



COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



January 9, 2019

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Kathryn Barger

FROM: Terri L. McDonald, Chief Probation Officer
Chair, Public Safety Realignment Team

Mark Delgado 
Executive Director, CCJCC

SUBJECT: Public Safety Realignment Implementation – January 2019 Update

The Public Safety Realignment Team (PSRT) was established by the Board of Supervisors to coordinate the County's implementation of Public Safety Realignment (AB 109). Chaired by the Chief Probation Officer and comprised of multiple agencies, PSRT meets regularly to address legal, custody, supervision, and treatment coordination issues in order to enhance realignment implementation.

The attached report is submitted on behalf of PSRT as the January 2019 update. This report, assembled by impacted departments and submitted to the California Board of State and Community Corrections (BSCC) in December 2018 as required by statute, provides an overview of implementation efforts during the October 2017 to September 2018 time period. It includes a broad summary of key issues identified by departments in the areas of supervision, custody, and rehabilitative/treatment services, as well as key system-wide goals for the current year.

It should be noted that the Probation Department continues to work with the Office of the Chief Information Officer (OCIO) to conduct a multi-department, countywide AB 109 evaluation project that would be incorporated into future updates. Please see the attached evaluation overview for more information.

If you have any questions, please contact Chief Probation Officer Terri McDonald or Chief Deputy Probation Officer Reaver E. Bingham at (562) 940-2513.

TLM:REB:MD

Attachments 2

c: Chief Executive Officer
Executive Officer of the Board of Supervisors
County Counsel
Public Safety Realignment Team

FY 2018-19 Community Corrections Partnership Survey PART A

SECTION 1: CCP Membership

Section 1 asks questions related to the CCP composition and meeting frequency. There are five (5) questions in this section.

1. County Name: Los Angeles
2. Penal Code Section 1230 identifies the membership of the CCP. Provide the name of each individual fulfilling a membership role as of October 1, 2018 in the spaces to the right of each membership role. If a membership role is not filled, respond by indicating "vacant."

Chief Probation Officer	Terri McDonald
Presiding Judge of the Superior Court or designee	Scott Gordon
County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors	Sachi Hamai
District Attorney	Jackie Lacey
Public Defender	Nicole Davis Tinkham
Sheriff	Jim McDonnell
Chief of Police	Michel Moore (LAPD) and Sharon Papa (Police Chiefs Association)
Head of the County Department of Social Services	Antonia Jiménez
Head of the County Department of Mental Health	Jonathan E. Sherin
Head of the County Department of Employment	Cynthia D. Banks
Head of the County Alcohol and Substance Abuse Programs	Barbara Ferrer
Head of the County Office of Education	Debra Duardo
A representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense	Troy Vaughn
An individual who represents the interests of victims	Jackie Lacey

3. How often does the CCP meet? Use an "X" to check the box to the left of the list.

	Bi-weekly (every other week)
	Monthly
	Bi-monthly (every other month)
X	Quarterly
	Semi-Annually
	Annually
	Other (please specify)

4. How often does the Executive Committee of the CCP meet? Use an "X" to check the box to the left of the list.

	Bi-weekly(every other week)
	Monthly
	Bi-monthly(every other month)
X	Quarterly
	Semi-Annually
	Annually
X	Other (please specify) The Executive Committee meets concurrent with the full body.

5. Does the CCP have subcommittees or working groups? Use an "X" to check the box to the left of the list.

X	Yes
	No

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

Law Enforcement Work Group

The Law Enforcement Work Group addresses specific law enforcement-related matters. Coordination among the Sheriff's Department, local law enforcement, and Probation Department is a critical component of AB 109 implementation.

Parole Revocation/Legal Work Group

The Parole Revocation/Legal Work Group develops, implements, and improves the processes by which AB 109 court matters are conducted, including the issuance of warrants, Post Release Community Supervision (PRCS) revocations, parole revocations, and court linkages to treatment.

Treatment Work Group

The Treatment Work Group coordinates, develops, implements, and improves the processes by which AB 109 populations are assessed and linked to needed rehabilitation and treatment services.

SECTION 2: Your Goals, Objectives and Outcome Measures

Section 2 asks questions related to your goals, objectives, and outcome measures. To view your responses provided in the 2017-18 survey, [click here](#).

