**COUNTY OF LOS ANGELES**

MARVIN J. SOUTHARD, D.S.W.
*Director*

ROBIN KAY, Ph.D.
*Chief Deputy Director*

RODERICK SHANER, M.D.
*Medical Director*

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

*BOARD OF SUPERVISORS*
GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

**DEPARTMENT OF MENTAL HEALTH**

http://dmh.lacounty.gov

Reply To: (213) 738-4601
Fax: (213) 386-1297

January 29, 2010

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W
Director of Mental Health

SUBJECT: **BOARD MOTION OF JANUARY 26, 2010 REGARDING POTENTIAL IMPACT ON MENTAL HEALTH SERVICES AS A RESULT OF THE PENDING RELEASE OF INMATES FROM STATE PRISONS**

This memo will provide you with information regarding the potential impact on Los Angeles County Department of Mental Health (DMH) services as a result of the pending release of inmates from State Prisons as requested by Supervisor Michael D. Antonovich during the January 26, 2010 meeting of your Board.

### *Overview of Impact of Changes in Status of Parolees*

The State of California has developed several measures in response to a federal court order to reduce the current state prison and parole population by 60,000 by the end of 2011. A provision that will reclassify the status of 7,700 parolees in Los Angeles County to that of Non-Revocable Parole was initiated on January 25, 2010 by the California Department of Corrections and Rehabilitation (CDCR). This provision eliminates the supervision requirement as well as eligibility for services provided by the Parole Outpatient Clinic (POC) system for those on Non-Revocable Parole. It is estimated that 1,200 of these individuals will have received mental health care from POC or while in prison and will no longer be expected to report to POC.

### *Proposed Community-Based Services*

POC intends to transition those who have been receiving services over a period of two weeks to ninety days and have indicated that they will work with the County of Los Angeles Department of Mental Health (DMH) to facilitate referrals to existing outpatient and field-based resources to manage this additional client responsibility. Outreach and initial case management services can be provided through the DMH 24-Hour ACCESS Center as well as DMH clinical sites and Service Area navigation teams to assure that clients are linked with the appropriate level of clinical care, including Crisis Resolution Services, Full Service Partnerships, Field Capable Clinical Services, and Wellness Centers as well as assistance with housing and benefits establishment. Some individuals may need services but be reluctant to receive them. In these instances, the Emergency Outreach Bureau Field Response Operations will be utilized with Psychiatric Mobile Response Teams providing more assertive follow up while monitoring the

possible need for involuntary hospitalization. Clients with a history of violence or who pose a potential threat will be referred to the DMH - Los Angeles Police Department Case Assessment and Management Program (CAMP) for the provision of ongoing case management and follow-up services to individuals of concern. Clients living outside of the Los Angeles City limits will be followed by DMH-Special Prevention Unit (SPU) to provide services similar to that of CAMP.

In preparation for this new service population, all DMH clinic managers were instructed on January 28, 2010 to assure that their staff members understand that: (1) such parolees should not be referred back to POC for services, (2) a thorough assessment should be conducted in order to obtain a psychosocial and treatment history and to determine the current level of mental health need, (3) treatment records should be obtained whenever possible, (4) Crisis Resolution Service and other clinic alternatives should be leveraged in order to assure that clients with an immediate need for medication support services receive these services, and (5) clinics should formally track these referrals to facilitate assurance of appropriate linkage to any needed services.

***Impact on DMH Adult Clinic Operations***

The addition of 1,200 adult clients to the DMH service population comes at a particularly challenging time. Over the past two years, the Department has absorbed a loss of approximately $175 Million in its traditional base funding due to decreases in sales tax revenues and vehicle licensing fees. At the same time, demand for services from our DMH Directly Operated programs has grown. During the most recent Fiscal Quarter (Q2FY0910) 38,581 unique adult clients were served by our DMH outpatient clinic operations[1]. In comparison to Q2FY0809, during which 35,237 unique adults were served, there has been an increase of 9.5%. This appears to represent a variety of factors including absorbing clients from our contracted agencies (where the adult service population decreased by 2,037 during the same period of time) and, anecdotally, an influx of individuals who have lost insurance in concert with job loss. The degree of fiscal and clinical impact on the Department of Mental Health will depend on the degree to which CDCR collaborates in the referral and records retrieval process, the degree to which Medi-Cal and other benefits have been established and the degree to which co-occurring substance abuse disorders are addressed. However, given the current fiscal environment, the addition of the Non-Revocable Parole treatment population will compound the need for our directly operated programs to do more with less, and will potentially impact the level of service available to the average service recipient.

***Impact on Jail Mental Health Services***

The influx of offenders to the community will undoubtedly impact the number incarcerated and therefore the provision of mental health services provided at Twin Towers Correctional Facility, Century Regional Detention Facility, and Men's Central

[1] Excludes the Office of the Public Guardian, Jail Mental Health Services, Juvenile Halls/Camps, and Emergency Outreach Bureau Field Response Operations. Based on claims processed as of 1/21/10.

Jail. According to Los Angeles County jail census data for December 30, 2009, 15% of all inmates receive mental health services (2,576 of 17,537). This shift is expected to occur as a result of several measures; however, two proposed reform measures will disproportionately impact the County of Los Angeles. One measure called the "366 Felony" will have offenders with certain felonies serve their time in local jails rather than in state prison. The 366 Felony measure will transfer people who have committed the following felonies from state prison to county jails: stolen property, petty theft w/ prior, check fraud, possession of a controlled substance, grand theft, and grand theft auto. Although we are uncertain of the number of 366 Felony transfers who will require mental health care, estimates from a 2005 study indicate that fifty-six percent of state prisoners reported mental health problems with only one in three receiving treatment while incarcerated.[2] According to the Sheriff's Department estimate that the Governor's 2010-2011 plan would increase the number of individuals sentenced to County jail instead of prison by 1,875, suggesting that the number of mental health clients in jail could increase by 281. Available data on prison populations suggest that the percentage requiring mental health services is even higher.

***Conclusion***

The County of Los Angeles has the largest proportion of parolees in the entire state.[3] In California, African-American and Latino parolees tend to return to disadvantaged communities that have higher poverty rates, high unemployment rates, and low education levels.[4] Parolees returning to Los Angeles with long-standing psychosocial problems are at risk for relapse as a result of socioeconomic deficits and high risk situations. These factors, coupled with a lack of specialized services, pose obstacles to reentry for Non-Revocable Parole parolees. Specialized programs developed in high concentration parolee "cluster" areas would increase accessibility for Non-Revocable Parole parolees who are interested in seeking services.

Without thorough planning, the shift of cost and responsibility from the state to local level will not only strain existing mental health systems, it will also contribute to the likelihood of recidivism among those placed on 366 Felony status as well as Non-Revocable Parole status. These measures could also result in an increase in recidivism in general, further exacerbating current overcrowding problems at the county jails and strain the provision of mental health services within the jails.

MJS:RK:atm

c: William T Fujioka

---

[2] California Department of Corrections and Rehabilitation, Fourth Quarter 2008 Facts and Figures.
[3] Bureau of Justice Statistics, Special Report, "Mental Health Problems of Prison and Jail Inmates", September 2006.
[4] RAND, Technical Report, "Understanding the Public Health Implications of Prisoner Reentry in California", 2009