They arranged to meet at the location for an intervention to hospitalize the man late in the evening when he was not expecting them. A field sergeant, together with 4 field deputies, RAMP, MET and VMET personnel gathered at the location. They were able to safely contain the veteran in the home and then detained him safely. He was placed on a 5150 WIC "hold" as a danger to himself and others. RAMP followed behind VMET personnel as he was transported to the VA Hospital in Long Beach.

The veteran received intensive care at the Veteran's Affairs Hospital in Long Beach. Officers reported a week later that he barely resembled the man the team brought in. He was doing much better once back in treatment. To date, this veteran continues to participate in ongoing outpatient mental health and substance abuse treatment. He was featured in a recent story by ABC News, who described the veteran as a success story, able to turn his life around. He is now serving as a role model and mentor to other veterans who suffer from mental illness and substance abuse disorders.

De-escalating Physical Aggression / DMH Collaboration

An adult male had been physically assaultive towards father; including grabbing father by the throat and throwing him to the ground. MET reported to the site on January 31,



2018. After evaluations and assessment, the client was placed on a WIC § 5150 “hold” at Olive View Medical Center.

The client had three prior psychiatric hospitalizations via the DMH Psychiatric Mobile Response Teams (PMRT) with crisis evaluations at Palmdale Regional Center. The client’s behaviors and psychosis became increasingly more severe in nature including physical aggression towards parents and self-injury (e.g. punching eyes). This resulted in six psychiatric hospitalizations from January through May 2018, including additional MET team contacts on April 4, 2018, and April 30, 2018, along with PMRT crisis evaluations at Palmdale Regional Center.

Transitional Age Youth (TAY) Full Service Partnership (FSP) referral was initially denied by DMH on April 7, 2018, due to no current openings. The case was transferred to Whole Person Care (WPC) and officially accepted on April 18, 2018.

On May 9, 2018, DMH met with her WPC clinician and case manager to establish collaboration goals due to the client being difficult to treat, resulting from a combination of Autism Spectrum Disorder (ASD) diagnosis at age 3 and Traumatic Brain Injury (TBI) at age 18-19. WPC engaged with hospital treatment providers to encourage extending the length of the hospital stay required to stabilize the client’s symptoms.

The client’s hospital stays at Alhambra Hospital and Antelope Valley Hospital resulted in the client choking other patients and becoming assaultive towards hospital staff/security. WPC collaborated with a Residential and Bridging Care (RBC) provider, serving as liaison for Augustus Hawkins Psychiatric Hospital during psychiatric hospitalization from May-June 2018, including her mother beginning Regional Center Intake process for the client.

Upon last telephone contact with mother, the mother reported that the client was calm, stable, taking medication, not talking to voices, sleeping all night, and eating regularly for past week since psychiatric discharge. In addition, her mother reported that parents, for the first time in years, felt comfortable remaining in the home with the client and were no longer staying at a family member’s house. Her brother was taking the client out for an hour daily. Lastly, her mother reported that the client attended initial FSP appointments via Mental Health of America on June 25, 2018, and ongoing



appointments were scheduled, in which the WPC provider planned to officially transition this difficult case to FSP.

Suicidal Ideations

LASD had responded to a Hispanic male asking his wife to kill him or he would kill himself. Deputies tried to stop from harming himself, however, he was constantly threatening and becoming more agitated.

The client refused to be taken to the hospital and would threaten to kill himself if the deputies entered the home. Patrol deputies made the decision to tactically disengage from the situation. The client was then referred to RAMP for follow-up.

The Lakewood MET deputy and clinician followed up with the RAMP referral a few days later, after the incident occurred. We were able to get the client to come out of the home into his front yard; hesitant at first, we were able to engage and discuss getting him medical and mental health treatment at St. Francis Memorial Hospital.

During the ride to the hospital, the client became less guarded and more engaging. The client had a long history substance abuse, including being diagnosed with cirrhosis. The client was initially resistant to our help but we were able to transport him safely to the hospital with no use of force necessary.

The client had no prior hospitalizations. He had been unemployed for about a year with thoughts of hopelessness. His wife recently left him because of his drinking problem. The client was constantly stating, "I am just drinking my life away!" He was referred to DMH Service Area 7 Full Service Partnership navigator, who then referred the client to an ongoing treatment program. The client had not been seeking any services or treatment for his multiple conditions and by the end of his encounter with MET, the client had been linked to services and treatment with a more hopeful outlook.

Social Media Threat / Suicidal and Homicidal Ideation

A 17 year old, male posted on social media about execution of Muslims and endorsed suicidal ideations. A Carson Station Sergeant requested MET. The client posted threatening messages on social media. The client posted taking pictures with many guns. He also posted on social media about making bullet proof vests, weapons and



threats on social media. MET reviewed pictures of social media postings where he called for the execution of Muslims, endorsed suicidal ideations, etc.

The FBI had received an anonymous tip about the client's social media postings in his Instagram. He was evaluated on March 20, 2018, and hospitalized by MET for WIC § 5585 (Danger to Others/Danger to Self) at Exodus Urgent Care Center Martin Luther King. The client was also referred to School Threat Assessment and Response Team (START) for further follow up and linked successfully for further treatment and mental health services.

Suicide by Cop and Successful De-escalation of Violence

North County MET responded to a call for service at a client's residence after the commanding Air Force officer called 911 and requested a welfare check due to the following: client threatened suicide-by-cop following a domestic violence incident at Edwards Air Force Base. MET responded to the client's residence along with LASD Lancaster Station deputies. MET was successful in de-escalating the client.

MET determined that the client met criteria for a WIC § 5150 for being a danger to himself. MET collaborated with the informant (Air Force Sgt.) and Veterans Crisis Response Team to verify the client's active duty Air Force status.

MET transported this client to the West Los Angeles Veterans Administration Hospital in order to ensure that the client obtained appropriate, culturally-sensitive care, thereby averted physical aggression and a threatened suicide-by-cop incident. The client was hospitalized at West Los Angeles VA.

Vehicle Pursuits w/ Suicidal Woman: Barricade in San Diego Co.

A female adult woman became a RAMP "Level 5" (imminent threat) case after an incident where she threatened suicide and driving her vehicle into her parent's residence. When Santa Clarita Station patrol deputies arrived, she barricaded herself in her vehicle. A MET team was able to de-escalate the patient out of her car and she was hospitalized (WIC § 5150) for danger to herself and others.

RAMP investigators followed up to discover, after being released from hospital, this patient remained homeless in her vehicle and self-medicated with narcotics. During the next several



months, the patient was hospitalized numerous times by RAMP interventions. It was discovered during the investigation that the patient was a successful business owner and mother of two. Ten years ago she suffered a traumatic brain injury and was medicated with prescription narcotics.

In early 2018, the patient was taken off of prescribed narcotics, which led her to self-medicate with illegal narcotics. Her husband divorced her and had to obtain a restraining order to protect himself and their children due to her violent and dangerous psychotic episodes.

The patient, upon release from hospitalizations, would quickly decompensate and commit minor violation of crimes. She often sent texts to her parents expressing how she was going to kill herself.

On one occasion, after release, she was involved in a high speed vehicle pursuit with LAPD after her father had reported a suicide attempt. She was able to escape from LAPD after the 1 ½ hour pursuit. She fled to San Diego County and sent her parents a video of herself attempting suicide.

Our RAMP personnel located her in Carlsbad and coordinated with the local police department to intervene. After a brief barricaded incident, she was taken into custody and hospitalized.

After another vehicle pursuit with the CHP, the patient was later arrested again. RAMP personnel were able to work with prosecutors and the defense attorney to agree to a very beneficial treatment plan for the patient while protecting public safety. Where she was facing 9 years in state prison for her psychotic episodes which had resulted in multiple criminal charges, an agreement was reached to place her in a locked facility with intense drug and mental illness treatment provided on site. To date, the patient has been stabilized and is participating in treatment.

Threat of Mass Shooting At Allspark (“Hasbro”) Media in Burbank

RAMP was contacted by Burbank PD and requested to assist with a threat of mass shooting at Allspark (Hasbro) Studios in Burbank. The threat caused the studio to shut down production and evacuate 200+ employees. The investigation revealed the suspect was a 21 year old moderate-to-high functioning male on the Autism spectrum. RAMP investigators located and interviewed the man. It was determined he had no means to commit the mass shooting. It was



determined that he was fixated on a Hasbro cartoon program. The company had decided to end filming of a program liked by the patient, which resulted in his threats.

The patient, who was connected to services through the Regional Center and intense supervision by parents, was learning about communication skills. He was taught the skill of “scripting” as a means to communicate. Scripting allows autism patients who can’t communicate “normally” the ability to use movie and television program dialog to express themselves. In this case, he had repeated scripted threatening dialog he had learned on TV to express his anger at the cartoon being discontinued.

RAMP worked the patient, parents and Regional Center to help the patient understand the significant impact verbal and written communication can have. No criminal charges were filed and the patient is continuing to receive services and doing well.

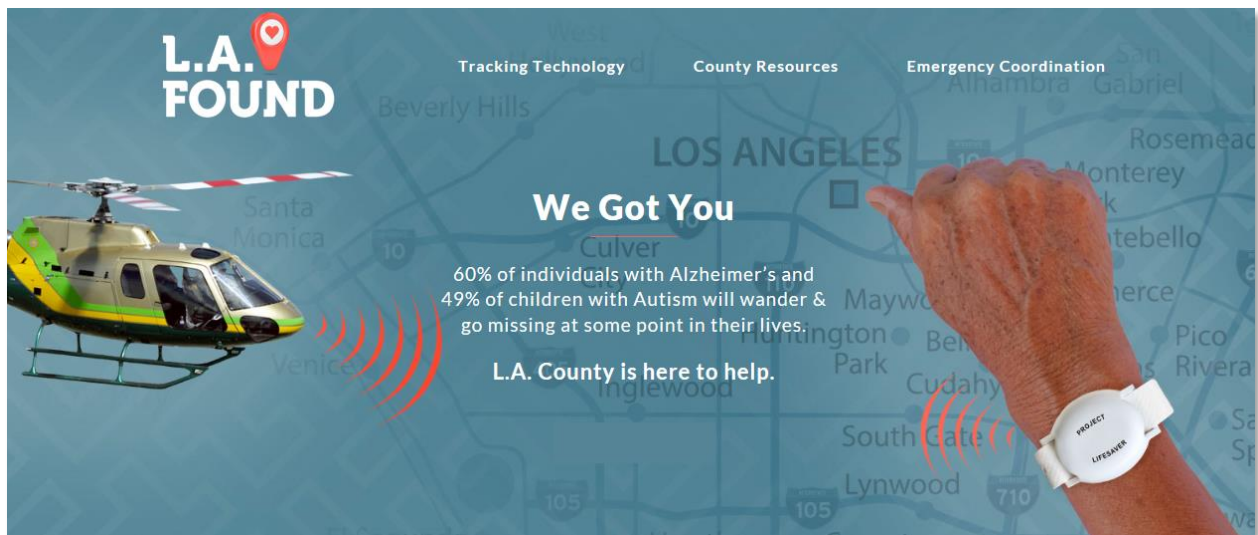
Pico Rivera Station Captain Voices Fear of Possible Deadly Force Against A Female High Utilizer Of Police Services

RAMP was contacted by the Captain of Pico Rivera Sheriff Station regarding a female with serious mental illness and high utilizer of police services. The station captain was fearful of using deadly force versus this female, who was a constant drain on police services with daily calls for service involving the patient. Station personnel received numerous threats from her and the DA refused filings on all cases. The station had numerous uses of force with her in the past.

Several meetings with station management were facilitated by RAMP and DMH to attempt to provide this female with appropriate intensive case management and total person care “wrap around services” and an action plan. This went on for months and ultimately she was incarcerated for a violation of restraining orders. She became non-compliant with any and all treatment efforts. While in custody, RAMP personnel advocated for her mental health housing, intensive treatment and appeared in Dept. 95- Mental Health Court to advocate for her much needed assessment for incompetency and mandated mental health treatment.

