

# FY 2020-21 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, 2020 in the spaces to the right of each membership role. If a membership role is not filled, respond by indicating "vacant."

Chief Probation Officer	Raymond Leyva
Presiding Judge of the Superior Court or designee	Sam Ohta
County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors	Fesia Davenport
District Attorney	Jackie Lacey
Public Defender	Ricardo Garcia (Public Defender), Erika Anzoategui (Alternate Public Defender)
Sheriff	Alex Villanueva
Chief of Police	Michel Moore (LAPD), John Incontro (County 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 2019-20 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 2019-20. If the CCP kept the same goal, objective and outcome measure from a prior fiscal year for FY 2019-20, 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. (Continuation of goal from FY 2018/2019.)</b>							
Objective	Increase the number of Probation Department and/or Superior Court sites where Client Engagement and Navigation Services (CENS) are co-located.							
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	Establishment of the Adult-At-Risk Pilot program at all Probation HUBs and Area Offices that supervise AB 109 clients.							
Progress toward stated goal	<p><b>Objective 1:</b> 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Airport Courthouse</td> <td style="text-align: right;">Start Date: 07/15/19</td> </tr> <tr> <td>Burbank/Glendale Courthouses</td> <td style="text-align: right;">Start Date: 08/13/19</td> </tr> <tr> <td>Downey Courthouse</td> <td style="text-align: right;">Start Date: 08/14/19</td> </tr> </table>		Airport Courthouse	Start Date: 07/15/19	Burbank/Glendale Courthouses	Start Date: 08/13/19	Downey Courthouse	Start Date: 08/14/19
Airport Courthouse	Start Date: 07/15/19							
Burbank/Glendale Courthouses	Start Date: 08/13/19							
Downey Courthouse	Start Date: 08/14/19							

	<p>DOORS Vermont Center Metropolitan Courthouse</p> <p>Start Date: 10/16/19 Start Date: 03/18/20</p> <p><b>Objective 2:</b> 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 was 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, reducing the negative consequences of SUD; support community re-entry; reduce recidivism; and improve health outcomes. Clients who completed the program received a certificate from DPH-SAPC and were eligible for potential incentives from Probation. The program offered 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 implemented at 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. The Adult At-Risk Pilot program ended on June 30, 2020. As a result of the program being well received by CENS counselors and program participants, DPH-SAPC has added the program as a core activity into the CENS Scope of Work.</p>
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7. Describe a goal, one or more objectives, and outcome measures from FY 2019-20. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2019-20, 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 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>
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 March 2020, 484 AB 109 Revocation Court clients were referred to the START program. During April 2020 to June 2020, Revocation Court referrals were suspended due to COVID-19 related restrictions on Court operations and START in-custody treatment services.

8. Describe a goal, one or more objectives, and outcome measures from FY 2019-20. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2019-20, 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 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	As of June 2020, the PRVC Pilot Program established required personnel at the regional offices within Pomona, San Gabriel Valley, and Rio Hondo offices. Meetings were held to discuss the overall PRVC implementation plan. Assigned PRVC officers from their respective offices conducted PRVC scheduling with CDCR. The PRVC Pilot required a sufficient flow of data in order to calculate best practices and approach to creating an effective PRVC. Department of Mental Health and Substance Abuse Prevention and Control partners showed interest in participation for future PRVCs. Due to pandemic safety precautions and guidelines throughout the State, CDCR had limited opportunity to offer PRVCs as reported by the Department of Public Health.

\*Individuals who have never reported or have not reported in six months.

9. Will the CCP use the same goals, objectives, and outcome measures identified above in FY 2020-21? Use an "X" to check the box to the left of the list.

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

\*Two goals will remain the same. See answers to Question #10 and Question #11, which provide updated Objectives, Outcome Measures, and Progress toward stated goal.

\*\*One goal is modified and has new Objectives, Outcome Measures, and Progress toward stated goal. See answer to Question #12.

10. Describe a goal, one or more objectives, and outcome measures for FY 2020-21.

<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. (Continuation of goal from FY 2019/2020.)</b>
Objective	Increase the number of experienced SUD treatment providers that can address the needs of justice-involved individuals transitioning from custody to community.
Objective	Increase the volume of client encounters and SUD screenings for justice involved individuals.
Outcome Measure	Increase the number of new SUD treatment providers designated as a SAPC criminal justice SUD program by 20 percent.
Outcome Measure	Increase the number of client encounters and SUD screenings by 10 percent
Progress toward stated goal	<p><b><u>Objective 1:</u></b>            In FY 2020-21, DPH-SAPC has successfully added two SUD treatment providers to offer services in the In-Custody to Community Referral Program (ICRP) and Co-Occurring Integrated Network (COIN) programs:</p> <ul style="list-style-type: none"> <li>- Social Model Recovery Systems (COIN &amp; ICRP)</li> <li>- Behavioral Health Services (ICRP)</li> </ul> <p><b><u>Objective 2:</u></b>            Information is currently being gathered.</p>

11. Describe a goal, one or more objectives, and outcome measures for FY 2020-21.

<b>Goal</b>	<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 2019/2020.)</b>
Objective	Once COVID-19 restrictions are lifted, 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.
Objective	During COVID-19 restrictions to START operations, DHS-ICHS will provide screenings, brief interventions and referrals to treatment (SBIRT) for AB 109 referred persons to assist with community transitions from custody.
Outcome Measure	Total AB 109 Revocation Court referrals to the START program in FY 2020-21.
Outcome Measure	Total AB 109 in-custody to community referrals during COVID-19 restrictions implemented April 1, 2020.

Progress toward stated goal	Minimal access to the Sheriff's Department jail facilities was available in August 2020 for START providers to conduct Screening, Brief Intervention, and Referrals for Treatment (SBIRTs) for AB 109 referrals. At the time of this report, 189 referrals were received.
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12. Describe a goal, one or more objectives and outcome measures for FY 2020-21.

