

## **CONSENT DECREE MENTAL ILLNESS PROJECT – *REVISED* SUPPLEMENTAL REPORT**

This correspondence is to provide further clarification and discussion of the recommendations contained in our initial report of the Consent Decree Mental Illness Project. In addition, this report contains supporting recommendations necessary to expeditiously implement the recommendations contained in the initial report. Finally, this correspondence serves to document the results of the Department's ongoing efforts to move forward with the development of the implementation plan of the Consent Decree Mental Illness Project recommendations.

The Los Angeles Police Department (LAPD) is strongly committed and eager to take on a leadership role to address the needs of persons with mental illness in the City of Los Angeles. As we embark upon the creation of the new Mental Health Crisis Response Program, we will proactively seek change in systems and practices that will demonstrate to the Los Angeles community and internal stakeholders that LAPD is committed to being responsive to the needs of encounters with mentally ill persons. This newly created program, developed in partnership with Lodestar Management Research Inc. (Lodestar), is designed to provide efficiency and uniformity to specialized responses, unite these programs, coordinate their function and, provide a common name and philosophy Department-wide. The Commanding Officer of Detective Service Group will lead this team to ensure that the work we do together will provide comprehensive and appropriate responses.

To demonstrate commitment and determination to affect change, the Department is expanding and combining specialized response programs and developing evaluation criteria to effectively assess and track such incidents. This will enable the Department the ability to continue to refine policies, training, and other systems to improve program effectiveness. In addition, we are also committed to enhancing training to provide police officers the necessary tools, skills, and support to effectively manage such encounters, thereby reducing the potential for violence.

The Department has continued to meet and discuss the details of the implementation of project recommendations with various internal and external stakeholders, community partners, and the City's Consent Decree Working Group.

### **MENTAL HEALTH CRISES RESPONSE PROGRAM OVERVIEW**

The Mental Health Crises Response Program combines the Department's specialized response approaches into one program, under the auspices of a single authority. In order to provide an integrated and seamless response to calls involving persons with a mental illness, it is necessary to create policies across divisions and units that support specialized responses. It is also necessary to evaluate the effectiveness of these responses through the use of coordinated data review and analysis across different program responses. The creation of the new infrastructure, expansion of SMART/MEU, expansion of the CIT Pilot Program, and the assignment and duties of the dedicated lead officer (Coordinator) advocate this approach. In addition, proposed modifications to data collection and review systems, as well as tracking systems, and the development of meaningful evaluation criteria will facilitate a more centralized and accurate method of monitoring and therefore provide better data to use in strategic planning.

## RECOMMENDATIONS FOR IMPLEMENTATION

The Consent Decree Mental Illness Project Coordinator has established regular weekly working meetings with the newly assigned Program Coordinator to transition program oversight to the Central Authority, the Commanding Officer of Detective Services Group and to continue to move forward with the development of the implementation plan. As described in this report, considerable progress has been made on establishing timelines, defining tasks, and developing budgets to support implementation of the recommendations. It is important that the Department expeditiously move forward with the development of the implementation plan so that the Crisis Intervention Team (CIT) Expansion can begin in January 2003.

Following are recommendations necessary for project implementation submitted for your consideration and approval:

