



# Mental Evaluation Team-Collaboration LASD-DMH

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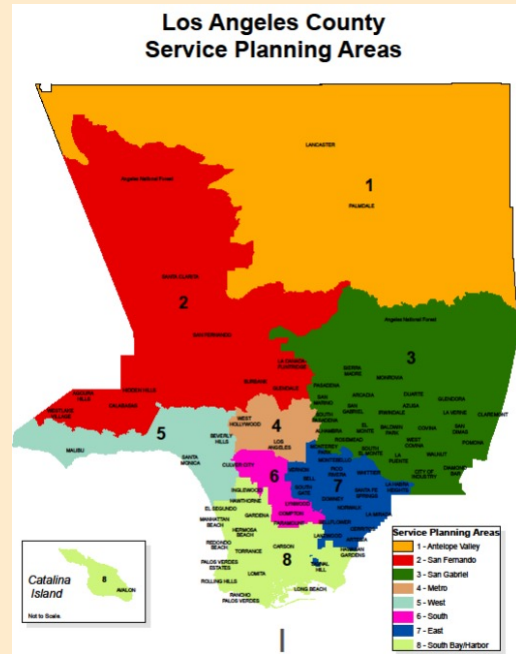
# DEPARTMENT OF MENTAL HEALTH



- DMH operates more than 35 programs
- Maintains 300 co-located sites
- Contracts with close to 1,000 organizations
- Serves more than 2,50,000 Los Angeles County residents under DMH, Non-governmental agencies, and individual practitioners
- DMH manages a 2.4 billion budget.
- Aim to provide hope, recovery, and well-being for everyone in Los Angeles County
- 4000 employees
- Over 10 million populations
- 88 Cities



LOS ANGELES  
SHERIFF  
DEPARTMENT(LASD)



23 Sheriff Stations throughout Los Angeles County  
42 Cities  
4084 Square Miles  
120 Unincorporated Communities  
37 Superior Courts  
CHP & Fire Dept assist  
Metro Transit Authority  
18,000 inmates in 7 custody facilities

# Overview

- Changes in Approach to Mental Health Crises
- Mental Evaluation Teams
- Trends
- Department of Mental Health
  - Programs
  - Resources





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# Changes in Our Approach...

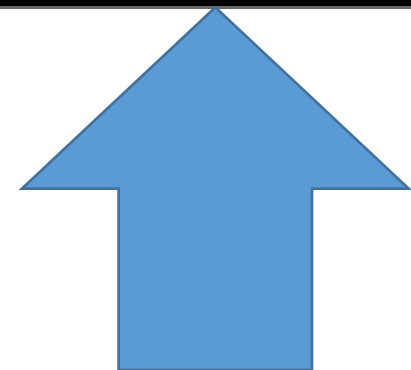
- Jail Overcrowding
- “Memphis Model” - Crisis Intervention Training (CIT)
- AB109 “Realignment” (2011)
- Kelly Thomas (2011)
- Prop 47 (2014)
- AB-392 Use of Force Updates(January 2020)
- Elected Officials (2014)
  - Board of Supervisors
  - Sheriff McDonnell



# Changes in Our Approach...

- 55% Increase in Mental Health Calls 2010-2015

YEAR	2010	2011	2012	2013	2014	2015	5-YEAR PERCENT CHANGE
MENTAL HEALTH CALLS	11,660	12,016	13,545	15,315	16,594	18,061	54.9%
ALL CALLS	1,051,678	1,010,569	1,034,929	1,032,712	1,054,587	1,116,424	6.2%



# Changes in Our Approach...

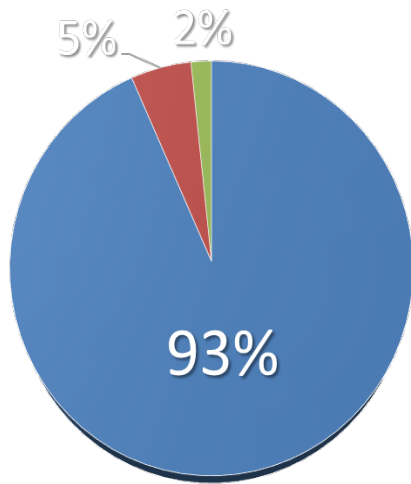
- Academy – 15 hrs
- Patrol – 3 hrs
- Training Officers – 8 hrs
- 1-day Mental Health Awareness
- 1-day De-Escalation & Autism Awareness
- 32-hr DeVRT (Custody) – 2000+
- 32-hr Crisis Intervention Training (Patrol) – 3000+