<b>Goal</b>	<b>The Probation Department will utilize Pre-Release Video Conferencing (PRVC) to in-reach to individuals in prison who will be released to the Probation Department's supervision. <i>(Partial continuation of goal from FY 2019/2020.)</i></b>
Objective	Expand in-reach to individuals being released from prison onto Post-Release Community Supervision (PRCS) with the use of PRVC to reduce the abscond rate of newly released PSPs.
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	Develop policy and procedures for PRVC implementation with persons being released from state prison.
Objective	Expand PRVC activities from existing pilot program to full implementation to all AB 109 supervision staff.
Outcome Measure	By April 2021, AB 109 policy and procedures for PRVC will be approved by Probation's Executive Management staff and published for staff use.
Outcome Measure	By July 2021, at least 75% of AB 109 supervision staff will be trained in the new PRVC policy and procedures.
Outcome Measure	By September 2021, the Department will have completed at least 250 PRVC contacts with inmates being released to Los Angeles County for Post-Release Community Supervision.
Progress toward stated goal	As of October 2020, Probation completed 50 PRVCs through its Pilot PRVC Program. The three (3) Deputy Probation Officers assigned to the program will matriculate to full PRVC caseloads. The progress of the pilot program was also determinate on the coordination and capabilities of CDCR to get inmates scheduled and on camera for the video conferencing. The PRVC Pilot team continues to reshape and support a highly interactive PRVC meeting with future clients to Post-Release Supervision. Orientations, motivational interviewing, building rapport, and introducing key partnerships from the Department of Mental Health and Substance Abuse Prevention and Control personnel enhances the support given to new clients. Additional details and assessments at this early stage of contact reveal clients' needs for possible Family Reunification, Gang Interventions, Trauma Informed Care, Domestic Violence classes, Mental Health placement, Substance Abuse Disorder programming, Prison to Employment readiness, and auxiliary support through incentives of positive behavior. The case management process in the Pilot incorporates an evidence-based approach to instill the cognitive behavioral interventions already established with Carey Guides. The pilot is designed to develop a direct linkage to a Los Angeles County Probation Officer for community transition to create an immediate foundation efficiently and effectively upon release.

### 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 through the County’s established budget process. Departments may then contract with Community-Based Organizations (CBOs) to provide programs and/or services. The CCP helps inform this process and budget requests submitted by departments 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. Monthly data reports are also maintained that indicate trends over time.

Further, the County has participated in multiple studies to identify trends and patterns, including a Board of State and Community Corrections sponsored study by the Public Policy Institute of California.

In addition, the County launched an AB 109 Study Series in 2019. This series of studies will involve an ongoing partnership among justice agencies to evaluate Public Safety Realignment implementation and assess its impact on AB 109 individuals’ outcomes, re-involvement in the justice system, and trends in justice outcomes.

The first study focused on general trends in terms of outcomes for AB 109 individuals on community supervision, with specific analyses of outcomes among individuals with serious mental illness who were supervised on Post Release Community Supervision



(PRCS) and split sentences. This was completed in October 2020 and submitted to the Board of Supervisors.

Due to the scope of Public Safety Realignment and its multiple components, the study series is designed to provide a structure for ongoing analysis of realignment issues, with each subsequent study building on the results of previous ones.

Combined with other parallel measurement efforts in the County, this study series will paint a clearer picture of AB 109 individuals' trends and outcomes and help guide future program and policy decisions.

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 AB109 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. Given the COVID-19 pandemic and the need to work remotely, starting in March 2020, staff completed interviews and linkage of clients telephonically.
- Linkage for clients referred from the Revocation Court, Department 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 (DPH-SAPC);
- Enriched Residential Services;
- Crisis Residential Services; and
- State Hospital and Institution for Mental Disease (IMD) beds.

Additional DMH-DPH residential Co-Occurring Integrated Care Network (COIN) beds were allocated at a new location in 2019. In addition, a fourth collaborative site was opened on January 10, 2020 in Los Angeles. Services provided include case management, medication support, crisis intervention, therapeutic groups, and individual treatment.

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

The Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC) supports and oversees the provision of a full continuum of substance use disorder (SUD) treatment services available to youth, young adults and adults enrolled or eligible for Medi-Cal, My Health LA and/or participating in select County/State-funded programs (e.g., Assembly Bill 109).

Services supported through the Drug Medi-Cal (DMC) program affords the opportunity to leverage Federal Medi-Cal funding that sustains services to residents, including criminal justice involved, in Los Angeles County through a single-benefit package.

Although SUD treatment services are primarily funded through Drug Medi-Cal, secondary funding sources, such as public safety realignment funding, cover certain treatment costs or more expansive wraparound services that support the needs of the population. This may include navigation services, Recovery Bridge Housing, room and board for residential services, and other supports and contributes towards the non-federal matching fund commitment.

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

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

of life.

- 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.

## **CUSTODY-BASED TREATMENT AND REENTRY SERVICES**

### **In-Custody Mental Health Services**

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

Approximately 5,900 individuals, or 39% of the current average jail census of nearly 15,000, receive mental health services on any given day. The mental health client census is comprised of approximately 5,000 men and 900 women. Over two-thirds of these clients are housed in mental health areas of TTCF and CRDF, with the remainder housed in the general population areas of TTCF, CRDF and MCJ.

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

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

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

### **Substance Treatment and Re-entry Transition (START)**

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 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. Medication Assisted Treatment (MAT) medications for incarcerated individuals with SUD's are also made available.

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 transgender male inmates and male inmates who have sex with men.

The target population is comprised of inmates that meet clinical criteria for SUD. Jail-based SUD treatment services are provided to pre- and post-plea individuals, including PSPs (Post-release Supervised Persons) and AB 109-sentenced individuals (non-violent, non-serious, non-sex offending) who are Court-referred by probation officers, bench officers, or defense attorneys.

The START program has four objectives:

- 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.

Prior to the COVID-19 pandemic, ICHS-AMS provided evidence-based behavioral therapy to 500 patients on any given day. The program was suspended due the pandemic; however, the Sheriff's Department is working with DHS to reinstitute the program as soon as possible.

### Medication Assisted Treatment (MAT)

In addition to providing SUD treatment under the START program, Los Angeles County also provides 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 opioid 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 and Methadone are available to all pregnant women diagnosed with opioid use disorder (MAT medications given prior to in-custody release).

DHS-ICHS 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 were delayed due to the COVID-19 pandemic.

