

144090

THE IMPACT OF IMMIGRATION-BORNE COMMUNICABLE
DISEASES ON A MEDIUM SIZED POLICE DEPARTMENT
BY THE YEAR 2003!

TECHNICAL REPORT

144091

U.S. Department of Justice
National Institute of Justice

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June, 1993

16-0319

This Command College Independent Study Project is a FUTURES study of a particular emerging issue in law enforcement. Its purpose is NOT to predict the future, but rather to project a number of possible scenarios for strategic planning consideration.

Defining the future differs from analyzing the past because the future has not yet happened. In this project, useful alternatives have been formulated systematically so that the planner can respond to a range of possible future environments.

Managing the future means influencing the future--creating it, constraining it, adapting to it. A futures study points the way.

The views and conclusions expressed in the Command College project are those of the author and are not necessarily those of the Commission on Peace Officer Standards and Training (POST).

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CHAPTER ONE

INTRODUCTION

ISSUE AND SUB-ISSUES STATEMENT

ISSUE-What will be the impact of immigration-borne communicable diseases on a medium size police department by the year 2003?

SUB-ISSUE ONE-The ability of the County Sheriff's Department to incarcerate and house prisoners who have communicable diseases.

SUB-ISSUE TWO-Police training issues regarding the exposure to and/or contraction of communicable diseases by police personnel.

SUB-ISSUE THREE-The effect of immigration, demographics and population density on policing strategies in lower social-economic areas of the community.

INTRODUCTION

The future holds many challenges for law enforcement. Along with the inherit dangers of the profession, the risk of exposure and/or contraction of communicable diseases has emerged as a concern that must be dealt with in the future.

One just has to pick up a newspaper or periodical to find at least one article on the effects of such diseases as AIDS and tuberculosis is having on the world population. These diseases are not threats that can be ignored. They are deadly. Every day police officers throughout the nation are coming in contact with individuals who have active cases of communicable diseases, many times not even knowing they have been exposed.

The importance of the issue, and subsequently developed sub-issues, was impressed upon this author by the recent tremendous increase in the number of exposures to such diseases by the officers on his medium sized police department. In 1988 the city of Santa Monica did not receive one claim for exposure to a communicable disease. In 1992, the city received 62 claims for exposure to tuberculosis and 7 for exposure to AIDS. Two Santa Monica police officers are currently on medication for the treatment of tuberculosis, and others live with the fact that they have been exposed to the body fluids of individuals who are HIV+ or have active AIDS.

This issue can not be ignored! Officers coming in contact with people who have active cases of communicable diseases can not dismiss the exposure as just part of doing the job. The deadly impact to the officer, and to all he or she comes in

contact with, must be realized. And, a strategy plan to education all personnel and reduce the risks of exposure and/or contraction of such diseases must be developed and implemented.

This study is but a small step in that direction. Hopefully, through this research, the minds and imaginations of many police leaders will be opened to the issue.

Scope of the Study

This is an enormous topic for study. Thus, due to the size and time limitations of the Independent Study Project format some limits to the scope of this study must be developed.

The issue is stated as:

The Impact of Immigration-borne Communicable Diseases on a Medium Sized Police Department by the year 2003!

Immigration-borne communicable diseases was selected due to the impact of immigration from Latin America and the Pacific Rim countries is having on California in respects to demographics, population and density of population. There is a direct correlation with the number of active cases of communicable diseases, population density and demographics, especially in the Hispanic communities.³ The "target areas", when considering population and density is the lower socio-economic communities in Los Angeles county, as compared to other population dense areas of a higher socio-economic level, such as Marina Del Rey.⁴ Though each area is population dense, the probability of exposure to a communicable disease in the two areas is much different.

The Santa Monica Police Department is the model department for the study. This department is representative in size and

mission of the majority of the other police departments in Los Angeles County.

There are numerous communicable diseases. Some of which are difficult to contract, while others can be contracted through the air. To better focus the study, the two communicable diseases that will addressed throughout the study are AIDS and tuberculosis. Tuberculosis can be placed in remission with treatment, but there is no vaccine to prevent the contraction of the disease. At present, the symptoms of AIDS can only be stifled with medication. **There are no cures for these diseases.** Police Officers are presently inoculated against the other communicable diseases, such as Hepatitis-B, on an annual basis, thus the impact of these diseases are not considered in this study. The impact on the department, and the officer, if AIDS or tuberculosis is contracted is far greater than contraction of any other communicable disease.

Literature Search

An extensive literature was conducted to develop the issue, and subsequent sub-issues, on this subject. As noted in the future study portion of this paper, five interviews were conducted with experts in the field of medicine and law enforcement training, while developing the issue and sub-issues.

Extensive use of the future file was used to establish a foundation for the issue. Listed in the bibliography are several books, journal and magazine articles that provided invaluable insight and knowledge into the subject of AIDS and tuberculosis.

CHAPTER TWO

FUTURES STUDY

FUTURES STUDY

The issue was developed through the scanning of numerous issues that face law enforcement's future. Upon review of current articles and studies regarding communicable diseases, it was decided that the issue of the impact of communicable diseases on a medium size police department, particularly immigration-borne diseases, was a valid topic for future study.

To formulate the issue/sub-issue statement, two methods were used. The first was a series of expert interviews. Three experts in the medical field were telephonically interviewed to gain their insight into the future of communicable diseases, as it relates to law enforcement. The three experts were selected for their knowledge in the medical field. They are:

Leona James, Head Administrator for the University of California at Davis dialysis unit. Mrs. James is a registered nurse and has worked in the field of blood-borne diseases for over thirty years.

Dr. Bill Rodenberger, member of the communicable disease unit for the Center for Disease Control, Atlanta, Georgia. Doctor Rodenberger works within the communicable disease unit which deals specifically with tuberculosis.

Rochelle Plue, Register Nurse and expert in communicable disease training for police. Ms. Plue has studied in the field of communicable diseases as related to law enforcement for ten years. She currently trains police officers in the reduction of exposure to communicable diseases. She developed the

communicable disease exposure policy for the Santa Monica Police Department. She is also a certified trainer in AIDS awareness.

Each expert was asked the following questions:

1. What diseases will have the greatest impact in California in the next ten years?
2. What can be done to prevent these diseases?
3. What diseases have the greatest probability of being contracted by police officers during their normal duties?
4. Why have diseases, such as AIDS and tuberculosis, increased in California?
5. What can law enforcement administrators do to decrease the probability of exposure and/or contraction of communicable diseases by their personnel?

The diseases having the greatest impact in California in the next ten years were AIDS, cancer and tuberculosis. Cancer was excluded from consideration since the exposure risk was thought to be more environmental than societal, and it is not a communicable disease.

It was the opinion of these three experts that education and protective equipment were necessary in the reduction of communicable diseases. They felt that if police officers were equipped with protective equipment, such as masks and gloves, the number of exposures to communicable diseases would decrease.

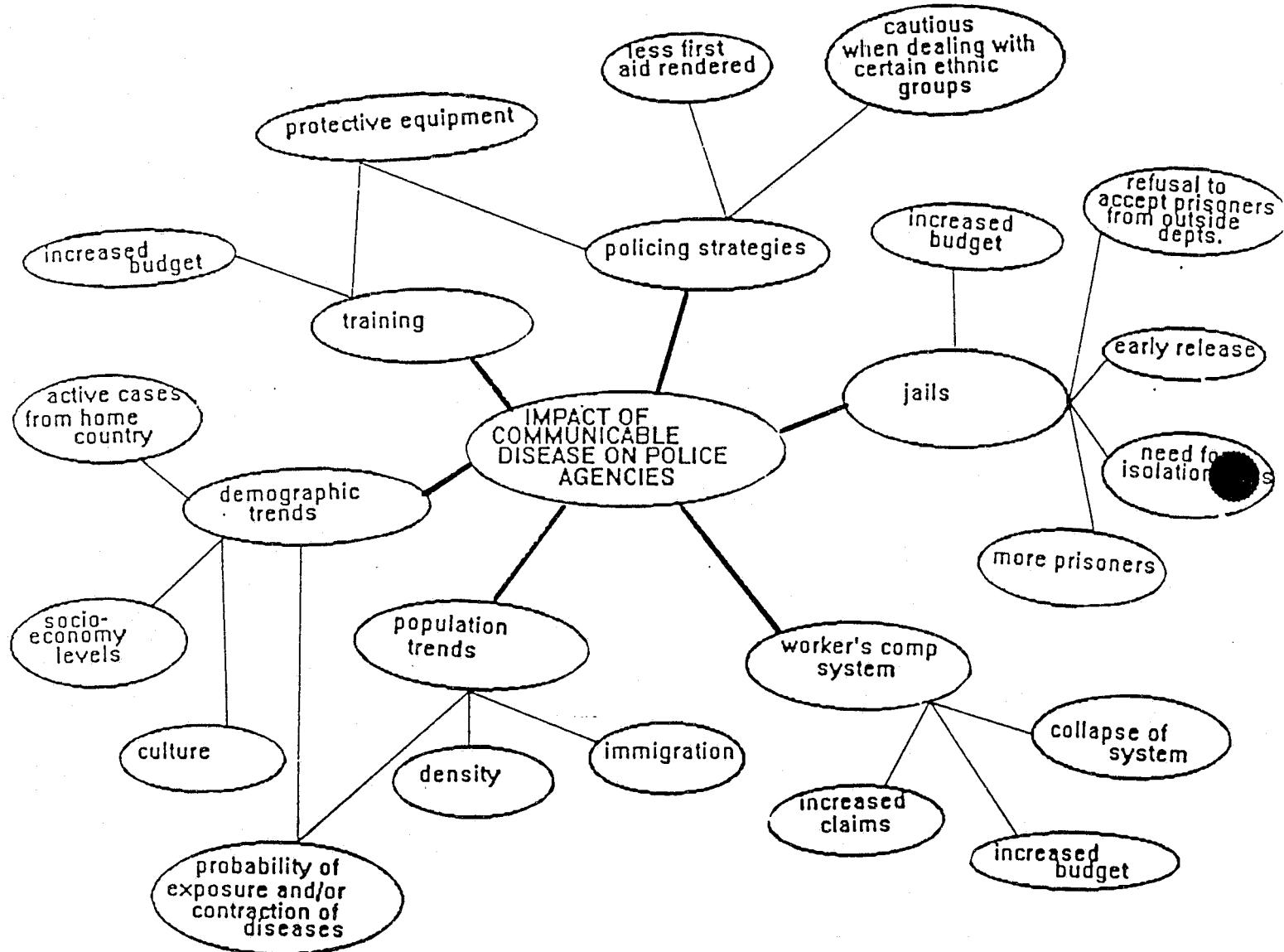
The current influx of illegal immigrants from Latin America and the Pacific Rim countries was voiced as the greatest reason

for the increase in the number of reported cases of communicable diseases in California. The importation of active cases of the diseases, along with reluctance of the immigrants to seek medical care increase the number of cases in the state.

All three experts agreed that police officers face a great threat in the next ten years. They also agreed that this threat could be impacted with education and the wearing of protective equipment. Future planning was recommended due to the long term effects of communicable diseases.

The second was the development of a futures wheel. The impact of communicable diseases on police agencies was used as the major issue. The futures wheel, as shown in Illustration 1, identifies six categories which impact the center issue. They are training, demographic trends, population trends, the state worker's compensation system, jails, and policing strategies. A total of nineteen sub-categories were developed using the future wheel technique.

FUTURES WHEEL



The information distilled from the expert interviews and the futures wheel was then used to formulate the following issue and three sub-issues:

ISSUE-What will be the impact of immigration-borne communicable disease on a medium size police department by the year 2003?

Sub-issue One-The ability of the County Sheriff's Department to incarcerate and house prisoners who have communicable diseases. The study must address the future effect of the Los Angeles Sheriff's Department in regards to medium size police departments within the county, such as Santa Monica Police Department.

Sub-issue Two-Police training in regards to the exposure to and/or contraction of communicable diseases by their personnel. Though the scope of this sub-issue will be limited to the training needs of the Santa Monica Police Department, much of the material will apply to the majority of law enforcement agencies throughout the state.

Sub-issue Three-The effect of immigration, demographics and population density on policing strategies in lower socio-economic areas of the community. The scope of this sub-issue has been previously discussed in the introduction of this study. As the future wheel was being formulated, it was

discovered that immigration was an integral factor in the future demographics and population trends within Los Angeles County, thus it was linked to both.

NOMINAL GROUP FINDINGS

Using the Nominal Group Technique(NGT) process, a nominal group was formed. The members of the group included a sergeant from the Los Angeles Sheriff's Department who had worked in the county jail system for twenty years, a register nurse from Santa Monica Hospital, and a sociology student from California State University at Northridge. The group also included the following personnel from the Santa Monica Police Department, the Training Manager, the Jail Manager, two patrol sergeants and one patrol officer.

The NGT process was explained to the group and the issue and sub-issues were presented, along with the purpose and scope of the study. The group was first asked to develop a list of trends which impact the issue and sub-issues. They are:

Strength of the economy

Availability of county health services

Number of state worker's compensation claims

Number of juveniles at lower socio-economic levels

Fear of deportation by illegal immigrants

Lower socio-economic levels of immigrants

Importation of value systems

Segregation of infected prisoners in jail

Public communicable disease education
Coordination of all agencies vying for public funds
Health insurance costs
Health care costs(doctors, vaccines, etc.)
Sex practices due to AIDS
Overcrowding in the jails
Multi-family residences(more than one family in a home)
Religion in conflict with AIDS education
City budgets
Population
Demographics
Illegal immigration
Increased juvenile population on welfare

The group was then instructed to develop a list of possible future events that would impact the issue and sub-issues. These events are listed below.

Vaccine for AIDS and tuberculosis discovered
Complete segregation of all with communicable diseases
California completely funds all hospitals and health care
State worker's compensation system goes bankrupt
U.S. opens all borders to all immigrants
Health screening established for all immigrants
Adequate jails built
Private hospital refuse to treat patients with TB or AIDS
Collapse of the state public health care system
Mexico's economy collapses

Mandatory vaccination cards for all
Socialized medicine initiated in U.S.
National "health police" established
National health insurance plan for all developed
LA County refuses to house prisoners with TB or AIDS
U.S. borders closed to all immigration
U.S. passes a law deporting all with communicable diseases
LA County charges for housing of prisoners with TB or AIDS
National elimination of health education programs
Elimination of school-based national health care
Embassies to take care of health care for their citizens
State school system offers complete student health care
POST mandates training and protection for AIDS and TB
SMPD does not arrest anyone with AIDS or TB
Worker's Compensation refuses all claims for AIDS and TB

Through the structure of the NGT process, these trends and events were distilled down to the five most important trends and the five most important events relative to the issue and the sub-issues. The following is a list of those trends and events with their respective definitions.

TRENDS

Trend 1-Availability of state and county public health care services.

Trend 2-Illegal immigration into the United States from Latin America and the Pacific Rim countries. This is defined as the level of illegal immigration into the United States, particularly California, as it relates to population density and demographics.

