

CONSENT DECREE MENTAL ILLNESS PROJECT RECOMMENDATIONS

This correspondence is to transmit recommendations to modify and improve policies, procedures, tracking systems, and training methods regarding police contacts with persons who may be mentally ill, with the goal of de-escalating the potential for violence.

The Consent Decree mandates that the Department prepare a report to the Board of Police Commissioners by July 15, 2002, detailing the results of the evaluation of the Department's policies, procedures, tracking systems and training methods regarding police encounters with persons who may be mentally ill and to recommend appropriate changes. Lodestar Management/Research Inc. (LMRI) was hired to assist with the analyses and evaluation, as well as develop feasible and appropriate modifications to current Department practices and procedures. Therefore, this report contains recommendations that are based upon that evaluation and review, as well as the Department's and City's resources and fiscal constraints, and are hereby forwarded for your review and consideration. (A matrix is attached which maps the Department recommendations to those specific recommendations contained in Lodestar's Final Report.)

BACKGROUND

On March 6, 2001, the Board of Police Commissioners approved a motion concerning the United States Department of Justice Consent Decree, relative to the mentally disabled. This motion required the Department to prepare a Request for Proposal (RFP) seeking professional services to assist the Department with this evaluation. This request is consistent with the requirements of Consent Decree, Paragraphs 111 and 112.

At the conclusion of the RFP process, Lodestar Management/Research Inc. was selected to conduct this evaluation and a contract between the Department and LMRI was executed on December 10, 2001. The Final Report was submitted by LMRI on May 28, 2002.

In addition, internal and external stakeholders have been involved with the review and evaluation of the information and findings contained in Lodestar's interim reports, as well the feasibility and appropriateness of the recommendations.

FINDINGS

The literature review and study of best practices in five cities (Memphis, TN; Portland, OR; San Diego, CA; Seattle, Washington and New York City, NY) point to four general practices that are considered to be essential to the success of these specialized programs: community partnerships, specialized training, increased accountability, and proactive approach.

The Department currently operates several specialized approaches to encounters with persons who may be mentally ill. There are three specific units; two of which, System-wide Mental Assessment Response Team (SMART) and Mental Evaluation Unit (MEU) have an existing collaborative relationship. The third, a pilot program, Crisis Intervention Team (CIT), was implemented in Spring 2001. As a pilot program, the CIT was implemented only in the Central Area and operates in some isolation from SMART and MEU. A report was submitted to the Chief of Police on January 9, 2002, evaluating this program.

Incident tracking systems, including Use of Force, do not readily identify incidents that involve persons who may be mentally ill. Due to the difficulty in readily identifying incidents that involved persons who may be mentally ill, the Department's ability to evaluate the effectiveness of the response and to identify any trends or training issues that may be associated with police encounters with persons who may be mentally ill was limited.

The Department's training program regarding various aspects of encounters with persons who may be mentally ill, consist of verbal de-escalation skills, recruit training, training bulletins, continuing education and roll-call training. Although such training imparts the appropriate information, there may be better methods of training to ensure a greater understanding and sensitivity regarding persons who may be mentally ill. It should be noted that the Department is currently embarking upon an Evaluation of Police Training Programs pursuant to Consent Decree Paragraph 133, which will assess ways in which Department training could be improved to reduce incidents of excessive use of force and by making a greater use of community oriented policing training models. It is anticipated that this evaluation will provide greater insight into methods of improving Department training techniques.

RECOMMENDATIONS

Based upon these findings, the following recommendations are forwarded for your review and consideration:

MENTAL HEALTH CRISIS RESPONSE PROGRAM - *Corresponds to Lodestar Recommendation No. 5.*

- Adopt the title of Mental Health Crisis Response Program for the coordination of all specialized responses to persons who may be mentally ill. This is to demonstrate ownership and commitment to change the Department's current approach to such encounters.

CORRESPONDING LODESTAR RECOMMENDATION NO. 5

- *Centralize authority for all LAPD specialized response programs for persons with a mental illness under the auspices of a single entity. LAPD is encouraged to develop and adopt their own name for the coordinating body.*

IMPLEMENTATION OF NEW TITLE

This recommendation can be implemented upon approval by the Board of Police Commissioners.

