



# COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



February 28, 2023

TO: Supervisor Janice Hahn, Chair  
Supervisor Hilda L. Solis  
Supervisor Holly J. Mitchell  
Supervisor Lindsey P. Horvath  
Supervisor Kathryn Barger

FROM: Adolfo Gonzales, Chief Probation Officer *Karen Altman for A.G.*  
Chair, Public Safety Realignment Team

SUBJECT: **Public Safety Realignment Implementation – February 2023 Update**

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## **Introduction**

The Public Safety Realignment Team (PSRT) was established by the Board of Supervisors to coordinate the County's implementation of Public Safety Realignment (AB 109) and advise the Board on AB 109-related matters. Chaired by the Chief Probation Officer and comprised of multiple agencies and stakeholders, PSRT provides regular updates to your Board on focus areas and key activities of the committee.

This update covers three of PSRT's primary areas of focus since the October 2022 report to your Board:

- the preparation and submission of the annual Community Corrections Partnership (CCP) Survey response to the Board of State and Community Corrections (BSCC);
- the development of AB 109 funding recommendations for referral to the Chief Executive Office (CEO); and
- the preparation and submission of the 2023 CCP Plan update for your Board's approval.

## **February 2023 Update – Community Corrections Partnership Survey Response**

Each year, the BSCC conducts a survey of counties' CCPs. The survey response prepared by PSRT provides a comprehensive summary of realignment implementation; identifies key issues in the areas of supervision, custody, and rehabilitative/treatment services; and provides system-wide goals developed by the PSRT for the current fiscal year. The attached CCP survey response was submitted to the BSCC in December 2022 (Attachment A).

## **Funding Recommendations**

The budgeting of the County's AB 109 revenue is informed by the PSRT, county departments, Board priorities, legal mandates, and available funding levels, with the Chief Executive Office (CEO) making final budget recommendations to the Board during the supplemental budget cycle.

In 2022, PSRT submitted three funding recommendations to the CEO for consideration in the supplemental budget process. The recommendations were included in the CEO's prepared supplemental budget and were approved by your Board.

In addition, the supplemental budget included an additional \$43 million of Community Corrections Subaccount one-time funding to be programmed in a manner consistent with AB 109 budgeting principles, with recommendations provided by PSRT. PSRT members have developed a package of funding proposals that are currently being reviewed and approved by the committee. PSRT's final set of recommendations will be provided to the CEO by the end of February.

### **2023 Community Corrections Partnership Plan**

Finally, the PSRT is requesting that the Board of Supervisors formally approve the attached 2023 CCP Plan (Attachment B). The structure of this plan is consistent with the 2022 plan update approved by your Board last year. The plan packages previous components approved by your Board with 2023 goals that were approved by the PSRT at its October meeting.

The 2023 CCP Plan includes:

1. CCP Plan approved by the PSRT in June 2021 and approved by the Board of Supervisors in August 2021. This remains the core, guiding framework for AB 109 implementation.
2. FY 2022-2023 AB 109 Budget approved by the Board of Supervisors on October 4, 2022.
3. FY 2022-2023 Goals, Objectives, and Outcome Measures developed by the PSRT and submitted to the BSCC in December 2022.
4. List of PSRT Members and Designated Alternates.

### **Conclusion**

The PSRT continues to meet regularly to review public safety realignment implementation in the County of Los Angeles and follow through with the direction provided from this Board. In addition, regular updates to your Board and the state will continue to inform on the progress of public safety realignment in this County.

If you have any questions about this update or need additional information, please contact me or Howard Wong, Deputy Director, Adult Services at (562) 334-4221.

Attachments  
AG:KLF:HW:cm

c: Fesia Davenport, Chief Executive Officer  
Celia Zavala, Executive Officer, Board of Supervisors  
Dawyn R. Harrison, Interim County Counsel  
Mark Delgado, CCJCC

**ATTACHMENT A:**  
**FY 2022-2023 CCP Survey**  
**Response to BSCC**

# FY 2022-23 Community Corrections Partnership Survey

## PART A

Part A of the Fiscal Year (FY) 2022-23 Community Corrections Partnership (CCP) Survey collects information about CCP Membership and implementation of the county's CCP plan. For detailed guidance on how to complete Part A of the CCP Survey, please refer to the [FY 2022-23 CCP Survey Data Reporting Guide](#).

Part A is divided into five (5) sections:

- Section 1: Respondent Information
- Section 2: CCP Membership
- Section 3: Goals, Objectives, and Outcome Measures
- Section 4: Types of Programming and Services
- Section 5: Optional Questions

When applicable, use **person-first language** and terminology that eliminates potential generalizations, assumptions, and stereotypes.

Responses to the CCP Survey shall represent the collective views of the CCP and not a single agency or individual.

### SECTION 1: RESPONDENT INFORMATION

Section 1 asks questions related to the county for which survey responses are provided, the individual who is completing the survey, and who BSCC may contact for follow-up questions. There are three (3) questions in this section.

1. Please identify the county name for which this survey is being submitted: Los Angeles
2. Provide the contact information for the individual completing this survey in the spaces provided to the right of the list.

Survey Respondent Contact Information	
Name:	Chief Probation Officer Adolfo Gonzales (Chair)
Organization:	Probation Department
Email Address:	adolfo.gonzales@probation.lacounty.gov
Phone Number:	562-940-2501

3. Identify the individual who may be contacted for follow up questions. Check the appropriate box to the left of the list.

- Same as above  
 Other (If "Other" is selected, provide contact information below)

Survey Follow-up Contact Information	
Name:	Mark Delgado

Organization:	Countywide Criminal Justice Coordination Committee (CCJCC)
Email Address:	mdelgado@ccjcc.lacounty.gov
Phone Number:	213-974-8399

## SECTION 2: CCP MEMBERSHIP

Section 2 asks questions related to the CCP composition and meeting frequency. There are four (4) questions in this section.

4. CCP membership roles: Provide the name and organization of each individual fulfilling a membership role as of October 1, 2022 in the spaces to the right of each membership role.
- If a public membership role does not exist in the county, respond by indicating “not applicable.” This should only be used if the county does not have the specific position listed.
  - If a position exists in the county but the membership role is not filled in the CCP, respond by indicating “vacant.”
  - For county positions, one person may fill multiple roles.

Role	Name	Organization
Chief Probation Officer	Adolfo Gonzales	County Probation Dept.
Presiding Judge of the Superior Court or designee	Sam Ohta, Supervising Judge of Criminal Division	Superior Court of California
County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors	Fesia Davenport	County Chief Executive Office
District Attorney	George Gascón	County District Attorney Office
Public Defender	Ricardo Garcia / Erika Anzoategui	Public Defender's Office / Alternate Public Defender's Office
Sheriff	Alex Villanueva	County Sheriff's Dept.
Chief of Police	Michel Moore / Eugene Harris	Los Angeles Police Department / County Police Chiefs Association
Head of the County Department of Social Services	Dr. Jackie Contreras	Department of Public Social Services
Head of the County Department of Mental Health	Dr. Lisa Wong	Department of Mental Health
Head of the County Department of Employment	Kelly LoBianco	Department of Economic Opportunity
Head of the County Alcohol and Substance Abuse Programs	Dr. Gary Tsai	Department of Public Health, Substance

		Abuse Prevention and Control
Head of the County Office of Education	Dr. Debra Duardo	County Office of Education
A representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense	Troy Vaughn	Los Angeles Regional Reentry Partnership
An individual who represents the interests of victims	<p>Itzel Citlali Bonilla</p> <hr/> <p>*NOTE: The Los Angeles County CCP has additional members to those listed above:</p> <p>Dr. Christina Ghaly</p> <p>Dr. Clemens Hong</p> <p>Dr. D'Artagnan Scorza</p> <p>Judge Songhai Armstead (Ret.)</p> <p>Ivette Alé</p> <p>Dr. Bikila Ochoa</p> <p>Marisa Arrona</p>	<p>Healing Dialogue and Action</p> <p>Director, Department of Health Services</p> <p>Director, Office of Diversion and Reentry</p> <p>Executive Director, Anti-Racism, Diversity, and Inclusion Initiative</p> <p>Executive Director, Justice, Care, and Opportunities Department</p> <p>Board of Supervisors Appointees:</p> <p>First Supervisorial District Appointee</p> <p>Second Supervisorial District Appointee</p> <p>Third Supervisorial District Appointee</p>

	Jose Osuna	Fourth Supervisorial District Appointee
	Josh McCurry	Fifth Supervisorial District Appointee

5. How often does the CCP meet? Check the appropriate box to the left of the list. Select the **one/single** option that best describes the CCP's **regular** meeting schedule.

- Bi-weekly (every other week)
- Monthly
- Bi-monthly (every other month)
- Quarterly
- Semi-annually
- Annually
- Other (please specify below)

6. How often does the Executive Committee of the CCP meet? Check the appropriate box to the left of the list. Select the **one/single** option that best describes the Executive Committee's **regular** meeting schedule.

- Bi-weekly (every other week)
- Monthly
- Bi-monthly (every other month)
- Quarterly
- Semi-annually
- Annually
- Other (please specify below)

7. Does the CCP have subcommittees or working groups? Check the appropriate box to the left of the list.

- Yes
- No

If "Yes," list the subcommittees and/or working groups and their purpose.

	<b>Subcommittee/Working Group</b>	<b>Purpose:</b>
1.	Ad Hoc Work Group on Custody and Reentry	Created in 2021 for the purpose of addressing Penal Code Section 1170(h) custody and reentry processes
2.	Ad Hoc Work Group on Post Release Community Supervision (PRCS)	Created in 2021 for the purpose of addressing supervision and treatment services for the PRCS population

3.	Ad Hoc Work Group on PRCS and Parole Revocation	Created in 2021 for the purpose of refining revocation processes and linkages to services
4.	Ad Hoc Work Group on Diversion and Alternatives To Incarceration (ATI)	Created in 2021 for the purpose of enhancing diversion and ATI options
5.	Ad Hoc Funding Work Group	Created in 2021 to consider funding proposals that may be recommended for consideration by the Chief Executive Office.
	6. Ad Hoc Evaluation Work Group	Created in 2022 to assist with the development of a framework for evaluating AB 109 funded programs, in accordance with a motion from the Board of Supervisors.



### SECTION 3: GOALS, OBJECTIVES, AND OUTCOME MEASURES

Section 3 asks questions related to the CCP’s goals, objectives, and outcome measures. Please refer to the [CCP Survey Data Reporting Guide](#) for detailed information about goal and objective statements, and outcome measures.

#### Updated Information on FY 2021-22 Goals, Objectives, and Outcome Measures

Questions 8, 9, and 10, asks the CCP to provide *updated* progress information about the goals, objectives, and outcome measures previously reported for FY 2021-22 in the 2021-22 CCP Survey. To view responses provided in the 2021-22 survey, [click here](#).

For each question, provide the goals, objectives, and outcome measures as reported in the FY 2021-22 survey. The progress information (last two rows of each table) should be updated to reflect the progress achieved over the full fiscal year.

8. Describe a goal and the associated objectives as reported in the FY 2021-22 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2021-22. If no goal, objective, or outcome measure was identified in FY 2021-22 respond by indicating “Not Applicable.”

<b>Goal</b>	Deliver high-quality workforce services/training to individuals in custody with linkage to continued workforce services upon release
<b>Part of FY 21-22 CCP plan?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	1. Provide in-custody basic career readiness training to 100 individuals per year. Basic career readiness training - overseen by Workforce Development, Aging, and Community Services with partnering agencies - is a six-week training program that includes work etiquette, resume preparation and interview skills
Objective:	2. Provide in-custody case management to all participants
Objective:	3. Provide in-custody industry specific training to at least 25% of basic career readiness training graduates  Objective 4: Provide post-release workforce placement and retention services to all released participants
Outcome Measure:	Number of participants that complete the basic career readiness training
Outcome Measure:	Number of participants that complete the industry specific training linked with workforce services post release
Outcome Measure:	Number of participants employed at 3, 6, and 12 months after release from custody

<p>Briefly describe progress toward goal:</p>	<p>Century Regional Detention Facility Career Center Pilot Program:</p> <p>Pre-Release Outcomes for Fiscal Year 2021-2022:</p> <ul style="list-style-type: none"> <li>- 75 women attended orientation</li> <li>- 72 women were fully enrolled in the program</li> <li>- 72 women received case management while in-custody</li> <li>- 62 women graduated from the career readiness portion (Tier 1) – 86% graduation rate</li> <li>- 10 women enrolled in the Tier 2 in-custody training</li> <li>- 41 women were released from jail as of June 30, 2022, and outreach was attempted for all</li> </ul> <p>Post-Release Outcomes for Fiscal Year 2021-2022:</p> <ul style="list-style-type: none"> <li>- 16 women engaged in transitional employment with The Center for Employment Opportunities (CEO), which provides trauma-informed, gender-responsive pre-release and post-release workforce development services, in partnership with A New Way of Life (ANWOL), to women incarcerated at the Century Regional Detention Facility.</li> <li>- 26 women received a total of over \$77,000 in stipends from CEO</li> <li>- 11 women were placed in permanent employment (some pending verification via pay stub).</li> <li>- 3 women were placed in a vocational or educational program</li> <li>- 25 women engaged with or have been housed with ANWOL</li> <li>- 12 women were successfully referred to another program for housing</li> </ul> <p>From February 2021 (start of the pilot) to July 2022:</p> <ul style="list-style-type: none"> <li>- 145 women have attended orientation</li> <li>-- Of the 145, enrollment information for 4 participants was not recorded due to being released or removed from the module</li> <li>- 141 women have fully enrolled in the program</li> <li>- All women received case management while in-custody</li> <li>- 82 women have graduated from the career readiness portion (Tier 1) - 69% graduation rate</li> </ul>
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	<ul style="list-style-type: none"> <li>- 35 women have enrolled in the Tier 2 in-custody training</li> <li>-- 22 women enrolled in the Tier 2 construction training while in custody and 21 graduated (95% graduation rate)</li> <li>-- 13 women enrolled in the Tier 2 in-custody technology training and 8 graduated (62% graduation rate)</li> <li>- 72 women (52% of total enrolled) have been released from jail as of 8/1/22 and outreach was attempted for all Post-Release Outcomes</li> <li>-- 19 have engaged in transitional employment with CEO</li> <li>-- 43 have received a total of over \$89,000 in stipends from CEO</li> <li>-- 14 are placed in permanent employment (though some pending pay stub)</li> <li>--- 2 are working as full-time staff at CEO</li> <li>--- 7 were placed in a vocational or educational program</li> <li>-- 20 women have engaged with or been housed with ANWOL</li> <li>--- 4 are currently housed with ANWOL</li> <li>--- 10 were successfully referred to another program</li> </ul>
<p>Rated progress toward the goal:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No progress</li> <li><input checked="" type="checkbox"/> Partially achieved</li> <li><input type="checkbox"/> Fully achieved</li> </ul>

9. Describe a goal and the associated objectives as reported in the FY 2021-22 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2021-22. If no goal, objective, or outcome measure was identified in FY 2021-22, respond by indicating "Not Applicable."

<b>Goal</b>	Enhance the County's Post Release Community Supervision (PRCS) pre-release processes to facilitate case planning, linkages to services, and reentry
<b>Part of FY 21-22 CCP plan?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	1. Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Objective:	2. Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody on revocation matters in order to facilitate a seamless connection to community-based services upon release
Objective:	3. Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative  Objective 4: Develop options for providing transportation of PSPs to treatment providers directly from jail or court
Outcome Measure:	The number of PRVC contacts with individuals being released to Los Angeles County on PRCS in order to support pre-release planning efforts
Outcome Measure:	The number of clients contacted through jail in-reach efforts and the number of clients successfully linked
Outcome Measure:	The establishment of agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites
Briefly describe progress toward goal:	The Probation Department has continued to use pre-release video conferencing to contact individuals in state prison who will be released on post-release community supervision in order to conduct prerelease planning activities with them. Between July 2020 and June 2022, Probation completed 423 PRVCs. This includes 356 conducted from the County's Pre-Release Center (PRC) and 67 from the Department's supervision offices.  Staff from the Department of Mental Health (DMH) also continue to participate in all PRVCs together with Probation.

	<p>The Probation Department has made substantial progress in its goal to fully implement pre-release video conferencing. In April 2022, Probation issued a PRVC policy and updated its Intake/Orientation policy to guide staff in the facilitation of video conferences and conducting the intake/ orientation once the PSP is released from prison. In June and July 2022, the Department conducted training on the newly issued policies. As of July 30, 2022, 81% of mandated staff have completed the required PRVC policy training. Another session has been scheduled for September 2022.</p> <p>Effective July 2022, PRC staff are screening cases to determine which can be assigned to supervision offices to schedule the PRVC meeting. However, a barrier to the full implementation of PRVC has been identified in that not all supervision offices have the necessary equipment to upload the completed intake/orientation documentation to the Department's document management system, as this was a function previously limited the HUB locations. Probation Operations will be working with its Information Technology unit to remedy the situation.</p> <p>DMH has continued to work on expanding jail in-reach efforts. Four out of the nine AB 109 contracted AB 109 providers reported staff who were able to obtain jail clearance during FY 2021-2022 and conduct jail in-reach. Furthermore, during this period, 959 AB 109 clients were successfully linked to appropriate levels of care.</p> <p>Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) does not manage any jail-in reach projects; however, Client Engagement and Navigation Services (CENS) provided substance use disorder screenings to 471 AB 109 incarcerated clients at the Central Arraignment Courthouse in FY 2021-2022. Of these, 466 clients were referred or recommended to substance use disorder treatment.</p> <p>As the objectives are ongoing, Departments continue to develop plans and strategies for meeting all of the objectives identified in this Goal.</p>
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Rated progress toward the goal:	<input type="checkbox"/> No progress <input checked="" type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved
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10. Describe a goal and the associated objectives as reported in the FY 2021-22 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full fiscal year. If no goal, objective, or outcome measure was identified in FY 2021-22, respond by indicating "Not Applicable."