For the purpose of this survey:

- **Goals are defined as broad statements the CCP intends to accomplish.**
- **Objectives support identified goals and are defined by statements of specific, measurable aims of the goal.**
- **Outcome measures consist of the actual measurement of stated goals and objectives.**

Example:

Goal	Increase substance use disorder treatment to offenders in ABC County
Objective	40% of participants will complete substance use disorder treatment
Objective	100% of participants will receive screening for substance use disorder treatment
Outcome Measure	Number of participants enrolled in substance use disorder treatment
Outcome Measure	Number of participants completing substance use disorder treatment
Progress toward stated goal	Between January 2018 and October 2018, 70% of participants in substance use disorder treatment reported a decrease in the urge to use drugs. This is a 10% increase from the same period last year.

6. Describe a goal, one or more objectives, and outcome measures from FY 2017-18. If the CCP kept the same goal, objective and outcome measure from a prior fiscal year for FY 2017-18, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating "Not Applicable."

Goal	The Probation Department will implement a Cognitive Based Intervention (CBI) program in order to address criminogenic needs (e.g., anti-social thinking, anti-social personality pattern, etc.) and reduce recidivism.
Objective	By November 2017, the Probation Department will begin providing the Evidence-Based Practice (EBP) and CBI Carey Guide training to staff.
Objective	By March 30, 2018, at least 85% of Deputy Probation Officers (DPOs)/Supervising Deputy Probation Officers (SDPOs) will successfully complete the EBP and CBI training.
Outcome Measure	By June 30, 2018, the CBI program will be implemented with AB 109 participants, and at least 25% of case plans created/revised after March 30, 2018 will include the use of at least two Guides as strategies to address criminogenic or case management needs.
Progress toward stated goal	The CBI program has been implemented in that the department's respective policies have been issued, over 85% of staff have been trained, and electronic versions of the CBI program have been assigned to applicable staff.

7. Describe a goal, one or more objectives, and outcome measures from FY 2017-18. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2017-18, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating "Not Applicable."

Goal	Manage County Jail population by identifying inmates for alternative to custody programs.
Objective	Obtain a valid risk assessment score for 95% of the sentenced inmate population within seven (7) days of their sentencing date. The intent is to use these scores to quickly triage inmates, identifying those who would be the most likely to qualify for alternative to custody programs.
Outcome Measure	Monthly point-in-time reports containing a census of the sentenced population and their associated risk score.
Progress toward stated goal	<p>The Sheriff's Department contracted with the University of California Irvine (UCI) to develop the Los Angeles Static Risk Assessment (LASRA) tool. The tool has been developed and tested. However, the inmate population targeted for alternative to custody programs no longer exists, as the majority of those eligible have been released from custody due to overcrowding and the expansion of credits. Additionally, the format in which the criminal history data is transmitted from the Department of Justice has changed and is no longer compatible with the existing system.</p> <p>Despite these challenges, the Sheriff's Department will continue to work with the Department of Justice and UCI to resolve these issues and to refine LASRA so that it can be used as an objective tool for other populations.</p>

8. Describe a goal, one or more objectives, and outcome measures from FY 2017-18. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2017-18, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating "Not Applicable."

Goal	Expand Substance Use Disorder (SUD) access and services for the AB 109 population, creating a fuller, more complete continuum of care.
Objective	Increase the number of Probation Department sites where Client Engagement and Navigation Services (CENS) are co-located.
Objective	Engage AB 109 clients in Recovery Support Services (RSS).
Outcome Measure	Number of new CENS co-located at Probation Department sites.
Outcome Measure	Number of AB 109 clients engaged in RSS for more than 30 days.
Progress toward stated goal	<p>The Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) launched the opening of its co-located CENS at the Probation Pasadena office on May 23, 2018. DPH-SAPC aims to add additional CENS co-locations in FY 2018-19.</p> <p>Although RSS was implemented in FY 2017-18, treatment providers continue to adjust in utilizing the benefit, which was not available before FY</p>

	2017-18. DPH-SAPC has continued to engage providers to utilize the benefit as intended and will continue to work towards providing technical assistance to better understand the transitions between treatment and aftercare. For FY 2017-18, eight AB 109 clients engaged in RSS for more than 30 days.
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9. Will the CCP use the same goals, objectives, and outcome measures identified above in FY 2018-19? Use an "X" to check the box to the left of the list.

	Yes
X*	No. The CCP will add and/or modify goals, objectives, and outcome measures (continue with section 3)

* Two goals will remain the same. See answers to Question #'s 10 and 11.

