

## FY 2022-23 Community Corrections Partnership Survey

# Los Angeles County

### CCP Membership

<b>Adolfo Gonzales</b> Chief Probation Officer	<b>Dr. Jackie Contreras</b> Department of Social Services
<b>Sam Ohta</b> Presiding Judge or designee	<b>Dr. Lisa Wong</b> Department of Mental Health
<b>Fesia Davenport</b> County Supervisor or Chief Administrator	<b>Kelly LoBianco</b> Department of Employment
<b>George Gascón</b> District Attorney	<b>Dr. Gary Tsai</b> Alcohol and Substance Abuse Programs
<b>Ricardo Garcia / Erika Anzoategui</b> Public Defender	<b>Dr. Debra Duardo</b> Head of the County Office of Education
<b>Alex Villanueva</b> Sheriff	<b>Troy Vaughn</b> Community-Based Organization
<b>Michel Moore / Eugene Harris</b> Chief of Police	<b>Itzel Citlali Bonilla</b> Victims' Interests

**How often does the CCP meet?**

Monthly

**How often does the Executive Committee of the CCP meet?**

Monthly

**Does the CCP have subcommittees or working groups?**

Yes



## Goals, Objectives, and Outcome Measures

### FY 2021-22

<b>Goal</b>	Deliver high-quality workforce services/training to individuals in custody with linkage to continued workforce services upon release
Objective	1. Provide in-custody basic career readiness training to 100 individuals per year. Basic career readiness training - overseen by Workforce Development, Aging, and Community Services with partnering agencies - is a six-week training program that includes work etiquette, resume preparation and interview skills
Objective	2. Provide in-custody case management to all participants
Objective	3. Provide in-custody industry specific training to at least 25% of basic career readiness training graduates
Objective	4. Provide post-release workforce placement and retention services to all released participants
Outcome Measure	Number of participants that complete the basic career readiness training
Outcome Measure	Number of participants that complete the industry specific training linked with workforce services post release
Outcome Measure	Number of participants employed at 3, 6, and 12 months after release from custody
Progress toward stated goal	<p>Century Regional Detention Facility Career Center Pilot Program:</p> <p>Pre-Release Outcomes for Fiscal Year 2021-2022:</p> <ul style="list-style-type: none"> <li>- 75 women attended orientation</li> <li>- 72 women were fully enrolled in the program</li> <li>- 72 women received case management while in-custody</li> <li>- 62 women graduated from the career readiness portion (Tier 1) – 86% graduation rate</li> <li>- 10 women enrolled in the Tier 2 in-custody training</li> <li>- 41 women were released from jail as of June 30, 2022, and outreach was attempted for all</li> </ul> <p>Post-Release Outcomes for Fiscal Year 2021-2022:</p> <ul style="list-style-type: none"> <li>- 16 women engaged in transitional employment with The Center for Employment Opportunities (CEO), which provides trauma-informed, gender-responsive pre-release and post-release workforce development services, in partnership with A New Way of Life (ANWOL), to women incarcerated at the Century Regional Detention Facility.</li> <li>- 26 women received a total of over \$77,000 in stipends from CEO</li> <li>- 11 women were placed in permanent employment (some pending verification via pay stub).</li> <li>- 3 women were placed in a vocational or educational program</li> <li>- 25 women engaged with or have been housed with ANWOL</li> <li>- 12 women were successfully referred to another program for housing</li> </ul>