An additional effort to further support the availability of MAT in the criminal justice setting is the creation of an ad hoc work group that is being convened by the Countywide Criminal

Justice Coordination Committee (CCJCC). This work group will support training, education, and policy-making efforts with respect to the use of MAT.

### 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, or START-Community) 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 justice-involved clients who have a minimum of ninety (90) days left on their sentence and who volunteer to participate in an SUD treatment program while they serve out the remainder of their sentence in a residential treatment facility.

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

### Jail Release and Mental Health Discharge Planning

Reentry planning is provided by the Care Transitions unit in DHS Correctional Health Services for individuals in LA County jails who are experiencing medical issues, mental illness, homelessness, substance use disorders (SUDs), and other conditions. Approximately 15,900 participants were served across four programs in FY 2019-2020. Funding for these services has included Whole Person Care (State 1115 Medicaid Waiver), local Homeless Initiative and Measure H funds, and AB 109.

Services include psychosocial assessment, development of a reentry plan, Medi-Cal enrollment or reactivation, and linkages to interim housing, medical care, mental health services, SUD residential or outpatient treatment, job training, and other services.

Coordinated releases are also arranged with transportation to interim housing or treatment programs. In addition, participants in the Whole Person Care Reentry program are linked to a Community Health Worker with lived experience of prior incarceration to provide continued navigation and mentoring in the community. As part of a collaborative effort, the Sheriff's Department is working with the DHS-ICHS Care Transitions Unit to comply with provisions set forth in Paragraph 34 of the Department of Justice (DOJ) Settlement Agreement, which requires that individuals with mental illness leaving jails are offered comprehensive and compassionate release planning.

The Sheriff's Department is working to support DHS-ICHS' efforts to conduct clinically appropriate release planning for all inmates who are being released to the community and who have been identified as having a mental illness and needing mental health

treatment, or as having a DSM-5 major neuro-cognitive disorder that caused them to be housed in the Correctional Treatment Center at any time during their current incarceration.

## **OTHER SERVICES**

### **Care Coordination for Medically High-Risk AB-109 Probationers**

A Registered Nurse and Clinical Social Worker from DHS provide care coordination for AB 109 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, identified clients are followed in the community to ensure that their medical needs are met, and to assist with care coordination for any new medical issues that arise while on 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.

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

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

Additional employment services are provided by the Department of Workforce Development, Aging & Community Services (WDACS). In particular, the following two programs were successful in assisting the justice-involved population:

- The Jail-Based Job Center (JBJC) pilot program at the Pitchess Detention Center; and
- The Reentry System Navigators program, which was funded by a Recidivism Reduction Grant.

The JBJC provided a continuum of pre- and post-release workforce development services aimed at preparing and placing individuals in jobs upon release from jail.

Pre-release services in the program included: intensive soft skill preparation, pro-social skill development, peer supports, and system navigation services into the Los Angeles County America's Job Centers of California (AJCC) system (guided by Reentry Navigators). Post-release services included: career planning, job training, employment placement, continued career development, and follow-up services.

### LAC + USC Medical Center

The LAC + USC Medical Center provides mental health and SUD services to inpatients whose condition requires this level of care. The primary medical team may submit a referral for a psychiatrist to evaluate the patient and recommend treatment options.

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

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

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

- *Jail Population Management:* In March 2020, the Sheriff's Department implemented various measures to reduce the jail's population in an effort to mitigate the spread of the COVID-19 pandemic among those incarcerated and staff. As a result, the number of persons incarcerated under realignment has significantly decreased. On November 9, 2020, of the 15,154 individuals incarcerated in the Los Angeles County jail system, 1,562 of them were held under charges related to realignment. This is 60% lower than in February 2020 when there was an average of 3,936 individuals in this group.
- *Reduction of in-custody treatment program capacity due to COVID-19 pandemic:*

### **START**

During the period of April to June 2020, the START program's capacity was reduced to zero patients in response to limited access to the jail facilities during the COVID-19 pandemic. DHS-ICHS coordinated with various collaborative courts (i.e. Drug Courts) to develop coordinated releases to community-based treatment services as part of the County's efforts to reduce the overall jail population.



### *Sheriff's Department programs*

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

For example, vocational and Alcoholics/Narcotics Anonymous programs have been suspended indefinitely. Educational programming, although initially suspended, has recently been modified to include distance learning for high school, as well as hybrid distance learning for Life Skills and, at Pitchess Detention Center, for college.

Because school faculty are not entering custody facilities, Sheriff's personnel are now responsible for facilitating course packet pick-up, delivery, and return, which has proven to be a logistical challenge.

Although the Sheriff's Department has been innovative in finding alternative ways to conduct the classroom portion of life skills (pre-recorded video of lesson plans, real-time telephonic teaching and, at MCJ, virtual classes live streamed via WebEx), in-person instruction by a teacher is preferred.

With social distancing restrictions comes limited classroom occupancy, which has resulted in a significant decrease in overall student participation. Likewise, recurrent quarantines due to COVID-19 continue to hinder the ability to provide consistent and uninterrupted education and life skills curriculum to those who are justice-involved.

For now, religious services remain modified to allow for individual Chaplain counseling and distribution of religious reading material, although limited occupancy services may be proposed in the future.

The combination of insufficient funding to maintain the jail beds for the current population and the pandemic's overall impact on jail operations have also worked to hamper the ability to provide much needed programming.

### *In-person interviews*

DMH has brought two clinicians on board in order to conduct mental health assessments on AB109 individuals in Los Angeles County jails. The purpose is to identify mental health needs and link individuals to appropriate levels of care. Access to jail clearance has been obtained for both staff. However, given that the County jails are currently closed to outside staff, in-person interviews have been placed on hold and options for video interviews are being explored.

## *Medication Assisted Treatment*

MAT for OUD is offered within the County jail system. It is limited to Naltrexone for all inmates and Buprenorphine (i.e., Suboxone) and Methadone for pregnant women. DHS-ICHS has begun the process to build the infrastructure to provide Buprenorphine to more inmates beyond pregnant women and offer Methadone as an additional MAT to inmates to increase overall MAT services in the County jail system. However, these efforts were delayed due to the COVID-19 pandemic.

