

HOW WILL PARTNERSHIPS BETWEEN LAW ENFORCEMENT AND
SOCIAL SERVICE ORGANIZATIONS IMPACT SERVICES TO THE
MENTALLY ILL IN MEDIUM SIZE CITIES BY 2007?

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This Command College 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 considerations.

Defining the future differs from analyzing the past because the future has not yet happened. In this project, useful alternatives have been formulated systemically so 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.

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SECTION I

DEVELOPMENT OF THE ISSUE

Introduction

Every family is impacted with mental illness in a variety of levels. It is an illness many families refuse to admit to or go to great lengths to conceal. It is an illness that costs businesses billions of dollars, yet the media pays little attention to it. Every day we hear of great strides in research for finding a cure for cancer or AIDS, but developing a cure for mental illness has been a slow process.

Mental illness can range from mild forms of depression and anxiety attacks to those who are declared as developmentally disabled. The State of California Department of Developmental Services recently reported that 167,000 children and adults are designated in the latter category.¹ This includes people with cerebral palsy, mental retardation, severe epilepsy, and autism. Most of these people live at home or in a small residential treatment facility.

Police officers continue to learn new techniques to assist people afflicted with mental illness and problems that impact the lives of the mentally ill. Social service organizations work with line officers to assist those living in the community affected by mental illness. This association between law enforcement and social service organizations has worked effectively in its limited capacity, but there exists a need to enhance this concept in order to provide better service to the mentally ill. Hence the topic of this paper: How will partnerships between law enforcement and social service organizations impact services to the mentally ill in medium size cities by 2007?

This research will focus on mental health patients who are currently receiving treatment or who have not been assessed as having a mental illness, but are living on their

own in the community. Many of these individuals are homeless and are suffering from a mental disorder. Most communities have resources available to the mentally ill, yet there is a need to connect the mentally ill with these services, as most patients are unaware services are available to them. Some are outpatients who have neglected taking their prescription and are having trouble coping in the community. Others are juveniles living at home with families who are engaging in criminal activity, and the families do not recognize that their child has a mental disorder that is causing the inappropriate behavior.

Part of the research examines how mental illness, if not treated appropriately, has a direct effect on the quality of life in the surrounding community. Some of the issues are housing placement, available resources, specialized response teams, and forced treatment. The information provided will help establish a strategic plan or develop a policy for a medium size police department to set up a system which develops a partnership between their agency and other community resources to effectively service the needs of the mentally ill. Though the information is broad based and can be used nationally, it will focus on the Stockton Police Department, where the San Joaquin County Mental Health Department is located. Other law enforcement agencies could use this information with some modification to fit their needs.

The project will start by focusing on the issue of mental illness and how society changed from confining citizens with mental illness to an era of community-based treatment. The impact that mental illness has on the quality of life within the family and the community will be examined. This issue of developing partnerships between law enforcement and social service organizations has a substantial impact on the quality of service for the mentally ill. This will be addressed in Section I, Development of the

Issue. Section II, Forecasting the Future, will look at current trends and possible future events that affect the lives of the mentally ill. This was accomplished through the Nominal Group Technique, which is a method designed as a structured process of brainstorming used here to detect trends and events. Section III, Strategic Planning and Transition Management, will look at ways an organization can develop a plan that will allow movement away from current approach and towards a process of developing partnerships to resolve problems of the mentally ill. The process will identify stakeholders, funding resources, and barriers to implementation, along with any possible organizational impact. There will also be a transition management plan to assist organizations in moving towards a desired process for the future. The paper closes with Conclusions listed in Section IV.

Background

Mental illness is a disease that affects millions of people every day. Diseases such as schizophrenia, obsessive compulsive behavior, bipolar disorder, and clinical depression have altered people's behavior and the people who live around them. Patients are able to lead a normal life if intervention and treatment commence at early stages of the disease. If treatment for the disease is delayed, there is still a positive prognosis, but the treatment is more complex. It may require that a patient undergo both social and vocational rehabilitation, along with medication, in order to reach full recovery. As each year passes, treatment may be shortened with the introduction of new medications to the market.²

Before 1967, many of the mentally ill were institutionalized. Treatment amounted to a lobotomy or sterilization, and they were kept hidden from the public. In California, 26,567 people lived in a deteriorated and antiquated state hospital system.³

With the development of tranquilizers and anti-depressants, there was hope the mentally ill could receive treatment and live a normal life. In 1967, California Governor Reagan signed the Lanterman-Petris-Short Act, which took effect in 1969. The basic context of the legislation prohibits forced medication and restricts the time a patient can be confined to a facility to receive treatment. The law allows a 72-hour detainment for a mental health patient if they are engaged in an act that is imminently dangerous to themselves or to the public. They also qualify for detainment if they are gravely disabled where they are unable to care for themselves. The key elements to this legislation are that they are mentally ill and are a danger. The legislation is broad, as it does not define what is mentally ill and what constitutes a danger. They can receive treatment and evaluation while under a 72-hour confinement. Under extreme cases, the subject may be detained for 14 days or longer. This occurs after there is a hearing before a judge.

Because of the Lanterman-Petris-Short Act, state hospitals virtually emptied out their clients. Soon after, the nation adopted similar standards: moving mental health patients out of the institutional setting and into community-based support programs. The federal government was committed to the historical idea that individual states are responsible for long-term care.⁴ Unfortunately, the state agencies were not prepared to meet the financial needs of providing treatment and housing for the mentally ill. Cities were also in the process of revitalization, which forced many of the low cost hotels to close. Affordable housing for the mentally ill became scarce.

By 1982, jails began to fill with individuals who did not succeed in the short-term hospitalization and voluntary treatment environment.⁵ California is still experiencing the recycled patient, which is costly. The quality of life in neighborhoods where the patient

lives is negatively impacted. The community shares large economic losses. The patient and their families undergo human suffering. Individuals were often referred to as revolving door patients or treatment resistant. This was attributed to the patient failing to follow through with outpatient care, physicians' recommendations, and recurring relapses.⁶

Typically, these revolving door patients are stable while in the hospital and receiving the necessary treatment. They continue their medication and outpatient therapy for a short time after discharge. Most relapses are a result of medication non-compliance. The non-compliance rates are significantly higher during the first few months after a patient is discharged at any other time.⁷ Non-compliant behavior prevents a patient from receiving continuous voluntary treatment in the community. Non-compliant behavior is caused by the patient's ability to reason. This is typical with patients afflicted with illnesses such as schizophrenia or bipolar disorder. The patients believe there is nothing wrong with their mental wellbeing or that the medication does not help. This results in avoidance of treatment, which results in a relapse. The patient's behavior becomes delusional and family members are unable to force the individual into treatment. If there is no immediate threat by the patient, the family must cope with the behavior. If the individual is living on their own, the neighbors begin to complain to the police, who have little authority.

Another problem related to untreated mental illness is suicide. Suicide kills more people with mental illness than any other cause. In 1997, suicide represented the eighth leading cause of death in the United States.⁸ In 1998, the National Suicide Prevention Strategy conference conducted a study and found that in all psychiatric disorders, suicide

is highly related to not taking the right amount of medication or not taking the proper medication at all. The study showed when a patient is discharged from an inpatient setting without proper treatment, there is an elevated risk of suicide.⁹

Substance abuse aggravates the symptoms of mental illness. It keeps the patient in a destructive cycle of illness, repeat hospitalization, and homelessness. People with mental disorders are twice as likely to abuse drugs and alcohol as are people without mental disorders.¹⁰ This behavior usually happens several years after the initial onset of mental illness, which results in the patient's self-medication with illegal drugs. The substance abuse then spirals the patient into a life of crime in order to support the habit. It is estimated that 16 percent of all inmates in state adult correctional facilities are identified as mentally ill. One in every eight state prisoners receives some type of mental health therapy.¹¹ This compounds the treatment process, as the patient has to receive dual treatment for the mental illness, as well as the substance abuse. It influences the quality of life in the neighborhood where the patient lives. If the patient is addicted to drugs, other addicts will be attracted to the area. Many patients let street addicts use their home in exchange for drugs. Neighbors soon complain, and eventually the patient is evicted.