RAMP was successful in advocating for this female’s ongoing treatment while in custody. She currently is in prison receiving much needed treatment and is no longer posing a threat to Department personnel or the public.

“LA Found” Program



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

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

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

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



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

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

The LASD MET, in conjunction with Communication Fleet Management Bureau (CMFB) and Aero Bureau, are responsible for searching for any missing LA Found participant wearing a PLS Bracelet in Los Angeles County, including all municipal cities, through existing mutual aid agreement. The LASD MET has trained approximately 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, LASD-MET is able to do a reverse search. This was the case a little more than a week after the program was first launched, in September of 2018. A male adult suffering from Alzheimer's and dementia was reported missing from LAPD Rampart's jurisdiction in the early morning hours. LAPD believed the program launch was the following day and did not notify LASD MET when he went missing.

After being missing for six hours, the male was located 22 miles the hills of Altadena, twenty two miles away from where he was reported missing. The male was unable to provide the responding LASD deputy his name or any pertinent information to self-identify. Seeing the missing person was wearing a PLS bracelet, the responding deputy contacted the LASD MET Triage Desk, who was then able to look up the patient in the database. After receiving the patient's caretaker information, the deputy was able to reunite the missing person with his family.

The second PLS search occurred in LASD Century Station jurisdiction. After initiating a ground search, the missing person was found five miles away by LAPD. LAPD Newton Division was notified of a person who appeared to be lost, wearing a PLS bracelet. After contacting the missing person, she also was unable to self-identify to responding officers.

LAPD was able to contact Project Lifesaver, who advised the officers that LASD MET and Century deputies were actively searching for her. Thirty (30) minutes after being reunited with her family, the missing person was able to *again* elope from her residence.



Still being in the area, LASD MET personnel quickly located her on the next block. MET staff was able to place the patient on a WIC § 5150 hold and transported her to the hospital. In addition, WDACS followed up with the family to link them with services.

The most recent PLS search was for Cathy Person, who suffers from Alzheimer's, diabetes and dementia. Cathy wandered away from her caretaker in the Mid-Wilshire area of Los Angeles on December 21, 2018. After MET was notified, we immediately responded to assist the Los Angeles Police Department.

MET helped launch an extensive ground and air search for Cathy utilizing the PLS equipment. During the initial stages of the search, it was believed Cathy boarded public transportation (bus or light rail). During the second day of searching, we received a lead that Cathy's purse was found in Highland Park (approximately 15 miles from where she originally went missing from). MET focused attention to that area and, within an hour of redirecting our search efforts in this area, Cathy was found by MET Sergeant Barclay under the 110 freeway overpass.

Although being missing from almost 30 hours, cold and in dire need of insulin, Cathy was in good spirits. Cathy was checked by LA City Fire and subsequently transported to the hospital by MET, where she was reunited with her grateful husband.

Support Vehicle for "LA Found"

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 will serve as a centerpiece at multi-agency command posts, complete with extra radios, batteries, chargers, map drawers and supplies. It will also serve as an excellent backdrop for future media interviews involving Countywide deployments and for display at special events in each Supervisor's District to generate more awareness about the program.





Project Lifesaver Participant Data

The below tables provide a breakdown of Project Lifesaver bracelets issued Countywide through mid-February of 2019, including participant demographics.¹⁹ The County is projecting over 1,000 users will be registered in LA County by the end of 2019.

Supervisory District	Project Lifesaver Devices Issued
<i>First District</i>	52
<i>Second District</i>	40
<i>Third District</i>	25
<i>Fourth District</i>	57
<i>Fifth District</i>	52
Total	226

Population	Participant Demographics
<i>Male</i>	138
<i>Female</i>	88
Total	226
<i>Adults 60 Years of Age and Over</i>	101
<i>Children (< 18 yrs.)</i>	81
<i>Dependent Adults (18 to 59 yrs.)</i>	44
Total	226
<i>Alzheimer's/Dementia</i>	70
<i>Autism</i>	105
<i>Other Cognitive Impairments</i>	57
Total	232*

**Individuals with tracking devices reported suffering from more than one impairment listed above*

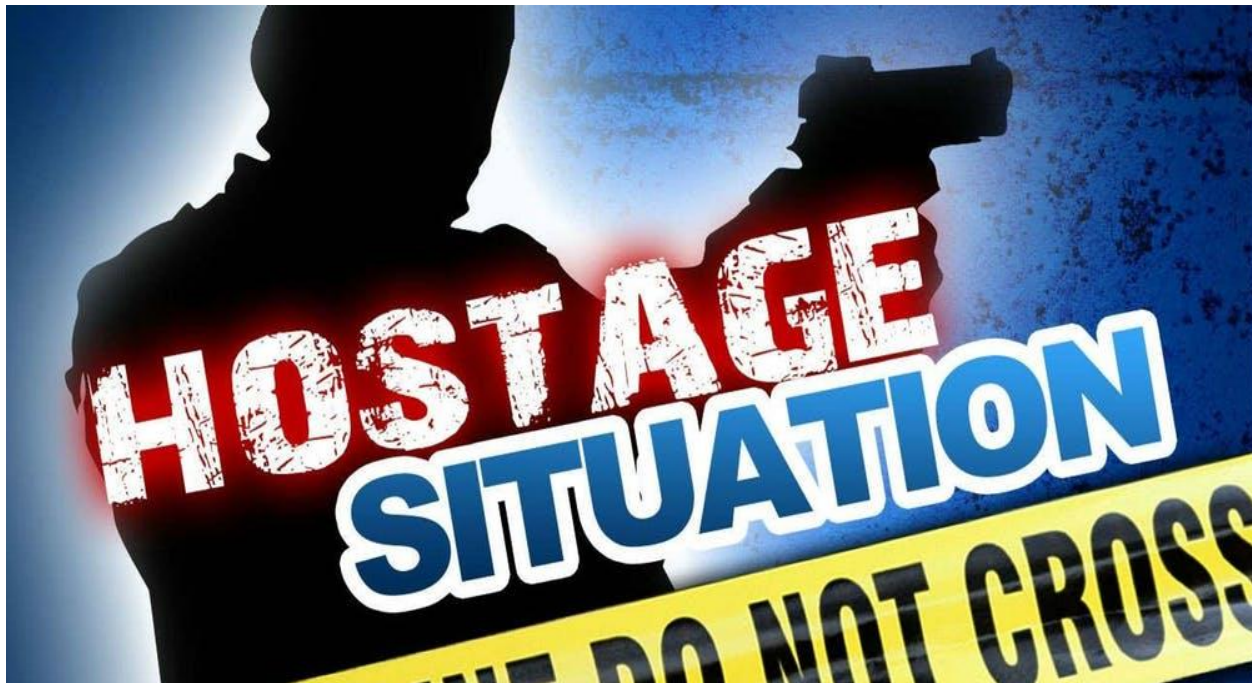
¹⁹ Workforce Development, Aging and Community Services Report to the Board of Supervisors from Otto Solórzano, Chief Deputy, entitled "IMPLEMENTATION OF THE L.A. FOUND INITIATIVE (ITEM NO. 2, AGENDA OF FEBRUARY 20, 2018)"

Crisis Negotiations Team(s)

With recent MET expansion, the County has seen a reduction by 67%²⁰ 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 MET management team looks forward to working with Special Operations Division to revitalize and improve the CNT program in 2019.



²⁰ Versus 2016 and 2017 CNT data; calls in 2018 for CNT activations have dropped by 2/3 over those prior years.



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 Brandon Barclay. North County was selected based on this highest number of mentally ill patients encountered by MET in the four patrol divisions.

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

- 105 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.
- 10 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.

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.

MacArthur Grant Impact

The patient at right is an example of one of the 109 patients helped using these grant funds.

This man was being assisted and assessed by Sergeant Barclay in the Antelope Valley. The patient had just had an argument with his boss, which resulted in him trying to hang himself. He had an arrest warrant for drugs and weapon violations.

Instead of being incarcerated, he was linked with the DMH Full Service Partnership (FSP) Program following this encounter. The FSP is designed for adults ages 26-59 who have been diagnosed with a severe mental illness and would benefit from an intensive service program.²¹



During a previous encounter with the same patient, he fought with patrol deputies and significant force, including a Taser, was required to gain control of him. MET was not at that prior incident.

The last time he had been hospitalized, he also escaped from a local hospital, which resulted in an extensive missing person search. His case is an example of a chronic user of police services.

However, during this incident, which occurred during added shift hours, when an extra MET unit was available due to MacArthur grant-funded overtime, MET personnel were able to de-escalate the patient, get him into custody safely, arranged care for his dogs and diverted him to a mental health treatment facility where he was cooperative with the staff. This entire encounter with him ended well due to MET skillful intervention.

²¹ Program overview at URL <https://dmh.lacounty.gov/our-services/outpatient-services/fsp/>



Opportunities Ahead

MET is currently strategizing about the best usage of the funds. The next opportunity to renew or expand the grant will be in September of 2019. Future ambitions of the grant program pertain to increased jail diversion strategies prior to preliminary hearing. A program being considered for grant funding in 2019 is the Intake Booking Diversion process, which is explained in the next section of this report.



Pictured above are persons working with the MacArthur Grant Foundation and law enforcement agencies who came together recently in Chicago. Chief Jordan (East Patrol Division), Sergeant Tiwari (MET) and Sergeant Barclay (MET) are shown as the second third and fourth person standing (from the left rear) respectively.



Intake Booking Diversion (IBD)

In 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.



“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

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.



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 patient's verses 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"). 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 Diversion²²:

1. The defendant suffers from a mental health condition²³ *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 offense²⁴;

²² Criteria used is similar to specifications in Penal Code § 1001.36

²³ DMH can help with determining this with access to DMH database via LASD MET Triage Desk (626) 258-3000
Does

²⁴ 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.



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;²⁵
4. The defendant is cooperative; compliant with the suggested mental health treatment plan²⁶;
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.²⁷
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.²⁸

To restrict consideration of certain charges²⁹, additional exclusionary criteria may be imposed in the proposed decision matrix with some further adjustments expected.³⁰

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.³¹

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 units³².

²⁵ 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).

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

²⁷ 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).

²⁸ Refer to flow chart for process overview. RAMP monitors case for a proposed minimum of 45 days.

²⁹ Criteria derived from majority of considerations in California Senate Bill 215 and Penal Code § 1001.82

