

Title

LOS ANGELES

12/14/2023

by Mark Delgado in Community Corrections Partnership (CCP) Survey 2023-2024

id. 44955136

Original Submission

12/14/2023

Score

n/a

PART A

Part A of the Fiscal Year (FY) 2023-24 Community Corrections Partnership (CCP) Survey collects information about CCP Membership and implementation of the county’s CCP plan. For detailed guidance on how to complete Part A of the CCP Survey, please refer to the CCP Survey Data Reporting Guide at: https://www.bscc.ca.gov/m_realignment/ Part A is divided into five (5) sections: · Section 1: Respondent Information · Section 2: CCP Membership · Section 3: Goals, Objectives, and Outcome Measures · Section 4: Types of Programming and Services · Section 5: Optional Questions When applicable, use person-first language and terminology that eliminates potential generalizations, assumptions, and stereotypes. Responses to the CCP Survey shall represent the collective views of the CCP and not a single agency or individual.

SECTION 1: RESPONDENT INFORMATION

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

1. Identify the county name for which this survey is being submitted.

LOS ANGELES

2. Provide the contact information for the individual completing this survey.

Name of Survey Respondent

Guillermo Viera Rosa

Survey Respondent's Organization

Los Angeles County Probation Department

Email Address of Survey Respondent

Phone Number of
Survey Respondent

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

Other (If "Other" is selected, provide contact information below)

Contact Information
for Survey Follow-up

Mark
Delgado

Survey Contact's
Organization

Countywide Criminal Justice Coordination Committee (CCJCC)

Email Address for
Survey Follow-up

Phone Number for
Survey Follow-up

SECTION 2: CCP
MEMBERSHIP

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

4. CCP Membership
Roles

Provide the first and last name (and organization if not provided) of each individual fulfilling a CCP membership role as of October 1, 2023 in the spaces below each membership role. · If a public membership role does not exist in the county, respond by indicating "not applicable." This should only be used if the county does not have the specific position listed. · If a position exists in the county but the membership role is not filled in the CCP, respond by indicating "vacant." · For county positions, one person may fill multiple roles.

Name of the Chief
Probation Officer:
County Probation
Department

Guillermo Viera Rosa

Name of the
Presiding Judge of
the Superior Court or
Designee: Superior
Court of California

Ricardo Ocampo, Supervising Judge of Criminal Division

Name of the County
Supervisor or Chief
Administrative Officer
or Designee of the
Board of
Supervisors: Include
their organization

Fesia Davenport, County Chief Executive Office

Name of the District Attorney Role: County District Attorney's Office	George Gascón, District Attorney
Name of the Public Defender Role: Include their organization	Ricardo Garcia, Public Defender's Office / Erika Anzoategui, Alternate Public Defender's Office
Name of the Sheriff: County Sheriff's Office	Robert Luna, Sheriff
Name of the Chief of Police: Include the city location	Michel Moore, Los Angeles Police Department / Scott Fairfield, County Police Chiefs Association
Name of the Head of the County Department of Social Services: Include their organization	Jackie Contreras, Department of Public Social Services
Name of the Head of the County Department of Mental Health: Include their organization	Lisa Wong, Department of Mental Health
Name of the Head of the County Department of Employment: Include their organization	Kelly LoBianco, Department of Economic Opportunity
Name of the Head of the County Alcohol and Substance Abuse Programs: Include their organization	Gary Tsai, Department of Public Health - Substance Abuse Prevention and Control
Name of the Head of the County Office of Education: County Office of Education	Debra Duardo, Los Angeles County Office of Education

Name of the representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense: Include their organization	Troy Vaughn, Los Angeles Regional Reentry Partnership
Name of the individual who represents the interests of victims: Include their organization	Itzel Citlali Bonilla, Healing Dialogue and Action *NOTE: Los Angeles County has added an additional 9 members to this committee: Christina Ghaly, Director, Department of Health Services; Clemens Hong, Director, Office of Diversion and Reentry; D'Artagnan Scorza, Executive Director, Anti-Racism, Diversity, and Inclusion Initiative; Judge Songhai Armstead (Ret.), Director, Justice, Care, and Opportunities Department; Board of Supervisors Appointees - Ivette Alé-Ferlito, 1st Supervisorial District Appointee; Bikila Ochoa, 2nd Supervisorial District Appointee; Marisa Arrona, 3rd Supervisorial District Appointee; Jose Osuna, 4th Supervisorial District Appointee; Josh McCurry, 5th Supervisorial District Appointee
5. How often does the CCP meet? Check the appropriate answer to the left of the list. Select the one/single option that best describes the CCP's regular meeting schedule.	Monthly
Other:	
6. How often does the Executive Committee of the CCP meet? Check the appropriate answer to the left of the list. Select the one/single option that best describes the Executive Committee's regular meeting schedule.	Monthly
Other:	

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

Yes

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

(1) Ad Hoc Work Group on Custody and Reentry: Created in 2021 for the purpose of addressing Penal Code Section 1170(h) custody and reentry processes. (2) Ad Hoc Work Group on Post Release Community Supervision (PRCS): Created in 2021 for the purpose of addressing supervision and treatment services for the PRCS population. (3) Ad Hoc Work Group on PRCS and Parole Revocation: Created in 2021 for the purpose of refining revocation processes and linkages to services. (4) Ad Hoc Work Group on Diversion and Alternatives To Incarceration (ATI): Created in 2021 for the purpose of enhancing diversion and ATI options. (5) Ad Hoc Funding Work Group: Created in 2021 to consider funding proposals that may be recommended for consideration by the Chief Executive Office. (6) Ad Hoc Evaluation Work Group: Created in 2022 to assist with the development of a framework for evaluating AB 109 funded programs, in accordance with a motion from the Board of Supervisors.

SECTION 3: GOALS, OBJECTIVES, AND OUTCOME MEASURES

Section 3 asks questions related to the CCP's goals, objectives, and outcome measures. Please refer to the CCP Survey Data Reporting Guide at: https://www.bscc.ca.gov/m_realignment/ for detailed information about goal and objective statements, and outcome measures.

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

Questions 8, 9, and 10, ask the CCP to provide updated progress information about the goals, objectives, and outcome measures previously reported for FY 2022-23 in the 2022-23 CCP Survey. For each question, provide the goals, objectives, and outcome measures as reported in the FY 2022-23 survey. The progress information should be updated to reflect the progress achieved over the full fiscal year.

8. Describe a goal and the associated objectives as reported in the FY 2022-23 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2022-23. If no goal, objective, or outcome measure was identified in FY 2022-23 respond by indicating "Not Applicable."

Goal A:	Enhance the County's Post Release Community Supervision (PRCS) and pre-release processes to facilitate case planning, linkages to services, and reentry
Was this Goal part of the FY 22-23 CCP plan?	Yes
Goal A Objective:	1. Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Goal A Objective:	2. Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody in order to facilitate a seamless connection to community-based services upon release
Goal A Objective:	3. Develop options to optimize and increase the provision of transportation of PSPs to treatment providers directly from jail or court; 4. Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Goal A Outcome Measure:	1. Increase the number of PRVC contacts with individuals being released to Los Angeles County on PRCS to include all AB 109 partner agencies, as appropriate, in order to support pre-release planning efforts
Goal A Outcome Measure:	2. The number of clients contacted through jail in-reach efforts by probation and the number of clients successfully screened and linked to community-based mental health and SUD services by DMH and DPH-SAPC
Goal A Outcome Measure:	3. Increasing agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites; 4. The number of inmates exiting custody with approved Medi-Cal
Briefly describe progress toward the goal.	<p>Pre-Release Video Conferencing (PRVC):</p> <p>The Probation Department has continued to use PRVC's to conduct pre-release planning activities with individuals in state prison who will be released onto PRCS. This has included a partnership with the Department of Mental Health (DMH) and discussions for including community-based organizations.</p> <p>A total of 757 PRVC's were completed in FY 22-23, which is 59% of those assigned.</p> <p>Behavioral Health Treatment Services:</p> <p>The total number of Community Reentry and Resource Center (CRRRC)/Jail In-Reach Orientations for FY 22-23 was 1,383.</p> <p>During the months of December 1, 2022 through June 30, 2023, DMH continued to work on expanding in-custody inreach efforts. Specifically, two additional clinicians (for a total of four) were hired to conduct clinical interviews inside the county jails and link clients to mental health, co-occurring, and residential services.</p>

DMH successfully screened, assessed and linked 1,192 clients in custody between December 1, 2022 and June 30, 2023, for a total of 2,176 clients overall for FY 22-23.

The Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) does not manage any jail-in reach projects; however, Client Engagement and Navigation Services (CENS) provided substance use disorder screenings to 965 AB 109 incarcerated clients across six courthouses in FY 22-23, of whom 951 were referred or recommended to treatment.

Transportation Services:

Provided transportation resources for 225 unduplicated clients from January 1, 2023, through June 30, 2023.

Expenditures: \$40,274

Type of Transportation provided to clients:

Tap Cards (Train)
Bus Cards
Gas Card
Uber and Lyft

Accompaniment to:

- Treatment and health Centers
- Housing
- DPSS
- Immigration
- DMV
- Social Security Office
- Court
- Probation office
- Employment
- PCP
- Job Fairs
- Legal

Medi-Cal Enrollment:

For FY 22-23, a total of 348 individuals were enrolled in Medi-Cal upon exiting custody.

Rated progress
toward the goal.

Partially achieved

9. Describe a goal and the associated objectives as reported in the FY 2022-23 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2022-23. If no goal, objective, or outcome measure was identified in FY 2022-23, respond by indicating "Not Applicable."

Goal B:	Enhance the Correctional Health Services (CHS) intake screening process and expand access to treatment
Was this Goal part of the FY 22-23 CCP plan?	Yes
Goal B Objective:	1. Ensure that within 24 hours of intake, each inmate is screened in the reception center by a registered nurse to identify urgent or emergent medical and mental health needs
Goal B Objective:	2. Ensure that each inmate in the reception center who is identified as having emergent or urgent mental health needs is evaluated by a Qualified Mental Health Professional (QMHP) as soon as possible but no more than four hours from the time of identification
Goal B Objective:	3. Create a process at intake to identify individuals who report an opiate use disorder; 4. Implement a program for patients with opiate use disorders to increase access to Medication Assisted Treatment (MAT) for inmates
Goal #2 Outcome Measure:	1. Average length of time from custody intake to screening by a registered nurse
Goal B Outcome Measure:	2. The percentage of inmates with an emergent or urgent mental health need who are evaluated within four hours of identification
Goal B Outcome Measure:	3. The number of justice-involved individuals who report opiate use disorder during intake; 4. The percentage of eligible patients who are offered medication assisted treatment while in custody

Briefly describe progress toward the goal.	<p>Average length of time from custody intake to screening by registered nurse:</p> <ul style="list-style-type: none"> - 2022 (1 week): Average 2:22 hours / Median 1:58 hours - 2023 (January – June): Average 4.3 hours / Median 3 hours <p>The percentage of inmates with an emergent or urgent mental health need who are evaluated within four hours of identification:</p> <ul style="list-style-type: none"> - 2022: 56% (1 week - 32 individuals) - 2023: 84.5% (1,183/1,399) <p>The number of justice-involved individuals who report opiate use disorder during intake:</p> <ul style="list-style-type: none"> - 2022 (11 months): 4,322 (393 per month) - 2023 (6 months): 3,433 (572 per month) <p>The percentage of eligible patients who are offered medication-assisted treatment (MAT) while in custody:</p> <ul style="list-style-type: none"> - 2022: No % provided - 2023: 34.3% (1,176/3,433) <p>Individuals not receiving MAT include those that didn't accept the offer, those that were released, and those that were otherwise not available to accept MAT at that time.</p> <p>Since March 2021, 4,675 individuals have received Suboxone or Buprenorphine. This includes 2,924 individuals in 2023.</p> <p>Since July 2022, 2,220 individuals have received at least one dose of Sublocade. This includes 2,062 individuals in 2023.</p>
Rated progress toward the goal.	Partially achieved

10. Describe a goal and the associated objectives as reported in the FY 2022-23 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2022-23. If no goal, objective, or outcome measure was identified in FY 2022-23 respond by indicating "Not Applicable."

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

ODR Housing (ODRH) client numbers served in FY 22-23:

Cumulative (new plus carry-over from last Fiscal Year) ODRH clients served during FY 22-23: 2,259

New (newly enrolled in FY 22-23) ODRH clients served for FY 22-23: 510

ACR & MCOT/PMRT:

The percentage of field responses not requiring law enforcement involvement (defined as not referred to law enforcement or taken into police custody while on a PMRT/MCOT call) was 96% in FY 22-23.

The number of MCOT/PMRT teams deployed was 14,742 in FY 22-23.

PSW Program:

In the first three years of the CDCR-funded PSW program, 199 individuals have been diverted from state prison with the assistance of the PSW program, and 57 individuals were diverted from state prison in FY 22-23.

In addition, in October 2022, the County Board of Supervisors approved funding to increase the number of available PSWs in the Public Defender's Office and Alternate Public Defender's Office. This was in response to a funding recommendation submitted to the County Chief Executive Office (CEO) by the CCP. The additional funding provided for four additional PSWs in the Public Defender's Office and two additional PSWs in the Alternate Public Defender's Office.

Enhance the continuum of community-based services available:

In FY 22-23, 213 people were screened through the Co-Occurring Integrated Care Network (COIN) program, designed to address the needs of adult AB 109 PSPs who have a co-occurring chronic substance use disorder (SUD) and severe and persistent mental illness. Of the 213 people screened for services, 212 were determined positive for SUD services and recommended to the COIN program.

In FY 22-23, the COIN treatment provider network increased from five facilities to eight.

In addition, DPH-SAPC's SUD Treatment network includes 69 sites that are identified as serving both justice-involved and those with co-occurring mental health disorders.

During FY 22-23, there were 834 AB 109 individuals served by DPH-SAPC's network of providers who self-reported mental health issues.

Rated progress toward the Goal.

Partially achieved

If the CCP has identified more than 3 goals, upload additional CCP goal sheet(s) here.

Additional CCP goal sheets are located at:
https://www.bscc.ca.gov/m_realignment/

Information on FY 2023-24 Goals, Objectives, and Outcome Measures

11. For FY 2023-24, will the CCP use the same goals, objectives, and outcome measures identified above from FY 2022-23? Check the appropriate answer to the left of the list.

No. The CCP will add and/or modify goals, objectives, and outcome measures. (Continue with the section below.)

Questions 12, 13, and 14, the CCP is asked to describe a goal and its associated objectives and outcomes for FY 2023-24. For the goal, also provide information about the current progress toward the stated goal. As survey responses are due mid-year, progress information for these goals over the full fiscal year will be requested as part of the FY 2024-25 CCP Survey.

12. Describe a goal for FY 2023-24 and one (1) or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2023-24, respond by indicating "Not Applicable."

