

SPEAKERS FOR THE MENTAL HEALTH AND LAW ENFORCEMENT-COMMUNITY INTERACTION PANEL OF THE RIPA JUNE 4, 2020 CALLS FOR SERVICE SUBCOMMITTEE MEETING

Detective Charles Dempsey, is the Officer In Charge for the Los Angeles Police Department, Admin-Training Detail, Mental Evaluation Unit (MEU), Crisis Response Support Section (CRSS). With over 28 years of law enforcement experience, Detective Dempsey completed the Clinical Training Program at the National Center for Post-Traumatic Stress Disorder in Menlo Park, CA.

Detective Dempsey sought to combine his psychiatric nursing experience with his present profession in law enforcement. He is responsible for the design, development and implementation of the LAPD's training curriculum, the review and writing of the Departments policies and procedures for interacting with persons suffering from a mental illness/mental health crisis, and the weeklong Mental Health Intervention Training course.

Detective Dempsey is a member of the Innovative Sub-Committee of the Mental Health Services Act (MHSA), which is charged with looking at innovative solutions to assist those suffering from a mental illness in the State of California.

Emily Lyles is a Licensed Clinical Social Worker and Mobile Evaluation Team (MET) Supervisor with the Kern Behavioral Health and Recovery Services (BHRS). Emily has worked in the behavioral health field for the past 15 years. The MET is a Crisis Intervention Unit that is dispatched by Kern law enforcement agencies to the scene of behavioral health crises to provide on scene, in the moment, crisis intervention and W&IC 5150 evaluations. The MET is an important link between an incident that may start as a law enforcement response, but through collaboration with behavioral health, an intervention can be provided by a mental health professional, resulting in verbal de-escalation and a resolved call for service.

Emily is also the co-chair of the Kern Crisis Intervention Team. As co-chair of the Kern Crisis Intervention Team, she is part of a multi-disciplinary group of partnering agency leaders who collaborate for the purposes of enacting policies and programs that fill gaps in services (between behavioral health and the judicial system) as identified by the Sequential intercept Mapping Report for Kern. Ms. Lyles also collaborates with law enforcement agencies to provide crisis negotiating training, verbal de-escalation training, and CIT 40-hour training to local police officers and sheriff's deputies.

Vinny Eng (He/Him) is a community organizer and mental health advocate based in San Francisco. In 2012, his sister Jazmyne Ha Eng was killed by sheriff deputies while experiencing mental crisis. This preventable tragedy became the impetus for his advocacy. He served on the Mental Health Advisory Working Group for the San Francisco Police Department since 2013, focusing on decreasing and preventing violent outcomes in calls for service through crisis intervention team trainings, use of force policy reform, building effective Civilian Oversight bodies & developing alternative first responder protocols. In 2019, Vinny was named a Food and Wine Magazine Sommelier of the Year. He is the American born son of Cambodian refugees and holds a degree in Economics from Duke University.

These are prepared remarks I made to the AB 953 Racial Identity Profiling Board Calls For Service Subcommittee on June 4, 2020, 10am. - Vinny Eng

Good morning. I want to thank the Community members throughout California who are listening in today. Thank you to Board Members Sandra C. Brown (Co-Chair), Angela Sierra (Co-Chair), Sahar Durali, Sheriff Dave Robinson, Attorney General Xavier Becerra and the staff of the Department of Justice for engaging me in this process.

My name is Vinny Eng, I live in San Francisco, California. Any comments or views shared today are solely my own.

Before I proceed, I want to make it unequivocally clear that Black Lives Matter.

I speak as a brother to Jazmyne Ha Eng, and as an advocate for compassion and community restoration. I have no specific affiliation with any government entity or organization, but I do have a deep affection for the families of thousands of Californians - and tens of thousands of Americans - who have lost a loved one to police violence. Jazmyne was killed on January 4, 2012 in a tragic encounter during a call for service. While experiencing mental crisis, 4 LA sheriffs deputies responded to a non-emergency call involving my sister Jazmyne. This took place in the lobby of a mental health facility where Jazmyne was a known patient. Negligence and choices made outside of protocol resulted in her tragic and preventable death. This transpired in under 12 minutes from when the call was placed. The actual physical interaction between Jazmyne and the four deputies took place in under 2 minutes.

I believe that in order for us to move our communities forward, we must advance dignity for individuals impacted by police violence, we must center them and their families in policy formation. While legislators, police executives and policy makers debate the merits of updating legal standards, community members must be centered every step of the way to ensure that legal standards evolve towards justice, which will always align with the community's standard.

For many advocates like myself, our participation in these policy efforts are an attempt to prevent the unspeakable from happening to other families. Ask any survivor of police violence, any relative of someone who has died due to police use of force - what we want the most, second to our loved ones still being alive, is to prevent any other individual or family from going through the trauma we live with on a daily basis. Many of us also want to make sure your law enforcement officers are not subject to unnecessary and preventable trauma. That trauma may very well end up causing harm to those that they police.