### ○ *SUD services*

Accessing SUD services during the COVID-19 public health crisis became more critical for some patients to reduce the risk of relapse. DPH-SAPC has responded by providing guidance to its SUD treatment provider network and releasing regular information notice updates, convening provider meetings focusing on COVID-19, introduced telehealth services, and developed briefs offering guidance for residential and outpatient SUD settings with respect to COVID-19.

### ○ *Early inmate releases*

Compounding the challenges from the COVID-19 pandemic, the early inmate releases of both the California Department of Corrections and Rehabilitation (CDCR) and Los Angeles County jails has made it difficult to reach clients as they transition from in-custody to the community. Many individuals released have limited conditions or incentives that persuade them to enter voluntarily into SUD treatment services.

Departments are collaborating with one another to reach out to individuals in need of SUD treatment upon their release.

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

- 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.

County Departments are continuing to work collaboratively to address this challenge.

- Managing Client Risk: An 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.

- 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.

As an example, there has been difficulty placing high-risk individuals into certain levels of care, including residential and recovery bridge housing.

Departments continue to work to address these limitations. For instance, although limited to certain levels of care, DPH-SAPC employed Field Based Services (FBS), which is a mobile service delivery option for populations at high-risk to receive outpatient type services, to address the issue of treatment availability and delivery.

- 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.
- Increase in mentally ill patients: There is a continued rise in mentally ill patients without a respective increase in mental health staff. The percentage of patients identified as mentally ill in 2012 was 17%, and that percentage has steadily increased each year to the current percentage of 39%.
- Jail overcrowding: Despite a brief reduction in the jail's overall population, overcrowding has continued to be a challenge due to various factors. The lengthier stays of individuals sentenced under P.C. 1170(h), the continued growth in the jail's mentally ill population, and the specialized housing demands for incarcerated individuals impacted by the COVID-19 pandemic have served to exacerbate the lack of available bed space at the Men's Central Jail and the Twin Towers Correctional Facility.

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

- Housing services for individuals leaving incarceration: The supply of interim and permanent housing in Los Angeles County accessible to individuals leaving the jails or prisons remains inadequate to meet the need. Residential settings – such as Board and Care facilities that can provide additional care and assistance, as well as residential treatment facilities that can accommodate individuals with co-

occurring medical, mental health, and/or SUD conditions – are exceptionally scarce.

The COVID-19 pandemic has further exacerbated these challenges, as early releases from jails and prisons have increased the housing demand, and facilities have needed to accept fewer individuals to allow for isolation areas or periodically suspend intakes due to quarantines.

- Transition from custody to community treatment services: A critical area remains having a seamless transition from custody to community services. Departments and agencies have been working together on an ongoing basis to enhance and improve outcomes.

## **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.

In addition, given the increased number of early releases from State prisons and County jails, DMH collaborated with CDCR and DHS to obtain the names of individuals that would be releasing to Los Angeles County in order to be better prepared to serve these individuals and their mental health needs.

- Co-Occurring Disorders Services

Given the ever-growing need for residential Co-Occurring integrated services, DMH and DPH-SAPC continue to increase their partnership to provide Co-Occurring Disorder (COD) services in residential settings. In addition to the three partnership locations that have been receiving patients, a fourth site became operational in January 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; 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; Working with the Forensically-Involved, Mandated Consumer; and Diagnosis, Treatment & Risk Management of Antisocial Personality Disorders and Psychopathy – Forensic Focus.

- Justice Enterprise Application (JEA)

In order to collect, manage, and report accurate information on AB109 clients engaged in mental health treatment, DMH collaborated with DMH's Chief Information Office Bureau (CIOB) to create a new web-based platform, Justice Enterprise Application (JEA), to be used by the program. JEA was launched earlier this year and is being utilized by the program staff. In addition, a separate provider portal is being created which will serve as communication between program and the providers.

- Medi-Cal Outreach to Inmates

The Sheriff's Department has finalized 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 individuals who are being released from County-managed jails.

- Re-entry Services

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

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

- Expansion of DMC-ODS

Since July 1, 2017, DPH-SAPC has continued to expand the County's Drug Medi-

Cal Organized Delivery System (DMC-ODS) program, which provides participating counties with significant flexibility to grow service capacity and enhance services available to residents of Los Angeles County.

The DMC-ODS program has allowed DPH-SAPC to begin transforming into a managed care health plan for specialty SUD services. Through the evolution of the DMC-ODS program, the County has been able to support a fuller continuum of SUD services.

- Withdrawal Management

Effective July 1, 2019, DPH-SAPC added withdrawal management (WM), commonly referred to as detoxification services, as a level of care reimbursable under the DMC program. Prior to this change, WM services were supported with limited county and state funding and maintained a limited capacity of 10 dedicated beds. As result of this shift, the County now holds 173 beds for WM, significantly increasing capacity for this service.

- Telehealth Services

Further policy flexibilities, consistent with state and federal allowances, enabled the provision of SUD treatment and screenings via telephone and introduced the provision of services via telehealth to minimize transmission risks. Effective March 1, 2020, DPH-SAPC contracted providers began using telehealth to enable the delivery of services to continue client participation and reduce COVID-19 transmission.

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

In FY 2019-20, to improve access to SUD services, DPH-SAPC successfully increased the number co-location of the Client Engagement and Navigation Services (CENS), which offer face-to-face navigation services, including screening, referral, linkages, and connection to SUD treatment services aimed at individuals who need more hands-on assistance to maximize treatment admission and retention in services. The following five CENS co-locations for criminal justice involved individuals were added in Fiscal Year 2019-2020:

- Airport Courthouse
- Burbank/Glendale Courthouses
- Downey Courthouse
- DOORS Vermont Center
- Metropolitan Courthouse

- Recovery Bridge Housing

To address the need of homeless criminal justice involved populations concurrently receiving outpatient type services, DPH-SAPC continues to invest in expanding and supporting Recovery Bridge Housing (RBH). This 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. During FY

2019-20, DPH-SAPC increased RBH capacity and availability from 929 to 979 dedicated beds.

- Jail and Prison In-Reach

Jail and prison in-reach and transition planning is still in the implementation phase, but these efforts should help reduce abscond rates and increase service utilization and transition planning from custody.