Goal D:

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

Was this Goal part of the FY 23-24 CCP plan? Yes

Goal D Objective:	1. Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Goal D Objective:	2. Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody in order to facilitate a seamless connection to community-based services upon release
Goal D Objective:	3. Develop options to optimize and increase the provision of transportation of PSPs to locations including, but not limited to, their assigned probation office, treatment providers, court, and their place of residence; 4. Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Goal D Outcome Measure:	1. Increase the number of PRVC contacts with individuals being released to Los Angeles County on PRCS to include all AB 109 partner agencies, as appropriate, in order to support pre-release planning efforts
Goal D Outcome Measure:	2. The number of clients contacted through jail in-reach efforts by probation and the number of clients successfully screened and linked to community-based mental health and SUD services by DMH and DPH-SAPC
Goal D Outcome Measure:	3. Increasing agreements with partnering departments and/or CBOs to provide transportation to PSPs and data capturing the provision of transportation services to PSPs; 4. The number of persons in custody exiting custody with approved Medi-Cal
Briefly describe current progress toward the Goal.	<p>Pre-Release Video Conferencing (PRVC):</p> <p>The Probation Department continues to use PRVC's to conduct pre-release planning activities with individuals in state prison who will be released onto PRCS. This has included a partnership with the Department of Mental Health (DMH) and discussions for including community-based organizations.</p> <p>A total of 255 PRVC's were completed from July through October 2023, which is 52% of those assigned.</p> <p>Behavioral Health Treatment Services:</p> <p>The total of Community Reentry and Resource Center (CRRC)/Jail In-Reach Orientations in July and August 2023 is 245.</p> <p>During the months of July 1, 2023 through October 31, 2023, DMH continued to work on increasing in-custody in-reach and engagement efforts. Specifically, four dedicated DMH clinicians conducted clinical interviews inside the county jails linking clients to outpatient mental health/substance abuse services (OPCOD), Co-Occurring residential services (COIN), Enriched Residential Services (ERS) and urgent care</p>

services. DMH successfully screened, assessed, and linked 603 clients in custody between July 1, 2023 and October 31, 2023.

An additional 350 clients released from CDCR and Los Angeles County jails were assessed and linked to services at probation HUBs during this same period.

DPH-SAPC does not manage any jail-in reach projects inside the County jail facilities; however, between July 1, 2023 through October 31, 2023, Client Engagement Navigation Services (CENS) provided SUD screenings to 252 AB 109 incarcerated clients, of whom 247 were referred or recommended to treatment.

Transportation Services:

The total number of unduplicated clients that received transportation assistance from January 1, 2023 through November 20, 2023 was 917.

Total Expenditures from July 2023 to October 2023: \$19,718.87

Types of Transportation provided to program clients:

Tap Cards (Train)
Bus Cards
Gas Card
Uber and Lyft

Accompaniment To:

- Treatment and health Centers (Mental Health/Counseling)
- Housing
- DPSS
- Immigration
- DMV
- Social Security Office
- Court
- Probation office
- Employment
- Primary Care Physician
- Legal
- Outpatient Clinic
- Pharmacy
- Parole Office
- Grocery Store
- Day Care
- Housing Facilities

Medi-Cal Enrollment:

For July through October of FY 23-24, a total of 193 individuals were enrolled in Medi-Cal upon exiting custody.

Departments continue to work toward meeting the Objectives identified in

this Goal.

Rate the current progress toward the Goal.

As expected

13. Describe a goal for FY 2023-24 and one (1) or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2023-24, respond by indicating "Not Applicable."

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

Was this Goal part of the FY 23-24 CCP plan?

Yes

Goal E Objective: 1. Ensure that within 24 hours of intake, each person in custody is screened in the reception center by a registered nurse to identify urgent or emergent medical and mental health needs

Goal E Objective: 2. Ensure that each person in custody in the reception center who is identified as having emergent or urgent mental health needs is evaluated by a Qualified Mental Health Professional (QMHP) as soon as possible but no more than four hours from the time of identification

Goal E Objective: 3. Create a process at intake to identify individuals who report an opiate use disorder; 4. Implement a program for patients with opiate use disorders to increase access to Medication Assisted Treatment (MAT) for inmates

Goal E Outcome Measure: 1. Average length of time from custody intake to screening by a registered nurse

Goal E Outcome Measure: 2. The percentage of persons in custody with an emergent or urgent mental health need who are evaluated within four hours of identification

Goal E Outcome Measure: 3. The number of justice-involved individuals who report opiate use disorder during intake; 4. The percentage of eligible patients who are offered medication assisted treatment while in custody

Briefly describe current progress toward the Goal.	<p data-bbox="406 85 1476 168">The following information/data reported for thus far in FY 23-24 is for the time period from July 1, 2023 through October 31, 2023:</p> <p data-bbox="406 201 1517 284">Intake screening and mental health data for individuals who were evaluated at Inmate Reception Center (IRC):</p> <p data-bbox="406 318 758 365">19,557 unique bookings</p> <p data-bbox="406 398 1241 481">Average length of time from custody intake to screening: Mean = 2.9 hours, Median = 2 hours, and Mode = 1 hour</p> <p data-bbox="406 515 1460 638">Percent of persons in custody with an emergent or urgent metnal health need who are evaluated within four hours of identification: 86.9% (924/1,063)</p> <p data-bbox="406 672 1484 754">The number of justice-involved individuals who report opiate use disorder during intake: 2,055</p> <p data-bbox="406 788 1407 871">The percent of eligible patients who are offered medication assisted treatment (MAT) while in custody: 50% (1,029/2,055)</p> <p data-bbox="406 904 1476 1030">Individuals not receiving MAT include those that didn't accept the offer, those that were released, and those that were otherwise not available to accept MAT at that time.</p> <p data-bbox="406 1064 1492 1187">The Department of Health Services Integrated Correctional Health Services (DHS-ICHS) will continue to work toward meeting the Objectives identified in this Goal.</p>
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Rate the current progress toward the Goal.	As expected
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14. Describe a goal for FY 2023-24 and one (1) or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2023-24, respond by indicating "Not Applicable."

Goal F:	Reduce the mental health population in the County jail system
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Was this Goal part of the FY 23-24 CCP plan? Yes

Goal F Objective:	1. Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Goal F Objective:	2. Continue implementation and operationalization of the County's Alternative Crisis Response (ACR) system and expand the number of mobile crisis response teams (MCRTs) to provide 24/7 service and to assess and ensure timely response
Goal F Objective:	3. Continue to expand and deploy Psychiatric Social Workers (PSW's) in defense agencies to serve clients facing potential custody sentences and to support them in diversion, reentry, and rehabilitation programs/efforts; 4. Enhance the continuum of community-based services available so that individuals touched by the justice system can access high quality care at the appropriate level of service
Goal F Outcome Measure:	1. The number of individuals supported in the ODR Housing Program, including the number of new clients served in FY 23-24
Goal F Outcome Measure:	2. Percentage of mobile crisis response team field response NOT requiring law enforcement involvement
Goal F Outcome Measure:	3. The number of mobile crisis response teams deployed and the average response time; 4. Number of individuals diverted from incarceration with the assistance of the PSW program and assisted with reentry efforts through the PSW program; 5. Assessment of PSW caseload and staffing levels

Briefly describe current progress toward the Goal.

ODR Housing (ODHR) client numbers served thus far (July through October) in FY 23-24:

Cumulative: 2,169

New ODHR clients thus far in FY 23-24: 311

ACR & MCRT:

The percentage of field responses requiring law enforcement involvement was 10% in July 2023, 7% in August, and 8% in September. The number of MCRTs deployed in the first three months of FY 23-24 was 3,985 (1,271 in July, 1,348 in August, and 1,366 in September).

The average time to dispatch was 2.22 hours in July, 1.95 hours in August, and 2.28 hours in September.

PSW Program:

For the CDCR-funded PSW program, 24 individuals were diverted from state prison from July through October 2023.

For the PSW program not funded by CDCR, 55 individuals represented by the Public Defender's Office were successfully diverted from state prison in the first 14 months of this expanded effort.

Enhance the continuum of community-based services:

Between July 1, 2023 and October 31, 2023, Client Engagement Navigation Services (CENS) screened 78 individuals through the Co-Occurring Integrated Care Network (COIN) program, of which all 78 were referred to SUD treatment and recommended for the COIN program.

Between July 1, 2023 through October 31, 2023, there were 209 AB 109 individuals served by DPH-SAPC's network of providers who reported mental health issues.

Departments continue to work toward meeting the Objectives identified in this Goal.

