

## SUMMARY OF DEPARTMENT RESPONSE TO LODESTAR RECOMMENDATIONS

*Revised 10/7/02*

### **Organizational Priorities and Planning**

- **Recommendation No. 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 address system reform regarding police encounters with individuals who may have a mental illness.
  - **Department Response**  
The Department concurs. The Department is currently developing a detailed implementation plan that takes into consideration existing priorities as well as staffing and fiscal opportunities and constraints. It will be completed December 2002 and will include and address all of Lodestar's recommendations.
  
- **Recommendation No. 2**  
Develop a Department-wide philosophy statement about handling encounters that involve a person with a mental illness.
  - **Department Response**  
The Department concurs. The newly created Mental Health Crises Response Program Coordinator (Coordinator) will work closely with internal and external stakeholders to develop the Department-wide philosophy statement.
  
- **Recommendation No. 3**  
Change language in written policies and training.
  - **Department Response**  
The Department concurs. The Coordinator and Training Group will identify and expeditiously modify language in written policies and training material that needs to be changed to reflect the stated preferences of the mentally ill community.
  
- **Recommendation No. 4**  
Develop specialized community partnerships.
  - **Department Response**  
The Department concurs. The Central Authority of the newly created Mental Health Crises Response Program will establish a Program Advisory Committee of appropriate community partners, as well as internal and external stakeholders to provide advice and assistance in the implementation of this new program, as well as the development and delivery of training to all specialized and non-specialized patrol officers.

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, including the Los Angeles County Department of Mental Health, 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 police 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.

### **Organizational Infrastructure**

- **Recommendation No. 5**

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

- **Department Response**

The Department concurs. The Department will transfer centralized authority to the Commanding Officer, Detective Services Group (DSG), as the Department's Staff Reviewing Officer over the Mental Health Crises Response Program, with oversight of all Department specialized response approaches for persons who may be mentally ill.

- **Recommendation No. 6**

Assign a dedicated lead officer to coordinate LAPD's Mental Crisis Specialized Responses.

- **Department Response**

The Department concurs. The Department will assign a Coordinator to the Mental Health Crises Response Program, at the rank of Lieutenant II, who will work directly with the Commanding Officer, DSG.

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. This Coordinator will oversee the development of such policies and coordinate all mental illness response training. In addition, the Coordinator will review all appropriate reports and data collected on incidents that involve potentially mentally ill persons, in order to maximize the Department's understanding of such encounters, inform training and assess the appropriateness and effectiveness of practices, policies, and procedures.

- **Recommendation No. 7**

Document all Mental Crises Specialized Responses with an incident log.

- **Department Response**

The Department concurs. All responses will be documented on the Crises Assessment and Intervention Report (incident log), similar to that currently being used by the Central Area CIT Officers.

- **Recommendation No. 8**

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

- **Department Response**

The Department does not concur. The creation of a single, integrated database would be extremely costly and could not be done quickly. However, the Department does recognize that 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 alternative recommendations are designed to appropriately integrate and track these calls within the existing systems. 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 also 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 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.

- **Recommendation No. 9**

Clarify policies and procedures for involuntary psychiatric holds.

- **Department Response**

The Department concurs. It is necessary for every Department employee to understand that a mental health crisis is treated exactly the same as a medical health crisis. Specifically, people in mental health crisis can be transported directly to a psychiatric emergency room. It is not necessary to wait for SMART, transport to their station, or be interviewed by the watch commander. This clarification will be emphasized in the policy statements and will be a part of all of the training.

- **Recommendation No. 10**

Revise the Memorandum of Understanding between LAPD and the Department of Mental Health (DMH).

- **Department Response**

The Department concurs. A Memorandum of Understanding (MOU) between LAPD and the Los Angeles County Department of Mental Health (DMH) currently exists, however, it will be revised to reflect the provisions of the expanded program, as well as the sharing of information to facilitate better and safer responses.

## Mental Crisis Encounters

- **Recommendation No. 11**

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

**Department Response**

The Department concurs. 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. CIT officers will be dispatched as first responders to non-emergency mental health crisis calls.

- **Recommendation No. 12**

Increase the number of first responding officers with expertise.

- **Department Response**

The Department concurs. This will be accomplished by the expansion of the Central Area CIT Pilot Project to include the Van Nuys Area, the expansion of SMART/MEU to include twenty-four (24) SMART units providing at least one (1) SMART unit in each geographic bureau, 24-hours a day, 7-days a week, and by providing specialized response training to all field patrol officers.

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.

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.

To fully assess how best to expand 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 imperative 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.

- **Recommendation No. 13**

Develop a system to identify specialized responding officers and dispatches them.

- **Department Response**

The Department concurs. The Department will ensure that this can be accommodated within the new dispatch system that is currently being developed, and appropriate training be provided to dispatch personnel.

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.

