LOS ANGELES POLICE DEPARTMENT
CONSENT DECREE MENTAL ILLNESS PROJECT

Final Report

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CITY OF LOS ANGELES
(LOS ANGELES POLICE DEPARTMENT)

Lodestar

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EXECUTIVE SUMMARY

Introduction and Methods

In June 2001, the City of Los Angeles entered into a Consent Decree with the Department of Justice, to "promote police integrity and prevent conduct that deprives persons of rights, privileges, or immunities secured or protected by the Constitution or laws of the United States." The Consent Decree requires an evaluation of LAPD's current policies, procedures and practices related to police encounters with persons who may have a mental illness and a search for successful program models in other law enforcement agencies. The LAPD selected Lodestar Management/Research, Inc. to complete the evaluation over an approximately five month period beginning in mid-December 2001. This document is the final report of the evaluation.

A variety of research and analytical methods was used in the study. Documents received by Lodestar from various units of LAPD were reviewed for elements of trainings, policies and procedures relevant to persons with a mental illness. Other research activities included: a review of literature related to mental health and law enforcement; site visits and intensive study of police departments with exemplary programs (Memphis, TX; New York City, NY; Portland, OR; San Diego, CA; and Seattle, WA); observation of recruit training; survey of patrol officers; incident reviews; interviews with key informants and community stakeholders; and reviews by content specialists external to LAPD.

Targeted Review of Best Practices

The literature review and targeted study of the five cities point to four general practices that are considered to be essential to the success of these specialized programs:

- **Community Partnerships**
  Partnerships created between community agencies and the police department promote a joint problem-solving rather than an uncoordinated or adversarial approach. Successful programs have active, ongoing collaboration with community agencies and the local mental health authority to ensure that the community's concerns are addressed and to create a forum for the exchange of information. This requires regular meetings, good working relationships, ready disclosure of information, the personal involvement of police command staff and high-level personnel of other agencies, and a joint commitment to maintaining preventive systems.

- **Specialized Training**
  Programs report that there has been a reduction in the use of force and police injuries as a result of specialized training. This ultimately improves public perceptions and reduces the police department's liability risk. Specialized training includes increased attention to the topic of mental illness for basic recruits, elaboration and reiteration at roll calls, and annual in-service updates for all officers. Training methods incorporate problem-based strategies that provide officers with skills to be safe and more effective in handling mental crisis calls. Protocols include communication skills, verbal de-escalation, assessment, triage and disposition. Constructive attitudes are successfully reinforced by having mental health consumers and family members involved in the planning and delivery of the training.

- **Increased Accountability**
  Departments that institute successful specialized programs are continually assessing their value. In most programs, evaluations are conducted not only of program operations but of program effectiveness as well. The information derived from these evaluations, in turn, helps to refine policies, training and other systems to improve program effectiveness.

- **Proactive Approach**
  Successful police departments have taken leadership roles to address the needs of persons with mental illness in crisis, as well as officer safety. This includes actively reaching out to the community for help in developing innovative programs. This proactive approach requires a critical internal self-analysis of the department's training, policies and procedures, an aggressive search for resources, and a strong commitment to improve current systems.

LAPD Practices

LAPD currently operates several specialized approaches to encounters with persons who may have a mental illness. There are three specific units, two of which (SMART and MEU) have an existing collaborative relationship whereas the third (CIT), a pilot program implemented in spring 2001, operates in isolation of the others.

System wide Mental Assessment Response Team (SMART)

SMART is a pairing of a LAPD officer and Los Angeles County Department of Mental Health (DMH) clinician that is used by the LAPD to evaluate persons in mental crisis in order to ensure the most appropriate referral. The county mental health agency provides the financial support for clinicians and access to County mental health records. This access facilitates the evaluation of the subject by the police officer and clinician. A supervisor within the police department provides support to the SMART officers, actively collaborates with DMH and leads the SMART program.

The geography of Los Angeles poses a great challenge for SMART. Currently, SMART is staffed with 10 units. This number of units is unable to provide 24-hour coverage 7 days a week to patrol officers across 466 square miles and 18 divisions.

Mental Evaluation Unit (MEU)

Patrol contacts MEU if the officer identifies a need for a SMART unit. MEU dispatches a SMART unit if there is one available. In addition, MEU serves as the repository for involuntary psychiatric hold (5150 WIC) paperwork completed by LAPD officers. Per policy, patrol officers are to notify MEU when a 5150 hold is placed on a subject. In addition, SWAT and Crisis Negotiations Team rely on MEU to provide information about previous contacts involving a person who has a mental illness and has been placed on a 5150 WIC or had a SMART unit referred.

Although MEU is a data repository, current systems lack the sophistication to accurately monitor police contacts with persons with a mental illness. In addition, MEU staff members are not specially trained to handle encounters with persons who may have a mental illness.

Crisis Intervention Team (CIT) Pilot Program

The CIT program has provided 40-hour training to a cadre of generalist-specialists who are available as first responder patrol officers in the Central Area. Preliminary evidence of the CIT Program indicates less frequent use of force and fewer officer injuries. CIT training curriculum is outstanding and makes improvements on the training offered in other model CIT programs. A few service providers as well as persons with a mental illness (consumers) from the local

community within the pilot area were included in the development of the program. This is an important and essential aspect of CIT programs nationwide.

However, it should be noted that the current CIT pilot program functions in isolation of other LAPD programs. There is no cross training with other units such as SMART or MEU, nor is there any involvement on the part of LAPD's Training Division or Behavioral Sciences. Due to a quick start-up, there are limited community partnerships as well as limited consumer/advocacy input.

Review of Training, Policies and Procedures

Training methods are as important as the content of the curriculum. The recommended quantity of mental health material is likely to exceed the current time available for training. A long-range plan and strategy for addressing issues around mental illness is needed in the context of the total training package. General LAPD training on issues related to mental illness is not contingent on developing training for special projects or specialized personnel such as in a CIT model. Although the benefits of specialized training are strong, it is important that training for all officers is seen as a priority of the LAPD.

Other issues related to training surfaced during the course of the evaluation:

- **Development of the training package is best accomplished by an internal planning committee, with input from community stakeholders.** This can enhance public relations as well as help focus the training package on local concerns. Persons with expertise in developing curricula in mental health for law enforcement should be considered for inclusion in the committee. Curricula and instruction can benefit from including mental health professionals, community providers, persons with a mental illness and their family members.

- **Basic recruit training generally centers on competency training more than practical problem solving.** The use of videos, role-play or other simulation can include encounters with persons with mental illnesses or general emotional disturbances. These experiential approaches are much more likely to result in improved problem solving on the street.

- **Field Training Officers further train new officers and require specialize training.** This on-the-job mentoring can be very valuable but is only as valuable as the skills, knowledge and attitudes of the Field Training Officer. It is therefore essential that FTOs receive specialized instruction and experience in issues of mental illness.

- **Updates and ongoing presentation of key issues are important on a continual basis.** Annual refresher courses are appropriate. This can be supplemented by a planned dissemination of training material through bulletins, newsletters, and roll call training. The development of a long-range strategy for all personnel to receive training on this topic over the course of their career would avoid the perceived hit-and-miss of current training activities.

Recommendations

Effectively reducing the potential for violence in encounters between LAPD officers and persons with a mental illness will require changes in the department's approach to these encounters. Changes in systems and practices will demonstrate to the Los Angeles community and internal stakeholders that the LAPD is committed to being responsive to the needs of these encounters.

Organizational Priorities and Planning

- **Identify and prioritize Lodestar recommendations to be adopted; develop a detailed and long-range implementation plan (including budget and timeline) that addresses police encounters with individuals who may have a mental illness.**

- **Develop a department-wide statement of philosophy about handling encounters that involve a person with a mental illness. Change language in written policies and training.** Both of these actions will promote, and illustrate, the Department's commitment to addressing these issues in an effective and sensitive manner.

- **Develop specialized community partnerships.** Further develop and maintain for these special purposes partnerships between the LAPD and relevant city-wide and community groups, including the local mental health services authority.

Organizational Infrastructure

- **Centralize authority for all LAPD specialized response programs for persons with a mental illness under the auspices of a single entity. Assign a dedicated lead officer to serve as Coordinator.** For the purpose of this report, this suggested coordinating entity - and overall rubric for specialized response - will be referred to as the Crisis Assessment and Intervention Team (CAIT)[1].

- **Document CAIT calls with an incident log. Manage these data as well as information about all mental crises encounters in a single, integrated database.**

- **Review administrative procedures,** including current policies and procedures for involuntary psychiatric holds, and the Memorandum of Understanding between LAPD and DMH regarding the use of confidential material.

Mental Crisis Encounters

- **Prioritize the use of specialized response as first responders to calls involving persons with a mental illness. To do this, increase the number of first responding officers with expertise in handling encounters with persons in mental crisis.**

- **Develop a system to locate CAIT officers and dispatch them.**

[1] Thus, SMART teams would be referred to as CAIT-DMH teams, MEU personnel would now be CAIT personnel, and officers currently identified as CIT would be identified as CAIT officers.

- **Expand co-responding CAIT-DMH (currently SMART) teams to provide 24-hour daily coverage. Incorporate functions currently handled by MEU as part of this expanded CAIT.**

- **Educate field patrol officers about specialized responses and departmental philosophy.**

Curricula and Training

- **Provide consistent and mandatory training for all CAIT officers. Integrate and provide all training for specialized responders under the direction of the CAIT.** CAIT should assume agency-wide leadership for developing, monitoring and updating curricula and training related to police responses to persons with a mental illness.

- **Include additional information on community supports as well as consumer, family and advocate perspectives in CAIT training. Expand external and internal expertise used in developing new curricula and instruction.** Utilize external subject matter experts, coordinated through the Professional Advisory Committee, to plan new curricula. Use existing resources within the Department to assist in the development and instruction of training material. Supplement current instructors with persons who have experience with encounters with persons with a mental illness.

- **Include Communications Division in the development of curriculum, policies and procedures for a specialized response to persons with a mental illness. In addition, enhance Communications training to facilitate better initial identification of calls involving persons in mental crisis.**

- **Design mental crisis training that focuses on practical encounters and utilizes a wide range of field tactics.** Emphasize tactics that may differ when encountering an individual with a mental illness. Use more problem-based material during training.

- **Conduct initial agency-wide training for all patrol officers on special techniques and considerations for managing encounters involving a person with a mental illness.**

- **Increase emphasis in basic recruit training on encounters with persons with a mental illness. In addition, integrate verbal de-escalation techniques into use of force training.**

Use of Force

- **Re-structure Categorical Use of Force documentation.** The revised form should require a detailed account of the approach and early features of the encounter, including the verbal interaction between officer and subject.

- **Review the LAPD's Non-Categorical Use of Force reports involving police encounters with individuals in mental crises to further inform training (including recruit and continuing education training as well as tactical training.)** A study of these incidents may provide specific information and insight as to effective means of limiting force in these police encounters. Identifying situations and tactics used by field officers to de-escalate potentially lethal force would allow trainers to teach these skills and replicate actual encounters in their scenario trainings.

INTRODUCTION

> ***"Like it or not, police officers will continue to be called upon to respond to situations involving mentally ill individuals in the community. Policing techniques that involve forceful or intimidating confrontation may serve only to exacerbate such encounters."***
>
> - Kenneth L. Appelbaum, 2000, pg. 325[2]

The need to de-escalate potentially violent encounters with persons who may have a mental illness is a concern of the Los Angeles Police Department (LAPD) and police departments throughout the United States. This concern has lead to the development of a variety of police and community responses. This report presents conclusions and recommendations from a comprehensive study of those responses at LAPD and other law enforcement departments.

On June 15, 2001, the City of Los Angeles entered into a Consent Decree with the Department of Justice, to "promote police integrity and prevent conduct that deprives persons of rights, privileges, or immunities secured or protected by the Constitution or laws of the United States." Paragraphs 111 and 112 of the Consent Decree require an evaluation of LAPD's current policies, procedures and practices around police encounters with persons who may have a mental illness and a search for successful programs in other law enforcement agencies. As a result, the LAPD chose to select an outside evaluator through a Request for Proposal (RFP) process (RFP No. 01-200-008). Lodestar Management/Research Inc. (Lodestar) was selected to complete the evaluation over an approximately five month period beginning in mid-December 2001.

Based on requirements set forth in the RFP, Lodestar developed a strategy to examine the LAPD response to encounters that involve persons with a mental illness in the context of best practices discovered through a review of relevant literature and visits to police departments around the country that have exemplary programs.

Study Background

Law enforcement agencies report experiencing an increasing number of encounters with persons who may have mental illness, from relatively routine situations to those that involve the use of force. Increasingly this leads patrol officers to feel that they have taken on roles of "beat cop psychiatrists" or neighborhood social workers. Communities throughout the United States have developed a diversity of approaches to responding to persons with mental illness. Regardless of the programs and tactics adopted by individual police departments, developing appropriate and effective approaches to responding to persons with a mental illness in crisis is viewed as an important collaboration among law enforcement agencies, local mental health authorities, community services and the advocacy community.

Police encounters with individuals who have a mental illness are a routine aspect of law enforcement. In order to understand the challenges facing police, it is important to acquire an

[2] Appelbaum, K.L. (2000). Police encounters with persons with mental illness: Introduction, *Journal of the American Academy of Psychiatry and Law, 28,* pp.325.

understanding of the general context within which this issue resides. For example, previous studies have shown:

- California Sheriffs report that 9 percent of emergency calls involved individuals and incidents dealing with mental illness.[3]
- Major police departments across the country estimate that seven percent of all their police contacts involve people with mental illness in crisis (Deane, et al., 1998)[4]
- In a survey of over 450 police officers in three U.S. cities (Birmingham, Knoxville and Memphis), officers reported responding to an average of six calls involving people with mental illness in crisis within the past month (Borum, et al., 1998)[5]

The systematic examination of the policies, procedures, training and other organizational elements that surround LAPD interaction with persons who have a mental illness is critical to both law enforcement and those requiring mental health care. Specifically, an increased understanding of structures, issues and strategies can potentially:

- Decrease the likelihood of use of force by police officers;
- Decrease the likelihood of officer injury;
- Increase the ability of police to direct individuals to appropriate services;
- Decrease the chances of a person with a mental illness deteriorating as a result of separation from mental health treatment and proper medication;
- Lessen the amount of time spent by law enforcement officers in processing arrests and testifying in court;
- Decrease department liability risk; and
- Diversion from jails to treatment, when appropriate, for those detainees with criminal behavior resulting from mental health issues.

In order to attain these potential outcomes, some law enforcement agencies have developed specialized response programs regarding persons who may have a mental illness. This entails giving law enforcement officers the tools, skills and support necessary to result in the appropriate dispositions for those encounters where the consumer is in need of mental health care. This study reviews specialized programs both nationwide and in LAPD. Specifically, this report examines current tracking, training, policies and procedures of the LAPD that may affect the effectiveness of their approach to encounters with persons who may have a mental illness in crisis.

[3] Husted, J. R., Charter, R. A., & Perrou, B. (1995). California Law Enforcement Agencies and the Mentally Ill Offender, *Bulletin of the American Academy of Psychiatry and the Law, 23,* pp. 315-329.
[4] Deane, M., Steadman, H., Borum, R., Veysey, B., & Morrissey, J. (1998). Police-mental health system interactions: Program types and needed research. *Psychiatric Services, 50,* pp. 99-101.
[5] Borum, R., Deane, M., Steadman, H., & Morrissey, J. (1998). Police perspectives on responding to mentally ill people in crisis: Perceptions of program effectiveness. *Behavioral Sciences and the Law, 16,* pp. 393-405.

Organization of the Report

This report is presented in two volumes. This volume presents overall findings and specific recommendations. The appendices are under separate cover and provide supporting documentation, including detailed findings, data collection instruments and protocols, survey results, literature review and other supporting materials.

The consent decree calls for "an in-depth evaluation of LAPD training, policies, and procedures for dealing with persons who may be mentally ill." Because policies and procedures are relevant and necessary for every department and division in this evaluation, specific policies and procedures are discussed in each section in the description and critique of those departments and divisions, rather than as a separate section in this report.

The remainder of this report is organized as follows:

- **Methods;**
- **Targeted Review of Best Practices;**
- **Review of LAPD Operations;**
- **Review of Training;**
- **Conclusions and Recommendations, and**
- **Costs and Benefits of Recommendations.**

Specific appendices are referenced throughout the report.

METHODS

A variety of research and analytical methods was used for this study. Document reviews, interviews, observations and surveys were conducted. Documents received by Lodestar from the various divisions of LAPD were reviewed for elements of trainings, policies and procedures relevant to persons with a mental illness.

Literature Review

Lodestar reviewed the professional literature in mental health and in criminal justice to search for innovative and best practice approaches used by police departments to de-escalate potentially violent encounters with persons with a mental illness and to provide more efficient disposition. Electronic databases were searched for relevant articles along with a review of professional literature, media reports, law enforcement trade publications, and supplemented with secondary analyses of national research surveys, personal contacts with scholars, practitioners and leaders of existing specialized response programs. **Appendix A** contains a detailed summary of the findings of the literature search.

Nationwide Site Visits

During the development of the work plan for this evaluation, Lodestar and LAPD discussed the process for selecting a diversity of model programs nationwide that address police contacts with persons who may have a mental illness. Five cities that contained police departments that used exemplary practices were selected: Memphis, TN; New York City, NY; Portland, OR; San Diego, CA; and Seattle, WA Site visits were conducted in four of the five cities, excluding Portland (see **Appendix B** for more detail).

Lodestar collected program data from multiple sources for each of the sites visited: document review, direct observation (e.g., ride-alongs wherever possible) and semi-structured key informant interviews with program coordinators, police administrators, community mental health staff and other key community partners. Interview protocols used in a previous study of police responses to persons with mental illness were modified for the purposes of this study and used as a guide for observations, interviews and document review. Protocols were semi-structured to accommodate differing features of each site's program (see **Appendix C).**

Curricula and Evaluation Reviews

Curricula reviewed included Systemwide Mental Assessment Response Team (SMART), Basic Recruit, and the Crisis Intervention Team. Other lesson plans and written training documents for Communications Division, roll call trainings and continuing education purposes were reviewed. The evaluations of participants in the Basic Recruit training were analyzed. See **Appendix D** for a list of documents reviewed and **Appendix L** for a review of document content.

Other Documentation

Documents related to policies and procedures for encounters with persons with a mental illness were reviewed. These documents include internal memos, planning documents and excerpts from the LAPD Department Manual. A list of these documents can be found in **Appendix E** and document analysis is **Appendix L.**

Key Informant Interviews

Interviews were conducted with commanding officers and other staff of various departmental units over the course of the study. The departmental units include: Training Division (Basic Recruit Academy, Continuing Education, Tactics Unit); Detective Headquarters Division (Mental Evaluation Unit, Systemwide Mental Assessment Response Team); Communications Division; Behavioral Science Services (BSS); and Critical Incident Investigation Division (CUD).

Additionally, a number of representatives from other agencies and units were interviewed, including Los Angeles County Department of Mental Health and LAPD Information Technology Division.

Observation of Training

Three observations were made of Basic Recruit classes relevant to this project. Two Lodestar observers attended the presentation of the training materials on the developmental disabilities section (7 hours of training over two days). Using a coding form, the observers documented what was presented during this portion of the training. (See **Appendix F** for a copy of the Protocols for LAPD Training Evaluation.) Finally, the testing portion of the role plays for recruits was evaluated by one observer. The role plays observed included a 5150 scenario, a domestic violence scenario, and a sexual assault scenario. The 5150 scenario was observed by the evaluator four times with different recruits.

Survey of Patrol Officers

Lodestar developed a written survey for patrol officers to assess their experience and attitudes about working with those who may have a mental illness. (See **Appendix G** for a copy of the Patrol Officer Survey.)

A total of 236 surveys were completed by patrol officers at 12 roll calls in six divisions from March 11-19, 2002. The divisions (Devonshire, Hollenbeck, Newton, Pacific, Southeast and West Los Angeles) were selected because of their geographic diversity and the differences in the number of Welfare Institution Code (WIC) 5150/attempted suicide cases handled on an annual basis. The surveys were conducted during roll calls of day, AM and PM watches.