Rate the current progress toward the Goal.

As expected

Additional CCP goal sheets are located at:
https://www.bscc.ca.gov/m_realignment/

SECTION 4: TYPES
OF PROGRAMMING
AND SERVICES

Section 4 asks questions about the types of programs and services provided during FY 2022-23. For each type of program or service provided, identify the agency(ies) that provide the program or service and at what stage(s) the program or service is provided (in-custody, supervision, other). Definitions are provided for each program or service type, however, you may refer to the CCP Survey Data Reporting Guide for more clarity on the definition of each type of program and service listed and the stage(s) of program or service.

>

Programs/Services:
Mental
Health/Behavioral
Health - services
designed to improve
mental health.

Are Mental
Health/Behavioral
Health services
provided? Yes

What is the Providing
Agency? (check all
that apply) Behavioral Health
A Community-Based Organization
Other

If "Other," describe
below: Department of Health Services - Integrated Correctional Health Services

At what Stage(s) is
Service Provided?
(check all that apply) In-Custody
Supervision
Other

If "Other," describe
below: Post-release

>

Programs/Services:
Substance Use -
services designed to
assist with
substance use.

Are Substance Use
services provided? Yes

What is the Providing
Agency? (check all
that apply) Behavioral Health
A Community-Based Organization
Other

If "Other," describe
below: Department of Health Services - Integrated Correctional Health Services

At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
If "Other," describe below:	Post-release
> Programs/Services: Housing - services designed to assist with housing after release.	
Are Housing services provided?	Yes
What is the Providing Agency? (check all that apply)	Probation Behavioral Health A Community-Based Organization Other
If "Other," describe below:	Office of Diversion and Reentry (ODR); Justice, Care, and Opportunities Department (JCOD)
At what Stage(s) is Service Provided? (check all that apply)	Supervision Other
If "Other," describe below:	Post-release
> Programs/Services: Employment - services designed to provide clients with a job and/or to provide job training to improve chances of finding employment after release.	
Are Employment services provided?	Yes
What is the Providing Agency? (check all that apply)	Sheriff Probation A Community-Based Organization Other
If "Other," describe below:	Department of Economic Opportunity (DEO); Department of Public Social Services (DPSS); Justice, Care, and Opportunities Department (JCOD)

At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
If "Other," describe below:	Post-release
> Programs/Services: Education - focuses on academic achievement.	
Are Education services provided?	Yes
What is the Providing Agency? (check all that apply)	Sheriff A Community-Based Organization Other
If "Other," describe below:	Charter Schools, Local Adult Education
At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision Other
If "Other," describe below:	Post-release
> Programs/Services: Family - family-oriented education, service, and training.	
Are Family services provided?	Yes
What is the Providing Agency? (check all that apply)	Sheriff A Community-Based Organization
If "Other," describe below:	
At what Stage(s) is Service Provided? (check all that apply)	In-Custody Supervision
If "Other," describe below:	

>

Programs/Services:
Domestic Violence
Prevention - support
and intervention.

Are Domestic
Violence Prevention
services provided?

Yes

What is the Providing
Agency? (check all
that apply)

Behavioral Health
A Community-Based Organization
Other

If "Other," describe
below:

Department of Public Social Services (DPSS)

At what Stage(s) is
Service Provided?
(check all that apply)

In-Custody
Supervision
Other

If "Other," describe
below:

Post-release

>

Programs/Services:
Physical Health -
services designed to
improve clients'
physical well-being.

Are Physical Health
services provided?

Yes

What is the Providing
Agency? (check all
that apply)

Behavioral Health
A Community-Based Organization
Other

If "Other," describe
below:

Department of Health Services

At what Stage(s) is
Service Provided?
(check all that apply)

In-Custody
Supervision
Other

If "Other," describe
below:

Post-release

>

Programs/Services:

Quality of Life – services that enhance the standard of happiness, comfort, and well-being of an individual to participate in life events (e.g., assistance in getting a driver's license, opening a bank account, etc.).

Are Quality of Life services provided? Yes

What is the Providing Agency? (check all that apply) Sheriff
Probation
Behavioral Health
A Community-Based Organization
Other

If "Other," describe below: Justice, Care, and Opportunities Department (JCOD)

At what Stage(s) is Service Provided? (check all that apply) In-Custody
Supervision
Other

If "Other," describe below: Post-release

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

<p>15. Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds.</p>	<p>The County allocates realignment funds through the County’s established budget process that is overseen by the Chief Executive Office (CEO). While the CCP does not allocate funding in Los Angeles County, it helps to inform the CEO's budget development process. Operational planning by the CCP, as well as review of departmental submitted budget requests, have been part of the process to support the budget development.</p> <p>As part of this budget process, the CCP also submitted AB 109 funding recommendations to the County CEO at the direction of the Board of Supervisors. An Ad Hoc Funding Work Group was created to review and provide suggestions for consideration by the CCP. This fiscal year, the Board of Supervisors approved five funding recommendations that the CCP developed.</p> <p>Ultimately, departments are funded to support operational functions guided by realignment and County priorities. In many cases, departments may contract with community-based organizations (CBOs) to provide programs and/or services.</p>
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<p>16. Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Check the appropriate answer to the left of the list.</p>	<p>Yes</p>
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If "Yes," explain how. Los Angeles County is committed to ongoing outcome-measurement activities. The County assesses the effectiveness of programs and/or services funded with its Public Safety Realignment allocation through ongoing County department review. The County's data infrastructure has also been enhanced to support data tracking and outcome measurement efforts.

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

On January 25, 2022, the Board of Supervisor approved a motion to advance AB 109 program evaluation work. The Board directed the Public Safety Realignment Team (PSRT), in coordination with the Countywide Criminal Justice Coordination Committee (CCJCC), Chief Information Officer (CIO), and the Chief Executive Office (CEO), to develop a plan to evaluate county and community programs that receive AB 109 funding. The motion requested deliverables in two phases: (1) The development of a plan for evaluating AB 109.funded programs; and (2) the execution of the plan to conduct the analysis.

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

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

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

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

In 2023, the County launched a solicitation process to engage an independent researcher to evaluate AB 109 funded Behavioral Health programs. The evaluator is anticipated to commence work by February 2024. Continued evaluation efforts guided by the 2022 framework will proceed as planned.

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

If "Yes," explain how. The effectiveness and results of programs and/or services – in addition to programmatic needs identified by departments – are considered when funds are allocated. Individual departments submit extensive justifications with any budget requests made to the Chief Executive's Office during the AB 109 budget process and may separately report on specific programs and services. In addition, semi-annual reports on programs and services related to Public Safety Realignment are submitted to the Board of Supervisors. The County also invests in ongoing evaluation efforts as described in answer to Question #16.

18. Does the county use BSCC definitions (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Check yes or no to the left of each BSCC Definition listed, as applicable. <https://www.bscc.ca.gov/wp-content/uploads/AB-1050-Key-Term-Definitions.pdf>

Average Daily Population	Yes
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Conviction	Yes
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Length of Stay	Yes
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Adult Recidivism	No
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Treatment Program Completion Rates	No
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19. What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)? Check the most appropriate answer to the left of the list of percentages. 81% or higher

20. The BSCC would like to better understand the county's capacity to offer mental health, The County provides a full range of mental health, substance use disorder, and behavioral health treatment services, as well as employment and housing support. Services are provided through a concerted partnership between and among county departments, local agencies, and community provider organizations. The following provides an overview of such

substance use disorder, behavioral health treatment programs, and/or other services. What type and level of services are now available?

services, with particular focus on AB 109 operations.

