



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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**TERRI L. McDONALD**  
Chief Probation Officer

January 15, 2020

To: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

From: Terri L. McDonald  
Chief Probation Officer

Subject: **PUBLIC SAFETY REALIGNMENT IMPLEMENTATION (ITEM NO. S-1, AGENDA OF JANUARY 15, 2013) – JANUARY 2020 UPDATE**

## Background

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). Chaired by the Chief Probation Officer and comprised of multiple agencies, PSRT meets regularly to address legal, custody, supervision, and treatment coordination issues to enhance realignment implementation. This report is submitted as the January 2020 update.

## Overview

The attached report highlights selected implementation developments and strategies for the period of April 2019 to December 2019. Also provided is the FY 2019-20 Community Corrections Partnership (CCP) Survey (Exhibit A). This survey was assembled by impacted departments and submitted to the California Board of State & Community Corrections in December 2019, to provide an overview of implementation efforts during the period of October 2018 to November 2019. It includes a broad summary of key issues identified by departments in the areas of supervision, custody, and rehabilitative/treatment services, and key system-wide goals for the current fiscal year. Our efforts to enhance services to our clients and to keep our communities safer are in alignment with the 2016 – 2021 County of Los Angeles Strategic Plan.

If you have any questions or need additional information, please contact me or Reaver E. Bingham, Chief Deputy, Adult Services, at (562) 940-2513.

TLM:REB:HW:DP:GM:alj

## Attachment

- c: Sachi A. Hamai, Chief Executive Officer
- Celia Zavala, Executive Officer, Board of Supervisors
- Mary C. Wickham, County Counsel
- Sheila Williams, Senior Manager, Chief Executive Office
- Justice Deputies

***Rebuild Lives and Provide for Healthier and Safer Communities***

## PUBLIC SAFETY REALIGNMENT IMPLEMENTATION UPDATE

The Los Angeles County Probation Department's AB 109 Bureau and County collaborative agencies have made significant contributions in serving the Re-Entry population through numerous achievements. The AB 109 Program met its strategic goals for 2019 and remains confident with its endeavors for 2020.

Below are key enhancements identified by departments in the areas of supervision, custody, and rehabilitative/treatment services, and key system-wide goals for the current year. As referenced in the transmittal memorandum, also provided are the FY 2019-20 Community Corrections Partnership (CCP) Survey (Exhibit A).

### CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS REPORT HIGHLIGHTS: STRATEGIES IMPLEMENTATION SUMMARY

**The Department of Public Health's Substance Abuse Prevention and Control (DPH-SAPC) is increasing substance use disorder collaboration and services to clients.**

***"Reduce the Incidence of Involvement with the Justice System Among Vulnerable Populations: Increase the number of justice involved juveniles and adults linked to appropriate health, mental health and substance use disorder services." (County of Los Angeles Strategic Plan)***

- ❖ To streamline linkage to substance use disorder services, DPH-SAPC and Probation have increased the co-location of Client Engagement Navigation Systems (CENS) counselors at Probation Offices throughout the County. CENS Counselors are now co-located at 11 Probation offices servicing the supervised population.
- ❖ In partnership, Department of Mental Health (DMH) is collocated within all five AB 109 Bureau Regions.
- ❖ DHS-ICHS established and formalized a process for screening of eligible AB 109 Revocation Court clients to the START program via referral requests from Probation. Once accepted into the START program, AB 109 Revocation Court clients would receive treatment services, including individual and group counseling, case management, and referral to post-release community SUD treatment.
- ❖ DHS-ICHS will provide Substance Use Disorder (SUD) treatment under the Substance Treatment and Re-entry Transition (START) in-custody treatment program to Assembly Bill (AB) 109 Revocation Court clients.

**The Probation Department continues to implement a cognitive behavioral intervention (CBI) program to address criminogenic needs and reduce recidivism.**

- ❖ The Probation Department made significant progress in its efforts to implement the CBI program using evidenced-based practices by providing its supervisors with additional training resources designed to boost unit staff's competencies.

***“Implement evidence-based practices to increase our residents’ self-sufficiency, prevent long-term reliance on the County’s social safety net, and prevent involvement with the County’s foster, juvenile justice, and adult justice systems.”***  
***(County of Los Angeles Strategic Plan)***

**The Probation Department is implementing in-reach habitual absconders who are being released from County jail using pre-release video conferencing (PRVC) or in-person meetings to reduce their abscond rate.**

***“Implement evidence-based practices to increase our residents’ self-sufficiency, prevent long-term reliance on the County’s social safety net, and prevent involvement with the County’s foster, juvenile justice, and adult justice systems.”*** ***County of Los Angeles Strategic Plan***

- ❖ Co-located DMH staff at the PRC began participating in the PRVC process in March 2019 to coordinate mental health care prior to release. Clinical staff obtain necessary clinical information, including reasons for hospitalizations, medications, diagnoses, acuity level, symptoms, controlling offense and registrations to coordinate a suitable release and aftercare plan for the client.

- ❖ As of November 2019, the process is being piloted with staff at one AB 109 regional office.
- ❖ The required equipment has been ordered and received.
- ❖ Information Technology staff are in the process of completing the hardware and software installation.
- ❖ Approximately 20 video conference interviews have been conducted.
- ❖ The process and lessons learned from this pilot will be incorporated into future policy and implementation.

**The Probation Department and DPH-SAPC is expanding Substance Abuse Disorder (SUD) access and services for the AB 109 population, creating a fuller, more complete continuum of care.**

- ❖ The Probation Department's and DPH-SAPC's goal is to increase the number of Probation Department sites where Client Engagement and Navigation Services (CENS) are co-located.
- ❖ DPH-SAPC continued co-locating CENS navigators at Department of Probation and Superior Court locations that provide screening, referral and linkage to (SUD) treatment services for clients with conditions of probation under AB 109.

***"Provide rehabilitative services to those involved with the County's justice systems to reduce the risk of recidivism and support successful re-entry into our communities."***  
***(County of Los Angeles Strategic Plan)***

**The Department of Health Services' Integrated Correctional Health Services (DHS-ICHS) initiated SUD treatment under the Substance Abuse Treatment and Re-Entry Transition (START) in-custody treatment program to AB 109 revocation court clients.**

***"Provide rehabilitative services to those involved with the County's justice systems to reduce the risk of recidivism and support successful re-entry into our communities."*** ***(County of Los Angeles Strategic Plan)***

- ❖ DHS-ICHS established and formalized a process for screening of eligible AB 109 Revocation Court clients to the START program via referral requests from Probation.
- ❖ Once accepted into the START program, AB 109 Revocation Court clients would receive treatment services, including individual and group counseling, case management, and referral to post-release community SUD treatment.
- ❖ Between October 2018 and June 2019, 137 AB 109 Revocation Court clients were referred to the START program.

## SERVICE DELIVERY STRATEGIES

### PRISON IN-REACH

***“Reduce the Incidence of Involvement with the Justice System Among Vulnerable Populations: Increase the number of justice involved juveniles and adults linked to appropriate health, mental health and substance use disorder services.” (County of Los Angeles Strategic Plan)***

Officer (DPO) 30 to 45 days prior to their release from custody. The assigned DPO uses video conferencing to introduce himself/herself, inform clients of their reporting office, provide an overview of the PRCS program, and start preparing the initial case plan to address stabilization and treatment needs.

- ❖ Since May 2018, Probation staff assigned to the Pre-Release Center (PRC) have coordinated and participated in Pre-Release Video Conferences (PRVC) with state prison inmates who have substantial medical, mental health, or housing needs to plan stabilization and treatment delivery prior to their release.
- ❖ In December 2018, Probation began a pilot program in its Pomona Area Office where state prisoners are assigned to a Deputy Probation Officer (DPO) 30 to 45 days prior to their release from custody. The assigned DPO uses video conferencing to introduce himself/herself, inform clients of their reporting office, provide an overview of the PRCS program, and start preparing the initial case plan to address stabilization and treatment needs.
- ❖ Co-located DMH staff at the PRC began participating in the PRVC process in March 2019 to coordinate mental health care prior to release. Clinical staff obtain necessary clinical information, including reasons for hospitalizations, medications, diagnoses, acuity level, symptoms, controlling offense and registrations to coordinate a suitable release and aftercare plan for the client.
- ❖ Coordination with the Department of Health Services (DHS) is also initiated if there are medical concerns or if there is an identified need for special housing. Since the implementation of the PRVC in Alameda County in 2018, they have had a reduction in the abscond rate and increased reporting to 80%.
- ❖ The Department is expanding the use of in-reach video conferencing in prisons. Since the last report, Probation has conducted meetings with labor unions to discuss operational effectiveness with the new protocols to effectively build rapport with clients before their release into the community. The Department will be supplying its supervision offices with technical capabilities, building training components, and drafting policy by the next reporting period.
- ❖ The purpose of the pilot is to reduce client anxiety, reduce the lag time between release from custody and first office meeting with the assigned DPO, facilitate a warm hand-off to needed services, and reduce the number of absconds from supervision.

**JAIL IN-REACH**

- ❖ On May 6, 2019, AB 109 Probation began a County jail in-reach pilot at the South Bay Area Office.
- ❖ On December 9, 2019, Video conferencing systems were installed in the South Bay Office's interview rooms.

***“Implement evidence-based practices to increase our residents’ self-sufficiency, prevent long-term reliance on the County’s social safety net, and prevent involvement with the County’s foster, juvenile justice, and adult justice systems.” (County of Los Angeles Strategic Plan)***

**SUBSTANCE USE DISORDER COLLABORATION AND INCREASED SERVICES**

- ❖ In May of 2019, DPH-SAPC and Probation partnered in a pilot substance use disorder education program to target those who screen positive for an at-risk intervention, but who do not show a current need for treatment.
- ❖ This program provides education to those who are at risk of substance use disorders in an effort to proactively address those who are risk of addiction.
- ❖ The program is designed to target those with a history of usage that puts them at risk of developing a substance use disorder. Prior to this program, clients were only referred to treatment when their assessments indicated a current need for treatment.
- ❖ In an effort to streamline linkage to substance use disorder services, DPH-SAPC and Probation have increased the co-location of Client Engagement Navigation Systems (CENS) counselors at Probation offices throughout the County.
- ❖ CENS Counselors are now co-located at 11 Probation offices serving the supervised population.
- ❖ In partnership, DMH is colocated within all five AB 109 Bureau Regions.

