MENTAL EVALUATION TEAM
(MET) Project

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PROJECT ABSTRACT

SCANNING

Mental illness is a social problem that often times falls upon law enforcement to resolve. Throughout the years, mental health related calls have been both difficult and time consuming for police. Police have become the first point of contact for the mentally ill. Even though today's patrol officer is better able to recognize mental illness than those of the past, this type of call continues to be complicated and time consuming. Police are primarily trained to investigate crime, not assess mental disorders. The patrol officer may not have time to fully evaluate an individual's psychiatric needs due to the constant demand of answering the public's calls for service. The inevitable result is that a certain number of people with mental illness may become unnecessarily incarcerated. Such an outcome not only increases the burden on overloaded courts and jails, but also, more importantly, does not address the individual's need for proper treatment.

ANALYSIS

In order to obtain a clear perspective on the situation and explore possible solutions, a collaborative effort, involving the Long Beach Police Department (LBPD) and the Los Angeles County's Department of Mental Health (DMH), was formed. This effort was developed to help identify and solve some of the mental health problems experienced by the City in order to improve the quality of life in Long Beach.

In order to analyze the problem, the Department reviewed the statistics patrol officers responded to on "calls for service" involving mentally ill subjects, the number of incarcerations of the mentally ill and the number of officers' hours spent in the field assisting these calls. Other methods of data collections were interviews with county hospitals, private hospitals and family members of the mentally ill, as well as community input.

RESPONSE

Through the combined efforts of the LBPD and the DMH, outside agencies and community members, MET was implemented in the Department's services. The unit was a strategy designed to provide a better service to the community and help assess the mentally ill by providing expert evaluation. The problem was also identified with past difficulty in not being able to identify mentally ill persons who later became serious offenders that were unnecessarily incarcerated.

The Department responded by placing two MET teams in the field answering calls for service for the mentally ill. This new service helped relieve other patrol officers who would be overburdened with calls from field units as well as the Communications Center.

ASSESSMENT

In a twelve-month period, an annual report was taken in order to evaluate the value of the MET program. During the first year of this program, there was a decrease in the number of unnecessary incarcerations and cost savings to the Department and the County. There are still mentally ill cases that are undetected and individuals still being incarcerated. However, occurrences have greatly diminished. For example, during the first year of the program, 506 officer hours were saved and $272,800 was saved to the County and its taxpayers.

The MET officers also expanded their roles by making themselves useful in other areas. Over the past year, the Department has been able to assist many different investigations and organizations such as the Alliance for the Mentally 111 (AMI), mental health clinicians and community outreach programs.

MENTAL EVALUATION TEAM (MET)

Introduction

In 1968, California began the national movement to de-institutionalize the mentally ill by making it more difficult to hospitalize them involuntarily. The expectation was that mentally ill persons not treated in state hospitals would be treated in more humane community settings. Unfortunately, the plan of advocates and policymakers was not successful and the mentally ill were often left to fend for themselves either on the streets or in the care of relatives. Placed in this situation, the poor judgement, lack of control and deteriorating living conditions of the mentally ill resulted in increased arrest rates. For example, after the 1972 closure of Agnews State Hospital in Santa Clara County, the County's jail population increased 300 percent.[1] In an eight-year study following the change in laws for placement of the mentally ill, the arrest rate of the mentally ill increased five-fold at county jails in California.[2]

With more mentally ill individuals being arrested and sent to prisons, there has been increasing pressure on law enforcement, the courts and corrections at both the state and local levels. In 1994, the California Department of Justice (DOJ) estimated 72,094 inmates in the state's county jails.[3] According to the state controller's office, the state's 58 counties spent $1.2 billion on their jails that year.[4]

[1] E. Fuller Toney, et al. "Criminalizing the Seriously Mentally 111," Joint Report of the National Alliance for the Mentally 111 & Public Citizen's Health Research Group, 1992, p.54.
[2] Crime and Delinquency in California, 1994 (Sacramento: California Department of Justice), p.167.
[3] Crime and Delinquency in California, 1994 (Sacramento: California Department of Justice), p.160

One national survey found that, on average, 7.2 percent of county jail inmates are seriously mentally ill. The same survey however also made state-by-state estimates of mentally ill jail populations. California had the fourth highest percentage, with 9.8 percent of county jail inmates estimated to be seriously mentally ill.[6] These estimates are conservative since non-health care workers, who do not recognize many mental illnesses that would be recognized by healthcare professionals, overwhelmingly answered the questionnaires (87 percent of all respondents).

The amount spent on county jails divided by the number of inmates gives a per capita expenditure of $16,600 per year. If one were to use the 7.2 percent figure to estimate the number of California county inmates with serious mental illness, the total number would be 5,190. If multiplied by the per capita cost, the total cost would be $86.5 million for mentally ill jail inmates in fiscal year 1993-94. Using California's estimate of 9.8 percent of mentally ill inmates would result in a figure of $118 million that year.

The mentally ill need special attention and require law enforcement resources in proportion to their arrest rate. Basing police costs on the arrest percentage of mentally ill would be extremely conservative. Not only are incarceration costs involved, but costs of officers' hours in the field must also be accounted for.

Problem

In 1991, there was collaborative effort between the Los Angeles Police Department (LAPD) and the Department of Mental Health (DMH) to intercept mentally ill or

[4] Financial Transactions Concerning Counties of California, Annual Report, 1993-94 Fiscal Year (Sacramento: State Controller's Office) p.7

[5] E. Fuller Torrey, et. al., "Criminalizing the Seriously Mentally 111," Joint Report of the National Alliance for the Mentally 111 & Public Citizen's Health Research Group, 1992, p.14

[6] Ibid.,p.15

developmental^ disabled citizens and divert them away from County funded jails and/or psychiatric hospitals. The purpose is to get the individual into the menta1iiea1th services-system and keep uniformed patrol personnel in their jurisdictions handling law enforcement needs.

In January 1992, the LAPD proposed the establishment of a unit to handle various mental health issues. They called this unit the Mental Evaluation Team (MET). Many services historically available to the mentally ill had been eliminated over the prior several years. The outlook at the time for funding mental health budgets was negative.

Law enforcement was caught between the need to preserve peace in the community, provide protection for people who are a danger to themselves, prevent loss of life when others are endangered and assist those who are unable to care for their own well being. Unfortunately, due to many constraints placed upon the Department of Mental Health by State and County budget cuts, law enforcement became the surrogate caretakers of the mentally ill. There were no other reasonable and appropriate alternatives at the time to care for these people. Each year, more citizen contacts were made with the mentally ill and many more cases were neglected due to lack of available mental health resources.

The City of Long Beach Police Department implemented the MET concept in November 1996. The synergy between law enforcement and the Department of Mental Health, brought forth a new, more effective way of handling incidents than either a black-and-white patrol unit or a Psychiatric Mobile Response Team can. A MET Unit consists of a police officer and a Los Angeles Department of Mental Health clinician. The clinician is a licensed psychiatric technician, registered nurse, licensed clinical psychologist or licensed clinical social worker. MET provides intervention referral or placement for the

mentally ill, allowing other officers to quickly return to their regular duties to reduce time spent escorting patients to hospitals or booking. The Uniform Crime Index codes call these service calls on the mentally ill, "5150's". Two MET officers are required to transport the patients. This allows other field officers relief from the responsibility. The Department wanted to improve the level of assessment and service of the mentally ill by providing expert evaluation. Police wanted to better evaluate potential danger and have more dispositions offered to the mentally ill. One of these options was to send the mentally ill to private hospitals rather than county hospitals due to increased costs of admitting a person to a publicly funded hospital.

Even with the protection afforded by the Lanterman-Petris-Short law (5150WIC), there still may be a number of mentally ill people placed on 72-hour holds, when another disposition would be far more appropriate. This law states each county mental health system is required to comply with specified reporting requirements developed by the Department of Mental Health. This is not because of tack of good will on the part of the officers, but because of lack of expertise and experience in mental health issues and referral options. In an escalating situation with the immediate potential for violence, an irritating person could be taken for an offensive person. The desire to remove an offender is strong. Unfortunately, there have been cases where unnecessary uses of force could have been avoided. Officers are trained to deal with criminal activities, not mentally ill persons. The responsibilities for handling certain situations police find intense are even more daunting to medical professionals.

Analysis

The purpose of MET was to improve the service and assessment of the mentally ill by providing expert evaluation. The problem was identified with past difficulty in not

identifying mentally ill persons who then later become serious offenders. For example, a person whcfcieliberatelyleft the gas otTin the apartmenrtTiat blew up, is a case where mental evaluation is needed. Or in a case where a person says God told him to urinate in the street also needs special attention. The county hospitals also had past difficulty in getting patients treated and evaluated due to lack of medical insurance. Often times, the patients who were admitted on 72-hour holds in the hospital were released back on the street to repeat the same offenses.

Some methods that were used to analyze the mentally ill population and the need for a MET team were statistics on "calls for service" received by the Department's dispatchers, the number of unnecessary incarcerations and the number of officers spent servicing the mentally ill in the field. Other methods of data collection were interviews with county hospitals, private hospitals and family members of the mentally ill, as well as community perception of the problem.

A major motivation to start MET was the responsibility that officers had of caring for the mentally ill. The officers felt such a responsibility was difficult and time-consuming. The police were not trained to evaluate mental disorders and wanted to provide a better service to the community. By providing a better service, officers felt they would allow more field time by diverting the "5150" calls to better dispositions and reduce costs in unnecessary incarcerations. Clients were also involved since they were not receiving proper treatment and care, thus becoming a threat to the community.

Some harms that resulted from the problem included some mentally ill individuals were committing suicide, a disruption of business for business owners, homelessness and family strife resonating throughout the community. Jail did not become the optimal

solution for these displaced individuals and the officers would unnecessarily arrest the mentally ill without recognizing a mental disorder. The patrol officers may not have had the time to fully assess an individual's needs due to constant demand of answering calls for service. An expedient incarceration became the only understandable outcome to the police even though the client's need for treatment was not addressed.

Analysis revealed to the police that there were growing public concerns to meet the hospitalization needs and the incarceration of mentally ill citizens. In 1991, the Los Angeles Board of Supervisors convened the Incarcerated Mentally Ill Task Force (IMTF). They found that there was a societal failure to meet the needs of the county's mentally ill population. The primary recommendation was to implement a pilot program comprised of a well-trained mental health and law enforcement expert with mobile capabilities.

LA County is one of the largest de facto psychiatric institutions in the nation. They have housed thousands of mentally ill persons, who were often convicted of misdemeanor crime everyday.

The analysis revealed the nature of the problem was prevalent and needed much reform. It realized the mentally ill were not being assisted in the best manner and needed appropriate resolution immediately to avoid unnecessary incarceration or hospitalization.

Response

There was a range of possibilities to deal with the mentally ill. One was to add additional coverage to the MET team. Another response was to contract with an outside agency for mental health intervention. However, the response time was too slow for an outside

agency to intervene. It would take hours at best; often the next day before the person would receive attention. Also, the Department could not find such a service as a primary responder that could also exercise law enforcement powers. That mix was essential for optimal screening of law enforcement who had to deal with mental health issues and helped prioritize which patient's needs were more urgent.

The Department responded to the needs of the mentally ill by implementing MET. The program was so successful the first year that the program was expanded. Instead of placing one team in the field, there are currently two, one for patrol watch III (1600-0200 hours), Wednesday through Saturday and another for patrol watch 111 (1600-0200 hours), Sunday through Wednesday. There was not enough support staff for simultaneous requests the Department received for assistance from field units as well as the Communications Center. With only one team before the second shift, Sunday through Wednesday was added, the Department could not respond to both calls. There was no coverage during officers' vacation time and sick absences with one team.

Expanding the MET unit meant more coverage, fewer unnecessary arrests, positive publicity for both the Police Department and the Department of Mental Health (DMH), better service to the community, a new opportunity for officers and tangible cost savings to the Department, City and taxpayers.

The Department intended to reduce beat officers' field time by allowing police patrol units to return to service sooner, prevent the duplication of mental health services, prevent unnecessary incarceration and/or hospitalization of mentally ill patients, provide alternate care in the least restrictive environment through a coordinated and

comprehensive system-wide approach, and to reduce costs involved with displacement of the mentally ill.

Some resources that were available to help solve the problem were the Long Beach Police Department's Field Support Division and the Los Angeles County DMH, who provided the clinical nurse and equipment.

Nothing specific was done to address the problem before implementation of the MET unit. Officers were not fully evaluating the mentally ill patients and were sometimes incarcerating them for a holding period or involuntarily hospitalizing them. A difficulty that was encountered during the response implementation was training the MET unit. Some officers in the field had a hard time with the concept of assisting the mentally ill. The police officers, the mental health workers and the mentally ill were involved in the response to the problem.

Assessment

Overall, implementation of the MET unit pleased the community. An annual report was taken in order to evaluate the value of the MET program. During the first year of this program, November 1, 1996 to October 31, 1997, there were 580 calls for service handled, with 248 calls resulting in transport of the mentally ill patients. Those calls handled by MET saved approximately:

- 506 officer hours, $11,782 hours of base pay, no overtime benefits ($23.29 hourly rate)
- 580 "calls for service", resulting in 248 transports to treatment facilities (private and County)
- $ 272,800 ($2200 per County admission) Approximately half of transports go to private facilities
- Incarceration Costs:$37,200 (Assuming a two-day incarceration @ $75/day[7])
- Savings to the County: $272,800 (Excluding incarceration costs)

Of these MET calls; half of these admissions were at private facilities rather than at county hospitals. Each time an officer transports a mentally ill patient to a hospital, the cost to the County, and ultimately the taxpayer, is $2,200 just for admission.[8] Since half of the admissions were routed away from County facilities, this saved the county hospital system $272,800. This figure does not include the actual hospital stay itself, which averages 14 days at $500-$1500 per day, or $7,000-$21,000 per treatment period.

The very fact that 248 hospitalizations occurred proves the circumstances of these incidents required taking the person into protective custody. If a general patrol unit had responded instead of MET, chances are greater the individual would have been jailed for their own protection or the safety of others. It currently costs the Department $75 per day to house a prisoner in the jail, excluding booking costs and non-routine medical costs which would incur with a mentally ill prisoner. This amount translates into savings of $37,200 per year calculating for only a two-day incarceration per prisoner.

To analyze the time patrol officers spent on psychiatric calls, the Department ran an ad-hoc search for 5150 and 5150V (psycho-violent) on scene dispatches for calendar year 1997. A total of 1,053 such dispatches were made out of 523,042 total calls received by

[7] Daily Jail Rate calculated from Fiscal Year 99/00 California Department of Corrections Fiscal Business Management Audit Unit
[8] Barry Perrou, County Mental Health Commissioner

our Communications Center. Assuming the 580 calls answered by MET were among these 1,053 dispatches, that leaves 473 "5150" or "5150V" dispatches unassisted by MET. This is a very conservative estimate since it is most likely a good portion of the calls were initially reported as domestic violence, batteries or disturbing the peace, etc.

Regarding the DMH costs for the clinician, the County pays for the clinician by billing Medi-Cal $4,000 per month. The County supports this program whole-heartedly, not only for the financial benefits, but also for the quality of service provided to clients.

Six months after the introduction of MET, 70 patrol officers were surveyed. Only, one negative comment was received. The other 69 officers said that they either had used the service or were satisfied with it or they would use MET if the opportunity presented itself.