In 2013, I volunteered to join a working group of organizers, community groups, service agencies, lawyers and policy makers in San Francisco to advocate for long overdue changes to training programs, general orders, use of force policies and accountability measures to reduce tragic outcomes resulting from calls of service. This is important to note: communities and impacted families were included at the beginning of a reform process, not the end.

By 2016, we were able to operationalize a Crisis Intervention Team program based on models in Memphis and Seattle but uniquely engineered for San Francisco. This coincided with an overhaul of the Use of Force Policy for SF Police Department that led to the implementation of a more restrictive policy. Officers were required to deescalate by using time and distance (two tactics which would have saved Jazmyne's life) and the legal standard was changed from reasonable to necessary. In 2018, the department implemented a new policy requiring 100% of their officers be trained on understanding a spectrum of force options. To date, over 53% of SFPD officers have completed a 40 hour Crisis Intervention Team Training. All 10 stations have on duty during each shift at least 1 if not 2 Sergeants who are CIT trained who are liaisons where dispatchers can route crisis calls immediately for team intervention. Combined, these efforts have had led to a 30% reduction in use of force and an increase in officer safety. San Francisco went nearly 20 consecutive months without a police shooting.

Suffice to say, this is a floor, not a ceiling. The baseline for law enforcement, and proximal public serving agencies, shouldn't just be that civilians don't experience violence, but that we build better models to get individuals the health care that they actually need. These care providers must be community and health based - not in jails. More often than not, this also means that law enforcement may not necessarily be the point of first contact.

As it is the interest of the Board to understand the role of profiling in relation to mental health disabilities, please understand that until we establish protocols that dismantle ableist perspectives, no amount of data collection will eliminate the pervasive danger that people with mental health disabilities live with everyday. These dangers are compounded whenever they, and their care providers, come into contact with law enforcement officials. My sister was killed by a field training deputy. It was common for dispatch transcripts to include descriptors such as "crazy" or "loon". This verbally dismissive moniker inherently establishes a tacit acceptance of identity profiling long before an officer is dispatched to a call for service, virtually eliminating any possibility for an outcome that comes close to feeling safe, especially for individuals with a diagnosis of a mental disability, which is often invisible to the human eye. Even casual remarks pre indicate bias in tactical considerations - law enforcement executives must make clear to their departments that these microaggressions do not meet the professional standards of the agencies they run.

That is why it is important that this committee establish, and train to, an appropriate spectrum of dispatch codes shared by all law enforcement agencies. In San Francisco, when I first started advocating for deescalation, dispatchers were working primarily with two dispensation codes. There are now currently 7 call codes utilized by SFPD which help dispatchers, crisis intervention liaisons and sargeants better determine how to appropriately dispatch individuals in response to a call for service.

With many professionals developing a larger body of work to support a multi-disciplinary forensic approach guided by public health to addressing high frequency contacts, I would

encourage the RIPA board to explore working with the American Psychological Association to develop these dispatch codes in parallel with the Diagnostic and Statistical Manual of Mental Disorders (DSM). This is especially important as co-reponse models like Medical Evaluation Teams and alternative first responder models are being deployed that will reveal limitations for sharing data due to HIPAA concerns.

I acknowledge that lives and experiences cannot be neatly subdivided into categories; race here, disability there. However, we cannot heal what is not revealed. As your data bears out, many individuals who are stopped by law enforcement are greatly impacted by both racial and disability matters. Mental Health America (MHA) reports that approximately 20% of Black Americans are more likely to report serious psychological distress than adult whites. Now imagine the compounding effect of a service call initiated due to underlying bias that goes sideways. It is a self-fulfilling cycle of racial and ableist trauma.

What is being asked of law enforcement has evolved very quickly in an attempt to meet the prevailing health needs of our community. Police work has expanded from traditional safety concerns related to bodily harm, human trafficking, gun violence, and property crime, they now are being asked to respond to calls related to homelessness, acute and serious mental crisis, poverty, hunger and wealth inequity. There is no reasonable basis to believe that these experiences are inherently criminal yet we ask law enforcement to respond to these issues.

Prolonged cycles of exposure to these pressures lead to behavioral outcomes that often result in lapses of judgment that are being classified as criminogenic. We must engage law enforcement officials who are responding to a call for service to route individuals to recovery pathways that address root causes and reduce justice involvement. In order to ensure that officers succeed in their roles and that precious resources are deployed effectively, we must reduce the frequency with which we utilize back end law enforcement apparatuses to address health and poverty issues that require a front end approach. We cannot arrest and incarcerate our way out of poverty, homelessness and mental illness. We cannot continue to expect officers to be guardians of safety, social workers, case managers and counselors.

