

157033

STRATEGIES FOR MANAGING MENTALLY ILL PERSONS BY THE YEAR 2004

157033

057 20 1995

EXCERPTS



BY
ROGER W. JOHNSON
COMMAND COLLEGE XX
PEACE OFFICER STANDARDS AND TRAINING
SACRAMENTO, CALIFORNIA
MAY 1995

20-0411

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).

**©1995 by the
California Commission on Peace Officer
Standards and Training**

157033

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

California Comm. on Peace

Officer Standards and Training

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

TABLE OF CONTENTS

TABLE OF CONTENTS	i
LIST OF APPENDICES	ii
LIST OF TABLES AND ILLUSTRATIONS	iii
CHAPTER 1 - INTRODUCTION	1
CHAPTER 2 - FUTURES STUDY	17
CHAPTER 3 - STRATEGIC MANAGEMENT	68
CHAPTER 4 - TRANSITION MANAGEMENT	97
CHAPTER 5 - CONCLUSIONS AND RECOMMENDATIONS	120
BIBLIOGRAPHY	126
APPENDICES	128

LIST OF APPENDICES

A.	CANDIDATE LIST OF TRENDS	129
B.	CANDIDATE LIST OF EVENTS	133

TABLES AND ILLUSTRATIONS

TABLES

1.	Trend Evaluation	27
2.	Event Evaluation	39
3.	Cross Impact Matrix	49

ILLUSTRATIONS

1.	Mentally Ill Inmates in Los Angeles County Jails	9
2.	Mentally Ill Contacts Los Angeles Police Department	11
3.	Futures Wheel	19
4.	Trend 1 - Mental Health Services Availability	28
5.	Trend 2 - Recognition by Law Enforcement Leaders	29
6.	Trend 3 - Substance Abuse by Mentally Ill Persons	31
7.	Trend 4 - Funding for Law Enforcement Agencies	32
8.	Trend 5 - Inter-Agency Collaboration	33
9.	Trend 6 - Use of Specialized Law Enforcement Teams	34
10.	Trend 7 - Involvement by Client and Family Groups	35
11.	Trend 8 - Diversity in California	36
12.	Trend 9 - California's Economy	37

TABLES AND ILLUSTRATIONS (Continued)

13.	Trend 10 - Effectiveness of Medical Treatment	38
14.	Event 1 - County Budget Cut	40
15.	Event 2 - Funding Cut to Law Enforcement	41
16.	Event 3 - Loss of Designated Mental Health Funds	42
17.	Event 4 - State Budget Cut	42
18.	Event 5 - High Profile Death of Mentally Ill Person	43
19.	Event 6 - High Profile Death of Community Member	44
20.	Event 7 - National Health Plan Implemented	45
21.	Event 8 - Law Passed Requiring Mental Health Professionals to Report Dangerous Mentally Ill	46
22.	Event 9 - Large Damage Award Granted to Mentally Ill Person	47
23.	Event 10 - Election of a Pro-Mental Health Governor	48
24.	Assumption Mapping	84
25.	Commitment Planning	112

CHAPTER 1

INTRODUCTION

There exists today, and in the foreseeable future, a growing concern over the increasing number of contacts between law enforcement and mentally ill people. Police officers with ever expanding responsibilities continue to be impacted by the growing number of calls relating to this segment of the community. Many law enforcement officials believe this trend is moving towards crisis proportions.

HISTORICAL PERSPECTIVE

Even before the birth of the United States as a nation, it was generally recognized that government had a responsibility to care for the mentally ill. As early as 1766, Williamsburg and other towns in Virginia were experiencing problems with the increasing numbers of seriously mentally ill people. Many towns found these poor unfortunates wandering the streets or finding their way to local jails. As a result, the Virginia House of Burgesses legislated funds to create the first state owned and managed mental hospital. During the approximate two hundred years that followed,

this postulate continued as state governments fully accepted their responsibility to care for mentally ill people.¹

This premise would change, however, as various medications were developed to treat mental illness. With these new medications, it appeared no longer necessary to keep the mentally ill locked up in state mental institutions. As a cost-saving measure, many state mental facilities throughout the United States began to reduce the number of patients they housed. For example, California's state mental hospitals, which housed 559,000 patients in 1955,² currently house only 3,733 patients.³ When patients were released from these hospitals, state governments placed much of the responsibility for the mentally ill onto county governments. Los Angeles County has attempted to provide services for the added numbers of mentally ill through their mental health facilities, community health centers, and contract services provided through private health care agencies.⁴

Another contributing factor in the change of California's mental health system

¹E. Fuller Torrey, M.D., "The Mental Health Mess," National Review, 28 December 1992, p.22.

²Michael J. O'Sullivan, "Criminalizing the Mentally Ill," America, 4-11 January 1992, p. 9.

³Interview with Jaime Guzman, Chief of the Office of Legislature, State of California, Sacramento, California, 25 April 1995.

⁴Interview with Barry Perrou, Mental Health Commissioner, Los Angeles County, California, 26 April 1995.

came with the Lanterman-Petris-Short Act of 1967. Because of this legislation, it became more difficult to involuntarily commit mentally ill persons to state mental institutions. As a result, thousands, who would have otherwise received treatment at any one of the state mental institutions throughout California, were sent out into communities to fend for themselves.⁵

CURRENT MENTAL HEALTH SERVICES

Currently, the State of California provides hospitalization for two classes of patients through their state mental hospitals. One type is the civil commitment patient, who has been placed in the state hospital through a civil commitment hearing process. These are individuals who are incapable of being released to the community because their mental illnesses cause them to be gravely disabled, or a danger to themselves and others. The other type of patient housed in state mental hospitals are the individuals who have been placed through a judicial commitment. Judicial commitments are patients who are determined to be not guilty by reason of insanity, incompetent to stand trial, or mentally disordered sex offenders. Individual costs per patient are \$100,000 per year.⁶

⁵"The Hospital of Last Resort," Los Angeles Times, 25 August 1991.

⁶Interview with Jaime Guzman, Chief of the Office of Legislature, State of California.

The California Department of Mental Health will expend over \$866 million in services to mental health clients this year. In addition to providing hospitalization for the most severely mentally ill, the State Department of Mental Health is also responsible for the following services:

- Oversight and auditing of county mental health services.
- Homeless sheltering programs.
- Funding of community mental health centers through block grants.
- Conditional Release Program - Out-patient services for released judicial commitments.⁷

Los Angeles County Department of Mental Health continues to provide a variety of mental health services to over 72,000 people annually. Although some services are provided through psychiatric hospitals operated by the county, the majority of mental health services are provided through their community-based mental health clinics. Services that are provided through these venues are: psychiatric mobile response teams, crisis walk-in services, gero-psychiatric outreach, day rehabilitation services, vocational rehabilitation and community outreach. County Mental Health will spend \$300 million

⁷Ibid.

this year to provide mental health services to persons with mental illness in Los Angeles County.⁸

WHO ARE THE MENTALLY ILL?

Describing what mental illness is, and who the mentally ill are, has long been the subject of debate. Many would find it difficult to agree on a definition of what constitutes mental illness. As recent as 1950, a person could be determined mentally ill and committed to a mental hospital without ever having been evaluated by a mental health professional. However, a lot has changed since those years, and mental health advocates have made great strides in protecting the rights of patients.⁹

Even the task force of mental health professionals that created the *Diagnostic and Statistical Manual of Mental Disorders* admit "...that no definition adequately specifies precise boundaries for the concept of mental [illness]." They further assert:

The concept of mental [illness], like many other concepts in medicine and science, lacks a consistent operational definition that covers all situations. All medical conditions are defined on various levels of abstraction - for example, structural pathology (e.g., ulcerative colitis), symptom presentation (e.g., migraine), deviance from a physiological norm (e.g., hypertension), and etiology (e.g., pneumococcal pneumonia). Mental

⁸Interview with Linda Boyd, Program Coordinator for the Mental Evaluation Team, Los Angeles County Department of Mental Health, Whittier, California, 1 May 1995.

⁹Interview with Barry Perrou, Mental Health Commissioner, Los Angeles County.

[illnesses] have also been defined by a variety of concepts (e.g., distress, dyscontrol, disadvantage, disability, inflexibility, irrationality, syndromal pattern, etiology, and statistical deviation). Each is a useful indicator for a mental [illness], but none is equivalent to the concept, and different situations call for different definitions.¹⁰

Although no definition can be constructed to fully define mental illness in all situations, a mentally ill person can be defined as one whose mental condition represents a disability or distress which significantly increases risk of death, pain, disability, or loss of freedom.¹¹ There are primarily two categories of mentally ill people that law enforcement will encounter; (1) the chronically mentally ill, and (2) the person in temporary mental distress. The chronically mentally ill person is one whose condition is both acute and persistent. An example of the chronically mentally ill person is one, who because of their mental illness, is unable to provide for themselves and has been forced to live on the streets for several years. For the person who is in temporary distress, their mental illness is not chronic, but rather transient in nature. An example of a person in temporary distress would be a mentally ill person who barricades himself after involving himself in a family fight. Although chronically mentally ill persons represent a substantial number of police encounters each year, it

¹⁰American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (Washington DC: American Psychiatric Association, 1994), p. xxi.

¹¹Ibid.

is the person in temporary mental distress that represents both the larger number of encounters, and the more volatile and dangerous situations.¹²

Although the definition of *mental illness* and *the mentally ill* has changed over the last forty years, it is believed the percentage of the total population represented by persons with mental illness has remained relatively unchanged. Although there is no clear indication as to what percentage of the population suffers from mild forms of mental illness, it is believed that two to three percent of California's population is persistently and severely mentally ill.¹³

INCARCERATED MENTALLY ILL

Today, some of the mentally ill have been fortunate to receive mental health services from providers outside state facilities. However, when resources are exhausted, many of them end up in jail. Mentally ill persons coming into the jail environment typically are not criminals in the traditional sense. But, because of their mental illness, their actions cause them to come to the attention of law enforcement. Many have only committed minor misdemeanor offenses. Most of the offenses relate to trespassing charges resulting from rummaging on private property to find food;

¹²Interview with Barry Perrou, Mental Health Commissioner, Los Angeles County.

¹³Interview with Linda Boyd, Program Coordinator for the Mental Evaluation Team.

loitering in businesses attempting to keep out of the cold; indecent exposure charges resulting from not having adequate bathroom facilities; or theft of food or services.¹⁴

A 1992 study of jails in the United States showed that each day more than 30,000 of the seriously mentally ill were incarcerated. In this same study, it was discovered that sixty-nine percent of these jails indicated they were experiencing a far greater number of seriously mentally ill prisoners than compared with the previous ten years.¹⁵

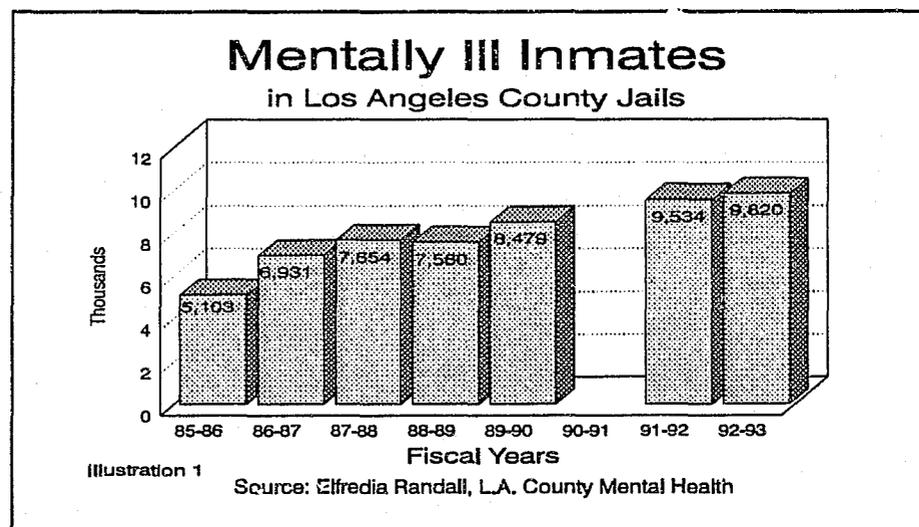
To further explore this growing problem, the Los Angeles County Jail system was examined to see how increased numbers of the mentally ill have impacted it. At the 2nd Annual Mental Health and Law Enforcement Seminar held on June 2, 1993, Los Angeles County Sheriff Sherman Block described his jail facility as "the largest mental institution in the United States." With a jail population of over 23,000 inmates, fifteen percent were found to be mentally ill. Facilities designed for mentally ill prisoners within the jail system are limited in Los Angeles County, as they are in many jails throughout the United States. As an example, one of Los Angeles County's custody facilities is currently housing over 3,000 mentally ill inmates in a facility designed for 800 inmates.

¹⁴J. Janik, "Dealing with Mentally Ill," FBI Law Enforcement Bulletin, July 1992, pp. 22-26.

¹⁵E.F. Torrey, J. Stieber, J. Ezekiel, S.M. Wolfe, J. Sharfstein, J.H. Noble, and L.M. Flynn, Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals (Washington D.C.: National Alliance for the Mentally Ill, 1992), p. 164.

During the last five years, the Los Angeles County Jail has seen an increase of sixty-six percent in mentally ill inmates.¹⁶ The trend can be seen even more clearly by examining the fiscal years 1985-86 to 1992-93 (Illustration 1). The numbers of inmates indicated are the actual number of mentally ill persons that were incarcerated in the jail system for the indicated fiscal years. The numbers of inmates are themselves dramatic, but to fully realize

the impact of these individuals on the jail system's resources, a more revealing figure is the number of



service contacts by mentally ill inmates during any given year. Service contacts are the actual number of times that an inmate receives mental health services provided within the jail. As an example, the fiscal year 1992-93 indicated that a total of 9,820 mentally ill inmates were incarcerated in Los Angeles County's jails. However, the actual

¹⁶Executive Summary of the Mental Health & Law Enforcement Seminar, Pomona, California, 2 June 1993.

number of service contacts for the indicated inmates reached over 105,000.¹⁷

County and city jails throughout America are not the only custodial facilities incarcerating the mentally ill. Mentally ill inmates are being housed in the state prisons, as well. A study conducted by Dr. Ron Jemelka of the University of Washington revealed that seriously mentally ill inmates accounted for ten to fifteen percent of the 771,000 inmates found in state prisons throughout the United States.¹⁸

POLICE ENCOUNTERS WITH MENTALLY ILL PERSONS

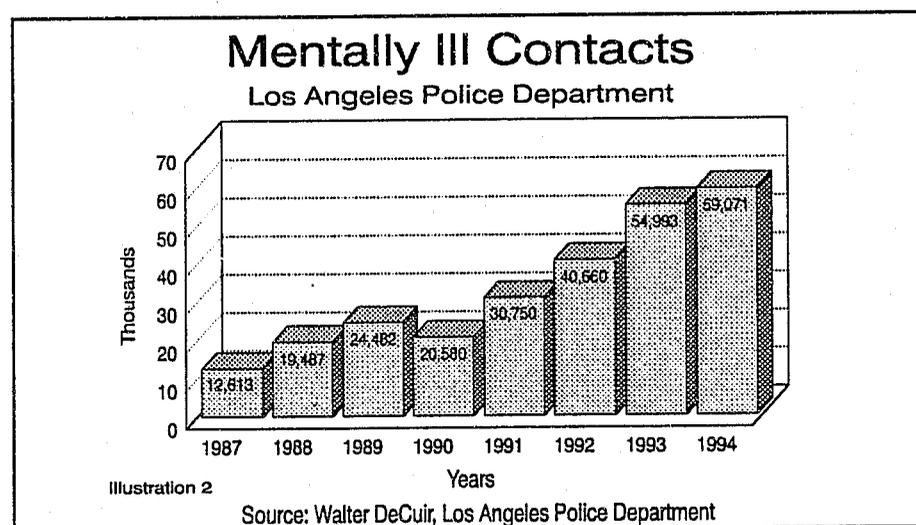
Mentally ill people, without appropriate health care, often find themselves coming in contact with police officers in the field. Contacts between law enforcement and the mentally ill account for a considerable portion of a police officer's patrol time. In 1984, a study conducted by the Los Angeles Police Department determined that the average time spent on one mentally ill individual from the time of contact to the time the police officer was able to place the person in an appropriate hospital facility was four hours. Since then, the Los Angeles Police Department has improved its ability to handle these types of calls by reorganizing and increasing the number of personnel

¹⁷Interview with Elfredia Randall, Los Angeles County Department of Mental Health, Jail Mental Health Services, Los Angeles, California, 30 December 1993.

¹⁸E. Fuller Torrey, M.D., "The Mental Health Mess," p. 23.

assigned to their Mental Evaluation Unit (MEU).¹⁹ The MEU is responsible for handling all calls relative to the mentally ill in the City of Los Angeles. During the eight year period from 1987 to 1994, each year, except one (1990), experienced a significant increase in the number of contacts between law enforcement and the mentally ill (Illustration 2). The reason for the decreased number of contacts in 1990 is not known. In

1994, the MEU handled 59,071 calls for assistance. Of those calls, sixty-five percent of the persons had been



seen by MEU before. Thirty-one percent had been in police custody ten or more times. It was also discovered that ninety percent of those individuals referred by the unit for seventy-two hour holds and evaluations at psychiatric hospitals were kept past the seventy-two hours.²⁰

¹⁹Peter Finn and Walter J. DeCuir, "Law Enforcement and the Social Service System: Handling the Mentally Ill," FBI Law Enforcement Bulletin, July 1988, p.6.

²⁰Interview with Detective Walter J. DeCuir, Los Angeles Police Department, Mental Evaluation Unit, Los Angeles, California, 27 April 1995.

In another study conducted by the Los Angeles County Sheriff's Department in 1991, it was revealed that fifteen percent of all law enforcement time was spent dealing with individuals who were thought to be mentally ill. As a result, in January 1993, the Sheriff's Department implemented the Mental Evaluation Team (MET) to help alleviate a portion of their patrol deputies' workload, freeing them to handle other calls for service. Each of the MET crews are staffed with a deputy and a mental health professional. They respond to calls relating to mentally ill people, and thus provide an effective approach to this type of call. During the first 120 days of the program, MET logged 435 mental health interventions.²¹

Law enforcement officials in the San Gabriel Valley have also voiced concern over the growing number of contacts between their officers and community members who are mentally ill. These types of contacts appear to be on the rise in San Gabriel Valley communities, as well. A survey of these agencies revealed that a total of 1,672 mentally ill related contacts were made by their police officers in 1993. For these police agencies, this large number of contacts represents a significant amount of their agencies' resources each year.²²

²¹Executive Summary of the Mental Health & Law Enforcement Seminar.

²²Interoffice Memorandum to Captain James B. Strait, from Jess Alvarado Jr., Lieutenant, Monterey Park, California, 22 December 1993.

Strategies for Managing Mentally Ill Persons by the Year 2005

R. W. Johnson. Sponsoring Agency: California Commission on Peace Officer Standards and Training. 1995. 163 pp.

Availability: Commission on POST, Center for Leadership Development. 1601 Alhambra Blvd., Sacramento, CA. 95816-7053

Single copies free; Order number 20-0411

National Institute of Justice/NCJRS Microfiche Program. Box 6000, Rockville, MD 20850.

Microfiche fee. Microfiche number _____.

Abstract

This study examines what strategies should be used by law enforcement for managing mentally ill persons by the year 2002. Projected increases in contacts between mentally ill persons and police officers warrant that law enforcement respond with strategies for dealing with these encounters. Policy recommendations emphasize: (1) the development of protocols for handling mentally ill prisoners, (2) the development of specially trained law enforcement teams for managing contacts with mentally ill in the field, and (3) increasing officer safety and minimizing liability through training. A model strategic plan is presented that includes the development of a intervention team that pairs police officers with mental health professionals to respond to mentally ill related calls in the field. Findings detailed in a journal article are supported by a technical report.

**STRATEGIES FOR MANAGING
MENTALLY ILL PERSONS
BY THE YEAR 2004**

JOURNAL ARTICLE



**BY
ROGER W. JOHNSON
COMMAND COLLEGE XX
PEACE OFFICER STANDARDS AND TRAINING
SACRAMENTO, CALIFORNIA
MAY 1995**

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).

**©1995 by the
California Commission on Peace Officer
Standards and Training**

February 10th was a day that would not soon be forgotten by the Canyonview Police Department. It was on that day that Officers Alice Percy and Vince Montoya had the misfortune of coming in contact with Michael Bevens, a twenty year old man suffering from schizophrenia. The police officers had responded to a call for help that came from the home of the Bevens family where Michael lived with his father, mother, and sixteen year old sister. Michael, who had refused to take his prescription medication, had become violent when his mother asked him to help with some household chores. When the police officers arrived, they were immediately confronted by Michael, who engaged them in a physical altercation. The officers struggled to subdue him, but soon found that Michael was gaining the advantage. During the struggle, Michael attempted to wrestle away Officer Montoya's gun, but within a few seconds, Michael lay mortally wounded, having been shot by the officers.

Tragic situations like the one just described have unfortunately been played out in history hundreds of times. However, law enforcement agencies still struggle to implement viable alternatives, which will ensure the safety of police officers and the community, and at the same time, provide humane and dignified treatment of mentally ill persons. There exists today, and in the foreseeable future, a growing concern over the increasing number of encounters between law enforcement and mentally ill people. Police officers with ever expanding responsibilities continue to be impacted by the

growing number of calls relating to this segment of the community. Many law enforcement officials believe this trend is moving towards crisis proportions.

Historical Perspective

Even before the birth of the United States as a nation, it was generally recognized that government had a responsibility to care for the mentally ill. As early as 1766, Williamsburg and other towns in Virginia were experiencing problems with the increasing numbers of seriously mentally ill people. Many towns found these poor unfortunates wandering the streets or finding their way to local jails. As a result, the Virginia House of Burgesses legislated funds to create the first state owned and managed mental hospital. During the approximate two hundred years that followed, this postulate continued as state governments fully accepted their responsibility to care for mentally ill people.¹

This premise would change, however, as various medications were developed to treat mental illness. With these new medications, it appeared no longer necessary to keep the mentally ill locked up in state mental institutions. As a cost-saving measure, many state mental facilities throughout the United States began to reduce the number of patients they housed. For example, California's state mental hospitals, which housed 559,000 patients in 1955,² currently house only 3,733 patients.³ When patients

were released from these hospitals, state governments placed much of the responsibility for the mentally ill onto county governments. Los Angeles County has attempted to provide services for the added numbers of mentally ill through their mental health facilities, community health centers, and contract services provided through private health agencies.⁴

Another contributing factor in the change of California's mental health system came with the Lanterman-Petris-Short Act of 1967. Because of this legislation, it became more difficult to involuntarily commit mentally ill persons to state mental institutions. As a result, thousands, who would have otherwise received treatment at any one of the state mental institutions throughout California, were sent out into communities to fend for themselves.⁵

Current Mental Health Services

Currently, the State of California provides hospitalization for two classes of patients through their state mental hospitals. One type is the civil commitment patient, who has been placed in the state hospital through a civil commitment hearing process. These are individuals who are incapable of being released to the community because their mental illnesses cause them to be gravely disabled, or a danger to themselves and others. The other type of patient housed in state mental hospitals are the individuals

who have been placed through a judicial commitment. Judicial commitments are patients who are determined to be not guilty by reason of insanity, incompetent to stand trial, or mentally disordered sex offenders. Individual costs per patient are \$100,000 per year.⁶

The California Department of Mental Health will expend over \$866 million in services to mental health clients this year. In addition to providing hospitalization for the most severely mentally ill, the State Department of Mental Health is also responsible for the following services:

- Oversight and auditing of county mental health services.
- Homeless sheltering programs.
- Funding of community mental health centers through block grants.
- Conditional Release Program - Out-patient services for released judicial commitments.⁷

Los Angeles County Department of Mental Health continues to provide a variety of mental health services to over 72,000 people annually. Although some services are provided through psychiatric hospitals operated by the county, the majority of mental health services are provided through their community-based mental health clinics. Services that are provided through these venues are: psychiatric mobile response teams, crisis walk-in services, gero-psychiatric outreach, day rehabilitation services, vocational

rehabilitation and community outreach. County Mental Health will spend \$300 million this year to provide mental health services to persons with mental illness in Los Angeles County.⁸

Who are the Mentally Ill?

Describing what mental illness is, and who the mentally ill are, has long been the subject of debate. Many would find it difficult to agree on a definition of what constitutes mental illness. As recent as 1950, a person could be determined mentally ill and committed to a mental hospital without ever having been evaluated by a mental health professional. However, a lot has changed since those years, and mental health advocates have made great strides in protecting the rights of patients.⁹

Even the task force of mental health professionals that created the *Diagnostic and Statistical Manual of Mental Disorders* admit "...that no definition adequately specifies precise boundaries for the concept of mental [illness]." Although no definition can be constructed to fully define mental illness in all situations, a mentally ill person can be defined as one, whose mental condition represents a disability or distress which significantly increases risk of death, pain, disability, or loss of freedom.¹⁰

There are primarily two categories of mentally ill people that law enforcement will encounter; (1) the chronically mentally ill, and (2) the person in temporary mental

distress. The chronically mentally ill person is one whose condition is both acute and persistent. An example of the chronically mentally ill is a person, who because of their mental illness, is unable to provide for themselves and has been forced to live in a local park for several years. For the person who is in temporary distress, their mental illness is not chronic, but rather transient in nature. An example of a person in temporary distress would be a mentally ill person who barricades himself after becoming involved in a family fight. Although chronically mentally ill persons represent a substantial number of police encounters each year, it is the person in temporary mental distress that represents both the larger number of encounters, and the more volatile and dangerous situations.¹¹

Although the definition of mental illness and the mentally ill has changed over the last forty years, it is believed the percentage of the total population represented by persons with mental illness has remained relatively unchanged. Although there is no clear indication as to what percentage of the population suffers from mild forms of mental illness, it is believed that two to three percent of California's population is persistently and severely mentally ill.¹²

Incarcerated Mentally Ill

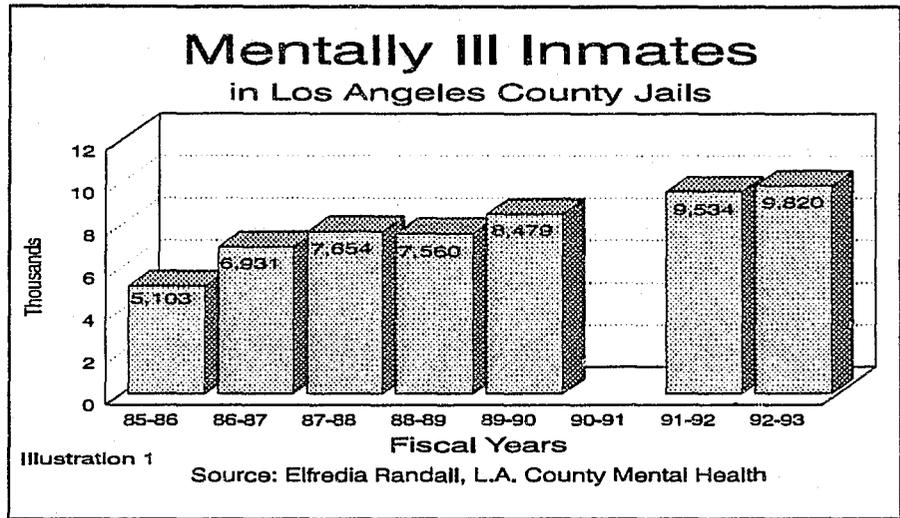
Today, some of the mentally ill have been fortunate to receive mental health

services from providers outside state facilities. However, when resources are exhausted, many of them end up in jail. Mentally ill persons coming into the jail environment typically are not criminals in the traditional sense. But, because of their mental illness, their actions cause them to come to the attention of law enforcement. Many have only committed minor misdemeanor offenses. Most of the offenses relate to trespassing charges resulting from rummaging on private property to find food; loitering in businesses attempting to keep out of the cold; indecent exposure charges resulting from not having adequate bathroom facilities, or theft of food or services.¹³

A 1992 study of jails in the United States showed that each day more than 30,000 of the seriously mentally ill were incarcerated. In this same study, it was discovered that sixty-nine percent of these jails indicated they were experiencing a far greater number of seriously mentally ill prisoners than compared with the previous ten years.¹⁴

To further explore this growing problem, the Los Angeles County Jail system was examined to see how increased numbers of the mentally ill have impacted it. At the 2nd Annual Mental Health and Law Enforcement Seminar held on June 2, 1993, Los Angeles County Sheriff Sherman Block described his jail facility as "the largest mental institution in the United States." With a jail population of over 23,000 inmates, fifteen percent were found to be mentally ill. Facilities designed for mentally ill prisoners within the jail system are limited in Los Angeles County, as they are in many

jails throughout the United States. As an example, one of Los Angeles County's custody facilities is currently housing over 3,000 mentally ill inmates in a facility designed for 800 inmates.