There were a couple of problems in implementing the MET unit. The first problem is there currently are two MET units, with an overlap on Wednesday, from 1600-0200 hours. The MET unit still desires to have a day shift to be covered. Another problem is MET was trying to reduce turnover rates of mentally ill patients. Many patients were taken to County hospitals and taken back to the streets approximately four hours later due to lack of resources to care for them. If the patients had private insurance, treatment could have been received to help reduce this turnover. One officer, Clint Grimes, MA, who is part of the MET unit stated that there is about a "one in ten turnover rate".

The second year, METII was implemented and showed different results. METII was a welcome addition. An annual report was taken from November 1, 1997 to October 31, 1998. There were approximately 180 calls for service less than the first year the

program was in operation. This is attributable to five week training classes held at the Department's Academy. Approximately half of the hospitalizations were private, significantly increasing the amount of money saved by the county. The most significant event was the opportunity to expand the MET team to two units. An additional officer was added to METII unit as well. The costs that were approximately saved from the addition were:

- 404 Calls for Service, 277 transported to treatment facilities (private and County)
- Officer Dollars Saved: $11,344 ($28.08 hourly rate)
- County (Patients) Hospitalized: 189
- Privately (Patients) Hospitalized: 88 ($2200 per County admission per person admitted)
- Incarceration Costs: $41,550 (Assuming 277 County patients incarcerated for two days @ $75/day)
- Savings to the County: $193,600 (Excluding Incarceration Costs)

The MET Unit also takes pride in being able to expand its role by making itself useful in other areas. Over the past year, MET has been able to assist the Chief of Police's office and the Detective Division with various investigations. The MET Unit has been able to give many community presentations and has instructed recruits in the Academy. MET officers provided training for members of the Alliance for the Mentally Ill (AMI), county mental health officials, licensed therapists, and undergraduate and graduate students about the MET Unit and the mentally ill experience. MET officers have also taken accredited training classes, such as a Drug Recognition Expert course, which recognizes whether the person should be classified as a mentally ill case or under the influence of a controlled substance. This allows the officer to be more readily able to categorize psychosis due to mental disorder, drugs or both. The Department has also brought MET techniques and resources to the SWAT Negotiation Team and more recently have made themselves available to respond to critical incidents on an on-call basis.

There were other factors the MET Unit felt were just as equally important that at the time had no way of being quantified. Some questions that were poised were: "What did those officers do after the MET Unit relieved the service calls and went back into the field?" "How many more days did subjects stay in a private facility and get treatment rather than being released into the street by Harbor-UCLA?" "How many uses of force were prevented?" and finally, "How many lives were changed or improved by this service?" The MET Unit could have been more effective by adding more coverage to this service, perhaps more day shifts. There was not any concern about displacement of the patients since the MET Unit actually reduced displacement of the mentally ill in the community by helping to evaluate patients on the street and placing them more appropriately for help.

