FOR IMMEDIATE RELEASE
October 27, 2025

Assessment by Controller Kenneth Mejia of LAPD's Mental Evaluation Unit (MEU) Finds LAPD Requires a Patrol-First, Armed Response in Mental Health Calls for Service

Controller's Office Makes Recommendation for LAPD To Allow MEU SMART Teams To Lead LAPD Responses As Primary Responders in Certain Mental Health Related Calls

Controller's Office Also Recommends That City Council and Mayor Continue To Support Unarmed Model of Crisis Response (UMCR)

Councilmembers Nithya Raman and Eunisses Hernandez Express Support for Mental Health Calls To Be Handled by Trained Specialists

LOS ANGELES – The Office of City Controller Kenneth Mejia today released an **assessment of the Los Angeles Police Department (LAPD)'s Mental Evaluation Unit (MEU)**, the unit whose primary role is to respond to calls for service that may involve mental health crises. According to the LAPD, the MEU's mission is to reduce the potential for violence during police contacts involving people experiencing mental illness while simultaneously assessing the mental health services available to assist them. In response to the January 2023 killings of three men in apparent mental crisis, this assessment focused on MEU operations and incident data for the period of 2020-2022. It also examines MEU use of force incidents between 2021-2024.

The assessment **focused on LAPD MEU's Systemwide Mental Assessment Response Team (SMART) units**. SMART units are LAPD's co-response teams of armed LAPD officers and LA County Department of Mental Health (DMH) clinicians who arrive at mental health related service calls. They are a secondary support unit behind patrol units.

The Controller's Office evaluated the LAPD's **policies** and **training protocols**, including **policies that officers would likely be expected to rely on during mental health related responses** to calls for service, given LAPD's decision to place armed patrol officers at the forefront of these responses. The Office also evaluated MEU- and SMART-specific materials.

Full report:
bit.ly/lapdmeu

<u>Main findings:</u>

- LAPD **requires** an **armed, police-first, patrol-first response to incidents involving mental health crises**. LAPD policy designates armed patrol units as primary

responders, and SMART units, which consists of one armed officer and one mental health clinician, as secondary responders.
    - LAPD's **policies** for use-of-force are **vague**.
    - LAPD **lacks clear parameters** for engaging with people in mental crisis.
- SMART is **focused on (1) relieving patrol officers** from mental health related calls and **(2) carrying out 5150 hold applications** (involuntary 72-hour mental health detentions).
- SMART's **performance** is measured in only **one** area: **how quickly SMART relieves patrol officers** from on-scene duties.
- LAPD **does not give the necessary tools** to SMART to achieve MEU's goals:
    - MEU's policy **mandates always handcuffing** people in mental health crisis.
    - MEU officers **do not receive specialized training**.
    - SMART officers are **armed**.
    - SMART units are **secondary responders to armed patrol units**.

"The report underscores that we urgently need a true city-wide unarmed crisis response program, one that allows for many more mental health calls to be handled by trained clinicians and social workers," said **Councilmember Nithya Raman**. "This is the holistic approach to public safety we need for a safer city."

Councilmember Eunisses Hernandez said, "Since 2021, anywhere from 35% to 41% of LAPD shootings involve people in crisis, which lead to significant harm, death, and liability costs. Our public safety ecosystem has teams that are specifically trained to handle mental, behavioral, and emotional health crises, and it is our duty to expand these city-wide. As Co-Chair of the Ad Hoc Committee on Unarmed Crisis Prevention, Intervention, and Community Services and a member of the Budget and Finance Committee, I support the call to fully fund these trained health, clinical, and peer professionals who save lives. It's smarter policy, better budgeting, and the right thing to do."

Controller Mejia said, "I took Office in the middle of December 2022 and in the first week of January 2023, during a 48-hour span, LAPD killed three men who had a history of mental health conditions or appeared to be in mental crisis. This was one of the reasons why we launched this assessment.

"Currently, the primary response that exists for mental health emergencies is the LAPD's Mental Evaluation Unit's SMART teams. MEU's own stated mission is to prevent unnecessary incarceration and hospitalization and reduce violence – however, my Office's assessment of LAPD MEU found that LAPD does little to prove MEU or SMART accomplish any of this.

"In reality, MEU's SMART teams are still armed and only receive the basic mental health training available to all LAPD personnel. Most concerning is that while LAPD's directive requires SMART to be deployed to mental health calls involving people who may be violent or armed, or are high-risk, or are otherwise involved in a critical incident – LAPD doesn't allow SMART units' officers or mental health clinicians to be primary responders in these or lower risk or non-violent situations. In fact, LAPD requires armed patrol units to be primary responders.

“LAPD should revise its policy to allow its Mental Evaluation Unit’s SMART teams to lead responses in mental health related calls that don't involve weapons. City Council and Mayor Bass should also continue to support and possibly expand the City’s Unarmed Model of Crisis Response pilot program. The City and County should reevaluate mental health clinicians’ role in mental health related 911 responses to make better use of their clinical skills.

