

LOS ANGELES POLICE COMMISSION

**ANALYSIS OF THE
DEPARTMENT'S
MENTAL ILLNESS AUDIT**



Conducted by

OFFICE OF THE INSPECTOR GENERAL

ANDRÉ BIROTTE JR.
Inspector General

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DEPARTMENT'S MENTAL ILLNESS AUDIT**

EXECUTIVE SUMMARY

I. BACKGROUND

Consent Decree paragraph (¶) 111 mandates the Los Angeles Police Department (LAPD or Department) conduct an in-depth evaluation of successful programs in other law enforcement agencies across the United States dealing with police contacts with persons who may be mentally ill, and an evaluation of LAPD training, policies, and procedures for dealing with the mentally ill, to include: detailed reviews of at least ten incidents since January 1, 1999 in which a person who appeared to be mentally ill was the subject of a Categorical Use of Force and at least 15 incidents in which the LAPD mental health evaluation unit was contacted.

Paragraph 112 mandates that within 13 months of said evaluation, the LAPD is to prepare a report for the Police Commission detailing the results of its analysis and appropriate recommendations to revise existing Department training, policies and procedures regarding contacts with the mentally ill. Paragraph 113 requires that LAPD within one year, but no more than 32 months after the effective date of the Consent Decree, conduct an audit evaluating the Department's handling of calls and incidents over the previous one year period involving persons who appear to be mentally ill.

Lodestar Management/Research, Inc. (Lodestar) was hired to assist the Los Angeles Police Department (Department) in its national search for best practices and procedures for handling incidents involving persons with suspected mental illness. The research focused on training, policy, procedure, practice, tracking systems, audits, and controls with the goal of reducing the potential for violence in police contacts with persons with suspected mental illness. Lodestar's final Report was completed May 28, 2002 and contained 29 recommendations. The Board of Police Commissioners (BOPC) adopted and approved the report in total on October 8, 2002.

The Police Commission adopted several recommended changes and enhancements to LAPD procedures related to dealing with mentally ill persons. Some of the recommended changes were that the Department adopt a title of Mental Health Crisis Response Program (MHCRP) to incorporate the Systemwide Mental Assessment Response Team (SMART), Mental Evaluation Unit (MEU), and Crisis Intervention Team (CIT) Pilot programs, and that centralized authority over the MHCRP be transferred over to the Commanding Officer, Detective Services Group. The recommendations further designated associated responsibilities and duties to various Department entities, including the responsibility for Risk Management Group and Critical Incident Investigation Division to forward, upon completion of all non-categorical and categorical use of force investigations that involved mentally ill individuals, the report to the Mental Illness Coordinator for review.

On May 18, 2004, the BOPC approved the following recommendations.

- That the LAPD replace the CIT program as designed and that all patrol officers at the divisional level be provided with a scenario based training program under the supervision of Training Group. The training was scheduled to begin October 2004. That MEU be expanded and given additional position authorities to include eight police officers, one sergeant and one detective to provide an administrative component to handle MHCRP functions that have been directed by the BOPC. The expansion of MEU was accomplished June 13, 2004.
- That SMART be expanded to eighteen teams from the current nine teams to provide one SMART team per bureau, 20 hours per day, seven days per week to allow patrol officers the ability to turn the individual over to the SMART team and return to patrol functions. The expansion of SMART was accomplished June 13, 2004.
- That Audit Division conduct future audits of police contact with persons who may be mentally ill. This recommendation is still is pending. The OIG reviewed the Department's Annual Audit Plan for Fiscal Year 2004/2005 and found that it does not include such this audit.

In efforts to comply with ¶113, the Department completed its audit of LAPD contacts with persons who may be mentally ill. The audit was signed by the Chief of Police on July 9, 2004. The Consent Decree required the audit be completed by February 2004.

II. PURPOSE

Pursuant to Consent Decree ¶135, the Office of the Inspector General (OIG) is required to review the Department's audits for quality, completeness, and findings. The audit report was received by the OIG on July 15, 2004, within the one-week time period specified in the Consent Decree.

The audit as conducted was not in accordance with established auditing standards, and did not facilitate a Meta audit to test the findings, as there was no documentation. The OIG was limited to conducting an analysis of the information presented in the audit report. However, due to staffing resources, the OIG was unable to provide its analysis within the three-month period allotted by the Independent Monitor. The OIG recognizes that its analysis of the Mental Illness Audit is non-compliant as it relates to timeliness, however, is submitting its findings with the intent to provide the BOPC with information necessary to facilitate management decisions and to further enhance the public accountability of the Department.

III. OVERVIEW OF DEPARTMENT'S REPORT

The Department evaluated the handling of calls and incidents over one-year time period that involved persons who appeared to be mentally ill. In addition, the Department, through this report, assessed new policies, procedures, and training methods implemented from June 15, 2001 to February 1, 2003.

The period audited was February 1, 2003 through January 31, 2004 and involved the West Los Angeles, Harbor, Central, and Van Nuys Areas. These were the Areas that were participating in the CIT pilot programs. The audit involved the review of: the Communications Dispatch Procedures; use of force investigations; the MEU tracking systems; the SMART/MEU logs and related reports; training documents; and, the Department's participation in community outreach programs involving Department personnel focusing on persons with a perceived mental illness.

The Department found that the current systems in place to track calls from mentally ill persons have limited capabilities and do not support the ability to identify, classify, track and integrate calls for service involving persons suspected of suffering from mental illness. Communications Division is not always capable to accurately discern if a call for service involves a person with mental illness or is under the influence of drugs. In efforts to accurately assess whether mental illness may be involved, Communications Division developed five disposition codes to be used by officers after handling calls for service involving persons suspected of being mentally ill. The disposition codes were implemented in January 2003 for use by patrol officers, who the Department determined could provide a better assessment, based on the actual contact. The Department found, however, that patrol officers did not utilize the disposition codes on a regular basis.