- Office of Diversion and Reentry (ODR)

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

*Public Defender Social Workers*

Social workers on staff with the Public Defender's Office support casework in eight different programs in order to support the identification of appropriate alternative dispositions and treatment case plans.

*Various treatment, training, and housing programs*

ODR programs divert targeted individuals from entering or further penetrating the justice system. Programming is specifically designed to support criminal justice diversion for community-based treatment and housing for AB 109 clients who have serious mental health issues and substance use disorder.

*Youth Development and Diversion*

Funding supports ODR's youth diversion programming model, which is based on the 2015 report, "Roadmap for Advancing Youth Diversion in Los Angeles County."

*Mental Health Evaluation (MET) Teams - DMH*

The Mental Health Evaluation Team, implemented by DMH, is a co-response/mutual aid model that pairs a DMH clinician with a law enforcement officer. The primary mission is to respond to patrol officer requests for assistance with 911 calls involving persons who are experiencing a mental health crisis.

*Mental Health Evaluation (MET) Teams - Sheriff*

The Sheriff's Department Mental Evaluation Team, in collaboration with DMH, provides crisis assessment, intervention and targeted case management services to diffuse potentially violent situations, prepare appropriate documentation to assist in the placement of persons with mental illness in acute inpatient psychiatric facilities, and/or to link these individuals to outpatient mental health services or appropriate community resources.

- Alternatives To Incarceration

The Board has established an Alternatives To Incarceration Initiative (ATI) that is working toward transforming our local justice system into a “Care First, Jail Last” model.

Although the ATI has only been in operation since late 2020, it has already begun developing programs to address critical gaps within the justice system to divert and transition vulnerable populations away from the justice system toward appropriate care. These include:

Development of an ATI mobile app to assist first responders and system navigators to link persons with real-time local bed availability based on an in-app needs assessment; expanding the number of participating courtrooms in the Rapid Diversion Program for persons facing low-level misdemeanor and felony charges related to their mental illness (AB 1810 diversion); and building community-based service provider capacity by creating an ATI Incubation Academy that partners established service providers with smaller service providers who assist them in building internal capabilities to meet County contracting requirements.

These and future ATI efforts will require extensive collaboration between County Departments, community-based providers, justice reform advocates, and people with lived experience.

- Restitution Collection Taskforce

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

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

The Taskforce tracks outcomes to measure benefit to victims of crime who have suffered a loss, including information on the amount ordered, collected, and disbursed.



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

- Best and Promising Practices with Mental Health Treatment

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

CommonGround is utilized to incorporate peer service in the work with clients as well as various psychoeducational groups such as Mindfulness, Anger Management, Healthy Relationships (Domestic Violence), Vocational, Independent Living, and substance abuse. One treatment provider reported a 24% recidivism rate in comparison to the 64% federal rate.

- Increasing Access to SUD Treatment

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

- Client Engagement Navigation Systems (CENS) – Establishes and maintains cooperative linkages to connect individuals to SUD treatment by co-locating qualified SUD counselors at designated county facilities e.g., Courts and Probation offices, responsible for making appropriate connections and referrals that address unmet client needs. This is the primary entry pathway for the AB 109 population.
- Substance Abuse Service Helpline (SASH) – A 24 hours a day, seven (7) days a week, and 365 days a year access line (1-844-804-7500) that clients can call to initiate a self-referral for treatment. SASH conducts screening via telephone and, based on screening results, recommend clients to the appropriate treatment provider that meets appropriate level of care.
- Service and Bed Availability Tool (SBAT) <http://sapccis.ph.lacounty.gov/sbat/> is a publicly accessible, web-based tool that provides a dashboard of available specialty County-contracted SUD services throughout Los Angeles County, including: outpatient and intensive outpatient, various levels of residential treatment and withdrawal management, OTPs, Recovery Bridge Housing (RBH), and Driving Under the Influence (DUI) programs.

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

- Co-Occurring Integrated Care Network (COIN)

Co-Occurring Integrated Care Network (COIN) – The COIN program is a collaborative between DMH, DPH-SAPC, Probation, and the Superior Court that serves clients who have a chronic SUD and severe and persistent mental illness. The program targets clients who are at high risk for relapse and are referred through the AB 109 Revocation Court.

- 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, which is funded as part of the State's Medi-Cal 2020 Demonstration.

The program enrolls approximately 700 incarcerated individuals 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. Additional individuals returning from prison or recently released from custody are enrolled from the community, referred by Probation, CDCR, and community agencies.

WPC services in jail include needs assessment and development of a reentry plan; initiation of Medi-Cal application; linkage to community services including substance use treatment, medical care, mental health treatment, interim housing, and employment assistance; eligibility for a 30-day supply of prescribed medications at release; point-of-release services at the WPC release desk, including arranging transportation, shelter or other services; and linkage to a WPC Community Health Worker (CHW) in the community who has lived experience of prior incarceration. CHWs provide accompaniment to key health and behavioral health appointments, mentoring and empowerment, health and social service navigation, and assistance with adherence to appointments, treatments and medications.

While the current agreement is set to expire in December of 2020, the Sheriff's Department is working with DHS to extend these services for an additional year.

- START program

As previously noted, the Substance Treatment and Re-entry Transition (START) program is a jail-based treatment program for substance use disorders (SUD) and co-occurring disorders. It is built upon evidence-based treatment models that are gender responsive, culturally competent for the criminal justice population, and will address substance use, trauma, criminal thinking, and low to moderate mental health.

START services include the following: addiction medication management; 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.

The START program is comparable to residential treatment in the community. The treatment is provided by the staff of programs such as Prototypes, San Fernando Valley Mental Health Center, etc., but the treatment and program take place while the individual is serving time in County jail.

From January 2019 through March 2020, there were a total of 491 participants in the program. Of these, 343 (70%) successfully complete the program. 148 were unsuccessful due to a number of factors, including client refusal to participate, disciplinary reasons, early release from custody, being sentenced to state prison for new charges, or COVID-19.

The results are notable given that many of the participants had been in warrant status prior to placement or non-compliant with community programs.