1. Seek additional analysis from Lodestar, to assist the Department in the development of evaluation criteria and creation of an evaluation tool for the (CIT) Expansion Project. This evaluation tool, which will be developed by December 2002, will be used to monitor the identification of mental crisis calls and the appropriate dispatch of the specialized officers. In addition, this evaluation tool will monitor specific actions taken by officers, escalation and de-escalation of force, potential for violence, injuries to officers and persons who may be mentally ill, and the numbers and levels of Uses of Force that may result. This additional analysis can be completed within the term, scope, and budget of Lodestar's existing contract with the City of Los Angeles for this project.
2. Recognizing the need and value of expansion of the CIT Program Citywide, the Department recommends that an evaluation first be performed in order to determine how best to accomplish this. This evaluation will be performed at the completion of a six-month review period of the expansion project in Central and Van Nuys Areas, utilizing the tool to be developed by Lodestar.
3. Assign position authority for the Consent Decree Mental Illness Project Coordinator (Lieutenant II) through the month of February 2004. Paragraph 113 of the Consent Decree requires that within 32 months after the effective date of the Consent Decree (June 2001), the Department shall complete an audit to evaluate LAPD handling of calls and incidents, over the previous one year period, involving persons who appear to be mentally ill. The audit and evaluation shall include any new policies, procedures, and training methods implemented.
4. Approve the Department's interim budget request for the expansion of the SMART/MEU Program and Computer System Modifications, which requires the City Council, subject to the approval of the Mayor to:
  1. Authorize employment authority for the following eighteen (18) positions in the Police Department's Detective Services Group, Detective Headquarters Division, subject to the approval of the Personnel Department for classification and the City Administrative Officer for pay grade determination:

<u>No.</u>	<u>Class Code</u>	<u>Class Title</u>
1	2223-3	Detective III

3	2223	Detective II
1	2214-3	Police Officer III
12	2214-2	Police Officer II
1	1358	Clerk Typist

2. Transfer \$1,982,869 to the Unappropriated Balance and appropriate a like amount therefrom to the Police Department, Fund 100/70 as follows:

<u>Account No.</u>	<u>Account Name</u>	<u>Amount</u>
1010	Salaries, General	\$ 32,407
1012	Salaries, Sworn	\$1,154,257
1090	Overtime, General	\$ 12,500
1092	Overtime, Sworn	\$ 12,500
3040	Contractual Services	\$ 114,900
6010	Office and Administrative Expense	\$ 182,440
6020	Operating Supplies and Expense	\$ 4,800
7300	Furniture, Office & Tech Equipment	\$ 181,195
7304	Transportation Equipment	\$ 287,870
	<b>TOTAL</b>	<b>\$1,982,869</b>

## **TWO LAYERED RESPONSE TO PERSONS IN MENTAL HEALTH CRISIS**

The Department's recommendations do not reject but rather adopts and builds upon Lodestar's suggested two-layered approach. The Crisis Intervention Team (CIT) officers and Systemwide Mental Assessment Response Team (SMART) units will function as first and secondary responders, and the Mental Evaluation Unit (MEU) will provide administrative support, assist the Coordinator with data collection and analysis, and provide a 24-hour hotline for advice to officers.

## **CIT EXPANSION PROJECT**

The purpose of the CIT Expansion Project is to increase the number of trained first responders. It is the Department's recommendation to continue the current Central Area Pilot Program and expand this program to include Van Nuys Area. The goal of the CIT Expansion Project is to train 20 percent of the responding officers (as recommended by Lodestar) in both Central and Van Nuys Areas, along with SMART/MEU personnel, beginning in October 2002 and completing that training no later than December 2002. Implementation of the expanded specialized response program will begin in January 2003.

### **Selection of Van Nuys Area for Expansion**

The Department's selection of Van Nuys Area was based upon the following criteria: a high number of calls for service that involved potentially mentally ill persons; a high rate of Use of Force incidents that involved potentially mentally ill persons; and the opportunity to assess the role and value that a Community Court may have. From 1999-2001, there were 29,343 calls into the 911 system coded as either 918 or 918V ("mental" or "violent mental," respectively). Of

those calls, Van Nuys Area consistently ranked third or fourth highest in the number of 918 or 918V calls per Area, depending upon the year. In addition, Van Nuys Area also has a high rate of Use of Force incidents that involved persons with mental illness for that same period of time, indicated as follows: 1999, eighteen percent (18%); 2000, twenty-one percent (21%); and 2001, twenty-six percent (26%). Finally, there is also a Community Court operating in Van Nuys Area which provides mentally ill persons, who have misdemeanor violations, the choice of obtaining needed services as an alternative to going to jail. A Downtown Community Court for Central Area is also currently being developed.