The completed surveys were analyzed using SPSS 11.0, a statistical software package widely used in social science research. Quantitative data were examined using frequencies and cross-tabulations. Qualitative data were coded and analyzed for content.

Incident Reviews

Incidents from Communications Division, Mental Evaluation Unit(MEU), Systemwide Mental Assessment Response Team (SMART) and CUD were reviewed. The Consent Decree required "reviews of at least 10 incidents since January 1, 1999 in which a person who appeared to be mentally ill was the subject of a Categorical Use of Force and at least 15 incidents since January 1, 1999 in which the LAPD mental health evaluation unit was contacted." More detailed summaries of incident reviews can be found in **Appendices H, I, and J.**

Interviews with Community Stakeholders

Lodestar interviewed 60 key external stakeholders, which include community mental health consumers, advocates, service providers and other community members. Interviewees were recommended by a number of sources including mental health professionals and LAPD staff, and a comprehensive list of these stakeholders was developed. Lodestar asked about interviewees'

experience and insight into LAPD's procedures, training, policies and the recording/tracking of police encounters with persons with a mental illness.

In addition, Lodestar gathered information regarding interviewees' experience with other police departments' programs and practices and first hand experience with LAPD police encounters. Interviewees also provided comments about what types of services or referrals LAPD could provide and other recommendations for improving interactions between LAPD officers and persons who may have a mental illness. (See **Appendix K** for the community research interview results.)

External Reviewers

As a part of its original work plan design, Lodestar established an External Review Team charged with the task of reviewing project deliverables. Each of the three reviewers selected is a prominent researcher in the field of law enforcement and mental health. External reviewers were not engaged in study design or in the collection or analysis of data, and were therefore not "invested" in those activities and products. Rather, they focused on critiquing the project's draft reports in order to improve the quality of information and validity of interpretations and recommendations.

TARGETED REVIEW OF BEST PRACTICES

Lodestar reviewed police department practices nationwide both through literature search and site visits to collect information about best practices for police encounters with persons who may have a mental illness.[6] An in-depth examination of LAPD's own current best practices regarding these encounters was also conducted. Based on past research and currently reported best practices, three models are presented. A detailed summary of the findings of the literature search, review of other cities, and LAPD's best practices are contained in **Appendices A, B, and I.** A brief summary of the findings is presented below. Recommendations based on these findings can be found at the end of this volume of the report.

Literature Review

Findings

Over the past decade, law enforcement agencies have been increasingly active in developing specialized approaches to managing field encounters with persons who may have a mental illness. The objective of these efforts typically is twofold:

- To reduce aggression or use of force in the encounter, and
- To divert cases involving such persons from the criminal justice system, when appropriate, in order to improve outcomes for the consumer.

While many of the first generation efforts to accomplish these ends met with limited success, the second generation of specialized approaches is more focused and sophisticated and shows substantial promise.

Some of the earliest efforts to improve response to persons with mental illness focused almost exclusively on training. It was initially believed that officers' difficulty in responding to people with mental disabilities was primarily due to their negative attitudes and biases arising from erroneous assumptions and lack of information about mental illness.[7][8] Although these early training efforts did appear to improve officers' knowledge of mental health issues[9] and their ability to apply this knowledge in identifying and communicating about mental illness,[10] attitudes and performance were more resistant to change. Similarly, early efforts to train officers in crisis intervention produced indeterminate results. Although many departments have implemented

For the purposes of this report, "best practices" is defined as an approach that is considered exemplary and remarkable by the research and/or law enforcement community. As mentioned previously, no study has definitively shown one program to consistently perform better than another, though programs have shown improved public relation, decreases in use offeree, and better partnerships with outside agencies.

[7] Nunnally, J. C. (1961). *Popular conceptions of mental health: Their development and change.* New York: Holt.

[8] Lester, D. & Pickett, C. (1978). Attitudes toward mental illness in police officers. *Psychological Reports, 42,* pp. 888.

[9] Godschalx, S. M. (1984). Effect of a mental health educational program upon police officers, *Research in Nursing and Health, Zj.* pp. 111-117.

[10] Janus, S.S., Bess, B.E., Cadden, J.J., & Greenwald, H. (1980). Training police officers to distinguish mental illness. *American Journal of Psychiatry, 137,* pp. 228-229.

crisis training programs in varying forms, the empirical data on their efficacy has been fairly equivocal.[11]

The second generation of programs shifted strategies. The review of the literature found that there are various models used to create a specialized response to persons with mental illness in crisis. Instead of providing brief training for all officers, these new models use specialized responders for calls involving such persons.[12 & 13] One of the key distinctions among these programs, however, is whether the specialized responders are law enforcement personnel or mental health professionals. The following is a brief description of the three prominent second generation approaches:

- ***Mental Health-Based Mental Health Responders***
  In this more traditional model, partnerships or cooperative agreements are developed between police and local community mental health providers. A mobile mental health crisis team exists as part of the mental health system and operates independently of the police department.

- ***Law Enforcement-Based Specialized Law Enforcement Responders***
  The dominant model for the use of specialized law enforcement responders is the Crisis Intervention Team (CIT) pioneered by the Memphis Police Department. The CIT is a police department-based program staffed by police officers with special training in mental health issues. The team operates on a generalist-specialist model, so that CIT officers provide a specialized response to "mental disturbance" crisis calls in addition to their regularly assigned patrol duties.

- ***Law Enforcement-Based Mental Health Responders***
  Some law enforcement agencies have experimented with approaches that allow both a sworn officer and a mental health professional to serve as first responders to mental health crisis calls. There have been numerous innovative programs following this model in the cities and counties of San Diego and Los Angeles.

One study compared all three programs in three different cities on arrest rates, response time, and law enforcement satisfaction.[14] Lower rates of arrests and response time with higher levels of satisfaction were found for the Law Enforcement-Based responses when compared to the Mental Health-Based response. Though there is some empirical evidence to support the claims that one type of program has specific advantages over another, it is not clear whether some programmatic advantages may be related to the particular contextual features of the jurisdiction, such as a strong emergency mental health infrastructure.

A recent review of three specialized responses in Montgomery County, PA; Memphis, TN; and Multnomah County, OR suggest that there are five major elements of successful specialized

[11] Mulvey, E.P. & Repucci, N.D. (1981). Police crisis intervention training: An empirical investigation. *American Journal of Community Psychology, 9,* pp. 527-546.
[12] Borum, R., Deane, M. W., Steadman, H. J., & Morrissey, J.P. (1998). Police perspectives on responding to mentally ill people in crisis: Perceptions of program effectiveness, *Behavioral Sciences and the Law, 16,* pp.393-405.
[13] Steadman, H. J., Deane, M. W., Borum, R., & Morrissey, J. P. (2000). Comparing outcomes of major models of police response to mental health emergencies, *Psychiatric Services, 51,* pp. 645-649.
[14] Deane, M.W., Steadman, H.J., Borum, R., Veysey, B.M., & Morrissey, J.P. (1999). Emerging partnerships between mental health and law enforcement, *Psychiatric Services, 50,* pp. 99-101.

responses[15]. These elements include: (1) a central and single point of entry into the mental health system; (2) policies and procedures at the receiving psychiatric facility that allow for a quick transfer of the patient from law enforcement to the facility; (3) laws that support diversion from arrest and jail towards psychiatric treatment; (4) cross-disciplinary training that includes both law enforcement and mental health professionals; and (5) linkages to community services so that officers can link individuals to the appropriate care. All three programs are considered innovative and exemplary by consumer advocates and other law enforcement agencies; however, even "effective" programs may not perform equally well in every community. Yet, without strong empirical evidence of their local viability, law enforcement administrators are asked to decide whether to implement a specialized response program, and if so, which one to choose.

A review of the literature suggests that there is not one best approach. Individual law enforcement agencies need to consider the strengths and limitations of their own jurisdictions to determine an appropriate program. Recommendations generated for the LAPD are based on a review of strengths and limitations of existing departmental policies, procedures, and training.

Review of Other Cities' Best Practices

Three types of core organizational units were found in programs that deal directly with police responses to persons who may be mentally ill: Crisis Intervention Teams, Psychiatric Emergency Response Teams and Emergency Services Units. The adoption by LAPD of successful practices found in any of these units in other police departments is not always straightforward. In many instances - due to significant differences between jurisdictions - a transfer of a program's philosophy, policies or procedures may be infeasible or undesirable. This section examines current programs in five comparison study cities and identifies elements of successful practice that are integral to making these types of units effective in their own jurisdictions.

Crisis Intervention Team (Memphis, Portland, Seattle)

- **Strong mental health infrastructure**
  A successful Crisis Intervention Team (CIT) requires that a strong and supportive mental health system be in place. A critical piece that makes this unit so effective is the ability of police officers to take a person into protective custody and quickly transport them to a psychiatric facility that will immediately respond. This results in a reduction of out of service time for the officer. The CIT may fail to have good results if the mental health system does not agree on a central point of intake.

- **Financial and system assistance from local mental health agency**
  An adequately funded central receiving facility is essential, or at least one that has a staffed and locked unit for those persons in protective custody under a psychiatric hold. The mental health authority typically funds the psychiatric receiving facilities in cities that adopt the CIT program.

[15] Steadman, H.J., Stainbrook, K.A., Griffin, P., Draine, J., Dupont, R., & Horey, C.H. (2001). A specialized crisis response site as a core element of police-based diversion programs, *Psychiatric Services, 52,* pp. 219-222.

- **Agency support**
  An agency's highest authority must actively support any major change in policies and procedures, particularly changes that affect operations across departmental units. Clear policies and procedures and their effective implementation are essential regarding departmental interface with CIT, including those with Communications, S.W.A.T. and Hostage Negotiations Team.

- **Officer and supervisor and buy-in**
  In the CIT programs reviewed, Coordinators and supporters emphasized that a new CIT program must have support by officers as well as supervisors. The success of CIT is contingent on the CIT officer being made available for calls involving persons who may be mentally ill and the understanding by shift supervisor of their role.

- **Community stakeholder support**
  An essential element in creating and maintaining a CIT program is the involvement of various community stakeholders including consumer advocates, family members, and behavioral healthcare providers. Representatives of local government, court systems, and community and business leaders are also involved in successful CITs.

Psychiatric Emergency Response Team (San Diego County)

- **Strong relationship with the community**
  On-going support by the local NAM I chapter is found to be an important component of San Diego's reported success with their PERT program. The police department has made a commitment to communicate actively with the community about PERT functions and incidents as necessary.

- **Financial and system assistance from local mental health authority**
  The County mental health agency provides the financial support for clinicians as well as access to County mental health records in a portable lap top for clinicians. This facilitates the evaluation of the subject by the police officer and clinician. In addition, the central receiving facility provided by the County allows the officer to provide quick referral to mental health services for those persons in need.

- **Leadership and dedication**
  The PERT program was started and continues to be strongly led by someone within the police department who is in the position to ensure adequate support to the PERT officers. PERT officers are also dedicated to the program and are proud of their work with persons with mental illness in crisis.

- **Agency support**
  SPD provides PERT with the administrative support necessary to run the program effectively. This support is in the form of established policies and procedures that enable communications across jurisdictions to interface with PERT when needed.

- **Incorporation as an independent entity**
  The establishment of an independent corporation, PERT, Inc. provides the police department with a board of directors that integrates community members, advocates, law enforcement and mental health representatives. This natural stakeholders group provides guidance and structure to the program not only in the city but county-wide.

Emergency Services Unit (New York City)

- **Extensive tactical training**
  The strength of the Emergency Services Unit (ESU) lies in the large number of tactics available to it. The extensive tactical training specific to dealing with persons who may be mentally ill results in adept and highly skilled officers prepared to handle high risk encounters.

- **Continued financial support from the police department**
  The ESU is an expensive program. Commitment to providing training and equipment has meant a financial commitment that extends beyond initial start-up to ongoing maintenance and the acquisition of more advanced equipment as it is available.

- **Inter-departmental support**
  The pride of ESU officers and trainers speaks to their dedication to handle any high risk encounter. Their willingness to develop new and innovative ideas for equipment and tactics reflects the support of their program internally. Support and financing allow an ESU to plan and be patient in its approach.

Common Elements of Successful Practices

The literature review and targeted study of the five cities point to four general practices that are considered to be essential to the success of specialized programs: having a strong community partnership; conducting appropriate specialized training; having a high level of program accountability; and taking a leadership role in instituting reform in this area. These practices are found across the three organizational units discussed above.

- **Community Partnerships**
  Partnerships created between community agencies and the police department promote a joint problem-solving rather than an uncoordinated or adversarial approach. Successful programs have active, ongoing collaboration with agencies such as NAMI and the local mental health authority to ensure that the community's concerns are addressed and to create a forum for the exchange of information. This requires regular meetings, good working relationships, ready disclosure of information, the personal involvement of police command staff and high-level personnel of other agencies, and a joint commitment to maintaining preventive systems. Contact between partners occurs regularly, not only in and around a crisis.

- **Specialized Training**
  Programs report that there has been a reduction in the use of force and police injuries as a result of specialized training. This ultimately improves public perceptions and reduces the police department's liability risk. Specialized training includes increased attention to the topic of mental illness for basic recruits, elaboration and reiteration at roll calls, and annual in-service updates for all officers.

  Training methods are based on adult learning principles that use problem based strategies. The emphases are on providing the officer with skills to be safe and more effective and efficient in handling calls involving persons with a mental illness. Protocols include communication skills, verbal de-escalation, assessment, triage, and disposition. Constructive attitudes are successfully reinforced by having mental

health consumers and family members involved in the planning and delivery of the training.

- **Increased Accountability**
  Departments that institute successful specialized programs are continually assessing their value. In most programs, evaluations are conducted not only of program operations but of program effectiveness as well. The information derived from these evaluations, in turn, helps to refine policies, training and other systems to improve program effectiveness.

- **Proactive Approach**
  Successful police departments have taken leadership roles to address the needs of persons with mental illness in crisis, as well as officer safety. This includes actively reaching out to the community for help in developing innovative programs. This proactive approach requires a critical internal self-analysis of the department's training, policies and procedures, an aggressive search for resources, and a strong commitment to improve current systems.

Review of LAPD's Best Practices

As mentioned earlier, it is imperative to understand the parameters of any jurisdiction before the development of a specialized program. LAPD currently operates several specialized approaches to encounters with persons who may have a mental illness. There are three specific units, two of which have a collaborative relationship whereas the third, a pilot program implemented in spring 2001, operates in isolation of the others. Findings are presented below along with areas of need identified through the review of other cities' best practices. A more detailed discussion of findings is presented later in this report. Based on the findings, recommendations are offered at the end of this report.

Mental Evaluation Unit (MEU) and Systemwide Mental Assessment Response Team (SMART)

The Detective Headquarters Division houses two specialized response programs for dealing with calls involving persons who are suspected of having a mental illness- the Mental Evaluation Unit (MEU) and Systemwide Mental Assessment Response Team (SMART).

MEU's main purpose is to provide consultation for patrol officers and others (e.g. SWAT) when they encounter situations that involve persons who may be mentally ill. Like the 911 emergency reporting system, calls come from many sources.

The vast majority of calls come from patrol officers who are instructed to call the MEU when dealing with a person who may be mentally ill. MEU provides consultation to the officer and if necessary, will dispatch the SMART unit for an on-scene specialized response.

SMART is a pairing of a LAPD officer and Los Angeles County Department of Mental Health (DMH) clinician that is used by the LAPD to evaluate persons with a mental illness to provide the most appropriate referral. Calls to SMART come from a variety of sources including the community, DMH, schools, other agencies, and the Psychiatric Mobile Response Team (PMRT). The SMART triage counselor receives these calls. The triage counselor is a mental health employee who can check the DMH's computerized database to determine if the person in need has a mental health history with the DMH. If the triage counselor believes the call requires SMART, MEU is contacted and a request is made. In other words, if SMART triage and not police receives a call, the call is routed to MEU. If the call originated from patrol, MEU is contacted directly. MEU determines if a SMART unit is to be dispatched.

SMART units are often in the field listening to radio calls. If a call identified as involving a person who may be in a mental health crisis (918) is heard, the SMART officer will consult with MEU officers to determine if a SMART unit at the site of the call is needed. However, because there are times when there is only one unit available, that unit can only be tuned into one police division and will only hear calls originating from that division.

A detailed summary of the MEU and SMART operations and functions can be found in **Appendix I.**

Findings

- MEU tracks incoming calls in two ways. One is a paper and pencil system that tracks the type of call received. However the type of call category combines reasons

for calls and outcomes of calls. This data does not allow for an accurate assessment of the function of MEU or the outcomes of encounters.

- The second MEU tracking system is a computerized database that keeps track of incidents or episodes in which a 5150 WIC (involuntary psychiatric hold) is instituted by a police officer. Similar to the other system, incidents are reported in categories that may not provide a clear outcome.

- A review of 60 incident reports did not provide any information about how officers deal with encounters with persons who have a mental illness on the scene.

- Discrepancies in the number of 5150 WIC holds from each tracking system were found. Tracking systems cannot track all police encounters with persons with a mental illness. The system does not monitor specialized responses by SMART.

- MEU officers do not receive any formal training for their MEU functions.

- Despite their experience in handling calls involving persons with a mental illness, MEU personnel do not provide any specialized training at roll calls or to other departments for dealing with encounters with persons who may be suspected of having a mental illness.

- A large majority of officers report having used MEU or SMART (98.6 percent and 90.7 percent, respectively). Three quarters of the officers agree that MEU or SMART were helpful when working with persons with a mental illness in crisis (77.5 percent and 75.5 percent, respectively).

- Due to limited staffing and the need to provide vacation and adjust for periods of illness, SMART units have not been available on a 24-hour basis every day of the week.

- The Los Angeles SMART team training is provided through conferences supported by agencies such as LAPD, Los Angeles Sheriffs Department (LASD), and DMH. The training is very extensive. The curriculum contains much information on most aspects of interacting, assessing, and directing consumers in crisis to the most appropriate source of assistance. Training includes a review of police options and information on accessing the Mental Health court system.

- The training makes extensive use of community mental health professionals in delivering information to the SMART team trainees. Information on street drugs and current problem drugs is very useful information for the officers. The information stating the characteristics of intoxication, and how it can be similar to symptoms of various mental illnesses, is especially concrete and useable. Overall, the training material is in-depth, extensive, and extremely informative.

Strengths and limitations are identified below.

Strengths of MEU

- **Data depository**

  MEU serves as the repository for involuntary psychiatric hold (5150 WIC) paperwork com pleted by LAPD officers.

- **Consultation Center**
  Per policy, patrol officers are to notify MEU when a 5150 hold is placed on a subject. Patrol contacts MEU if the officer identifies a need for a SMART unit. MEU dispatches a SMART unit if there is one available.

- **Inter-agency collaboration**
  SWAT and Crisis Negotiations Team rely on MEU to provide information about previous contacts involving a person who has a mental illness and has been placed on a 5150 WIC or had a SMART unit referred.

Limitations of MEU

- **Staff**
  Staff is not specially trained to handle encounters with persons who may have a mental illness.

- **Data systems**
  Though MEU is a data repository, current systems lack the sophistication to accurately monitor police contacts with persons with a mental illness.

Strengths of SMART

- **Relationship with multiple agencies**
  Multiple agencies including the LASD and DMH are involved in several conferences throughout the year to provide training and skill development for SMART teams.

- **Financial and system assistance from local mental health authority**
  The county mental health agency provides the financial support for clinicians as well as access to County mental health records. This facilitates the evaluation of the subject by the police officer and clinician.

- **Leadership**
  A supervisor within the police department provides support to the SMART officers, actively collaborates with DMH, and leads the SMART program.

- **Inter-agency collaboration**
  SWAT and Crisis Negotiations Team rely on SMART units to provide mental health history for crisis encounters that involve a person who has a mental illness and has received treatment from DMH programs.