10. Describe a goal, one or more objectives, and outcome measures for FY 2018-19.

Goal	The Probation Department will continue to implement a Cognitive Behavioral Intervention (CBI) program to address criminogenic needs (e.g., anti-social thinking, anti-social personality pattern, etc.) and reduce recidivism. (Continuation of goal from FY 2017/2018.)
Objective	Ensure newly assigned supervision Deputy Probation Officers and Supervising Deputy Probation Officers (DPOs/SDPOs) are trained in the Evidence-Based Practice (EBP) and CBI curriculum and policies.
Objective	Ensure that supervision DPOs that have completed the EBP and CBI training maintain their skills and knowledge through monthly booster sessions.
Objective	Ensure that the use of the CBI workbooks is incorporated into the new/revised case plans to address criminogenic or case management needs.
Outcome Measure	By 6/30/19, at least 95% of supervision SDPOs will be trained in and will use the selected EBP curriculum to reinforce DPOs' EBP skills during their monthly unit meetings.
Outcome Measure	By 6/30/19, during a quality assurance review, at least 50% of case plans created/revised after 4/30/19 will include the use of at least two CBI workbooks as strategies to address criminogenic or case management needs.
Progress toward stated goal	The Department has successfully obtained Standards and Training for Corrections (STC) certification for the EBP/CBI training to have internal staff provide the ongoing training. Materials for these trainings are being ordered. The Department is also in the process of ordering the selected EBP curriculum and coordinating the training in the use of the curriculum for the SDPOs to use during their monthly unit meetings.

11. Describe a goal, one or more objectives, and outcome measures for FY 2018-19.

Goal	Expand Substance Use Disorder (SUD) access and services for the AB 109 population, creating a fuller, more complete continuum of care. (Continuation of goal from FY 2017/2018.)
Objective	Increase the number of Probation Department sites where Client Engagement and Navigation Services (CENS) are co-located.
Objective	Engage AB 109 clients in Recovery Support Services (RSS).
Outcome Measure	Number of new CENS co-located at Probation Department sites.
Outcome Measure	Number of AB 109 clients engaged in RSS for more than 30 days.
Progress toward stated goal	<p>CENS navigators serve as liaisons between individuals involved in State, city and County partners and the specialty SUD system.</p> <p>In FY 2018-19, DPH-SAPC introduced the co-locations of CENS navigators at five Los Angeles Superior Court courthouses. These include Lancaster, San Fernando, Pasadena, downtown Los Angeles, and Compton.</p> <p>Although RSS was implemented in FY 2017-18, treatment providers continue to adjust in utilizing the benefit, which was not available before FY 2017-18. DPH-SAPC has continued to engage providers to utilize the benefit as intended and will continue to work towards providing technical assistance to better understand the transitions between treatment and aftercare.</p>

12. Describe a goal, one or more objectives and outcome measures for FY 2018-19.

Goal	Department of Health Services – Correctional Health Service (DHS-CHS) will provide Substance Use Disorder (SUD) treatment under the Substance Treatment and Re-entry Transition (START) in-custody treatment program to Assembly Bill (AB) 109 Revocation Court clients
Objective	Collaborate with the Probation Department to establish work flow and logistics of linking and treating AB 109 Revocation Court clients to START program.
Outcome Measure	Commencement of screening, linkage, and treatment of AB 109 Revocation Court clients to START program
Progress toward stated goal	<p>In August and September 2018, DHS-CHS collaborated with Probation to establish work flow and logistics for linkage and treatment of AB 109 Revocation Court clients to the START program. In September 2018, DHS-CHS began screening and accepting eligible AB 109 Revocation Court clients to the START program via referral from Probation.</p> <p>Currently, Probation and DHS-CHS continue on-going discussions to address any questions, concerns, or issues pertaining to linkage and treatment of AB 109 Revocation Court clients to the START program.</p>

SECTION 3: Optional Questions

Section 3 asks optional questions about evaluation, data collection, programs and services, training and technical assistance needs, and local best practices. There are 10 questions in this section. Responses will be used by the BSCC and its justice-system partners to better understand the needs of counties. If you choose not to answer an optional question, please respond "Decline to Respond."

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

The County allocates realignment funds to departments, which may then contract with Community-Based Organizations (CBOs) to provide programs and/or services. The CCP helps inform this process by identifying programmatic needs and/or service gaps within existing implementation efforts.

14. Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Use an "X" to check the box to the left of the list.