- 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. This program provides community-based, supervised, non-custodial residential treatment services to non-violent, non-serious, and non-sexual (N3) female and male individuals who have a minimum of ninety (90) days left of on their sentence and who volunteer to participate in a SUD treatment program while they serve out the remainder of their sentence in a residential treatment facility. Patients participating in the START – Community program remain under the supervision of the Sheriff's Department using a Global Positioning System electronic monitoring device worn for the duration of the treatment stay.

- FIP (Forensic Inpatient) Step Down

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

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

Two sources of data confirm the success of the program in stabilizing the patients, leaving the inpatient beds for other more critical needs. Self-injurious behavior (a patient cutting themselves either out of frustration and emotional dysregulation or in an attempt to harm themselves) is reduced in the FIP Step Down modules compared to other high observation floors. In the first three quarters of 2019, there was an average of .5 incidents of self-directed violence on the FIP Step-Down modules. The other 34 pods of high observation modules had an average of 3.6 incidents. This amounts to a 600% decrease.

Admissions into the Inpatient Unit have increased from an average of 116 per quarter in 2014 to 156 per quarter in 2019. At the same time, readmissions to the Inpatient Unit decreased by 33%.

- HOPE Dorm

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

The rate of suicides in the jail has improved from an average of 5.2 per year to 2.8 per year, which is a 46% reduction. Given the population of the jail, 4 suicides is equal to 23 suicides per 100,000, while the national average for jail suicides is 50 per 100,000, reflecting that Los Angeles County Jail is significantly below the national average in suicides.

- Community-based competency training for misdemeanor and felony individuals who are found to be Incompetent to Stand Trial (IST)

Dedicated Psychiatric Social Workers (PSWs) have been instrumental in providing needed support for this high-needs population.

- GROW (Guided Re-entry of Women)

Utilizing two dedicated PSWs to provide needs assessments and treatment service referrals, this program provides significant cost avoidance by diverting women from state prison to community treatment services.

- Rapid Diversion Program

Targeting jail release for individuals eligible for AB 1810 services, early identification and assessment is key to this pilot program's success.

## **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:

- Individuals released on PRCS often have criminogenic histories and significant mental health needs. The acquisition of prior forensic information to help prepare case plans would be valuable.

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, including enrollment into Medi-Cal for inmates released from prisons; 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 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, gangs, domestic violence, sex offenders, 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 directed at reducing recidivism, addressing trauma, increasing self-sufficiency, and other addressing other barriers to successful reintegration for populations involved in the criminal justice system.
- Technology, particularly related to data collection and analysis, is an on-going challenge and need. We would be interested in learning more about what training and technical assistance the BSCC is able to offer.
- The BSCC can consider an evaluation of custody programs and their effectiveness in reducing recidivism.

***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.

<input checked="" type="checkbox"/>	Same as above
<input type="checkbox"/>	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  
916-838-7777 or [Helene.Zentner@bscc.ca.gov](mailto:Helene.Zentner@bscc.ca.gov)

**Please be aware that in addition to the CCP Survey, an updated CCP plan MUST also be submitted to the BSCC in order to receive compensation.**

**FY 2020-21 Community Corrections Partnership Survey  
PART B**

**SECTION 4: FY 2019-20 Public Safety Realignment Funding Allocation**

Section 4 contains questions related to the allocation of FY 2019-20 Public Safety Realignment dollars. There are three (3) questions in this section.

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

To view your response provided in the 2019-2020 Survey, click here.

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

**County Name: Los Angeles**

25. 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,  
no acronyms.

Difference from

Stated Allocation: **\$ -**

Total Allocation: **\$ 448,871,000**

Where funds were allocated to:	Amount
Alternate Public Defender	\$ 1,250,000
Auditor-Controller	\$ 273,000
Board of Supervisors	\$ 2,525,000
Chief Executive Office	\$ 300,000
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	\$ 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**

Please spell out all names,  
no acronyms.

Difference from

Stated Allocation: **\$ -**

26. 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.**

Example:

Total Allocation to public agencies: **\$ 14,000,000**

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

(Total sums to) **\$ 15,000,000**  
 Please spell out all names, no acronyms.  
 Difference from Stated Allocation: \$ -

Total Allocation to public agencies: **\$ 448,871,000**

Total Allocation to non-public agencies:

Where funds were allocated to (public agencies):	Amount	Where funds were allocated to (non-public agencies):	Amount
Alternate Public Defender	\$ 1,250,000		
Auditor-Controller	\$ 273,000		
Board of Supervisors - Countywide Criminal Justice Coordination	\$ 275,000		
Board of Supervisors - Information Systems Advisory Body	\$ 2,250,000		
Chief Executive Office	\$ 300,000		
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**  
 Please spell out all names, no acronyms.  
 Difference from Stated Allocation: \$ -

(Total sums to) **\$ -**  
 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 2019-20, \$1,008,000 was budgeted to the Board of Supervisors - Information Systems Advisory Body for Countywide Master Data Management.



**SECTION 5: FY 2020-21 Public Safety Realignment Funding Allocation**

Section 5 asks two (2) questions related to the allocation of **FY 2020-21 Public Safety Realignment** funding.

When answering these questions consider the total funds allocated in **FY 2020-21** and include any monies from 2019-20 growth funds and 2020-21 programmatic funding.

28. Of the total funds received in FY 2020-21, 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,  
no acronyms.*

Difference from  
Stated Allocation: **\$ -**

Total Allocation: **\$ 408,136,000**

Where funds were allocated to:	Amount
Alternate Public Defender	\$ 1,263,000
Auditor-Controller	\$ 220,000
Board of Supervisors	\$ 1,878,000
Chief Executive Office	\$ 240,000
District Attorney	\$ 7,856,000
Office of Diversion & Re-Entry	\$ 18,414,000
Fire Department	\$ 4,036,000
Health Services	\$ 17,994,000
Mental Health Department	\$ 14,034,000
Probation	\$ 117,608,000
Public Defender	\$ 5,712,000
Public Health Department	\$ 7,834,000
Sheriff	\$ 210,736,000
Trial Court Operations - Conflict Panel	\$ 49,000
Workforce Development, Aging, and Community Services	\$ 7,000
Contingency Reserve	\$255,000

(Total sums to) **\$ 408,136,000**

*Please spell out all names,  
no acronyms.*

Difference from  
Stated Allocation: **\$ -**



**Section 4: FY 2019-20 Public Safety Realignment Funding Allocation**

26. 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.

