Mental Health Alternative Crisis Response

Best Practices for Coordination of Law Enforcement & Mental Health in Alternative Crisis Response

September 2024

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Introduction: Best Practices for Alternative Crisis Response and Coordination Between Law Enforcement and Clinical Teams

In 2022, under the direction of the Los Angeles County Board of Supervisors, the Department of Mental Health (DMH) assumed responsibility for implementing Alternative Crisis Response (ACR), a redesigned Countywide system for providing behavioral health responses to individuals experiencing a behavioral health crisis that would avoid or minimize the need for law enforcement involvement. The aspiration for ACR is to treat individuals experiencing a behavioral health crisis quickly, effectively, and with empathy at the least restrictive level of care to meet their short- and long-term needs in the mental health system, so that they can remain in their community. ACR enables the County to safely shift the responsibility for assisting individuals experiencing a behavioral health crisis away from law enforcement and instead to experienced mental health professionals trained to de-escalate these situations and connect those residents to care and treatment.

In implementing ACR, DMH has focused on establishing a comprehensive continuum of care that connects residents to a regional crisis call network, civilian crisis response teams, crisis stabilization resources (including treatment beds and robust alternatives to hospitalization where appropriate), and resources for continued treatment in the mental health care system. Today, the County's ACR system includes:

- The integration of the 988 Call Center into the mental health system as the preferred, no-wrong door entry point to crisis care;
- The LA County Help Line for Mental Health and Substance Use Services (ACCESS Center);
- A fleet of nearly 70 civilian field intervention teams (FIT) providing timely, in-person crisis evaluation and intervention anywhere in the County, 24 hours a day, 7 days a week;
- Over 90 mental health clinicians embedded with 45 local law enforcement agencies and paired with trained patrol officers on co-response teams;
- Access to treatment beds for clients placed on a 5150/5585 psychiatric hold;
- Nine psychiatric urgent care centers/crisis stabilization units (UCCs) as alternatives to hospitalization;
- 17 crisis residential treatment facilities with 259 beds.

Although ACR is an alternative to law enforcement involvement, its success depends heavily on the support and collaboration with law enforcement partners throughout the County. While many calls are best handled by a trained civilian team of mental health professionals, others present a threat to public safety and require law enforcement and/or a co-response team. DMH and law enforcement must work together to make sure each call is handled with the appropriate response, and to quickly lean on one another when situations in the field change. Effective on-scene coordination between law enforcement and DMH acts to ultimately serve the client with the least restrictive level of care, in order for them to remain in their community, and to enable law enforcement to better allocate resources towards public safety.

In 2023, the Board of Supervisors approved a motion presented by Supervisor Janice Hahn directing the Countywide Criminal Justice Coordinating Committee (CCJCC) to form an ad hoc working group to develop best practices for DMH and law enforcement agency partnerships in support of ACR. The working group identified four main areas that would strengthen their partnership in serving residents experiencing behavioral health crisis:

1. A framework to enable 911 dispatchers to transfer certain 911 callers to 988 rather than dispatching a patrol unit;
2. Best practices for law enforcement agencies to request civilian mental health field intervention teams (FIT) when on scene with a client determined to be experiencing a behavioral health crisis;
3. Best practices for FIT when determining that law enforcement support is needed on scene with a client experiencing a behavioral health crisis;
4. Transportation of clients by law enforcement to Crisis Stabilization Units where probable cause exists to detain a person pursuant to W&I Code 5150, 5585.

Members of the working group collaborated to produce the enclosed portfolio of best practices that will help DMH and Los Angeles County law enforcement agencies work together to successfully implement a comprehensive alternative crisis response system for the residents of Los Angeles County. Although this guidance is based on discussion and feedback from the working group participants, certain aspects may need to be customized to the needs and capabilities of each jurisdiction.

The CCJCC would like to acknowledge and thank the following members of the CCJCC ad hoc ACR Working Group for their contributions to this report and their ongoing commitment to advancing ACR in Los Angeles County:

Supervisor Janice Hahn
Los Angeles County Department of Mental Health
Los Angeles County Sheriff's Department
Los Angeles Police Department
Los Angeles County Police Chiefs Association
San Gabriel Valley Police Chiefs Association
South Bay Police Chiefs Association
Southeast Police Chiefs Association
Didi Hirsch Mental Health Services

911 to 988 Diversion Framework for Mental Health Crisis Calls

Overview

This framework outlines the process by which law enforcement agencies in Los Angeles County will be able to transfer certain 911 callers to 988 rather than dispatching a patrol unit, as a means of better serving individuals experiencing a mental health crisis.