Limitations of SMART

- **Staffing**
  The City of Los Angeles has the largest geographic region of any of the cities reviewed. The geography of Los Angeles poses a great challenge for SMART. Currently, SMART is staffed with 10 units. Each unit consists of one LAPD officer and one DMH clinician. This number of units cannot provide 24-hour coverage 7 days a week to patrol officers across 18 divisions. One of the purposes of SMART is to assist patrol officers and take responsibility to complete a disposition so that patrol

can return to their regular duties. The low number of SMART units cannot address the need of patrol in such a large geographic region quickly and across all shifts.

- **Lack of a central psychiatric receiving facility**
  Unlike San Diego and the CIT programs reviewed, Los Angeles lacks a central psychiatric receiving facility. This is a function of geography rather than specific policy, but poses a challenge to SMART units and patrol officers when transporting a subject to a psychiatric facility under an involuntary psychiatric hold (WIC 5150).

Crisis Intervention Team (CIT) Pilot Program

LAPD consulted with Albuquerque Police Department in the development of a local pilot CIT training and operations. Officers with CIT training were deployed in Central Area in spring 2001. Another cohort will be trained in late spring 2002. More detailed information can be found in **Appendix I.**

CIT is a first responding unit of field officers with special training in mental health issues. The program in based on the Memphis Model, a generalist-specialist model that provides a specialized response to "mental disturbance" crisis calls by officers who also have regularly assigned patrol duties. The CIT officer typically resolves situations at the scene through de-escalation, negotiation or verbal crisis intervention.

- The pilot program was led in large part by a lieutenant in Central Area with the assistance of a sergeant, senior lead officer, and senior police service representative. All were expected to conduct their regularly assigned duties during the development, planning, and operations phases of the CIT pilot.

- The CIT Coordinator collaborates with outside agencies such as DMH, LAMP, Midnight Mission, and the Homeless Task Force for technical assistance in developing the training and operations.

- Of 60 CIT responses, there were 13 incidents in which the subject was violent or aggressive and in only one was use of force necessary. The program is highly regarded with some concern that there are still a third of CIT officers that have not responded to a mental disturbance call and some CIT officers remain disinterested in the program.

- CIT officers track incidents with the Crisis Assessment and Intervention Report developed by CIT leadership. The form includes information about contact location, medical status, physical symptoms, reasons for involuntary hold, and disposition of the incident. Some officers use this information to assist hospital staff in determining the need for an involuntary psychiatric hold.

Strengths and limitations are described below.

Strengths of CIT

- **First responders**
  The CIT program has provided 40-hour training to a cadre of generalist-specialists who are available as first responders in the Central Area. Preliminary evidence indicates less frequent use of force and fewer officer injuries.

- **Leadership**
  The current CIT Coordinator is dedicated to the program and provides close supervision of CIT officers. The Coordinator is also committed to the development of a comprehensive curriculum.

- **Training**
  CIT training is outstanding and makes improvements on the training offered in other model CIT programs.

- **Collaboration with community agencies**
  A few service providers from the local community within the pilot area were included in the development of the program. This is an important and essential aspect of CIT programs nationwide.

- **Use of consumers in training**
  Persons with a mental illness (consumers) with past substance abuse history were included in substance abuse training components to provide first hand knowledge about the effects of substance abuse. Previously homeless consumers were also brought into training to share their own history with CIT officers to help them gain a better understanding of homeless consumers

Limitations of CIT

- **Lack of agency support**
  The current CIT program functions in isolation of other programs. There is no cross training with other units such as SMART or MEU, nor is there any involvement on the part of Training Division or Behavioral Sciences. There have been no changes in policies to easily identify CIT officers in the field so that they are deployed automatically by Communications. The City of Los Angeles reports that the program was not integrated because it was a pilot program and wanted to test its effectiveness. If the pilot program continues, agency support is necessary.

- **Limited community partnerships**
  Due to a quick start-up, little attempt was made to develop partnerships with other agencies including DMH and psychiatric receiving facilities. In other CIT programs, success is strongly associated with the ability to quickly complete the call by delivering the subject in crisis to a psychiatric facility that can receive the subject immediately. Without community partnerships, this cannot be and was not an outcome of the pilot program. The CIT program will not be able to operate as efficiently as other CIT programs without more developed partnerships with DMH and psychiatric facilities.

- **Limited consumer/advocacy input**
  There was some involvement with the consumer and advocacy community in the development or delivery of training in the area local to the division in which the pilot took place. One of the expected outcomes of CIT program development is an improved relationship with the community, particularly consumers, families, and advocates on a greater scale. Generally, groups such as the Alliance for the Mentally Ill are involved in the development and maintenance of CIT programs in other jurisdictions.

REVIEW OF PERTINENT LAPD OPERATIONS

LAPD Operations of particular interest to this study are found in the Communications Division handling of 911 calls, MEU/SMART units of the Detective Headquarters Division, and the Critical Incident Investigation Division. This section presents pertinent findings from a review of each of these areas.

Communications Division: 911 Calls

All calls coming into the 911 system are routed by the Communications Division of the LAPD. In order to determine the nature of the call, Emergency Board Operators (EBOs) interview all callers to assess the urgency of each situation. The preliminary responsibility for determining the mental state of all callers is placed on the EBO. EBOs question the caller to obtain as much relevant information as possible to ascertain the priority level of each call, the pertinent details, and the main actors in order to provide an accurate report to the dispatched officers. EBO assessment of the caller is important for the safety of the caller, the public and the responding police officers. A detailed summary of the operations and review of 911 incidents can be found in **Appendix H.**

Findings

- LAPD's Communication Division receives 3.5 million calls a year; however, 85 percent of these calls are not regarded by LAPD as true emergencies.
- Of the emergency calls, an average of almost 12,000 calls each year, or 2.3 percent of all calls received, were considered "mental disturbance" calls (918 or 918V).
- The operator does not communicate with MEU or SMART even if a 918 call is identified. The operator dispatches a patrol unit that will coordinate directly with MEU and inform the operator as communication takes place.
- Based on data collected from Communications, dispositions that reflect hospitalization or a specific outcome of these calls cannot be determined. A review of incidents confirms this. For example, a call that was completed by a SMART unit had a final disposition code of OCC, which means the patrol officer cleared the call. Because there are no specific codes for 5150 WIC hold or transport to a hospital, analysis of disposition codes is not useful to monitor police encounters with persons who may have a mental illness.
- A review of training protocols for EBOs suggests that the curriculum provides an adequate strategy for obtaining information important for officers responding to a call, including information about potential for risk for self-harm or violence, and medical conditions that may be pertinent to the subject's condition.
- Training does not include verbal de-escalation techniques to assist the operator with an agitated, mentally disabled or gravely disabled caller.

- Training for operators on risk potential for suicidal calls is provided by Behavioral Science Section (BSS).

MEU/SMART

A review of MEU/SMART operations is found above under Review of LAPD's Best Practices (pp. 19-21).

Critical Incident Investigation Division: Use of Force

A more detailed description of findings for the Critical Incident Investigation Division (CUD) can be found in **Appendix J.**

Findings

- Personnel in the CUD had to rely on their memory of cases that occurred in or after 1999 in which the subject of a Categorical Use of Force was believed or known to be mentally ill. There is currently no standardized system to identify incidents in which a person with a mental illness is involved in a categorical use of force.

- Thirty-one cases were identified in years 1999 and 2000. Incidents from 2001 were not available for this study because they are still under review.

REVIEW OF TRAINING, POLICIES AND PROCEDURES

The Rampart Corruption Incident brought training issues to the forefront. The weaknesses of the Department's training program are considered to be beyond the individual curriculum, but with the "hit and miss" nature of training. The expenditure for training, both in terms of instructors and the time officers are "off the street," is significant.

The LAPD Board of Inquiry has identified several gaps in the Department's training program. In response to the requirements of the Consent Decree, the current study expands on certain elements of the internal review by the Board of Inquiry. The focus of this study is on training relevant to the encounter of officers with persons who may be experiencing a mental illness, and will make recommendations about specific training venues for those encounters. Detailed findings are presented in **Appendix L.**

FINDINGS

Basic Recruit (Academy Training)

- Training is very limited in time assigned and the breath of the curriculum regarding mental illness.
- Training is more didactic and incorporates limited problem-based learning techniques incorporated.
- Scenario training needs review for content and consistency with Department policies.
- Training includes few practical steps to assist the officer in applying the material.
- Instructors have limited information beyond the material presented.

Roll Call Training

- Roll call training is "hit and miss."
- Training can be used to reinforce CEDP training on select material such as new policies or statutory laws.
- Instructors with subject matter expertise do not always provide instruction. The instructors are often whoever is on duty and in charge of roll call.

Continuing Education/Updates

- Training time each year for the Department is inadequate. A general trend in other jurisdictions is to dedicate 4 to 8 hours per year to training on mental health or related topics.

Bulletins/Newsletters/Postings/Communiques/Video Clips

- Uses of these materials are excellent supplemental training methods. A strategic plan should be developed for this training technique.

Communication Center

- Information about the special services provided by operators and dispatchers is sometimes left out of training programs. It is important for others to understand their role in mental illness related incidents.
- Operators and dispatchers also need to know what questions to ask and what data to pass on to patrol officers. Good direction is shown in their revised lesson plans.
- Behavioral Sciences Section provides training on suicide intervention for operators.

Special Projects

- The pilot CIT program is a good example where specialized training is provided for 5 percent to 20 percent of officers. This training is frequently 40 hours with 8-hour annual updates. The first evaluation report of the pilot shows excellent early results. Such specialized training and program innovations can be generalized to varying degrees for all officers throughout the department.

General Findings and Considerations

- Training methods are as important, or more so, than the content of the curriculum.
- The quantity of material that is recommended is likely to exceed the time available to the Department. A strategy for addressing issues around mental illness is needed in the context of the total training package.
- Basic recruit training is often mandated by state standards. In California, the Peace Officer Standards for Training reviews and certifies training for basic recruits. Many states are revising their basic recruit training to include a module on mental illness with numerous additional modules on human relations related topics such as developmental disabilities and substance abuse. If the state does not revise the standards, consideration can be given for those modules at local discretion.
- Basic recruit training generally centers on competency training. The use of videos, role-play or other simulation can include encounters with persons with mental illnesses or general emotional disturbances. These experiential approaches are much more likely to result in improved problem solving on the street.
- Field Training Officers further train new officers. This on-the-job mentoring can be very valuable but is only as valuable as the skills, knowledge and attitudes of the Field Training Officer. It is therefore essential that FTOs receive specialized instruction and experience in issues of mental illness.
- The MEU is a primary focal point of the LAPD system. There is no evidence of adequate training for these positions.

- Continuous updates and ongoing presentation of key issues are important on a continuous basis. Annual refresher courses are appropriate. This can be supplemented by a planned dissemination of training material through bulletins, newsletters, and roll call training. The development of a long-range strategy for all personnel to receive training on this topic over the course of their career would avoid the perceived hit-and-miss of current training activities.
- Language use is a critical consideration in all training and written documents. Terms like "male mental" are not appropriate. Use of terms such as "schizo" demonstrates a less than desirable image and attitude about those who experience these disorders.
- Training on issues related to mental illness is not contingent on developing special training for special projects and specific personnel such as in a CIT model. Although this may have excellent possibilities, it is important that training for all officers is seen as a priority of the Department.
- Development of the training package is best accomplished by an internal planning committee, with input from community stakeholders. This can enhance public relations as well as help focus the training package on local concerns. Persons with expertise in developing curricula in mental health for law enforcement should be considered for inclusion in the committee. LAPD has an internal planning committee, but does not contain the above mentioned personnel.
- Community stakeholder involvement in the planning process has value if no more than the public relations function. This is evident in the development of the SMART program and in the precincts that developed special programs such as the homeless outreach, and community courts. Little or no external advisory function exists for the total training functions within the Department.
- Input by stakeholders including, but not limited to the following, may be valuable: local chapters of the National Alliance for the Mentally Ill, county and not-for-profit community behavioral healthcare providers, local psychiatric facilities, and consumer representation.
- Instruction can benefit from including community providers, family members of persons with a mental illness, and persons with a mental illness. This is not to replace but to supplement training by officer-trainers.

CONCLUSIONS AND RECOMMENDATIONS

The previous sections of this report present findings from the research activities outlined in the Methods section. This section offers conclusions and recommendations based on those findings. These conclusions also draw on the experience and judgment of Lodestar researchers and consultants who have conducted other, pertinent large-scale studies in the areas of law enforcement, mental health and organizational change. In effect, these conclusions are linkages between research findings and recommendations, providing the rationales for specific recommendations.

The recommendations made in this report are for system-wide changes. They are followed by a plan and timeline for implementing those changes, along with estimates of costs and an identification of the benefits of each recommendation.

Organizational Priorities and Planning

Based on Lodestar's inquiry and analysis, effectively reducing the potential for violence in encounters between LAPD officers and persons with a mental illness will require changes in the Department's general approach to these encounters. System-wide changes - proposed modifications to training, policy and procedure that affect response to persons with a mental illness at an agency-wide level - will be the foundation for LAPD's reforms in this area. Such system changes will demonstrate to the Los Angeles community and internal stakeholders that LAPD is committed to being responsive to the need for improving these encounters. .

A nationwide search and review of literature identified police departments with successful and effective approaches for dealing with encounters with persons with a mental illness. These approaches have similar attributes that appear to affect the success of their program including community partnerships, specialized training, internal reviews of the specialized response and active support of problem solving within the department.

The LAPD currently has two specialized response units that respond directly to persons with a mental illness (SMART and CIT pilot program) with an additional program (MEU) designed to assist patrol officers with these cases and collect data related to involuntary psychiatric holds. Leaders from these programs are not regular participants in community partnerships that deal with these issues throughout the city of Los Angeles. Individual specialized response units collaborate with certain agencies (e.g., SMART with DMH). Representatives from Operations-Central Bureau attend meetings including Los Angeles City Council Community Court Task Force, Police Commission Task Force on Mental Illness, and Operations-Central Bureau Service Providers Task Force. Though efforts have been made to include community perspectives on how the LAPD handles encounters with persons with a mental illness, such activity is not present across all divisions. The following recommendations are based on these findings.

Recommendation 1

- **Identify and prioritize Lodestar recommendations to be adopted; develop a detailed and long-range implementation plan (including budget and timeline) for adopted recommendations that addresses system reform regarding police encounters with individuals who may have a mental illness.**

  The recommendations that follow provide a comprehensive and coherent approach to reform regarding police encounters involving mental health crises. However, the LAPD should determine which recommendations, or their adaptations, are to be adopted and their respective priorities. In addition, the Department must develop a detailed implementation plan that will take into consideration existing LAPD priorities as well as staffing, calendaring, and fiscal opportunities and constraints. This detailed implementation plan should cover a period of three to five years. Sections of the plan should address issues such as: planning process; measurable objectives and outcomes; organizational infrastructure; community outreach; staffing and reporting; curricula and training; data collection and dissemination; incentives and recognition; auditing and evaluation, and other areas identified as critical by LAPD. The plan should be the product of a **broad-based work group.** The plan should be reviewed and revised on an annual basis.

Recommendation 2

- **Develop a department-wide philosophy statement about handling encounters that involve a person with a mental illness.**

  Changing the way line patrol officers respond to encounters involving persons with a mental illness must begin with a clear and consistent message from departmental leaders and command staff about the attitude, general intent and specific objective of LAPD's response to this population. The recommendation to develop a "philosophy statement" is intended to promote clarity, uniformity and commitment in the message that command staff and supervisors provide to personnel. The entire department's commitment to reducing the potential for violence in these encounters - however it is specified in that statement - should be put forth immediately and visibly. While people may differ privately about the value or nuances of the philosophy, it is imperative that not just its content but its spirit be supported and communicated uniformly and without reservation. It is strongly recommended that internal stakeholders and staff, particularly those who have participated in LAPD's specialized responses, develop this statement.

Recommendation 3

- **Change language in written policies and training.**

  Some of the language in LAPD documents currently used to refer to people with mental illness is inconsistent with the stated preferences of the population to which it refers. The national trend for nearly 10 years in referring to persons who have a disability (including a mental disability) has been to use "people first" language (e.g., "persons with a mental illness"). While this usage may, at times, seem somewhat cumbersome, it has substantial symbolic importance and communicates respect and sensitivity, while minimizing stigma and pejorative connotations. The change should apply to written and verbal communications- particularly in training and outside the agency. For example, instead of "mental" (918) as a phrase used to describe calls involving a person suspected of having a mental illness, refer to these calls as "mental health crisis" calls. Other descriptive characteristics (e.g., male or violent) are still acceptable and necessary descriptors for appropriate police response.

Recommendation 4

- **Develop specialized community partnerships.**

  As part of improving the agency's community image and its relationships with persons with a mental illness, their families and advocates, it is essential to further develop and maintain partnerships between the LAPD and relevant community groups at both city-wide and division levels. The key is to develop relationships specifically *for this purpose* and thereby establish lines of communication that can improve responsiveness to the community *before* a crisis occurs. Successful programs in other jurisdictions have active, ongoing collaborations with agencies such as the local chapters of the Alliance for the Mentally Ill (AMI), Mental Health Association, and the local mental health services authority. A critical element in ensuring the success of this recommendation is to assign a senior ranking member of the command staff to serve as top liaison to the mental health community, and someone in each division as well, who can assume responsibility for communicating with key groups when, and before, community concerns arise. As is always true in community policing, effective partnerships require regular meetings, good working relationships, ready disclosure of information and a joint commitment to preventing negative outcomes.

  These partnerships require tending at both city-wide and division levels. City-wide, the LAPD should have a mental health advisory group comprised of major stakeholders, many now participating in advisory groups with LAPD, who would meet periodically - and fairly frequently during the development of new response systems. Organizations that should participate in this group include the local chapters of the above mentioned advocacy organizations (AMI, MHA), DMH, and representatives of some of the key community agencies and service providers across the City of Los Angeles. This high-level group would demonstrate to all, and model for each division, LAPD's leadership in this area, and serve as a forum for dialogue with LAPD about ideas, problems and solutions. It is critical that the members of this city-wide group represent agencies with constituents across all divisions. Local versions of this advisory group should operate within each division, perhaps through C-PAB committees or hosted by local agencies that provide leadership in this area.

Organizational Infrastructure

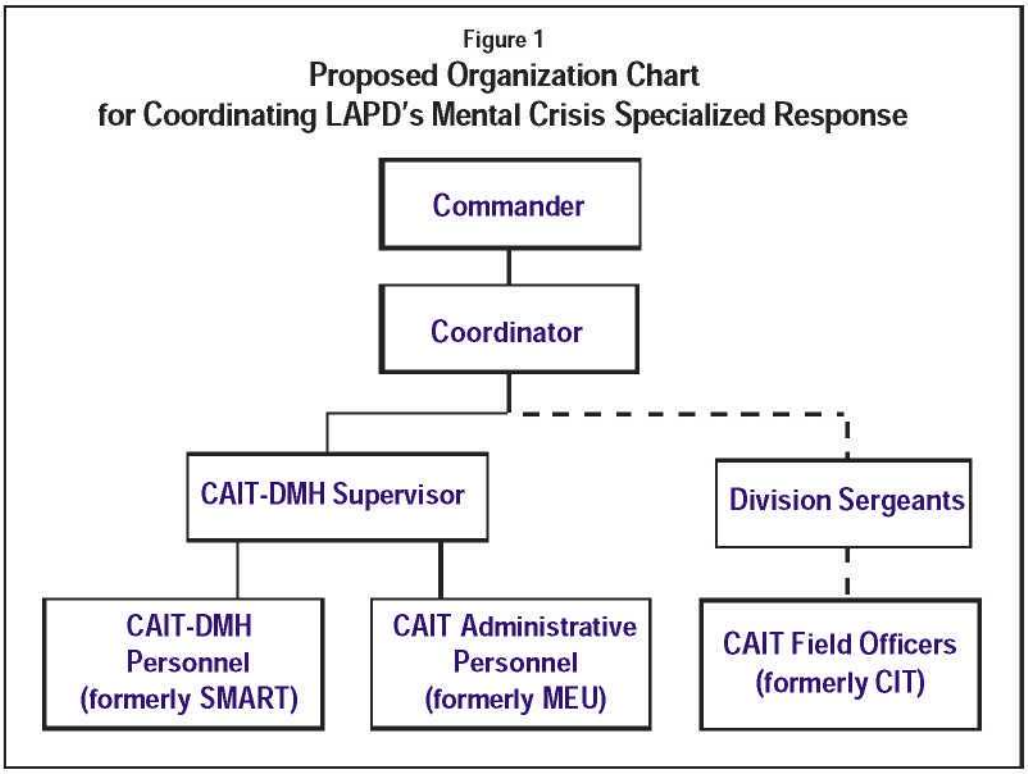
Each current specialized response program, SMART, MEU and CIT, uses a different procedure for collecting data and a different system for storing that data. The responsibilities of these programs naturally require different policies and procedures in order to perform their unique functions well. There is some collaboration across the SMART and MEU, mainly a result of the requirement of MEU to deploy or authorize SMART units to respond to calls. MEU is to be consulted when a patrol officer identifies a person who may have a mental illness and in need of hospitalization, but these encounters can only be identified if a call is made into MEU and recorded by MEU staff. It was determined that many encounters are not recorded. Also, current recording systems produce limited information about these encounters. SMART has similar difficulties with recording information but has an additional constraint. The encounter a SMART officer has with a subject is considered a "clinical encounter" by DMH, and thus confidential. DMH has asked the LAPD not to record information about the encounter in order to protect the privacy of the subject. This limits the LAPD's ability to actively review SMART officers' roles and procedures in these instances.