Trend 3-Isolation of prisoners in the Los Angeles County jail system who have active communicable diseases. This is defined as the future ability of the Los Angeles Sheriff's Department to treat and house prisoners who have active communicable diseases.

Trend 4-California's state worker compensation system. This is defined as the ability of the cities and counties to effectively manage compensation claims, and subsequent loss of personnel, who have been exposed to and/or contracted a communicable disease. Also, the fiscal impact on the state to pay all medical bills and claims for exposure to communicable diseases.

Trend 5-The importation of socio-economic levels and cultural values. This is defined as the socio-economic levels and cultural values brought to the United States by those immigrants from Latin America and the Pacific Rim countries, including cultural beliefs, perceptions of the police and necessity for medical care.

EVENTS

Event 1-Collapse of state and county health care systems.

This is defined as the inability of the state and county health care systems to function due to demand for services and lack of funds.

Event 2-Peace Officer Standards and Training(POST) mandates training and the issuance of protective equipment to all police personnel in California in regards to the exposure to and/or contraction of all communicable diseases.

Event 3-Private hospitals throughout Los Angeles county jointly issue a policy of refusal to treat any indigent person suffering from a communicable disease. This is defined as the effect this event would have upon the ability of the Los Angeles County jail system to treat and house such individuals. Also, the degree of contact the general population would have with individuals with active communicable diseases due to lack of treatment facilities.

Event 4-Los Angeles County jail establishes a policy of non-acceptance of all prisoners who have an active communicable disease. This is defined as the ability of medium size police departments within Los Angeles County to treat and house prisoners with active communicable diseases if the event occurred.

Event 5-Los Angeles county jail initiates a daily charge for the care of all prisoners with active communicable diseases. This is defined as the ability of police departments within Los Angeles county to pay the medical bills of prisoners who have active communicable diseases and are sentenced to county jail.

A ranking of importance process then took place. The group was asked to rank the five trends and the five events in a ranking of most important to least important. The rankings of the two lists is as follows.

Importance Ranking of Trends

MOST--Isolation of prisoners in the Los Angeles County jail system who have active communicable diseases.

Illegal immigration into the United States from Latin America and the Pacific Rim countries.

Availability of state and county health services.

The importation of socio-economic levels and cultural values.

LEAST-California's state worker compensation system.

Importance Ranking of Events

MOST--Los Angeles County jail establishes a policy of non-acceptance of all prisoners who have an active communicable disease.

Los Angeles County jail initiates a daily charge for the care of all prisoners with active communicable diseases.

Collapse of state and county health care systems.

POST mandates training and issuance of protective equipment to all police personnel in California in regards to the exposure to and/or the contraction of communicable diseases.

LEAST-Private hospitals throughout Los Angeles county jointly issue a policy of refusal to treat any indigent person suffering from a communicable disease.

With the trends and events identified, ranked and defined the group then proceeded with the evaluation and forecasting process. The group conducted a nominal forecast of each trend by making a value determination of the level of each trend at different intervals on a time line. The value of 100 was given to today. The group was instructed to identify what the trend level was five years ago and what the trend level would be five and ten years from now. This was the "will be" forecast. The group also forecasted, for the period five and ten years from 1993 the normative, or what "should be" in the future. This normative forecast is valuable in goal setting for the future.

The Trend Evaluation Form is shown below.

TABLE 1-TREND EVALUATION CHART

TREND STATEMENT	Trend Level in 1988	Trend Level Today	* Trend Level in 1998	* Trend Level in 2003
Trend 1-Availability of state and county health services.	130	100	60 170	30 200
Trend 2-Illegal immigration into the United States from Latin America and the Pacific Rim countries.	75	100	120 50	145 10
Trend 3-Isolation of prisoners in the Los Angeles County jail system who have active communicable diseases.	90	100	25 120	0 150
Trend 4-California's worker compensation system; level of service and number of claims.	60	100	125 75	135 50
Trend 5-The importation of socio-economic levels and cultural values.	80	100	140 85	160 60

LEGEND

all numbers reflect the group's median forecast
trend level today=100
N=7

* will be

/ should be

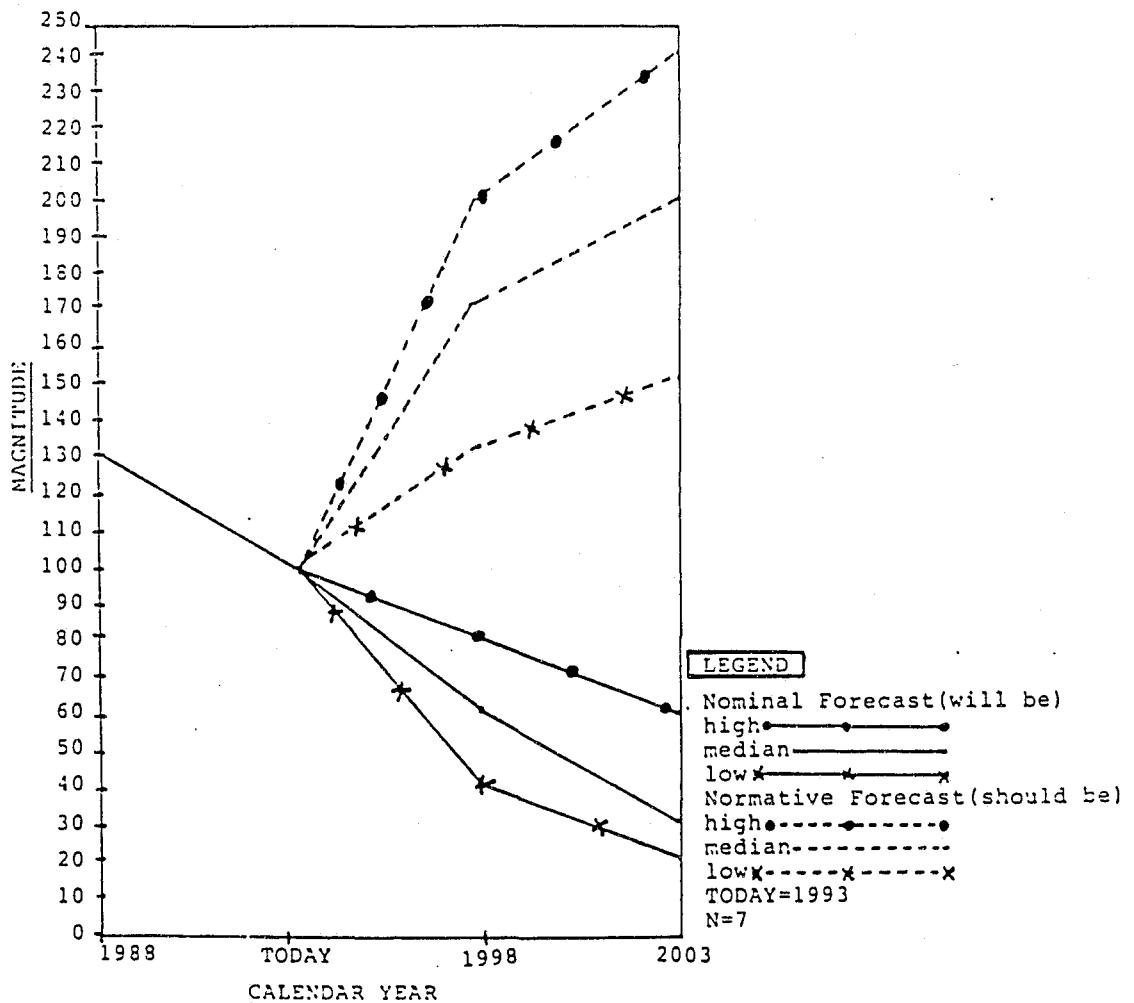
TREND DATA

The forecasted data was later plotted on the following graphs for each trend. Narrative comments expressed by the group regarding the forecast results are noted.

Trend 1-The data indicates that the availability of health services, both in the county and state, five years ago(1988) was 30% higher than it is today. The forecast indicates that five years in the future(1998) there will be a 40% decrease in the availability of services, and a 70% decrease by the year 2003. The group's "should be" forecast reflect a 70% increase in services by 1998, and a doubling of service levels in ten years.

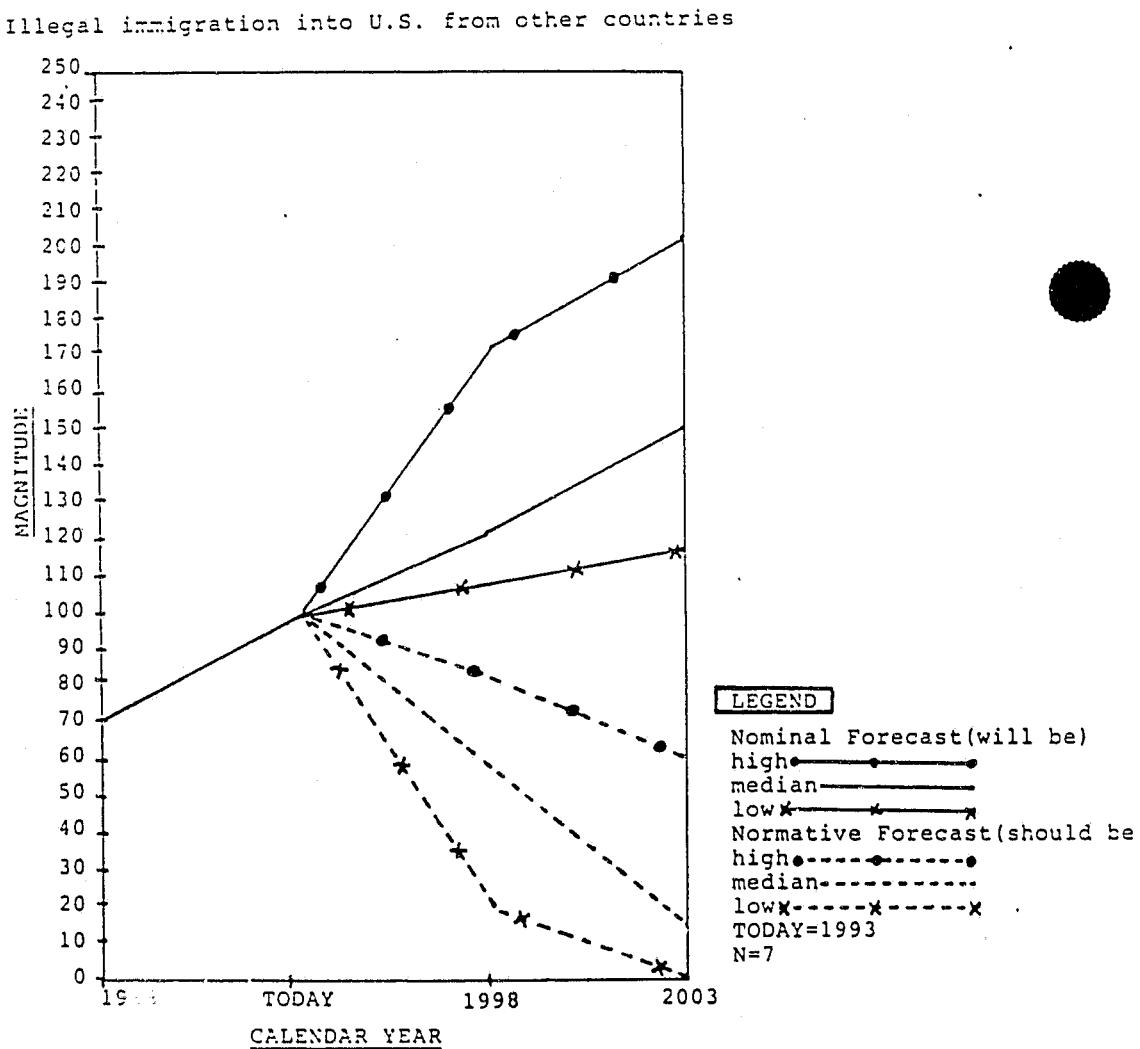
TREND 1

Availability of state and county health services



Trend 2-The data indicates that in 1988 illegal immigration from Latin America and the Pacific Rim countries was only 75% of present levels. The trend will increase by 20% over the next five years, and in the year 2003 immigration will be 45% greater than today. The "should be" forecast is that by 1998 immigration should be cut in half, and in ten years be only 10% of present levels. The group's indication is one of a need for decrease in levels of illegal immigration if there is to be an impact upon the issue.

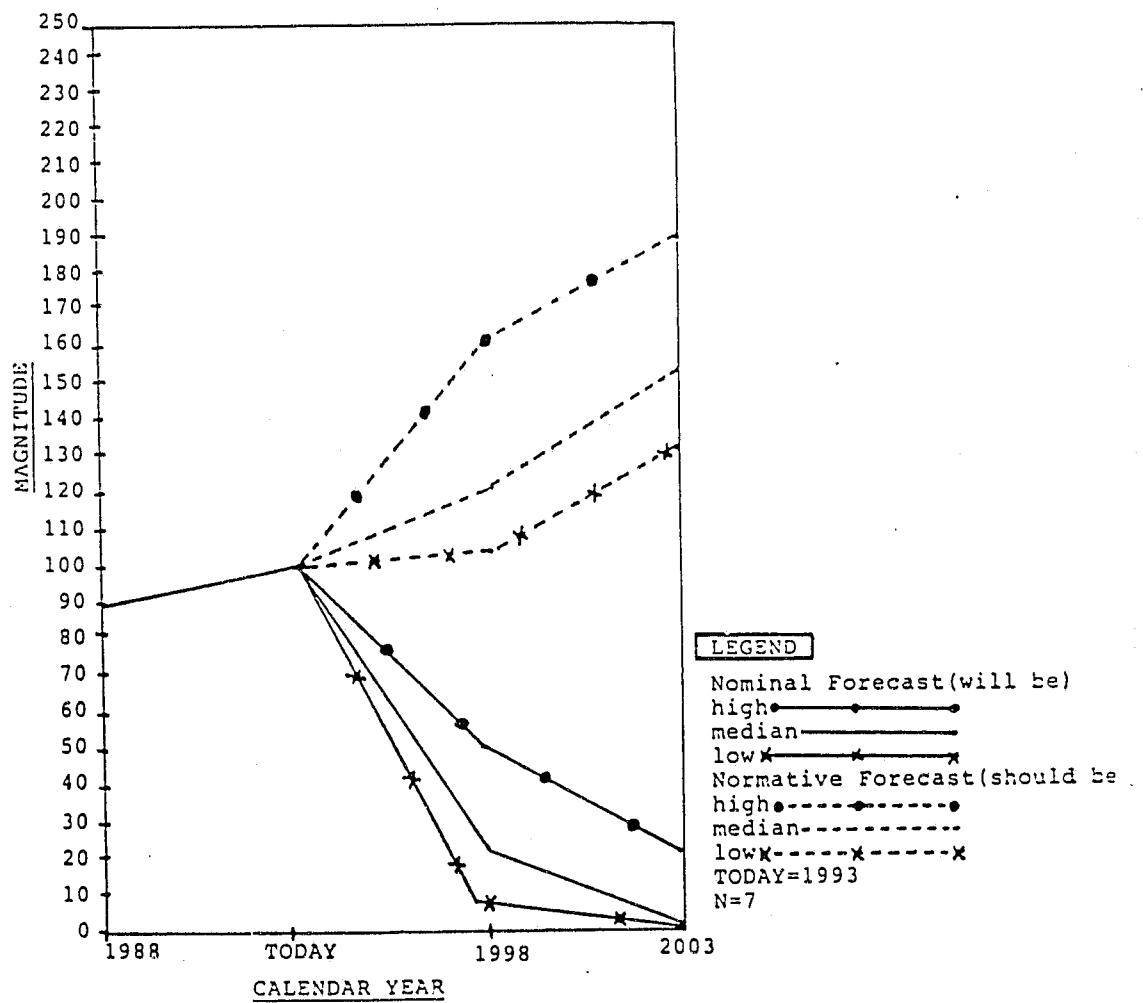
TREND 2



Trend 3-The data indicates that in 1988 the level of isolation of prisoners who had active communicable disease in the Los Angeles County jail system was 90% of what it is today. The forecast for five years in the future (1998) is that the ability of the jail system to isolate prisoners with communicable diseases will only be one fourth of today's level. In a decade (2003), it is forecasted that the Los Angeles County jail system will not be able to isolate a single diseased prisoner.