### **Evaluation of Effectiveness**

To fully assess the appropriateness of expanding the CIT Pilot Program Citywide, the Department must first put the systems into place necessary to evaluate the effectiveness and potential benefits of this approach. These systems include development of effective and meaningful evaluation criteria, curricula revisions and integration of training with SMART/MEU, collection and tracking of appropriate data regarding incidents involving persons who may be mentally ill, and enhancement of the dispatch system to identify such calls and appropriately dispatch CIT officers. In addition, it is essential for the Department to continue to develop partnerships with the mental health system, service providers, consumers, advocates, as well as the Community Courts. The Department will utilize the evaluation tool developed by Lodestar to perform monthly evaluations of the expanded project, allowing for mid-course corrections.

### **Monthly Reporting**

Monthly reports on the progress of the expansion project will be reported to the Consent Decree Task Force and the Board of Police Commissioners. In addition, the information derived from these monthly evaluations will help to refine policies, training and other systems to improve program effectiveness. These monthly evaluations are absolutely critical in order to evaluate the feasibility, value, and future needs of Citywide expansion and use of Crisis Intervention Teams. At the conclusion of a six-month period (July 2003), the Department will perform an overall evaluation of the expansion project.

### **Consideration of Citywide Expansion**

Upon analysis, the Department must consider the long-term sustainability needs associated with maintaining such a program Citywide. Understanding its applicability Citywide is also important. The Department must review trends in calls for service Citywide and deployment of trained officers, as part of a needs assessment for Citywide expansion. The Department understands that this specialized response approach may be more beneficial in some geographic Areas than others. Based upon the results of this needs assessment, it may also be necessary to shift deployment of trained officers to Areas receiving higher calls for service. This creates an opportunity for the Department to expand the learning process throughout other Areas.

The results of that evaluation and subsequent recommendations regarding Citywide expansion will also be reported to the Police Commission for consideration in August 2003. If the results of the evaluation of the Expansion Project demonstrate success and effectiveness, and the necessary approvals and funding are obtained, a process will be developed to implement this

program Citywide. This process will be patterned after the roll out of the flexible work schedule, over a period of six months.

Training Group personnel conducted a cost analysis to determine the training costs associated with Citywide expansion of the CIT Expansion Project. They have estimated that it would cost \$1 million in training costs initially, and nearly \$600,000 annually in recurring training costs to sustain twenty percent (20%) of the Department's patrol force trained as mental crises specialized first responding officers. As indicated on the attached cost breakdowns, labeled as A1 and A2, wages and salaries of the patrol force personnel while attending the training is a significant portion of these estimated costs (71% and 82% respectively).

### **SMART/MEU EXPANSION**

In accordance with Lodestar's recommendations, the Department concurs that expansion to the SMART program will include twenty-four (24) SMART units, thereby providing at least one (1) SMART unit in each geographic bureau, 24-hours a day, 7-days a week.

The Department currently has position authorities for eleven (11) SMART units. However, due to vacancies, there are currently ten (10) units staffed and in operation. Each unit consists of one (1) LAPD officer and one (1) Los Angeles County Department of Mental Health clinician. The Los Angeles County Department of Mental Health (DMH) has committed to provide thirteen (13) additional clinicians necessary to expand the existing SMART Program to twenty-four (24) units. LACDMH estimates four to six months for recruitment and training of additional newly hired clinicians.

The next steps in the expansion process are to obtain approval from the Los Angeles City Council and Mayor for thirteen (13) additional police officer positions, followed by recruitment efforts to fill the current vacancies, as well as new City and County positions. As indicated on the attached cost breakdown, labeled as A3, the estimated costs associated with this expansion (\$1,982,869) are described in detail. It is anticipated that the expansion will be fully implemented no later than April 2003, assuming that Department deployment of these officers is possible without depletion of the field force and DMH is fully operational, including 24 clinicians. A Memorandum of Understanding (MOU) between LAPD and DMH currently exists, however it will need to be revised to reflect the provisions of the expanded program, as well as the sharing of information to facilitate better and safer responses.