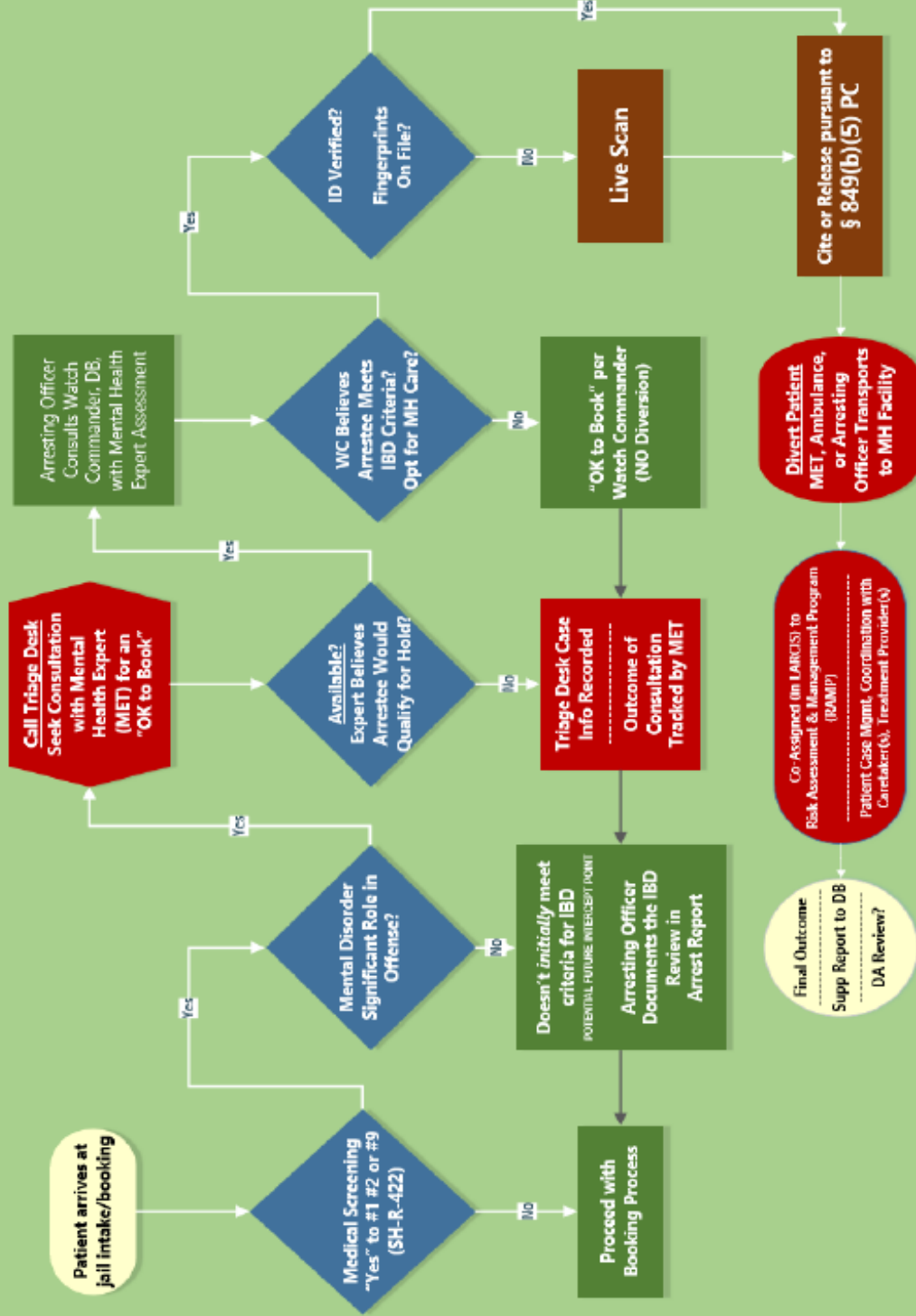
³⁰ Two items removed after discussion with Office of Diversion & Re-Entry: Vehicle Code 10851, "joyriding" and drug crimes (generally qualifies for diversion in other programs).

³¹ Seek consultation with DA Office; potentially add more exclusions (pending).

³² 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)



2018 Data Summarized

This section of the report focuses on analysis of data and metrics associated with mental illness crises and MET responses in 2018.



2018 LASD Calls Involving the Mentally Ill

STAT CODE	PATROL STATIONS	ALL BUREAUS
890 Contact Made: Person(s) with No Indication of Mental Illness	4,899 (31%)	7,116 (32%)
891 Contact Made: Person(s) With Indication of Mental Illness	8,939 (57%)	12,997 (58%)
892 Arrest: Person(s) with No Indication of Mental Illness	328	340
893 Arrest: Person(s) With Indication of Mental Illness	276	283
894 Unable to Locate Person(s) with Alleged Mental Illness	1,923 (12%)	2,141 (10%)
898 Contact Made: Indication(s) of Homelessness	6,066	6,192
899 Arrest: Person(s) with Indication(s) of Homelessness	760 (13%)	787 (13%)

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 15,761 calls were received by LASD patrol deputies, which involved contact with a mentally ill or alleged mentally ill person. When all Bureaus are factored, there were 22,254 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 1/3 of the time (often, drug use is mistaken for mental illness).
- Contact with a mentally ill person resulted in arrest in just 3% of all encounters with patrol deputies. That number drops to 2% of encounters when all non-patrol Bureaus are factored.



Average MET Incident Handling Times

- The average MET crises handling time for incidents in 2018, which resulted in a hold, was 2 hours, 3 minutes.
- For “holds” where the patient met RAMP criteria, the average incident handling time for MET was extended by 23 minutes (2 hrs, 26 min).
- The average incident handling time for MET to conduct de-escalation and patient evaluation that did not result in a “hold” was 1 hr, 2 min in 2018.
- The average MET wait time Countywide for all urgent care centers and hospitals was 1 hr 12 minutes in 2018.



Mental Health Crises Trend Summary

Mental health “holds” from 911 calls about crises are increasing dramatically, as shown below. The final column shows the percentage of “holds” handled by MET in 2018:

WIC §§ 5150 or 5585 “Holds”	2018	2-yr Change	5-yr Change	MET Calls	MET Holds	% Holds by MET
Central Patrol Division	854	UP 49% ↑	UP 89% ↑	466	273	32.0%
Avalon	18	500%	800%	13	9	50.0%
Century	232	50%	176%	96	58	25.0%
Compton	238	38%	23%	96	60	25.2%
East LA	224	98%	207%	155	91	40.6%
Marina Del Rey	49	-8%	48%	37	16	32.7%
South LA	93	21%	41%	69	39	41.9%
South Patrol Division	1,624	UP 71% ↑	UP 130% ↑	1,221	790	48.6%
Carson	182	70%	27%	52	27	14.8%
Cerritos	80	8%	74%	89	47	58.8%
Norwalk	447	80%	224%	313	215	48.1%
Lakewood	631	96%	241%	506	337	53.4%
Lomita	114	24%	15%	67	40	35.1%
Pico Rivera	170	62%	81%	194	124	72.9%
East Patrol Division	1,520	UP 92% ↑	UP 146% ↑	1,094	723	47.6%
Altadena	135	150%	350%	55	40	29.6%
Crescenta Valley	59	31%	7%	31	16	27.1%
Industry	350	87%	127%	317	223	63.7%
San Dimas	176	66%	57%	67	30	17.0%
Temple	562	116%	219%	466	319	56.8%
Walnut	238	71%	164%	158	95	39.9%
North Patrol Division	2,757	UP 72% ↑	UP 74% ↑	2,356	1,392	50.5%
Lancaster	1,119	123%	155%	1,168	717	64.1%
Palmdale	585	34%	33%	549	325	55.6%
Santa Clarita	721	70%	49%	418	230	31.9%
Lost Hills/Malibu	148	-4%	0%	86	51	34.5%
West Hollywood	184	104%	159%	135	69	37.5%
All Patrol Divisions	6,755	UP 72% ↑	UP 101% ↑	5,137	3,178³³	47.0%

³³ DMH clinicians authored 2,587 “holds” (81%) and MET deputies wrote the remainder of “holds” (19%)



MET Support for Countywide Courts in 2018

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

WIC §§ 5150 or 5585 “Holds”									
Non-Patrol Stations	2013	2014	2015	2016	2017	2018	MET Calls (2018)	MET Holds (2018)	
Central Bureau	4	3	5	4	4	3	2	1	
Clara Shortridge Foltz	2	3	5	3	0	2	0	0	
Metropolitan	2	0	0	0	0	1	1	1	
Stanley Mosk	0	0	0	1	4	0	1		
East Bureau	26	12	9	1	3	1	23	4	
Compton	10	3	3	0	1	0	3	3	
East LA	3	0	0	0	0	0	0		
Norwalk	1	0	0	0	1	1	1		
Bellflower	3	2	1	0	0	0	5		
Downey	1	1	1	0	0	0	3	1	
Pasadena	2	1	1	1	0	0	2		
Alhambra	1	3	1	0	0	0	0		
Burbank	0	0	0	0	0	0	3		
Glendale	0	0	0	0	0	0	2		
Pomona South	1	0	1	0	1	0	0		
Pomona North	0	0	0	0	0	0	3		
West Covina	1	1	1	0	0	0	1		
Department 95	2	1	0	0	0	0	0		
West Bureau	11	16	15	12	7	5	17	7	
Airport	2	0	1	1	0	0	6	1	
Inglewood/Inglewood Juvenile	0	1	0	0	0	0	0		
Long Beach	5	2	0	2	0	0	1		
Torrance	1	0	0	0	0	0	0		
Michael D Antonovich Antelope Valley	2	5	0	0	2	2	3	1	
San Fernando	0	6	10	4	0	0	3	1	
Santa Clarita	0	0	0	0	1	0	0		
Chatsworth	1	2	0	1	0	0	1		
Van Nuys West	0	0	4	4	4	3	3	2	
Transportation Bureau	11	2	6	6	11	0	0	0	
Civil Management Bureau	0	0	0	0	1	1	1	1	
All Court Services Division	52	33	35	23	26	10	42	13	



MET Expansion Return on Investment (ROI)

In 2018, 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 2018 allowed for deployment at more localized offices to help reduce the ETA of MET units to arrive in time during emergencies and MET helped positively impact the trajectory of the incident and de-escalate the crisis in literally hundreds of incidents. In fact, MET ETA to calls was reduced from over 56 minutes in 2016-17 to approximately 23 minutes or less Countywide on average in FY 2017-18.

Relief of Patrol Units by MET

- On average in 2018, MET units relieved 2.7 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 2018, 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 751 incidents in 2018, were it not for MET personnel arriving on scene in time to de-escalate the patient.
 - This represented approximately 12% of the MET responses in 2018.
- Based on the average estimated cost of to the County per use of force investigation, the total estimated cost savings estimated based on those 751 use



of force incidents that never happened in 2018, due to MET resolving the situation peacefully, exceeded \$4.830,229 in saved expenditures.³⁴

- The estimated costs savings does not account for the multiple staff injuries that never occurred during those 751 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 751 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 751 incidents without use of force becoming necessary.
- MET responded to 84 requests for help in 2018 from station jail and court lock-up facilities (Type-I jails) to address inmates barricaded in cells.
 - 74 (88%) of the incidents were resolved without need for deploying an extraction team because MET personnel successfully talked the inmate out of the cell with NO use of force.



Example of Jail Extraction Team About to Remove Barricaded Inmate with Force

³⁴ Refer to Appendix I



Reduction in Uses of Force Involving the Mentally Ill

- 55 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.
- 12 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.
- 9 “suicides-by-cop” never occurred in 2018, because MET units arrived on scene and de-escalated the patient before the patrol deputies on scene were forced to shoot them.

MET Return on Investment (ROI): Other Cost Savings

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

MET team members handled 56 incidents in direct support of patrol that used to require calling in off-duty Crisis Negotiation Team (CNT) personnel. In

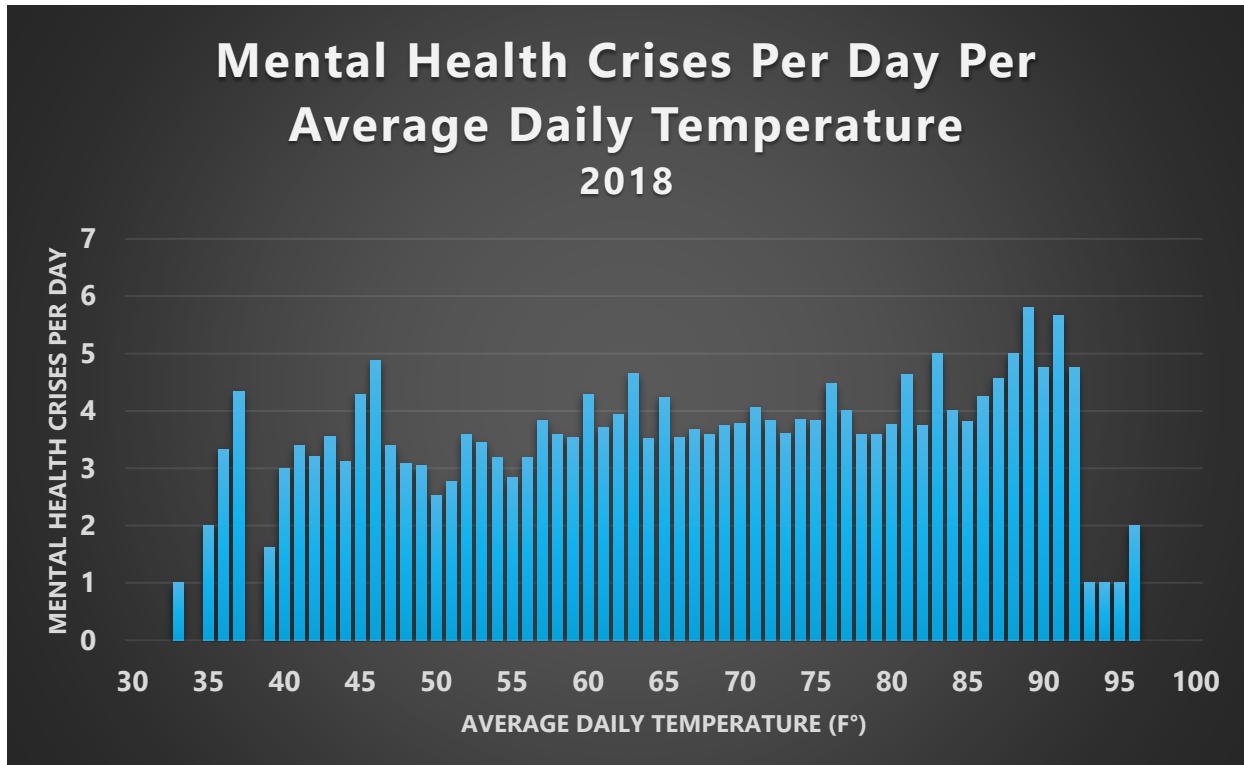
fact, off-duty, collateralized CNT staff responded to just 27 incidents in 2018, compared to nearly 100 incidents in each of the prior two (2) years.