X	Yes
	No

If yes, how?

Los Angeles County assesses the effectiveness of programs and/or services funded with its Public Safety Realignment allocation through County Departments. Public Safety Realignment implementation reports are submitted to the County Board of Supervisors on a semi-annual basis. These reports discuss programs and services that are being offered and provide updates on Public Safety Realignment objectives and local implementation.

Included with the semi-annual reports on Public Safety Realignment are monthly data reports that indicate trends over time.

To supplement this work, the County is also in the midst of developing a justice metrics framework to promote the use of data to measure success in justice reform efforts and to guide program and policy development for serving justice-involved individuals.

In addition, the County of Los Angeles has participated in a multi-county study by the Public Policy Institute of California (PPIC). This study examines the implementation of Public Safety Realignment in participating counties and the effectiveness of various programs and services.

Finally, the County convened a Blue Ribbon Commission on Public Safety from October 2017 to November 2018. The Commission reviewed data and information on the County's implementation of various justice reform efforts, including AB 109, in order to develop recommendations for improving justice and rehabilitation outcomes.

15. Does the county consider evaluation results when funding programs and/or services? Use an "X" to check the box to the left of the list.

X	Yes
	No

If yes, how?

Yes, the effectiveness and results of programs and/or services – in addition to programmatic needs identified by departments – are considered when funds are allocated. As noted in Question #14, the County Board of Supervisors is kept informed about the programs and services related to Public Safety Realignment through reports submitted on a semi-annual basis. In addition, individual departments submit extensive justifications with any budget requests made to the Chief Executive's Office and may separately report on specific programs and services.

16. Does the county use BSCC definitions (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Use an "X" to check the yes or no box to the left of the list, as applicable.

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

Data is collected in a manner that can support measurements as defined in multiple ways. While Los Angeles County definitions may not be identical to those established by BSCC, data collection efforts are intentionally flexible to support multiple definitions, including the BSCC's.

17. What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)? Use an "X" to check the box to the left of the list.

	Less than 20%
	21% 40%
	41% 60%
	61% 80%
X	81% or higher

18. 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 abuse, and behavioral treatment services, as well as employment and housing support.

Mental Health Treatment Services

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

- Screening, assessment, triage and linkage by DMH staff co-located at the five Probation intake/orientation hubs;
- Linkage to treatment for clients referred by the Revocation Court, Jail Linkage Program, and the Office of Diversion and Reentry (ODR);
- Outpatient treatment services provided by a network of DMH Legal Entity Providers;
- Residential co-occurring disorder treatment services, in collaboration with the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC);
- Enriched Residential Services;
- Crisis Residential Services; and
- State Hospital and Institution for Mental Disease (IMD) beds

Once AB 109 clients terminate community supervision, they have access to various levels of care through the DMH network of care and can be followed in the AB 109 program for up to a year.

Substance Use Disorder Treatment Services

The Department of Public Health, Substance Abuse Prevention and Control (DPH-SAPC) oversees the provision of substance use disorder (SUD) treatment services for the AB 109 population.

On July 1, 2017, DPH-SAPC launched the Drug Medi-Cal – Organized Delivery System (DMC-ODS) Waiver, expanding DMC reimbursable services and creating a more complete continuum of care.

Consistent with the American Society of Addiction Medicine (ASAM) criteria and medical necessity, the following types of SUD services are provided:

- 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 and need a safe and stable living environment in order to develop and/or demonstrate sufficient recovery skills to avoid 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.
- Recovery Bridge Housing – appropriate for patients who are homeless or unstably housed and who are concurrently enrolled in an outpatient, intensive outpatient, opioid treatment program, or ambulatory withdrawal management levels of care.
- Recovery Support Services – appropriate for any patient who has completed SUD 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.

Custody-Based Reentry Services

START

Substance Treatment and Re-entry Transition (START) is a collaborative jail-based program between the Department of Health Services – Correctional Health Services (DHS-CHS) and the Los Angeles County Sheriff's Department (LASD). Among other functions, DHS-CHS addresses the varied substance use needs of inmates housed within the Los Angeles County jail system.

The objectives of START are to:

- Provide SUD treatment that is evidenced-based, integrated, effective, high quality, measureable, and outcome driven;
- Increase use of medication to assist inmates in the recovery process;
- Enhance re-entry planning to ensure that inmates are provided with the behavioral, social, and medical supports needed to sustain recovery;
- Improve quality of life and improve overall health outcomes for the incarcerated population; and
- Reduce crime and recidivism.