This expansion promotes CIT officers working in conjunction with the SMART units, as recommended by Lodestar. Cross training will occur initially with the existing SMART/MEU personnel. These existing personnel will attend CIT training session(s) that will be held between October and December 2002. As new personnel are recruited and hired, additional training sessions will be scheduled, ensuring that all SMART Team trainees receive this same training.

The Department will report to the Police Commission, as to the progress of this expansion and any subsequent recommendations necessary to support the continued success of this program.

## **SPECIALIZED RESPONSE TEAM TRAINING (CIT AND SMART/MEU PERSONNEL)**

A 40-hour curriculum is in place for specialized responding officers, and will be provided to all CIT, SMART and MEU personnel, beginning in October 2002. Instruction focuses on the legal environment, suicide dynamics, crisis communication as it relates to mental illness, assessment of behavior, drug influence, psychopharmacology, homelessness and mental illness, mental illness and narcotics, and tactical application with critical decision-making. The 40-hour program closes with a community stakeholder panel exchange with the participants. There is a significant amount of time dedicated to reinforcing skill development through experiential role-play. Additional work will be required to cross-train an instructional cadre, revise existing training curriculum based upon input from a wide variety of community supports, and prepare curriculum for POST certification, if desired. Beginning in October 2002, approximately 100 specialized responding personnel will be scheduled for this training, in conjunction with the proposed expanded CIT Program and expansion and integration of SMART/MEU. This training will be completed by December 2002. All specialized responding officers must successfully complete the specialist training prior to being designated as a specialized responding officer or providing specialized responses to calls.

Both of the enhancements offered by Lodestar will be fulfilled during the next Crisis Intervention Team (CIT) course presentation, which will be held in October 2002. Enhancement of the existing listing of social service and input from community support agencies, as well as offering perspectives of persons with a mental illness who have had contact with law enforcement during crisis situation are already in the outline and will be enhanced by the CIT training cadre.

We adopt the Lodestar recommendation that all specialized responding officers shall receive continuing education relevant to encounters involving persons with a mental illness at least twice every year. The Coordinator, working in conjunction with the Director of Training, will oversee the development of curriculum and delivery of training. This training curriculum will be developed with the assistance of internal and external expertise and community supports. Training updates will include, among other things, information about any new legislation that may affect policies and procedures. Development of curriculum and training delivery plan will be completed and submitted to the Chief of Police for review no later than May 31, 2003.

## **INITIAL DEPARTMENT-WIDE TRAINING**

The Department's substantial change to training related to responding to calls involving persons with a mental illness will begin with training for all patrol personnel. This training will be designed to: (1) communicate the agency's philosophy; (2) educate them about the new structure of specialized responses; (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.

As the Department develops and adopts a unified philosophy and the organizational structure to implement these changes, it is imperative that all field patrol officers are fully educated about both the philosophy and detail of effective response to persons with a mental illness. The Commanding Officer, Human Resources Bureau (HRB), has been instructed to develop appropriate curriculum and training delivery plan and submit to the Chief of Police for review no later than December 30, 2002.

## **BASIC RECRUIT TRAINING**

The focus of the Regular Basic Course in the area of mental illness is to recognize the behavior cues and other indicators in order to make appropriate decisions regarding intervention. The recruit officers are taught to observe the behaviors exhibited by the person in an effort to determine what is happening and what might be prompting the person's behavior.

The Department concurs that training methods employing simulations, role plays, or case study analysis that involve repetitive rehearsal of the information over time is an effective learning principle, and are currently practiced.

In light of Lodestar's recommendations, Training Group personnel reviewed the entire 1,064-hour basic training curriculum. By re-tooling existing learning domain (LD) material, ten hours of instruction were identified to meet the report recommendation for increasing time allocated to teaching de-escalation skills specific to mental crisis encounters.