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 eight (8) separate incidents in 2018, 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.



Weather Factors



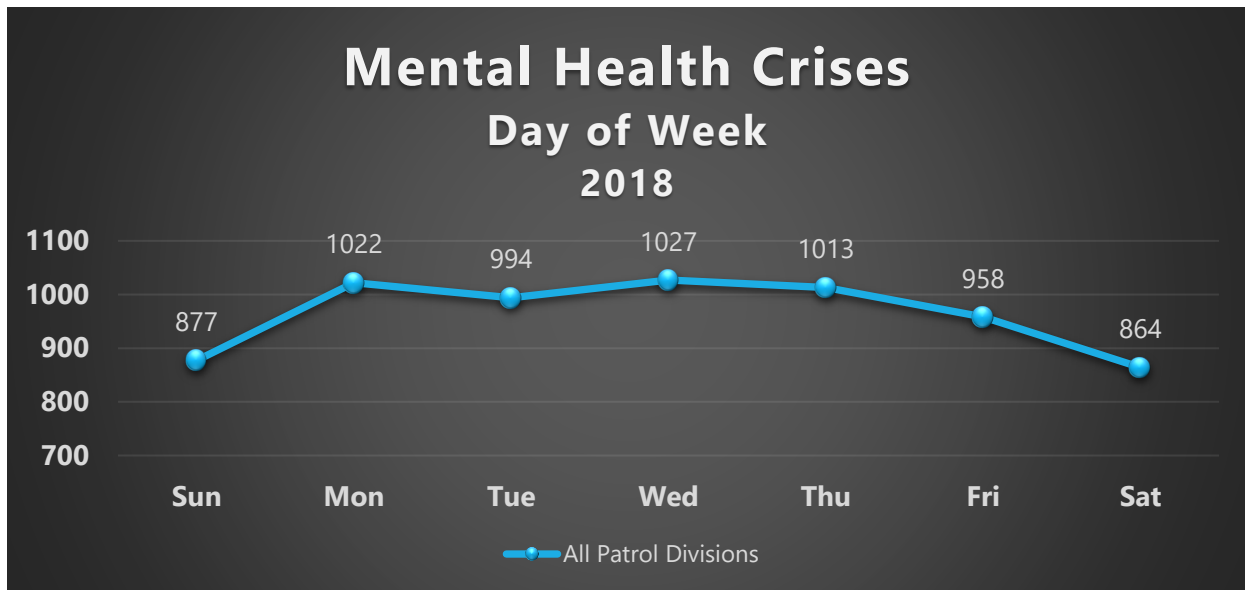
Analyst Angela Ihrig gathered weather data from the National Oceanic and Atmospheric Administration from the US Department of Commerce. She used city-based daily average temperatures for each specific day in 2018. For cities where this data was not available, Angela substituted data from a nearby city or from a city with similar geography (desert, mountain, coast, etc.). She calculated the average number of mental health crises that occurred on any given temperature to control for the frequency of the temperature.

Results:

Visually it looks like there may be a *slight* correlation between hotter weather and mental health crises. However, Analyst Angela Ihrig performed a “[Pearson R](#)” correlation test and found that there is actually no correlation. $r=0.014$, where an r of “0” indicates a perfectly random distribution and an r of “1” is a perfectly linear correlation.

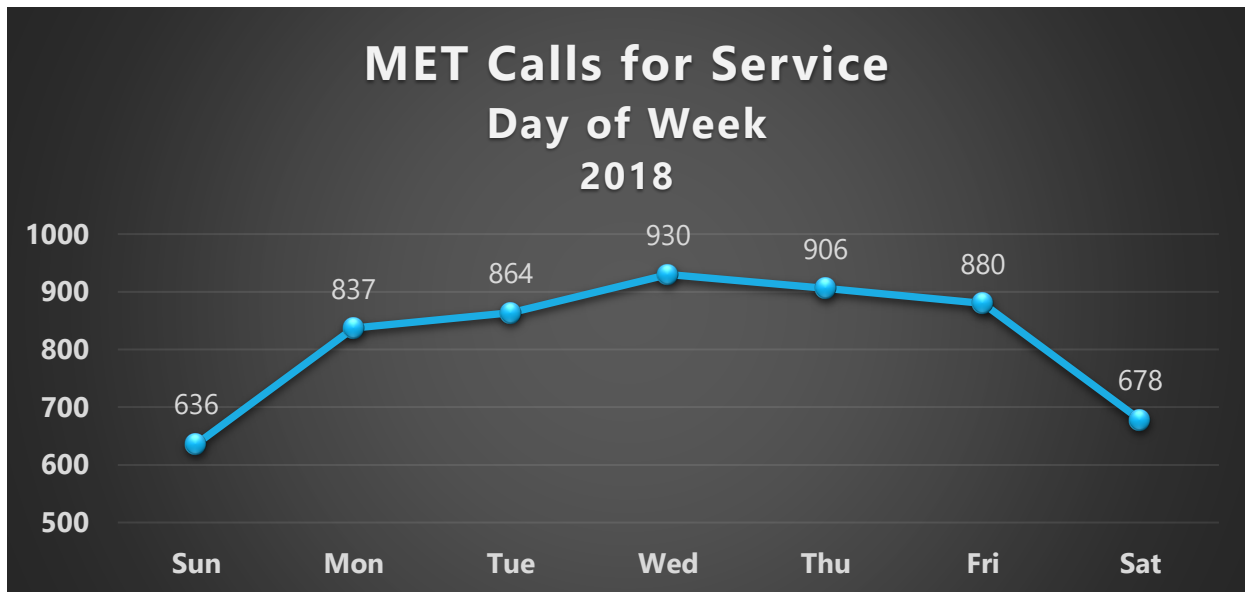


Crises by Day of the Week



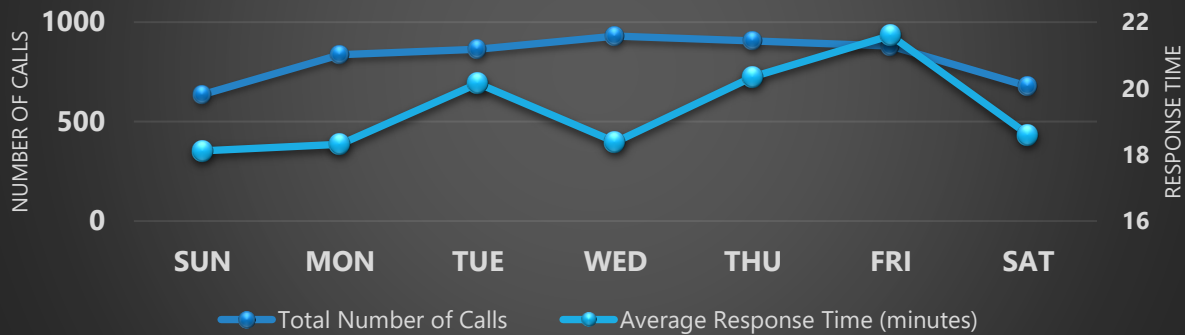
The table above reflects how many mental health crises occurred during each day of the week as reported to the Triage Desk. Mental health crises occur more often during the weekdays and decline over the weekend, which is a trend observed now for over a decade in LA County.

Accordingly, MET calls for service are also higher during the weekdays and lower on the weekends.





MET Calls for Service & Average Unit Response Time by Day of Week in 2018

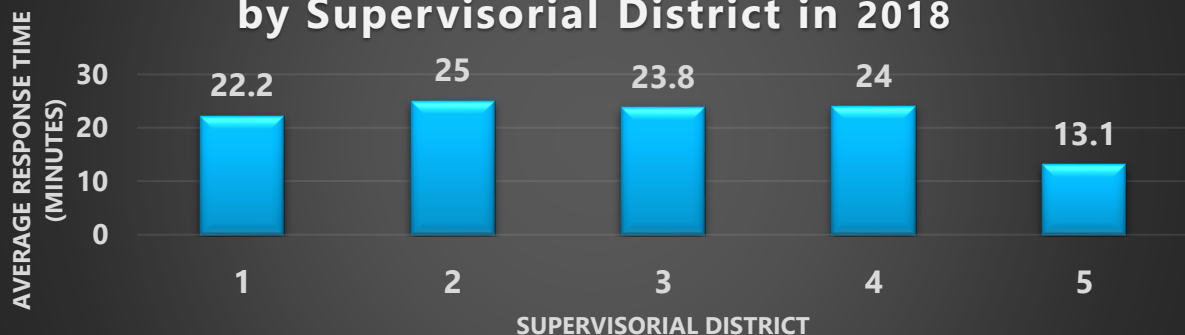


There seems to be a *slight* correlation between number of calls and average response times with the exception of Wednesday, our busiest day of the week in terms of crises.

On Wednesdays, the MET unit AM/PM shifts overlap and there are generally more MET units available to handle calls on weeks when there is no planned training. This helps demonstrate that the increased number of MET units available to handle crises Countywide on Wednesdays had a positive correlation with lower response times to crises on that day of the week, as expected.

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.