CENTRAL AUTHORITY – *Corresponds to Lodestar Recommendation Nos. 4 and 5.*

- Transfer centralized authority to the Commanding Officer, Detective Services Group (DSG), as the Department's Staff Reviewing Officer over the Mental Health Crisis Response Program (SMART, MEU, and the CIT Pilot Program) with oversight of all Department specialized response programs for persons who may be mentally ill. The Commanding Officer, DSG, would oversee and manage the functions of SMART, MEU and the CIT Pilot Program, ensuring that the various units work together in a more comprehensive and appropriate response to encounters with people who may be mentally ill, with the goal of reducing the potential for violence in those incidents.
- Direct the Commanding Officer, DSG, to establish an advisory committee of appropriate community partners, as well as internal and external stakeholders to provide advice and assistance in the implementation of all of the recommendations.

CORRESPONDING LODESTAR RECOMMENDATION NOS. 4 and 5

- *Develop Specialized Community Partnerships.*
- *Centralize authority for all LAPD specialized response programs for persons with a mental illness under the auspices of a single entity. LAPD is encouraged to develop and adopt their own name for the coordinating body.*

IMPLEMENTATION OF CENTRAL AUTHORITY

The above two recommendations can be implemented upon approval by the Board of Police Commissioners. There are no costs other than the additional responsibilities assigned to the Commanding Officer of DSG. It should be noted that line supervision of CIT will remain at the Area level.

EXPANSION OF SMART/MEU - *Corresponds to Lodestar Recommendation Nos. 13 and 14.*

- Direct the Commanding Officer, DSG, (or the Department's Mental Illness Coordinator during the transition period) to continue to meet with the Director of Los Angeles County Department of Mental Health (LACDMH), to determine the feasibility of expanding SMART, and if deemed appropriate, to obtain a commitment from LACDMH to provide up to thirteen (13) additional clinicians to work with SMART units. It is the Department's intent to move towards having more SMART units on every shift and staffed in each geographic bureau, in proportion to the emergency calls for service involving persons who may be mentally ill.

- Direct the Commanding Officer, DSG, (or the Department's Mental Illness Coordinator during the transition period) to request position authority and funding from the City Council and the Mayor for the following new Department positions: Seventeen (17) Police Officer II positions, one (1) Detective III position to provide supervision of SMART/MEU, and one (1) Clerk Typist position. The approximate personnel and equipment costs associated with this expansion are as follows: First year costs will be \$1,619,863 and ongoing annual salary costs will be \$1,336,152, assuming a five (5) percent increase in staff costs.

CORRESPONDING LODESTAR RECOMMENDATION NOS. 13 and 14

- *Develop a system to identify/dispatch Specialized Responding Officers.*
- *Expand co-responding SMART personnel to provide full coverage.*

IMPLEMENTATION OF EXPANSION OF SMART/MEU

The above two recommendations cannot be implemented without the approval and commitment by the Board of Police Commissioners, Los Angeles City Council and the Mayor, as well as the Los Angeles County Department of Mental Health.

The SMART/MEU expansion may be spread over more than one year depending on the ability of the LACDMH to provide additional clinicians and the City to provide the \$1.3 million in ongoing funding for the additional personnel. The LACDMH has indicated that it will be better able to judge its ability to provide additional clinicians in August 2002.

DETECTIVE HEADQUARTERS DIVISION INFRASTRUCTURE – Corresponds to Lodestar Recommendation Nos. 6 and 15.

- In addition to their current functions, modify the responsibilities of MEU to include administrative support for the CIT Pilot Program, and to assist the Coordinator with data collection and analyses of all mental health crisis responses (SMART/MEU/CIT). As well, MEU functions will include staff support to the Coordinator and Advisory Committee. Management Services Division (MSD) will prepare an Order for the approval of the Chief of Police, outlining the change in MEU's function and responsibilities.
- Direct the Detective Headquarters Division (DHD) to assign a dedicated lead officer (Coordinator) to supervise and coordinate the Department's Mental Health Crisis Responses (SMART/MEU/CIT).

CORRESPONDING LODESTAR RECOMMENDATION NOS. 6 and 15

- *Assign a dedicated lead officer to coordinate the Mental Health Crisis Response Program.*
- *Alter functions and responsibilities of MEU to provide administrative support for specialized responses.*

IMPLEMENTATION OF DETECTIVE HEADQUARTERS DIVISION INFRASTRUCTURE CHANGES

The above two recommendations can be implemented upon approval by the Board of Police Commissioners, with the following considerations:

The additional responsibilities added to MEU will not immediately require additional staffing. The coordinator position can be assigned to the lieutenant who currently supervises SMART and MEU if the existing Lieutenant II vacancies within DHD are filled, and there is a restructuring of the current responsibilities of the Lieutenant II positions within DHD. A transfer of assignment of missing persons away from the existing MEU Lieutenant II and reassignment of the responsibilities of threat assessment to another Lieutenant II within DHD would make this proposal feasible. According to the commanding officer, DHD is currently filling the vacant Lieutenant II position independent of these recommendations.