In order to provide an integrated and seamless response to calls involving persons with a mental illness, it will be necessary to create policies across divisions and units that support specialized responses. For example, in Memphis, a specialized responder can be identified and dispatched by Communications and if other units are on-scene, the specialized responder assumes command of the scene. Organizationally, there is collaboration among the SMART and MEU staff as a result of policies established between these units. The CIT pilot has not yet been incorporated into these long-established programs. It will be important to evaluate the effectives of these responses through the use of coordinated data review and analysis across different program responses.

Recommendation 5

- **Centralize authority for all LAPD specialized response programs for persons with a mental illness under the auspices of a single entity.**
  Several distinct units providing specialized responses for calls involving persons with a mental illness currently exist within LAPD (i.e., SMART, MEU and the CIT pilot). For efficiency of response and communication, it would be beneficial if administrative authority for these programs were combined. For the purpose of this report, this suggested coordinating entity - and overall rubric for specialized response - will be referred to as the Crisis Assessment and Intervention Team (CAIT)[16]. LAPD is encouraged to develop and adopt their own name for the coordinating body to demonstrate ownership and a commitment to change. Under whatever name is adopted, CAIT would provide uniformity to specialized responses currently used by LAPD, unite these programs, coordinate their functions and, agency-wide, provide a common moniker and philosophy. The commanding officer (with Staff responsibility per section 2/030.50) would lead the team and ensure that the various responses would work together to provide comprehensive and appropriate responses (see Figure 1 for the organizational structure).

[16] Thus, SMART teams would be referred to as CAIT-DMH teams, MEU personnel would now be CAIT personnel, and officers currently identified as CIT would be identified as CAIT officers.



Recommendation 6

- **Assign a dedicated lead officer to coordinate CAIT.**

  The CAIT coordinator should handle functions similar to those of a CIT Coordinator. The Coordinator (with Functional responsibility, per 2/030.10) would oversee the documentation of calls involving persons with a mental illness, data collection for internal record-keeping and for program evaluation purposes, and continuing education training for CAIT officers and personnel. The Coordinator would also manage the operations of CAIT officers paired with DMH clinicians. The Coordinator should also monitor the training of specialized officers and review encounters by evaluating data collected by CAIT.

  The selection of an appropriate CAIT Coordinator will be critical. Based on an analysis of specialized programs in other cities, the Coordinator must be an officer who is respected and readily recognized as a leader among her/his peers. The Coordinator should be known by others to possess exceptional interpersonal skills and a sound knowledge of tactics and officer safety.

Recommendation 7

- **Document CAIT calls with an incident log.**

  CAIT officers should complete a CAIT contact sheet for all encounters involving persons with a mental illness and this information should be entered regularly into an information database that is accessible to CAIT personnel. An incident form developed by *CW* in Central Bureau contains detailed information about the encounter and the mental status of the subject. A sample form is included in **Appendix M,** which includes a place to document any use of force. The recommended CAIT contact forms will be easy to complete so as not to contribute to the burden of paperwork, and they can be used for operational analysis, planning and program evaluation. This form can be supplemented with items on data forms

that SMART clinicians use for recording encounters. The form should be modified to contain data the CAIT coordinator determines is important in reviewing CAIT functions and effectiveness.

Recommendation 8

- **Create a single, integrated database for encounters with all specialized responses..**

  Currently, LAPD maintains minimal information on 5150 WIC calls and other incidents involving persons with a mental illness as recorded by MEU. DMH clinicians who co-respond with LAPD officers (currently, SMART) record much more detailed information about these encounters although these accounts reflect only the cause and outcome of encounters, not officer behavior. The proposed database should include details of the encounter but not intrude on "clinical" information that would be considered by DMH to be confidential. The purpose of this database would be to allow for an analysis of the process and outcomes of these encounters.

  Officers in the CIT pilot program gather detailed information about each encounter involving a person suspected of having a mental illness. CIT and SMART should jointly record information from these encounters in a single database that is accessible to personnel from both programs, and use a similar incident log, as referenced above. Information provided by these logs could be stored electronically in a database already kept by DMH. Agreement from DMH to access the database must be in place in order for LAPD to use this tracking system for their own purposes (see Recommendation 10). If DMH does not wish to alter the agreement, the LAPD should develop their own database so that adequate tracking of encounters for any specialized response to persons suspected of having a mental illness can be monitored and reviewed.

Recommendation 9

- **Clarify policies and procedures for involuntary psychiatric holds.**

  Current policy requires patrol officers to notify MEU if a subject is being placed on a 5150 WIC (involuntary psychiatric hold). At times, an officer may have to return to the station and wait until a SMART unit arrives to conduct an additional evaluation. If a SMART unit does not arrive within a reasonable period, officers may then transport the subject to a psychiatric receiving facility. SMART units can transport persons in need of hospitalization directly to the nearest psychiatric facility.

  With the two-layer approach that is proposed, the time-consuming interim step of returning to the station would be eliminated for specially trained patrol officers (CAIT). Policies should be modified to allow CAIT officers to transport subjects directly to a psychiatric receiving facility in order to speed assistance to subjects in crisis. CAIT officers would notify the coordinating center of the hold by completing an incident log that is forwarded to the CAIT coordinator for review and recording. CAIT-DMH officers would follow the current procedures that SMART units follow in addition to completing an incident log that is forwarded to the CAIT coordinator.

Recommendation 10

- **Revise the Memorandum of Understanding between LAPD and DMH.**

  Further information sharing between LAPD and DMH will facilitate better and safer responses, including the proposed integrated database for responses to calls involving a person with mental illness (see Recommendation 8). A MOU currently exists that allows DMH to share information with officers from SMART only. However, if, as proposed, SMART functions are subsumed under CAIT, the MOU may need to be clarified accordingly.

Mental Crisis Encounters

The two primary objectives in responding to any call involving a person with mental illness are: (1) to have an appropriate (and non-violent) on-scene encounter and (2) to provide an appropriate disposition of the case. To accomplish these objectives, jurisdictions with effective specialized responses typically deploy specially trained officers (e.g., Memphis CIT) or mental health clinicians (e.g., San Diego PERT). For reasons noted elsewhere (resources, logistics, etc.), LAPD should not attempt to replicate either of these models as they exist. Rather, a blended approach to specialized response, specially suited for LAPD, is recommended, one that uses the strengths of each responder (police and mental health professional) to accomplish the objectives for which it is best suited.

How are the two objectives best accomplished? As noted, effective response to mental crisis calls involves planning for positive resolution of the on-scene encounter and for appropriate disposition. In the field encounter, the task of the responder is to deescalate a volatile or worsening situation without any unnecessary use of force. The Consent Decree specifically addresses the need for LAPD to create a mode of response that minimizes the likelihood of force being used in encounters between officers and people with mental illnesses.

The tone of an encounter and the direction in which it moves is often determined in the initial period of contact between the officer and subject. Therefore, to maximize the likelihood of a positive (non-violent) field encounter, it is advisable to have a specially-trained responder make *first* contact with the subject whenever possible. The success of programs that carefully select, then train, officers with special skills in crisis intervention and mental health issues, attests to the potential of this approach to reduce the use of force and facilitate positive resolution of field encounters.

While some mental health professionals may also possess some of these skills, there is no empirical evidence to suggest that they perform any better than the specialized officers in actual field encounters. Based on our review of programs nationally, having mental health professionals available for operational response is, however, helpful in two ways: (1) they sometimes have an advanced level of professional knowledge that can assist in assessment (e.g., in determining what effect a particular medication might have on behavior) and (2) they can help to facilitate appropriate dispositions and reduce officer "down time" in situations where the subject is being subjected to an emergency detention/commitment, i.e., 5150. These potential benefits argue for retaining SMART clinicians in some way, although it clearly is not necessary for them to respond to every call. Rather, they could be used most effectively in those particular encounters where specialized consultation may be needed or in which a 5150 is being initiated.

Why not just replicate Memphis CIT or San Diego PERT? Differences in the size and infrastructure of Los Angeles (compared to these other cities) makes a "boilerplate" adaptation unlikely to succeed.

Memphis, for example, is able to facilitate a positive field encounter *and* have a rapid disposition of "5150"-type cases because they have a single assessment site for the entire city and that site prioritizes police referrals and offers a "no refusal" policy. Los Angeles does not have - and is not likely to have - a single point of entry for psychiatric emergencies. Thus, rapid disposition in Memphis could not be replicated in Los Angeles.

In contrast, the PERT Team in San Diego does not provide initial contact or first response to any "high risk" situation. A mental health clinician would only be permitted to enter a scene after it has been stabilized by officers. However, since developing PERT, San Diego Police Department has significantly reduced patrol time spent on 5150 calls because the clinicians, who are employed by the county department of mental health, make calls in advance to secure placement of the subject and "pave the way" for the transfer of custody. Similarly, the county's main psychiatric emergency evaluation center says that inappropriate referrals (detainees who are determined not to meet 5150 criteria) - and total case volume - have been dramatically reduced.

PERT, however, maintains a cadre of 17 full time mental health clinicians (most of whom are county employees) to provide basic city-wide coverage for their existing hours of operation. The number of clinicians required to provide the same coverage - given the relative size of the two cities' populations - would be at least three times greater in Los Angeles. This clearly would be an expensive option for both the County and City of Los Angeles, and require hiring a large number of new personnel. Yet, even if the PERT model was adopted, the highest risk calls involving people with mental illness would still not have a specially-trained responder making initial contact.

What is the best solution forLAPD? Based on the above analysis, we recommend LAPD have a significant number of specially selected and trained officers (CAIT) who can serve as first responders - making initial contact - for calls involving people with mental illnesses. These officers would work on a generalist-specialist model, with regular patrol assignments, but would have priority for deployment to any mental crisis call. The primary goal of this intervention would be to increase the likelihood of positively resolved, non-violent filed encounters.

In addition to having strategically deployed CAIT officers throughout the city, we recommend that mental health clinicians still be available as a resource to patrol officers (much like the way that SMART currently operates) to offer specialized consultation on mental health issues and to help facilitate and streamline the processing of 5150 cases. We are also recommending the all patrol officers be more effectively trained to recognize and deal with mental health issues, including knowing when and how to contact CAIT.

Recommendation 11

- **Prioritize specialized response as first responders to calls involving persons with a mental illness.**

  Improving the actual police encounter with persons with a mental illness begins with modifying the initial response. Accordingly, we recommend that LAPD adopt procedures that will maximize the likelihood that a specially-trained responder will have the initial contact (or at least early contact) with the subject. This would be accomplished primarily by creating a cadre of generalist/specialist officers who have been carefully selected for CAIT and have completed intensive, specialized training, similar to that developed for the LAPD CIT pilot. These CAIT officers would be identifiable to dispatchers in the Communications Center, who would attempt to direct one of them to any identified mental crisis call. In addition, we suggest that there be 24-hour/7-day city-wide availability of a co-responding CAIT-DMH team (CAIT officer and DMH clinician) - much as SMART currently operates, but with expanded coverage. These co-responding units would primarily provide support for CAIT and other patrol officers and help to streamline the processing of 5150 cases. (See Figure 2 for description of functions of each unit.)

Figure 2: Procedures to Promote Effective Specialized Response to Persons with a Mental Illness					
Function	**CAIT-DMH (formerly SMART)**	**CAIT Administrative Personnel (formerly MEU)**	**CAIT (formerly CIT Pilot)**	**Patrol (non-specialized)**	**Special Considerations**
Deployment of officer if a call is identified as a mental health crisis call	• Deployed by Communications Division; or may respond to radio call	• No responsibilities to deploy	• Deployed by Communications Division; or may respond to radio call	• Deployed by Communications Division if no CAIT or CAIT-DMH is available • Will request a CAIT officer (CAIT or CAIT-DMH) if additional assistance is needed	• Communications Division would deploy the nearest CAIT-trained officer
Training	• Receive CAIT training and designated a CAIT-trained officer	• Can receive CAIT training to understand field considerations and provide back-up	• Receive CAIT training and designated a CAIT-trained officer	• Receives no special training	• It is important to have senior CAIT officers participate in training related to these encounters for regular patrol officers
Supervised by	• CAIT-DMH Supervising Officer	• CAIT-DMH Supervising Officer	• Watch Commander of assigned Division	• Watch Commander of assigned Division	
Primary Functions	• To respond to mental health crisis calls • To participate in training for basic recruit and continuing education relevant to encounters involving persons with a mental illness	• To collect data from CAIT incident logs • To assist in the review and analysis of CAIT incident data	• As a generalist-specialist, to respond to both regular calls and mental health crisis calls as a primary responder • To participate in training for basic recruit and continuing education relevant to such encounters	• To respond to any call	
Types of Response	• Act as first response to a mental crisis call • Provide a co-response with patrol officers • Provide consultation and assistance for SWAT and Crisis Negotiations	• Does not respond to calls • Provides information about past contacts to assist planning for patrol or special unit (e.g., SWAT) in potentially violent encounters	• Act as first response to a mental health crisis call • Provide a co-response with patrol officers • Provide consultation and assistance for SWAT and Crisis Negotiations	• Can act as first response to a mental health crisis call if no specialized officer is available	

Recommendation 12

- **Increase the number of first responding officers with expertise.**
  The actions of first responders are pivotal to decreasing the likelihood that mental crisis encounters quickly become more volatile and potentially violent. Officers trained in special tactics and approaches to crisis situations involving persons with a mental illness increase the likelihood of appropriate disposition without a use of force. The proposed two-layered plan for specialized response calls for training a cadre of generalist-specialist responders. As noted above, the program curriculum used in the CIT pilot program provides a strong foundation for the policies, procedures and training for such a response. However, more CAIT officers will be needed. Based on estimates from other jurisdictions, coverage on all shifts usually can occur when approximately 15-20% of sworn officers assigned to patrol have been trained. These officers should be drawn from a pool of volunteers and be carefully screened and selected for the intensive training. To set the proper climate, command staff should work actively to promote the importance and visibility of CAIT as a high-priority program within LAPD.

Recommendation 13

- **Develop a system to identify CAIT officers and dispatch them.**
  The current dispatch system can not determine whether a specialized officer is in the field. A new dispatch system is under development and will be in place by April 2003, according to personnel within Communications Division. The new system will allow for specialized officers who are in the field to be identified with a special code so that the dispatcher can send that specific unit to a scene that involves a person with a mental illness. Written policy would need to be altered to reflect this procedural change. Because a first response is somewhat dependent on the ability to dispatch a specialized officer, full deployment of CAIT officers division-wide may be delayed until an appropriate dispatch system is in place.

Law Enforcement-Based Mental Health Response: CAIT-DMH

Recommendation 14

- **Expand co-responding CAIT-DMH (SMART) personnel to provide full coverage.**
  Currently, LAPD deploys co-responding teams - known as SMART - composed of an officer and a DMH clinician. LAPD was innovative in helping to pioneer this model of specialized response and the continuation and expansion of this approach is supported. Patrol officers report that co-responding units are helpful and facilitate connections to DMH. While officers seem satisfied with the quality of response, many express frustration about long response times or limited availability.

  To build on the existing strength of the LAPD's specialized responses the following is recommended: (1) provide a more integrated structure by incorporating the co-responding SMART teams in name and structure under CAIT (see Recommendation #5); (2) expand deployment of co-responding units so that one or more are in service 24 hours a day, 7 days a week. This would require more units on every shift and staffed in each division, resulting in 24 CAIT-DMH units (as reported by a lead SMART officer). These units would be dispatched similarly to CAIT officers.

  Increasing the number of co-responding units would require that DMH supply additional clinicians, which could be a problem considering the County's current fiscal and resource constraints. If additional clinicians were not available, this would not affect the purpose or

spirit of the other recommended changes. The strengths of the other recommendations are not contingent on the expansion of co-responding teams, though that expansion would clearly increase the probability that a first response to a mental health crisis includes, when needed, a team clinician.

Recommendation 15

- **Alter functions and responsibilities of MEU to provide administrative support for specialized responses.**

  Currently, the primary functions handled by MEU are: (1) triage screening for SMART deployment and (2) maintaining records of 5150 WIC calls. With the proposed two-layer approach, the CAIT trained officers (CAIT or CAIT-DMH) would be dispatched by Communications Division. Because generalist-specialist CAIT officers and CAIT-DMH officers will almost always be in service, there will be no need for a separate departmental screening or separate consultation as is now provided by the system currently in place with MEU. This move will eliminate some of the burden currently placed on the detectives for "after-hours" MEU coverage. It will also allow for more systematic and detailed recording of 5150 WIC incidents as well as other calls involving persons with a mental illness. Having the calls collected in this way will also facilitate more centralized - and likely more accurate - monitoring and provide better data to use in strategic planning.

Patrol Officers

Recommendation 16

- **Educate field patrol officers about specialized responses.**

  Building on Recommendation #2 (Philosophy), and #5 and #6 (CAIT Infrastructure), as the department develops and adopts a unified philosophy and the organizational structure to implement these changes, it is imperative that field patrol officers are fully educated about both the philosophy and detail of effective response to persons who have a mental illness. This is particularly important as changes in policy and procedures and the development of a new coordinating body are put in place. In departments that have successful specialized responses (e.g., Memphis) non-specialized officers are aware of these approaches and encouraged to consult and seek assistance from the specialized officers. This can be conducted through internal communication devices within the LAPD such as training bulletins, roll call training and continuing education.

Curricula and Training

As noted in Recommendation 1, Lodestar advocates that LAPD develop a detailed and long-range implementation plan that addresses system reform regarding police encounters with individuals in mental crises. A comprehensive training approach is an essential element of that long-range plan. It requires a strategy that begins with the basic recruit academy training and continues through annual updates and reinforcement by use of bulletins, roll call and other supportive venues. The range of training efforts will need to incorporate imparting relevant skills and approach more than factual knowledge related to mental illness. Given Los Angeles' vast geographic area and the Department's commitment to speedy law enforcement response, training is required for both generalist and specialist roles for handling these encounters.

The value of this training has impact far beyond actual encounters with those in mental crisis. Training focusing on skill development and awareness can lead to improved community relations as well as reduce the risk of violence in any potentially volatile event. Situations such as domestic disturbances and encounters with persons with developmental disabilities, the elderly, and the homeless may all require officers to use the same communication and de-escalation skills as are recommended for dealing with those in mental crisis. More generally, training in civil rights and appropriate handling of such calls is an excellent risk management tool for the LAPD.

Training for Two Responders: Specialized and General

Los Angeles is uniquely positioned for the dual challenge of delivering ***appropriate*** and ***quick*** mental crisis response. Given the size of the City, a quick law enforcement response may not be the most feasible response. Likewise, an ideal response may not be available quickly, given other field demands. This report's recommendations recognize that other patrol officers precede the SMART, CIT or other specially trained responders on most calls. Therefore, a general knowledge of mental illness, legal issues, communication and verbal de-escalation skills are proposed as valuable tools for all patrol officers. Regular as well as specialist responders need training to maximize the appropriateness and safety of mental crisis encounters.

Specialized Response Training

Specialized responder training is experiencing de *facto* standardization as many jurisdictions adopt the model used in the Memphis CIT program. Many advocates, including the National Alliance for the Mentally Ill (NAMI), encourage this 40-hour curriculum. NAMI has law enforcement training as one of its national goals.

In cities that have specially trained responders, most have annual updates or have reported a flaw in their program if annual continuing education was not built into the program. This reinforces the idea that training should not be an isolated "one shot" effort.

Other issues are critical to LAPD's development of specialized response training:

- **Dual Focus Response**
  Specialized training for mental crisis response allows LAPD to work with other professionals in designing curricula and training that has a dual focus: law enforcement and mental health. This joint emphasis both equips officers with increased skills, tactics,

understanding and resources as well as better serving those citizens in need of mental crisis care.

- **Updating and Program Adjustments**
  LAPD's pilot CIT program has developed an excellent training agenda that follows a format similar to the Memphis program. If, as recommended, the Department implements a modified CIT program across different divisions, it will have more officers trained and more feedback to incorporate into program improvements, which will result in the need for annual updates and adjustments to training.

- **Practical Training/Encounters**
  Officers who attend specialized training have an opportunity to meet face-to-face with persons with mental illnesses. (Officers frequently report that they are as fearful of a psychotic individual as the psychotic individual may be of the officers.) Officers are able to visit a day treatment or drop-in center, where they hear first-hand what it is like to have delusions or hallucinations, why patients often stop taking their medications, and stories of past good and bad experiences with law enforcement. A 40-hour training allows time for not only persons with mental illnesses but their family members as well to share their perspectives and concerns, an equally poignant and useful training experience for officers.

General Response Training: All Field Officers

The American Bar Association Criminal Justice Mental Health Standards called for all agencies to provide specialized training to their personnel "to assist them in identifying and responding to incidents involving the mentally ill or mentally retarded persons." There are no established guidelines for the number of hours of training but a model that has been well received is one developed by the New York Department of Mental Health. It is an 8-hour curriculum.

Curricula Content

Time limitations have severely limited the content and delivery of existing LAPD training in preparing patrol officers for mental illness crisis encounters. In addressing this issue and designing a long-range training plan, specific attention should be directed to training content issues that are widely recognized within law enforcement and mental health as critical to serving this population and providing officer safety. Specifically:

- **Generalists vs. Specialist Trainers**
  LAPD has internal resources that should be used to enhance mental crisis encounter training. This includes individuals from Behavioral Science Services, SMART, MEU, among others. In addition, community resources should be utilized. Instructors should have more than book knowledge of mental illness. This is where community mental health providers may be utilized. Behavioral Science Services could be better utilized in planning, curriculum development and instruction.

- **Lecture vs. Contact/Scenario Training**
  Didactic training on terminology of mental illness and, likely symptoms that the officer will observe, is necessary. However, this lecture method of training is not sufficient in itself. Two other components are recommended: opportunities for exposure to persons with mental illnesses, and scenario training for skill building. Time factors have limited the extent to which recruit training has been able to utilize these activities.

- **Utilizing a Variety of Techniques**
  Training scenarios are valuable to teach techniques and allow the officer to practice communication and intervention skills. Although role-play may be the better method for many of these learning opportunities, video vignettes may be another choice. These are valuable when the training is severely time limited. General trainers also may use vignettes whereas only a skilled and experienced leader should lead a role-play.

- **Problem-Solving Approaches**
  Expanded problem solving training should occur at various points along the continuum of verbal interventions through use of force. This type of instruction requires field experienced tactic training officers. Although the mental health professional may assist, the officer-trainer best teaches this. The trainee will be most responsive if the instructor emphasizes officer safety and the provision of new tools to be used when intervening with a person experiencing a mental illness.

Specific recommendations related to curricula and training are outlined below.

Specialized Response: CAIT and CAIT-DMH

Recommendation 17

- **Provide mandatory specialized and continuing education training for CAIT officers.**
  All CAIT officers must successfully complete the specialist training prior to receiving a CAIT designation or providing specialized response to calls. All CAIT officers - the generalist-specialists and those who co-respond with DMH - should receive advanced, intensive training of at least 40 contact hours. Continuing education relevant to encounters involving person with a mental illness should be required for CAIT-trained officers at least twice every year (similar to Portland's CIT Program). Training updates should include, among other things, information about any new legislation that may affect policies and procedures.

Recommendation 18

- **Include additional information on community supports in CAIT training.**
  Current officer training does not include information about community support agencies other than a listing of hospitals. This information would be useful for CAIT officers when dealing with a person who does not meet criteria for protective custody but would benefit from being directed to services in the community. Relevant community service providers should be contacted and asked to present concise written information and a brief verbal description of their programs during CAIT training. Their participation in training should also strengthen partnerships with community agencies (see Recommendation 4). It is imperative that community support information is updated consistently to avoid misinformation and unusable contacts.

Recommendation 19

- **Include consumer, family and advocate perspectives in CAIT training.**
  Nationally, many law enforcement agencies have incorporated some level of new training for responding to calls involving persons with a mental illness. Almost without exception, these agencies report that hearing presentations by mental health consumers (persons with a mental illness) and family members has had the most impact on officers and their attitude towards assisting this segment of the community. Visiting treatment facilities also increases officers'

understanding of what actually occurs in mental health treatment programs. This contact also helps to dispel myths and misconceptions that officers may have about mental health consumers and vice versa.

The curriculum developed for the CIT pilot (based on the Albuquerque and Memphis curricula) includes lectures from several persons who have a mental illness and who were previously homeless. Central Bureau, the area in which CIT was piloted, contains a high number of homeless persons with a mental illness, and often there is no family involved in calls or encounters. The inclusion of family members in training may need to be modified by division in response to their availability.

Recommendation 20

- **Integrate and provide all training for mental illness response under CAIT.**
  The CAIT Coordinator should assume agency-wide leadership for developing, monitoring and updating curricula and training related to police responses to persons with a mental illness, whether specialized training for CAIT officers or topical training for general patrol (see Recommendations 23-27, below). The content of the curriculum developed by personnel in Central Bureau for the CIT pilot program provides an excellent model for CAIT officer training. It is recommended that the CAIT Coordinator have the curriculum - including practical exercises and scenarios - reviewed by SWAT, Use of Force Instructors, and other tactical specialists within the agency, in conjunction with the Director of Training, so that special tactical considerations and officer safety are emphasized and integrated into CAIT officer training. Outside specialists and other departments that use special tactics for these encounters should also be consulted. These units and specialists should also be consulted in the development of training in these topics for patrol officers generally.

Recommendation 21

- **Include Communications Division in the development of training curriculum.**
  Special services such as the EBOs and Dispatchers are sometimes left out of the development of training programs in other departments. Their input, like that of other units (see Recommendation 19), is vital to ensure that patrol and CAIT officers are provided with information that they need in order to respond appropriately to calls involving persons with a mental illness. Including their advice regarding techniques for de-escalating an agitated or excited person, for example, would be valuable for the police service representatives in telephone triage. In general, their input into the development, review and revision of such curriculum is important.

Recommendation 22

- **Enhance Communications training to facilitate better initial identification of calls.**
  Because the proposed approach emphasizes having a specialized responderas the first responder, the Communications Center should be asked to make reasonable efforts to screen for and identify callers where the subject may have a mental illness. Feedback from officers, command staff, EBOs and Dispatchers makes it clear that many calls involving persons with a mental illness are not dispatched initially as "mental" calls. Not all cases are identifiable from a 911 call, but knowing at the time of the call that a subject may have a mental illness will help to facilitate deployment of a specialist responder and provide all responding officers with relevant information about the call. It may be that Communication Center personnel could be provided with standard questions that help to identify cases that involve persons with a mental illness and with follow-up questions if a mental illness is suspected. For example, in calls involving disorderly or disruptive conduct, particularly where the subject's conduct may be menacing, the EBO might routinely ask "Do you know whether the person has any history of mental or

emotional problems?" Follow-up queries might target issues such as medication or hospitalization.

Patrol Officers

CAIT (i.e., CIT and SMART) officers would be trained as "specialists" even though they may continue to be assigned as a generalist (as demonstrated in the Memphis model). The following recommendations for training patrol officers on issues related to mental illness should not be contingent on the development of specialist training. In addition, recommendations for patrol officer training in this area apply across all divisions.

Recommendation 23

- **Focus curricula and training for patrol officers on 1) a wide range of field tactics, and 2) practical, problem-based scenarios.**

Emphasize tactics that may differ when encountering an individual with a mental illness.
Tactics emphasizing and integrating verbal de-escalation with use of force requires revision in both curricula and policies. The here emphasis should be placed on didactic training and on using other training venues and media such as roll call and bulletins.

Use more problem-based material during training.
Didactic education is appropriate for some material. However, most training must be problem-based and actually practiced by officers using monitored scenarios. It is important that officers have the facts and also understand the concepts and how to apply them in field encounters. The officer, when facing a unique situation, must be able to apply the learning to respond to and complete the encounter in a safe, appropriate and helpful manner. Many of the existing training documents should be revamped and some replaced completely with more problem-solving oriented material.

Recommendation 24

- **Conduct initial agency-wide training for all patrol officers on managing encounters.**

LAPD's substantial change to training related to responding to calls involving persons with a mental illness should begin with brief training for all patrol personnel to: (1) communicate the agency's philosophy; (2) educate them about the new structure of specialized response; (3) provide an update on identifying and assessing features of mental illness in field encounters; and (4) deliver and practice techniques for integrating officer safety with verbal de-escalation.

Ideally, an initial training covering these topics for all patrol personnel should be a full day of training. It should be mandated to occur within the next 18 to 36 months. However, it is recognized that it may not be possible to dedicate eight new hours to this topic. Some efficiency can be gained in that elements of the recommended curriculum overlap with training on interactions with other population groups (e.g. domestic violence, mental retardation, general emotional disturbances). Training in the topics of communication, verbal de-escalation, ADA and client rights provide tools for a variety of situations and populations (see **Appendix O** for more details).

Recommendation 25

- **Expand external and internal expertise used in developing curricula and instruction.**
  Utilize external subject matter experts, coordinated through the Professional Advisory Committee, to plan new curricula.

  Input from community stakeholders should be included in development of the themes for the training package (see, also Recommendations 18 and 19). This can enhance public relations as well as help focus the training package on local concerns. The actual development of the curricula and lesson plans should be left to the subject matter experts and any material affecting tactics and officer safety are subject to department review. This may require at least 120 hours by a consultant to develop, implement and train personnel to provide the new curricula.

  Use existing resources within the Department to assist in the development and instruction of training material.

  In particular, BSS and CAIT should do more than review and place a stamp of approval on new lesson plans. They should be utilized more frequently in the writing of curricula and in its delivery. CAIT should have significant input into the development of future LAPD mental health training scenarios, both for new CAIT officers and for recruits and annual training materials (see Recommendation 19, above). They will see first hand the types of incidents that happen and have the experience to deal with them. This expertise should be captured and shared.

  Supplement current instructors with persons who have experience with encounters with persons with a mental illness.

  As with training for CAIT officers, the training team for patrol generally should include community providers, consumers and family members of persons with a mental illness. This is not to replace but to supplement training by officer-trainers. Outside trainers-of-trainers may be utilized to better prepare employed training staff to assume more responsibility in the future.

  All instructors (officer and non-officers) must be knowledgeable, experienced and dedicated to the topic. Instructors assigned in special areas should be screened and selected for expertise in communication and verbal de-escalation tactics.

Recommendation 26

- **Increase exposure to mental crisis response in basic recruit training.**
  The total amount of training that gives attention to mental illness is currently only a small portion of the 6-hour training related to persons with disabilities. LAPD recruit instructors repeatedly reported that they were unable to include community and LAPD resources because of time considerations. In order to improve training by incorporating experts and additional instructors for topics related to mental illness, as suggested earlier, an increase from 6 hours to 10 hours is recommended.

Recommendation 27

- **Identify verbal de-escalation techniques appropriate for use with individuals in mental crises; integrate these techniques into mental crisis scenarios for inclusion in use of force training.**

  By identifying and integrating verbal de-escalation techniques into situations involving mental crises, police officers have a greater skill set from which to draw (see, also, Recommendation 21). Current training in the force continuum appears to emphasize the issuance of directives and commands at the initial stage. While these often are appropriate techniques, they differ significantly from the approach of crisis negotiation or de-escalation. It is proposed that greater emphasis be placed on interactive verbal techniques and de-escalation strategies in the context of other use of force training. De-escalation should be understood as part of the "verbal" point on the force continuum and as a strategy for subject control.

Use of Force

Categorical use of force documentation provided for this evaluation contained a narrative summary of the incident that was completed by the CUD for review by the Police Commission. Incidents were identified by CUD personnel not through record identifiers but based on memory of the incident. Conclusions about LAPD response to persons with a mental illness, and their implications for system reform, would be inappropriate based on this sample and on the limited information contained in the narrative summary. Recommendations and rationales for improved data collection and for further review of both categorical and non-categorical use of force incidents are offered below.

Recommendation 28

- **Re-structure Categorical Use of Force documentation.**
  Agency documentation of Categorical Uses of Force should require a designation of whether the subject was known or suspected to have a mental illness and whether that fact was known before or only after the force occurred. This will permit better tracking of more serious cases of force used in encounters with subjects suspected of having a mental illness. It is also recommended that this documentation - at least for cases involving subjects suspected to have a mental illness - be structured more like the required forms for non-categorical use of force. This would allow for a more useful analysis of encounters than is possible using information in current categorical use of force documents. In addition, the revised form should contain a detailed account of the approach and early features of the encounter, including the verbal interaction between officer and subject. Currently, many reports state simply that the officer attempted to "verbalize" with the subject. It would be more useful for improving future encounters to know more precisely what the officer said and how the subject responded. It would also be instructive to determine what the officer perceived to be the immediate precipitant of the subject's aggressive action. If deadly force is used, the officer should document not only the justification for that action but the reasons why any lesser, more intermediate action was not appropriate.

Recommendation 29

- **Review the LAPD's Non-Categorical Use of Force reports to further inform training.**
  Over the past 3 years, the LAPD has collected approximately 300-500 non-categorical use of force reports involving officers' responses to mental crises. These reports were not reviewed in this research. A study of non-categorical incidents could provide specific information and insight as to effective means of limiting force in these police encounters. To the extent to which effective behaviors and tactics used by field officers can be identified in these reports, curricula writers and trainers could use that information to develop targeted and realistic training. Identifying situations and tactics used by field officers to de-escalate potentially lethal force would allow trainers to teach these skills and replicate actual encounters in their scenario trainings.

COSTS AND BENEFITS OF RECOMMENDATIONS

This section presents a general assessment of costs and staffing associated with each of the report's recommendations. It also offers an implementation schedule and presents benefits and effectiveness criteria associated with implementing the recommendations.

KEY ASSUMPTIONS AND COMPUTATIONS

Listed below are the key assumptions used in determining staffing and costs. Detailed computations for those recommendations requiring new costs to the City are included under **Appendix N.**

The following are key assumptions used by Lodestar:

- **City Input on Fiscal Costs.** Lodestar staff consulted with representatives from both the LAPD's Fiscal Operations Division and City of Los Angeles' Office of the City Administrative Officer. This included a senior management analyst II from the LAPD's Fiscal Operations Division and a senior administrative analyst II from the Office of the City Administrative Officer. These individuals provided direction to Lodestar in terms of salary and equipment costs used in developing the 2002/03 LAPD budget. In addition, they provided information as to the Department's existing resources to assist in determining when costs would be "new" or could potentially be absorbed under existing LAPD resources.

- **Limited to New Costs.** The cost information is limited to *new costs* to the City in implementing the recommendations. In situations where LAPD staff members are currently assigned, the cost of these individuals' participation in Lodestar's recommendations is not shown. Likewise, when personnel are assigned new or realigned tasks (that are not perceived as a major increase in work load) these are not shown as new cost items. Personnel costs are based on the budget increase of new positions.

- **Three Categories of Costs.** The costs are broken into three categories: year one (2002/3) cost; on-going annual cost; and other costs. Many of the year one costs do not carry over to year two, year three, etc. Examples of such expenditures would be new cars, office computers, etc. The "shelf life" of these items exceeds one year but the fiscal procedures for budgeting within the City require that the entire cost be shown in the first year rather than amortized across years. In addition, there are some recommendations that would have costs outside of the LAPD or City's control. The "other costs" category includes the fiscal impact on non-LAPD organizations (e.g., the County of Los Angeles).

- **Use of Existing Resources.** Many of the recommendations call for the use of existing resources within LAPD. The Department has in-place extensive training programs, communication systems and organizational structures. Recommendations related to

training, communicating, and organizing are given with the assumption that the existing systems be utilized and not replaced.

- **Absorption of Costs.** Based on input from LAPD and City personnel, many of Lodestar's recommendations ***"can be absorbed within existing resources."*** This phrase was recommended to Lodestar for use in describing the cost of recommendations that did not appear to require new staff or equipment. Many of Lodestar's recommendations require the use of existing resources, e.g., facilities, personnel, documentation systems, continuing education programs, training curricula, etc. Because the LAPD has already budgeted for these items (based on information from the City and LAPD) Lodestar has not designed these as new costs.

The Costs of "No Cost" Recommendations

Two final assumptions are particularly critical to understanding Lodestar's specific concerns in outlining the "costs" of any recommendations:

- **Level of Effort.** While many recommendations are presented as "can be absorbed within existing costs," this is by no means an indication of an insignificant level of effort required of the LAPD. Lodestar anticipates that the recommendations outlined below will require a high prioritization and focused commitment of Department resources.

- **Opportunity Costs.** Given that there are on-going, competing and changing interests within the Department for training, staffing and other resources, a "no cost" item is truly not reflective of either the level of effort required or opportunity costs to LAPD. **Lodestar recognizes that a recommendation to increase recruit training hours or expand patrol officer training may require significant tradeoffs and these, in fact, are additional costs to LAPD.** The City and LAPD will of course need to continually re-examine and re-estimate the costs associated with changing priorities and opportunities.