MET Average Unit Response Times by Supervisorial District in 2018

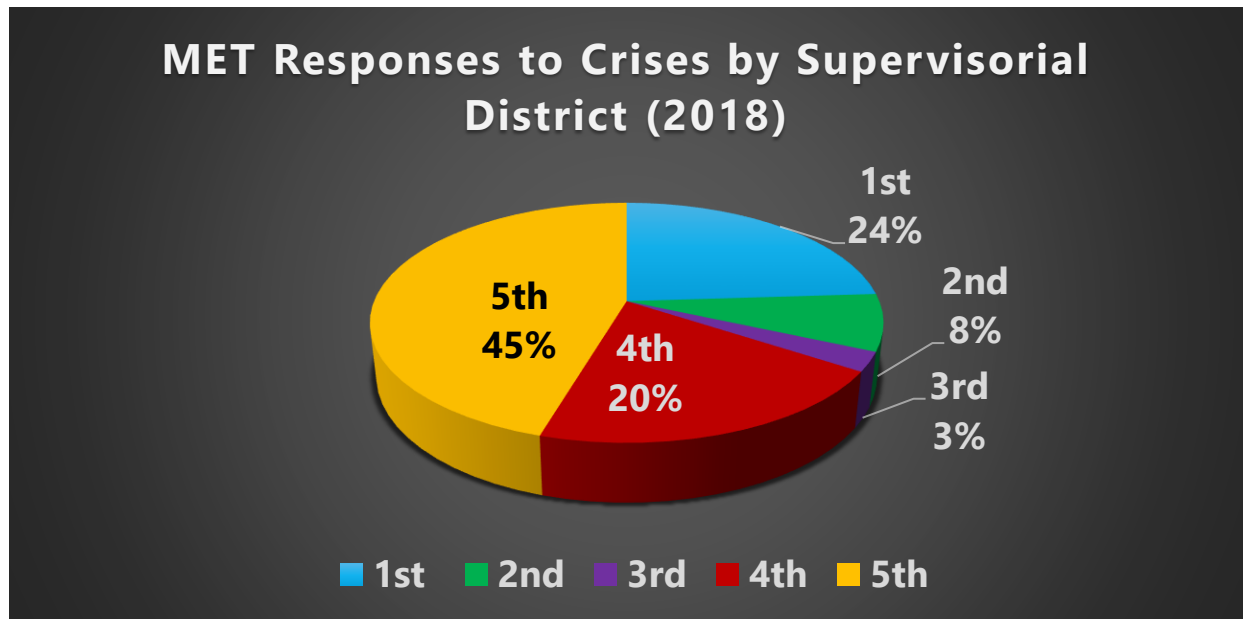




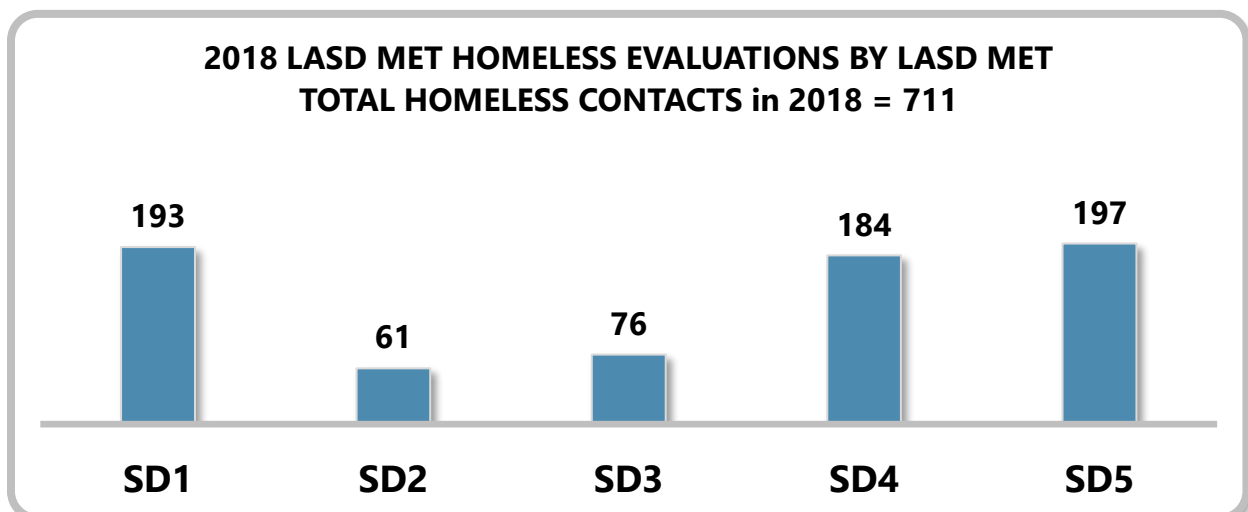
The above chart shows the average response time of MET units in each supervisorial district.

MET Calls by Supervisorial District

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

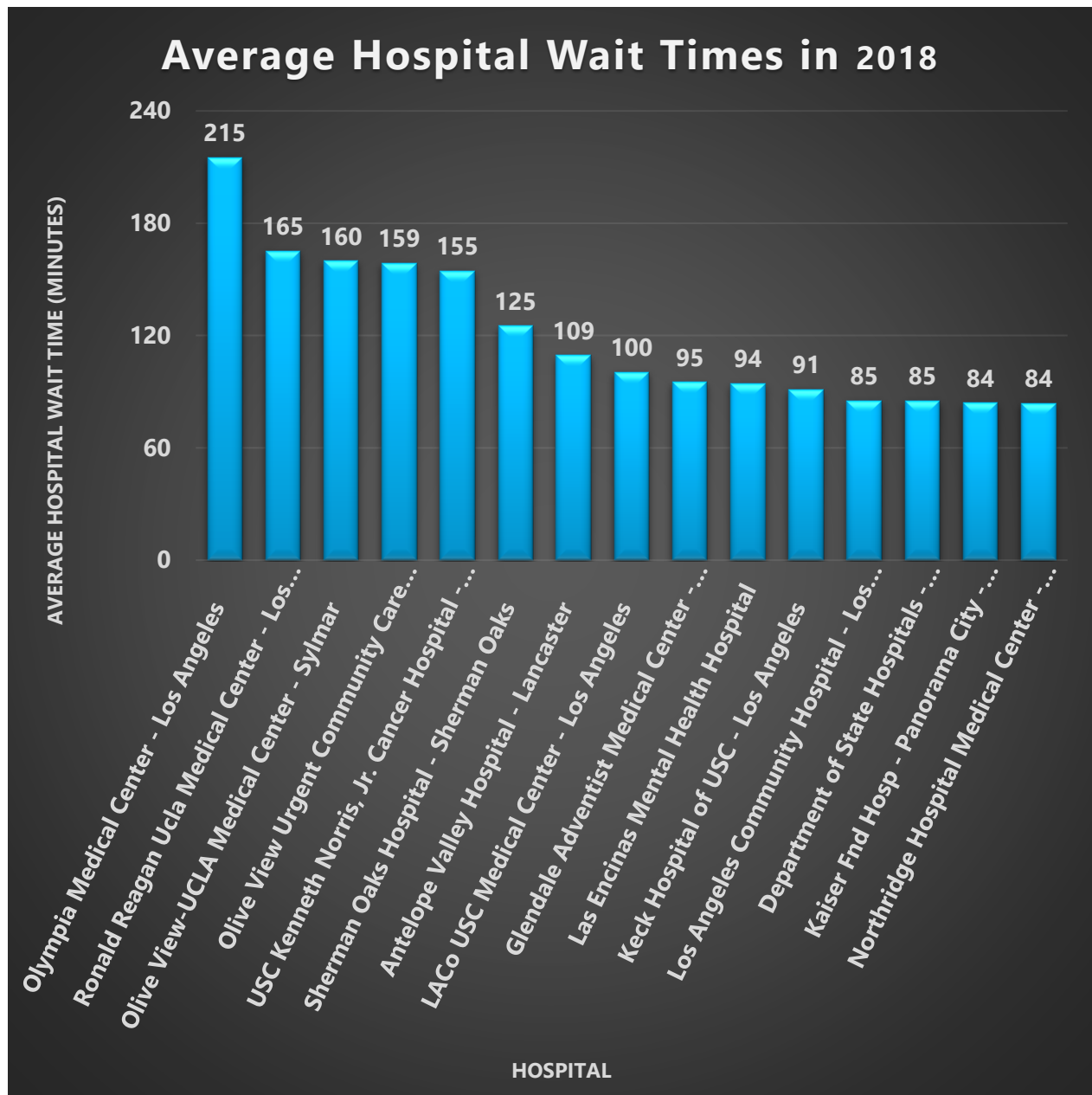


The chart below illustrates the distribution of LASD MET evaluations for homeless individuals by supervisorial district (SD):





Hospitalizations in 2018



This chart shows wait times for the 15 hospitals with the longest wait times for MET units in 2018. On the following page is a table with all recorded hospital wait times



logged by MET deputies at hospitals Countywide in 2018, sorted from longest to shortest average wait times for MET.

HOSPITAL	AVE WAIT TIME (min)
Olympia Medical Center - Los Angeles	215
Ronald Reagan Uccle Medical Center - Los Angeles	165
Olive View-UCLA Medical Center - Sylmar	160
Olive View Urgent Community Care Services	159
USC Kenneth Norris, Jr. Cancer Hospital - Los Angeles	155
Sherman Oaks Hospital - Sherman Oaks	125
Antelope Valley Hospital - Lancaster	109
Lacto USC Medical Center - Los Angeles	100
Glendale Adventist Medical Center - Wilson Terrace - Glendale	95
Las Encinas Mental Health Hospital	94
Keck Hospital of USC - Los Angeles	91
Los Angeles Community Hospital - Los Angeles	85
Department of State Hospitals - Metropolitan	85
Kaiser Fnd Hosp - Panorama City - Panorama City	84
Northridge Hospital Medical Center - Northridge	84
Lacto Harbor-UCLA Medical Center - Torrance	83
Norwalk Community Hospital - Norwalk	83
Long Beach Memorial Medical Center - Long Beach	83
Kaiser Foundation Hosp - Baldwin Park - Baldwin Park	77
Alhambra Hospital - Alhambra	77
Community Hospital of Long Beach - Long Beach	76
Palmdale Regional Medical Center - Palmdale	76
Methodist Hospital of Southern California - Arcadia	74



Kaiser Foundation Hosp - Mental Health Center - Los Angeles	74
East Los Angeles Doctors Hospital - Los Angeles	72
PIH Hospital - Downey - Downey	72
Del Amo Hospital	71
inter-Community Hospital - Covina	70
Kedren Community Mental Health Center	70
Valley Presbyterian Hospital - Van Nuys	70
Kaiser Foundation Hosp - Los Angeles - Los Angeles	68
Citrus Valley Medical Center - IV Campus - Covina	66
Mission Community Hospital - Panorama Campus - Panorama	66
Queen of the Valley Hospital - West Covina	66
Exodus Urgent Care Center Westside	65
Kaiser Foundation Hosp - West La - Los Angeles	64
Henry Mayo Newhall Memorial Hospital - Valencia	62
St. Francis Medical Center - Lynwood	62
Kaiser Foundation Hospital - Downey - Downey	61
Tri-City Regional Medical Center - Hawaiian Gardens	60
College Medical Center South Campus D/P Aph - Long Beach	60
Exodus MLK Urgent Care Center	58
Exodus Urgent Care Center - Eastside	58
Citrus Valley Medical Center - QVH Campus - West Covina	57
Aurora Charter Oak	55
Marina Del Rey Hospital - Marina Del Rey	55
Presbyterian Intercommunity Hospital - Whittier	55
Torrance Memorial Medical Center - Torrance	55
Aurora Las Encinas Hospital	55
Exodus Urgent Care Center - Westside	53