MENTAL HEALTH TREATMENT SERVICES

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

- Mental health assessments, triages and linkages, either in-person (at Probation HUBs, county custody facilities, and other locations) or via telehealth. DMH AB 109 program staff continue to routinely receive referrals from AB 109 Probation officers.
- Linkages for clients referred from Mental Health Court Linkage staff in the Revocation Court, Department of Health Service's Care Transitions Unit, Public Defender's Office, and the Probation Department.
- Intensive outpatient treatment services provided by a network of DMH Legal Entity Providers (contracted providers).
- Residential Co-Occurring Integrated Network Services (COIN) at four locations in collaboration with the Department of Public Health - Substance Abuse Prevention and Control.
- Enriched Residential Services (ERS) provided by three DMH contracted providers with multiple locations.

SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES

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

Although SUD treatment services are primarily funded through Drug Medi-Cal, secondary funding sources, including AB 109 funds, cover certain SUD service costs or more expansive wraparound services to support the needs of the population. These include SUD screening and referral, outreach and engagement, service navigation, Recovery Bridge Housing, and room and board for residential services.

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

- Early Intervention Services for Youth and Young Adults – appropriate for young adults (ages 18-20) who have been screened and determined to be at risk of developing an SUD (i.e., do not meet DSM criteria for an SUD) and would benefit from psychoeducation and/or other early intervention services.
- Outpatient Treatment – appropriate for patients who are stable with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions.
- Intensive Outpatient Treatment – appropriate for patients with minimal risk

for acute intoxication/withdrawal potential, medical, and mental health conditions, but who need close monitoring and support several times a week in a clinic (non-residential and non-inpatient) setting.

- Low Intensity Residential (Clinically Managed) – appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.
- High Intensity Residential, Population Specific (Clinically Managed) – appropriate for patients with functional limitations that are primarily cognitive, who require a slower pace to treatment, and who are unable to fully participate in the social and therapeutic environment.
- High Intensity Residential, Non-population Specific (Clinically Managed) – appropriate for patients who have specific functional limitations. Also, for patients who need a safe and stable living environment in order to develop and/or demonstrate sufficient recovery skills for avoiding immediate relapse or continued use of substances.
- Opioid Treatment Program – appropriate for patients with an opioid use disorder that require methadone or other medication-assisted treatment.
- Ambulatory (Outpatient) Withdrawal Management – appropriate for patients with mild withdrawal who require either daily or less than daily supervision in an outpatient setting.
- Clinically Managed Residential Withdrawal Management – appropriate for patients with moderate withdrawal who need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery.
- Medically Monitored Inpatient Withdrawal Management – appropriate for patients with severe withdrawal that require 24-hour inpatient care and medical monitoring with nursing care and physician visits.
- Medically Managed Inpatient Withdrawal Management – appropriate for patients with severe withdrawal that require 24-hour nursing care and physician visits to modify withdrawal management regimen and manage medical instability.
- Recovery Services (RS) – designed to support recovery and prevent relapse. Individuals can receive RS based on self-assessment or provider assessment of relapse risk and may receive RS immediately after incarceration with a prior diagnosis of SUD. RS can be delivered as a standalone service or as a service delivered as part of the levels of care.
- Care Coordination – provided to a client in conjunction with all levels of treatment and consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level.
- Recovery Bridge Housing (RBH) – a type of abstinence-based, peer supported housing for up to 180 days for individuals who are homeless or unstably housed and concurrently enrolled in outpatient, intensive outpatient, Opioid Treatment Program, or outpatient withdrawal management settings. Treatment services cannot be provided in RBH and the room and board RBH subsidy is not DMC reimbursable.
- Adult At-Risk Services – Adult At-risk Services are aimed at providing early intervention services for adults ages 21 and older who do not meet criteria for SUD treatment services but may benefit from an intervention based on high-risk behaviors. Client Engagement and Navigation Services (CENS) provides at-risk services, and may include individual and group early intervention sessions, educational workshops about the effects of

SUD, and its impact on a person's life.

CUSTODY-BASED TREATMENT AND REENTRY SERVICES

The Department of Health Services – Integrated Correctional Health Services (DHS-ICHS) provides in-custody adults a continuum of care for a full range of issues, such as chronic disease management, psychiatric, behavioral health, and addiction medicine services.

- In-Custody Mental Health Services

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

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

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

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

DHS-ICHS Addiction Medicine Services (AMS) provides a wide range of in-custody substance use disorder (SUD) treatment services for all adult patients who are housed in the Los Angeles County jail system.

DHS-ICHS AMS is involved in the care of patients in all the facilities of the Los Angeles County jail system: CRDF, MCJ, NCCF, TTCF.

Services also support individuals with community re-entry services by fostering linkages to SUD treatment post-release through the AMS - Substance Treatment and Re-Entry Transition (START) program.

START is a collaborative program between DHS-ICHS and the Sheriff's Department to meet the varied substance use needs of inmates housed within the Los Angeles County jail system.

- The START program provides direct in-custody SUD counseling, group therapy, and case management.
- START services are evidenced-based and culturally appropriate, utilizing cognitive behavioral therapies as well as motivational interviewing approaches to treat addiction.
- Participants who successfully complete the program are celebrated with a certificate of completion.
- Once released from custody, program participants are offered

transportation within the eight Service Planning Areas (SPA) to SUD treatment services, participants engagement navigation services, housing, and social service sites as needed. These additional resources provide post-release care needed for patients struggling with SUD, as well as provide appropriate reentry planning and transportation into the community to begin to break the cycle of addiction and incarceration.

- In-Custody Medication Assisted Treatment (MAT)

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

MAT is an evidence-based intervention that combines medication with counseling and behavioral therapies to provide a “whole patient” approach to the treatment of SUD. The U.S. Food and Drug Administration (FDA) has approved several different medications to treat alcohol use disorders (AUD) and opioid use disorders (OUD). These medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body.

Medications for Alcohol Use Disorder (MAUD)

The following medications for alcohol use disorder (MAUD) are provided to DHS-ICHS patients: Acamprosate, Disulfiram, and Naltrexone. These MAUD are the most common medications used to treat alcohol use disorder and, although they do not provide a cure for the disorder, are most effective for people who actively participate in a treatment program.

Medications for Opioid Use Disorder (MOUD)

The following medications for opioid use disorder (MOUD) are provided to DHS-ICHS patients:

- Buprenorphine in the form of Suboxone and the long-acting injectable Sublocade
- Naltrexone

Buprenorphine and Naltrexone are used to treat OUD to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. These MOUD operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

Opioid Overdose Prevention Medication

Naloxone is used to prevent opioid overdose by reversing the toxic effects of the overdose. DHS-ICHS has worked with the Department of Public Health to distribute Naloxone (Narcan) in the housing areas of the jail itself to allow immediate access to those who are being held in the Los Angeles County Jail.

- Alternative to Custody START (Community Program)

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

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

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

- Jail Release Planning

Reentry planning is provided by the Care Transitions unit in DHS-ICHS for individuals in Los Angeles County jails who are experiencing medical issues, mental illness, homelessness, substance use disorders (SUDs), and other conditions. Approximately 16,600 participants were served across three programs in FY 22-23. Funding for these services has included County funds, AB 109 funds, PATH (Providing Access and Transforming Health) funds, and local Measure H funds.

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

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

OTHER SERVICES

- Care Coordination for Medically High-Risk AB 109 Probationers

A registered nurse and clinical social worker provide care coordination for

AB 109 probationers with complex acute or chronic medical conditions. Co-located with the Probation Department, they offer pre-release planning for AB 109 probationers while they are still in CDCR custody as well as in the community post-release.

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

- Probation Referrals

The Probation Department submits referrals to DMH to assess clients who have either a mental health treatment condition or are requesting or exhibiting a need for behavioral health services. If the individual has co-occurring treatment needs, DMH will provide treatment; however, if the primary need is substance abuse, the client will be referred to DPH-SAPC for substance use disorder screening and linkage to inpatient residential or outpatient treatment.