During the last five years, the Los Angeles County Jail has seen an increase of sixty-six percent in mentally ill inmates.¹⁵ The trend can be seen even more clearly by examining the fiscal years 1985-86 to 1992-93 (Illustration 1). The numbers of inmates indicated are the actual number of mentally ill persons that were incarcerated in the jail system for the indicated fiscal years. The numbers of inmates are themselves dramatic, but to fully realize the impact of these individuals on the jail system's resources, a more revealing figure is the number of service contacts by mentally ill inmates during any given year. Service contacts are the actual number of times that an inmate receives mental health services provided within the jail. As an example, the fiscal year 1992-93 indicated that a total of 9,820 mentally ill inmates were incarcerated in Los Angeles County's jails. However, the actual number of service contacts for the indicated

inmates reached over 105,000.¹⁶

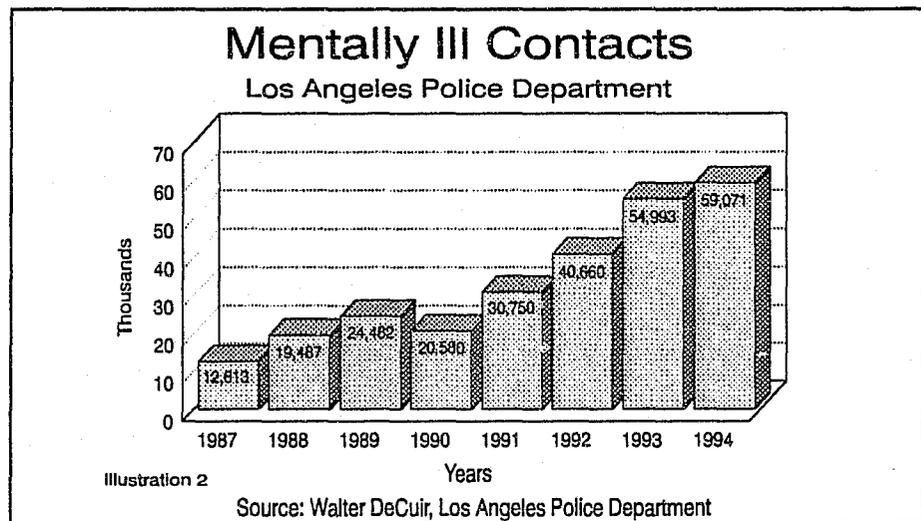
County and city jails throughout America are not the only custodial facilities incarcerating the mentally ill. Mentally ill inmates are being housed in the state prisons, as well. A study conducted by Dr. Ron Jemelka of the University of Washington revealed that seriously mentally ill inmates accounted for ten to fifteen percent of the 771,000 inmates found in state prisons throughout the United States.¹⁷

Police Encounters with Mentally Ill Persons

Mentally ill people, without appropriate health care, often find themselves coming in contact with police officers in the field. Contacts between law enforcement and the mentally ill account for a considerable portion of a police officer's patrol time. In 1984, a study conducted by the Los Angeles Police Department determined that the average time spent on one mentally ill individual from the time of contact to the time the police officer was able to place the person in an appropriate hospital facility was four hours. Since then, the Los Angeles Police Department has improved its ability to handle these types of calls by reorganizing and increasing the number of personnel assigned to their Mental Evaluation Unit (MEU).¹⁸ The MEU is responsible for handling all calls relative to the mentally ill in the City of Los Angeles. During the eight year period from 1987 to 1994, each year, except one (1990), experienced a

significant increase in the number of contacts between law enforcement and the mentally ill (Illustration 2). The reason for the decreased number of contacts in 1990 is not known. In 1994, the MEU handled 59,071 calls for assistance. Of those calls, sixty-five percent of the persons had been seen by MEU before. Thirty-one percent had been in police custody ten or more times. It was also discovered that ninety percent of those

individuals referred by the unit for seventy-two hour holds and evaluations at psychiatric hospitals



were kept past the seventy-two hours.¹⁹

In another study conducted by the Los Angeles County Sheriff's Department in 1991, it was revealed that fifteen percent of all law enforcement time was spent dealing with individuals who were thought to be mentally ill. As a result, in January 1993, the Sheriff's Department implemented the Mental Evaluation Team (MET) to help alleviate a portion of their patrol deputies' workload, freeing them to handle other calls for service. Each of the MET crews are staffed with a deputy and a mental health

professional. They respond to calls relating to mentally ill people, and thus provide an effective approach to this type of call. During the first 120 days of the program, MET logged 435 mental health interventions.²⁰

Law enforcement officials in the San Gabriel Valley have also voiced concern over the growing number of contacts between their officers and community members who are mentally ill. These types of contacts appear to be on the rise in San Gabriel Valley communities, as well. A survey of these agencies revealed that a total of 1,672 mentally ill related contacts were made by their police officers in 1993. For these police agencies, this large number of contacts represents a significant amount of their agencies' resources each year.²¹

Many of the mentally ill come in contact with law enforcement because of their homeless status. A full one-third of the homeless population in the United States is made up of the seriously mentally ill.²² A survey of incoming inmates by the Los Angeles County Sheriff's Department also helped to support these findings. They found that forty percent of the mentally ill inmates entering their jail system were homeless when they were arrested.²³

Another issue that has exacerbated the problem of increased contacts with the mentally ill has been the availability of Psychiatric Emergency Teams or PET as they are often called. In 1987, Los Angeles County law enforcement began to experience

a decrease in PET service availability to police officers in the field. This occurred primarily because of significant funding problems that developed during that time. As funding continued to decrease in 1989, eight of the County's mental health clinics closed. This event further impacted their ability to provide PET services to law enforcement. Today, PET service availability has still not reached pre-1987 levels. In a county mental health agency that once had 2,000 employees, the Los Angeles County Department of Mental Health only has 1,300. The availability of PET is not anticipated to increase any time in the near future.²⁴

Contacts between the police and the mentally ill have sometimes resulted in injury or death to both police officers and mentally ill people. Several studies that have been initiated in recent years suggest that a relationship exists between mental disorders and violent behavior.²⁵ Reminders of violent confrontations between the police and the mentally ill are ever present. Daily newspapers often report confrontations between law enforcement and the mentally ill, which have tragically led to serious injury and many times death. The following are just a few examples:

- San Bernardino County Sheriff's deputies kill a mentally ill bus hijacker after a two-state car chase.²⁶
- San Diego County Sheriff's deputies fatally shoot a shovel-wielding transient that appeared to be mentally unstable.²⁷

- Pasadena police officers fatally shoot a mentally ill man after he attacked the officers with a knife.²⁸
- A man with a history of mental illness attacked a Los Angeles County Sheriff's deputy while in jail. The struggle that ensued resulted in critical injuries to the man.²⁹

Analysis of the Problem

Based on the emerging issues that have been described thus far, it would seem prudent to examine these issues further. If California law enforcement is to meet the challenges these trends represent, there must be a clear understanding of what potentially awaits in the future.

On March 28, 1994, the Monrovia Police Department hosted a panel workshop to discuss the issues associated with police officer encounters with mentally ill persons. Panel members in attendance were mental health practitioners, a mental health client, mental health advocates, and law enforcement officials. The goal of the workshop was to identify the various trends impacting the issue:

What strategies will law enforcement use to manage encounters with mentally ill persons by the year 2004?

During the workshop, the panel identified fifty-five trends they believed would

impact the issue being studied. Of those fifty-five trends, the panel then identified ten they believed were the most important and would have the greatest impact on the issue.

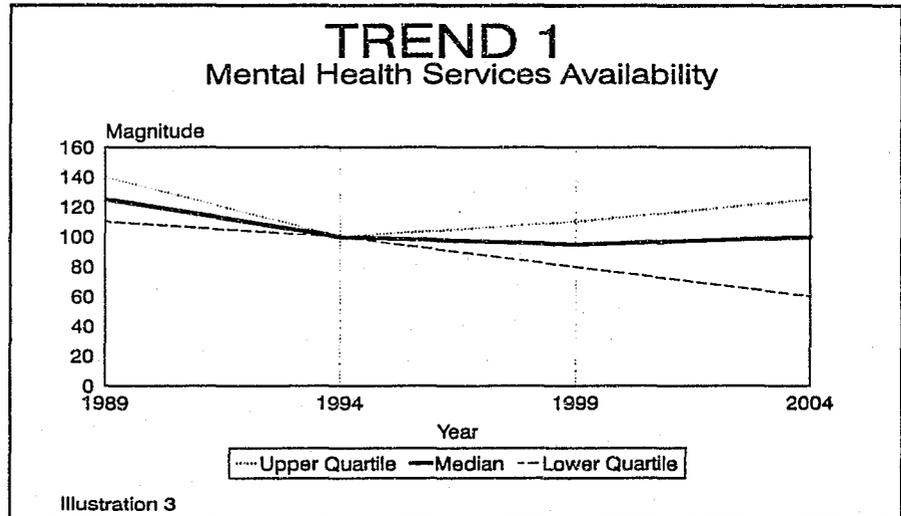
Following are the ten trends identified as the most significant:

- Availability of Mental Health Services to the Mentally Ill
- Recognition by Law Enforcement Executives of the Importance of Issues Associated with the Mentally Ill
- Substance Abuse by Mentally Ill Persons
- Funding for Law Enforcement
- Inter-Agency Collaboration on Mental Health Issues
- Use of Specialized Law Enforcement Teams to Deal Exclusively with the Mentally Ill
- Involvement by Client and Family Groups in Deciding Public Policies of Law Enforcement Relative to the Mentally Ill
- Diversity in California
- California's Economy
- Effectiveness of Medical Treatment

Trend Forecasting

After the panel members identified the top ten trends through a voting process,

they forecasted the selected trends to the year 2004. This was accomplished using a trend evaluation form. During this procedure, each panel member evaluated each trend as it appeared five years ago. The panel members then forecasted the trend five and ten years into the future. Each of the ten trends are



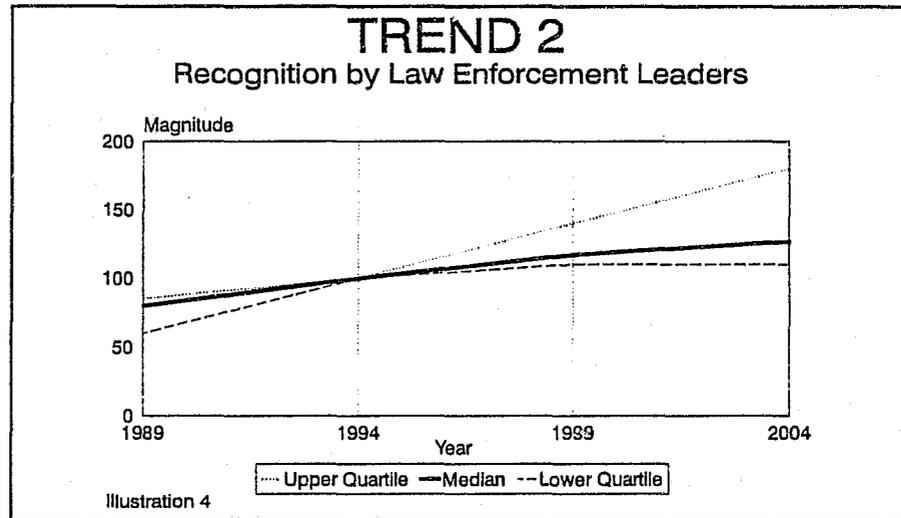
forecasted in the following pages with an accompanying trend graph. Each graph shows the median view of the panel along with the upper and lower quartile indications. The discussion of each trend with focus primarily on the median viewpoint of the panel.

Trend 1 - Availability of Mental Health Services

This trend represents the availability of mental health services to individuals who are mentally ill (Illustration 3). This trend was viewed by the panel as the most important of the ten trends they explored. It was their belief that this trend has a significant part to play in the issues associated with contacts between law enforcement officers and mentally ill persons. It was their belief that without the availability of

mental health services, mentally ill persons will be left untreated. They will remain in the community and enter into situations requiring police intervention.

The panel was in relative agreement that in 1989, there was a greater availability of mental health services than there are today. As



the panel forecasted to the year 1999 and 2004, the median view of the panel indicated the amount and availability of services will increase slightly.

Trend 2 - Recognition by Law Enforcement Leaders

This trend deals with the recognition by law enforcement executives of the importance of dealing effectively with the issues associated with mentally ill people. The panel's forecast of this trend is displayed in Illustration 4. The panel indicated that in 1989, there appeared to be less concern by law enforcement leaders with the issues associated with the mentally ill. Since that time, there has been an apparent increase. Panel members indicated they were encouraged to see studies being done, which

demonstrate to them law enforcement executives are showing greater interest in this area.

As the panel projected out to the years 1999 and 2004, there is a steady climb forecasted in the median view showing law enforcement will continue to recognize the significance of this issue, and subsequently work towards solutions to the problems associated with the mentally ill and law enforcement.

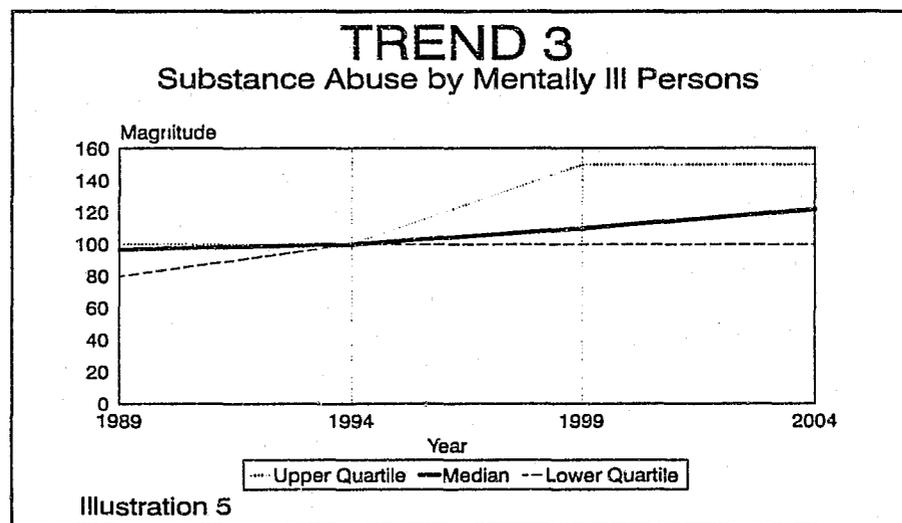
Trend 3 -Substance Abuse by Mentally Ill Persons

This trend forecasts the level of substance abuse by mentally ill persons (Illustration 5). Substances considered by the panel in this forecast were alcoholic beverages, prescription medications, and illicit drugs. This trend was viewed by the

panel as being a significant concern to the issue in this study.

An increase in substance abuse by the mentally ill can have adverse results,

and bring mentally ill persons into contact with police officers because of their intoxication. Substance abuse can also cause a person to become violent, thus creating



a dangerous situation for both police officers and mentally ill persons.

The median view of the panel indicated substance abuse by mentally ill persons has remained relatively constant since 1989. As the forecast moves past 1994, it is projected to gently increase through the year 1999, and on up to 2004.

Trend 4 - Funding for Law Enforcement

The future funding of law enforcement agencies appears to be favorable,

according to the

forecast provided for

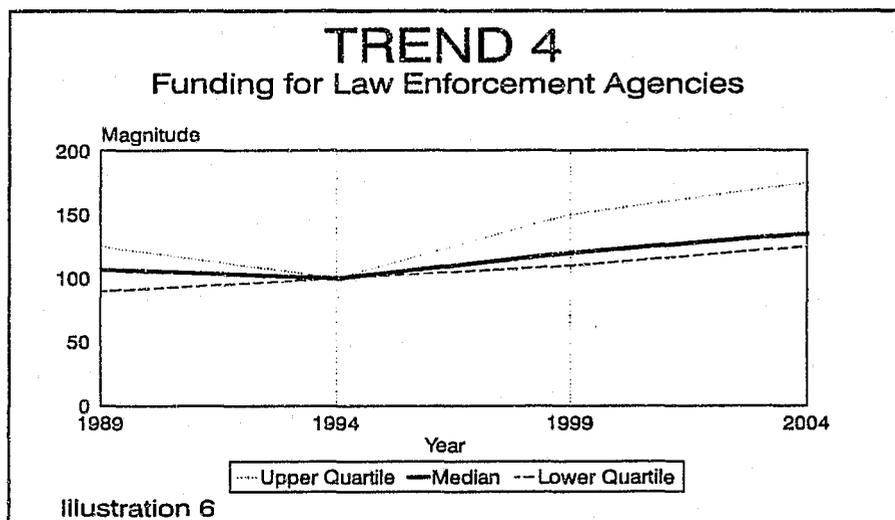
this trend (Illustration

6). The panel

indicated that if law

enforcement agencies

are funded



appropriately, they will have the resources and will be better able to deal with the

issues of the mentally ill. There was a disparity of view from the panel as to whether

there has been an increase or decrease of funding for law enforcement agencies since

1990. However, there was agreement among the panel members that funding for law

enforcement will increase during the next ten years. If this forecast bears out, law

enforcement will have more resources in the future with which to deal with the issues associated with the mentally ill.

Trend 5 - Inter-Agency Collaboration

The panel indicated they have not seen much in the way of collaboration between law enforcement and

human services,

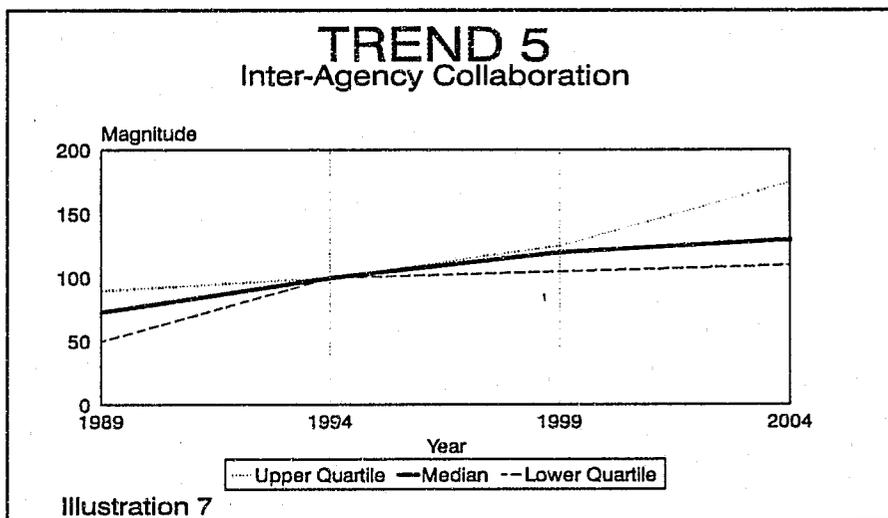
especially in mental

health services, prior

to 1994 (Illustration

7). This is

unfortunate, as the

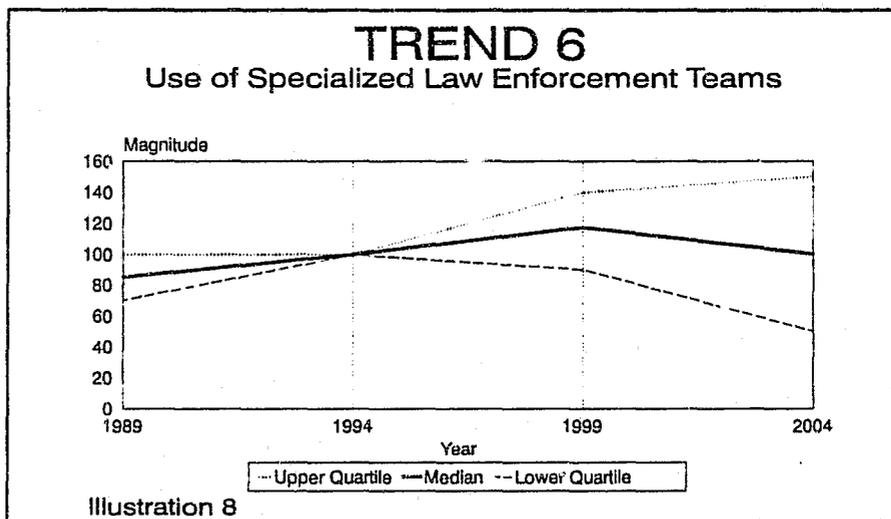


panel believes it is an absolute necessity if any progress is to be made by law enforcement and human service agencies in handling the issues associated with persons who are mentally ill. However, the panel's forecast of this trend is hopeful as they all generally perceived there will be an increase in inter-agency collaboration, which will build momentum through the year 1999, and on to 2004.

Trend 6 - Use of Specialized Law Enforcement Teams

The trend forecasted in Illustration 8 is the adoption of specialized teams of police officers to deal with problems associated with persons who are mentally ill. The

examples cited by the panel were the Mental Evaluation Team of the Los Angeles County Sheriff's Department and Los Angeles Police Department's Mental Evaluation Unit. The panel views these specialized teams as very beneficial in helping police officers to cope with the specialized problems associated with the mentally ill.



The median view represented by the panel indicates there has been an increased use of these specialized units from 1989 to 1994. As the time line continues into the future, the panel forecasted an increase in this trend up to the year 1999, but perceived it returning to approximately the same levels in 2004, that it had in 1994.

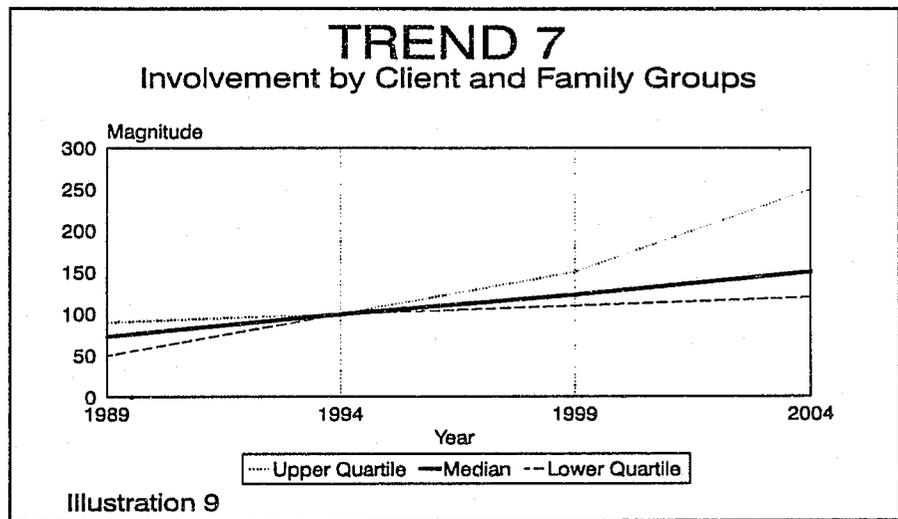
Trend 7 - Involvement by Client and Family Groups

From the forecast of this trend (Illustration 9), the panel projected an increase of involvement by client and family groups in deciding the public policies of law enforcement in their handling of mentally ill persons. The panel believed client and family group involvement will assist law enforcement in balancing the rights of

mentally ill persons with the rights of others living in the community.

The median view of the panel projected a modest

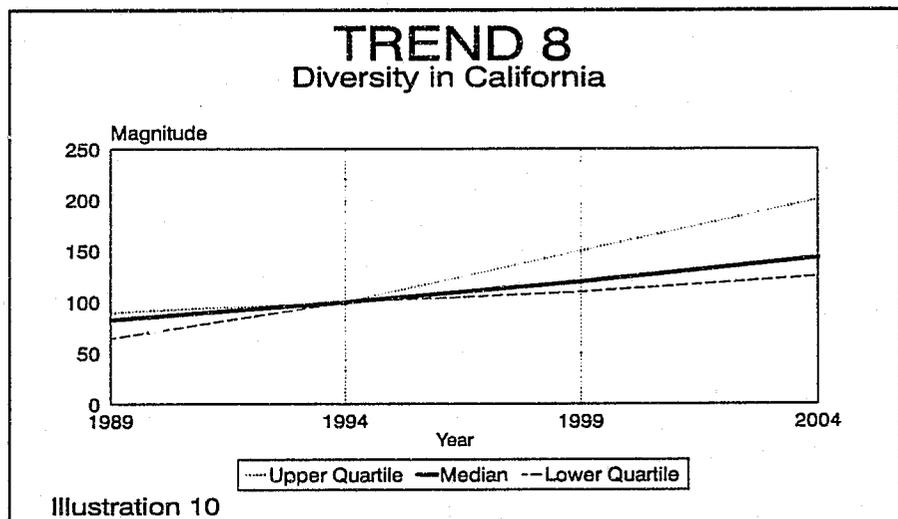
increase in client and family groups involvement through the year 1999, and on to the year 2004.



