

# Daily Journal

## Citing Legal Fears, County Turns to Cops to Help Mental Patients

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LOS ANGELES - The call for help came on Election Day last week from a Culver City couple scared that their adult son was on the verge of a dangerous mental breakdown.

Rather than dial 9-1-1, the couple called a county emergency hotline that normally sends clinicians and therapists to evaluate mental patients and admit them to hospital beds.

But the county team did not respond. Three hours later, the son ended up on a city bus banging on windows, screaming and ignoring the bus driver's commands to stop. Finally, the driver pulled to the side of the road to wait for police, according to a county worker involved with the case.

The county team's failure to respond has become a daily problem since the Department of Mental Health quietly began refusing to take emergency calls involving the mentally ill, particularly the uninsured, when no hospital beds are available. The teams count beds every hour and don't respond when they are full - a common scenario in Los Angeles County.

Instead, anyone seeking help in the grips of schizophrenia, manic depression, or other mental illness is transferred to 9-1-1. The result: Thousands of people in crisis deal with cops instead of county therapists, even as L.A. coffers fill with new mental health funding. The shift angers advocates and some doctors who say it forces police to try to do the job of trained health professionals.

In Culver City, patrol officers responded to the couple's call. But the officers believed the ordeal was under control and left against the family's wishes, according to the county worker familiar with the case, who asked to remain anonymous because he was not authorized to comment.

County officials defended their no-response policy as a legal protection from liability because public hospitals can turn patients away when full or make them wait hours for beds. Marvin Southard, director of the Department of Mental Health, said his department kicks calls to police only when beds are full, which changes hourly.

"It is a practice that has evolved to deal with the practicalities," Southard said. "The truth is that there is a shortage of indigent, in-patient beds."

The three public hospitals in L.A. hold about 200 acute-care beds for mental patients and the average person stays eight days, according to the Department of Mental Health. And the number of beds keeps shrinking despite a recent

tsunami of mental health funds - more than \$1 billion collected statewide this past year - from a millionaire tax voters approved in 2004 under Proposition 63, or the Mental Health Services Act.

The policy reveals growing pains for county departments as they see the old emergency system shrivel and new supportive services bloom. In Los Angeles, which received \$130 million from Prop. 63 to date, that awkward transition means the Department of Mental Health can dole out housing dollars for the mentally ill but not respond to calls for help because of legal issues.

Southard said the bed shortage sparked a liability problem, because if the county workers hold patients involuntarily without a bed, they are on the hook. He said county lawyers advised his department to stop responding when beds are full "to protect the responders themselves" from losing their license if problems occur.

County counsel lawyers would not comment.

Southard also said complaints were "not well-founded" because police teams have filled the void in many cities. Four police departments in the county, including the Los Angeles Police Department and the county Sheriff's Department, have special units that pair cops with trained clinicians.

But sources at several health clinics and homeless shelters that treat the mentally ill said that policing the mentally ill was a poor substitution.

"It is like calling the cops to respond to a heart attack," said Dr. Susan Partovi, who treats patients at Homeless Healthcare on Skid Row. "No one is thinking of the patient."

Other mental health advocates said it was irresponsible for the department to put legal concerns before patient care and not respond to calls. "They have to come out," said Jim Preis, executive director of Mental Health Advocacy Services. "Even if there is no bed available they should come out. To base it on a fear of liability doesn't make sense."

Preis said he also believes the county could fund alternatives like urgent care centers for the uninsured using Mental Health Services Act money. "I do think that the county has to find way to fund this," Preis said.

Elena Ackel, a lawyer with Legal Aid Foundation who tracks access to county beds for psychiatric care, said the department stopped responding to emergency calls on a regular basis more than a year ago.

That policy was evident on Sept. 16 when nurses at the Venice Family Clinic called the county hotline for help with a distraught patient and were referred to the police instead.

The patient locked himself in the bathroom and tried to hang himself with his belt, according to agenda minutes from the Venice Family Clinic's Sept. 30 board meeting. County teams were "unable to find open county psychiatric beds, therefore wouldn't come get the patient," the minutes state. Police officers were called instead and took the man, who survived, to the hospital.

Andrew Pari, who heads the county's emergency mental health team on the Westside, called that a "good outcome." But Pari said that it showed the growing problem facing the Department of Mental Health when county hospitals turn away mental patients.

