





COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



July 19, 2016

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
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FROM: Cal Remington, Interim Chief Probation Officer 
Chair, Public Safety Realignment Team
Mark Delgado 
Executive Director, CCJCC

SUBJECT: Public Safety Realignment Implementation – July 2016 Update

The Public Safety Realignment Team (PSRT) was established by the Board of Supervisors to coordinate the County's implementation of public safety realignment (AB 109). Chaired by the Chief Probation Officer, PSRT provides implementation reports to your Board on a semi-annual basis.

This report provides performance measures updates, the CEO's expenditure reports, and monthly data for the second and third quarters of Fiscal Year 2015-16 (Attachments A, B, and C). To supplement this information, the following narrative provides an update on the implementation of AB 109 in Los Angeles County during this time period.

POST-RELEASE COMMUNITY SUPERVISION (PRCS) AND MANDATORY SUPERVISION

COMMUNITY SUPERVISION AND CASE MANAGEMENT

The Probation Department is responsible for the overall supervision and case management of individuals released to the county on Post-Release Community Supervision (PRCS) and mandatory supervision pursuant to a split sentence. In partnership with other departments and community organizations, Probation employs evidence-based practices (EBP) to ensure that supervision and programming address the individual needs of those on supervision as effectively as possible. This includes the use of risk and needs assessments to develop case plans, ongoing case file reviews, and coordination with other departments to deliver appropriate services. A detailed description of the EBP principles that guide the AB 109 program is provided in Attachment D.

Supervised Population Count

As shown in Table 1, there were 7,339 persons actively subject to AB 109 supervision at the end of March 2016.

Table 1 – AB 109 Supervised Population as of March 31, 2016

Action	PRCS	Prop. 36*	Mandatory Supervision	Total
Total Cases Accepted	33,428	245	2,357	36,030
Total Cases Closed	23,360	205	909	24,474
In Custody		0	441	441
Outstanding Warrants	2,214	17	138	2,369
Deported	1,403	4	0	1,407
Active Cases	6,451	19	869	7,339

* Individuals placed on PRCS via Prop. 36 release

Utilization of Risk/Needs Assessments

Probation uses the Level of Service/Case Management Inventory (LS/CMI) to assess each person on supervision. The LS/CMI risk assessment is used to determine the appropriate level of supervision based on risk and identify the criminogenic needs that must be addressed. The risk assessment is updated as needed or every six months if there are no new felony/serious law violations or significant changes in a supervised person’s circumstances.

To ensure that risk assessments are completed and comprehensive case plans are developed, Probation has aimed to increase the number of LS/CMI re-assessments to at least 400 per month and is currently meeting this performance goal. As of the third quarter of Fiscal Year 2015-16, Probation staff completed approximately 487 LS/CMI risk assessments per month. This represents a substantial increase from the previous fiscal year (56 assessments per month).

Establishment of Case Plans

Deputy Probation Officers (DPOs) collaborate with supervised persons, partnering departments, and service providers to establish case plan goals, interventions, strategies, and timelines for the completion of those goals within the supervision period.

Supervision case plans are updated as needed or whenever a new LS/CMI is completed. Probation has sought to increase the average number of case plans completed from 290 per month in Fiscal Year 2014-15 to 450 per month in Fiscal Year 2015-16. This goal is also being met, with an average of 584 now being completed per month.

COORDINATION OF TREATMENT SERVICES

Departments and community-based partners collaborate on the delivery of evidence-based rehabilitative and treatment services. Based on assessments, supervised persons can be referred and linked to appropriate services to address needs and criminogenic risk factors, including:

- Mental health services
- Substance use disorder (SUD) treatment services
- Health care services
- Temporary housing services
- Employment assistance
- Public benefits and health care coverage
- Medical care coordination

Provision of Mental Health Services

Pre-Release Packet Review

The Department of Mental Health (DMH) co-locates staff at Probation's Pre-Release Center (PRC) to coordinate the review of state inmate records and assist with discharge planning and screening of supervised persons who are released from prison onto PRCS with mental health needs. Staff review all pertinent pre-release packets that indicate the presence of a mental health condition and make appropriate recommendations for level of care. In addition, co-located staff request mental health records from the California Department of Corrections and Rehabilitation (CDCR) that are uploaded via a secure server site. During Fiscal Year 2015-16, a total of 1,219 pre-release packets and 756 CDCR mental health record uploads have been reviewed for inmates designated by CDCR as requiring mental health services upon release from state prison.

Orientation and Assessment at Hubs

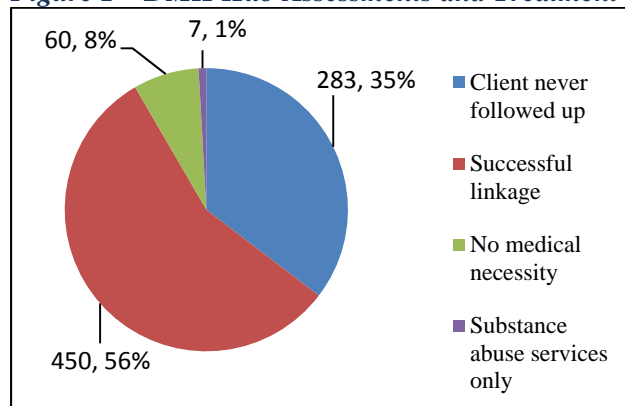
DMH staff are co-located at PRCS hubs throughout the County to assist with the assessment of PSPs, identification of supervised persons with mental health or co-occurring mental health and substance abuse disorders, crisis counseling, and referral to appropriate types and levels of mental health and co-occurring substance abuse treatment.

DMH offers a full range of services, including:

- State Hospital Care
- Acute Inpatient Hospital
- Lanterman-Petris-Short (LPS) Designated Urgent Care Centers
- Institutions for Mental Disease (IMD)
- Enriched Residential Services (ERS)
- Intensive Outpatient (Full Service Partnerships and similar programs)
- Less Intensive Outpatient (i.e., clinic and field-based services)
- Medication Support

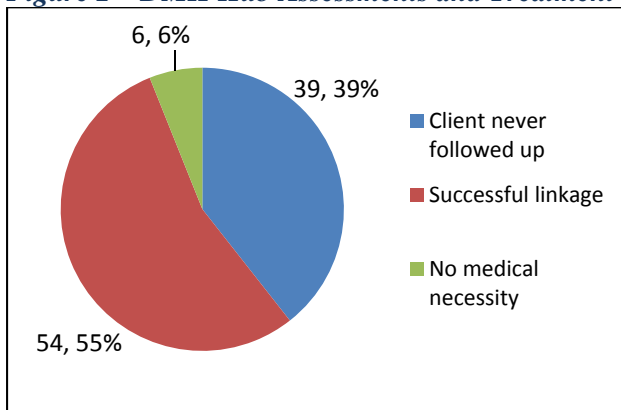
In the third quarter of Fiscal Year 2015-16, 800 male clients were assessed at the hubs. Of those, 450 males (56 percent) were successfully linked to mental health services.¹ For this same time period, 99 female clients were assessed at the hubs. Of those, 54 females (55 percent) were successfully linked.

Figure 1 – DMH Hub Assessments and Treatment Linkages, Quarter 3 (800 Males)



¹ Successful linkage is defined as a minimum of one service.

Figure 2 – DMH Hub Assessments and Treatment Linkages, Quarter 3 (99 Females)



Provision of Substance Use Disorder (SUD) Treatment Services

The Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC) maintains the contractual and programmatic oversight for SUD services provided throughout the county. AB 109 services are currently provided through an established Master Work Order Agreement with 12 agencies that operate 70 direct treatment sites and 8 Community Assessment Service Center (CASC) contracts that provide assessment and referrals. Available services include Residential Medical Detoxification, Residential Services, Intensive Outpatient/Outpatient Services, and Opioid Treatment Program Services.

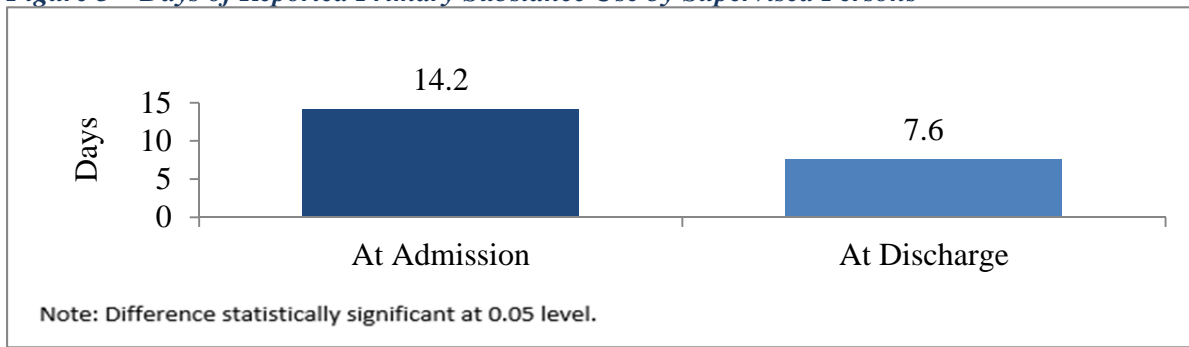
CASC staff are housed at four Probation hubs, two Probation area offices, and at the Community Re-entry and Resource Center at Twin Towers to conduct SUD assessments and linkages to community-based treatment. In addition, supervised persons in custody who are showing signs of SUD can be assessed by the CASC with the results provided to the Court. If appropriate, the Court can order participation in treatment, and Probation’s Mobile Assistance Team (MAT) will transport the supervised person directly to the treatment facility upon release.

Table 2 – CASC Assessment Activity, October 1, 2015 to March 31, 2016

Total Assessments	2,592
Positive Assessments and Referral to SUD Treatment	1,746 (67.36%)
Negative Assessment	748 (28.86%)
Refused Treatment	20 (<1%)
Referred Outside the County	1 (<1%)
Other (Transfer)	77 (2.97%)

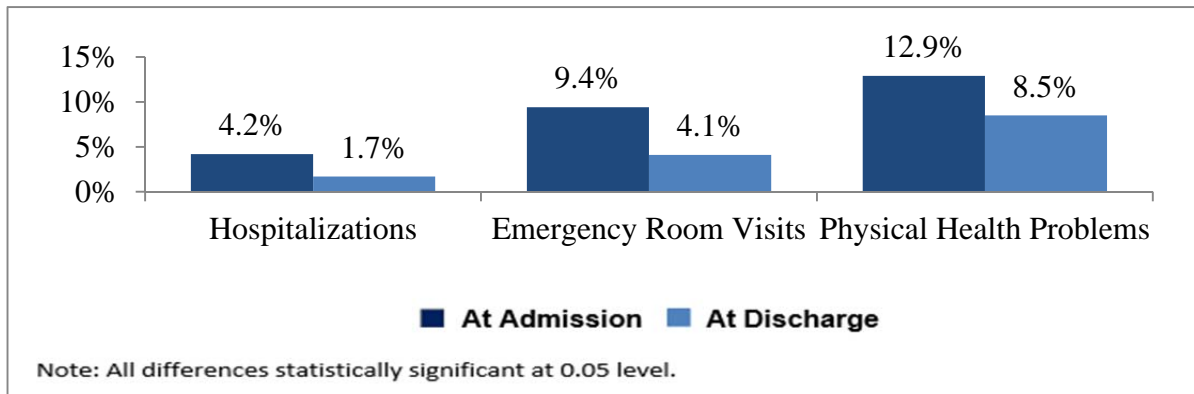
During Quarter 2 and Quarter 3, there were 949 admissions and 599 discharges from SUD treatment. Supervised persons receiving SUD treatment demonstrated nearly 7 days of reduction in primary substance use from treatment admission to discharge.

Figure 3 – Days of Reported Primary Substance Use by Supervised Persons



AB 109 supervised persons who received SUD treatment also demonstrated a 59.5 percent decrease in hospitalizations, 56.4 percent decrease in emergency room visits, and 34.1 percent decrease in physical health problems from admission to discharge.

Figure 4 – SUD Treatment Health Outcomes



Coordination of Health Services

To ensure continuity of care once supervised persons are released from prison, the Department of Health Services (DHS) has a clinical social worker and a registered nurse assigned to Probation's Pre-Release Center in Alhambra. The staff coordinate medical care and related social services for supervised persons with medical needs. They review all pre-release packets that indicate a medical condition and medical records uploaded by CDCR through a secure file transfer site. Probation also regularly contacts the DHS staff for consultation and assistance with supervised persons with medical concerns. From July 1, 2015 to March 31, 2016, a total of 1,380 pre-release packets and 774 CDCR medical record uploads were reviewed for inmates designated by CDCR as high or medium medical risk. The DHS staff also monitors an average of approximately 200 medically high-risk supervised persons via Probation reports each month.

During the first three quarters of this fiscal year, a total of 254 unduplicated supervised persons have received care management services.

PRCS Medically Fragile Pilot Program

DHS has established a pilot program for AB 109 participants that leverages the Department's Flexible Housing Subsidy Pool (FHSP) to address the housing needs of medically fragile AB 109 participants. Year-to-date, DHS staff have facilitated placement for eight supervised persons in board and care settings, two of whom did not require the use of the FHSP mechanism, and six for

whom this mechanism was used. DHS staff also helped facilitate placement of 10 supervised persons in group/transitional homes, three in recuperative care, and one in a residential mental health facility.

DHS and Probation also have developed a plan adjusting the use of these funds to more effectively serve this population. Board and Care assessment and placement services will be provided by Affordable Living for the Aging, which has begun providing these services for other DHS Housing for Health patients in need of Board and Care level placements. In addition, a Housing for Health-contracted Intensive Case Management Services (ICMS) provider will be assigned to each AB 109 supervised person requiring Board and Care placement. ICMS is expected to help stabilize those with complex needs and to improve the likelihood that Board and Care operators will accept them, since they will have ongoing support and someone to call when challenging situations arise. DHS will also continue to use the funds to “patch” monthly Board and Care costs, either by paying the full cost of a placement for a few months until benefits are established, or by paying the difference between the standard rate and a higher negotiated rate required for a Board and Care to accept a challenging client.

Housing and Employment Services

County departments and community partners collaborate on a number of initiatives to address the housing needs of AB 109 populations, including contracting with housing providers and coordinating with the County’s Homeless Prevention Initiative.

HealthRIGHT 360

Probation contracts with HealthRIGHT 360 to provide housing and employment services to PSPs in need. The Probation Department is achieving its performance objectives related to the housing and employment contract. A review of Probation records shows that through the third quarter of Fiscal Year 2015-16, 59 percent of supervised persons who participated in the employment services program obtained employment. Probation also reports that all state prisoners who indicated they would be homeless or transient upon release onto PRCS received temporary housing arrangements.

Other Specialized Projects

While departmental efforts are designed to coordinate the delivery of supervision and treatment services throughout the AB 109 program, the following specialized programs highlight the coordination among agencies in meeting the wide-ranging needs of PRCS population.

Care Management

A 42-year-old supervised female with diabetes was complaining of severe head pain but refused to see a doctor or take any prescription medication due to a lack of trust in medical professionals. The DHS registered nurse was able to convince her to go to the emergency room, where she was admitted with a rare infection of the head and neck. The woman underwent four surgeries and a month of intravenous antibiotic therapy. She was told that if she had gone another six hours without care, she might not have survived. The client is now recovering at home with her family.

A supervised person with severe dementia, chronic kidney disease, hypertension, hepatitis C, and mental health issues was released on a holiday weekend. The DHS social worker secured placement for him in a board and care facility with a locked dementia ward and met him there to ensure it went smoothly. Assistance was also provided with filing for Social Security and Medi-Cal benefits, designating payeeship for the Board and Care, applying for Access disability transportation, working with Probation and HealthRIGHT 360 to get clothes and shoes, finding a primary care physician where he could resume medical treatment in the community, enrollment in an HMO health plan to secure dental and vision coverage, and setting up a DMV appointment to get a state identification card.

Breaking Barriers

In partnership with DHS, Probation oversees the Breaking Barriers program, designed to provide short-term rental subsidies, permanent housing, cognitive behavior therapy, employment assistance, and case management services to supervised persons. Implemented in January 2016, the program provides appropriate supports to AB 109 supervised persons so they may acquire stable employment and eventually become responsible for their own rent in a market rate apartment.

Table 3 – AB 109 Participants in Breaking Barriers, Through March 31, 2016

Clients Referred	Clients Enrolled	Clients Housed
25	13	2

Co-Occurring Integrated Network (COIN)

The Co-Occurring Integrated Care Network (COIN) is a collaborative effort involving multiple agencies: DPH-SAPC, DMH, the Court, Probation, Public Defender, and the Antelope Valley Rehabilitation Center (AVRC). COIN provides integrated residential treatment services for supervised persons who have a co-occurring chronic substance use disorder(s), a severe and persistent mental illness, and a high risk for relapse.