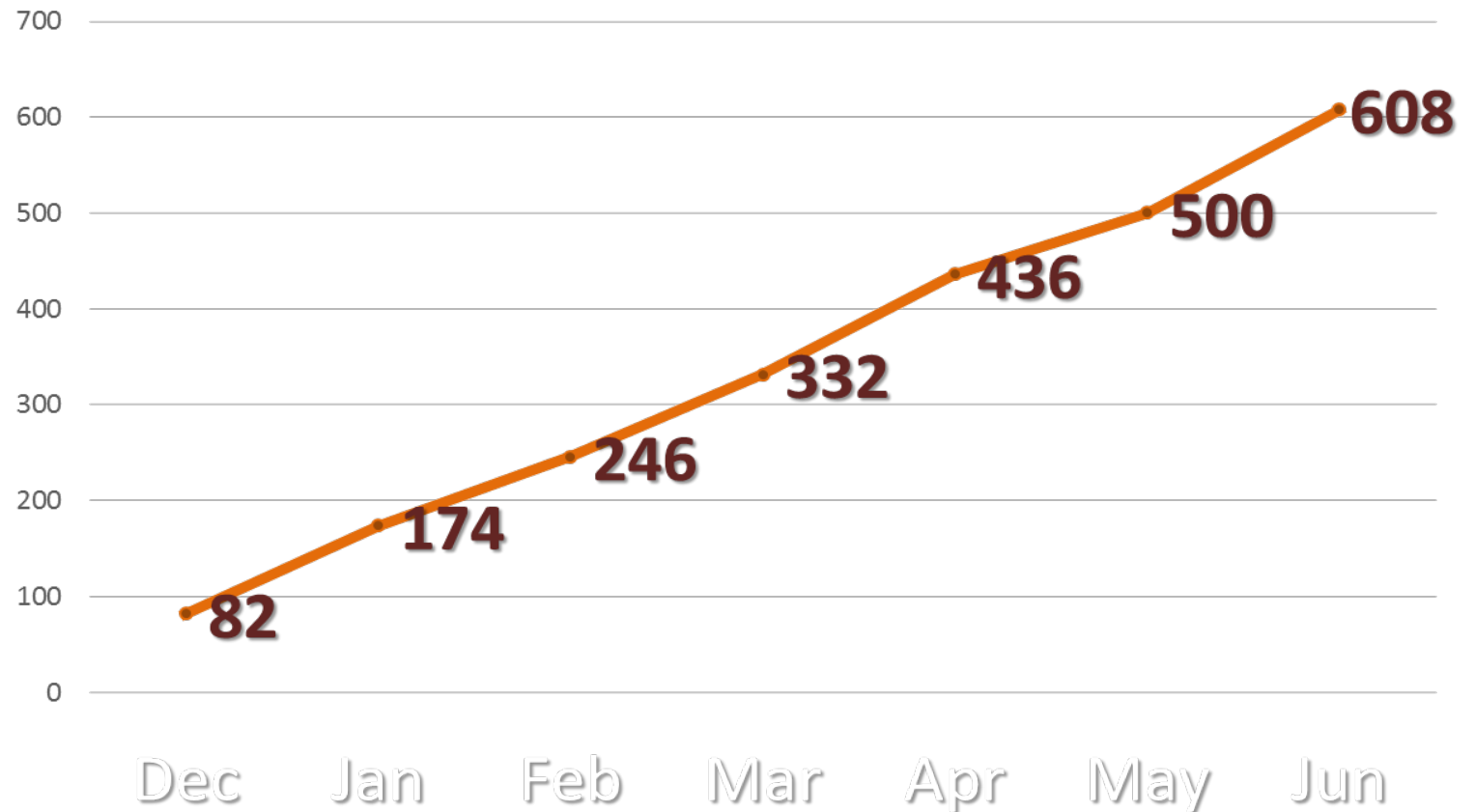
# Changes in Our Approach...

**32 hour De-Escalation and Verbal Resolution Training (DeVRT)**



■ Deputies (1,771)  
 ■ C/A (95)  
 ■ Sergeants (32)