Trend 8 - Diversity in California

The panel forecasted an increase in the diversity of California's population (Illustration 10). It is

their belief that California will continue to see an increasingly diverse population in terms of culture, race,



and ethnicity. This will provide additional challenges to law enforcement as they

attempt to overcome the barriers of language and culture. Once again, as in the previous graph, the median and lower quartile time lines were in general agreement forecasting an increase in diversity through the year 2004.

Trend 9 - California's Economy

In evaluating California's economy, the panel found only relative agreement in that all believed there had been

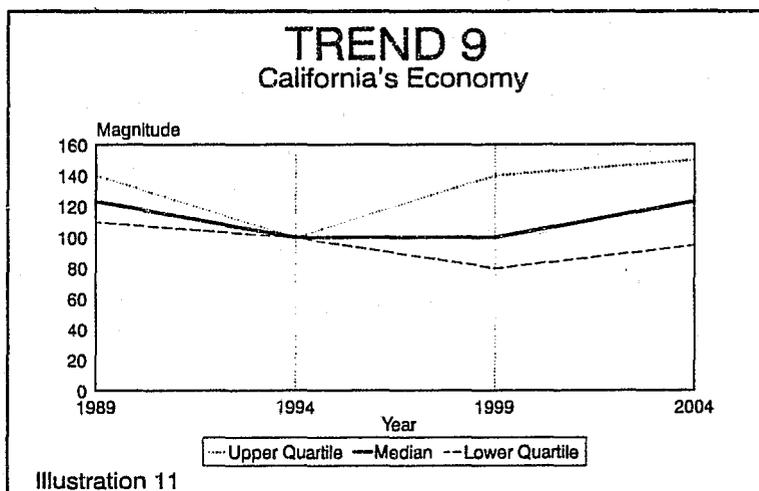
a down turn in the economy from 1989 to 1994 (Illustration

11). From that point on, there was vastly divergent views on the course California's economy

will take. The median view

forecasts no change in the present economic state until the year 1999, when it then shows a mild increase to the year 2004.

The panel feels California's economy will play its own significant role in how mental health issues will be decided. With a healthy economy, it is expected that more funds will be available statewide to fund not only law enforcement programs, but mental health services, as well. On the other hand, if California's economy continues to show a downward trend, funds will not be available to support the various programs



and services that are vitally needed.

Trend 10 - Effectiveness of Medical Treatment

The effectiveness of medical treatment was seen by the panel as playing a role in this research (Illustration 12). The median view of the panel indicates they believe

a modest increase will

occur in the

effectiveness of

medical treatment

through the year 2004.

If this forecast bears

out, the law

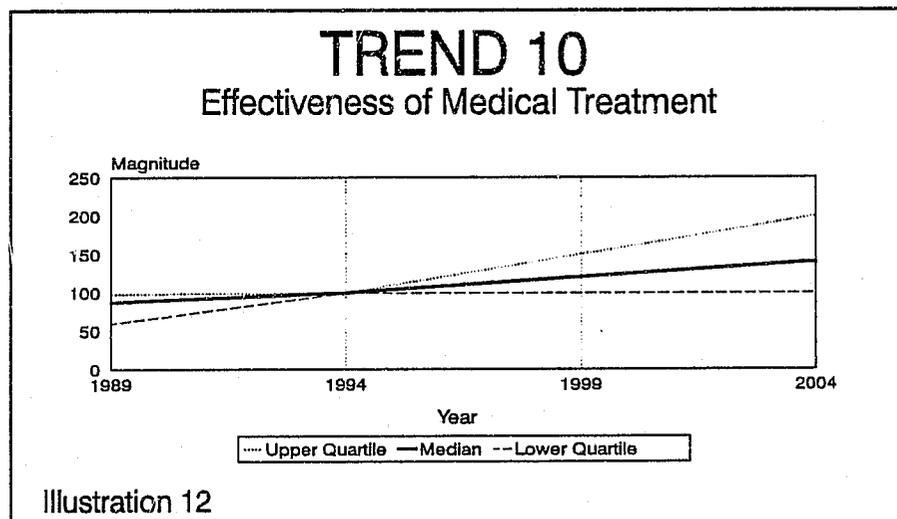


Illustration 12

enforcement workload associated with mentally health related calls should decrease.

Policy Implications for Law Enforcement

This article has examined a number of emerging trends, some of which, could affect California law enforcement's future in adverse ways. Although the impact of these trends can only be calculated, it will be essential for law enforcement to prepare for the potential futures these trends represent. Based on these forecasts, it is recommended that the following policy implications be considered.

1. **Develop Policies for Handling Mentally Ill Inmates** - Whether in a large county or small city jail, law enforcement agencies must realize mentally ill inmates represent a special concern and liability within the jail environment. In some cases, mentally ill inmates can be volatile and aggressive. In other instances, they may be self-destructive and require other special handling. In order to protect police officers, the mentally ill, and other inmates, policies should be established to provide guidance to officers responsible for the handling of mentally ill inmates.

2. **Develop Specialized Law Enforcement Teams** - In order for law enforcement to deal effectively with the complex situations involving the mentally ill, it will be increasingly necessary to implement specially trained teams of officers. These special teams, whether from one police agency or from a coalition effort of several agencies, will develop the knowledge and expertise needed to safely handle calls involving the mentally ill. Violent confrontations will be minimized as specially trained officers implement strategies for de-escalation. The use of specialized teams will enable a rapport to develop between law enforcement and mental health service providers, thus providing a more effective use of resources. In addition, patrol officers will not be encumbered for long periods of time handling these types of calls, and will be free to handle other calls for service.

3. **Increase Officer Safety and Minimize Liability Through Training** - The training of police officers in the issues of the mentally ill will become a necessity if law enforcement is to deal appropriately with this segment of the community. Training plans should be developed by individual police agencies to assist their officers in correctly handling the situations officers encounter, both in the field and in the jail environment. Not only will training assist officers in handling these types of situations, but civil liability will be minimized as well.

Alternative Strategies

In response to the trends and policy implications that have been discussed, three alternate strategies are offered for consideration. These strategies were developed by a group of law enforcement practitioners using the modified delphi process. The group consisted of police managers, supervisors, and line officers.

Alternate Strategy 1 - Develop A Regional Team

The first strategy calls for the development of a regional team of specially trained police officers and mental health technicians. The police officers and mental health technicians would receive special training in crisis intervention and the handling of mentally ill related situations. Police officers would be paired with mental health technicians in two person response cars. The regional team would consist of officers

from several police agencies, who share a common regional area. Each agency would supply an officer to be part of the overall team.

These two-person response cars would be available to handle those calls in the regional area associated with the mentally ill. Calls coming into the dispatch centers of the respective regional agencies would be screened to determine what type of service is requested. Patrol officers from that jurisdiction would initially be dispatched to the call. Once at the scene, the patrol officer would determine if the regional team was needed. Once the regional team car arrived at the location of the call, the patrol officer would be relieved to handle other pending calls for service.

Alternate Strategy 2 - Implement A Database for the Mentally Ill

The next alternate strategy is the implementation of a database of information on mentally ill persons. This strategy is a relatively straightforward gathering of information on individuals who are mentally ill. The database would provide information, which would allow officers in the field to determine the identity of the person. It would also provide information about the person's mental health needs, such as, whether the person has schizophrenia or other mental disorders, or what medication they may be required to take. It would also provide information as to the doctor who is currently treating the person, or from what hospital or mental facility the person normally receives treatment. Information, such as family member contacts, would also

be part of the database. This approach would allow officers in the field the opportunity to handle mentally ill related calls with a certain degree of specificity. Knowing what type of mental illness the person has would allow officers to respond appropriately to each unique person and situation. With the mentally ill person's information available as to their doctor or hospital, prompt contact with them would afford mental health services in a timely manner.

Alternate Strategy 3 - Community Triage Center

This strategy received the most diversity of support. Several members of the panel saw this as a viable strategy while others did not. This particular strategy involved the development of a community triage center. The community triage center would be manned by volunteer community workers with background and experience in the mental health field. The triage center would be manned from 8:00 o'clock in the morning until midnight, and would provide services to walk-ins, and also to law enforcement referrals. The center would be available as a temporary holding facility for mentally ill persons, who were determined by law enforcement to be a danger to themselves or others, until arrangements could be made for the person to be transported to a county or private hospital facility.

Conclusion

What strategies will law enforcement use to manage encounters with mentally ill person by the year 2004? The level of impact that these adverse encounters will have on law enforcement will rest mainly on how well California law enforcement has prepared for their eventual coming. Law enforcement need not be overwhelmed by the issues that are represented in this article. By careful examination and planning, preparation can begin to effectively deal with the issues represented herein.

ENDNOTES

- 1.E. Fuller Torrey, M.D., "The Mental Health Mess," National Review, 28 December 1992, p. 22.
- 2.Michael J. O'Sullivan, "Criminalizing the Mentally Ill," America, 4-11 January 1992, p. 9.
- 3.Interview with Jaime Guzman, Chief of the Office of Legislature, State of California, Sacramento, California, 25 April 1995.
- 4.Interview with Barry Perrou, Mental Health Commissioner, Los Angeles County, California, 26 April 1995.
- 5."The Hospital of Last Resort, Los Angeles Times, 25 August 1991.
- 6.Interview with Jaime Guzman, Chief of the Office of Legislature, State of California.
- 7.Ibid.
- 8.Interview with Linda Boyd, Program Coordinator for the Mental Evaluation Team, Los Angeles County Department of Mental Health, Whittier, California, 1 May 1995.
- 9.Interview with Barry Perrou, Mental Health Commissioner, Los Angeles County.
- 10.Ibid.

11. Interview with Barry Perrou, Mental Health Commissioner, Los Angeles County.
12. Interview with Linda Boyd, Program Coordinator for the Mental Evaluation Team.
13. J. Janik, "Dealing with Mentally Ill," FBI Law Enforcement Bulletin, July 1992, pp. 22-26.
14. E.F. Torrey, J. Stieber, J. Ezekiel, S.M. Wolfe, J. Sharfstein, J.H. Noble, and L.M. Flynn, Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals (Washington DC: National Alliance for the Mentally Ill, 1992), p. 164.
15. Executive Summary of the Mental Health & Law Enforcement Seminar, Pomona, California, 2 June 1993.
16. Interview with Elfredia Randall, Los Angeles County Department of Mental Health, Jail Mental Health Services, Los Angeles, California, 30 December 1993.
17. E. Fuller Torrey, M.D., "The Mental Health Mess," p. 23.
18. Peter Finn and Walter J. DeCuir, "Law Enforcement and the Social Service System: Handling the Mentally Ill," FBI Law Enforcement Bulletin, July 1988, p. 6.
19. Interview with Detective Walter J. DeCuir, Los Angeles Police Department, Mental Evaluation Unit, Los Angeles, California, 27 April 1995.
20. Executive Summary of the Mental Health & Law Enforcement Seminar.
21. Interoffice Memorandum to Captain James B. Strait, from Jess Alvarado Jr., Lieutenant, Monterey Park, California, 22 December 1993.
22. E. Fuller Torrey, M.D., "The Mental Health Mess," p. 22.
23. "Steps Urged to Keep Mentally Ill Out of Jail," Los Angeles Times, 19 May 1993.
24. Interview with Linda Boyd, Program Coordinator for the Mental Evaluation Team.
25. Sheilagh Hodgins, ed., Mental Disorder and Crime (Newbury Park: Sage Publications, 1993), pp. 297-9.
26. Pasadena Star News, 31 January 1992.
27. San Gabriel Valley Tribune, 27 December 1991.
28. "Police Slaying of Mentally Ill Man Assailed by Relatives," Los Angeles Times, 29 September 1991.
29. "Family Says Mentally Ill Inmate Needed Protecting," Los Angeles Times, 20 October 1990.

Many of the mentally ill come in contact with law enforcement because of their homeless status. A full one-third of the homeless population in the United States is made up of the seriously mentally ill.²³ A survey of incoming inmates by the Los Angeles County Sheriff's Department also helped to support these findings. They found that forty percent of the mentally ill inmates entering their jail system were homeless when they were arrested.²⁴

Another issue that has exacerbated the problem of increased contacts with the mentally ill has been the availability of Psychiatric Emergency Teams or PET as they are often called. In 1987, Los Angeles County law enforcement began to experience a decrease in PET service availability to police officers in the field. This occurred primarily because of significant funding problems that developed during that time. As funding continued to decrease in 1989, eight of the County's mental health clinics closed. This event further impacted their ability to provide PET services to law enforcement. Today, PET service availability has still not reached pre-1987 levels. In a county mental health agency that once had 2,000 employees, the Los Angeles County Department of Mental Health only has 1,300. The availability of PET is not anticipated

²³E. Fuller Torrey, M.D., "The Mental Health Mess," p. 22.

²⁴"Steps Urged to Keep Mentally Ill Out of Jail," Los Angeles Times, 19 May 1993.

to increase any time in the near future.²⁵

Contacts between the police and the mentally ill have sometimes resulted in injury or death to both police officers and mentally ill people. Several studies that have been initiated in recent years suggest that a relationship exists between mental disorders and violent behavior.²⁶ Reminders of violent confrontations between the police and the mentally ill are ever present. Daily newspapers often report confrontations between law enforcement and the mentally ill, which have tragically led to serious injury and many times death. The following are just a few examples:

- San Bernardino County Sheriff's deputies kill a mentally ill bus hijacker after a two-state car chase.²⁷
- San Diego County Sheriff's deputies fatally shoot a shovel-wielding transient that appeared to be mentally unstable.²⁸
- Pasadena police officers fatally shoot a mentally ill man after he attacked the

²⁵Interview with Linda Boyd, Program Coordinator for the Mental Evaluation Team.

²⁶Sheilagh Hodgins, ed., Mental Disorder and Crime (Newbury Park: Sage Publications, 1993), pp. 297-9.

²⁷Pasadena Star News, 31 January 1992.

²⁸San Gabriel Valley Tribune, 27 December 1991.

officers with a knife.²⁹

- A man with a history of mental illness attacked a Los Angeles County Sheriff's deputy while in jail. The struggle that ensued resulted in critical injuries to the man.³⁰

POLICE TRAINING

New police officers, trained at any one of the police academies throughout the state, receive training on issues dealing with the mentally ill. California's Commission on Peace Officer Standards and Training provides guidelines which must be followed in this regard. At the Los Angeles County Sheriff's Academy, an eight hour module is set aside to deal with the topic of "Persons with Disabilities," of which a segment specifically deals with issues of the mentally ill.³¹ Many police officers will receive no additional training beyond that received at the training academy on the issues of the mentally ill.

²⁹"Police Slaying of Mentally Ill Man Assailed by Relatives," Los Angeles Times, 29 September 1991.

³⁰"Family Says Mentally Ill Inmate Needed Protecting," Los Angeles Times, 20 October 1990.

³¹Interview with Robert Guilbault, Deputy, Los Angeles County Sheriff's Department, Whittier, California, 15 February 1994.

PROJECT OVERVIEW

The relevance of issues relating to the mentally ill have been firmly established in the preceding pages. The emerging trends that loom on the horizon of California law enforcement's future must be confronted. When examined closely, they clearly indicate the importance and necessity of furthering research in this area.

The issue that will be examined in this thesis is a matter of importance to many law enforcement officials throughout the State. It is likely the majority of these law enforcement agencies expend significant quantities of their resources each year answering the service calls relating to the mentally ill. By examining this issue and the related sub-issues, it is hoped that information will be gleaned, which will assist California law enforcement in preparing for the future.

The time frame that has been proposed for this study is ten years into the future, bringing it to the year 2004. In the following chapters, the reader will be brought through a number of steps. Each step will move the reader through the research process and closer to implementation of the recommendations proposed in this thesis. The end result will be a blend of research and the pragmatic, which will assist California law enforcement in meeting challenges represented by mentally ill people in the next ten years.

CHAPTER 2

FUTURES STUDY

IDENTIFICATION OF THE ISSUE

The identification of the issue for this independent study project was reached after evaluating a variety of informational sources. Part of the evaluation incorporated the use of a "futures file". By using the futures file approach, a scanning process was conducted to identify trends and events that may impact the future of the issue at hand. Informational sources evaluated during the future files process were examined by using the "STEEP" model. STEEP is an abbreviation for Social, Technological, Economic, Environmental, and Political. Each trend or event was evaluated in relation to how it might affect the issue through one or more of these five interest categories. The sources evaluated through this process were newspapers, magazines, professional journals, and books written on the issues of the mentally ill. The issue identified for study in this research project is:

**What strategies will law enforcement use to manage encounters
with mentally ill persons by the year 2004?**

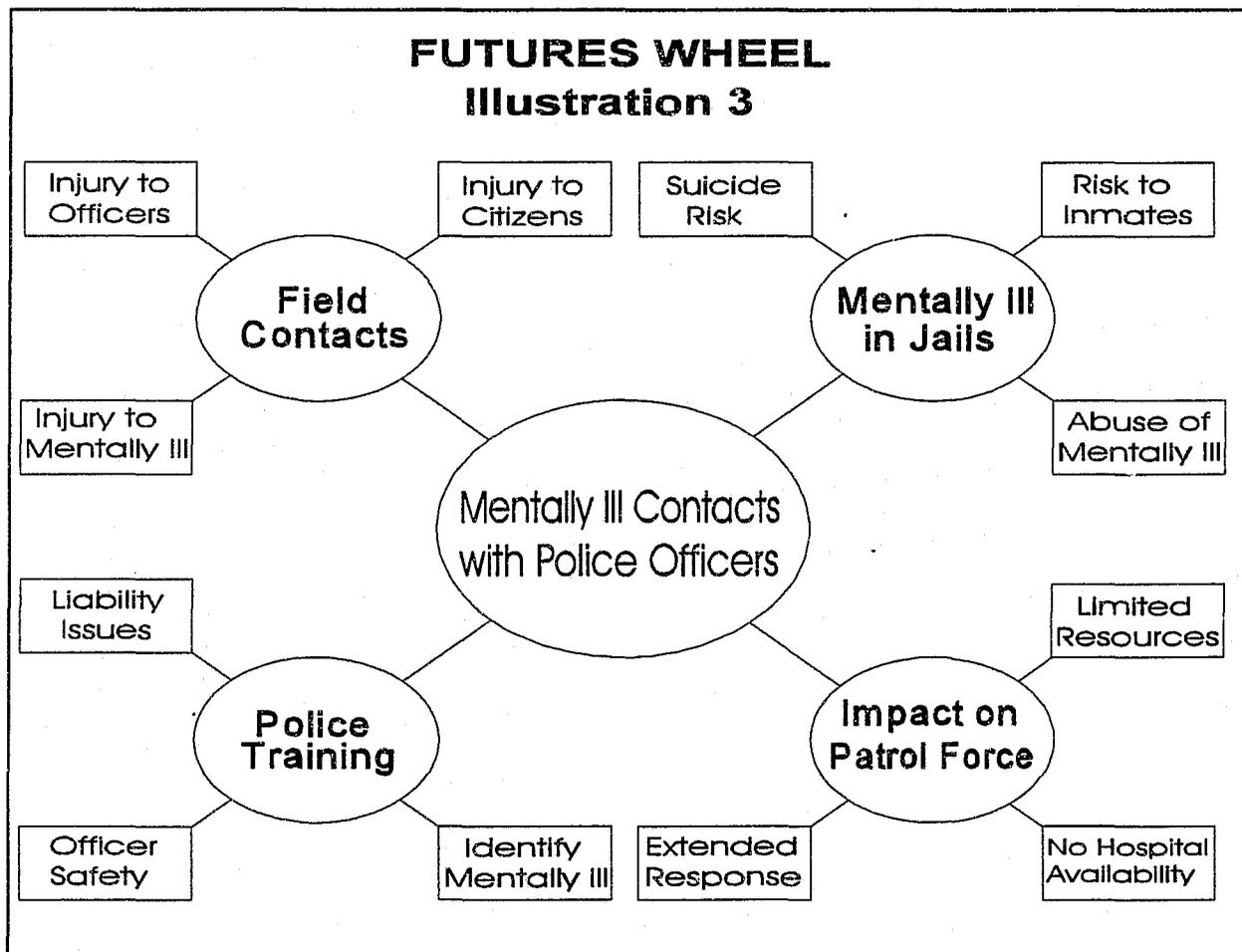
RELATED SUB-ISSUES

Several individuals were consulted while trying to bring into focus significant sub-issues of this thesis. Consultations included discussions with colleagues, experts in the field of mental health, Corzmand College students, and police officers working in the field. Answers to each of these questions must be answered if law enforcement is to provide safe and effective policing services into the twenty-first century, and at the same time, maintain credibility within their respective communities. The following three sub-issues were identified as the more relevant and important of those sub-issues discussed.

- What ways will law enforcement manage field contacts with the mentally ill?
- What ways will law enforcement manage mentally ill inmates in jail environments?
- What training will need to be implemented for police officers?

As the process of issue clarification continued, a "futures wheel" (Illustration 3) was constructed by the author to further define the issue and its correlation to the sub-issues. In this process, the issue *Mentally Ill Contacts with Police Officers* was placed in the center of the futures wheel representing the main issue of this study. From the main issue radiates spokes that connect with the smaller, more confined sub-issues, such as, *Field Contacts*, *Mentally Ill in Jails*, *Impact on Patrol Force*, and *Police*

Training. From these sub-issues come other related third level issues. With the use of the futures wheel, the relationships can easily be examined between the various issues in the relational model.



As the project moved into the futures study portion of the research, key trends and events were evaluated to determine their bearing on the issue at hand. Significant events and trends that might alter the forecast were identified and analyzed for potential

interrelationships. This process was accomplished through the method known as the "Nominal Group Technique" or NGT.

The group of individuals used in this research project consisted of mental health practitioners, a mental health client, mental health advocates, and law enforcement officials. The following individuals participated in the NGT for this project:

Susan Mandel is the President of Pacific Clinics in Pasadena. She is a licensed psychologist with a Doctor of Philosophy degree in Clinical Psychology. She has been practicing in California since 1967. Pacific Clinics is a non-profit mental health provider serving persons with serious mental disabilities. Their clients cover a wide range of cultures, languages, and ages.

Barry Perrou is a sergeant with the Los Angeles County Sheriff's Department. His primary responsibility is the management of their Hostage Negotiations Unit. He has a Master of Science degree in Clinical Psychology at Pepperdine University. Mr. Perrou created the Los Angeles County Sheriff's Department's Mental Evaluation Unit. Among his other responsibilities, he is the Los Angeles County Mental Health Commissioner, a member of the Mental Illness and Law Enforcement Seminar Steering Committee, and the Mental Health Liaison for the Sheriff's Department.

Alfredo Larios is the Executive Director and Program Chief of the La Puente Valley Mental Health Center. Mr. Larios has twenty years of experience in the mental health field with fourteen years of experience in crisis and emergency services, both in the facility and in the field. Much of his field experience involved working with law enforcement agencies in the San Gabriel Valley area as a member of the Psychiatric Mobile Response Team.

Jerry Faulkner is a sergeant and field supervisor for the Monrovia Police Department. He has a Masters of Science degree in Public Administration at the University of La Verne. Mr. Faulkner has ten years of law enforcement field experience dealing with persons who are mentally ill.

Karen Palermo is the Assistant Director of Arcadia Mental Health. Arcadia Mental Health is an agency directly funded by the County of Los Angeles. They provide a number of services to the community including; psychiatric mobile response teams, crisis walk-in, case management, gero-psychiatric outreach, day rehabilitation services, vocational rehabilitation and community outreach. The target population for this agency is the chronic and persistent mentally ill, and clients who are suicidal.

Barbara Lurie is the head of the Patients' Rights Office of the Los Angeles County Department of Mental Health and has been in this position since 1977. The Patients' Rights Office is responsible for protecting the statutory, consumer, and human rights of the recipients of mental health services in Los Angeles County.

Andres Hernandez is a Licensed Clinical Social Worker for Pacific Clinics in Pasadena. The community based outpatient services provided by Pacific Clinics target seriously mentally ill persons in the community. Mr. Hernandez has experience in dealing with mentally ill persons who are elderly.

James Preis is the Executive Director of Mental Health Advocate Services. His organization provides free legal services to members of the community with mental, and developmental disabilities. Areas of representation include; access to services, protection of rights, elimination of discrimination, and access to government benefits.

Ron Schraiber is a Patients' Rights Advocate at Metropolitan State Hospital. Mr. Schraiber is the associate author of *The Well-Being Project: Mental Health Clients Speak for Themselves*; and the author of the *Minority Report to the Los Angeles County Task Force on the Incarcerated Mentally Ill*. Mr. Schraiber is a client of mental health services. He has been involuntarily hospitalized in psychiatric institutions more than twenty times, and jailed fifteen times for various misdemeanors throughout California. Mr. Schraiber provides law enforcement training to the California Sheriff's Association and the Mental Illness and Law Enforcement Seminar.

Carla Jacobs represents the California Alliance for the Mentally Ill. She is currently the Chairperson of the Criminal Justice Advisory Committee for this

organization. Ms. Jacobs is also a member of the Los Angeles County Board of Supervisor's Taskforce on the Incarcerated Mentally Ill.

TREND DEVELOPMENT

The nominal group technique for this project began with trend development. A trend as defined for this technique is "a series of events that are related, occur over time, and can be forecasted." In this stage of the development, members of the NGT privately generated a list of trends they believed were relevant to the issues being researched in this paper. The ideas developed by the individuals on paper were collected and listed on a chart for review and clarification. A total of fifty-five individual trends were identified by the NGT panel. The entire list of trends are tabulated in the *Candidate List of Trends* (Appendix A). Voting then took place which identified the ten most important trends. The criteria for selecting the top ten trends were those trends believed by the panel to be the most relevant and significant to the issue and sub-issues being studied. The following ten trends are the results of their voting. They are rank ordered.

SELECTED TRENDS

1. **Mental Health Services Availability** - The availability of mental health

services to mentally ill persons. This trend was seen by the panel as the most important trend to be examined.

2. **Recognition by Law Enforcement Leaders** - The recognition by law enforcement executives of the importance of dealing effectively with the issues associated with mentally ill people.
3. **Substance Abuse by Mentally Ill Persons** - The number of mentally ill persons who are substance abusers. The substances discussed included everything from alcohol to prescription medications to illicit drugs.
4. **Funding for Law Enforcement** - The proper funding of law enforcement agencies was thought by the panel to be a significant factor bearing on law enforcement's ability to effectively deal with issues associated with mentally ill persons.
5. **Inter-Agency Collaboration** - The working together of criminal justice agencies and the agencies responsible for human services, for example, mental health agencies.
6. **Use of Specialized Law Enforcement Teams** - The number of law enforcement agencies incorporating the use of specialized teams to deal exclusively with issues of the mentally ill.
7. **Involvement by Client and Family Groups** - The degree to which client and

family groups help in deciding public policies of law enforcement relative to the handling of mentally ill persons.

