FBI Law Enforcement Bulletin

Violent Crime Against the Aging

Contents

July 1988, Volume 57, Number 7

The Cover:
Ms. Patricia Moore (above), a noted gerontologist, appears on the cover in the disguise she wore during her travels throughout the United States and Canada. See article p. 11.

FBI

Law Enforcement Bulletin

United States Department of Justice
Federal Bureau of Investigation
Washington, DC 20535

William S. Sessions, Director

The Attorney General has determined that the publication of this periodical is necessary in the transaction of the public business required by law of the Department of Justice. Use of funds for printing this periodical has been approved by the Director of the Office of Management and Budget.

Published by the Office of Congressional and Public Affairs,
Milt Ahlerich, *Assistant Director*

Editor—Thomas J. Deakin
Assistant Editor—Kathryn E. Sulewski
Art Director—John E. Ott
Production Manager/Reprints—
David C. Maynard

The FBI Law Enforcement Bulletin (ISSN-0014-5688) is published monthly by the Federal Bureau of Investigation, 10th and Pennsylvania Ave., N.W., Washington, DC 20535. Second-Class postage paid at Washington, DC. Postmaster: Send address changes to Federal Bureau of Investigation, FBI Law Enforcement Bulletin, Washington, DC 20535.

ISSN 0014-5688 USPS 383-310

Law Enforcement and the Social Service System

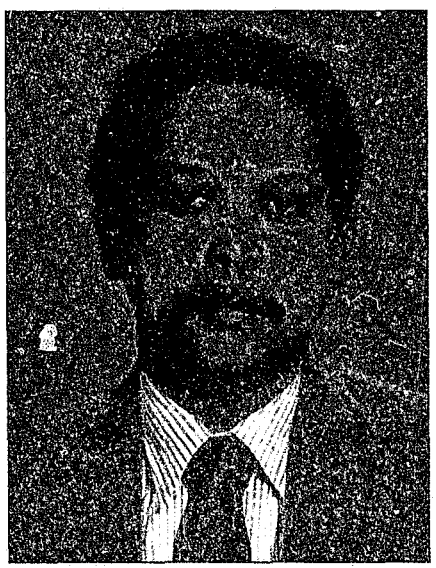
Handling the Mentally Ill

By
PETER FINN
Senior Research Analyst
Law and Justice Division
Abt Associates, Inc.
Cambridge, MA
and
DET. WALTER J. DE CUIR
Officer-in-Charge
Mental Evaluation Unit
Los Angeles Police Department
Los Angeles, CA

Two police officers respond to a call about a terrified man who is shouting obscenities and throwing rocks at neighbors he says are trying to kill him with ray guns. With some difficulty the officers persuade the man to let them drive him to a hospital for help. However, during the 2-hour wait in an overcrowded emergency ward, the man calms down. When a psychiatrist can take time from more critical cases to examine the man, he appears normal and is told to go home. The officers drive the man back to his neighborhood and drop him off. The incident has taken over 4 hours from start to finish.

This kind of incident happens with frustrating regularity with many police departments. However, today this story would have a different ending if it took place in Los Angeles, CA. There, patrol officers would call the police department's 24-hour Mental Evaluation Unit. Over the phone, one of the unit's nine officers would prescreen the case and suggest how to calm the man and avoid feeding his paranoia. A Mental Evaluation Unit officer would then either go onscene to take over the case, or more likely, tell the patrol officer to bring the man to the unit's office in downtown Los Angeles. Whether in the office or on the scene, the unit officer would assess the man's condition and tell the patrol officers to bring him to a hospital. An emergency ward psychiatrist would evaluate the person quickly, confident that if a Mental Evaluation Unit officer referred him, the man probably needs to be hospitalized. If so, the facility would either

Mr. Finn



Detective De Cuir

admit the patient or find a bed at another facility. The patrol officers would have spent 30 minutes on the case; the Mental Evaluation Unit officer, 15 minutes.

Police Handling of the Mentally Ill

Los Angeles' solution to handling the mentally ill did not come easily—it took many hours of negotiation and discussion between the police and the social service agencies involved. However, the effort has proven worthwhile, because in Los Angeles, as elsewhere, the public repeatedly calls on the police for assistance with mentally ill persons. Citizens know that peace officers alone combine free, around-the-clock service with unique mobility, a legal obligation to respond, and legal authority to detain.