Within the seven hours of initial classroom instruction on persons with disabilities (LD37), four and one half-hours (rather than three hours) will address mental crisis encounters. While some didactic presentation is necessary, training delivery has also been modified to utilize adult learning methods, including additional video scenarios, group discussion to reinforce and review policy and procedural responsibilities, and pairing key definitions/diagnoses with investigative inquiries. One of the videos, distributed by California Alliance for the Mentally Ill, will specifically address the consumer's perspective.

Three hours of integrated simulation application remains in place. Multiple iterations of pre-scripted mental crisis scenarios allow every recruit officer to practice approach, assessment of behavioral cues, interview skills; demonstrate appropriate tactics and incident disposition with performance feedback from the instructional staff. Role players only respond to the recruit officer's direction if behavioral cues and appropriate tactics are demonstrated. In all the scenarios, the recruit officers are the first responders to a radio call utilizing any of the following behavioral descriptions:

- The subject is depressed and suicidal over finding spouse in an extra marital affair.
- The subject is depressed and suicidal over losing his/her job; is passive, crying, dejected, listening to the officer; is armed with a knife.
- The subject is depressed and suicidal over gambling debts; role player alternates between agitated and self-blaming, to crying and despondent with feeling of hopelessness.
- The subject has a calm demeanor, highly depressed, very lethargic and emotional; appears totally hopeless, because of dying from a rare disease; is armed with a knife.
- The subject is hallucinating, demonstrating erratic behavior, highly agitated with a loud voice; believes the area is covered by rats or bugs; is walking and running around; standing on furniture to keep the rats/bugs off of them.

- The subject is extremely terrified and hiding behind any available object; is screaming, highly agitated and hallucinating that crows are flying all around, trying to carry away his/her soul; displays a knife and points it to the sky to fend off the crow attack.
- The subject is calm, but has a sinister demeanor; speech and action are slow and methodical, using body and eyes to further demonstrate the appearance of some type of evil; is talking to self and becomes agitated and uncooperative toward police questions and commands.
- The subject is homeless and walking along singing to self; reports choosing to live on the street; is articulate, coherent, and cooperative.

Protective custody responsibilities related to mental health laws, medical conditions, and client rights are addressed within a two-hour block on custody (LD31). Other existing instructional blocks on tactical communications (LD3), crimes in progress (LD23), and preliminary investigation (LD30) serve to integrate and reinforce information on mental crisis encounters.

Testing procedures on persons with disabilities will remain the same at this time. Recruit officers will still be required to successfully pass three different tests to assess their knowledge and skills on these types of encounters, prior to graduating from the academy. There is a multiple-choice test on the topic administered during week 16 of the 28-week training period. Thirteen required scenario tests, mandated by the Commission on Peace Officers Standards and Training (POST), are administered on various policing activities toward the end of training. One of the scenarios involves handling an incident with a suicidal individual requiring involuntary hospitalization (WIC 5150). Recruits are also required to pass four specific force options simulations; one of the simulations is on mental illness.

There were several noteworthy suggestions for improvement that are currently being planned for implementation, as outlined below:

- Include information on conducting a “mini” mental status examination including orientation to person, place and time.
- “Suicide by Cop” material can be emphasized regarding how mental illness may come into play when an officer is placed in a deadly force situation.
- A handout that summarizes the use, side effects, and common drugs related to mental illness, including anti-psychotics, mood stabilizers, anti-depressants, anti-anxiety, psych-stimulants, and anti-Parkinsonian controlled substances.
- The officer’s role in the mental health court system.



## **CONTINUING EDUCATION TRAINING**

Time constraints have limited the content and delivery of existing LAPD training in preparing patrol officers for mental illness encounters. In addressing this issue and designing a long-range training plan, specific attention will 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.

The Department shall employ problem-based learning methodologies through table top or field simulation describing an individual experiencing a mental crisis to rehearse knowledge on behavioral cues, appropriate tactical intervention including communication, commands, violence de-escalation, and awareness of community resources.