<b>Goal</b>	Reduce the mental health population in the County jail system
<b>Part of FY 21-22 CCP plan?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	1. Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Objective:	2. Increase the number of behavioral health assessment providers in custody and at court locations in order to identify individuals with mental health/co-occurring disorders eligible for placement in community treatment
Objective:	3. Implement the County's Alternative Crisis Response (ACR) system and expand the number of Psychiatric Mobile Response Teams (PMRTs)
	Objective 4: Enhance the continuum of community-based services available so that individuals diverted from custody can be stepped down to high quality care at the appropriate level of service, as needs present
Outcome Measure:	1. The number of individuals supported in the ODR housing program
Outcome Measure:	2. The number of behavioral health assessment providers available for in custody assessments and the number of individuals being released from jail with behavioral health treatment needs that are placed with mental health and substance use disorder treatment providers
Outcome Measure:	3. Status of the ACR program launch and volume of calls served
	Outcome Measure 4: The number of PMRT teams deployed and the number of call responses

<p>Briefly describe progress toward goal:</p>	<p>ODR Housing: ODR housing is capped at 2,200 clients. Demand is high, so the program always stays at or very close to that number. There is not much turnover as this is a permanent supportive housing program. 100% of the individuals in ODR housing have mental health disorders.</p> <p>Behavioral Health: The Department of Mental Health (DMH) and the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) have partnered to increase the number of Co-Occurring Integrated Care Network (COIN) providers available. COIN is designed to address the needs of adult AB 109 PSPs who have a co-occurring chronic substance use disorder (SUD) and severe and persistent mental illness.</p> <p>Coordination and informational meetings have been scheduled between DMH and DPH-SAPC with the continued goal of expansion, assuming additional funding allocation.</p> <p>In FY 2021-22, 87 people were screened through the COIN program. According to treatment provider data, 79 COIN clients admitted to residential substance use disorder services during the fiscal year.</p> <p>In June 2022, the COIN treatment provider network increased from four facilities to five.</p> <p>In addition, DPH-SAPC's SUD Treatment network includes 57 sites that are identified as serving both justice-involved and those with co-occurring mental health disorders.</p> <p>In Fiscal year 2021-2022, there were 1,060 referrals to mental health treatment from jail and 864 referrals for co-occurring disorders treatment from jail.</p> <p>100% of individuals referred to DMH for mental health services during FY 2021-22 were triaged, assessed, and linked to the appropriate level of community care.</p> <p>During FY 2021-22, there were 1,559 AB 109 individuals served by DPH-SAPC's network of providers who reported mental health issues.</p>
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	<p>Alternative Crisis Response (ACR): DMH stood up an ACR unit to temporarily sit within DMH to provide operations, define activities, execution oversight, and direction necessary in accordance with key ACR goals and objectives.</p> <p>DMH has identified a core team dedicated to:</p> <ul style="list-style-type: none"> <li>- Overseeing the network of ACR services and providers in the County and relevant funds, including the County's 9-8-8 crisis call center, Mobile Crisis Outreach Teams, crisis receiving facilities, and supporting ACR-specific infrastructure.</li> <li>- Ensuring crisis response services and systems are coordinated and comprehensive throughout the County.</li> <li>- Advocate, in coordination with other subject matter experts (SMEs), at the Local and State level when gaps in the crisis response system are identified both clinically and administratively.</li> </ul> <p>A new contract for a 988 Call Center was signed on 7/15/22 and services began on 7/16/22.</p> <p>In August 2022, 5,296 calls, texts, and chats were received.</p> <p>A new contract with a vendor was executed on 9/13/22 for new Mobile Crisis Outreach Teams (MCOT).</p> <p>Psychiatric Mobile Response Team (PMRT): DMH added 12 community health workers to expand the PMRT teams.</p> <p>The County has 33 PMRTs in operation. There were 1,161 PMRT dispatches in the month of August 2022.</p> <p>As the objectives are ongoing, Departments continue to develop plans and strategies for meeting all of the objectives identified in this Goal.</p>
Rated progress toward the goal:	<input type="checkbox"/> No progress <input checked="" type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

**Information on FY 2022-23 Goals, Objectives, and Outcome Measures**



11. For FY 2022-23, will the CCP use the same goals, objectives, and outcome measures identified above from FY 2021-22? Check the appropriate box to the left of the list.

- Yes. (Skip to Section 4)
- No. The CCP will add and/or modify goals, objectives, and outcome measures (Continue with section below)

Questions 12, 13, and 14, the CCP is asked to describe a goal and its associated objectives and outcomes for FY 2022-23. For the goal, also provide information about the current progress toward the stated goal. As survey responses are due mid-year, progress information for these goals over the full fiscal year will be requested as part of the FY 2023-24 CCP Survey.

12. Describe a goal for FY 2022-23 and one (1) or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2022-23, respond by indicating "Not Applicable."

<b>Goal</b>	Enhance the County’s Post Release Community Supervision (PRCS) and pre-release processes to facilitate case planning, linkages to services, and reentry
<b>Part of FY 22-23 CCP plan?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	1. Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Objective:	2. Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody in order to facilitate a seamless connection to community-based services upon release
Objective:	3. Develop options to optimize and increase the provision of transportation of PSPs to treatment providers directly from jail or court  Objective 4: Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Outcome Measure:	1. Increase the number of PRVC contacts with individuals being released to Los Angeles County on PRCS to include all AB109 partner agencies, as appropriate, in order to support pre-release planning efforts
Outcome Measure:	2. The number of clients contacted through jail in-reach efforts by probation and the number of clients successfully screened and linked to community-based

	<p>mental health and SUD services by DMH and DPH-SAPC</p>
<p>Outcome Measure:</p>	<p>3. Increasing agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites</p> <p>Outcome Measure 4: The number of inmates exiting custody with approved Medi-Cal</p>
<p>Briefly describe <i>current</i> progress toward goal:</p>	<p>PRVC: The Probation Department has continued to use pre-release video conferencing to contact individuals in state prison who will be released on post-release community supervision in order to conduct prerelease planning activities with them. A total of 164 PRVCs were completed from June through October 2022 (this includes 47 through the Pre-Release Center, including 19 with DMH present).</p> <p>Behavioral Health Treatment Services: A total of 826 individuals were contacted through jail in-reach efforts by Probation from June through October 2022.</p> <p>During the months of July 1, 2022 through November 30, 2022, DMH has continued to work on expanding jail in-reach efforts. Four additional (total of 8) of the nine AB 109 contracted legal entity mental health providers successfully obtained jail clearance.</p> <p>Furthermore, DMH successfully screened and linked 984 AB109 clients from the jails to community-based mental health services.</p> <p>DPH-SAPC does not manage any jail-in reach projects; however, between July 2022 and October 2022, CENS provided substance use disorder screenings to 243 AB-109 incarcerated clients at the Central Arraignment Courthouse. All 243 clients were referred or recommended to substance use disorder treatment.</p> <p>In addition to the Central Arraignment Courthouse, during this time period, CENS also provided substance use disorder screenings to an additional 68 AB-109 incarcerated clients.</p> <p>Transportation Services:</p>

	<p>In October, the County Board of Supervisors approved funding for ODR’s Reentry Intensive Case Management Services (RICMS) program to implement transportation services for AB 109 and other reentry clients.</p> <p>CalAIM: CalAIM will launch in all California Counties effective, January 1, 2023. As of this report, the Department of Public Social Services (DPSS) continues to work with the project partner County departments, the Los Angeles County Sheriff’s Department and Probation Department, to develop performance metrics.</p>
Rate the <i>current</i> progress toward the goal:	<input type="checkbox"/> Substantially slower than expected <input type="checkbox"/> Somewhat slower than expected <input checked="" type="checkbox"/> As expected <input type="checkbox"/> Faster than expected <input type="checkbox"/> Substantially faster than expected

13. Describe a goal for FY 2022-23 and one or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2022-23, respond by indicating “Not Applicable.”

<b>Goal</b>	Enhance the Correctional Health Services (CHS) intake screening process and expand access to treatment
<b>Part of FY 22-23 CCP plan?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	1. Ensure that within 24 hours of intake, each inmate is screened in the reception center by a registered nurse to identify urgent or emergent medical and mental health needs
Objective:	2. Ensure that each inmate in the reception center who is identified as having emergent or urgent mental health needs is evaluated by a Qualified Mental Health Professional (QMHP) as soon as possible but no more than four hours from the time of identification
Objective:	3. Create a process at intake to identify individuals who report an opiate use disorder
	Objective 4: Implement a program for patients with opiate use disorders to increase access to Medication Assisted Treatment (MAT) for inmates
Outcome Measure:	1. Average length of time from custody intake to screening by a registered nurse

Outcome Measure:	2. The percentage of inmates with an emergent or urgent mental health need who are evaluated within four hours of identification
Outcome Measure:	3. The number of justice-involved individuals who report opiate use disorder during intake  Outcome Measure 4: The percentage of eligible patients who are offered medication assisted treatment while in custody
Briefly describe <i>current</i> progress toward goal:	<p>CHS Intake Processing Time Data on average length of time between custody intake and medical mental health screening by an RN for 1 random week: July 3rd to 9th – Minimum 0:07, Maximum 11:46, Average 2:22, Median 1.58.</p> <p>Data on the percentage of inmates with an emergent or urgent mental health need who were evaluated within four hours of identification for 1 random week: July 3rd to 9th – 32 individuals, 56% compliance.</p> <p>Thus far in calendar year 2022 (January 1st through November 29th), there were 4,322 unique individuals that reported opiate use during medical and mental health intake screening conducted by an RN.</p> <p>As of November 2022, 771 individuals were being treated with Suboxone and 84 individuals had been enrolled in the Sublocade program. A total of 885 were receiving services.</p>
Rate the <i>current</i> progress toward the goal:	<input type="checkbox"/> Substantially slower than expected <input type="checkbox"/> Somewhat slower than expected <input checked="" type="checkbox"/> As expected <input type="checkbox"/> Faster than expected <input type="checkbox"/> Substantially faster than expected

14. Describe a goal for FY 2022-23 and one or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2022-23, respond by indicating "Not Applicable."

<b>Goal</b>	Reduce the mental health population in the County jail system
<b>Part of FY 22-23 CCP plan?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Objective:	1. Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Objective:	2. Continued implementation and operationalization of the County's Alternative Crisis Response (ACR) system and expand the number of mobile crisis response teams, including Mobile Crisis Outreach Teams (MCOT) and Psychiatric Mobile Response Teams (PMRTs)
Objective:	3. Expand the Psychiatric Social Worker (PSW) program to serve additional clients facing potential custody sentences  Objective 4: Enhance the continuum of community-based services available so that individuals touched by the justice system can access high quality care at the appropriate level of service
Outcome Measure:	1. The number of individuals supported in the ODR Housing Program, including the number of new clients served in FY 22-23
Outcome Measure:	2. Percentage of field response NOT requiring law enforcement involvement
Outcome Measure:	3. The number of MCOT/PMRT teams deployed  Outcome Measure 4: Number of individuals diverted from incarceration with the assistance of the PSW program  Outcome Measure 5: Onboarding and training individuals for the PSW program
Briefly describe <i>current</i> progress toward goal:	<p>ODR Housing: ODR Housing is currently capped at 2,200 clients. The program has served 170 new clients since July 1 2022. These are reinstated individuals to ODR Housing.</p> <p>ACR &amp; MCOT/PMRT: The percentage of field responses not requiring law enforcement involvement (defined as not referring to law enforcement or taken into police custody while on a PMRT/MCOT call) was 97% in September 2022 and 98% in October 2022.</p> <p>The number of MCOT/PMRT teams deployed was 1,274 in September 2022 and 1,221 in October 2022.</p> <p>PSW Program:</p>

	<p>In the first two years, 145 individuals have been diverted from incarceration with the assistance of the PSW program, and 24 individuals have been diverted from state prison in the first four months of FY 2022-23.</p> <p>In October, the County Board of Supervisors approved funding to increase the number of available PSWs in the Public Defender’s Office and Alternate Public Defender’s Office in order to expand the number of individuals eligible for assistance.</p>
<p>Rate the <i>current</i> progress toward the goal:</p>	<p><input type="checkbox"/> Substantially slower than expected</p> <p><input type="checkbox"/> Somewhat slower than expected</p> <p><input checked="" type="checkbox"/> As expected</p> <p><input type="checkbox"/> Faster than expected</p> <p><input type="checkbox"/> Substantially faster than expected</p>

**SECTION 4: TYPES OF PROGRAMMING AND SERVICES**

Section 4 asks questions about the types of programs and services provided during FY 2021-22. For each type of program or service provided, identify the agency(ies) that provide the program or service and at what stage(s) the program or service is provided (in-custody, supervision, other). Please refer to the [CCP Survey Data Reporting Guide](#) for the BSCC’s definition of each type of program and service listed and the stage(s) of program or service.

Program/Service	Provide	Providing Agency (check all that apply)	Stage(s) Provided (check all that apply)
<p><b>Mental Health/Behavioral Health</b> – Services designed to improve mental health.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Sheriff</p> <p><input type="checkbox"/> Probation</p> <p><input checked="" type="checkbox"/> Behavioral health</p> <p><input checked="" type="checkbox"/> Community-based organization</p> <p><input checked="" type="checkbox"/> Other, describe: &gt;Department of Health Services - Integrated Correctional Health Services</p>	<p><input checked="" type="checkbox"/> In-Custody</p> <p><input checked="" type="checkbox"/> Supervision</p> <p><input checked="" type="checkbox"/> Other, describe: &gt;Post-release</p>
<p><b>Substance Use</b> – services designed to assist with substance use.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Sheriff</p> <p><input type="checkbox"/> Probation</p> <p><input checked="" type="checkbox"/> Behavioral health</p> <p><input checked="" type="checkbox"/> Community-based organization</p> <p><input checked="" type="checkbox"/> Other, describe: &gt;Department of Health Services - Integrated</p>	<p><input checked="" type="checkbox"/> In-Custody</p> <p><input checked="" type="checkbox"/> Supervision</p> <p><input checked="" type="checkbox"/> Other, describe: &gt;Post-release</p>

Program/Service	Provide	Providing Agency (check all that apply)	Stage(s) Provided (check all that apply)
		Correctional Health Services	
<b>Housing</b> – services designed to assist with housing after release.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sheriff <input checked="" type="checkbox"/> Probation <input type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >Office of Diversion and Reentry (ODR)	<input type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input checked="" type="checkbox"/> Other, describe: >Post-release
<b>Employment</b> – services designed to provide clients with a job and/or to provide job training to improve chances of finding employment after release.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Sheriff <input checked="" type="checkbox"/> Probation <input type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >Department of Economic Opportunity (DEO) Department of Public Social Services (DPSS) Justice, Care, and Opportunities Department (JCOD)	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input checked="" type="checkbox"/> Other, describe: >Post-release
<b>Education</b> – focuses on academic achievement.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >Charter Schools, Local Adult Education	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input checked="" type="checkbox"/> Other, describe: >Post-release
<b>Family</b> – family-oriented education, service, and training.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input type="checkbox"/> Other, describe: >	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >
<b>Domestic Violence Prevention</b> – support and intervention	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe:	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input checked="" type="checkbox"/> Other, describe: >Post-release

Program/Service	Provide	Providing Agency (check all that apply)	Stage(s) Provided (check all that apply)
		>Department of Public Social Services (DPSS)	
<b>Physical Health</b> – services designed to improve clients’ physical well-being.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >Department of Health Services	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input checked="" type="checkbox"/> Other, describe: >Post-release
<b>Quality of Life</b> – Services that enhance the standard of happiness, comfort, and well-being of an individual to participate in life events (e.g., assistance in getting a driver’s license, opening a bank account, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Sheriff <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >JCOD	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input checked="" type="checkbox"/> Other, describe: >Post-release



## SECTION 5: OPTIONAL QUESTIONS

Section 5 asks optional questions about evaluation, data collection, programs and services, and local best practices. There are 9 questions in this section. Responses will be used by the BSCC and its justice-system partners to better understand the needs of counties. If the CCP chooses not to answer an optional question, please respond “Decline to Respond.”

- 15.** Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds.

>The County allocates realignment funds through the County’s established budget process that is overseen by the Chief Executive Office (CEO). The CCP does not allocate funding in Los Angeles County but helps to inform the CEO’s budget development process. Operational planning by the CCP, as well as review of departmental submitted budget requests, have been part of the process to support the budget development.

In 2021 and 2022, at the direction of the Board of Supervisors, the CCP also submitted AB 109 funding recommendations to the County CEO. An Ad Hoc Funding Work Group was created to review and provide suggestions for consideration by the CCP. This fiscal year, the Board of Supervisors approved three funding recommendations that the CCP had submitted to the CEO for consideration.

Ultimately, departments are funded to support operational functions under realignment and County priorities. In many cases, departments may contract with community-based organizations (CBOs) to provide programs and/or services.

- 16.** Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Check the appropriate box to the left of the list.

Yes  
 No

If yes, explain how.

>Los Angeles County is committed to ongoing outcome-measurement activities. The County assesses the effectiveness of programs and/or services funded with its Public Safety Realignment allocation through ongoing County department review. The County’s data infrastructure has also been enhanced to support data tracking and outcome measurement efforts.

In addition, the County launched a study series on realignment matters in 2020 and is continuing with that work.

On January 25, 2022, the Board of Supervisor approved a motion to advance AB 109 program evaluation work. The Board directed the Public Safety Realignment Team (PSRT), in coordination with the Countywide Criminal Justice Coordination Committee

(CCJCC), Chief Information Officer (CIO), and the Chief Executive Office (CEO), to develop a plan to evaluate county and community programs that receive AB 109 funding. The motion requested deliverables in two phases: (1) The development of a plan for evaluating AB 109-funded programs; and (2) the execution of the plan to conduct the analysis.

County stakeholders finalized the evaluation framework in April 2022 and an assessment of departmental data availability on programs to be evaluated was conducted.

As part of this process, the County launched a justice outcomes study – leveraging and updating prior county analysis in the justice arena, such as the 2020 Justice Metrics Framework Baseline Report and the 2020 Public Safety Realignment Evaluation Study. This analysis provides the following information:

- Justice outcomes for the Post-Release Community Supervision (PRCS) population and the AB 109 straight sentenced and split sentenced populations
- One-year outcomes for the 2011-2020 cohorts
- Three-year outcomes for the 2011-2018 cohorts

The justice outcomes study is providing a foundational baseline for subsequent components of the evaluation, as the County continues its series of studies consistent with the evaluation framework developed.

- 17.** Does the county consider evaluation results when funding programs and/or services? Check the appropriate box to the left of the list.

Yes  
 No

If yes, explain how.

>The effectiveness and results of programs and/or services – in addition to programmatic needs identified by departments – are considered when funds are allocated. Individual departments submit extensive justifications with any budget requests made to the Chief Executive’s Office during the AB 109 budget process and may separately report on specific programs and services. In addition, semi-annual reports on programs and services related to Public Safety Realignment are submitted to the Board of Supervisors.

- 18.** Does the county use [BSCC definitions](#) (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Check the yes or no box to the left of each BSCC Definition listed, as applicable.

Yes	No	BSCC Definition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Average daily population
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Conviction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Length of stay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recidivism

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment program completion rates
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19. What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)? Check the most appropriate box to the left of the list of percentages.

Percent for Evidence-Based Programming	
<input type="checkbox"/>	Less than 20%
<input type="checkbox"/>	21% 40%
<input type="checkbox"/>	41% 60%
<input type="checkbox"/>	61% 80%
<input checked="" type="checkbox"/>	81% or higher

20. We would like to better understand the county's capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services. What type and level of services are now available?

>The County provides a full range of mental health, substance use disorder, and behavioral treatment services, as well as employment and housing support. Services are provided through a concerted partnership between and among county departments, local agencies, and community provider organizations. The following provides an overview of such services, with particular focus on AB 109 operations.

#### MENTAL HEALTH TREATMENT SERVICES

The Department of Mental Health (DMH) continues to make available to Assembly Bill 109 (AB 109) clients a full continuum of services and supports as they reintegrate into their communities. This includes the following:

- Mental health assessments, triages, and linkages, both in-person as well as by telehealth. DMH AB 109 program staff continue to receive referrals from AB 109 probation officers throughout Los Angeles County.
- Linkage for clients referred from the AB 109 Revocation Courts, Department of Health Services Care Transitions Unit, Public Defender's Office, and the Probation Department.
- Intensive Outpatient Treatment Services provided by a network of DMH Legal Entity Providers.
- Residential Co-Occurring Integrated Network Services (COIN) at four locations in collaboration with the Department of Public Health – Substance Abuse Prevention and Control.
- Enriched Residential Services (ERS) at three locations.

#### SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES

The Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC) supports and oversees the provision of a full continuum of substance use disorder (SUD) treatment services available to youth, young adults, and adults enrolled

or eligible for Medi-Cal, My Health LA and/or participating in select County/State-funded programs (e.g., AB 109).

Although SUD treatment services are primarily funded through Drug Medi-Cal (DMC), secondary funding sources, such as AB 109 funding, cover certain SUD service costs or more expansive wraparound services that support the needs of the population. This includes SUD screening and referral, outreach and engagement, service navigation, Recovery Bridge Housing, and room and board for residential services.

SUD treatment services administered by the County of Los Angeles are developed and consistent with the American Society of Addiction Medicine (ASAM) criteria. The following types of SUD services are provided to residents of Los Angeles County, inclusive of justice involved populations:

- Outpatient Treatment – appropriate for patients who are stable with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions.
- Intensive Outpatient Treatment – appropriate for patients with minimal risk for acute intoxication/withdrawal potential, medical, and mental health conditions, but who need close monitoring and support several times a week in a clinic (non-residential and non-inpatient) setting.
- Low Intensity Residential (Clinically Managed) – appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.
- High Intensity Residential, Population Specific (Clinically Managed) – appropriate for patients with functional limitations that are primarily cognitive, who require a slower pace to treatment, and who are unable to fully participate in the social and therapeutic environment.
- High Intensity Residential, Non-population Specific (Clinically Managed) – appropriate for patients who have specific functional limitations. Also, for patients who need a safe and stable living environment in order to develop and/or demonstrate sufficient recovery skills for avoiding immediate relapse or continued use of substances.
- Opioid Treatment Program – appropriate for patients with an opioid use disorder that require methadone or other medication-assisted treatment.
- Ambulatory (Outpatient) Withdrawal Management – appropriate for patients with mild withdrawal who require either daily or less than daily supervision in an outpatient setting.
- Clinically Managed Residential Withdrawal Management – appropriate for patients with moderate withdrawal who need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery.
- Medically Monitored Inpatient Withdrawal Management – appropriate for patients with severe withdrawal that require 24-hour inpatient care and medical monitoring with nursing care and physician visits.
- Medically Managed Inpatient Withdrawal Management – appropriate for patients with severe withdrawal that require 24-hour nursing care and physician visits to modify withdrawal management regimen and manage medical instability.