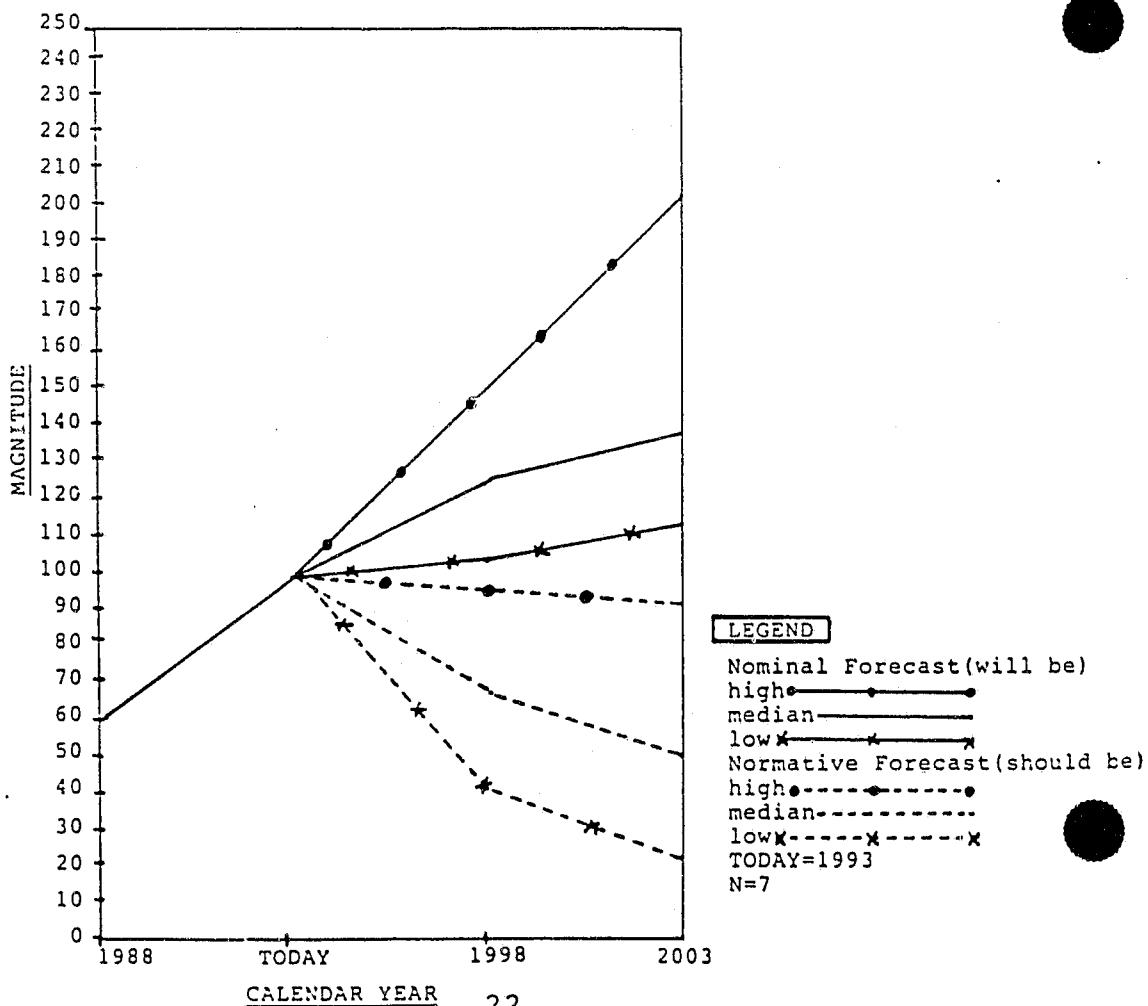
TREND 3

Isolation of infected' prisoners in LA County Jail



Trend 4-The data indicates that in 1988 state worker's compensation claims were 40% less than today's level. In five years, it is forecasted that claims will increase by 25%. By 2003 the number of claims will be 35% more than present levels. The "should be" indicator reflects a decrease of 25% by 1998, and a cumulative decrease of 50% in the next decade. The group was in agreement that the decrease was based upon the attitude of jurisdictions to intervene in the worker's compensation system in the attempt to retain employees who would otherwise be medically retired due to their injuries. The increase was admittedly linked to the issue/sub-issue statement. It was stated that if the issue was not given any consideration, the increases would be less than forecasted.

TREND 4
California's state worker compensation system



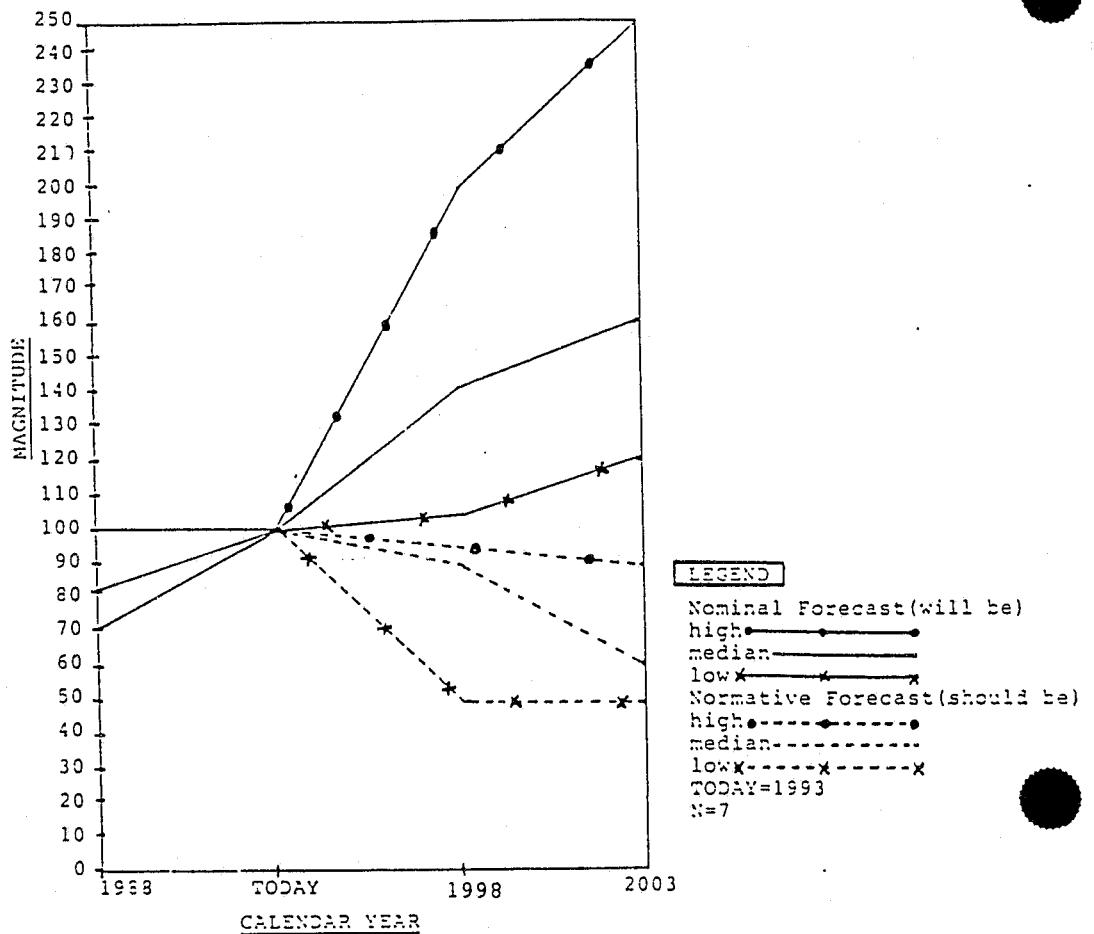
Trend 5-A definition of this trend is necessary to completely understand the data. The group agreed the trend should be defined as including the importation of the immigrants standard of living. For the purpose, and considering the limited scope of this study, it is important to understand that the vast majority of the immigrants from Latin America and the Pacific Rim countries come from a very low socio-economic environment. They bring very little with them. They are generally poorly educated, thus must take the lower paying unskilled jobs. Though their lives are usually improved, their standards of living are much lower than average for this country. When considering the relationship with the issue/sub-issue statement, it was felt by the group that the ability of the immigrant to pay for health care was slight.

The importation of cultural values must also be defined. The group felt that the immigrants from Latin America and the Pacific Rim countries have different views on contraception, their levels of personal hygiene are generally lower, and their standard of health maintenance is usually lower(dental hygiene, annual physicals, etc.). Home remedies for health problems are generally practiced in these countries.

The fear of deportation when going to public health facilities, and the perception of the police, are also factors in the collection of data for this trend.

TREND 5

The importation of socio-economic levels & cultural values



EVENT DATA

The NGT group conducted a forecasting of the five selected events, as to their impact on the issue/sub-issue statement and the probability of occurrence during the next ten years. The Event Evaluation Chart reflects the median forecasts of the group. Refer to Table 2 for the data.

TABLE 2-EVENT EVALUATION CHART

EVENT STATEMENT	YEARS UNTIL PROBABILITY FIRST EXCEEDS ZERO	PROBABILITY		IMPACT ON THE ISSUE AREA IF THE EVENT OCCURRED	
		Five Years From Now (0-100)	Ten Years From Now (0-100)	Positive (0-10)	Negative (0-10)
EVENT 1-Collapse of state and county health care systems	4	50	60	0	10
EVENT 2-Peace Officer Standards and Training (POST) mandates training and the issuance of protective equipment for all police personnel in California in regards to exposure to communicable diseases.	2	50	100	8	2
EVENT 3-Private hospitals throughout Los Angeles county jointly issue a policy of refusal to treat any indigent person suffering from a communicable disease.	2	50	80	0	10
EVENT 4-Los Angeles County jail establishes a policy of non-acceptance for all prisoners who have active communicable diseases.	3	50	80	0	9
EVENT 5-Los Angeles County jail initiates a daily charge for the care of all prisoners who have active communicable diseases.	2	80	100	0	6

LEGEND

All numbers reflect group's median forecast

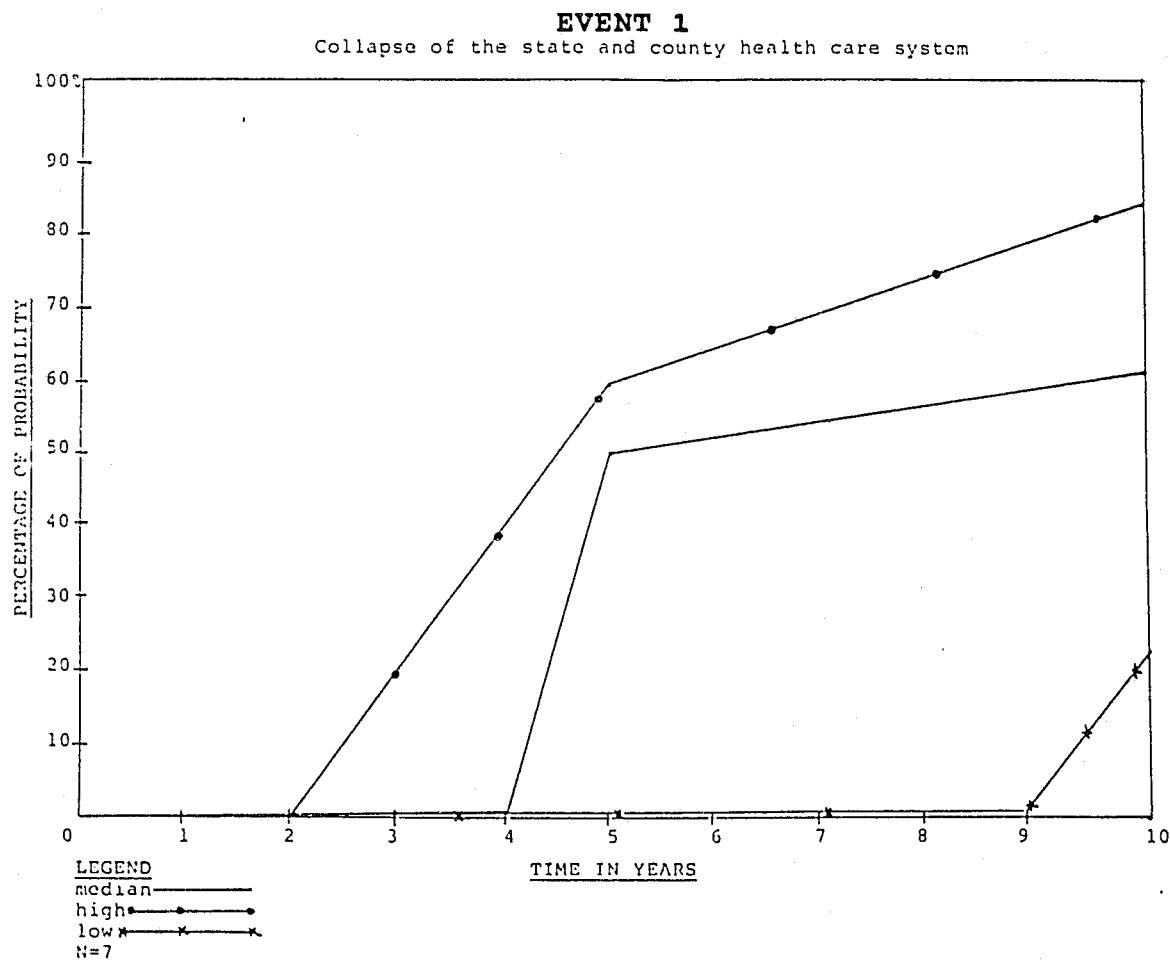
N=7

The forecasted data was also plotted on the following graphs for each event. Narrative comments by the group regarding the forecast results and clarification of the events are included.