Since July 2022, the Los Angeles County Department of Mental Health (DMH) has contracted with Didi Hirsch Mental Health Services (DHMHS) to operate as the County's 988 Crisis Call Center. Accordingly, calls transferred by Los Angeles County law enforcement agencies from 911 to 988 will be handled by DHMHS, as described further below. If the crisis cannot be resolved over the phone, DHMHS may connect calls to the LA County Help Line for Mental Health and Substance Use Services (ACCESS Center) via a special priority line, in cases which may warrant a response by a non-law enforcement field intervention team (FIT). If the 988 crisis counselor learns of information requiring a law enforcement or EMS response, DHMHS shall re-engage law enforcement via the public service answering point (PSAP) where the call originated.

Since February 1, 2021, the Los Angeles Police Department (LAPD) has contracted with DHMHS to receive 911 calls from individuals who may be experiencing a mental health crisis. The LAPD/DHMHS program effectively serves as a pilot model for the phased implementation of 911-to-988 diversion countywide. The framework below is based upon LAPD's existing model[1] and feedback from the Los Angeles Countywide Criminal Justice Coordination Committee (CCJCC) Alternate Crisis Response Working Group. Nonetheless, certain aspects may need to be adjusted to the needs and capabilities of each jurisdiction.

1. **911 Diversion to 988 Call Criteria**

    a. The following call situations may be considered for transfer to DHMHS:
        - Suicide attempt or suicidal thoughts
        - Possible suicide attempt or suicidal thoughts
        - Mental illness
        - Possible mental illness

    b. Exceptions. The operator receiving the call should not transfer the call to DHMHS if any of the circumstances below exist:
        - The caller is threatening to jump from a bridge, structure, or elevated platform;
        - The caller needs medical attention;
        - A suicide attempt is in progress;
        - The caller has a weapon and is in public with others present;

[1] See LAPD Divisional Order No. 4, dated January 25, 2021.

- The caller has a weapon and is inside a residence/building and with others present.

If any of the above criteria are met, the operator shall follow existing policies, procedures and guidelines and dispatch a patrol unit and/or EMS.

c. The above screening criteria and exceptions may be modified to comply with local policies. Each jurisdiction may identify additional circumstances that may be appropriate to transfer to DHMHS, or conversely, exceptions that call for a law enforcement response. Each jurisdiction will work with DHMHS to ensure that 911 operators are trained to apply the specific criteria appropriate to their jurisdiction.

2. Workflow

a. 911 operator will speak with the caller and determine if the call is appropriate for 988 diversion based on the criteria above.

b. Operator will conference the caller with a DHMHS 988 crisis counselor using a designated direct line (to be identified by DHMHS). Operator will introduce the caller, provide a synopsis and other relevant information. 911 operator may then release the call.[2] Relevant information includes:
   1) Incident number/tag number
   2) PSAP or Call Center identification
   3) Dispatcher ID
   4) Caller phone number, location, name
   5) Any essential call details, e.g., LE call code

c. DHMHS 988 crisis counselor will provide emotional support, risk assessment, safety planning, active listening, and overall de-escalation. DHMHS shall follow standard crisis call management protocols per national accreditation/Suicide & Crisis Lifeline standards and best practices, including de-escalation, risk and safety assessment, and resource referrals.

d. If the DHMHS 988 crisis counselor determines that the situation has changed or escalated, and/or determines that an EMS response is required, DHMHS will re-engage law enforcement:

   1) Crisis counselors will attempt to stay on the phone with the caller to continue de-escalation efforts and provide support while a designated DHMHS shift supervisor communicates directly with law enforcement dispatch, guided by the incident number. The crisis counselors will attempt

[2] In some situations, the 911 operator may opt to remain on the line and monitor the call while the DHMHS 988 crisis counselor attempts to de-escalate the situation.

to stay on the phone with the caller until a law enforcement and/or EMS response has arrived on scene.

2) DHMHS will provide law enforcement dispatch with the incident number and details on why law enforcement is being requested. DHMHS will make every effort to obtain and relay any information pertinent to officer safety.

e. Alternatively, if the 988 crisis counselor determines that a non-law enforcement FIT Team field response is warranted, the crisis counselor may connect the caller to DMH's ACCESS Center, which will dispatch a FIT team to the client's location.

f. At the conclusion of each call, DHMHS will offer all callers a follow-up contact.