<b>Total allocation to public agencies:</b>	<b>\$448,871,000</b>	
<b>Total allocation to non-public agencies:</b>	<b>\$0</b>	
<b><u>Specific breakdown of allocation to public agencies:</u></b>		
<b>Alternate Public Defender's Office:</b>	<b>\$1,250,000</b>	
1) Legal Representation		\$1,250,000
<b>Auditor-Controller:</b>	<b>\$273,000</b>	
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>	
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		\$20,933,000
2) Youth Development and Diversion		\$901,000
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>1) 10% set aside of growth funds</b>		\$1,080,000
<b>Mental Health Department:</b>	<b>\$17,279,000</b>	
1) Direct Services		\$9,078,000
2) Services		
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
4) Proposition 63		\$19,833,000
5) 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>	
1) Legal Representation		\$49,000
<b>Contingency Reserve:</b>	<b>\$4,385,000</b>	
1) Contingency set aside		\$4,385,000

**Section 5: FY 2020-21 Public Safety Realignment Funding Allocation**

29. If known: of the total funds received in FY 2020-21, 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: \$408,136,000**

**Total allocation to non-public agencies: \$0**

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

<b>Alternate Public Defender's Office:</b>	<b>\$1,263,000</b>	
1) Legal Representation		\$1,263,000
<b>Auditor-Controller:</b>	<b>\$220,000</b>	
1) Claims Processing		\$220,000
<b>BOS - Countywide Criminal Justice Coordination Committee:</b>	<b>\$220,000</b>	
1) Public Safety Realignment Team		\$220,000
<b>BOS - Information Systems Advisory Body:</b>	<b>\$1,658,000</b>	
1) Justice Automatic Information Management Statistics		\$911,000
2) Countywide Master Data Management		\$747,000
<b>Chief Executive Office:</b>	<b>\$240,000</b>	
1) AB 109 Program Oversight		\$240,000
<b>District Attorney:</b>	<b>\$7,856,000</b>	
1) Restitution Enhancement Program		\$710,000
2) Prosecution		\$5,503,000
3) Special Enforcement Team		\$1,643,000

<b>Office of Diversion &amp; Re-Entry:</b>	<b>\$18,414,000</b>	
1) Community-based Treatment and Housing Programs		\$17,448,000
2) Youth Development and Diversion		\$966,000
<b>Fire Department:</b>	<b>\$4,036,000</b>	
1) Fire Camp Training		\$65,000
2) Fire Camp Operations		\$3,971,000
<b>Health Services - Administration:</b>	<b>\$453,000</b>	
1) Post Release Community Supervision Medical Care Coordination		\$453,000
<b>Health Services - Hospitals:</b>	<b>\$3,784,000</b>	
1) Inmate Medical Services		\$3,784,000
<b>Health Services - Integrated Correctional Health Services:</b>	<b>\$13,757,000</b>	
1) Jail In-Custody		\$5,194,000
2) Discharge Planning		\$8,563,000
<b>Mental Health Department:</b>	<b>\$14,034,000</b>	
1) Community Based Services		\$8,141,000
2) Institutions for Mental Diseases Contracts		\$605,000
3) General Contract Services		\$17,167,000
4) Medications		\$137,000
5) Other Revenue		(\$12,016,000)
<b>Probation Department:</b>	<b>\$117,608,000</b>	
1) Post-Release Services		\$88,381,000
2) CBO Services and Fixed Assets		\$9,955,000
3) Information Systems		\$741,000
4) Proposition 63		\$18,531,000
<b>Public Defender's Office:</b>	<b>\$5,712,000</b>	
1) Legal Representation		\$3,834,000
2) Mental Health Unit		\$1,878,000
<b>Public Health Department:</b>	<b>\$7,834,000</b>	
1) Client Engagement and Navigation Services		\$2,414,000
2) Community Based Services - Treatment		\$3,579,000
3) Administrative Oversight		\$1,841,000
<b>Sheriff's Department:</b>	<b>\$210,736,000</b>	
1) Custody Operations		\$164,546,000
2) In-Custody Programs		\$8,621,000

3) Valdivia		\$2,017,000
4) Parole Compliance Unit		\$12,186,000
5) Fire Camps		\$838,000
6) Mental Evaluation Teams		\$13,180,000
7) Discharge Planning		\$9,348,000
<b>Trial Court Operations - Conflict Panel:</b>	<b>\$49,000</b>	
1) Legal Representation		\$49,000
<b>Workforce Development, Aging, and Community Services:</b>	<b>\$7,000</b>	
1) Jail-Based Job Center		\$7,000
<b>Contingency Reserve:</b>	<b>\$255,000</b>	
1) Contingency set aside		\$255,000



# **COUNTY OF LOS ANGELES**

## **COMMUNITY CORRECTIONS PARTNERSHIP PLAN** *SUMMARY OF UPDATES*

DECEMBER 2020



## Community Corrections Partnership Plan – Summary of Updates

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The County of Los Angeles developed its initial Community Corrections Partnership (CCP) plan in August 2011. Since then, the County’s Public Safety Realignment Team has continued the ongoing multi-agency coordination to implement public safety realignment, develop plans and strategies to improve outcomes, and refine operations. Operational adjustments have been documented in reports to the Board of Supervisors and in annual survey reports to the California Board of State and Community Corrections.

The County is currently in the process of formally updating its CCP plan to reflect implementation adjustments and evolving justice priorities, including the County’s “Care First, Jails Last” approach. The updated CCP plan will be presented to the County Board of Supervisors in early 2021 for approval.