“LAPD’s Mental Evaluation Unit is a $13 million annual investment just for the payroll costs for nearly 80 officers. With this report, the LA community, stakeholders, and the LAPD will gain better insight into whether the City’s multi-million dollar yearly investment in MEU is meeting its intended goals.”

Detailed Findings and Recommendations:

- **Finding: SMART’s ability to improve outcomes is extremely limited because they are secondary responders to armed patrol units.**
    - SMART units are secondary responders while armed patrol units are primary responders. SMART units are not allowed to interact with subjects until patrol units have given their approval.
    - In 2022, patrol units were the initial responder to 96% of incidents recorded in MEU’s database and handled the final disposition of incidents in 76% of MEU calls. 78% of MEU calls ended in either a 5150 hold (involuntary 72-hour mental health detention) or an arrest.
    - The limited support role for mental health clinicians underutilizes their skills and prevents them from leading responses.
        - Clinicians are able to search for mental health data in County DMH databases and share that with LAPD officers on the scene. It is not clear how LAPD uses the information or whether it has any substantial impact.
    - The Controller’s Office did not identify any specific ways in which mental health clinicians’ role in SMART had changed outcomes (such as de-escalation or reduced incarcerations and hospitalizations).
    - **Recommendation: LAPD should revise its policy to allow SMART units to take control of certain incidents involving people in mental crisis. SMART teams should lead the LAPD response to mental health related calls which do not involve weapons.**
- **Finding: SMART’s ability to improve outcomes is extremely limited because they are often dispatched to incident types where mental health clinicians cannot directly intervene.**
    - LAPD directs SMART units to be dispatched (with patrol) when mental health related calls also involve armed or violent subjects, subjects who may have committed crimes, or high-risk behaviors.
    - **Recommendation: The City and County should reevaluate DMH clinicians’ role to make better use of their clinical skills. For example, clinicians might add more value if SMART units serve as primary responders for non-violent / non-critical incidents.**

- **Finding: SMART units are primarily used to complete involuntary 5150 mental health holds.**
    - From 2020 through 2022, 84% of incidents handled by SMART were for 5150 holds.
    - **Recommendation: LAPD should work with DMH to reevaluate DMH clinicians' role so that they can be deployed in more ways.**
- **Finding: MHIT training emphasizes using involuntary 5150 mental health holds rather than meaningful de-escalation or services.**
    - 86% of calls handled by SMART in 2023 resulted in a 5150 hold application.
    - The Controller's Office observed one instructor state: "Our 5150 application will be important - that's our testimony...if we write [a] vague 5150, we don't give the DA enough ammunition to argue [for the hold]."
- **Finding: MEU's training does not go beyond LAPD's department-wide, one-time Mental Health Intervention Training (MHIT) and does not fully align with best practices.**
    - MEU officers, including SMART officers, do not receive specialized training. They receive MHIT, which is department-wide, one-time, and only covers basic principles – the same training that may be expected of any rookie LAPD officer.
    - As a one-time training, MHIT does not align with best practices in law enforcement-based crisis intervention training. A core element of the Crisis Intervention Training (CIT) Model, also known as the "Memphis Model," which is recognized as a "best practice" model, is in-service training for officers to supplement their knowledge and skills.
    - **Recommendation: LAPD should require additional training and refresher courses beyond the one-time MHIT training for all MEU officers and all sworn officers.**
- **Finding: Since LAPD utilizes SMART teams as a secondary response to patrol teams, SMART has little impact on uses of force and outcomes.**
- **Finding: Mental Health Intervention Training (MHIT) has little impact on uses of force and outcomes.**
- **Finding: SMART's performance is measured in only one area: how quickly SMART relieves patrol officers from on-scene duties.**
    - **Recommendation: LAPD should develop a method to measure the impact that MEU has on mental health related incidents where SMART is dispatched and on use of force incidents.**
- **Finding: LAPD's policy does not provide much specific direction for interacting with and evaluating people with mental illness.**
    - **Recommendation: LAPD should revise its manual with detailed direction on how to interact with and evaluate mental illness. Specific topics should include: de-escalation techniques, how to address specific indicators of mental health concerns, and promoting a higher standard of accountability for officers.**