Event 1-(Collapse of state and county health care systems) This event was viewed by the group as one of great impact if occurring. The negative impact was forecasted at a maximum of 10, while no positive impact was forecasted. The median years until probability first exceeds zero is four, while the probability of occurrence by five years is 50%. The median probability of occurrence is 60% at ten years.

The impact of the event on the issue and sub-issues qualifies it for study and forecasting, even though the

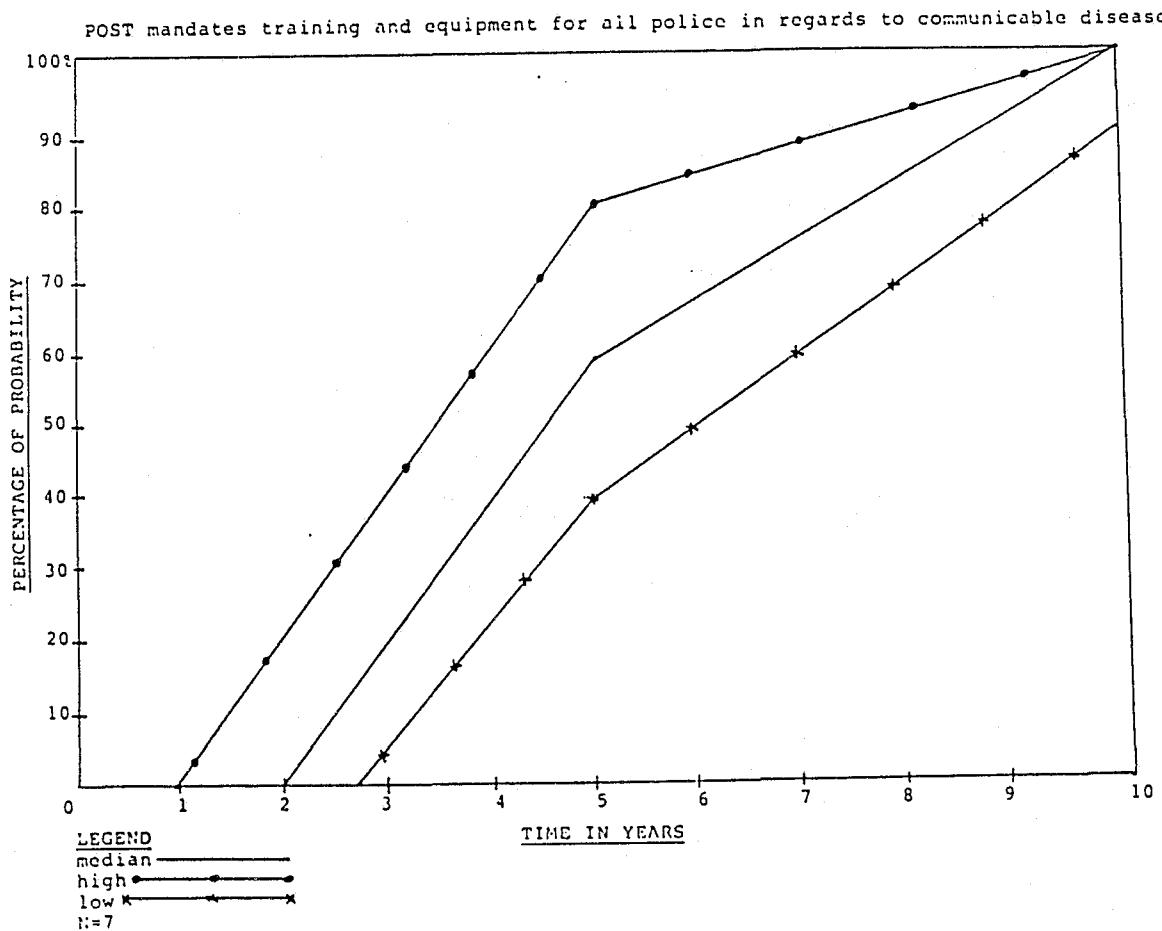
probability of occurrence is questionably slight.



Event 2- (Peace Officer Standard and Training[POST] mandates training and the issuance of protective equipment to all police personnel in California in regards to exposure to and/or contraction of all communicable diseases) The data indicates the number of years until probability first exceeds zero is two, with a portion of the group forecasting the probability within a year. Though, it was felt that if it did not happen within two years

the emphasis for the event to occur would peak until the five year mark, with only a 60% probability of occurrence at that time. There was complete agreement that the event would occur by the year 2003, with a 100% probability forecasted by that year. The impact of the event was a positively maximized, receiving a unanimous positive 10. The negative impact score of 2 was recorded, as it was forecasted the only negative impact of this event was fiscal. Though training is reimbursable through Peace Officer Standards and Training (POST), it was opined that in the future jurisdictions would be asked to carry more of the responsibility of training due to decreasing state funds.

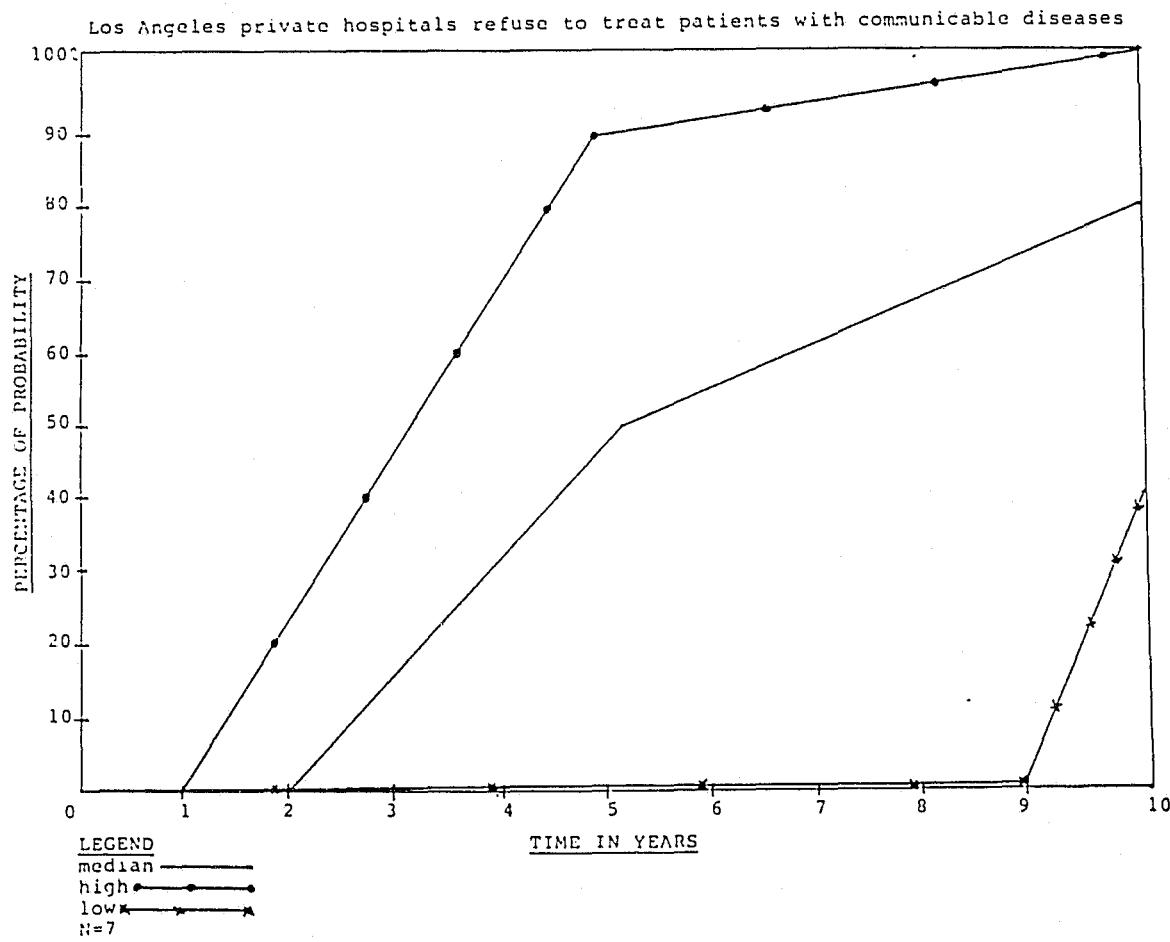
EVENT 2



Event 3-(Private hospitals throughout Los Angeles county jointly issue a policy of refusal to treat any indigent person suffering from a communicable disease). The group clarified this event by further defining an indigent person as one who does not have medical insurance, and can not pay for health services out of pocket. It was felt that private hospitals would continue to treat and house all people who have the ability to pay or have medical insurance. The event has impact upon the issue/sub-issue statement due to the length of time a person with an active communicable disease must stay in the hospital and the great expense of that treatment. A prisoner with an active communicable disease would be hospitalized for treatment, and the arresting agency would be responsible for the expense. The forecasted median time for this event to exceed zero was two years, though the lower forecast of one group member was nine years. The group discussed the event and further clarified it. This did not change the individual's forecast. For sake of validity of the NGT, the data was left unchanged. The high and low forecasts, on their face, would indicate either misunderstanding of the event, or great disagreement of the impact and probability of occurrence of the event. The group members stated they completely understood the event and the impact on the issue/sub-issue statement. This event was a point of disagreement with some members of the group, thus the large difference in the high and low forecasts. The median probability of occurrence at five years was 50%, while the ten year probability forecast was 75%. There was no positive impact for

this event, with the group all giving the positive impact category a zero. With the extreme divergent views by group members on this event, it was surprising that not one positive impact was entertained. The median negative impact score was eight. Even with the extreme range of the high and low forecasts, the median data would indicate that the forecast is valid and useable when considering the impact on the issue/sub-issue statement.

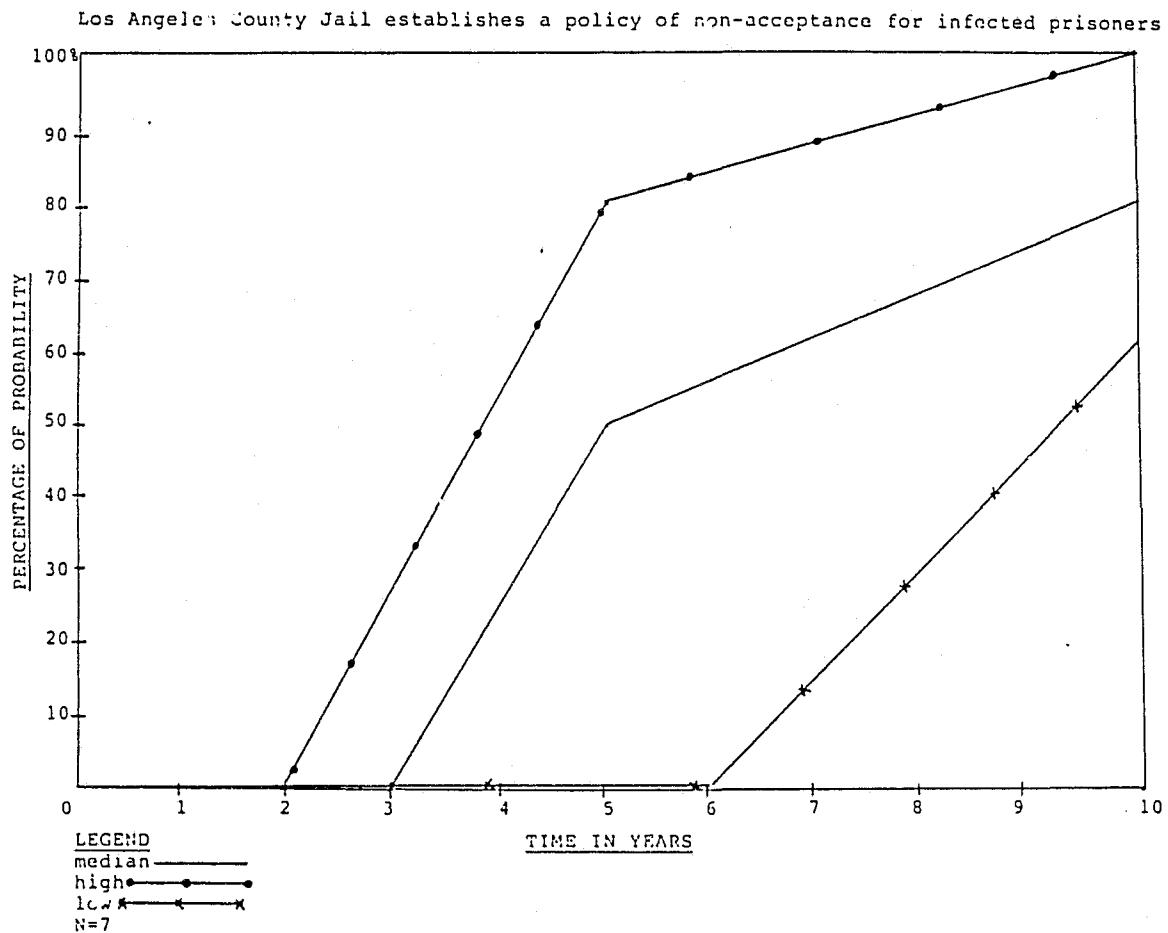
EVENT 3



Event 4-(Los Angeles County jail establishes a policy of non-acceptance of all prisoners who have an active communicable disease). The present procedure for the Los Angeles County Sheriff's Department is to accept all prisoners from other law enforcement agencies within Los Angeles county. If prisoners are in need of medical care and treatment, they are housed a secured county medical facility. If this event was to occur, the responsibility of housing and treating all prisoners with medical needs would fall back onto the arresting agency. The median number of years until probability exceeds zero for the event is three. The low forecast is six years, while the high is two. At five years, the probability of occurrence is 50%, rising to a cumulative 80% by the year 2003. The high probability range is 100%, with the low at 60%. While considering the impact of this event on the issue/sub-issue statement, the group could find no positive impact, thus a median score of zero. While, the negative impact, both fiscally and logistically, was forecasted at nine. It was obvious to the group there would be a tremendous negative impact on all medium size police departments in Los Angeles county if this event were to occur since presently the vast majority depend on the county for housing and medical treatment their prisoners. This applies to all pre-sentenced prisoners, but it is quiet possible that if this event occurred all sentenced prisoners with communicable diseases would become the responsibility of the original arresting agency. There would be a law suit brought by the policing agencies against the Sheriff to force the county into acceptance of these prisoners,

as mandated through county charter. But, during the time the suit was in court being decided, each agency would have the responsibility for their prisoners, and their medical needs.