8. **Diversity in California** - The number of different cultural and ethnic groups making up California's population.
9. **California's Economy** - The health of California's economy was seen by the panel as playing a deciding role in whether or not law enforcement and human service agencies would be funded well enough to handle the growing numbers of persons with mental illness.
10. **Effectiveness of Medical Treatment** - The ability of the medical community to effectively treat persons with mental illness, and thus allow them to function within the community.

EVENT DEVELOPMENT

The next step undertaken in the nominal group process was the development of events thought to be relevant to the issue being studied. An event as identified for this process was "a one time occurrence that can have an impact on something." In this stage of the development, members of the NGT panel once again privately generated a list of events they believed were relevant to the issue being researched in this thesis. The ideas developed by the individuals on paper were collected and listed on a chart

for review and clarification. A total of twenty-eight individual events were identified by the NGT panel. The entire list of events can be seen in the *Candidate List of Events* (Appendix B). Voting then took place which listed the ten most significant and relevant events. The following events are rank ordered.

SELECTED EVENTS

1. **County Budget Cut** - A twenty-five percent cut in the county budget which would significantly reduce the funding of mental health programs.
2. **Cut Funding to Law Enforcement** - A twenty-five percent reduction of funding to any law enforcement agency, thereby affecting their operational effectiveness.
3. **Loss of Designated Mental Health Funds** - The loss of state funds that are earmarked specifically for funding mental health programs throughout the state.
4. **State Budget Cut** - A twenty-five percent state budget cut that would significantly impact the funds available for mental health services.
5. **High Profile Death of a Person with Mental Illness** - An event in which the death of a mentally ill person was directly attributed to law enforcement, and subsequently received a high level of negative media focus.
6. **High Profile Death of a Community Member** - An event in which someone from the community died as the result of an attack by someone who is mentally

ill, and as a result, received a high level of negative media attention.

7. **National Health Plan Implemented** - An event where a nationwide health plan was adopted providing full coverage for mental health services to everyone in the country.
8. **Law Passed Requiring Mental Health Professionals to Report Dangerous Mentally Ill Persons** - The passing of legislation requiring mental health professionals to report mentally ill persons they suspect to be dangerous to the police. No overt act or indication of an intended victim would be necessary.
9. **Large Damage Award Granted to a Mentally Ill Person** - An event where a mentally ill person won a "big money" lawsuit against a government agency for not receiving adequate care while incarcerated.
10. **Election of a Pro-Mental Health Governor** - The election of a new governor, who would be proactive in mental health issues and in funding mental health programs.

TREND FORECASTING

The next step in the NGT process was trend forecasting. During this procedure, the top ten trends identified by the panel were forecasted using a form similar to the *Trend Evaluation Table* (Table 1). Each panel member was asked to evaluate each

trend as they believed it presented itself five years ago. They were then asked to forecast the trend five and ten years into the future. The following table represents the median forecasts in each of the categories. A more detailed discussion will follow each trend as it was forecasted by the panel, along with detailed graphs. The individual trend graphs will provide not only the median view, but also the upper and lower quartile views. The quartile readings were reached by taking the quarter range differences between the high or low forecast, and the median point forecast.

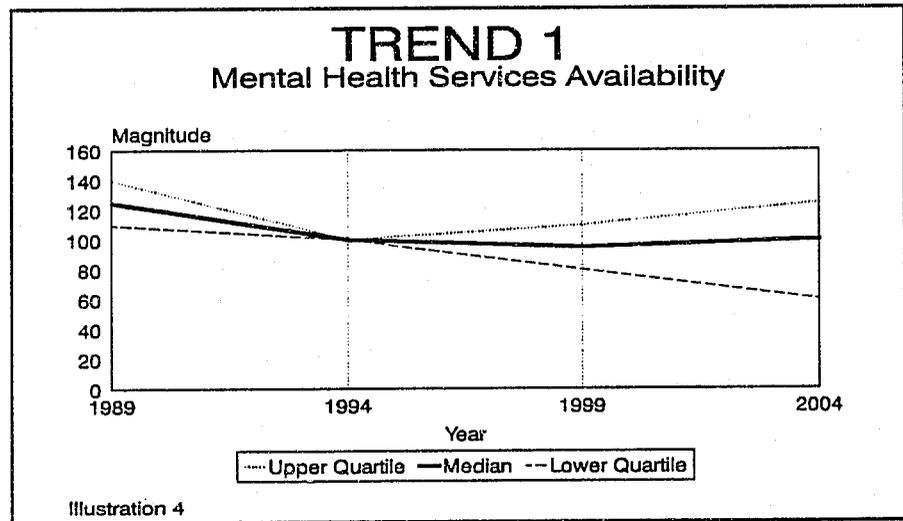
TREND EVALUATION
Table 1

TREND STATEMENT	LEVEL OF THE TREND (Today = 100)			
	5 YEARS AGO	TODAY	5 YEARS FROM NOW	10 YEARS FROM NOW
1. Mental Health Services Availability	125	100	95	100
2. Recognition by Law Enforcement Leaders	80	100	117	127
3. Substance Abuse by Mentally Ill Persons	97	100	110	122
4. Funding for Law Enforcement Agencies	107	100	120	135
5. Inter-Agency Collaboration	73	100	120	130
6. Use of Specialized Law Enforcement Teams	85	100	117	100
7. Involvement by Client and Family Groups	73	100	123	150
8. Diversity in California	83	100	120	143
9. California's Economy	123	100	100	123
10. Effectiveness of Medical Treatment	87	100	120	140

Today = 1994

Trend 1 - Availability of Mental Health Services

This trend represents the availability of mental health services (Illustration 4). It is viewed by the panel as the most important of the ten trends they explored. It is their feeling that this trend has a significant part to play in the issue of contacts between law enforcement officers and mentally ill



persons. Without the availability of mental health services, mentally ill persons will be left untreated. They will remain in the community and enter into situations requiring police intervention.

The panel is in relative agreement that in 1989, there was a greater availability of mental health services than there are today. There is a slight disparity of opinion as to how much has been available, as can be observed in the upper quartile and lower quartile readings.

As the panel forecasted to the year 1999 and 2004, the median view of the panel indicated the amount and availability of services will increase slightly. The upper

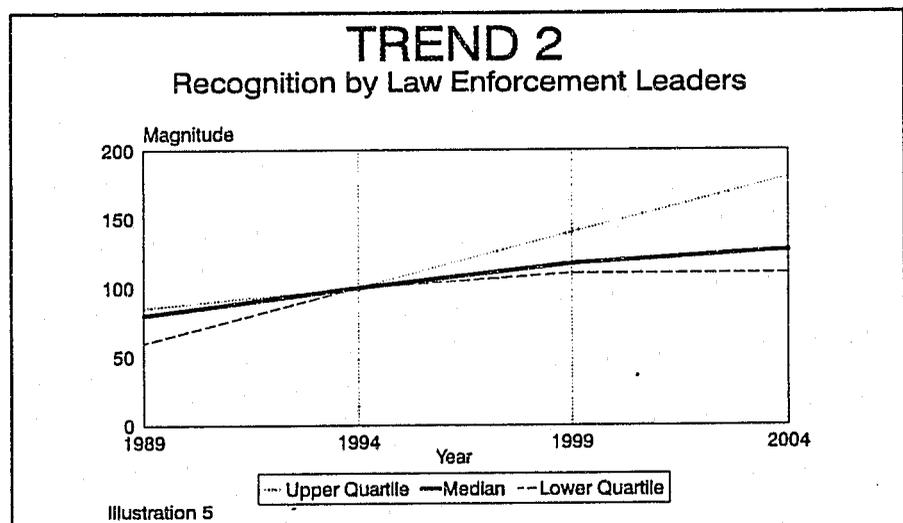
quartile range is in agreement with this view, but believe there will be greater availability of services. The lower quartile indicates that some believe the trend leading to the year 1994, will continue and mental health services will be slightly less available in the year 1999, and significantly less available in the year 2004.

The panel agreed that this trend would play a significant role in deciding the number of encounters between police officers and persons who are mentally ill. It was their belief that generous availability of mental health services would translate to fewer mentally ill persons becoming involved in situations requiring police intervention.

Trend 2 - Recognition by Law Enforcement Leaders

The panel's forecast of recognition by law enforcement leaders to the problems and concerns associated with mentally ill persons is displayed in the following graph

(Illustration 5). The panel indicated that in 1989, there appeared to be less concern by law enforcement leaders with issues associated with the



mentally ill. Since that time, there has been an apparent increase. Panel members

indicated they were encouraged to see studies being done, which demonstrate to them law enforcement executives are showing greater interest in this area.

As the panel projects out to the years 1999 and 2004, there is a steady climb forecasted in the median view showing law enforcement will continue to recognize the significance of this issue, and subsequently work towards solutions to the problems associated with the mentally ill and law enforcement. Depicted in the upper quartile reading are several panel members who feel the recognition by law enforcement leaders will climb significantly by the year 2004. The more conservative forecast depicted by the lower quartile shows a slightly increased recognition to the year 1999, but remains at a constant level to the year 2004.

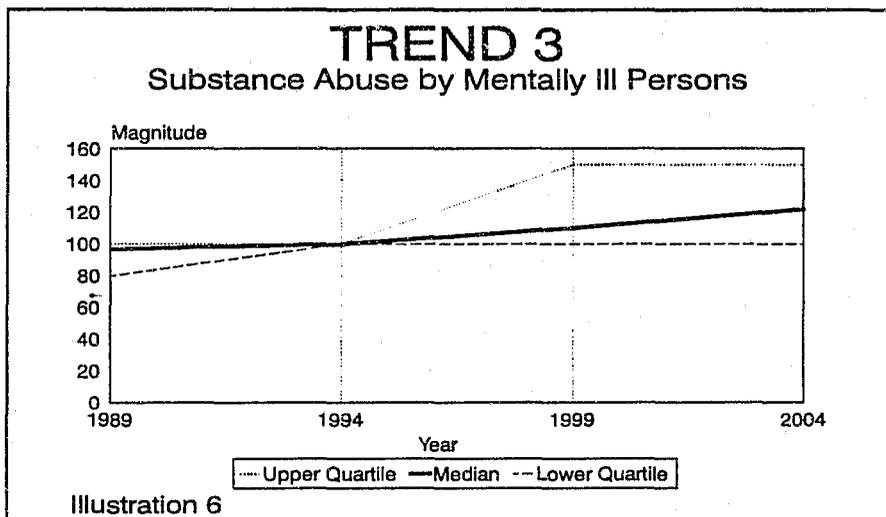
The panel indicated that with increased interest and recognition by law enforcement leaders would come a greater desire on law enforcement's part to provide better ways of handling persons who are mentally ill. In addition, law enforcement leaders would be more willing to implement new field techniques and develop liaisons with mental health professionals to achieve mutually desirable goals.

Trend 3 - Substance Abuse by Mentally Ill Persons

The panel also evaluated the issue of substance abuse by mentally ill persons (Illustration 6). This trend was viewed by the panel as being a significant concern to the issue in this study. An increase in substance abuse by the mentally ill can have

adverse results, and bring mentally ill persons into contact with police officers because of their intoxication.

Substance abuse can also cause a person to become violent, thus creating a dangerous situation for both police officers and mentally ill persons.

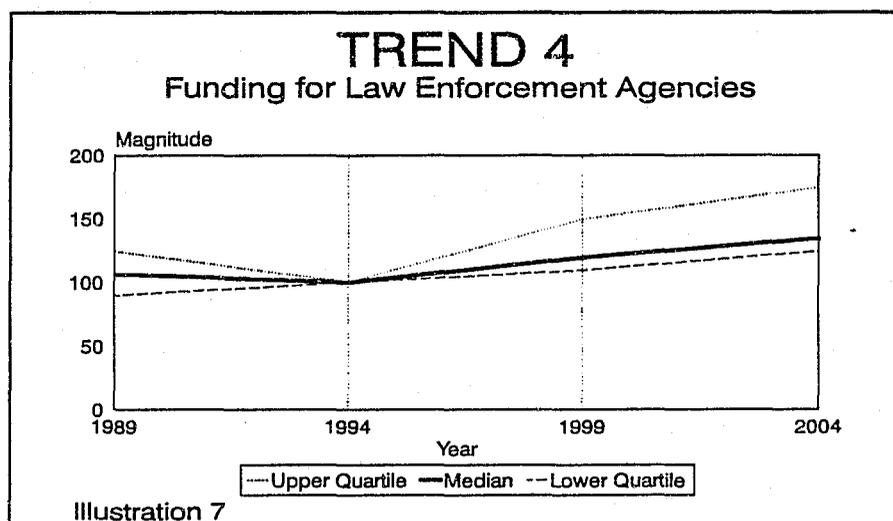


The median view of the panel indicated substance abuse by mentally ill persons has remained relatively constant since 1989. There were some who believed substance abuse by mentally ill persons was lower in 1989 than today. As the forecast moves past 1994, the median view projects a gentle increase of substance abuse through the year 1999, and on up to 2004. The upper quartile reading, on the other hand, shows a significant increase in the forecast of substance abuse by mentally ill persons to the year 1999, and then depicts a planing off of abuse until the year 2004. The lower quartile reading shows no increase from the perceived current level of substance abuse through to the year 2004.

Trend 4 - Funding for Law Enforcement

The future funding of law enforcement agencies appears to be favorable, according to the forecast provided for this trend (Illustration 7). The panel feels that if law enforcement agencies are funded appropriately, they will have the resources and will be better able to deal with the issues of the mentally ill. There appears to be a

disparity of view from the panel as to whether there has been an increase or decrease of funding for law enforcement agencies since 1989.



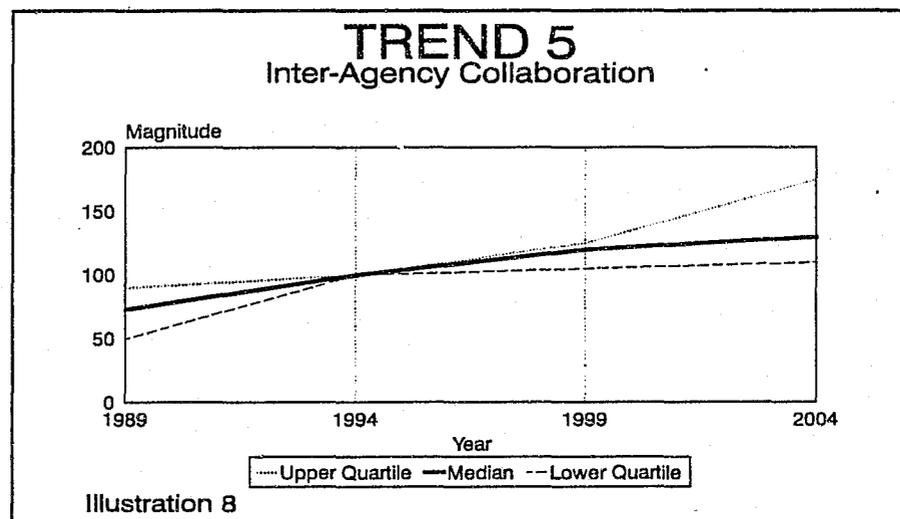
However, there is agreement among the panel members that funding for law enforcement will increase during the next ten years. The upper quartile reading indicates a more favorable increase, while the median and lower quartile readings project a more modest funding increase. If this forecast bears out, law enforcement will have more resources in the future with which to deal with the issues associated with the mentally ill.

Trend 5 - Inter-Agency Collaboration

The panel indicated they have not seen much in the way of collaboration between law enforcement and human services, especially in mental health services, prior to 1994 (Illustration 8). This is unfortunate, as the panel believes it is an absolute necessity, if any progress is to be made by law enforcement and human service agencies in handling the issues associated

with persons who are mentally ill.

However, the panel's forecast of this trend is hopeful as they all generally perceive



there will be an increase in inter-agency collaboration on this issue, which will build momentum through the year 1999, and on to 2004. An even more optimistic forecast was seen by several of the panel members in the upper quartile view, who projected a skyrocketing increase in cooperation between law enforcement and human services.

Trend 6 - Use of Specialized Law Enforcement Teams

The trend forecasted in the following graph (Illustration 9) is the adoption of

specialized teams of police officers to deal with problems associated with persons who are mentally ill. The examples cited by the panel were the Mental Evaluation Team of the Los Angeles County Sheriff's Department and Los Angeles Police Department's

Mental Evaluation

Unit. The panel views

these specialized

teams as very

beneficial in helping

police officers to cope

with the specialized

problems associated with the mentally ill.

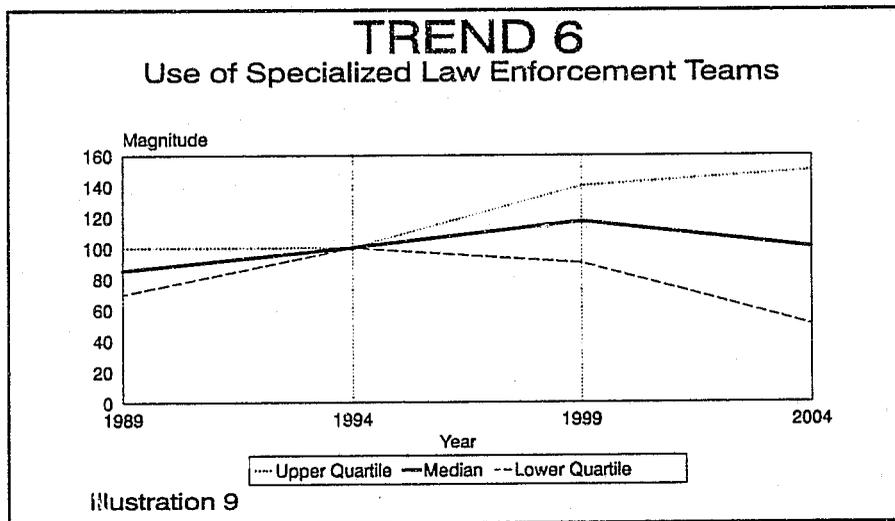


Illustration 9

The median view represented by the panel indicates there has been an increased use of these specialized units from 1989 to 1994. As the time line continues into the future, the panel forecasted an increase in this trend up to the year 1999, but perceives it returning to approximately the same levels in 2004, that it had in 1994.

The upper and lower quartiles have starkly different viewpoints on this trend. The upper quartile projects a significant increase of the use of specialized teams up to the year 1999, but then forecasts it beginning to level out, indicating a more conservative increase to the year 2004. The lower quartile forecasts a dropping off of

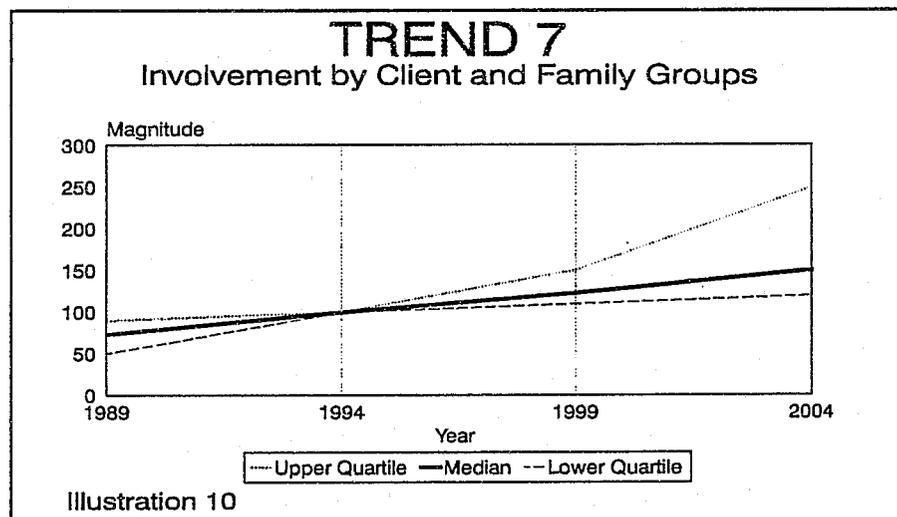
this trend after 1994. As the time line moves into the future, the trend begins to fall off, and then continues at an even sharper rate after the year 1999.

Trend 7 - Involvement by Client and Family Groups

From the forecast of this trend (Illustration 10), the panel projects an increase of involvement by client and family groups in deciding the public policies of law enforcement in their handling of mentally ill persons. The panel believes client and family group involvement will assist law enforcement in balancing the rights of mentally ill persons

with others living in the community.

The median and lower quartile views of the panel project a modest increase in



client and family groups involvement through the year 1999, and on to the year 2004. The upper quartile forecast projects a greater increase to the year 1999, and then another significant increase to the year 2004.

Trend 8 - Diversity in California

The panel forecasts an increase in the diversity of California's population

(Illustration 11). It is their belief that California will continue to see an increasingly diverse population in terms of culture, race, and ethnicity. This will provide additional challenges to law enforcement as they attempt to overcome the barriers of language and culture. Once again, as in the previous graph, the median and lower quartile time lines were in general agreement. The upper quartile view forecasts a more significant increase in

the diversity of California's population. If this trend bears out, law enforcement will encounter additional

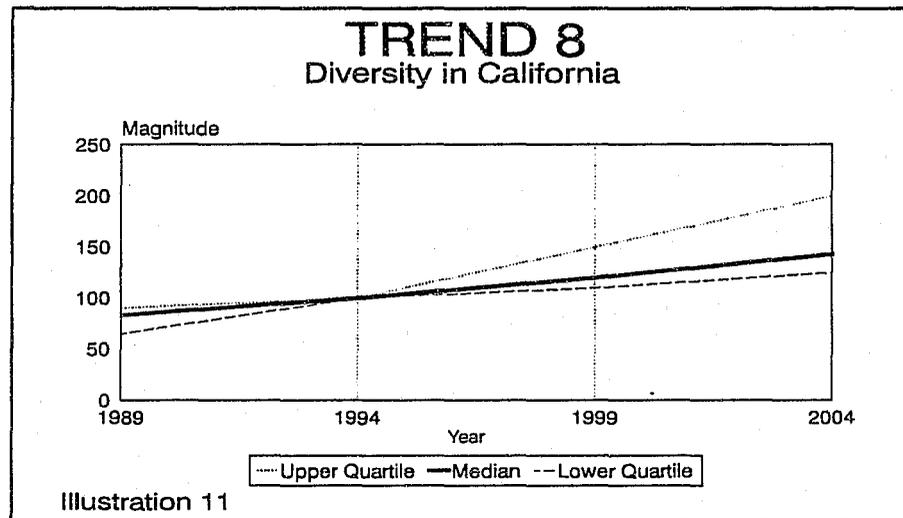


Illustration 11

difficulties in dealing with persons who are mentally ill. Contacts with these individuals will be further complicated by potential barriers created through language, ethnicity, and culture.

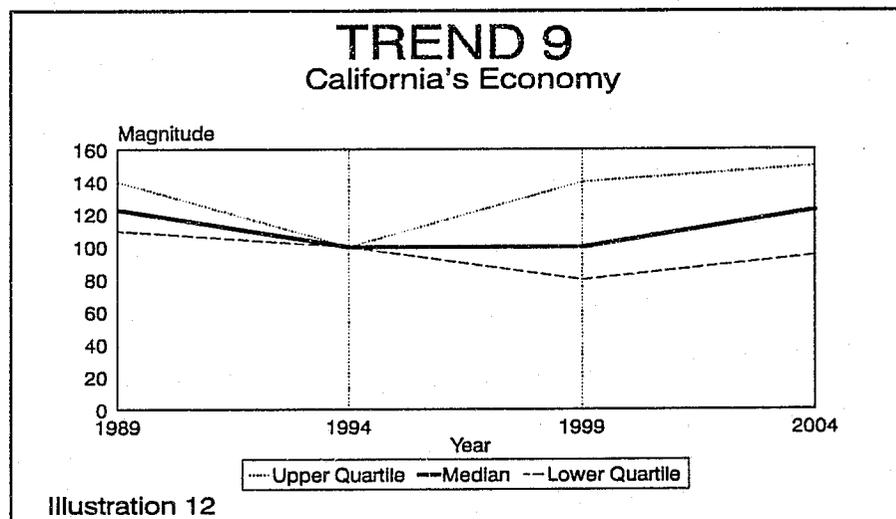
Trend 9 - California's Economy

In evaluating California's economy, the panel found only relative agreement in that all believe there had been a down turn in the economy from 1989 to 1994 (Illustration 12). From that point on, there is vastly divergent views on the course

California's economy will take.

The upper quartile view shows a marked increase in the health of California's economy in the next five years, with a leveling off, but continued increase until the year 2004. The median view, on the other hand, forecasts no change in the present economic state until the year 1999, when it then shows a mild increase. The lower quartile view forecasts a continued decrease in California's economy to the year 1999, when it then begins to move toward a conservative increase to the year 2004.

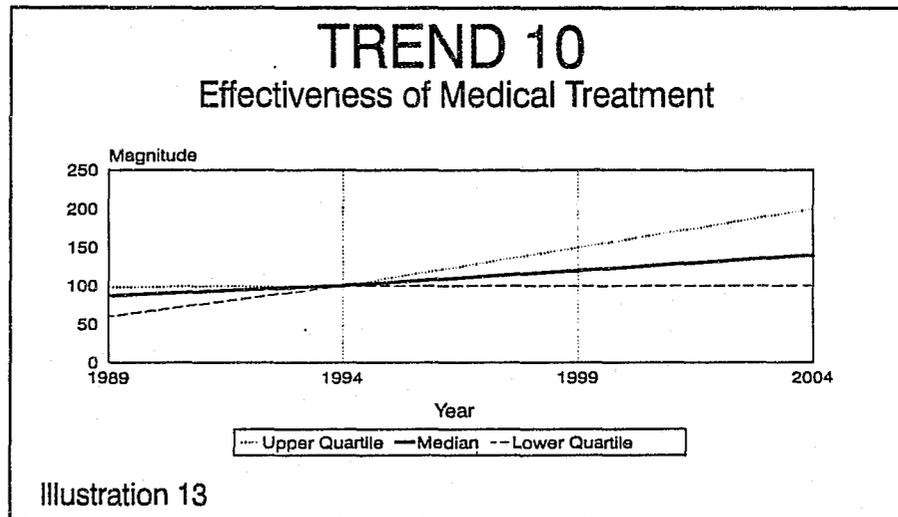
The forecast indicated represents an actual increase in real dollars. The panel feels California's economy will play its own significant role in



how mental health issues will be decided. With a healthy economy, it is expected that more funds will be available statewide to fund not only law enforcement programs, but mental health services, as well. On the other hand, if California's economy continues to show a downward trend, funds will not be available to support the various programs and services that are vitally needed.

Trend 10 - Effectiveness of Medical Treatment

The effectiveness of medical treatment was seen by the panel as playing a role in this research (Illustration 13). The median view of the panel indicates they believe a modest increase will occur in the effectiveness of



medical treatment through the year 2004. The upper quartile is much more optimistic, forecasting a significant increase in the effectiveness of medical treatment. The lower quartile view forecasts no change to the year 2004.