EXPANSION OF THE CRISIS INTERVENTION TEAM PILOT PROGRAM – *Corresponds to Lodestar Recommendation Nos. 11, 12, and 13.*

- Expand the existing Central Area CIT Pilot Program to include Van Nuys Area, which has a high rate of Use of Force incidents. There is also a Community Court operating in the 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. The goal of the CIT expansion will be to train 20 percent of the responding officers in both Central and Van Nuys Areas, and to deploy officers in proportion to calls for service.
- Direct the Coordinator to put necessary systems in place (including dispatch and data collection), in order to evaluate the effectiveness of the CIT Pilot Program. In addition, direct the Coordinator to develop criteria to measure effectiveness, in order to monitor officer escalation and de-escalation of force, consumer potential for violence, injuries to officers and consumers, and the number and level of Uses of Force that may result.
- Continue to provide specialized training for all Department Mental Health Crisis Responders (SMART/MEU/CIT).
- Direct the Department to report to the Board of Police Commissioners on the effectiveness of these recommendations including the CIT Pilot Program with recommendations to further modify current policies, procedures, and programs as appropriate, as required by Consent Decree Paragraph 113.

CORRESPONDING LODESTAR RECOMMENDATION NOS. 11, 12 and 13

- *Prioritize specialized responders as first responders to calls involving persons with a mental illness.*
- *Increase the number of first responding officers with expertise.*
- *Develop a system to identify specialized responding officer and dispatch them.*

IMPLEMENTATION OF EXPANSION OF CRISIS INTERVENTION TEAM PILOT PROGRAM

These four recommendations could be implemented upon the completion and approval of the Implementation Plan (see details below), with no cost except for training, which could be provided by the Areas similarly to the initial training in Central Area. The Department may propose further modifications based upon the results of the evaluation of this expansion.

The revision of training curriculum and the development of specific officer selection criteria, as well as the selection of officers will begin as soon as practical, upon the approval of the Board of Police Commissioners. Officers will be selected for the program on a volunteer basis.

DUTIES OF THE COORDINATOR – *Corresponds to Lodestar Recommendations Nos. 1, 2, 3, and 7*

- Direct the Coordinator to work with internal and external stakeholders to develop a Department-wide philosophy statement about handling police encounters that involve persons who may be mentally ill with the goal of reducing the potential for violence.
- Direct the Coordinator and Training Group to identify and expeditiously modify language in written policies and training material that need to be changed to reflect the stated preferences of the mentally ill community.
- The Coordinator will collect and review internal documentation of SMART, MEU and CIT Pilot Program encounters. This internal documentation will be similar to that of the information currently documented by the Central Area CIT Pilot Program. This review is to begin as soon as possible after the revision and implementation of the Crisis Assessment and Intervention Report. In addition, the Coordinator will review all completed Non-Categorical and Categorical Use of Force investigations, respectively, in which the responding officer perceived that the individual involved in the incident may be mentally ill. The purpose of the review is to maximize understanding of such incidents on a Department-wide basis and to better assess appropriate action regarding Department mental illness related training, policies, procedures, and programs with the goal of reducing the potential for uses of force in police contacts with persons who may be mentally ill.
- The Coordinator will develop a detailed long-range implementation plan (including budget and timeline) to implement system changes to better address police encounters with persons who may be mentally ill, and track adopted recommendations. Further, the Coordinator should complete the implementation plan no later than three months from the date of approval by the Board of Police Commissioners. The implementation plan should include issues such as planning, measurable objectives and outcomes, organizational infrastructure, community outreach, staffing and reporting, curricula and training, dispatch, data collection and dissemination, and auditing and evaluation. The plan will be a product of a broad-based work group, consisting of internal and external experts, service providers, advocates and consumers and their families.