Yet, handling the mentally ill is one of the most perplexing calls most law enforcement officers are asked to handle. Law enforcement officers feel unsure about how to help this population, especially when it is difficult to refer them to social service agencies for assistance. Police are often unfamiliar with what services and facilities are available and how to contact them. Many communities lack needed facilities. Existing agencies often have limited space for police referrals, restrictive admissions criteria, complicated admissions procedures, and prohibitive financial requirements.

Despite these widespread difficulties, some police agencies don t find the mentally ill to be a concern until a crisis occurs, as when a mentally disturbed person kills an officer or an officer kills a mentally ill person when nonlethal means of restraint might have been sufficient. One or the other of these types of tragedies have been occurring with disturbing frequency to law enforcement agencies; police departments in Los Angeles, Erie, Memphis, Dallas, Sacramento, and Indianapolis have all experienced these kinds of incidents. More often, however, police administrators know all too well that they have a problem with this population but are reluctant to bring up the matter publicly for fear that they will get stuck with complete responsibility for solving it.

The brief description above of how Los Angeles handles the mentally ill indicates that it is possible for police departments to develop formal arrangements with the mental health system for *sharing* responsibility for this population. How this particular network came into being and currently operates can serve as a model for other departments that are ready to implement a solution to the daily hazards of dealing with the mentally ill—and possibly prevent an embarrassing tragedy.

The Los Angeles Network

In 1984, the Los Angeles Police Department came under criticism first when a mentally ill person killed 2 children and injured 13 others, and again, shortly thereafter, when a police officer was killed by a mentally ill person. A police board of inquiry warned that unless all agencies responsible for the emergency care of the mentally ill began to cooperate, similar tragedies would occur. As a result, the chief of police invited top-level officials of 10 criminal justice and social service agencies to form a Psychiatric Emergency Coordinating Committee (PECC).

Daryl F. Gates
Chief of Police

The PECC hammered out a comprehensive Memorandum of Agreement that took effect on April 1, 1985. The administrator of each participating agency agreed in writing to a list of specific actions. These steps are designed to divert mentally ill persons involved in minor criminal behavior from the criminal justice system into the health care system, where they can receive more appropriate care.

The two principal cosignatories to the agreement are the chief of the Los Angeles Police Department and the director of the Los Angeles County Department of Mental Health. The core of the agreement is that:

1) The police department will establish a mental health emergency command post staffed by specially trained law enforcement officers. The police department will require all officers to call the unit for assistance in screening mentally ill people before either transporting them to an emergency facility or booking them for a crime.
2) The Department of Mental Health will *maintain* a high-level administrator accessible to the police 24 hours a day with responsibility for immediately resolving special situations of an urgent nature, *conduct* training programs for police and other network agencies concerning appropriate methods for handling psychiatric emergencies, and *develop* pilot programs with the police to meet the psychiatric emergency needs of mentally ill persons requiring police attention.

Legislative Background

Implementation of the Memorandum of Agreement was facilitated by two changes in the California Welfare and Institutions Code. For years, the statute had required county-funded emergency psychiatric facilities to evaluate suspected mentally ill persons referred by law enforcement officers (or referred by anyone). However, due to limited emergency resources, mental health staff personnel were not always able to perform prompt evaluations; furthermore, officers reported they were sometimes told they had to take the person elsewhere because the facility had no bed space.

These delays and brush-offs are no longer a problem because the Los Angeles County sheriff lobbied for two changes in the code. The first amendment forbids mental health personnel from using lack of bed space as a reason to refuse to assess whether a person brought in by a police officer needs to be evaluated and treated. The second amendment says that the officer shall not be kept waiting longer than necessary to complete the necessary paperwork and a "safe and orderly transfer" of physical custody of the person.