- Recovery Services (RS) - designed to support recovery and prevent relapse. Individuals can receive RS based on self-assessment or provider assessment of relapse risk and may receive RS immediately after incarceration with a prior diagnosis of SUD. RS can be delivered as a standalone service, or as a service delivered as part of the levels of care.
- Care Coordination - provided to a client in conjunction with all levels of treatment and consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level.
- Recovery Bridge Housing (RBH) – a type of abstinence-based, peer supported housing for up to 180 days for individuals who are homeless or unstably housed and concurrently enrolled in outpatient, intensive outpatient, Opioid Treatment Program, or outpatient withdrawal management settings. Treatment services cannot be provided in RBH and the room and board RBH subsidy is not DMC reimbursable.
- At-Risk Services - At-Risk Services are aimed at providing intervention services to individuals who screen negative for SUD or positive for ASAM 0.5 Early Intervention level of care. Client Engagement and Navigation Services (CENS) staff will provide At-Risk Services to adults, aged 21 years and over, and may include individual and group early intervention sessions, educational workshops, collateral services, and ancillary or SUD treatment referrals. ASAM 0.5 services can also be provided for youth (ages 12-17 years) and young adults (ages 18-20 years).

#### CUSTODY-BASED TREATMENT AND REENTRY SERVICES

- In-Custody Mental Health Services

In-custody mental health programs are administered by the County of Los Angeles Department of Health Services (DHS) and provide care to men and women identified as having mental health needs while incarcerated in the Los Angeles County jails. Services are provided at four locations: The Twin Towers Correctional Facility (TTCF), Men's Central Jail (MCJ), Century Regional Detention Facility (CRDF), and North County Correctional Facilities (NCCF).

In-custody mental health has more than 300 jail-based staff members, including psychiatrists, psychologists, social workers, psychiatric nurses and technicians, service coordinators, case workers that function as group leaders and release planners, substance abuse counselors, recreation therapists, and support and administrative staff.

Staff funded by AB 109 are represented in every program, as are AB 109 clients.

Clients are provided individual and group treatment, crisis intervention, medication management, and discharge planning.

- Substance Treatment and Re-entry Transition (START) In-Custody Program

Substance Treatment and Re-entry Transition (START) is a collaborative program between the Department of Health Services – Integrated Correctional Health Services (DHS-ICHS) and the Sheriff’s Department to meet the varied substance use needs of inmates housed within the Los Angeles County jail system.

Built upon evidenced-based treatment models that are gender responsive and culturally competent, START addresses substance use, trauma, criminal thinking, and low to moderate mental health treatment needs. SUD services include screening, brief intervention, education classes, assessment, treatment, case management, care coordination with correctional health and mental health, re-entry planning, and linkage to community-based services. Medication Assisted Treatment (MAT) for incarcerated individuals with SUD’s are also made available.

The target population is comprised of inmates that meet clinical criteria for SUD. Jail-based SUD treatment services are provided to pre- and post-plea individuals, including PSPs (Post-release Supervised Persons) and Penal Code Section 1170 (h)-sentenced individuals (non-violent, non-serious, non-sex offending) who are Court-referred by probation officers, bench officers, or defense attorneys.

The START program has four objectives:

1. Provide SUD treatment that is evidenced-based, integrated, effective, high quality, measurable, and outcome driven
  2. Offer effective re-entry planning to ensure inmates are provided with the behavioral, social, and medical supports needed to sustain recovery
  3. Improve quality of life and improve overall health outcomes for the incarcerated population
  4. Reduce crime and recidivism
- Medication Assisted Treatment (MAT)

In addition to providing SUD treatment under the START program, Los Angeles County provides MAT to individuals with Opioid Use Disorder (OUD).

- Alternative to Custody START (START – Community) Program

The Sheriff’s Department and DPH-SAPC have partnered to implement the Alternative to Custody Substance Treatment And Re-entry Transition (ATC-START, or START-Community) program.

Launched in June 2015, the START - Community program provides community-based, supervised residential treatment services to non-violent, non-serious, and non-sexual (N3) justice-involved individuals who have 90 days left on their sentence and who volunteer to participate in an SUD treatment program while they serve out the remainder of their sentence in a residential treatment facility.

All clients participating in the START - Community program remain under the supervision of the Sheriff's Department using a Global Positioning System (GPS) electronic monitoring device worn for the duration of the client's ninety (90) day residential treatment. Upon completion of their jail sentence, participants have an option of continuing with additional treatment services, if deemed medically necessary.

- Jail Release Planning

Reentry planning is provided by the Care Transitions unit in DHS Correctional Health Services for individuals in Los Angeles County jails who are experiencing medical issues, mental illness, homelessness, SUDs, or other conditions. Approximately 16,800 participants were served across four programs in FY 2021-2022. Funding for these services has included County funds, AB 109 funds, Whole Person Care (State 1115 Medicaid Waiver), PATH (Providing Access and Transforming Health) funds, and local Measure H funds.

Services include psychosocial assessment, development of a reentry plan, Medi-Cal enrollment or reactivation, and linkages to interim housing, medical care, mental health services, SUD residential or outpatient treatment, job training and other services. Coordinated releases are also arranged with transportation to interim housing or treatment programs. In addition, many participants are linked to a Community Health Worker with lived experience of prior incarceration, to provide continued navigation and mentoring in the community. Planning is currently underway for alignment of services with state CalAIM requirements for the justice-involved population.

The Sheriff's Department is working to support DHS-ICHS' efforts to conduct clinically appropriate release planning for all inmates who are being released to the community and who have been identified as having a mental illness and needing mental health treatment, or as having a DSM-5 major neuro-cognitive disorder that caused them to be housed in the Correctional Treatment Center at any time during their current incarceration.

## OTHER SERVICES

- Care Coordination for Medically High-Risk AB 109 Probationers

A registered nurse and clinical social worker from DHS provide care coordination for AB 109 supervised persons with complex acute or chronic medical conditions. Co-located with the Probation Department, they offer pre-release planning for AB 109 supervised persons while they are still in CDCR custody as well as in the community post-release.

Supervised persons identified as medically high risk are assessed for their need for linkage to medical services or referral to specialized residential settings such as board and care homes or skilled nursing facilities. Post-release, identified clients are followed in the community to ensure that their medical needs are met, and to assist with care coordination for any new medical issues that arise while on supervision. Frequent

coordination with Probation, hospitals, and other service providers occurs to ensure that both social service and medical needs are being met.

- Housing, Employment, Navigation/Coordination, and Family Counseling Services

The Probation Department continues to provide housing, employment, and system navigation/coordination services through a contracted provider. Housing, employment, and system navigation services are offered to persons under active Post-Release Community Supervision (PRCS), active split sentence supervision, straight sentenced offenders under P.C. Section 1170(h), and persons terminated from PRCS and/or split sentence supervision.

Housing services are generally available for up to 365 days and include the following types of housing services: transitional, sober living, emergency shelter housing, and medical housing. In addition, housing services include case planning and management to transition the client to permanent housing. Housing can be provided for as many as 500 clients.

Employment services include the following components: Employment eligibility support, case management, job readiness workshops, job placement, job retention, and aftercare services. Employment services are also provided through the County's Department of Economic Opportunity (DEO). The contract's system navigation services also assist clients by providing links to public social services benefit programs and assistance with eligibility support documents.

The Probation Department recently executed a family counseling contract to provide services to assist Deputy Probation Officers (DPOs) and clients with addressing the family/marital criminogenic need. The pilot project includes family counseling, individual counseling, parenting classes, and mediation services with the purpose of reducing family conflict and/or increasing parental involvement.

Other Departments that offer housing support and services to the AB 109 population include the Office of Diversion and Reentry (ODR Housing Program).

- LAC + USC Medical Center

The LAC + USC Medical Center provides mental health and SUD services to inpatients whose condition requires this level of care.

**21. What challenges does the county face in meeting the above program and service needs?**

**> Impact of the COVID-19 Pandemic on Public Safety Realignment Operations**

The COVID-19 pandemic created unique and ongoing challenges for operations related to Public Safety Realignment in Los Angeles County. The pandemic affected a broad range of activities ranging from jail population management, staffing, and in-person contacts. The following is a review of some of the impacts of the pandemic:



- Jail Population Management

The Sheriff's Department implemented various measures to reduce the jail's population in an effort to mitigate the spread of COVID-19 among individuals in custody and staff.

- Sheriff's In-Custody Programs

While the Sheriff's Department has historically offered a robust array of inmate worker, educational, vocational, life skills and therapeutic programs, the COVID-19 pandemic resulted in various jail programs being interrupted or otherwise limited.

- SUD Services

At the onset of the pandemic, closures posed a challenge of serving clients. Despite this, DPH-SAPC Client Engagement and Navigation Services (CENS) staff were still able to continue working from their respective co-locations, while others utilized telephone and videoconferencing to conduct services, including screenings, remotely.

- Early Inmate Releases

Compounding the challenges from the COVID-19 pandemic, early inmate releases from both prison and jail made it difficult to reach clients as they transitioned from custody to the community.

In addition to the COVID-19 pandemic, the following are additional challenges to meeting program and service needs:

- Obtaining a Release of Information (ROI) pre-release from the California Department of Corrections and Rehabilitation (CDCR) in order to foster collaboration among AB 109 partners

Although significant progress has been made in coordinating and obtaining ROIs post-release, there continues to be challenges with obtaining consent from clients while they are still in prison in order to communicate and coordinate efforts among County departments and to ensure a seamless transition of clients into the community.

- Sharing of Information

Given applicable confidentiality protections (such as HIPPA and CORI), there are limitations as to what can be shared among multiple agencies serving a client. This can create challenges in meeting the multi-layered needs of high-risk, high-need populations.

- Managing Client Risk

Managing clinical risk and risk for violence is an on-going challenge. AB 109 clients may have prior criminal offenses which would classify them at higher risk for potential violence than the current offense for which they were recently incarcerated.

Further, placement of high-risk clients, including registered sex offenders and/or individuals with arson convictions into certain levels of care (including residential and Recovery Bridge Housing) continues to be challenging.

Additionally, some AB 109 clients may have committed violent offenses while being supervised in the community post-release, rendering them ineligible for some types of settings due to licensing rules.

As a result, the higher-than-expected risk level of AB 109 clients presents a challenge for Los Angeles County and contract-agency staff who are tasked with providing services to this population.

Departments continue to work to address these limitations. For instance, although limited to outpatient levels of care, DPH-SAPC employed an in-home Field Based Services (FBS) pilot project to allow for a mobile service delivery option for high-risk populations to receive outpatient type services at their place of residence (interim and permanent residences).

FBS provides an opportunity for SUD network providers to address patient challenges when accessing traditional treatment services, such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements. However, as mentioned, capacity for residential and/or Recovery Bridge Housing available to registered sex offenders and/or arsonists continues to be a challenge.

In addition, DMH continues to provide on-going consultation and to offer tailored forensic trainings to improve upon the skill sets and expertise of the legal entity providers to manage risk associated with serving high-risk individuals.

- Staffing and Hiring Issues

The increased demand for mental health services exceeds staffing capacity. Furthermore, hiring of clinical staff has proven to be extremely difficult due to the paucity of eligible candidates willing to work in-person rather than remotely. In the face of unprecedented demand for mental health providers, the demand outpaces the number of available mental health practitioners.

Similarly, recruiting and hiring qualified social work and case management staff to work in the jails has been challenging in the current tight job market, while the proportion of individuals in jail with serious mental illness has continued to increase.

- Interim and Permanent Housing

The supply of interim and permanent housing and residential treatment facilities in Los Angeles County accessible to individuals leaving the jails or prisons remains inadequate to meet the need. Specific needs include additional Board and Care facilities, residential placements for individuals with developmental disabilities, and residential treatment facilities that can accommodate individuals with co-occurring medical, mental health, and/or SUD conditions.

- Office Space Needs

Identifying sufficient office space is a challenge for many departments. For example, office space that meets the need for privacy and confidentiality at Probation HUBs and area offices continues to be an ongoing challenge. The Probation Department and DMH continue to collaborate to find new and innovative ways to meet these needs.

- Jail Clearance

There continues to be a challenge of obtaining jail clearance for all AB 109 contracted providers. With the start of COVID, jail access was reserved only for staff working in the jails. Although the jails are allowing visits from professionals outside of the jail, obtaining access to jail clearance has been more difficult than pre-COVID.

Similarly, access to care for the treatment and long-term care needs of supervised persons with severe mental health issues – together with chronic and serious medical concerns, sex offense histories, and arson convictions – continues to have ongoing challenges and limitations. This is especially true as it relates to the highest level of care, which are locked facilities and reserved only for those who are conserved.

- Jail Overcrowding

Despite a brief reduction in the jail's overall population, overcrowding has continued to be a challenge due to various factors. The lengthier stays of individuals sentenced under P.C. 1170(h), the continued growth in the jail's mentally ill population, and the specialized housing demands for incarcerated individuals impacted by the COVID-19 pandemic have served to exacerbate the lack of available bed space.

The County is further limited by a lack of appropriate space to meet the instructional, clinical, and counseling needs for the jail population.

- Availability of Residential Behavioral Health Programs

The County is in need of additional behavioral health residential program beds. Approximately 37% (n=1949) of the AB 109 supervised population have been identified as having mental health issues, and 26% (n=1394) of the AB 109 supervised population have been identified as having a co-occurring disorder (mental health issues and substance use disorder). Approximately 63% (n=3347) of the AB 109 supervised population has been identified as having a substance use issue. While the

determination of treatment modality needed is done on a case-by-case basis and based on medical necessity, residential treatment capacity is limited.

**22.** What programmatic changes and/or course corrections has the CPP made in the implementation of Public Safety Realignment that it believes other counties would find helpful?

>Public Safety Realignment implementation in Los Angeles County is continually evolving. Some of the programmatic changes that have been made since implementation have included the following:

- Co-Occurring Disorder Services

Given the ever-growing need for Co-Occurring Integrated Care Network (COIN) residential services, DMH continues to collaborate with DPH-SAPC in increasing, improving, and providing relevant and appropriate co-occurring disorder (COD) services to AB 109 clients.

Currently DMH and DPH-SAPC are collaborating to increase the number of COIN beds available to AB 109 clients. Similarly, DMH is addressing the increased need for greater Enriched Residential Services (ERS). DMH continues to participate in a monthly Jail –Treatment Provider Collaboration meeting to address issues that impact each department and find ways of improving outcomes.

- In-custody Mental Health Assessments

Prior to the pandemic, DMH hired three clinicians in order to conduct mental health assessments with AB109 individuals inside the Los Angeles County jails. The goal is to determine the level of mental health need and link individuals to the appropriate levels of care. In-reach prior to release has demonstrated superior outcomes. Access to jail clearance has been obtained for all three clinicians and in-person interviews started on September 1, 2022.

- Mental Health Trainings

In order to improve clinical risk management and on-going client care, the County has offered ongoing, specialized, evidence-based forensic trainings to mental health treatment providers geared toward increasing the clinical staffs' expertise on various topics. Trainings include the following:

- Working with the Forensically Involved Mandated Consumer
- Assessment and Treatment of Impulse-Control Disorders In Forensic Settings
- A Strength-Based Approach for the Treatment of Forensic Consumers
- Legal and Ethical Considerations: Working with Forensically-Involved Individuals
- Forensic Mental Health – Back to Basics
- Risk Assessment for Violence - Forensic Focus
- Problem-Solving Therapy (PST) in Forensic Settings

- Safety and Crisis Prevention/Interventions when working with Forensic/Justice Involved Consumers
- Diagnosis, Treatment and Risk Management of Antisocial Personality Disorders and Psychopathy
- Applying the Risk-Need-Responsivity Principles and Level of Service/Case Management Inventory (LS/CMI) in your practice
- Co-location at Probation HUBs

DMH AB 109 Management, in collaboration with the Health and Safety officer, conducted safety assessments at the co-located Probation HUBs and offices in preparation for having DMH clinicians return to in-person assessments. As of July 25, 2022, DMH clinicians have returned to the Probation co-located HUBs and offices on a modified in-person schedule. Assessments are taking place both in-person and through telehealth.

- Re-entry Services

The Sheriff's Department Community Transition Unit (CTU) continues to partner with community-based organizations and other agencies to offer re-entry services to incarcerated individuals, including those in custody under realignment, with the goal of reducing recidivism. Some of these services include the issuance of public transportation "TAP" cards, replacement California identification cards, and birth certificates.

In addition, the Community Re-entry and Resource Center (CRRC) was established within the Inmate Reception Center (IRC) lobby to provide transitional services to justice-involved individuals upon release from custody, including those who identify as being homeless. Service windows provide information and services for mental health, drug treatment programs, general relief benefits, referrals for employment and housing, information regarding the Probation Department and Parole, and information for Military Veterans.

- Telehealth Services

As a response to COVID-19, further policy flexibilities, consistent with state and federal allowances, enabled the provision of SUD treatment and screenings via telephone and introduced the provision of services via telehealth to minimize transmission risks. DPH-SAPC contracted providers continue using telehealth to enable the delivery of services to continue client participation, especially for difficult to engage individuals.

- Recovery Bridge Housing

Recovery Bridge Housing (RBH) is defined as a type of abstinence-focused, peer-supported housing that provides a safe interim living environment for patients who are homeless or unstably housed in need of SUD treatment. Research shows that SUD

treatment outcomes are better for individuals experiencing homelessness when they are stably housed.

To address the needs and increased volume of homeless justice-involved individuals being released early, related to jail population decompression or anticipated pre-trial reform and the proposed closure of Men's Central Jail, DPH-SAPC worked to increase RBH capacity from 994 beds to 1,140 in FY 2022-23. The additional beds will be beneficial to individuals being diverted from jail to community-based treatment, will be beneficial to individuals being released to prepare for the closure of Men's Central Jail, and will help to minimize the time individuals spend in-custody.

- Mobile Resource Centers

This year, Probation implemented the use of two (2) mobile resource centers (MRCs) that serve as mobile offices throughout the County to meet many transient clients in the community. These MRCs allow clients who have difficulty reporting to the office to engage with their DPO and seek services such as referrals to mental health treatment, substance use disorder treatment, and housing services. Probation collaborates with the housing contractor at the MRC location sites and can provide immediate housing to those who need transportation from the MRC location to transitional housing. Thus far, since the commencement of the program in April, the County has serviced nearly 200 clients and hope to increase this number in the coming months.

- Pre-Release Video Conference program

Probation has implemented a countywide Pre-Release Video Conference (PRVC) program. The PRVC is a means for future clients to interact with their assigned DPO at least 45 days prior to prison release through a video conference. This critical engagement initiates communication between the future client and their DPO. It allows for an opportunity for them to interact and, for the DPO, an opportunity to provide critical information such as where to report when released and address any type of reentry issues or questions.

- Office of Diversion and Reentry (ODR)

To expand the availability of treatment, diversion, and reentry services, the County established the Office of Diversion and Reentry (ODR) in 2015. Since that year, public safety realignment funding has been allocated to ODR to support various programs, including:

#### ODR Housing

The ODR Housing program will support the diversion of AB 109 clients who have serious mental health issues and substance use disorder from entering the justice system. Clients will receive housing and programming specifically designed to support criminal justice diversion for community-based treatment.