CORRESPONDING LODESTAR RECOMMENDATION NOS. 1, 2, 3 AND 7

- *Identify and prioritize recommendations to be adopted; develop a detailed and long range implementation plan (including budget and timeline).*
- *Develop a Department wide philosophy statement about handling encounters that involve a person with a mental illness.*
- *Change language in written policies and training.*
- *Document specialized response calls with an incident log.*

IMPLEMENTATION OF COORDINATOR POSITION

The Coordinator position should be assigned immediately to develop the Implementation Plan. This could be done either by utilizing the Consent Decree Mental Illness Project Lieutenant II position or by filling the necessary vacancies within Detective Headquarters Division and restructuring the duties and responsibilities of the Lieutenants II.

TRACKING SYSTEMS – Corresponds to Lodestar Recommendation nos. 7, 8, 28 and 29

- Direct that Information and Communications Services Bureau (ICSB) meet with potentially impacted Department entities to evaluate methods to better enhance data collection regarding incidents involving persons who may be mentally ill, including potential enhancement to the Consolidated Crime Analysis Database (C-CAD) and dispatch systems, Use of Force forms, and the SMART/MEU incident tracking system.
- Direct the Critical Incident Investigation Division (CIID) to codify its current practice in completing Categorical Use of Force reports, to indicate whether the responding officer perceived that the individual may have been mentally ill. Further, direct CIID to ensure that all detailed Categorical Use of Force reports continue to contain documentation as to whether an indicator of mental illness was observed before or after the use of force occurred, in order to more clearly understand the events leading up to the use of force.
- Enhance methods to capture data concerning mental illness contacts using data collection by Mental Health Crisis Responders (SMART/MEU/CIT) and modify data collection procedures based upon the “Crisis Assessment and Intervention Report,” which will be used by SMART/MEU/CIT officers. This modification shall include a more complete list of possible indicators of evidence of mental illness, additional consumer and family contact information, and additional cross-reference indicators to better track this information with other incident information collected by the Department.
- Direct Risk Management Group and CIID, upon final review of all Non-Categorical and Categorical Use of Force investigations which contain some indication or evidence that the individual involved may have been mentally ill, to forward to the Coordinator. The purpose of this is to maximize understanding of such incidents on a Department-wide basis and to better assess appropriate action regarding Department mental illness related training, policies, procedures, and programs with the goal of reducing the potential for uses of force in police contacts with persons who may be mentally ill.

CORRESPONDING LODESTAR RECOMMENDATION NOS. 7, 8, 28 and 29

- *Document Specialized Response calls with an incident log.*
- *Create a single, integrated database for encounters with all specialized responses.*
- *Re-structure Categorical Use of Force Information.**
- *Review LAPD's Non-Categorical Use of Force reports to further inform training.*

IMPLEMENTATION OF TRACKING

Information and Communications Services Bureau's preparation of a detailed plan including budget and timeline will inform implementation decisions for all four of the above recommendations. The general approach to modification of both C-CAD and the dispatch system will be to create additional allowable values in existing fields to limit complexity and expense. Modification of Use of Force tracking systems has already taken place. The other system needing modification is the personal computer based system at SMART/MEU, which will need to be modified using the Crisis Assessment and Intervention Report as a model. Therefore, ICSB should be directed to begin preparation of its plan upon approval of this recommendation. With the assistance of the Coordinator, ICSB's plan should be completed for inclusion in the Implementation Plan. The above recommendations are not intended to delay the current system upgrades to the dispatch system.

* The City Attorney's Office should review and render a legal opinion as to the specificity and detail of information recommended by Lodestar to be included in Categorical Use of Force documentation (recommendation no. 28).

TRAINING CONSIDERATIONS – *Corresponds to Lodestar Recommendation Nos. 9, 16-27*

- Direct Training Group to revise, where appropriate, current LAPD training elements of the Basic Recruit Training Course in regards to de-escalation skills and responding to persons who may be mentally ill. Training Group personnel have reviewed the basic training curriculum and identified existing training hours that will meet the recommendation to increase time allocated to this topic. Improving patrol response to persons with mental illness should continue to be addressed and reinforced through classroom presentation and simulation practice during learning domain (LD) instruction on tactical communications covered in Community Relations (LD3), Use of Force (LD20), Crimes in Progress (LD23), Custody (LD31) and Persons with Disabilities (LD37).
- Direct the Coordinator to work with Training Group to review and revise, where appropriate, and implement the current CIT Pilot Program 40-hour training curriculum. This review and revision process should include input from internal and community stakeholders, mental health professionals, service providers, advocates, and consumers and their families. This initial training would be provided to all existing specialized responders (SMART/MEU/CIT) by conducting courses (25 officers per course) during the first year. Additional personnel from Van Nuys and Central Areas would be trained after the program evaluation criteria and dispatch system for specialized first responders has been developed and implemented.