DMH is part of a care team that coordinates mental health services for clients that have been sent to the Revocation Court for a warrant or new arrest and will coordinate residential or outpatient treatment as needed, along with DPH-SAPC and DHS-ICHS. The treatment team will make a recommendation to the Court about alternatives to incarceration on a conditional release when the client is willing to participate in treatment instead of spending their entire custodial time in jail.

The Department is also working with the Justice, Care, and Opportunities Department (JCOD) to pilot case management with peer support and transportation through the Reentry Intensive Case Management System (RICMS) for individuals that receive conditional releases, which will help increase the level of engagement and program completion rates.

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

The Probation Department continues to provide housing, employment, and system navigation/coordination services through a contracted provider who subcontracts with multiple providers throughout the County. Housing, employment, and system navigation services are offered to persons under active Post-Release Community Supervision (PRCS), active split sentence supervision, straight sentenced offenders under P.C. 1170(h), and persons terminated from PRCS and/or split sentence supervision by referring to services offered under the Los Angeles Homeless Services Authority (LAHSA), Housing Authority of the City of Los Angeles (HACLA), JCOD, or the Office of Diversion and Reentry (ODR).

Housing services contracted by the Probation Department are generally

available for up to 365 days and include the following types of housing services: transitional, sober living, emergency shelter housing, medical housing, and housing for sex offenders. In addition, housing services include case planning and management to transition the client to permanent stable housing. During FY 22-23, there was an average of 518 contracted beds available at 38 housing locations. There is a daily average of 320 clients using housing services. Clients with high end mental health, substance use, or medical needs may receive residential treatment through DMH, DPH-SAPC, or ODR.

Several other departments/agencies also offer specialized housing support services to the AB 109 population, including ODR and JCOD. Such programs include interim housing needs/case management as permanent housing is identified, employment and subsidized housing, housing for women with children, and housing for individuals with mental health treatment needs.

Employment services through Probation include the following components: employment eligibility support; case management; job readiness workshops; job placement; job retention; and aftercare services. Employment services are also provided through the County's Department of Economic Opportunity (DEO). Contracted system navigation services provide clients with assistance and support so they can obtain eligibility documentation and enroll in entitlement benefits. Additional services provided through the Care First Communities Initiative (CFCI) managed by JCOD are also available for clients who are terminating probation supervision.

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

Probation Mobile Assistant Team

The Probation's Mobile Assistant Team's primary assignments include: transporting clients from county jail to a treatment facility (conditional release); state prison to an AB 109 HUB, treatment facility or housing; and to county jail for an arrest when the client has an active warrant and/or hold for a probation violation. Additional tasks include sex offender address verifications for Penal Code Section 290 registrants and special transportation requests. The unit operates throughout Los Angeles County as well as adjoining counties.

Probation Custody Transition Unit (CTU)

The Probation's Custody Transition Unit (CTU) program is primarily responsible for referring clients incarcerated at Los Angeles County Jail to transition services upon release. The CTU collaborates with numerous stake holders, such as DMH, DHS-ICHs, Los Angeles County Superior Court, Los Angeles County Sheriff's Department, California Department of Corrections and Rehabilitation (CDCR), DPH-SAPC, and JCOD.

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

- Sharing of Information

As described in the response to the previous question, Los Angeles County has many departments and agencies providing services to justice-involved clients through processes that are in place to ensure coordination. One of the challenges is that of confidentiality protections (such as HIPAA and CORI) that may apply to a client's services. Given that there are limitations as to what can be shared (without a signed release of information) among multiple agencies serving a client, this can create challenges in meeting the multi-layered needs of high-risk, high-need populations.

- Managing Client Risk

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

Further, placement of high-risk clients, including registered sex offenders and/or individuals with arson convictions into certain levels of care, including residential and recovery bridge housing, continues to be challenging.

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

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

DMH does continue to provide on-going consultation and offers a number of tailored forensic trainings to improve upon the skill sets and expertise of the legal entity providers to manage risk associated with serving this population. In addition, DPH-SAPC continuously engages its network of SUD providers to assess the ability to serve this population.

- Access to Higher Levels of Care

The County also continues to address the challenge of access to care for the treatment and long-term care needs of supervised persons with severe mental health issues. Given the mental health issues some individuals struggle with, coupled with chronic and serious medical concerns, sex offense histories, and/or arson convictions, obtaining resources at the higher levels of care needed continues to have ongoing challenges and limitations. This is especially true as it relates to the highest level of care, which are locked facilities and reserved only for those who are conserved.

- Staffing and Hiring Issues

For County directly operated, but also for contracted provider staff, the increased demand for mental health services exceeds staffing capacity.

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

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

- Interim and Permanent Housing

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

- Office Space Needs

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

- Jail Overcrowding

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

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

- Transportation Services

Ensuring that individuals have transportation to treatment services and other locations where they need to be is a challenge that the County is focused on addressing. While progress is being made, the need is high. For example, the Probation Department's Mobile Assistant Team receives approximately 200 "conditional release" requests from the Revocation Courts to transport clients to treatment facilities on a monthly basis. (Conditional releases allow clients to be released early from custody and be directly transported to housing, substance abuse, and/or mental health treatment services.) Unfortunately, the ten Deputy Probation Officers

(DPOs) assigned to the Mobile Assistant Team are only able to transport an average of 85 conditional releases per month. During FY 22-23, the Team conducted 1,030 conditional release transports.

- Other Treatment Challenges

Limited access to clients who are incarcerated, including courthouse settings, can be a challenge in providing timely screening and linkage to SUD services.

Additionally, the release of incarcerated individuals is often not updated immediately upon an individual's release, impacting Medi-Cal status of individuals and can result in challenges for timely access and payment for SUD treatment services.

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

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

- Co-Occurring Disorder Services

Given the ever-growing need for services addressing both mental health and substance abuse needs, DMH continues to collaborate with DPH-SAPC in increasing, improving, and providing relevant and appropriate co-occurring services to AB 109 clients.

DMH and DPH-SAPC continue to collaborate with partners in increasing the number of Co-Occurring Integrated Care Network (COIN) programs available for AB 109 clients. Similarly, DMH is addressing the increased need for greater Enriched Residential Services (ERS). DMH collaborates closely with the Probation Department, DHS, and DPH-SAPC to address issues that impact each department and find ways of always improving outcomes.

- In-custody Mental Health Assessments

Prior to the pandemic, DMH hired three clinicians to conduct mental health assessments with AB 109 individuals inside of Los Angeles County jails. The goal was to determine the level of mental health need, and subsequently link individuals to the appropriate levels of care.

In-reach prior to release has demonstrated superior outcomes. Cognizant of the on-going need for jail in-reach, this year DMH increased the number of allocated clinical positions to a total of four. These clinicians work to conduct assessments in Men's Central Jail and Twin Towers and facilitate linkage to the appropriate levels of care.

- Mental Health Trainings

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

- Working with the Forensically Involved Mandated Consumer
- Assessment and Treatment of Impulse-Control Disorders In Forensic Settings
- A Strength-Based Approach for the Treatment of Forensic Consumers
- Legal and Ethical Considerations: Working with Forensically-Involved Individuals
- Forensic Mental Health – Back to Basics
- Risk Assessment for Violence-Forensic Focus
- Problem-Solving Therapy (PST) in Forensic Settings
- Safety and Crisis Prevention/Interventions when working with Forensic/Justice Involved Consumers
- Diagnosis, Treatment and Risk Management of Antisocial Personality Disorders and Psychopathy
- Applying the Risk-Need-Responsivity Principles and Level of Service/Case Management Inventory (LS/CMI) in your practice
- Co-location at Probation HUBs

As of July 25, 2022, DMH clinicians have returned to be co-located at the Probation HUBs on a modified, in-person schedule. Assessments are available in-person and triages and consultations via telehealth.

- Re-entry Services

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

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

- Telehealth Services

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

- Recovery Bridge Housing

Recovery Bridge Housing (RBH) is defined as a type of abstinence-

focused, peer-supported housing that provides a safe interim living environment for patients who are homeless or unstably housed in need of SUD treatment. Research shows that SUD treatment outcomes are better for individuals experiencing homelessness when they are stably housed.