"We want to be out in the field helping people and when there is a barrier that is a systemic issue, everybody is frustrated," Pari said. "On a bad day we could be hunting around all day looking for a bed while the situation is going on."

While county officials can't say how many crises the county teams push on police, data compiled by the Department of Mental Health show that their teams' emergency responses dropped more than 20 percent from 12,722 during fiscal 2007 to 10,003 for fiscal 2008.

Pari said even county residents who are not homeless feel the crunch. "Even if you have a wealthy, well-insured individual, we may not be able to find a bed for that person and then we're back at [using] law enforcement."

Law enforcement teams pick up the slack when county hospitals are jammed - a shift that has police officers increasingly doing the job of mental health professionals.

But that does not always mean un-trained patrol officers are handling the mentally ill.

On any given day, the LAPD sends more than a dozen officers to 9-1-1 calls with a trained mental health clinician riding in the passenger seat. Those downtown-based teams, tagged Mental Evaluation Units, roll to a scene whenever a patrol officer believes a crime suspect suffers from mental illness and should be committed to a hospital bed rather than a jail cell.

That was the case last week, when Officer Jackie Yin and his partner - a county therapist who asked not to be named because of the nature of her work - handcuffed an agitated man and brought him to a Van Nuys police station for an evaluation after the man wandered into rush hour traffic wearing only a dingy green velour robe and flashed passing cars.

"A lot of suspects have mental illness," Yin said, while waiting for an ambulance to take the man against his will to one of the 44 beds at the county's Olive View Medical Center. "Sometimes it's better us than the patrol officers, because we have special training and we're able to do a better assessment" Yin said.

When the ambulance arrived an hour later, Yin helped EMTs strap the man to a gurney, ignoring his tirade of insults and expletives. Yin said working with a clinician had trained him to handle mental patients with sensitivity - though nearby officers did fling insults back at the patient.

The county Sheriff's Department has a dozen mental health teams. The Long Beach and Pasadena police departments have a handful. In most cases, the teams include a plain-clothes police officer and a county clinician. Most cities, including Culver City, do not have police teams that can pick up the slack.

And detectives who run the LAPD program, which began in 1993, said there is a big difference between the county's Department of Mental Health and the law enforcement teams. Because the police teams respond mostly to 9-1-1 calls, they are suited to deal more with crimes and violence.

Detective Charles Dempsey said the calls go up every time hospital beds are full because the county's teams do not respond and cop teams must handle calls that are not crime-related.

"It does make it a little more difficult ... and the individual might have been kept a little longer," Dempsey said.

Legally, there is one other difference between the county and cop teams: Hospitals are required by law to take a mental patient from a police officer - even if there is no room - but they can turn the county teams away.

To change that discrepancy, the 1967 Lanterman Petris Short Law that governs committing mental patients would have to be rewritten to forbid turning away county teams. At least one supervisor at the Department of Mental Health said that would help.

But representatives for private hospitals said the fix should be more funding for indigent care. Jim Lott, executive vice president for the Hospital Association of Southern California, described the county policy of not responding as "See no evil, do no evil."

"It's a ludicrous way of dealing with the problem," Lott said. "There is tension in the system about this issue. People simply don't want to solve this problem because it creates more problems."

One problem is that if county officials throw money at fixing the bed shortage they could spend millions of dollars with little to show for it, because the problem is so vast.

State lawmakers considered that when they wrote the Mental Health Services Act, which is why the funding cannot directly pay acute in-patient beds for mental patients. Still, some legislative experts said the funds could be tapped to open urgent care facilities for the uninsured and other alternatives that would help county bed shortages.

Stephanie Welch, associate director for the nonprofit California Mental Health Directors Association, said county-run crisis centers that hold patients for 24 hours or house them voluntarily could legally qualify for the new dollars.

The Department of Mental Health has shown recent interest in those facilities, Southard said. "I am hoping to expand our emergency response through the Mental Health Services Act," he said. The county currently has four small centers and could expand the hours they are open.

But homeless shelters like Union Rescue Mission are still waiting to see if urgent care centers help the county respond to emergency calls.

Carrie Gatlin, vice president of government relations for the Skid Row mission, said it is frustrating to see the new money from Prop. 63 flood in but still be told that county social workers cannot see new patients or respond to emergency calls.

"Our staff is pretty experienced, but they are not mental health evaluators. When it comes to a major episode, one that is out of control, instead of being able to call county teams, we have to call 9-1-1," Gatlin said.

"The answer that we always get is that the [county] is too busy."