	<p>From February 2021 (start of the pilot) to July 2022:</p> <ul style="list-style-type: none"> <li>- 145 women have attended orientation</li> <li>-- Of the 145, enrollment information for 4 participants was not recorded due to being released or removed from the module</li> <li>- 141 women have fully enrolled in the program</li> <li>- All women received case management while in-custody</li> <li>- 82 women have graduated from the career readiness portion (Tier 1) - 69% graduation rate</li> <li>- 35 women have enrolled in the Tier 2 in-custody training</li> <li>-- 22 women enrolled in the Tier 2 construction training while in custody and 21 graduated (95% graduation rate)</li> <li>-- 13 women enrolled in the Tier 2 in-custody technology training and 8 graduated (62% graduation rate)</li> <li>- 72 women (52% of total enrolled) have been released from jail as of 8/1/22 and outreach was attempted for all Post-Release Outcomes</li> <li>-- 19 have engaged in transitional employment with CEO</li> <li>-- 43 have received a total of over \$89,000 in stipends from CEO</li> <li>-- 14 are placed in permanent employment (though some pending pay stub)</li> <li>--- 2 are working as full-time staff at CEO</li> <li>--- 7 were placed in a vocational or educational program</li> <li>-- 20 women have engaged with or been housed with ANWOL</li> <li>--- 4 are currently housed with ANWOL</li> <li>--- 10 were successfully referred to another program</li> </ul>
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<b>Goal</b>	Enhance the County's Post Release Community Supervision (PRCS) pre-release processes to facilitate case planning, linkages to services, and reentry
Objective	1. Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Objective	2. Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody on revocation matters in order to facilitate a seamless connection to community-based services upon release
Objective	3. Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Objective	4. Develop options for providing transportation of PSPs to treatment providers directly from jail or court
Outcome Measure	The number of PRVC contacts with individuals being released to Los Angeles County on PRCS in order to support pre-release planning efforts
Outcome Measure	The number of clients contacted through jail in-reach efforts and the number of clients successfully linked
Outcome Measure	The establishment of agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites
Progress Toward Stated Goal	The Probation Department has continued to use pre-release video conferencing to contact individuals in state prison who will be released on post-release community supervision in order to conduct prerelease planning activities with them. Between July 2020 and June 2022, Probation completed 423 PRVCs. This includes 356 conducted from the County's Pre-Release Center (PRC) and 67 from the Department's supervision offices.

	<p>Staff from the Department of Mental Health (DMH) also continue to participate in all PRVCs together with Probation.</p> <p>The Probation Department has made substantial progress in its goal to fully implement pre-release video conferencing. In April 2022, Probation issued a PRVC policy and updated its Intake/Orientation policy to guide staff in the facilitation of video conferences and conducting the intake/ orientation once the PSP is released from prison. In June and July 2022, the Department conducted training on the newly issued policies. As of July 30, 2022, 81% of mandated staff have completed the required PRVC policy training. Another session has been scheduled for September 2022.</p> <p>Effective July 2022, PRC staff are screening cases to determine which can be assigned to supervision offices to schedule the PRVC meeting. However, a barrier to the full implementation of PRVC has been identified in that not all supervision offices have the necessary equipment to upload the completed intake/orientation documentation to the Department's document management system, as this was a function previously limited the HUB locations. Probation Operations will be working with its Information Technology unit to remedy the situation.</p> <p>DMH has continued to work on expanding jail in-reach efforts. Four out of the nine AB 109 contracted AB 109 providers reported staff who were able to obtain jail clearance during FY 2021-2022 and conduct jail in-reach. Furthermore, during this period, 959 AB 109 clients were successfully linked to appropriate levels of care.</p> <p>Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) does not manage any jail-in reach projects; however, Client Engagement and Navigation Services (CENS) provided substance use disorder screenings to 471 AB 109 incarcerated clients at the Central Arraignment Courthouse in FY 2021-2022. Of these, 466 clients were referred or recommended to substance use disorder treatment.</p> <p>As the objectives are ongoing, Departments continue to develop plans and strategies for meeting all of the objectives identified in this Goal.</p>
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<b>Goal</b>	Reduce the mental health population in the County jail system
Objective	1. Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Objective	2. Increase the number of behavioral health assessment providers in custody and at court locations in order to identify individuals with mental health/co-occurring disorders eligible for placement in community treatment
Objective	3. Implement the County's Alternative Crisis Response (ACR) system and expand the number of Psychiatric Mobile Response Teams (PMRTs)
Objective	4. Enhance the continuum of community-based services available so that individuals diverted from custody can be stepped down to high quality care at the appropriate level of service, as needs present

