Testimony of
Lieutenant Richard Wall
Mental Illness Project Coordinator
Crisis Response Support Section
Los Angeles Police Department
Criminal Justice Responses to Criminal Offenders
with Mental Illness
Judiciary Committee
House of Representatives
Subcommittee on Crime, Terrorism, and Homeland Security
Honorable John Conyers
March 27, 2007

Overview

A man I will call "Mike" lives in South Los Angeles. He is a 31 year old, African American male, who suffers from mental illness. He suffers from schizophrenia, depression, and bi-polar disorder. His first documented contact with the Los Angeles Police Department was on January 21, 1993, when at the age of 17, he attempted to commit suicide to stop the voices in his head. Over the next 12 years, he was placed on a number of mental health holds as his delusions became more severe and his actions became more desperate. During the 17-month period between July 2004 to November 2005, "Mike" was repeatedly refusing to take his medications and fell into a pattern of suicidal behavior. The pattern being:

- On the 15, 16, 17th of the month, he would begin acting out;
- On the 18th, 19th, and 20th, he became violent, assaulting either a neighbor or family member; and
- On the 21st, 22nd, and 23rd he would become suicidal.

During this 17-month period, his actions generated 48 calls for police services resulting in 22 mental health holds. On three occasions he attempted to commit Suicide by Cop (SbC) and was the subject of a Barricaded Suspect scenario necessitating a response by the SWAT team and an evacuation of the surrounding neighborhood, displacing approximately 50 residents. On the occasions that he tried SbC, he called the police, advised them that he had a gun and would "kill the police." When the police responded, he would place an object inside his jacket and feign drawing a weapon, hoping to draw police gunfire. When I asked him why he wanted to have the police kill him, he replied, "To stop the voices in my head."

While "Mike's" story is remarkable, unfortunately it is repeated in cities and towns throughout this nation on a daily, if not hourly basis. Clients suffering from serious mental illnesses that either refuse or have no access to treatment, or their treatment is ineffective, generate calls for service for their mental health crises. Laws identifying who can place a client suffering from severe mental illness on a mental health hold vary from state to state; however, one option is consistent throughout the nation. At 3:00 AM, when a client is suffering from a serious episode of mental illness, there is one place that family members and caregivers can call to help. That number is 911. And in every jurisdiction in the nation, law enforcement officers will respond to help get the client to the appropriate mental health facility. In fact, in some jurisdictions, like those in Los Angeles County, a doctor with 30 years experience in a medical emergency room or a paramedic with 20 years of experience cannot, by law, place a suicidal client on a mental health hold. However, a police officer, the day he or she graduates from the police academy can. As a result, the onus of evaluating and obtaining appropriate mental health treatment falls to law enforcement who have become have become the de facto mental health triage service providers.

In 2004, I conducted a review of calls that were identified as involving an episode of mental illness in the City of Los Angeles during the previous year. That review revealed that 92 percent of the calls for service that involved persons suffering from mental illness, the reporting person was either a family member or a caregiver. Contrary to the stereotypical image of the mentally ill being homeless and assaulting innocent passersby, the reality is that many times the victims of assaults by the mentally ill are actually their family members; the ones who care for them on a daily basis with love and understanding. Unfortunately, when these clients begin to act violently, these family members call the police.

There are three basic models for law enforcement responders handling calls for service involving the mentally ill. These are the Crisis Intervention Team (CIT) model where specially trained officers respond to the calls; the co-response models that partner a law enforcement officer and mental health professional; and the mental health model that sends mental health professionals to address the needs of the client after the client has been taken into custody. These models are deployed throughout the nation in many jurisdictions. Of these models, there is no "best" model. Smaller jurisdictions may not have the resources

to deploy CIT personnel or field co-response units. Others will use the model that best fits their needs. For example, Memphis, Tennessee has an outstanding CIT program that few can rival; San Diego, California, utilizes co-response Psychiatric Emergency Response Teams (PERT Teams) as this model works best for them.

Programs in the City of Los Angeles

In Los Angeles, California, the Los Angeles Police Department has a truly unique program. The Los Angeles Police Department utilizes an approach that involves each of these programs and more. I oversee the Department's Crisis Response Support Section that currently has 45 officers and detectives from the Los Angeles Police Department and 25 doctors, nurses, and clinical social workers assigned to the Los Angeles Department of Mental Health.

The first link in this process is the Mental Evaluation Unit's Triage Desk. These are specially trained officers who handle inquiries from patrol and dispatch personnel to help to identify incidents involving the mentally ill and provide information, direction, and advice to the field personnel. The Mental Evaluation Unit maintains a database of all law enforcement contacts in the City of Los Angeles. This confidential database provides our personnel in the field with information regarding prior *law enforcement contacts* to assist them in addressing the needs of the client in the field. Those cases that require additional follow-up in the field are referred to our SMART teams.