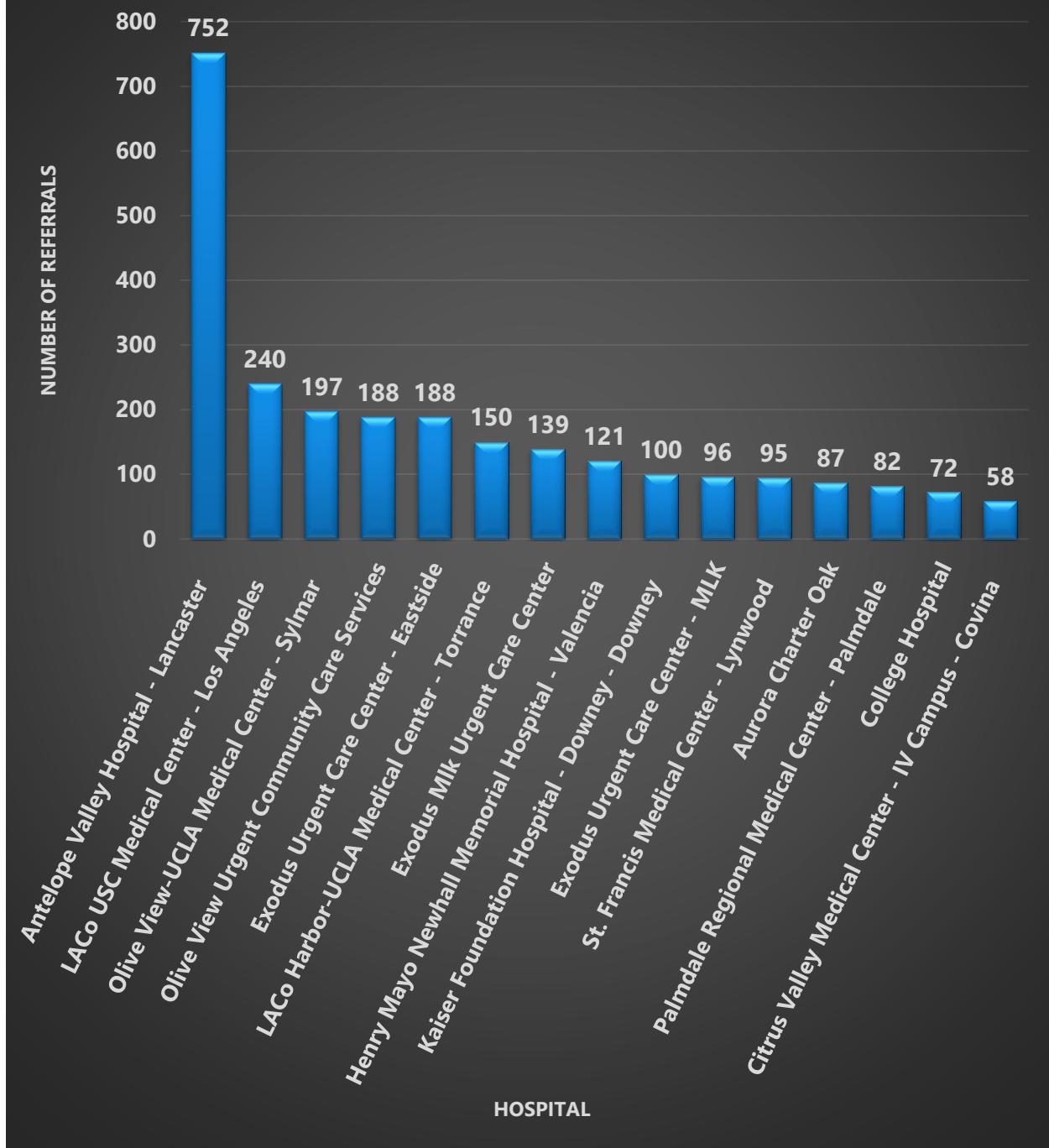
Silver Lake Medical Center-Downtown Campus - Los Angeles	53
Lakewood Regional Medical Center - Lakewood	51
Whittier Hospital Medical Center - Whittier	51
College Medical Center - Long Beach	51
Exodus Urgent Care Center - Harbor UCLA	50
Southern California Hospital At Culver City - Culver City	50
BHC Alhambra Hospital	49
VA Long Beach	49
College Hospital	49
USC Verdugo Hills Hospital - Glendale	49
San Gabriel Valley Medical Center - San Gabriel	48
Exodus Recovery Inc., Washington	48
Kindred Hospital Baldwin Park - Baldwin Park	48
White Memorial Medical Center - Los Angeles	46
Kaiser Foundation Hosp - South Bay - Harbor City	46
Huntington Memorial Hospital - Pasadena	45
Kaiser Foundation Hosp - Woodland Hills - Woodland Hills	45
Silver Lake Medical Center-Ingleside Campus - Rosemead	45
Greater El Monte Community Hospital - HQ	42
Pomona Valley Hospital Medical Center - Pomona	41
Glendale Memorial Hospital and Health Center - Glendale	40
Cedars Sinai Medical Center - Los Angeles	39
Exodus Urgent Care Center - MLK	37
California Hospital Medical Center - Los Angeles	35
Coast Plaza Hospital - Norwalk	33
VA West Los Angeles	33
Centinela Hospital Medical Center - Inglewood	33



Pacifica Hospital of the Valley - Sun Valley	31
Garfield Medical Center - Monterey Park	30
Exodus Recovery Inc., FSP Vermont	30
Whittier Hospital Medical Center - Whittier	30
West Hills Hospital and Medical Center - Canoga Park	30
Santa Monica - UCLA Medical Center & Orthopedic Hospital -	30
Beverly Hospital - Montebello	28
Star View Adolescent - P H F - Torrance	25
Memorial Hospital of Gardena - Gardena	11
Exodus Recovery Inc., Crisis Residential Treatment Program	10
San Dimas Community Hospital - San Dimas	10



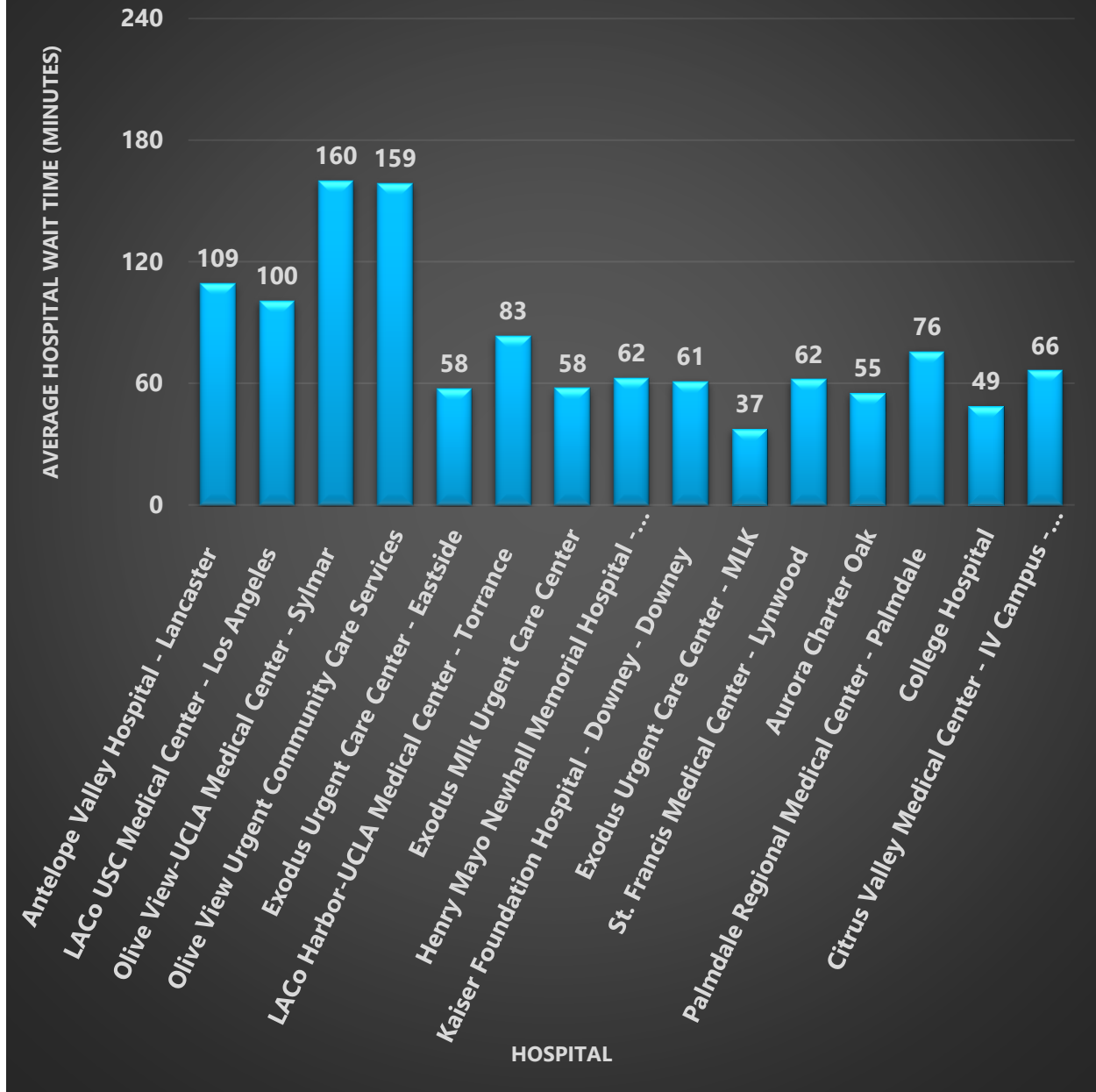
Hospital Referrals by LASD MET 2018



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



Average Wait Times for Hospitals with the Most Referrals in 2018

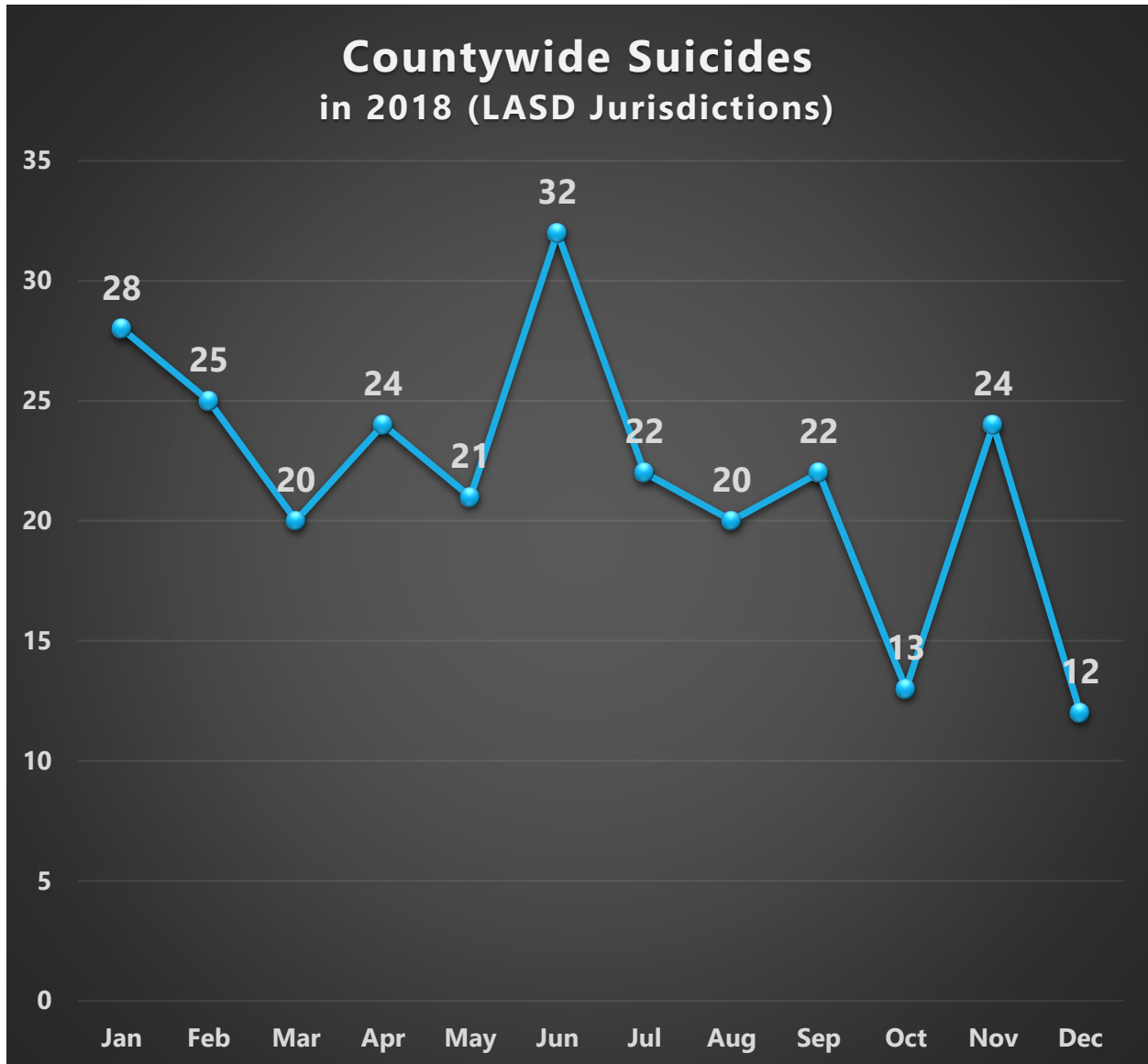


This chart shows the hospitals with the most referrals for MET units in 2018 with their average wait time reflected.



Suicide Data

236 total suicides were reported in LASD jurisdictions in 2018. The number of occurrences per month is depicted below:



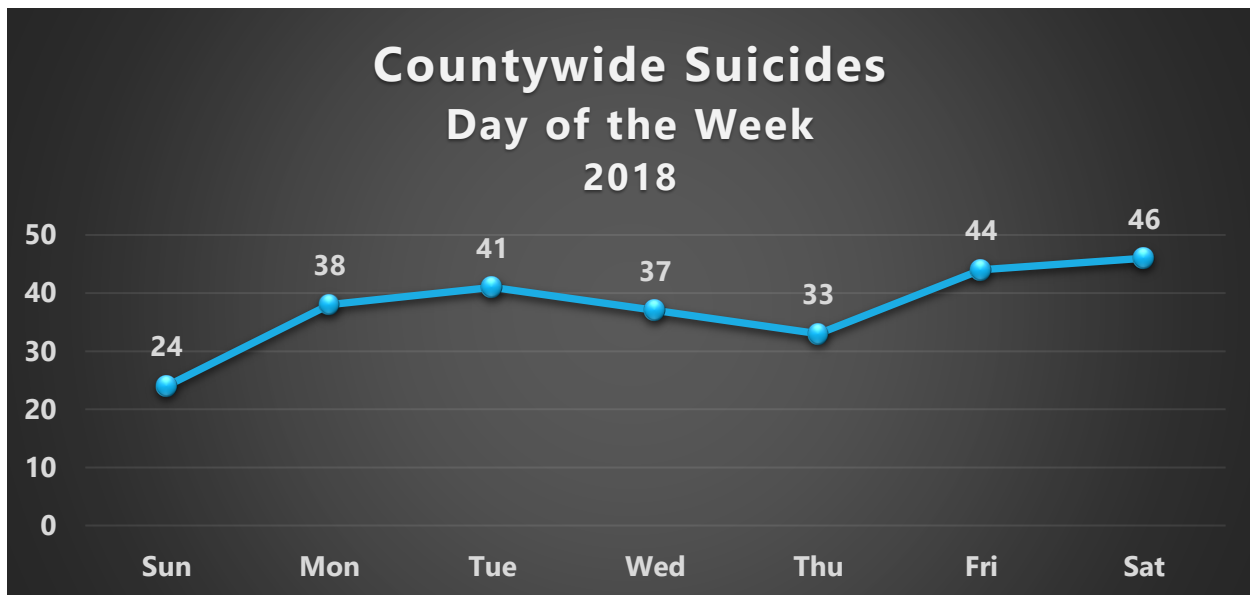
This chart represents the number of suicides that occurred in each month in LASD jurisdiction. June had the most suicides while December had the least.



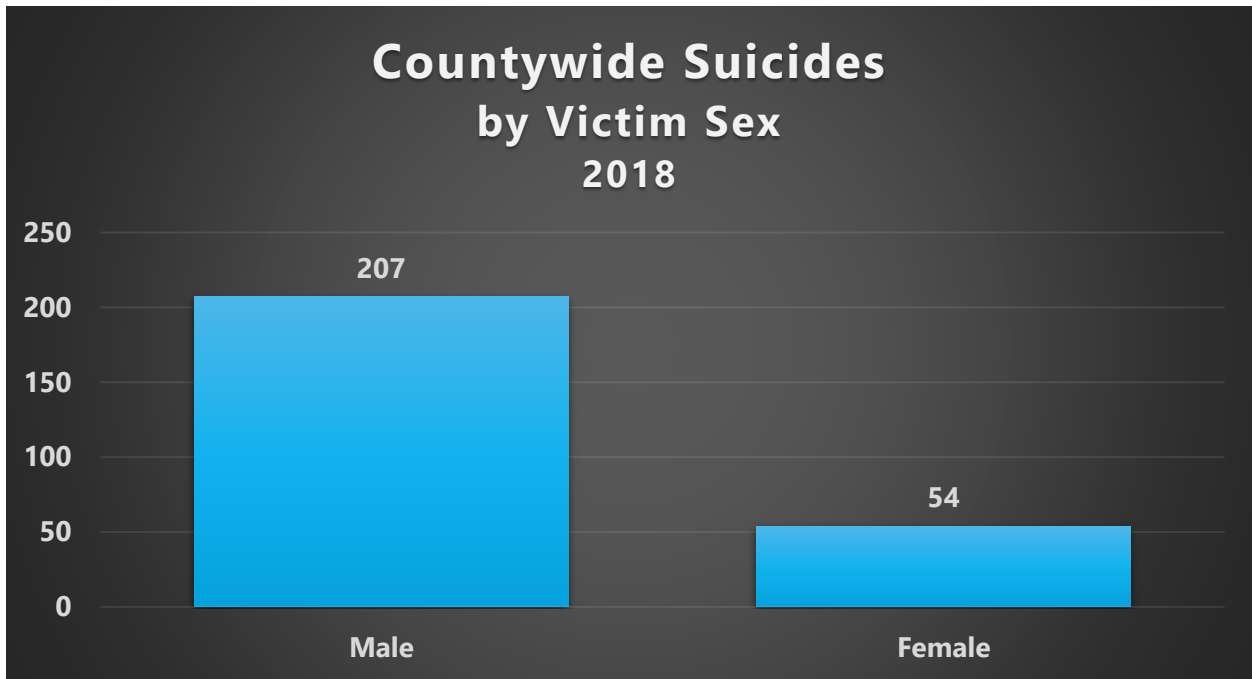
Number of days with...	
1 suicide	138
2 suicides	41
3 suicides	10
4 suicides	2
5 suicides	1
0 suicides	173

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

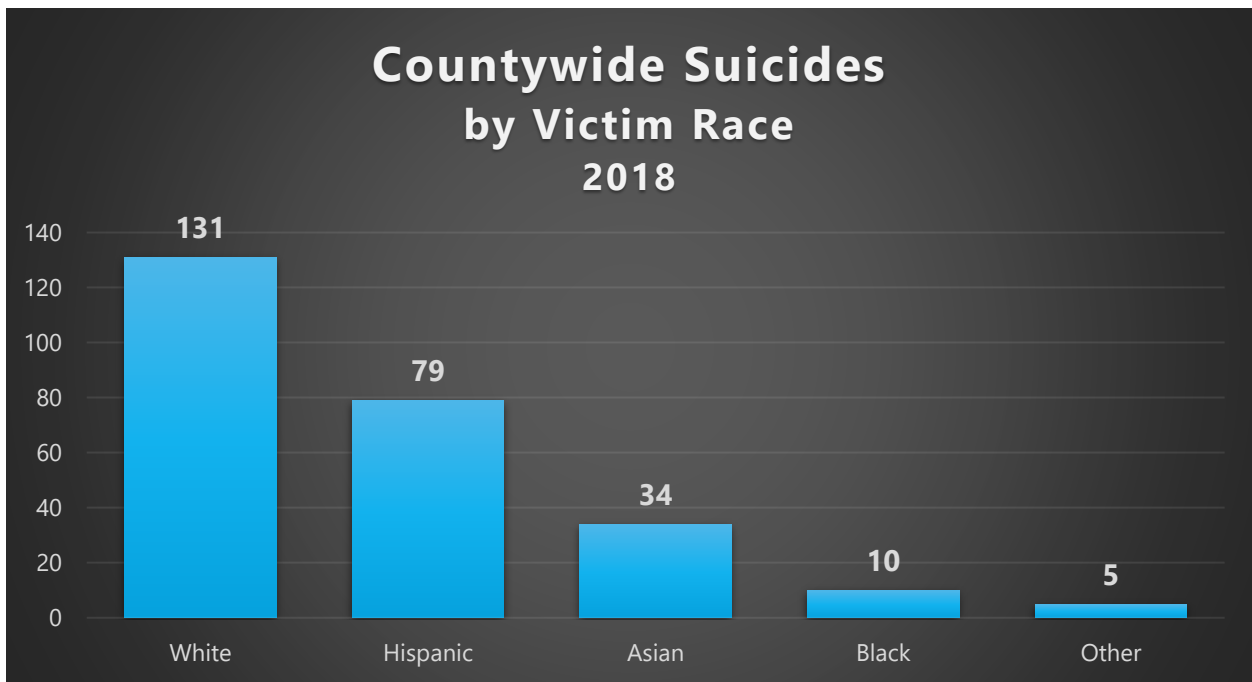
- 1 suicide occurred every 1.4 days on average
- No suicides on Christmas
- No suicides in the 7 days leading up to Christmas
- January 3, 2018, was the date with the most suicides (5)
 - Notably a few days after the end of the holidays.
- The days where 4 suicides occurred were January 19 and September 20, 2018.



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



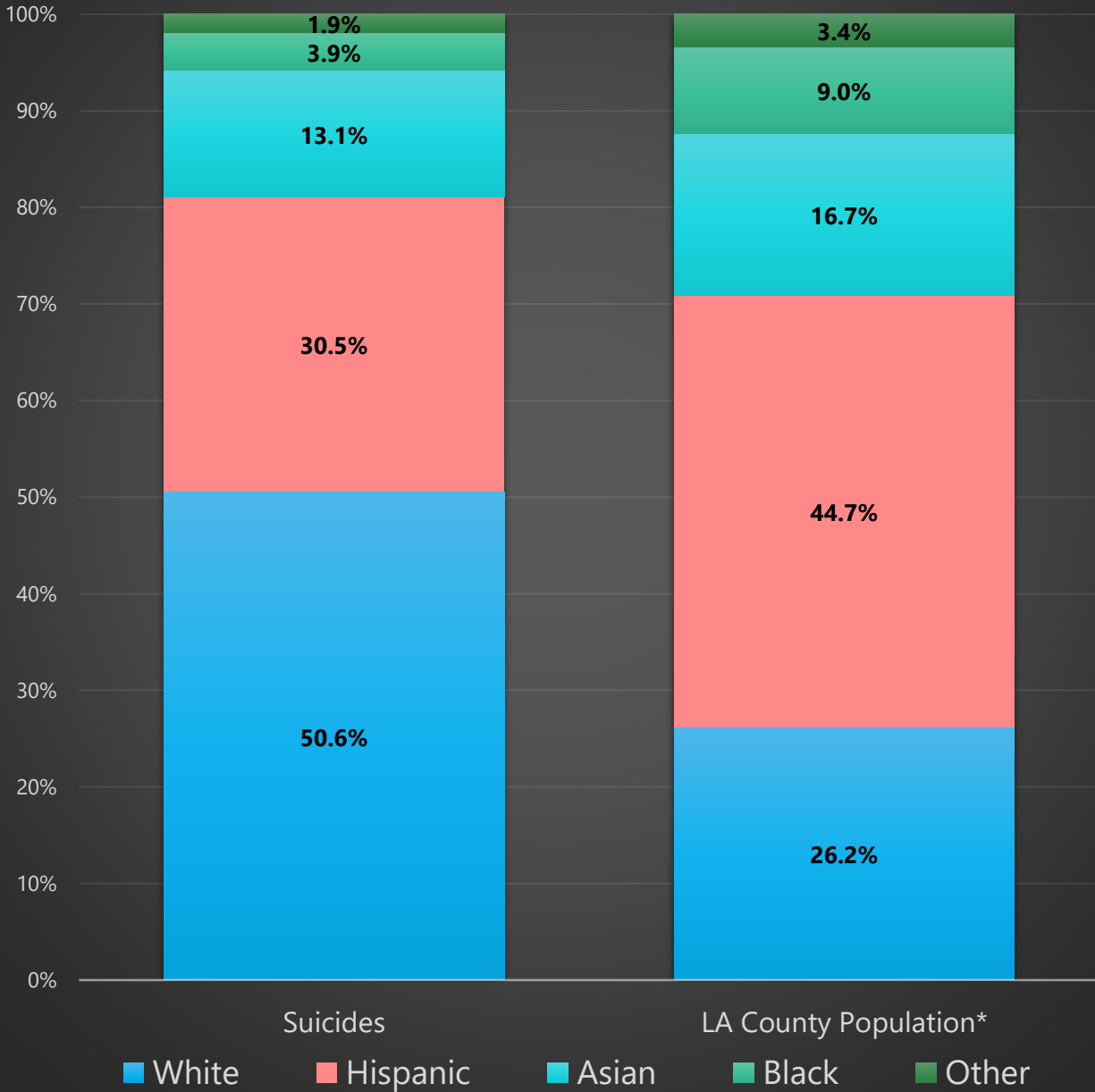
This graph shows the number of suicides by victim's sex. Males are nearly four times as likely as females to commit suicide.