Outcome Measure	1. The number of individuals supported in the ODR housing program
Outcome Measure	2. The number of behavioral health assessment providers available for in custody assessments and the number of individuals being released from jail with behavioral health treatment needs that are placed with mental health and substance use disorder treatment providers
Outcome Measure	3. Status of the ACR program launch and volume of calls served
Outcome Measure	4. The number of PMRT teams deployed and the number of call responses
Progress Toward Stated Goal	<p>ODR Housing: ODR housing is capped at 2,200 clients. Demand is high, so the program always stays at or very close to that number. There is not much turnover as this is a permanent supportive housing program. 100% of the individuals in ODR housing have mental health disorders.</p> <p>Behavioral Health: The Department of Mental Health (DMH) and the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) have partnered to increase the number of Co-Occurring Integrated Care Network (COIN) providers available. COIN is designed to address the needs of adult AB 109 PSPs who have a co-occurring chronic substance use disorder (SUD) and severe and persistent mental illness.</p> <p>Coordination and informational meetings have been scheduled between DMH and DPH-SAPC with the continued goal of expansion, assuming additional funding allocation.</p> <p>In FY 2021-22, 87 people were screened through the COIN program. According to treatment provider data, 79 COIN clients admitted to residential substance use disorder services during the fiscal year.</p> <p>In June 2022, the COIN treatment provider network increased from four facilities to five.</p> <p>In addition, DPH-SAPC's SUD Treatment network includes 57 sites that are identified as serving both justice-involved and those with co-occurring mental health disorders.</p> <p>In Fiscal year 2021-2022, there were 1,060 referrals to mental health treatment from jail and 864 referrals for co-occurring disorders treatment from jail.</p> <p>100% of individuals referred to DMH for mental health services during FY 2021-22 were triaged, assessed, and linked to the appropriate level of community care.</p> <p>During FY 2021-22, there were 1,559 AB 109 individuals served by DPH-SAPC's network of providers who reported mental health issues.</p>

Alternative Crisis Response (ACR):  
DMH stood up an ACR unit to temporarily sit within DMH to provide operations, define activities, execution oversight, and direction necessary in accordance with key ACR goals and objectives.

DMH has identified a core team dedicated to:

- Overseeing the network of ACR services and providers in the County and relevant funds, including the County's 9-8-8 crisis call center, Mobile Crisis Outreach Teams, crisis receiving facilities, and supporting ACR-specific infrastructure.
- Ensuring crisis response services and systems are coordinated and comprehensive throughout the County.
- Advocate, in coordination with other subject matter experts (SMEs), at the Local and State level when gaps in the crisis response system are identified both clinically and administratively.

A new contract for a 988 Call Center was signed on 7/15/22 and services began on 7/16/22.

In August 2022, 5,296 calls, texts, and chats were received.

A new contract with a vendor was executed on 9/13/22 for new Mobile Crisis Outreach Teams (MCOT).

Psychiatric Mobile Response Team (PMRT):

DMH added 12 community health workers to expand the PMRT teams.

The County has 33 PMRTs in operation. There were 1,161 PMRT dispatches in the month of August 2022.

As the objectives are ongoing, Departments continue to develop plans and strategies for meeting all of the objectives identified in this Goal.

## Goals, Objectives, and Outcome Measures

### FY 2022-23

<b>Goal</b>	Enhance the County's Post Release Community Supervision (PRCS) and pre-release processes to facilitate case planning, linkages to services, and reentry
Objective	1. Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Objective	2. Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody in order to facilitate a seamless connection to community-based services upon release
Objective	3. Develop options to optimize and increase the provision of transportation of PSPs to treatment providers directly from jail or court
Objective	4. Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Outcome Measure	1. Increase the number of PRVC contacts with individuals being released to Los Angeles County on PRCS to include all AB109 partner agencies, as appropriate, in order to support pre-release planning efforts
Outcome Measure	2. The number of clients contacted through jail in-reach efforts by probation and the number of clients successfully screened and linked to community-based mental health and SUD services by DMH and DPH-SAPC
Outcome Measure	3. Increasing agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites
Outcome Measure	4. The number of inmates exiting custody with approved Medi-Cal
Progress toward stated goal	<p><b>PRVC:</b> The Probation Department has continued to use pre-release video conferencing to contact individuals in state prison who will be released on post-release community supervision in order to conduct prerelease planning activities with them. A total of 164 PRVCs were completed from June through October 2022 (this includes 47 through the Pre-Release Center, including 19 with DMH present).</p> <p><b>Behavioral Health Treatment Services:</b> A total of 826 individuals were contacted through jail in-reach efforts by Probation from June through October 2022.</p> <p>During the months of July 1, 2022 through November 30, 2022, DMH has continued to work on expanding jail in-reach efforts. Four additional (total of 8) of the nine AB 109 contracted legal entity mental health providers successfully obtained jail clearance.</p> <p>Furthermore, DMH successfully screened and linked 984 AB109 clients from the jails to community-based mental health services.</p> <p>DPH-SAPC does not manage any jail-in reach projects; however, between July 2022 and October 2022, CENS provided substance use disorder screenings to 243 AB-109 incarcerated clients at the Central Arraignment Courthouse. All 243 clients were referred or recommended to substance use disorder treatment.</p>