The United States is generally considered a violent society, and people with mental illness account for a small portion of American violence. Violence by someone with mental illness is most frequently targeted towards family members, friends, or the treatment counselors.¹² One U.S. study showed that within two weeks of admission to a care facility, 54 percent of hospitalized patients who had assaulted someone had attacked family members in the past. Mothers who live with an adult offspring with mental illness are especially at risk of violence.¹³ There is a general concurrence that the primary factor

in violence from people with mental illness is the lack of compliance with their medication. Violence from people with mental illness comprises a small portion of all the violence in the United States; nonetheless, it's violence that can be prevented. Current laws, which protect the mentally ill from forced medication, may actually increase the likelihood of violence.¹⁴

The mentally ill are exposed to victimization. They are more likely to live in low-cost housing where criminal activity is more frequent. The criminal element knows the patterns of the mentally ill and their finances. Homeless women with mental illness are sexually assaulted at a higher rate. If a suspect is arrested, there is little chance they will be brought to trial or face conviction. The Boston Globe recently published an article reporting that from 1997 to 1999, the state of Massachusetts investigated 342 crimes against the mentally ill and only 18, about 5 percent, ended with a conviction. By contrast, about 70 percent of crimes involving able-bodied victims resulted in convictions during the same period.¹⁵

People with mental illness are more likely to become homeless. One out of every 20 people with a serious mental illness in the United States is homeless. They account for one third of homeless adults. They are usually on the streets twice as long as other people who are homeless. Their homelessness is usually interrupted by an arrest or hospitalization. The mental health system is not designed to serve homeless people with mental illness. The homeless are less likely to seek treatment. When they do receive treatment, it is usually more intense in order to stabilize their condition. Once housing is obtained for the patient, there has to be a continual flow of medical treatment, social

support, and medication compliance to prevent a relapse, which could result in the patient becoming homeless again.¹⁶

The mentally ill are more likely to be incarcerated for a criminal act. Since the implementation of the involuntary treatment laws, the number of subjects with mental illness entering the criminal justice system has grown substantially. An eight-year study following the implementation of the Lanterman-Petris-Short Act, the arrest rate of subjects with mental illness in California increased five times.¹⁷ The overall cost to the state to process these subjects from arrest to placement into the correctional system is \$1.2 to 1.8 billion a year.¹⁸ Officers are more likely to arrest a subject who is mentally ill when they have no other alternative.

The mentally ill are more susceptible to illness and early death. Untreated mental illness can lead to lack of treatment of any preexistent physical illness and the development of new physical illness or injury. They have a higher rate of HIV/AIDS than the general population. The average infection rate among adults with severe mental illness is 7.8 percent, which is 20 times the .4 percent of the general populace. This is a result of poor judgment, which causes a person with severe mental illness to engage in risky behavior.

A mentally ill patient can cause stress in the family when the patient refuses to seek treatment for the illness. Untreated mental illness can cause a patient to become violent against family members or threaten suicide. Patients may become addicted to drugs and steal from their family to support their habit. These issues can be managed with an arrest by law enforcement or placement into a treatment facility. However, patients who refuse to take medication at home often become irrational and

argumentative. Patients who are not a danger to anyone, patients are protected from having unwanted treatment. Patients may be institutionalized by family members so the patient receives treatment involuntarily, but this creates animosity between patient and family. Some family members who care for the mentally ill suffer from clinical depression because of the stressful demands.¹⁹

Finally, there is the economic impact on the community in responding to the needs of untreated mental illness. In a recent article published in the San Francisco Chronicle, state officials estimated that 50,000 homeless people in California are mentally ill. San Francisco estimates the city spends 175.6 million dollars on homeless related issues, and another 41 million in health care costs at San Francisco General Hospital, along with 3 million in paramedic costs. Public Works spends 3.8 million on clean-up costs, and the jail provided three million dollars in psychiatric services.²⁰

Current Response to Mental Illness

All the literature reviewed suggests the best way to keep mentally ill subjects from creating problems in the family and in the community is continual outpatient treatment. Officers who respond to a call involving an irrational person who is creating a disturbance have three choices: 1) transport that person to a mental health facility; 2) arrest the person; or 3) resolve the matter informally. Officers essentially become street corner psychiatrists without the proper training in conducting in-field assessments. Police reluctantly make psychiatric referrals or initiate hospitalization when absent criminal charges.

In 1980, Linda Teplin, Professor of Psychiatry and Director of the Psycho-legal Studies Program at Northwestern University Medical School, conducted a study on police

calls for service involving the mentally ill. Part of the study focused on how officers handled the mentally ill in comparison with people who had no mental health issues. The study indicated that in 72 percent of the cases, police resolved the calls informally and made arrests in 16 percent of the cases. Only 12 percent of the calls involving the mentally ill resulted in placement into a mental health facility for treatment.²¹

The problem with handling the mentally ill in this manner is that jail becomes the entry point into the mental health system. A person in jail awaiting trial receives minimal treatment with no follow up care once they are dismissed from the system. It increases the likelihood that the person will be arrested again.

In the spirit of Community Oriented Policing, law enforcement has forged partnerships with other agencies and social services to address community problems, such as school violence, domestic violence, sexual assault, or juvenile crime. A number of government agencies that serve the mentally ill are implementing changes in their response to mental health issues. Some departments are used as a resource when mental health counselors are seeking housing for their clients. The police department and mental health counselors work together in identifying neighborhoods where the mentally ill outpatient is less likely to be victimized or introduced to drugs and alcohol. The Florence Police Department located in Florence, Alabama has community mental health officers on call 24 hours a day, seven days a week. They respond to all calls involving mental health patients who are danger to others. The officer processes the client into the system and continues periodic contact after the patient is released back into the community.²²

Some law enforcement agencies are preparing their officers as part of the police academy's initial training to recognize persons with mental illness, and when to initiate an assessment to determine if mental health counselors should be summoned to assist them. Other departments help mental health counselors identify suitable housing for their outpatient clients in an attempt to avoid future problems like drug abuse. This type of strategic planning is progressive in providing customer service to the mentally ill and their families.

A medium size police department's response to calls involving the mentally ill varies from agency to agency. Some departments are more open-minded to changes in providing assistance to the mentally ill and continually search for new ideas. In order to develop new solutions, it becomes important to consider a more futuristic attitude than the current approach police departments utilize. This project's purpose is to develop a strategy, different from the conventional response, in providing quality service to the mentally ill in the future.

In order to accomplish this, it is important there is an understanding of the current trends in the field of mental health. Along with this is an understanding of the potential future events that could influence these same trends. This is accomplished by brainstorming with representatives who are associated with issues that affect the lives of the mentally ill. The next section addresses this process with the Nominal Group Technique.

SECTION II

FORECASTING THE FUTURE

The Nominal Group Technique

The field of law enforcement is filled with uncertainties, but police officers must always be prepared to meet the demands of the future. It is important that the organization continually scans the future for possible trends and events that will affect the community it serves. This type of preparation saves time, resources, and helps avoid the unexpected. One of the preferred tools to look at trends and events is the Nominal Group Technique.

On Friday, September 27, 2001, a formal Nominal Group Technique (NGT) exercise was conducted in Stockton, California. The NGT panel included professionals from the mental health field, law enforcement officers, social service organizations, attorneys, and children services. The thirteen members of the Nominal Group Board included:

- A Stockton Police Captain in charge of Personnel and Training
- A Stockton Field Training Officer
- Director of St. Mary's Dining Hall
- Counselor for San Joaquin County Mental Health Agency, Children's Services
- Field Social Worker for San Joaquin County Mental Health Adult Services
- Director of St. Joseph's Hospital Behavioral Health Division
- Counselor for San Joaquin County Adult Protective Services
- San Joaquin County Public Defender's Office specializing in mental health cases.

- Director for Haven of Peace Women’s Shelter
- Counselor for San Joaquin County Mental Health Senior Citizen Division
- Assistant District Attorney for San Joaquin County District Attorney's Office
- Counselor for San Joaquin County Women’s Center specializing in domestic violence
- Counselor for San Joaquin County Women’s Center specializing in mental health issues

Please refer to Appendix A for a listing of the names of the panel members. Two staff members from the Stockton Police Department assisted with the process. The NGT process started at 0830 hours. Each panel member was mailed a packet several weeks earlier explaining the NGT process, including a description of trends and events, along with examples. Members also received several articles, which focused on mental health issues. Panel members were instructed in the NGT process.