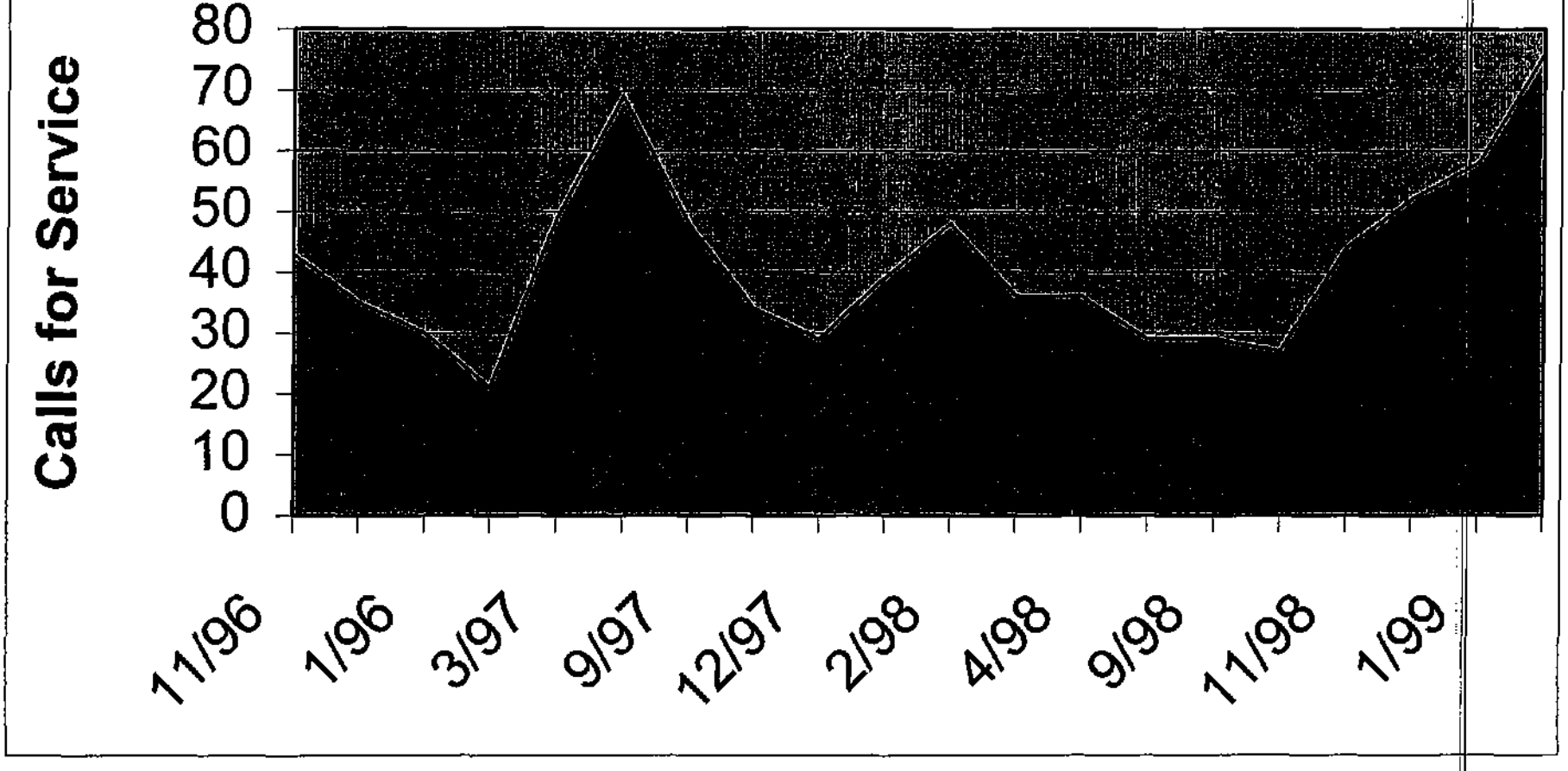
The MET Unit will continue to be evaluated for its effectiveness and value as well as the mentally ill population will be monitored. There are currently teams that will keep statistics on transports, admissions and arrests. The numbers will then be converted to dollar amounts on a quarterly basis to determine the financial effectiveness of expanding the program to include more shifts. Also, another evaluation technique for the program is to add a question to the yearly strategic plan's customer satisfaction survey directed to family members of the mentally ill who have benefited from the MET services.

In conclusion, MET has proven to be a service enhancement to the citizens of Long Beach. It has saved patrol officers' time in the field, facilitated admission of the mentally ill to private mental health facilities when possible instead of County placement and helped prevent the unnecessary incarceration by seeking medical treatment instead. MET's goals were accomplished which were to prevent unnecessary incarceration/hospitalization of mentally ill individuals, provide alternate care in the least

restrictive environment through a coordinated, comprehensive system wide approach, prevent duplication of mental health services and allow patrol units to return to service sooner.

SUPPORTING DOCUMENTS

Long Beach Mental Evaluation Team
Monthly Statistics



Comparison of Officer Hours Saved
Fiscal Years 1996-98