***“Reduce the Incidence of Involvement with the Justice System Among Vulnerable Populations: Increase the number of justice involved juveniles and adults linked to appropriate health, mental health and substance use disorder services.” (County of Los Angeles Strategic Plan)***

**INCREASED HOMELESS OUTREACH EFFORTS**

***“Ensuring that law enforcement and other first responders effectively engage homeless families and individuals (Strategies E4 and E5).”  
(Los Angeles County Homeless Initiative)***

- ❖ AB 109 partnered with California State University, Los Angeles (CSULA) School of Criminal Justice & Criminalistics, to conduct a homeless intern project, consisting of analyzing all 849 South Bay cases, to determine how many cases have permanent residences or homeless/transient, along with providing a homeless survey, homeless community resources for clients/staff, and reducing our homeless population.
- ❖ A CSULA student, an intern, worked closely with AB 109 operations throughout her internship. The research revealed that of the 849 cases, 49 were homeless, which represented 6% of the South Bay Office’s population.
- ❖ The homeless survey was also completed by 19 clients, which revealed that our clients’ greatest needs were *“wanting private housing, transportation to and from Probation, and food.”* Auxiliary funds and incentives have been and will continue to be used to address the needs of our clients.
- ❖ The Probation Department is currently acquiring additional vehicles to expand their mobile outreach efforts to areas of the County with large homeless populations. These resource units will allow probation officers and collaborative partners in the community, to meet with homeless clients and provide resources such as housing, mental health and substance abuse assessments, and employment services.
- ❖ The targeted expansion cities include Long Beach, Antelope Valley, Pomona, Venice and Santa Monica.



**COUNTYWIDE EVALUATION**

- ❖ Post Release Services was implemented in 2011. Since that time, there have been inquiries regarding outcomes, recidivism and services. The Office of the CIO (OCIO), in collaboration with CCJCC, the Probation Department, and the AB 109 Steering Committee, have collaborated on a project to support the evaluation of the County's Public Safety Realignment program and assess its impact on the participants' outcomes, recidivism, and criminal justice trends.

***"We will aggressively address societies most complicated social, health, and public safety challenges. We want to be a highly responsive organization capable of responding to complex societal challenges."***  
***(County of Los Angeles Strategic Plan)***

- ❖ The first phase of the evaluation is to complete AB 109 individual matches to services and complete analysis that can help to better inform where improvements in service delivery are necessary. While this analysis is not a full recidivism study, this analysis can be used to inform subsequent analyses and future recidivism studies.
- ❖ Proposed analysis would be focused on services received through the County delivery system. Data would be obtained from ISAB, OCIO's Information Hub (Health Agency Departments, Probation, and Sheriff). Proposed analysis would also include comparative information to other California counties.
- ❖ The OCIO will match anonymized information on the populations of interest with anonymized data from Department data via OCIO's Information Hub to show trends and patterns of health service utilization among AB 109 supervised persons. In addition, the OCIO will support the comparison of LA County AB 109 investments across other counties (e.g., funding allocation, resource investments) and identify and address potential service delivery gaps.
- ❖ As far as next steps, the OCIO will convene a series of meetings with our AB 109 Steering Committee across the first and second quarters of 2020 and will review analyses completed and confirm additional research questions as this effort progresses.
- ❖ The OCIO recommends taking an iterative approach to support this project. This will allow for individual matches to services immediately and that can be a catalyst to further refine needs, address questions regarding the AB 109 population, and support, ultimately getting a study that can provide a more comprehensive view on recidivism.
- ❖ By taking this approach to the original service request, the AB 109 program can start to address its needs, while additionally allowing several data strategies and infrastructure investments to mature that will enable future recidivism analyses and studies.



## Exhibit A

FY 2019-20  
Community Corrections Partnership (CCP) Survey

## FY 2019-20 Community Corrections Partnership Survey

This survey is designed to help Californians understand your efforts, goals, and successes in implementing Public Safety Realignment. The information you share will be used as the basis of the Board of State and Community Corrections' (BSCC) annual report to the Governor and Legislature on the implementation of Community Corrections Partnership (CCP) Plans as required by section (11) of subdivision (b) of Section 6027 of the Penal Code. Your responses help to illustrate how counties are allocating and using funds to reduce recidivism while keeping communities safe. We hope you will also consider answering a few optional questions to show how your county is responding to the unique needs of local offenders and what, if any, challenges have arisen and changes have resulted from those responses.

### Survey

This survey was designed by the BSCC in consultation with the Department of Finance to assist counties with reporting requirements. Counties completing the required portions of the survey will have met the report requirement. Counties that complete the survey are compensated.

The Budget Act of 2019 (AB 74, Chapter 23) appropriates \$7,950,000 to counties as follows:

*Counties are eligible to receive funding if they submit a report to the Board of State and Community Corrections by December 15, 2019, that provides information about the actual implementation of the 2018-19 Community Corrections Partnership plan accepted by the County Board of Supervisors pursuant to Section 1230.1 of the Penal Code. The report shall include, but not be limited to, progress in achieving outcome measures as identified in the plan or otherwise available. Additionally, the report shall include plans for the 2019-20 allocation of funds, including future outcome measures, programs and services, and funding priorities as identified in the plan accepted by the County Board of Supervisors.*

### Funding

Funds will be distributed by January 31, 2020 to counties that comply with all survey requirements as follows:

*(1) \$100,000 to each county with a population of 0 to 200,000, inclusive, (2) \$150,000 to each county with a population of 200,001 to 749,999, inclusive, and (3) \$200,000 to each county with a population of 750,000 and above.*

*Allocations will be determined based on the most recent county population data published by the Department of Finance.*

## **Survey Distribution**

This survey has been distributed electronically to each Chief Probation Officer as CCP Chair. Each CCP Chair is encouraged to share the survey with CCP members prior to completion and submission. Responses should represent the collective views of the CCP and not a single agency or individual.

## **Submission Instructions**

To make the survey more user friendly, the BSCC is using both Microsoft Word and Excel for a complete submittal package. **The survey consists of two (2) parts and five (5) sections:**

➤ *Part A- to be completed in Microsoft Word*

Section 1: CCP Membership;

Section 2: Your Goals, Objectives and Outcome Measures; and Section 3: Optional Questions.

➤ *Part B- to be completed in Microsoft Excel*

Section 4: FY 2018-19 Public Safety Realignment Funding; and Section 5: FY 2019-20 Public Safety Realignment Funding.

Respondents may use spell and grammar checks for their narrative responses (Part A, Sections 1, 2, and 3) and Excel's auto-sum features when completing the budgetary questions (Part B, Sections 4 and 5). If you choose not to answer an optional question, please respond "Decline to Respond."

**NOTE:** To produce a more comprehensive report on the implementation of realignment, we are asking for photos, and quotes from program participants and/or stakeholders, if available. You do not need to provide identifying information. Please attach photos of programs in action along with a few quotes. These may be published in the *2011 Public Safety Realignment Act: Eighth Annual Report on the Implementation of Community Corrections Partnership Plans*.

Please ensure any individual(s) in the photos have given their consent for use/publication. In addition, do not submit any photos that include faces of minors (youth under 18).

**To submit the CCP Survey package**, as well as providing any optional photos and/or quotes, email all attachments in a single email to:

Helene Zentner, BSCC Field Representative at: [Helene.Zentner@bscc.ca.gov](mailto:Helene.Zentner@bscc.ca.gov) For questions, also contact at: 916-323-8631

### **Due Date**

A single completed survey package (Parts A and B) must be submitted electronically to the BSCC by **Friday, December 13, 2019**. The CCP is encouraged to collaborate on responses and the CCP Chair should submit the survey. Only one submission by a county will be accepted.

If you experience any difficulty completing this survey or need technical assistance, please contact:

Helene Zentner, BSCC Field Representative

916-323-8631 or [Helene.Zentner@bscc.ca.gov](mailto:Helene.Zentner@bscc.ca.gov)

Thank you.

# FY 2019-20 Community Corrections Partnership Survey

## PART A

### SECTION 1: CCP Membership

***Section 1 asks questions related to the CCP composition and meeting frequency. There are five (5) questions in this section.***

1. County Name: Los Angeles
2. Penal Code Section 1230 identifies the membership of the CCP. Provide the name of each individual fulfilling a membership role as of October 1, 2019 in the spaces to the right of each membership role. If a membership role is not filled, respond by indicating "vacant."

Chief Probation Officer	Terri McDonald
Presiding Judge of the Superior Court or designee	Sam Ohta
County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors	Sachi Hamai
District Attorney	Jackie Lacey
Public Defender	Ricardo Garcia
Sheriff	Alex Villanueva
Chief of Police	Michel Moore (LAPD) and Keith Kauffman (Police Chiefs Association)
Head of the County Department of Social Services	Antonia Jiménez
Head of the County Department of Mental Health	Jonathan E. Sherin
Head of the County Department of Employment	Otto Solorzano
Head of the County Alcohol and Substance Abuse Programs	Barbara Ferrer
Head of the County Office of Education	Debra Duardo

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
An individual who represents the interests of victims	Jackie Lacey

3. How often does the CCP meet? Use an "X" to check the box to the left of the list.

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

4. How often does the Executive Committee of the CCP meet? Use an "X" to check the box to the left of the list.

	Bi-weekly (every other week)
	Monthly
	Bi-monthly (every other month)
X	Quarterly
	Semi-Annually
	Annually
X	Other (please specify) The Executive Committee meets concurrent with the full body.