The START program – built upon evidenced-based treatment models that are gender responsive and culturally competent for the criminal justice population – addresses substance use, trauma, criminal thinking, and low to moderate mental health treatment needs. Substance use disorder (SUD) services include screening, brief intervention, education classes, assessment, treatment, case management, counseling, care coordination with correctional health and mental health, re-entry planning and care coordination with the Sheriff's Department's Community Transition Unit, and linkage to community-based services post release.

Jail-based START treatment services began in February 2016. The program is now currently offered to male and female inmates housed at four county detention facilities: Pitchess Detention Center (PDC) for male inmates, Century Regional Detention Facility (CRDF) for female inmates, Men's Central Jail (MCJ) for male, gay, and transgender inmates, and Twin Towers Correctional Facility (TTCF) for male inmates with co-occurring disorders.

In addition to providing SUD treatment under the START program, Los Angeles County also provides Medication Assisted Treatment (MAT) for inmates with Opioid Use Disorder (OUD). Currently within the Los Angeles County jail system, Naltrexone (pill form) is available to inmates and Vivitrol (injectable, long-acting naltrexone) is offered prior to release. Buprenorphine is available for pregnant women with OUD. Finally, Disulfiram (Antabuse) and Acamprosate are available for treatment of any inmates with alcohol dependence.

EBI

The LASD Education Based Incarceration Bureau (EBI) has continued to provide academic and career technical education, as well as life skills programs throughout custody.

The EBI program offerings include but are not limited to: high school and college courses; General Education Development (GED); Maximizing Effort Reaching Individual Transformation (MERIT); parenting, anger management, and domestic violence counseling; Moral Reconciliation Therapy (MRT); Back on Track; Fire Camp; cement and concrete block masonry; residential construction; computer operations; and pet grooming, among many others.

Jail Based Job Center

Finally, the County's Workforce Development, Aging and Community Services Department has partnered with the Sheriff's Department to co-locate a job center within the jail to provide employment development services, training, and job placement. The County is now exploring opportunities to co-locate a second job center to serve female inmates.

Housing, Employment, and Navigation/Coordination Services

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

Generally, housing services are available for up to 365 days and includes the following types of housing services: transitional, sober living, emergency shelter housing, and medical housing (when available). In addition, housing services include case planning and management to transition the client to permanent housing.

Employment services include the following components: employment eligibility support; case management; job readiness workshops; job placement; job retention; and aftercare services.

The system navigation services assist clients by providing links to public social services benefit programs and assisting with eligibility support documents.

In addition, the Office of Diversion and Reentry (ODR) is working with both DMH and DPH-SAPC to increase access to needed services for justice-involved populations through the provision of care coordination services (service navigation and case management) for the justice population, and in particular to those on adult felony probation.

19. What challenges does your county face in meeting these program and service needs?

Some of the challenges to meeting program and service needs are:

- Placement of specified clients into treatment: Treatment systems continue to experience challenges with meeting the treatment and long-term care needs for certain supervised persons. This includes individuals who have chronic medical issues, who are registered sex offenders, who have arson convictions, who have severe mental health issues, and/or who are high-risk individuals.
- Managing Client Risk: A related on-going challenge is that of managing clinical risk and risk for violence. 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. Additionally, AB 109 clients have committed violent offenses while being supervised in the community post

release. As a result, the higher-than-expected risk level of AB 109 clients presents a challenge for staff who are tasked with providing treatment services to these clients. DMH provides on-going consultation and offers a number of tailored trainings to increase the ability of the legal entity providers to manage the risk.

- **Sharing of information:** Given applicable confidentiality protections, there are limitations as to what can be shared among multiple agencies serving a client. This can create challenges in meeting the multilayered needs of high-risk, high need populations.
- **Staffing and office space needs:** Identifying sufficient office space is a challenge for many Departments. For example, given that DMH staff are co-located in Probation offices (HUBs), office space is a daily challenge that presents itself in the delivery of HIPAA-compliant mental health services.
- **Jail overcrowding:** The Los Angeles County jail system continues to be impacted by severe overcrowding, partially due to the almost 4,000 AB 109 inmates in LASD custody. These crowding levels necessitate the use of a percentage release system wherein inmates sentenced to traditional county jail time serve only a fraction of their sentences. The combination of insufficient AB 109 funding to maintain the jail beds for the current population, crowding levels, and short custody stays for the traditional County sentenced population hampers the ability to provide much needed programming. The County is limited by a lack of appropriate space to meet the instructional, clinical and counseling needs for the inmate population and Correctional Health Services staff.