Trends

After the presentation, one of the assistants recorded the trends the panel members presented. This process resulted in the identification of 32 different trends. Panel members went over each of the trends, which caused considerable discussion. Several of the trends were combined, due to their similarity. The panel was asked to vote to establish the top ten trends. The top ten were then ranked in order on a flip chart and were as follows:

1. Housing for the mentally ill. Originally, this involved three separate trends, but the panel decided to combine them. The panel stressed the importance of low-cost housing for the mentally ill in better neighborhoods where they are less likely to be

victimized. San Joaquin County mental health counselors stressed that there is a lack of transitional housing for the mentally ill. When they leave a treatment facility, they are placed directly into the community without any training on how to assimilate into the community. Adult Protective Services stressed the need for low-income senior housing. As more commuters relocate from the bay area, property owners have increased their rent, making it unaffordable to the mentally ill who are on a limited income. Some of these landlords evict the tenant for petty reasons, so they can fill the vacated residence with a higher paying tenant.

2. Level of law enforcement involvement with social service organizations in response to mental health issues. The social service organizations reported that over the last few years, they have noticed a significant increase in the amount of cooperation with local police departments in dealing with mental health issues. This cooperation allows organizations to share information. Mental health workers and police work together to identify potential problems with their outpatients. This allows earlier intervention and treatment for the patient. Some of the examples they noted were law enforcement advising their housing placement counselors of problem locations. This allowed them to avoid those locations, which prevented possible future problems.
3. Mental health assessments for all mentally ill. There is an increasing need for mental health counselors to perform infield assessments on people with mental health issues. Some people are classified as a person who is mentally ill, but actually may suffer from long-term drug use. Children who grow up in a family with a drug history are also more likely to be classified as mentally ill. This calls for different treatment than someone who suffers from depression or related illness. Early stage proper

assessment is crucial in getting the patient the proper treatment. Unfortunately, with limited assessors to assist the mentally ill, patients receive a canned treatment, which may not be a suitable treatment for their illness. The panel feels clients are pushed through the system, which causes problems in getting the client the proper treatment.

4. Funding for treating the mentally ill. This was mentioned as a universal problem throughout the industry. Lack of funding for housing, treatment, tutoring, mentoring, medication and follow-up care. The panel stated that it would be cost effective to place more money towards assisting the mentally ill. Funding results in some patients becoming involved in substance abuse as a means of medicating their illness. They then become involved in criminal behavior to support their habit. The cost cycle increases when they are arrested, processed through the criminal justice system, and finally placed in a correctional facility. One panel member noted that 16 percent of all inmates in state correctional facilities are identified as mentally ill. In the end, society pays more to house the patient in a correctional facility. The panel feels the federal and state governments will reduce the funding for treating the mentally ill in order to fund other programs of more interest to the public, such as public safety and fighting terrorism.
5. Multi-cultural accesses to mental health treatment. The City of Stockton currently has a diverse population of 275,000. The population represents a cross section of ethnic backgrounds, but the majority of mental health services are for English-speaking patients. Recently the Lao Community Center applied for a grant to open a counseling center for individuals of Hmong and Lao backgrounds with mental health issues. There are no other counseling centers that take into account the cultural

background of an individual when developing treatment. There is also a need to educate the different cultural groups to help them better understand mental illness and how to recognize it in their community.

6. Training for law enforcement and social service organizations. Panel members noted that there is an increase in the training law enforcement and social organizations are receiving. Members of Adult Protective Services, Mental Health and law enforcement share information to allow them to develop better training programs. They identify and remedy problems earlier by providing services to clients in the field. They also identify duplication of efforts to help streamline the process and identify funding sources. The panel believes there should be an increase in a collaborative training between the social service agencies and law enforcement. They believe if the members of these organizations trained together, they would develop a better working relationship in the field. The panel suggested that by working as a team, there is an increase in the number of problem solving ideas and the pool of resources.
7. Number of mental health patients being victimized. The panel noted there is a significant increase in the number of mental health patients who are being victimized by the criminal element. Mental health outpatients are placed into low-income housing, where the majority of crime occurs. The criminal element will target these individuals, knowing they are less likely to report the crimes. They are usually incapable of protecting themselves from attack, and their handicaps make it difficult to use their testimony in a court of law. One panel member noted that less than 5 percent of reported crimes involving a mentally ill victim where a subject is arrested

results in a conviction. The panel feels this is a trend, the population of people with mental illness grows so does the number of potential targets.

8. Number of qualified mental health professionals to treat the mentally ill. This was attributed to the low pay social workers and care providers receive to work with the mentally ill. Those involved in the treatment of the mentally ill face the same barriers as the medical field. Physicians are paid substantially well, but the support groups do the majority of the follow up care are underpaid and have other motivations than entering the field. When money becomes an important issue in their lives, they usually change career fields in order to support their families. The panel believes this is a trend, the population of mentally ill is growing faster than the number of qualified counselors.
9. Public's knowledge of the problems in the treatment of the mentally ill. The panel noted there is very little media attention paid to the care the mentally ill receive. The general public is usually unaware of the problems within the mental health care system unless someone in their family is receiving treatment. Usually it is an unfavorable event that draws press coverage. A good example of this is when Russell Weston Jr. shot and killed two U.S. Capitol Police Officers. The public learned how Russell Weston, who had a history of mental illness, was able to obtain a handgun. The panel reported that more information should come out at the national level to inform the public about mental illness. A more informed public would more likely pressure the legislature for needed funding and new legislation. An informed public would be more alert to the symptoms and likely come forward for treatment for family members if there were not a negative stigma associated with mental illness.

10. Number of adolescents who are declared 5150 W&I (mentally ill). The panel's observation was that the number of children who have mental health issues have increased dramatically over the past few years. One panel member believed that the increase in the number of children with mental health issues might be a result of their parent's prior drug usage. The counselor from San Joaquin County Mental Health reported that a study by the U.S. Surgeon General said one in 10 juveniles currently suffers from a mental illness that impairs development. Most of the adolescents' problems go unnoticed and untreated until too late. The juvenile falls into a cycle of committing criminal acts, which causes them to bypass treatment and face possible incarceration. Other panel members reported that Attention Deficit Hyper-activity Disorder and Attention Deficit Disorder are over diagnosed, and there are children on Ritalin who are just overactive. The panel states that this is a trend, as parents are looking for fast and easy solutions for overactive children, not realizing what the long-term effects of the drug can be.

Each panel member was issued a Trend Summary Chart and issued the following instructions:

- Independently assign a direction to each trend.
- Assume that 100 represents the status of each top trend today.
- Assign a numeric value to the status of each five years ago.
- Assign a numeric value to the status of each five years from now.
- Assign a numeric value to the status of each ten years from now.
- Place a 1 to 10 value, with ten as the highest level of concern for each trend.

The Trend Summary that follows indicates the median scores assigned to each trend:

Table 1-1

Trend Summary Table

Trend Statement	- 5 Years	Today	+ 5 Years	+ 10 Years	Level of Concern 1-10 Scale
1. Housing for the mentally ill (Low income, Transitional, Senior)	50	100	150	200	10
2. Level of law enforcement involvement with social service organizations in response mental health issues	10	100	130	150	7
3. Mental health assessments for all mentally ill.	75	100	120	150	9
4. Funding for treating the mentally ill.	100	100	125	175	10
5. Multi-cultural access to mental health treatment.	50	100	110	150	8
6. Training for law enforcement and social organizations.	0	100	150	120	6
7. Number of mentally health patients victimized.	50	100	150	200	6
8. Number of qualified mental health professionals to treat the mentally ill.	75	100	150	200	5
9. Public's knowledge of the problems in treating mental illness.	50	100	120	130	8
10. Number of adolescents who are classified as 5150 H&S.	25	100	150	200	5

The panel indicated that not all the trends were as prevalent five years ago as they are today. The median showed that there was an expectation that all trends are to increase impact in the future. The impact of the trend increases even more at the ten-year level. The panel expressed concern whether there would be adequate funding in the future to create new programs and treatments. It's interesting to note that trends two and six involved collaboration between law enforcement and social service organizations, which is the theme of this paper. The panel believes we will see more training over the next five years in law enforcement, but not in the ten-year range. This indicates there is hope that law enforcement is willing to work with social service organizations, provided the resources are available. Again, it is an avenue that opens communication between two organizations that historically looked at the issue differently. In the past, law enforcement and social service organizations were adversaries in handling the issues of the mentally ill. Traditionally, officers wanted the patient locked up when the patient was involved in a crime; conversely, social service organizations advocated getting the patient treatment and back into the community.