	<p>In addition to the Central Arraignment Courthouse, during this time period, CENS also provided substance use disorder screenings to an additional 68 AB-109 incarcerated clients.</p> <p>Transportation Services: In October, the County Board of Supervisors approved funding for ODR's Reentry Intensive Case Management Services (RICMS) program to implement transportation services for AB 109 and other reentry clients.</p> <p>CalAIM: CalAIM will launch in all California Counties effective, January 1, 2023. As of this report, the Department of Public Social Services (DPSS) continues to work with the project partner County departments, the Los Angeles County Sheriff's Department and Probation Department, to develop performance metrics.</p>
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<b>Goal</b>	Enhance the Correctional Health Services (CHS) intake screening process and expand access to treatment
Objective	1. Ensure that within 24 hours of intake, each inmate is screened in the reception center by a registered nurse to identify urgent or emergent medical and mental health needs
Objective	2. Ensure that each inmate in the reception center who is identified as having emergent or urgent mental health needs is evaluated by a Qualified Mental Health Professional (QMHP) as soon as possible but no more than four hours from the time of identification
Objective	3. Create a process at intake to identify individuals who report an opiate use disorder
Objective	4. Implement a program for patients with opiate use disorders to increase access to Medication Assisted Treatment (MAT) for inmates
Outcome Measure	1. Average length of time from custody intake to screening by a registered nurse
Outcome Measure	2. The percentage of inmates with an emergent or urgent mental health need who are evaluated within four hours of identification
Outcome Measure	3. The number of justice-involved individuals who report opiate use disorder during intake
Outcome Measure	4. The percentage of eligible patients who are offered medication assisted treatment while in custody
Progress Toward Stated Goal	<p>CHS Intake Processing Time Data on average length of time between custody intake and medical mental health screening by an RN for 1 random week: July 3rd to 9th – Minimum 0:07, Maximum 11:46, Average 2:22, Median 1.58.</p> <p>Data on the percentage of inmates with an emergent or urgent mental health need who were evaluated within four hours of identification for 1 random week: July 3rd to 9th – 32 individuals, 56% compliance.</p> <p>Thus far in calendar year 2022 (January 1st through November 29th), there were 4,322 unique individuals that reported opiate use during medical and mental health intake screening conducted by an RN.</p>