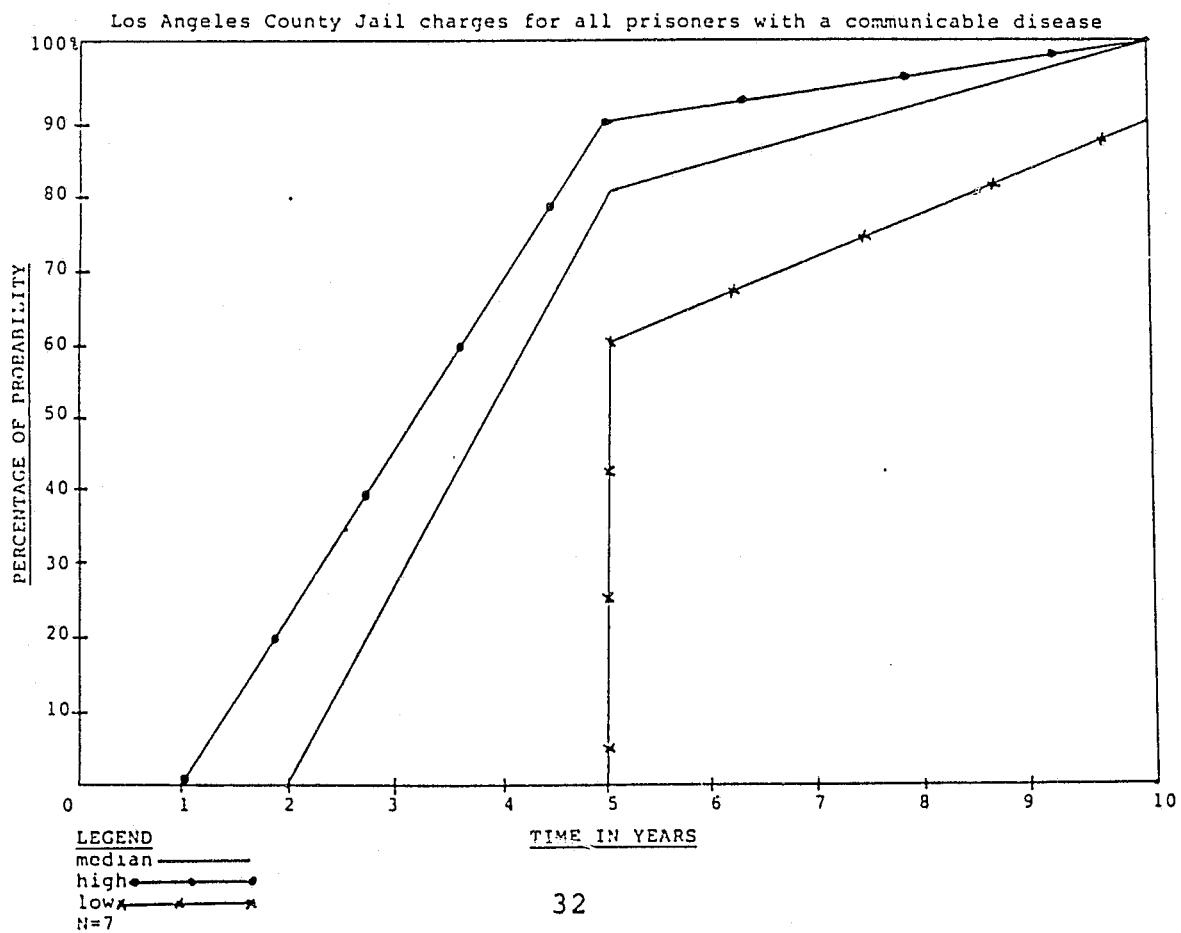
EVENT 4



Event 5-(Los Angeles County jail initiates a daily charge for the care of all prisoners with active communicable diseases). This event would apply to both pre-sentenced prisoners and those prisoners who have been found guilty and are serving a sentence

in the county jail system. The median years until probability first exceeds zero is two, with the high of one year and the low of five. The median percentage of probability in the year 1998 is 80%, with the low of 60% and the high of 90%. The ten year probability of occurrence median is 100%. Taking into consideration the future economic forecasts and the Los Angeles County Sheriff's Department's trend toward charging for services, the group forecasted that it is not if the event will occur, but when. No positive impact on the issue/sub-issue statement could be determined, thus a median score of zero is forecasted. The median negative impact score is six. The group's opinion was that there would be a fiscal impact on the other Los Angeles County police departments, but with proper strategic planning, it was manageable.

EVENT 5



CROSS-IMPACT EVALUATION

The group then conducted a cross-impact evaluation of the trends and events. The purpose of this evaluation is to forecast the impact each event has upon the other forecasted events and trends. Each group member was told to assume that each individual event has occurred, and to determine the impact that particular event would have upon the other events and trends within a stated time line. The method for estimating this impact was: At the point of maximum impact, what is the percentage of change, both plus and minus, from the original forecasted probability of occurrence of each impacted event; and the percentage of change in the original trend level of each trend. If an event had no impact upon another event or trend, the word "NONE" was noted and placed into the matrix. All scores were collected, tabulated and discussed. The median score is reflected on the cross-impact evaluation form. Refer to Table 3 for further.

A detailed analysis of the cross-impact evaluation was done after the tabulation of data. This analysis follows Table 3. Analysis of the data began with the counting of the number of "hits", or scored impact percentage changes, across each row of the matrix to determine the "actor" events. Then by counting down the columns, the "reactor" events and trends were determined. The total number of "hits" for each actor event determined how great a change agent it was. The number of "hits" on each reactor event or trend identified those which were impacted the greatest by the occurrence of the event. Policy action plans may be formulated through evaluation of the matrix.

TABLE 3

BASIC CROSS-IMPACT EVALUATION MATRIX

IMPACTING EVENT	IMPACTED EVENT					IMPACTED TRENDS				
	E1	E2	E3	E4	E5	T1	T2	T3	T4	T5
E1-Collapse of the state and county health care systems	X	1	1	1	0	0	5	1		5
		+50	+80	+70	+40	-100	-20	+25	NONE	-20
E2-POST mandates training & equipment re: communicable diseases		X	5	5	2			2	3	
	NONE		-30	-50	-20	NONE	NONE	-30	-30	NONE
E3-Private Hospitals in LA County refuse to treat indigent infected people	0	3	X	1	0	1	5	1	5	5
	+70	+20		+50	+80	+50	-10	+25	+20	-10
E4-LA County jail refuses prisoners who have active communicable diseases	3	1	1	X		1	5	0	3	5
	+25	+30	+40		NONE	+50	+10	-100	+30	+10
E5-LA County jail charges for treatment of prisoners with communicable diseases	3	1	2	2	X	3	5	1	3	5
	+10	+20	+15	-20		+30	+10	-20	+10	+10

LEGEND

+=increase in percentage of impact on event or trend

-=decrease in percentage of impact on event or trend

Top numbers are years to maximum impact

0 indicates an immediate impact

All numbers reflect group's median forecast

N=7

T1=Availability of public health care

T2=Immigration into U.S.

T3=Isolation of prisoners in jail

T4=State worker compensation claims

T5=Importation of cultural/social values

The data indicates that Event 1 received eight impact "hits" and a total positive impact intensity score of 125. Considering that the maximum number of "hits" is nine, this event should be viewed as important, secondary only to Event 3. The median number of years to maximum impact on the other events and trends is one year.

Event 2 received five "hits" and a total negative impact score of 160. This data indicates that POST mandating training for police officers in communicable diseases and their prevent has a medium impact on the other events and trends, but that if Event 2 did occur there would be a substantial decreased impact of the other events and trends on the issue/sub-issue statement.

This would indicate this event is worth policy consideration. The median number of years for maximum impact is three years.

Event 3 emerged as the event receiving the maximum number of "hits" and the highest impact intensity score(positive 295). The event can be viewed as the greatest actor in regards to the issue/sub-issue statement. It is also worth policy consideration. The median years to maximum impact is one year.

Event 4 received eight out of nine "hits" and an impact intensity score of positive 95. In regards to the issue/sub-issue statement, the fact that this event received a negative 100 on the impact of the event on trend 3(isolation of prisoners in jail) should be considered. Obviously, if the Los Angeles County jail refused prisoners with communicable diseases there would be no need for isolation of those prisoners while in jail. Thus, even though this event received moderate scores in this analysis, it should be a firm candidate for policy consideration. The median number of years until maximum impact is one year.

Event 5 received a maximum number of "hits", while receiving a impact intensity score of positive 65. The median number of years until maximum impact is three years. The data would indicate that this event, though it does impact all other events and trends, does not impact them to a great degree. It would not be a good candidate for policy consideration. Though, the event will be a "player" to all the other events and trends.

In conclusion, the data indicates that events 3 and 4 would be the primary candidates for future policy considerations. Since both events deal with refusals by the private hospitals and

the county jail system to treat and house people with communicable diseases, it appears that events 2 and 5 would play a part in the future policy considerations for these events. Event 1 also should be considered in the formation of future policy, but should be seen as a secondary player.

FUTURE SCENARIOS

Scenarios are essays forecasting a possible future state from a particular perspective. They are used in future planning and management of the issue. These scenarios are developed through analysis and review of the data gleaned from the future study. The three modes of scenario writing are:

The Nominal Scenario-an exploratory account of a "surprise free" future where none of the forecasted events take place. The median of the "will be" trends are emphasized.

The Normative Scenario-an account of a desired and attainable future. The "should be" trend data is emphasized.

The Hypothetical Scenario-an account of a "what if" future where an unanticipated event takes place which changes the forecasts of the events.

Each of the above three modes will be developed along the same stage. Each will be cast in the year 2003, in the city of Santa Monica, California.

Nominal (what will be)

THE EVENING OUTLOOK, SANTA MONICA EDITION
MARCH 15, 2003

**"ENGLISH ADOPTED AS SECOND LANGUAGE IN
SANTA MONICA SCHOOL DISTRICT"**

The Santa Monica School Board today voted 6-1 to officially adopt Spanish as the primary language to be spoken in the District's schools. English will now be considered the secondary language to be spoken and taught as an elective. The Board's decision was based upon the fact that the city of Santa Monica recorded a 5% increase in population, according to the 2000 census, but the Hispanic population of the city has increased over that last decade from 14% of the city's population to now over 65%. Along, with the great jump in Hispanic citizens, the city has, for the first time, recorded a double digit population percentage for citizens who have immigrated from the Pacific Rim countries. It is estimated that immigration from Latin America and the countries of the Pacific Rim increased by 45% over the last ten years. A school board spokesperson claimed that this change will not effect the teaching staff, since the majority of the teachers have been taught to speak Spanish during the last five years due to the increasing numbers of Hispanic students enrolled within the last decade throughout the district. On a similar note, this change in demographics has lead to an influx of certain communicable diseases within the community. Both AIDS and tuberculosis have been on the increase in the Pico Neighborhood, where the vast majority of the Hispanic citizens reside. International Red Cross officials have joined forces

with the Center for Disease Control in Atlanta to address this dangerous increase over the past few years, but a spokesperson for those two organizations recently stated that due to the epidemics of both diseases in Latin America and several of the Pacific Rim countries, it will be impossible to control the diseases in this country. City government has been hard hit by the impact of these diseases within the community. The City Manager recently expressed deep concern over the tremendous cost of public safety due to the high exposures experienced by police officers who are assigned to patrol the Pico Neighborhood. He stated that a 35% increase in worker's compensation claims, due to exposure to tuberculosis, has been experienced over the past ten years. He could only attribute this increase to the lack of isolation of those prisoners with communicable diseases while housed in the jail, and the 70% decrease in available health services with the city and state. When asked about the rumors that many Hispanics will not seek medical assistance for fear of deportation, he could not comment. He would only state that it has been difficult for many of the city's public service workers to make progress in the Pico Neighborhood due to the general mistrust of the government by the citizens. He could only attribute this reluctance on the cultural values and fears many Hispanics bring with them from their home countries. Public information meetings are currently being scheduled to address these problems.

Normative (desired & obtainable)

THE EVENING OUTLOOK, SANTA MONICA EDITION
MARCH 15, 2003

**"CITY OFFICIALS PRAISED FOR FIGHT AGAINST
DISEASE EPIDEMIC IN PICO NEIGHBORHOOD"**

City officials were today recognized by the Center for Disease Control in Atlanta, Georgia for their efforts in the fight against communicable diseases in the city, especially in the Pico Neighborhood. The Police Department was especially recognized for their efforts in decreasing the number of exposures and/or contractions of communicable diseases by police officers on the city force. It was noted by the City Manager that the city has experienced a 50% decrease in the number of worker's compensation claims by police officers over the last decade. Also, the construction of an isolation unit within the city jail, and the 50% increase in availability in isolation cells at the county jail has made a great impact on the probability of the city's police officers ever coming in contact with prisoners that have an active communicable disease. The Police Chief attributes the very aggressive training program, which has been developed and implemented over the past ten years, as a major factor in his officers having the chance to do their jobs without fear of contraction of a communicable disease. He further stated that the program also included the issuance of protective equipment to lessen the chances of an exposure. Though the City Manager has nothing but praise for all city employees who have contributed to today's recognition by the CDC, he said the city can not take all

the credit.. He continued by saying that over that last decade the city has experienced a decrease in the influx of illegal immigrants from Latin America and the Pacific Rim countries. He considers this also as one of the reasons for such a decrease in communicable diseases within the city. It should be noted that both those parts of the world have experienced epidemics of AIDS and tuberculosis during the last ten years. He also recognized the fact that public health services within the county and state have increased over the last ten years, as they strived to combat the spread of these diseases. Without this increase in hospital beds, the City Manager voiced a fear that control of communicable diseases within Santa Monica and the county would have been much more difficult.

Hypothetical (what if?)

**THE EVENING OUTLOOK, SANTA MONICA EDITION
MARCH 15, 2003**

**"CITY SUED BY POLICE OFFICER'S ASSOCIATION
OVER EXPOSURES TO COMMUNICABLE DISEASES"**

The Santa Monica Police Officer's Association filed suit today in Superior Court against the city of Santa Monica seeking an injunction prohibiting the police department from requiring officers to arrest and book prisoners with known communicable diseases. The suit also seeks a judgement of 20 million dollars to be used to offset present health costs and reimburse those officers who have contracted or have died from a communicable disease in the last ten years. The reason for the suit is the death of two officers. One died from complications due to the

AIDS virus. The officer was found to be HIV+ after being bit by a prisoner who had active AIDS at the time of arrest. The officer died last year. The second officer was exposed to two prisoners in the city jail who had active tuberculosis. He was diagnosed with an active case of tuberculosis and died from the disease after a two year battle. Both left families and friends. The suit also lists twenty officers who are now active with tuberculosis or are HIV+. Negligence is claimed by the SMPOA. It is alleged that the city did nothing even though the state police training agency(POST) mandated training and the issuance of equipment for the protection from communicable diseases. Also, it was learned that no action was taken by the Department of Risk Management or Personnel, even though the number of worker's compensation claims for exposure to communicable diseases had increased by 25% in 1998. Today the claims are 35% above the total 10 years ago. This reporter learned that in 1996 the Los Angeles County Sheriff's Department initiated a fee policy requiring all cities to pay for the housing a treatment of prisoners infected with a communicable disease, and in 2000 the Sheriff issued a county-wide policy that no prisoner with a communicable disease could be housed in a county jail facility. Since that time, the Santa Monica Police Department has made no effort to isolate infected prisoners from the general jail population or from police employees. There is no city medical treatment facility for infected prisoners, and the local private hospitals established a non-treatment policy for such people two years ago.