Events

The panel was next instructed on defining potential events that could happen in the future, which could have significant impact on the issue within a ten-year period. They were informed that the NGT was interested in potential events that have not already happened, but may occur. The events should be relative to the issue. The panel took turns in the same manner as when the trends were listed. The panel listed 33 events they believed might occur. Again, the panel voted on the top 10 events. Listed below are the top 10 significant events identified through the process:

1. The President of the United States signs legislation that gives full mental health parity, including those who are treated for substance abuse. The panel noted that the majority of people with mental health issues are not covered by health insurance. Most insurance policies fail to cover mental health issues, so people with mental health problems do not seek medical assistance. Additionally, the panel felt strongly that substance abuse should be included in the treatment of the mentally ill. Many of the patients currently under treatment for anxiety and depression also have substance abuse problems that contribute to their illness. They sometimes abuse alcohol or other drugs of choice as self-medication for their mental illness when they are unable to pay for treatment. The panel feels this would be a significant event if it happened, as it would add additional funding through insurance coverage to treat the mentally ill.
2. Mentally ill population doubles. The panel feels this may be a likely event, as baby boomers become seniors, which will require additional personnel to meet their growing needs. The aging baby boomer population started turning 50 in 1996. One of the panel members stated that on a recent news program it was reported that as baby boomers age, the senior population is predicted to double in size between now and 2030. New medications and improved nutrition has allowed older America to live longer. With the ever growing older population, coupled with the shrinking mental health dollar, the panel has a concern for the mental health of these individuals.
3. Federal government reduces funding for mental health treatment to fulfill the needs of a national security program. The panel was concerned that the mental health industry

may have their funding shifted to supplement public safety, weapons of mass destruction, and anti-terrorist activity. They also noted the possible loss of funding sources, such as money from the tobacco lawsuits if the courts decide to overturn the decision, if challenged. The panel noted that in the last seven months, demonstrations have increased over the lack of funding for the mentally ill. These demonstrations have been staged in Columbus, Ohio and Boston, Massachusetts. These rallies are comprised of mental health advocates and family members who are caring for the mentally ill. The panel members feel this event would significantly influence the issue, as there are few funding sources available for the mentally ill.

4. Government and private industry form a partnership to build low-cost housing for the mentally ill. This would be a positive event if it were to occur and would influence a very important piece of the puzzle in treating the mentally ill. One panel member noted that housing the mentally ill is no more expensive than leaving them on the street. Each city with a homeless population spends a considerable amount of money keeping people in a homeless state. Many of these people end up in a shelter, in jail, or in the hospital being treated for medical issues. Funding for social service organizations is impacted by the amount of services they provide to the homeless. The same amount of money can supply low-income housing, health coverage, and employment services. Eventually, the mentally ill can become self-supporting through employment and receive the necessary treatment at the same time.
5. A famous person with mental illness dies, due to a breakdown in the system responsible for the mentally ill. The panel feels that when it comes to making any changes in the system, it usually takes a critical incident. These issues concern

multiple agencies that lack cooperation with each other, and sometimes it takes new legislation to correct the problem. Several panel members noted new legislation followed the shooting of President Ronald Reagan by John Hinckley. Another cited an incident in New York, where a subject, who had an untreated mental illness, shoved Kendra Webdale into the path of a subway train, which caused her death. Public outcry prompted new legislation, which established a new standard for court-mandated treatment for mental health patients.

6. Development of a Psychiatric Emergency Response Team (P.E.R.T.). The panel feels because of a significant event that alarms the public over mental health, communities will develop a coactive team made up of social service organizations and law enforcement. Teams respond to crisis situations bringing psychology to the streets. The targets are individuals with mental illness and those who pose a danger to the community. The panel stressed that the team's sharing of information and training is an important component to the program. The concept would reduce the need for use of force in the field by patrol officers. It would also help identify problems in the mental health network system and develop remedial solutions.
7. The governor signs legislation that expands the criterion of 5150 of the Welfare and Institution Code. These laws pertain to law enforcement's ability to transport a subject with mental illness to an evaluation facility for assessment. Currently officers may transport a subject with a mental disorder and who poses a danger to others or himself to a treatment facility for evaluation. The panel stated an event that changes that criterion would have a significant impact in the mental health industry. If the criterion were expanded to include those who were habitual alcoholics or used

hallucinogenic drugs, the system would not be able to handle all the people who needed the help. There are many individuals who pose a threat to themselves and the community who refuse to accept treatment. Without laws to allow for their detainment, law enforcement and mental health social service organizations have no power to force the patient to receive needed treatment.

8. A new illegal drug is manufactured in the community that creates further problems in the treatment of the mentally ill. Panel members noted that a large segment of the population is being treated for dual disorders. The pairing of mental illness and alcohol or drug abuse grows nationally every year. It seems that every decade a new illegal drug is introduced to society and soon after, the abuser experiences mental or physical health problems. When crack was introduced into the mainstream, shortly after, the medical field was trying to address the related problems of babies born to addicts. The panel expressed concern with new drugs such as ecstasy and GHB that generation X and Y are using. The panel feels within several years society will have to address new mental health concerns related to the abuse of these new drugs.
9. A mentally ill person dies because of traditional mental health treatment. This was of concern to the panel, due to new types of mental illness appearing at assessment centers, which are being treated through traditional application of drugs. The panel feels that due to the lack of needed funding, there is little research to develop new strategies for treatment of mental illness. People with mental illness related to drug addiction may not be suited to traditional treatment. One panel member noted that this is related to the shortage of assessment personnel. Currently people in the mental health field are underpaid; therefore, there is a shortage in the field. Those

responsible for making the appropriate assessment may be rushed and make the wrong assessment. The wrong assessment may cause someone to be confined or treated improperly, resulting in injury or even death.

10. Violent act is committed against someone who is mentally ill and nothing is done to the suspect. The panel noted that on a smaller scale they have noticed an increase in the number of their clients who have been victimized as an outpatient. They place their clients in low-cost housing. Many of these housing units are located in poor neighborhoods. The criminals target their clients after they receive their checks. Members on the panel who work with the District Attorney or Public Defender's Office related how hard it is to prosecute crimes where the victims have mental health issues. The reasons are their credibility in court. It is hard to get them to testify and when they testify, their testimony is never consistent with prior court testimony. Their memory is usually short term, and they usually cannot remember the events of the crime several months later when they appear in court. The criminals recognize this and target them for that purpose. The panel feels this would be an important event similar to recent attacks on homosexuals. It took several well-publicized events before legislatures took notice and the public became aware of the problem. They feel it will take a well-publicized act against someone who is mentally ill before they receive attention from the legislators.

Using the Event Summary Sheet, the panel members were instructed to mark in column 2 what year they believed the event could occur within years 1-5. They were told to place a probability percentage of the event occurring within the five-year mark and again at the ten-year mark. Finally, they were asked to place a value representing the

impact the event would have on the issue if it ever occurred. The impact ranged from one to ten, with ten having the largest impact. They were also asked to place a plus sign next to the numeric number if the event would have a positive impact and a negative symbol if it would have a negative impact to the issue. Refer to Table 1-2 to note the scoring for this exercise. Again, the median score was used for all the columns except the last column, where the score was averaged.

Table 1-2
Event Summary Chart

Event Statement	Years Until Probability Exceeds Zero	+ 5 Years	+ 10 Years	Impact on Issue 1-10 Scale	Positive or Negative Impact +/-
1. Legislation for full Mental Health Parity including substance abuse	1	34	52	10	+
2. Mentally ill population doubles as Baby Boomers become senior citizens	5	70	93	5	-
3. Funding sources moved Away from Mental Health	4	39	43	8	-
4. Government and private industry create partnership to build low cost housing	5	35	50	9	+
5. Significant event exposes breakdown in the system	2	57	70	7	+
6. Development of a Psychological Emergency Response Team (PERT)	5	50	60	9	+
7. Expansion in criterion of 5150 W & I	1	25	47	7	-
8. New illegal drug usage	2	42	54	7	-
9. Mentally ill person dies due to traditional mental health treatment	2	53	55	8	+
10. Violent act committed Against someone perceived as mentally ill	3	55	61	9	+

Referring to Table 1-2, with the exception of Baby Boomers becoming Senior Citizens, the panel believed all of the other events would greatly affect the issue. Five of the events would have a positive effect: 1) legislation for full mental health parity, including substance abuse; 4) government and private industry creating a partnership to build low-cost housing; 5) significant event exposes a breakdown in the system; 6) development of a psychological emergency response team; and 9) mentally ill person dies, due to traditional treatment. The panel was asked why they believed items six and nine should be ranked positive when traditionally connected with a negative incident. The panel answered that although the event itself is negative, it would create positive change to correct the problem. The panel was also strongly committed to the idea of law enforcement and social organizations working as a collaborative team in order to meet the needs of the mentally ill.

Cross Impact Analysis

Several days after the Nominal Group Technique was conducted, three individuals who were in attendance at the NGT met again. They participated in the Cross-Impact Analysis exercise. The group was asked to look at the trends and events and determine the positive and negative impact the events would have on each trend. Basically, they were told to look at the first event and determine what type of impact it had on the first trend. They were to continue this method through each individual event and determine how they impact each trend. They were to assign a value from 1 to 5, with 5 having the most impact. They were also to assign a positive or negative impact that each event had on each trend. Referring to Table 1-3, a listing of the results of the Cross-Impact Analysis was recorded using the median scores from all three participants.

Table 1-3
Cross Impact Analysis

TRENDS										
EVENTS	T1 Housing	T2 Police Social Response	T3 Assessment	T4 Lack of Funds	T5 Multi Cultural Assess	T6 Training	T7 Mental ill victims	T8 Qualified Assessors	T9 Public Aware ness	T10 5150 W&I Juveniles
E1 Legislation for parity	+5	+4	+4	+5	+4	+4	+3	+4	+2	+2
E2 Mental illness doubles due to Baby Boomers	-4	-2	-4	-4	-4	0	-3	-4	+2	0
E3 Funding shifted	-4	-3	-4	-5	-4	-3	-3	-2	-2	0
E4 Government & private sector build housing	+5	0	0	+3	+2	0	+4	+2	+1	0
E5 Event shows breakdown in system	0	+4	+2	+2	+1	+4	0	+2	+4	0
E6 Psychological Response Team	+1	+5	+3	+1	+3	+4	+2	+1	+3	-2
E7 Change in 5150 W&I criterion	-2	-1	-4	-4	-3	-2	-3	-3	0	-2
E8 New illegal drug on market	-4	0	-4	-3	-4	0	-4	-3	+3	-4
E9 Person dies due to traditional treatment	0	+4	+2	+2	+1	+4	0	+2	+4	0
E10 Violent act against mentally ill person	0	+4	+2	+2	+1	+4	0	+2	+4	0

Referring to Table 1-3, notice that the positive and negative impacts were almost divided, 42 positive impacts with 39 negative impacts.

Nineteen cases indicated the event had no impact on the trend. On several occasions, the event was a negative incident, which resulted in a positive impact, due to the nature of a critical event that resulted in positive change. This is attributed to critical issues that are usually the catalyst for change and creates a heightened awareness by the public that there is a breakdown in the system. Event five and nine show a negative event, but those involved in the Cross Impact Analysis process believed this eventually would have a positive impact on the issue for the future of mental health. This panel believes that if either of these events were to occur, it might result in partnerships in the community to resolve future problems. The interesting issue here is that if some of these events occur, it may create a change in trends, resulting in the creation of some of the other events. An example of this would be if a mental health patient died because of improper traditional treatment, it may create a trend where law enforcement and social service organizations train together. This, in turn, may result in the establishment of a Psychological Emergency Response Team.

A change in the criteria for declaring a person 5150 W&I or the introduction of a new illegal drug would have a significant negative impact on a variety of mental health issues. It shows the current system has reached a saturation point and there is not much room to expand. The panel related that the chances are slim for additional funding to treat the mentally ill; therefore, a need exists to look for alternative treatments and funding sources.

This indicates that organizations that work with the mentally ill should scan the future for trends and possibly create an event that would change the direction of the trend. The event, which suggested forming such a team as the Psychological Emergency

Response Team, appears to have one of the greatest impacts in the field of mental health. The panel stated this would have the highest positive impact in dealing with mental health issues. The panel also believes the likelihood of occurrence soon was high on the list. Law enforcement, working in partnership with mental health organizations, would positively affect the mentally ill in a crisis. Once the crisis is removed, there could be further impact by linking the mentally ill with other social organizations, such as education, medical field, job location and training, along with housing.

The issue that was of greatest concern on the negative side of the scale was funding being shifted away from treating and housing of the mentally ill to some other program such as public safety. The likelihood of occurrence is very real due to the war on terror.

Scenarios

After the Cross-Impact Analysis was completed, three scenarios were written based on information learned through the NGT process. The scenarios consisted of a positive, negative, and one that represented normalcy. These scenarios were written as a means of looking at the issue in a futuristic manner. This allows the tracking of a trend and forecast a possible event that will make an impact on the trend. It helps create an event that facilitates a change in direction of a negative trend affecting the issue. The following scenarios are written to help understand how the events and trends could affect the direction of law enforcement and social service organizations working together to address mental health issues. These are scenarios of the future, where we can expect new issues with mental health, aging population growth, and new treatments.

The three scenarios take place in a medium size city located in central California. The City of Stockton is located in the northern region of San Joaquin County. Over the past several years, the population has grown at a steady pace from 275,000 in 1999 to 301,000 in 2007. This is due to the high cost of living in the bay area. People are willing to commute to purchase their own home. Currently the City of Stockton has two facilities within their jurisdiction that offer treatment to the mentally ill. St. Joseph's Behavioral Health, which is a private treatment facility, operated by Catholic Charities. The other is the San Joaquin County Mental Health facility, which is a county-owned facility.

The following three scenarios depict incidents involving citizens with mental health issues. One scenario represents the normative response. The second is a pessimistic response and finally the third is an optimistic response to a call involving a citizen with mental health problems.

Scenario One Normative

Newspaper Article, June 1, 2007

COUNTY MENTAL HEALTH HEARS CONCERNS OF NEIGHBORHOOD

San Joaquin County just received a 3.5 million-dollar grant to expand its current facility in order to meet the growing demand for mental health services. As the Baby Boomers continue to become senior citizens, there is an immediate need to expand these services. The county also wants to hire several more clinical workers in an attempt to reduce the current caseload. The average number of cases social workers currently care for is 80. Most of them are severely mentally disabled. One clinical worker, who

currently cares for 77 clients, recently took over 23 more cases, due to the retirement of another social worker.

The main facility is located in the middle of a residential district. The district sits at the northern edge of the downtown area, which is currently enjoying redevelopment. New theaters are under construction, and private industry has plans for a new restaurant and hotel to be built on the water. There is a big push to tear down the low-rent apartments in the downtown area and replace them with upscale condominiums.

The neighborhood is in fear that this will push the majority of the dislocated renters into this middle-income neighborhood. The neighborhood action group S.N.A.G. (Safe Neighborhood Action Group) is seeking signatures to present to the Board of Supervisors requesting they build the additional treatment facility in the county, away from their homes. The residents tell the Stockton Record that the mentally ill are responsible for the majority of the crime in the neighborhood. They have access to the Stockton Police Department's web site, which shows their area generates more calls for service than any other neighborhood.

Several demonstrators appear before the Board of Supervisors with their children to express their concerns. Sharon Jones, a young mother of an eight-year-old, exclaims, "My child cannot go outside, as I am afraid of the perverts from mental health. I don't want my child to end up like Polly Klass." Alan Jackson, president of the neighborhood action group, tells the board, "We have more than our fair share of outpatients, and you don't have enough social workers to monitor their behavior." The director of San Joaquin County Mental Health reports, "moving the treatment facility into the county would create an inconvenience to our clients, as all the services they need are in the

downtown area.” The board adjourns, taking their concerns under submission, and will consider moving the treatment facility into the county.

Scenario Two-Pessimistic

Newspaper Article, June 1, 2007

MENTAL HEALTH PATIENT DIES DUE TO MIX UP

Dennis is a friendly man. He was never married and had no children. His life was simple and his only passion was friendship. This was a result of his bout with depression. Along as he was on medication and had people around him, life was great. Chet was not always like this. Once he was a progressive stockbroker who raised a family. He is an aging Baby Boomer who suffered the loss of his family ten years ago due to a vehicle accident.

After losing his family, he started taking drugs and drinking. He lost his job, home, and finally his friends. After three years of substance abuse, he decided to clean up and sought treatment. He worked the past three years as a short order cook for Chets. Many of the patrons came specifically to listen to his fabricated stories. Charlie, a regular at Chets, exclaimed, “You get your money's worth here; good food and the chef entertains you.”