- **Finding: LAPD's policy mandates handcuffing people with mental illness in almost all scenarios. MEU's policy also mandates always handcuffing people in mental health crisis.**
    - **Recommendation: LAPD should revise its policies to eliminate the handcuffing of people experiencing mental health crisis if they are not behaving violently or alleged to have committed a crime.**
- **Finding: LAPD's de-escalation policy lacks specificity. It does not provide specific guidelines or techniques, including when and how officers should apply de-escalation practices.**
    - LAPD has a Directive whose stated intention is to "define tactical de-escalation techniques" (Tactics Directive No. 16). This Directive instead seems to primarily provide exceptions to de-escalation and suggestions on when officers may be justified in bypassing de-escalation tactics.
    - **Recommendation: LAPD should revise its Use of Force policy to emphasize specifically when and how to de-escalate. It should also fully emphasize that officers are required, under California law (SB 230), to use de-escalation prior to engaging in force when feasible.**
- **Finding: MEU Incident Reports we reviewed showed infrequent attempts to de-escalate.**
    - Only 6% of MEU Incident Reports randomly sampled and reviewed by the Controller team describe attempts to de-escalate. 61% do not describe attempts to de-escalate, and 33% were for incidents that did not need de-escalation.
    - The majority of MEU incidents reviewed involve patrol officers, not SMART officers.
- **Finding: Uses of force are not adequately documented in MEU Incident Reports.**
    - The MEU Guidebook itself instructs officers to limit the details they provide in MEU Incident Reports when a use of force has occurred.
    - When MEU incidents involve use of force, Incident Reports are much less likely to include descriptions of the subject's mental health condition, compared to incidents that do not involve use of force.
    - **Recommendation: LAPD should revise MEU's policy so that Incident Reports include full narratives of uses of force.**
- **Finding: LAPD does not track the impact that MEU has on use of force.**
    - **Recommendation: LAPD should develop a method to track the impact that MEU has on use of force and on mental health related incidents where SMART is dispatched.**
- **Finding: Compared to the CIT (Memphis) Model, the LAPD's use of force policy falls short on best practices for mental health incidents.**
    - LAPD's use of force policy only makes cursory mention of "vulnerable populations" without expounding on the dynamic realities presented in encounters with people who have a mental health condition or appear to be in a mental health crisis.

    - LAPD's policy puts patrol officers in charge of mental health calls and bars SMART teams from engaging with individuals in mental crisis until the patrol officers have detained them.
    - SMART teams often do not have adequate opportunity to de-escalate or mitigate use of force.
    - **Recommendation: LAPD should revise its use of force policy to include dynamic mental health considerations for officers responding to calls involving people exhibiting mental distress.**
- **Finding: MHIT instructors' approach to training is concerning**
    - The Controller's Office observed instances of serious concern, including blanket assertions that trainees were already doing everything right. Instructors told trainees, "We're giving you best practices. It's your choice what you want to do when you get out there".
    - An instructor started a lecture on destigmatizing mental illness by stigmatizing mental illness, telling trainees: "I went from working for crazy people to working with crazy people".
    - **Recommendation: LAPD should develop a formal evaluation of all MHIT training.**
- **Recommendation**: **The City Council and Mayor should continue to support and fund Unarmed Model of Crisis Response (UMCR) through its multi-year plan, and should consider expanding it if the pilot demonstrates successful alternatives to armed responses.**

Background:

- SMART = a program under MEU; MEU = a unit of the LAPD.
    - SMART units consist of one armed officer and one mental health clinician and respond to 911 calls for service related to mental health.
    - MEU is responsible for LAPD's mental health response. This includes calls for service; long term case management; policies; and training, including Mental Health Intervention Training (MHIT).
- Who might respond to a 911 mental health call in the City of LA?
    - LAPD patrol unit (armed officers) only, or
    - LAPD patrol unit (armed officers) as primary responder + LAPD SMART unit (1 armed officer + 1 mental health clinician) as secondary responder, or
    - Unarmed Model of Crisis Response (UMCR) team (certain areas only)
        - UMCR is a pilot program the City launched in 2023. UMCR teams are unarmed, non-law-enforcement responders such as emergency medical technicians, therapists, and social workers.
- Cost to staff MEU in FY24: $12.8M, for 79 sworn personnel.
    - The cost information that LAPD provided to the Controller's Office **only included personnel costs**; it did **not** include expenses for spending categories such as overhead, equipment and fleet, contracting and procurement, or training.
- Number of mental health incidents documented by MEU, 2020-2022: just over 80,000.

    - 34% involved Hispanic people; 29% Black; 29% White; 8% Other groups
        - The general population of the City is 48% Hispanic; 9% Black; 41% White; 2% Other.
    - 33% involved unhoused people.
        - Unhoused people are less than 2% of the City's general population.
        - 35% of the unhoused population is Black.
    - Black Angelenos are impacted at a significantly higher rate than other groups.
- LAPD officer-involved shootings of people with mental health crises happen at a significantly higher rate than the national average.
    - Nationwide, 20% of the victims of officer-involved shootings showed signs of mental illness.
    - In Los Angeles,
        - 41% of LAPD officer-involved shootings in 2021 involved people in mental health crisis;
        - 35% of LAPD officer-involved shootings in 2022 and 2023 involved people in mental health crisis.
- A majority of Angelenos support the deployment of non-police personnel to emergency calls related to mental health, substance abuse, and homelessness. 75% of residents support responding to mental health crises with teams of LAPD officers and non-police alternatives, or only non-police alternatives, according to Loyola Marymount University's 2023 Los Angeles Police and Community Relations Survey.

Audits and Assessments by City Controller Kenneth Mejia's Office
Completed:
- LAPD Mental Evaluation Unit
- Affordable Housing Oversight
- TAHO
- Pathways to Permanent Housing
- LAPD Military Equipment
- LAPD Helicopters
- Interim Housing

In progress:
- CARE/CARE+
- Animal Services
- Risk Management