### MIST-CBR/SB 317 Beds

The Misdemeanor Incompetent to Stand Trial – Community-Based Restoration (MIST-CBR)/SB 317 program will support individuals facing misdemeanor charges who are found incompetent to stand trial being placed into community-based settings to be restored to competency. The community-based settings are tailored to meet the needs and clinical acuity of the clients; placement ranges from acute inpatient to open residential settings.

### Jail Decompression Beds

The Jail Decompression Beds program will support 195 jail decompression interim housing beds, which will support efforts to prevent the spread of COVID-19 among vulnerable populations within the jails by providing interim housing to individuals who are experiencing homelessness and have severe mental health and/or significant physical health needs.

### Overdose Education Naloxone Distribution (OEND)

The Overdose Education and Naloxone Distribution (OEND) program will support the reduction of the number of deaths related to opioid overdose in Los Angeles County. OEND provides overdose prevention education and naloxone to individuals who are at risk of opioid overdose and/or those who are likely to be at the scene of an overdose and are able to respond.

### Harm Reduction Drop In

The Harm Reduction Drop In program will support three (3) existing community-based harm reduction service providers in establishing additional drop-in centers in Los Angeles County. These centers will provide essentials, such as food, water, harm reduction supplies, hygiene support, and referrals to medical care and other supportive services, to people experiencing homelessness (PEH), people who use drugs (PWUD), people recently released from incarceration, and people engaged in sex work.

### Harm Reduction Supplies

The Harm Reduction Supplies program will support the purchase of harm reduction supplies, such as naloxone, alcohol wipes, sterile water, sharps containers, condoms, sterile syringes, and other safer sex and safer consumption supplies. Supplies will be provided to DHS direct and community-contracted entities to distribute to people recently released from incarceration, PEH, PWUD, and people engaged in sex work.

### Let Everyone Advance with Dignity/Law Enforcement Assisted Diversion (LEAD) Expansion

The LEAD program aims to reduce racial disparities in arrests, filing, and sentencing by addressing root causes of frequent law enforcement contact that are related to substance use, unmet mental health needs and/or extreme poverty. This will allow for the expansion of the LEAD program by supporting 400 additional slots at four (4) new LEAD sites.

#### Providing Opportunities for Women in Reentry (POWR)

The POWR program will support safe housing, cognitive behavioral therapy, service navigation, and intensive case management for women by system-impacted peer mentors with lived experience. (Program will be moving to the newly created Justice, Care and Opportunities Department (JCOD).)

#### Reentry Intensive Case Management Services (RICMS) Transportation Cost

The RICMS Transportation cost will support transportation as a service for Reentry Case Management providers serving the Post Release Community Supervision population. (Program will be moving to Justice, Care and Opportunities Department (JCOD).)

#### Youth Development and Diversion

The Youth Development and Diversion funding will support the development of youth programs that support the Board adopted “Youth Justice Reimagined model”. (Program has moved to Department of Youth Development.)

- Restitution Collection Taskforce

When public safety realignment was enacted, it did not initially account for restitution collection at the County level for cases that previously were supported by CDCR. Changes in the law addressed this, but an infrastructure still needed to be put into place. In 2014, the Board of Supervisors commissioned the Countywide Criminal Justice Coordination Committee (CCJCC) to create a Restitution Collection Taskforce to determine how best to do that.

During the past several years, the Restitution Collection Taskforce has implemented restitution collection for AB 109 cases, first in 2016 for mandatory supervision and PRCS cases, and then in 2018 for those AB 109 individuals in custody.

- Alternatives To Incarceration/JCOD

The Board of Supervisors established the Alternatives to Incarceration Office (ATI) in 2020 to support of the County’s system’s “Care First, Jail Last” model.

ATI implemented programs that address critical gaps within the justice system to divert and transition vulnerable populations away from the justice system toward appropriate care.



During this Fiscal Year, ATI was incorporated into a newly established County department called the Justice, Care, and Opportunities Department (JCOD) to carry on this work and similar "Care First" initiatives.

**23.** Describe a local best practice or promising program that has produced positive results. If data exists to support the results, please share.

>

- Best and Promising Practices with Mental Health Treatment

Best and promising practices include Assertive Community Treatment (ACT) and the Risk, Needs, Responsivity (RNR) Model. Mental health providers also include principles from Critical Time Intervention (CTI), Dialectical Behavioral Therapy (DBT), and Motivational Interviewing.

CommonGround is utilized to incorporate peer service in the work with clients as well as various psychoeducational groups such as Mindfulness, Anger Management, Healthy Relationships (Domestic Violence), Vocational, Independent Living, and substance abuse.

A residential provider has been using a modified token economy with great success. Clients that arrive at the facility are encouraged to earn their privileges. Clients start out the first 30-days in-house, but if they follow all the house rules and participate in treatment (groups and individual) for the 30 days, they can promote to staff level. On staff, they are allowed to leave the building for walks, outings, and shopping trips. Clients "earn" all future buddy and solo privileges by taking their prescribed medications, attending 85% of offered groups, and meeting with their assigned point of contact. This gives clients back their locus of control in their treatment and helps to increase accountability in preparation for discharge planning

- Increasing Access to SUD Treatment

DPH-SAPC continues to increase access and minimize the time between the initial verification of eligibility, clinical need determination, referral, and the first clinical encounter. Ultimately, DPH-SAPC promotes a no "wrong door" to enter the County's specialty SUD system, and maintains a multiple entry points:

- Client Engagement Navigation Services (CENS) – Establishes and maintains cooperative linkages to connect individuals to SUD treatment by co-locating qualified SUD counselors at designated County facilities (e.g., Courts and Probation offices) responsible for making appropriate connections and referrals that address unmet client needs. This is the primary entry pathway for the AB 109 population.
- Substance Abuse Service Helpline (SASH) – A 24 hours a day, seven (7) days a week, and 365 days a year access line (1-844-804-7500) that clients can call to initiate a self-referral for treatment. SASH conducts screening via telephone and, based on

screening results, recommend clients to the appropriate treatment provider that meets the appropriate level of care.

- Service and Bed Availability Tool (SBAT) <http://sapccis.ph.lacounty.gov/sbat/> is a publicly accessible, web-based tool that provides a dashboard of available specialty County-contracted SUD services throughout the County, including outpatient and intensive outpatient, various levels of residential treatment, and withdrawal management, OTPs, RBH, and Driving Under the Influence (DUI) programs.

The purpose of the SBAT is to help achieve the aim of a more organized SUD delivery system by simplifying the process of identifying appropriate SUD providers. By allowing users to filter their search based on the levels of care, languages spoken, and types of services delivered, users can tailor their search according to their need, and more quickly identify intake appointment times and available residential and RBH beds.

Recently, DPH-SAPC expanded SBAT's availability by creating a mobile version ([www.recoverla.org](http://www.recoverla.org)), making it more accessible to the public and others in need of SUD treatment.

Additional programs addressing the needs of justice involved individuals include:

- Co-Occurring Integrated Care Network (COIN)

As previously noted, the Co-Occurring Integrated Network (COIN) is a collaboration between DMH, DPH-SAPC, Probation, and the Superior Court, that serves clients who have a chronic SUD and severe and persistent mental illness. COIN targets clients who are at high risk for relapse and are referred through the AB 109 Revocation Court. During FY 2022-23, DPH-SAPC added the Social Model Recovery Systems' Royal Palms site to the COIN preferred provider network to better serve the LGBTQ population.

- Alternatives to Custodial Sanctions

Probation now rarely incarcerates PSPs and instead utilizes other interventions such as suspended jail sentences and the recommendation of mental health and/or substance use disorder treatment services in lieu of incarceration.

Probation only places a hold on individuals who are alleged to have committed new felonies in the community or are a danger to others. This has resulted in less revocations; only 3% of clients are on revocation status at any given time. Furthermore, over 60% of the AB 109 population successfully terminates supervision after one year (or less) without any custodial sanctions.

- The Substance Treatment and Re-Entry Transition (START) – Community program

The START - Community program (referenced in answer to Question #20) places sentenced inmates into community SUD treatment beds as an alternative to custody. Launched in mid-2015, the START-Community program provides community-based, supervised, non-custodial residential treatment services to non-violent, non-serious, and non-sexual (N3) inmates who have ninety (90) days left of on their sentence and who volunteer to participate in a SUD treatment program while they serve out the remainder of their sentence in a residential treatment facility.

Patients participating in the START – Community Program remain under the supervision of the Los Angeles Sheriff's Department using a Global Positioning System electronic monitoring device worn for the duration of the treatment stay. During FY 2022-23, DPH-SAPC added Cri-Help's Socorro site to the START-Community preferred provider network.

- In-Custody to Community Referral Program (ICRP)

The In-Custody to Community Referral Program (ICRP) was established in December 2018 to enable individuals in-custody to transition directly into treatment upon their release. ICRP is a partnership among DHS, Correctional Health, Whole Person Care (at Twin Towers County Jail, Century Regional Detention Facility, and Pitches Detention Center), DPH-SAPC, and selected SUD contracted network providers.

ICRP SUD counselors collaborate with treatment providers to coordinate the reintegration of individuals in-custody and ensures a warm handoff to the appropriate level of care and supporting services. A pre-screening intake is conducted to identify each patients' specific needs (i.e., co-occurring disorder) and helps refer them to an appropriate SUD treatment provider and corresponding level of care.

- Alternatives to Incarceration's Rapid Diversion Program (ATI-RDP):

DPH-SAPC partnered with DMH ATI-RDP to expand CENS screening and referral navigation services at three existing co-located courthouses: Antelope Valley, Van Nuys, and Clara Shortridge Foltz Criminal Courts Building.

ATI-RDP is a pre-plea diversion program targeting individuals with a mental health or SUD diagnosis. Individuals in this program participate in programming, receive housing resources, and are case managed by DMH for a period of time recommended by the service provider and approved by the Court. Cases are dismissed for individuals who successfully complete the program.

- Martin Luther King Jr. Behavioral Health Center (MLK BHC) SUD Residential Treatment

The MLK BHC offers comprehensive residential treatment services for Los Angeles County residents with SUDs. This facility has 99 beds serving men and women, of which 33 beds are dedicated to individuals who are justice-involved and meet criteria for services under intercepts 1, 2, and 3. Individuals will be provided evidence-based programming that address avoidance of justice system involvement and/or support reintegration into community to increase self-sufficiency and reduce recidivism.

- Care First Community Investment Funded SUD Treatment

DPH-SAPC supports the Los Angeles County's Care First Community Investment's (CFCI) "Care First Jail Last" mission by providing SUD treatment for justice-impacted clients eligible for diversion from jail to community-based treatment. CFCI funding is allocated to provide all levels of SUD treatment. This funding supports all non-DMC reimbursable SUD treatment services and RBH.

- Partners for Justice

Client advocates embedded in Public Defender offices provide holistic resources referrals for essential needs, including housing, employment, mental health treatment, family reunification and more. Beginning in August 2021, this pilot program is designed to break cycles of incarceration and promote community stability by addressing the underlying issues that frequently lead to involvement in the criminal legal system.

- Psychiatric Social Worker (PSW) Program

This program employs three (3) dedicated Psychiatric Social Workers (PSWs), two (2) in the Public Defender's Office and one (1) in the Alternate Public Defender's office, to develop social histories on female clients facing state prison sentences. The social histories developed by the PSWs may be factored in when alternative dispositions – such as Women's Reentry Court, Office of Diversion and Reentry housing, and other programs – are considered during the Court process. This program provides significant cost avoidance by diverting women from state prison to appropriate community-based treatment services.

While final dispositions in cases are subject to the Court process, the availability of a defendant's social history promotes a holistic approach to her case and can be a supporting factor for diversion outcomes. Research has shown that holistic defense models can at times reduce the imposition of a custodial sentence by 16% and sentence length by 24%.

In the program's first two years, 145 women were successfully diverted away from state prison, resulting in a combined reduction of over 1,500 years of incarceration and a state prison cost savings of over \$110 million.

- FIP (Forensic Inpatient) Step Down

FIP (Forensic Inpatient) Step Down is a service delivery program which utilizes innovative solutions to complex problems encountered by staff delivering mental health treatment and health care to incarcerated patients. This program is a collaboration between the Sheriff's Department and Correctional Health Services nursing and mental health clinicians which began in January 2016.

Patients at risk of requiring inpatient services are provided increased intervention in their housing unit with the goal of increasing medication compliance, improving socialization, attention to self-care, and developing trust with healthcare providers.

Two sources of data confirm the success of the program in stabilizing the patients, leaving the inpatient beds for other more critical needs. Self-injurious behavior (e.g., a patient cutting themselves either out of frustration and emotional dysregulation or in an attempt to harm themselves) is reduced in the FIP Step Down modules compared to other high observation floors.

- HOPE Dorm

The HOPE Dorm is an innovative treatment program for suicidal patients within the Los Angeles County Jail. This program is a collaboration between the Sheriff's Department and Correctional Health Services Mental Health Department. Patients with on-going risk of self-harm are placed in a dorm setting to increase safety and engagement and are provided intensive treatment.

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**ATTENTION: This concludes Part A of the FY 2022-23 CCP Survey.**

**Please complete [Part B](#) in Microsoft Excel which consists of two (2) budgetary sections.**

### **Optional Highlight or Success Story**

In addition, to produce a more comprehensive report on the implementation of realignment, we are asking for a brief, one-page, visually appealing, highlight or success story that provides implementation information related to the county's Public Safety Realignment success. This highlight may include optional graphs, charts, photos, or quotes. Photos of programs in action along with quotes from program participants and/or community partners do not need to provide identifying information. The highlight or success story provided may be published in the *2011 Public Safety Realignment Act: Eleventh Annual Report on the Implementation of Community Corrections Partnership Plans*. While every effort will be made to include these in the report, inclusion is not guaranteed. Note: Ensure any individual(s) in the photos have given their consent for use/publication and do not submit any photos that include faces of minors (youth under the age of 18).

### Submission Instructions

In a single email, please attach the following documents to provide a complete CCP Survey package:

1. Completed Part A (Word) document,
2. Completed Part B (Excel) documents,
3. Optional highlight or success story (if being provided), and
4. Updated CCP plan.

The complete CCP Survey package, including all attachments, shall be emailed **by December 15, 2022** to:

Helene Zentner, Field Representative  
Board of State and Community Corrections  
[Helene.Zentner@bscc.ca.gov](mailto:Helene.Zentner@bscc.ca.gov)

**Please be aware that a complete CCP Survey package, including an updated CCP plan, MUST be submitted to the BSCC to receive compensation.**

**NOTE:** *The information provided in the CCP Survey package will be made public by the BSCC in the annual report to the Governor's Office and the Legislature on the implementation of Community Corrections Partnership plans on the BSCC website.*













PUBLIC SAFETY  
REALIGNMENT TEAM

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*Realignment Implementation Plan - 2022*

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Part I:  
CCP Plan Framework  
(Approved June 2021)

# I. BACKGROUND AND INTRODUCTION

## **PUBLIC SAFETY REALIGNMENT**

In October of 2011, the State of California enacted Public Safety Realignment, a major criminal justice reform effort to reduce state prison overcrowding as ordered by a Federal Court. Outlined in Assembly Bill 109 and Assembly Bill 117, Public Safety Realignment transferred various responsibilities from the State to counties. Though more specific criteria apply, the primary components of realignment were as follows:

- **Local Custody** – Custody responsibility was transferred from the State to counties for individuals convicted and sentenced for non-violent, non-serious, non-sex (N3) felony offenses.
- **Post-Release Community Supervision** – Community supervision of eligible individuals released from state prison was transferred from state parole to a new, county-implemented Post-Release Community Supervision (PRCS) program.
- **Local Revocation Process** – Revocation processes for state parole (and for the newly created PRCS) were transferred to the counties and a local Court process. In addition, custody terms that result from parole (or PRCS) revocations were shifted to local county jail.

## **LOS ANGELES COUNTY’S PUBLIC SAFETY REALIGNMENT TEAM**

Following its adoption of the County’s Community Corrections Partnership (CCP) realignment implementation plan in 2011, the Board of Supervisors established the Public Safety Realignment Team (PSRT) to ensure the ongoing coordination of realignment implementation among departments, stakeholder agencies, and community partners. Initially established with a composition and structure mirroring a county’s CCP, the PSRT is chaired by the Chief Probation Officer and provides ongoing realignment updates to the Board of Supervisors and the California Board of State and Community Corrections.

In December 2020, the Board approved a motion expanding the membership of the PSRT and directing the newly constituted body to update the county’s implementation plan. Specifically, the Board approved an updated PSRT membership structure by adding:

1. The department head or high-level executive from:
  - a. Office of Diversion and Reentry
  - b. Alternatives to Incarceration Initiative
  - c. Anti-Racism, Diversity, and Inclusion Initiative
  - d. Department of Health Services

2. Five representatives from community-based or advocacy organizations that work with the AB 109 reentry population with one appointee to be appointed by each supervisor for two-year terms; at least one representative should have lived experience.

Further, the Board directed the updated PSRT to:

1. Revise the AB 109 Community Corrections Partnership (CCP) implementation plan to reflect the Board's priorities on alternatives to incarceration, including, but not limited to, diversion programs, substance abuse programs, mental health treatment, housing, restorative justice programs, and community-based services.
2. Within 90 days of the new AB 109 CCP implementation plan being approved, provide recommendations for AB 109 funding that reflect the Board's priorities listed above.

The PSRT member roster and full motion approved by the Board are attached.

### **IMPLEMENTATION PLAN FORMAT**

The goal of the PSRT implementation update is to provide a framework for how the County can address the responsibilities transferred to the County through realignment and incorporate the County's justice reform priorities. To that end, PSRT members developed an implementation plan format that identifies principles and corresponding programmatic/strategic recommendations in the following subject matter areas:

- Diversion / Alternatives to Incarceration
- Custody and Reentry
- Post-Release Community Supervision

The overall intent was to develop an integrated set of recommendations that promotes community-based services to reduce the number of individuals in custody or on supervision and to ensure that those who are in custody or on supervision are connected with services that support reentry, improve outcomes, and reduce recidivism. The set of documents that were approved by the committee are provided in Section II.

As directed by the Board, the PSRT is continuing its work to provide funding recommendations. Per the Chief Executive Office, the PSRT's funding recommendations will offer valuable input and guidance that will inform the CEO's development of the recommended AB 109 budget.

## II. ITEMS APPROVED BY THE PUBLIC SAFETY REALIGNMENT TEAM

### Overarching Principles

#### Diversion / Alternatives to Incarceration

- I. Implementation of Public Safety Realignment in Los Angeles County is guided by the County's Care First, Jails Last priorities.
- II. Los Angeles County's justice system operates with a racial and gender equity lens and aims to reduce racial and gender disparities.
- III. The provision of services that meet the needs of individuals in contact with the justice system, including survivors of harm, are provided by community-based service providers, outside the custody or supervision environments when possible.
- IV. Recovery is not a linear process. As individuals engage in this journey, strategies to assist in recovery should not penalize them and should afford individual agency and a spectrum of services utilizing a harm reduction approach.
- V. Alternative to incarceration efforts must focus on serving communities that are most vulnerable, including BIPOC and individuals with behavioral health needs, transition age youth, women – particularly Black Women – TGI and LGBTQ+ people.
- VI. Services and interventions are designed and delivered based on an individual's needs and strengths.
- VII. Strategies must be implemented to ensure safe and equitable access to services, resources, and obligations, including transportation, geographic proximity, childcare, etc.
- VIII. Strategies must be data-driven, evidence based best practices, with metrics of success to include the impact of strategies on individual and community health, reducing the jail population, improving racial equity, and enhancing public safety.
- IX. Strategies must prioritize addressing the root-causes of economic, racial and gender inequity; poverty and houselessness; criminalization and incarceration; and other forms of interpersonal and systemic harm.
- X. Implementation of Public Safety Realignment in Los Angeles County is in alignment with the 2011 Public Safety Realignment mandates and other relevant statutes and interpreted in the broadest manner to effectuate the overarching principles recognized herein.