There are many in our community expressing loss and anguish at this time. The resolutions we make during crisis can have great impact. We can choose for it to be resignation or choose for it to be redemptive and restorative. As your DOJ colleague Aisha shared with me yesterday, the discussion we are having today is painfully relevant, and it is more imperative that impacted families with lived experiences are centered, and reforms are made to reduce reliance on law enforcement to respond and transport individuals in crisis. The choices can result in a deeper commitment to uplift what remains of our shared humanity, demanding for new and more humane ways to replace what we know has been broken for far too long.

Law Enforcement–Mental Health Learning Sites

Jurisdictions across the country are exploring strategies to improve the outcomes of encounters between law enforcement and people with mental illnesses. As a growing number of communities develop or enhance their comprehensive police-mental health collaboration (PMHC), many agencies are struggling with the planning process and how to tailor successful implementation strategies from other jurisdictions to address their own distinct problems and circumstances.

In an effort to expand the knowledge base for law enforcement agencies interested in starting or enhancing a PMHC, the Council of State Governments (CSG) Justice Center, with assistance from a team of national experts and the U.S. Department of Justice's Bureau of Justice Assistance (BJA), selected six police departments to serve as national law enforcement–mental health learning sites. These learning sites represent a diverse cross-section of perspectives and program examples and are dedicated to helping other jurisdictions improve their responses to people with mental illnesses. The original six learning sites, selected in 2010, are the Houston (TX) Police Department, the Los Angeles (CA) Police Department, the Madison (WI) Police Department, the Portland (ME) Police Department, the Salt Lake City (UT) Police Department, and the University of Florida Police Department. In 2017, due to the success of the program, four new sites were added, including the Arlington Police Department (MA), the Gallia, Jackson, Meigs Counties Sheriffs' Offices (OH), the Madison County Sheriff's Office (TN), and the Tucson Police Department (AZ).

Los Angeles (CA) Police Department

Total number of agency personnel: 12,909

Sworn: 9,959 **Civilian:** 2,950

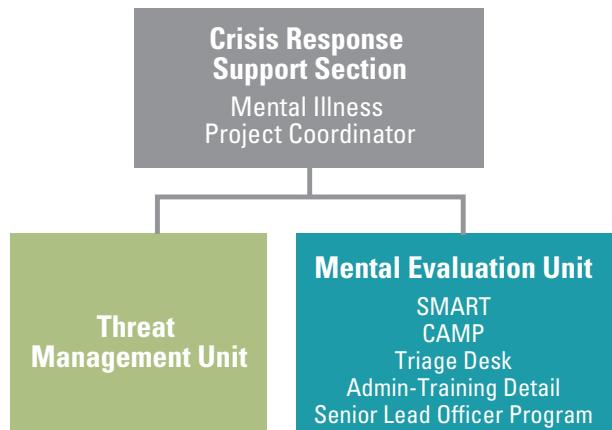
Total population served: 4 million people

Jurisdiction and state: Los Angeles, California

Program Highlights

- Uses a [multilayered](#) approach that includes triage by trained dispatchers, 24-hour triage line, co-response teams, follow-up case managers, and focused community engagement
- Features embedded mental health professionals in police agency
- Incorporates comprehensive data collection and information-sharing procedures
- Employs a robust training strategy that includes 40-hour Mental Health Intervention Training (MHIT)
- Engages community partners through the Mental Health Crisis Response Program Advisory Board

For more than four decades, the Los Angeles Police Department (LAPD) has deployed its Mental Evaluation Unit (MEU) to assist patrol officers with mental health-related calls. With more than 160 personnel assigned to the MEU, the LAPD has one of the first and largest law enforcement-mental health co-response operations in the nation. The MEU falls within the Crisis Response Support Section (CRSS), which also includes the Threat Management Unit (focusing on stalking and workplace violence). The MEU has developed additional subunits over several decades to include Systemwide Mental Assessment Response Teams (SMART), the Senior Lead Officer program, the Case Assessment Management Program (CAMP), the Triage Desk, and the Administrative-Training Detail. It is a comprehensive operation that deploys professionals from diverse disciplines who work as a team with the goal of appropriately responding to calls for service involving people experiencing mental health crises.



Law Enforcement–Mental Health Learning Sites

Los Angeles (CA) Police Department

1987

1993

2002

2005

2015

2017

MEU and
Triage Desk

SMART

CIT

CAMP

MHIT

Senior Lead
Officer Program

Systemwide Mental Assessment Response Team (SMART)

In 1993, Los Angeles was one of the first communities to develop and implement its police-mental health co-responder SMART program to supplement MEU activities. This program, which is co-supported by the Los Angeles County Department of Mental Health (LACDMH), helps uniformed officers effectively respond to and link people in crisis to appropriate mental health services. As of 2017, they deploy 17 SMART teams on a 24/7 basis.