**32 hour LASD CIT Crisis Intervention Training 2016 - 2017**

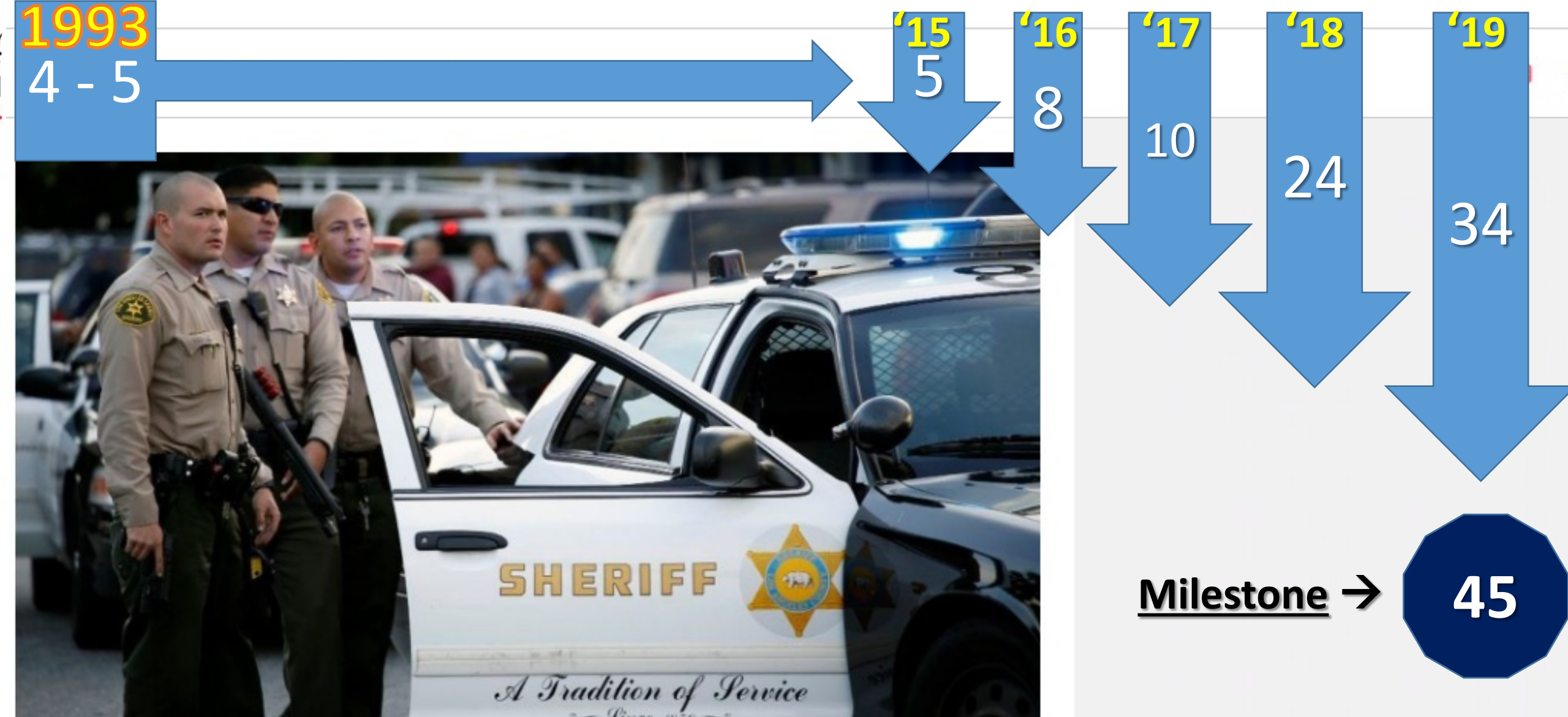






# Mental Evaluation Teams

# L.A. County supervisors vote to expand sheriff's mental health teams



# MENTAL EVALUATION TEAMS



MET TRIAGE DESK-24/7-(5) DEPUTIES/20 HOURS(4) CLINICIANS



MET FIELD RESPONDERS-20 HOURS A DAY-(34)  
DEPUTIES/CLINICIANS



RISK ASSESSMENT AND MANAGEMENT PROGRAM(RAMP)-  
(5)DEPUTIES/(4) CLINICIANS

# MENTAL EVALUATION TEAM





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# MENTAL EVALUATION TEAMS

- MET is a co-response mutual aid model pairing well-trained deputy Sheriffs working in plain cloths partnered with a Department of Mental Health Clinician(LCSW/LMFT/Ph.D., MHCRN)
- Responds to high-risk mental health crises countywide
- Specializes in de-escalation of crises, compassionate least restrictive care, and mental health evaluations for potential “involuntary hold” when necessary
- Diversion of mentally ill clients away from the criminal justice system
- Transporting client using an unmarked consumer-centric design emergency vehicle
- Link the individuals to outpatient mental health services or appropriate community resources
- Goal is to reduce use of force, reduce hospitalizations, and avoid unnecessary incarcerations of severely mentally ill citizens
- 34 County MET units are responding countywide from 14 regional offices

# Triage Help Desk



ALWAYS  
**OPEN**



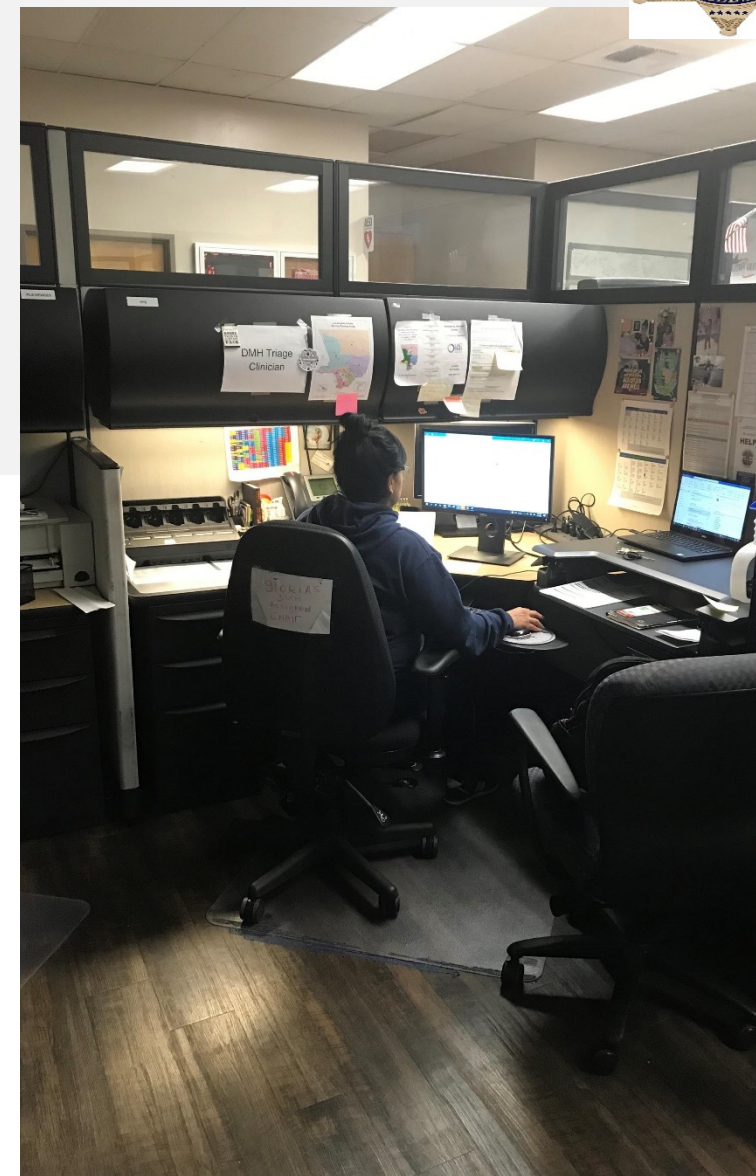
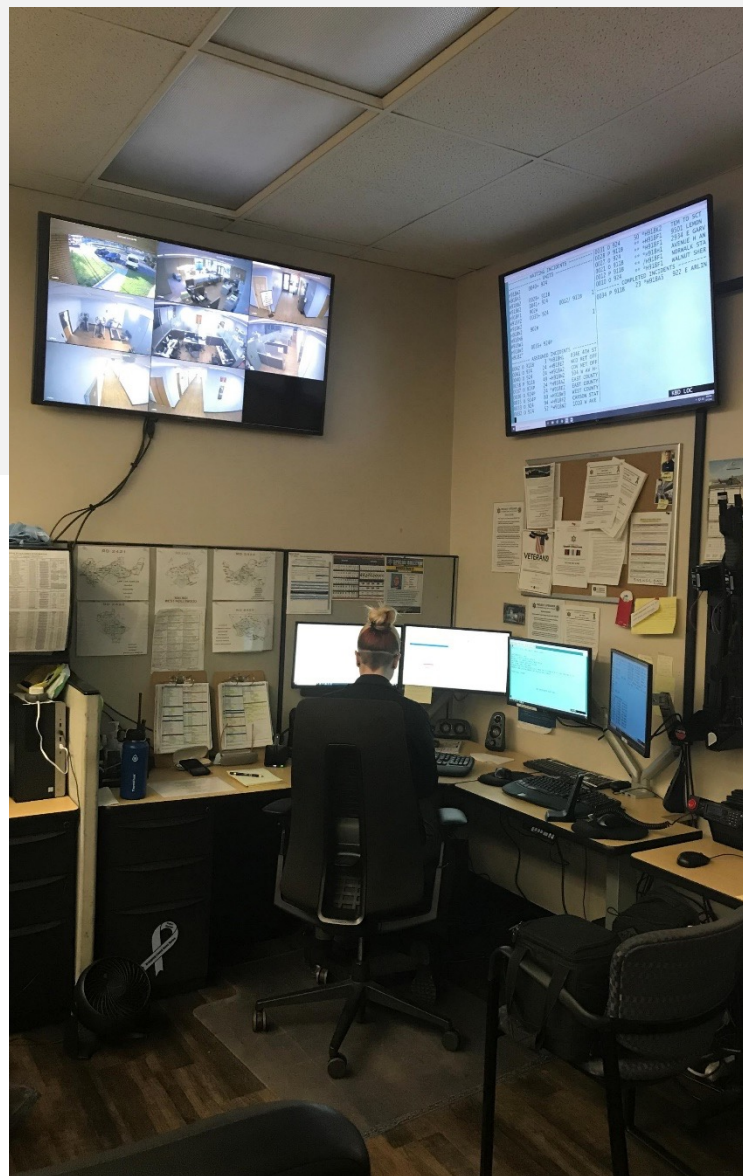
**DMH**  
**20 Hours**  
**0600-0200**