Implementation Schedule: Specific Considerations

It should be noted that the implementation schedule outlined by Lodestar creates several challenges. Among these are:

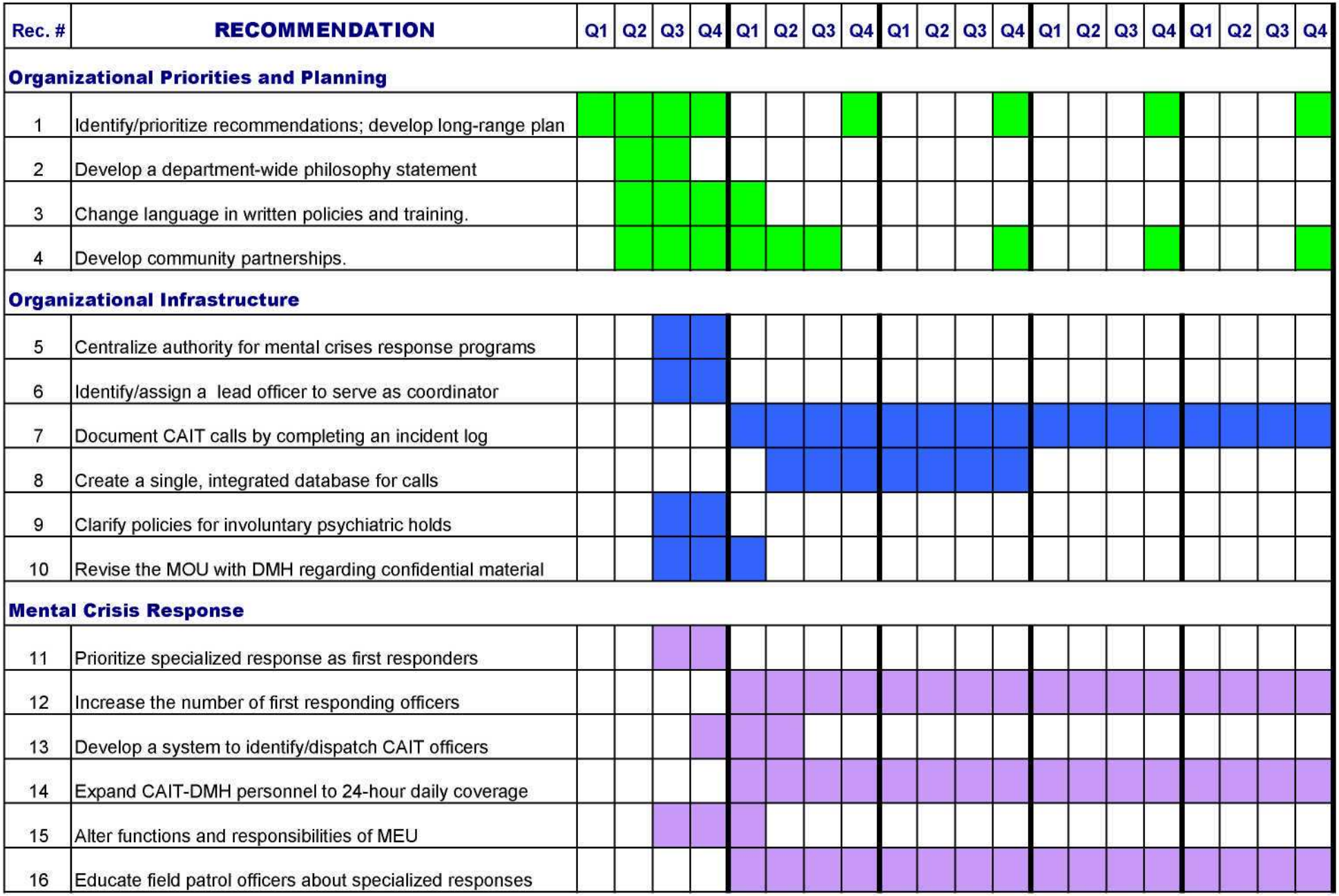
- **Need for an LAPD-generated Long-Range Implementation Plan.** No true implementation schedule can be developed without a knowledge of the specific recommendations that are to be adopted and their priority within LAPD. Lodestar's Implementation Plan/Timeline (see **Figure 3)** is one approach to scheduling these activities. However, Lodestar's **Recommendation 1** states that the LAPD should adopt and prioritize recommendations and develop a long-range implementation plan, including a detailed timeline.

- **Implementation Schedule Is an Estimation.** Lodestar does not have information regarding the existing planning and activities competing for LAPD resources.

- **Months Refer to Activity Duration - Activities Are Scheduled for Different Start Times.** Durations are estimated independently for each individual recommendation. The scheduling of start times, however, reflects assumed interdependencies among individual recommendations and sets of recommendations. For example, certain organizational changes will necessarily precede implementing certain mental crisis response recommendations. Actual start times are assumed to be related to any number of other contingencies, including those identified in the LAPD Long-Range Implementation Plan mentioned above.

Figure 3

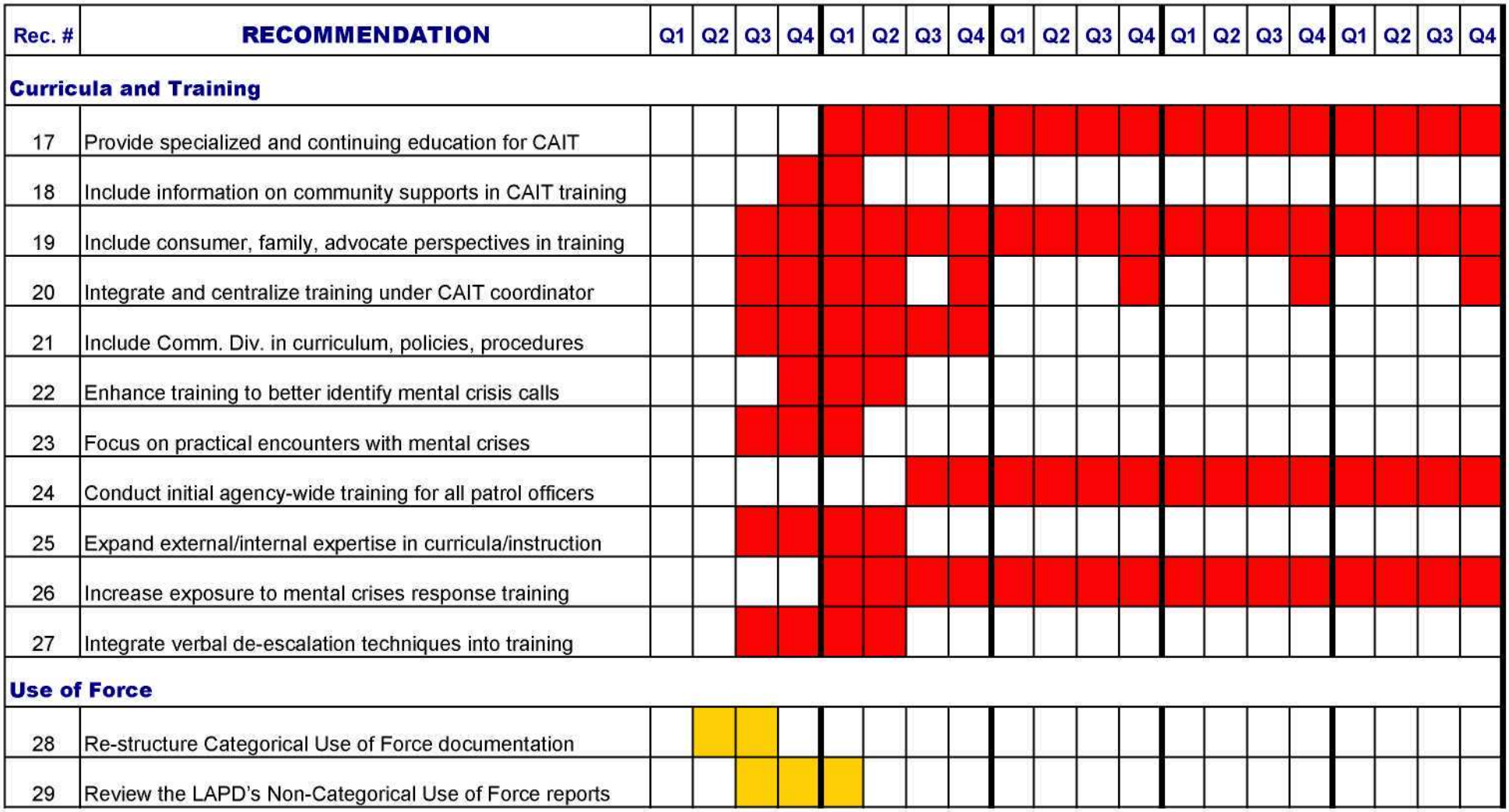
Recommendations' Implementation Plan/Timeline



Rec. #	RECOMMENDATION	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Organizational Priorities and Planning																					
1	Identify/prioritize recommendations; develop long-range plan																				
2	Develop a department-wide philosophy statement																				
3	Change language in written policies and training.																				
4	Develop community partnerships.																				
Organizational Infrastructure																					
5	Centralize authority for mental crises response programs																				
6	Identify/assign a lead officer to serve as coordinator																				
7	Document CAIT calls by completing an incident log																				
8	Create a single, integrated database for calls																				
9	Clarify policies for involuntary psychiatric holds																				
10	Revise the MOU with DMH regarding confidential material																				
Mental Crisis Response																					
11	Prioritize specialized response as first responders																				
12	Increase the number of first responding officers																				
13	Develop a system to identify/dispatch CAIT officers																				
14	Expand CAIT-DMH personnel to 24-hour daily coverage																				
15	Alter functions and responsibilities of MEU																				
16	Educate field patrol officers about specialized responses																				

Figure 3

Recommendations' Implementation Plan/Timeline



Rec. #	RECOMMENDATION	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Curricula and Training																					
17	Provide specialized and continuing education for CAIT																				
18	Include information on community supports in CAIT training																				
19	Include consumer, family, advocate perspectives in training																				
20	Integrate and centralize training under CAIT coordinator																				
21	Include Comm. Div. in curriculum, policies, procedures																				
22	Enhance training to better identify mental crisis calls																				
23	Focus on practical encounters with mental crises																				
24	Conduct initial agency-wide training for all patrol officers																				
25	Expand external/internal expertise in curricula/instruction																				
26	Increase exposure to mental crises response training																				
27	Integrate verbal de-escalation techniques into training																				
Use of Force																					
28	Re-structure Categorical Use of Force documentation																				
29	Review the LAPD's Non-Categorical Use of Force reports																				

Costs and Implementation Schedule: Additional Considerations

In adequately addressing questions related to the cost of recommendations, it is critical to examine the issue of implementation timeline. The following must be considered:

- Lodestar's Implementation Plan/Timeline presented in **Figure 3** is intended to spread costs and tasks across various calendar quarters. Many of the recommendations are completed prior to others' targeted start period. The timeline can be further adjusted to accommodate fiscal and calendar constraints identified by LAPD.

- Not all periods of implementation will require the same degree of concerted effort. Thus, periods of planning/design/piloting may require more intensive resources (budget and time) than during the "maintenance" phases. Likewise, the number of officers participating in training and the frequencies of training will be determined by LAPD, thus directly impacting budgeting.

- Since **Recommendation 1** requires LAPD to identify and prioritize the recommendations to be adopted, precise budget and calendaring information cannot be determined until that time. Many of the individual recommendations are identified as having no new costs, or that their costs can be absorbed within existing resources. As a part of Recommendation 1, LAPD staff are asked to develop a detailed timeline and budget. ***Depending upon the number of recommendations adopted and their scheduling, costs may exceed existing resources. Until scheduling is determined and an understanding of the cumulative effects of the number of recommendations underway, Lodestar and LAPD cannot determine if and/or when the critical point is reached where the demand for resources outstrips the supply.***

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL PRIORITIES AND PLANNING

Recommendation 1

Identify and prioritize Lodestar recommendations to be adopted; develop a detailed and long-range implementation plan (including budget and timeline) for adopted recommendations that addresses system reform regarding police encounters with individuals who may have a mental illness.

The recommendations that follow provide a comprehensive and coherent approach to reform regarding police encounters involving mental health crises. However, the LAPD should determine which recommendations, or their adaptations, are to be adopted and their respective priorities. In addition, the Department must develop a detailed implementation plan that will take into consideration existing LAPD priorities as well as staffing, calendaring, and fiscal opportunities and constraints. This detailed implementation plan should cover a period of three to five years. Sections of the plan should address issues such as: planning process; measurable objectives and outcomes; organizational infrastructure; community outreach; staffing and reporting; curricula and training; data collection and dissemination; incentives and recognition; auditing and evaluation, and other areas identified as critical by LAPD. The plan should be the product of a broad-based work group. The plan should be reviewed and revised on an annual basis.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Provides a comprehensive, coordinated and orderly process of implementing LAPD changes in addressing citizen's mental crises
- Aligns mental crises priorities with other LAPD priorities
- Identifies, budgets and calendars specific activities based on priorities and resource constraints
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Increases the awareness of field officers to the need for respect toward all City residents
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates
- Decreases the likelihood of complaints from citizens

Implementation Schedule
Plan should be developed by a broad base of LAPD personnel, refined by the Management Services Division, and approved by the Chief and Police Commission Develop of adopted recommendations and priorities – Less than 3 months Development of detailed implementation plan – Less than 9 months Review and dissemination of detailed dissemination plan – Less than 12 months (on-going thereafter)
Effectiveness measurement/criteria
• Development and adoption of the recommendations and priorities by LAPD Chief and Commission • Identification of broad based workgroup with specific assignments and deadlines • Approval of written plan, budgeting, and calendaring by LAPD Chief and Commission • Evidence of dissemination and integration of plan into LAPD operations • Evidence of dissemination of plan and activities reflected in LAPD bulletins, communiqués, newsletters, recruiting materials, and other internal and external documents

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL PRIORITIES AND PLANNING

Recommendation 2

Develop a department-wide philosophy statement about handling encounters that involve a person with a mental illness.

Changing the way line patrol officers respond to encounters involving persons with a mental illness must begin with a clear and consistent message from departmental leaders and command staff about the attitude, general intent and specific objective of LAPD's response to this population. The recommendation to develop a "philosophy statement" is intended to promote clarity, uniformity and commitment in the message that command staff and supervisors provide to personnel. The entire department's commitment to reducing the potential for violence in these encounters – however it is specified in that statement – should be put forth immediately and visibly. While people may differ privately about the value or nuances of the philosophy, it is imperative that not just its content but its spirit be supported and communicated uniformly and without reservation. It is strongly recommended that internal stakeholders and staff, particularly those who have participated in LAPD's specialized responses, develop this statement.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Increases the awareness of field officers to the need for respect toward all City residents
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates
- Aligns respectful language with respectful behavior
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Statement should be developed by CAIT, refined by the Management Services Division, and approved by the Chief and Police Commission

Develop of statement – Less than 3 months

Dissemination of statement and supporting information – 6 months (on-going thereafter)

Effectiveness measurement/criteria

- Development and adoption of the statement by LAPD Chief and Commission

- Dissemination and integration of philosophy in training curricula, scenarios and critiques
- Dissemination of philosophy and supporting ideology via LAPD bulletins, communiqués, newsletters, recruiting materials, and other internal and external documents

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL PRIORITIES AND PLANNING

Recommendation 3

Change language in written policies and training.
Some of the language in LAPD documents currently used to refer to people with mental illness is inconsistent with the stated preferences of the population to which it refers. The national trend for nearly 10 years in referring to persons who have a disability (including a mental disability) has been to use "people first" language (e.g., "persons with a mental illness"). While this usage may, at times, seem somewhat cumbersome, it has substantial symbolic importance and communicates respect and sensitivity, while minimizing stigma and pejorative connotations. The change should apply to written and verbal communications – particularly in training and outside the agency. For example, instead of "mental" (918) as a phrase used to describe calls involving a person suspected of having a mental illness, refer to these calls as "mental health crisis" calls. Other descriptive characteristics (e.g., male or violent) are still acceptable and necessary descriptors for appropriate police response.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Increases the awareness of field officers to the need for respect toward all City residents
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates
- Aligns respectful language with respectful behavior
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Review of existing documents/communications for language – Less than 6 months

Revise and disseminate documents/communications – 9 to 12 months

Effectiveness measurement/criteria

- Review of LAPD training materials, including curricula, for appropriate language
- Review of LAPD communiqués, including bulletins, roll call announcements, reports, manuals, policies, etc., for appropriate language

- Review of written documentation/reports from field officers for appropriate language
- Review of radio dispatch calls for appropriate language

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL PRIORITIES AND PLANNING

Recommendation 4

Develop specialized community partnerships.

As part of improving the agency's community image and its relationships with persons with a mental illness, their families and advocates, it is essential to further develop and maintain partnerships between the LAPD and relevant community groups at both city-wide and division levels. The key is to develop relationships specifically *for this purpose* and thereby establish lines of communication that can improve responsiveness to the community *before* a crisis occurs. Successful programs in other jurisdictions have active, ongoing collaborations with agencies such as the local chapters of the Alliance for the Mentally Ill (AMI), Mental Health Association, and the local mental health services authority. A critical element in ensuring the success of this recommendation is to assign a senior ranking member of the command staff to serve as top liaison to the mental health community, and someone in each division as well, who can assume responsibility for communicating with key groups when, and before, community concerns arise. As is always true in community policing, effective partnerships require regular meetings, good working relationships, ready disclosure of information and a joint commitment to preventing negative outcomes.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Increases the coordination of public, private and not-for-profit resources focusing on services and safety issues related to persons with mental illness
- Establishes alliances and collaborations prior to a crisis situation
- Increases understanding among all parties of the needs and specialized roles of law enforcement, health care systems, social services, advocacy groups, etc.
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending or indifferent to persons with mental illness
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Develop goals, effectiveness criteria and workplan for developing partnerships – Less than 6 months
Identify and develop partnerships – Less than 18 months (and on-going)

Effectiveness measurement/criteria

- Evidence of written goals, effectiveness criteria, and workplan for developing partnerships
- Attendance at meetings, seminars, conferences related to community mental health concerns
- Inclusion of details of partnership assignments in performance review of LAPD personnel

responsible for implementing workplan

- Evidence of true partnership activities – consultations, referrals, information sharing, etc.

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL INFRASTRUCTURE

Recommendation 5

Centralize authority for all LAPD specialized response programs for persons with a mental illness under the auspices of a single entity.

Several distinct units providing specialized responses for calls involving persons with a mental illness currently exist within LAPD (i.e., SMART, MEU and the CIT pilot). For efficiency of response and communication, it would be beneficial if administrative authority for these programs were combined. For the purpose of this report, this suggested coordinating entity – and overall rubric for specialized response – will be referred to as the Crisis Assessment and Intervention Team (CAIT)[17]. LAPD is encouraged to develop and adopt their own name for the coordinating body to demonstrate ownership and a commitment to change. Under whatever name is adopted, CAIT would provide uniformity to specialized responses currently used by LAPD, unite these programs, coordinate their functions and, agency-wide, provide a common moniker and philosophy. The commanding officer (with Staff responsibility per section 2/030.50) would lead the team and ensure that the various responses would work together to provide comprehensive and appropriate responses (see Figure 1 for the organizational structure).

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Increased coordination of LAPD activities/functions
- Single LAPD internal entity and identity for handing mental illness crises
- Increased coordination of data collection and specialized training

Implementation Schedule

Centralization of functions – Less than 3 months

Dissemination of information, news or feature articles – Less than 6 months

Effectiveness measurement/criteria

- Evidence of a written plan outlining the unit's objectives, structure, responsibilities, operational procedures, strategic plan and evaluation criteria
- Evidence of effective consolidation and centralization of all functions, including files, geographic proximity, work meetings, etc.
- Documentation of work meetings involving existing SMART, MEU and CIT personnel and functions
- Dissemination of announcements and information related to the centralized unit

[17] Thus, SMART teams would be referred to as CAIT-DMH teams, MEU personnel would become CAIT personnel, and officers currently identified as CIT would be identified as CAIT officers.

- Dissemination of news or feature articles in LAPD publications discussing the unit's purpose, functions, responsibilities, coordination, etc.

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL INFRASTRUCTURE

Recommendation 6

Assign a dedicated lead officer to coordinate CAIT.

The CAIT coordinator should handle functions similar to those of a CIT Coordinator. The Coordinator (with functional responsibility, per 2/030.10) would oversee the documentation of calls involving persons with a mental illness, data collection for internal record-keeping and for program evaluation purposes, and continuing education training for CAIT officers and personnel. The Coordinator would also manage the operations of CAIT officers paired with DMH clinicians. The Coordinator should also monitor the training of specialized officers and review encounters by evaluating data collected by CAIT.

The selection of an appropriate CAIT Coordinator will be critical. Based on an analysis of specialized programs in other cities, the Coordinator must be an officer who is respected and readily recognized as a leader among her/his peers. The Coordinator should be known by others to possess exceptional interpersonal skills and a sound knowledge of tactics and officer safety.

New Costs and Staffing

Year One (2002/3) Cost		On-going Annual Cost		Other Costs
One new position:	Lieutenant II	Staff cost:	**$113,798****	None
Staff cost:	$108,379*			
Car	$26,537	*** Assumes a 5 percent increase in staff costs over 2002/3. These are direct salary costs and do not include benefits.*		
Office computers:	$2,030			
TOTAL:	**$136,946**			
** These are direct salary costs and do not include benefits*				

Benefits to the City

- Specific responsibility and accountability assigned to an identified LAPD officer
- Knowledgeable leader represents LAPD both internally and externally on issues related to persons with mental illness
- Visible LAPD leadership focuses on key community concern and constituency
- Increases coordination of existing and expanded LAPD activities
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates

Implementation Schedule

Designation of individual to serve as lead officer – Less than 3 months

Dissemination of information internally and externally – Less than 6 months (see Recommendations 1, 2 and 16)

Effectiveness measurement/criteria

- Appropriate incentives in place by LAPD to attract and retain outstanding leadership
- Evidence that assignment is regarded as a "coveted position" by LAPD officers
- Revised and/or expanded responsibilities and qualifications of position outlined in writing
- Individual identified and assigned
- Dissemination of information both internally and externally identifying lead officer
- Performance review of lead officer includes measures related to supervision of CAIT and relations with external constituencies involved in working with persons with mental illness

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL INFRASTRUCTURE

Recommendation 7

Document CAIT calls with an incident log.