EVENT FORECASTING

The next step was the forecasting of the top ten events by the NGT panel members. During this portion of the NGT, the top ten events were forecasted using a form similar to that shown in the following *Event Evaluation Table* (Table 2). Each panel member was asked to evaluate each event to determine when it will first exceed zero probability. They were then asked to forecast the probability of the event taking

place by the years 1999 and 2004. The following table represents the mean forecasts in each of the categories. A more detailed discussion will follow each event as it was forecasted by the panel, along with detailed graphs.

EVENT EVALUATION
Table 2

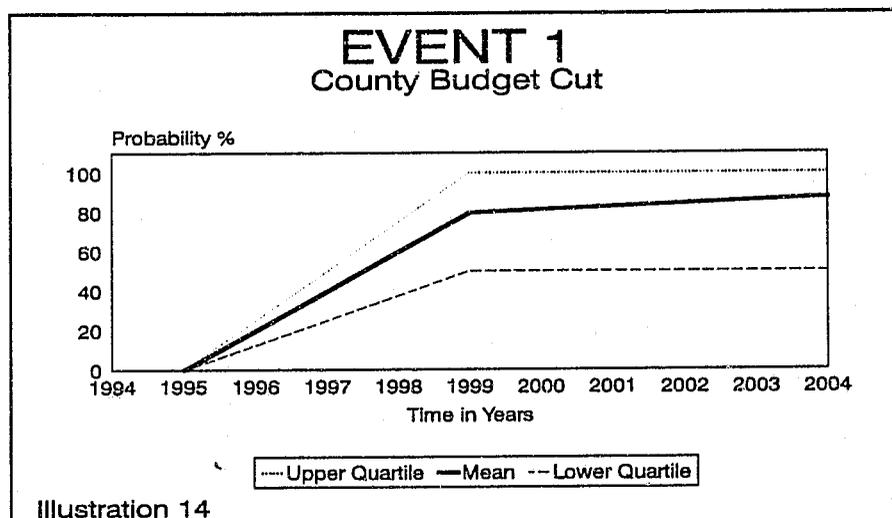
EVENT STATEMENT	YEARS UNTIL PROBABILITY FIRST EXCEEDS ZERO	PROBABILITY		IMPACT ON THE ISSUE AREA IF THE EVENT OCCURRED	
		5 YEARS FROM NOW (0-100)	10 YEARS FROM NOW (0-100)	POSITIVE (0-10)	NEGATIVE (0-10)
1. County Budget Cut	1	78.7	87.5	0	6.8
2. Funding Cut to Law Enforcement	2	34.5	39.5	0	8.1
3. Loss of Designated Mental Health Funds	2	55	75	0	8
4. State Budget Cut	1	78.7	87.5	0	6.8
5. High Profile Death of Mentally Ill Person	2	85	91	0	8
6. High Profile Death of Community Member	2	77.5	86.5	0	5.8
7. National Health Plan Implemented	2	75	90	4.8	0
8. Law Passed Requiring Mental Health Pro's to Report Dangerous Mentally Ill	3	48.5	52.5	4.5	0
9. Large Damage Award Granted to Mentally Ill Person	2	67	70	7.2	0
10. Election of a Pro-Mental Health Governor	3	75	85	6.4	0

Event 1 - County Budget Cut

This event represents a situation where a significant reduction in the county's budget for mental health funding would occur (Illustration 14). It was the panel's opinion that a significant county budget cut would further hamper a mental health

system that is struggling to maintain the services it currently provides.

For this event, the mean view of the panel forecasts a high



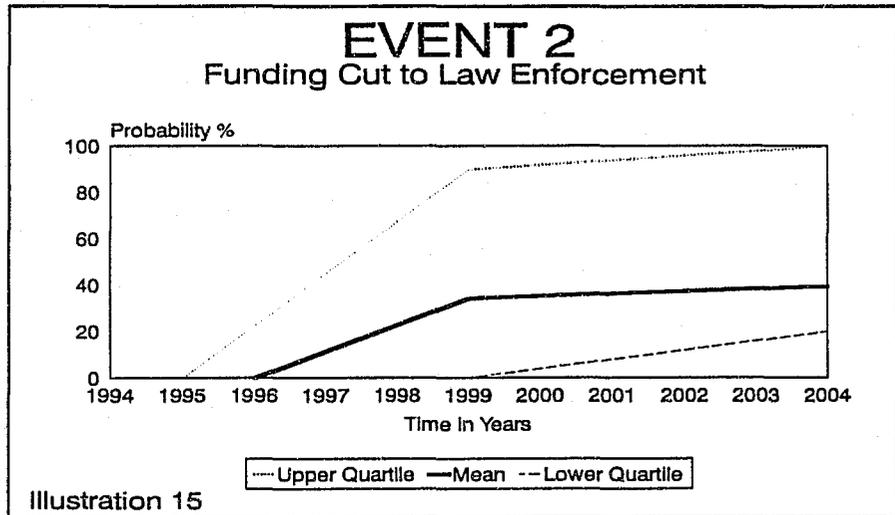
probability of a county budget cut for mental health funding in the year 1999, with a slight increase in probability by the year 2004. The upper quartile view forecasts an even higher probability for this likelihood, while the lower quartile view felt the probability was much lower.

Event 2 - Funding Cut to Law Enforcement

The significant reduction of funding to law enforcement was also forecasted by the panel (Illustration 15). Law enforcement agencies, many of which have seen a reduction of their budgets in recent years, have found it increasingly difficult to meet the service expectations of their communities. A significant funding cut to law enforcement would create a desperate situation where general law enforcement services, and the handling of the mentally ill, would both be negatively impacted.

The panel forecast contains very divergent views on this event. The mean

view projects a relatively low probability of a significant funding cut to law enforcement up to the year 1999, and on to 2004. The



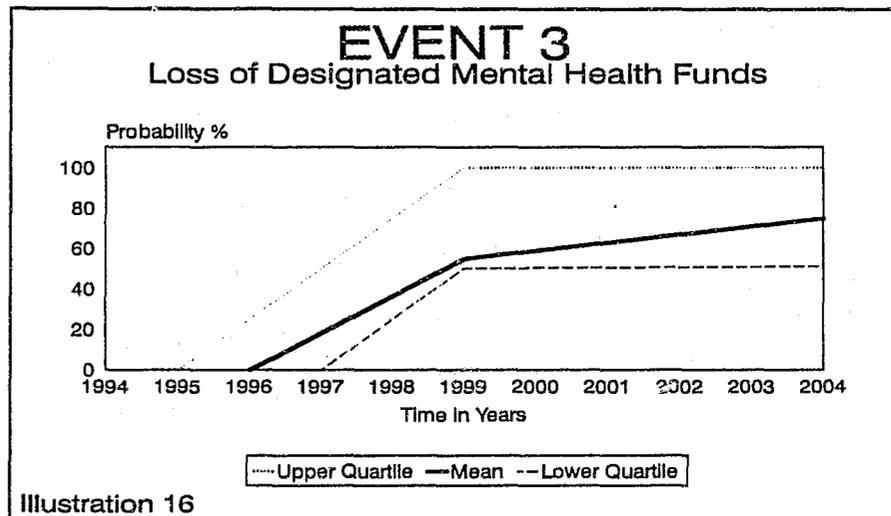
upper quartile view suggests that law enforcement will definitely see a significant funding cut by the year 1999. The lower quartile view is somewhat in agreement with the mean as its forecast suggests no concern over a funding cut at all.

Event 3 - Loss of Designated Mental Health Funds

The loss of designated mental health funds from the state was forecasted by the panel in Illustration 16. It is the opinion of the panel that the loss of these funds would create a very difficult situation where mental health programs and services would be drastically cut. Without these services, law enforcement would be left with fewer avenues for assisting the mentally ill.

The mean view of the panel projects a fifty-five percent probability finding for

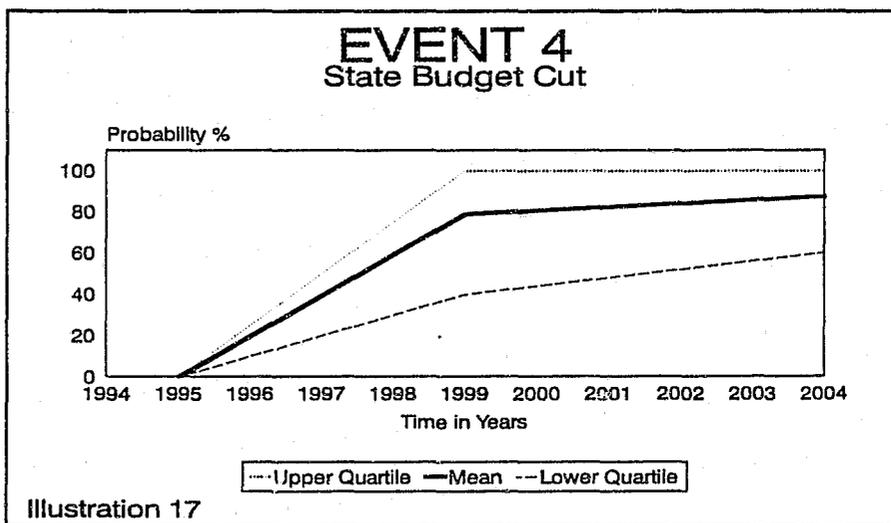
this event by the year 1999, with a higher projection of seventy-five percent by 2004. The upper quartile projection is convinced the loss of



these funds would occur by 1999. The lower quartile is in relative agreement with the mean view for the year 1999, but remained consistent in its projection to 2004.

Event 4 - State Budget Cut

Once again, the panel saw the issue of funding and resources as important to the issue of this thesis. In the panel's opinion, a state budget cut affecting mental health funding would adversely impact the ability of mental



health professionals to provide essential services. Without mental health services,

many more persons with mental illness would be left untreated.

The mean view of the panel projects a solid seventy-five percent probability of a significant state budget cut by the year 1999, with a slight increase to 2004 (Illustration 17). The upper quartile view feels certain that a state budget cut will occur by the year 1999. The lower quartile is more optimistic, and projects only a fifty percent probability in 1999, with a mild increase in probability to the year 2004.

Event 5 - High Profile Death of Mentally Ill Person

This event is one in which the death of a mentally ill person is directly attributed to law enforcement intervention, and as a result, a high level of negative media

coverage is generated

(Illustration 18). Any

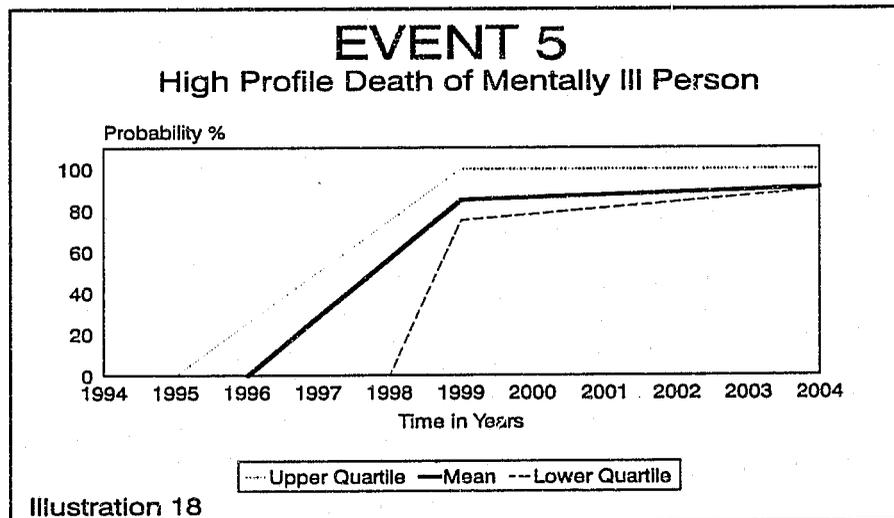
number of different

consequences could

result from an event as

described. Even if the

death was not the



result of any negligence on the part of the officers, law enforcement will most likely be

viewed with some level of resentment. On the other hand, this type of incident could

be the catalyst for helping a community to appreciate the importance of issues affecting

the mentally ill.

The panel found agreement on this event in their projections. All forecasts indicate a very high probability for this event. The panel believed strongly there will be an event as described above occurring by the year 1999.

Event 6 - High Profile Death of a Community Member

This event, while similar to the preceding event, is uniquely different. This event is described as a situation where a community member dies at the hands of a person who is mentally ill (Illustration 19). This incident results in an intensely negative

media focus. This

type of event could

also have a number of

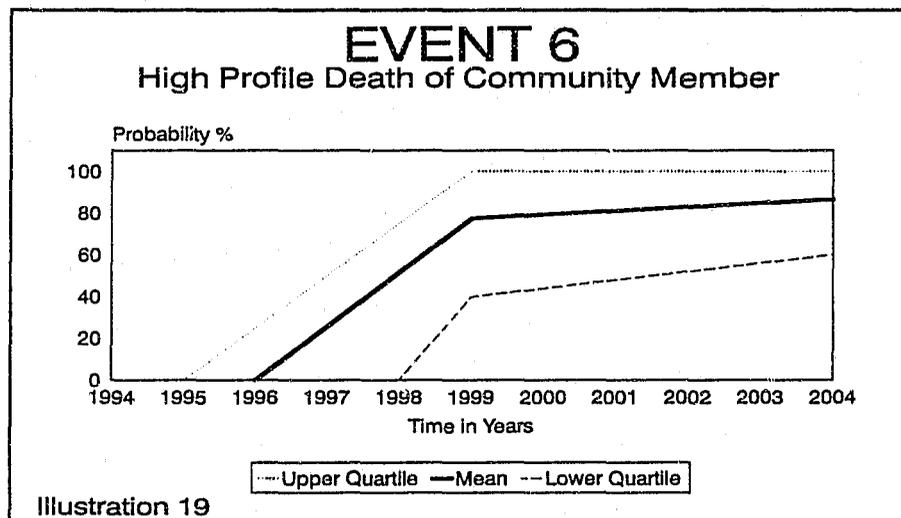
consequences. One

might be that a

community develops

an unwarranted fear of

mentally ill persons. In doing so, they place unrealistic expectations on law enforcement to protect them from what they believe is a significant threat to their community. On the other hand, a focus of public attention on mentally ill persons might be the catalyst for helping the community see the importance of this issue.

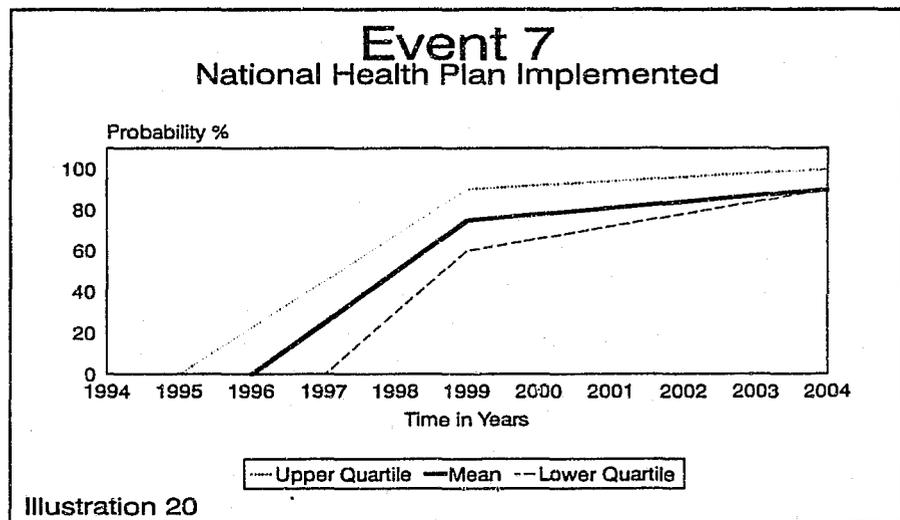


The forecast for this event shows agreement in the panel's mean and upper quartile views. Both of these views project a high probability that an event as described will occur by the year 1999. The lower quartile view, on the other hand, is much more optimistic with only a forty percent probability by the year 1999, and slightly increasing to sixty percent by 2004.

Event 7 - National Health Plan Implemented

In this event, the federal government implements a national health plan where full coverage would be provided for mental health services. If this event were to take place, the panel felt there would be an immense benefit to those who are mentally ill and currently unable to obtain these services.

The entire panel found agreement as to the probability of this event occurring (Illustration 20). The mean view was consistent with both



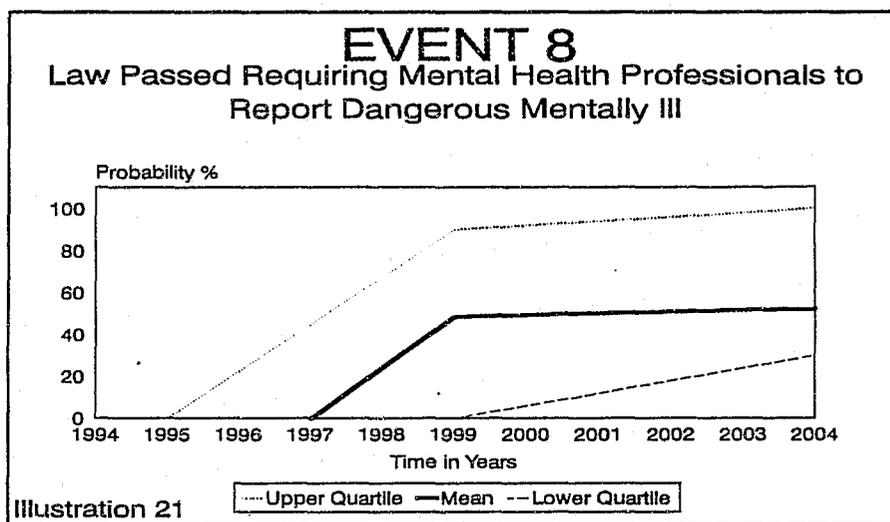
the lower and upper quartiles. All felt there was a high probability that this event

would occur by the year 1999. From that point on, each view saw a gentle increase of probability in this event occurring by the year 2004.

Event 8 - Law Passed Requiring Mental Health Professionals to Report Dangerous Mentally Ill

Opinions varied widely as to the forecast of the event described as the passing of a law where mental health professionals are required to report dangerous mentally ill people to law enforcement. The mean view of the panel forecasts a fifty-three percent probability of this event occurring by the year 1999 (Illustration 21). From there it remains a constant probability to the year 2004.

The upper quartile view varies from this perception greatly. They project



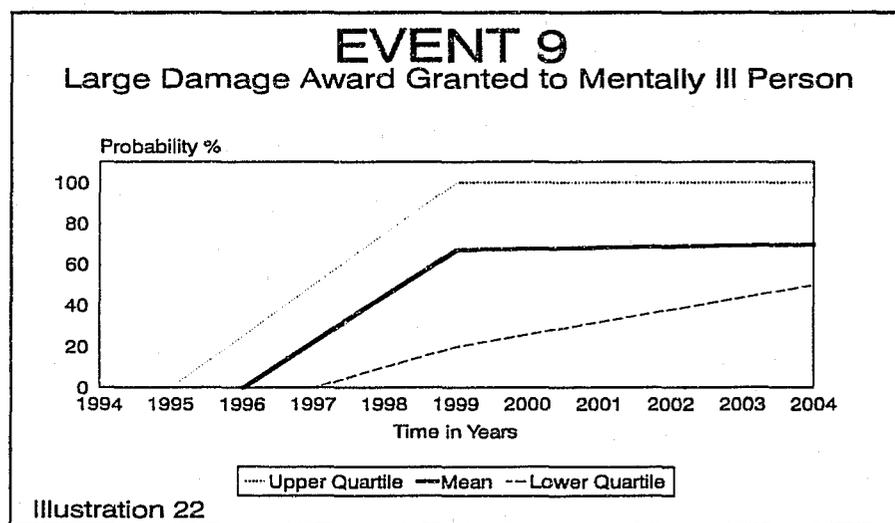
a very high probability of occurrence by the year 1999. Their projection to 2004, indicates this event will be a certainty by that year. The lower quartile view does not expect to see this event occurring until sometime after 1999. From that year, they see only a low probability of this event taking place by the year 2004.

Event 9 - Large Damage Award Granted to a Mentally Ill Person

This event describes a lawsuit where a large sum of money is awarded to a mentally ill person who brings suit based on inadequate provision of mental health services or care while incarcerated in jail.

The mean view of this event projects a moderate probability this event will occur by the year 1999 (Illustration 22).

From that year, there is a very slight increase of probability to the year 2004. The upper quartile view

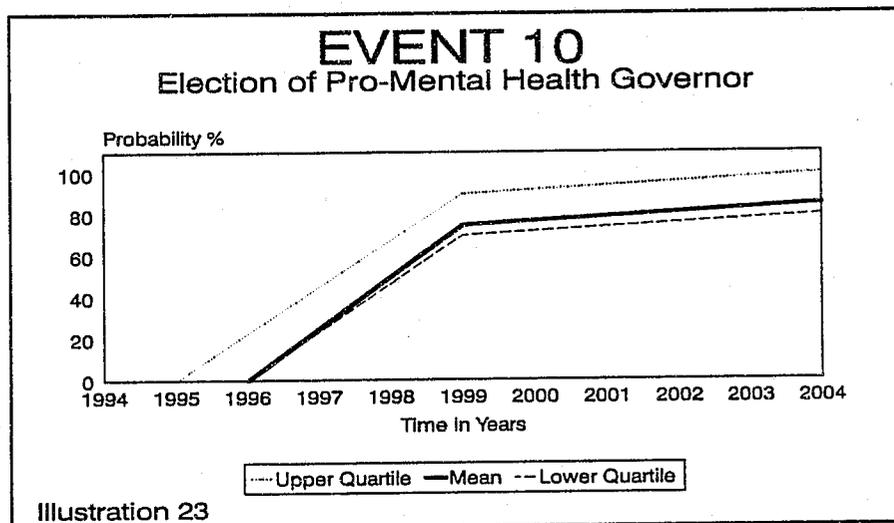


projects this event as a certainty by the year 1999. The lower quartile view projects only a twenty percent probability in 1999, with an increase of probability to the year 2004.

Event 10 - Election of Pro-Mental Health Governor

The election of a pro-mental health governor is an event that met with forecast agreement by all on the panel. A governor who will be sensitive to the issues associated with the mentally ill is seen by the panel as important for mental health

issues to be addressed on the state level. In this event, the entire panel sees a strong likelihood this event will take place by the year 1999 (Illustration 23). As their forecast moves towards the year 2004, the probability of the event increases even more.



CROSS IMPACT ANALYSIS

Cross impact analysis is a technique that is used to determine how each forecasted event, if it were to occur, would impact the probability of other events occurring. Using the *Cross Impact Matrix*, which is depicted in Table 3, the impact of each event is weighed against each of the other events using a positive or negative number. A positive number is used to denote an impact that will increase the likelihood of the event occurring. A negative number is used to show an impact that will decrease the likelihood that the event will occur.

In the Cross Impact Matrix, each event is listed along the left hand column of the

CROSS IMPACT MATRIX

Table 3

EVENTS	INITIAL PROBABILITY	E1	E2	E3	E4	E5	E6	E7	E8	E9	E10	FINAL PROB.
		88	40	75	88	91	87	90	53	70	85	
E1 - County Budget Cut	88	XX		10	4							99
E2 - Cut Funding to Law Enforcement	40	10	XX		15	5	-10					57
E3 - Loss of Designated Funds	75			XX	20	-10	-20	10	-5		-20	54
E4 - State Budget Cut	88				XX							88
E5 - Death of Mentally Ill Person	91	5	10			XX						99
E6 - Community Member Death	87	5		15	5		XX	-10	5			94
E7 - National Health Plan	90							XX			2	99
E8 - Mental Health Reporting	53					10	20		XX		5	92
E9 - Large Damage Award Granted	70	5	10	10	5			-15		XX		85
E10- Pro-Mental Health Governor	85	5	5								XX	98

chart. Directly to the right of each event is listed the initial probability, which was derived from the nominal group's ten year forecast. Across the top of the matrix is listed E1 through E10, representing the same ten events depicted in the left hand column of the matrix. On the right hand column is the final probability for each event. The final probability describes the likelihood of each event occurring, based on the occurrence of each of the other nine events.

To describe how the matrix is used, Event 3 (The Loss of Designated Mental Health Funds) will be used as an example. To the right of this event is shown the initial probability of the event occurring in ten years. The probability forecasted by

the NGT for this event was 75 percent. As the reader looks across the row, each of the other nine events can have one of three possible impacts: (1) an increased probability effect on the event; (2) a decreased probability effect on the event; or (3) no effect at all.

In this case, Event 1 (County Budget Cut) and Event 2 (Cut Funding to Law Enforcement) are seen as having no impact on Event 3. The next item, Event 4 (State Budget Cut) is believed to have an increased probability effect of 20. Event 5 (High Profile Death of a Mentally Ill Person) and Event 6 (High Profile Death of a Community Member) are both believed to have a decreased probability effect on Event 3, hence the -10 and -20 respectively. Event 7 (National Health Plan Implemented) is believed to have an increased probability effect of 10. Event 8 (Lass Passed Requiring Mental Health Professionals to Report Dangerous Mentally Ill Persons) is thought to have a decreased probability effect of -5. Event 9 (Large Damage Award Granted to a Mentally Ill Person) is seen as having no impact on Event 3. The last item, Event 10 (Election of a Pro-Mental Health Governor) was seen as having a -20 probability effect. In the final analysis, if each of those nine events were to take place, the probability that Event 3 would happen in ten years is 54 percent. Using the same method for each item, an event can be evaluated to see how the other ten events impact the probability of its occurrence.

SCENARIOS

The scenarios that follow are fictional stories used to describe three potential futures. These futures are written in a historical perspective looking back over events as if they have already taken place. The combinations of events and how they are played out in the scenarios were derived by random selection using a software program called the Sigma Probabilistic Scenario Generator (SPSG). The SPSG, using a seven digit "seed" number, randomly selected various combinations of the ten events (events derived from the NGT findings) based upon the final probabilities in Table 3, and provided the individual scenarios. Each scenario describes which events will take place, and when they will occur during the ten year period from 1994 through 2004. All of the events occur in one or more of the three scenarios. The three scenarios used in this project were chosen from seventy randomly selected scenarios. Each of the scenarios were written in the context of trend forecasts cited previously in this chapter.

The scenarios that will be described in the following pages have been structured around the fictitious Canyonview Police Department. The city of Canyonview is a culturally diverse town of over 37,000 people located in the San Gabriel Valley area of metropolitan Los Angeles. The Canyonview Police Department employs sixty police officers and thirty civilian employees with a yearly operating budget of approximately seven million dollars.