5. Does the CCP have subcommittees or working groups? Use an "X" to check the box to the left of the list.

X	Yes
	No

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



### Parole Revocation/Legal Work Group

The Parole Revocation/Legal Work Group develops, implements, and improves the processes by which AB 109 court matters are conducted, including the issuance of warrants, Post Release Community Supervision (PRCS) revocations, parole revocations, and court linkages to treatment.

### Treatment Work Group

The Treatment Work Group coordinates, develops, implements, and improves the processes by which AB 109 populations are assessed and linked to needed rehabilitation and treatment services.

## **SECTION 2: Your Goals, Objectives and Outcome Measures**

***Section 2 asks questions related to your goals, objectives, and outcome measures. To view your responses provided in the 2018-19 survey, [click here](#).***

***For the purpose of this survey:***

- ***Goals are defined as broad statements the CCP intends to accomplish.***
- ***Objectives support identified goals and are defined by statements of specific, measurable aims of the goal.***
- ***Outcome measures consist of the actual measurement of stated goals and objectives.***

**Example:**

<b>Goal</b>	<b>Increase substance use disorder treatment to offenders in ABC County</b>
Objective	40% of participants will complete substance use disorder treatment
Objective	100% of participants will receive screening for substance use disorder treatment
Outcome Measure	Number of participants enrolled in substance use disorder treatment
Outcome Measure	Number of participants completing substance use disorder treatment
Progress toward stated goal	Between January 2019 and June 2019, 70% of participants in substance use disorder treatment reported a decrease in the urge to use drugs. This is a 10% increase from the same period last year.

6. Describe a goal, one or more objectives, and outcome measures from FY 2018-19. If the CCP kept the same goal, objective and outcome measure from a prior fiscal year for FY 2018-19, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating "Not Applicable."

<b>Goal</b>	<b>The Probation Department will continue to implement a Cognitive Behavioral Intervention (CBI) program to address criminogenic needs (e.g., anti-social thinking, anti-social personality pattern, etc.) and reduce recidivism. (Continuation of goal from FY 2017/2018.)</b>
Objective	Ensure newly assigned supervision Deputy Probation Officers and Supervising Deputy Probation Officers (DPOs/SDPOs) are trained in the Evidence-Based Practice (EBP) and CBI curriculum and policies.
Objective	Ensure that supervision DPOs that have completed the EBP and CBI training maintain their skills and knowledge through monthly booster sessions.
Objective	Ensure that the use of the CBI workbooks is incorporated into the new/revised case plans to address criminogenic or case management needs.
Outcome Measure	By 6/30/19, at least 95% of supervision SDPOs will be trained in and will use the selected EBP curriculum to reinforce DPOs' EBP skills during their monthly unit meetings.
Outcome Measure	By 6/30/19, during a quality assurance review, at least 50% of case plans created/revised after 4/30/19 will include the use of at least two CBI workbooks as strategies to address criminogenic or case management needs.

Progress toward stated goal	<p>The Probation Department made significant progress in its efforts to implement the CBI program. The Department adopted and purchased the <i>Supervisors EBP BriefCASE</i> product as its curriculum for Supervising Deputy Probation Officers (SDPOs) to conduct monthly EBP booster sessions with their unit staff. The <i>EBP BriefCASE</i> product contains 18 modules that include subjects such as interpreting and sharing assessment results, overcoming thinking traps, writing SMART case plans, and effective responses to noncompliant behavior. The training of supervision SDPOs in the use of the product was held in April 2019, and 83% of AB 109 supervision SDPOs completed the training. In June 2019, AB 109 SDPOs began conducting these booster sessions and continue to review one module each month.</p> <p>In October 2018, quality assurance reviews of case plans were conducted to measure the extent to which DPOs are including the use of the adopted CBI curriculum/workbooks, <i>The Carey Guides</i>, as strategies to address criminogenic or case management needs. The initial review found that only 29% of case plans incorporated the use of the CBI workbooks. In response, Probation developed and provided 3-hour booster trainings to each unit in their office. The last quality assurance review conducted in August 2019 found that 50.6% of case plans incorporated the use of the CBI workbooks.</p> <p>The Department will continue its efforts to implement the CBI program with a goal that by June 30, 2020, at least 75% of case plans will include the use of at least two Guides as strategies to address criminogenic or case management needs.</p>
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7. Describe a goal, one or more objectives, and outcome measures from FY 2018-19. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2018-19, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating "Not Applicable."

<b>Goal</b>	<b>Expand Substance Use Disorder (SUD) access and services for the AB 109 population, creating a fuller, more complete continuum of care. (<i>Continuation of goal from FY 2017/2018.</i>)</b>
Objective	Increase the number of Probation Department sites where Client Engagement and Navigation Services (CENS) are co-located.
Objective	Engage AB 109 clients in Recovery Support Services (RSS).
Outcome Measure	Number of new CENS co-located at Probation Department sites.
Outcome Measure	Number of AB 109 clients engaged in RSS for more than 30 days.

Progress toward stated goal	Objective 1: In Fiscal Year (FY) 2018-19, the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) continued colocating CENS navigators at Department of Probation and Superior Court
	<p>locations that provide screening, referral, and linkage to substance use disorder (SUD) treatment services for clients with conditions of probation under AB 109.</p> <p>In FY 2018-19, CENS navigators were co-located at the following sites:</p> <ul style="list-style-type: none"> <li>• Long Beach Superior Courthouse Start Date: 07/01/18 □ Firestone Probation Area Office Start Date: 02/26/19</li> <li>• Centinela Probation Area Office Start Date: 02/25/19</li> </ul> <p>In FY 2018-19, CENS navigators screened 5,638 AB 109 clients at all Probation and Superior Court co-locations funded through AB 109.</p> <p>Objective 2: Increase the number of AB 109 clients in RSS: Data is not currently available to respond to the progress of RSS participation by AB 109 clients. This data lag is due to configurations of DPH-SAPC's electronic health record. It is expected that data to correspond to this objective will be available by the end of the 2<sup>nd</sup> quarter of FY 2019-20.</p>

8. Describe a goal, one or more objectives, and outcome measures from FY 2018-19. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2018-19, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating "Not Applicable."

<b>Goal</b>	<b>Department of Health Services – Integrated Correctional Health Services (DHS-ICHS) will provide Substance Use Disorder (SUD) treatment under the Substance Treatment and Re-entry Transition (START) in-custody treatment program to Assembly Bill (AB) 109 Revocation Court clients.</b>
Objective	DHS-ICHS will collaborate with the Probation Department and the AB 109 Revocation Court to establish workflows to screen and link qualifying PostRelease Supervised Persons (PSPs)/AB 109 clients to the START program. DHS-ICHS will also develop with Probation reporting mechanisms on enrollment, progress, and post-release coordination of care.
Outcome Measure	DHS-ICHS establishes a process for screening qualified PSPs, linking them to the in-custody START program, and developing reporting requirements to Probation on PSPs' enrollment status, treatment progress, SUD treatment recommendation, and post-release coordination of care.

Progress toward stated goal	<p>Outcome Measure Achieved:</p> <ul style="list-style-type: none"> <li>In August and September 2018, DHS-ICHS had discussions with Probation to establish workflows and logistics for linkage and treatment of AB 109 Revocation Court clients to the START program.</li> <li>In September 2018, DHS-ICHS established and formalized a process for screening of eligible AB 109 Revocation Court clients to the START program via referral requests from Probation. Once accepted into the START program, AB 109 Revocation Court clients would receive</li> </ul>
	<p>treatment services, including individual and group counseling, case management, and referral to post-release community SUD treatment.</p> <p><input type="checkbox"/> Between October 2018 and June 2019, 137 AB 109 Revocation Court clients were referred to the START program.</p>

9. Will the CCP use the same goals, objectives, and outcome measures identified above in FY 2019-20? Use an "X" to check the box to the left of the list.

X*	Yes. <i>(Continue to Section 3)</i>
X**	No. The CCP will add and/or modify goals, objectives, and outcome measures <i>(Continue with section below)</i>

\*Two goals will remain the same. See answers to Question #10 and Question #11.

\*\*One new goal will be added. See answer to Question #12.

10. Describe a goal, one or more objectives, and outcome measures for FY 2019-20.

<b>Goal</b>	<b>Expand Substance Use Disorder (SUD) access and services for the AB 109 population, creating a fuller, more complete continuum of care. <i>(Continuation of goal from FY 2018/2019.)</i></b>
Objective	Increase the number of Probation Department and/or Superior Court sites where Client Engagement and Navigation Services (CENS) are colocated.
Objective	Introduce the Adult-At-Risk Pilot program designed to motivate AB109 probationers who screen negative for SUD to participate in educational workshops that promote awareness of addiction.
Outcome Measure	Number of new CENS co-located at Probation Department sites.
Outcome Measure	Establish the Adult-At-Risk Pilot program at all Probation HUBs and Area Offices supervise AB 109 clients.