To address the needs and increased volume of homeless justice-involved individuals being released early, related to jail population decompression and anticipated pre-trial reform, and the proposed closure of Men's Central Jail, DPH-SAPC worked to increase RBH capacity to 1,170 beds in FY 2022-23. RBH capacity is expected to expand to approximately 1,600 beds by the end of FY 2023-24. The additional capacity will be supported by non-DMC funding resources.

While the additional beds will be beneficial to individuals being diverted from jail to community-based treatment and help minimize individuals exiting to homelessness from custody, they are not dedicated solely to the justice-involved population; rather, available to all individuals entering the SUD system of care in Los Angeles County. In addition, DPH-SAPC is in the process of developing a new model of recovery housing which will afford unstably housed individuals additional time to obtain stable, permanent housing.

- Field Based Services

DPH-SAPC employed an in-home Field Based Services (FBS) pilot project to allow for a mobile service delivery option for high-risk populations to receive outpatient type services at their place of residence. FBS provides an opportunity for SUD network providers to address patient challenges when accessing traditional treatment services, such as physical limitations, employment conflicts, transportation limitations, and/or restrictive housing requirements.

- Expansion of Treatment Network Serving Justice Impacted Clients

During FY 22-23, nine additional treatment locations have been added to the Criminal Justice treatment provider network.

- Mobile Resource Centers

Probation utilizes two (2) mobile resource centers (MRCs) that serve as mobile offices throughout the County to meet many transient clients in the community. These MRCs allow clients who have difficulty reporting to the office because they lack transportation or capacity, to engage with their DPO and obtain referrals to mental health services, SUD treatment, housing, systems navigation, and/or employment services. The contracted housing provider is co-located at the MRC site to provide immediate housing and transportation services from one of the transitional housing providers. During FY 22-23, 1,108 clients reported to an MRC location. The MRCs were deployed 87 times to 14 different MRC locations throughout Los Angeles County.

- Pre-Release Video Conference program

Probation has a countywide Pre-Release Video Conference (PRVC) program. The PRVC is a means for future clients to interact with their assigned DPO at least 45 days prior to release from prison utilizing virtual technology. This critical engagement initiates communication between the future client and their DPO. It allows them an opportunity to interact with their assigned DPO who can provide critical information such as where to report when released, and address any questions or concerns (homelessness, substance abuse, medical needs). Staff from DMH also participate in PRVCs with Probation. During FY 22-23, a total of 757 PRVC interviews were completed.

- Office of Diversion and Reentry

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

ODR Housing

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

MIST/Mental Health Diversion/SB 317 Beds

The Misdemeanor Incompetent to Stand Trial (MIST)/Mental Health Diversion/SB 317 program will support individuals facing misdemeanor charges who are found incompetent to stand trial being placed into community-based settings for treatment and eventual linkage to permanent housing. The community-based settings are tailored to meet the needs and clinical acuity of the clients.

Jail Decompression Beds

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

Overdose Education Naloxone Distribution (OEND)

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

Harm Reduction Drop-In

The Harm Reduction Drop-In program will support three (3) existing

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

Harm Reduction Supplies

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

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

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

• Restitution Collection Taskforce

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

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

• Justice, Care, and Opportunities Department (JCOD)

In 2022, the Board of Supervisors established the Los Angeles County Justice, Care, and Opportunities Department (JDOD) to reinforce the County's "Care First" approach.

JCOD's mission is to integrate and enhance Los Angeles County's services for vulnerable, justice impacted individuals to receive the appropriate care.

The Department is focused on providing opportunities through prevention, diversion, and reentry for justice impacted adults and transition-age youth while working to ensure safe and thriving communities through innovative

supportive services and programs, and capacity-building of community and faith-based organizations.

- Transportation and Peer Support

The Probation Department is working with JCOD to build community support for implementing a pilot program that will provide transportation and peer support to individuals being released from County jail in the South Los Angeles region.

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

- Best and Promising Practices with Mental Health Treatment

AB 109 DMH contracted agencies utilize an interdisciplinary approach to treatment which include psychiatrists, clinical psychologists, social workers, and peer support specialists. Programs have cultivated relationships with local community health clinics as well as with various organizations and providers to obtain resources for housing, medical / dental care, and transportation. Program staff are committed to providing best practice services to all participants.

The programs continue to utilize evidence-based risk assessment tools to identify individuals that are at high risk for reoffending and focuses on providing intensive services to this group. Moreover, tailored treatment plans are designed to address each individual client's specific needs. Programs emphasize life skills training, employment support, and linkage to community resources which maximize successful community reintegration.

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

CommonGround is utilized to incorporate peer service in the work with clients as well as various psychoeducational groups such as mindfulness, anger management, healthy relationships (domestic violence), vocational, independent living, and substance abuse.

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

- Increasing Access to SUD Treatment

DPH-SAPC continues to increase access and minimize the time between the initial verification of eligibility, clinical need determination, referral, and

the first clinical encounter. Ultimately, DPH-SAPC promotes a no "wrong door" to enter the County's specialty SUD system and maintains several entry points:

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

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

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

Additional programs addressing the needs of justice-involved individuals include:

- Co-Occurring Integrated Care Network (COIN)

As previously referenced, COIN is a collaboration between DMH, DPH-SAPC, Probation, and the Superior Court, that serves clients who have a chronic SUD and severe and persistent mental illness. COIN targets clients who are at high risk for relapse and are referred through AB 109 Revocation Court. During FY 22-23, DPH-SAPC added Tarzana Treatment Centers to the COIN preferred provider network to expand the capacity of the COIN program.

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

Also as previously referenced, the START – Community Program places

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

Patients participating in the START – Community Program remain under the supervision of the Los Angeles County Sheriff's Department using a GPS electronic monitoring device worn for the duration of the treatment stay.

- In-Custody to Community Referral Program (ICRP)

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

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

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

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

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

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

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

recidivism.

- Care First Community Investment Funded SUD Treatment

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

- Partners for Justice

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

Working in teams of three, 18 client advocates are currently embedded in six courthouses. Locations include Pasadena, East Los Angeles, Compton, San Fernando, Van Nuys, and Downey. AB 109 funding has produced significant successes that have supported a successful request for federal funding through a JAG grant which will bring continuity and further expansion through 2025.

- Psychiatric Social Worker (PSW) Program

The PSW Program began with the California Department of Corrections and Rehabilitation (CDCR) funding three Psychiatric Social Workers (PSWs) who are employed by the Los Angeles County Public Defender's Office and Alternate Public Defender's Office. The PSWs work on cases in which female defendants face sentences to state prison. By developing social histories on the clients and program placement proposals that can be considered during the adjudication process, the PSWs support a holistic defense approach. While final dispositions in cases remain subject to the court adjudication process, that holistic defense approach can provide significant support for alternatives to custody/diversion outcomes.

In the CDCR-funded program's first three years, 199 women were successfully diverted away from state prison, resulting in a combined reduction of over 2,433 years of incarceration and a state prison cost savings of over \$193 million.

Due to the success of the CDCR-funded PSW program, four PSW positions were funded for the Public Defender's Office and two PSW positions were funded for the Alternate Public Defender's Office in October 2021 to complete comprehensive assessments that address multiple grants of supervision.

In the program's first fourteen (14) months, among clients represented by the Public Defender's Office, 55 individuals were successfully diverted

away from state prison, resulting in a reduction of over 578 years of incarceration and a state prison cost avoidance of over \$46.5 million.

- FIP (Forensic Inpatient) Stepdown

FIP (Forensic Inpatient) Stepdown is a service delivery program which utilizes innovative solutions to complex problems encountered by staff delivering mental health treatment and health care to incarcerated patients. This program is a collaboration between the Sheriff's Department and DHS-ICHS nursing and mental health clinicians which began in January 2016. In addition, in Spring 2023, the Sheriff's Department began to explore High Observation Housing (HOH) Dorm modules with therapeutic features similar to FIP Stepdown dorms.