While not intended to capture all updates that will be incorporated, the following information identifies key themes and updates that will be among the items incorporated in the plan in the following areas:

- Pre-Release Planning
- Community Supervision Model
- Delivery of Integrated Treatment, Rehabilitative, Education, and Other Services
- Legal/Revocation Processes
- Jail Population Management and In-Custody Services
- Correctional Health Services
- Integration of County Justice Reform Priorities
- Evaluation and Review Processes

### **PRE-RELEASE PLANNING**

County partners have continually enhanced practices to support pre-release case planning for individuals returning to the community. Updates will capture process enhancements, including:

- Coordination among county agencies for receipt and review of pre-release packets from the California Department of Corrections and Rehabilitation
- Department of Mental Health (DMH) co-location at the Probation Pre-Release Center – DMH mental health clinicians are responsible for evaluating referral documentation, requesting mental health records from CDCR, reviewing mental health records, and reviewing prior mental health history in order to make a recommendation for appropriate level of care.
- The use of Pre-Release Video Conferencing (PRVC) to in-reach to individuals being released from prison onto Post-Release Community Supervision (PRCS)

### **COMMUNITY SUPERVISION MODEL**

National Institute of Corrections (NIC) research supports eight principles for effective interventions in its Evidence-Based Policy and Practice Initiative: Assessing Actuarial Risk/Needs; Enhancing Intrinsic Motivation; Targeting Interventions; Skill Training with Directed Practice; Increasing Positive Reinforcement; Engaging Ongoing Support in Natural Communities; Measuring Relevant Processes/Practices; and Providing Measurement Feedback.

Incorporating such principles in the Probation Department’s supervision model will be addressed in areas such as:

## Community Corrections Partnership Plan – Summary of Updates

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- Implementation of Cognitive Behavioral Intervention (CBI) efforts
- The process of assessing a Post-Release Supervised Person's (PSP's) risk to re-offend, which in turn determines and shapes the levels of supervision
- Delivery of mandatory supervision pursuant to a split-sentence (PC 1170 (h) (5))

### **DELIVERY OF INTEGRATED TREATMENT, REHABILITATIVE, EDUCATION, AND OTHER SUPPORT SERVICES**

The delivery of integrated treatment services has been a core focus of realignment implementation in the County. This includes mental health care, substance use disorder (SUD) treatment, housing, employment support, education and other support services.

Strategies, programs, and opportunities to enhance service delivery will be highlighted, such as:

- DMH clinical staff's co-location at Probation hubs to provide behavioral health screening and referrals to appropriate types and levels of mental health and co-occurring substance abuse treatment, including outpatient and residential services
- Department of Public Health – Substance Abuse Prevention and Control's (DPH-SAPC's) co-location of contracted substance use disorder (SUD) certified counselors at the hubs to screen for substance use/abuse utilizing a comprehensive, validated, and standardized screening tool
- DPH-SAPC's co-location of dedicated Client Engagement and Navigation Services (CENS) navigators at designated Court locations to engage Post-release Supervised Persons (PSPs) in need of SUD treatment services, education supports, and career counseling
- Implementation of the Co-Occurring Integrated Care Network (COIN) program to address the needs of PSPs who have a chronic co-occurring disorder involving SUD and severe, persistent mental illness
- Educational supports to improve overall skills and career readiness, including resources available during incarceration and transition back into the community
- Regional partnerships throughout Los Angeles County to support various options for college, trade partnerships, job readiness, career placement, and job placement

### **LEGAL/REVOICATION PROCESS ISSUES**

Public safety realignment legislation created new, locally administered court processes for addressing supervision revocation matters – both for the newly created PRCS population and the state parole population. The plan will update high-level processes for revocations and strategies for assessing and addressing treatment needs through the Court process. The plan will also reflect county responses to support crime victims, including restitution collection efforts.

### **JAIL POPULATION MANAGEMENT AND IN-CUSTODY SERVICES**

Prior to the Covid-19 pandemic, the jail's average daily population subject to realignment was approximately 4,000. The development and expansion of in-custody programs and re-entry services offered by the Sheriff's Department will be included in the updated plan, including:

- Community Based Alternatives to Custody (CBAC) – This encompasses the Station Workers program, Work Release program, Electronic Monitoring program, and Weekender program.

## Community Corrections Partnership Plan – Summary of Updates

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- The Alternative to Custody (ATC) program – The Substance Treatment And Re-entry Transition (START) Community program, in partnership with DPH-SAPC, provides community-based, supervised, non-custodial residential treatment services to specified individuals.
- Fire Camp – CDCR contracts with the County Fire Department, Sheriff’s Department, and California Department of Fire and Forestry for services regarding their fire camps. There are currently five fire camps in operation within the County of Los Angeles.

Some programs provide sentenced individuals opportunities to earn additional time credits that can reduce a sentenced individual’s length of stay.

In addition, partnerships between the Sheriff’s Department Community Transition Unit (CTU) and community-based organizations and other county agencies to offer re-entry services to incarcerated individuals will be incorporated.

### **CORRECTIONAL HEALTH SERVICES**

The provision of medical and mental health care to inmates sentenced to county jail under realignment is a critical component of the county’s implementation efforts. Coordination efforts to meet inmate health care needs – including the launch of in-custody SUD treatment programming – will be incorporated in plan updates.

### **INTEGRATION OF COUNTY JUSTICE REFORM PRIORITIES**

The delivery of integrated treatment services has been a focus area since the inception of realignment, and the County has continued to prioritize justice reform efforts in recent years. Specifically, the County has created two new offices in recent years to mobilize treatment, diversion, and alternative to custody options: the Office of Diversion and Reentry (ODR) and Alternatives to Incarceration (ATI) in support of the County’s “Care First, Jails Last” approach. These offices and the work they perform will be integrated in the plan update.

### **EVALUATION AND REVIEW PROCESSES**

Los Angeles County assesses the effectiveness of programs and/or services funded with its Public Safety Realignment allocation through ongoing County Department review. In addition, the following efforts to measure outcomes and inform strategies, operations, and funding considerations will be added to the updated CCP Plan:

- Justice Automated Information Management System (JAIMS) – Data enhancement efforts such as JAIMS position the County to match, anonymize, and aggregate data elements from various systems in order to track trends in justice programs.
- The County launched an AB 109 Study Series in 2019. This series of studies involve an ongoing partnership among justice agencies to evaluate Public Safety Realignment implementation and assess its impact on outcomes, re-involvement in the justice system, and trends in justice outcomes. Combined with other parallel measurement efforts in the County, this study series will paint a clearer picture of individuals’ trends and outcomes and help guide future program and policy decisions.