Since the inception of the program, 127 supervised persons have been admitted into COIN. Of those, 60 participants (47 percent) have completed the integrated program at AVRC and were referred for further DMH services in the community; 9 (seven percent) are active in treatment; 33 (26 percent) absconded from the program; and 25 (20 percent) were administratively discharged for non-compliance.²

COIN Participant Profiles

A 31-year-old male had previously been linked to mental health outpatient co-occurring treatment. Though compliant with treatment, he had not been able to abstain from methamphetamine use. The client was flash incarcerated following continued drug use and making threatening statements while at his treatment provider's facility. Following his release from jail, the client was accepted into COIN at the Acton Rehabilitation Center. He completed 90 days at the program and graduated successfully. The client is currently linked to outpatient co-occurring services and remains engaged and compliant with treatment.

A 37-year-old female who was referred by her probation officer to the DMH hub clinician for an assessment after serving six months in County jail for forgery. The client reported that she was sad, unable to concentrate, had feelings of worthlessness, suffered from insomnia, and had been irritable and anxious for the past 15 years. She also disclosed that she had been using methamphetamine daily for 10 years and had a significant history of trauma. The client was willing to participate in a residential co-occurring disorder program. She was screened, accepted, and enrolled into COIN and completed the program. She is currently compliant with outpatient COD treatment.

Skid Row Homeless Pilot Program

The Skid Row collaboration between Probation and the Los Angeles Police Department has been active for two years. Joint operations are conducted to stop narcotics from being brought into Skid Row by probationers and to keep people who do not live in Skid Row out of the area.

The strategy is paired with treatment outreach efforts. A Mobile Resource Center – with support from DMH, DPH-SAPC, DHS, and HR 360 – is deployed to the area

² Administrative discharges include the following: behavioral problems (4); left facility (1); manufacturing substances (1); physical aggression (13); under the influence (3); and verbal aggression (3).

twice per month to allow probationers to check in with their DPO and receive access to services, such as referrals for housing, mental health, and substance abuse treatment.

Men’s Behavioral Health Residential Program

The Men’s Behavioral Health Residential Program is a CDCR program that releases inmates into a residential facility 120 days prior to their discharge from prison. The program provides housing, mental health services, educational services, job training and placement, and substance abuse support groups to approximately 50 inmates scheduled for Los Angeles County community supervision. Probation worked with CDCR to gain access to participating inmates in order to begin reentry planning prior to their release into the community.

ENFORCEMENT COORDINATION EFFORTS

Probation partners with local law enforcement on multiple public safety efforts to enforce conditions of supervision and apprehend PSPs with warrants. Probation has assigned 25 DPOs to co-located operations with the Sheriff’s Department, Los Angeles Police Department, and other local law enforcement agencies. In addition, there is one armed DPO assigned to work with the United States Marshals and assist with the apprehension of AB 109 absconders.

Table 4 – AB 109 Warrant Activity, By Quarter

	Oct. 1, 2015 – Dec. 31, 2015	Jan. 1, 2016 – March 31, 2016
Warrants Recalled	1,431	1,464
Warrants Issued	1,612	1,371

Through apprehension by law enforcement, re-arrest on a new law violation, or self-reporting, an average of 482 supervised persons were returned to supervision from warrant status each month during Quarters 2 and 3. However, supervised persons absconded at an average rate of 496 each month during the same period.

Sheriff’s Parole Compliance Team

At the direction of your Board, the primary mission and focus of the Sheriff’s Department Parole Compliance Team (PCT) is the apprehension of AB 109 supervised persons who have active absconder warrants. Through the third quarter of FY 2015-16, PCT apprehended 328 absconders, an increase of 14.6 percent over the same period last year.

In an effort to reduce the number of absconders who are repeat offenders, PCT advises each arrested absconder of the services and programs available and distributes to them a tri-fold pamphlet titled, “Post-release Community Supervision Assistance and Realignment Program.” This pamphlet provides program resource phone numbers, answers to commonly asked questions, and information on how to obtain official documentation required to take advantage of these resources.

PCT continues collaborating with other California law enforcement agencies outside of Los Angeles County to address the growing number of supervised persons who flee our jurisdiction. When absconders are arrested outside of the county, Los Angeles County officials are notified, and transportation back to Los Angeles County is coordinated.

In particular, a large population of absconders has been located in Las Vegas, Nevada. PCT works with the Los Angeles County District Attorney’s office and Las Vegas Metropolitan

Police Department to arrest and extradite absconders in Las Vegas. Through the third quarter of FY 2015-16, PCT has conducted three extraditions with the approval of the District Attorney's Office.

Multi-Jurisdictional Data Sharing Efforts

The California Department of Justice continues to build out the data sharing effort, "Smart Justice." The new module, NLETs, allows users to query DMV records and obtain photos from other states, helping to locate and verify absconders who have left California.

REVOCAION OF SUPERVISION

Probation utilizes a system of graduated sanctions to respond to violations of supervision. Ultimately, Probation can petition the Court to revoke a PSP's supervision and impose a sentence of up to 180 days for repeated or more serious violation activity. In Fiscal Year 2015-16, Probation filed 244 petitions for revocation in Quarter 2 and 219 petitions for revocation in Quarter 3.

In addition, the District Attorney's office has begun filing violations of PRCS and traditional state parole. This new development is authorized by realignment statutes and reflects the preference for empowering local authorities to work collaboratively to solve local problems. The recent increase in criminal activity has caused the District Attorney to be more aggressive in its efforts to ensure that supervised persons are held accountable for new criminal conduct (even when the criminal conduct does not result in the filing of a new criminal case). This effort involves both deputy district attorneys and investigators from the District Attorney Bureau of Investigation.

It is expected that the volume of filings will continue to grow over time. The District Attorney remains committed to assisting Probation and CDCR's Division of Adult Parole Operations in the challenging work of holding supervised persons responsible for new criminal activity while encouraging their successful reentry into our community.

AB 109 CUSTODY-RELATED MATTERS

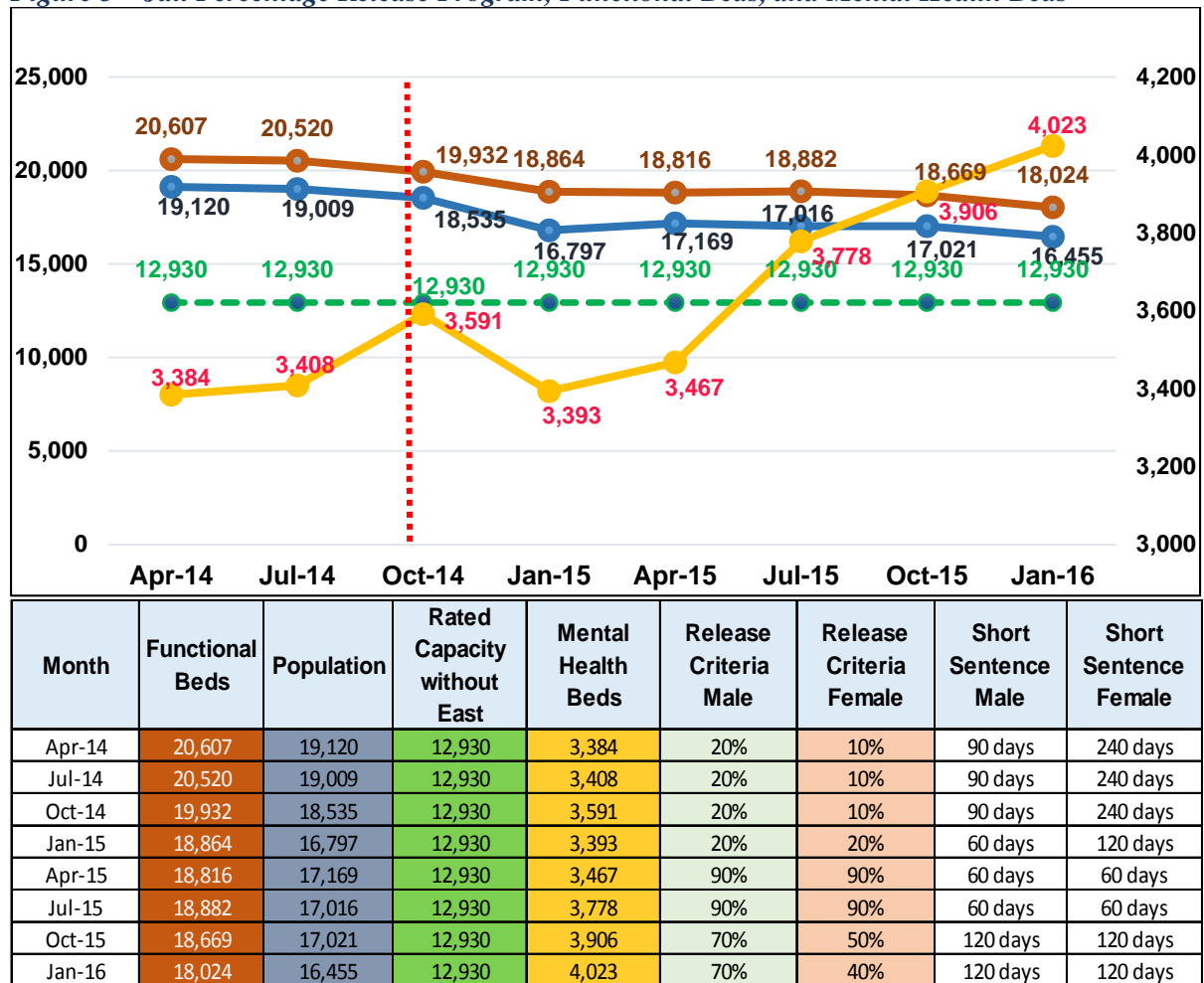
POPULATION IMPACT

The jail system's average daily inmate population (ADIP) hovered near 16,700 between October 1, 2015 and March 31, 2016. Inmates sentenced under PC 1170 (h) and those subject to PRCS or parole supervision revocation comprised 23 percent of the inmate population during this period. This number does not include the approximately 700 inmates participating in community-based alternative to custody programs.

The ADIP remained relatively stable due to the Sheriff Department's practice of utilizing a percentage release program to manage the number of inmates in the jail system. It should be noted, however, that inmates sentenced under realignment are not part of the percentage release program and serve 100% of their court-ordered sentences, less any credit earned for good behavior and/or participation in programming.

Figure 5 and the accompanying table indicate the number of functional beds available in the jail system. The blue line shows the actual population in jail beds.

Figure 5 – Jail Percentage Release Program, Functional Beds, and Mental Health Beds



As the mental health population increases, the number of functional beds decreases. This is because many of the most severely mentally ill cannot be housed with other inmates, rendering the second bed in a two-man cell unavailable. A rise in the mental health population is one factor that can trigger a change in the percentage release policy.

POPULATION MANAGEMENT STRATEGIES

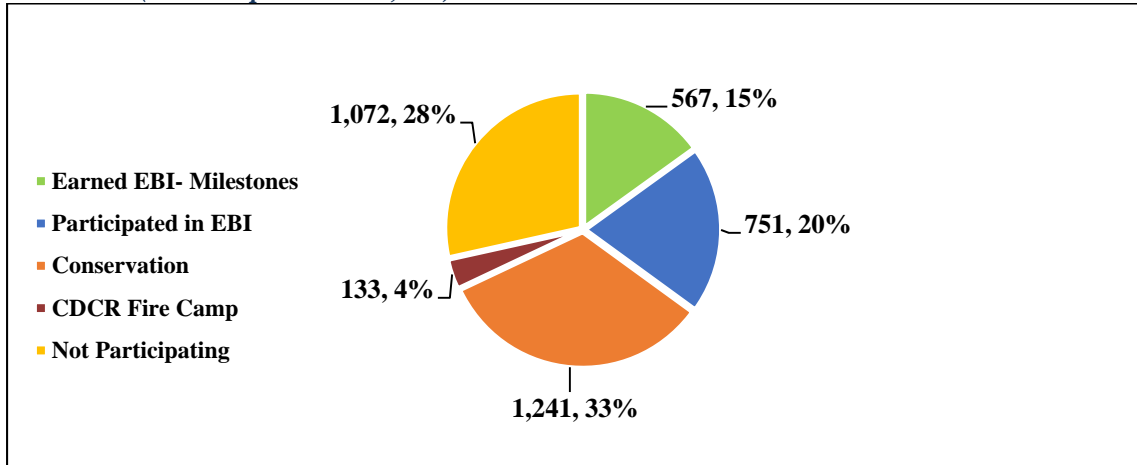
In addition to percentage release, the Sheriff’s Department utilizes several strategies, including enhanced credit earning programs and community-based alternatives to custody treatment programs, to manage the inmate population count. The amount of custody credits earned by inmates participating in various programs is determined by California statute.

Table 5 – Credit Earning Programs and Statutes

Program	Penal Code	Credit Earned	Qualifying
Good Time/Work Time	4019	1 day:1 day	All Sentenced Inmates
Conservation Work Program	4019.1	1.5 days:1 day	All Sentenced Inmates
Fire Camp	4019.2	2 days:1 day	AB 109 Sentenced Inmates
Milestone	4019.4	Up to 6 weeks/year	AB 109 Sentenced Inmates

Seventy-two percent of the AB 109 sentenced population participated in a credit-earning program during the third quarter of Fiscal Year 2015-16.

Figure 6 – Participation in Credit-Earning Programs by the AB 109-Sentenced Population (Total Population =3,764)



Fire Camps

Fire Camp Training is provided to AB 109-sentenced inmates who meet the state’s criteria for the program, including time left to serve, criminal history, health, and physical fitness level. While in training, inmates earn 1.5 days of credit for each day served through the Conservation Work Program. The daily average of inmates enrolled in Fire Camp Training during the third quarter of FY 2015-16 was 80.

Once inmates have completed the Fire Camp Training program, they receive two days of credit for each day served while awaiting transfer to a state fire camp facility and for each day served while participating in the program at the state facility. The average number of inmates assigned to CDCR camps this quarter was 133.

COORDINATION OF IN-CUSTODY TREATMENT / REENTRY SERVICES

Integrated Jail Health Services

DHS is implementing changes to jail medical and mental health services to improve the quality and delivery of care and to transform services into an integrated model addressing physical health, mental health and SUD issues. Progress includes:

- An access to care Sick Call pilot was launched at North County Correctional Facility on March 1, 2016, allowing inmates to document their health care issues on a confidential form to improve timely and appropriate triage by nursing staff. Health care staff and inmates have provided positive feedback. Preliminary data showed that 100% of the patients requesting health care via the new Sick Call process were being triaged and seen within 24 hours of the request.
- A new system for managing inmates in need of acute substance detoxification is being developed. A new Drug and Alcohol policy was completed, and nursing staff are in the process of being trained on the new policy.

- Mental health services are being developed at the North County detention center for inmate-patients with moderate to severe mental illness. DMH and DHS have worked together to provide contract providers for this service, and the first 100 mental health patients are expected to move to Pitchess Detention Facility in the fourth quarter of the year.

Inmate Medical Services at LAC+USC Medical Center

DHS has expanded services provided to jail inmates by LAC+USC Medical Center to accommodate the AB 109 population. In the first three quarters of FY 2015-16, a total of 1,032 specialty visits and 420 emergency department visits were provided to AB 109 inmate patients. During the same period, 142 inmates had inpatient admissions to the hospital for a total of 549 inpatient days (an average length of stay of 3.87 days).

DHS has implemented the use of the eConsult system within the custody setting to improve the ability of clinicians to consult with specialists and to decrease wait times for inmate-patients requiring specialty care. In the third quarter, the average time from the close of a specialty care consult (when the consulting specialist determined that an in-person visit was needed) to the scheduling of an appointment was 6.1 days. The average time from the close of the consult until the date of the appointment was 26.7 days.

Care coordination services have also been implemented for AB 109 inmates who require ongoing/lengthy medical services or have complicated conditions. During the first three quarters of the year, there were 253 patients whose care was coordinated for high-risk OB/Gyn issues and 221 care coordination activities for inmates requiring other specialty services, for a total of 474 care-coordinated cases.

Department of Mental Health Alternative to Custody (ATC) Program

Approximately 4,195 inmates, or 25 percent of the jail population, are diagnosed with mental illness, making the County jails one of the largest mental health providers in the country. As the number of inmates with mental health needs continues to increase, the need for expanded diversion and alternative custody programs has become increasingly critical.

Accordingly, DMH and the Sheriff's Department have developed the Alternative to Custody (ATC) Enriched Residential Services (ERS) program to provide augmented residential mental health services for adult males 18 years of age and over who require intensive co-occurring mental health and substance use treatment, are within 60 to 180 days of release from jail, and qualify for AB 109 funding.

Program participants serve their remaining jail term in the ATC ERS program while under the jurisdiction of the Sheriff's Department on alternative custody legal status. Additionally, program candidates are outfitted with Global Positioning System tracking devices as an additional security measure.

Eligible candidates are individuals with no history of sexual, arson, or assault charges and who have been incarcerated for low level and non-violent offenses that appear to be the result of, or associated with, their mental illness.

From its inception on February 6, 2016 through March 31, 2016, 10 individuals have been assessed, and eight have been accepted into the program. One individual's planned enrollment was cancelled due to an active restraining order. In the other case, the Sheriff's Department withdrew the referral due to insufficient custody time remaining (i.e., the inmate was scheduled for release two weeks from the planned admission date).

Substance Treatment and Re-entry Transition (START) – Community Program

In June 2015, DPH-SAPC implemented the START community program for eligible inmates previously diagnosed with SUD while in-custody. Inmates approved by the Sheriff's Department for electronic monitoring and in need of SUD services are housed in a community-based residential treatment setting for the remainder of their jail term. Additionally, participants receive outpatient counseling, intensive outpatient treatment, and opioid treatment program services upon completion of the residential treatment episode.

Since the program's inception, 103 supervised persons have been admitted into the START program. Of those, 44 participants (43 percent) completed residential treatment services, 47 (46 percent) remain active in treatment, 10 (10 percent) were returned to custody, and 2 (2 percent) absconded from the program.

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

In February 2016, DPH-SAPC established the START In-Custody Program to provide SUD treatment to female inmates sentenced under AB 109 with at least 90 days remaining on their sentence. Upon completion of the voluntary program and release from custody, participants are provided linkages for continued SUD services. Since the program's inception, 100 inmates have participated in the START in-custody program.

Community Reentry and Resource Center (CRRC)

The Community Reentry and Resource Center (CRRC), a multi-department collaborative effort located in the lobby of the Inmate Reception Center, continues to assist inmates and their families. Services provided include linkages to housing, treatment services, transportation, employment and other resources. During this reporting period, 2,542 people utilized the services of the CRRC.

Affordable Care Act Enrollment Program

In partnership with DHS, DPH, DMH, and DPSS, the Sheriff's Department continues to enroll eligible sentenced inmates in Medi-Cal. The program has proven to be very successful. Between October 1, 2015 and March 31, 2016, the Sheriff's staff processed 3,293 applications for Medi-Cal enrollment.

Vital Records Program

The Vital Records Program was initiated to assist inmates with acquiring the records needed to obtain employment and gain access to social service resources.

Designated Sheriff staff members have been deputized by the County Registrar Recorder to facilitate birth certificate applications for inmates born in Los Angeles County who have requested a certified copy of their birth certificate. The \$28 application fee is paid for by the Inmate Welfare Fund. During this reporting period, 759 applications were processed, and 429 birth certificates were obtained.

In partnership with the California Department of Motor Vehicles, the Sheriff's Department has continued its pilot program to provide California Identification Cards to eligible sentenced inmates who have requested a duplicate card. During this reporting period, the Sheriff's Department processed 701 applications, and 784 cards were issued.

PROPOSITION 47

On November 4, 2014, California voters passed Proposition 47, which reduced certain property and drug offenses from felonies or wobblers to misdemeanors. In addition, certain offenders who had previously been convicted of those crimes can petition the Court or apply to have their felony convictions changed to misdemeanors. The law became effective upon its passage.

County departments continue to collaborate on strategies to most effectively implement Proposition 47. While those efforts are the subject of separate reports, your Board asked the Probation Department to include in this report recidivism statistics related to Proposition 47 supervision terminations.

To that end, Probation reports that, as expected, a decrease in the number of PRCS and mandatory supervision cases has resulted in part due to Proposition 47. As of March 31, 2016, 1,361 PSPs have been successful in reducing their felony convictions to misdemeanors. Probation also reports that of the 1,361 PSPs, 59 percent of these individuals were arrested on a new offense and 19 percent were convicted.

USE OF AB 109 FUNDING TO SERVE NON-REALIGNMENT POPULATIONS

On October 13, 2015, your Board approved a motion to expand the pool of eligible individuals who can access AB109-funded services, including individuals who had received a straight sentence to County jail under AB 109 and individuals who no longer are subject to AB 109 supervision due to Proposition 47.

This policy change to expand the potential use of AB 109 funding was made to ensure that justice-involved individuals in need of services have access to them regardless of their classification. With this action, your Board also directed Probation, DMH, and DPH to track the number of non-AB 109 individuals served under this new policy.

PROBATION

Probation oversees the provision of systems navigation, employment services, and temporary housing to AB 109 supervised populations. The contract allows for 90 days of services (except shelters, which is 10 days). In extenuating circumstances, the County may pay for an additional 90 days (180 days total). During this time period, the housing case manager works with the supervised person and the DPO to transition the supervised person to long-term/permanent housing.

Probation reports that through the end of March 2016, the department expended \$36,074 for housing and employment services for 62 non-AB109 individuals. This includes \$4,341 in expenditures for employment and transportation services for 10 non-AB 109 individuals and \$31,734 for housing services for 52 non-AB 109 individuals.

DMH AND DPH-SAPC

DMH and DPH-SAPC are also tracking the provision of services to individuals who voluntarily wish to receive treatment despite their non-AB 109 status. The table below shows the number of DMH and DPH-SAPC clients who had their AB 109 supervision terminated due to Proposition 47, as well as the number of clients that continued to receive at least one or more services post-termination during the second and third quarters of Fiscal Year 2015-16.

Table 6 – Continuing Mental Health and SUD Treatment for Clients Terminated from AB 109 Supervision Due to Prop. 47 (October 13, 2015 to March 31, 2016)

Department	AB 109 Clients Terminated Due to Proposition 47	Proposition 47 Clients Who Received At Least 1 or More Service Post AB 109 Termination
DMH	104	33
DPH-SAPC	55	10

SUMMARY

Los Angeles County’s implementation of Public Safety Realignment prioritizes effective community supervision, custody practices, and delivery of rehabilitative services in order to promote public safety and support reentry efforts. Through the ongoing coordination and collaboration among departments and providers, agencies strive to integrate treatment approaches and ensure that the services available in the community and in custody address the wide-ranging needs of the realignment population. That collaboration has resulted in multiple evidence-based and innovative approaches discussed in this report. As the program continues to evolve, departments will continue to apprise your Board of implementation progress and emerging issues.

Attachments

- c: Chief Executive Officer
- Executive Officer of the Board of Supervisors
- County Counsel
- CCJCC Members
- Civil Grand Jury

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PROBATION DEPARTMENT			
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">P R O B A T I O N</p>	<p>1. Community Supervision of PSPs and N3s</p> <p><u>1A. Direct Supervision</u> AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations).</p> <p>SB 1968 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.</p>	<p>This key goal/objective is to increase the number of LS/CMI risk assessments completed by supervision DPOs to 400 per month. During FY 2014/2015 Supervision DPOs completed 640 (53 per month) LS/CMI risk assessments. In order to facilitate case planning based on criminogenic risk/needs, the risk assessment needs to be updated every six months.</p> <p>This key goal/objective is to increase the number of comprehensive case plans completed by supervision DPOs to at least 450 per month. During FY 2014/2015, supervision DPOs completed approximately 290 comprehensive case plans per month. Evidence shows that recidivism can only be reduced through case management efforts that effectively targets offender criminogenic needs.</p>	<p>During FY 2015/16 Q2, the Supervision DPOs completed 2948 (491 per month) LS/CMI risk assessments.</p> <p>During FY 2015/16 Q2, the Supervision DPOs completed 3576 (596 per month) case management plans.</p>
	<p><u>1B. HUB / Custody Liaison</u> PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.</p>	<p>This key goal/objective is to ensure that at least 80% of Split Sentenced supervised persons in LASD custody will be oriented by CRRC staff within 60 days of their anticipated release from custody. The Community Reentry Resource Center (CRRC) is located at the LASD Inmate Reception Center (IRC) and provides reentry referral services for newly released inmates. Probation staff assigned to the CRRC provide comprehensive intake, assessments, and orientation instructions, and referrals to supervised persons (PSPs, split-sentenced persons, and formal probationers) being released from custody Monday through Friday, 6 am to 6 pm.</p>	<p>During FY 2015/16 Q2, the Department was notified that there were 318 split-sentenced supervised persons) released. Of these clients, 293 (92%) were assessed and oriented by CRRC staff.</p>
	<p><u>1C. Pre-Release Center (PRC)</u> Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs.</p> <p>PSP pre-release State prison files (packets) are coming from 33 different State prisons.</p>	<p>This key goal/objective is to ensure that 95% of cases that are identified as possibly requiring mental health or medical housing, upon release from CDCR custody, are referred to these co-located staff for review of records and recommendations for services upon release. The Department houses co-located Department of Mental Health clinicians and Department of Health Services nurses and social workers at the PRC to assess mental health and medical needs of PSPs prior to their release into the community.</p>	<p>During FY 2015/16 Q2, the PRC identified 600 cases that required a mental health assessment. All of these cases (100%) were referred to DMH for the assessment.</p> <p>During FY 2015/16 Q1, the PRC identified 915 cases with potential medical needs that required assistance. All of these cases (100%) were referred to DHS for review.</p>
	<p>2. CBO Services</p> <p>A large number of PSPs are released from custody without employment prospects or housing.</p>	<p>This key goal/objective is to work in cooperation with the contractor to facilitate the acquisition of a job for at least 40% of eligible supervised persons that participate in employment services. Through the employment services contract the Probation Department provides PSPs with employment preparation, placement, and retention services.</p> <p>This goal/objective is to ensure that supervised persons released from CDCR custody who indicate they are homeless or transient have a housing referral in place upon release from custody. Through the housing contract the Department provides transitional housing services for up to 90 days with one extension of an additional 90 days with DPO approval.</p>	<p>During FY 2015/16 Q2, there were 224 supervised persons that participated in the employment services program. Of these clients, 124 (55%), obtained employment.</p> <p>During FY 2015/16 Q2, there were 604 inmates in CDCR custody who indicated they would be homeless or transient. The Department arranged for temporary housing for all of these cases (100%) upon their release from custody.</p>

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SHERIFF'S DEPARTMENT		
1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of approximately 4,000 N3s.	Provide inmates with all services required by law, including: food, clothing, medical, and access to services. There were 3,932 N3's in custody. (Second Quarter Average Daily Population.)
2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provides credit toward an inmate's sentence upon successful completion of an EBI program.	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 inmates are awarded credits toward an inmate's sentence upon successful completion of qualified EBI classes and programs. Maximizing Education Reaching Individual Transformation (MERIT) Graduates - 3000, High School Diploma - 50, Women in Transition Support (WITS) -100, Gender Responsive Rehabilitation (GRR) - 500, and Miscellaneous Certificates - 2000. 2nd Quarter Stats: MERIT Grads- 415; High School Diploma - 84; WITs - 60; GRR - 67; and Misc Certificates - 353
3. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	Train 255 male inmates at Pitchess Detention Center (PDC) Fire Training Center, and send 15 females to California Department of Corrections and Rehabilitation/California Institution for Women for fire training. Transfer 191 male inmates and 11 females to five Los Angeles County Fire Department camps. 2nd quarter figures show 66 male inmates trained at Pitchess Detention Center. 54 male inmates transferred to the four LA County Fire Camps. 3 females inmates transferred to CIW to start training. 19 female inmates transferred from CIW to Camp 13 Malibu. Year to date cumulative totals for fiscal year 15/16 are 110 male inmates trained at PDC, 118 male inmates transferred to the four LA County Fire Camps. 15 female inmates sent to CIW for training and 11 inmates sent to Camp 13 Malibu. At the current rate stated above, Fire Camp is on track to meeting its goal of training 255 inmates and transferring 200 male and female inmates to the five LA County Fire Camps. Fire Class 25 is scheduled to start on March 7, 2016 with 30 male inmates.
4. Alternatives to Custody (ATC) Programs	Provide residential substance abuse and/or mental health treatment in a community-based setting to eligible AB109 sentenced inmates during the final 90-120 days of their jail stay.	Maintain a minimum of 100 eligible AB109 sentenced inmates in ATC programming, contingent upon available funding. There were at most 51 participants out in programs at one time in the following programs: START; Female Project, Veterans; Women with Children; Transitional Case Management; and Normandie Village; 38 of these inmates were placed during the 2nd quarter (October-December). In addition to the placement of ATC inmates, 28 successfully completed their program, and 9 were returned to custody. 2 absconded from the program (1 has since been captured).
5. Re-entry Services	Provide qualified AB109 sentenced inmates with the vital records they require to obtain employment following their release and enroll those who do not have medical insurance in Medi-Cal programs.	Enroll 350 eligible AB109 sentenced inmates in Medi-Cal annually. Obtain California Identification Cards for 450 eligible AB109 sentenced inmates annually. Obtain Birth Certificates for 400 eligible AB109 sentenced inmates annually. During the 2nd quarter, ACA officers processed 1829 applications for Medi-Cal. 273** were confirmed enrolled. Of these 273** enrollees, 71** were AB109 inmates. CTU obtained processed 398 requests for California ID Cards; 217 were issued including 130 for AB109 inmates; CTU processed 321 applications for Birth Certificates. 376 Birth Certificates were obtained including 180 for AB 109 inmates. **DPSS YBN system migrated into the LRS system in December; We are unable to obtain current enrollment data for December; pending a fix from DPSS, enrollment data is not available as we move into next quarter.
6. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	300 PSP Parolee At Large (PAL) arrests. Continue the use of alternative investigative resources. Work with law enforcement agencies outside of Los Angeles County, within California, to arrest absconders when located. Advise and encourage absconders to use treatment programs after arrest. The Parole Compliance Teams have arrested 205 PALs through the second quarter of FY 2015-16. The teams continually adjust their schedule by working varied hours and days each week.
	4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.	3 PSP Extraditions The Parole Compliance Teams have conducted 1 PSP extradition through the second quarter of FY 2015-16.
	4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.	The California DOJ has developed a statewide integrated Post Release Community Supervision database. The database is a critical requirement for the effective management of the PRCS population. The Los Angeles County Sheriff Department's goal is to have all Department crime analysts retrieve and input information into the system on a daily basis and expand its use throughout the county. The Crime Analysts are currently utilizing a new module of the "Smart Justice" database called NLETS. This module allows them to access photo records from 23 states across the nation.

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DEPARTMENT OF PUBLIC HEALTH		
<p>1A. Community Based Services - Community Assessment Services Center (CASC)</p>	<p>CASCs conduct assessments to determine the severity of clients' Substance Use Disorder (SUD). Those with a positive assessment are referred to a contracted service provider.</p>	<p>Show to Treatment - In Fiscal Year (FY) 14-15, 43 percent AB 109 clients (with positive assessments) showed to treatment - For FY 15-16, increase show to treatment by 2 percent from 43 to 45 percent</p> <p>NOTE: DPH-SAPC set a modest goal of 2 percent increase for show to treatment due to the difficulty of engaging the AB 109 population given their high risk to reoffend and difficult life circumstances (e.g., housing, employment, family, etc.).</p>
<p>1B. Community Based Services - Treatment Activity</p>	<p>Treatment Provider Network Services - AB109 mandated SUD treatment services be available to AB109 clients.</p> <p>NOTE: DPH will measure life and health outcomes associated with receiving SUD treatment. From inception to Year 3 of AB 109, data indicates a positive association between receiving SUD treatment and positive life and health outcomes (i.e., higher rates of job training and employment and lower rates of homelessness, primary substance use, hospitalizations, emergency room visits, and physical health problems). Furthermore, life and health outcomes were more favorable if AB 109 clients were discharged with positive compliance from treatment.</p> <p>The data supports the importance of receiving SUD treatment with positive compliance and for DPH to apply practices and policies to improve show to treatment and positive compliance rates.</p>	<p>a. Treatment Compliance</p> <p>Positive Compliance - In FY 14-15, 49 percent positive compliance - For FY 15-16, increase positive compliance by 2 percent from 49 to 51 percent</p> <p>Negative Compliance - In FY 14-15, 43 percent negative compliance - For FY 15-16, decrease negative compliance by 2 percent from 43 to 41 percent</p> <p>NOTE: DPH-SAPC set a modest goal of 2 percent increase for positive compliance and 2 percent decrease for negative compliance due to the difficulty of engaging the AB 109 population given their high risk to reoffend and difficult life circumstances (e.g., housing, employment, family, etc.).</p> <p>b. Outcomes</p> <p>Job Training - Percent increase in job training from admission to discharge</p> <p>Employment - Percent increase in employment from admission to discharge</p> <p>Homelessness - Percent decrease in homelessness from admission to discharge</p> <p>Primary Substance Use (in last 30 days) - Percent decrease in primary substance use from admission to discharge</p> <p>Hospitalizations - Percent decrease in hospitalizations from admission to discharge</p> <p>Emergency Room Visits - Percent decrease in emergency room visits from admission to discharge</p> <p>Physical Health Problems - Percent decrease in physical health problems from admission to discharge</p> <p>* DID NOT INCLUDE SPECIFIC PERCENTAGES DUE TO UNKNOWN IMPACT OF PROPOSITION 47.</p>

DPH

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2. Proposed New Programs - Jail Health Substance Use Disorder Services	Implement SUD education and treatment components into Sheriff's Education Based Incarceration program with in-custody population.	<p><u>Number of Individuals Receiving the Following Services (cumulative):</u></p> <ul style="list-style-type: none"> - Number of clients receiving drug education - Number of clients receiving in-custody SUD treatment - Percent of positive compliance to treatment 	Project has not commenced; currently in discussion with Los Angeles County Sheriff's Department and County of Los Angeles - Department of Health Services.
3A. Administrative Oversight - Training/Technical Assistance	Provide trainings /technical assistance and contract monitoring to providers to assist them with administration and provide oversight for assessment and treatment of AB 109 population.	<p><u>Trainings/Technical Assistance</u></p> <ul style="list-style-type: none"> - Provide 4 trainings (e.g., evidence-based practices, cultural competence, data management, etc.) - Provide technical assistance to address emerging AB 109 issues and establish recommendations that improve the assessment and treatment process of the AB 109 SUD treatment system of care. 	<p>The following trainings have been conducted:</p> <ul style="list-style-type: none"> - How Being Trauma Informed Improves Criminal Justice Responses <p>Technical assistance is on-going</p>
3B. Administrative Oversight - Contract Monitoring		<p><u>Contract Monitoring</u></p> <ul style="list-style-type: none"> - DPH-SAPC staff will provide AB 109 contracted providers with ongoing programmatic, contractual, and fiscal oversight. 	Contract monitoring is on-going.
FIRE DEPARTMENT			
1. Fire Camp Training	Training and placement of AB109 prisoners into the Fire Camps.	Training 300 N3 inmates.	For the 1st and 2nd Quarters: 192 N3 inmates trained in 8 classes.
2. Fire Camp Operations	Provide wild land fire protection utilizing trained inmate fire crews. Fire operates 5 fire camps with CDCR: 418 male beds and 110 female beds.	Placing 75% (225) N3 inmates into the Fire Camps and supporting firefighting operations across the state.	For the 1st and 2nd Quarters: 176 of 192 inmates placed in a Fire Camp (92%), and 168 inmates that served on a crew providing fire suppression services.