Progress toward stated goal	<p>Objective 1: For FY 2019-20, Department of Public Health, Substance Abuse Prevention and Control (DPH-SAPC) successfully co-located CENS navigators at the following locations:</p> <ul style="list-style-type: none"> <li>• West Los Angeles Probation Area Office Start Date: 07/15/19 □ Santa Clarita Courthouse Start Date: 08/13/19</li> <li>• Alhambra Courthouse Start Date: 08/14/19</li> <li>• East Los Angeles Probation Area Office Start Date: 10/16/19</li> </ul> <p>In July and August 2019, 1,218 clients were screened at selected Probation and Superior Court locations. It is estimated that the co-located navigators may screen approximately 7,300 clients for FY 2019-20, which would be an increase of 22% from FY 2018-19.</p> <p>Objective 2: On May 15, 2019, DPH-SAPC, in collaboration with the Probation Department, introduced the Adult At-Risk Early Intervention Educational Pilot program. The program officially launched on July 1, 2019, and is designed to motivate AB 109 probationers who screen negative for SUD to participate in educational workshops that promote awareness of addiction as a disease; increase harm reduction awareness</p>
	<p>such as overdose prevention, reducing the negative consequences of SUD; support community re-entry; reduce recidivism; and improve health outcomes. Clients who complete the program receive a certificate from DPH-SAPC and are eligible for potential incentives from Probation. The program offers the following service components through 10 hours of instruction over a 60-day period: Individualized intervention guide; Individual and group intervention sessions; Educational presentations/workshops; Collateral services with significant persons in the client's life; and Referral to ancillary and/or SUD treatment services.</p> <p>As a result of the planning and collaborative efforts between DPH-SAPC and Probation, the Adult-At-Risk Pilot program was successfully implemented at eleven (11) Probation area offices. Also, during the first two quarters of FY 2019-20, four Regional Probation orientation sessions were held to increase the knowledge and awareness amongst Deputy Probation Officers (DPOs) about the Adult-At-Risk Program.</p>

11. Describe a goal, one or more objectives, and outcome measures for FY 2019-20.

<b>Goal</b>	<p><b>Department of Health Services – Integrated Correctional Health Services (DHS-ICHS) will maintain Substance Use Disorder (SUD) treatment under the Substance Treatment and Re-Entry Transition (START) in-custody treatment program to Assembly Bill (AB) 109 Revocation Court clients. (Continuation of goal from FY 2018/2019.)</b></p>
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Objective	DHS-ICHS will continue screening and linking AB 109 Revocation Court clients to the START program and treating these clients while they are in the START program.
Outcome Measure	Total AB 109 Revocation Court referrals to the START program in FY 2019-20.
Progress toward stated goal	Between July 2019 and September 2019, 87 AB 109 Revocation Court clients were referred to the START program.

12. Describe a goal, one or more objectives and outcome measures for FY 2019-20.

<b>Goal</b>	<b>The Probation Department will utilize Pre-Release Video Conferencing (PRVC) to in-reach to individuals in prison and county jail who will be released to the Probation Department's supervision.</b>
Objective	Expand in-reach to individuals being released from prison onto Post Release Community Supervision (PRCS) with the use of PRVC in an effort to reduce the abscond rate of newly released PSPs.
Objective	Implement in-reach to habitual absconders* who are being released from county jail through the use of PRVC in an effort to reduce their abscond rate.
Objective	Ensure that CDCR staff can provide accurate information to inmates regarding AB 109 supervision by identifying and contacting each prison's contact person.
Objective	Establish PRVC capability with the prisons in every AB 109 area office and with the county jail in every AB 109 region.
Objective	Develop policy and procedures for PRVC implementation with persons being released from state prison or county jail.
Outcome Measure	By May 2020, the Department will have completed at least one contact with all the prisons from which PSPs are released that have PRVC capability.
Outcome Measure	By June 2020, at least 80% of AB 109 offices and regions will have PRVC capability.
Outcome Measure	By June 2020, AB 109 policy and procedures for PRVC will be approved by Probation's Executive Management staff.
Outcome Measure	By September 2020, at least 75% of AB 109 supervision staff will be trained in the new PRVC policy and procedures.

Progress toward stated goal	<p>As of November 2019, PRVC capabilities have been established at one area office (Pomona) and the Pre-Release Center. The process has been piloted at the area office and lessons learned will be incorporated into the future policy and implementation.</p> <p>The required equipment has been ordered and received. Information Technology staff are in the process of completing the hardware and software installation.</p>
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\*Individuals who have never reported or have not reported in six months.

### SECTION 3: Optional Questions

***Section 3 asks optional questions about evaluation, data collection, programs and services, training and technical assistance needs, and local best practices. There are 10 questions in this section. Responses will be used by the BSCC and its justice-system partners to better understand the needs of counties. If you choose not to answer an optional question, please respond “Decline to Respond.”***

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

The County allocates realignment funds to departments, which may then contract with Community-Based Organizations (CBOs) to provide programs and/or services. The CCP helps inform this process by identifying programmatic needs and/or service gaps within existing implementation efforts.

14. Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Use an “X” to check the box to the left of the list.

X	Yes
	No

If yes, how?

Los Angeles County assesses the effectiveness of programs and/or services funded with its Public Safety Realignment allocation through ongoing County Department review. Public Safety Realignment implementation reports are submitted to the County Board of Supervisors on a semi-annual basis. These reports discuss programs and services that are being offered and provide updates on Public Safety Realignment objectives and local implementation.

Included with the semi-annual reports on Public Safety Realignment are monthly data reports that indicate trends over time.

The County is currently building a framework for conducting an evaluation of AB 109 implementation using aggregated data from various County Departments.

The evaluation will assess the impact on AB 109 offender outcomes, recidivism, and criminal justice trends, and will include the development of proposed program/process modifications to improve outcomes.

As an example, anonymized information on justice-involved populations will be matched with anonymized data from health-related departments to show trends and patterns of health service utilization among AB 109 probationers. This will answer such questions as the number of people in this population that accessed health services within their first three years of supervision; the number that access services in their first year, second year, or third year of supervision; and the percent of the populations that access health services in each time frame.

Counts and percentages will be tabulated by service type (i.e., outpatient, inpatient/residential, emergency) and by health agency.

Results will be compared across demographic groups, and additional measures for employment, housing, and homelessness will be reported where data is available.

15. Does the county consider evaluation results when funding programs and/or services? Use an "X" to check the box to the left of the list.

X	Yes
	No

If yes, how?

Yes, the effectiveness and results of programs and/or services – in addition to programmatic needs identified by departments – are considered when funds are allocated. As noted in Question #14, the County Board of Supervisors is kept informed about the programs and services related to Public Safety Realignment through reports submitted on a semi-annual basis. In addition, individual departments submit extensive justifications with any budget requests made to the Chief Executive's Office and may separately report on specific programs and services.

16. Does the county use [BSCC definitions](#) (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Use an “X” to check the yes or no box to the left of the list, as applicable.

Yes	No	
	X	Average daily population
	X	Conviction
	X	Length of stay
	X	Recidivism
	X	Treatment program completion rates

Data is collected in a manner that can support measurements as defined in multiple ways. While Los Angeles County definitions may not be identical to those established by BSCC, data collection efforts are intentionally flexible to support multiple definitions, including the BSCC’s.

17. What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)? Use an “X” to check the box to the left of the list.

	Less than 20%
	21% 40%
	41% 60%
	61% 80%
X	81% or higher

18. We would like to better understand your 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 abuse, and behavioral treatment services, as well as employment and housing support.

### Mental Health Treatment Services

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

- Screening, Assessment, Triage and Linkage by DMH staff co-located at the five Probation hubs. In an effort to meet the increasing need to expand availability of these services in certain geographic areas, starting in December 2019, DMH staff will co-locate with Probation at the South Bay Area Office.

- Linkage for clients referred from the Revocation Courts, Departments of Health Services (DHS) Care Transitions Unit, and the Probation Department.
- Outpatient Treatment Services provided by a network of DMH Legal Entity Providers.
- Residential Co-Occurring Disorder (COD) Services, in collaboration with the Department of Public Health, Substance Abuse Prevention and Control (DPHSAPC).
- Enriched Residential Services.
- Crisis Residential Services.
- State Hospital and Institution for Mental Disease (IMD) beds.

Discussions have started with DPH-SAPC to collaborate for additional DPH and DMH residential COD service sites. Aside from the locations in Acton, Pomona, and Hawthorne, a fourth collaborative is currently being explored. Services provided would include case management, medication support, crisis intervention, therapeutic groups and individual treatment.

Once AB 109 clients terminate community supervision, they have access to various levels of care through the DMH network of care and can be followed in the AB 109 program for up to a year.

### Substance Use Disorder Treatment Services

DPH-SAPC provides a full continuum of substance use disorder (SUD) treatment services through the Drug Medi-Cal, Organized Delivery System (DMC-ODS), and oversees the delivery of SUD treatment services for the AB 109 population. DMC-ODS affords the opportunity to leverage Federal Medi-Cal funding to sustain services to residents in Los Angeles County through a single-benefit package.

SUD treatment services for the criminal justice populations, inclusive of AB 109, are primarily funded through Drug Medi-Cal. However, secondary funding sources cover certain treatment costs or more expansive wraparound services, including Client Engagement Navigation Services (CENS) co-locations at selected Probation area offices and/or Superior Court locations, Recovery Bridge Housing services, room and board for residential services, and contribution towards the non-federal matching fund commitment.

SUD treatment services are developed and consistent with the American Society of Addiction Medicine (ASAM) criteria and medical necessity. The following types of SUD services are provided to residents of Los Angeles County:

- 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 (nonresidential 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.
- Recovery Bridge Housing – appropriate for patients who are homeless or unstably housed and who are concurrently enrolled in an outpatient, intensive outpatient, opioid treatment program, or ambulatory withdrawal management levels of care.
- Recovery Support Services – appropriate for any patient who has completed SUD 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.



## Custody–Based Reentry Services

### *START*

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

The START program – built upon evidenced-based treatment models that are gender responsive and culturally competent for the criminal justice population – 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.

START treatment services began in February 2016. The target population is comprised of inmates that meet clinical criteria for SUD, are enrolled in the Education Based Incarceration (EBI) program and have a minimum of 45 days in custody.

The START program is offered to male and female inmates housed at four county detention facilities: Pitchess Detention Facility (PDC) for male inmates, Century Regional Detention Facility (CRDF) for female inmates, Twin Towers Correctional Facility (TTCF) for male inmates with co-occurring disorders, and Men’s Central Jail (MCJ) for gay and transgender male inmates.

AB 109 N3 (non-violent, non-serious, non-sex offending) inmates, i.e., the AB 109 population with a straight jail sentence, and AB 109 Revocation Court clients, are eligible to be treated under START.

The START program has four objectives:

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

### *Medication Assisted Treatment*

In addition to providing SUD treatment under the START program, Los Angeles County also provides Medication Assisted Treatment (MAT) to treat inmates with Opioid Use Disorder (OUD) and promote positive outcomes for them. Using MAT in SUD treatment has shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with SUD, increase patients' ability to gain and maintain employment, and improve birth outcomes among women who have SUDs and are pregnant [Substance Abuse and Mental Health Services Administration (SAMHSA), 2015].