Case Assessment Management Program (CAMP)

In 2005, CAMP was implemented to help identify, track, and develop customized long-term intervention strategies. The program uses a case management approach to facilitate individuals' treatment and minimize violence and repeat encounters involving emergency first responders. CAMP pairs police detectives with psychologists, nurses, and social workers from the LACDMH.

Triage Desk

The MEU's long-established Triage Desk fields calls from patrol officers seeking guidance for managing situations involving people who appear to have mental illnesses. The triage officer consults the MEU database to learn if the person in question has a history of police contacts. A triage mental health nurse sits alongside the officer and can check the LACDMH databases to identify the case manager, psychiatrist, or treatment centers. The triage staff determines whether to dispatch a SMART team or have the patrol officer take the person directly to a mental health facility. LAPD personnel encountering a person believed to be in a mental health crisis must contact the Triage Desk for assistance and provide a detailed incident report. Subjects of frequent calls or interventions are referred to the CAMP coordinator for follow-up. Those follow-up reports and related database have more limited access to ensure privacy protections.

Administrative-Training Detail

The Administrative Training Detail is responsible for conducting the 40-hour MHIT, which is delivered every other week. The Detail is also responsible for addressing mental health-related topics during training for field training officers, police service representatives (911 operators), and adult custody officers (jail personnel).

Through these activities, the MEU works collaboratively to help people with mental illnesses avoid incarceration or hospitalization by accessing alternate care in the least restrictive environment. (Follow on Twitter @LAPDMEU, Instagram: LAPDMEU, Facebook: LAPDMEU.)

Senior Lead Officer Program

The MEU Senior Lead Officer (SLO) is responsible for the Police Bureau they are assigned and all the Area Command within their assigned Police Bureau. They act as a liaison with the Area Senior Lead Officers to provide an interface between the Area SLOs, the department, the community, and county-wide resources to manage mental health-related issues or concerns, including providing community meetings, addressing COMPSTAT-related concerns, and developing response strategies.

To learn more about the LAPD and its initiatives, please contact:

Name: Brian Bixler

Title: Lieutenant

Address: 100 W. First Street, Room 320, Los Angeles, CA 90012

Phone: (213) 996-1300

E-mail: 33308@lapd.online

Resources

Suicide Prevention and Survivor Hotline

(24 hours/7 days)

Los Angeles/Orange/Ventura/San

Bernardino/Riverside/Imperial Counties:

English - (800) 273-8255

Spanish – (888) 628-9454

Additional:

CrisisChat.org

<http://www.suicide.org/hotlines/california-suicide-hotlines.html>

Text Crisis Line

Text START to 741-741

www.Crisistextline.org

Substance Abuse Hotline

(888)742-7900

publichealth.lacounty.gov/sapc/findtreatment.htm

California Youth Crisis Hotline

(24 hours/7 days)

(800) 843-5200

www.Calyouth.org

Veteran's Crisis Line

Veterans Crisis Line: (800) 273-8255 Press 1

www.veteranscrisisline.net

Cohen Military Family Clinic

(619) 345-4611

[cohenveterans network.org](http://cohenveteransnetwork.org)

National Alliance on Mental Illness

NAMI in LA County (213) 386-3615

(800) 950-NAMI (6264)

www.namilacc.org

Los Angeles Gay and Lesbian Center

(323) 993-7400

www.thecenterlv.org

Los Angeles LGBT Center

(323) 993-7669

www.lalgbtcenter.org/mental_health_services

Family Services

(888) 683-5084 Toll Free

info@thevillagefs.org

Autism Society of Los Angeles

(424) 299-1531/ Warmline:(310) 853-2151

www.AutismLA.org

Women and Children Crisis Shelter

(562) 945-3939

www.wccshope.org



Systemwide Mental Assessment Response Team (SMART)

SMART was established to prevent unnecessary incarceration and/or hospitalization, provide alternate care in the least restrictive environment and to support patrol.

Case Assessment Management Program (CAMP)

CAMP was established as a follow-up program for SMART. The focus of CAMP is to investigate high utilizers of emergency service, use of force, targeted school violence, incidents with increasing risk behavior, incidents involving weapons, and to help link individuals to resources.

Los Angeles Police Department Mental Evaluation Unit

100 West 1st Street

Room 630

Los Angeles, CA 90012

Social Media:

FB: facebook.com/lapdmeu

Twitter: [@lapdmeu](https://twitter.com/lapdmeu)

Instagram: [@lapdmeu](https://instagram.com/lapdmeu)

Community Mental Health Resource Guide



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

Department of Mental Health

LAPDONLINE.ORG
DMH.LACOUNTY.GOV

Crisis Response

CALL 911

When your family is experiencing an emergency that puts yourself, your loved one, and/or the public in immediate danger, call 911.

While speaking to the 911 dispatcher use the **911 Checklist** to provide helpful information to the responding Officers.

LAPD will send a patrol unit to stabilize the crisis and detain the loved one for a mental health evaluation. During the detention officers will handcuff the loved one for everyone's safety and because it is LAPD's policy.

"Statistics show that when officers handcuff a person who is in crisis, the application of force by officers is significantly reduced."

When the scene is stabilized, a Systemwide Mental Assessment Response Team (SMART) unit will respond, if available, to provide mental health assistance.



(Maya Sugarman/KPCC)

Mental Health Emergency

CALL ACCESS (800)854-7771

For psychiatric emergency incidents involving mental illness that do not require a 911 response, please call ACCESS 24/7.

When you call ACCESS a Psychiatric Mobile Response Team (PMRT) will respond, if available, to your location.

ACCESS is a Department of Mental Health service for all members of the Los Angeles County community.

Department of Mental Health Clinics

Central Los Angeles

Northeast Mental Health 3303 N. Broadway, LA, CA 90031 **(323) 478-8200**

Downtown Mental Health 529 Maple Ave, LA, CA 90013 **(213) 430-6700**

South Los Angeles

Long Beach Mental Health 1975 Long Beach Blvd, LA, CA 90806 **(562) 599-9280**

San Pedro Mental Health Clinic 150 W 7th St San Pedro, CA 90731 **(310) 519-6100**

San Fernando Valley

San Fernando Mental Health 10605 Balboa Blvd, Granada Hills, CA 91344 **(818) 832-2400**

West Valley Mental Health Center 7621 Canoga Ave, Canoga Park, CA 91304 **(818) 598-6900**

West Los Angeles

Edelman West Side Mental Health Center 11080 W. Olympic Blvd, LA, CA 90064 **(310) 966-6500**

Didi Hirsch Community Mental Health 4760 S. Sepulveda Bl. Culver City, CA 90230 **(310) 895-2300**

Additional information

http://dmh.lacounty.gov/wps/portal/dmh/our_services

Develop a Care Plan

National Alliance on Mental Illness

NAMI helps families and consumers by offering **Education, Advocacy, Support and Resources**.

Find HELP, Find HOPE

CALL (800)950-6264

www.namilacc.org



211 is a service that can link you to countywide programs. When struggling to find answers for a family member that may be suffering from mental illness, this toll-free phone number is a great place to start.

When you call, expect to follow a few automated prompts before you speak to a person.

What is a 5150 Hold?

During a mental health crisis, officers/clinicians will detain the subject to determine if he/she meets the criteria for a 5150 WIC application for a 72-hour hold. Subjects will be assessed for the danger they pose to themselves, danger they pose to others, and for grave disability. The officer's determination will be based on physical evidence, the subject's history, the subject's statements, and reliable witness statements.

Recursos

Línea directa de Prevención de Suicidio y Sobrevivencia (24 horas/7 días)

Condados de: Los Angeles/Orange/Ventura/San Bernardino/Riverside/Imperial
 Ingles:(800) 273-8255/ Español: (888) 628-9454



Adicional:

CrisisChat.org

<http://www.suicide.org/hotlines/california-suicide-hotlines.html>

Línea de Texto

Textear: START al 741- 741

www.crisistextline.org

Línea Directa de Abuso de Sustancias

(888) 742-7900

publichealth.lacounty.gov/sapc/findtreatment.htm

Línea Directa para Jóvenes en Crisis

24 horas/7 días

(800) 843-5200

www.Calyouth.org

Línea Directa para Veteranos en Crisis

(800) 273-8255 Presione 1

www.veteranscrisisline.net

Clínica Cohen para Familias Militares

(619) 345-4611

cohenveteransnetwork.org

Alianza Nacional de Enfermedades Mentales (NAMI)

NAMI en el condado de LA (213) 386-3615

(800) 950-NAMI (6264)

www.namilacc.org

Centro para Lesbianas y Homosexuales en LA

(323) 993-7400

www.thecenterlv.org

Centro LGBT en Los Angeles

(323) 993-7669

www.lalgbtcenter.org/mental_health_services

Servicios a Familias

(888) 683-5084 Llamada Gratuita

info@thevillagefs.org

Sociedad de Autismo de Los Angeles

(424) 299-1531/ Warmline: (310) 853-2151

www.autismLA.org

Refugio para Mujeres y Niños en Crisis

(562) 945-3939

www.wccshope.org

Systemwide Mental Assessment Response Team (SMART)

Equipo de Respuesta a la Evaluación Mental del Sistema (SMART)

SMART se estableció para evitar el encarcelamiento y/o la hospitalización innecesaria, proveer cuidados alternativos en un ambiente menos restringido, y apoyar a la patrulla de policía.