CAIT officers should complete a CAIT contact sheet for all encounters involving persons with a mental illness and this information should be entered regularly into an information database that is accessible to CAIT personnel. An incident form developed by CIT in Central Bureau contains detailed information about the encounter and the mental status of the subject. A sample form is included in **Appendix M**, which includes a place to document any use of force. The recommended CAIT contact forms will be easy to complete so as not to contribute to the burden of paperwork, and they can be used for operational analysis, planning and program evaluation. This form can be supplemented with items on data forms that SMART clinicians use for recording encounters. The form should be modified to contain data the CAIT coordinator determines is important in reviewing CAIT functions and effectiveness.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Provides specific documentation related to LAPD encounters with individuals with mental illness, including subject behavior, details of encounter and final disposition of call
- Data can be used to inform officer training as well as community organizations as to trends and patterns of law enforcement encounters with persons with mental illness
- Increases accountability of CAIT officers and program
- Provides written documentation that may limit City's liability in case of litigation

Implementation Schedule

Develop and field test incident log – Less than 3 months

Training and utilize officers on incident log – Less than 6 months

Effectiveness measurement/criteria

- Evidence of development and field testing of incident log
- Evidence of training of officers on use of incident log
- Review of incident logs for completeness, clarity, and level of detail
- Review of summary data from incident logs

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL INFRASTRUCTURE

Recommendation 8

Create a single, integrated database for encounters with all specialized responses..
Currently, LAPD maintains minimal information on 5150 WIC calls and other incidents involving persons with a mental illness as recorded by MEU. DMH clinicians who co-respond with LAPD officers (currently, SMART) record much more detailed information about these encounters although these accounts reflect only the cause and outcome of encounters, not officer behavior. The proposed database should include details of the encounter but not intrude on "clinical" information that would be considered by DMH to be confidential. The purpose of this database would be to allow for an analysis of the process and outcomes of these encounters.

Officers in the CIT pilot program gather detailed information about each encounter involving a person suspected of having a mental illness. CIT and SMART should jointly record information from these encounters in a single database that is accessible to personnel from both programs, and use a similar incident log, as referenced above. Information provided by these logs could be stored electronically in a database already kept by DMH. Agreement from DMH to access the database must be in place in order for LAPD to use this tracking system for their own purposes (see **Recommendation 10**). If DMH does not wish to alter the agreement, the LAPD should develop their own database so that adequate tracking of encounters for any specialized response to persons suspected of having a mental illness can be monitored and reviewed.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Option 1 – Collaboration with DMH in data collection and sharing: Can be absorbed within existing resources **Option 2 – LAPD develops internal data collection system**: LAPD sources were unable to provide an estimation without further details.	None	None

Benefits to the City

- Provides a centralized and streamlined data collection system
- Provides specific documentation related to LAPD encounters with individuals with mental illness, including subject behavior, details of encounter, and final disposition of call
- Data can be used to inform officer training as well as community organizations as to trends and patterns of law enforcement encounters with persons with mental illness
- Provides written documentation that may limit City's liability in case of litigation
- Increases accountability of CAIT officers and program

Implementation Schedule

Option 1: Less than 9 months

Option 2: Less than 24 months
Effectiveness measurement/criteria
• Evidence of utilization (or development) of an integrated database • Evidence of training of officers on use of database • Review of database for completeness, clarity, and level of detail • Review of summary data and reports available from integrated database

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL INFRASTRUCTURE

Recommendation 9

Clarify policies and procedures for involuntary psychiatric holds.

Current policy requires patrol officers to notify MEU if a subject is being placed on a 5150 WIC (involuntary psychiatric hold). At times, an officer may have to return to the station and wait until a SMART unit arrives to conduct an additional evaluation. If a SMART unit does not arrive within a reasonable period, officers may then transport the subject to a psychiatric receiving facility. SMART units can transport persons in need of hospitalization directly to the nearest psychiatric facility.

With the two-layer approach that is proposed, the time-consuming interim step of returning to the station would be eliminated for specially trained patrol officers (CAIT). Policies should be modified to allow CAIT officers to transport subjects directly to a psychiatric receiving facility in order to speed assistance to subjects in crisis. CAIT officers would notify the coordinating center of the hold by completing an incident log that is forwarded to the CAIT coordinator for review and recording. CAIT-DMH officers would follow the current procedures that SMART units follow in addition to completing an incident log that is forwarded to the CAIT coordinator.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Should result in a cost savings to the LAPD	None	None

Benefits to the City

- Provides prompter mental health services to individuals with mental illness
- Increases the rate at which officers can return to other police duties
- Lessens the amount of time officers will spend on 5150 incidents
- Lessens the workload of the watch commander
- Lessens the workload of specialized responders

Implementation Schedule

Based upon status of the Consent Decree – (Estimation) – Less than 24 months

Effectiveness measurement/criteria

- Review of LAPD records on the time and disposition of encounters with persons with mental illness
- Review of CAIT first-responder incident logs
- Review of written and oral feedback from patrol officers and CAIT officers
- Review of systemwide database for appropriate and timely disposition of calls

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: ORGANIZATIONAL INFRASTRUCTURE

Recommendation 10

Revise the Memorandum of Understanding between LAPD and DMH.
Further information sharing between LAPD and DMH will facilitate better and safer responses, including the proposed integrated database for responses to calls involving a person with mental illness (see **Recommendation 8**). A MOU currently exists that allows DMH to share information with officers from SMART only. However, if, as proposed, SMART functions are subsumed under CAIT, the MOU may need to be clarified accordingly.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Redefines data and confidentiality issues between the City and the County
- Provides a centralized and streamlined data collection system
- Provides specific documentation related to LAPD encounters with individuals with mental illness, including subject behavior, details of encounter and final disposition of call
- Data can be used to inform officer training as well as community organizations as to trends and patterns of law enforcement encounters with persons with mental illness
- Provides written documentation that may limit City's liability in case of litigation
- Increases accountability of CAIT officers and program

Implementation Schedule

Development of MOU - Less than 3 months

Review, revision and agreement of MOU – Less than 9 months

Effectiveness measurement/criteria

- Evidence of proactive steps toward an altered agreement
- Written documentation of a revised MOU
- Written agreement as to data access and confidentiality included in MOU

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: MENTAL CRISIS ENCOUNTERS

Recommendation 11

Prioritize specialized response as first responders to calls involving persons with a mental illness.

Improving the actual police encounter with persons with a mental illness begins with modifying the initial response. Accordingly, we recommend that LAPD adopt procedures that will maximize the likelihood that a specially-trained responder will have the initial contact (or at least early contact) with the subject. This would be accomplished primarily by creating a cadre of generalist/specialist officers who have been carefully selected for CAIT and have completed intensive, specialized training, similar to that developed for the LAPD CIT pilot. These CAIT officers would be identifiable to dispatchers in the Communications Center, who would attempt to direct one of them to any identified mental crisis call. In addition, we suggest that there be 24-hour/7-day city-wide availability of a co-responding CAIT-DMH team (CAIT officer and DMH clinician) – much as SMART currently operates, but with expanded coverage. These co-responding units would primarily provide support for CAIT and other patrol officers and help to streamline the processing of 5150 cases.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Increases coverage of City's geographic area due to increased numbers of trained officers
- Increases specialized coverage with specialized personnel
- Increases flexibility in responding to both mental crisis and routine radio calls
- Increases LAPD response to citizens (lessens LAPD dependence on County clinicians)

Implementation Schedule

Adoption of specialized responder approach – Less than 6 months

Effectiveness measurement/criteria

- Development of written job description and advertisements for positions
- Evidence of appropriate incentives to attract volunteers to CAIT program
- Evidence that assignment is regarded as a "plum" assignment by LAPD officers
- Evidence of active recruitment of potential CAIT officers
- Evidence of proactive coordination of expansion with County of Los Angeles

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: MENTAL CRISIS ENCOUNTERS

Recommendation 12

Increase the number of first responding officers with expertise.

The actions of first responders are pivotal to decreasing the likelihood that mental crisis encounters quickly become more volatile and potentially violent. Officers trained in special tactics and approaches to crisis situations involving persons with a mental illness increase the likelihood of appropriate disposition without a use of force. The proposed two-layered plan for specialized response calls for training a cadre of generalist-specialist responders. As noted above, the program curriculum used in the CIT pilot program provides a strong foundation for the policies, procedures and training for such a response. However, more CAIT officers will be needed. Based on estimates from other jurisdictions, coverage on all shifts usually can occur when approximately 15-20% of sworn officers assigned to patrol have been trained. These officers should be drawn from a pool of volunteers and be carefully screened and selected for the intensive training. To set the proper climate, command staff should work actively to promote the importance and visibility of CAIT as a high-priority program within LAPD.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources; does not require the hiring of new personnel (Training costs are indicated under Recommendation 20.)	Can be absorbed within existing resources; does not require the hiring of new personnel (Training costs are indicated under Recommendation 20.)	None

Benefits to the City

- Increases coverage of City's geographic area due to increased numbers of trained officers
- Increases specialized coverage with specialized personnel
- Increases flexibility in responding to both mental crisis and routine radio calls
- Increases LAPD response to citizens (lessens LAPD dependence on County clinicians)

Implementation Schedule

Adoption of specialized first-responder approach – Less than 3 months

Identification of officers – Less than 6 months (first cohort); 12 to 48 months (additional cohorts)

Deployment of specialized first-responder officers – Less than 9 months (first cohort)

Effectiveness measurement/criteria

- Development of written job description and advertisements for positions
- Development of incentives that identify training and CAIT assignments as "coveted positions" and "plum" assignments
- Evidence of proactive and aggressive recruitment of volunteers for CAIT program

- Evidence of articles, features, etc. appearing in LAPD internal communications promoting the CAIT program

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: MENTAL CRISIS ENCOUNTERS

Recommendation 13

op a system to identify CAIT officers and dispatch them.

urrent dispatch system can not determine whether a specialized officer is in the field. A new dispatch system is under development and will be in place by April 2003, according to personnel within Communications Division. The new system will allow for specialized officers who are in the field to be identified with a special code so that the dispatcher can send that specific unit to a scene that involves a person with a mental illness. Written policy would need to be altered to reflect this procedural change. Because a first response is somewhat dependent on the ability to dispatch a specialized officer, full deployment of CAIT officers division-wide may be delayed until an appropriate dispatch system is in place.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Provides both more appropriate and quicker responses to mental crises
- Increases opportunities for specialized first-response teams to handle LAPD encounters with persons with mental illness
- Lessens the probability of violent encounters between police officers and persons with mental illness

Implementation Schedule

Develop specifications as to what is needed in new dispatch system - Less than 3 months

Train staff and utilize new dispatch system – Less than 15 months

Effectiveness measurement/criteria

- Evidence of written specifications requested of new dispatch system
- Evidence of coordination and collaboration with dispatch system developers
- Development of training materials for use with new dispatch system
- Evidence of use of oral feedback from Communications staff on use and functionality of new dispatch system
- Review of written evaluations of Communications staff on use of new dispatch system

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: MENTAL CRISIS ENCOUNTERS

Recommendation 14

Expand co-responding CAIT-DMH (SMART) personnel to provide full coverage.
Currently, LAPD deploys co-responding teams – known as SMART – composed of an officer and a DMH clinician. LAPD was innovative in helping to pioneer this model of specialized response and the continuation and expansion of this approach is supported. Patrol officers report that co-responding units are helpful and facilitate connections to DMH. While officers seem satisfied with the quality of response, many express frustration about long response times or limited availability.

To build on the existing strength of the LAPD's specialized responses the following is recommended: (1) provide a more integrated structure by incorporating the co-responding SMART teams in name and structure under CAIT (see Recommendation #5); (2) expand deployment of co-responding units so that one or more are in service 24 hours a day, 7 days a week. This would require more units on every shift and staffed in each division, resulting in 24 CAIT-DMH units (as reported by a lead SMART officer). These units would be dispatched similarly to CAIT officers.

Increasing the number of co-responding units would require that DMH supply additional clinicians, which could be a problem considering the County's current fiscal and resource constraints. If additional clinicians were not available, this would not affect the purpose or spirit of the other recommended changes. The strengths of the other recommendations are not contingent on the expansion of co-responding teams, though that expansion would clearly increase the probability that a first response to a mental health crisis includes, when needed, a team clinician.

New Costs and Staffing

Year One (2002/3) Cost		On-going Annual Cost	Other Costs
New positions: 15 13 officers 1 Detective2 (supervisor) 1 clerical/typist		Staff cost: **$1,072,950****	Additional costs to the County of 13 clinicians to work with SMART units
Staff cost:	$1,021,857*	*** Assumes a 5 percent increase in staff costs over 2002/3. These are direct salary costs and do not include benefits.*	
Cars, vans, equipment	$341,247		
Office computers:	$6,090		
TOTAL:	**$1,369,194**		
** These are direct salary costs and do not include benefits*			

Benefits to the City

- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Increases officer safety, providing officers with appropriate tools and tactics
- Increases field coverage and service to persons with mental illness

- Increases specialized assistance to field officers
- Frees patrol officers to return to other duties

Implementation Schedule

New assignments and training – 6 to 9 months

Full implementation –12 months (and on-going thereafter)

Effectiveness measurement/criteria

- Increases in the number of incidents previously handled by SMART
- Decreases in the amount of time spent by patrol officers handling mental disturbance calls
- Evidence of appropriate utilization of de-escalation techniques as well as use of force
- Fewer citizen complaints associated with these incidents
- Provides improved and more prompt service to persons with mental illness

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: MENTAL CRISIS ENCOUNTERS

Recommendation 15

Alter functions and responsibilities of MEU to provide administrative support for specialized responses.

Currently, the primary functions handled by MEU are: (1) triage screening for SMART deployment and (2) maintaining records of 5150 WIC calls. With the proposed two-layer approach, the CAIT trained officers (CAIT or CAIT-DMH) would be dispatched by Communications Division. Because generalist-specialist CAIT officers and CAIT-DMH officers will almost always be in service, there will be no need for a separate departmental screening or separate as is now provided by the system currently in place with MEU. This move will eliminate some of the burden currently placed on the detectives for "after-hours" MEU coverage. It will also allow for more systematic and detailed recording of 5150 WIC incidents as well as other calls involving persons with a mental illness. Having the calls collected in this way will also facilitate more centralized – and likely more accurate – monitoring and provide better data to use in strategic planning.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Increases coordination of LAPD activities/functions
- Single LAPD internal entity and identity for handing mental illness crises
- Increases coordination of data collection and specialized training

Implementation Schedule

Incorporating functions – Less than 9 months

Effectiveness measurement/criteria

- Evidence of effective consolidation and centralization of all functions, including files, data collection, geographic proximity, work meetings, etc.
- Documentation of work meetings involving SMART and MEU personnel
- Dissemination of announcements and information related to the centralized unit
- Dissemination of news or feature articles in LAPD publications discussing purpose, functions, responsibilities, coordination, etc. of the unit

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: MENTAL CRISIS ENCOUNTERS

Recommendation 16

Educate field patrol officers about specialized responses.
Building on **Recommendation 2** (Philosophy), **5** and **6** (CAIT Infrastructure), as the department develops and adopts a unified philosophy and the organizational structure to implement these changes, it is imperative that field patrol officers are fully educated about both the philosophy and detail of effective response to persons who have a mental illness. This is particularly important as changes in policy and procedures and the development of a new coordinating body are put in place. In departments that have successful specialized responses (e.g., Memphis) non-specialized officers are aware of these approaches and encouraged to consult and seek assistance from the specialized officers. This can be conducted through internal communication devices within the LAPD such as training bulletins, roll call training and continuing education.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Provides a comprehensive, coordinated and orderly process of informing LAPD officers of changes in addressing citizen's mental crises
- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Increases the awareness of field officers to the need for appropriate response and respect toward all City residents
- Demonstrates the LAPD's priority of appropriate response and respectful behavior toward specific consumers, families and advocates
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Work with workgroup undertaking development of detailed implementation plan – Less than 3 months

Develop education/dissemination plan – Less than 6 months

Identify appropriate media/vehicles for dissemination – Less than 6 months (and on going)

Develop/disseminate materials using a variety of media/vehicles -- Less than 12 months (on going)

Effectiveness measurement/criteria

- Development of education/dissemination plan
- Identification of media/vehicles for dissemination

- Production and review of materials
- Evidence of dissemination of materials—via LAPD communiqués, bulletins, newsletters, roll call trainings, etc.

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 17

Provide mandatory specialized and continuing education training for CAIT officers.
All CAIT officers must successfully complete the specialist training prior to receiving a CAIT designation or providing specialized response to calls. All CAIT officers – the generalist-specialists and those who co-respond with DMH – should receive advanced, intensive training of at least 40 contact hours. Continuing education relevant to encounters involving person with a mental illness should be required for CAIT-trained officers at least twice every year (similar to Portland's CIT Program). Training updates should include, among other things, information about any new legislation that may affect policies and procedures.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Once officers have been trained as CAIT officers, training updates can be absorbed within existing resources	Once officers have been trained as CAIT officers, training updates can be absorbed within existing resources	None

Benefits to the City

- Provides opportunity for specialized officers to be updated on appropriate field operations
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Increases the awareness of field officers to the need for respect toward all City residents
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Curriculum development – Less than 12 months (and on-going thereafter)
Curriculum delivery – Less than 18 months (and on-going thereafter)

Effectiveness measurement/criteria

- Evidence of review/refine/revise process involving the adaptation of CIT program training and operations manuals
- Formal method for obtaining feedback and assessing needs from stakeholders, including internal and external content specialists, CAIT officers, community representatives, etc.
- Inclusion of feedback and needs assessment information into the revision of curriculum and training materials
- Written timeline of course updating and schedule of classes

- Review of training classes' evaluation forms

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 18

Include additional information on community supports in CAIT training.
Current officer training does not include information about community support agencies other than a listing of hospitals. This information would be useful for CAIT officers when dealing with a person who does not meet criteria for protective custody but would benefit from being directed to services in the community. Relevant community service providers should be contacted and asked to present concise written information and a brief verbal description of their programs during CAIT training. Their participation in training should also strengthen partnerships with community agencies (see **Recommendation 4**). It is imperative that community support information is updated consistently to avoid misinformation and unusable contacts.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Increases the likelihood that police provide appropriate assistance to persons with mental illness by utilizing existing community supports
- Increases the LAPD's access to community support groups and organizations serving persons with mental illness
- Potentially decreases in the amount of time officers spend on disposition of incidents
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Decreases the likelihood of complaints from citizens
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates

Implementation Schedule

Identify community support – Less than 6 months

Confirm services offered by community support groups/agencies – Less than 6 months

Include information in training—Less than 12 months (on-going thereafter)

Effectiveness measurement/criteria

- Evidence of community supports information presented in CAIT training
- Evidence that community supports documentation covers all geographic areas within the City of Los Angeles and types of pertinent services available
- Dissemination of community supports information to patrol officers

- Review of disposition of calls to determine if community support groups and organizations are utilized by CAIT officers

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 19

Include consumer, family and advocate perspectives in CAIT training.

Nationally, many law enforcement agencies have incorporated some level of new training for responding to calls involving persons with a mental illness. Almost without exception, these agencies report that hearing presentations by mental health consumers (persons with a mental illness) and family members has had the most impact on officers and their attitude towards assisting this segment of the community. Visiting treatment facilities also increases officers' understanding of what actually occurs in mental health treatment programs. This contact also helps to dispel myths and misconceptions that officers may have about mental health consumers and vice versa.

The curriculum developed for the CIT pilot (based on the Albuquerque and Memphis curricula) includes lectures from several persons who have a mental illness and who were previously homeless. Central Bureau, the area in which CIT was piloted, contains a high number of homeless persons with a mental illness, and often there is no family involved in calls or encounters. The inclusion of family members in training may need to be modified by division in response to their availability.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Increases the awareness of field officers to the need for respect toward all City residents
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Inclusion in design, planning and curriculum writing – Less than 6 months

Inclusion in CAIT training -- Less than 12 months

Effectiveness measurement/criteria

- Evidence of consumer, family and advocacy linkages and partnerships with CAIT program
- Evidence of consumer, family and advocacy perspectives in training materials
- Review of training materials by consumer, family and advocacy representatives
- Evidence of consumer, family and advocacy representatives' participation in training sessions

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 20

Integrate and provide all training for mental illness response under CAIT.
The CAIT Coordinator should assume agency-wide leadership for developing, monitoring and updating curricula and training related to police responses to persons with a mental illness, whether specialized training for CAIT officers or topical training for general patrol (see **Recommendations 23-27**, below). The content of the curriculum developed by personnel in Central Bureau for the CIT pilot program provides an excellent model for CAIT officer training. It is recommended that the CAIT Coordinator have the curriculum – including practical exercises and scenarios – reviewed by SWAT, Use of Force Instructors, and other tactical specialists within the agency, in conjunction with the Director of Training, so that special tactical considerations and officer safety are emphasized and integrated into CAIT officer training. Outside specialists and other departments that use special tactics for these encounters should also be consulted. These units and specialists should also be consulted in the development of training in these topics for patrol officers generally.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
With appropriate notice and scheduling, this additional training can be absorbed within existing resources. (In addition to Training Division personnel, CAIT program officers will participate in the design and delivery of training.) **Year One**: 6 40-hour classes of 30 officers (7,200 training hours – 180 officers; FTE=3.6) Minimal printing costs - <$1,250	With appropriate notice and scheduling, this additional training can be absorbed within existing resources. **Year Two:** 12 40-hour classes of 30 officers (14,400 training hours – 360 officers; FTE=7.2) Minimal printing costs - <$2,500 **Year Three:** 12 40-hour classes of 30 officers (14,400 training hours – 360 officers; FTE=7.2) Minimal printing costs - <$2,500 **Future Years:** Additional training to reach a critical mass of 15 to 20 percent of patrol force (see Recommendation 7)	None

Benefits to the City

- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Increases officer safety, providing officers with appropriate tools and tactics
- Provides opportunity for specialized officers to be trained on appropriate and specific field

operations

- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Increases the awareness of field officers to the need for respect toward all City residents
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates
- Decreases the likelihood of complaints from citizens
- Proposed curricula and training materials have been adapted/developed and utilized by LAPD personnel
- Adopts and implements a LAPD field-tested program that has been evaluated
- Increases the coordination and appropriate supervision of LAPD activities/functions

Implementation Schedule

Review/refine/revise CIT program, including training and operations manuals – Less than 6 months
Identification of officers – Less than 6 months (first cohort); 6 to 24 months (additional cohorts)
Deployment of specialized responder officers – Less than 9 to 12 months (first cohort)

Effectiveness measurement/criteria

- Development of incentives that identify training and CAIT assignments as "coveted positions" and "plum" assignments
- Evidence of proactive and aggressive recruitment of volunteers for CAIT program
- Evidence of review/refine/revise process involving the adaptation of CIT program training and operations manuals
- Inclusion of feedback from internal and external content specialists into the revision of CIT-based materials
- Adoption and utilization of CIT training and operations by LAPD
- Written goals and implementation plan for CIT program, including recruiting, training, and evaluation
- Documentation that cohorts of officers are identified, trained and demonstrate proficiency
- Training evaluation forms of CIT training classes

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 21

Include Communications Division in the development of training curriculum.
Special services such as the EBOs and Dispatchers are sometimes left out of the development of training programs in other departments. Their input, like that of other units (see **Recommendation 19**), is vital to ensure that patrol and CAIT officers are provided with information that they need in order to respond appropriately to calls involving persons with a mental illness. Including their advice regarding techniques for de-escalating an agitated or excited person, for example, would be valuable for the police service representatives in telephone triage. In general, their input into the development, review and revision of such curriculum is important.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Increases coordination and contributions of existing LAPD units
- Increases the contribution of EBO's in handling 911 calls in an appropriate manner
- Increases the probability of providing both more appropriate and quicker responses to mental crises
- Increases the opportunities for specialized first-response teams to handle LAPD encounters with persons with mental illness
- Lessens the probability of violent encounters between police officers and persons with mental illness
- Assists officers in obtaining important and relevant information related to subject and incident

Implementation Schedule

Identify training needs, issues and prompts – Less than 6 months

Conduct training, review outcomes, conduct training update – Less than 12 months (and on-going)

Effectiveness measurement/criteria

- Evidence of training coordination between CAIT program and Communications Division
- Evidence of written guidelines, training guides and prompts that reflect input of Communications Division
- Review of training materials for use by Communications Division in training EBOs
- Development, implementation and review of oral feedback system to obtain information from EBOs and CAIT officers on new training and guidelines
- Review of dispatching and dispositions of 911 calls and CAIT incident reports for appropriate

deployment, data completeness and accuracy of information

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 22

Enhance Communications training to facilitate better initial identification of calls.
Because the proposed approach emphasizes having a specialized responder as the first responder, the Communications Center should be asked to make reasonable efforts to screen for and identify callers where the subject may have a mental illness. Feedback from officers, command staff, EBOs and Dispatchers makes it clear that many calls involving persons with a mental illness are not dispatched initially as "mental" calls. Not all cases are identifiable from a 911 call, but knowing at the time of the call that a subject may have a mental illness will help to facilitate deployment of a specialist responder and provide all responding officers with relevant information about the call. It may be that Communication Center personnel could be provided with standard questions that help to identify cases that involve persons with a mental illness and with follow-up questions if a mental illness is suspected. For example, in calls involving disorderly or disruptive conduct, particularly where the subject's conduct may be menacing, the EBO might routinely ask "Do you know whether the person has any history of mental or emotional problems?" Follow-up queries might target issues such as medication or hospitalization.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Provides both more appropriate and quicker responses to mental crises
- Increases opportunities for specialized first-response teams to handle LAPD encounters with persons with mental illness
- Lessens the probability of violent encounters between police officers and persons with mental illness
- Assists officers in obtaining important and relevant information related to subject and incident

Implementation Schedule

Identify training needs, issues and prompts – Less than 6 months

Conduct training, review outcomes, conduct training update – Less than 12 months (and on-going)

Effectiveness measurement/criteria

- Evidence of written guidelines, training guides and prompts
- Evidence of training coordination between CAIT program and Communications Division
- Review of quality of training materials used by Communications Division in training EBOs
- Evidence of use of oral feedback system to obtain information and assessments from EBOs and CAIT officers on new training and guidelines
- Review of dispatching and dispositions of 911 calls and CAIT incident reports for appropriate

deployment, data completeness, and accuracy of information

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 23

Focus curricula and training for patrol officers on 1) a wide range of field tactics, and 2) practical, problem-based scenarios.

- **Emphasize tactics that may differ when encountering an individual with a mental illness.** Tactics emphasizing and integrating verbal de-escalation with use of force requires revision in both curricula and policies. The emphasis here should be placed on didactic training and on using other training venues and media such as roll call and bulletins.
- **Use more problem-based material during training.** Didactic education is appropriate for some material. However, most training must be problem-based and actually practiced by officers using monitored scenarios. It is important that officers have the facts and also understand the concepts and how to apply them in field encounters. The officer, when facing a unique situation, must be able to apply the learning to respond to and complete the encounter in a safe, appropriate and helpful manner. Many of the existing training documents should be revamped and some replaced completely with more problem-solving oriented material.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Increases officer safety, providing officers with appropriate tools and tactics
- Increases the likelihood of de-escalation techniques will be used by field officers
- Decreases the likelihood of use of force tactics
- Increases the awareness of field officers to the need for appropriate response and respect toward all City residents

Implementation Schedule

External staff involved in curriculum and training development – Less than 6 months

Internal staff involved in curriculum and training development – 6 to 9 months

Effectiveness measurement/criteria

- Evidence of CAIT and Training Division collaboration on design and delivery of training
- Evidence of design and review of curriculum and training scenarios by internal and external subject matter experts

- Evidence of observation of training by internal and external subject matter experts
- Review of training evaluation sheets

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 24

Conduct initial agency-wide training for all patrol officers on managing encounters.
LAPD's substantial changes to training related to responding to calls involving persons with a mental illness should begin with brief training for all patrol personnel to: (1) communicate the agency's philosophy; (2) educate them about the new structure of specialized response; (3) provide an update on identifying and assessing features of mental illness in field encounters; and (4) deliver and practice techniques for integrating officer safety with verbal de-escalation.
Ideally, an initial training covering these topics for all patrol personnel should be a full day of training. It should be mandated to occur within the next 18 to 36 months. However, it is recognized that it may not be possible to dedicate eight new hours to this topic. Some efficiency can be gained in that elements of the recommended curriculum overlap with training on interactions with other population groups (e.g. domestic violence, mental retardation, general emotional disturbances). Training in the topics of communication, verbal de-escalation, ADA and client rights provide tools for a variety of situations and populations (see **Appendix O** for more details).

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
CAIT program will participate in the design and delivery of training. Cost of additional Training Division staff can be absorbed within existing resources. Minimal printing costs - <$10,000	CAIT program will participate in the design and delivery of training. Cost of additional Training Division staff can be absorbed within existing resources. Minimal printing costs - <$10,000	None

Benefits to the City

- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Increases officer safety, providing officers with appropriate tools and tactics
- Increases the awareness of field officers to the need for appropriate response and respect toward all City residents
- Demonstrates the LAPD's priority of appropriate response and respectful behavior toward specific consumers, families and advocates
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Plan, design and write curriculum – Less than 3 months

Schedule training sessions – Less than 3 months (and on going)

Conduct training for all field officers – Less than 18 to 24 months
Effectiveness measurement/criteria
• Development of focused learning objectives and outcomes for 8-hour course • Evidence of CAIT and Training Division collaboration on design and delivery of training • Evidence of design and review of curriculum and training scenarios by internal and external subject matter experts • Evidence of rosters and class schedule for training • Evidence of observation of training by internal and external subject matter experts • Evidence of observation of and participating in training by community organizations, consumers, family members and advocates • Evidence of proficiency of training in special techniques and considerations for managing mental crisis encounters • Review of training evaluation sheets

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 25

Expand external and internal expertise used in developing curricula and instruction.

- **Utilize external subject matter experts, coordinated through the Professional Advisory Committee, to plan new curricula.**

rom community stakeholders should be included in development of the themes for the training package (see, also **Recommendations 18** and **19**). This can enhance public relations as well as help focus the training package on local concerns. The actual development of the curricula and lesson plans should be left to the subject matter experts and any material affecting tactics and officer safety are subject to department review. This may require at least 120 hours by a consultant to develop, implement and train personnel to provide the new curricula.

- **Use existing resources within the Department to assist in the development and instruction of training material.**

icular, BSS and CAIT should do more than review and place a stamp of approval on new lesson plans. They should be utilized more frequently in the writing of curricula and in its delivery. CAIT should have significant input into the development of future LAPD mental health training scenarios, both for new CAIT officers and for recruits and annual training materials (see **Recommendation 19**, above). They will see first hand the types of incidents that happen and have the experience to deal with them. This expertise should be captured and shared.

- **Supplement current instructors with persons who have experience with encounters with persons with a mental illness.**

h training for CAIT officers, the training team for patrol generally should include community providers, consumers and family members of persons with a mental illness. This is not to replace but to supplement training by officer-trainers. Outside trainers-of-trainers may be utilized to better prepare employed training staff to assume more responsibility in the future.

tructors (officer and non-officers) must be knowledgeable, experienced and dedicated to the topic. Instructors assigned in special areas should be screened and selected for expertise in communication and verbal de-escalation tactics.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Cost of internal staff can be absorbed within existing resources Cost of external subject matter experts estimated to be $10,800 - $17,600 depending upon hours and rates.	None	None

Benefits to the City

- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Utilizes the expertise of both internal and external subject matter experts in terms of developing and expanding curricula and instructions
- More thoroughly integrates into patrol officer training various LAPD units involved with persons with mental illness
- Increases the awareness of field officers to the need for respect toward all City residents
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Demonstrates the LAPD's priority of respectful behavior toward specific consumers, families and advocates
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Internal staff involved in curriculum and training development – 3 to 6 months

External staff involved in curriculum and training development – Less than 3 months

Effectiveness measurement/criteria

- Evidence of written plan of training design and delivery that involves internal and external subject matter specialists, community organizations, consumers, family members and advocates
- Evidence of inclusion of internal and external subject matter experts in curriculum design and delivery
- Evidence of review of curriculum and training scenarios by internal and external subject matter experts
- Evidence of observation of training by internal and external subject matter experts
- Evidence of observation of and/or participating in training design and delivery by community organizations, consumer, consumers, family members and advocates
- Review of training evaluation sheets

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 26

ıse exposure to mental crisis response in basic recruit training.

tal amount of training that gives attention to mental illness is currently only a small portion of the 6-hour training related to persons with disabilities. LAPD recruit instructors repeatedly reported that they were unable to include community and LAPD resources because of time considerations. In order to improve training by incorporating experts and additional instructors for topics related to mental illness, as suggested earlier, an increase from 6 hours to 10 hours is recommended.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
This recommendation will require adjusting the current recruit training schedule. With these adjustments, the addition of 4 hours devoted to mental illness training can be absorbed within existing resources	None	None

Benefits to the City

- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Increases officer safety, providing officers with appropriate tools and tactics
- Provides additional time for subject matter experts, consumers, family members and advocates to be included in training
- Increases the amount of time allocated to scenario training for recruits
- Increases the awareness of field officers to the need for appropriate response and respect toward all City residents
- Demonstrates the LAPD's priority of appropriate response and respectful behavior toward specific consumers, families and advocates
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending, or indifferent to persons with mental illness
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Review, revise and pilot curriculum – Less than 3 months

Finalize curriculum and integrate into recruit training – Less than 6 months

Effectiveness measurement/criteria

- Evidence of a written plan for expanded training, including specific learning objectives and outcomes, instructional activities, conceptual framework, tactics, skills, etc.
- Evidence of CAIT and Training Division collaboration on design and delivery of training
- Evidence of design and review of curriculum and training scenarios by internal and external subject matter experts
- Evidence of plan for instructional delivery including internal and external subject matter experts, community organizations, advocates, and others
- Evidence of design and review of curriculum and training scenarios by internal and external subject matter experts
- Evidence of observation of training by internal and external subject matter experts
- Evidence of observation of and/or participation in training by community organizations, consumers, family members and advocates
- Evidence of proficiency of training in special techniques and considerations for managing mental crisis encounters
- Review of training evaluation sheets

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: CURRICULA AND TRAINING

Recommendation 27

Identify verbal de-escalation techniques appropriate for use with individuals in mental crises; integrate these techniques into mental crisis scenarios for inclusion in use of force training.
By identifying and integrating verbal de-escalation techniques into situations involving mental crises, police officers have a greater skill set from which to draw (see, also, **Recommendation 21**). Current training in the force continuum appears to emphasize the issuance of directives and commands at the initial stage. While these often are appropriate techniques, they differ significantly from the approach of crisis negotiation or de-escalation. It is proposed that greater emphasis be placed on interactive verbal techniques and de-escalation strategies in the context of other use of force training. De-escalation should be understood as part of the "verbal" point on the force continuum and as a strategy for subject control.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Increases officer safety, providing officers with appropriate tools and tactics
- Provides officers with enhanced skills in handling encounters with persons with mental illness
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending or indifferent to persons with mental illness
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Review, revise, and integrate training materials – Less than 3 months

Implement revised training – Less than 6 months

Effectiveness measurement/criteria

- Evidence of review, revision and integration of de-escalation techniques in use of force training
- Review of written training materials on use of force
- Observation of training classes for evidence of de-escalation techniques in lectures, scenarios, videos, etc.
- Review of CAIT incident logs, use of force documentation, and other data for evidence of de-escalation tactics
- Evidence of proficiency of training in special techniques and considerations for managing

mental crisis encounters
- Evidence of fewer use of force tactics by LAPD officers during encounters with persons with mental illness

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: USE OF FORCE

Recommendation 28

Re-structure Categorical Use of Force documentation.
Agency documentation of Categorical Uses of Force should require a designation of whether the subject was known or suspected to have a mental illness and whether that fact was known before or only after the force occurred. This will permit better tracking of more serious cases of force used in encounters with subjects suspected of having a mental illness. It is also recommended that this documentation – at least for cases involving subjects suspected to have a mental illness – be structured more like the required forms for non-categorical use of force. This would allow for a more useful analysis of encounters than is possible using information in current categorical use of force documents. In addition, the revised form should contain a detailed account of the approach and early features of the encounter, including the verbal interaction between officer and subject. Currently, many reports state simply that the officer attempted to "verbalize" with the subject. It would be more useful for improving future encounters to know more precisely what the officer said and how the subject responded. It would also be instructive to determine what the officer perceived to be the immediate precipitant of the subject's aggressive action. If deadly force is used, the officer should document not only the justification for that action but the reasons why any lesser, more intermediate action was not appropriate.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Staff time can be absorbed within existing resources	None	None

Benefits to the City

- Improves LAPD data collection and tracking system
- Provides information not presently available on encounters with persons with mental illness
- Increases the documentation of verbal interaction between subject and officer, thus better informing LAPD about appropriate de-escalation tactics and tools
- Provides information for officer training on encounters with persons with mental illness
- Documents extent to which LAPD officers utilize appropriate (or inappropriate tactics) in encounters with persons with mental illness

Implementation Schedule

Develop, review, revise documentation – Less than 3 months

Implement use of revised documentation – Less than 6 months

Effectiveness measurement/criteria

- Evidence of LAPD's review and revision of Categorical Use of Force documentation
- Evidence of specific changes related to LAPD encounters with persons with mental illness
- Evidence of utilization of new documentation by LAPD
- Review of documentation for completeness, clarity, accuracy and usefulness

Recommendations to the City of Los Angeles:
Cost, Staffing, Benefits, Implementation and Effectiveness Criteria

AREA: USE OF FORCE

Recommendation 29

Review the LAPD's Non-Categorical Use of Force reports to further inform training.
Over the past 3 years, the LAPD has collected approximately 300-500 non-categorical use of force reports involving officers' responses to mental crises. These reports were not reviewed in this research. A study of non-categorical incidents could provide specific information and insight as to effective means of limiting force in these police encounters. To the extent to which effective behaviors and tactics used by field officers can be identified in these reports, curricula writers and trainers could use that information to develop targeted and realistic training. Identifying situations and tactics used by field officers to de-escalate potentially lethal force would allow trainers to teach these skills and replicate actual encounters in their scenario trainings.

New Costs and Staffing

Year One (2002/3) Cost	On-going Annual Cost	Other Costs
Can be absorbed within existing resources	None	None

Benefits to the City

- Lessens the probability of violent encounters between police officers and individuals who may experience mental illness
- Increases the quality of recruit and specialized training within LAPD by drawing upon specific field encounters between officers and individuals in mental crisis
- Increases officer safety, providing officers with appropriate tools and tactics
- Provides officers with enhanced skills in handling encounters with persons with mental illness
- Decreases the likelihood that consumers, families and advocates will view the police as hostile, aggressive, condescending or indifferent to persons with mental illness
- Decreases the likelihood of complaints from citizens

Implementation Schedule

Review non-categorical use of force forms for training input – Less than 3 months

Review, revise, and integrate training concepts, tactics and materials – Less than 9 months

Implement revised training – Less than 12 months

Effectiveness measurement/criteria

- Evidence of tactics, scenarios and de-escalation techniques identified in non-categorical use of force forms

- Evidence of revision and integration of tactics, scenarios and de-escalation techniques in recruit and continuing education training
- Observation of training classes for evidence of input in lectures, scenarios, videos, etc.
- Review of CAIT incident logs, use of force documentation, and other data for evidence of de-escalation tactics
- Evidence of fewer use of force tactics by LAPD officers during encounters with persons with mental illness