Scenario One - Most Feared

The following events are the Sigma iteration for this scenario:

- | | | | |
|----|----------|----------|---|
| 1. | Oct 1995 | Event 5 | High Profile Death of Mentally Ill Person |
| 2. | Feb 1996 | Event 6 | High Profile Death of Community Member |
| 3. | Jun 1998 | Event 4 | State Budget Cut |
| 4. | Jan 1999 | Event 7 | National Health Plan Implemented |
| 5. | Aug 1999 | Event 8 | Report Dangerous Mentally Ill |
| 6. | May 2003 | Event 1 | County Budget Cut |
| 7. | Nov 2004 | Event 10 | Election of a Pro-Mental Health Governor |

October 15, 1995, was a date not soon forgotten by the Canyonview Police Department. It was on that day, Officers Sherry Percy and David Lacher had the misfortune of coming in contact with Michael Bevens, a twenty year old man suffering from schizophrenia. Officers had responded to a call for help that came from the home of the Bevens family where Michael lived with his father, mother, and sixteen year old sister. Michael, who had been drinking alcoholic beverages and taking prescription medication (Trend 3), had become violent when his mother asked him to help with some household chores. When the police officers arrived, they were immediately confronted by Michael, who engaged them in a fight. They struggled to subdue him, but soon found that Michael was gaining the advantage. During the struggle, Michael attempted to wrestle away Officer Lacher's gun, but within a few seconds, Michael lay dead, having been shot by Officer Percy.

Within hours of the incident, the Canyonview Police Department was overrun by news representatives of radio, newspaper, and television (Event 5). The Canyonview Police Department had little experience with this type of situation, and soon found themselves embroiled in a controversial media blitz that sensationalized this tragic event. The months that followed this incident brought many questions from the citizens of Canyonview as to the competency of their police department in handling situations involving the mentally ill. Organizations representing mentally ill people and their families had questions to be answered, as well. Many from these organizations believed they should play a more active role in deciding law enforcement policies regulating the handling of the mentally ill (Trend 7).

Just four months later, another incident would occur that would shake the confidence of the Canyonview community. In February 1996, another high profile media event took place in this otherwise quiet community (Event 6). In this particular incident, a thirty-four year old chronically and severely mentally ill man by the name of Frank Wagnon somehow managed to evade security at the Foothills Psychiatric Hospital in Canyonview. After his escape, Wagnon came onto the campus of a nearby elementary school and took a sixth grade school teacher by the name of Cindy Wong hostage in her classroom. Several children were injured as they ran from the classroom to escape. A six hour stand-off with officers of the Canyonview Police Department

ended in tragedy when Wagon killed the schoolteacher, and then himself. Once again the Canyonview Police came under intense scrutiny by the press and the community. The death of the schoolteacher was blamed on Canyonview Police Department's lack of proper training in dealing with persons who were mentally ill.

The police department suffered much in the months that followed. Officer morale was low and citizen confidence in their department plunged even lower. But some good came as a result of these two high profile media events. For the Canyonview Police Department, dealing with the issues of mentally ill persons became a priority, and the training needs of their officers were given preference over other issues. The police department was even able to acquire a state training grant, and developed what was seen as one of the premiere training programs in the state. The training was designed to increase officer awareness of the mentally ill, and provided extensive training on how to deal with this segment of the community.

Unfortunately, in June of 1998, a severe state budget cut (Event 4) significantly reduced funding for state mental health services and other programs. Along with the loss of these services went the grant money that had provided Canyonview's training program. It was not long until funding was almost non-existent for training their police officers on issues of the mentally ill. After the state funds vanished, the police department could only afford to fund mandatory training required by the state.

In January 1999, the federal government implemented a national health plan (Event 7), which completely covered mental health services for its citizenry. This move by the federal government was seen very favorably by a community which had experienced firsthand two devastating events involving mentally ill persons. It was hoped that many of the mentally ill, who had previously been unable to obtain mental health services, would now be provided the care needed to help them function appropriately within the community. In addition, recent improvements in medical treatments for the mentally ill offered still more hope that many would be helped (Trend 10).

Although the residents of Canyonview felt confident the national health plan would help in the area of mental health, they were clearly in support of the new state law that took affect in August of 1999. This law made it mandatory for mental health professionals to report dangerous mentally ill persons to law enforcement (Event 8). The death of schoolteacher Cindy Wong had taken place a full three years prior, but residents still remembered the incident as if it had happened yesterday. They hoped this type of law would help prevent a like incident from ever happening again. Law enforcement leaders, who had been increasingly concerned with issues concerning the mentally ill, were clearly in support of the new law and hoped it would be of some use (Trend 2).

Four years later in May of 2003, a significant county budget cut (Event 1) devastated the funding of mental health services available to Canyonview through the county department of mental health. It was believed by many of the residents, the cuts to mental health had taken place in large part because of the implementation of the national health care plan. Now that every person had mental health coverage, the role of county mental health services were seen as nonessential, and not worthy of funding.

Some of the attitudes towards county mental health services did change with the election of Governor Gerald Browning in November of 2004 (Event 10). Browning whose campaign had focused on the reviving of state mental health services, began to implement new mental health programs. Browning believed that appropriate mental health funding was necessary for the state to prosper.

Scenario Two - Unforeseen Tragedy

The following events are the Sigma iteration for this scenario:

- | | | | |
|----|----------|----------|---|
| 1. | Dec 1998 | Event 5 | High Profile Death of Mentally Ill Person |
| 2. | Feb 1999 | Event 7 | National Health Plan Implemented |
| 3. | Jul 1999 | Event 3 | Loss of Designated Mental Health Funds |
| 4. | Apr 2001 | Event 2 | Cut Funding to Law Enforcement |
| 5. | May 2001 | Event 9 | Damage Award Granted to Mentally Ill Person |
| 6. | Oct 2001 | Event 8 | Report Dangerous Mentally Ill Person |
| 7. | Feb 2002 | Event 1 | County Budget Cut |
| 8. | Mar 2002 | Event 4 | State Budget Cut |
| 9. | Nov 2002 | Event 10 | Election of Pro-Mental Health Governor |

Christmas Eve of 1998, found Officers Jerry Tanaka and Vincent Castillo working a radio car together in the city of Canyonview. The night had been seasonally busy. At 11:30 p.m., the officers received a call from the dispatcher of a family disturbance at 140 E. Lime Street. This was the fifth family disturbance they would handle that evening. "Nothing like the holiday season to bring families together," mused Tanaka as their police car came to a stop at the Lime Street address. They exited their patrol car and were met in the front yard by Mrs. Charlene Brooks, the woman who had called. She told the officers about the fight she had with her daughter Mitzi, who had since passed out, lying in the nearby bushes of a neighbor's house.

Mrs. Brooks explained to the officers that Mitzi was an alcoholic and heavy marijuana user, and that this was just one of many family get togethers that she had ruined because of her substance abuse problem (Trend 3). The officers listened politely as Mrs. Brooks spoke of her daughter's frequent bouts with depression and visits to the psychiatrist. The officers nodded politely, but weren't really listening. They were more concerned with how they were going to load Mitzi into their patrol car, than with the information that Mrs. Brooks was providing. Officers Tanaka and Castillo placed Mitzi in their police car and were soon on their way to the police station.

Minutes later, they arrived at the backdoor of the jail. They greeted the jailer,

Carol Thomas, with another of the many "Christmas presents" they had delivered to the jail that night. With their bundle safely transferred, they quickly returned to the field where several other radio calls waited to be answered.

Jailer Thomas quickly checked Mitzi for property and contraband, and immediately placed her in the drunk tank of the jail. Throughout the evening, Jailer Thomas attempted to check on Mitzi, but soon became busy with the many prisoners that were brought in that evening. The commotion in the jail had long subsided when the dawn of Christmas day finally arrived. However, the quiet serenity of the morning would soon be broken by the panicked calls of Jailer Thomas, who was desperately trying to save a woman named Mitzi, who had long since died. Unfortunately, Mitzi had decided to end her life that Christmas morning by hanging herself from the jail bars with the shirt she had been wearing.

The news of Mitzi's death spread like wildfire, as the media descended on the Canyonview Police Department to probe into the reasons for Mitzi's death. Newspaper headlines and lead news stories on all the television networks featured the tragic story (Event 5). Some news agencies attempted to objectively report the facts of the incident while others sensationalized the story to full extent. Many accused the police department of not making adequate provisions for the mentally ill woman.

Two months later brought the implementation of a new national health plan

(Event 7). With the new health plan came complete mental health coverage to everyone. Many in the small community of Canyonview wondered if a mentally ill woman named Mitzi might have still been alive had she been able to receive the proper treatment afforded by the new health plan. However, with the creation of the new health plan came the demise of the state's designated mental health funds (Event 3). With the coverage provided by the new health plan, the state could no longer justify the expenditure of those funds earmarked for mental health services. Many felt the national health plan would be the cure-all of the state's mental health problems, especially since the medical community had been making some significant progress in the treatment of some forms of mental illness (Trend 10).

It hadn't been long after Mitzi's death that the Brooks family brought a wrongful death suit against the Canyonview Police Department. The family alleged in their lawsuit that the death of Mitzi Brooks was the direct result of negligence on the part of the Canyonview Police Department. They claimed the police had been made aware of Mitzi's mental state at the time of her arrest, and maintained the position that the police had a responsibility to protect Mitzi from her own acts of self-destruction. The Brooks family believed that the indifference demonstrated by the police to Mitzi's mental problems directly contributed to her death.

The City of Canyonview and its police department, although financially sound

(Trend 4), was finding it very difficult to deal with the added financial burden of defending their police department in this lawsuit. After much debate, the City Council was forced to cut funding to the police department (Event 2) and other vital city services, or face financial ruin.

After two and a half years of legal maneuvering, and seeing no way to prevail in the lawsuit, the City finally settled out of court with the Brooks family in May 2001. Subsequently, Canyonview was compelled to pay out millions of dollars in damages to the Brooks family (Event 9).

Members of the Canyonview Police Department hardly even noticed when a new law was passed in October 2001, requiring mental health professionals to report the dangerous mentally ill to the police (Event 8). The police department, which had been hindered by the funding cut, found it difficult to provide the community with essential police services, let alone deal with other extraneous issues. There was little hope they would be willing to deal with the additional problems of mentally ill persons.

Concern over the future of Canyonview's residents continued to grow as county government cut its funding for mental health services in February 2002 (Event 1). The state followed suit in March, and significantly reduced its funding of state mental health services (Event 4). Although these two events did not directly impact the financial future of the city, residents were concerned that mentally ill persons living in the

community might not get the mental health services they needed. Surprisingly, with the death of Mitzi Brooks in 1998, the community had taken on a new awareness of the problems associated with mental illness.

With the election of Governor Peter Forbes in Nov 2002, the issues of the mentally ill received more statewide attention than it had for some time (Event 10). Governor Forbes, a former director of mental health for one of California's northern counties, was deeply concerned about the State's mental health system. However, no one knew for sure if even Forbes, with all of his enthusiasm, would be able to regain the loses that mental health had taken in the preceding months.

Scenario Three - An Overwhelming Problem

The following events are the Sigma iteration for this scenario:

- | | | | |
|----|----------|----------|---|
| 1. | May 1997 | Event 10 | Election of Pro-Mental Health Governor |
| 2. | Apr 1998 | Event 1 | County Budget Cut |
| 3. | Aug 1999 | Event 8 | Report Dangerous Mentally Ill |
| 4. | Oct 1999 | Event 4 | State Budget Cuts |
| 5. | Jul 2000 | Event 3 | Loss of Designated Mental Health Funds |
| 6. | Jul 2001 | Event 7 | National Health Plan Implemented |
| 7. | Jun 2002 | Event 5 | High Profile Death of Mentally Ill Person |

With the untimely death of California's governor in May 1997, came a new governor and a change of philosophy. The new governor, Neal Matthews, was seen

in a favorable light by those sensitive to issues affecting the mentally ill, and by state law enforcement leaders who had become more involved in mentally ill related issues affecting their respective communities (Trend 2). The two prior governors had shown little interest in this area, and as a result, the State's mental health system was in much need of repair. Governor Matthews had always been a proponent of mental health programs and actively sought funding for them (Event 10). But even the governor's desire to have the model mental health system, could not prevent many of the counties from having significant budget cuts to their mental health programs in April 1998 (Event 1). Because of the economic turmoil that many counties had suffered in recent years, mental health services provided by counties became almost non-existent. The number of chronically mentally ill persons who were homeless and substance abusers increased as people were unable to attain mental health services through county agencies (Trend 3). The number of police contacts with the mentally ill increased, as well.

The Canyonview Police Department began to experience an increase in the number of calls for service relating to the mentally ill. Officers who handled these calls found great difficulty in getting any assistance from the county in the way of mental health services. Officers could not find any mental health facilities willing to house those persons who had been determined to be either a danger to themselves or others.

The year that followed saw no relief in sight. The budget crisis continued and officers found themselves incarcerating mentally ill persons for minor crimes they were involved in, to get them off the streets. An organization representing the interests of the mentally ill in Canyonview had grown concerned over police treatment of the mentally ill, and brought down political pressure on the police department forcing them to change their policies concerning the mentally ill (Trend 7).

Because of the apparent widespread problem with the mentally ill throughout the state, the State Legislature in August 1999, enacted a law that required mental health professionals to report dangerous mentally ill persons to the police (Event 8). This new law would help to bring law enforcement and mental health agencies in closer working relationships. Canyonview Police Department had already been developing liaisons with mental health agencies trying to find some answers to the growing problems (Trend 5). Officers of the Canyonview Police Department were not sure what impact, if any, such a law would have. Even now, there was no place to get help for the mentally ill; what good would it do to know which ones were dangerous.

Even though the State recognized the growing problem with the mentally ill, they were unable to fend off the growing budget crisis in which they found themselves. In October 1999, the State cut a significant part of the funding needed by state mental health programs (Event 4). And the following year, in July 2000, the loss of designated

mental health funds were eliminated, as state government attempted to keep their heads above water (Event 3).

In July 2001, the federal government implemented the national health plan, which would provide mental health coverage to everyone (Event 7). It was hoped by many that the health plan would help solve the growing state problem with the mentally ill, who had virtually been abandoned by state and county mental health services. It would take some time before the benefits of the national health plan, if any, would be seen.

By June of 2002, the Canyonview Police Department was still struggling with the number of calls relating to the mentally ill. They still had not seen any relief from the almost non-existent county and state mental health services, and contacts between police officers and the mentally ill had still continued to rise. It was no surprise when one of the many contacts between the police and the mentally ill ended in death. Ironically, the death of this mentally ill man didn't come out of a violent assault as many had come to expect. This death came out of the arrest of a homeless mentally ill man by the name of Russell Walker, who was arrested for being drunk in one of Canyonview's public parks. Russell Walker died, very quietly, in the backseat of a police car, when his body finally gave in to the many years of alcohol abuse (Trend 3). The event did receive a large amount of negative media coverage (Event 5). The usual

questions were asked. Why did it happen? Why didn't the police do something to help this man? But, the inquiries were superficial and short in duration. The problems with the mentally ill had become so prevalent, that this type of incident had become commonplace.

POLICY IMPLICATIONS

The previous scenarios presented three alternative futures. Each of these futures, with its interplay of events and trends, help demonstrate how events occurring during the ten year period can impact a community and its police agency. Although each of the scenarios had many of the same events taking place, each had its own character or emphasis on a particular event or combination of events. As the scenarios played out, it became easy to see certain policy implications coming to light. Through examination of these potential futures, the following recommendations can be made:

1. **Develop Policies for Handling Mentally Ill Inmates** - Whether in a large county or small city jail, law enforcement agencies must realize mentally ill inmates represent a special concern and liability within the custody environment. In some cases, mentally ill inmates can be volatile and aggressive. In other instances, they may be self-destructive and require other special handling. In order to protect police officers, the mentally ill, and other inmates, policies

should be established to provide guidance to officers responsible for the handling of mentally ill inmates.

2. **Develop Specialized Law Enforcement Teams** - In order for law enforcement to deal effectively with the complex situations involving the mentally ill, it will be increasingly necessary to implement specially trained teams of officers. These special teams, whether from one police agency or from a coalition effort of several agencies, will develop the knowledge and expertise needed to safely handle calls involving the mentally ill. Violent confrontations will be minimized as specially trained officers implement strategies for de-escalation. The use of specialized teams will enable a rapport to develop between law enforcement and mental health service providers, thus providing a more effective use of resources. In addition, patrol officers will not be encumbered for long periods of time handling these types of calls, and will be free to handle other calls for service.
3. **Increase Officer Safety and Minimize Liability Through Training** - The training of police officers in the issues of the mentally ill will become a necessity if law enforcement is to deal appropriately with this segment of the community. Training plans should be developed by individual police agencies to assist their officers in correctly handling the situations officers encounter, both in the field and in the custody environment. Not only will training assist officers in handling

these types of situations, but civil liability will be minimized as well.

4. **Funding** - The law enforcement leader wishing to make a positive impact on those issues associated with mentally ill persons must have the necessary funding to accomplish the mission of his or her agency. To ensure this, government leaders must be made aware of the important issues at stake and appropriate sufficient funding levels to allow law enforcement to meet the tasks that are ahead.

CHAPTER 3

STRATEGIC MANAGEMENT

The goal of strategic management is to evaluate and implement strategies to achieve a desired future objective. The plan developed in this chapter is intended to provide strategies, which will assist the fictional Canyonview Police Department and actual California police agencies, who will be facing the challenges associated with mentally ill persons into the year 2004.

This particular strategic plan will be designed to prepare Canyonview Police Department to tackle the issues represented by Scenario Two from the previous chapter. As the reader will recall from that particular scenario, Canyonview was faced with the tragic suicide death of a mentally ill inmate by the name of Mitzi Brooks. The officers in the scenario, who had been warned by the woman's mother that she had a history of mental illness, failed to take the necessary precautions to safeguard Mitzi's life. As a result of Mitzi's death while in custody, a media blitz occurs which sensationalized the event and raised allegations of culpability on the part of the Canyonview Police. A wrongful death suit is later brought by Mitzi's family accusing

Canyonview of failing to provide adequate supervision for Mitzi, and as a result, allowing her to take her own life. Seeing no way to prevail in the lawsuit, Canyonview settles out of court with the Brooks family. This event, and others that follow, set up a chain reaction that eventually forces Canyonview to cut funding to its police department, and causes severe reductions in services to their community.

MISSION STATEMENT

An important part of the strategic planning process is the development of a mission statement. A mission statement is a declaration of intent, which assists in focusing an organization to a specific goal. A mission statement expresses values and guides the behavior of the organization. The Canyonview Police Department will use the mission statement as a framework to develop strategies and decisions in responding to the issues relative to mentally ill persons in their community. Many mission statements are fashioned to encompass the total operation of a law enforcement agency. These mission statements are broadly focused, and may deal with a large number of issues. The following mission statement will take on a more closely focused view, and will deal specifically with the issues of mentally ill persons.

Mission Statement

The mission of the Canyonview Police Department is to serve all of its citizens with fairness, compassion and respect. As an organization, we recognize the importance of balancing the needs of the community at large with those of the community who are mentally ill.

The Canyonview Police Department is committed to protecting those who are mentally ill, and treating them with dignity. Through education, training, and future planning, we will seek to enhance our ability to recognize and assist mentally ill persons in receiving services appropriate to their needs.

ENVIRONMENTAL ANALYSIS

In order to successfully implement the goals of the Canyonview Police Department's mission statement, it is necessary to analyze the environment in which their organization exists. By evaluating the organizational climate, it is possible to determine where the opportunities exist that will aid Canyonview in achieving the objectives of the mission statement, and at the same time, identify the threats that will hinder the success of the organization in meeting their goals. For the purposes of this analysis, the STEEP model, which was mentioned in Chapter 2, will once again be used as a framework for the study. The following is an appraisal by the author of each of the STEEP categories with the opportunities and threats afforded to each.

Canyonview of failing to provide adequate supervision for Mitzi, and as a result, allowing her to take her own life. Seeing no way to prevail in the lawsuit, Canyonview settles out of court with the Brooks family. This event, and others that follow, set up a chain reaction that eventually forces Canyonview to cut funding to its police department, and causes severe reductions in services to their community.

MISSION STATEMENT

An important part of the strategic planning process is the development of a mission statement. A mission statement is a declaration of intent, which assists in focusing an organization to a specific goal. A mission statement expresses values and guides the behavior of the organization. The Canyonview Police Department will use the mission statement as a framework to develop strategies and decisions in responding to the issues relative to mentally ill persons in their community. Many mission statements are fashioned to encompass the total operation of a law enforcement agency. These mission statements are broadly focused, and may deal with a large number of issues. The following mission statement will take on a more closely focused view, and will deal specifically with the issues of mentally ill persons.

Mission Statement

The mission of the Canyonview Police Department is to serve all of its citizens with fairness, compassion and respect. As an organization, we recognize the importance of balancing the needs of the community at large with those of the community who are mentally ill.

The Canyonview Police Department is committed to protecting those who are mentally ill, and treating them with dignity. Through education, training, and future planning, we will seek to enhance our ability to recognize and assist mentally ill persons in receiving services appropriate to their needs.

ENVIRONMENTAL ANALYSIS

In order to successfully implement the goals of the Canyonview Police Department's mission statement, it is necessary to analyze the environment in which their organization exists. By evaluating the organizational climate, it is possible to determine where the opportunities exist that will aid Canyonview in achieving the objectives of the mission statement, and at the same time, identify the threats that will hinder the success of the organization in meeting their goals. For the purposes of this analysis, the STEEP model, which was mentioned in Chapter 2, will once again be used as a framework for the study. The following is an appraisal by the author of each of the STEEP categories with the opportunities and threats afforded to each.

Social Opportunities

1. Increased availability of mental health services by private providers in the communities adjacent to Canyonview will allow for more referral options for police officers attempting to assist persons who are mentally ill.
2. Client and family groups have demonstrated a desire to participate with the Canyonview Police Department and other surrounding police agencies in developing ways to balance the rights of mentally ill persons with the rights of others living in the community.

Social Threats

1. Mentally ill persons who might be injured in police custody would cause community members to see the Canyonview Police Department as irresponsible and inhumane, thus bringing criticism and scrutiny.
2. The increasing numbers of homeless mentally ill in Canyonview will place more of them in contact with the police, thus increasing the time spent by patrol officers trying to locate mental health services.
3. Increased substance abuse by mentally ill people will create more potentially violent contacts for Canyonview police officers.
4. The increase in the Hispanic and Asian populations in Canyonview will further complicate law enforcement contacts with the mentally ill from

these populations due to language and cultural barriers.

Technological Opportunities

1. Use of available data bases to identify mentally ill persons in Canyonview could allow police officers to provide better service to this segment of their community. Mental health services could be more easily identified, allowing quicker access. Caretakers and family members could be readily contacted to care for those who are unable to care for themselves.

Technological Threats

1. The technology exists to implant devices on mentally ill persons allowing them to be tracked and monitored by law enforcement. This premise would be viewed by Canyonview residents as distasteful, causing fear and resentment of the police.

Economic Opportunities

1. Increased availability of mental health services by private providers in the communities adjacent to Canyonview will allow for more referral options for police officers attempting to identify services for the mentally ill. This will provide for more timely disposition of calls involving the mentally ill.
2. Increased funding of the Canyonview Police Department will provide more resources with which to appropriately respond to calls relating to the

mentally ill, and allow them to explore other options for dealing with the increasing number of field encounters.

3. Increased funding of the Canyonview Police Department will allow for better training of police officers concerning issues relative to the mentally ill.
4. Inter-agency collaboration between the Canyonview Police Department and human service agencies in the area could potentially reduce the amount of resources used by law enforcement to handle calls relating to the mentally ill.
5. Use of a specialized team to handle calls relating to mentally ill persons could result in more efficient use of Canyonview's resources and free patrol officers to handle other calls for service.

Economic Threats

1. The increased number of calls relating to mentally ill people uses increasing amounts of Canyonview's already limited law enforcement resources.
2. Incarcerating mentally ill persons in Canyonview's jail increases the opportunity for them to injure themselves or other prisoners. Along with these concerns comes increased exposure to civil liability if Canyonview

is found to be negligent in any way.

3. A significant cut of funding to the Canyonview Police Department could negatively impact their ability to respond appropriately to calls relating to persons who have mental illness.
4. A loss of designated mental health funds or a state budget cut of mental health programs and services would place more untreated mentally ill persons in Canyonview's community resulting in increased resource expenditure by the police department to handle mentally ill related calls for service.
5. A large damage award granted to a mentally ill person in a suit brought against the Canyonview Police Department for negligence would have serious financial consequences.

Environmental Opportunities

1. (No Significant Factors Identified)

Environmental Threats

1. (No Significant Factors Identified)

Political Opportunities

1. Increased recognition of mental health concerns by law enforcement leaders in the communities near Canyonview could be the catalyst for

increased cooperation with Canyonview to address some regional concerns associated with the mentally ill.

2. Inter-agency collaboration between the Canyonview Police Department and area human services agencies could increase the effectiveness of services to the mentally ill.
3. Use of a regional team of specially trained police officers and mental health workers to respond to calls relating to persons who are mentally ill may increase the effectiveness of the police response in Canyonview.
4. Involvement by client and family groups in deciding the public policies of the Canyonview Police Department in handling mentally ill persons may assist the department in balancing the rights of the mentally ill with others living in the community.
5. Both Canyonview's city manager and the city council have shown a great deal of support for the police department, and would encourage efforts to develop strategies for dealing with issues concerning the mentally ill.

Political Threats

1. The high profile media coverage of the death of a mentally ill person attributed to the Canyonview Police Department could result in increased regulatory restrictions on the department by the City Council or by other

government entities.

2. Use of a specialized team of officers by Canyonview to deal with mentally ill persons may be seen by local mental health agencies as infringing on their area of responsibility.
3. Pressure placed on the City Council by organizations representing the mentally ill and their families may force policies that restrict the Canyonview Police Department's ability to handle calls relating to the mentally ill.
4. The increase in the Hispanic and Asian populations in Canyonview could provide challenges for the police department in overcoming the barriers associated with language and culture. Canyonview police officers will need to be able to communicate with mentally ill people of these populations in order to provide the level of service that is desired.

ORGANIZATIONAL ANALYSIS

The Canyonview Police Department is an organization of approximately ninety employees, both sworn and civilian. Approximately thirty percent of the department's workforce is comprised of females, and seventy percent are males. The department is headed by a chief of police who is responsible for overseeing the direction of the

agency. The department has two divisions, which are managed by division commanders holding the rank of captain. The two divisions are Operations and Support Services. The daily operations of the patrol force are directed by four patrol lieutenants or Watch Commanders. Following is an analysis conducted by the author of the strengths and weaknesses that will affect Canyonview's ability to accomplish the objectives of the mission statement.