Case Assessment Management Program (CAMP)

Programa de Gestión de Evaluación de Casos (CAMP)

CAMP fue establecido como un programa que responde a los casos de SMART. El enfoque de CAMP es investigar aquellos que usan servicios de emergencia continuamente, casos con uso de fuerza, violencia en las escuelas, casos con comportamiento de alto riesgo, casos que involucran armas, y conectar a la persona con servicios de salud mental.

Departamento de Policía de Los Angeles (LAPD)

Unidad de Evaluación Mental

100 West 1st Street, Room 630
 Los Angeles, CA 90012

FB: facebook.com/lapdmeu

Twitter: @lapdmeu

Instagram: @lapdmeu

Rev. 12/2019

Guía de Recursos de Salud Mental en la Comunidad



Departamento de Salud Mental

LAPDONLINE.ORG
 DMH.LACOUNTY.GOV

Llamada de Crisis

Llame al 911

Cuando su familia tenga una emergencia que ponga a usted, a su ser querido y/o al público en peligro, llame de inmediato al 911.

Cuando hable con la operadora del 911, use la lista de verificación del 911 para dar información necesaria a los oficiales que responderán a su llamada.

LAPD enviará una patrulla de policía para estabilizar, evaluar, y detener a la persona en crisis. Durante la detención, LAPD esposará a su familiar por seguridad y porque es la póliza de LAPD.

"Las estadísticas muestran que cuando una oficial esposo a una persona que está en crisis mental, el uso de fuerza por parte de los oficiales se reduce significativamente."

Después de que se estabilice la situación, el equipo de SMART responderá si está disponible para proveer asistencia de salud mental.



Emergencia de Salud Mental

Llame a ACCESS (800) 854-7771

Para incidentes de emergencia psiquiátrica de enfermedades mentales que no requieran una respuesta del 911, por favor llame a ACCESS 24/7.

Cuando llame a ACCESS, y si está disponible en su localidad, el equipo de PMRT responderá.

ACCESS es un servicio de línea directa del Departamento de Salud Mental para la comunidad del Condado de Los Angeles.

Clínicas de Salud Mental

Centro de Los Angeles Northeast Mental Health

3303 N. Broadway, LA, CA 90031 **(323) 478-8200**

Downtown Mental Health

529 Maple Ave., LA, CA 90013 **(213) 430-6700**

Sur de Los Angeles Long Beach Mental Health

1975 Long Beach Blvd., LA, CA 90806
(562) 599-9280

San Pedro Mental Health

150 W 7th St., San Pedro, CA 90731
(310) 519-6100

Valle de San Fernando

San Fernando Mental Health 10605 Balboa Blvd.,
Granada Hills, CA 91344 **(818) 832-2400**

West Valley Mental Health

7621 Canoga Avenue, Canoga Park, CA 91304
(818) 598-6900

Oeste de Los Angeles

Edelman West Side Mental Health
11080 W. Olympic Blvd., LA, CA 90064
(310) 966-6500

Didi Hirsch Community Mental Health

4760 S. Sepulveda Blvd., Culver City, CA 90230 **(310) 895-2300**

Información adicional

http://dmh.lacounty.gov/wps/portal/dmh/our_services

Desarrolle un plan de seguridad

Alianza Nacional de Enfermedades Mentales

NAMI ofrece **Educación, Abogacía, Apoyo y Recursos** a las familias y consumidores

Encuentre AYUDA, Encuentre ESPERANZA
LLAME (800)950-6264

www.namilacc.org



2-1-1 es un servicio que puede conectarlo a programas en el condado de Los Angeles. Cuando esté buscando ayuda para un ser querido sufriendo de una enfermedad mental, este número gratuito es un buen comienzo.

Cuando llame, siga las instrucciones para poder hablar con un representante.

¿Qué es una detención 5150?

Durante una crisis de salud mental, oficiales y personal clínico detendrán a la persona para determinar si el/ella cumple los requisitos para una solicitud 5150 WIC de detención de 72 horas. El cliente será evaluado para determinar si representa un peligro hacia ellos mismos o hacia otras personas y/o está gravemente discapacitado. La decisión del oficial se basará en la evidencia física, información clínica, y las declaraciones de la persona y de los testigos.



LOS ANGELES POLICE DEPARTMENT
Mental Evaluation Unit
911 Checklist

If your family member is in crisis and is a danger to themselves or others,
Call 911

Hold this list in your hand when you call 911, so you can read from it.

Give the dispatcher the following information:

- Your name**
- Address** to which the police should respond
- Nature** of the crisis (*Why you need the police*)
- Prior or current violent behavior**
- Weapons or access to weapons**
- Name** of your family member in crisis
- Age** of family member
- Height & weight** of family member
- Clothing** description of family member
- CURRENT location** of family member
- Diagnosis** (*Mental Health and/or Medical*)
- Current **medications** (*On or Off?*)
- Drug use** (*current or past*)
- Triggers** (*what upsets them?*)
- State what has helped in **previous police contacts**
- Identify other persons in the residence** or at the location

IMPORTANT: You are asking a stranger to come into your home to resolve a crisis. They will only have the information that you provide to them. It is a good practice to gather as much of this information as possible before a crisis occurs.