In addition, by identifying and integrating verbal de-escalation techniques into situations involving mental crises, police officers have a greater skill set from which to draw upon. Greater emphasis shall be placed on interactive verbal techniques and de-escalation strategies in the context of other use of force training.

The Commanding Officer, Human Resources Bureau (HRB), has been instructed to develop appropriate curriculum and training delivery plan and submit to the Chief of Police for review no later than December 30, 2002.

It should be noted that the upcoming training evaluation being conducted by RAND Corporation will provide additional insight into methods of improving training to reduce incidents of excessive force, false arrests, illegal search and seizures through assessing implementation of community-based policing training models for an urban, multicultural environment. Two of the five areas (using force and diverse populations) overlap with the mental illness project and will provide additional validation to the results of the Lodestar report.

## **ROLL CALL TRAINING**

The purpose of roll call training is to disseminate information, reinforce existing skills, and heighten awareness around the specific risk management areas of making arrests, search and seizure, emergency vehicle operation, non-lethal and lethal force, tactics, human relations, and detective-specific procedural functions. Planning is initiated annually in September. Specific content is selected based on recurrent problems or topics requiring regular review. Policies within the various areas are staggered and presented two times per calendar year.

Roll call training presentations will address the entire range of officer encounters involving persons with disabilities. Specific to mental illness, this training will reinforce: (1) the agency's philosophy; (2) the new structure of specialized responses; (3) identification and assessment of mental illness in field encounters; and (4) techniques for integrating officer safety with verbal de-escalation. This instruction specific to mental illness will be issued at least one time annually, prepared by Training Division personnel and delivered by internal experts as appropriate, and Area Field Sergeants. In addition, roll call presentations will also utilize scenarios as the foundation for the topic.

## **TRAINING BULLETINS/OTHER WRITTEN MATERIAL**

The Department concurs with the need to highlight mental illness specialized responses where appropriate within training bulletins on other topics. This suggestion was recently implemented during preparation of the training bulletin on weapons other than firearms (2002) and included information on verbal de-escalation as a critical first step to all types of encounters. The Department also has an existing protocol to gather independent feedback from community representatives on selective training bulletins. The most recent example is the Use of Force Guidelines (to replace in 1995 handbook) which is currently being reviewed by members of the Professional Advisory Committee and the co-sponsor on the training subcommittee from the Mental Disabilities Task Force.

## **COMMUNITY PARTNERSHIPS TO ENHANCE TRAINING**

The Department embraces and supports Lodestar's recommendation to utilize community supports and consumers of our policing services in the review of curriculum and delivery of training. Over the years, the Department has established and maintained numerous ad hoc working groups involving community stakeholders and concurs with these recommendations. Since 1982, the Professional Advisory Committee, a group of academic and human relations service providers who convene quarterly, have provided consultation to the Department on a wide array of training matters. Likewise, the Behavioral Science Services (BSS) psychological staff continues to be interested in the Department's efforts to develop and train officers.

The Department's initial report contained a recommendation that the Central Authority, Commanding Officer of Detective Services Group (DSG) establish a Mental Health Crisis Response Program Advisory Committee of appropriate community partners, as well as internal and external stakeholders. This committee is intended to coordinate the efforts of and eliminate the need for numerous existing ad hoc working groups in the review of training curriculum, and provide advice and assistance in the development of policy and procedures regarding police encounters with the mentally ill. The Director of Police Training and Education is currently conducting outreach into the entire spectrum of the disabled community constituency for participation in an advisory working group to collaborate in curriculum development, design and implementation on this topic. Many members on the Police Commission Mental Disabilities Task Force have agreed to participate in this ongoing forum. In addition to local efforts, the Department maintains frequent contact with Police Executive Research Forum (PERF) and the executive director at NAMI regarding training strategies for improving policy contacts with the mentally ill population in our city. These people will be invited to participate in the Mental Health Crisis Response Program Advisory Committee.