Dennis made his weekly trip to see his counselor, Jack Willings, who was located a few blocks away from his home. Mr. Willings would listen to his weekly events over a cup of coffee. Dennis would pick up his prescription medication at the corner pharmacy and return to work. Charlie Green stated, “It was always a pleasure to see Dennis; he bragged about how his life was turning around.”

One day when Dennis was at work a small fire started at the apartment, due to an electrical short. The entire apartment went up in smoke and Dennis lost everything. The Red Cross attempted to find Dennis a new apartment close by, but there were no vacancies. Recent revitalization in the downtown area had forced up the price of rent, which lowered the number of available units. They located one several miles away and he was relocated to the new apartment.

Dennis had no means of transportation, except for an old bicycle and the public transportation service. This meant he had to change bus routes several times to get to work or to see his counselor. Dennis grew tired of spending his only day off traveling to the counselor's office. He soon began to miss his appointments, which meant no prescription medication. Without his medication, his behavior quickly changed. He turned to crack cocaine to curb his depression.

Dennis started missing work several times a month and soon lost his job. He created problems in the apartment complex, which resulted in calls to the police department. He began to drink excessively and was arrested several times, due to public intoxication. He was soon evicted from the apartment, due to complaints from the police. His health suffered from a lack of proper nutrition, and he moved under the bridge as a form of shelter. The police received a call one morning of a subject lying under the bridge. The responding officers located Dennis. He was beaten severely over the head with a blunt instrument. Apparently, Dennis had cashed in some aluminum cans that day and someone wanted the money to buy wine.

Scenario Three-Optimistic

Newspaper Article, June 1, 2007

MENTAL HEALTH ACTION TEAMS SAVE LIVES

Mary was an outpatient from the area mental health clinic. Though she was schizophrenic, she was able to live a normal life with her prescription medication. This was not something that she accepted, she believed she did not need the medication.

For years, Mary lived with her parents, refusing to take her medication, she believed there was nothing wrong with her. Her behavior suffered and she was always getting into trouble. Joan, her mother, said, "I was always getting calls from the school, as she was constantly causing problems." She was never able to hold a job, she became confrontational with her employers. She had no friends, she did not trust anyone. The neighbors continually called the police, due to Mary's erratic behavior. Though most of the calls were not related to a criminal matter, it affected the quality of life in the neighborhood. Bill, her neighbor, stated, "She yelled at me every time I walked my dog past her house."

The responding police officers were frustrated, as current laws protected Mary from mandatory medication. Her family was frustrated, they could not force Mary to take her medication and did not want to send her to the streets, where she would be another homeless victim. Mental Health would make periodic contacts with her. Her social worker, Drew Blansett, said, "I had little time to spend with her, as I have over 90 cases to follow up on."

Several months passed by when a horrific incident occurred. A subject under treatment for the same mental illness as Mary went on a shooting spree, killing several young children. The news reported the subject was under the care of a doctor, but refused to take his medication. Legislators decided enacted Senate Bill SB-85, which forced such patients to take their medication. The governor signed the bill and it became law.

Officers recognized the need for Mary to get her medication. The Stockton Police Department had recently received a grant. They used the funds to conduct cross training with mental health social workers. They were taught to conduct in-field observations and what behavioral characteristic the mentally ill exhibit. The next time they were called out to a disturbance at Mary's residence, the officers contacted mental health and they responded as a team. After an in-field assessment was made, Mary was placed into a 72-hour transitional housing unit for observation. The team filed their reports with the courts, and Judge Flannigan ordered mandatory medication. Several days later she was released on a program where she receives her daily medication. Her conservator holds her funds until she receives the medication.

Mary has since received training as a cashier and is currently employed. She has a new apartment close to her parents' house and recently received a pet cat from the officers who patrol her area. The officers continue to stop by and talk with her to see how she is doing. Officer Chan noted, "By working with mental health, we are able to utilize the services of other social service organizations. We reduce the number of times we have respond, and we end up helping someone."

These three scenarios represent three different futures that a medium size city may experience with a patient with mental illness in the year 2007. Naturally, society would expect law enforcement and social service organizations to avoid the first two scenarios and develop a strategy that would help the mentally ill as illustrated in scenario three. To attain this desired state, law enforcement and social service organizations must work together in developing a good strategic plan and transition management. The next section will take a look at one way to make this feasible by the year 2007.

SECTION III

STRATEGIC PLAN AND TRANSITION MANAGEMENT

Overview

Obviously, the direction that advocates would want for the community is depicted in scenario three, the optimistic future. There are many variables that affect the quality of life for a mental health patient. Law enforcement and social service organizations have the ability to make a difference in the calls for services that are generated when the mentally ill call. To create a path that will direct law enforcement away from the current response to calls created by the mentally ill and towards an optimistic path, a strategic plan must take place.²³

In order to develop a strategic plan, it will be important to look at current police responses to calls involving the mentally ill for a medium-size city. In order to make a change, it is important to look at the current structure of the organization and to identify stakeholders who will be involved in the strategic plan. The strategic plan should include a needs assessment in the change process. By reviewing the needs for the change, the transition is more organized. It is important to address how the transition management will change the department from its present state into the future. The Stockton Police Department is a representative of a medium-size department and will be used to illustrate the process.

Strategic Plan

The City of Stockton is a medium-sized city located in San Joaquin County and has a population of over 280,000 residents. The population is steadily increasing with residents from the bay area seeking affordable housing. The police department employs over 600 employees of which 400 are sworn officers. Peace officers are typically the first responders to cases involving the mentally ill. Their responsibilities include assessment of the situation and ensuring the immediate physical, mental, and financial safety of the victim.

The Stockton Police Department's General Orders state an officer will take into custody persons as a result of a mental disorder who are a danger to others, to themselves, or gravely disabled. The officer should transport the subject to the Crisis Center for further evaluation.

The department also has an investigative division that has personnel assigned to investigate crimes where the mentally ill/elderly are victims of physical or mental abuse. This response is just a small fraction of the calls involving the mentally ill. The department receives other calls that require the skills of a social counselor or a representative from health services. The external environment is an important piece in providing the necessary service to meet the needs of the mentally ill.

Stockton is the largest city in San Joaquin County. The city is also the home of San Joaquin County Mental Health. The majority of mental health patients who receive outpatient treatment live in the city. According to Marcella Galindo, a counselor for San Joaquin County Mental Health, 14,684 patients received treatment during 2001, as of

December 1, 2001. This was 7.3 percent higher than the previous year and 16 percent higher than 1999.²⁴

To complete an assessment of the department and what is needed to develop a strategic plan, a WOTS-UP model, which includes weaknesses, opportunities, threats, strengths. This process identifies if the department would have a positive impact on the problems related to mental health. This should be accomplished by including any weaknesses, strengths, threats, and opportunities that will affect the strategic plan.

Most of the threats and opportunities come from outside the organization, while the strengths and weaknesses are from within the organization. Some have been identified below:²⁵

Internal Weaknesses

- Lack of adequate training in critical intervention and psychological assessment when responding to calls involving the mentally ill.
- Obtaining financial support to establish a mental health response team.
- Stockton is a community with a diverse culture who speak a variety of languages, but lack officers who are able to speak the same languages fluently.
- Officers' knowledge of available resources in the community that address the needs of the mentally ill.

Internal Strengths

- The management of the department has a futuristic approach in looking for innovative ways to reduce the calls for service.

- The department has developed partnerships with mental health in solving other community problems.
- The department participates in a collaborative to share information on elder/mental health issues.
- The department has an excellent record in its transition to other programs designed to improve customer service.

External Threats

- State budgetary cutbacks to social programs.
- The ability of political leaders to share similar visions in helping the mentally ill.
- Commitment of state, county, and local organizations to fulfill staffing needs.
- Lack of safe affordable housing.
- Contributions to non-profits have slowed during the third quarter of 2001.
- City is currently redeveloping the downtown area, which has caused several low-rent housing units to close, reducing the number of units available to the mentally ill.

External Opportunities

- Law enforcement, mental health, and health services have started a collaborative called TriNet (three agencies working as a network) as an information sharing process in preventing elder/dependent abuse. The services of TriNet could be expanded to include issues related to the mentally ill.
- President Bush promising grants to assist the homeless population.

- Multi-agency collaboratives have worked positively in addressing other problems in the city.
- San Joaquin County Mental Health recently received a multi million-dollar grant to expand their services to their clients.