**LASD**  
**24 Hrs**

# MENTAL EVALUATIONS TEAMS

- MET Triage Desk

1. Tracks all mental health calls for service.
2. Coordinates the response of all field MET unit resources.
3. Information-Desk queries patient information and influence next actions.
4. Action(s)-Based on phone consultation, next best least restrictive mental health or health intervention will be suggested. Coordination with other agencies. Provide consultation to handling Deputy.
5. Guidance-Providing guidance to community treatment resources.
6. Documentation, disposition of calls, and further action including linkages.
7. Employees-clarifies the MET Triage is for patrol/providers' support and not for public calls. Public calls are advised to call 911.





# MENTAL EVALUATION TEAM DAILY TRIAGE REPORT

**12/12/2018**  
**DAILY TRIAGE REPORT**

## **North County**

9:46 - Lancaster station deputy contacted MET Triage requesting MET evaluation for this 15 yr old male at his high school for reports client is verbalizing SI and says there is no future for himself; client engages in self-cutting behaviors; has superficial cuts on arm. LASD MET Unit Deputy Gonzalez and DMH Fuentes are responding to this call. **DISPO:** Client met 5585 DTS criteria; transported by MET to UCLA Hospital.

10:36 - Santa Clarita station deputy contacted MET Triage requesting MET Unit evaluation of this adult female for reports client has dx of Schizophrenia, threw mother against the wall, was breaking things in the home and locked self in the room. LASD MET Deputy Maxwell and DMH Gil are responding to this call for service. **DISPO:** client met 5150 DTO and DTS criteria; transported to Henry Mayo ER by ambulance.

1:15 PM - MET unit Deputy Broumley/DMH Natasha responded to a call requested by watch commander from hall of justice RE: client whom is his neighbor is reported to be acting "More bizarre than usual."  
**Dispo:** Client did not meet criteria.

3:50 PM – Palmdale station requested MET unit for adult male. Client is making suicidal statements and is being aggressive at location. MET unit Deputy Broumley/DMH Rolfness responded to this call. **Dispo:** Client was placed on a 5150 for DTS and transported to AVH.





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# valuation Teams





# 1<sup>st</sup> Responders



MET utilizes specially equipped unmarked cars in compliance with CA law (WIC Code 5153)

# 2<sup>nd</sup> Responders





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# Valuation Teams

## De-escalation



## De-escalation





# RISK ASSESSMENT-ACUTE RISK

## ACUTE

### Therapeutic Risk Management – Risk Stratification Table



#### HIGH ACUTE RISK

##### Essential Features

- **Suicidal ideation with intent to die by suicide**
- **Inability to maintain safety independent external support/help**

##### Common Warning Signs

- A plan for suicide
- Recent attempt and/or ongoing preparatory behaviors
- Acute major mental illness (e.g., MDD episode, acute mania, acute psychosis, recent/current drug relapse)
- Exacerbation of personality disorder (e.g., increased borderline symptomatology)

##### Common Risk Factors

- Access to means
- Acute psychosocial stressors (e.g., job loss, relationship dissolution, relapse on alcohol)



##### Action

Typically requires psychiatric hospitalization to maintain safety and aggressively target modifiable factors.

These individuals need to be directly observed until on a secure unit and kept in an environment with limited access to lethal means (e.g. keep away from sharps, cords/tubing, toxic substances).

During hospitalization co-occurring psychiatric symptoms should also be addressed.



# RISK ASSESSMENT-INTERMEDIATE ACUTE RISK

## INTERMEDIATE ACUTE RISK

### Essential Features

- **Suicidal ideation to die by suicide**
- **Ability to maintain safety, independent of external support/help**

These individuals may present similarly to those at high acute risk, sharing many of the features. The only difference may be lack of intent, based upon an identified reason for living (e.g. children), and ability to abide by a safety plan and maintain their own safety. Preparatory behaviors are likely to be absent.