What to expect...

Who will respond to your crisis?

- The 911 operator will dispatch **uniformed patrol officers** to your location.
- Officers will detain your family member, which **will include handcuffing** and is for the safety of everyone, including your family member.
- Officers will conduct a preliminary investigation to determine whether a crime occurred.
- Officers will conduct a preliminary mental health investigation to determine whether your family member is a *danger to self*, *danger to other(s)*, or *gravely disabled* due to a mental illness (CA WIC §5150).
- Your statements and historical information are an important part of the mental health investigation (CA WIC §5150.05).
- Officers will inquire about any **firearms** or **other deadly weapons**, and in most cases will seize them for safe-keeping (*pursuant to CA WIC §8102*).
- Officers will notify the Mental Evaluation Unit and a SMART unit (officer & clinician) will be dispatched if available.
- If your family member is an adult, the officers and/or the SMART unit cannot disclose information about him/her due to medical records-related privacy laws.

NON-EMERGENCY
Los Angeles County
Department of Mental Health
ACCESS – 1-800-854-7771
National Alliance on Mental Illness
NAMI 1-800-950-6264
<http://namilacc.org/>



**Departamento de Policía de Los Angeles
Unidad de Evaluación Mental
911 Lista de Comprobación**

Si un miembro de familia está en crisis o en peligro, o pone en peligro ha otros,

Llame 911

Tenga esta lista a mano para usar de referencia cuando llame al 911.

Dele a la operadora la información siguiente:

- Su nombre**
- Domicilio** al cual la policía debería responder
- Razón** de la crisis (la razón la cual necesita la policía)
- Comportamiento violento** previo o en ese momento
- Armas o acceso a armas**
- Nombre** del miembro de familia en crisis
- Edad** del miembro de familia
- Altura y peso** del miembro de familia
- La ropa** (descripción de la ropa que trae puesta el miembro de su familia)
- ¿Donde está** en este momento el miembro de familia?
- Diagnóstico** (salud mental y/o médico)
- ¿Medicamentos** que está tomando ahora o en el pasado?)
- ¿Usa drogas** o ha usado drogas antes?
- ¿Que lo/la altera o molesta?**
- ¿Que ha ayudado en contactos anteriores con la policía** cuando esta en este estado?
- Identifique a otras personas en la residencia** o en el lugar

IMPORTANTE: Esta pidiendo que una persona que no conoce la situación, entre a su casa para resolver una crisis, y solo tendrá la información que usted dió. Es buena práctica tener a mano toda la información que se pueda, antes de que ocurra una crisis.

La Respuesta Policial:

Que esperar....

¿Quién va a responder a su crisis?

- La operadora del **911** enviará policías a su domicilio.
- Los oficiales detendrán a el miembro de su familia, **que incluirá esposar lo/la**, para la seguridad de todos.
- Los oficiales conducirán una investigación preliminar para determinar si un delito ocurrió.
- Los oficiales conducirán una investigación preliminar para determinar si el miembro de su familia está en peligro, o ha puesto en peligro ha otros, o e tá gravemente incapacitado debido a una enfermedad mental (CA WIC Sección 5150).
- Sus declaraciones y antecedentes históricos son una parte importante de la investigación de salud mental (CA WIC Sección 5150.05)
- Los oficiales preguntarán si hay **armas de fuego o otras armas peligrosas**, y en la mayoría de los casos, lo mantendrán asegurados (de acuerdo con la Sección de CA 8102 de WIC).
- Los oficiales notificarán a la Unidad de Evaluación Mental y la Unidad SMART (un oficial y clínico) serán enviados, si están disponible.
- Si su miembro de familia es un adulto, los oficiales y/o la Unidad de SMART no pueden revelar ninguna información sobre él/ella, debido a las leyes de privacidad relacionadas con el historial médico.

CASOS NO DE EMERGENCIA

**Condado de Los Ángeles
Departamento de Salud Mental**

ACCESO - (1-800) 854-7771

Llame a la linea de ayuda de NAMI

1-800-950-6264

<https://www.nami.org/find-support/diverse-communities/latino-mental-health>

경찰의 대응



Los Angeles Police Department
Mental Evaluation Unit
 (로스앤젤레스 경찰국 정신건강평가부)

911 에 전화 시 준비할 정보 항목

가족분이 위기에 처해 있고,
 본인 혹은 타인이 위험에 처한 경우
911 로 전화하십시오.

911 응대자에게 “코리안 스피킹 플리즈!”라고
 말씀하십시오.

911 에 전화하실 때 이 목록을 손에 들고
 읽으십시오.