Strengths

1. **Agency Size** - The size of Canyonview Police Department (approximately one hundred employees) affords a number of strengths that will help it reach the goal of its mission statement: (1) Change is more readily introduced in a smaller agency than with larger organizations, (2) Communication occurs more readily and with greater accuracy, and (3) Closer monitoring of employees occurs by supervisors
2. **Chief of Police** - The chief of Canyonview Police Department is highly innovative and entrepreneurial. He has always demonstrated an interest in the issues associated with the mentally ill and is a member of an organization which provides training seminars for police officers on mental health issues.
3. **Community Policing** - The Canyonview Police Department has eagerly embraced the philosophy of community policing, and has been recognized

nationally for its own unique program.

4. **Training** - The Canyonview Police Department has always emphasized the importance of training for its officers. In addition to the ongoing training program, the department has recently instituted quarterly training for the entire department. This will aid in the facilitation of training specific to issues of the mentally ill.

Weaknesses

1. **Agency Size** - The size of Canyonview was cited as a strength, but in one area it becomes its weakness. That is in the area of resources. Because of its size, it may be inhibited by its limited resources.
2. **Staffing Level** - The staffing level at Canyonview Police Department is not adequate to meet the increasing service needs of its community, let alone the increasing needs associated with the mentally ill in the community.
3. **Jailers**- Funding issues have limited the number of jailers that Canyonview has been able to hire. As a result, Canyonview's jail is not staffed with a jailer twenty-four hours a day, seven days a week. This situation has created a lower level of prisoner supervision during certain periods of time. This could increase Canyonview's civil liability should a mentally ill prisoner be injured or die while in custody.

STAKEHOLDER ANALYSIS

The successful implementation of any strategic plan requires some form of stakeholder analysis. A stakeholder is an individual or group of people, who have an interest in the issue being addressed, or the strategic plan that will be implemented. A stakeholder can be impacted by, or have an affect on the issue. For the purposes of this study, stakeholders will be those persons or groups who have a direct interest in how law enforcement will deal with the emerging issues relative to the mentally ill. The following analysis will examine eleven major stakeholders connected with this issue, and then offer assumptions as to the beliefs of each. The assumptions of the stakeholders are the values and beliefs that the individual or group hold relating to the issue. The following is a list of the eleven stakeholders developed by the author. The assumptions connected with each are listed below them.

1. Chief of Police

- A. The police department needs to resolve calls relating to the mentally ill in an effective and timely manner.
- B. Undue exposure to civil liability, resulting from either the handling of mentally ill related calls or from incarceration, must be minimized whenever possible.
- C. The safety of police officers is of utmost importance. Officers should be

well trained to handle calls related to the mentally ill.

D. Mentally ill persons use a large amount of police department resources.

2. **Police Officers**

A. Mentally ill persons cause needless paperwork and countless hours of wasted time and resources.

B. Mental health agencies need to provide better services to police officers attempting to locate hospital services for mentally ill persons who are a danger to themselves or others.

3. **Police Jailers**

A. Mentally ill prisoners left unattended are likely to harm themselves.

B. Mentally ill prisoners are dangerous to jailers and other prisoners.

4. **Mental Health Professionals**

A. Police officers are not well trained on mental health issues.

B. Police officers' expectations of mental health professionals are unrealistic.

C. Police officers do not show compassion to mentally ill persons.

5. **Mentally Ill Persons**

A. Police officers should treat the mentally ill with dignity during police contacts.

B. Mentally ill persons should not be stigmatized by labeling from law enforcement.

6. **Family Members of Mentally Ill Persons**

A. Police officers have a responsibility to assist mentally ill people by directing them to appropriate mental health resources.

B. Law enforcement has a responsibility to protect the mentally ill from harming themselves.

7. **City Council Members**

A. The police have a responsibility to keep the community safe from dangerous mentally ill persons.

B. City resources should not be wasted by spending long periods of time trying to find hospitalization for the dangerous mentally ill.

8. **Mental Health Advocate Attorneys**

A. The rights of mentally ill persons must be protected.

B. Mentally ill persons will be taken advantage of if they are not represented by an attorney.

9. **Community Members**

A. The police have a responsibility to safeguard community members from dangerous mentally ill people.

- B. Community members do not want homeless mentally ill persons visible in their neighborhoods.

10. **Media**

- A. Police officers are insensitive to the mentally ill.
- B. Police officers escalate situations with mentally ill persons causing the mentally ill to be injured.
- C. The media is interested in high visibility stories involving law enforcement and the mentally ill.

Another type of stakeholder that must not be ignored when conducting any stakeholder analysis is the "snaildarter." A snaildarter is a group or individual that is an unanticipated stakeholder. In the initial analysis, a snaildarter may not appear to have any interest or impact on the issue at all. However, without warning, a snaildarter can emerge, having a significant impact on the strategy that will be used to deal with the issue. For this issue, the following group has been identified as a potential snaildarter.

11. **Advocacy Group** - An organization representing a special interest group that is not related to those groups representing the mentally ill or their families.
- A. The issues related to the mentally ill may be of importance, but are not as important as the advocacy group's cause.

- B. Attention to issues of the mentally ill will draw attention away from the advocacy group's concerns.
- C. Mental health issues may draw funding away from the advocacy group's programs.

Assumption Mapping

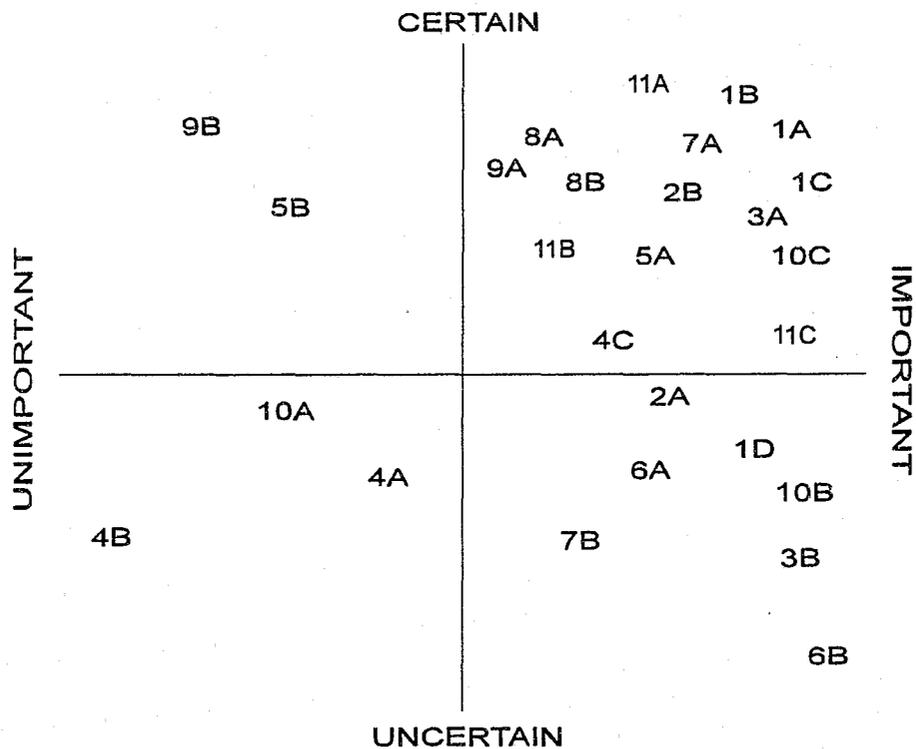
Another aspect to the process of stakeholder analysis is "assumption mapping." The *Assumption Mapping* chart (Illustration 24) that is illustrated on the following page is representative of this process, and depicts the key assumptions made concerning each stakeholder. The chart is used to visually depict the degree of certainty that the assumptions made about each stakeholder are accurate, and the degree to which the assumption is believed to be important to the issue of this project. The upper right quadrant of the chart indicates those assumptions believed by the author to be both important and certain.

ALTERNATE STRATEGIES

Alternate strategies demonstrate some of the ways with which to address the problems surrounding the issue of this project. During this stage of the research, a group of nine law enforcement practitioners were convened to develop alternate strategies using the modified delphi process. The group consisted of police managers,

ASSUMPTION MAPPING

Illustration 24



- | | |
|----------------------------------|-------------------------------------|
| 1. Chief of Police | 6. Family Members of Mentally Ill |
| 2. Police Officers | 7. City Council Members |
| 3. Police Jailers | 8. Mental Health Advocate Attorneys |
| 4. Mental Health Professionals | 9. Community Members |
| 5. Mentally Ill Persons | 10. Media |
| 11. Advocacy Group (Snaildarter) | |

supervisors, and line officers. Members of the law enforcement practitioners group are listed:

- Lieutenant Donald Lacher, Monrovia Police Department
- Lieutenant Jerry Faulkner, Monrovia Police Department
- Sergeant Enrico Miglia, Monrovia Police Department
- Sergeant Pete Mullis, Monrovia Police Department
- Sergeant Robert Sanderson, Arcadia Police Department
- Officer Glen Coleman, Monrovia Police Department
- Officer Richard Harper, Monrovia Police Department
- Officer Jeffrey Gray, Monrovia Police Department
- Officer David Cassidy, Monrovia Police Department

Using the modified delphi process, the group generated a list of eight possible alternative strategies that could be implemented to accomplish the stated mission. Each of the eight ideas were rated by each member of the panel using the following criteria: (1) Short-Term Desirability, (2) Feasibility, (3) Cost, (4) Long-Term Desirability, and (5) Stakeholder Support. At the conclusion of the rating process, the two alternatives with the highest scores, and the alternative with the most diversity of support were analyzed to determine which would be the most suitable. Each of the three strategies

were analyzed in terms of their positive and negative attributes. In addition, each was evaluated based on how the various stakeholders would perceive them. The following are the three strategies that were selected, followed by a description of each.

Alternate Strategy 1 - Develop A Regional Team

The first strategy calls for the development of a regional team of specially trained police officers and mental health technicians. The police officers and mental health technicians would receive special training in crisis intervention and the handling of mentally ill related situations. Police officers would be paired with mental health technicians in two person response cars. The regional team would consist of officers from several police agencies, who share a common regional area. Each agency would supply an officer to be part of the overall team.

These two-person response cars would be available to handle those calls in the regional area associated with the mentally ill. Calls coming into the dispatch centers of the respective regional agencies would be screened to determine what type of service is requested. Patrol officers from that jurisdiction would initially be dispatched to the call. Once at the scene, the patrol officer would determine if the regional team was needed. Once the regional team car arrived at the location of the call, the patrol officer would be relieved to handle other pending calls for service.

The panel viewed this strategy as a worthwhile endeavor. The deployment of

a regional team would have the desired effect of providing specially trained officers to handle these types of calls, thus providing a safer and more effective approach to crisis intervention. The individual cost to each agency would be minimal as each agency would only need to provide one officer to the team. This would not unduly burden individual agencies, but the overall benefit would be substantial. The deployment of a regional specialized team would not require the hiring of any additional personnel. Logistical needs would be minimal. The use of the regional team would provide a more unified approach to the issue of the mentally ill as departments work together to solve these types of issues. This approach would also establish a closer link with mental health providers, who in many cases, will ultimately provide the mental health services needed for these individuals. One potential drawback to approaching a strategy such as this, is that coordination of a team involving several agencies may be difficult to organize and manage.

The stakeholder perception of this strategy is generally seen as favorable. The various police chiefs that would be involved in a regional effort would no doubt see the favorable financial benefit, along with the more effective use of police resources. It is also believed that police officers would see this approach as favorable. It would eliminate the frustration of dealing with mentally ill related calls and trying to locate mental health services or hospitalization, often spending many hours of patrol time in

the process. Mental health professionals would hopefully see the advantages of this regional approach. With their own personnel participating on the team, a direct link between law enforcement and mental health agencies could be established making for better understanding and communication between the two entities. Mental health advocate attorneys may also see the use of regional teams as a positive move. The use of specially trained officers, if nothing else, would help an officer to be more closely in tune with the rights of the mentally ill.

Alternate Strategy 2 - Implement A Database for the Mentally Ill

The next alternate strategy is the implementation of a database of information on mentally ill persons. This strategy is a relatively straightforward gathering of information on individuals who are mentally ill. The database would provide information, which would allow officers in the field to determine the identity of the person. It would also provide information about the person's mental health needs, such as, whether the person has schizophrenia or other mental disorders, or what medication they may be required to take. It would also provide information as to the doctor who is currently treating the person, or from what hospital or mental facility the person normally receives treatment. Information, such as family member contacts, would also be part of the database. This approach would allow officers in the field the opportunity to handle mentally ill related calls with a certain degree of specificity. Knowing what

type of mental illness the person has would allow officers to respond appropriately to each unique person and situation. With the mentally ill person's information available as to their doctor or hospital, prompt contact with them would afford mental health services in a timely manner.

The advantages to this strategy are that officers would be able to respond more appropriately to the individual needs of the mentally ill person. Additionally, it would expedite the acquisition of needed mental health services to the individual. Statewide databases that are currently in use by law enforcement agencies throughout the state could be used to implement such a strategy.

One of the disadvantages to this approach would be the expense of setting up and maintaining such a database. Although the database would reap great advantages for law enforcement and the mentally ill, the fiscal issues would no doubt play a significant role in whether or not this plan would ever be implemented.

This strategy would have mixed responses from the major stakeholders involved. Police officers and police jailers would see this approach in a favorable light. Police officers would see the positive benefit of quick resolution to mentally ill related calls through identification of the mental health problem associated with that particular person. They would also appreciate the ability to acquire mental health resources quickly for the individual by identifying their doctor and hospital facility. Police jailers

would see the database as a clear opportunity for identifying prisoners, who may be a potential risk to themselves or others, and then provide appropriate accommodations. The family members of mentally ill persons would also see this approach in a positive light. They are very interested in their family members receiving the best possible care and appropriate services. In their view, a database of this kind would provide law enforcement with vital information for services and for contacts with the person's relatives for emergency notification. Mentally ill persons, on the other hand, would see this database in a negative light. Their position would be that the database, although it would provide useful information for law enforcement authorities, would stigmatize a mentally ill individual by labeling them within the system. Their concern would be that mentally ill persons may not be treated with the same respect and dignity as other members of the community.

Alternate Strategy 3 - Community Triage Center

This strategy received the most diversity of support. Several members of the panel saw this as a viable strategy while others did not. This particular strategy involved the development of a community triage center. The community triage center would be manned by volunteer community workers with background and experience in the mental health field. The triage center would be manned from 8:00 o'clock in the morning until midnight, and would provide services to walk-ins, and also to law

enforcement referrals. The center would be available as a temporary holding facility for mentally ill persons, who were determined by law enforcement to be a danger to themselves or others, until arrangements could be made for the person to be transported to a county or private hospital facility.

One of the advantages of this strategy is the center could be easily accessed by community members. It would be conveniently located within the community, and could act as a conduit through which community members could be directed to receive mental health services. This might assist law enforcement in that some mental health situations could be mediated before they become crisis situations requiring law enforcement intervention. Additionally, police officers would have a location where they could bring dangerous mentally ill persons to be held until arrangements could be made to transport the person to a hospital facility.

A significant drawback to this approach would be in the area of funding. Although the plan calls for volunteer mental health workers, there are other considerations that could be expensive. Finding a building that would suit the purposes of this strategy in itself would be a costly expense, let alone other peripheral costs.

The perspective of the major stakeholders in this strategy are again diverse. Police officers would find this strategy favorable. The community triage center would provide an accessible location to hold mentally ill persons awaiting transportation to

a hospital facility. This would free patrol officers to handle other calls while the volunteer worker makes the necessary arrangements for mental health services. Mentally ill persons and their families might also find a center such as this beneficial. The mentally ill person or their family wishing to find help would have some access to mental health services provided at the center, but also to referrals to other resources outside of the center's capabilities. Community members, on the other hand, might have an entirely different feeling altogether about the center. Whereas, many community members might believe a center like this to be a benefit to the community at large, the idea of having one in their own backyard may not be appealing. Some community members may not want a triage center that draws mentally ill persons into their community from surrounding areas.

IMPLEMENTATION

The strategy chosen for implementation by the law enforcement panel was "Alternate Strategy 1 - Develop a Regional Team." The implementation of this strategy would begin with a cooperative discussion between the police chiefs of the involved agencies. The chiefs would be brought together for a meeting to discuss how the issues of the mentally ill are affecting the region as a whole. Information would also be shared illustrating the impact on their individual law enforcement agencies. Part of the

information presented at the meeting would be the forecasts developed by the nominal group panel in Chapter 2 of this project. These forecasts would further clarify the importance of the issue, but in a future perspective. It is believed that this collection of information would clearly demonstrate the need for a collaborative approach to the problem.

A proposal would be made to implement a regional team of specially trained officers and mental health professionals to address the issue. Discussions between the police chiefs would examine the advantages and disadvantages of the proposal. At the conclusion of the discussion, and with agreement among the chiefs, an executive committee would be formed to implement and oversee the project. The executive committee would consist of police chiefs and mental health representatives.

The executive committee, with the assistance of staff, would then conduct a needs assessment and evaluate the components needed to make the program viable. Issues such as staffing, logistics, and other concerns would be discussed and finalized. The final result would be to develop an action plan to set the project into motion.

With the action plan finalized, the selection of staff would then be facilitated. The executive committee would select a command level staff officer to oversee the operational side of the project. A project manager would be chosen in a competitive selection process. The selection would be based on the candidate's background and

knowledge of mental health issues, and his past performance as a program manager for other projects.

Police officers from each agency would then be selected to fill the team officer positions. These officers would be selected based on the officer's suitability for the position and their desire to participate in the project.

Members from mental health providers would be selected to participate on the team as well. Each member of the regional team would receive updated training on mental health issues and crisis intervention. Additionally, mental health workers would receive cross-training in law enforcement procedures.

Commencement of the operational side of the project would then take place. Initially the team would be available 5:00 o'clock in the evening until 1:00 o'clock in the morning, seven days a week. These hours are the peak times for mentally ill related calls. The hours of the team could later be adjusted if the need arises. Members of the regional team would be scheduled to work their assignment on specific days, and would be available for call. During their scheduled times, they would be available to handle mental health intervention assignments anywhere within the regional area. The on-duty team members would be available by radio and pager.

Initial response to service calls from the individual police agencies would be handled by field officers from that jurisdiction. Once the patrol officer determined that

the call was a mental health call requiring intervention, the on-duty regional response team would be contacted and directed to the location. The regional team members would handle the call to completion.

An evaluation of the program and its effectiveness would be undertaken after the first twelve months. Statistical data will be collected during the life of the program. This data will be evaluated to determine the following information:

1. How often was the team utilized by the coalition police agencies?
2. Did the program provide a cost savings to the coalition police agencies?
3. Were mental health related calls handled more effectively, providing a safer approach and more effectual disposition of the incident?
4. Did mentally ill persons receive a higher level of effectiveness in receiving appropriate mental health services?

At the end of the evaluation period, the overall rating of the program would be decided and the decision would be made collectively by the involved police chiefs whether the program should continue or not. If the chiefs chose to continue with the program, a similar evaluation would take place each succeeding year.

CONCLUSION

In this chapter, the concepts of strategic management were used to provide

specific options for Canyonview and other California police agencies to deal with the issues of the mentally ill. Each step of the process revealed analysis of the various components needed to accomplish the strategic management function. With the implementation of this strategic plan, it is envisioned that Canyonview Police Department and its coalition associates will be successful in dealing with the growing number of contacts between law enforcement and the mentally ill.

CHAPTER 4

TRANSITION MANAGEMENT

In the transition management portion of this project, the preferred strategy discussed in the previous chapter will be brought from its conceptual stage to realization within the organizational context. The focus in this chapter will be on how to successfully transition the organization through the implementation of the strategy.

Transition within any organization is an unique time. It is very unlike the present state of an organization, and also quite different from what the organization will be in the future. Instead, the transition state has an entirely different character all its own, and is neither like the present nor the future. All organizations in transition have a number of characteristics that are fairly predictable. Some of these characteristics are:

- High uncertainty within the organization with low stability.
- High levels of inconsistency as perceived by persons outside the organization.
- High levels of stress to members within the organization.
- High levels of energy that can sometimes be misdirected.
- Issues of control can become important.

- Intra-organizational conflict can occur.
- The old traditions of the organization become valued.³¹

If transition is not managed properly, there is no hope for successfully moving the organization from its present state to its desired future alternative. For that reason alone, it becomes infinitely important to pay close attention to the issues involved in transition management.

In the previous chapter, the strategy chosen for implementation was the development of a regional team of police officers and mental health professionals to respond to problems associated with mentally ill persons. In this concept, a cooperative effort would be implemented using the combined resources of local law enforcement and mental health agencies. Police officers would be teamed with mental health technicians, who would respond to mental health related calls anywhere in the regional area of the participating agencies. In addition, the response teams would be used to screen prisoners thought to be mentally ill prior to entering the jail environment. In doing so, these prisoners could receive special handling to prevent potential injury to themselves, other prisoners, or police personnel.

The recommendation to use the regional teams stems from the substantially

³¹Dr. Reuben T. Harris, California Law Enforcement Command College, lecture notes, 18 August 1994.

better approach it would provide to mental health related calls. These types of calls have traditionally been handled by patrol officers with limited training in mental health issues. Mental health related calls not only have the potential to be quite complicated, but often require a substantial amount of a police officer's patrol time, particularly if the mentally ill person requires hospitalization. By using the specialized teams of officers and mental health workers, mental health related calls could receive a specialized approach. Law enforcement and mental health professional teams would receive specialized training that would further enhance their ability to handle these types of calls. As a result, regular patrol officers would be free to handle the ever-increasing numbers of calls for service generated by the community, and jailers would be made aware of mentally ill prisoners in their care and custody.

CRITICAL MASS

In order for any new plan or strategy to be successfully implemented, there are key individuals who must be considered. This key group of individuals, or actors as they are sometimes called, whose support is needed for the strategy to be a success are called the "critical mass." If those in the critical mass support the change needed to implement the strategy, a successful implementation is very likely to occur. The number of entities within the critical mass usually range from five to seven. In some

cases, groups of people may be identified as an entity within the critical mass.

Some members of the critical mass group may be in support of the strategy change from the very beginning, while others will not be in support of the change at all. In order to successfully transition an organization to its new objective, it will become necessary to personalize an approach for each member or group in order to win them over to the strategy that will be implemented. The persons and groups identified by the author as the critical mass in this particular strategy are:

- Chief Levell of the Canyonview Police Department
- Police Chiefs Association
- Executive Committee
- Project Manager
- Mental Health Administrators
- Response Team Police Officers
- Response Team Mental Health Technicians
- City Manager
- Representative of Organization for Mentally Ill Persons

COMMITMENT PLANNING

Commitment planning is an essential part of preparing an organization for

transition to a new project or goal. Through this process, each person or group of the critical mass is evaluated to determine their level of commitment to the program. In doing so, preparation can take place to personalize an approach that will be utilized to win them over in support of the program.

In order to demonstrate the process of commitment planning, a scenario will be presented, once again utilizing the fictitious Canyonview Police Department and its members. Throughout the scenario, the commitment level of each critical mass member will become apparent. Later, the level of commitment needed by each person or group to transition the organization successfully will also be discussed.

Commitment Planning Scenario

The head of the Canyonview Police Department is Chief John Levell. Chief Levell has long been known for his progressive and innovative approaches to law enforcement. Over the last year, Chief Levell identified a trend that had been occurring, not only with his own police department, but with other departments in the local area. The trend he identified was an increase in the number of contacts between law enforcement and persons who are mentally ill. The increased numbers of mental health related calls had placed an additional burden on the already strained resources of his department. Chief Levell realized that the traditional way in which his police department and other local agencies handled mental health related calls was neither

effective, nor cost efficient.

Chief Levell had been looking for alternatives to this problem when he was approached with the idea of using specially trained teams of police officers and mental health technicians, and of forming a coalition of police and mental health agencies to deal with the problems of the mentally ill. The Chief was interested in the possibilities and wished to explore the idea some more. The strategy had been presented as an idea from one of his patrol lieutenants, Gina Lopez, who was currently studying the issue in her Command College class.

After presentation of the strategy, Chief Levell agreed that the idea had merit. He reviewed the materials that Lieutenant Lopez had made available on the issue, including the futures forecast of her Command College project. With a full understanding of the strategy, the Chief felt it was time to approach the other local police chiefs with the idea. Lieutenant Lopez, although encouraged by the Chief's response, knew that in order for this strategy to be implemented, it would require the Chief's continued support.

Three weeks later, during a meeting of the Police Chiefs Association, Chief Levell brought up the idea of the new strategy for discussion. The issue of the police response to mental health related calls was certainly not a new topic for the chiefs. Their organization had been struggling with the issue for several months. In fact, the

Association had recently compiled data on the numbers of mental health related calls each agency had handled for the past year, trying to ascertain the depth of the problem. The data supported what they had suspected. It was now time to consider the strategy presented by Chief Levell. Each chief had their own point of view as to whether they thought the proposed strategy was of value or not. Some of the chiefs did not feel the strategy should be implemented. Several other chiefs believed that the idea had merit and should be considered. By the end of the meeting, the chiefs agreed to appoint an Executive Committee. Their charge would be to evaluate the strategy more closely and come back with a recommendation for the chiefs.

After the association meeting, Chief Levell shared with Lieutenant Lopez the association's decision. He told her that the chiefs' commitment at this point was tentative at best, but hoped that with closer examination they would agree this was the right approach.

The Executive Committee formed by the chiefs consisted of six police chiefs, three senior mental health professionals representing public and private mental health agencies in the area, and a spokesperson for an organization representing the concerns of mentally ill persons. Chief Levell was picked to chair the committee.

The Executive Committee conducted an exhaustive study into the strategy, and later brought back their proposal to the Police Chiefs Association. It was the Executive

Committee's recommendation that the strategy be implemented as described. Because of the confidence and enthusiasm demonstrated by the Executive Committee, the chiefs voted to go forward with the project. The chiefs agreed that the current Executive Committee should remain to oversee the program and select a qualified project manager to oversee the day to day operations. After careful consideration, Lieutenant Lopez was selected as the program manager because of her skills as a manager and her background in issues relating to the mentally ill.

Chief Levell had already been in contact with the city manager of Canyonview, James Golden, concerning the strategy the Executive Committee was studying. When the Committee recommended the proposed strategy be implemented, and that Lieutenant Lopez should be the project manager, Chief Levell returned to City Manager Golden to obtain his approval. City Manager Golden had been enthusiastic from the beginning. He encouraged Chief Levell to allow full participation of the police department and Lieutenant Lopez in the project. City Manager Golden believed it would benefit the community members of Canyonview for their police department to participate in such a program.

Soon after, word of the Police Chief Association's decision began to spread. Concerns were raised by local mental health administrators about funding issues. The mental health administrators indicated that since there was no specific funding source

for mental health professionals being used on the specialized teams, it would cause undue hardship on their organizations. The Executive Committee was concerned that the participating mental health organizations might not agree to participate in the venture, rendering the program unworkable. The Executive Committee knew that the administrators' concerns would need to be addressed if the mental health organizations were going to commit to the program.

To make the regional team a reality, the process of recruiting qualified police officers and mental health workers would need to take place. An application and interview process would certainly be part of the selection process. Only those officers and mental health professionals who were interested in the program would apply. The Executive Committee did not anticipate any concerns being raised from this sector. After the announcement of the new program, Lieutenant Lopez heard many enthusiastic comments by field officers who wanted to apply for the positions. Other positive comments were also heard from field officers who would soon benefit from the team's implementation. Lieutenant Lopez was also enthusiastic about her new position. However, she knew there would be much to do to make the program a success.

Actor Evaluation

In discussing the commitment of each the critical mass actors in the previous scenario, four types of commitment will be described. The commitment types are

relatively self-explanatory in their description of the level of commitment. The four commitment levels are:

- Block Change - Will work against the program.
- Let Change Happen - Will allow the program to be implemented.
- Help Change Happen - Will help the program to be successful.
- Make Change Happen - Will work to make the program successful.

The current level of commitment for each person or group will be discussed in the following pages. In addition, the level of commitment needed by each critical mass group entity will also be described, along with what approach may be used to move them to the desired level of commitment.

Chief John Levell

The first person identified as a member of the critical mass group was John Levell, the Chief of the Canyonview Police Department. Chief Levell is a key player in this particular scenario, and will need to be in agreement with the strategy if it is to be implemented. In the scenario, the Chief's initial response to the strategy presented by Lieutenant Lopez was guarded, but he believed the strategy may have some merit. As his enthusiasm for the program began to build, it became apparent that Chief Levell's level of commitment to the program was "help change happen." Subsequently, he decided to bring the strategy to the Police Chiefs Association.

When Chief Levell was named to chair the Executive Committee, it appeared his stake in the project became even greater. He realized that a big part of whether or not the project would be implemented would rest on him. It then became apparent his level of commitment had elevated to "make change happen." Now the Chief seems more determined than ever to see that the project is a success.

The Chief's level of commitment was no doubt instrumental in getting the Police Chiefs Association to agree to implement the program. Because this particular scenario involves several agencies within law enforcement and mental health, the task of transitioning becomes even more difficult. The successful transition of all the organizations into this program will probably require that Chief Levell remain at the "make change happen" level of commitment. This is primarily due to his leadership role within the Executive Committee.

Police Chiefs Association

The police chiefs of the local law enforcement agencies are another entity of the critical mass. Without the involvement of a majority of these chiefs and their agencies, the transition will not be a success.

Early on in the scenario, it appeared the bulk of the chiefs wavered from "block change" to "let change happen." However, in order for the transition to the new strategy to be successful, it will be absolutely imperative that most of the police chiefs

minimally reach the level of commitment of "let change happen." If not, their commitment to "block change" will force their police agencies out of the program.

One method that may be employed to bring the Police Chiefs Association in agreement to "let change happen," would be to provide full examination of all pertinent data. All of the information that has been made available to Chief Levell and the Executive Committee should also be provided to each of the police chiefs. In addition, information should also be provided demonstrating the successes of other field teams, such as, the Los Angeles County Sheriff's Mental Evaluation Team.

Executive Committee

The Executive Committee that was formed to look into this strategy consisted of six police chiefs and three senior mental health professionals representing private mental health organizations in the area. With their recommendation for approval of the strategy, they signaled a level of commitment that was commensurate with "let change happen." However, for the organizational transition to be successful, their commitment level will need to be increased to "help change happen." The reason their level of commitment must be elevated is that in their new role as the oversight authority for the program, they will be required to take a more active role in the program's success.

It should be relatively easy for Chief Levell to encourage an increased level of participation in the project and thus raise their level of commitment at the same time.

Their show of enthusiasm when the program was presented to the Police Chiefs Association signaled that they are ready to move forward with the program.

Mental Health Administrators

In the scenario, the Mental Health Administrators appear to be the only entity at this point that may actively "block change." They have indicated there may be a problem with funding, which may cause them not to participate in the project. If this occurs, the implementation of the project cannot take place. If the transition of the program is to be successful, the administrators must reach a level of commitment that is "let change happen," thus allowing members of their respective organizations to take part in the program.

To accomplish the higher level of commitment, Chief Levell will need to show the administrators the benefits that will be derived from the program. It must be demonstrated that their mental health clients will receive a much greater level of service and care in the field by using the regional teams. In addition, funding issues may be overcome through referrals of clients that will come from participating in the project.

Project Manager

Lieutenant Gina Lopez, who was appointed as the project manager, has been at the "help change happen" level of commitment from the very beginning. She was involved in bringing the program to the Chief, which signaled her willingness to help

begin the transition to the new program. As the project manager for this strategy, she will have to take a more proactive level of commitment and "make change happen." This should be no problem as she has willingly accepted her new position and knows that she will have to be the driving force on the operational side of the program.

Police Officers and Mental Health Workers

Based on the scenario that was presented, there was no indication officers or mental health professionals participating on the regional team will be attempting to "block change." Those selected for the assignments were chosen because of their abilities and interest in the program. The fact that they came of their own accord to participate in the program signals they are willing to "help change happen."

City Manager

James Golden, the City Manager of Canyonview, has been supportive of the strategy from the first time it was proposed. He indicated to Chief Levell that he was willing to "let change happen" when he allowed the Chief and his department to get involved. He sees the program as being beneficial not only to the community of Canyonview, but also to the region. Without Golden's support, Chief Levell and the Canyonview Police Department would not be able to participate in the program. It would be easy for Golden to allow the Department to participate superficially, but he has gone further in authorizing the full participation of not only the department, but also

Lieutenant Lopez. It is evident from his actions that City Manager Golden is going to “help change happen.” It is important that he remain at the level of commitment for the program to be a success.

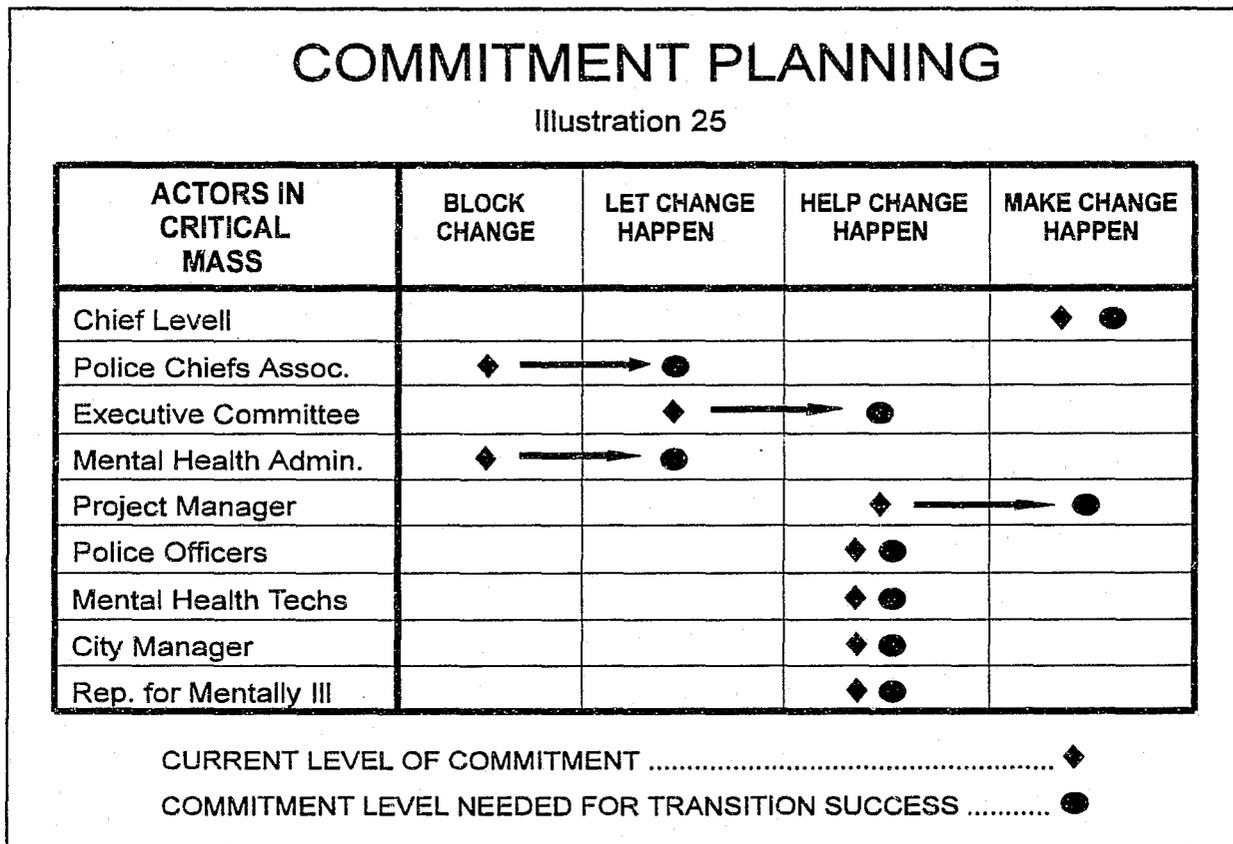
Representative for Organization of Mentally Ill Persons

Gina Chen represents the Organization of Mentally Ill Persons. She was initially invited to participate in the study of the project as a member of the Executive Committee. Chen has been supportive of the project and sees it as a positive move by law enforcement agencies in the region to provide a more responsive approach to the mentally ill. She was at the “let change happen” stage of commitment after the Executive Committee collectively decided to recommend the program. Since then, Chen has agreed to act as a liaison between the Executive Committee and her organization, and to “sell” the project idea to her organization and those she represents. Her commitment to the project and the Committee has demonstrated that she will “help change happen.” It is important that she remains at this level of commitment in order for her organization to aid in the transition to the new project.

Commitment Planning Chart

Now that each member of the critical mass has been identified and discussed, it may be helpful to visualize the process using the *Commitment Planning Chart* (Illustration 25). This chart shows the individual actors and their current level of

commitment to the project, which is indicated by a diamond. The dots on the chart show where the individual or group's level of commitment needs to be in order for the transition of the strategy to be successful.



MANAGEMENT STRUCTURE

The management structure that has been proposed for this transition is the appointment of a project manager by the chief executive. In this particular scenario, the project manager, Lieutenant Lopez will receive her authority to act from Chief

Levell and the Executive Committee. She will not only be responsible for managing the transition of the involved members from the various organizations, but will also assume responsibility for the day to day operations of the program once it is implemented. This particular management structure will allow Chief Levell, who is the chairperson for the Executive Committee, to assist in "making change happen" by managing the transition through his lieutenant.

Management of change during this transition period will actually need to come by a two tier approach. One tier is at the executive level where chief executives of law enforcement and mental health agencies must come to agreement and coordinate their efforts. The second tier is at the operational level where the officers and mental health workers, who are participating on the regional teams, will be managed by Lieutenant Lopez.

This management structure was chosen, because unlike a program that is instituted by one police organization, this particular program will incorporate the resources of several. To complicate matters further, not just law enforcement agencies will be involved, but also the resources of mental health organizations. The management structure proposed for this program is intended to bring together the resources of these various agencies to solve a problem that has an impact on each of their respective communities and jurisdictions.

TRANSITIONING METHODS

In preparation for implementing this strategic plan, there are a variety of methods that can be used to aid the organization in successfully transitioning into the future state. In using any of these methods or technologies, the goal is to help offset some of the negative and predictable consequences that can occur during transition, such as, perceived inconsistency, emotional stress, undirected energy, loss of control, and internal conflict.

Resistance that can often be encountered during organizational change can be reduced by involving members of an organization through the development and implementation process. Involvement by organizational members should begin by opening lines of communication. Two-way communication with members can help the organization by receiving valuable input, and at the same time, help members to have an established interest in the outcome of the program.

During the transition of this strategic plan, a transition team will be established to deal with many of the predictable problems that will occur. The transition team will incorporate members of the Executive Committee, the Project Manager, and police officers and mental health workers from the response teams. It will be their responsibility to help provide avenues for communication and aid in the successful transition of the organizations involved.

During the transition period of this strategy, communication will be a real challenge. This is primarily because the transition does not involve one agency, but several agencies of law enforcement and mental health. To accomplish this communication task, the transition team will begin by producing and distributing an informational video. The video will provide valuable information about the program and how it will be implemented. In addition, it will outline some of the benefits of the program to the organizational members themselves. The informational video will be distributed to every coalition police agency to be viewed during police officer and jailer briefings and training sessions. The mental health organizations will receive the video to present to their mental health employees, as well.

Along with the video distribution will be the implementation of an inter-organizational hotline that will be set up to answer questions concerning the new program. This conduit of communication will also allow police officers, jailers, and mental health employees to pass along suggestions on program improvement.

After video distribution takes place, team members from the regional team will conduct briefings at the various participating police agencies to inform police officers and jailers on how to activate assistance from the regional team and to answer any of their questions or concerns.

In an effort to further insure the smooth and successful transition into the new

program, a team building workshop will be sponsored, so that all who are directly involved in the implementation of the program will have an opportunity to receive clarification on the goals of the program and to exchange ideas on better ways to achieve them.

IMPLEMENTATION PLAN

The following section will list an outline of the transition management plan. This outline will encompass the sequence of events that will be necessary to implement the selected strategic plan in order to bring the organization to its desired future state. In addition, the implementation plan will provide a target window period for the events to occur.

Year One - First Six Months

The first six month period will be a time of evaluation and planning. It will be an important time of preparatory work, which will set the stage for many of the activities that will follow.

- Identify the critical mass.
- Conduct commitment planning.
- Develop plan for increasing commitment levels of critical mass.
- Develop management structure.

Year One - Second Six Months

The focus during the second six month period is the selection and training of key personnel that will be essential to the success of the strategy.

- Establish Transition Team.
- Establish selection process for police officers and mental health professionals who will become the regional response teams.
- Select team officers and mental health workers.
- Train regional response team members.

Year Two - First Six Months

During this period, affected organizations and personnel receive needed information and receive training preparatory to the implementation of the project.

- Prepare affected organizations for transition through information saturation via video and briefing training.
- Resolve concerns and ease resistance through telephone information and comment line.
- Team building for individuals who will be involved program implementation.

Year Two - Beginning of Seventh Month

The Regional Team becomes operational on this date. The Team is now

available to handle calls related to mentally ill persons in the jurisdictions participating in the project.

Year Three

During the first week of year three, the first evaluation and feedback period will take place. The information that is received by police officers, jailers, and mental health technicians at this point will be critical to the further implementation of the project. It would be desirable that information be received which would allow the project to be honed and made effective.

- First six month evaluation of Regional Team Project.
- Facilitate feedback on project effectiveness and potential operating problems through interviews with team members.
- Facilitate feedback on Project effectiveness and potential operating problems from participating field officers and affected organizations through survey process.
- Implement new changes.

Year Four

During the first week of year four, the second evaluation and feedback period will take place. At this point, there will be over a full year of statistical data available to analyze. Determination of project effectiveness will be decided. The information

that is received at this point will be vital in determining whether the project should be continued.

- Evaluation of Regional Team Project.
- Facilitate feedback on project effectiveness and potential operating problems through interviews with team members.
- Facilitate feedback on project effectiveness and potential operating problems from participating field officers, jailers, mental health technicians, and affected organizations through survey process.
- Decision to continue with project, or implement changes.

Year Five through Ten

Continuation of Project with yearly evaluation of effectiveness and feedback from team members, affected organizations, and field officers.

CHAPTER 5

CONCLUSIONS & RECOMMENDATIONS

This thesis has examined a number of emerging trends relating to the mentally ill, which will likely affect California law enforcement's future in adverse ways. Although the impact of these trends can only be calculated, it will be essential for law enforcement to prepare for the potential futures these trends represent. Although this thesis is in no way inclusive of all the potential futures represented by these trends, it has provided a starting point for thoughtful preparation for the future.

During the course of this research, a number of questions were raised concerning how law enforcement will deal with the impact of the mentally ill. Although there has been an attempt to answer these questions in part, it is the hope of the author that continued research into these questions will give rise to effective solutions through which law enforcement will meet these challenges.

FIELD CONTACTS

What ways will law enforcement manage field contacts with the mentally ill?

In the preceding study, it has been demonstrated that law enforcement officers often encounter mentally ill persons who have a potential for violence. In these situations, not only are law enforcement officers at risk, but mentally ill persons as well. In order to avoid the tragic results that can take place during these potentially violent encounters, law enforcement must develop ways to de-escalate situations involving violent mentally ill persons.

An additional concern of law enforcement has been the time and resources expended by field officers in handling mentally ill contacts. Police officers, who have great demands placed on them to handle calls for service, continue to spend large quantities of time handling mentally ill related calls. Law enforcement agencies must find ways to reduce the impact mentally ill persons have on their patrol forces, and find expedient ways to provide needed services to the mentally ill.

It is recommended that intervention teams of specially trained police officers and mental health professionals be implemented, who will respond to calls involving mentally ill persons in the field. It is believed that by blending the resources of law enforcement and mental health organizations, a number of advantages will be accomplished.

First, these intervention teams will be readily able to identify not only whether a person is mentally ill, but will in many cases, be able to identify the type of mental

illness. Armed with this information, intervention teams will be able to respond effectively to handle the encounter and render the appropriate assistance.

Second, the intervention teams will be more readily able to handle crisis intervention situations. Their training, coupled with the experience they will develop over time, will afford them the tools necessary to manage these types of situations and reduce the likelihood of violence.

JAIL ENVIRONMENTS

What ways will law enforcement manage mentally ill inmates in jail environments? Law enforcement agencies must realize mentally ill inmates represent a special concern and liability within the custody environment. In order to ensure the safety of all concerned, it imperative to identify mentally ill persons coming into any jail facility. With the strategy of employing intervention teams, evaluation of potential mentally ill prisoners can take place in the field before they even reach the jail setting. Once identified appropriately, jailers and police officers can handle the mentally ill inmate in a manner that will afford protection and safety for all in the jail environment.

Another strategy that is recommended for assisting in the identification of mentally ill inmates is the implementation of a database for mentally ill persons information. The essence of this strategy is the development of a database that will

collect information on persons who are mentally ill. Database information will include identifying information, as well as information on the person's mental health needs, medications, their hospital, and the doctor through which they usually receive treatment. The implementation of such a strategy would certainly have a profound impact, not only in the custody environment, but in the field as well. With a database such as this, law enforcement officials will know immediately that an inmate entering their facility is a person with mental illness who requires special handling. Not only would the custody environment be safer for both officer and inmate, but mentally ill inmates will receive care for their specific mental health related needs.

TRAINING FOR POLICE OFFICERS

What training will need to be implemented for officers? In order for law enforcement agencies to meet the challenges of the future, they must provide specialized training for police officers on the issues of the mentally ill. Training that is mental health specific will greatly enhance law enforcement's ability to appropriately deal with members of the community who are mentally ill. Training plans should be implemented by individual police agencies to assist their officers in the handling of mentally ill related situations, both in the field and in the jail environment. It is believed that a viable part of this training should include role playing exercises for

police officers. Police officers and mental health professionals from the intervention teams should also be incorporated as part of the training. Their field experience with mentally ill persons, will make them a valuable resource for training.

If training is managed appropriately, three things will be accomplished: (1) Mentally ill persons will be treated by police officers in a humane and dignified manner, (2) The safety of both police officer and mentally ill person will be maintained, and (3) Civil liability to both police officers and their agencies will be minimized.

Although many of the strategies discussed in this thesis have elements of training as part of their development, no specific training plan or curriculum was developed as a result of this project. It is the hope of the author that additional research will be conducted, which will result a viable plan for training police officers in how to effectively handle field contacts with mentally ill persons.

CONCLUSION

What strategies will law enforcement use to manage encounters with mentally ill persons by the year 2004? Throughout this thesis, the reader has been exposed to some of the concerns law enforcement will be facing in the next ten years as they relate to the mentally ill. The level of impact these adverse contacts will have on law

enforcement will rest mainly on how well California law enforcement has prepared for their eventual coming.

Although many ideas and strategies have been discussed, this research project has only scratched the surface of this complex issue. It is hoped that in some way this study has provided some insight and options for dealing with the many encounters law enforcement will face with the mentally ill in the future. Law enforcement need not be overwhelmed by the issues that are represented in this study. By careful examination and planning, preparation can begin to effectively deal with the issues represented.

BIBLIOGRAPHY

Alvarado, Jess Jr. Monterey Park Police Lieutenant. Interoffice Memorandum to Captain James B. Strait. Monterey Park, California, 22 December 1993.

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington DC: American Psychiatric Association, 1994.

Boyd, Linda, Program Coordinator. Los Angeles County Department of Mental Health, Mental Evaluation Team, Whittier, California. Interview, 1 May 1995.

DeCuir, Walter J., Detective. Los Angeles Police Department, Mental Evaluation Unit, Los Angeles, California. Interview, 27 April 1995.

"Family Says Mentally Ill Inmate Needed Protecting," Los Angeles Times, 20 October 1990.

Finn, Peter and DeCuir, Walter J. "Law Enforcement and the Social Service System: Handling the Mentally Ill." FBI Law Enforcement Bulletin, July 1988.

Guilbault, Robert, Deputy. Los Angeles County Sheriff's Department, Training Bureau, Whittier, California. Interview, 15 February 1994.

Guzman, Jaime, Chief of the Office of Legislature. State of California, Sacramento, California. Interview, 25 April 1995.

Harris, Reuben T., Ph.D. California Law Enforcement Command College, lecture notes, 18 August 1994.

Hodgins, Sheilagh, editor. Mental Disorder and Crime. Newbury Park: Sage Publications, 1993.

Janik, J. "Dealing with Mentally Ill." FBI Law Enforcement Bulletin, July 1992.

BIBLIOGRAPHY (Continued)

Mental Health & Law Enforcement Seminar. Pomona, California. Executive Summary of the Meeting of 2 June 1993.

O'Sullivan, Michael J. "Criminalizing the Mentally Ill." America, 4-11 January 1992.
Pasadena Star News, 31 January 1992.

Perrou, Barry, Mental Health Commissioner. Los Angeles County, California. Interview, 26 April 1995.

"Police Slaying of Mentally Ill Man Assailed by Relatives," Los Angeles Times, 29 September 1991.

Randall, Elfredia. Los Angeles County Department of Mental Health, Jail Mental Health Services, Los Angeles, California. Interview, 30 December 1993.

San Gabriel Valley Tribune, 27 December 1991.

"Steps Urged to Keep Mentally Ill Out of Jail," Los Angeles Times, 19 May 1993.

"The Hospital of Last Resort," Los Angeles Times, 25 August 1991.

Torrey, E. Fuller, M.D. "The Mental Health Mess." National Review, 28 December 1992.

Torrey, E.F.; Stieber, J.; Ezekiel, J.; Wolfe, S.M.; Sharfstein, J.; Noble, J.H.; and Flynn, L.M. Criminalizing the Seriously Mentally Ill; The Abuse of Jails as Mental Hospitals. Washington D.C.: National Alliance for the Mentally Ill, 1992.

APPENDICES

APPENDIX A

CANDIDATE LIST OF TRENDS (SELECTED TRENDS ARE HIGHLIGHTED)

1. **Funding for law enforcement**
2. Funding for human services
3. Gun control
4. Number of homeless
5. Use of managed health care system
6. Incarcerating the mentally ill
7. Willingness of taxpayers to pay taxes
8. Government intervention in health care
9. Positive media coverage of mentally ill persons
10. Negative media coverage of mentally ill persons
11. Number of violent crimes
12. Number of high publicity crimes involving mentally ill persons
13. Public knowledge of mental disabilities
14. Scientific knowledge of mental disabilities
15. Effectiveness of medications used to treat mentally ill persons

16. Interest by law enforcement management
17. **Mental health services availability**
18. **Recognition by law enforcement leaders**
19. Appropriate handling of mentally ill persons
20. **Substance abuse by mentally ill persons**
21. De-hospitalization of the severe mentally ill
22. Community base treatment of the mentally ill
23. Availability of preventive treatment
24. Pre-crisis service availability
25. **Use of Specialized Law Enforcement Teams**
26. Funding of specialized training programs for law enforcement
27. Training of mentally ill persons concerning self-image and labeling
28. Avoidance of contact with the mentally ill by law enforcement
29. Government acknowledgement of mental health problems
30. **Diversity in California**
31. Number of senior citizens
32. Number of unemployed
33. Number of undocumented aliens
34. Use of community based policing by law enforcement

35. Shifting of responsibilities from state to county government
- 36. Inter-agency collaboration**
- 37. Effectiveness of medical treatment**
38. Number of involuntary commitments to mental health facilities
39. "Get tough on crime" attitude of the community
40. Community recognition that the mentally ill are prevalent among the homeless population
41. Number of police interventions with the mentally ill
42. Computerized information on people with mental illness
43. Surveillance of mentally ill persons by law enforcement
44. Access to mental health information by law enforcement
45. Recidivism by people with mental illness to the criminal justice system
46. Recidivism by people with mental illness to the mental health system
47. Number of violent mentally ill contacts with the police
48. Number of requests by mental health for law enforcement assistance
49. Availability of state hospital resources
50. Number of young people (1-18 years) living in a community
51. Amount of insurance coverage for mental health services
52. Number of mental health professionals

53. **Mandatory sentences for substance abuse crimes**
54. **Involvement by client and family groups**
55. **California's economy**

APPENDIX B

CANDIDATE LIST OF EVENTS (SELECTED EVENTS ARE HIGHLIGHTED)

1. Law passed prohibiting the incarceration of the mentally ill
2. "Three strikes you're out" legislation becomes law
3. **National health plan implemented**
4. Legislation is passed to involuntarily house all mentally ill persons
5. Coordinated care implemented for all mental health services
6. **State budget cut**
7. **County budget cut**
8. **High profile death of a community member**
9. Catastrophic natural disaster takes place
10. **Election of a Pro-Mental Health Governor**
11. Proposition 13 is overturned by Supreme Court
12. Term limit turnover in legislature
13. Discovery of cause of mental illness
14. **Loss of designated mental health funds**
15. **High profile death of a person with mental illness**

16. Prisons become available for housing the mentally ill
17. Coleman and Madrid suits settled in favor of the plaintiffs
18. **Large damage award granted to a mentally ill person**
19. Mental health diversion law enacted
20. Law passed giving law enforcement more access to mental health records
21. **Law passed requiring mental health professionals to report dangerous mentally ill persons**
22. Scientific discovery which cures mental illness
23. New medication introduced that effectively treats mental illness
24. Americans with Disabilities Act case requiring law enforcement to employ the mentally ill
25. Court case interpretation diverts Proposition 172 funds away from law enforcement
26. **Cut funding to law enforcement**
27. Creation of county-wide mental evaluation team by law enforcement
28. Creation of state-wide mental evaluation team by law enforcement