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

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

- HOPE Dorm

The HOPE Dorm is an innovative treatment program for suicidal patients within the jail. This program is a collaboration between the Sheriff's Department and DHS-ICHS. Patients with on-going risk of self-harm are placed in a dorm setting to increase safety and engagement and are provided intensive treatment.

- Alternatives to Incarceration

The Probation Department has embraced the Alternatives to Incarceration (ATI) initiative adopted by the Board of Supervisors to decrease the jail population by providing community supportive services when feasible to do so. Therefore, the Department significantly reduced the use of "flash incarcerations," as a sanction (only 29 for FY 22-23), and instead utilizes other interventions such as suspended jail sentences and participation in treatment services in lieu of incarceration. In addition, the Department only authorizes custodial holds on individuals who have committed new felonies in the community or are a danger to others. This has resulted in less revocations and custody time, with only 3% of clients being on revocation status at any given time.

For FY 22-23, a total of 1,688 clients were terminated from supervision within twelve months without any custodial sanctions.

- Mobile Resource Centers

The MRC program was very successful at servicing over 1,100 clients in the community during FY 22-23 who were either transient and/or had difficulty reporting to an office. The County was recently awarded a \$2.1 million BSCC grant to purchase an additional seven MRC vehicles to be utilized to service transient clients in the community.

Optional Highlight or
Success Story

If the CCP would like to provide the BSCC with any supplementary information, you may upload a maximum of five (5) additional files.

PART B - CCP
Survey Excel
Workbook

Part B of the CCP Survey collects information about the allocation of Public Safety Realignment dollars. The form to upload is available at: https://www.bscc.ca.gov/m_realignment/ For detailed guidance on how to complete Part B of the CCP Survey package, please refer to the CCP Survey Data Reporting Guide at the link provided above. Part B is divided into two sections: Section 6: FY 2022-23 Public Safety Realignment Funding Allocation Section 7: FY 2023-24 Public Safety Realignment Funding Allocation

Upload the completed CCP Survey, Part B below. (Excel format only)

[FY_23-24_CCP_Survey_Part_B_-_Los_Angeles_County.xlsx](#)

Updated CCP Plan
for 2023-2024.

Counties are eligible to receive funding if they submit an updated Community Corrections Partnership plan and a report (CCP Survey) to the Board of State and Community Corrections by December 15, 2023.

Upload the CCP Plan for 2023-2024 below. (maximum of 3 files)

[Los_Angeles_County_2023_CCP_Plan.pdf](#)

The complete CCP Survey package, including all required attachments, shall be completed and submitted through the BSCC-Submittable online portal by December 15, 2023. Please be aware that a complete CCP Survey package, including an updated CCP plan for 2023-24, MUST be submitted to the BSCC to receive compensation.

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

Questions and/or Technical Assistance

If you have any questions or need assistance on the CCP Survey, attachments, and/or the BSCC-Submittable online portal, please contact: Helene Zentner, Field Representative at helene.zentner@bscc.ca.gov or 916.838.7777. Thank you.

FY 2023-24 Community Corrections Partnership Survey PART B

Part B of the CCP Survey collects information about the allocation of Public Safety Realignment dollars.
For detailed guidance on how to complete Part B of the CCP Survey package, please refer to the FY 2023-24 CCP Survey Data Reporting Guide at:
https://www.bscc.ca.gov/m_realignment/

The first question in this file, question 24, requests the name of the county for which the survey is being submitted.

Following the identification of the county, Part B is divided into two sections:

- Section 6: FY 2022-23 Public Safety Realignment Funding Allocation
- Section 7: FY 2023-24 Public Safety Realignment Funding Allocation

24. Please identify the county for which this portion of the survey is being submitted:
County Name: LOS ANGELES

SECTION 6: FY 2022-23 Public Safety Realignment Funding Allocation

Section 6 contains questions related to the allocation of **FY 2022-23** Public Safety Realignment dollars. There are three (3) questions in this section.

When answering these questions, consider the funds allocated in **FY 2022-23** and include any monies from 2021-22 growth funds and 2022-23 programmatic funding.

25. Of the total funds received in FY 2022-23, how did the CCP budget the allocation? Input the total allocation in the cell above the table. Within the table, identify where funds were allocated to, and include if the county used any **carry-over funds** (monies from previous annual CCP allocations) and/or if the county put any funds into a **reserve fund** (i.e., funds specifically set aside to be used when budget is disrupted or decreased so operations can continue). Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in **red**. Please correct any cells displaying **red** prior to submitting.

Total Allocation: \$ **663,261,000**

Where funds were allocated to:	Amount
Alternate Public Defender	\$ 6,534,000
Auditor-Controller	\$ 237,000
Board of Supervisors	\$ 4,083,000
Chief Executive Office	\$ 240,000
District Attorney	\$ 8,929,000
Economic Opportunity	\$ 1,303,000
Fire District	\$ 4,579,000
Health Services (includes Office of Diversion & Re-Entry)	\$ 145,305,000
Justice, Care and Opportunities	\$ 14,875,000
Mental Health	\$ 44,418,000
Probation	\$ 124,626,000
Public Defender	\$ 16,485,000
Public Health	\$ 15,757,000
Sheriff	\$ 249,723,000
Trial Court Operations	\$ 49,000
Youth Development	\$ 26,118,000

(Total sums to) \$ **663,261,000**

Please spell out all names and do not
use acronyms.

Difference from
Stated Allocation: \$ -

26. Of the total funds received in FY 2022-23, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in **red**. Please correct any cells displaying **red** prior to submitting.

Total Allocation to public agencies: \$ **663,261,000**

Total Allocation to non-public agencies:

Where funds were allocated to (public agencies):	Amount	Where funds were allocated to (non-public agencies):	Amount
Alternate Public Defender	\$ 6,534,000	NOTE: Several departments receive funding and subsequently contract with non-public agencies for services.	
Auditor-Controller	\$ 237,000		
Board of Supervisors	\$ 4,083,000		
Chief Executive Office	\$ 240,000		
District Attorney	\$ 8,929,000		
Economic Opportunity	\$ 1,303,000		
Fire District	\$ 4,579,000		
Health Services (includes Office of Diversion & Re-Entry)	\$ 145,305,000		
Justice, Care and Opportunities	\$ 14,875,000		

Auditor-Controller	\$ 245,000	subsequently contract with non-public agencies	
Board of Supervisors	\$ 4,067,000	for services.	
Chief Executive Office	\$ 350,000		
District Attorney	\$ 10,503,000		
Economic Opportunity	\$ 1,820,000		
Fire District	\$ 4,359,000		
Health Services (includes Office of Diversion & Re-Entry)	\$ 170,588,000		
Justice, Care and Opportunities	\$ 32,939,000		
Mental Health	\$ 43,631,000		
Probation	\$ 129,611,000		
Public Defender	\$ 18,885,000		
Public Health	\$ 15,837,000		
Sheriff	\$ 255,762,000		
Trial Court Operations	\$ 49,000		
Youth Development	\$ 26,306,000		
(Total sums to Difference from Stated Allocation:	\$ 723,046,000 \$ -	(Total sums to Difference from Stated Allocation:	\$ -

\$4,402,000 consisting of the following: \$1,374,000 allocated to the Board of Supervisors for the Countywide AB 109 program evaluation; \$2,447,000 allocated to the Board of Supervisors for operation and maintenance of information systems for data collection, aggregation and analysis; and \$581,000 allocated to the Department of Health Services for the evaluation of its Substance Treatment & Re-Entry Transition (START) and Medication Assisted Treatment (MAT) programs.

IMPORTANT

If you have any questions or need technical assistance with the BSCC-Submittable online portal, please contact: