

# CAMP CASE ASSESSMENT MANAGEMENT PROGRAM

Date: \_\_\_\_\_

*CAMP developed the following intake criteria to allow for the optimum success of the program:*

- *The subject has been the focus of a barricaded suspect scenario or critical incident and suffers from mental illness.*
- *The subject has been placed on a minimum of six mental health holds within one year and been the focus of repeated contacts with emergency services. The catalyst of these contacts shall be the subject's mental health history. Each case shall be evaluated independently and six contacts shall only used as a threshold for accepting cases.*
- *Contacts with emergency services and members of the community where the subject's behavior is becoming increasingly violent due to their mental illness.*
- *The subject has attempted suicide at the hands of law enforcement or has been the subject of a categorical use of force and or multiple uses of force as a result of their mental illness.*

Referred by: Officer/Detective \_\_\_\_\_ MEU # \_\_\_\_\_

DMH: \_\_\_\_\_ IS # \_\_\_\_\_

SUBJECT: \_\_\_\_\_ DOB: \_\_\_\_\_

### **To be completed by DMH:**

*Status of chart (open or closed): \_\_\_\_\_ Client in Hospital? \_\_\_\_\_*

*Client currently linked to DCFS, PROBATION, FSP/TAY, Private therapist / KAISER \_\_\_\_\_*

### **Why is case being referred to CAMP? (circle all that apply)**

Increasing high risk behavior	LAPD/LAFD/DMH high utilizer	Suicide by Cop
Barricade /Critical Incident	School Violence	Guns/Weapon involved
Veteran	Other _____	

### **COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

Watch Commander reviewing/approving referral: \_\_\_\_\_

DMH Field Supervisor reviewing/approving referral: \_\_\_\_\_

(Ensure that most recent MEU reports are attached)

Reviewed by:

CAMP/DMH Triage: \_\_\_\_\_ Level 1: \_\_\_\_\_ Upgraded: \_\_\_\_\_

LAPD OIC: \_\_\_\_\_ Level 2: \_\_\_\_\_

DMH OIC: \_\_\_\_\_ Level 3: \_\_\_\_\_ Approved by: \_\_\_\_\_