Sources close to the City Attorney's office state that the suit can not be defended. If there is not an outside settlement the city, being self insured, can not pay a 20 million dollar settlement and would be faced with bankruptcy. It was also learned that at present Santa Monica officers are refusing to handle calls for service in the largely Hispanic area known as the Pico Neighborhood. This area is where the two dead officers are believed to have contracted their diseases. Activists in the area are calling for the firing of the Chief of Police and the arrest of all officers who refuse to patrol the Pico Neighborhood. Random arson and looting have been reported in that area during the last two weeks. Two homicides still have not been investigated in that area. The City Manager claims he will fire all city police officers and retain the serves of the Sheriff's Department if the suit is not dropped. The Sheriff had no comment as to whether he would back the city or the Police Officer's Association.

CHAPTER THREE

STRATEGIC PLANNING

STRATEGIC PLAN

The normative (most desirable and obtainable) scenario was selected for strategic planning and policy consideration. Strategic management provides a situational analysis, an evaluation of law enforcement strengths and weaknesses, identification of stakeholders and the distillation of policy considerations and structure for the implementation process.

The Santa Monica Police Department will be the model upon which the analysis is performed and for which the policies are developed and implemented.

Mission Statement

The first step in strategic planning is to have a mission statement. The mission statement provides a firm foundation and focus to the proposed plan.

The present mission statement of the Santa Monica Police Department is as follows:

"The mission of the Santa Monica Police Department is to provide the community with the highest quality of law enforcement services. We continually improve the public's perception of community safety through eradication of criminal activity and any conditions that have a detrimental impact on public safety. We enhance our tradition of excellent service to all. We continue to seek support and cooperation from the community we serve and from those of us who serve the community. Our organizational culture is responsive to new ideas and is one in which all employees are given the opportunity to develop to their highest potential and see themselves as agents of change. We

base all our relationships on the premise that the public and the police are one."

For purposes of this study and in regards to the issue/sub-issue statement, the following micro-mission statement was created.

"The Santa Monica Police Department holds all employees in high esteem. Their needs, safety and health are of the utmost importance. Thus, the department will strive to reduce the possibility of exposure and/or contraction of communicable diseases by any employee.

Objective 1-The department will strive to educate all personnel as to the best methods of prevention and reduction of exposure to all communicable diseases.

Objective 2-The department will make funds available to purchase all necessary safety and prevention equipment to reduce exposure to all such diseases.

Objective 3-The department will work with state and county public health agencies to establish a strategic plan to address the future problems with immigration-borne communicable diseases within our city."

WOTS-UP ANALYSIS (weaknesses, opportunities, threats, strengths, underlying planning)

The WOTS-UP analysis is a framework for a situational audit. It demonstrates the impact of trends and events, in terms of being opportunities or threats to the organization. It identifies organizational strengths and weaknesses as related to the strategic issue. The situational analysis is divided into two parts, the environmental threats and opportunities and the organizational strengths and weaknesses. Its purpose is to find the best blend between environmental trends and internal capabilities.

The Environmental Opportunities

The first trend that is an opportunity is medical advancement. Each day a new fact is discovered regarding communicable diseases. The refinement of present day medicines and the discovery of new drugs will greatly impact the mission and the issue.

The event of greatest opportunity is the actual discovery of a cure for AIDS and/or tuberculosis. With a cure and timely inoculation of the world's population would tremendously decrease the possibility of exposure to such diseases. The world wide distribution of such drugs by an organization such as the United Nations would cause the eventual elimination of the diseases.

Education of Third World populations as to the prevention of communicable diseases is an opportunity. It has been forecasted that Third World countries will continue to be educated as to these diseases, their treatment and prevention. An example of

this is the decrease of AIDS in Africa brought about through education and free distribution of condoms.

A decrease in the total number of cases of tuberculosis has been seen in South America. It has been attributed to the increase in the number of hospitals that deal specifically with patients with active tuberculosis.

The awareness for training of police as to the prevention and reduction of exposure to communicable diseases is an opportunity. As the number of exposures increase, more and more police agencies come to realize that the problem must be addressed. Within state and local training organizations, there will be more training and equipment for protection from disease.

The restriction of legal and illegal immigration into this country is an opportunity. It has been forecasted that with increased immigration and increased population density in the lower socio-economic areas, there will be an increase in the number of people exposed to, or who contract, communicable diseases. With a tightening of the borders, an impact on the issue/sub-issue statement can be forecasted.

The event that can be viewed as an opportunity is the complete closure of the United States borders to all immigration. There would be an obvious impact on demographics, population density and the importation of communicable diseases from those countries who are forecasted to be at epidemic stages in the future.

The Environmental Threats

There are numerous environmental threats to the mission. The public health care system is a threat. The national, state and county health care systems are forecasted to be taxed to their limits in the future. The ability of these systems to handle and treat all patients with communicable diseases will decrease.

Combined with the increased population density and immigration from Third World countries, it is forecasted that the public health care system has an 80% probability to collapse by 2003. Without the public health care system support, the number of people walking the streets with an active communicable disease is forecasted to increase.

The cost of health care and health insurance will increase. More and more people from the lower socio-economic areas of all cities will not be able to afford health care. The majority of the population within that target group are immigrants from Third World countries. Many brought virus and communicable diseases with them from their home countries.

The ability of private hospitals to treat the patients who can not be treated through the public health care system will increase. Again, the cost of such treatment will be out of reach for the majority of the general population. The number of patients turned away from private hospitals is forecasted to increase.

The fiscal deficiencies on all levels of government will threaten the mission. As the health care system's ability to

treat patients decreases, the demand for government intervention will increase. Funds will not be available to subsidize the health care systems, thus many will go untreated. Less government money will also threaten police department's ability to train and equip personnel in regards to prevention of communicable diseases.

The ability of government to coordinate the plans that address the issue is a threat. No one governmental agency will come forward to coordinate a central strategic plan in regards to the decrease in the number of exposures and/or contractions of communicable diseases. As the federal and state funds decrease, each county and city will be required to develop and fund their own plans.

The ability of the Los Angeles County Sheriff's Department to properly isolate and house prisoners in the county jail system that have active communicable diseases is a threat. There is a 80% probability that the Sheriff's Department will refuse to house prisoners with active diseases by 2003. Each city in the county will then have the responsibility to house and treat their own prisoners. Since many of the sentenced prisoners commit crimes after being released, the number of contacts with suspects with active communicable diseases will increase for police officers. It will be a revolving door for both the suspect and the officer.

The reluctance of the City Council to allocate funds for the hiring of medical staff to treat infected inmates in the city jail is a threat. They will find it simpler to remain with the

present county facility, rather than spend "up front" money to establish a unit within the city jail.

The high cost of malpractice insurance for the medical staff is a threat. The city may not want to self insure the medical staff since the trend has been for extremely high court settlements in malpractice suits. It is forecasted that no fault medical insurance for medical practitioners is not probable.

Organizational Capabilities

The second part of the WOTS-UP analysis is the assessment of the organization's strengths and weaknesses. Each trend, event and environmental influence will be addressed.

Strengths-Future medical research into communicable diseases will have an impact on the mission and the issue. The Santa Monica Police Department can not have any direct influence upon medical research, and can only be seen as a "reactor" to any future events in this field.

Due to the global nature of the education of Third World countries in prevention of communicable disease, the department again can not have a direct influence on this trend. The indirect influence will be felt in the future as the rate of disease is decreased in the countries that receive education. Possible participation in state organizations dealing with this subject may have a slight indirect influence.

A 45% increase in immigration is forecasted by 2003.

The only impact the department can have on this trend is the participation in federal and state organizations who promote stricter immigration laws. Again, there is a probability that participation by the department in such groups may impact the closing of U.S. borders to all immigration.

Public health care can be impacted by participation on local boards of directors for hospitals. Input can be provided as to the impact of communicable diseases and the decreasing ability of health care providers to address the problem.

The threat of decreasing fiscal resources is countered by the Chief of Police for the department. He enjoys a good working relationship with the City Manager and City Council. This can be forecasted as a strength in the future, as the citizens have called for more public safety and less social services within the city. Even with budget cuts, it can be "predicted" that the department will not experience major cuts in the department budget in the coming years. An aggressive strategic plan for the hiring of more police personnel and the construction of a new police building has been developed. This plan addresses the next three to five years.

The negative impact caused by the decreasing ability of the Los Angeles Sheriff's Department to house and treat infected prisoners can be addressed. The department's ability to construct an isolation unit within the present city jail is a strength. The present police building has extra cells in a separate area of the jail. This area is now used for storage, but can be converted into an isolation unit.

The desire of the Chief to build a new police facility is also a strength. He places the new building at the highest priority. With the construction, an isolation unit can be designed into the jail.

The fact that the present police facility will not be demolished is a strength. In the worst case, if an isolation unit is not built into the new police facility, the existing jail can be used to house such a unit.

The innovation and resourcefulness of the employees are strengths. The job must get done, and the people will find a way to do it. The increased exposure and/or contraction of communicable diseases by police personnel is too devastating to ignore.

Weaknesses-The time delay in building the new police facility is a weakness. The longer the delay, the more money needed to complete the project. It can be forecasted that if the project is delayed more than a few years, the project may face a decrease in the physical size of the facility to offset costs.

Since the department does not have a doctor on staff, this is a weakness. It is obvious that medical staff will be needed to treat infected prisoners and the ability of the department to hire a medical staff is a weakness. The ability to fund the cost of such personnel, along with insurance costs, are also weaknesses. Even though the department "enjoys" a future of growth, any attempt to increase non-sworn personnel would be difficult.

The present level of understanding and training within the department on communicable diseases is a weakness. Very little protective equipment is now available, or used, by the officers. Classes in AIDS awareness are taught, but are not a priority.

STRATEGIC ASSUMPTION SURFACING TECHNIQUE(SAST)

The process of SAST is the analysis and development of critical stakeholders on the issue. Stakeholders can be defined as any individual, group, or organization that are impacted by what the organization does about the issue. Stakeholders also are able to impact the organization on the issue, are concerned about the issue and/or the organization.

SAST will also identify "snaildarters" to the issue. A "snaildarter" is any individual, group or organization that could interrupt the desire objective. For the purposes of this study one "snaildarter" will be identified.

It is the primary purpose of SAST to illustrate that organizations do not operate in a vacuum. Many outside forces are in place on all decisions and plans made by any organization. These outside forces have the ability to impact the policy choices and implementation plans of the organization.

The SAST was accomplished by reconvening the members of the original NGT group. Through a process of "brainstorming" and group discussion the **Assumptions**, **Assumption Map** and the **Stakeholder Analysis** were developed.

STAKEHOLDER ANALYSIS-There are twelve internal and external stakeholders. Each will have three assumptions about their position on the issue and/or mission of the organization listed. All assumptions are charted on the Assumption Map.

The Assumption Map permits the reader to graphically see how the stakeholders view the mission. It is valuable in developing alternate strategies, selection of the preferred strategy and implementation of the plan. The numbers reflect a consensus of the gathered assumptions.

**Stakeholder 1-The individual Santa Monica police officer
Assumptions**

- 1a) I do not want to be exposed to, or contract a communicable disease.
- 1b) The city is responsible if I contract a disease.
- 1c) The department is responsible for training and protecting me against communicable diseases.

**Stakeholder 2-Santa Monica Police Department
Assumptions**

- 2a) We want to reduce the exposure and/or contraction of communicable diseases by our personnel.
- 2b) We are willing to conduct training to cause a reduction.
- 2c) We are willing to provide protective equipment necessary to cause a reduction.

**Stakeholder 3-City of Santa Monica(city manager and/or council)
Assumptions**

- 3a) We want to reduce exposure and/or contraction of communicable diseases for all city employees.
- 3b) We can provide limited funding for training and equipment to cause a reduction.
- 3c) The county and state must assist if city funds are not available for such training and equipment.

**Stakeholder 4-Los Angeles County Sheriff's Department
Assumptions**

- 4a) We will not provide housing for prisoners with communicable diseases beyond our capacity.
- 4b) We will house our department's prisoners before accepting prisoners from outside agencies.
- 4c) If department funding is depleted, we will start charging

outside agencies for the housing and care of their prisoners that need medical care.

Stakeholder 5-County of Los Angeles

Assumptions

- 5a) We will not support the costs of training and equipment for individual cities within the county in regards to reduction of exposure to communicable diseases.
- 5b) We can only provide a certain amount of funds for public health care within the county.
- 5c) When funds are depleted, we must reduce staffing and services for all county agencies, including police and public health, or start charging for those services.

Stakeholder 6-United States Government

Assumptions

- 6a) We can not reduce illegal immigration under the present system and laws..
- 6b) County health systems are responsible for public health in their respective jurisdictions.
- 6c) We will not support a national public health care system.

Stakeholder 7-State worker's compensation system

Assumptions

- 7a) We want to reduce the number of claims for exposure to active communicable diseases by public workers.
- 7b) We are willing to work with individual agencies to cause a reduction.

Stakeholder 8-Peace Officer Standards and Training (POST)

Assumptions

- 8a) We have a responsibility to standardize police training within the state.
- 8b) Individual police agencies look to us for training and standards for most training.
- 8c) We are concerned about police health and safety issues.

Stakeholder 9-Public health care providers

Assumptions

- 9a) We can not provide adequate health care for all patients with communicable diseases.
- 9b) We must be able to channel our overflow to private hospitals.
- 9c) Health care services will continue to decrease, while the demand for such services will only increase.

Stakeholder 10-Private hospitals

Assumptions

- 10a) We are not responsible for public health care services.
- 10b) We can not provide treatment for indigents, unless subsidized by government.
- 10c) Long term treatment of infected patients is not cost effective.

Stakeholder 11-Individual immigrants

Assumptions

- 11a) I want adequate health care.
- 11b) I can not afford to pay for health care services or medical insurance.
- 11c) I can always go to the county hospital if I am sick.