#### Custody and Reentry

- I. Reentry planning and preparation starts as soon as someone is in custody.
- II. Individuals are removed from custody as soon as possible with appropriate supports.
- III. Community-based organizations play a primary role in within- and post-custody reentry preparation and support.

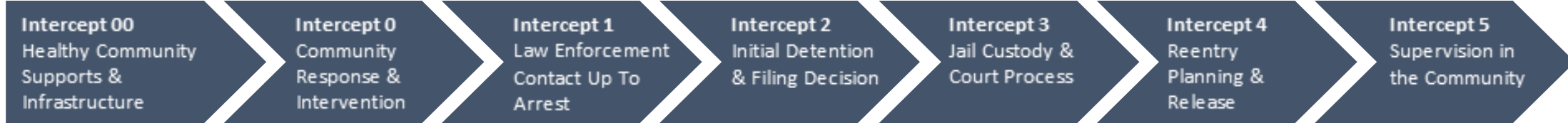
### Post-Release Community Supervision

- I. Pre-release planning, including identification of individualized service needs and establishment of benefits, is a critical component of the PRCS program.
- II. The PRCS model prioritizes an integrated care plan that includes evidence-based supervision practices, treatment, and wrap-around supportive services.
- III. The PRCS model addresses individualized needs in order to support reentry and community reintegration and enhance public safety.
- IV. Individuals should continue to be provided needed treatment and services beyond their supervision period.
- V. Prerelease planning, service delivery, and release should prioritize self- and community-determination.
- VI. Consistent, accessible, publicly transparent, robust, and funded data collection and reporting should be conducted to establish a baseline, track outcomes, improve outcomes, and determine if there are any unintended outcomes, and should be reviewed on a regularly established basis (e.g., monthly/annually). Data tracking metrics should include reductions in the jail population and in racial, gender, and geographic disparities.
- VII. Consistent with the overall PRCS supervision model, responses to violations -- including the revocation process -- prioritize a client's connection or re-connection to treatment services.
- VIII. To ensure long-term community stability, develop multiple opportunities throughout the revocation path to provide access to support and services.



## Diversion / Alternatives to Incarceration Intercept Model

**ATI Office**  
**Intercept Model,**  
**2021**



# Diversion / Alternatives to Incarceration

## Principles and Recommendations

<b><u>Intercept 00 - Healthy Community Supports &amp; Infrastructure</u></b>	
<b>Objective: To build a robust community-based network of behavioral health supports, housing, employment, transportation, and other resources to help prevent people from entering or reentering jails</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
1. Resource and support communities to meet their own needs so that they can grow and thrive, without law enforcement or criminal legal system intervention	a. Community-based Service and Resource Hubs - e.g. DOORS Reentry Center (ODR); Restorative Care Villages (BOS/DHS/DMH)
2. Youth Development Resources	a. (Youth Justice Reimagined)
3. Safe transportation, housing, safe child care, access to all medical care, free and appropriate public education, diagnosis and support, access to green space and healthy food, employment	
4. Services in the community are delivered by individuals with lived experience that represent the intersections and identities of those impacted in a culturally humble way.	a. Fund and expand community peace-keeper programs that utilize a peer-based model and employ impacted individuals outside of law enforcement; Trans-led gender-affirming education and family support
<b><u>Intercept 0 - Community Response &amp; Intervention</u></b>	
<b>Objective: Consistent with community safety, reduce the number of people having contact with law enforcement, by focusing on individual and community wellness and development of strengths and responding to the needs of individuals in crisis</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
5. Provide direct hand-off to services for people in lieu of arrest	a. Law Enforcement Assisted Diversion (ODR)
6. Create real-time inventory of available services, accessible to individuals, families seeking support, and service providers, and law enforcement where relevant	a. ATI Assessment and Referral App
7. Provide robust, community-based, non-law enforcement responses to those in behavioral health crisis, preferably through those with lived experience	a. Alternative Crisis Response (ATI); community-based emergency response (e.g. Community Alternatives to 911); Multi Disciplinary Team (MDT) and Psychiatric Mobile Response Teams (PMRT)
8. Provide harm reduction services for those struggling with substance use disorders	a. Harm Reduction Training/Overdose Education and Naloxone Distribution (ODR)
9. Youth Development and Diversion Resources	a. (Youth Justice Reimagined)
<b><u>Intercept 1 - Law Enforcement Contact Up to Arrest</u></b>	
<b>Objective: Consistent with community safety, reduce the number of people from entering the jail system, regardless of charges, with a focus on their strengths and needs</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
10. Provide direct hand-off to services for people in lieu of arrest	a. Law Enforcement Assisted Diversion (ODR)
11. In situations where behavioral health crisis situation requires law enforcement, it should be a co-response with a clinical and specially trained law enforcement officer.	a. Mental Evaluation Team (LASD/DMH)
<b><u>Intercept 2 - Initial Detention &amp; Filing Decision</u></b>	
<b>Objective: Presumption of pretrial release to decentralized community-based services, housing and resources, in an effort consistent with community safety, stability of the individual, and improved health and wellness outcomes</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
12. Reduce the number of people with mental health, homeless and other vulnerabilities from entering the jail system	a. Prefiling diversion program (ATI)
13. Develop a strengths- and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions	a. community-based pretrial service providers (e.g. CASA); access to legal defense counsel; access to participatory defense in the community
14. Decriminalize quality of life and survival crimes	a. Alternative stabilizing housing supports and behavioral health supports, including safe consumption housing; prosecution filing decisions (e.g. prosecutors can reduce or eliminate filing on survival crimes)

15. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release

**Intercept 3 - Jail Custody & Court Process**

**Objective: Establish up-front strength, needs, and behavioral health assessments and robust diversion and release capacity to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health, physical health, and other clinical needs, and other particularly vulnerable populations**

Principle	Programmatic/Strategic Recommendation
16. Assess and identify as early as possible, those with behavioral health needs who are eligible for diversion and release, and divert to community-based services and supports, as early as possible	a. AB1810 Pretrial Mental Health Diversion (ODR & ATI); Misdemeanor Incompetent to Stand Trial (ODR); Felony Incompetent to Stand Trial (ODR); Department of State Hospitals Diversion (ODR)
17. Assess and identify as early as possible, those who may be eligible for diversion and release, and divert to community-based services and supports, as early as possible	a. Community-based pretrial services (ATI/ODR); Rapid Diversion (ATI); Reentry Intensive Case Management System (ODR)
18. Develop a strengths- and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions	a. Community-based pretrial service providers (e.g. CASA); access to legal defense counsel; access to participatory defense in the community
19. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release

**Intercept 4 - Reentry & Release**

**Objective: Ensure early release planning for all people coming out of jails and prisons to LA County, and continuity of support and peer navigation to services and supports to ensure stability and success for individuals returning to their communities**

Principle	Programmatic/Strategic Recommendation
20. Begin release planning upon entry into jail, and improve care coordination for release, to support the success of individuals upon release	a. Care Transitions (DHS-CHS)/Reentry Intensive Case Management System (ODR)
21. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release
22. Support employment development and supports, especially for those with behavioral health needs, TGI, and other marginalized individuals	a. SECTOR (ODR); community-based workforce development
23. Allow people to finish serving the last few years of their realignment sentence in the community	a. Returning Home Well LA

24. Provide opportunities for community-based reentry sites; Split sentencing with an opportunity to serve the end of sentences in a community-based setting	
25. Provide safe transportation to everyone leaving custody	a. Platform to connect the individual to the service provider that provides transportation
<b><u>Intercept 5 - Supervision in the Community</u></b>	
<b>Objective: Reduce the demands and length of supervision, and improve access to supportive services by connection to peer navigators to improve health and safety outcomes</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
26. Promote the principles of Harm Reduction Reduce the number of supervision check-ins, reduce and potentially eliminate technical violations, and reduce and potentially eliminate the issuance of bench warrants for people who incur technical violations on community supervision; Reduce the role of Probation and increase the transitioning of individuals to community-based supports and providers	a. (Probation)
27. Improve connection to community-based services and resources through peer navigation for those on supervision, with continuity post-supervision	a. Reentry Intensive Case Management System (ODR)

# Custody and Reentry Model



## Custody and Reentry Principles and Recommendations

Custody	
Principle	Programmatic/Strategic Recommendation
1. County jail facilities provide a safe and secure housing environment for incarcerated individuals.	
2. Incarcerated individuals have the opportunity to participate in meaningful programming leading to credits.	a. LASD to provide programming including fire camp, Education Based Incarceration (EBI), conservation credit, inmate worker credits, Life Skills and Career Technical Education
3. Gender-responsive services are available to individuals in custody who identify as female.	a. Trauma-informed programming, visitation room (ABC room) for mothers and children, and expansion of services for pregnant and parenting women including prenatal education, doula services and lactation support
4. Healthcare services in jail are delivered in a manner which is inclusive, compassionate, excellent, innovative, and accountable to individuals in the county jail and facilitates continuity of their care upon release.	a. Correctional Health Services to provide high quality physical health, mental health, substance use treatment, and dental care, meeting or exceeding community-level standards of care
5. Evidence-based substance use disorder treatment programming should be available to individuals during their time in custody.	a. Medication for Addiction Treatment (MAT) and START program should be implemented to scale.
6. Incorporate restorative justice programming into custody setting that is led by community-based organizations	
7. Prioritize in-custody workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency and support individuals in a responsive, holistic way	a. Support and expand efforts like the Career Center at the Century Regional Detention Facility where incarcerated individuals receive certification training in Construction, Hospitality and Technology both as pre-release and post-release training
Reentry	
Principle	Programmatic/Strategic Recommendation
8. Release planning and connection to reentry and community supports should begin as early as possible in custody.	a. Assessment provided soon after arrival that includes strengths, needs, trauma history, family/community supports, and current/prior providers, ideally by a person of the same community with lived experience
9. Involve family member(s), current/prior treatment provider(s) in the community, Probation and defense attorney in reentry planning, as appropriate and with consent of the client	a. Provide opportunities for in-person or virtual in-reach, including assessment interviews or engagement in custody by the identified community treatment provider and/or Probation, if pending release to supervision
10. County and community partners work to identify individuals who may be diverted from jail to alternative to custody programs and/or community-based care.	a. ODR to provide community-based restoration for misdemeanor and felony defendants found incompetent to stand trial (MIST and FIST)
	b. Court-ordered releases to SUD or MH treatment
	c. Rapid Diversion Program
	d. Returning Home Well LA
	e. ODR Housing Program
11. Maximize direct warm handoffs directly from jail to receiving community-based providers	a. Arrange conditional and coordinated releases directly to providers
	b. Provide assistance with transportation to destination upon release
12. All incarcerated individuals should have a safe place to stay upon release.	a. Provide interim housing through Probation-contracted services, DHS Housing for Health, LAHSA or other housing providers
13. Ensuring continuity of care with medical, mental health and SUD treatment upon release is essential to health and well-being	a. Schedule appointments with primary care provider, mental health and/or SUD provider in community prior to release
	b. Provide assistance in applying for or reinstating Medi-Cal benefits
	c. Provide 30-day supply of essential medications at release
14. Efforts to provide individuals with vital documents and enroll in eligible public services are critical to support reentry.	a. Provide assistance in obtaining CA ID, birth certificate, Social Security card, and/or other needed documents

(continued from #14 above)

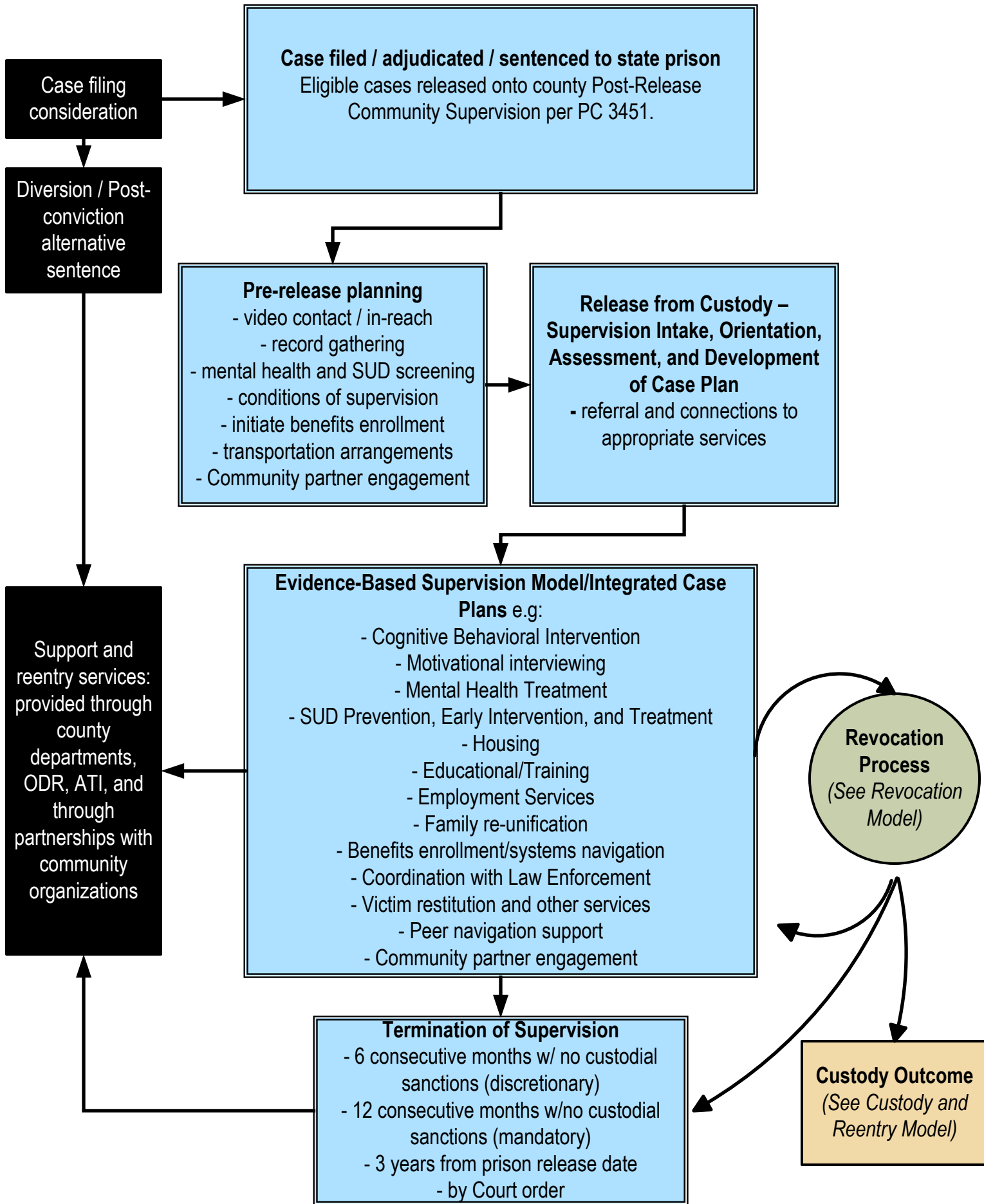
	b. Provide assistance in applying for or reinstating GR, CalFresh food benefits, SSI/SSDI, Medi-Cal and/or other applicable benefits
15. Prioritize workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency and support individuals in a responsive, holistic way	a. Identify opportunities to support re-entry job seekers through training stipends, intensive case management, system integration like the INVEST program (between WDACS and Probation), and other housing/work financial supports
16. Engage and educate employers on the value of hiring justice-involved individuals, concentrating on high growth industries	a. Support and enhance the County's Fair Chance campaign that educates employers on the State's Fair Chance law, but also encourages employers to sign on to the Fair Chance pledge and hire from the reentry population
17. Ensure reentry needs and strengths in all domains are considered in the comprehensive release plan	a. Develop comprehensive reentry plans in collaboration with individual in jail, to include (as needed) housing, medical care, mental health treatment, SUD treatment, family/community/social support (including family reunification if applicable), transportation, Medi-Cal, financial and food support, and needed documents
18. Ongoing case management, navigation or peer support from a credible messenger in the community with lived experience	a. Provide linkage upon release to a community health worker, peer support, or other reentry provider with lived experience of prior incarceration

# Post-Release Community Supervision Model





# POST-RELEASE COMMUNITY SUPERVISION (PRCS) – PC 3451



# Post-Release Community Supervision

## Principles and Recommendations

Pre-Release and Early Transition Planning	
Principle	Programmatic/Strategic Recommendation
1. Pre-release planning and community transition support are critical elements of PRCS and community-based service support.	a. The County's Pre-Release Center (PRC), in partnership with independent community-based organizations, screens the incoming PRCS case for mental health, substance use disorder, physical health, housing, and other responsibility needs to ensure appropriate services are rendered.
	b. Pre-release benefits enrollment processes support the timely delivery of needed services and shall include independent community-based partners.
	c. Strategies to address transportation needs should prioritize independent community-based service providers.
Evidence-Based Supervision Practices	
Principle	Programmatic/Strategic Recommendation
2. PRCS and community-based service provision goals of promoting the successful reentry of clients and enhancing public safety are accomplished through the incorporation of evidence-based practices and strategies that are rooted in community-based holistic approaches.	a. Holistic and innovative evidence-based approaches
	b. Validated assessment tools are utilized to identify needs and strengths and develop case plans, including: harm reduction strategies to address in order to reduce recidivism, mental health treatment needs, SUD treatment needs, and other support service needs.
3. Individualized Interventions	a. The level of case management and supervision service correspond to an individual's identified needs and strengths in collaboration with independent community-based organizations. Supervision case plans are developed at the beginning of the supervision period with community-based partners that identifies support that correspond to the client's needs and strengths.
	b. Supervision services are prioritized for clients that are at high need. Per statute, clients that make significant progress towards the completion of their case plan goals and have no custodial sanctions are considered for an early earned discharge.
	c. The County currently contracts with community-based organizations for the following services: substance use disorder, mental health treatment, employment, housing, and system navigation. The County should contract directly with community-based organizations independently of law enforcement body.
Public Safety	
Principle	Programmatic/Strategic Recommendation
4. Addressing client accountability when necessary can promote positive long-term behavior change and support public safety, in collaboration with independent community-based organizations.	a. Probation coordinates with independent community-based organizations and collaborates with local law enforcement and participates in co-located teams in order to address unmet needs that present public safety concerns
Substance Use Disorder (SUD) Treatment Services	
Principle	Programmatic/Strategic Recommendation
5. Substance use disorder (SUD) services are accessible and connect individuals to the right services, at the right time, in the right setting, for the right duration.	a. Ensure that justice involved individuals have access to SUD services via multiple entryways (SASH, CENS, SBAT, direct treatment provider)
	b. Collaborate with partners to provide access to SUD services at Probation Offices and court locations
	c. Monitor efficiency and efficacy of entryways to SUD services
6. SUD services are comprehensive across the lifespan and on a continuum of improved health, wellness, and recovery.	a. Evidence-based SUD prevention, early intervention, treatment, and recovery support services are available to justice-involved individuals, both during and after supervision.
	b. The pathway to recovery is not a linear process and may include one or more service components and episodes between and/or within the following: withdrawal management, outpatient, residential, recovery bridge housing, medication assisted treatment, harm reduction, and recovery support services.
	c. SUD services are client-entered and personalized to ensure the right level and duration of treatment and are based on an individual's continual growth to improve the quality of their life.
	d. Leverage existing resources (e.g., AB 109, other local, state, and federal funds) to support SUD services that are not reimbursable by Drug MediCal, but necessary to ensure continuity of SUD services to justice-involved individuals
7. SUD services are culturally humble and influenced and responsive to personal belief systems.	a. SUD services are provided by a culturally, racially, and gender diverse workforce of SUD registered and certified counselors, and licensed professions, including peer support services by individuals with a diversity of lived experience.

(continued from #7 above)

- b. SUD counselors are trained to work with justice-involved populations, including trained on trauma-informed evidence-based approaches.
- c. SUD workforce is trained on SUD trends and other restorative justice and health equity topics and practices.
- d. SUD services are made available in all of LA County's threshold languages, directly or by interpretation services.
- e. SUD services are available throughout LA County, including communities most impacted by the justice system.

**Mental Health Treatment Services**

Principle	Programmatic/Strategic Recommendation
8. Proactive outreach and engagement of clients	a. Meeting clients where they feel most comfortable and engaging them, including jail in-reach prior to release and participating in video-conferencing with clients in CDCR
9. Access to all levels of care, including mental health and co-occurring services	a. Mental health assessments, linkage, and specialty mental health services such as intensive outpatient, enriched residential (ERS) and co-occurring substance abuse (COIN) services provided by community-based organizations to help individuals achieve hope, recovery and wellbeing
10. Collaboration and integration of care with AB109 partner agencies	a. Collaboration and communication with all partner agencies and departments to facilitate integrated care for clients, including co-location of staff
11. Provide ancillary services and supports	a. Providing a full continuum of care tailored to meet individual needs, including establishment of benefits and linkage to a broad array of services and supports
12. Ensuring providers have the necessary evidence-based training	a. Offering relevant trainings to providers in order to improve the skill set needed to engage clients
13. Assisting client to remain engaged in services following termination of supervision	a. Working with providers to provide continuity of care for engaged clients

**Employment Services**

Principle	Programmatic/Strategic Recommendation
14. Prioritize workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency	a. Support and expand efforts like the Career Center at the Century Regional Detention Facility where incarcerated people receive certification training in construction, hospitality and technology as part of pre-release planning that will continue with post-release training and employment
15. Engage and educate employers on the value of hiring justice-involved individuals, concentrating on high growth industries	a. Support and enhance programming that supports hiring justice-involved individuals by community-based organizations, as well as the County's Fair Chance campaign that educates employers on the State's Fair Chance law, but also encourages employers to sign on to the Fair Chance pledge and hire from the reentry population
16. Understanding the complex array of barriers the re-entry population faces, ensure financial and case management supports are responsive to the re-entry population's needs	a. Identify opportunities to support re-entry job seekers through training stipends, intensive case management, system integration like existing community-based organizations, as well as the INVEST program (between WDACS and Probation), and other housing/work financial supports
17. For parenting re-entry adults, engage the family through youth programming to assist in the prevention of continuing justice-involvement	a. Identify opportunities to serve children of justice-involved through youth work experience and education programs to help break the cycle of justice system involvement

**Community Partnerships and Equitable Access to Services**

Principle	Programmatic/Strategic Recommendation
18. The County and community partners collaborate to provide access to support services -- during supervision and supporting independent community-based services after supervision.	a. Housing
	b. Peer navigation services and credible messenger support
	c. Transportation services
	d. Family re-unification
	e. Financial and food assistance

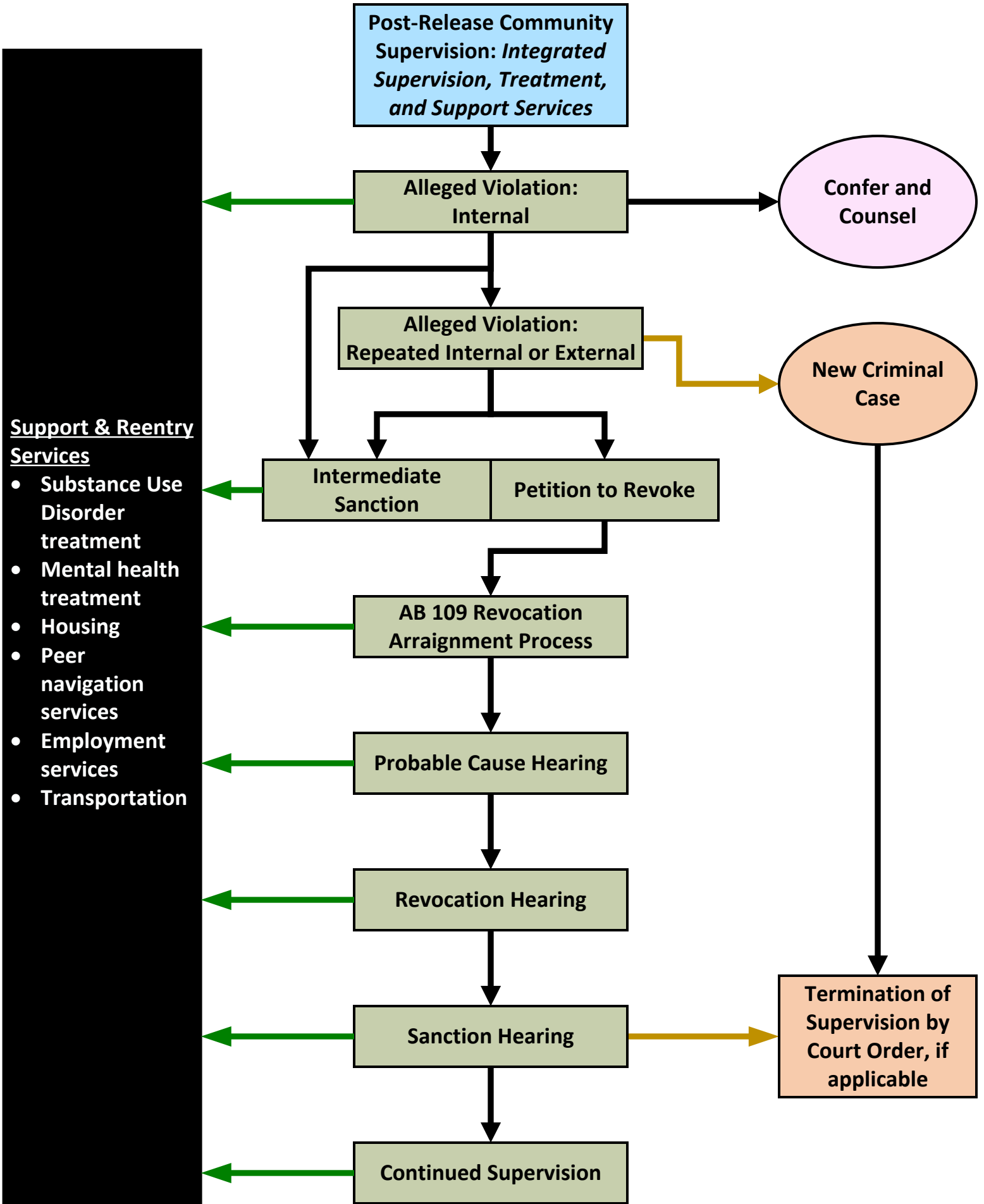
**Violations and Revocation Process**

**EBP Principles**

Principle	Programmatic/Strategic Recommendation
1. Responding to the root causes of harm and unmet needs in a swift, culturally humble and sensitive, and fair way reduces supervision violations and law violations especially when used in conjunction with the use of positive reinforcement to respond to positive behaviors. Responding to needs in an equitable and positive way reinforces the vision of care first in a revocation model.	a. Probation-developed policies grounded in holistic harm reduction and community-based principles to guide DPOs in their responses to client behaviors, needs, and strengths

<b>Alternatives to Custody</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
2. Reliance on custodial sanctions alone is ineffective in reducing recidivism	a. Probation's Response Grid uses graduated responses based on the client's needs and strengths to determine the response. Responses prioritize reconnection to services, and revocations are only recommended for clients that have needs that could not be met through any other community-based services and should be a last resort.
<b>Ensuring Public Safety</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
3. Ensuring public safety is a critical role of the Probation Department. Public safety prioritizes the needs of the client, their family, and survivor(s).	a. Addressing client accountability in partnership with independent community-based organizations, when necessary and appropriate, contributes to an increase in public safety.
<b>Coordinated Delivery of Services</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
4. Individuals who face revocation often present with very high and complex needs. As a result, the availability and delivery of services through the revocation process should be specifically designed to address those high needs.	a. The availability of co-located assessments and service linkages prioritizing community-based providers at the Court is critical for complex needs such as: co-occurring residential treatment, housing and mental health housing, skilled nursing facility placement, and SUD treatment services, including Medication for Addiction Treatment (MAT).
5. Strategies and supports delivered by independent community-based providers that help individuals meet their supervision obligations can help improve their outcomes and reduce violation incidences.	a. Peer navigation services/credible messengers
	b. Transportation support
	c. Use of existing community-led strategies (e.g., PRIT, ATI, MCJ closure report, etc.), as well as the development of strategies and partnerships, prioritizing independent community-based providers, to help individuals meet applicable registration requirements

# Violation/Revocation Model



Part II:  
Fiscal Year (FY) 2021-2022  
Public Safety Realignment  
Funding Allocation

## Fiscal Year 2021-2022 Public Safety Realignment Funding Allocation

<b>Where funds were allocated to:</b>	<b>Amount</b>
Alternate Public Defender	\$4,231,000
Auditor-Controller	\$230,000
Board of Supervisors	\$3,357,000
Chief Executive Office	\$240,000
District Attorney	\$8,802,000
Diversion and Re-Entry	\$53,583,000
Fire District	\$4,582,000
Health Services	\$47,582,000
Homeless and Housing Program	\$912,000
Mental Health	\$44,286,000
Probation	\$123,200,000
Public Defender	\$14,490,000
Public Health	\$10,906,000
Sheriff	\$240,060,000
Workforce Development, Aging, and Community Services	\$997,000
Trial Court Operations	\$49,000
<b>Total Allocation:</b>	<b>\$557,507,000</b>

Part III:  
Fiscal Year (FY) 2021-2022  
Community Corrections Plan  
Goals, Objectives, and Outcome  
Measures



**Goal 1: Deliver high-quality workforce services/training to individuals in custody with linkage to continued workforce services upon release**

Objective 1	Provide in-custody basic career readiness training to 100 individuals per year. Basic career readiness training - overseen by Workforce Development, Aging, and Community Services with partnering agencies - is a six-week training program that includes work etiquette, resume preparation and interview skills
Objective 2	Provide in-custody case management to all participants
Objective 3	Provide in-custody industry specific training to at least 25% of basic career readiness training graduates
Objective 4	Provide post-release workforce placement and retention services to all released participants
Outcome Measure 1	Number of participants that complete the basic career readiness training
Outcome Measure 2	Number of participants that complete the industry specific training linked with workforce services post release
Outcome Measure 3	Number of participants employed at 3, 6, and 12 months after release from custody

**Goal 2: Enhance the County’s Post Release Community Supervision (PRCS) pre-release processes to facilitate case planning, linkages to services, and reentry**

Objective 1	Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Objective 2	Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody on revocation matters in order to facilitate a seamless connection to community-based services upon release
Objective 3	Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Objective 4	Develop options for providing transportation of PSPs to treatment providers directly from jail or court
Outcome Measure 1	The number of PRVC contacts with individuals being released to Los Angeles County on PRCS in order to support pre-release planning efforts
Outcome Measure 2	The number of clients contacted through jail in-reach efforts and the number of clients successfully linked
Outcome Measure 3	The establishment of agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites

**Goal 3: Reduce the mental health population in the County jail system**

Objective 1	Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Objective 2	Increase the number of behavioral health assessment providers in custody and at court locations in order to identify individuals with mental health/co-occurring disorders eligible for placement in community treatment
Objective 3	Implement the County's Alternative Crisis Response (ACR) system and expand the number of Psychiatric Mobile Response Teams (PMRTs)
Objective 4	Enhance the continuum of community-based services available so that individuals diverted from custody can be stepped down to high quality care at the appropriate level of service, as needs present
Outcome Measure 1	The number of individuals supported in the ODR housing program
Outcome Measure 2	The number of behavioral health assessment providers available for in custody assessments and the number of individuals being released from jail with behavioral health treatment needs that are placed with mental health and substance use disorder treatment providers
Outcome Measure 3	Status of the ACR program launch and volume of calls served
Outcome Measure 4	The number of PMRT teams deployed and the number of call responses

Part IV:  
PSRT Members and  
Designated Alternates

**Public Safety Realignment Team  
Members / Designated Alternates**

<b>Agency</b>	<b>Member</b>	<b>Title</b>	<b>Designated Alternate</b>	<b>Title</b>
Probation Department (Chair)	Adolfo Gonzales	Chief Probation Officer	Howard Wong	Deputy Director
Superior Court	The Honorable Sam Ohta	Supervising Judge	The Honorable Jeffrey S. Cohen-Laurie	Site Judge, Central Arraignment Courthouse
Sheriff's Department	The Honorable Alex Villanueva	Sheriff	Brendan Corbett	Assistant Sheriff
District Attorney's Office	The Honorable George Gascon	District Attorney	Sharon L. Woo	Chief Deputy
Public Defender's Office	Ricardo Garcia	Public Defender	Thomas Moore	Assistant Public Defender
Alternate Public Defender's Office	Erika Anzaotegui	Alternate Public Defender	Cesar Sanchez	Acting Chief Deputy
Chief Executive Office	Fesia Davenport	Chief Executive Officer	Brian Hoffman	Principal Analyst, CEO
Department of Mental Health	Dr. Lisa Wong	Director, DMH	Dr. Karen Streich	Mental Health Clinical Program Mgr., III
Department of Public Health - Substance Abuse Prevention and Control (SAPC)	Dr. Gary Tsai	Director, DPH-SAPC	Yanira Lima	Branch Chief
Department of Economic Opportunity (DEO)	Kelly LoBianco	Director, DEO	Irene Pelayo	Program Manager, Workforce Development
Department of Public Social Services	Dr. Jackie Contreras	Acting Director, DPSS	Sherri Cheatham	Chief, Medi-Cal & In-Home Supportive Services Program Division
Department of Health Services	Dr. Christina Ghaly	Director, DHS	Dr. Tim Belavich	Interim Director, DHS-Correctional Health Services
Office of Diversion and Reentry	Dr. Clemens Hong	Director, ODR	Michelle Newell	Deputy Director
Alternatives to Incarceration	The Honorable Songhai Armstead	Executive Director, ATI		
Anti-Racism, Diversity, and Inclusion Initiative	D'Artagnan Scorza	Executive Director	Heather Jue Northover	Principal Analyst
Los Angeles County Office of Education (LACOE)	Dr. Debra Duardo	Superintendent of Schools	Maricela Ramirez	Chief Education Officer
Los Angeles Police Department	Michel Moore	Chief, LAPD	Kris Pitcher	Deputy Chief
County Police Chiefs Association	Chief Eugene Harris	President, County Police Chiefs Association	Chief Scott Fairfield	Vice President, County Police Chiefs Association
Community Based Organization	Troy Vaughn	Executive Director, Los Angeles Regional Reentry Partnership	Joseph Paul	
Appointee, Supervisorial District 1	Ivette Alé	Senior Policy Lead, Dignity and Power Now	Fabian Garcia	
Appointee, Supervisorial District 2	Bikila Ochoa	Deputy Director, Anti-Recidivism Coalition	Nicole Brown	
Appointee, Supervisorial District 3	Marisa Arrona	Local Safety Solutions Project Director, Californians for Safety and Justice	Jacky Guerrero	
Appointee, Supervisorial District 4	Jose Osuna	Housing Justice Manager, Brilliant Corners	Kyle Blake	
Appointee, Supervisorial District 5	Josh McCurry	Executive Director, Flintridge Center	Gerald Freeny	
Victim Advocacy Organization	Itzel Bonilla	Program Coordinator, Healing Dialogue and Action		

**ATTACHMENT B:**  
**2023 CCP Plan**



PUBLIC SAFETY  
REALIGNMENT TEAM

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*Realignment Implementation Plan - 2023*

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Part I:  
CCP Plan Framework  
(Approved June 2021)



# I. BACKGROUND AND INTRODUCTION

## **PUBLIC SAFETY REALIGNMENT**

In October of 2011, the State of California enacted Public Safety Realignment, a major criminal justice reform effort to reduce state prison overcrowding as ordered by a Federal Court. Outlined in Assembly Bill 109 and Assembly Bill 117, Public Safety Realignment transferred various responsibilities from the State to counties. Though more specific criteria apply, the primary components of realignment were as follows:

- ***Local Custody*** – Custody responsibility was transferred from the State to counties for individuals convicted and sentenced for non-violent, non-serious, non-sex (N3) felony offenses.
- ***Post-Release Community Supervision*** – Community supervision of eligible individuals released from state prison was transferred from state parole to a new, county-implemented Post-Release Community Supervision (PRCS) program.
- ***Local Revocation Process*** – Revocation processes for state parole (and for the newly created PRCS) were transferred to the counties and a local Court process. In addition, custody terms that result from parole (or PRCS) revocations were shifted to local county jail.

## **LOS ANGELES COUNTY’S PUBLIC SAFETY REALIGNMENT TEAM**

Following its adoption of the County’s Community Corrections Partnership (CCP) realignment implementation plan in 2011, the Board of Supervisors established the Public Safety Realignment Team (PSRT) to ensure the ongoing coordination of realignment implementation among departments, stakeholder agencies, and community partners. Initially established with a composition and structure mirroring a county’s CCP, the PSRT is chaired by the Chief Probation Officer and provides ongoing realignment updates to the Board of Supervisors and the California Board of State and Community Corrections.

In December 2020, the Board approved a motion expanding the membership of the PSRT and directing the newly constituted body to update the county’s implementation plan. Specifically, the Board approved an updated PSRT membership structure by adding:

1. The department head or high-level executive from:
  - a. Office of Diversion and Reentry
  - b. Alternatives to Incarceration Initiative
  - c. Anti-Racism, Diversity, and Inclusion Initiative
  - d. Department of Health Services

2. Five representatives from community-based or advocacy organizations that work with the AB 109 reentry population with one appointee to be appointed by each supervisor for two-year terms; at least one representative should have lived experience.

Further, the Board directed the updated PSRT to:

1. Revise the AB 109 Community Corrections Partnership (CCP) implementation plan to reflect the Board's priorities on alternatives to incarceration, including, but not limited to, diversion programs, substance abuse programs, mental health treatment, housing, restorative justice programs, and community-based services.
2. Within 90 days of the new AB 109 CCP implementation plan being approved, provide recommendations for AB 109 funding that reflect the Board's priorities listed above.

The PSRT member roster and full motion approved by the Board are attached.

### **IMPLEMENTATION PLAN FORMAT**

The goal of the PSRT implementation update is to provide a framework for how the County can address the responsibilities transferred to the County through realignment and incorporate the County's justice reform priorities. To that end, PSRT members developed an implementation plan format that identifies principles and corresponding programmatic/strategic recommendations in the following subject matter areas:

- Diversion / Alternatives to Incarceration
- Custody and Reentry
- Post-Release Community Supervision

The overall intent was to develop an integrated set of recommendations that promotes community-based services to reduce the number of individuals in custody or on supervision and to ensure that those who are in custody or on supervision are connected with services that support reentry, improve outcomes, and reduce recidivism. The set of documents that were approved by the committee are provided in Section II.

As directed by the Board, the PSRT is continuing its work to provide funding recommendations. Per the Chief Executive Office, the PSRT's funding recommendations will offer valuable input and guidance that will inform the CEO's development of the recommended AB 109 budget.

## II. ITEMS APPROVED BY THE PUBLIC SAFETY REALIGNMENT TEAM

### Overarching Principles

#### Diversion / Alternatives to Incarceration

- I. Implementation of Public Safety Realignment in Los Angeles County is guided by the County's Care First, Jails Last priorities.
- II. Los Angeles County's justice system operates with a racial and gender equity lens and aims to reduce racial and gender disparities.
- III. The provision of services that meet the needs of individuals in contact with the justice system, including survivors of harm, are provided by community-based service providers, outside the custody or supervision environments when possible.
- IV. Recovery is not a linear process. As individuals engage in this journey, strategies to assist in recovery should not penalize them and should afford individual agency and a spectrum of services utilizing a harm reduction approach.
- V. Alternative to incarceration efforts must focus on serving communities that are most vulnerable, including BIPOC and individuals with behavioral health needs, transition age youth, women – particularly Black Women – TGI and LGBTQ+ people.
- VI. Services and interventions are designed and delivered based on an individual's needs and strengths.
- VII. Strategies must be implemented to ensure safe and equitable access to services, resources, and obligations, including transportation, geographic proximity, childcare, etc.
- VIII. Strategies must be data-driven, evidence based best practices, with metrics of success to include the impact of strategies on individual and community health, reducing the jail population, improving racial equity, and enhancing public safety.
- IX. Strategies must prioritize addressing the root-causes of economic, racial and gender inequity; poverty and houselessness; criminalization and incarceration; and other forms of interpersonal and systemic harm.
- X. Implementation of Public Safety Realignment in Los Angeles County is in alignment with the 2011 Public Safety Realignment mandates and other relevant statutes and interpreted in the broadest manner to effectuate the overarching principles recognized herein.

#### Custody and Reentry

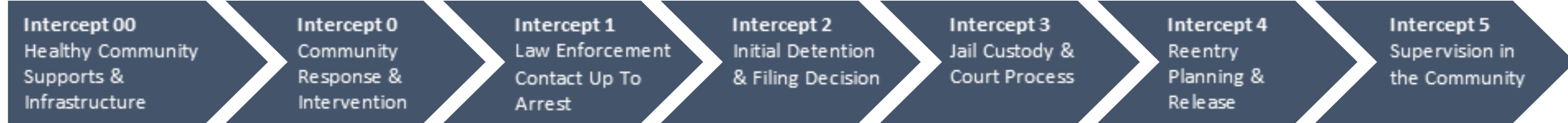
- I. Reentry planning and preparation starts as soon as someone is in custody.
- II. Individuals are removed from custody as soon as possible with appropriate supports.
- III. Community-based organizations play a primary role in within- and post-custody reentry preparation and support.

### Post-Release Community Supervision

- I. Pre-release planning, including identification of individualized service needs and establishment of benefits, is a critical component of the PRCS program.
- II. The PRCS model prioritizes an integrated care plan that includes evidence-based supervision practices, treatment, and wrap-around supportive services.
- III. The PRCS model addresses individualized needs in order to support reentry and community reintegration and enhance public safety.
- IV. Individuals should continue to be provided needed treatment and services beyond their supervision period.
- V. Prerelease planning, service delivery, and release should prioritize self- and community-determination.
- VI. Consistent, accessible, publicly transparent, robust, and funded data collection and reporting should be conducted to establish a baseline, track outcomes, improve outcomes, and determine if there are any unintended outcomes, and should be reviewed on a regularly established basis (e.g., monthly/annually). Data tracking metrics should include reductions in the jail population and in racial, gender, and geographic disparities.
- VII. Consistent with the overall PRCS supervision model, responses to violations -- including the revocation process -- prioritize a client's connection or re-connection to treatment services.
- VIII. To ensure long-term community stability, develop multiple opportunities throughout the revocation path to provide access to support and services.

## Diversion / Alternatives to Incarceration Intercept Model

**ATI Office  
Intercept Model,  
2021**



# Diversion / Alternatives to Incarceration

## Principles and Recommendations

<b>Intercept 00 - Healthy Community Supports &amp; Infrastructure</b>	
<b>Objective: To build a robust community-based network of behavioral health supports, housing, employment, transportation, and other resources to help prevent people from entering or reentering jails</b>	
Principle	Programmatic/Strategic Recommendation
1. Resource and support communities to meet their own needs so that they can grow and thrive, without law enforcement or criminal legal system intervention	a. Community-based Service and Resource Hubs - e.g. DOORS Reentry Center (ODR); Restorative Care Villages (BOS/DHS/DMH)
2. Youth Development Resources	a. (Youth Justice Reimagined)
3. Safe transportation, housing, safe child care, access to all medical care, free and appropriate public education, diagnosis and support, access to green space and healthy food, employment	
4. Services in the community are delivered by individuals with lived experience that represent the intersections and identities of those impacted in a culturally humble way.	a. Fund and expand community peace-keeper programs that utilize a peer-based model and employ impacted individuals outside of law enforcement; Trans-led gender-affirming education and family support
<b>Intercept 0 - Community Response &amp; Intervention</b>	
<b>Objective: Consistent with community safety, reduce the number of people having contact with law enforcement, by focusing on individual and community wellness and development of strengths and responding to the needs of individuals in crisis</b>	
Principle	Programmatic/Strategic Recommendation
5. Provide direct hand-off to services for people in lieu of arrest	a. Law Enforcement Assisted Diversion (ODR)
6. Create real-time inventory of available services, accessible to individuals, families seeking support, and service providers, and law enforcement where relevant	a. ATI Assessment and Referral App
7. Provide robust, community-based, non-law enforcement responses to those in behavioral health crisis, preferably through those with lived experience	a. Alternative Crisis Response (ATI); community-based emergency response (e.g. Community Alternatives to 911); Multi Disciplinary Team (MDT) and Psychiatric Mobile Response Teams (PMRT)
8. Provide harm reduction services for those struggling with substance use disorders	a. Harm Reduction Training/Overdose Education and Naloxone Distribution (ODR)
9. Youth Development and Diversion Resources	a. (Youth Justice Reimagined)
<b>Intercept 1 - Law Enforcement Contact Up to Arrest</b>	
<b>Objective: Consistent with community safety, reduce the number of people from entering the jail system, regardless of charges, with a focus on their strengths and needs</b>	
Principle	Programmatic/Strategic Recommendation
10. Provide direct hand-off to services for people in lieu of arrest	a. Law Enforcement Assisted Diversion (ODR)
11. In situations where behavioral health crisis situation requires law enforcement, it should be a co-response with a clinical and specially trained law enforcement officer.	a. Mental Evaluation Team (LASD/DMH)
<b>Intercept 2 - Initial Detention &amp; Filing Decision</b>	
<b>Objective: Presumption of pretrial release to decentralized community-based services, housing and resources, in an effort consistent with community safety, stability of the individual, and improved health and wellness outcomes</b>	
Principle	Programmatic/Strategic Recommendation
12. Reduce the number of people with mental health, homeless and other vulnerabilities from entering the jail system	a. Prefiling diversion program (ATI)
13. Develop a strengths- and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions	a. community-based pretrial service providers (e.g. CASA); access to legal defense counsel; access to participatory defense in the community
14. Decriminalize quality of life and survival crimes	a. Alternative stabilizing housing supports and behavioral health supports, including safe consumption housing; prosecution filing decisions (e.g. prosecutors can reduce or eliminate filing on survival crimes)

15. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release

**Intercept 3 - Jail Custody & Court Process**

**Objective: Establish up-front strength, needs, and behavioral health assessments and robust diversion and release capacity to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health, physical health, and other clinical needs, and other particularly vulnerable populations**

Principle	Programmatic/Strategic Recommendation
16. Assess and identify as early as possible, those with behavioral health needs who are eligible for diversion and release, and divert to community-based services and supports, as early as possible	a. AB1810 Pretrial Mental Health Diversion (ODR & ATI); Misdemeanor Incompetent to Stand Trial (ODR); Felony Incompetent to Stand Trial (ODR); Department of State Hospitals Diversion (ODR)
17. Assess and identify as early as possible, those who may be eligible for diversion and release, and divert to community-based services and supports, as early as possible	a. Community-based pretrial services (ATI/ODR); Rapid Diversion (ATI); Reentry Intensive Case Management System (ODR)
18. Develop a strengths- and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions	a. Community-based pretrial service providers (e.g. CASA); access to legal defense counsel; access to participatory defense in the community
19. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release

**Intercept 4 - Reentry & Release**

**Objective: Ensure early release planning for all people coming out of jails and prisons to LA County, and continuity of support and peer navigation to services and supports to ensure stability and success for individuals returning to their communities**

Principle	Programmatic/Strategic Recommendation
20. Begin release planning upon entry into jail, and improve care coordination for release, to support the success of individuals upon release	a. Care Transitions (DHS-CHS)/Reentry Intensive Case Management System (ODR)
21. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release
22. Support employment development and supports, especially for those with behavioral health needs, TGI, and other marginalized individuals	a. SECTOR (ODR); community-based workforce development
23. Allow people to finish serving the last few years of their realignment sentence in the community	a. Returning Home Well LA

24. Provide opportunities for community-based reentry sites; Split sentencing with an opportunity to serve the end of sentences in a community-based setting	
25. Provide safe transportation to everyone leaving custody	a. Platform to connect the individual to the service provider that provides transportation
<b><u>Intercept 5 - Supervision in the Community</u></b>	
<b>Objective: Reduce the demands and length of supervision, and improve access to supportive services by connection to peer navigators to improve health and safety outcomes</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
26. Promote the principles of Harm Reduction Reduce the number of supervision check-ins, reduce and potentially eliminate technical violations, and reduce and potentially eliminate the issuance of bench warrants for people who incur technical violations on community supervision; Reduce the role of Probation and increase the transitioning of individuals to community-based supports and providers	a. (Probation)
27. Improve connection to community-based services and resources through peer navigation for those on supervision, with continuity post-supervision	a. Reentry Intensive Case Management System (ODR)



# Custody and Reentry Model



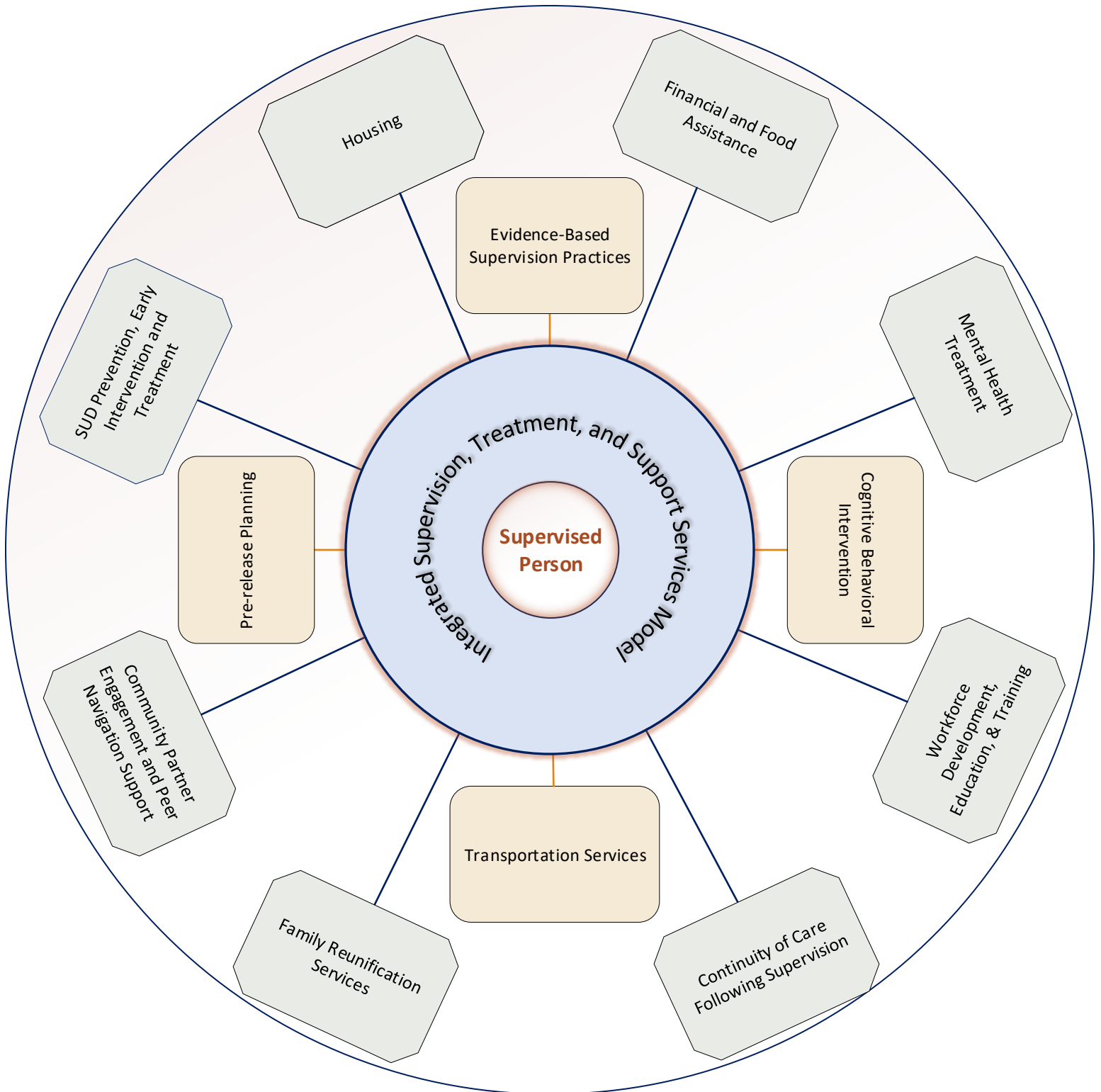
## Custody and Reentry Principles and Recommendations

Custody	
Principle	Programmatic/Strategic Recommendation
1. County jail facilities provide a safe and secure housing environment for incarcerated individuals.	
2. Incarcerated individuals have the opportunity to participate in meaningful programming leading to credits.	a. LASD to provide programming including fire camp, Education Based Incarceration (EBI), conservation credit, inmate worker credits, Life Skills and Career Technical Education
3. Gender-responsive services are available to individuals in custody who identify as female.	a. Trauma-informed programming, visitation room (ABC room) for mothers and children, and expansion of services for pregnant and parenting women including prenatal education, doula services and lactation support
4. Healthcare services in jail are delivered in a manner which is inclusive, compassionate, excellent, innovative, and accountable to individuals in the county jail and facilitates continuity of their care upon release.	a. Correctional Health Services to provide high quality physical health, mental health, substance use treatment, and dental care, meeting or exceeding community-level standards of care
5. Evidence-based substance use disorder treatment programming should be available to individuals during their time in custody.	a. Medication for Addiction Treatment (MAT) and START program should be implemented to scale.
6. Incorporate restorative justice programming into custody setting that is led by community-based organizations	
7. Prioritize in-custody workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency and support individuals in a responsive, holistic way	a. Support and expand efforts like the Career Center at the Century Regional Detention Facility where incarcerated individuals receive certification training in Construction, Hospitality and Technology both as pre-release and post-release training
Reentry	
Principle	Programmatic/Strategic Recommendation
8. Release planning and connection to reentry and community supports should begin as early as possible in custody.	a. Assessment provided soon after arrival that includes strengths, needs, trauma history, family/community supports, and current/prior providers, ideally by a person of the same community with lived experience
9. Involve family member(s), current/prior treatment provider(s) in the community, Probation and defense attorney in reentry planning, as appropriate and with consent of the client	a. Provide opportunities for in-person or virtual in-reach, including assessment interviews or engagement in custody by the identified community treatment provider and/or Probation, if pending release to supervision
10. County and community partners work to identify individuals who may be diverted from jail to alternative to custody programs and/or community-based care.	a. ODR to provide community-based restoration for misdemeanor and felony defendants found incompetent to stand trial (MIST and FIST)
	b. Court-ordered releases to SUD or MH treatment
	c. Rapid Diversion Program
	d. Returning Home Well LA
	e. ODR Housing Program
11. Maximize direct warm handoffs directly from jail to receiving community-based providers	a. Arrange conditional and coordinated releases directly to providers
	b. Provide assistance with transportation to destination upon release
12. All incarcerated individuals should have a safe place to stay upon release.	a. Provide interim housing through Probation-contracted services, DHS Housing for Health, LAHSA or other housing providers
13. Ensuring continuity of care with medical, mental health and SUD treatment upon release is essential to health and well-being	a. Schedule appointments with primary care provider, mental health and/or SUD provider in community prior to release
	b. Provide assistance in applying for or reinstating Medi-Cal benefits
	c. Provide 30-day supply of essential medications at release
14. Efforts to provide individuals with vital documents and enroll in eligible public services are critical to support reentry.	a. Provide assistance in obtaining CA ID, birth certificate, Social Security card, and/or other needed documents

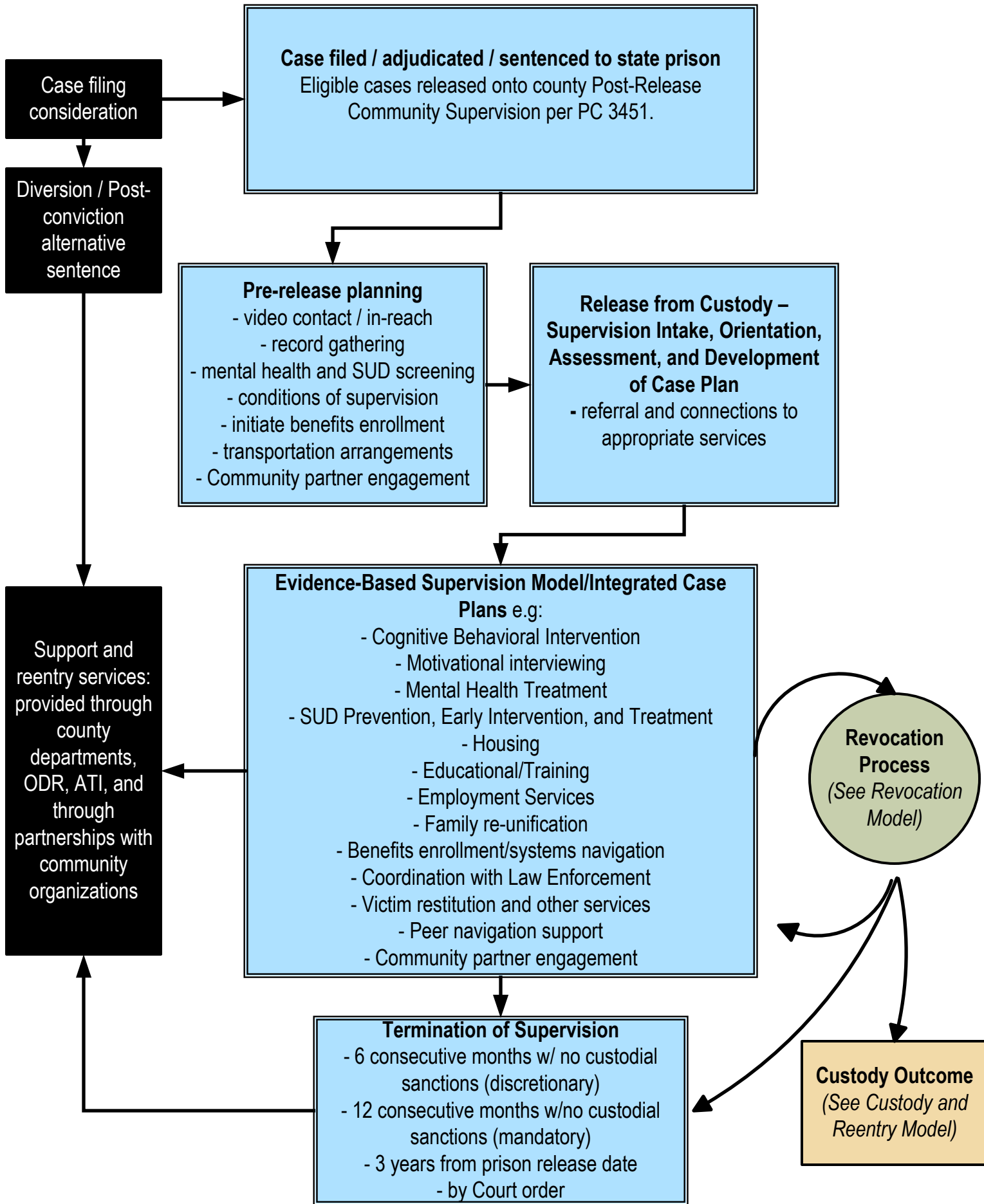
(continued from #14 above)

	b. Provide assistance in applying for or reinstating GR, CalFresh food benefits, SSI/SSDI, Medi-Cal and/or other applicable benefits
15. Prioritize workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency and support individuals in a responsive, holistic way	a. Identify opportunities to support re-entry job seekers through training stipends, intensive case management, system integration like the INVEST program (between WDACS and Probation), and other housing/work financial supports
16. Engage and educate employers on the value of hiring justice-involved individuals, concentrating on high growth industries	a. Support and enhance the County's Fair Chance campaign that educates employers on the State's Fair Chance law, but also encourages employers to sign on to the Fair Chance pledge and hire from the reentry population
17. Ensure reentry needs and strengths in all domains are considered in the comprehensive release plan	a. Develop comprehensive reentry plans in collaboration with individual in jail, to include (as needed) housing, medical care, mental health treatment, SUD treatment, family/community/social support (including family reunification if applicable), transportation, Medi-Cal, financial and food support, and needed documents
18. Ongoing case management, navigation or peer support from a credible messenger in the community with lived experience	a. Provide linkage upon release to a community health worker, peer support, or other reentry provider with lived experience of prior incarceration

# Post-Release Community Supervision Model



# POST-RELEASE COMMUNITY SUPERVISION (PRCS) – PC 3451



# Post-Release Community Supervision

## Principles and Recommendations

Pre-Release and Early Transition Planning	
Principle	Programmatic/Strategic Recommendation
1. Pre-release planning and community transition support are critical elements of PRCS and community-based service support.	a. The County's Pre-Release Center (PRC), in partnership with independent community-based organizations, screens the incoming PRCS case for mental health, substance use disorder, physical health, housing, and other responsibility needs to ensure appropriate services are rendered.
	b. Pre-release benefits enrollment processes support the timely delivery of needed services and shall include independent community-based partners.
	c. Strategies to address transportation needs should prioritize independent community-based service providers.
Evidence-Based Supervision Practices	
Principle	Programmatic/Strategic Recommendation
2. PRCS and community-based service provision goals of promoting the successful reentry of clients and enhancing public safety are accomplished through the incorporation of evidence-based practices and strategies that are rooted in community-based holistic approaches.	a. Holistic and innovative evidence-based approaches
	b. Validated assessment tools are utilized to identify needs and strengths and develop case plans, including: harm reduction strategies to address in order to reduce recidivism, mental health treatment needs, SUD treatment needs, and other support service needs.
3. Individualized Interventions	a. The level of case management and supervision service correspond to an individual's identified needs and strengths in collaboration with independent community-based organizations. Supervision case plans are developed at the beginning of the supervision period with community-based partners that identifies support that correspond to the client's needs and strengths.
	b. Supervision services are prioritized for clients that are at high need. Per statute, clients that make significant progress towards the completion of their case plan goals and have no custodial sanctions are considered for an early earned discharge.
	c. The County currently contracts with community-based organizations for the following services: substance use disorder, mental health treatment, employment, housing, and system navigation. The County should contract directly with community-based organizations independently of law enforcement body.
Public Safety	
Principle	Programmatic/Strategic Recommendation
4. Addressing client accountability when necessary can promote positive long-term behavior change and support public safety, in collaboration with independent community-based organizations.	a. Probation coordinates with independent community-based organizations and collaborates with local law enforcement and participates in co-located teams in order to address unmet needs that present public safety concerns
Substance Use Disorder (SUD) Treatment Services	
Principle	Programmatic/Strategic Recommendation
5. Substance use disorder (SUD) services are accessible and connect individuals to the right services, at the right time, in the right setting, for the right duration.	a. Ensure that justice involved individuals have access to SUD services via multiple entryways (SASH, CENS, SBAT, direct treatment provider)
	b. Collaborate with partners to provide access to SUD services at Probation Offices and court locations
	c. Monitor efficiency and efficacy of entryways to SUD services
6. SUD services are comprehensive across the lifespan and on a continuum of improved health, wellness, and recovery.	a. Evidence-based SUD prevention, early intervention, treatment, and recovery support services are available to justice-involved individuals, both during and after supervision.
	b. The pathway to recovery is not a linear process and may include one or more service components and episodes between and/or within the following: withdrawal management, outpatient, residential, recovery bridge housing, medication assisted treatment, harm reduction, and recovery support services.
	c. SUD services are client-entered and personalized to ensure the right level and duration of treatment and are based on an individual's continual growth to improve the quality of their life.
	d. Leverage existing resources (e.g., AB 109, other local, state, and federal funds) to support SUD services that are not reimbursable by Drug MediCal, but necessary to ensure continuity of SUD services to justice-involved individuals
7. SUD services are culturally humble and influenced and responsive to personal belief systems.	a. SUD services are provided by a culturally, racially, and gender diverse workforce of SUD registered and certified counselors, and licensed professions, including peer support services by individuals with a diversity of lived experience.

(continued from #7 above)

- b. SUD counselors are trained to work with justice-involved populations, including trained on trauma-informed evidence-based approaches.
- c. SUD workforce is trained on SUD trends and other restorative justice and health equity topics and practices.
- d. SUD services are made available in all of LA County's threshold languages, directly or by interpretation services.
- e. SUD services are available throughout LA County, including communities most impacted by the justice system.

**Mental Health Treatment Services**

Principle	Programmatic/Strategic Recommendation
8. Proactive outreach and engagement of clients	a. Meeting clients where they feel most comfortable and engaging them, including jail in-reach prior to release and participating in video-conferencing with clients in CDCR
9. Access to all levels of care, including mental health and co-occurring services	a. Mental health assessments, linkage, and specialty mental health services such as intensive outpatient, enriched residential (ERS) and co-occurring substance abuse (COIN) services provided by community-based organizations to help individuals achieve hope, recovery and wellbeing
10. Collaboration and integration of care with AB109 partner agencies	a. Collaboration and communication with all partner agencies and departments to facilitate integrated care for clients, including co-location of staff
11. Provide ancillary services and supports	a. Providing a full continuum of care tailored to meet individual needs, including establishment of benefits and linkage to a broad array of services and supports
12. Ensuring providers have the necessary evidence-based training	a. Offering relevant trainings to providers in order to improve the skill set needed to engage clients
13. Assisting client to remain engaged in services following termination of supervision	a. Working with providers to provide continuity of care for engaged clients

**Employment Services**

Principle	Programmatic/Strategic Recommendation
14. Prioritize workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency	a. Support and expand efforts like the Career Center at the Century Regional Detention Facility where incarcerated people receive certification training in construction, hospitality and technology as part of pre-release planning that will continue with post-release training and employment
15. Engage and educate employers on the value of hiring justice-involved individuals, concentrating on high growth industries	a. Support and enhance programming that supports hiring justice-involved individuals by community-based organizations, as well as the County's Fair Chance campaign that educates employers on the State's Fair Chance law, but also encourages employers to sign on to the Fair Chance pledge and hire from the reentry population
16. Understanding the complex array of barriers the re-entry population faces, ensure financial and case management supports are responsive to the re-entry population's needs	a. Identify opportunities to support re-entry job seekers through training stipends, intensive case management, system integration like existing community-based organizations, as well as the INVEST program (between WDACS and Probation), and other housing/work financial supports
17. For parenting re-entry adults, engage the family through youth programming to assist in the prevention of continuing justice-involvement	a. Identify opportunities to serve children of justice-involved through youth work experience and education programs to help break the cycle of justice system involvement

**Community Partnerships and Equitable Access to Services**

Principle	Programmatic/Strategic Recommendation
18. The County and community partners collaborate to provide access to support services -- during supervision and supporting independent community-based services after supervision.	a. Housing
	b. Peer navigation services and credible messenger support
	c. Transportation services
	d. Family re-unification
	e. Financial and food assistance

**Violations and Revocation Process**

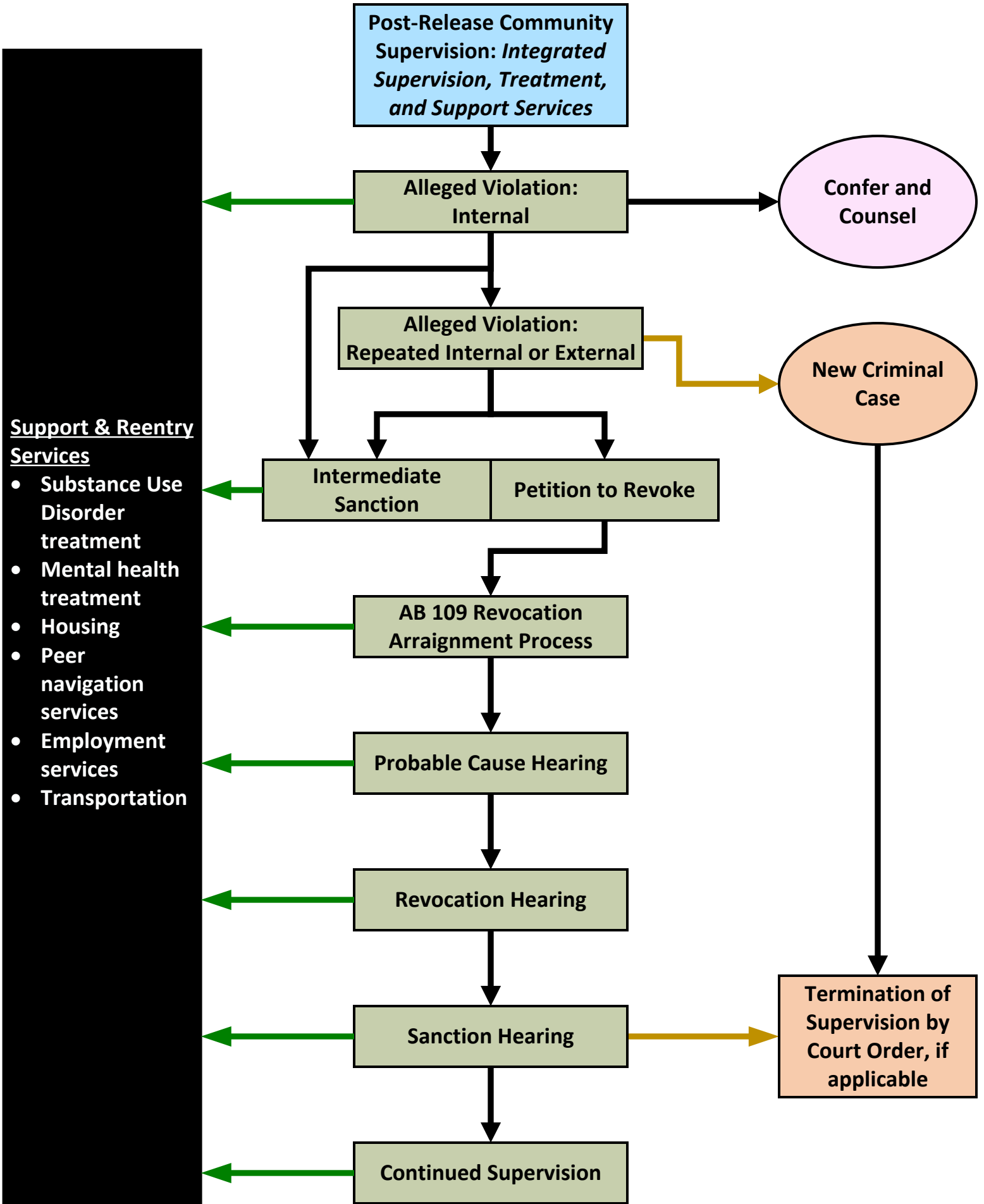
**EBP Principles**

Principle	Programmatic/Strategic Recommendation
1. Responding to the root causes of harm and unmet needs in a swift, culturally humble and sensitive, and fair way reduces supervision violations and law violations especially when used in conjunction with the use of positive reinforcement to respond to positive behaviors. Responding to needs in an equitable and positive way reinforces the vision of care first in a revocation model.	a. Probation-developed policies grounded in holistic harm reduction and community-based principles to guide DPOs in their responses to client behaviors, needs, and strengths

<b>Alternatives to Custody</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
2. Reliance on custodial sanctions alone is ineffective in reducing recidivism	a. Probation's Response Grid uses graduated responses based on the client's needs and strengths to determine the response. Responses prioritize reconnection to services, and revocations are only recommended for clients that have needs that could not be met through any other community-based services and should be a last resort.
<b>Ensuring Public Safety</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
3. Ensuring public safety is a critical role of the Probation Department. Public safety prioritizes the needs of the client, their family, and survivor(s).	a. Addressing client accountability in partnership with independent community-based organizations, when necessary and appropriate, contributes to an increase in public safety.
<b>Coordinated Delivery of Services</b>	
<b>Principle</b>	<b>Programmatic/Strategic Recommendation</b>
4. Individuals who face revocation often present with very high and complex needs. As a result, the availability and delivery of services through the revocation process should be specifically designed to address those high needs.	a. The availability of co-located assessments and service linkages prioritizing community-based providers at the Court is critical for complex needs such as: co-occurring residential treatment, housing and mental health housing, skilled nursing facility placement, and SUD treatment services, including Medication for Addiction Treatment (MAT).
5. Strategies and supports delivered by independent community-based providers that help individuals meet their supervision obligations can help improve their outcomes and reduce violation incidences.	a. Peer navigation services/credible messengers
	b. Transportation support
	c. Use of existing community-led strategies (e.g., PRIT, ATI, MCJ closure report, etc.), as well as the development of strategies and partnerships, prioritizing independent community-based providers, to help individuals meet applicable registration requirements



# Violation/Revocation Model



Part II:  
Fiscal Year (FY) 2022-2023  
Public Safety Realignment  
Funding Allocation

## Fiscal Year 2022-2023 Public Safety Realignment Funding Allocation

Where funds were allocated to:	Amount
Alternate Public Defender	\$6,534,000
Auditor-Controller	\$237,000
Board of Supervisors	\$4,083,000
Chief Executive Office	\$240,000
District Attorney	\$8,929,000
Diversion and Re-Entry	\$103,956,000
Economic Opportunity (formerly WDACS)	\$1,303,000
Fire District	\$4,579,000
Health Services	\$41,349,000
Justice, Care and Opportunities	\$14,875,000
Mental Health	\$44,418,000
Probation	\$124,626,000
Public Defender	\$16,485,000
Public Health	\$15,757,000
Sheriff	\$249,723,000
Trial Court Operations	\$49,000
Youth Development	\$26,118,000
<b>Total Allocation:</b>	<b>\$663,261,000</b>

Part III:  
Fiscal Year (FY) 2022-2023  
Community Corrections Plan  
Goals, Objectives, and Outcome  
Measures

**Goal 1: Enhance the County’s Post Release Community Supervision (PRCS) and pre-release processes to facilitate case planning, linkages to services, and reentry**

Objective 1	Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Objective 2	Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody in order to facilitate a seamless connection to community-based services upon release
Objective 3	Develop options to optimize and increase the provision of transportation of PSPs to treatment providers directly from jail or court
Objective 4	Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Outcome Measure 1	Increase the number of PRVC contacts with individuals being released to Los Angeles County on PRCS to include all AB109 partner agencies, as appropriate, in order to support pre-release planning efforts
Outcome Measure 2	The number of clients contacted through jail in-reach efforts by probation and the number of clients successfully screened and linked to community-based mental health and SUD services by DMH and DPH-SAPC
Outcome Measure 3	Increasing agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites
Outcome Measure 4	The number of inmates exiting custody with approved Medi-Cal

**Goal 2: Enhance the Correctional Health Services (CHS) intake screening process and expand access to treatment**

Objective	Ensure that within 24 hours of intake, each inmate is screened in the reception center by a registered nurse to identify urgent or emergent medical and mental health needs.
Objective	Ensure that each inmate in the reception center who is identified as having emergent or urgent mental health needs is evaluated by a Qualified Mental Health Professional (QMHP) as soon as possible but no more than four hours from the time of identification.
Objective	Create a process at intake to identify individuals who report an opiate use disorder.
Objective	Implement a program for patients with opiate use disorders to increase access to Medication Assisted Treatment (MAT) for inmates.
Outcome Measure	Average length of time from custody intake to screening by a registered nurse
Outcome Measure	The percentage of inmates with an emergent or urgent mental health need who are evaluated within four hours of identification.
Outcome Measure	The number of justice-involved individuals who report opiate use disorder during intake.
Outcome Measure	The percentage of eligible patients who are offered medication assisted treatment while in custody.

**Goal 3: Reduce the mental health population in the County jail system**

Objective 1	Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Objective 2	Continued implementation and operationalization of the County's Alternative Crisis Response (ACR) system and expand the number of mobile crisis response teams, including Mobile Crisis Outreach Teams (MCOT) and Psychiatric Mobile Response Teams (PMRTs)
Objective 3	Expand the Psychiatric Social Worker (PSW) program to serve additional clients facing potential custody sentences
Objective 4	Enhance the continuum of community-based services available so that individuals touched by the justice system can access high quality care at the appropriate level of service
Outcome Measure 1	The number of individuals supported in the ODR Housing Program, including the number of new clients served in FY 22-23.
Outcome Measure 2	Percentage of field response NOT requiring law enforcement involvement
Outcome Measure 3	The number of MCOT/PMRT teams deployed
Outcome Measure 4	Number of individuals diverted from incarceration with the assistance of the PSW program
Outcome Measure 5	Onboarding and training individuals for the PSW program

Part IV:  
PSRT Members and  
Designated Alternates



**Public Safety Realignment Team  
Members / Designated Alternates**

<b>Agency</b>	<b>Member</b>	<b>Title</b>	<b>Designated Alternate</b>	<b>Title</b>
Probation Department (Chair)	Adolfo Gonzales	Chief Probation Officer	Howard Wong	Deputy Director
Superior Court	The Honorable Ricardo Ocampo	Supervising Judge	The Honorable Jeffrey S. Cohen-Laurie	Site Judge, Central Arraignment Courthouse
Sheriff's Department	The Honorable Robert Luna	Sheriff	Pending	
District Attorney's Office	The Honorable George Gascon	District Attorney	Sharon L. Woo	Chief Deputy
Public Defender's Office	Ricardo Garcia	Public Defender	Thomas Moore	Assistant Public Defender
Alternate Public Defender's Office	Erika Anzaotegui	Alternate Public Defender	Cesar Sanchez	Acting Chief Deputy
Chief Executive Office	Fesia Davenport	Chief Executive Officer	Brian Hoffman	Principal Analyst, CEO
Department of Mental Health	Dr. Lisa Wong	Interim Director, DMH	Dr. Karen Streich	Mental Health Clinical Program Mgr., III
Department of Public Health - Substance Abuse Prevention and Control (SAPC)	Dr. Gary Tsai	Director, DPH-SAPC	Yanira Lima	Branch Chief
Department of Economic Opportunity (DEO)	Kelly LoBianco	Director, DEO	Irene Pelayo	Program Manager, Workforce Development
Department of Public Social Services	Dr. Jackie Contreras	Acting Director, DPSS	Sherri Cheatham	Chief, Medi-Cal & In-Home Supportive Services Program Division
Department of Health Services	Dr. Christina Ghaly	Director, DHS	Dr. Tim Belavich	Director, DHS-Correctional Health Services
Office of Diversion and Reentry	Dr. Clemens Hong	Director, ODR	Rose Sunderland	Fiscal & Operations Manager
Justice, Care, and Opportunities Department	The Honorable Songhai Armstead	Director, JCOD	Gina Eachus	
Anti-Racism, Diversity, and Inclusion Initiative	D'Artagnan Scorza	Executive Director	Heather Jue Northover	Principal Analyst
Los Angeles County Office of Education (LACOE)	Dr. Debra Duardo	Superintendent of Schools	Maricela Ramirez	Chief Education Officer
Los Angeles Police Department	Michel Moore	Chief, LAPD	Kris Pitcher	Deputy Chief
County Police Chiefs Association	Chief Scott Fairfield	President, County Police Chiefs Association	Pending	
Community Based Organization	Troy Vaughn	Executive Director, Los Angeles Regional Reentry Partnership	Joseph Paul	
Appointee, Supervisorial District 1	Ivette Alé	Executive Director, La Defensa	Fabian Garcia	
Appointee, Supervisorial District 2	Bikila Ochoa	Deputy Director, Anti-Recidivism Coalition	Nicole Brown	
Appointee, Supervisorial District 3	Marisa Arrona	Local Safety Solutions Project Director, Californians for Safety and Justice	Jacky Guerrero	
Appointee, Supervisorial District 4	Jose Osuna	Housing Justice Manager, Brilliant Corners	Kyle Blake	
Appointee, Supervisorial District 5	Josh McCurry	Executive Director, Flintridge Center	Gerald Freeny	
Victim Advocacy Organization	Itzel Bonilla	Program Coordinator, Healing Dialogue and Action		