## **DISPATCH SYSTEM MODIFICATIONS**

The Department's recommended modifications intend to integrate the dispatch system into the new Mental Health Crises Response Program. These proposed modifications are primarily straightforward and do not require major changes to the current dispatch system. Currently, patrol officers who are trained in a specific area of expertise are identified as such on the Mobile Field Force Roster, which is provided to the dispatch center for each deployed watch. The Mobile Field Force Roster will be modified to include mental health crises specialized responder

expertise, much the same as an officer's ability to speak a foreign language is indicated. Finally, new procedures will be implemented to dispatch CIT trained officers as first responders to the calls that are identified as involving potentially mentally ill persons. For emergency mental health crisis calls, the closest unit with or without CIT expertise will be dispatched as first responders, along with procedures to notify the CIT officers in the area. Available CIT officers will be dispatched as first responders to non-emergency mental health crisis calls. These above modifications will be completed and implemented by January 2003. In addition, these modifications and better tracking of dispositions will be more fully incorporated into the new dispatch system currently under development.

Communications Division is currently involved with Behavioral Science Services (BSS) to design and implement a block of instruction to train dispatchers on assessment and identification of persons with a mental illness. This assessment instruction will be provided to all new and tenured dispatch personnel no later than January 1, 2003.

### **DATA COLLECTION AND TRACKING SYSTEMS**

The development and implementation of effective data collection and systems to track encounters with potentially mentally ill persons is important from a policy and training perspective. The Department's recommendations are designed to appropriately integrate and track these calls within the existing systems, rather than through the creation of a new integrated system which would be extremely costly and could not be done quickly. This will be accomplished in two ways. First, the existing Consolidated Crime Analysis Database (C-CAD) will be modified to add a new report type for a non-crime report type called mental illness. Secondly, a new MO code will also be added to C-CAD to identify mental illness as a factor that could be present in any incident.

The new Use of Force System includes information about whether the officers had the impression that a person upon whom force was used was possibly impaired due to a mental illness. In addition, the Coordinator will review all completed Non-Categorical and Categorical Use of Force investigations in which the responding officer perceived that the individual involved in the incident may have been mentally ill. The purpose of this analysis is to maximize the Department's understanding of such encounters, inform training, and assess the appropriateness and effectiveness of practices, policies, and procedures.

In addition, the MEU data system will be modified to document the incidents and better connect the other systems. The data to be tracked will be captured by the specialized officer, using the Crisis Assessment and Intervention Report (incident log), similar to that currently being used by the Central Area CIT officers. Information Technology Division has estimated that it would take approximately six months from date of approval to complete the modification. In the interim, a manual system of data collection would be employed, whereby the Program Coordinator will review encounters by evaluating the data collected on officer incident logs.

## **SUMMARY**

It is the Department's opinion that the Consent Decree Mental Illness Project Recommendations clearly fulfill its role in the Consent Decree-mandated process. During this process, a great deal of consideration has been given to the need to improve systems, promote police integrity and to reduce the potential for violence in police encounters with persons who may be mentally ill.

I would like to emphasize that this Department is strongly committed to system changes and improving police contacts with the mentally ill. The Department has applied for a Fulbright Scholarship to extend the search for best practices to include the United Kingdom. The Department and Lodestar have also held preliminary discussions on publishing an article describing this project and its findings for the law enforcement and mental health communities. In addition, the Department is committed to examining more specifically how we can reduce the potential for violence in police and jailer contacts with arrestees who may be mentally ill. The Department is also seeking opportunities to speak on this important topic.

Reducing the potential for violence in police contacts with people who may be mentally ill requires that the City of Los Angeles, the Department of Justice, the Mental Health System, Service Providers, and Community Support Systems continue to develop effective and collaborative working relationships. We look forward to continuing the evolution of these relationships.

We are preparing a summary of the Department's response to each of Lodestar's recommendations, which is forthcoming and will be forwarded to you under separate cover.