- Direct the Coordinator, under the review of Training Group, to develop training curriculum for recurrent/refresher training for Mental Health Crisis Responders (SMART/MEU/CIT). This development process will also involve input from internal and community stakeholders, mental health professionals, service providers, advocates, consumers and their families. Based upon Lodestar's study, the recurrent/refresher training curriculum should consist of eight (8) hours of training per year. Upon full implementation of Phase II, approximately 140 specialized response personnel will receive this training each year. The details of cost, instructors, curriculum and scheduling will be included in the implementation plan and upon approval, will be implemented as soon as practical.
- Direct Training Group, with the assistance of the Coordinator and other LAPD entities as appropriate, to develop a plan for providing training to all appropriate Department personnel, on Department philosophy, new policy and procedures, assessment and de-escalation skills specific to encounters with persons who may be mentally ill.

It should be noted that the following two programs, Law Enforcement Training Application Course (LETAC) and Continuing Education Delivery Plan (CEDP), currently in existence can accommodate the provision of training on assessment and de-escalation skills specific to encounters with persons who may be mentally ill.

The LETAC, designed in 1999 and implemented in April 2000, is a 4-day course specifically designed to provide recurrent training for patrol officers in pedestrian and vehicle stops, building/residence entries and searches, use of force situations, and weaponry skills. Practice in handling mental crisis situations, using classroom case studies and simulation exercises, comprise 1.5 hours of the 32 hours. To date, LETAC has provided refresher training to 1,000 patrol officers. Additional staffing resources would allow more course presentations to reach Department personnel.

The CEDP, initiated in January 2000, is a 40-hour, 24-month centralized training delivery system. It consists of five separate 8-hour modules of training designed to train 9,000 officers every 14 and a half weeks utilizing problem-based scenarios simulating actual field patrol situations. During the first module, conducted between January and April 2001, ninety (90) minutes was devoted to assessing approaches and strategies for handling mental crisis field incidents during pedestrian stops. During the second module, provided between April and July 2001, forty-five (45) minutes was dedicated to triaging a domestic violence/suicide threat simulation. And during the third module, completed between September and December 2001, one of the force options scenarios involved a disgruntled employee with a history of mental illness threatening to harm coworkers. The CEDP provides the Department with the flexibility of providing regular recurrent training with a focus on skill reinforcement and multitasking integration rather than development of a topic-specific course.

- Direct Training Group, in conjunction with the Coordinator and Communications Division, to enhance dispatch training to better facilitate initial identification and dispatching of mental illness related calls.

CORRESPONDING LODESTAR RECOMMENDATION NOS. 9, 16-27

- *Clarify policies and procedures for involuntary psychiatric holds.*
- *Educate field patrol officers about specialized responses.*
- *Provide mandatory specialized and continuing education training to all specialized responding officers.*
- *Include additional information on community supports in specialized responding officer training.*
- *Include consumer, family and advocate perspectives in specialized responding officer training.*
- *Integrate and provide all training for mental illness response under the Mental Health Crises Response Program.*
- *Include Communications Division in the development of training curriculum.*
- *Enhance Communications training to facilitate better initial identification of calls.*
- *Focus curricula and training for all patrol officers on 1) a wide range of field tactics and 2) practical, problem-based scenarios.*
- *Conduct initial agency wide training for all patrol officers on managing encounters.*
- *Expand internal and external expertise.*
- *Increase exposure to mental crisis response in basic recruit training.*
- *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.*

IMPLEMENTATION OF TRAINING

The Department is currently embarking upon an Evaluation of Police Training Programs pursuant to Consent Decree Paragraph 133, which will assess ways in which Department training could be improved to reduce incidents of excessive use of force by making a greater use of community oriented policing training models. It is anticipated that this evaluation will provide greater insight into methods of improving Department training techniques. The specific lesson plans, scheduling, costs, and documentation of the training will not be completed until after the Evaluation is completed.

In addition, the Department recognizes the difficulty in maintaining skill levels of the desired number of specialized officers. The Coordinator's duties shall include tracking this information and ensuring that the appropriate number of trained officers is maintained.

SUMMARY OF RECOMMENDATIONS

Five major elements of successful specialized responses have been identified in recent studies. 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 quick transfer of the patient from law enforcement to the facility; (3) laws that support diversion from arrest and jail toward 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.