Two MAT medications offered within the Los Angeles County jail system are Naltrexone and Buprenorphine (i.e., Suboxone); Naltrexone is available to all inmates and buprenorphine is available to all pregnant women (MAT medications given prior to incustody release).

DHS-ICHS is currently making efforts to further expand MAT services for OUD in the Los Angeles County jail system by creating an infrastructure to provide Buprenorphine to more inmates beyond pregnant women and offer Methadone as an additional MAT to inmates.

### *Educational Services*

The Sheriff's Department Inmate Services Bureau provides a variety of essential educational services, including traditional academic courses that satisfy high school and college degree requirements; life skills classes that teach social-learning to reinforce attitude and behaviors changes (e.g. anger management, parenting, domestic violence); and career technical/vocational training to improve employment readiness (including but not limited to construction, culinary, computer tech, recycling, and pet grooming).

Special programs are also offered that combine multiple service types to provide unique experiences and training platforms, such as Maximizing Effort Reaching Individual Transformation (MERIT), Back on Track, Fire Camp, and the Gender Responsive Rehabilitative programs.

### Alternative to Custody Program

The Sheriff's Department and DPH-SAPC have partnered to implement the Alternative to Custody Substance Treatment and Re-entry Transition (ATC-START) program. Launched in June 2015, the START-Community program provides community-based, supervised, non-custodial residential treatment services to non-violent, non-serious, and non-sexual (N3) female and male inmates (clients) who have a minimum of ninety (90) days left on their sentence and who volunteer to participate in a substance use disorder (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. Continued participation would be voluntary.

Once a client has been identified as a suitable candidate for the START-Community Program, the co-located DPH-SAPC contracted Client Engagement Navigation Services (CENS) administers the American Society of Addiction Medicine (ASAM) Triage Tool (ATT) to determine whether the client would likely meet medical necessity for specialty SUD services.

If treatment is necessary, CENS will refer the client to a DPH-SAPC contracted treatment provider. START Community residential services are available to Medi-Cal eligible and/or enrolled, criminal justice involved individuals, who meet the criteria for the AB 109 program. Services not reimbursed by Drug Medi-Cal (e.g., room and board) are reimbursed through AB 109.

New referrals to the ATC-START-COMMUNITY program are currently on hold pending full execution of a new Memorandum of Agreement (MOA).

### Care Coordination for Medically High-Risk Probationers

A Registered Nurse and Clinical Social Worker from DHS provide care coordination for AB 109 probationers with complex acute or chronic medical conditions. Co-located with the Probation Department, they offer pre-release planning for AB 109 probationers while they are still in CDCR custody as well as in the community post-release.

Probationers 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, 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 probation 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, and Navigation/Coordination Services

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

Generally, housing services are available for up to 365 days and includes the following types of housing services: transitional, sober living, emergency shelter housing, and medical housing (when available). In addition, housing services include case planning and management to transition the client to permanent housing.

Employment services include the following components: employment eligibility support; case management; job readiness workshops; job placement; job retention; and aftercare services.

The system navigation services assist clients by providing links to public social services benefit programs and assisting with eligibility support documents.

#### 19. What challenges does your county face in meeting these program and service needs?

Some of the challenges to meeting program and service needs are:

- Placement of specified clients into treatment: Treatment systems continue to experience challenges with meeting the treatment and long-term care needs for certain supervised persons. This includes individuals who have chronic and serious medical issues, who are registered sex offenders, who have arson convictions, who have severe mental health issues, and/or who are high-risk individuals.

In addition, residential substance abuse services for supervised individuals continues to remain an ongoing area of need.

- Managing Client Risk: A related on-going challenge is that of managing clinical risk and risk for violence. 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. Additionally, AB 109 clients have committed violent offenses while being supervised in the community post release. As a result, the higher-than-expected risk level of AB 109 clients presents a challenge for staff who are tasked with providing treatment services to these clients. DMH provides on-going consultation and offers a number of tailored trainings to increase the ability of the legal entity providers to manage the risk.
- 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 multilayered needs of high-risk, high need populations. For example, in order to complete a comprehensive assessment, DMH clinical staff need access to the client's criminal background information. This is particularly critical in order to make a violence risk assessment and to develop an effective treatment plan for the client.

- Staffing and office space needs: Identifying sufficient office space is a challenge for many Departments. For example, given that Probation Department staff and DMH clinicians are needed to co-locate in both HUBs and area offices countywide, office space that is HIPAA-compliant is an ongoing challenge. The Probation Department and DMH continue to collaborate to find new and innovative ways to meet these needs.
- Jail overcrowding: The Los Angeles County jail system continues to be impacted by severe overcrowding, partially due to the nearly 4,000 AB 109 inmates in custody. These crowding levels necessitate the use of a percentage release system wherein inmates sentenced to traditional county jail time serve only a fraction of their sentences. The combination of insufficient AB 109 funding to maintain the jail beds for the current population, crowding levels, and short custody stays for the traditional County-sentenced population hampers the ability to provide much needed programming.

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

For example, the capacity of the in-custody START program is up to 400 inmates on any given day, though the need for SUD treatment in the Los Angeles County jail system is significantly higher. Lack of available space presents a challenge in meeting this need.

- Housing services for medically fragile population: There remain several challenges related to securing housing services for the medically fragile population. Although the housing provider contract includes medical housing (board & care, recuperative care, and skill nursing facilities), it has proven difficult to find facilities that would accept clients due to their condition or due to the clients not satisfying the facilities' criteria for acceptance.

The number of clients requiring these services is only a few; however, the housing issues that arise in these cases require significant resources to ensure that medically fragile clients have their needs met. The Probation Department will continue to work with its County partners to identify and implement a solution to this issue.

## 20. What programmatic changes and/or course corrections have you made in the implementation of Public Safety Realignment that you believe 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:

- Information from CDCR

In order to improve the quality of information available to complete comprehensive assessments and to fully evaluate treatment needs, DMH has dedicated greater resources to more proactively seek out available mental health information from the California

Department of Corrections and Rehabilitation (CDCR). The increased focus on this source of information has yielded valuable information which improves the quality of care.

- Co-Occurring Disorders Services

Given the ever-growing need for residential Co-Occurring Disorders (COD) services, DMH and DPH-SAPC continue to partner to provide COD services in residential settings. There are currently three such partnership locations, and a fourth site is planned to be operational by early 2020.

- 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 towards increasing the clinical staffs' expertise on various topics. These trainings include the following:

Risk Assessment For Violence; Law and Ethics: Forensic Focus; The Invisible Wound: Promoting Healing Via Trauma Informed Care Consciousness – Forensic Focus; Safety and Crisis Prevention/Interventions When Working with Forensic/Justice Involved Consumers; Antisocial Personality Disorders- Forensic Focus; Forensic Dialectical Behavior Therapy (DBT); Assessment and Treatment of Impulse-Control Disorders in Forensic Settings; Problem-Solving Therapy in Forensic Settings; A Strength-Based Approach for Treatment of Forensic Consumers; Safety & Crisis Prevention; and Working with the ForensicallyInvolved, Mandated Consumer; Diagnosis, Treatment & Risk Management of Antisocial Personality Disorders and Psychopathy – Forensic Focus.

- Medi-Cal Outreach to Inmates

The Sheriff's Department is in the process of finalizing a Memorandum of Understanding (MOU) with the Department of Public Social Services (DPSS) and DHS to facilitate efforts in providing Medi-Cal outreach and enrollment services to inmates who are being released from County-managed jails.

- Deployment of Naloxone Spray at Custody Facilities

The Sheriff's Department has implemented procedures for the deployment of Naloxone Nasal Spray at Custody Services Division facilities and station jails. The purpose of the deployment is to equip Department personnel with the ability to assist with the medical emergency of an opioid (i.e. Heroin, Fentanyl, Hydrocodone, Oxycodone, etc.) overdose.



Sheriff's Department personnel are required to be properly trained in the use of Narcan Nasal Spray prior to administering it in the course and scope of their duties. Employee training on the administration of the nasal spray is conducted by personnel authorized by the Department's Custody Training and Standards Bureau (CTSB). Training on the administration of Narcan is given to lieutenants, sergeants, deputies, and custody assistants.

- Probation Department Implementation of a Strategic Plan

The Probation Department's AB 109 program has adopted a Strategic Plan to focus its efforts over the next two years. This plan has two strategic areas: (1) Increase Operational Effectiveness of Probation's AB 109 Program and (2) Enhance Services for Supervised Persons.

The implementation of this plan will involve several projects including, but not limited to, the following: (1) Improving caseload management to make workloads more equitable and manageable; (2) Streamlining and clarifying policies; (3) Developing and implementing a robust quality assurance/continuous quality improvement (QA/CQI) process; and (4) Expanding contracted services provided to clients.

- Strengthening of the EBP (Evidence-Based Practice) Supervision Model

The Probation Department continues to make focused and specific efforts to adhere to the National Institute of Corrections (NIC) (<https://nicic.gov/>), Eight Principles of Effective Interventions. According to NIC's research, maintaining interventions and supervision practices consistent with these principles will reduce recidivism.

The Eight NIC Principles of Effective Intervention is available online at: (<https://s3.amazonaws.com/static.nicic.gov/Library/019342.pdf>).

Cognitive Behavioral Intervention (CBI) – NIC Principle #4:

The Probation Department continues to focus on the implementation of Cognitive Behavioral Intervention (CBI) to skill train clients with directed practice. Specifically, with the use of the selected CBI curriculum, supervision Deputy Probation Officers (DPOs) teach, practice, and role-play skills with clients.

#### Positive Reinforcements - NIC Principle #5:

The Department continues its implementation of an incentive program to increase desirable behaviors, such as maintaining sobriety or completing a vocational program. The incentive earned depends on the type of good behavior displayed and is awarded proportionally to that behavior. The incentives available range from verbal recognition and purchased promotional materials to bus passes and gift cards.

#### Measure Relevant Processes/Practices – NIC Principle #7:

The Los Angeles County Probation understands the importance of program evaluation and welcomes external evaluations to be conducted. Probation is in collaboration with the Office of the CIO (OCIO) to evaluate the County's Public Safety Realignment Program and to assess its impact on AB 109 outcomes, recidivism, and criminal justice trends. Based on the original proposal by the OCIO, the primary areas will include the following:

Process evaluation: Examine and measure the operational status and effectiveness of the County's AB 109 program.

Impact evaluation: A recidivism study amongst individuals subject to community supervision and/or local custody pursuant to AB 109.

Improvement plan: Develop a plan based on the results and findings of the process and impact evaluations.

- Co-location of Deputy Probation Officers (DPOs) with law enforcement

The Probation Department's DPOs continue to be co-located with local law enforcement agencies to conduct compliance checks on Post-Release Supervised Persons (PSPs) to hold offenders accountable and provide support to local law enforcement.

- Leveraging Medi-Cal as the primary funding source for SUD treatment services

On July 1, 2017, DPH-SAPC launched the County's Drug Medi-Cal Organized Delivery System (DMC-ODS). This provides a significant infusion of state and federal funding enabling DPH-SAPC to transform into a managed care health plan for specialty SUD services.

The DMC-ODS supports a fuller continuum of SUD services for individuals who are eligible for Medi-Cal and My Health LA, or who are participating in another funded or mandated program.

Effective July 1, 2019, DPH-SAPC added additional withdrawal management (WM) levels of care, specifically Medically Monitored Inpatient WM (3.7-WM), and Medically Managed Inpatient WM (4-WM) as a reimbursable service. Before July 1, 2019, these services were primarily reimbursed through non-Drug Medi-Cal funding sources which limited the number of residential detoxification beds available in the system.

- In-Custody to Community Referral Program (ICRP)

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

ICRP also is a screening and referral to treatment process designed to link individuals transitioning from in-custody to SUD treatment upon their release. ICRP SUD counselors collaborate with treatment providers to coordinate the reintegration of inmates and ensures a warm handoff to the appropriate level of care and supporting services. A pre-screening intake is conducted to identify each clients' specific needs (such a co-occurring disorder) and helps refer them to appropriate SUD treatment services.

- Co-location of Client Engagement and Navigation Services (CENS)

The Client Engagement and Navigation Services (CENS) navigators offer face-to-face screenings, referral linkages, and navigation services to individuals who need more hands-on assistance to maximize treatment admission and retention and enhance the likelihood of positives outcomes.

The following table reflects the added CENS co-locations during FY 2018-19:

SD	SPA	CENS Provider	Co-Location	Start Date
4	8	Behavioral Health Services	Long Beach Superior Courthouse	7/1/18
2	6	Special Services for Groups HOPICS	Firestone Probation Area Office	2/26/19
2	6	Special Services for Groups HOPICS	Centinela Probation Area Office	2/25/19

The following table reflects the added CENS co-locations during FY 2019-20:

SD	SPA	CENS Provider	Co-Location	Start Date
3	5	Didi Hirsch Community Mental Health Center	West Los Angeles Probation Area Office	7/15/19
3	2	San Fernando Valley Community Health Center	Santa Clarita Courthouse	8/13/19
1	3	Prototypes/Health Right 360	Alhambra Courthouse	8/14/19
1	7	California Hispanic Commission on Alcohol and Drug Abuse, Inc.	East Los Angeles Probation Area Office	10/16/19

- AB 109 Adult At-Risk Program

On July 1, 2019, DPH-SAPC, in collaboration with the Probation Department, launched the Adult At-Risk early intervention educational pilot Program. The program is designed to motivate AB 109 probationers who screen negative for SUD to participate in educational workshops that promote awareness of addiction as a disease; increase harm reduction awareness such as overdose prevention, reduce negative consequences of SUD; support community re-entry; reduce recidivism; and improve health outcomes.

- Recovery Bridge Housing (RBH)

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. Patients in RBH must be concurrently in treatment, particularly in the outpatient, intensive outpatient, Opioid Treatment Program, or Outpatient (aka: Ambulatory) Withdrawal Management settings.

Research shows that SUD treatment outcomes are better for individuals experiencing homelessness when they are stably housed. Clients/patients with SUDs need access to safe, stable, and supportive living environments to help them initiate and sustain their recovery and reduce the risk of relapse.

So far, during FY 2019-20, DPH-SAPC increased RBH capacity and availability from 929 to 959. The expansion of RBH provides criminal justice involved individuals who are homeless with SUD treatment and housing.

- Services for Homeless

Los Angeles County has invested significantly in expanding services to the homeless population through County voter-approved Measure H and also in serving those exiting County jails through Whole Person Care, a new initiative to ensure that high-risk populations, including the reentry population, receive the resources and support they need to thrive through an integrated system of health, public health, and mental health care tied to social and other services.

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

- Assertive Community Treatment (ACT)

In the Assertive Community Treatment (ACT) program, a robust team-like structure is utilized providing members with FSP-like, wrap-around services. At first engagement, staff meet clients wherever they are – e.g., in homeless encampments, skid row, or freeway underpasses. Each client is presented with a “Welcoming Day” where they meet with various members of their team, complete a biopsychosocial assessment, nursing screening, and consultation with a prescriber for psychotropic medications. Clients are given a tour of the office and provided a calendar of weekly groups that are available. They are orientated to computers, bathroom facilities, and snacks if they are hungry. After the initial “Welcoming Day” clients are typically engaged in the field for the duration of their treatment and services.

Some highlights shared by clients include an appreciation for the groups they are encouraged to attend which include, Substance Abuse Group (COEG – Cooccurring Education Group), and Healthy Relationships and Anger Management group. Both these groups not only provide valuable life skills, but also allow the provider to sign needed proof of attendance cards court. Weekly outings are events that clients particularly enjoy. These vary and include trips to the pier in Long Beach to go fishing, bowling, and going to an array of museums in Los Angeles.

- Alternative Crisis Services (ACS)

The AB 109 Alternative Crisis Services (ACS) residential program has served to assist the Post-Release population with re-entry services in several ways. One of the most important roles of the ACS is to stabilize clients on medication regimens, establish rapport and trust in their treatment provider. AB 109 clients receive individual therapy to address life stage issues, as well as issues related to trauma. They participate in intensive mental health services daily, with a focus on their CoOccurring Disorder, as well as their hopes and goals

as they transition back into the community. They are required to attend self-help groups 5 hours per day.

Each AB 109 ACS client is assigned an AB 109 Case Manager who establishes a Client Treatment Plan designed to meet their unique needs. The ACS program also identifies physical health needs and connects those clients to healthcare resources in the community.

For clients who have a long history of struggling with substance abuse issues, after completing up to 90 days at the AB 109 ACS Program, they may be referred to a residential COD treatment program for additional maintenance and support with their sobriety. The combination of completing the ACS AB 109 Program and Residential COD Program provides clients with up to six months of structured treatment providing them a fighting chance to stay sober, complete their AB 109 community supervision successfully and have renewed hope for the future.

- Whole Person Care Re-entry Program

Sheriff's Department personnel from the Population Management Bureau collaborate with DHS personnel on the Whole Person Care (WPC) Re-entry program.

Los Angeles County was awarded a WPC grant of approximately \$450 million over 5 years as part of the State's Medi-Cal 2020 Demonstration. WPC aims to provide comprehensive and coordinated services to the sickest and most vulnerable County residents through 11 programs for high-risk individuals in five target populations – those experiencing: 1) homelessness; 2) justice involvement; 3) serious mental illness; 4) severe and/or persistent substance use disorder; 5) or medical issues.

The WPC Re-entry program provides services to the high-risk justice-involved population, with an emphasis on individuals in the LA County jail system. The program aims to enroll 1,000 LA County jail inmates per month who are eligible for Medi-Cal, are high utilizers of health or behavioral health services, and are at high risk due to chronic medical conditions, mental illness, substance use disorders, homelessness, or pregnancy. An additional 250 individuals per month returning from prison or recently released from custody will be enrolled from the community, referred by Probation, CDCR, and community-based reentry services agencies.

- START program for Revocation Court clients

The Substance Treatment and Re-entry Transition (START) jail-based program became available to Revocation Court clients in late 2018. From October 2018 through September 2019, 224 AB 109 Revocation Court clients were referred to the START program.

- Increase 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 specialty SUD system with three (3) main entry points:

1. Direct-to-Provider Self-Referrals: Any individual seeking specialty SUD services in Los Angeles County can go directly to or contact a SUD treatment agency to initiate services. Clients can find these agencies using the Service and Bed Availability Tool (SBAT), a publicly accessible, web-based service to search for various SUD treatment services offered by DPH-SAPC contracted SUD treatment providers (Link can be accessed at: <http://sapccis.ph.lacounty.gov/sbat/>). The SBAT includes filters to search available substance use services throughout Los Angeles County, by Service Planning Area, types of services offered, target populations, and client specific services offered (i.e., language, gender-specific, criminal justice, and family oriented).
2. Substance Abuse Service Helpline (SASH) – A 24 hours a day, seven (7) days a week, and 365 days a year access line (Phone Number: 1-844-804-7500) that clients can call to initiate a self-referral for treatment. SASH will conduct the following services for clients:
  - Conduct the ASAM triage screening tool.
  - Inquire about DMC eligibility status.
  - Based on screening results, recommend client to the agency that provides the appropriate level of care.
3. A final entry way includes the connection to CENS – previously discussed in this document.

- START – Community Program

An additional best practice includes the START – Community program (referenced in answer to Question #18 under Alternative to Custody Program).

As discussed, the START – Community program places sentenced inmates into community SUD treatment beds as an alternative to custody.

22. Describe how the BSCC can assist your county in meeting its Public Safety Realignment goals through training and/or technical assistance?

The following are ways in which BSCC can assist this County in meeting its Public Safety Realignment goals:

- The County continues to experience the release of clients with criminogenic histories in addition to mental health needs. The acquisition of prior forensic information continues to not be easily accessible even with the appropriate releases in place in advance.

The BSCC can assist by: Streamlining a universal process whereby all counties can easily acquire and share records from the California Department of Corrections and Rehabilitation (CDCR) for continuity of care; provide technical assistance such as accurately identifying clients (i.e. name, DOB, social security number, etc.), which is often times inconsistent or incorrect; and assisting with legislative changes and other strategies and policies that allow information sharing between health, law enforcement, and other County Departments.

- The BSCC can consider an evaluation of custody programs and their effectiveness in reducing recidivism.
- The BSCC can assist this County by providing training and technical assistance on the following: Legal updates related to public safety realignment; research related to risk assessments, violence reduction, and evidence-based practices; and best practices related to the use of technology to manage information.
- In addition, the BSCC can provide information on opportunities for treatment providers to receive training in practices aimed at establishing collaborative and effective interventions aimed at reducing recidivism, addressing trauma, increase self-sufficiency, and other barriers to successful reintegration for populations involved in the criminal justice system.

**NOTE:** *The information contained in this report 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 in print and on the BSCC website.*



23. Provide the contact information for the individual completing this survey in the spaces provided to the right of the list.

Name	Mark Delgado
Organization	Countywide Criminal Justice Coordination Committee (CCJCC)
Address	500 West Temple Street
Address 2	Room 520
City/Town	Los Angeles
ZIP Code	90012
Email Address	<a href="mailto:mdelgado@ccjcc.lacounty.gov">mdelgado@ccjcc.lacounty.gov</a>
Phone Number	(213) 974-8399

24. Identify the individual who may be contacted for follow up questions. Use an "X" to check the box to the left of the list.

X	Same as above
	Other (If "Other" provide contact information below)

Name	
Organization	
Address	
Address 2	
City/Town	
ZIP Code	
Email Address	
Phone Number	

**ATTENTION: This is only Part A of the Survey. Please complete Part B in Microsoft Excel which consists of two (2) budgetary sections**

**SUBMITTAL INSTRUCTIONS:**

**In a single email, please attach both the completed Part A (Word) and completed Part B (Excel) documents, including any optional photos and/or quotes, and email to:**

**Helene Zentner, Field Representative**

**Board of State and Community Corrections**

**916-323-8631 or [Helene.Zentner@bscc.ca.gov](mailto:Helene.Zentner@bscc.ca.gov)**

**FY 2019-20 Community Corrections Partnership  
Survey PART B**

**SECTION 4: FY 2018-19 Public Safety Realignment Funding Allocation**

**Section 4 contains questions related to the allocation of FY 2018-19 Public Safety Realignment dollars. There are three (3) questions in this section.**

**When answering these questions, consider the funds allocated in FY 2018-19 and include any monies from 2017-18 growth funds and 2018-19 programmatic funding.**

[To view your response provided in the 2018-2019 Survey, click here.](#)

Responses are captured in the Individual County Profile section of the "2011 Public Safety Realignment Act: Seventh Annual Report on the Implementation of Community Corrections Partnership Plans."

**County Name: Los Angeles**

25. Of the total funds received in FY 2018-19, how did the CCP budget the allocation? Input the total allocation in the cell above the table. Within the table, identify where funds were **allocated to**, and include if you are using any carry-over funds (monies from previous annual CCP allocations) and/or if you are putting any funds into a reserve fund (i.e., funds specifically set aside to be used when budget is disrupted or decreased so operations can continue). Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table).

Differences will automatically display in **red**. **Please correct any cells displaying red prior to submitting.**

**Example:**

<b>Total Allocation:</b>		<b>\$</b>
		<b>40,000,000</b>
<b>Where funds were allocated to:</b>	<b>Amount</b>	
Probation Department	\$	8,000,000
Mental Health Agency	\$	8,000,000
Sheriff Department	\$	4,000,000
ABC Police Department	\$	4,000,000
Other (Social Services, Health Services, etc.) Please specify by agency	\$	12,000,000
Carry-over Funds	\$	2,000,000
Reserve Funds	\$	2,000,000

Total sums to: \$  
**40,000,000**

*Please spell out all names, Difference from no acronyms. Stated*

Allocation: \$ -

**Total Allocation: \$**  
**433,477,000**

Where funds were allocated to:	Amount
Auditor-Controller	\$ 2 67,000
Board of Supervisors - Countywide Criminal Justice Coordination Com	\$ 264,000
Board of Supervisors - Information Systems Advisory Body	\$ 2 ,054,000
Chief Executive Office	\$ 3 00,000
District Attorney	\$ 7 ,323,000
Office of Diversion and Reentry	\$ 2 1,834,000
Fire District	\$ 5 ,045,000
Health Services	\$ 2 0,097,000
Mental Health	\$ 2 2,522,000
Probation	\$ 1 19,064,000
Public Defender	\$ 5 ,063,000
Public Health	\$ 1 2,826,000
Sheriff	\$ 2 15,566,000
Alternate Public Defender	\$ 1 ,203,000
Trial Courts - Conflict Panel	\$ 4 9,000

(Total sums to) \$  
**433,477,000**

Please spell out all names, Difference from no acronyms. Stated  
Allocation: \$ -

26. Of the total funds received in FY 2018-19, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in **red**. **Please correct any cells displaying red prior to submitting.**

Example:

Total Allocation to public	\$ 14,000,000	agencies:Total Allocation to non-public agencies:	\$ 15,000,000
Where funds were allocated to (public agencies):	Amount	Where funds were allocated to (non-public agencies):	Amount
ABC Drug Court	\$ 5 ,000,000	Community-based Organizations	\$ 5 ,000,000
ABC Diversion Program	\$ 2 ,800,000	Faith-Based Organizations	\$ 2 ,000,000
GPS/Electronic Monitoring	\$ 4 ,000,000	Non-Profits	\$ 4 ,000,000
In-custody services	\$ 2 ,200,000	Treatment Programs	\$ 2,000,000
Other (please specify)		Other (please specify)	\$ 2 ,000,000


(Total sums to) \$ 14,000,000

(Total sums to) \$ 15,000,000

Please spell out all names, Difference from Please spell out all names, Difference from no acronyms. Stated Allocation: \$

- no acronyms.

Stated Allocation: \$

-

Total Allocation to public	\$ 433,477,000	agencies:Total Allocation to non-public agencies:	\$ -
----------------------------	----------------	---	------

Where funds were allocated to (public agencies):	Amount	Where funds were allocated to (non-public agencies):	Amount
Auditor-Controller	\$ 2 67,000		
Board of Supervisors - Countywide Criminal Justice Coordination Com	m\$ 264,000		
Board of Supervisors - Information Systems Advisory Body	\$ 2 ,054,000		
Chief Executive Office	\$ 3 00,000		
District Attorney	\$ 7 ,323,000		
Office of Diversion and Reentry	\$ 2 1,834,000		
Fire District	\$ 5 ,045,000		
Health Services	\$ 2 0,097,000		
Mental Health	\$ 2 2,522,000		
Probation	\$ 1 19,064,000		
Public Defender	\$ 5 ,063,000		
Public Health	\$ 1 2,826,000		
Sheriff	\$ 2 15,566,000		
Alternate Public Defender	\$ 1 ,203,000		
Trial Courts - Conflict Panel	\$ 4 9,000		
(Please see attached document for detailed breakdown.)			

(Total sums to) \$ 433,477,000

(Total sums to) \$ -

Please spell out all names,  
no acronyms.

Difference from  
Stated Allocation: \$

-

Please spell out all names,  
no acronyms.

Difference from  
Stated Allocation: \$

-

27. How much funding, if any, was allocated to data collection and/or evaluation of AB 109 programs and services?

In FY 2018-19, \$555,000 was budgeted to the Board of Supervisors - Information Systems Advisory Body for Countywide Master Data Management.

## SECTION 5: FY 2019-20 Public Safety Realignment Funding Allocation

Section 5 asks two (2) questions related to the allocation of **FY 2019-20 Public Safety Realignment funding**.

When answering these questions consider the total funds allocated in **FY 2019-20** and include any monies from 2018-19 growth funds and 2019-20 programmatic funding.

28. Of the total funds received in FY 2019-20, how did the CCP budget the allocation? Input the total allocation in the cell above the table. Within the table, identify where funds were allocated to, and include if you are using any carry-over funds (monies from previous annual CCP allocations) and/or if you are putting any funds into a reserve fund (i.e., funds specifically set aside to be used when budget is disrupted or decreased so operations can continue). Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table).

Differences will automatically display in **red**. Please correct any cells displaying **red** prior to submitting.

Example:

Total Allocation:		\$ 40,000,000
Where funds were allocated to:	Amount	
Probation Department	\$	8,000,000
Mental Health Agency	\$	8,000,000
Sheriff Department	\$	4,000,000
ABC Police Department	\$	4,000,000
Other (Social Services, Health Services, etc.) Please specify by agency	\$	12,000,000
Carry-over Funds	\$	2,000,000
Reserve Funds	\$	2,000,000

(Total sums to) \$  
40,000,000

Please spell out all names, Difference from no acronyms. Stated

Allocation: \$ -

Total Allocation:		\$ 448,871,000
Where funds were allocated to:	Amount	
Alternate Public Defender	\$	1,250,000
Auditor-Controller	\$	2,730,000
Board of Supervisors	\$	2,525,000
Chief Executive Office	\$	3,000,000
District Attorney	\$	7,770,000
Office of Diversion & Re-Entry	\$	22,334,000
Fire Department	\$	5,045,000
Health Services	\$	22,952,000
Local Innovation Fund	\$	1,080,000

Mental Health Department	\$ 1 7,279,000
Probation	\$ 1 24,812,000
Public Defender	\$ 5,558,000
Public Health Department	\$ 1 2,879,000
Sheriff	\$ 2 20,380,000
Trial Court Operations - Conflict Panel	\$ 4 9,000
Contingency Reserve	\$ 4,385,000

Please spell out all names, Difference from no acronyms. Stated

29. If known: of the total funds received in FY 2019-20, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red. **Please correct any cells displaying red prior to submitting.**

[illegible]

Please spell out all names, Difference from Please spell out all names, Difference from no acronyms. Stated Allocation: \$ - no acronyms.