The CIT program was also found ineffective due to conflicts involving deployment of personnel. Consequently, the Department did not find any statistical difference in the use of force rates involving CIT trained officers versus non-CIT training officers despite the significant training provided CIT officers. Additionally, LAPD found that it was not utilizing the SMART/MEU systems to their full potential, primarily due to the shortage of officers.

The Department found the MHCRP to be a success. This was primarily due to incorporating all mental illness responses and programs under one chain of command. By doing so, this allowed the Department to address calls and incidents that involve persons with suspected mental illnesses more quickly, to identify problems with existing procedure, and to immediately implement changes to procedure.

As it relates to training, the audit found that Training Group has been effective in developing and implementing training at the recruit and advanced officer level to address encounters with persons who may be mentally ill.

IV. OIG FINDINGS

The OIG found that tracking police requests for persons with suspected mental illness continues to be problematic. The lack of documentation related to officer contact with the mentally ill individual hampered the auditing process. Without complete and accurate information it will be most difficult to differentiate between Department deficiencies and Department successes. It should be noted that there are several points during a police contact that information can be documented involving the contact with a person with mental illness, such as: radio call intakes; contacts with the MEU; and, when an officer documents the incident on the Mobile Data Terminal (MDT).¹

The Department determined that patrol officers could provide the most accurate determination if a person has a mental illness based on the personal contacts with individuals. In addition, patrol officers also have direct contact with family members and/or friends that can provide the individual's history of mental illness. Consequently, the Department added five radio call disposition codes to the system, which allowed an identifier of "M," indicating that mental illness was involved in the call for service and/or contact. The Department indicated that the disposition codes were available January 2003, however the actual software change orders were not completed until April 9, 2003. Most problematic is the fact that the disposition codes are not currently being used. This is because the availability of the codes has not been communicated to patrol officers.

The Consent Decree Mental Illness Project (CDMIP) Coordinator drafted an Office of Operations (OO) Notice advising patrol personnel of the new disposition codes, however the notice remains at Planning and Research Division (PRD) pending review.² The Notice is in the supervisory review process. As of the week of December 13, 2004, the Notice had completed the supervisory review process. The Notice was pending final review by the Commanding Officer, PRD, prior to submitting to the Chief of Police for approval for distribution.

Other issues complicating the assessment of mental illness through call intake are the following factors: the short amount of time spent on the telephone call; the mentally ill person is not the caller; and, drugs and/or alcohol are also involved. Communications Division issued two Divisional Orders³ providing procedures for the dispatchers when handling calls that may be involve persons suspected to be mentally ill. Further, all police dispatchers have been provided with training by Behavioral Science Services (BSS) to assist in evaluating a caller's mental health.

- On May 18, 2004, the BOPC adopted the recommendation that the CIT be disbanded because it was determined that the program had no impact on handling calls for

¹ A computer incident may be self-generated or dispatched as the result of a call for service.

² This notice was sent to PRD on April 28, 2004.

³ Division Order No. 5, "Evaluating the Mentally Disabled Call" on April 15, 2002; Order No. 10, "Handling of Calls Involving Persons With Mental Illness" on November 12, 2002 directing the dispatch of CIT units to calls involving persons with mental illness.

service involving persons with mental illness. The program was disbanded in favor of providing additional training to field personnel in this area. Training Group and the Mental Illness Coordinator were tasked with developing scenario-based training and the training was scheduled to begin October 2004. The OIG determined that the training was developed with the assistance of Dr. Robin Green, Training Group, to be provided on-line. The implementation is scheduled for March 2005, pending funding. The training will incorporate the recommended modifications by Lodestar and approved by the BOPC.

The OIG found that officers that received the 40-hour training would continue to get updates. All sworn personnel will be receiving six hours of training for dealing with persons who may have a mental illness. Additionally, the SMART/MEU has been expanded. This provides patrol officers more of an opportunity to transfer responsibility of a mentally ill person to the SMART team and return to patrol duties.

V. CONCLUSION

The OIG found that the research conducted by the LAPD was thorough and the scope of the review was extensive, if not excessive in scope. The OIG found however, that the report was well written and included insightful conclusions and the recommendations were reasonable, feasible, and developed to rectify existing identified deficiencies related to the handling of individuals who are mentally ill.

Furthermore, since its review, the Department implemented a number of new programs and procedural changes to address police contacts with individuals suspected of having a mental illness and the Department has begun to identify additional training material and instructional methods to enhance the training to all field personnel to assist them in handling calls for service involving mentally ill persons. For example, the MHCRP Coordinator conducts monthly audits of all use of force investigations received from the Use of Force Review Section and based on that review discusses training needs to assist officers in identifying situations involving mentally ill individuals with the goal of reducing violent confrontations; the computer systems for tracking police contacts with the mentally ill was enhanced; and, the SMART and MEU programs were expanded to provide coverage 20 hours per day, seven days per week.

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VI. RECOMMENDATIONS

The Department's ability to assist persons who may be mentally ill is being hampered by the lack of position authorities assigned to the SMART/MEU programs. The authorization for two additional Detective positions to handle supervisory functions for SMART/MEU will greatly enhance the program. Currently, SMART/MEU employees operate without supervision at least three days per week. This program can also benefit the Department tremendously if an additional Detective III and two Detectives II positions are authorized. The OIG supports the Department's request that the City and the Office of the Mayor approve the position authorities noted above.

In addition, the Department's ability to track contacts with mentally ill individuals will be enhanced by PRD providing the patrol officers with the Notice related to the new disposition codes. The OIG supports the implementation of the new disposition codes.