응대자에게 다음 정보를 제공하십시오.

- 신고자 본인의 이름
- 주소 (경찰이 출동할 주소)
- 현재 어떤 위급 상황인지 설명 (경찰이 필요한 이유)
- 이전 또는 현재의 폭력 행위 유형
- 무기 소지 또는 무기 접근 가능성 여부
- 위급상황에 처한 가족분의 이름
- 가족분의 나이
- 가족분의 키와 몸무게
- 가족분의 의복 차림새
- 가족분의 현재 위치
- 진단명 (의료 및/또는 정신건강 관련)
- 현재 복용 중인 처방약 (복용 여부)
- 마약 사용 여부 (현재 또는 과거)
- 상황 촉발요인 (화가 난 동기?)
- 이전에 경찰에 연락한 적이 있다면 어떤 도움을 받았는지 설명하십시오.
- 그 장소에 있는 다른 사람들은 누구인지 알려주십시오.

중요 사항: 귀하는 위급상황을 해결하기 위해
 낯선이가 집에 와줄 것을 요청하고 있는 것입니다.
 그들은 귀하가 제공한 정보에만 의지할 것입니다.
위급상황이 발생하기 전에 가능한 한 많은 정보를
확보해 놓으시는 것이 좋습니다.

기대할 수 있는 것들...

누가 위급상황에 대응조치를 할 것인가?

- ◎ 911 응대자는 정복차림의 경찰을 해당 소로 파견할 것입니다.
- ◎ 경찰관은 가족분에게 수갑을 채울수 있고, 다른 가족을 포함한 모든 사람의 안전을 위해 가족분을 구금할 수 있습니다.
- ◎ 경찰관은 범죄가 발생했는지 확인하기 위해 예비 조사를 수행합니다.
- ◎ 경찰관은 예비 정신 건강 조사를 수행하여 가족 분이 정신질환으로 인해 자해의 위험이 있는지, 다른 사람에게 위험한지 또는 자신을 돌볼 수 없을 만큼 심각하게 장애가 있는지의 여부를 판단합니다(CA WIC §5150).
- ◎ 귀하의 진술과 과거력 정보는 정신 건강 조사에 있어서 중요한 부분입니다(CA WIC §5150.05).
- ◎ 경찰관은 총기 또는 기타 치명적인 무기가 있는지 물어볼 것이고,, 대부분의 경우 안전한 보관을 위해 무기를 압류할 것입니다(CA WIC §8102 에 따름).
- ◎ 경찰관은 정신평가부서에 통지하고 가능한 경우 SMART 부서(경찰관 및 임상가로 구성된 특별팀)가 파견됩니다.
- ◎ 귀하의 가족분이 성인인 경우, 경찰관 및 / 또는 SMART 부서는 의료 기록 관련 개인 정보 보호법에 의거하여 가족분에 대한 정보를 공개할 수 없습니다.

응급 외 연락처

로스앤젤레스 카운티 정신건강국
 ACCESS 1-800-854-7771

National Alliance on Mental Illness
 (정신질환 전국연맹)
 NAMI 1-800-950-6264
<http://namilacc.org/>

MET

Mobile Evaluation Team



Who we are

When law enforcement officers go to help someone, they never know exactly what situation they will encounter. If officers are faced with a behavioral health emergency, they call in the Mobile Evaluation Team, Kern Behavioral Health & Recovery Services' crisis intervention team.

Made up of behavioral health professionals, MET's primary goal is to divert people from the judicial system by connecting them to local mental health services. MET does this by assessing a person during a crisis and referring them to appropriate resources in the community.

What we do

Virtual MET

With the help of iPads and the Zoom app, officers from the outlying areas of Kern County, like Taft, Delano and Ridgecrest, can also virtually connect to MET.

Crisis Intervention Team

A multi-agency task force that works to fill in gaps within services to keep people out of the judicial system.

MET

This crisis intervention team responds alongside law enforcement to behavioral health emergencies to provide crisis intervention and evaluations for voluntary and involuntary treatment.

Join Evaluation Teams

Their goal is to decrease 3 types of recidivism – incarceration, inpatient psychiatric and homelessness by connecting people to services.

Community Outreach

Provides crisis intervention training to local law enforcement as well as specialized trainings to hospitals.

For more information, contact Emily Lyles at 661-868-8126 or Janet Bewley at 661-868-8115.



Crisis Hotline 1-800-991-5272
Suicide Prevention Hotline 1-800-273-8255



Commission Accreditation of Rehabilitation Facilities

Kern Behavioral Health & Recovery Services has been accredited by CARF for the following programs: Mental Health Programs-Case Management; Children and Adolescents-Case Management & Crisis Stabilization; Integrated Alcohol & Other Drug-Case Management & Children & Adolescents-Case Management; Employment Services-Community Employment Services.