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DEPARTMENT OF MENTAL HEALTH		
1. Administration & Oversight	<p><u>Countywide Resource Management (CRM)</u></p> <p>Centralized coordination and monitoring of AB109 community-based services.</p>	<p>CRM will utilize a contract monitoring tool to evaluate at least 10 randomly selected charts annually from 11 contract providers (at 23 separate locations). It is anticipated that 230 measures will be collected and evaluated by June, 2016.</p> <p>Recidivism rates for male and female clients assessed at the HUBs will remain the 29% and 27% respectively.</p> <p>Quarter 1: CRM utilized a contract monitoring tool and client satisfaction survey and evaluated 6 randomly selected charts from contract providers.</p> <p>Quarter 2: CRM utilized a contract monitoring tool and client satisfaction survey and evaluated 56 randomly selected charts from contract providers.</p> <p>First quarter of FY15-16: 1120 male clients were assessed at the HUBs. Of those, 486 males (43%) were successfully linked. Of the 486 successfully linked males, 107 (22%) were subsequently booked on a flash or new offense. 170 female clients were assessed at the HUBs. Of those, 72 females (42%) were successfully linked. Of the 72 successfully linked females, 9 (13%) were subsequently booked on a flash or new offense.</p> <p>Second quarter of FY15-16: 782 male clients were assessed at the HUBs. Of those, 374 males (48%) were successfully linked. Of the 374 successfully linked males, 92 (25%) were subsequently booked on a flash or new offense (recidivated). 104 female clients were assessed at the HUBs. Of those, 39 females (38%) were successfully linked. Of the 39 successfully linked females, 8 (21%) were subsequently booked on a flash or new offense.</p>
DMH	<p><u>2A. Locked Facilities:</u></p> <p>Locked facilities including State Hospital beds for individuals in need of the most secure and intensive level of mental health services; IMDs provide locked long-term mental health residential treatment; In-patient contract services provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute fee-for-service hospitals.</p>	<p>To provide State Hospital, IMD, and In-patient level of care as needed</p> <p>State Hospital: Q1: 1 client; Q2: 1 client IMD: Q1: 11 clients; Q2: 11 clients Inpatient (FFS): Q1: 116 clients (601 claims); Q2: 260 clients (545 claims) PDP: Q1: 0 clients; Q2: 0 Short-Doyle: Q1: 0 clients; Q2: 218 clients County Hospitals: Q1: 205 clients; Q2: 3 clients</p>
	<p><u>2B. Unlocked Facilities:</u> IMD Step-downs provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units and jails; Crisis Services/Urgent Care contracts provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms; General Outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.</p>	<p>To provide IMD Step-Down, outpatient, Co-occurring disorders treatment services, and crisis and urgent care services as needed.</p> <p>Enriched Residential Services: Q1: 69 clients; Q2: 55 clients Urgent Care Centers: Q1: 206 clients (914 claims); Q2: 178 clients (378 claims) Crisis Residential: Q1: 12 clients; Q2: 16 clients</p> <p>Outpatient, Quarter 1: 522 male clients received Outpatient services. Of those 522, 72 (14%) were subsequently booked on a flash or new offense. 69 female clients received Outpatient services. Of those 69, 8 (12%) were subsequently booked on a flash or new offense.</p> <p>Outpatient, Quarter 2: 397 male clients received outpatient services. Of those 397, 107 (27%) were subsequently booked on a flash or new offense. 48 female clients received outpatient services. Of those 48, 5 (10%) were subsequently booked on a flash or new offense.</p>
	<p><u>2C. Training</u></p> <p>Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds.</p> <p>Specialized AB109 Trainings:</p> <p>Design an AB109-specific training curriculum in concert with the Training Bureau.</p> <p>Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.</p>	<p>Six specialized trainings will be developed and presented to DMH AB109 contract-agency and directly-operated staff:</p> <ul style="list-style-type: none"> • Critical Time Intervention • Breaking the Chains of Incarceration and Jail In-Reach and Post Release Community Services • Assessment and Treatment of Antisocial Personality Disorders • Risk, Needs, Responsivity Model of Offender Rehabilitation • Treating Sex Offenders • Moral Reconation Therapy <p>Each training session will train 35-50 DMH and contracted provider staff.</p> <p>For quarter 1, one AB109 training was implemented: September 10, 2015: Critical Time Intervention (CTI) for the AB109 Program</p> <p>For Quarter 2, one AB109 training was implemented: October 27, 2015: Breaking the Chains of Incarceration:Reintegrating Consumers Into the Community</p>

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<p>3. In-Custody Services</p>	<p>3A. Mental Health Court Program (MHCP) Same day mental health screenings of PRCs at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.</p>	<p>100% PRCs entering the revocation process through the courts will be assessed for mental health/COD services, and as necessitated, referred to services. 1,000 clients will be reconnected or newly connected with services. 600 (60%) will actually show to treatment (successful linkage). Recidivism rates for FY 2015-16 will remain at 65% or less.</p>	<p><u>1st Quarter:</u> 100% of PRCs clients who were referred for mental health screenings in Revocation Court were seen. 462 unique clients from MHCP were reconnected or newly connected with services during the revocation process. Of those 462, 200 (43%) were successfully linked (showed to treatment). of the 200 clients who were successfully linked to services,179 (90%) were booked on a flash or new offense. <u>2nd Quarter:</u> 100% of PRCs clients who were referred for mental health screenings in Revocation Court were seen. 312 unique clients from MHCP were reconnected or newly connected with services during the revocation process. Of those 312, 159 (51%) were successfully linked (showed to treatment). of the 159 clients who were successfully linked to services,102 (64%) were booked on a flash or new offense.</p>
	<p>3B. Men's Jail Mental Health Services Jail Linkage and In-Reach Program (JMHS) Men's JMHS Jail Linkage and In-Reach Program provides services to men in mental health housing and in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.</p>	<p>Increase the existing benchmark by at least 5% for number of Men's JMHS clients that will receive community re-entry planning services. <u>Post-Release Treatment (Male AB 109)</u> 50% of clients referred to CRM will be successfully linked to community services upon release from jail. <u>Recidivism</u> Recidivism rates will remain under 36%.</p>	<p><u>1st Quarter:</u> 228 of Men's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 75 (33%) of the 228 clients were successfully linked to community services upon release from jail. 25 (33%) of the 75 Men's JMHS clients who were successfully linked to community services were subsequently booked on a flash or new offense (recidivated). <u>2nd Quarter:</u> 266 of Men's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 69 (26%) of the 266 clients were successfully linked to community services upon release from jail. 45 (65%) of the 69 Men's JMHS clients who were successfully linked to community services were subsequently booked on a flash or new offense (recidivated).</p>
	<p>3C. Women's Jail Mental Health Services Jail Linkage and In-Reach Program (JMHS) AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.</p>	<p>Increase the existing benchmark by at least 5% for number of Women's JMHS clients that will receive community re-entry planning services. <u>Post-Release Treatment</u> 50% of clients that received community re-entry planning services will be successfully linked to community services upon release from jail. <u>Recidivism</u> Recidivism rates will remain under 36%.</p>	<p><u>1st Quarter:</u> 46 of Women's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 14 (30%) of the 46 clients were successfully linked to community services upon release from jail. 4 (29%) of the 14 Women's JMHS clients who were successfully linked to community services were subsequently booked on a flash or new offense (recidivated). <u>2nd Quarter:</u> 48 of Women's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 17 (35%) of the 48 clients were successfully linked to community services upon release from jail. 1 (6%) of the 17 Women's JMHS clients who were successfully linked to community services were subsequently booked on a flash or new offense (recidivated).</p>
	<p>3D. Jail In-Reach Program DMH funded AB109 providers and jail linkage staff to collaborate in actively engaging inmates prior to release in continuing MH and COD treatment programs in the community.</p>	<p>Continue co-facilitating weekly community readiness and re-entry groups. <u>Re-Entry Planning Services</u> 20% of Men's and Women's AB109 clients will receive Jail In-Reach services. <u>Post-Release Treatment</u> 50% of Men's and Women's AB109 clients that receive Jail in-reach services will be successfully linked to community services upon release from jail.</p>	<p><u>1st Qtr:</u> 108 males received jail community re-entry planning services. 32 (30%) of the 108 Male clients were AB109. 14 (44%) of the 32 AB109 male clients were successfully linked to community services upon release from jail. 3 of the 14 (21%) were subsequently booked on a flash or new offense. 15 females received jail community re-entry planning services. 10 (67%) of the 15 female clients were AB109. 1 (10%) of the 10 AB109 female clients was successfully linked to community services upon release from jail. 0 of the 1 (0%) was subsequently booked on a flash or new offense. <u>2nd Qtr:</u> 102 males received jail community re-entry planning services. 28 (27%) of the 102 Male clients were AB109. 9 (32%) of the 28 AB109 male clients were successfully linked to community services upon release from jail. 0 of the 9 (0%) were subsequently booked on a flash or new offense. 22 females received jail community re-entry planning services. 15 (68%) of the 22 female clients were AB109. 9 (60%) of the 15 AB109 female clients was successfully linked to community services upon release from jail. 0 of the 9 (0%) was subsequently booked on a flash or new offense.</p>

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DEPARTMENT OF HEALTH SERVICES		
<p>1. Inmate Medical Services at LAC+USC Medical Center</p>	<p>AB109 has increased the inmate population resulting in increased demand for inmate medical care delivered at LAC+USC.</p>	<p>1. Provide a minimum of 2,500 specialty care visits, 750 Emergency Department visits and 300 inpatient admissions annually at LAC+USC Medical Center to the N3 population.</p> <p>2. Maintain an average wait time of 30 days or less for specialty care appointments for N3 inmates.</p> <p>3. Provide care coordination for a minimum of 100 N3 inmates per quarter who require ongoing/lengthy medical services or have complicated conditions.</p> <p>1. From Oct-Dec 2015 there were 297 N3 specialty visits and 165 ED visits, for a year-to-date total of 664 N3 specialty visits and 263 ED visits. For inpatient services in Q2, there were 40 N3 patients admitted with 177 total patient days, for a year-to-date total of 90 N3 patients admitted with 379 total patient days. In Q2 the average LOS for the N3 population was 4.43 days, with a year-to-date average LOS of 4.21 days.</p> <p>2. In Q2, the average time from the submission of a specialty care consult to the scheduling of an appointment was 10.2 days. The turnaround time from consult initiation until the date of an appointment was 35.9 days. Excluding Podiatry and Ophthalmology, which have higher wait times, the average turnaround time for other specialties was 26.8 days.</p> <p>3. During Q2 there were 80 patients whose care was coordinated for Hi-Risk OB/Gyn issues (162 year-to-date) and 76 care coordination activities for inmates requiring other specialty services (139 year-to-date) for a total of 156 care coordinated cases (301 year-to-date).</p>
<p>2. PRCS Medical Care Coordination</p>	<p>PRCS who are medically fragile or have complex medical issues were being released from State prison with little to no planning for how to provide them the medical services they need.</p>	<p>1. All pre-release packets for inmates designated by CDCR as medically high or medium risk, and all CDCR medical record uploads (sent for all medically high and medium risk inmates) will be reviewed by DHS AB 109 staff prior to inmate release.</p> <p>2. Care management will be provided by DHS staff for a minimum of 80 PRCS per month.</p> <p>3. All PRCS designated as medically high risk by CDCR or DHS staff will be monitored monthly via Probation reports to assess if active care management is required.</p> <p>1. Year-to-date, a total of 915 pre-release packets and 511 CDCR medical record uploads were reviewed for inmates designated by CDCR as medically high or medium risk. This accounted for all packets and uploads available to DHS AB 109 staff.</p> <p>2. In Q2, care management was provided for a total of 62 PSPs in October 2015, including 33 new cases; 51 (29 new) in November and 80 (34 new) in December. Year-to-date, a total of 199 unduplicated PSPs have received care management services.</p> <p>3. DHS staff monitored a total of 197 medically high risk PSPs via Probation reports in October 2015, 176 in November, and 235 in December. Of those, some required no further action that month: 135 in October, 125 in November, and 155 in December, with the remainder requiring care coordination activities, as included in #2 above.</p>
<p>3. PRCS Medical Fragile Support - Pilot Program</p>	<p>LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.</p>	<p>Facilitate placement of a minimum of 20 PRCS or N3 releasees requiring medically fragile housing into appropriate settings, using the DHS Flexible Housing Subsidy Pool mechanism as needed.</p> <p>Year-to-date, DHS staff have facilitated placement for 7 PSPs in Board and Care settings, 2 of which did not require the use of the Flexible Housing Subsidy Pool mechanism, and 5 for which this mechanism was used. DHS staff also helped facilitate placement of 6 PSPs in group/transitional homes, 3 in Recuperative Care and one in a residential mental health facility.</p>
<p>4. Integrated Jail Health Services</p>	<p>Changes to jail medical and mental health services are being implemented to improve quality and delivery of care and to transform services into an integrated model addressing physical health, mental health and substance use disorder issues.</p>	<p>1. By end of FY2015-16 implement a revamped and functional "sick call" system within the LASD facilities, by which inmates seeking medical services communicate their requests and receive necessary assessment and services.</p> <p>2. By end of FY2015-16 implement a new system for managing inmates in need of acute substance detoxification and make this enhanced service available to at least 100 inmates.</p> <p>3. By end of FY 2015-16 create a protocol to provide relevant clinical information (i.e., problem lists, medication lists, procedure notes) for inmates with medical, mental health or substance use conditions with community providers, as designated by the patient, so the inmate-patients can successfully transition their care to a community provider.</p> <p>4. By end of FY2015-16 have an implementation plan, secure a provider and begin providing mental health services to inmate-patients with moderate to severe mental illness at a LASD North County detention center.</p> <p>1. Meetings with all stakeholders regarding the new sick call process have been completed, and North County Correctional Facility (NCCF) has been chosen as the pilot site. A new policy and sick call request form has been completed in draft form. Lock boxes and locks have been placed in all housing units. Posters and flyers are being made to inform the patients of the new process. The pilot is expected to start within the next 60 days.</p> <p>2. The integrated jail health services leadership team continues to work with LASD to identify space and housing for dedicated staff to monitor patients with systems of withdrawal from drugs and alcohol. A new policy for drug and alcohol tracking and monitoring has been completed and is in the final stages of approval. Staff will be trained on the new policy within 90 days of approval.</p> <p>3. This effort has not yet begun. It is anticipated that the Care Transition Director will be hired in Q3 and will initiate work in this area.</p> <p>4. Meetings with all stakeholders have been completed and a plan has been developed to open building 2 at NCCF for patients needing mental health treatment. A staffing plan has been completed to request staff to provide care for the new program. The team continues to work to find contactors to provide care either on site or via telemedicine.</p>

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5. AB 109 Community Health Worker Program	N3 inmates with medical conditions requiring follow-up post-release often need help navigating to appropriate community-based services.	<ol style="list-style-type: none"> By June 30, 2016, recruit, hire and train a minimum of 10 Community Health Workers to provide inreach in the jail and reentry healthcare navigation for N3 inmates upon release to the community. By June 30, 2016, inreach to a minimum of 200 inmates and provide reentry healthcare navigation for a minimum of 100 inmates post-release. 	Positions have been identified within DHS which can be used for the first year of this initiative as we prepare for a budget submission for permanent positions dedicated to the Jail based Community Health Worker project. DHS is working with WERC to begin planning the training component of this initiative, focusing on the service needs of the reentry population and the N3 population in specific.
CHIEF EXECUTIVE OFFICE			
AB109 Program Oversight	Centralized monitoring of AB109 budget.	Provide quarterly budget reports.	The Chief Executive Office has worked diligently to provide the quarterly budget reports in a timely manner in line with their key objective.
AUDITOR-CONTROLLER			
1. Claims Processing	Review and process realignment claims as submitted by the departments.	<ol style="list-style-type: none"> Review and process realignment claims as submitted by the departments. Quarterly claims deadline for FY 2015-16 has been established. Update Realignment Amounts Received and Disbursed schedule on a monthly basis and reconcile to eCAPS. Update AB109 Qualified Expenditures Certification Summary quarterly. Update AB109 Qualified Expenditures Certification form and the corresponding instructions. Set up new chart of accounts (Unit, Org, ORGINF) and update realignment funding matrix, as needed. 	<ol style="list-style-type: none"> Realignment claims for the 1st and 2nd quarters have been reviewed and processed. Realignment Amounts Received and Disbursed schedule has been updated and reconciliation has been completed as of 2/29/2016. AB109 Qualified Expenditure Certification Summary has been updated thru the 2nd quarter as of 2/29/2016. The AB109 Qualified Expenditures Certification form and the corresponding instructions have been updated and are pending management review. (a) Unit/ORG 31016/46101 has been set up for AB109 Diversion and Re-entry under Sub-Fund GP1A, (b) Unit/ORG 39001/46901 has been set up for Local Innovation Fund - 2011 Realignment under Sub Fund GP9A, and (c) the realignment funding matrix has been updated accordingly.
2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	<ol style="list-style-type: none"> Complete the Fiscal Year (FY) 2014-15 audits. Issue the final FY 2014-15 audit reports for Sheriff's Department, Probation, Mental Health (combined with FY 2013-14), and Lower Risk Departments. 	<ol style="list-style-type: none"> All audits are complete as of 9/30/15. Report for Sheriff issued 10/9/15. Report for Probation issued 10/27/15. Report for Mental Health issued 2/22/16. Report for Lower Risk Departments is in review by Audit management.
CCJCC			
1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	<ul style="list-style-type: none"> Implement PSRT process for reviewing AB109 project proposals; Initiate development of scope of work for a global AB109 outcome study; Conduct competitive process for vendor selection. 	1. CCJCC provided the Probation Department with all required information for utilizing the Master Agreement for the AB 109 evaluation and is prepared to assist Probation with the solicitation release upon completion of the solicitation package.
2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	Coordination of all PSRT and PSRT workgroup meetings and submission of implementation reports to the Board as requested.	<p>During the second quarter, CCJCC coordinated meetings of the Public Safety Realignment Team, Parole Revocation/Legal Workgroup, Law Enforcement Workgroup, and Treatment Workgroup.</p> <p>CCJCC coordinated and developed the AB 109 report that was presented at the Board Meeting on October 6, 2015.</p> <p>CCJCC continues to coordinate ongoing data collection that can support future evaluations and reports to the Board.</p> <p>As directed by the Board, CCJCC has convened several meetings to develop policies and procedures for collecting restitution from individuals involved with AB 109. A report on this issue was presented to the Board and discussed at the August 4, 2015, September 15, 2015, and December 18, 2015 Board meetings. Following those presentations, the Board authorized restitution collection from AB 109 populations.</p>

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ISAB			
ISAB	Justice Automatic Information Management Statistics (JAIMS)	A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	1. Perform reconciliation of PSP data with the Probation APS system. 2. Perform statistical data gathering for the Process and Outcome study being conducted by the LA County Police Chiefs through CAL State LA. 3. Upgrade of Attunity Replicate database replication tool from version 3.0 to version 4.0. in both JAIMS development/test and production environments. 4. Modify JAIMS database replication tool to point to the new CCHRS database as a result of the CCHRS database upgrade from Oracle 11.1 to Oracle 12c.
			1. JAIMS PSP data reconciliation with Probation APS system completed with below margin of error variance. 2. PSP and N3 related data for AB 109 provided to CAL State LA researcher. Project completed pending questions and clarifications from CAL State LA on data model. 3 & 4. JAIMS Attunity database replication tool upgraded in development/test environment. Production implementation on standby until CCHRS database upgrade is completed.
DISTRICT ATTORNEY			
DA	Prosecution	Revocation prosecution of PRCS and prosecution of revocation cases.	1. Continue to work with the Division of Adult Parole Operations and the Department of Probation to more effectively prosecute violations of Postrelease Community Supervision and traditional parole. 2. Continue to develop a filing protocol for District Attorney filing of violations of PRCS and traditional parole and work with the Bureau of Investigation to ensure that warrants are served promptly to ensure community safety. 3. Develop and implement a protocol for working with the Bureau of Investigation to investigate violations of PRCS and parole. 4. Continue to work with DAPO, Probation and the Superior Court to improve the efficiency of the current parole revocation system specifically pertaining to discovery compliance and the provision of crime reports in a timely manner.
			DISTRICT ATTORNEY'S STATS (JULY - DECEMBER, 2015): Department 80 (Parole evidentiary hearings) 1,137 matters. (528 matters - Oct-Dec 2015) Department 81 (Parole arraignments and pleas with occasional probable cause hearings) 1,670 matters. (769 matters - Oct-Dec 2015) Department 82 (PRCS prehearing conferences and full evidentiary hearings) 1,801 matters. (898 matters - Oct-Dec 2015) Department 83 (PRCS arraignments, settlements, warrant pick-ups, and some prehearing conferences) 2,731 warrants and calendar 1,421 matters. (1,358 and 688, respectively, Oct-Dec 2015)
PUBLIC DEFENDER			
PD	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	The objective is to provide legal representation of PRCS and parolees who are facing revocation. The ourcome measure is the number of new cases represented by the Department.
			New Cases: Department 83 (PRCS): 3,158 Department 81 (Parole): 1,624 Total Cases: 4,782
ALTERNATE PUBLIC DEFENDER			
APD	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	The objective is to provide legal representation of PRCS and parolees who are facing revocation. The ourcome measure is the number of new cases represented by the Department.

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PROBATION DEPARTMENT			
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PROBATION</p>	<p>1. Community Supervision of PSPs and N3s</p> <p><u>1A. Direct Supervision</u> AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations).</p> <p>SB 1968 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.</p>	<p>This key goal/objective is to increase the number of LS/CMI risk assessments completed by supervision DPOs to 400 per month. During FY 2014/2015 Supervision DPOs completed 640 (53 per month) LS/CMI risk assessments. In order to facilitate case planning based on criminogenic risk/needs, the risk assessment needs to be updated every six months.</p> <p>This key goal/objective is to increase the number of comprehensive case plans completed by supervision DPOs to at least 450 per month. During FY 2014/2015, supervision DPOs completed approximately 290 comprehensive case plans per month. Evidence shows that recidivism can only be reduced through case management efforts that effectively targets offender criminogenic needs.</p>	<p>The Department has exceeded the Direct Supervision key goals/objectives for the past two quarters.</p> <p>- As of Q3 2015/16, the Supervision DPOs completed 4383 (487 per month) LS/CMI risk assessments. The Department has exceeded this key goal/objective for the past two quarters.</p> <p>- During FY 2015/16 Q2, the Supervision DPOs completed 5260 (584 per month) case management plans.</p>
	<p><u>1B. HUB / Custody Liaison</u> PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.</p>	<p>This key goal/objective is to ensure that at least 80% of Split Sentenced supervised persons in LASD custody will be oriented by CRRC staff within 60 days of their anticipated release from custody. The Community Reentry Resource Center (CRRC) is located at the LASD Inmate Reception Center (IRC) and provides reentry referral services for newly released inmates. Probation staff assigned to the CRRC provide comprehensive intake, assessments, and orientation instructions, and referrals to supervised persons (PSPs, split-sentenced persons, and formal probationers) being released from custody Monday through Friday, 6 am to 6 pm.</p>	<p>The Department has exceeded the HUB/Custody Liaison key goal/objective for the past two quarters:</p> <p>-As of Q3 FY 2015/16, the Department was notified that there were 472 split-sentenced supervised persons) released. Of these clients, 443 (94%) were assessed and oriented by CRRC staff.</p>
	<p><u>1C. Pre-Release Center (PRC)</u> Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs.</p> <p>PSP pre-release State prison files (packets) are coming from 33 different State prisons.</p>	<p>This key goal/objective is to ensure that 95% of cases that are identified as possibly requiring mental health or medical housing, upon release from CDCR custody, are referred to these co-located staff for review of records and recommendations for services upon release. The Department houses co-located Department of Mental Health clinicians and Department of Health Services nurses and social workers at the PRC to assess mental health and medical needs of PSPs prior to their release into the community.</p>	<p>The Department has exceeded the PRC key goals/objectives for the past two quarters:</p> <p>- As of Q3 FY 2015/16, the PRC identified 717 cases that required a mental health assessment. All of these cases (100%) were referred to DMH for the assessment.</p> <p>- As of Q3 FY 2015/16, the PRC identified 1380 cases with potential medical needs that required assistance. All of these cases (100%) were referred to DHS for review.</p>
	<p>2. CBO Services</p> <p>A large number of PSPs are released from custody without employment prospects or housing.</p>	<p>This key goal/objective is to work in cooperation with the contractor to facilitate the acquisition of a job for at least 40% of eligible supervised persons that participate in employment services. Through the employment services contract the Probation Department provides PSPs with employment preparation, placement, and retention services.</p> <p>This goal/objective is to ensure that supervised persons released from CDCR custody who indicate they are homeless or transient have a housing referral in place upon release from custody. Through the housing contract the Department provides transitional housing services for up to 90 days with one extension of an additional 90 days with DPO approval.</p>	<p>The Department has exceeded the CBO services key goals/objectives for the past two quarters:</p> <p>- As of Q3 2015/16, there were 306 supervised persons that participated in the employment services program. Of these clients, 182 (59%), obtained employment.</p> <p>- As of Q3 FY 2015/16, there were 876 inmates in CDCR custody who indicated they would be homeless or transient. The Department arranged for temporary housing for all of these cases (100%) upon their release from custody.</p>

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SHERIFF'S DEPARTMENT		
1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of approximately 4,000 N3s.	Provide inmates with all services required by law, including: food, clothing, medical, and access to services. 3rd Quarter Average Daily Population: 4,128 N3s
2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provides credit toward an inmate's sentence upon successful completion of an EBI program.	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 inmates are awarded credits toward an inmate's sentence upon successful completion of qualified EBI classes and programs. Maximizing Education Reaching Individual Transformation (MERIT) Graduates - 3000, High School Diploma - 50, Women in Transition Support (WITS) -100, Gender Responsive Rehabilitation (GRR) - 500, and Miscellaneous Certificates - 2000. 3rd Quarter 2015-16: MERIT Grads - 486; High School Grads - 23; WITS Grads - 0; GRR Grads - 47; and Misc Certificates - 630. The WITS Program has been temporarily suspended by the provider and was not meeting during the 3rd Quarter.
3. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	Train 255 male inmates at Pitchess Detention Center (PDC) Fire Training Center, and send 15 females to California Department of Corrections and Rehabilitation/California Institution for Women for fire training. Transfer 191 male inmates and 11 females to five Los Angeles County Fire Department camps. Male Average Daily Population: 84 N3s at the PDC training facility (180 bed capacity) 39 N3s transferred to fire camp this quarter 145 N3s in fire camps (418 bed capacity) 7.2 Months average fire crew service 44 N3s completed their sentence during the quarter Female Average Daily Population: 12 N3s at the California Institute for Women (CIW) 10 N3s transferred to fire camp this quarter 8 N3s in fire camps (110 bed capacity) 5.3 months average fire crew service 7 N3s completed their sentence during this quarter Los Angeles County Fire Camp Totals: LA County Inmate Total: 145; CDCR Total: 229; CDCR/LA County Total: 374; Capacity: 528; and Vacancy: 154
4. Alternatives to Custody (ATC) Programs	Provide residential substance abuse and/or mental health treatment in a community-based setting to eligible AB109 sentenced inmates during the final 90-120 days of their jail stay.	Maintain a minimum of 100 eligible AB109 sentenced inmates in ATC programming, contingent upon available funding. There were at most 66 participants out in programs at one time in the following programs: START; Female Project, Veterans; Women with Children; Transitional Case Management; and Normandie Village; 63 of these inmates were placed during the 3rd quarter (Jan-Mar), an increase of 25 from the prior quarter. In addition to the placement of ATC inmates, 33 successfully completed their program, and 9 were returned to custody. None absconded from the program during this period.
5. Re-entry Services	Provide qualified AB109 sentenced inmates with the vital records they require to obtain employment following their release and enroll those who do not have medical insurance in Medi-Cal programs.	Enroll 350 eligible AB109 sentenced inmates in Medi-Cal annually. Obtain California Identification Cards for 450 eligible AB109 sentenced inmates annually. Obtain Birth Certificates for 400 eligible AB109 sentenced inmates annually. During the 3rd quarter, ACA officers processed 2,677 applications for Medi-Cal. DPSS YBN system migrated into the LRS system in December. As a result of the migration, we have been unable to obtain enrollment data since December. A fix for the system is pending. LASD obtained and processed 568 requests for California ID Cards; 110 were issued including 75 for AB109 inmates. LASD processed 652 applications for Birth Certificates; 304 Birth Certificates were obtained including 165 for AB 109 inmates.
6. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	300 PSP Parolee At Large (PAL) arrests. Continue the use of alternative investigative resources. Work with law enforcement agencies outside of Los Angeles County, within California, to arrest absconders when located. Advise and encourage absconders to use treatment programs after arrest. The Parole Compliance Teams have arrested 328 PALs through the 3rd quarter of FY 2015-16. The teams continually adjust their schedule by working varied hours and days each week.
	4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.	3 PSP Extraditions The Parole Compliance Teams has conducted 2 PSP extraditions through the 3rd quarter of FY 2015-16.
	4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.	The California DOJ has developed a statewide integrated Post Release Community Supervision database. The database is a critical requirement for the effective management of the PRCS population. The Los Angeles County Sheriff Department's goal is to have all Department crime analysts retrieve and input information into the system on a daily basis and expand its use throughout the county. There are no new updates concerning "Smart Justice".

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DEPARTMENT OF PUBLIC HEALTH		
<p>1A. Community Based Services - Community Assessment Services Center (CASC)</p>	<p>CASCs conduct assessments to determine the severity of clients' Substance Use Disorder (SUD). Those with a positive assessment are referred to a contracted service provider.</p>	<p><u>Show to Treatment</u> - In Fiscal Year (FY) 14-15, 43 percent AB 109 clients (with positive assessments) showed to treatment - For FY 15-16, increase show to treatment by 2 percent from 43 to 45 percent</p> <p>NOTE: DPH-SAPC set a modest goal of 2 percent increase for show to treatment due to the difficulty of engaging the AB 109 population given their high risk to reoffend and difficult life circumstances (e.g., housing, employment, family, etc.).</p>
<p>1B. Community Based Services - Treatment Activity</p>	<p>Treatment Provider Network Services - AB109 mandated SUD treatment services be available to AB109 clients.</p> <p>NOTE: DPH will measure life and health outcomes associated with receiving SUD treatment. From inception to Year 3 of AB 109, data indicates a positive association between receiving SUD treatment and positive life and health outcomes (i.e., higher rates of job training and employment and lower rates of homelessness, primary substance use, hospitalizations, emergency room visits, and physical health problems). Furthermore, life and health outcomes were more favorable if AB 109 clients were discharged with positive compliance from treatment.</p> <p>The data supports the importance of receiving SUD treatment with positive compliance and for DPH to apply practices and policies to improve show to treatment and positive compliance rates.</p>	<p>a. Treatment Compliance</p> <p><u>Positive Compliance</u> - In FY 14-15, 49 percent positive compliance - For FY 15-16, increase positive compliance by 2 percent from 49 to 51 percent</p> <p><u>Negative Compliance</u> - In FY 14-15, 43 percent negative compliance - For FY 15-16, decrease negative compliance by 2 percent from 43 to 41 percent</p> <p>NOTE: DPH-SAPC set a modest goal of 2 percent increase for positive compliance and 2 percent decrease for negative compliance due to the difficulty of engaging the AB 109 population given their high risk to reoffend and difficult life circumstances (e.g., housing, employment, family, etc.).</p> <p>b. Outcomes</p> <p><u>Job Training</u> - Percent increase in job training from admission to discharge</p> <p><u>Employment</u> - Percent increase in employment from admission to discharge</p> <p><u>Homelessness</u> - Percent decrease in homelessness from admission to discharge</p> <p><u>Primary Substance Use (in last 30 days)</u> - Percent decrease in primary substance use from admission to discharge</p> <p><u>Hospitalizations</u> - Percent decrease in hospitalizations from admission to discharge</p> <p><u>Emergency Room Visits</u> - Percent decrease in emergency room visits from admission to discharge</p> <p><u>Physical Health Problems</u> - Percent decrease in physical health problems from admission to discharge</p> <p>* DID NOT INCLUDE SPECIFIC PERCENTAGES DUE TO UNKNOWN IMPACT OF PROPOSITION 47.</p>
		<p>To be determined.</p>
		<p><u>Outcomes</u></p> <p><u>Job Training</u> - No significant change in job training from admission to discharge (Outpatient Counseling clients only)</p> <p><u>Employment</u> - No significant change in employment from admission to discharge (Outpatient counseling clients only)</p> <p><u>Homelessness</u> - Twenty-four (24) percent decrease in homelessness from admission to discharge</p> <p><u>Primary Substance Use (in last 30 days)</u> - Forty-nine (49) percent decrease in primary substance use from admission to discharge</p> <p><u>Hospitalizations</u> - Sixty-four (64) percent decrease in hospitalizations from admission to discharge</p> <p><u>Emergency Room Visits</u> - Fifty-four (54) percent decrease in emergency room visits from admission to discharge</p> <p><u>Physical Health Problems</u> - Forty-three (43) percent decrease in physical health problems from admission to discharge</p>

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2. Proposed New Programs - Jail Health Substance Use Disorder Services	Implement SUD education and treatment components into Sheriff's Education Based Incarceration program with in-custody population.	<p><u>Number of Individuals Receiving the Following Services (cumulative):</u></p> <ul style="list-style-type: none"> - Number of clients receiving drug education - Number of clients receiving in-custody SUD treatment - Percent of positive compliance to treatment 	<p>Number of Individuals Receiving the Following Services (cumulative):</p> <ul style="list-style-type: none"> - One hundred (100) clients receiving drug education - One hundred (100) clients receiving in-custody SUD treatment - Percent of positive compliance to treatment not available
3A. Administrative Oversight - Jail Training/Technical Assistance	Provide trainings /technical assistance and contract monitoring to providers to assist them with administration and provide oversight for assessment and treatment of AB 109 population.	<p><u>Trainings/Technical Assistance</u></p> <ul style="list-style-type: none"> - Provide 4 trainings (e.g., evidence-based practices, cultural competence, data management, etc.) - Provide technical assistance to address emerging AB 109 issues and establish recommendations that improve the assessment and treatment process of the AB 109 SUD treatment system of care. 	<p>The following trainings have been conducted:</p> <ul style="list-style-type: none"> - Effecting Change through the Use of Motivational Interviewing - Cognitive-Behavioral Therapy and Relapse Prevention Strategies - Medication Assisted Treatment Approaches for Alcohol and Opioid Use Disorders - American Society of Addiction Medicine Criteria - Documentation and Other Criteria <p>Technical assistance is on-going.</p>
3B. Administrative Oversight - Contract Monitoring		<p><u>Contract Monitoring</u></p> <ul style="list-style-type: none"> - DPH-SAPC staff will provide AB 109 contracted providers with ongoing programmatic, contractual, and fiscal oversight. 	Contract monitoring is on-going.
FIRE DEPARTMENT			
1. Fire Camp Training	Training and placement of AB109 prisoners into the Fire Camps.	Training 300 N3 inmates.	Through the 3rd Quarter: 239 N3 inmates trained in 10 classes.
2. Fire Camp Operations	Provide wild land fire protection utilizing trained inmate fire crews. Fire operates 5 fire camps with CDCR: 418 male beds and 110 female beds.	Placing 75% (225) N3 inmates into the Fire Camps and supporting firefighting operations across the state.	Through the 3rd Quarter: 213 of 237 remaining inmates placed in a Fire Camp (90%), and 205 inmates that served on a crew providing fire suppression services.

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Report the status for meeting your key goals/objectives/outcome measures.

DEPARTMENT OF MENTAL HEALTH		
1. Administration & Oversight	<p><u>Countywide Resource Management (CRM)</u></p> <p>Centralized coordination and monitoring of AB109 community-based services.</p>	<p>CRM will utilize a contract monitoring tool to evaluate at least 10 randomly selected charts annually from 11 contract providers (at 23 separate locations). It is anticipated that 230 measures will be collected and evaluated by June, 2016.</p> <p>Recidivism rates for male and female clients assessed at the HUBs will remain the 29% and 27% respectively.</p> <p>Quarter 3: CRM utilized a contract monitoring tool and client satisfaction survey and evaluated 29 randomly selected charts from contract providers.</p> <p><u>Third quarter of FY15-16:</u> 800 male clients were assessed at the HUBs. Of those, 464 males (58%) were successfully linked. Of the 464 successfully linked males, 55 (12%) were subsequently booked on a flash, new offense, or bench warrant (recidivated). 99 female clients were assessed at the HUBs. Of those, 48 females (48%) were successfully linked. Of the 48 successfully linked females, 3 (6%) were subsequently booked on a flash, bench warrant or new offense.</p>
DMH	<p><u>2A. Locked Facilities:</u> Locked facilities including State Hospital beds for individuals in need of the most secure and intensive level of mental health services; IMDs provide locked long-term mental health residential treatment; In-patient contract services provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute fee-for-service hospitals.</p>	<p>To provide State Hospital, IMD, and In-patient level of care as needed</p> <p>State Hospital: 1 client IMD: 6 unique clients Inpatient (FFS): 292 clients/ 607 claims PDP: 0 Short-Doyle: 48 County Hospitals: 31 clients</p>
	<p><u>2B. Unlocked Facilities:</u> IMD Step-downs provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units and jails; Crisis Services/Urgent Care contracts provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms; General Outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.</p>	<p>To provide IMD Step-Down, outpatient, Co-occurring disorders treatment services, and crisis and urgent care services as needed.</p> <p>Enriched Residential Services: 59 unique clients Urgent Care Centers: 209 (MLK, Eastside and Westside UCC) clients, 219 (OV UCC) clients Crisis Residential: 18 clients</p> <p><u>Outpatient, Quarter 3:</u> 414 male clients received outpatient services. Of those 414, 79 (19%) were subsequently booked on a flash, bench warrant or new offense. 52 female clients received outpatient services. Of those 52, 6 (12%) were subsequently booked on a flash, bench warrant or new offense.</p>
	<p><u>2C. Training</u></p> <p>Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds.</p> <p>Specialized AB109 Trainings:</p> <p>Design an AB109-specific training curriculum in concert with the Training Bureau.</p> <p>Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.</p>	<p>Six specialized trainings will be developed and presented to DMH AB109 contract-agency and directly-operated staff:</p> <ul style="list-style-type: none"> • Critical Time Intervention • Breaking the Chains of Incarceration and Jail In-Reach and Post Release Community Services • Assessment and Treatment of Antisocial Personality Disorders • Risk, Needs, Responsivity Model of Offender Rehabilitation • Treating Sex Offenders • Moral Reconation Therapy <p>Each training session will train 35-50 DMH and contracted provider staff.</p> <p>For Quarter 3, two AB109 trainings were implemented:</p> <p><u>January 20, 2016:</u> Providing Effective Job Development, Placement, & Retention Services To Ex-Offenders & Expungement Of Criminal Records</p> <p><u>February 9, 2016:</u> Assessment and Treatment of Antisocial Personality Disorder and Psychopathy</p> <p>* Risk, Need and Responsivity was scheduled for March 16, 2016. However, due to a family emergency, the trainer has postponed the training to early next Fiscal Year.</p>

ISSUE	FY 2015-2016 KEY GOALS / OBJECTIVES / OUTCOME MEASURES	STATUS UPDATE
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Report the status for meeting your key goals/objectives/outcome measures.

<p>3. In-Custody Services</p>	<p>3A. Mental Health Court Program (MHCP) Same day mental health screenings of PRCs at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.</p>	<p>100% PRCs entering the revocation process through the courts will be assessed for mental health/COD services, and as necessitated, referred to services. 1,000 clients will be reconnected or newly connected with services. 600 (60%) will actually show to treatment (successful linkage). Recidivism rates for FY 2015-16 will remain at 65% or less.</p>	<p><u>3rd Quarter:</u> 100% of PRC clients who were referred for mental health screenings in Revocation Court were seen. 335 unique male clients from MHCP were reconnected or newly connected with services during the revocation process. Of those 335, 164 (49%) were successfully linked (showed to treatment). Of the 164 clients who were successfully linked to services, 139 (85%) were booked on a flash, bench warrant, or new offense. 30 unique female clients from MHCP were reconnected or newly connected with services during the revocation process. Of those 30, 14 (47%) were successfully linked (showed to treatment). Of the 14 clients who were successfully linked to services, 13 (93%) were booked on a flash, bench warrant, or new offense.</p>
	<p>3B. Men's Jail Mental Health Services Jail Linkage and In-Reach Program (JMHS) Men's JMHS Jail Linkage and In-Reach Program provides services to men in mental health housing and in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.</p>	<p>Increase the existing benchmark by at least 5% for number of Men's JMHS clients that will receive community re-entry planning services. <u>Post-Release Treatment (Male AB 109)</u> 50% of clients referred to CRM will be successfully linked to community services upon release from jail. <u>Recidivism</u> Recidivism rates will remain under 36%.</p>	<p><u>3rd Quarter:</u> 315 of Men's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 96 (30%) of the 315 clients were successfully linked to community services upon release from jail. 50 (52%) of the 96 Men's JMHS clients who were successfully linked to community services were subsequently booked on a flash, bench warrant, or new offense (recidivated).</p>
	<p>3C. Women's Jail Mental Health Services Jail Linkage and In-Reach Program (JMHS) AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.</p>	<p>Increase the existing benchmark by at least 5% for number of Women's JMHS clients that will receive community re-entry planning services. <u>Post-Release Treatment</u> 50% of clients that received community re-entry planning services will be successfully linked to community services upon release from jail. <u>Recidivism</u> Recidivism rates will remain under 36%.</p>	<p><u>3rd Quarter:</u> 33 of Women's JMHS clients received community re-entry planning services as evidenced by a referral to CRM for linkage. 13 (39%) of the 33 clients were successfully linked to community services upon release from jail. 2 (15%) of the 13 Women's JMHS clients who were successfully linked to community services were subsequently booked on a flash, bench warrant or new offense (recidivated).</p>
	<p>3D. Jail In-Reach Program DMH funded AB109 providers and jail linkage staff to collaborate in actively engaging inmates prior to release in continuing MH and COD treatment programs in the community.</p>	<p>Continue co-facilitating weekly community readiness and re-entry groups. <u>Re-Entry Planning Services</u> 20% of Men's and Women's AB109 clients will receive Jail In-Reach services. <u>Post-Release Treatment</u> 50% of Men's and Women's AB109 clients that receive Jail in-reach services will be successfully linked to community services upon release from jail.</p>	<p><u>3rd Quarter:</u> 100 males received jail community re-entry planning services. 34 (34%) of the 100 Male clients were AB109. 8 (24%) of the 34 AB109 male clients were successfully linked to community services upon release from jail. 0 of the 8 (0%) were subsequently booked on a flash, bench warrant or new offense. 13 females received jail community re-entry planning services. 9 (69%) of the 13 female clients were AB109. 1 (11%) of the 9 AB109 female clients was successfully linked to community services upon release from jail. 0 of the 1 (0%) was subsequently booked on a flash, bench warrant or new offense.</p>

ISSUE	FY 2015-2016 KEY GOALS / OBJECTIVES / OUTCOME MEASURES	STATUS UPDATE
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Report the status for meeting your key goals/objectives/outcome measures.

DEPARTMENT OF HEALTH SERVICES		
<p>1. Inmate Medical Services at LAC+USC Medical Center</p>	<p>AB109 has increased the inmate population resulting in increased demand for inmate medical care delivered at LAC+USC.</p>	<p>1. Provide a minimum of 2,500 specialty care visits, 750 Emergency Department visits and 300 inpatient admissions annually at LAC+USC Medical Center to the N3 population.</p> <p>2. Maintain an average wait time of 30 days or less for specialty care appointments for N3 inmates.</p> <p>3. Provide care coordination for a minimum of 100 N3 inmates per quarter who require ongoing/lengthy medical services or have complicated conditions.</p> <p>1. From Jan - March 2016 there were 368 N3 specialty visits and 157 ED visits, for a year-to-date total of 1,032 N3 specialty visits and 420 ED visits. For inpatient services in Q3, there were 52 N3 patients admitted with 170 total patient days, for a year-to-date total of 142 N3 patients admitted with 549 total patient days. In Q3 the average length of stay (LOS) for the N3 population was 3.27 days, with a year-to-date average LOS of 3.87 days.</p> <p>2. In Q3, the average time from the close of a specialty care consult (when the consulting specialist determined that an in-person visit was needed) to the scheduling of an appointment was 6.1 days. The average time from the close of the consult until the date of the appointment was 26.7 days.</p> <p>3. During Q3 there were 91 patients whose care was coordinated for Hi-Risk OB/Gyn issues (253 year-to-date) and 82 care coordination activities for inmates requiring other specialty services (221 year-to-date) for a total of 173 care coordinated cases (474 year-to-date).</p>
<p>2. PRCS Medical Care Coordination</p>	<p>PRCS who are medically fragile or have complex medical issues were being released from State prison with little to no planning for how to provide them the medical services they need.</p>	<p>1. All pre-release packets for inmates designated by CDCR as medically high or medium risk, and all CDCR medical record uploads (sent for all medically high and medium risk inmates) will be reviewed by DHS AB 109 staff prior to inmate release.</p> <p>2. Care management will be provided by DHS staff for a minimum of 80 PRCS per month.</p> <p>3. All PRCS designated as medically high risk by CDCR or DHS staff will be monitored monthly via Probation reports to assess if active care management is required.</p> <p>1. Year-to-date, a total of 1,380 pre-release packets and 774 CDCR medical record uploads were reviewed for inmates designated by CDCR as medically high or medium risk. This accounted for all packets and uploads available to DHS AB 109 staff.</p> <p>2. In Q3, care management was provided for a total of 63 PSPs in January 2016, including 21 new cases; 58 (20 new) in February and 40 (14 new) in March. Year-to-date, a total of 254 unduplicated PSPs have received care management services.</p> <p>3. DHS staff monitored a total of 229 medically high risk PSPs via Probation reports in January 2016, 229 in February, and 178 in March. Of those, some required no further action that month: 166 in January, 171 in February and 138 in March, with the remainder requiring care coordination activities, as included in #2 above.</p>
<p>3. PRCS Medical Fragile Support - Pilot Program</p>	<p>LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.</p>	<p>Facilitate placement of a minimum of 20 PRCS or N3 releasees requiring medically fragile housing into appropriate settings, using the DHS Flexible Housing Subsidy Pool mechanism as needed.</p> <p>Year-to-date, DHS staff have facilitated placement for 8 PSPs in Board and Care settings, 2 of which did not require the use of the Flexible Housing Subsidy Pool mechanism, and 6 for which this mechanism was used. DHS staff also helped facilitate placement of 10 PSPs in group/transitional homes, 3 in Recuperative Care and one in a residential mental health facility.</p> <p>DHS and Probation also have agreed on a plan adjusting the use of these funds to more effectively serve this population. Funds may be used for Board and Care assessment and placement services provided by Affordable Living for the Aging (ALA), which has begun providing these services for other DHS Housing for Health clients in need of Board and Care level placements. In addition, a Housing for Health-contracted Intensive Case Management Services (ICMS) provider will be assigned to each AB109 client requiring Board and Care placement. ICMS is expected to help stabilize these clients with complex needs and also to improve the likelihood that Board and Care operators will accept them, since they will have ongoing support and someone to call when challenging situations arise. DHS will also continue to use the funds to "patch" monthly Board and Care costs, either by paying the full cost of a placement for a few months until benefits are established, or by paying the difference between the standard rate and a higher negotiated rate required for a Board and Care to accept a challenging client.</p>
<p>4. Integrated Jail Health Services</p>	<p>Changes to jail medical and mental health services are being implemented to improve quality and delivery of care and to transform services into an integrated model addressing physical health, mental health and substance use disorder issues.</p>	<p>1. By end of FY2015-16 implement a revamped and functional "sick call" system within the LASD facilities, by which inmates seeking medical services communicate their requests and receive necessary assessment and services.</p> <p>2. By end of FY2015-16 implement a new system for managing inmates in need of acute substance detoxification and make this enhanced service available to at least 100 inmates.</p> <p>3. By end of FY 2015-16 create a protocol to provide relevant clinical information (i.e., problem lists, medication lists, procedure notes) for inmates with medical, mental health or substance use conditions with community providers, as designated by the patient, so the inmate-patients can successfully transition their care to a community provider.</p> <p>4. By end of FY2015-16 have an implementation plan, secure a provider and begin providing mental health services to inmate-patients with moderate to severe mental illness at a LASD North County detention center.</p> <p>1. The access to care Sick Call pilot was started at North County Correctional Facility (NCCF) on March 1, 2016. Health care staff and the patient population have provided good feedback. The patients appear to like the new system as it allows them to document their health care issues on a confidential form. The patients state that their health care complaints are being responded to sooner. Data from the health care staff support the patient experience with the new process. The new process allow the patient to document their health care needs which allows the nursing staff to make timely and appropriate triage of their health care conditions. According to the data 100% of the patients requesting health care via the new sick call process are being triaged and seen with 24 hours of request.</p> <p>2. Meetings continue with LASD to improve the treatment of patients that are withdrawing from drugs and/or alcohol. The Drug and Alcohol policy has been completed. Nursing staff are in the process of being trained on the new policy. As of last count about 25% of the Sheriff's Department Medical Services Bureau (MSB) RNs have been trained. Training will continue until all MSB RNs are trained and competent in the protocol. Space continues to be an issue as there is no dedicated space/location to monitor these patients.</p> <p>3. This effort is pending the hire of the Care Transitions Director. Interviews have been held and completed for this position and for the Substance Use Disorder Director, and a start date of May 16, 2016 is anticipated for both staff. They will be located at Twin Towers Jails. In addition, DHS Human Resources has started the process of performing live scans on the medical providers and staff that will be transferring to DHS from the Sheriff's Department MSB in September 2016.</p> <p>4. Great progress has been achieved in this area. DMH and DHS have worked together on providing contract providers to the jails. We expect to have 15 contactors on board May 1, 2016 to provide treatment. We anticipate moving the first 100 mental health patients to Pitchess by the end of May 2016.</p>

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ISSUE	FY 2015-2016 KEY GOALS / OBJECTIVES / OUTCOME MEASURES	STATUS UPDATE
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Report the status for meeting your key goals/objectives/outcome measures.

5. AB 109 Community Health Worker Program	N3 inmates with medical conditions requiring follow-up post-release often need help navigating to appropriate community-based services.	<ol style="list-style-type: none"> By June 30, 2016, recruit, hire and train a minimum of 10 Community Health Workers to provide inreach in the jail and reentry healthcare navigation for N3 inmates upon release to the community. By June 30, 2016, inreach to a minimum of 200 inmates and provide reentry healthcare navigation for a minimum of 100 inmates post-release. 	Initial interviews occurred in early April 2016 with candidates on the existing Community Worker certification list. DHS is working with Human Resources to post a new examination to recruit additional candidates, and is working with the Worker Education & Resource Center (WERC) on a plan to outreach to community organizations working with formerly incarcerated individuals. WERC is also assisting in planning the training for the reentry Community Health Workers, focusing on the service needs of the reentry population.
CHIEF EXECUTIVE OFFICE			
AB109 Program Oversight	Centralized monitoring of AB109 budget.	Provide quarterly budget reports.	The Chief Executive Office has worked diligently to provide the quarterly budget reports in a timely manner in line with their key objective.
AUDITOR-CONTROLLER			
1. Claims Processing	Review and process realignment claims as submitted by the departments.	<ol style="list-style-type: none"> Review and process realignment claims as submitted by the departments. Quarterly claims deadline for FY 2015-16 has been established. Update Realignment Amounts Received and Disbursed schedule on a monthly basis and reconcile to eCAPS. Update AB109 Qualified Expenditures Certification Summary quarterly. Update AB109 Qualified Expenditures Certification form and the corresponding instructions. Set up new chart of accounts (Unit, Org, ORGINF) and update realignment funding matrix, as needed. 	<ol style="list-style-type: none"> Realignment claims for the 1st and 2nd quarters have been reviewed and processed. Realignment claims for the 3rd quarter are currently being received, reviewed, and processed. Realignment Amounts Received and Disbursed schedule has been updated and reconciliation has been completed as of 2/29/2016. AB109 Qualified Expenditure Certification Summary has been updated thru the 2nd quarter and is currently being updated for the 3rd quarter as the claims are received. The AB109 Qualified Expenditures Certification form and the corresponding instructions have been updated and are pending management review. (a) Unit/ORG 31016/46101 has been set up for AB109 Diversion and Re-entry under Sub-Fund GP1A, (b) Unit/ORG 39001/46901 has been set up for Local Innovation Fund - 2011 Realignment under Sub Fund GP9A, and (c) the realignment funding matrix has been updated accordingly.
2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	<ol style="list-style-type: none"> Complete the Fiscal Year (FY) 2014-15 audits. Issue the final FY 2014-15 audit reports for Sheriff's Department, Probation, Mental Health (combined with FY 2013-14), and Lower Risk Departments. 	<ol style="list-style-type: none"> All audits completed as of 9/30/15. Report for Sheriff issued 10/9/15. Report for Probation issued 10/27/15. Report for Mental Health issued 2/22/16. Report for Lower Risk Departments issued 3/10/16.
CCJCC			
1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	<ul style="list-style-type: none"> Implement PSRT process for reviewing AB109 project proposals; Initiate development of scope of work for a global AB109 outcome study; Conduct competitive process for vendor selection. 	<ol style="list-style-type: none"> CCJCC provided the Probation Department with all required information for utilizing the Master Agreement for the AB 109 evaluation and is prepared to assist Probation with the solicitation release upon completion of the solicitation package. CCJCC received a revised Statement of Work package from Probation following County Counsel review and is currently helping to prepare the final solicitation package.
2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	Coordination of all PSRT and PSRT workgroup meetings and submission of implementation reports to the Board as requested.	<p>During the third quarter, CCJCC coordinated meetings of the Public Safety Realignment Team, Parole Revocation/Legal Workgroup, Law Enforcement Workgroup, and Treatment Workgroup.</p> <p>CCJCC coordinated and developed the AB 109 report that was presented at the Board Meeting on February 23, 2016.</p> <p>CCJCC continues to coordinate ongoing data collection that can support future evaluations and reports to the Board.</p> <p>As directed by the Board, CCJCC has convened several meetings to develop policies and procedures for collecting restitution from individuals involved with AB 109. The county implemented phase 1 of collections on the split sentenced population beginning on January 26, 2016. Currently, the Restitution Collection Task Force is working out issues to begin collecting on PRCS individuals.</p>

CCJCC

ISSUE	FY 2015-2016 KEY GOALS / OBJECTIVES / OUTCOME MEASURES	STATUS UPDATE
		Report the status for meeting your key goals/objectives/outcome measures.

ISAB		
I S A B	Justice Automatic Information Management Statistics (JAIMS) A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	<ol style="list-style-type: none"> 1. Perform reconciliation of PSP data with the Probation APS system. 2. Perform statistical data gathering for the Process and Outcome study being conducted by the LA County Police Chiefs through CAL State LA. 3. Upgrade of Attunity Replicate database replication tool from version 3.0 to version 4.0. in both JAIMS development/test and production environments. 4. Modify JAIMS database replication tool to point to the new CCHRS database as a result of the CCHRS database upgrade from Oracle 11.1 to Oracle 12c.
1. JAIMS PSP data reconciliation with Probation APS system completed with below margin of error variance. 2. PSP and N3 related data for AB 109 provided to CAL State LA researcher. Project completed pending questions and clarifications from CAL State LA on data model. 3 & 4. JAIMS Attunity database replication tool upgraded in development/test environment. Production implementation on standby until CCHRS database upgrade is completed.		
DISTRICT ATTORNEY		
D A	Prosecution Revocation prosecution of PRCS and prosecution of revocation cases.	<ol style="list-style-type: none"> 1. Continue to work with the Division of Adult Parole Operations and the Department of Probation to more effectively prosecute violations of Postrelease Community Supervision and traditional parole. 2. Continue to develop a filing protocol for District Attorney filing of violations of PRCS and traditional parole and work with the Bureau of Investigation to ensure that warrants are served promptly to ensure community safety. 3. Develop and implement a protocol for working with the Bureau of Investigation to investigate violations of PRCS and parole. 4. Continue to work with DAPO, Probation and the Superior Court to improve the efficiency of the current parole revocation system specifically pertaining to discovery compliance and the provision of crime reports in a timely manner.
Department 80 = 1,752 Department 81 = 2,499 Department 82 = 2,732 Department 83: Warrant = 4,165 and Calendar Matters 2,177 New Violation Filings 36 PRCS Compliance Checks in which DAI participated or led = 43 Arrests for Violations = 15 Arrests for new/open charges = 7 LA City Attorney Referrals: Reviewed = 33 and Filed = 29 Declined Felony Cases Feferred to PRS from the LADA: Reviewed = 126 and Filed 23 Filed Misdemeanor Cases Referred to PRS from the LADA: Reviewed = 45 and Filed = 22 Total Stats: July 2015 through March 2016 = 13,704		
PUBLIC DEFENDER		
P D	Legal Representation Legal representation of PRCS and parolees who are facing revocation.	The objective is to provide legal representation of PRCS and parolees who are facing revocation. The outcome measure is the number of new cases represented by the Department.
New Cases Department 83 (PRCS): 4,677 Department 81 (Parole): 2,349 Total Cases: 7,025 "		
ALTERNATE PUBLIC DEFENDER		
A P D	Legal Representation Legal representation of PRCS and parolees who are facing revocation.	The objective is to provide legal representation of PRCS and parolees who are facing revocation. The outcome measure is the number of new cases represented by the Department.
CDC 115 cases PRCS 332 cases		

FY 2015-16 PUBLIC SAFETY REALIGNMENT (AB109)
 Summary of Department Budget and Claims
 (as of December 31, 2015)

Attachment B-1

DEPARTMENT	BUDGET	STAFF	1 ST QTR CLAIM	2 ND QTR CLAIM	3 RD QTR CLAIM	4 TH QTR CLAIM	TOTAL CLAIMS (1st -4th QTRS)	1 ST QTR REIMBURSEMENT	2 ND QTR REIMBURSEMENT	3 RD QTR REIMBURSEMENT	4 TH QTR REIMBURSEMENT	TOTAL REIMBURSEMENTS (1st -4th QTRS)	UNREIMBURSED COSTS*	HIRED STAFF
Probation	\$ 81,578,000	506	\$ 19,210,935	\$ 21,382,995	\$ -	\$ -	\$ 40,593,930	\$ 19,210,935	\$ 21,382,995	\$ -	\$ -	\$ 40,593,930	\$ -	394
Sheriff	\$ 184,314,000	577	\$ 55,024,275	\$ 57,413,195	\$ -	\$ -	\$ 112,437,470	\$ 55,024,275	\$ 57,413,195	\$ -	\$ -	\$ 112,437,470	\$ -	466
Fire	\$ 5,745,000	0	\$ 1,321,350	\$ 1,321,350	\$ -	\$ -	\$ 2,642,700	\$ 1,321,350	\$ 1,321,350	\$ -	\$ -	\$ 2,642,700	\$ -	0
Department of Public Health (DPH)	\$ 17,780,000	14	\$ 2,121,381	\$ 2,159,277	\$ -	\$ -	\$ 4,280,658	\$ 2,121,381	\$ 2,159,277	\$ -	\$ -	\$ 4,280,658	\$ -	13
Department of Mental Health (DMH)	\$ 34,481,000	80	\$ 3,539,695	\$ 5,259,020	\$ -	\$ -	\$ 8,798,715	\$ 3,539,695	\$ 5,259,020	\$ -	\$ -	\$ 8,798,715	\$ -	70
Department of Health Services (DHS)	\$ 19,718,000	50	\$ 1,361,369	\$ 1,512,414	\$ -	\$ -	\$ 2,873,783	\$ 1,361,369	\$ 1,512,414	\$ -	\$ -	\$ 2,873,783	\$ -	37
Chief Executive Office (CEO)	\$ 319,000	1	\$ 75,385	\$ 58,510	\$ -	\$ -	\$ 133,895	\$ 75,385	\$ 58,510	\$ -	\$ -	\$ 133,895	\$ -	1
Auditor-Controller (A-C)	\$ 306,000	1	\$ 91,192	\$ 21,193	\$ -	\$ -	\$ 112,385	\$ 91,192	\$ 21,193	\$ -	\$ -	\$ 112,385	\$ -	1
Board of Supervisors (CCJCC + PSRT)	\$ 3,186,000	1	\$ 47,268	\$ 41,417	\$ -	\$ -	\$ 88,685	\$ 47,268	\$ 41,417	\$ -	\$ -	\$ 88,685	\$ -	0
Board of Supervisors (ISAB)	\$ 1,019,000	1	\$ 360,000	\$ 256,368	\$ -	\$ -	\$ 616,368	\$ 360,000	\$ 256,368	\$ -	\$ -	\$ 616,368	\$ -	0
District Attorney (DA)	\$ 439,000	5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Office of Diversion & Re-Entry (OD&R)	\$ 18,269,000	6	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Total General Operations Budget	\$ 367,154,000	1,242	\$ 83,152,849	\$ 89,425,739	\$ -	\$ -	\$ 172,578,588	\$ 83,152,849	\$ 89,425,739	\$ -	\$ -	\$ 172,578,588	\$ -	982
District Attorney (DA)	\$ 4,043,000	19	\$ 858,500	\$ 921,440	\$ -	\$ -	\$ 1,779,940	\$ 858,500	\$ 921,440	\$ -	\$ -	\$ 1,779,940	\$ -	19
Public Defender (PD)	\$ 2,887,000	13	\$ 622,272	\$ 622,556	\$ -	\$ -	\$ 1,244,828	\$ 622,272	\$ 622,556	\$ -	\$ -	\$ 1,244,828	\$ -	12
Alternate Public Defender (APD)	\$ 1,456,000	5	\$ 255,433	\$ 255,433	\$ -	\$ -	\$ 510,866	\$ 255,433	\$ 255,433	\$ -	\$ -	\$ 510,866	\$ -	5
Conflict Panel	\$ 50,000	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Total Revocation Budget	\$ 8,436,000	37	\$ 1,736,205	\$ 1,799,429	\$ -	\$ -	\$ 3,535,634	\$ 1,736,205	\$ 1,799,429	\$ -	\$ -	\$ 3,535,634	\$ -	36
TOTAL AB109 BUDGET	\$ 375,590,000	1,279	\$ 84,889,055	\$ 91,225,168	\$ -	\$ -	\$ 176,114,223	\$ 84,889,055	\$ 91,225,168	\$ -	\$ -	\$ 176,114,223	\$ -	1,018

*At the end of the fiscal year, any unreimbursed claims will be reconciled up to each department's annual AB109 budget allocation. Should a department's AB109 claims result in a fiscal year-end deficit, the CEO may recommend the Board to utilize any remaining allocations from other departments or tap into the AB109 Reserve to make the department whole; otherwise, the department will absorb those AB109 costs within its regular budget. **\$357,826,000 State budget allocation + \$17,764,000 carried-over from FY 2014-15 for a total AB109 budget of \$375,590,000.