For example, the capacity of the in-custody START program is up to 500 inmates on any given day, though the need for SUD treatment in the Los Angeles County jail system is significantly higher. Lack of available space presents a challenge in meeting this need.

- **Housing services for medically/mentally fragile population:** There are several challenges related to securing housing services for the medically/mentally fragile population. Although the housing provider contract includes medical housing (board & care, recuperative care, and skill nursing facilities), there are still challenges with securing housing for medically fragile supervised persons because it has proven difficult to find facilities that would accept clients, either due to their behavior or due to the clients not satisfying the facilities' criteria for acceptance.

While the number of clients requiring these services is only a few, the housing issues that arise in these cases require significant resources to ensure that mentally/medically fragile clients have their needs met.

20. 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:

- **Services for Homeless**

Los Angeles County has invested significantly in expanding services to the homeless population through County voter-approved Measure H and also in serving those exiting County jails through Whole Person Care, a new initiative to ensure that high-risk populations, including the reentry population, receive the resources and support they need to thrive through an integrated system of health, public health, and mental health care tied to social and other services.

- **Information from CDCR**

In order to improve the quality of information available to complete comprehensive assessments and to fully evaluate treatment needs, DMH has dedicated increased resources to secure available mental health information from California Department of Corrections and Rehabilitation (CDCR). The increased focus on this source of information has yielded valuable information which improves the quality of care.

- **Co-Occurring Disorders Services**

Given the ever-growing need for residential Co-Occurring Disorders (COD) services, DMH and DPH-SAPC continue to partner to provide COD services in residential settings. There are currently three such partnership locations, and a fourth site will be operational by the end of 2018.

- **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 towards increasing the clinical staffs' expertise on various topics. These trainings include the following: LS/CMI Assessment Tool; Addressing Challenging Behaviors and Problem-Solving Process; Safety and Crisis Prevention When Working with Forensic/Justice Involved Consumers; Dialectical Behavior Therapy (DBT) for Justice Involved Consumers; Law and Ethics: Forensic Focus; Assessment and Treatment of Sexual Offenders; Risk, Need, and Responsivity (RNR); and Forensic DBT.

- **Medi-Cal Funding**

On July 1, 2017, the funding source for County funded residential substance abuse treatment programs was changed to Medi-Cal. Clients access various levels of services based on medical necessity.

- **Case Management Benefit**

A notable SUD service expansion includes the provision of Case Management as a collaborative and coordinated approach to the delivery of health and social services that links patients with appropriate service to address specific needs and achieve treatment goals. Treatment providers are required to utilize the benefit to support services to patients to increase self-efficacy, self-advocacy, coping strategies, self-management of biopsychosocial needs, benefits and resources, and reintegration into the community. The Case Management benefit was launched as part of the Drug Medi-Cal – Organized Delivery System (DMC-ODS) program; however, during Fiscal Year 2018-19, the benefit was expanded to allow for the provision of additional hours from 7 to 10 per patient, per month.

- **Client Engagement and Navigation Services (CENS)**

The shift and introduction of DMC-ODS allowed DPH-SAPC to redirect funding received under the AB 109 program for the purposes of adding navigators at Los Angeles Superior courthouses and Probation Department intake hubs. The Client Engagement and Navigation Services (CENS) are a network of contracted treatment provider staff who offer face-to-face screenings, referral linkages, and navigation services to individuals who are homeless, have criminal justice issues or a co-occurring disorder at nearly 70 co-located sites throughout the County. Currently, CENS staff are co-located at nine Probation hubs and Adult Area Offices and are also co-located at five Los Angeles Superior Court courthouses to serve AB 109 defendants referred by the Public Defender's office.

- **Substance Treatment and Re-Entry Transition – Community Alternative To Custody Program**

The Substance Treatment and Re-entry Transition (START) Community program (separate from the jail-based custody program discussed under Question #18), places sentenced inmates into community substance use disorder (SUD) treatment beds as an alternative to custody.

The program was developed and launched in mid-2015 and initially offered female inmates who met certain criteria with the opportunity to serve the remainder of their sentences in a SUD residential treatment facility in the community. This was subsequently expanded to both females and males at various facilities.