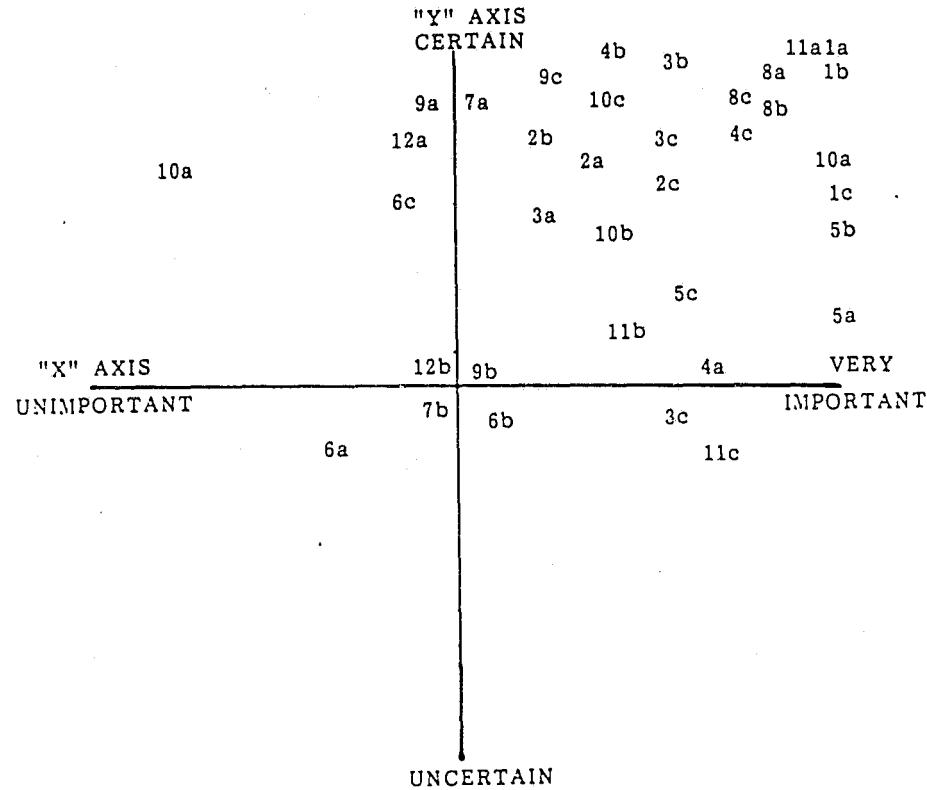
Stakeholder 12-Center for Disease Control (SNAILDARTER)

Assumptions

- 12a) We want to decrease the number of cases of communicable diseases reported annually in the United States.
- 12b) We will continue research in the causes and cures for all communicable diseases.

***The CDC was chosen as a snaildarter since the organization would be the primary source of information in the event a cure for AIDS and/or tuberculosis was discovered. Announcement of a cure would come from the CDC. If a cure was discovered the issue and sub-issues would be tremendously impacted.

STRATEGIC ASSUMPTION SURFACING TECHNIQUE (SAST) MAP



LEGEND

N=7

X AXIS=importance of the stakeholder's assumption to the issue
Y AXIS=certainty/uncertainty regarding the stakeholder's assumption

STAKEHOLDERS

1. Individual Santa Monica Police Officers
 2. Santa Monica Police Department
 3. City of Santa Monica
 4. Los Angeles Sheriff's Department
 5. County of Los Angeles
 6. United States Government
 7. State Worker's Compensation System
 8. Peace Officer Standard and Training(POST)
 9. Public Health Care Providers
 10. Private Hospitals
 11. Individual Immigrants

ALTERNATE POLICY STRATEGIES

Three alternate policy strategies were developed using a modified delphi technique. This technique is a process designed to examine policy issues. A policy issue is defined as an issue for which rational individuals advocate differing resolutions. The policy dephi may serve as a useful adjunct to the committee approach to policy formation. It is designed to generate strategic alternative approaches to a policy issue, analyze the desirability and feasibility of each issue and reduce the number of alternatives to a manageable number for a better analysis.

The first step is for the presenter to describe the future environment of each issue. The group is then broken up to address each issue. The first group member generates a policy/strategy to deal with this future environment. The second member must generate a different policy from the first. Each member must generate something different from their fellow group members.

As the presenter acts as the coordinator, each policy is rated based upon feasibility and desirability. A grand total is then computed.

The process is repeated until the top three strategies are distilled from the totaling of scores and discussion by the group. One of the three is then selected as the strategy to be implemented.

The following is a statement and analysis of each of the three selected alternate policy strategies.

Strategy 1

This strategy contains four elements. They are as follows:

- 1) The Santa Monica Police Department will conduct all training on the prevention and reduction of exposure to communicable diseases within the department.
- 2) All prevention equipment will be purchased by the department
- 3) An isolation unit will be constructed in the city jail.
- 4) The department will participate in regional committees to address the issue and to establish strategic plans for the city, the county and state.

Strategy 2

This strategy contains four elements. They are as follows:

- 1) The Santa Monica Police Department will continue to use the Los Angeles County Sheriff's Department as a sole provider of facilities to house all prisoners with active communicable diseases.
- 2) The department will work with the Sheriff's Department in developing a strategic plan to address the issue, while budgeting for future expenditures caused by the housing and care of such prisoners.
- 3) The Sheriff will provide all training for the department in regards to the prevention and protection against communicable diseases.
- 4) All protective equipment will be purchased by the department.

Strategy 3

This strategy contains four elements. They are as follows:

- 1) The Santa Monica Police Department will establish a program, in coordination with local hospitals, for the education of all department personnel in the prevention and protection against communicable diseases.
- 2) All protective equipment will be purchased by the department.
- 3) A strategic plan will be developed for future budgetary expenditures regarding training and equipment.
- 4) The plan will also include a provision for housing and care in city hospitals for all prisoners arrested in Santa Monica who have active communicable diseases.

Analysis of All Three Strategies

Strategy 1 will require a large initial fiscal expenditure. The construction cost must be addressed immediately. This is due to the cost of redesign and reconstruction of the unit in the already existing jail facility. The cost of building an isolation unit in a new building would have less of a fiscal impact since the cost of new construction is less than redesigns. It is feasible to consider the redesign of an isolation unit in the existing structure, and/or plans for a unit in the future police building.

The salaries of all necessary medical personnel must also be factored in, even if they are on a stand-by status. This would necessitate a future enhancement in the budget.

The department is "reinventing the wheel" since all

necessary facilities and personnel are now being provided by the Los Angeles County Sheriff's Department.

Strategy 1 does permit the department to "call all the shots" in the future. Control of future costs is possible with this strategy. The future costs can be more accurately forecasted and planned. In-house training would ensure control over the quality and content of the training.

Strategy 2 has initial low costs. By continuing to allow the Sheriff's Department to house and treat all prisoners with communicable diseases, the department does not have to increase budgeted funds.

There is no planning necessary with this strategy. But, the greatest weakness of this strategy is that there is no planning. The department does not have to address the issue, thus nothing must be done until a problem presents itself.

There is no forecasting of future fiscal demands. It was assumed that the Sheriff will house his department's prisoners first, and then, if room permits, outside agency prisoners will be housed.

It has been forecasted that the Sheriff will establish a fee policy for all outside agencies within two years. No control over costs, loss of control of the program and the probability of high long term costs in the future are within this strategy.

Strategy 3 has a moderate initial cost. The funds to initiate this strategy are obtainable in the present budget.

Medical staff would be more available to the prisoners and a redesign of the jail would not be necessary.

Loss of fiscal control is the major weakness of this strategy. Medical costs are forecasted to increase over the next ten years. And, all future costs will be determined by the hospitals on a contractual basis.

The department will also find it necessary to increase personnel to provide security to the unit within the hospital. Twenty-four hour security will be necessary, and sworn police officers will provide the security, rather than non-sworn jailers. This will impact the department both fiscally and in the total number of officers available for general police service. The hospital facility can not be made as secure as a jail, thus the safety of the officers and the probability of prisoner escape is an weakness.

The loss of control of the entire plan is the major weakness of this strategy.

Stakeholder's Perceptions

Strategy 1 is generally viewed favorably amongst the twelve stakeholders. Seven of the total view the strategy as feasible and desirable.

Private and public hospitals find this strategy preferable since strategy 3 would create numerous problems for them.

The Santa Monica Police Department and it's officers prefer this strategy, since the greatest amount of internal control is found in this plan.

The Los Angeles County Sheriff's Department is not in favor of this strategy due to the potential loss of revenue if prisoners were not housed in a county jail facility.

The federal government and the immigrants are not impacted by this strategy.

Six of the twelve stakeholders find strategy 2 favorable. The city of Santa Monica views this strategy as desirable due to the fiscal impact of strategy 1. This strategy presents little to no fiscal impact to the city.

The County of Los Angeles and the Sheriff's Department find this a desirable strategy because of the potential increase in funds that could be realized in the housing of prisoners for outside police agencies.

Private hospitals find this strategy, along with the first strategy desirable, since anything is better than strategy 3.

Public health providers find this strategy not desirable since there is a probability that the county would "push off" their overflow patients to the private hospitals.

The Santa Monica Police Department and it's officers are against the strategy citing loss of control of the issue as the reason.

Strategy 3 was viewed as not desirable by nine of the twelve stakeholders.

The first stakeholder in favor of the strategy is the Santa Monica police officers. They find this strategy not as desirable

as the first, but view it as acceptable due to the fact the facility would be in the city. The long drive to county jail is the main contributing factor in their decision. Additionally, detectives cited the long drive for prisoner interviews as reason to prefer this strategy.

The other two stakeholders who found this strategy as acceptable were the Center for Disease Control and the worker's compensation system. Both do not find any of the strategies undesirable, since both have no preference as to what program is initiated. Both of these stakeholders only want one of the strategies implemented, with no preference to which one is selected.

The potential loss of revenue to the county and the Sheriff's Department made this strategy undesirable to them.

Both the private and public health care providers forecast just too many headaches and problems for them with this strategy, thus they too find it undesirable.

The Santa Monica Police Department find this strategy undesirable due to the loss of control and the future long term fiscal impact.

The City of Santa Monica is neutral on the strategy since the moderate initial costs is viewed as a positive, while the potential future fiscal impact could not be forecasted.

The Commission on Peace Officer Standards and Training viewed all three strategies as feasible and desirable. This organization viewed all three strategies as an accomplishment of training the police officers in the prevention and protection

from communicable diseases. Since POST establishes the standards for training, they are ensured that the training provided in all strategies would be standardized. Additionally, all the strategies address POST's concern for the health and safety of the individual police officer.

In an attempt to further validate the data, an interview process was used to gain more information as to the immigrant stakeholder's view of the issue, and thoughts regarding the strategies. An informal interview of ten illegal immigrants was conducted and the following information was obtained.

The individual immigrant does not really care about how or where he/she is treated, as long as a treatment is provided. There was a lack of concern amongst the immigrants. This was attributed to the fact that none of them presently have an active communicable disease. Though, it was discovered that if they did contract an active communicable disease, treatment would become very important to them at that time.

There was no concern as to the ability of a police agency to treat them for the disease if they were serving a jail sentence. Of those who had been arrested and served some time in jail, they admitted medical treatment was easily obtainable.

The views of the federal government as a stakeholder are based solely on the modified delphi group's assumptions as to this stakeholder.

Preferred Strategy

The group was asked to consider a number of factors and weigh them on a point system. The factors were, short term desirability, feasibility, cost, long term desirability and stakeholder support. Strategies 1 and 2 both received a total point score of 16, while strategy 3 received 9 points.

Strategy 3 was found to be undesirable and was no longer considered. Strategy 2, though receiving the same number of points as strategy 1, should also be disregarded. **Strategy 1 is the most desirable and feasible strategy.**

The greatest amount of program control, as provided in strategy 1, was the deciding factor. At some point in time, if control is not centralized in the Santa Monica Police Department, there is a probability that the mission would lose importance to all other outside agencies. The Sheriff's Department would have the ability to change priorities and policies that would impact the mission and the issue. Santa Monica Police Department would have no control, and very little impact, on those changes.

The future fiscal impact of strategies 2 and 3 can not be forecasted. Thus, making it quite difficult to develop a strategic plan in that area.

It could be forecasted that with the development of unforeseen "actors" in strategies 2 and 3, the entire mission could be abandoned by the other controlling agencies. Santa Monica Police Department would then find it necessary to "start from scratch".

With Strategy 1, the Santa Monica Police Department can effectively develop a strategic plan which minimizes outside forces and accomplishes the mission.

IMPLEMENTATION PLAN

The implementation plan for the selected strategy is discussed in detail in the next chapter dealing with the Transition Management Plan. Below is a general overview of how the plan will be implemented.

To accomplish the mission in regards to the issue, three objectives were listed.

The first was the education of all personnel in the best methods of prevention and reduction of exposure to all communicable diseases. The selected strategy dictates that the training will be done by Santa Monica police personnel. The department presently has a registered nurse employed as a police officer. She is a POST certified instructor in communicable diseases. She will be reassigned to the training division to develop training in this area. She will be the primary instructor for all future training. She will train all supervisors, so they may conduct periodic roll call training updates on the subject.

Scheduling for the training on the "training day" weekly schedule, it is forecasted that the entire department can be trained within six months of the first class.

The second objective was the purchase of protective equipment for all personnel. Prior to the training, all necessary protective equipment(masks, gloves, etc) will be purchased with the jail medical supply budgeted funds. During the initial training, these items will be given to all personnel. Replacement equipment will be purchased through the Office of Operations miscellaneous supply account. All items will be stored in the emergency room for redistribution as needs exist.

All locker rooms and the report room will be fitted with anti-bacteria cleanser dispensers. This is to replace soap for the washing of hands after possible exposure.

The third objective was for the department to work with local, county and state health agencies to develop a strategic plan to address communicable diseases, and it's impacts on the city of Santa Monica.

The Chief of Police presently sits on the Board of Directors for Santa Monica Hospital. He will actively promote the mission and solicit cooperation between the police department and the two city hospitals in regards to the issue. He will promote the mission at all executive meetings he attends throughout the county and state.

The individual council members and the City Manager will be asked by the Chief of Police to approve the allocation of funds for purchase of equipment. They will also be asked to support the strategy in public meetings and throughout the state.

One factor not specifically addressed in the mission statement, but is within the selected strategy, is the construction of isolation unit in the city jail. The construction will greatly promote the accomplishment of the mission by decreasing the possibility of exposures while in the jail facility.

The cost of constructing an isolation in the city jail is approximately \$60,000. according to city building and planning personnel. The funds presently budgeted for capital improvements to the police facility amounts to \$65,000. These funds were to be used for the repainting of interior and exterior of the building. This money should be reallocated to be used for the construction of the isolation unit. The painting can be put off for one year and resubmitted for the next budget.

The City Manager and city council will be asked to approve the reallocation of these funds. If not approved, the Chief of Police will ask approval to spend \$60,000. of the funds presently in the asset seizure account. That account presently is at \$975,000.

The construction should be put for bid immediately. The "turn key" date to be set for one year from this date.

Personnel Requirements

- 1) The Jail Manager will coordinate the construction of the isolation unit.
 - 2) The department Training Manager will be responsible for the training and issuance of protective equipment.
 - 3) The department budget and fiscal officer will coordinate the funding.
 - 4) The Office of Administrative Services Commander will be the project manager.
 - 5) The Chief of Police will oversee the project and make all policy and fund allocation decisions.
-

CHAPTER FOUR

TRANSITION PLANNING

TRANSITION MANAGEMENT PLAN

The transition state is a period where the concern is getting from the present to future. The first part of this chapter will address the change effort that will have impact upon a number of individuals and/or groups.