The Role of the Department of Mental Health

The Los Angeles County Department of Mental Health faced serious problems in carrying out the changes required by the code amendments and the Memorandum of Agreement because its facilities did not have an adequate supply of beds to handle psychiatric emergencies. As a result,

". . . it is possible for police departments to develop formal arrangements with the mental health system for sharing responsibility for [the mentally ill population]."

the department has had to engage in day-to-day crisis management to find the necessary beds and accelerate its long-term plans to reduce the critical shortage of beds. The department now requires all 24-hour psychiatric emergency service units to call a centralized number each morning to report their occupancy rate and anticipated vacancies for the next 24 hours. With this information, the department's central administration can tell a fully occupied facility where it can transfer a patient for immediate admission. The department also encourages facilities to screen nonemergency admissions more carefully, reduce (where appropriate) the time mental patients are hospitalized, and provide increased aftercare to reduce readmissions. Many facilities have increased their efforts to improvise space on their own by "borrowing" stretchers from other wards, using blankets and chairs, or filling medical beds.

Police Involvement

To establish the mental health emergency command post, the Los Angeles Police Department upgraded its existing one-man Mental Evaluation Detail to a unit, assigned nine additional sworn officers and a secretary, and provided the officers extensive training in the assessment and handling of the mentally ill. All 7,000 Los Angeles police officers have been instructed at roll calls, in continuing education classes, and in their field activities manual to contact the Mental Evaluation Unit before taking an apparently mentally ill person into custody (when the only reason for detention is the person's mental condition) and before transporting the person to any mental health facility or hospital. When someone believed to be mentally ill is taken into custody for a criminal offense, the officer must still contact the unit before booking the person.

The unit receives between 550-600 calls a month from patrol officers requesting advice or assistance. Over the phone, the staff uses the onscene officers' observations to screen for suspected mental illness, instructs the officers to fill out the necessary application for detention, and either gives them the name of the nearest appropriate facility or tells them to bring the subject to the unit's office at police headquarters.

When patrol officers bring the individual to the unit, they wait during the 10-minute evaluation and then transport the person either to the nearest facility (if detention is needed) or back to where he or she was found (unless the person prefers to be released at police headquarters). Of the 211 persons assessed by the Mental Evaluation Unit and referred to a mental health facility between March 29, and April 25, 1987, 208 received treatment at those facilities; the other 3 individuals, who had previous warrants for their arrest, were referred to the criminal justice system.

In the daily situations involving hostages, barricades, suicide threats, and similar crises, one or two unit members go onscene, leaving another unit member in the office to coordinate with the mental health system. For example, when a man threatened to leap from the 11th floor of a building, unit officers dispatched to the scene phoned another unit officer at headquarters to report the man's identity. By phoning the Department of Mental Health, the unit-based officer located the person's psychiatrist, relatives, and priest, who were all notified to go to the scene. The officer also checked the unit's own file for any reported history of violence by the person so he could prepare the officers and mental health workers at the scene for what the person might do. All this was accomplished in 20 minutes.

Training

The Department of Mental Health has provided the Mental Evaluation Unit with a psychologist to coordinate the training of the unit's own officers. Working closely with the officer-in-charge of the Mental Evaluation Unit, the psychologist designed the training plan and arranged for Department of Mental Health staff members and other speakers to deliver the training. Others on the staff participate in training new recruits and inservice training at the police academy.

The training is not one-sided. Mental Evaluation Unit officers familiarize mental health professionals with police policies, procedures, and limitations in dealing with the mentally ill. The district attorney's Psychiatric Section instructs the Department of Mental Health staff and emergency ward personnel on legal aspects of involuntary commitment and confidentiality. Mental health professionals and administrators (as well as police) are told that they do not have to return a weapon to a mentally ill person, that apprehend and detain orders could be used to empower law enforcement officers to return escapees to their wards without a warrant or

detention order, and that it is illegal for hospitals to call the police to evict post-stroke patients who become violent.

Information Sharing

The Memorandum of Agreement requires both the Department of Mental Health and the police to consult with each other, within the limits of confidentiality statutes, regarding mentally ill persons. As part of the new collaboration, the Mental Evaluation Unit files and shares with mental health workers information regarding mentally ill persons who possess or use deadly weapons or have demonstrated special skills related to violence, such as martial art experts.

Confidentiality statutes limit the extent to which mental health professionals believe they can share the same kind of information with the police. However, networking still enables unit officers to sometimes learn whether a suspected mentally ill person they have been called to handle has a history of violence. Some mental health workers will simply tell the unit, "I'd just be *very* careful handling that person." Other health care workers make use of an exception to confidentiality requirements that permits—or even mandates—information sharing when life may be at stake. In a controversial decision in California (*Tarasoff* v. *Regents of the University of California*') the State supreme court held that when a psychotherapist determines that a patient presents a serious risk of violence to another person, the therapist is required to use reasonable care to protect the potential victim. In the case at hand, a therapist sued by the parents of a murdered daughter was held liable for not having warned the woman that his patient had expressed a desire to kill her.

Hotlines

As part of the Memorandum of Agreement, each agency has provided the other with 24-hour telephone accessibility to a high-level department administrator whenever any two groups disagree concerning a psychiatric emergency. Although the hotline is used infrequently, it has proven particularly effective when a facility has no beds available to accept custody of a suspected mentally ill person from police. On one occasion, the deputy director of the Department of Mental Health was called on a Sunday at 3:45 a.m. to resolve such a crisis. All participants in the network can also use the 24-hour hotline to the Psychiatric Section of the district attorney's office for immediate legal opinions regarding the handling of the mentally ill.

Other Networking Arrangements

The networking arrangement in Los Angeles is not the only way collaboration between law enforcement and the mental health system can be structured for dealing with the mentally ill. There are at least seven other jurisdictions across the country that have established cooperative agreements in a different manner. For example, in contrast to Los Angeles' specially trained sworn officers, the Birmingham, AL, Police Department uses specially trained civilian social workers (CSO) to relieve police officers of having to deal with mental illness cases. Currently, six rotating social workers are available 24 hours a day to go onscene, take over the case, and transport the suspected mentally ill individual to the University Hospital emergency room. Once at the hospital, the social worker, who is familiar with hospital staff and procedures, arranges for an evaluation. In most cases, police officers return to their patrol once the mentally ill person has been restrained at the facility, leaving the social worker as the police department's representative for the rest of the proceeding. The Birmingham chief of police points out that in 1975, the police force handled 900 disturbance calls, mostly involving the mentally ill; in 1985, the CSO's handled 1,000 such calls—an average of nearly 3 per day.

Erie, PA, represents a third network configuration. There, the arrangement was initiated as a result of the murder of a hostage by a mentally ill individual. In a memorandum of agreement signed by the chief of police and addressed to Family Crisis Intervention, a local freestanding mental health emergency service, the police department agreed to staff a cruiser 24 hours a day with officers who would relieve the department's 200 other sworn personnel of difficult cases involving the mentally ill. Family Crisis Intervention staff trained the special officers to screen for mental illness, take people to appropriate facilities for treatment, and adhere to the applicable State civil statutes governing involuntary detention. Family Crisis staff periodically update the officers regarding changes in the civil code and in the availability of referral resources.

The nine-person detail is called the "201" Unit after the provision in the Pennsylvania Civil Code that requires

". . . mutual benefits provide a compelling reason for police departments to work with social service agency and facility administrators. . . ."

each county's Department of Mental Health and Mental Retardation to assure adequate mental health services for all persons in need. However, 201 officers perform normal law enforcement duties, as well as specializing in problem persons.

In most cases, individual patrol officers handle problems involving the mentally ill on their own—perhaps with a call to the 201 Unit or to Family Crisis for advice on what to do or where to take the person. However, when involuntary commitment of a mentally ill person appears to be needed, they normally call the 201 Unit to take over the case, freeing the patrol officers to return to their beat. The unit takes over an average of one or two cases every shift.

Family Crisis Intervention and the 201 Unit also help small town and rural law enforcement agencies in Erie County deal with the mentally ill. Family Crisis staff spend 11 hours a week at each of two outlying police departments helping facilitate admission to local hospitals and prevent problems with social service agencies before they arise. Furthermore, any police department in the county can call Family Crisis for consultation on the phone or an onsite emergency visit. One Sunday, a small town police chief detained a person with a history of alcohol and drug abuse who was suspected of also being mentally ill. The chief called Family Crisis wondering whether to jail the person—and risk a suicide attempt—or go to the trouble of having him hospitalized—and tie up an officer for several hours. Family Crisis looked up the person's previous mental illness history in its file of 20,000 records, determined the person could be released safely, and offered to come evaluate him on Monday.