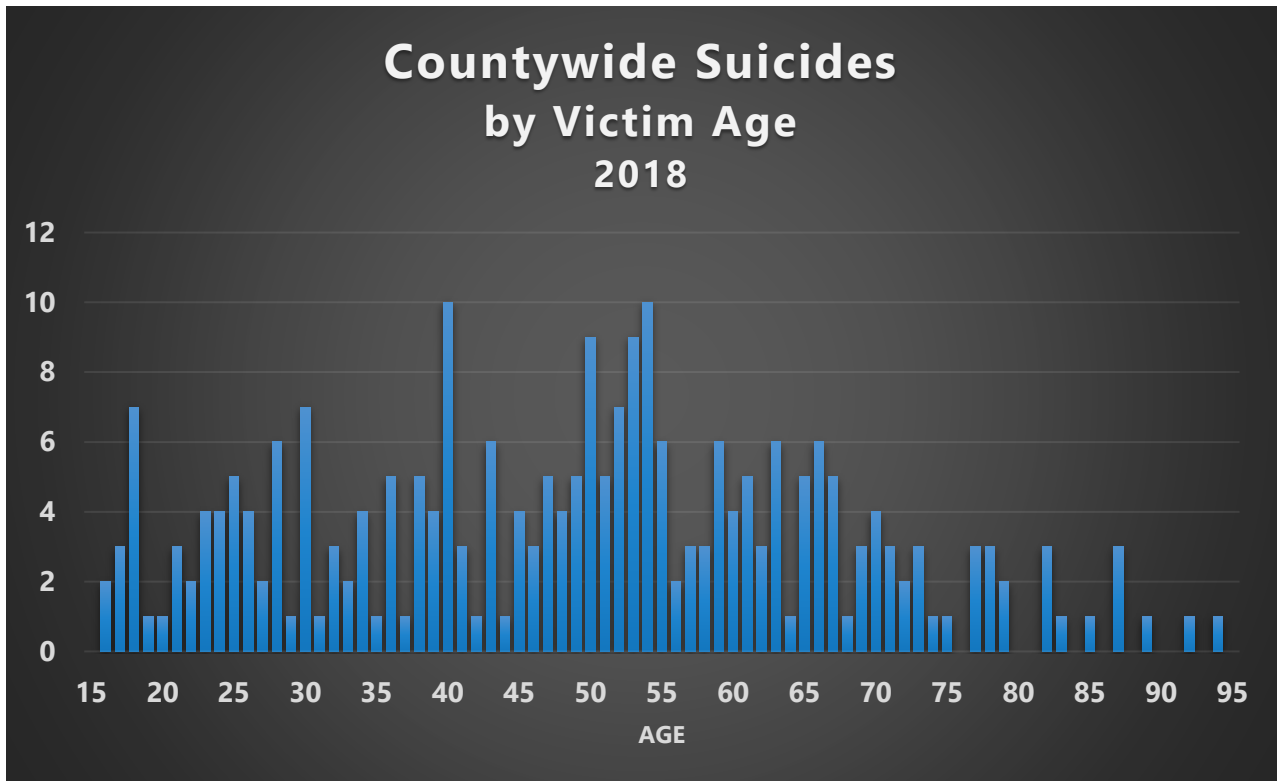
This chart depicts the number of suicides that occurred by victim's race. The majority of suicides were committed by whites.



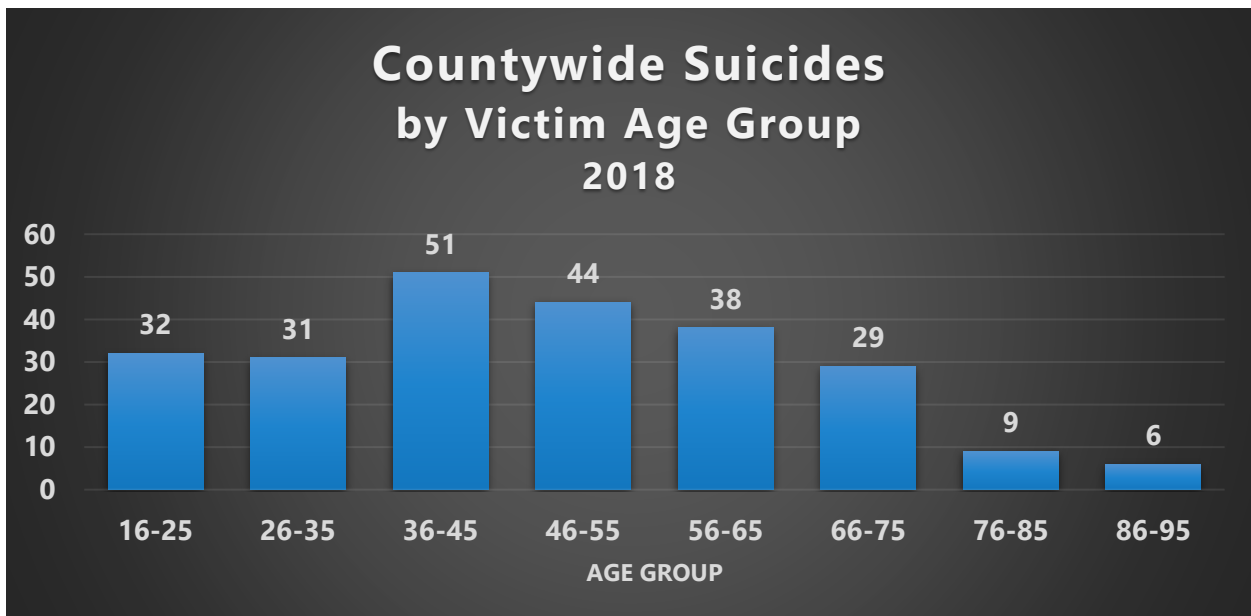
Countywide Suicides Racial Composition Comparison 2018



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



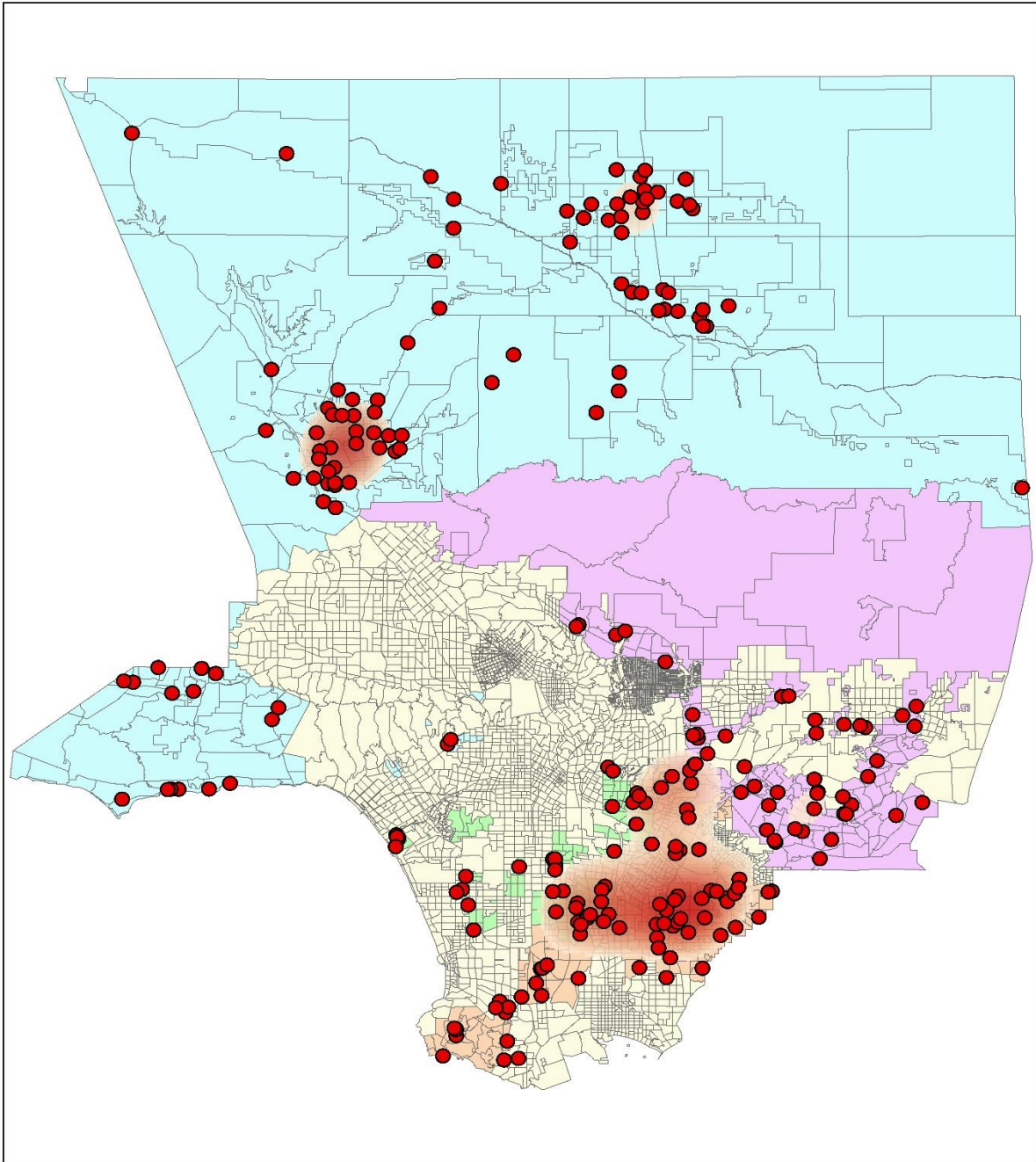
This chart depicts the number of suicides that occurred by age of the victim.



This table breaks down the number of suicides by age group. Suicides occurred most commonly for those between the ages of 36 and 45.



Countywide Suicides 2018



Map above shows countywide concentrations of suicides in 2018 – LASD jurisdictions



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		1	
North Co. AM 0500-1500	1	Tahoe 3	1	Tahoe 6
North Co. PM 1500-0100	1		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 OAll; 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

4,467 Of All MET Calls, 29% of Calls Are Estimated to Meet RAMP Criteria

← 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.³⁵
- **I.3.1 Reduce the Incidence of Involvement with the Justice System Among Vulnerable Populations:** MET, RAMP, and CIT programs include linkage to appropriate

³⁵ National Alliance on Mental Illness (NAMI) <https://www.nami.org/Learn-More/Public-Policy/Jailing-People-with-Mental-Illness>



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

- **Strategy I.3.4 - Enhance Sheriff’s Ability to Effectively and Appropriately Respond to Crises Involving the Mentally Ill:** Expand the number of Mental Evaluation Teams and training for sheriff’s deputies as well as other appropriate staff.
 - a. “Effectively” may be a set goal of having MET respond to 90%+ of crises Countywide and handling nearly all “holds” pursuant to WIC §§ 5150 and 5585
 - b. “Appropriately” may indicate the continued expansion leads to MET arrival on scene with further reduced ETA’s to help positively influence the outcome of encounters with the mentally ill, whereby de-escalation helps further reduce uses of force and opportunities for diversion away from incarceration are maximized (*decriminalizing mental illness*) by implementation of the Intake Booking Diversion program (Intercept 1).

- **I.3.6 Implement Comprehensive Community Policing:** MET and RAMP programs deploy teams to primary service regions within the County in order to become familiar with local patients and caretakers.

- **II.1.3 Coordinate Workforce Development:** The RAMP program helps navigate some patients toward workforce development programs to provide career pathways for high-needs, priority populations including the mentally ill.

- **II.2.4 Promote Active and Healthy Lifestyles:** MET and RAMP and all deputies trained in CIT curriculum are encouraged to provide outreach to high needs, traditionally underserved populations within the County including direct support during homeless outreach missions with public and private entity partners and efforts to reduce mental health stigma within the community. The CIT now includes training on deputy/clinician wellness and self-care, which is considered bringing the curriculum “360 degrees” back to the staff (aka “CIT-360” training).



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



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

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

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