### Action

Consider psychiatric hospitalization, if related factors driving risk are responsive to inpatient treatment (e.g. acute psychosis).

Outpatient management of suicidal thoughts and/or behaviors should be intensive and include:

- frequent contact,
- regular re-assessment of risk, and
- a well-articulated safety plan

Mental health treatment should also address co-occurring psychiatric symptoms.



# RISK ASSESSMENT-LOW ACUTE RISK

## LOW ACUTE RISK

### Essential Features

- **No current suicidal intent AND**
- **No specific and current suicidal plan AND**
- **No preparatory behaviors AND**
- **Collective high confidence** (e.g., patient, care provider, family member) in the ability of the patient to independently maintain safety

Individuals may have suicidal ideation, but it will be **with little or no intent or specific current plan**. If a plan is present, the plan is general and/or vague, and without any associated preparatory behaviors (e.g., "I'd shoot myself if things got bad enough, but I don't have a gun"). These patients will be capable of engaging appropriate coping strategies, and willing and able to utilize a safety plan in a crisis situation.



### Action

Can be managed in primary care.

Outpatient mental health treatment may also be indicated, particularly if suicidal ideation and psychiatric symptoms are co-occurring.

\*Overall level of individual risk may be increased or decreased based upon warning signs, risk factors and **protective factors**

# RISK ASSESSMENT-HIGH CHRONIC RISK

## CHRONIC Therapeutic Risk Management – Risk Stratification Table



### HIGH CHRONIC RISK

#### Essential Features

##### Common Warning Sign

- Chronic suicidal ideation

##### Common Risk Factors

- Chronic major mental illness and/or personality disorder
- History of prior suicide attempt(s)
- History of substance abuse/dependence
- Chronic pain
- Chronic medical condition
- Limited coping skills
- Unstable or turbulent psychosocial status (e.g. unstable housing, erratic relationships, marginal employment)
- Limited ability to identify reasons for living



#### Action

These individuals are considered to be at chronic risk for becoming acutely suicidal, often in the context of unpredictable situational contingencies (e.g., job loss, loss of relationships, and relapse on drugs).

These individuals typically require:

- routine mental health follow-up
- a well-articulated safety plan, including means safety (e.g., no access to guns, limited medication supply)
- routine suicide risk screening
- coping skills building
- management of co-occurring psychiatric symptoms



# Single-Cell Patient Transport





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# De-escalation Training



**CIT**  
**900**  
**17% Patrol**  
**5,357**





# MET TEAMS AND 9-1-1 MENTAL HEALTH CRISES 2021

- LASD Deputies responded to **17,147** calls reportedly involving persons with a mental health crises.
- Of those, **9,899 (58%)** were confirmed to be crises involving mental health or developmental disability.
- MET units were dispatched to **8,277(84%)** of those mental health crises. Triage Desk able to pre-screen calls and guided patrol deputies via telephone 24 hours a day which added **16%** in MET response capacity.
- MET units relieved **2.8** patrol deputies and **1** sergeant at each crisis incident after arriving on scene and once the situation was rendered safe.

# MENTAL EVALUATION TEAM

- MET units relieved on **13,926** patrol personnel and assumed the care of the individual. MET unit handled the transportation, involuntary hold, and hospital or urgent care admission while patrol deputies had already returned to their duties. This saved patrol deputies from being out of the field for up to **2.5** hours on average.
- MET interventions de-escalated and averted at least “**Level-1**” force or greater to subdue **261** crises during **2021**.
- Up to **34** lives were reported spared during potentially deadly force encounters including **14** very high-risk incidents involving consumers attempting “**suicide by cop**” in **2021**.



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# MENTAL EVALUATION TEAMS



- De-escalation of crises by MET personnel with resolving **17** incidents in **2021** without having to summon the Special Enforcement Bureau (tactical team). These incidents, such as barricaded suspects, generally result in lengthy, costlier deployments.
- MET personnel (state certified advanced level negotiators) were able to help de-escalate consumers involved in **29** high-risk incidents before the on-call Crisis Negotiations Team (CNT) personnel were activated to respond. MET handled approximately 2/3 of all crises formerly handled by CNT prior to 2018.
- MET units responded to **288** requests for assistance at station or court lock up jails to help de-escalate consumers who refused to exit cells or threatened not to cooperate with booking procedures. MET handled approximately **56%** of all crisis formerly handled by CNT prior to 2018.
- In 2021, the MET unit response time was approximately **18 minutes** countywide from **56 minutes in 2016**.
- MET units responded to **288** requests for assistance at station or court lock up jails to help de-escalate consumers refused to exit cells or threatened not to cooperate with booking procedures. MET was credited with helping to resolve **243 (84%)** of such incidents with no use of force necessary.



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# BARRICADE- HOSTAGE CASE

- <https://www.youtube.com/watch?v=cL-dQbkT8rs>



# MENTAL EVALUATION TEAM SUCCESS STORY

- Law Enforcement Team-Mental Evaluation Team successfully resolved 26 hours of barricade situation in Pico-Rivera on Monday 11/14/2016
- LASD Pico Rivera Station contacted Sheriff-MET consisting of Randy Blake, MHCRN of DMH, Deputy Rafael Banks and Deputy Lewis Pena of Los Angeles Sheriff Department for a Crisis Negotiation Team calls for services.
- Consumer was barricaded in his house with a shotgun. Law enforcement was called after patient confronted his neighbors while holding the shotgun on Sunday 11/13/2016. Possible hostage situation was also reported on. Mental Evaluation Team called upon scene on 11/14/2016 in talking to consumer through grandmother and provided tips to Sheriff's Negotiation team to cut off power supply to the house so he could not watch or talk to live television anymore. Consumer has history of talking to television and watching CNN 24/7. Consumer was also hospitalized in psychiatric hospital in May 2016 for six days.





# MENTAL EVALUATION TEAM SUCCESS STORY



- Consumer was armed with a rifle and barricaded in a home since Sunday 11/13/2016 surrendered to deputies Monday afternoon.
- Michael Anthony Jewell, 31, surrendered peacefully at 1:20 p.m., on the 8800 block of Dalewood Ave. after a 26-hour standoff, the Los Angeles according to County Sheriff's Department..
- Consumer was expected to be booked on several felony charges including assault with a deadly weapon, assault on a peace officer, and resisting arrest, officials said.
- A high caliber weapon was found by law enforcement during a search of the home after the surrender.
- During the incident, there were no reported injuries from law enforcement personnel and citizens.
- Jewell was injured when deputies shot him with rubber bullets during the incident, according to Lt. Alex Villanueva of the sheriff's Pico Rivera station.
- He said the suspect fired several shots during the incident.
- The [standoff](#) started around noon Sunday when the station received a call about a man chasing neighbors with a rifle.
- When deputies arrived, the man was in his home and refused to come out. His mother was inside with him.



# MENTAL EVALUATION TEAM SUCCESS STORY

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- The sheriff's Special Enforcement Bureau, which is the department's SWAT, and the Crisis Negotiation Team were called in.
- SEB used tear gas on the house.
- Sheriff's spokeswoman Deputy Sara Rodriguez said the suspect's mother left the house around 8:30 a.m. Monday and was treated at the scene for exposure to the gas. The woman was in good condition, Rodriguez added
- The man was convinced to come out of the house at 1:15 p.m., Villanueva said.
- Press conference was held at Sheriff's Special Enforcement Bureau on 11/15/2016 for media briefing.





# RISK ASSESSMENT AND MANAGEMENT PROGRAM

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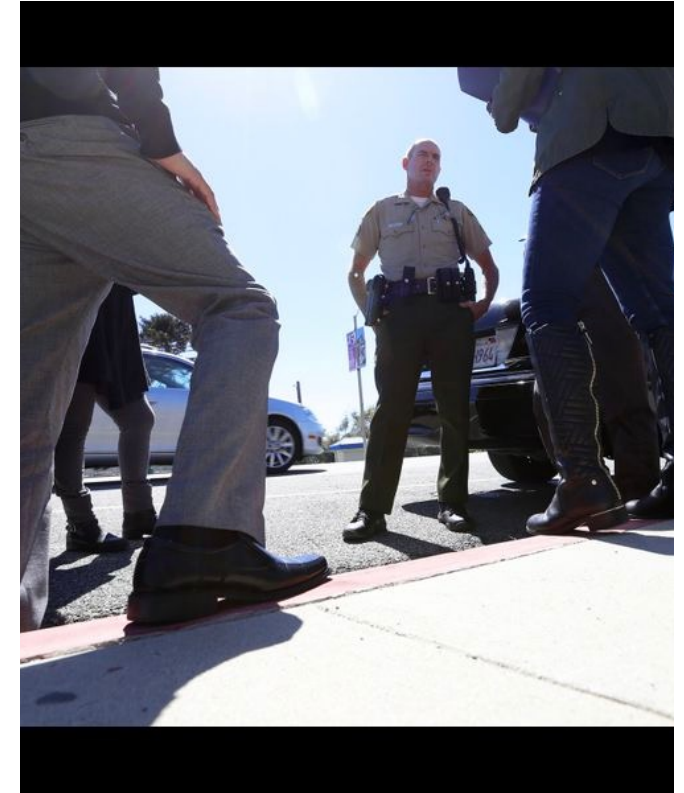


# What is RAMP?

- Collaboration between Los Angeles County Department of Mental Health (DMH) and Los Angeles County Sheriff Department (LASD)
- Linkage to mental health and other community services component of LASD/DMH Mental Evaluation Team

# What is RAMP?

- Intensive case management
- High utilizer of law enforcement and emergency services due to mental illness





# RAMP 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
- Other





# RAMP REFERRAL FORM



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RISK ASSESSMENT & MANAGEMENT PROGRAM (RAMP)  
REFERRAL FORM



DATE: \_\_\_\_\_

PLEASE EMAIL COMPLETED FORM TO [RAMP@dmh.lacounty.gov](mailto:RAMP@dmh.lacounty.gov) for more information call (626) 258-3059

REFERRAL SOURCE

NORTH MET  SOUTH MET MET CASE #: \_\_\_\_\_ URN #: \_\_\_\_\_  
MET CALL ORIGIN PATROL STATION: \_\_\_\_\_  
REFERRED BY MET DEPUTY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DMH STAFF/CLINICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

CLIENT INFORMATION

IBHIS #: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_  
GENDER: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(If homeless provide location e.g. corner of 6<sup>th</sup> /Vermont)  
 VETERAN  HOMELESS

COLLATERAL CONTACTS:

NAME	RELATIONSHIP	PHONE #	LIVES WITH CLIENT
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

INSURANCE:  MEDI-CAL  MEDICARE  PRIVATE  NONE  UNKNOWN  
DATE MOST RECENT LASD MET ASSESSMENT: \_\_\_\_\_  HOSPITALIZED  
FACILITY NAME AND ADDRESS: \_\_\_\_\_  
NUMBER OF MET CONTACTS WITHIN PAST 12 MONTHS: \_\_\_\_\_ # 5150: \_\_\_\_\_  
CLIENT CURRENTLY LINKED TO:  
 DCFS  PROBATION  FSP  PRIVATE  DMH CLINIC  AOT  OTHER: \_\_\_\_\_

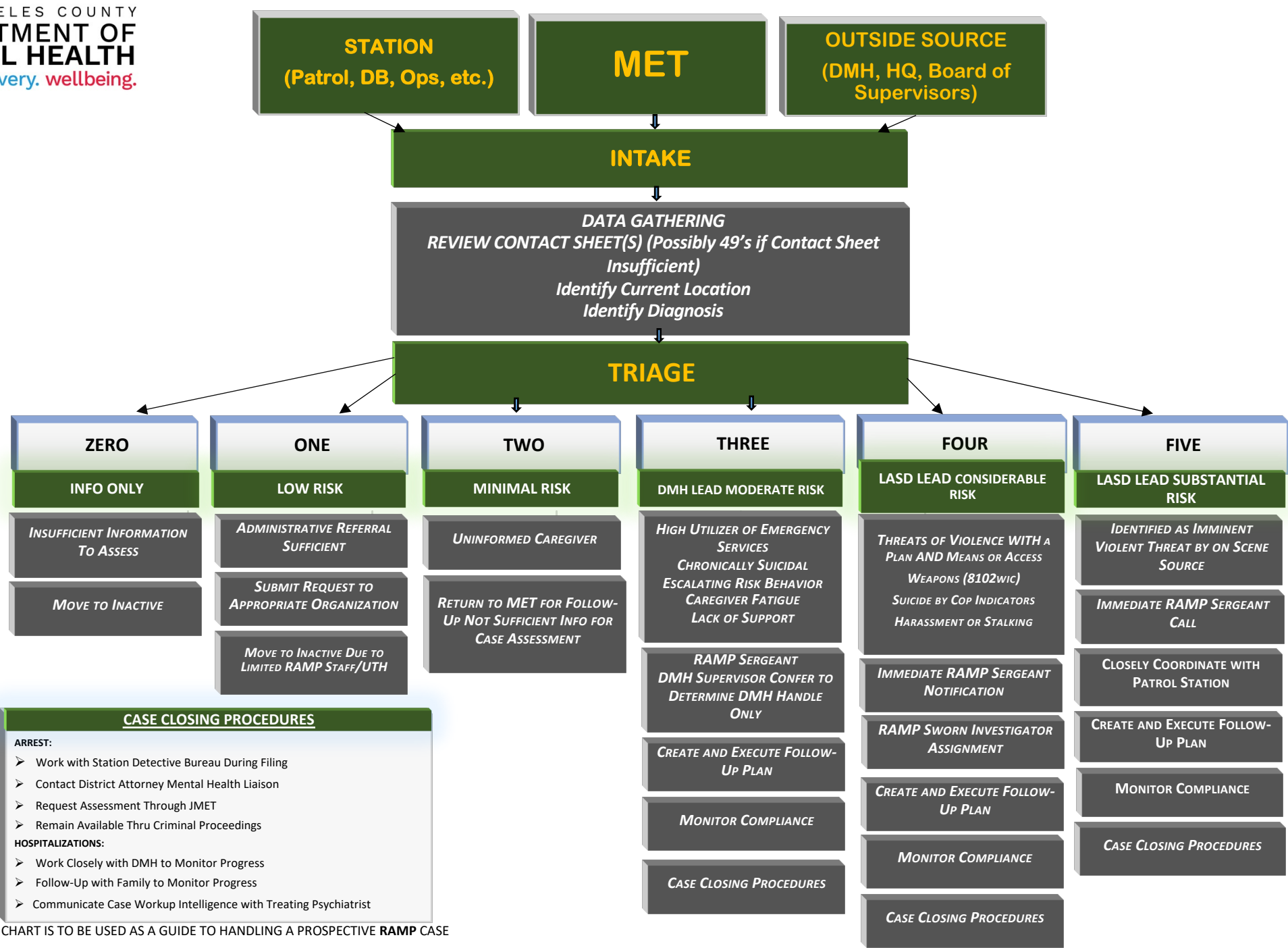
HISTORY AND PRESENTING PROBLEM: (Provide a brief summary and reason for referral)

BEHAVIOR CONCERNS:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Extensive Hx. Of Violence | <input type="checkbox"/> Sexual Assault Victim   | <input type="checkbox"/> Increase in High Risk Bx |
| <input type="checkbox"/> Use of Force by LASD/PD   | <input type="checkbox"/> Barricade/Disengagement | <input type="checkbox"/> School Threat            |
| <input type="checkbox"/> Frequent Violence Threats | <input type="checkbox"/> Veteran with PTSD       | <input type="checkbox"/> Weapon Involved/Access   |
| <input type="checkbox"/> Suicide by Cop Bx         | <input type="checkbox"/> Fire Setting            | <input type="checkbox"/> Other: _____             |

TO BE COMPLETED BY RAMP

REVIEWED BY: _____ <small>(RAMP SERGEANT NAME)</small>	DATE: _____	APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/>
REVIEWED BY: _____ <small>(DMH SUPERVISOR'S NAME)</small>	DATE: _____	APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/>
ASSIGNED TO: <u>Marisa Soria</u>	DATE: _____	
RAMP LEVEL: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 <input type="checkbox"/> LEVEL 4 <input type="checkbox"/> LEVEL 5		



**CASE CLOSING PROCEDURES**

**ARREST:**

- Work with Station Detective Bureau During Filing
- Contact District Attorney Mental Health Liaison
- Request Assessment Through JMET
- Remain Available Thru Criminal Proceedings

**HOSPITALIZATIONS:**

- Work Closely with DMH to Monitor Progress
- Follow-Up with Family to Monitor Progress
- Communicate Case Workup Intelligence with Treating Psychiatrist

\* THIS CHART IS TO BE USED AS A GUIDE TO HANDLING A PROSPECTIVE RAMP CASE

All cases involving a Veteran shall be referred to Veterans Affairs and Valor if eligible \*\* Homeless cases require notification to the designated MET Homeless Sergeant



# RISK ASSESSMENT AND MANAGEMENT SUCCESS

## 13 years, old, Hispanic, female needed help:



- The MET team was called on by patrol on five separate times over a 12-week period beginning in April 2019 for a 13-year-old Mexican female residing in a Short-term Residential Therapeutic Program. Client was detained by DCFS in February 2019.
- Calls for service included: running into oncoming traffic, having auditory hallucinations telling her to stab herself in stomach with a knife, rolling down a hill into oncoming traffic, and having auditory hallucinations telling her to overdose on pills.
- MET calls and additional encounters with LPS Designees lead client to a total of 9 psychiatric applications with 5 longer hospitalizations. Number of days hospitalized from March 2019-until August 20, 2019, was over 81 days until being conservatorship was initiated with the assistance from various agencies, including, DCFS, DMH and RAMP team.

# RISK ASSESSMENT AND MANAGEMENT SUCCESS STORY

- Client was born in the United States but resided primarily in Mexico until December 2018 when she was sent to the US to reside with family due to concerns of mental health symptoms and “risky” and “defiant” behaviors.
- DCFS referral for General neglect led to client being detained in late February 2019 from an alleged family member.
- Client has reported suffering emotional and physical abuse both in Mexico and in the US, sexual abuse by a 70-year-old male while residing in Mexico, and exposure to Domestic Violence. Client reports having a son, as a result of rape, who is being cared for by an aunt which mother denied.
- Client’s symptoms after being detained included the following: frequent episodes of AWOL up to 4x a week, sadness, irritability, isolation, self-harming behavior included cutting, hitting self with objects, sleep disturbance, distractibility, loss of energy, anhedonia, feeling unloved/unworthy, suicidal ideation with intent, plan and attempts, history of substance use included nicotine, alcohol, meth, marijuana, and truancy.

# RISK ASSESSMENT AND MANAGEMENT SUCCESS STORY

- Client referred to RAMP. Despite, client being wrapped with services through DCFS and residential program, client continued to have an escalation of symptoms and frequent crisis calls that resulted in several psychiatric hospitalizations.
- Through coordination with her mental health care team at the group home, a plan was made that would lead to MET team assisting in hospitalizing client at county facility so the RAMP team could assist with needed advocacy and coordination of long-term care.
- Once there, RAMP advocated and collaborated with the treating psychiatrist, DCFS social workers and DMH liaisons, and DHS social workers as well as DMH social workers who coordinate community treatment facility placements .
- Because of this advocacy, the hospital applied for conservatorship, which was needed to place client in the safest environment available. Client is now conserved and placed in a CTF placement (the highest level of care).



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- **Suicide By Cop Video-August 30, 2018**
- **Vanessa Marquez-ER TV Actress Death**
- **49 y/o, Hispanic, Female living alone in an apartment in South Pasadena**
- **Friend from out of state called for Welfare Check to South Pasadena PD**
- **History of Suicidal Ideation at age 14**
- **Appeared fragile and tearful on presentation**
- **Had not eaten in last 5 days**
- **<https://youtu.be/xjUhxJMS3MI>**
- **Settlement reached in "ER" actress wrongful death lawsuit on Feb 24, 2021.**
- **Marquez mother and city of South Pasadena mutually agreed to settle the case**
- **\$4,50,000 settlement.**
- **Settlement reached in 'ER' actress Vanessa Marquez wrongful death lawsuit**
- **Marquez, who is also known for her breakout role the film "Stand and Deliver," was shot and killed by police at her home during a wellness check gone wrong in 2018.**



# COLLATERAL DUTIES OF MENTAL EVALUATION TEAM

- LA Found initiative led by the Fourth District Board of Supervisor, in partnership with the Department of Workforce Development, Aging , and Community Services, the LASD MET training unit developed a mobile simulator training trailer that was taken “on the road” during 2020 to benefit multiple police agencies and sheriff’s deputies on patrol.
- In 2020, a total of 527 first responders practiced de-escalation techniques and improved their awareness to better assist people with mental health issues and developmental disabilities.
- Participants were given an overview of the LA Found Program including familiarity with at-risk persons who many wander while wearing “Project Lifesaver” wristband.



# LASD-DMH COLLABORATIVE CHALLENGES

Socio-Political community changes particularly after George Floyd incident.

Budget

LASD culture and Mental Health Professional culture

Educating and training all patrol personnel about mental health. Focus on diversion from jail and to mental health treatment or linkage

Recruitment and retaining right personnel

LASD policies are different than mental health policies in Los Angeles County. Data collection and information sharing

Syndamic and limited hospital and health resources

# LASD-DMH STRATEGIES FOR SUCCESS

- Collaboration and commitment through leaders' concrete actions
- Information sharing for consumer in crises
- Interagency workgroup including law enforcement, behavioral health, government and community-based organizations to plan, implement, and assess the success of collaboration
- Funding and resource allocation especially for specialized training, educations, funds for overtime, office space, and vehicles
- Review data of performance of collaboration from time to time and adherence to policies and procedures
- Staff development through trainings, meetings on ongoing basis, and commending staff for their exemplary services
- Combat stigma and biases through cultural humility
- Staff awareness of policies and procedures



# LAW ENFORCEMENT TRAINING SITES

Roll Call Mental Health Training Videos is a 7-part series of briefing-length videos, the user must use Google Chrome or Microsoft Edge internet browser.

<https://www.tgclb.org/roll-call-portal/>

On the Guidance Center's web page, use the password:  
rollcall2018!

You should see seven(7) training modules, which are  
password protected for unlimited viewing

To view each video, use the password:Rollcall



# LASD-DMH COLLABORATIONS

# Questions and Answers