3. Technology

a. DHMHS will provide a dedicated phone number that will enable 911 operators to transfer callers to 988 using standard call-forwarding or three-way calling features.
   - 911 operator will conduct a warm transfer of the caller to DHMHS, furnishing pertinent transfer information to the DHMHS 988 crisis counselor, as described above.

b. Should DHMHS seek to re-engage law enforcement, DHMHS will contact the relevant law enforcement agency on a separate line, while the 988 crisis counselor remains on the phone with the caller.
   - Each participating jurisdiction should provide a dedicated phone number/point of contact for DHMHS to re-engage law enforcement, such that a patrol or EMS response may be dispatched if necessary. This may be the originating PSAP, or may be another centralized location (*e.g.*, LAPD Communications Division, LASD MET Triage Desk).

c. Should DHMHS seek support from a non-law enforcement FIT Team, DHMHS will contact DMH's ACCESS Center.

d. It is anticipated that the state will implement a system allowing for direct communications between the 911 and 988 systems. At that time, these procedures may be updated to better facilitate the transfer of calls between agencies and DHMHS.

e. Note that some law enforcement agencies have encountered technical issues with transferring calls from their dispatch system to 988. DHMHS will conduct an initial test of the department's system and may need to engage your service provider or CalOES to ensure calls and data can be transferred properly.

4. Training

a. DHMHS shall provide training to 911 operators/Communications staff on crisis line protocols, standards and center culture.

b. DHMHS shall provide training to its DHMHS 988 crisis counselors on policies and procedures relevant to each participating law enforcement department.

c. Each participating jurisdiction should identify any additional personnel that may need training and particular training materials that may be required.

d. Participating jurisdictions will need to ensure that any training materials and related communications with department personnel are developed in accordance with local governing rules, procedures and/or agreements.

5. Hours of Operation

DHMHS will make 988 crisis counselors available to answer calls on a 24/7 basis.

6. Reporting Requirements

Quarterly and monthly reporting to be provided by both DHMHS and participating law enforcement agencies that includes:

- Number of calls diverted
- Number of diverted calls that required police response
- Number of diverted calls that were referred to DMH ACCESS Center
- Call types/demographics

7. Language Capabilities

Calls will be answered in English, with immediate access to Spanish speaking staff if necessary and available. Other languages will be provided through use of a language line.

Law Enforcement Best Practices for on Scene Engagement with Department of Mental Health – Field Intervention Teams and Other Clinical Staff

Overview

Law enforcement is regularly called to scenes involving clients experiencing a behavioral health crisis. At times, such calls are better suited for a responding team with a mental health professional. DMH operates Field Intervention Teams (FIT) throughout the County 24/7, comprised of a mental health clinician and community health worker, who are regularly dispatched to provide on-site intervention to residents experiencing a behavioral health crisis. This guidance outlines best practices for law enforcement agencies in Los Angeles County to request FIT dispatch when on scene with a client that is determined to be experiencing a behavioral health crisis.

Law Enforcement Criteria for Engaging DMH FIT While on Scene

1. Law enforcement should consider requesting DMH FIT support when on scene with an individual who is experiencing a behavioral health crisis and needs assistance, including potential hospitalization. Signs of a behavioral health crisis may include:
    a. Individual poses a danger to themselves or others or is gravely disabled;
    b. Suicide attempt or suicidal thoughts;
    c. Homicidal thoughts or threats of violence or physical aggression;
    d. Signs of possible mental illness: Concerning behaviors, such as paranoia/excessive fear, talking to self, hallucinating, seeing things, shouting/screaming, pacing, staring, isolating, acting strange, public nudity, destroying property, throwing things, setting fires, not taking care of basic needs for food, clothing and shelter, not sleeping or keeping up with personal hygiene.

    See Attachment A: DMH Crisis Screeners for list of situations/behaviors which typically result in the deployment of a DMH Field Intervention Team.

2. The officer on scene with the client should **not** request DMH FIT if there is an immediate risk of harm to the client, family, requestor, or public. DMH FIT will not generally be deployed in the following circumstances:
    a. A crime is involved (where officers intend to detain and book the client);
    b. The client is threatening to jump from a bridge, structure, or elevated platform;
    c. The client needs medical attention;
    d. A suicide attempt is in progress;
    e. The client has a weapon and is in public with others present;
    f. The client has a weapon and is inside a residence/building with others present.

If any of the above criteria are met, the officer shall follow existing policies, procedures and guidelines. In some circumstances, this may include calling a law enforcement/mental health co-response team (i.e., MET or SMART) (See Option 3 below).

3. The above screening criteria and exceptions may be modified to comply with local policies.

4. For the purposes of these guidelines, it is acknowledged that response time and wishes of the family/requester are critical factors in determining an appropriate response.

Option 1: Law Enforcement Engages DMH FIT

1. If the client, family, and/or requester is willing to wait for a non-law enforcement, behavioral health response, the officer should contact watch commander to determine if situation is appropriate for DMH FIT.

2. The officer should contact the DMH ACCESS Center via the special priority line for a priority DMH FIT dispatch. DMH should clearly communicate the availability of resources and estimated time for arrival of a DMH FIT team.

3. If appropriate, the officer should offer 988 engagement to the client, family, and/or requester as an intermediate step while waiting for FIT arrival. A Didi Hirsch Mental Health Services 988 crisis counselor will provide emotional support, risk assessment, safety planning, active listening, and overall de-escalation while waiting for FIT arrival.

4. The officer should wait for DMH FIT to arrive and share information away from the scene, ensuring that complete and accurate information is communicated. The officer should provide all pertinent information, as they may not know what facts may be relevant to the clinician's assessment of the situation.

5. Once DMH FIT arrives, law enforcement may clear/leave the scene and complete a warm hand-off transferring responsibility for the situation to DMH FIT.

6. If the officer chooses to leave before DMH FIT arrives on-scene, the officer should:
    a. Evaluate situation against safety factors, family preferences, and priority calls within jurisdiction;
    b. Obtain consent from the client (captured on bodycam) to clear/leave the scene while waiting for the FIT to arrive;
    c. Contact the field supervisor and approving Area Watch Commander prior to leaving the scene;
    d. Offer 988 engagement to the client, as detailed above.

Option 2: Law Enforcement Disengages and Offers Resources/Referrals

1. If the officer opts to disengage before calling for DMH FIT support, the officer should:
    a. Consult with field supervisor on scene and obtain final approval for leaving the scene from the approving Area Watch Commander; and
    b. Attempt to obtain consent of the client, family, and/or requestor to disengage.

2. Before leaving the scene, the officer should offer the client, family, and/or requestor appropriate DMH resources including:

    a. **LA County Helpline for Mental Health and Substance Use Services (800) 854-7771.** This line serves as a 24/7 entry point for Countywide behavioral health services, including:
        - Mental health screening and assessment
        - Referral to a service provider
        - Crisis counseling and emotional support
        - Deployment of a FIT team
        - Substance use disorder services and resources

    b. **988 (via phone, text, or chat).** A Didi Hirsch Mental Health Services 988 crisis counselor will provide emotional support, risk assessment, safety planning, active listening, and overall de-escalation while waiting for FIT arrival.

    c. **Local Psychiatric Urgent Care Centers (UCC) for walk-in service.** The County's nine UCCs offer 24/7 intensive, short-term stabilization in a warm and less sterile/clinical environment that include on-the-spot evaluations for therapeutic needs to avoid the need for inpatient services, assessment, therapy, medication services, and referrals. They provide both voluntary and involuntary services and are available to clients on a walk-in basis. *See Section 4 for information on local UCCs.*

Option 3: Law enforcement requests a co-response team

1. In certain circumstances, an officer believes that a response by DMH FIT is not appropriate because: (1) an exception listed in Section 2 above exists; (2) an immediate threat to public safety exists; or (3) the circumstances require a response sooner than a FIT team can arrive.

2. If applicable, the officer shall follow local policies, procedures, and guidelines to request a law enforcement/mental health co-response team.

DMH Field Intervention Team Best Practices for On-Scene Engagement with Law Enforcement

Overview

This guidance outlines the process by which the Los Angeles County Department of Mental Health's Field Intervention Teams (DMH FIT) may request law enforcement support when on scene with a client experiencing a behavioral health crisis and DMH FIT determines that the client should be placed on a 5150/5585 hold.

Absent a public safety or medical emergency, DMH FIT will exhaust alternative solutions prior to calling law enforcement. Approximately 95% of FIT calls are resolved without law enforcement support. In the subset of cases requiring law enforcement support, this working group has determined that both DMH FIT and law enforcement should be better informed of the other's capabilities and policies regarding certain behavioral health crisis scenarios to avoid on-scene miscommunication and negative clinical outcomes for the client. Effective on scene coordination between law enforcement and DMH FIT acts as a means to ultimately serve the client with the least restrictive level of care, in order for them to remain in their community, and to enable law enforcement to better allocate resources towards public safety.