FY 2015-16 PUBLIC SAFETY REALIGNMENT (AB109)
 Summary of Department Budget and Claims
 (as of March 31, 2016)

Attachment B-2

DEPARTMENT	BUDGET	STAFF
Probation	\$ 81,578,000	506
Sheriff	\$ 184,314,000	577
Fire	\$ 5,745,000	0
Department of Public Health (DPH)	\$ 17,780,000	14
Department of Mental Health (DMH)	\$ 34,481,000	80
Department of Health Services (DHS)	\$ 19,718,000	50
Chief Executive Office (CEO)	\$ 319,000	1
Auditor-Controller (A-C)	\$ 306,000	1
Board of Supervisors (CCJCC + PSRT)	\$ 3,186,000	1
Board of Supervisors (ISAB)	\$ 1,019,000	1
District Attorney (DA)	\$ 439,000	5
Office of Diversion & Re-Entry (OD&R)	\$ 18,269,000	6
Total General Operations Budget	\$ 367,154,000	1,242

1 st QTR CLAIM	2 nd QTR CLAIM	3rd QTR CLAIM	4th QTR CLAIM	TOTAL CLAIMS (1st-4th QTRS)	1 st QTR REIMBURSEMENT	2 nd QTR REIMBURSEMENT	3rd QTR REIMBURSEMENT	4th QTR REIMBURSEMENT	TOTAL REIMBURSEMENTS (1st-4th QTRS)	UNREIMBURSED COSTS*	HIRED STAFF
\$ 19,210,935	\$ 21,382,995	\$ 19,486,142	\$ -	\$ 60,080,071	\$ 19,210,935	\$ 21,382,995	\$ 19,486,142	\$ -	\$ 60,080,071	\$ -	386
\$ 55,024,275	\$ 57,413,195	\$ 55,239,714	\$ -	\$ 167,677,184	\$ 55,024,275	\$ 57,413,195	\$ 55,239,714	\$ -	\$ 167,677,184	\$ -	497
\$ 1,321,350	\$ 1,321,350	\$ 874,588	\$ -	\$ 3,517,288	\$ 1,321,350	\$ 1,321,350	\$ 874,588	\$ -	\$ 3,517,288	\$ -	0
\$ 2,121,381	\$ 2,159,277	\$ 3,389,756	\$ -	\$ 7,670,414	\$ 2,121,381	\$ 2,159,277	\$ 3,389,756	\$ -	\$ 7,670,414	\$ -	14
\$ 3,539,695	\$ 5,259,020	\$ 3,899,988	\$ -	\$ 12,698,703	\$ 3,539,695	\$ 5,259,020	\$ 3,899,988	\$ -	\$ 12,698,703	\$ -	68
\$ 1,361,369	\$ 1,512,414	\$ 1,281,606	\$ -	\$ 4,155,389	\$ 1,361,369	\$ 1,512,414	\$ 1,281,606	\$ -	\$ 4,155,389	\$ -	36
\$ 75,385	\$ 58,510	\$ 75,841	\$ -	\$ 209,736	\$ 75,385	\$ 58,510	\$ 75,841	\$ -	\$ 209,736	\$ -	1
\$ 91,192	\$ 21,193	\$ 21,961	\$ -	\$ 134,345	\$ 91,192	\$ 21,193	\$ 21,961	\$ -	\$ 134,345	\$ -	1
\$ 47,268	\$ 41,417	\$ 48,083	\$ -	\$ 136,768	\$ 47,268	\$ 41,417	\$ 48,083	\$ -	\$ 136,768	\$ -	0
\$ 360,000	\$ 256,368	\$ 236,196	\$ -	\$ 852,564	\$ 360,000	\$ 256,368	\$ 236,196	\$ -	\$ 852,564	\$ -	0
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
\$ 83,152,849	\$ 89,425,739	\$ 84,553,875	\$ -	\$ 257,132,461	\$ 83,152,849	\$ 89,425,739	\$ 84,553,875	\$ -	\$ 257,132,461	\$ -	1003

District Attorney (DA)	\$ 4,043,000	19
Public Defender (PD)	\$ 2,887,000	13
Alternate Public Defender (APD)	\$ 1,456,000	5
Conflict Panel	\$ 50,000	0
Total Revocation Budget	\$ 8,436,000	37

\$ 858,500	\$ 921,440	\$ 1,128,970	\$ -	\$ 2,908,910	\$ 858,500	\$ 921,440	\$ 1,128,970	\$ -	\$ 2,908,910	\$ -	19
\$ 622,272	\$ 622,556	\$ 532,935	\$ -	\$ 1,777,763	\$ 622,272	\$ 622,556	\$ 532,935	\$ -	\$ 1,777,763	\$ -	11
\$ 255,433	\$ 255,433	\$ 255,433	\$ -	\$ 766,299	\$ 255,433	\$ 255,433	\$ 255,433	\$ -	\$ 766,299	\$ -	5
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
\$ 1,736,205	\$ 1,799,429	\$ 1,917,338	\$ -	\$ 5,452,972	\$ 1,736,205	\$ 1,799,429	\$ 1,917,338	\$ -	\$ 5,452,972	\$ -	35

TOTAL AB109 BUDGET	\$ 375,590,000	1,279
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\$ 84,889,055	\$ 91,225,168	\$ 86,471,213	\$ -	\$ 262,585,434	\$ 84,889,055	\$ 91,225,168	\$ 86,471,213	\$ -	\$ 262,585,434	\$ -	1,038
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*At the end of the fiscal year, any unreimbursed claims will be reconciled up to each department's annual AB109 budget allocation. Should a department's AB109 claims result in a fiscal year-end deficit, the CEO may recommend the Board to utilize any remaining allocations from other departments or tap into the AB109 Reserve to make the department whole; otherwise, the department will absorb those AB109 costs within its regular budget. **\$357,826,000 State budget allocation + \$17,764,000 carried-over from FY 2014-15 for a total AB109 budget of \$375,590,000.

**Public Safety Realignment
Summary of Implementation Data**

OCT 2015 NOV 2015 DEC 2015 JAN 2016 FEB 2016 MAR 2016 Total

Postrelease Community Supervision

Pre-Release Packets

1	No. pre-release packets received	491	390	445	448	429	460	2,663
2	No. pre-release packets processed	572	426	416	423	458	492	2,787
3	No. pre-release packets deemed ineligible (of those processed)	5	10	14	8	3	8	48
4	No. PSPs released with Special Handling Requirements	2	3	1	1	2	3	12
5	No. of PSPs released as registered sex offenders	22	11	13	12	20	20	98
6	No. address verifications conducted	240	208	190	210	200	135	1,183
7	No. homeless/transient PSPs per CDCR	27	36	52	32	43	12	202

PSP Reporting Population

8	No. PSPs released to County per pre-release packet dates	580	530	531	622	502	551	3,316
9	No. PSPs directly released to County per CDCR LEADS	396	402					798
10	No. PSPs released to Federal custody with ICE detainer	11	18	11	26	20	16	102
11	No. of PSPs released to the community by ICE	1	1	0	1	0	1	4
12	No. PSPs released to other jurisdiction custody	35	15	31	19	21	21	142
13	No. PSPs transferred to L.A. County from other counties	14	29	8	15	27	27	120
14	No. PSPs transferred from L.A. County to other jurisdictions	24	22	18	20	20	33	137
15	No. PSPs processed at hubs (intake/assessment)	412	403	406	424	410	391	2,446
16	Male	380	386	388	411	383	369	2,317
17	Female	32	17	18	13	27	22	129
18	No. PSPs by risk tier, as assessed at hubs:							
19	Low Risk	0	5	6	5	3	2	21
20	Male	0	5	6	5	1	2	19
21	Female	0	0	0	0	2	0	2
22	Medium Risk	83	73	80	81	68	74	459
23	Male	76	69	74	75	58	68	420
24	Female	7	4	6	6	10	6	39
25	High Risk	299	281	284	294	304	276	1,738
26	Male	274	271	274	287	289	261	1,656
27	Female	25	10	10	7	15	15	82
28	Very High Risk	32	44	36	44	35	39	230
29	Male	32	41	34	44	35	38	224
30	Female	0	3	2	0	0	1	6
31	No. PSPs who are veterans	0	8	13	7	5	9	42

PSP "No-Show" and Absconder Population

32	No. "no-show" notifications to Sheriff	21	12	19	6	5	3	66
33	No. Sheriff and LAPD attempts to contact "no-show" PSPs	20	12	19	5	5	3	64
34	No. warrants requested for absconders*	524	505	595	520	441	418	3,003
35	All warrants issued	520	512	595	522	444	496	3,089
36	All warrants recalled	540	412	456	505	486	466	2,865
37	No. of active warrants remaining**	3,467	3,566	3,695	3,707	3,660	3,687	3,687

* Does not include the number of Deportation Warrants. An additional 65 Deportation warrants were requested through March 2016.

**The number of active warrants remaining is cumulative and includes remaining warrants from previous months. Number of active warrants includes 1,440 Deportation Warrants through the month of March 2016.

PSP Violations/Revocations/New Charges

38	No. of petitions for revocations (other than warrants)	80	61	103	86	54	81	465
39	Pending Revocation Hearing	3	0	0	2	3	0	8
40	No. of Revocation Hearing Cases Heard	499	435	443	480	317	477	2,651
41	Revocation Results							
42	Custody 1 - 10 days	0	0	0	0	0	0	0
43	Custody 11 - 45 days	7	5	6	7	6	6	37
44	Custody 46 - 90 days	61	49	40	58	51	44	303

Public Safety Realignment Summary of Implementation Data

	OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	Total
45 Custody 91 - 180 days	203	164	174	171	154	167	1,033
46 Custody days, other	0	0	0	0	0	0	0
47 Other (Continuances, Bench Warrants, etc.)	228	217	223	244	106	260	1,278
48 No. of PSP arrests / bookings	1,408	1,166	1,242	1,342	1,191	1,312	7,661
49 <i>No. arrests/bookings for prior matters</i>	60	50	44	39	24	44	261
50 <i>No. arrests/bookings for new offenses and flash incarcerations</i>	1,348	1,116	1,198	1,303	1,167	1,268	7,400

Sanctions

51 No. of verbal warnings	128	90	128	121	113	31	611
52 Increase reporting (to DPO) requirements	24	18	19	19	8	6	94
53 Additional conditions of supervision	1	3	2	2	5	0	13
54 PAAWS (Cal Trans)	2	7	2	1	1	0	13
55 Referral to Treatment Program	33	27	24	24	17	2	127
56 Flash incarceration (Supervision and Warrants)	653	489	541	671	551	690	3,595
57 GPS/EM	0	0	0	0	0	0	0

Mental Health Treatment Services

58 No. of pre-release packets forwarded to DMH for review at PRC	36	85	97		14	15	247
59 No. of mental health treatment conditions added by Probation***	102	82	102	107	107	84	584
60 No. DMH determinations -- treatment needed	211	163	178	182	250	272	1,256
61 No. of PSPs refusing Mental Health Services at Hubs	0	0	0	0	0	0	0

*** Data are reported according to the PSP month of release.

Substance Abuse Treatment Services (Based on month of assessment)

62 No. of Hub referrals made to CASCs at Hub	184	149	160	160	148	121	922
63 No. of substance abuse treatment conditions added by Probation***	184	190	163	155	150	162	1,004
64 No. of narcotics testing orders added by Probation***	225	219	198	195	186	198	1,221
65 No. of PSPs showing at CASCs for assessment	467	412	397	440	415	461	2,592
66 No. of CASC treatment referrals	305	276	257	294	278	336	1,746
67 No. of PSPs entering treatment****	58	70	76	67	73	80	424

*** Data are reported according to the PSP month of release. **** Includes in and out of network admission to SUD treatment services.

Referrals for other Services (Based on month of assessment)

68 No. PSPs screened for benefits eligibility by DPSS	148	166	136	160	185	126	921
69 No. PSPs who DPSS referred to local DPSS office	94	91	82	74	94	59	494
70 Number of Medi-Cal applications filed (from Hub) ¹	19	15	10	9	16	13	82

¹ As of January 2014 the Affordable Care Act expanded access to health coverage, making HWLA recipients eligible for Medi-Cal.

Referrals for HealthRight 360 (Formerly Haight-Ashbury)

71 No. of <u>PSPs</u> referred this month	422	234	333	466	321	352	2,128
72 No. of Referrals	531	274	397	638	406	458	2,704
73 <i>Board and Care</i>	0	0	0	0	0	0	0
74 <i>Transportation</i>	0	0	0	0	0	0	0
75 <i>Sober Living</i>	19	10	29	27	6	53	144
76 <i>Sober Living With Child</i>	0	0	0	0	0	0	0
77 <i>Transitional Housing</i>	404	209	284	443	317	260	1,917
78 <i>Transitional Housing With Child</i>	0	0	2	3	0	2	7
79 <i>Job Readiness</i>	104	52	76	154	80	89	555

PSP Supervision Terminations

80 No. of petitions submitted to terminate supervision	64	54	61	42	59	56	336
81 No. of terminations	443	373	408	443	435	459	2,561
82 <i>No. terminations -- 6 months violation-free</i>	0	0	0	0	0	0	0

**Public Safety Realignment
Summary of Implementation Data**

	OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	Total
83 <i>No. terminations -- 12 months violation-free (automatic discharge)</i>	273	232	273	286	272	263	1,599
84 <i>No. terminations -- 3 year expiration (maximum term)</i>	6	9	8	7	11	12	53
85 <i>No. terminations -- due to a new criminal conviction</i>	72	73	70	87	77	95	474
86 <i>No. other terminations (revocation settlement, court order, fatalities, transfers, etc.)</i>	36	59	57	63	75	89	379

Custody

Jail Population and Sentencing

87 No. actual defendants sentenced pursuant to Penal Code 1170(h)	445	360	382	407	398	466	2,458
88 <i>Male inmates sentenced</i>	410	330	360	379	373	440	2,292
89 <i>Female inmates sentenced</i>	35	30	22	28	25	26	166
90 No. of sentenced N3s currently in jail (at end of the month)	3,065	3,004	2,919	3,027	3,029	3,029	18,073
91 No. N3s released after serving full term (month of occurrence)	425	394	420	362	381	377	2,359
92 No. Station Worker Program (at end of month)	98	98	82	84	88	86	536
93 No. N3s currently on alternative custody (at end of the month)	49	48	44	44	47	61	293

National Institute of Corrections The Principles of Effective Interventions

The Postrelease Community Supervision Act of 2011 requires that the County's postrelease supervision strategy be consistent with evidence-based practices (EBP) (Penal Code 3450). According to the National Institute of Corrections (NIC), there are eight Principles of Effective Offender Interventions which, if implemented correctly, are shown to reduce recidivism. These are:

1. **Assess Actuarial Risk/Needs** - Assessing offenders' risk and needs (focusing on dynamic and static risk factors and criminogenic needs) at the individual and aggregate levels is essential for implementation the principles of best practice.
2. **Enhance Intrinsic Motivation** - Research strongly suggests that "motivational interviewing" techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes
3. **Target Interventions**
 - **Risk Principle** - Prioritize supervision and treatment resources for higher risk offenders.
 - **Need Principle** - Target interventions to criminogenic needs.
 - **Responsivity Principle** - Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.
 - **Dosage** - Structure 40% to 70% of high-risk offenders' time for 3 to 9 months.
 - **Treatment Principle** - Integrate treatment into full sentence/sanctions requirements.
4. **Skill Train with Directed Practice** - Provide evidence-based programming that emphasizes cognitive-behavior strategies and is delivered by well-trained staff.
5. **Increase Positive Reinforcement** - Apply four positive reinforcements for every one negative reinforcement for optimal behavior change results.
6. **Engage Ongoing Support in Natural Communities** - Realign and actively engage pro-social support for offenders in their communities for positive reinforcement of desired new behaviors.
7. **Measure Relevant Processes/Practices** - An accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice.
8. **Provide Measurement Feedback** - Providing feedback builds accountability and maintains integrity, ultimately improving outcomes.

Eight Criminogenic Risk/Needs & Intervention

Major risk/ need factor	Description & Indicators	Intervention Goals
Anti-Social Companions (CO)*	Association with pro-criminal others and relative isolation from anti-criminal others.	Replace pro-criminal friends and associates with prosocial friends and associates. May be accomplished by referrals to mentor services and pro-social volunteer opportunities.
Antisocial Pattern (AP)*	Impulsive, weak self-control, adventurous, pleasure-seeking, restlessly aggressive, callous disregard for others and irritability. Indicators of psychopathy and/or anger problems.	Build and strengthen self-control, coping skills, problem solving skills, anger management skills, and other self-management skills.
Family/Marital Relationships (FM)*	Poor quality of interpersonal relationships within the immediate family especially in combination with criminal expectations.	Reduce conflict, build positive relationships. Teaching of parenting skills.
Pro-criminal attitude/orientation (PA)*	Attitudes, values, beliefs, rationalizations, and a personal identity that is favorable to crime. Specific indicators would include identification with criminals, negative attitudes towards the law and justice system, and a belief that crime will pay off, and rationalizations that specify a broad range of conditions under which crime is justified (e.g. victim deserved it)	Programs and sessions that counter pro-criminal beliefs and rationalizations with prosocial attitudes; build up a prosocial identity.
Alcohol/Drug Problem (AD)	Abuse of alcohol and/or drugs	Reduce substance abuse. Reduce the personal and interpersonal supports for substance-oriented behavior, enhance alternatives to substance abuse.
Criminal History (CH)	Early involvement in a number and variety of antisocial activities in a variety of settings. Major indicators include being arrested at a young age, large number of prior offenses, and rule violations while on conditional release.	Criminal history is a static factor that cannot be changed. Intervention goals should attempt to build noncriminal alternative behavior in high-risk situations and build self-efficacy beliefs supporting reform (“I know what to do to avoid criminal activity and I know that I can do what is required”)
Education/Employment (EE)	Low levels of performance and involvements and low levels of rewards and satisfactions in education and employment.	Enhance work/study skills, nurture interpersonal relationships within the context of work and school. Enhance performance, involvement, and rewards and satisfactions within work/school settings.
Leisure/ Recreation (LR)	Lack of involvement in prosocial recreational/leisure activities.	Encourage participation in prosocial recreational activities; teach prosocial hobbies and sports.

*Major criminogenic risk/need most associated with recidivism