In partnership with the Los Angeles County Department of Mental Health, Los Angeles Police Department currently has 18 Systemwide Mental Assessment Response Teams (SMART Teams) that provide citywide coverage. These teams respond to mental health crisis calls that include but are not limited to:

- Suicide in progress calls (jumpers, overdoses, etc),
- Barricaded suspect scenarios, hostage situations, and other situations that involve the Crisis Negotiation Team,
- Crisis Response calls such as major disasters (MetroLink Train crash in January 2005) or incidents involving children (e.g. One situation where an individual committed an act of murder/suicide that was witnessed by several of the victim's children), and
- Crisis Response calls to Los Angeles Unified School District involving suicidal children (SMART personnel respond to an average of two calls each week involving suicide attempts by children under the age of ten.).

A recent addition to the SMART teams is the Homeless Outreach/Mental Evaluation (HOME) Teams operating in the "Skid Row" area of downtown Los Angeles. These teams, made up of a police officer and a registered nurse or licensed social worker, work to assist patrol officers who encounter those clients who are also homeless. This program has been extremely successful in providing linkage with mental health services and working to reduce the victimization of the homeless mentally ill.

Additionally, the Los Angeles Police Department holds quarterly CIT training courses and currently has 307 CIT certified officers assigned to field operations. These officers are deployed throughout the City's 19 Geographic Divisions and serve as first responders to mental health crisis calls.

The Los Angeles Department of Mental Health also maintains Psychiatric Mobile Response Teams (PMRT Teams) that are deployed throughout the City of Los Angeles to provide early intervention and assessments prior to the client generating an emergency call. Family members and/or the client's assigned doctor notify these teams of potential problems.

However, one of the most innovative programs in Los Angeles is the Case Assessment and Management Program (CAMP). The goal of the CAMP investigator is to identify those clients who:

- As a result of their mental illness, are at high risk for death by their hands (suicide) or the hands of another (Suicide by Cop); or at high risk to injure another,
- As a result of their mental illness, are the subject of repeated criminal investigations where the nature of the crime is directly related to the client's mental illness, and
- As a result of their mental illness, generate a high number of calls for service that involve emergency services (police, fire, and paramedics).

Cases that are assigned to CAMP are managed by the Los Angeles Department of Mental Health staff and the focus is to get those clients who, as a result of their mental illnesses, commit minor offenses into the mental health system where they can receive appropriate treatment, thus keeping them out of the criminal justice system. To date, CAMP has been extremely effective in this endeavor

The biggest problem facing these programs in Los Angeles County is that there is no effective Mental Health Court or court diversion process. Instead, the CAMP detectives must work with the prosecutors and public defenders on a case by case basis to achieve, what we believe to be, positive outcomes involving placement and treatment options. This requires our detectives to travel to different courts throughout the

County of Los Angeles and spend time educating the respective prosecutors, defense attorneys, and judges on available options. I will let Judge Leifman's testimony address the importance of your support of Mental Health Courts in further detail.

Our CAMP investigators provide regular follow-ups on the subjects of barricaded suspect scenarios. In 2006, 37 percent of all barricaded suspect scenarios resulted in the client being placed on a mental health hold with no criminal charges being filed. These were clients, who were, in most cases, suicidal and armed with weapons, including firearms. In each case, after the client has surrendered, CAMP personnel accompany the client to the hospital and complete the mental health holds. Then, our partners from the Los Angeles Department of Mental Health work with the client and his/her family to obtain treatment and conduct regular follow-ups to ensure that we don't have a repeat occurrence. To date, we have not had any repeat incidents with a client in which CAMP was involved in a subsequent violent incident.

During 2006, our CAMP has successfully placed seven clients on conservatorships; seven clients are in locked psychiatric facilities; two are in State prison, and four homeless mentally ill clients were reunited with their families and linked to services in their home counties. It is important to note that while we work very closely with our partners at Los Angeles Department of Mental Health, we maintain separate databases. Our criminal databases are protected and the information is confidential. Similarly, the databases maintained by Los Angeles Department of Mental Health are also confidential. While limited information can be shared between partners working on a case, that information is kept confidential. For example, as the officer-in-charge, I know the names of some of the clients that we have criminal cases pending on but I don't know their diagnoses.

As I mentioned earlier, police officers and the criminal justice system have become the de facto mental health triage service providers. The largest "treatment facility" west of the Mississippi River is the Twin Towers jail facility maintained by the Los Angeles County Sheriff. That facility has approximately 1,000 beds for mentally ill clients, all of which are full. I won't elaborate on the needs of the county jails in this area as Sheriff Gutierrez is better equipped to address this issue. However, one issue remains constant. That issue is the need for adequate training to provide law enforcement personnel with the best and most appropriate training available.

The goal in training law enforcement in handling calls for service that involve the mentally ill is to reduce violent encounters with this population. That being said, I must add the following caveat: Despite the level of training that law enforcement personnel have, there will always be those situations where the client's mental illness is so severe and their state is so deteriorated, that they will engage officers in violent confrontations. Unfortunately, there will always be those situations where the client's condition is so severe and they have a weapon, that officers will be forced to use deadly force. There is no "magic wand" that can assure that once an officer is trained, they will never have a violent encounter with a mentally ill client.

This is evidenced by the fact that, as I mentioned earlier, the client's family members and caregivers generate over 90 percent of calls for service. In most cases, these are people who know and love the client and have many years of history with him or her. These are people who know the client's moods and behaviors intimately, as in many cases, they have been living with the mental illness for many years. However, many times, the family is forced to call the police because the client has assaulted a family member. Why then, should we place an expectation on an officer that because he/she has taken a 40-hour course on Crisis Intervention Techniques, that he/she will never be forced into a violent confrontation with a client? I would also cite the fact that each year, doctors and nurses who work in our nation's mental health hospitals are violently assaulted by clients with whom they have daily contact and interactions. They recognize that the client's mental illness is the precipitating factor in the aggressive actions and their actions, like those of law enforcement officers, are in response to those actions.

It is clear, however, that by providing training to law enforcement personnel on how to recognize and respond to clients who are suffering from mental illnesses, that violent encounters can be reduced. It is important to identify and fund *relevant* training in this area. Within the Los Angeles Police Department, we have worked to accomplish this. For example, in the 40-hour CIT course, there is an 8-hour segment on "Psycho-pharmacology." The reality was that most officers, who don't work in the mental health field, could not recall all of the drugs or their use, two weeks after they completed the course. We realized that it was important to provide training that field personnel can use to identify clients who are experiencing episodes of mental illness and adjust their approach accordingly.

One of the more innovative training modes that the Los Angeles Police Department has developed is the CIT e-learning course. We have taken our 24-hour course and have broken it down into 12 two-hour blocks. As we develop each block of instruction, they are placed on our Department Web. We have found that this delivery system is an effective means to provide this program to all Department employees and is extremely cost effective. Traditionally, when courses are offered, police departments must send officers to a central location for training and, in many cases, backfill their positions in order to ensure that the public safety needs of their respective communities are met.

By utilizing the e-learning modules, field personnel can break the class into digestible segments and take the courses during their regular shifts at their respective stations, while remaining available to respond to emergencies. The effectiveness of this program is truly impressive. 9,100 Department personnel have completed the Los Angeles Police Department's first four-hour block of instruction. A two-hour segment titled, "Introduction to Mental Illness" was completed by 6,727 field and investigative personnel over a four-month period. The next course titled "Mood Disorders" is in the final review and will be released next month.

The goal of the Los Angeles Police Department is to present all 24 hours of e-learning instruction on mental illness to all field personnel, thus raising the basic level of understanding of mental illness to all employees who are likely to encounter clients who are in crisis. Those personnel who wish to become CIT certified can then take an additional 16 hours of interactive instruction and role-playing exercises to improve their expertise. Currently, there are over 400 patrol officers who have expressed an interest in becoming CIT certified.

By all accounts, the programs implemented by the Los Angeles Police Department have been extremely successful. As the program manager, I can truly say that in my 26 years as a Los Angeles Police Department officer, this has been my most rewarding assignment. However, we could not be as effective as we have been without our partners at the Los Angeles Department of Mental Health. As I have looked at programs across the nation, I have noted one particular trend. Law enforcement and the mental health system, whether state, county, or municipal, private or public, have the same objective. That is to get the client into an appropriate setting where he/she can receive the proper help. However, I have also noted that these entities are heading toward the same destination, with the same objectives, but are on separate tracks. As a result, there is a disconnect between these entities, allowing clients to fall through the cracks.

The partnership between Los Angeles Police Department Los Angeles and the Department of Mental Health is truly unique. In our office, a supervisor from the Los Angeles Department of Mental Health occupies the desk across from mine. We are a true partnership and have equal standing in common decisions. Our facility is not in a police station, but an office building in downtown Los Angeles. Our SMART teams drive unmarked police cars with emergency equipment (lights and sirens). Our officers are in plain clothes, which we have found reduces the anxiety of the clients we serve. No where in the nation have I found such a positive relationship between a county and municipal agency.

The reason for the effectiveness of this relationship rests at the top of our organizations. Chief William Bratton and Dr. Marvin Southard have provided absolute support for this program from the beginning. In 2003, we had six SMART teams comprised of 13 Los Angeles Police Department personnel and nine Los Angeles Department of Mental Health personnel. Today, we have 70 total personnel. Both the Los Angeles Police Department and the Los Angeles Department of Mental Health have submitted budgets for the new fiscal year that will increase the unit even more. The old saying that “Actions speak louder than words” holds true. And the actions of Chief Bratton and Dr. Southard are deafening.

You may recall that I opened this testimony with the story of “Mike,” the client who was placed on 22 mental health holds in a 17-month period. Well, “Mike” was our first client that was placed in our CAMP Program. In 2006, due to the intensive efforts of our personnel, “Mike” generated one call for service. He has been successfully linked with services and while our CAMP personnel have monthly contact with him and his family. He has not been the subject of a radio call in over a year.

We have a motto in our office. It is a motto that I truly believe in. Our motto is “Every day you save a life.” Each time we respond to a call for service, it involves a client that is suicidal, a danger to others, or cannot meet their basic needs for food, shelter, or clothing. Your continued support of these programs is essential. The grants funded by the Bureau of Justice Administration and future funding initiatives are critical to helping us save lives. Thank you.