The guidance below reflects the consensus of the Los Angeles Countywide Criminal Justice Coordination Committee (CCJCC) Alternative Crisis Response Working Group. Nonetheless, certain aspects may need to be adjusted to the needs and capabilities of each jurisdiction.

Considerations for DMH FIT Engaging Law Enforcement While on Scene

1. Prior to placing a client on a 5150/5585 hold, DMH FIT will first exhaust all alternatives to hospitalization by making every effort to de-escalate the situation, address the client's concerns, and safety plan with the client and/or collateral (spouse, family member, friend, etc.).

2. If DMH FIT attempts to enact a 5150/5585 hold, and the client refuses to comply, DMH FIT will generally call 911 for law enforcement or emergency medical assistance if:
    a. A crime is involved;
    b. The client is threatening to jump from a bridge, structure, or elevated platform;
    c. The client needs medical attention;
    d. A suicide attempt is in progress;
    e. The client has a weapon and is in public with others present;
    f. The client has a weapon and is inside a residence/building with others present; or
    g. FIT was unsuccessful in efforts to develop a safety plan with the client's family or other support system.

3. Absent one of these scenarios, DMH FIT will exhaust the following approaches with a noncompliant client prior to calling for law enforcement support:
    a. <u>Build rapport and therapeutic engagement with the client</u>
        i. DMH FIT will allocate sufficient time to actively listen to the client's concerns and past experiences to build rapport and give the client time to engage.
        ii. Law enforcement involvement is not used as a threat to enforce compliance by DMH FIT as it undermines the mental health professional's role as a clinician.

    b. <u>Use collateral for support</u>
        i. DMH FIT will actively involve collateral (e.g., family, friends, etc.) who have a positive rapport with the client. DMH FIT will coach collateral on engaging with the client to ensure they do not use threats or coercion.
        ii. Collateral who may trigger adverse client behavior or agitate the client will be asked to leave the scene.

4. If these approaches are not successful, DMH FIT will exercise their clinical judgment and experience in determining whether to request support from law enforcement.

    a. DMH FIT may elect to request law enforcement for assistance with a non-compliant client if, after exhausting all alternatives, DMH FIT believes that law enforcement may help keep the peace and offer 'command presence' to encourage a previously uncooperative client to comply with an involuntary hold.

        i. DMH FIT is **not requesting** law enforcement to use force and physically engage the client to enforce the hold. Law enforcement will determine the appropriate level of intervention necessary, and may decline to use force if the client does not present an imminent danger to others.

        ii. If the client complies with the hold following law enforcement engagement, DMH FIT should follow procedure in enacting the hold.

        iii. Tactical Disengagement

            1. If the client does not comply with the hold following law enforcement engagement, DMH FIT should meet with law enforcement away from the scene to discuss next steps, including plans for DMH FIT and/or law enforcement to re-engage the client at a later time/date.

            2. FIT should document possible tactical disengagement by the law enforcement agency (i.e., names of officers involved, consultation with field supervisor and approving Area Watch Commander).
                - Note in LAPD jurisdiction, tactical disengagement requires a call to the MEU Triage Desk for incident documentation.

b. In some jurisdictions, DMH FIT may request that law enforcement standby at a nearby location out of sight from the client.
    i. This may be arranged in advance, particularly when dealing with repeat clients or clients with a history of aggressive behavior.
    ii. Request support as soon as it appears that interactions with client are headed in the wrong direction, keeping law enforcement travel time in mind.

c. DMH FIT may elect not to request law enforcement for assistance with a non-compliant client based on their evaluation of the circumstances, which may include:
    i. Collateral is willing to be part of the safety plan;
    ii. A follow-up team is in place to continue client care;
    iii. The client is non-violent, and a support system is in place to monitor the client (e.g., group home, board and care staff, heavily involved family, etc.);
    iv. The client is not making threats to die by suicide and/or commit homicide; and/or
    v. The family requests not to call law enforcement, discussed reasons are found to be warranted, and safety concerns are not present.

    In such circumstances, the DMH FIT, after consultation with a supervisor, may elect not to pursue the hold and to disengage from the incident.

Procedures and Best Practices for Engaging Law Enforcement:

1. DMH FIT calls the appropriate law enforcement jurisdiction for assistance.
    - In jurisdictions covered by LAPD, call 911. Non-emergency calls for "command presence" will likely be routed to non-emergency lines and result in delayed response.
    - In jurisdictions covered by LASD, call the MET Triage Desk before calling 911 or the local station. If a potentially volatile situation is anticipated in advance, call the MET Triage Desk to arrange standby support.
    - In all other jurisdictions, calls for law enforcement support should be placed to the local station or through 911.

2. DMH FIT and law enforcement should coordinate to meet away from the scene (e.g., 1-2 houses away) to debrief on the situation.
    a. DMH FIT communicates the risk factors, safety concerns, and reasons for placing the client on an involuntary hold.
    b. DMH FIT details the alternative interventions taken prior to requesting law enforcement.

c. DMH FIT acknowledges the limitations on the use of force by law enforcement.

3. DMH FIT should return to the scene and explain to the client/collateral that law enforcement's presence is only to ensure public safety. DMH FIT should continue to employ strategies to encourage client cooperation with the hold with law enforcement present.

4. DMH will be ultimately responsible for follow-up if all parties disengage.

Utilization of Crisis Stabilization Units for 5150 Transports by Law Enforcement

The Los Angeles County Department of Mental Health strives to partner with all agencies that continue to transport patients to the right level of care at the right time. Mental health Urgent Care Centers (UCCs), also known as Crisis Stabilization Units, provide intensive crisis services to individuals who otherwise would be taken to psychiatric emergency rooms. Individuals served might include:

- Repetitive and high utilizers of emergency and inpatient services
- Individuals with co-occurring substance abuse and mental health issues
- Individuals needing medication management and prescription services
- Individuals whose presenting mental health issues can be met with short-term (under 24 hours) immediate care and linkage to community-based treatment.

The UCCs focus on quickly providing stabilization services and linking clients to ongoing community services and supports. The goal of mental health UCCs is to reduce the incidence of unnecessary and lengthy involuntary inpatient treatment while promoting care in voluntary, recovery-oriented treatment settings. Resources and services provided include:

- Clinical triage;
- Clinical and Case Management assessments;
- Rapid psychiatry medication evaluation and prescription services;
- Linkage for housing, employment, and benefits;
- Mental health services including brief crisis intervention and short-term mental health interventions using evidence-based practices such as cognitive behavioral therapy and motivational interviewing;
- Peer and family intervention and support services;
- Clinical outreach services in collaboration with FIT; and
- Linkage/Access/Follow-up to additional community-based services

To support the hospital network as a whole, UCCs accept direct referrals from law enforcement, mobile crisis outreach teams, Emergency Medical Services, other field intervention teams, and individuals who may satisfy criteria for an involuntary hold due to danger to self, danger to others, or grave disability. DMH's goal is to divert patients away from local hospital emergency departments whenever it can be done safely in order to maximize hospital capacity available for patients with acute medical conditions and provide patients with mental health conditions appropriate care in behavioral health urgent cares.

Attachment A

Crisis Screener – Calling for Others

Crisis Screener – Calling for Self

Attachment A-1

CRISIS SCREENER – CALLING FOR OTHERS

Date: Name of Caller: Name of Person:

Reason for Calling:

Is the person in immediate life-threatening danger to themselves or others? ☐ Yes ☐ No

If YES, refer to 911 and do not continue with the screener

Are you or someone you know able to be with them? ☐ Yes ☐ No

If not currently with the person but able to get there, mark YES and instruct caller they must be with the person in order for FIT to go out.

Will they be able/willing to communicate with us? ☐ Yes ☐ No

Where are they now? ☐ Home ☐ Medical ER ☐ School ☐ Street ☐ Location with Staff Present ☐ Other

Danger to Self

Are you worried they are danger to themself? ☐ Yes ☐ No ☐ Unknown / Unwilling

If NO, proceed to Danger to Others/Concerning Behaviors Section

If YES or UNKNOWN/UNWILLING, select all that apply: (*"Talking" may refer to verbal or written communication in notes or on social media)*

- ☐ Talking about a suicidal plan
- ☐ Talking about intending to carry out plan
- ☐ Has access or is in possession of means to carry out plan
- ☐ Talking about wanting to die/having no reason to live
- ☐ Talking about being a burden to others
- ☐ Talking about feeling trapped or in unbearable pain
- ☐ Looking for a way to die (searching online or obtaining a gun)
- ☐ Storing pills/medications
- ☐ Withdrawing/Isolating self/Locking self in room
- ☐ Crying frequently
- ☐ Giving away their favorite things/saying goodbyes
- ☐ Increasing use of alcohol or drugs
- ☐ Currently under influence of alcohol or drugs
- ☐ Engaging in self harm/cutting
- ☐ Other:

How long has this been happening?

Have they done this in the past? ☐ Yes ☐ No ☐ Unknown / Unwilling

If YES, what was the outcome?

Tell me about the firearms/weapons that are in the house/location:

If firearms/weapons are present:

Do they have the firearm/weapon in-hand/nearby or threatening to use it? ☐ Yes ☐ No ☐ Unknown / Unwilling

If YES, refer to 911

Comments (optional):

Attachment A-1

CRISIS SCREENER – CALLING FOR OTHERS

Danger to Others/Concerning Behaviors

Are you worried they are a danger to others or are doing things that are concerning? ☐ Yes ☐ No ☐ Unknown / Unwilling

If NO, go to Outcomes section

If YES or UNKNOWN/UNWILLING, then select all that apply:

- ☐ Threatening to harm others
- ☐ Aggressive (e.g., hitting, pushing)
- ☐ Agitated
- ☐ Shouting/Screaming/Cussing
- ☐ Pacing
- ☐ Staring
- ☐ Paranoia/Excessive Fear
- ☐ Talking to themselves/Seeing Things
- ☐ Acting strange/Not themself/Something Off
- ☐ Walking/running into traffic
- ☐ Public nudity
- ☐ Destroying property (e.g., slashing tires, punching holes in walls)
- ☐ Throwing things
- ☐ Setting fires: ☐ currently ☐ last 72 hours ☐ threatening
  If yes, provide details:
- ☐ Not taking care of their basic needs for food, clothing, or shelter
- ☐ Currently under the influence of alcohol/drugs ☐ unable to be interviewed
- ☐ Other:

How long has this been happening?

Have they done this in the past? ☐ Yes ☐ No ☐ Unknown / Unwilling

If YES, what was the outcome?

Tell me about the firearms/weapons that are in the house/location:

- **If present:** Do they have the firearm/weapon in-hand/nearby or threatening to use it? **If YES, refer to 911** ☐ Yes ☐ No ☐ Unknown / Unwilling

Comments (optional):

Outcomes

Are they willing to speak to a crisis counselor on the phone in lieu of a team coming out? ***Only ask if not threatening to harm others*** ☐ Yes ☐ No ☐ Unknown / Unwilling

Are they willing/likely to attend an Appointment? ☐ Yes ☐ No ☐ Unknown / Unwilling

Comments (optional):

Attachment A-2

CRISIS SCREENER – CALLING FOR SELF

Date: Name of Individual:

Reason for Calling:

Are you in immediate life-threatening danger to yourself or others? ☐ Yes ☐ No

If YES, refer to 911 and do not continue with the screener

Where are you now? ☐ Home ☐ Medical ER ☐ School ☐ Street ☐ Location with Staff Present ☐ Other

Is there someone else with you? ☐ Yes ☐ No

If YES, contact name / info:

Danger to Self

1. Do you feel trapped with no good options left? ☐ Yes ☐ No ☐ Unknown / Unwilling
2. Are you overwhelmed or have you lost control by negative thoughts filling your head? ☐ Yes ☐ No ☐ Unknown / Unwilling
3. Do you wish you were dead or wished you could go to sleep and not wake up? ☐ Yes ☐ No ☐ Unknown / Unwilling
4. In the past 30 days, have you actually had any thoughts of killing yourself? ☐ Yes ☐ No ☐ Unknown / Unwilling

   If NO, go to 5

   If YES or UNKNOWN/UNWILLING: ask 4a-c

   a. Have you been thinking about how you might do this? ☐ Yes ☐ No ☐ Unknown / Unwilling

   b. Have you had these thoughts and had some intention of acting on them? ☐ Yes ☐ No ☐ Unknown / Unwilling

   c. Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out on this plan? ☐ Yes ☐ No ☐ Unknown / Unwilling

5. Have you done anything, started to do anything or prepared to do anything to end your life? ☐ Yes ☐ No ☐ Unknown / Unwilling

   If NO, go to 6

   If YES or UNKNOWN/UNWILLING: ask 5a

   a. Tell me about the firearms/weapons that are in the house/location

   - **If present:** Do you currently have the firearm/weapon in-hand/ nearby or threatening to use it? ☐ Yes ☐ No ☐ Unknown / Unwilling

     If YES, refer to 911

Comments (optional):

Attachment A-2

CRISIS SCREENER – CALLING FOR SELF

Danger to Others

6. Are you thinking about hurting someone or are you doing things to harm others or put them at risk? ☐ Yes ☐ No ☐ Unknown / Unwilling

If NO, then go to Outcomes section

If YES or UNKNOWN/UNWILLING, select all that apply: (*Based on observation of the caller or what they say)*

- ☐ Threatening to harm others
- ☐ Aggressive (e.g., hitting, pushing)
- ☐ Agitated
- ☐ Shouting/Screaming/Cussing
- ☐ Paranoia/Excessive Fear
- ☐ Hearing things/Seeing things
- ☐ Weight loss/unable to eat/does not have food
- ☐ Destroying property (e.g., slashing tires, punching holes in walls)
- ☐ Throwing things
- ☐ Reckless behavior (e.g., dangerous driving)
- ☐ Setting fires: ☐ currently ☐ last 72 hours ☐ threatening
  If YES, provide details:
- ☐ Currently under influence of alcohol or drugs
- ☐ Don't feel like self/something is off
- ☐ Other

7. Are you currently having thoughts of hurting someone? ☐ Yes ☐ No ☐ Unknown / Unwilling

8. How long has this been happening?

9. Have you done this in the past? ☐ Yes ☐ No ☐ Unknown / Unwilling
   If YES, what was the outcome?

10. Tell me about the firearms/weapons that are in the house/location

    a. **If present:** Do you currently have a firearm/weapon in-hand/ nearby or threatening to use it? ☐ Yes ☐ No ☐ Unknown / Unwilling
    If YES, refer to 911

Comments (optional):

Outcomes

Are you willing to speak to a crisis counselor on the phone in lieu of a team coming out? ***Only ask if not threatening to harm others*** ☐ Yes ☐ No ☐ Unknown / Unwilling

Are you willing/likely to attend an Appointment? ☐ Yes ☐ No ☐ Unknown / Unwilling

Comments (optional):

Attachment B

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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Psychiatric Urgent Cares (UCCs) in LA County by Service Area

Service Area	Name	Address	Intake	Ages Allowed	Accepts Private Insurance?	Medication Management	Walk-Ins?
1	**High Desert – Stars** http://www.starsinc.com/bhucc-highdesert/	415 E Avenue Lancaster, 93535	24/7 (Walk-in 8am-8pm) 661-522-6770	12+	Yes	Yes	Yes
2	**Pacifica** https://pacificahospital.com/pacific-hospital-of-the-valley-urgent-care-clinic/	14228 Saranac Ln Sylmar, 91342	24/7 747-315-6100	13+	Yes	Yes	Yes
3	**COI-BHUCC** http://www.starsinc.com/bhucc-industry/	18501 Gale Ave., Suite 100 City of Industry, 91748	24/7 (Walk-in 8am-8pm) 626-626-4997	12+	Yes	Yes	Yes
4	**Eastside-Exodus** http://www.exodusrecovery.com/l-a-eastside-ucc/	1920 Marengo St. Los Angeles, 90033	24/7 323-276-6400	18+	Yes	Yes	Yes
5	**Westside-Exodus** http://www.exodusrecovery.com/urgent-care-center-ucc-westside/	11444 Washington Blvd., Suite A Los Angeles, 90066	24/7 310-253-9494	18+	Yes	Yes	Yes
6	**MLK- Exodus** http://www.exodusrecovery.com/urgent-care-center-mlk/	12021 Wilmington Ave. Los Angeles, 90059	24/7 562-295-4617	12+	Yes	Yes	Yes
8	**Long Beach-Stars** http://www.starsinc.com/bhucc-longbeach/	3210 Long Beach Blvd. Long Beach, 90807	24/7 (Walk-in 8am-8pm) 562-548-6500	12+	Yes	Yes	Yes
8	**Providence- Little Company of Mary** http://www.providence.org/locations/socal/plcm-san-pedro/behavioral-health	1300 W. 7th St. San Pedro, 90732	24/7 310-832-3311	18+	Yes	Yes	Yes from ER
8	**Harbor UCLA-Exodus** http://www.exodusrecovery.com/harbor-ucc/	1000 W. Carson St., #2 Torrance, 90502	24/7 424-405-5888	12+	Yes	Yes	Yes