- **Implementation of Naloxone Nasal Spray at Custody Facilities**

This year, there has been an implementation of procedures for the deployment of Naloxone Nasal Spray at jail facilities and station jails. The provision of the spray provides custody personnel with the ability to assist staff, and/or inmates in the event of a medical emergency related to a suspected opioid overdose or exposure.

- Co-location of Deputy Probation Officers (DPOs) with law enforcement

The Probation Department DPOs continue to be co-located with local law enforcement agencies to conduct compliance checks on Post-release Supervised Persons (PSPs) in order to hold offenders accountable and provide support to local law enforcement.

- National Institute of Corrections – Eight Principles of Effective Intervention

The Probation Department is making focused and specific efforts to adhere to the National Institute of Corrections (NIC) (<https://nicic.gov/>), Eight Principles of Effective Intervention. According to NIC's research, maintaining interventions and supervision practices consistent with these principles will reduce recidivism. The Eight NIC Principles of Effective Intervention is available online at: (<https://s3.amazonaws.com/static.nicic.gov/Library/019342.pdf>).

- Cognitive Behavioral Intervention (CBI)

During the past year, the Probation Department has focused on the implementation of Cognitive Behavioral Intervention (CBI) to skill train clients with directed practice (NIC Principle #4). Specifically, with the use of the selected CBI curriculum, supervision Deputy Probation Officers (DPOs) teach, practice, and role-play skills with their clients.

In addition, the Department is attempting to increase positive reinforcements (NIC Principle #5). The Department implemented an incentive program to increase desirable behaviors, such as maintaining sobriety or completing a vocational program. The incentive earned depends on the type of good behavior displayed and is awarded proportionally to that behavior. The incentives available range from verbal recognition and purchased promotional materials to bus passes and gift cards.

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

- Various best practices utilized by DMH include: Assertive Community Treatment (ACT) and CommonGround. All staff in CommonGround have lived experience.

Telecare TABS has been using CommonGround and has four Peer Support Specialists. They also have a trained/certified staff person who provides Domestic Violence classes. They offer 7 groups per week following curriculums from "Just Us": 16 week curriculums and their own Co-Occurring educational groups (COEG). The groups include topics such as Anger Management, Healthy Relationships, Mindfulness, Vocational, Independent Living, etc. They also present on AB109 and visit probation area offices so that DMH and probation are always working as one team.

- **Recovered Centered Clinical Services (RCCS)**

LA County's Mental Health providers find that the best practice approach that they use is treating each individual with respect and dignity. This practice is operationalized via Recovered Centered Clinical Services (RCCS) tools. These tools are set up to learn how to meet clients where they are in the process of change. Most importantly, it takes into account their strengths and focuses on instilling change/motivation. Motivational interviewing techniques are also used in the conversations with clients. One favorite is the reducing harm conversation. Within this tool, there are many opportunities to have conversations with members around power/control, mindfulness, exploring triggers that result in maladaptive behaviors, how to handle certain emotions, and more.

- **Whole Person Care Re-entry Program**

LASD personnel from the Population Management Bureau collaborate with Department of Health Service personnel on the Whole Person Care (WPC) reentry program.

The Los Angeles County Health Agency was awarded the WPC grant of approximately \$450 million over 5 years, as part of the State's Medi-Cal 2020 Demonstration. WPC aims to provide comprehensive and coordinated services to the sickest and most vulnerable County residents through 11 programs for high-risk individuals in five target populations – those experiencing: 1) homelessness; 2) justice involvement; 3) serious mental illness; 4) severe and/or persistent substance use disorder; 5) or medical issues.

The WPC Re-entry program provides services to the high-risk justice-involved population, with an emphasis on individuals in the LA County jail system. The program aims to enroll 1,000 LA County jail inmates per month who are eligible for Medi-Cal, are high utilizers of health or behavioral health services, and are at high risk due to chronic medical conditions, mental illness, substance use disorders, homelessness, or pregnancy. An additional 250 individuals per month returning from prison or recently released from custody will be enrolled from the community, referred by Probation, CDCR, and community-based reentry services agencies.

- **System Transformation to Advance Recovery and Treatment Organized Delivery System (START-ODS)**

Effective July 1, 2017, under START-ODS, DPH-SAPC increased access and minimized the time between the initial verification of eligibility, clinical need determination, referral, and the first clinical encounter. Ultimately, DPH-SAPC espouses a no "wrong door" to enter the specialty SUD system with three (3) main entry points:

- 1) **Client Engagement and Navigation Service (CENS):** The CENS are co-located at Probation Offices, Superior Court courthouses, and Sheriff's Department in-custody settings. Clients at CENS will receive face-to-face

screenings, referral linkages, case management, navigation services, and connections to treatment services.