In order to manage the transition period, it is necessary to identify those key persons or groups whose support or opposition to the change is critical. These "actors" are known as the critical mass. Once the critical mass is identified, their individual commitment levels must be determined. This present level of commitment is assessed and a level of desired commitment is determined. After which is strategy for change is developed.

A Management Structure will then be developed. This will demonstrate the structure, and by whom, the change will be managed.

Determination of individual responsibility will then be established and a plan implemented.

CRITICAL MASS

The members of the critical mass were identified by the same individuals used in the nominal group earlier. The members of the critical mass are:

Chief of Police
City Manager
City Council
City Inspector
Los Angeles County Health Services
State Board of Corrections
California Coastal Commission

The group then, through discussion and consensus, assessed each member's present level of commitment and a strategy to get each to the desired level of commitment to make the change happen. The Critical Mass Commitment Chart was developed from this process.

Table 4

CRITICAL MASS COMMITMENT CHART

ACTORS IN THE CRITICAL MASS	BLOCK THE CHANGE	LET CHANGE HAPPEN	HELP CHANGE HAPPEN	MAKE CHANGE HAPPEN
Chief of Police				XO
City Manager		X+++++++=+=====+O		
City Council		X+++++++=+=====+O		
City Inspector	X+++++++=+=====+=====+O			
County Health Services		X+++++++=+=====+O		
Board of Corrections		X+++++++=+=====+O		
Coastal Commission	X+++++++=+=====+O			

LEGEND

X=present level of commitment

O=desired level of commitment(where we want them to go)

N=7

Change Strategy

Each of the seven members of the critical mass will be discussed and the strategy for moving them from their present commitment levels to the desired commitment levels will be covered.

Chief of Police

The Chief of Police is very much involved in the issue and the accomplishment of the mission. He does not have to move, since he starts on the "make change happen" level. He will be the main catalyst in causing others in the critical mass to move in the desired direction.

City Manager

The City Manager is presently on the "let change happen" level. He would like the change since the issue has fiscal implication for the future, such as increased worker's compensation claims, increase in work time lost ratio and increasing insurance costs. He is very concerned about the current budget crunch, thus is not willing to devote a lot of time or effort to effect the change.

To bring him into the desire level of commitment of "make change happen", the Chief must convince him of the importance of the change and educate him as to the tremendous impact the issue has on the future of the city law enforcement efforts. The Chief must receive a commitment from the City Manager for the initial funds to construct the isolation unit in the jail. This can be done by addressing the savings of money by providing short term fiscal funds, as compared to the potential for an enormous outlay of funds in the future if another strategy was selected.

City Council

As a group, they are in the critical mass due to their ability to veto any recommendations made by the City Manager. The construction of the isolation unit would need the council's approval since it is a capital improvement item. The cost of the strategy would be approximately \$60,000. thus requiring council approval.

Currently, the council is at the "let change happen" level. They feel the issue is important and must be addressed, but they are reluctant to lend aggressive support to the strategy because of the immediate up front fiscal commitment.

The strategy that must be used by both the Chief and City Manager is one of education. Both must prepare an extensive staff report addressing the advantage of committing the money up front, as compared to waiting and being mandated to pay much more in the future. A series of worst case scenarios would be effective in convincing them of the desirability of this strategy, since council members are usually lay persons who do not understand the complexities of such things as the worker's compensation system or the effect of lost work time on the efficiency of the police department. Prolonged response times and loss of police service scenarios would play upon their political emotions.

They must be moved to the "make change happen" level to receive the fiscal commitment necessary for the change. They must also lend their political influence to effect desired movement by the other four remaining members of the critical mass.

City Inspector

The city's building inspector is in the critical mass due to the historic nature of their independence from other city departments. He has not allowed building of certain capital projects within the city, even though the projects were strongly backed by the city government. In short, he does not bend to political pressure. Though the building inspector reports to the City Manager, he has complete authority to fail any structure in the city during an inspection. If the construction is not within code, even the City Manager can not veto the failure.

He is presently at the "block the change" level for the fact it should be assumed that he will find some reason the isolation unit can not be built within the city jail. This is based entirely on past experience with the gentleman.

The strategy to effect this member's move to the desired "help change happen" level is personal contact by both the Chief and the City Manager with the building inspector. He must be convinced through education and/or political pressure that the change is best for the city. As the purpose and necessity for the unit is explained to him, there should be a "buy in", moving him onto the desired level of "help change happen".

Los Angeles County Department of Health Services

They have been placed into the critical mass due to their inspection powers within the city jail. If their inspectors do not approve the construction of the isolation unit in the jail, it can not be built.

The Chief and the City Manager are the change agents with this member. It is a matter of educating the inspector as to the alternate strategies and the reasons for choosing the selected strategy.

It will not be necessary to "sell" them on the impact of the issue on law enforcement, since they are currently well aware of the consequences of not addressing it in a timely manner.

It will be necessary to move them from their present level of commitment, which is "let change happen", to "help change happen", as they will be very helpful in impacting the positive move of the last two members of the critical mass.

If, in the course of matters, there is resistance by this member, the city council can be called upon to use their political influence to effect this member's movement to approve the facility's design.

Board of Corrections

They are much like the County Department of Health Services. The Board inspects the jail facility and can prohibit the construction of the isolation unit.

The same strategy used on the County Department of Health Services will be effective with this member. The Jail Manager, the Chief of Police and the city council are the members responsible for causing the Board of Corrections to move from its current level of commitment, "let change happen", to the desired level of "help change happen". They can also impact the Coastal Commission's move in a desirable direction.

Coastal Commission

This member has the final decision on all construction near the coast. The Santa Monica city jail is one block from the coast, thus the construction of an isolation unit must be approved by the Coastal Commission.

The general "posture" of the Commission is one of "prove to me that your project will not impact the coastal environment!". They were placed on the level of "block the change" for this reason.

The strategy to move this member from the present level to the desired level of "let change happen" is one of politics. The City Manager, the city council, the County Department of Health Services and the State Board of Corrections can impact the positive movement by this member.

The Coastal Commission must also be educated as to the importance of the strategy and the necessity of the project. The original staff report can be presented to them, and the Jail Manager and Chief of Police can be available for clarification.

MANAGEMENT STRUCTURE

The following people were determined to be necessary components of the management structure:

Chief of Police

Project Manager

Jail Manager

Training Manager

City Manager

The committee process was thought to be most effective in the management of this project. The committee would include all the above member's of the management structure, excluding the City Manager. He is not required to physically sit in committee regarding this project. His role will be discussed shortly.

A Responsibility Chart was developed to establish individual responsibilities regarding the construction and fulfilling of the mission.

Each member of the management structure is listed on the chart as an "actor" and numbered 1-5. The chart lists all actions and/or activities that are necessary in the change effort. The required behavior of each "actor" is charted in regards to each activity using the following classifications:

R=Responsibility for a particular action, but not necessarily the authority.

A=Approval, and has the power to veto the action.

S=Support, and has the supply resources for the action.

I=Informed or consulted before the action, but can not veto.

The Responsibility Chart is used to reduce ambiguity, wasted energy and adverse emotional responses from the members of the management structure.

TABLE 5-RESPONSIBILITY CHART

DECISION/ACTION	#1	#2	#3	#4	#5
Research/plan logistics	A	R	I	R	A
Oversee construction	A	A	R	I	A
Arrange meetings with critical mass	I	R	I	I	I
Progress reports	S	A	I	R	I
Sell plan to members of department	A	R	R	R	I
Oversee training of personnel	A	A	I	R	I
Purchase protective equipment	S	S	I	R	S
Arrange/conduct planning meetings	I	R	I	I	I

LEGEND

ACTORS

1. Chief of Police
2. Project Manager
3. Jail Manager
4. Training Manager
5. City Manager

R=Responsibility(not necessarily authority)

A=Approval(right to veto)

S=Support(commit resources toward plan)

I=Inform(to be consulted)

Chief of Police

The importance of the Chief of Police in the movement of the other members of the critical mass has been discussed. But, he should not have more than an advisory role in the actual management structure used to implement the change.

The Chief should appoint a "project manager" for the strategy. The Commander of the Office of Administrative Services would be most appropriate. The Chief would also be the liaison between the department and the City Manager.

As shown on the Responsibility Chart, the Chief has approval over the planning, the construction, selling the change to the department personnel and the training.

He must be kept informed of the committee meetings, but attendance is not mandatory. He must also be informed of any meetings between the committee and the critical mass.

He must support the purchase of protective equipment. He can show his support by approving the expenditure of funds from the budget for the equipment since all requests for funds must bear his signature.

Project Manager

The Commander of the Office of Adminstrative Services is the Project Manager. He was chosen since the two divisions of the department most involved in this strategic change are within his Office(the jail and the training division).

He has the responsibility of planning and researching the logistical needs to implement the change and complete the

project. He also must arrange and chair the committee meetings. If any member of the critical mass requests a meeting, the Project Manager is responsible to conduct such a meeting. He is ultimately responsible for selling the change to department personnel.

The Project Manager must approve the construction of the isolation unit and all progress reports. He approves all the training in regards to the issue.

He is asked to support the purchase of the protective equipment. The Commander of Administrative Services must also approve all budgetary expenditures due to his overall responsibility for the departmental budget.

Jail Manager

The Jail Manager has the responsibility of overseeing the construction of the isolation unit. She also must "sell" the change to her employees, since it greatly impacts the daily operation of the jail.

She is to be informed of all other aspects of the strategy. She also serves as the scribe for the committee.

Training Manager

The Training Manager has a shared responsibility with the Project Manager for planning and research. His main concern is the training objectives of the mission. He is responsible for developing and scheduling training in the methods of protection against exposure to communicable diseases.

He is responsible for the purchase of all protective equipment, and must create all written progress reports. He is to be informed in all other aspects of the strategy.

City Manager

The City Manager must support the accomplishment of the mission by approving the planning and construction of the isolation unit in the city jail. He must approve the necessary funds for the construction since it is over \$5,000.

He must support the purchase of the protective equipment by approving the line item account in the budget for all purchases of replacement equipment. The initial cost of equipping all personnel with protective equipment is approximatley \$3,000., which can be purchased without his approval, but the future budgets must reflect the costs of replacement equipment. The initial \$3,000. expenditure is possible in the present budget.

He is to be advised of all other aspects of the startegy. It is not necessary for him to attend committee meetings, but he will be invited, at his pleasure.

Evaluation and Feedback System

It is essential for the Project Manager to continually update all committee members and members of the critical mass as to the status of the change strategy. This is important so that members of the critical mass will move positively toward their desired level of commitment. Also, committee members must know whether they are accomplishing their responsibilities.

The system determined to be most effective in this change strategy is the scheduling of several meetings with the critical mass, the committee, and department employees.

The meeting with the critical mass is to inform them of the progress of the construction. It serves to gain continual support from them. If an actual meeting can not be arranged, the Project Manager will ensure that all members receive a written progress report on a monthly basis. All members will be invited to evaluate the progress and lend suggestions.

The committee will meet every two weeks. Before the meetings, all members will be asked to solicit feedback from their respective work groups as to the perceptions of the change. All feedback will be evaluated at the meeting and changes in the strategy will be made, if necessary.

The Training Manager will visit squad meetings for all Offices in the department. He will solicit feedback from the personnel and return to the next committee meeting with this information. It will be discussed and acted upon.

Since the change strategy and accomplishment of the mission is scheduled to be completed in one year, the Project Manager

will schedule quarterly meetings to be attended by anyone who is concerned about the change. These meeting will be open-ended discussion meetings with a general question and answer format.

The change anxiety within the department also will be addressed by periodic entries in the weekly bulletin, addressing the progress of the project.

Training bulletins will be authored by the Training Manager concerning the use of the protective equipment and education on AIDS and tuberculosis. The actual training sessions will assist in reducing resistance and anxiety about the project.

CHAPTER FIVE

CONCLUSION

CONCLUSION

This study set out to investigate the impact of immigration-borne communicable diseases on a medium sized police department by the year 2003. Three sub-issues were developed. The first was the ability of the County Sheriff's Department to incarcerate and house prisoners who have communicable diseases. The second dealt with police training issues regarding the exposure to and/or contraction of communicable diseases by police personnel. And, the third sub-issue was the effect of immigration, demographics and population density on policing strategies in lower socio-economic areas of the community.

In regards to the third sub-issue, it was forecasted that immigration will continue and increase during the next decade. These immigrants will bring more disease with them across the border, and spread it to neighbors in their communities. Law enforcement, in general, will not be able to adequately house and treat those arrested who have active communicable diseases.

Law enforcement can not realistically effect the increased immigration, population density and demographics of their communities as more immigrants come into the country from Latin America and the Pacific Rim countries. Each police agency in the state knows their communities are being impacted by immigration from these countries. Such areas as China Town, Little Tijuana and Little Saigon are established now, and will continue to grow. Police departments must realize this and plan for the training and protection of their personnel against exposure to communicable diseases.

Police officers in the future should realize that they face an increased risk of being exposed to, or contracting, a communicable disease. They will come in contact with more and more people who have active communicable diseases, especially in the lower socio-economic areas. The policing strategies in these areas will have to change. Officers will be forced to wear protective equipment, both when arresting someone, and in most contacts with the public.

As the first sub-issue was researched, it was forecasted that the Los Angeles County Sheriff's Department would either charge for the housing and treatment of infected prisoners, or refuse to accept them into the county jail system. And, the public health care system will not have the ability to assist in the treatment of these people. It was forecasted that the independent cities within Los Angeles County will be solely responsible to house and treat their infected prisoners by 2003.

While exploring the second sub-issue regarding training, it was found that training in the area of AIDS and tuberculosis is necessary on all police departments, no matter the size. It is absolutely essential that all agencies assess their present and future abilities to train their personnel in the methods of protection against communicable diseases.

The Santa Monica Police Department was used as a model for the study. Data was collected as to the future in regards to the issue and sub-issues. This data was used in the development of three future scenarios. One scenario was selected for policy consideration and a plan was implemented. It was determined that

building an isolation unit in the city jail, providing protective equipment to all personnel and training on AIDS and tuberculosis was the preferred strategy to decrease the impact of communicable disease on the Santa Monica Police Department in the next ten years.

As in all future study, this one is not static. There are many more possible futures that may appear regarding this issue. The real reason for such studies is not to answer all questions, but to get the reader to think about the issue.

This author's answer to how Santa Monica Police Department "may" address the future impact of communicable disease on the department is not the perfect solution to the problem. With the many futures there are many solutions.

Whatever the final policy considerations are developed from any futures studies, the final recommendation is that the law enforcement leaders of today must address tomorrow's problems now. Today's crisis situations were yesterday's future issues. The future is now!

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