Stakeholder Identification

In the development of the transition, it is important to understand who the stakeholders are and what their involvement will be in the process. Some members will take on a leadership role, while others are just a resource in the planning of the transition. Stakeholders can include any individuals or groups that are impacted by the change. This impact may be positive or negative and can affect both internal and external components related to the issue.²⁶

Table 3.1 is a listing of the stakeholders and what part they play in serving the mentally ill. It also identifies their involvement, which ranges from simply being included in the process, recognition of their involvement, their relationship to information sharing, and if their leadership role is needed for the change to take place.

Table 3-1

Stakeholders and their Involvement

STAKEHOLDER	INCLUSION	RECOGNITION	INFORMATION	LEADERSHIP
California Department of Mental Health		X	X	
San Joaquin Board of Supervisors		X	X	
City Council		X	X	
City Manager		X	X	
Chief of Police	X	X	X	X
Police Management	X	X	X	X
Police Rank and File	X	X	X	X
Mental Health	X	X	X	X
St. Joseph's Behavioral Health	X	X	X	X
Neighborhood Action Groups	X	X	X	
Representatives of Ethnic Groups	X	X	X	X
Media	X	X	X	
Community	X	X	X	
Courts/Judges	X	X	X	X
Humans Service Agencies	X	X	X	X
District Attorney's Office	X	X	X	
Health Services	X	X	X	X
Non-profit organizations	X	X	X	
Housing Authority	X	X	X	X

Alternative Strategies

Leadership is an important component in the change process. The quality of leadership in viewing alternatives can influence the outcome of the change. Any one of the three scenarios depicted may occur. This depends on what strategy management employs.

The first strategy is the leadership of the organization to remain indifferent to the issue. The organization makes no changes in the present situation. Collaboration between law enforcement and social organizations become non-existent and the mentally ill suffer as a result.²⁷

The second strategy is management to be involved in the change, but not actively involved in the leadership of the change process. The organization develops a partnership with the other organizations. The negative impact is the leadership role falls on the shoulders of the collaborating organizations that may not understand the impact of the change related to law enforcement issues. The changes are made, and law enforcement is forced to abide by the changes.²⁸

The final strategy is the organization to accept the need for change and become actively involved in the leadership role in addressing the needs of the mentally ill. The members in the organization are more likely to accept the change and become involved in the change process. It becomes important to have a collaborative leadership from all of the organizations listed, as stakeholders need to ensure any concerns are understood during the change process.²⁹

Transition Management Plan

The simplest way to affect a change within an organization is to look at other similar programs involving the same stakeholders. First, leadership must convey to all employees the importance of changing direction from the current norm of handling mental health issues. The employees must understand the needs of the mentally ill and what resources are available to the employees to help deliver good service. Employees must know the importance of handling the calls properly the first time benefits the department and the community in the long run.

Second, leadership needs to identify the critical mass. It is important to identify the stakeholders who have influence and can help the organization make the transition. The stakeholders help promote the transformation and assist networking with other organizations. Department managers will share the responsibility in creating the change within their respective departments. Managers recognize this need for change, now that there is an urgent need to develop new methods of response to mental health issues. The leadership in law enforcement and mental health would take the lead. An endorsement from the political leaders is also essential to gain budgetary support.

Third, leadership must establish formal partnerships and agreements between the stakeholders. The City of Stockton already has a group in place, which has formed similar partnerships, to address the problems of the elderly and disabled. This leadership collaborative helped design a representation of Law Enforcement, Social Services, and Health Services to form a cooperative called TriNet. Their current focus is to increase communication and collaboration between the three groups in relation to elder abuse/dependent abuse. This concept could be expanded to include issues related to the

mentally ill. Ultimately they could include a team of social workers, health service workers, and members of law enforcement to respond immediately to resolve appropriate mental health client situations.

This concept has worked in its limited capacity with other departments, such as the Memphis Police Department in Tennessee, Florence Police Department in Alabama, and the Knoxville Police Department in Kentucky. These are reactive protocols established when officers are responding to critical situations.

Finally, the implementation method requires the leadership of the police department and social service organizations to move the stakeholders towards the desired state in serving the mentally ill. By brainstorming with the leadership of these organizations, each leader will have a better understanding of the role the other organizations serve in serving the mentally. It establishes a forum where problems can be discussed and who is responsible for solving those problems. Goals can be set and an analysis process can be established listing measurement tools that allow the committee to see successes and failures.

Assessment of the program should be on a continuing basis. This will allow the stakeholders to have a continuing look at the program to see if any adjustments are needed to make the program more effective. Completed goals and measurable objectives can be evaluated. This evaluation component should be completed quarterly, accompanied with a year-end report listing the accomplishments. The year-end report should include officers' responses to mental health calls for service to the pre- program period compared to after the program was initiated.

Recommendations

Once the transition management plan is in place, the following three-prong approach is recommended: 1) front line/first responder certified training program; 2) agreements and protocols of cooperation between law enforcement, mental health services, health services, and other social organizations to establish mutual assistance between agencies; and 3) the creation of a response component to a crisis scene by a MD/PHD Psychiatrist to assist the on-scene incident commanders. This should include incorporating resources that make translation services available for those who are unable to speak the English language.

Police officers should receive adequate training in recognizing, communicating and interacting with the mentally ill. This training for patrol officers will enhance the officers' ability as first responders to become liaisons to the formal mental health system. Officers should use the least intrusive and restrictive alternative whenever possible when a mentally ill person commits a misdemeanor. Officers should consider placement in a mental health facility pending the district attorney's review of the case. This is consistent with the recommendations of the American Bar Association.³⁰

The stakeholders must come to an agreement by continuing the goals of TriNet. Part of this should include agreements between the agencies in responding to the needs of the mentally ill. This should include transportation, hospitalization, housing, and developing policy as well as a memorandum of understanding between the stakeholders. This should include a political commitment between the elected officials of the local, county, and state agencies involved in the care of the mentally ill.

Law Enforcement, Mental Health, and Health Services should continue their collaboration and communication between the agencies in order to identify problems and develop solutions in services to the clients. This should assist in preventing duplication of services and locating funding sources to provide the necessary services. This may include sponsoring legislation similar to Kenda's Law. This was legislation passed in New York State, which established a new standard for court ordered treatment for outpatients who refuse to take their medication and follow treatment.³¹

The final component is the establishment of a response team. Most of the calls officers with critical intervention training respond to can be resolved in a relatively short time. In cases where the individual holds himself hostage with no other danger present, officers should work in a team concept with mental health, especially with a trained psychiatrist with 24-hour response capability. As part of this component, officers and social service workers should train in critical intervention together.

Mental health counselors, health services, and social service organizations that include non-profits can be incorporated into the police department's problem oriented policing programs to solve mental health related issues. The response to the issues will move from a reactive state to a proactive state by identifying the problems and developing solutions before they occur. As mentioned earlier, an important part of this component is the availability of a translator for non-English speaking patients.

Two potential barriers that may affect the program's development are the redirection of any funding away from mental health in order to meet the growing budgetary deficit. This deficit may affect any continuing future grants. Both the federal government and the State of California are experiencing a growing deficit in their

budgets. Social programs are usually the first to feel the crunch as money is moved away from their programs and into public safety.³²

Civil libertarians may oppose the change concerning the confinement of patients against their will for the purposes of treatment. To avert this opposition, they should be included as part of the change process. If they are educated at the beginning of the process and are included as a stakeholder, they will realize that confinement for the purposes of treatment is less intrusive than confinement in a jail cell with no treatment.

The change process has already started, as the community and the stakeholders recognize a sense of urgency in relation to the issues the elderly and disabled currently experience. The mentally ill have similar issues. A guiding coalition is already in place. TriNet is currently working together exchanging information with the same stakeholders. The vision and strategy of TriNET is to respond to the needs of the elderly and the disabled. These services could be expanded to include the mentally ill.

Finally, there is a need for an assessment of the program on a continuing basis. This will allow stakeholders to have a continuing look at the program to see if any adjustments are needed to make the program more effective. Completed goals and measurable objectives can be evaluated. This evaluation component should be completed quarterly, accompanied with a year-end report listing the accomplishments. The year-end report should include officers' responses to mental health calls for service from the pre-program period compared to after the program was initiated.³³

There will be a need to locate financial support to budget the program. The program could run in conjunction with the TriNet program, using some of their funding. The majority of the funding could be raised through federal and State of California

grants. Senate Democratic Leader Tom Daschle announced at the Families USA Health Action 2001 conference that President Bush is pledging 132 billion dollars to expand health coverage to the uninsured, which help the homeless, the majority of which have mental health issues.³⁴

Law enforcement personnel and those associated with social service organizations already recognize a need to work in partnerships to serve the needs of the mentally ill. The future of the mentally ill depends on better-trained first responders, working partnerships between law enforcement, mental health experts and social service organizations and the development of a response team involving members of these same organizations. Strategic Planning and Transition Management should commence as soon as possible so law enforcement and social service organizations will be prepared to meet the growing needs of the mentally ill by 2007.

