

LOS ANGELES COUNTY

Community Corrections Partnership (CCP) Plan Implementation

In FY 2011-12, 2012-13 and or 2013-14 identify the community corrections programs and or services implemented (e.g. program or service was operational) by CCP agencies (e.g. Probation Department, Sheriff's Department, Department of Public Health, etc.).

- The Department of Mental Health (DMH) developed pre-release case plans, assessed individuals for mental health or co-occurring treatment needs, made appropriate referrals to treatment agencies and monitored treatment services. DMH provides a full range of services based on assessed need including placement in state hospital, acute inpatient hospital, Institutions for Mental Disease (IMD), IMD step down residential treatment programs and outpatient mental health services.
- The Sheriff's Department provided a range of services to facilitate reentry and community supervision success. Evidence-Based Incarceration programming reached over half of the jail population and DMH collaborations resulted in the provision of mental health services in the jail and the development of community transition plans to ensure continuity of care.
- The Probation Department provided supervision in accordance with evidence-based principles and coordinated with partnering agencies on the delivery of comprehensive rehabilitative services, including mental health, substance abuse treatment and benefits enrollment. Services managed through contract agencies include housing assistance, job readiness and job placement. The department also coordinates with the Department of Health Services on the delivery of care to medically fragile individuals.

In FY 2011-12, 2012-13 and 2013-14 the CCP plan adopted by the Board of Supervisors included the following areas derived from Penal Code section 1230.1

	FY 2011-12	FY 2012-13	FY 2013-14
Community Service Programs	✓	✓	✓
Counseling Programs	✓	✓	✓
Day Reporting Center	✓	✓	✓
Drug Courts			✓
Educational Programs	✓	✓	✓
Electronic and GPS Monitoring Programs	✓	✓	✓
Mental Health Treatment Programs	✓	✓	✓
Residential Multiservice Centers	✓	✓	✓
Victim Restitution Programs			✓
Work Training Programs	✓	✓	✓

Describe a local success story (as defined by the CCP).

An offender with prison gang ties was released on Post-Release Community Supervision (PRCS). The offender has an extensive criminal history including 23 bookings and 8 convictions. Previous crimes include possession of narcotics, possession of dangerous weapons, parole violations, possession of a concealed firearm, battery, assault, burglary, intimidation and terrorist threats. The supervised person informed his Deputy Probation Officer (DPO) he has been in and out of custody for 22 years. The longest he has been in the community was 16 days and the quickest turnaround back into custody was 36 hours. He is currently in month seven of his supervision. To date, there has been no contact with police. He has provided his state identification card to his DPO, the first time he reported as having done so. In the beginning of AB 109 supervision, he was frustrated because he had no job and admitted it was difficult to adhere to supervision requirements. During one of his probation meetings, he reported that he was so frustrated he would rather violate and go back to prison where “he could kick his feet up.” The DPO engaged in positive intervention by providing words of encouragement and establishing obtainable goals (job applications, job readiness, treatment commitment). The DPO was told by the supervised person that due to the relationship established, respect demonstrated and assistance with goal setting, he was determined to refrain from his old behavior. The supervised individual now has his first checking account and is working full time as a painter. He recently asked his DPO for out-patient drug treatment services to address his urges because he did not want to violate and was determined to follow supervision requirements.

For FY 2011-12, 2012-13 and 2013-14 rank the priority areas^ of the CCP on a scale from 1 to 9. A rank of 1 indicates that area was the HIGHEST priority (as defined by the CCP) and a rank of 9 indicates that area was the LOWEST priority (as defined by the CCP).

FY 2011-12	FY 2012-13*	FY 2013-14*
1. Staffing	1. Staffing	1. Staff Training
2. Data	2. Data	2. Staffing
3. Health	3. Health	3. Data
4. Staff Training	4. Law Enforcement	4. Health
5. Law Enforcement	5. Staff Training	5. Law Enforcement
6. GPS	6. GPS	6. Risk Assessment
7. Risk Assessment	7. Medical	7. GPS
8. Day Reporting	8. Risk Assessment	8. Medical
9. Medical	9. Day Reporting	9. Day Reporting

^Priority areas are representative of the information counties included in the FY 2011-12 and 2012-13 CCP plans and the information BSCC received from counties and published in the *report 2011 Public Safety Realignment Act: Report on the Implementation of Community Corrections Partnership Plans*.

Priority areas: Day Reporting Center, Data (e.g. data identification, collection, analysis, etc.), GPS/Electronic Monitoring, Staff Training (e.g. Probation Dept., District Attorney’s Office, etc.), Local Law Enforcement (municipal police), Public Health/Mental Health (e.g. substance abuse, treatment, etc.), Medical Related Costs, Risk Assessment Instruments (COMPAS, STRONG, etc.), and Staffing (e.g. Victim Witness Advocate, Deputy Sheriff, Deputy Probation Officer, etc.).

*In year one, significant effort was focused on developing operational capacity and staffing various efforts. Implementation data was captured at the outset, but as the impact of realignment increased from year one to year two (as well as the jail and PRCS volume), the County increased focus on the capacity to collect and measure implementation data. In addition, year two included the addition of significant collaborative efforts to enhance partnerships with local police departments. Finally, the high cost and amount of resources utilized to address the medical/housing needs of medically fragile individuals on PRCS was increasingly identified. Plans were initiated for the co-location of health services staff at the County’s pre-release center to triage medical needs and coordinate the exchange of medical information with CDCR.