Total Allocation to public agencies: <b>\$ 448,871,000</b>		Total Allocation to non-public agencies: <b>\$ 1,000,000</b>	
<b>Where funds were allocated to (public agencies):</b>	<b>Amount</b>	<b>Where funds were allocated to (non-public agencies):</b>	<b>Amount</b>
Alternate Public Defender	\$ 1,250,000		

Auditor-Controller	\$ 2 73,000		
Board of Supervisors - Countywide Criminal Justice Coordination	\$ 275,000		
Board of Supervisors - Information Systems Advisory Body	\$ 2 ,250,000		
Chief Executive Office	\$ 3 00,000		
District Attorney	\$ 7 ,770,000		
Office of Diversion & Re-Entry	\$ 22,334,000		
Fire Department	\$ 5,045,000		
Health Services - Administration	\$ 544,000		
Health Services - Hospitals	\$ 12,029,000		
Health Services - Integrated Correctional Health Services	\$ 10,379,000		
Local Innovation Fund	\$ 1,080,000		
Mental Health Department	\$ 17,279,000		
Probation	\$ 124,812,000		
Public Defender	\$ 5,558,000		
Public Health Department	\$ 12,879,000		
Sheriff	\$ 220,380,000		
Trial Court Operations - Conflict Panel	\$ 49,000		
Contingency Reserve	\$ 4,385,000		

(Total sums to) \$ 448,871,000

(Total sums to) \$ -

Please spell out all names, Difference from Please spell out all names, Difference from no acronyms. Stated Allocation: \$

- no acronyms.

Stated Allocation: \$ -

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**NOTE:** *The information contained in this report 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 in print and on the BSCC website.*

**ATTENTION:** This is only Part B of the Survey. Please complete Part A in Microsoft Word which consists of three (3) narrative sections.

**SUBMITTAL INSTRUCTIONS:**

In a single email, please attach both the completed Part A (Word) and completed Part B (Excel) documents, including any optional photos and/or quotes, and email to:

Helene Zentner, Field Representative  
Board of State and Community

Corrections 916-323-8631 or [Helene.Zentner@bscc.ca.gov](mailto:Helene.Zentner@bscc.ca.gov) Thank you.



#### **Section 4: FY 2018-19 Public Safety Realignment Funding Allocation**

26. If known: of the total funds received in FY 2018-19, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red.

<b>Total allocation to public agencies:</b>	<b>\$433,477,000</b>
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<b>Total allocation to non-public agencies:</b>	<b>\$0</b>
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#### **Specific breakdown of allocation to public agencies:**

<b>Auditor-Controller:</b>	<b>\$267,000</b>	
1) Claims Processing		\$267,000

<b>BOS - Countywide</b>	<b>\$264,000</b>	
1) Public Safety Realignment Team		\$264,000

<b>BOS - Information Systems Advisory Body:</b>	<b>\$2,054,000</b>
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1) Justice Automatic Information Management Statistics		\$1,499,000	
		\$555,000	
2) Countywide Master Data Management			
<b>Chief Executive Office:</b>			
1) AB 109 Program Oversight	\$300,000	\$300,000	
<b>District Attorney:</b>			
1) Restitution Enhancement Program	\$7,323,000	\$663,000	
2) Prosecution		\$4,974,000	
3) Special Enforcement Team		\$1,686,000	
<b>Office of Diversion &amp; Re-Entry:</b>			
1) Community-based Treatment and Housing Programs	\$21,834,000	\$20,933,000	
2) Youth Development and Diversion		\$901,000	
<b>Fire Department:</b>			
1) Fire Camp Training 2) Fire Camp Operations	\$5,045,000	\$537,000	
		\$4,508,000	
<b>Alternate Public Defender's Office:</b>			
1) Legal Representation	\$1,203,000	\$1,203,000	
<b>Health Services Department:</b>			
	\$20,097,000		
1) Inmate Medical Services at LAC+USC		\$11,794,000	
2) PRCS Medical Care Coordination		\$521,000	
3) Community Health Worker Program		\$10,000	
4) Jail In-Custody		\$5,870,000	
5) Interim Housing Capital Funding Pool		\$1,902,000	
<b>Mental Health Department:</b>			
	\$22,522,000		
1) Direct Services		\$10,016,000	
2) Services		\$24,265,000	
a) State Hospital			\$3,825,000
b) IMD Contracts			\$3,581,000
c) General Contract Services			\$15,207,000

d) Medications		\$1,652,000
3) Other Revenue	(\$11,759,000)	
<b>Probation Department:</b>	<b>\$119,064,000</b>	
1) Community Supervision of PSPs and N3s		\$79,829,000
a) Direct Supervision		\$59,557,000
b) HUB/Custody Liaison		\$8,513,000
c) Pre-Release Center		\$5,775,000
d) Local Law Enforcement Partnership		\$5,984,000
2) CBO Services and Fixed Assets		\$13,200,000
3) Proposition 63		\$19,605,000
4) Mental Health Services		\$6,430,000
<b>Public Defender's Office:</b>	<b>\$5,063,000</b>	
1) Legal Representation		\$3,388,000
2) Mental Health Unit		\$1,675,000
<b>Public Health Department:</b>	<b>\$12,826,000</b>	
1) Community-Based Services:		\$9,756,000
a) Community Assessment Services Center		\$3,800,000
b) Treatment Activity		\$5,956,000
2) Administrative Oversight		\$3,070,000
<b>Sheriff's Department:</b>	<b>\$215,566,000</b>	
1) Custody Operations		\$172,821,000
2) In-Custody Programs		\$7,963,000
3) Valdivia		\$1,564,000
4) Parole Compliance Unit		\$12,679,000
5) Fire Camps		\$813,000
6) Mental Health Evaluation Teams		\$10,238,000
7) Homeless Outreach Service Teams		\$2,200,000

8) Ballistic Vests

\$7,288,000

**Trial Court Operations - Conflict Panel:**

**\$49,000**

**Section 5: FY 2019-20 Public Safety Realignment Funding Allocation**

29. If known: of the total funds received in FY 2018-19, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red.

**Total allocation to public agencies:**

**\$448,871,000**

**Total allocation to non-public agencies:**

**\$0**

**Specific breakdown of allocation to public agencies:**

**Alternate Public Defender's Office:**

**\$1,250,000**

1) Legal Representation

\$1,250,000

**Auditor-Controller:**

**\$273,000**

1) Claims Processing

\$273,000

<b>BOS - Countywide Criminal Justice Coordination Committee:</b>	<b>\$275,000</b>	
1) Public Safety Realignment Team		\$275,000
<b>BOS - Information Systems Advisory Body:</b>	<b>\$2,250,000</b>	
1) Justice Automatic Information Management Statistics		\$1,242,000
2) Countywide Master Data Management		\$1,008,000
<b>Chief Executive Office:</b>	<b>\$300,000</b>	
1) AB 109 Program Oversight		\$300,000
<b>District Attorney:</b>	<b>\$7,770,000</b>	
1) Restitution Enhancement Program		\$700,000
2) Prosecution		\$5,474,000
3) Special Enforcement Team		\$1,596,000
<b>Office of Diversion &amp; Re-Entry:</b>	<b>\$22,334,000</b>	
1) Community-based Treatment and Housing Programs		\$20,933,000
2) Youth Development and Diversion		\$901,000
3) Alternatives to Incarceration Workgroup		\$500,000
<b>Fire Department:</b>	<b>\$5,045,000</b>	
1) Fire Camp Training		\$537,000
2) Fire Camp Operations		\$4,508,000
<b>Health Services - Administration:</b>	<b>\$544,000</b>	
1) Post Release Community Supervision Medical Care Coordination		\$544,000
<b>Health Services - Hospitals:</b>	<b>\$12,029,000</b>	
1) Inmate Medical Services		\$12,029,000
<b>Health Services - Integrated Correctional Health Services:</b>	<b>\$10,379,000</b>	
1) Jail In-Custody		\$6,236,000
2) Discharge Planning		\$4,143,000
<b>Local Innovation Fund</b>	<b>\$1,080,000</b>	
<b>Mental Health Department:</b>	<b>\$17,279,000</b>	

1) Direct Services	\$9,078,000	
2) Services	\$22,632,000	
a) State Hospital		\$525,000
b) IMD Contracts		\$284,000
c) General Contract Services		\$21,685,000
d) Medications		\$138,000
3) Other Revenue	(\$14,431,000)	
<b>Probation Department:</b>	<b>\$124,812,000</b>	
1) Post-Release Services	\$84,630,000	
2) CBO Services and Fixed Assets	\$13,200,000	
3) Information Systems	\$719,000	
3) Proposition 63	\$19,833,000	
4) Mental Health Services	\$6,430,000	
<b>Public Defender's Office:</b>	<b>\$5,558,000</b>	
1) Legal Representation	\$3,794,000	
2) Mental Health Unit	\$1,764,000	
<b>Public Health Department:</b>	<b>\$12,879,000</b>	
1) Client Engagement and Navigation Services	\$3,800,000	
2) Community Based Services - Treatment	\$5,956,000	
2) Administrative Oversight	\$3,123,000	
<b>Sheriff's Department:</b>	<b>\$220,380,000</b>	
1) Custody Operations	\$176,467,000	
2) In-Custody Programs	\$8,583,000	
3) Valdivia	\$1,704,000	
4) Parole Compliance Unit	\$13,952,000	
5) Fire Camps	\$823,000	
6) Mental Evaluation Teams	\$12,603,000	

7) Homeless Outreach Service Teams	\$2,200,000
8) Discharge Planning	\$4,048,000
<b>Trial Court Operations - Conflict Panel:</b>	<b>\$49,000</b>
<b>Contingency Reserve:</b>	<b>\$4,385,000</b>