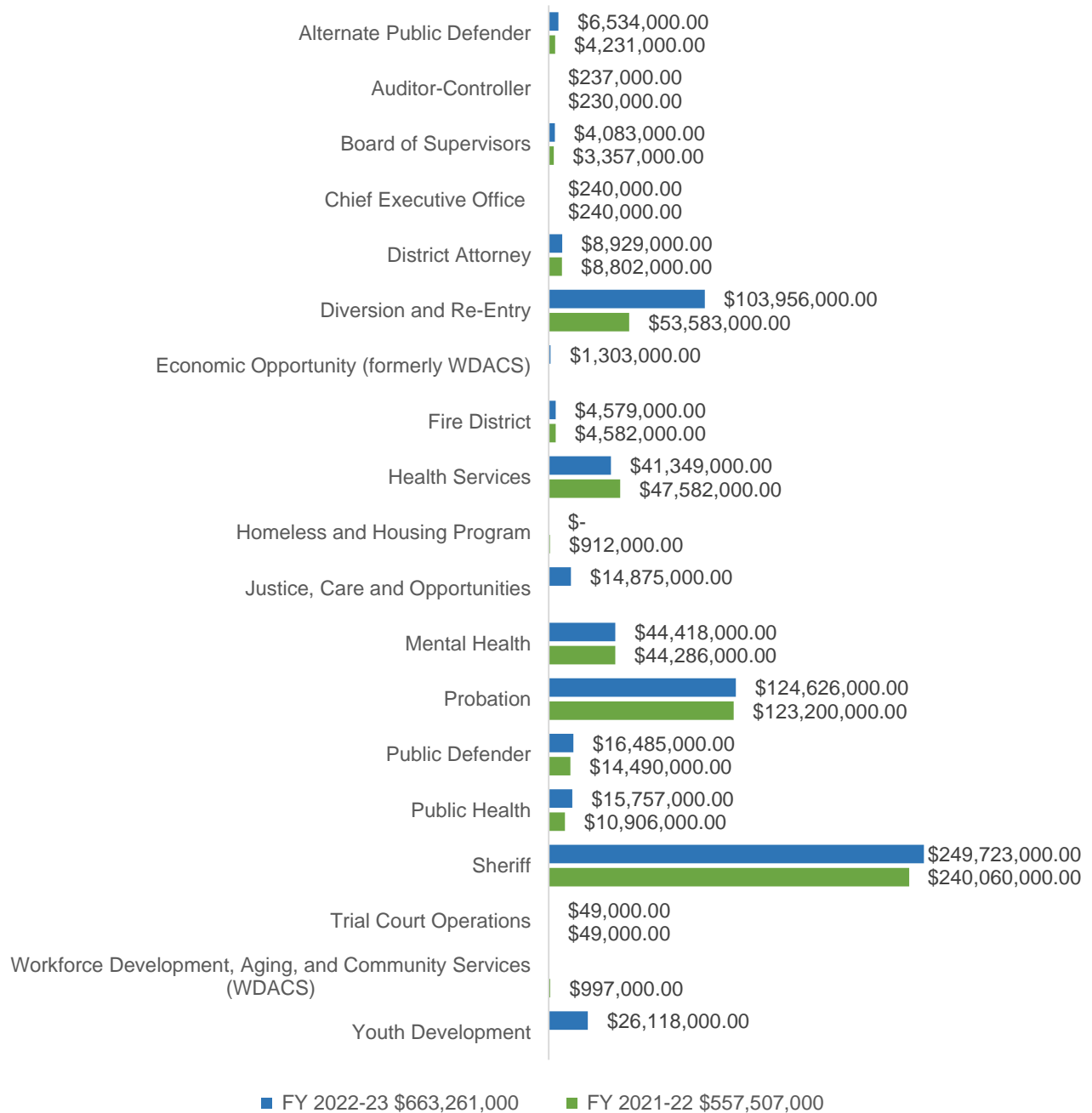


	As of November 2022, 771 individuals were being treated with Suboxone and 84 individuals had been enrolled in the Sublocade program. A total of 885 were receiving services.
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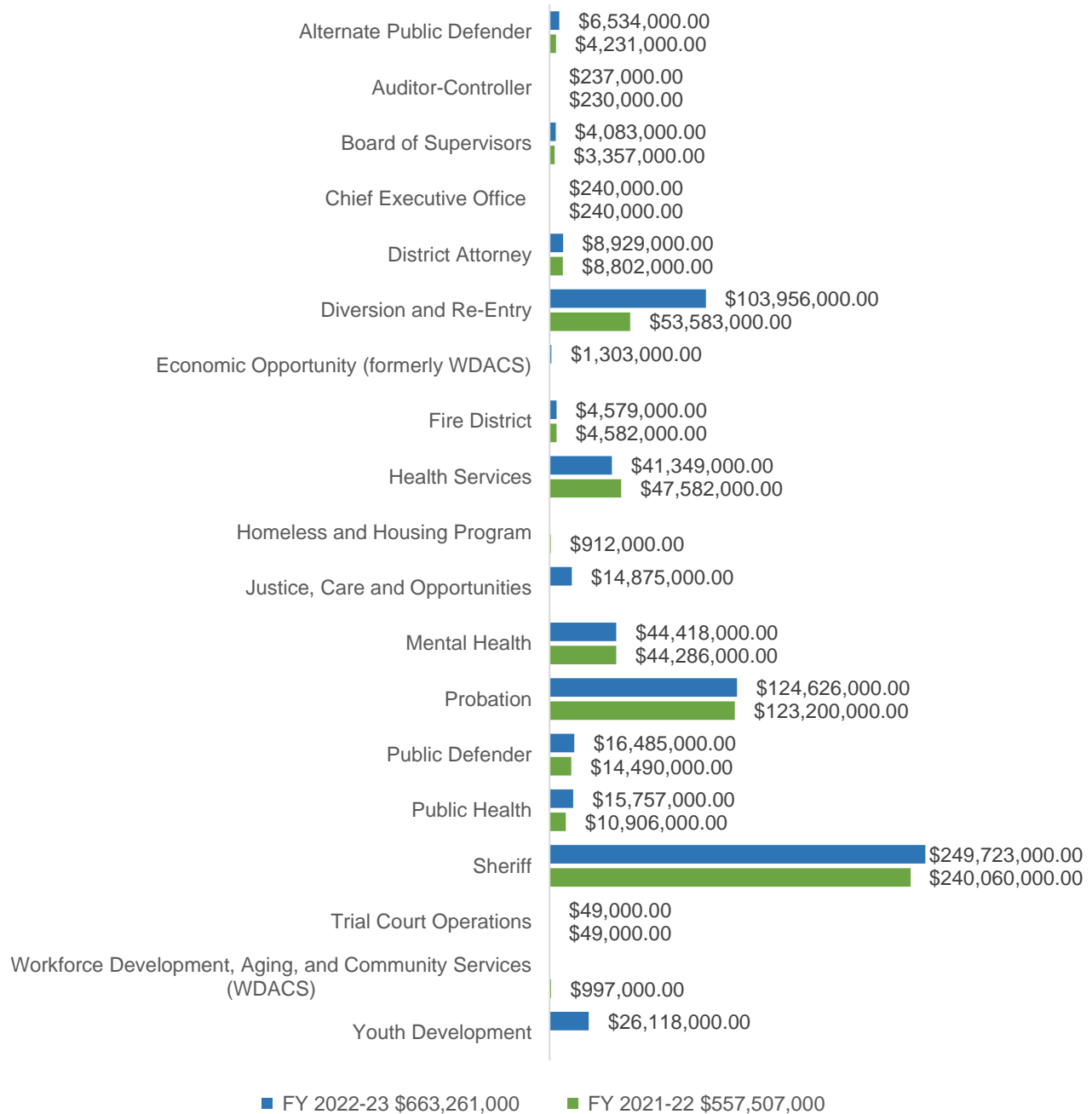
<b>Goal</b>	Reduce the mental health population in the County jail system
Objective	1. Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Objective	2. Continued implementation and operationalization of the County's Alternative Crisis Response (ACR) system and expand the number of mobile crisis response teams, including Mobile Crisis Outreach Teams (MCOT) and Psychiatric Mobile Response Teams (PMRTs)
Objective	3. Expand the Psychiatric Social Worker (PSW) program to serve additional clients facing potential custody sentences
Objective	4. Enhance the continuum of community-based services available so that individuals touched by the justice system can access high quality care at the appropriate level of service
Outcome Measure	1. The number of individuals supported in the ODR Housing Program, including the number of new clients served in FY 22-23
Outcome Measure	2. Percentage of field response NOT requiring law enforcement involvement
Outcome Measure	3. The number of MCOT/PMRT teams deployed
Outcome Measure	4. Number of individuals diverted from incarceration with the assistance of the PSW program
Outcome Measure	5. Onboarding and training individuals for the PSW program
Progress Toward Stated Goal	<p>ODR Housing: ODR Housing is currently capped at 2,200 clients. The program has served 170 new clients since July 1 2022. These are reinstated individuals to ODR Housing.</p> <p>ACR &amp; MCOT/PMRT: The percentage of field responses not requiring law enforcement involvement (defined as not referring to law enforcement or taken into police custody while on a PMRT/MCOT call) was 97% in September 2022 and 98% in October 2022.</p> <p>The number of MCOT/PMRT teams deployed was 1,274 in September 2022 and 1,221 in October 2022.</p> <p>PSW Program: In the first two years, 145 individuals have been diverted from incarceration with the assistance of the PSW program, and 24 individuals have been diverted from state prison in the first four months of FY 2022-23.</p> <p>In October, the County Board of Supervisors approved funding to increase the number of available PSWs in the Public Defender's Office and Alternate Public Defender's Office in order to expand the number of individuals eligible for assistance.</p>

## FY 2021-2022 and FY 2022-23 Allocation Comparison

### FY 21-22 and 22-23 Allocations



## FY 21-22 and 22-23 Allocations to Public Agencies for Programs & Services



## FY 21-22 and 22-23 Allocations to Non-Public Agencies for Programs & Services

N/A

## Optional Questions

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

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

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

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

### **Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation?**

Yes

#### **If yes, 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.

**Does the county consider evaluation results when funding programs and/or services?**

Yes

**If yes, 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.

**Does the county use BSCC definitions (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data?**

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

**What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)?**

81% or higher

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

The County provides a full range of mental health, substance use disorder, and behavioral treatment services, as well as employment and housing support. Services are provided through a concerted partnership between and among county departments, local agencies,

and community provider organizations. The following provides an overview of such services, with particular focus on AB 109 operations.

## MENTAL HEALTH TREATMENT SERVICES

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

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

## SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES

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

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

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

- Outpatient Treatment – appropriate for patients who are stable with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions.
- Intensive Outpatient Treatment – appropriate for patients with minimal risk for acute intoxication/withdrawal potential, medical, and mental health conditions, but who need close monitoring and support several times a week in a clinic (non-residential and non-inpatient) setting.
- Low Intensity Residential (Clinically Managed) – appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.

- High Intensity Residential, Population Specific (Clinically Managed) – appropriate for patients with functional limitations that are primarily cognitive, who require a slower pace to treatment, and who are unable to fully participate in the social and therapeutic environment.
- High Intensity Residential, Non-population Specific (Clinically Managed) – appropriate for patients who have specific functional limitations. Also, for patients who need a safe and stable living environment in order to develop and/or demonstrate sufficient recovery skills for avoiding immediate relapse or continued use of substances.
- Opioid Treatment Program – appropriate for patients with an opioid use disorder that require methadone or other medication-assisted treatment.
- Ambulatory (Outpatient) Withdrawal Management – appropriate for patients with mild withdrawal who require either daily or less than daily supervision in an outpatient setting.
- Clinically Managed Residential Withdrawal Management – appropriate for patients with moderate withdrawal who need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery.
- Medically Monitored Inpatient Withdrawal Management – appropriate for patients with severe withdrawal that require 24-hour inpatient care and medical monitoring with nursing care and physician visits.
- Medically Managed Inpatient Withdrawal Management – appropriate for patients with severe withdrawal that require 24-hour nursing care and physician visits to modify withdrawal management regimen and manage medical instability.
- Recovery Services (RS) - designed to support recovery and prevent relapse. Individuals can receive RS based on self-assessment or provider assessment of relapse risk and may receive RS immediately after incarceration with a prior diagnosis of SUD. RS can be delivered as a standalone service, or as a service delivered as part of the levels of care.
- Care Coordination - provided to a client in conjunction with all levels of treatment and consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level.
- Recovery Bridge Housing (RBH) – a type of abstinence-based, peer supported housing for up to 180 days for individuals who are homeless or unstably housed and concurrently enrolled in outpatient, intensive outpatient, Opioid Treatment Program, or outpatient withdrawal management settings. Treatment services cannot be provided in RBH and the room and board RBH subsidy is not DMC reimbursable.
- At-Risk Services - At-Risk Services are aimed at providing intervention services to individuals who screen negative for SUD or positive for ASAM 0.5 Early Intervention level of care. Client Engagement and Navigation Services (CENS) staff will provide At-Risk Services to adults, aged 21 years and over, and may include individual and group early intervention sessions, educational workshops, collateral services, and ancillary or SUD treatment referrals. ASAM 0.5 services can also be provided for youth (ages 12-17 years) and young adults (ages 18-20 years).

## CUSTODY-BASED TREATMENT AND REENTRY SERVICES

- In-Custody Mental Health Services

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

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

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

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

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

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

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

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

The START program has four objectives:

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



- Medication Assisted Treatment (MAT)

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

- Alternative to Custody START (START – Community) Program

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

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

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

- Jail Release Planning

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

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

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

## OTHER SERVICES

- Care Coordination for Medically High-Risk AB 109 Probationers

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

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

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

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

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

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

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

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

- LAC + USC Medical Center

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

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

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

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

- Jail Population Management

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

- Sheriff's In-Custody Programs

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

- SUD Services

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

- Early Inmate Releases

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

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

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

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

- Sharing of Information

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

- Managing Client Risk

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

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

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

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

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

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

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

- Staffing and Hiring Issues

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

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

- Interim and Permanent Housing

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

- Office Space Needs

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

- Jail Clearance

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

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

- Jail Overcrowding

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

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

- Availability of Residential Behavioral Health Programs

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

issues and substance use disorder). Approximately 63% (n=3347) of the AB 109 supervised population has been identified as having a substance use issue. While the determination of treatment modality needed is done on a case-by-case basis and based on medical necessity, residential treatment capacity is limited.

**What programmatic changes and/or course corrections have you made in the implementation of Public Safety Realignment that you believe other counties would find helpful?**

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

- **Co-Occurring Disorder Services**

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

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

- **In-custody Mental Health Assessments**

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

- **Mental Health Trainings**

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

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

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

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

- Re-entry Services

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

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

- Telehealth Services

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

- Recovery Bridge Housing

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

To address the needs and increased volume of homeless justice-involved individuals being released early, related to jail population decompression or anticipated pre-trial

reform and the proposed closure of Men's Central Jail, DPH-SAPC worked to increase RBH capacity from 994 beds to 1,140 in FY 2022-23. The additional beds will be beneficial to individuals being diverted from jail to community-based treatment, will be beneficial to individuals being released to prepare for the closure of Men's Central Jail, and will help to minimize the time individuals spend in-custody.

- Mobile Resource Centers

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

- Pre-Release Video Conference program

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

- Office of Diversion and Reentry (ODR)

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

#### ODR Housing

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

#### MIST-CBR/SB 317 Beds

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



## Jail Decompression Beds

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

## Overdose Education Naloxone Distribution (OEND)

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

## Harm Reduction Drop In

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

## Harm Reduction Supplies

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

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

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

## Providing Opportunities for Women in Reentry (POWR)

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

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

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

## Youth Development and Diversion

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

- Restitution Collection Taskforce

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

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

- Alternatives To Incarceration/JCOD

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

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

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

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

- Best and Promising Practices with Mental Health Treatment

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

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

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

- Increasing Access to SUD Treatment

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

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

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

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

Additional programs addressing the needs of justice involved individuals include:

- Co-Occurring Integrated Care Network (COIN)

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

- Alternatives to Custodial Sanctions

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

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

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

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

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

- In-Custody to Community Referral Program (ICRP)

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

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

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

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

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

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

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

- Care First Community Investment Funded SUD Treatment

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

- Partners for Justice

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

- Psychiatric Social Worker (PSW) Program

This program employs three (3) dedicated Psychiatric Social Workers (PSWs), two (2) in the Public Defender's Office and one (1) in the Alternate Public Defender's office, to develop social histories on female clients facing state prison sentences. The social

histories developed by the PSWs may be factored in when alternative dispositions – such as Women’s Reentry Court, Office of Diversion and Reentry housing, and other programs – are considered during the Court process. This program provides significant cost avoidance by diverting women from state prison to appropriate community-based treatment services.

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

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

- FIP (Forensic Inpatient) Step Down

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

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

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

- HOPE Dorm

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