It is necessary for the Department to consider the strengths and limitations of our own jurisdiction to determine (an) appropriate program(s). The recommended expansion of the existing SMART/MEU fills the gap of not having one single point of entry into the mental health system. One of the goals of having additional SMART units is to allow faster transfer of patients from law enforcement to the facility. Collaboration and coordination with the Los Angeles County Department of Mental Health and their clinicians provides the benefit of having the knowledge of the system, thereby facilitating a more efficient process. The Community Court Program, which currently exists in the Van Nuys Area and is being instituted in the Downtown Area in the near future, provides the system to support diversion from arrest and jail toward needed psychiatric treatment. Cross disciplinary training that includes both law enforcement and mental health professionals as well as the development of strong linkages to community services so that officers can link individuals to the appropriate care are areas that are woven into many of the recommendations contained in this report. This ensures that these areas will continue to be addressed by the newly created central authority and the Coordinator. Specific benchmarks to measure attainment of these goals will be included in the implementation plan.

It is premature to move forward with Department-wide expansion of the CIT Pilot Program at this time. Inadequate information is available to support such a recommendation. For example, many of the CIT programs that were evaluated in other law enforcement agencies cannot demonstrate the success or effectiveness of the program; therefore, it is difficult to identify the potential benefits in light of the substantial costs to the City. In addition, Department-wide implementation has substantial costs, operational, and long-term sustainability implications. Finally, no city was identified where two programs, like SMART and CIT, existed at the same time. Indeed, with the proposed expansion of SMART, the Department's response to incidents involving persons who may be mentally ill will be greatly enhanced.

To fully assess the appropriateness of expanding the CIT Pilot Program, the Department should first put the systems into place that are necessary to evaluate the effectiveness and potential benefits of this approach. These necessary systems include better collection of data regarding incidents involving persons who may be mentally ill. Other necessary systems include enhancement of the dispatch system to identify such calls, and appropriately dispatch CIT officers. Finally, due to the City's many diverse communities, the CIT Pilot Program may be more beneficial in some areas than others. Due to the substantial costs and long-term sustainability needs associated with maintaining such a program, understanding its applicability Citywide is important.

There is also a clear obligation to look at the way the Department provides training in the area of mental health issues. It is my recommendation that the Department employ the input from a wide range of department personnel, community members, external subject matter experts, advocates, consumers and family members in the development of revised training curricula. It is important to note that, independent of the above recommendations, the Department is conducting

a substantial amount of training; much of it required by the Consent Decree. Implementation of the above recommendations will need to be considerate of the Department's large training debt.

With some exceptions, Department employees are not qualified to form a conclusion or diagnosis of mental illness. In addition, many indicators of mental illness may also indicate substance abuse or an unrelated medical condition such as diabetes. It is not the Department's intention to expand or change how any incident is investigated in order to determine someone's mental state or to change the way the Department collects, retains and disseminates information except to better document and track the evidence or indication that a person may be mentally ill. It is not the Department's intent to change patient confidentiality law or the Peace Officer Bill of Rights. It is the Department's intention to maintain and improve the absolute integrity and objectivity of its investigations in order to reduce the potential for violence in police contacts with persons who may be mentally ill.

It is not the Department's intent to change any policy, procedure or practice with regard to use of force or the legislation authorizing the use of force. Its purpose is to better document, track, and analyze the evidence or indication that a person may be mentally ill with the purpose of using that information to reduce the potential for violence.

It should be noted that \$15,000 remains available for any additional analysis requested by the Police Commission, the Los Angeles City Council, or other appropriate City entities. Contracting for outside expertise in the area of training, or for expertise in measurement criteria development for program evaluation, may be appropriate.

Several of the recommendations can be approved without substantial costs. The two exceptions are training and the expansion of SMART. Some of the training can be completed without additional costs and without restructuring of current training. The Coordinator should work with Training Group to determine what training can begin prior to the findings of the Evaluation of Police Training Programs that is being conducted in compliance with the Consent Decree.

Upon approval by the Board of Police Commissioners, the immediate next steps are to transfer the centralized authority, establish an advisory committee and assign a Coordinator. Once these steps have been taken, development of the Implementation Plan can begin. The Implementation Plan will contain timetables and the actual costs associated with each recommendation. It is recommended that the preparation of the Implementation Plan take no longer than three months from date of approval by the Board of Police Commissioners.