SECTION IV

CONCLUSIONS

Project Summary

The intent of this project is to link law enforcement and social service organizations together to address the growing needs of the mentally ill by the year 2007. Since the passage of the Lanterman, Petris, Short Act, the treatment of the mentally ill has moved from confinement to the community. The problem is the community has grown increasingly concerned about having the mentally ill in their neighborhoods. A recent letter to the editor from a citizen noted that their once quiet neighborhood was now filled with the mentally ill loitering at all hours of the day and night. The police are weekly visitors.³⁵ The police are usually the first responders to calls generated by the mentally ill due to their twenty four hours a day availability. Officers have the ability to restrain the mentally ill and transport those who need to be involuntary restrained.

After reviewing the literature, interviews with people who treat the mentally ill and information compiled during the Nominal Group Technique, it was determined that the police may not be adequately prepared to take on the tasks of the infield evaluators of individuals with mental health problems. Officers receive minimal training to properly recognize the underlying mental health issue that causes a person to become erratic. The officers determine the subject is not a danger to the public or to themselves at that moment and leave. The officer fails to recognize the real issues such as lack of medication that causes a person to become irrational. The officer leaves with the issues unresolved only to be called a few hours later. Sometimes the officer may arrest the

subject for a minor criminal offense to avoid returning. The subject is booked into the jail and receives minimal treatment.

The idea of developing a Psychological Emergency Response Team would generate a working relationship between mental health, law enforcement, and health services. Specially trained officers will work and train with mental health workers and respond to calls involving a mental illness crisis. These teams will help avoid unnecessary incarceration and violent encounters. They help locate essential services in the community, arrange for transportation to clinics, locate affordable safe housing, and ensure follow-up contacts when necessary. These tools assure the public of an effective, human response to emergencies involving the mentally ill. Political leadership is needed to continually look at the Lanterman, Petris Short Act to see what new legislation is needed to enhance the process. Thirty years of experience since the implementation of the legislative changes produced needed corrections in the treatment process and stronger attention to oversight safeguards of the patients' civil rights. The goal is to have the least restrictive treatment for the mentally ill in the community, while protecting the community at the same time.

Unless a pill is invented by the year 2007 to eliminate all mental illness, medium size cities throughout the United States can expect a substantial increase in the demand for services with the increase in the number of people affected with some form of mental illness. This project has shown that the mentally ill have a higher incidence of suicide, victimization, violent behavior, homelessness, and early death. All of these issues are a concern to the economy of any medium size city. Responding to calls generated by the mentally ill taxes the resources of any police department. If law enforcement continues

to respond in the same manner, the future looks grim, as the costs will increase substantially by the year 2007.

This paper has illustrated the need to form partnerships with social service organizations to impact the services to the mentally ill. Whether it is law enforcement helping social workers identify suitable housing for their clients or psychologists working with trained officers as part of a Crisis Response Team, partnerships can help reduce the likelihood of a mentally ill person ending up in jail. In order for this to become a reality by the year 2007, there needs to be a commitment from the leadership representing the various stakeholders. This group has already made a commitment by developing the collaborative TriNET to serve the elderly and the disabled. This should be expanded to include the mentally ill. The impact of partnerships between law enforcement and social service organizations will have a direct effect on the entire community. Mental health patients will receive the necessary treatment to keep them living in the community with better housing and a safer environment. Police spend less time and fewer resources through improved training to address the needs of the mentally ill. Officers will have a better understanding of the available resources social service organizations can offer to help the mentally ill and the police and social service organizations will understand the roles both play in helping the mentally ill.

APPENDIX A

NGT PANEL MEMBERS

1. Captain Mike Ries, Stockton Police Captain in charge of Personnel and Training.
2. Mark McLaughlin, Stockton Field Training Officer.
3. Ed Figueroa, Director of St. Mary's Dining Hall.
4. Kim Suderman, Counselor for San Joaquin County Mental Health Agency.
5. Carolyn Pometta, Field Social Worker, San Joaquin County Mental Health Adult Services.
6. Jim Sondecker, Director of St. Joseph's Hospital Behavioral Health Division.
7. Joan Ramage Counselor for San Joaquin County Adult Protective Services.
8. Ellen Schwarzenberg, San Joaquin County Public Defenders Office.
9. Cecelia Casillas Director for Haven of Peace Women's Shelter.
10. Kay Corsun, Counselor for San Joaquin County Mental Health Senior Division.
11. John Calabrace, Assistant District Attorney for San Joaquin County District Attorneys' Office.
12. Debbie Gittere, Counselor for San Joaquin County Woman's Center.
13. Robin Petersen Counselor for San Joaquin County Woman's Center.

APPENDIX B

NGT TRENDS

1. Lows cost housing for mentally ill outpatients.
2. Medical holding facilities.
3. Multi-cultural access to mental health treatment.
4. Proper assessment for all subject with mental illness.
5. Population of adolescents declared to be 5150 W&I.
6. Cross training for counselors.
7. Number of mental health patients victimized.
8. Legislation to address serious crimes committed by juveniles with mental illness.
9. Public perception of the mentally ill.
10. Number of seniors with cognitive disorders.
11. Strictness in confidentiality of the mentally ill files.
12. Law enforcement ability to identify mental health patients.
13. Discrimination against people who are mentally ill.
14. Transitional treatment facilities for the mentally ill who are in custody and are transitioning to the community.
15. Public awareness of mental illness and related issues.
16. Police knowledge of available resources for the mentally ill.
17. Funding level for treatment decreasing.
18. Number of seniors with mental illness who are homeless.
19. Availability of detailed assessment for seniors who may be mentally ill.
20. Dual treatment for substance abuse and mental illness.
21. Self medication of mental illness with illegal drugs.

22. Level of law enforcement involvement with social services responding to mental health issues.
23. Collaboration with other agencies.
24. Availability of training for law enforcement & social service organizations regarding mental health issues.
25. Training of the mentally ill to integrate into the community.
26. Mental illness attributed to catastrophic events.
27. People with mental illness and medical issues.
28. Drug babies growing up with neurological disorders.
29. Medication costs.
30. Availability of qualified mental health professionals.
31. Mental health counselors caseloads.
32. Availability of health insurance coverage of mental illness.

APPENDIX C

NGT EVENTS

1. Mentally ill person killing a police officer.
2. Economic depression.
3. Termination of S.S.I. payments.
4. Government and private industry develop partnership to mass-produce affordable housing.
5. Legislation enacted to change patients confidentiality rules.
6. World War 3.
7. Mental illness doubles, as Baby Boomers become senior citizens.
8. Mental health funding shifted away to supplement public safety and anti terrorists issues.
9. Legislation passed to allow elderly affordable low cost housing without impacting current income.
10. Legislation for outpatient legal holds beyond seventy-two hours.
11. Change in the international borders allowing more immigration into the United States.
12. Inner cities restore all old apartment buildings for the mentally ill.
13. Large pay increases for mental health professionals.
14. Mental health patients rescue the President of the United States from disastrous event.
15. New illegal drug created that causes mental illness.
16. Legislation passed that businesses have 10 percent of workforce are mentally handicapped.
17. Staffing law enforcement and social service personnel in same building.
18. Development of a Psychological Emergency Response Team.
19. Illegal drug use doubles in the United States.

20. Famous person with mental illness dies as a result of traditional treatment.
21. Violent act is committed against someone who is mentally ill and nothing is done to the suspect.
22. Mentally ill person killing a social service worker.
23. Legislation for full mental health parity including substance abuse.
24. Public becomes fully aware that 50 percent of the homeless have mental health issues.
25. National movement by mental health advocates for better quality of life for mental health patients.
26. Tax reform across the board.
27. Legislation which restricted mental health patients from having children.
28. National advertising campaign which educates the public.
29. Reopening the state hospital systems.
30. Legislation that expands the criterion of 5150 W&I.
31. National health care system established.
32. Medication invented that eliminates mental illness.
33. Mentally ill juvenile shoots up a school.
34. Significant event exposes a breakdown in the mental health system.

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