- **Recommendation No. 14**

Expand co-responding LAPD/DMH (SMART) personnel to provide full (24 hours/7 days a week) coverage.

- **Department Response**

The Department concurs. 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.

- **Recommendation No. 15**

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

- **Department Response**

The Department concurs. The Mental Evaluation Unit (MEU) will provide administrative support, assist the Coordinator with data collection and analysis, and provide 24-hour hotline for advice to officers.

- **Recommendation No. 16**

Educate field patrol officers about specialized responses.

- **Department Response**

The Department concurs. This will be accomplished in the delivery of the initial Department-wide training for all field patrol officers.

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.

### **Curricula and Training**

- **Recommendation No. 17**

Provide mandatory specialized and continuing education training to Specialized Responding Officers.

- **Department Response**

The Department concurs. 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.

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, and 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.

- **Recommendation No. 18**

Include additional information on community supports in Specialized Officer training.

- **Department Response**

The Department concurs. This will be accomplished during the upcoming Crisis Intervention Team (CIT) course presentations, which will be held October through December 2002.

The existing listing of social services and input from community support agencies will be enhanced by the CIT training cadre. Relevant community service providers will be contacted and asked to present concise written information and a brief description of their programs.

- **Recommendation No. 19**  
Include consumer, family and advocate perspectives in Specialized Officer training.
  - **Department Response**  
The Department concurs. Offering perspectives of persons with a mental illness who have had contact with law enforcement during crisis situation are currently in the outline and will be enhanced by the CIT cadre during the upcoming course presentations, which will held October through December 2002.
  
- **Recommendation No. 20**  
Integrate and provide all training for mental illness response under Specialized Officer Coordinator leadership.
  - **Department Response**  
The Department concurs. The Coordinator will oversee the development of all mental illness response training. In addition, the Coordinator will work closely with the Training Group to review and revise, where appropriate the current 40-hour CIT training curriculum; and develop training curriculum and delivery plan for initial Department-wide training, as well as refresher training for specialized as well as non-specialized personnel.  
  
The Commanding Officer, HRB, has been instructed to develop appropriate curriculum and training delivery plan for both the initial Department-wide training and the continuing education training, and submit to the Chief of Police for review no later than December 30, 2002.
  
- **Recommendation No. 21**  
Include Communications Division in the development of training curriculum.
  - **Department Response**  
The Department concurs. Input from the dispatch operators is vital to ensure that patrol officers are provided with information that they need in order to respond appropriately. Their review and revision of such curriculum is important. The Coordinator will ensure this input is folded into the development, review and revision of all training curriculums.
  
- **Recommendation No. 22**  
Enhance Communications training to facilitate better initial identification of calls.
  - **Department Response**  
The Department concurs. 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.
  
- **Recommendation No. 23**  
Focus curricula and training for patrol officer on 1) a wide range of field tactics, and 2) practical, problem-based scenarios.
  - **Department Response**

The Department concurs. The Department shall employ problem-based learning methodologies through table top and 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.

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.

- **Recommendation No. 24**

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

- **Department Response**

The Department concurs. The Department's substantial change to training related to responding to calls involving persons with a mental illness will begin with initial 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.

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.

- **Recommendation No. 25**

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

- **Department Response**

The Department concurs. The Central Authority will establish a Mental Health Crisis Response Program Advisory Committee of appropriate community partners, internal and external experts. We will utilize internal and external subject matter experts, coordinated through this Advisory Committee to plan new curricula.

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.

- **Recommendation No. 26**  
Increase the exposure to mental crisis response in basic recruit training.
  - **Department Response**  
The Department concurs. 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.
  
- **Recommendation No. 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.
  - **Department Response**  
The Department concurs. We have discussed these techniques with Lodestar and are preparing to better integrate them into use of force training. Training Group is documenting where these techniques are currently taught as the first step towards identifying other appropriate learning opportunities and finally improving the quality of the de-escalation training at every opportunity.

**Use of Force**

- **Recommendation No. 28**  
Restructure Categorical Use of Force documentation.
  - **Department Response**  
The Department concurs. The automated systems for tracking Categorical and Non-Categorical Uses of Force have already been modified. In addition, the documentation of use of force investigation has been modified to include much greater detail including the information necessary to evaluate use of force incident involving people who may be mentally ill. There also will be modifications to crime, arrest, dispatch, and mental health crisis tracking systems, which will improve information available to evaluate uses of force.
  
- **Recommendation No. 29**  
Review the LAPD’s Non-Categorical Use of Force reports to further inform training.
  - **Department Response**  
The Department concurs. All of the information gathered in the above recommendation (28), including non-categorical use of force incidents, will be analyzed by the Mental Health Crisis Response Program Coordinator. The Coordinator will be an expert resource to the Use of Force Review Board, in assisting them in review of individual incidents and will also have the responsibility for analysis of Department trends and patterns. This serves to better address risk management issues as well as informs training.