Mutual Benefits: The Key to Successful Collaboration

A vital feature of the Los Angeles and other networks is that every participating agency benefits from the arrangement. There are three advantages to networking for a law enforcement agency.

First, *saving time*. Police officers spend less time stabilizing the situation at the scene, locating a facility willing to accept the person, waiting at the facility, and making repeat runs—sometimes on the same shift—to handle the same problem all over again. In 1984, the average time spent by field officers in the Los Angeles Police Department in processing a mentally ill person was 4 officer hours. By 1987, this time had been reduced to 2.2 officer hours. With more than 200 mentally ill persons handled every month, this has resulted in a savings of about 260 person-hours each month. The Birmingham, AL, Police Department calculated that during a typical 3-month period in 1986, over 178 hours of patrol officer time—the equivalent of 21 person-shifts—were saved by using the department's social workers to transport 54 suspected mentally ill individuals to the hospital for evaluation and to stand by until the evaluation was completed.

Second, *reducing danger*. In most networks, trained staff either give patrol officers advice on the phone about how to defuse volatile situations or come on-scene and take over the case. The Los Angeles Police Department determined that social workers operating out of four police substations reduced the threat of danger in 15 out of 63 cases they were called to handle. In other networks, social workers inform officers on the way to a scene whether a suspected mentally ill individual has a history of violent behavior.

Third, *increasing job satisfaction*. In several networks, there has been less criticism of the police by the media, public, and politicians for allegedly mishandling or ignoring the mentally ill. As noted, both the Los Angeles and Erie networks were initiated at least in part because of a barrage of unfavorable publicity about homicides involving the mentally ill which the police were accused of failing to prevent.

Networking also benefits the social service system. With a network in place, emergency care staff spend less time unnecessarily evaluating, treating, or transferring inappropriate police referrals, because these people are prescreened and either diverted to outpatient treatment facilities or taken to an appropriate facility. Furthermore, police participating in a network give priority to responding to calls from human service providers for emergency assistance with combative clients. In addition, specially trained officers, like Los Angeles' Mental Evaluation Unit staff who take over cases at the scene, prove to be highly credible witnesses at court commitment hearings.

Understandably, the question of cost will be at the forefront of every police administrator's mind when it comes to instituting a network. In fact, very little additional funding has been needed in Los Angeles, despite an ambitious networking arrangement. The county's Department of Mental Health had to hire consultants to help train the network participants and to perform some of the

work which staff members who were assigned to assist the network had been doing. The Los Angeles Police Department, in turn, transferred nine officers to its expanded Mental Evaluation Unit.

Conclusion

Police officers' options for dealing with the mentally ill are usually limited to arresting and jailing them for minor infractions or trying as best as possible to patch up the situation and leave. Many police officers are frustrated by the time they spend transporting these people to social service agencies, because most facilities have limited bed space and are often unable or unwilling to detain individuals involuntarily.

Los Angeles and a small number of other communities have established formal arrangements for sharing responsibility for handling this population. In every arrangement, police officers and deputy sheriffs spend considerably less time dealing with the mentally ill and those contracts that are made are less stressful than before. Furthermore, in most networks, trained staff either give officers advice on the phone about how to defuse potentially dangerous situations or come to the scene and take over the case. Finally, in several communities, there has been reduced criticism of law enforcement from the media, public, and elected officials for allegedly mishandling or ignoring this population.

Because networking also provides significant benefits to the social service system, county and city departments of mental health have been willing participants in the arrangements. These mutual benefits provide a compelling reason for police departments to work with social service agency and facility administrators to start a network of their own. FBI

Footnote

Tarasoff v. Regents of the University of California, 17 C.3d 425, 131 Cal. Rptr. 14 551 P.2d 334.

Tekna Micro Knife

Airport security personnel in the Los Angeles/Burbank area have been discovering this item frequently. The "Tekna Micro Knife" appears at first to be a pen-type personal paging device. Closer examination reveals a double-edged blade that is approximately 2 1/4 inches in length. The blade is hidden by a protective sheath until exposed by pressing a small button at the top of the device. This is a well-made weapon which is available commercially for about $60.

Submitted by the Burbank, CA, Police Department