- 2) **Direct-to-Provider Self-Referrals:** Any individual seeking specialty SUD services in Los Angeles County can go directly to or contact a SUD treatment agency to initiate services. Clients can find these agencies using the Service and Bed Availability Tool (SBAT), a publicly accessible, web-based service to search for various SUD treatment services offered by DPH-SAPC contracted SUD treatment providers (Link can be accessed at: <http://sapccis.ph.lacounty.gov/sbat/>).

The SBAT includes filters to search available substance use services throughout Los Angeles County, by Service Planning Area, types of services offered, target populations, and client specific services offered (i.e., language, gender-specific, criminal justice, and family oriented).

- 3) **Substance Abuse Service Helpline (SASH) –** A 24 hours a day, seven (7) days a week, and 365 days a year access line (Phone Number: 1-844-804-7500) that clients can call to initiate a self-referral for treatment. The SASH will conduct the following services for clients:
- Conduct the ASAM triage screening tool.
 - Inquire about DMC eligibility status.
 - Based on screening results, recommend client to the agency that provides the appropriate level of care.

22. Describe how the BSCC can assist your county in meeting its Public Safety Realignment goals through training and/or technical assistance?

The following are ways in which BSCC can assist this County in meeting its Public Safety Realignment goals:

- Assisting with the development of strategies and policies that allow for information sharing between health, law enforcement, and other Departments.
- Provide any applicable legal updates related to public safety realignment that can impact implementation.
- Consider conducting an evaluation of county custody programs and their effectiveness in reducing recidivism.
- Streamline a universal process whereby all counties can easily acquire and share records from the California Department of Corrections and Rehabilitation (CDCR) for continuity of care.
- Provide information on opportunities for treatment providers to receive training in practices aimed at establishing collaborative and effective interventions.

NOTE: The information contained in this report 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 in print and on the BSCC website.

23. Provide the contact information for the individual completing this survey in the spaces provided to the right of the list.

Name	Mark Delgado
Organization	Countywide Criminal Justice Coordination Committee (CCJCC)
Address	500 West Temple Street
Address 2	Room 520
City/Town	Los Angeles
ZIP Code	90012
Email Address	mdelgado@ccjcc.lacounty.gov
Phone Number	(213) 974-8399

24. Identify the individual who may be contacted for follow up questions. Use an "X" to check the box to the left of the list.

<input checked="" type="checkbox"/>	Same as above
<input type="checkbox"/>	Other (If "Other" provide contact information below)

Name	
Organization	
Address	
Address 2	
City/Town	
ZIP Code	
Email Address	
Phone Number	

ATTENTION: This is only Part A of the Survey. Please complete Part B in Microsoft Excel which consists of two (2) budgetary sections

SUBMITTAL INSTRUCTIONS:

In a single email, please attach both the completed Part A (Word) and completed Part B (Excel) documents, including any optional photos and/or quotes, and email to:

Helene Zentner, Field Representative
 Board of State and Community Corrections
 916-323-8631 or Helene.Zentner@bscc.ca.gov

**FY 2018-19 Community Corrections Partnership Survey
PART B**

SECTION 4: FY 2017-18 Public Safety Realignment Funding Allocation

Section 4 contains questions related to the allocation of FY 2017-18 Public Safety Realignment dollars. There are three (3) questions in this section.

When answering these questions, consider the total funds received in FY 2017-18, which should include 2016-17 growth and 2017-18 programmatic funding.

To view your response provided in the 2017-2018 Survey, [click here](#).

Responses are captured in the Individual County Profile section of the "2011 Public Safety Realignment Act: Sixth Annual Report on the Implementation of Community Corrections Partnership Plans."

County Name: Los Angeles

25. Of the total funds received in FY 2017-18, how did the CCP budget the allocation? Input the total allocation in the call above the table. Within the table, identify where funds were allocated to, and include if you are using any carry-over funds and/or if you are putting any funds into a reserve fund. 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.

Example:

Total Allocation: \$ 40,000,000

Where funds were allocated to:	Amount
Probation Department	\$ 8,000,000
Mental Health Agency	\$ 8,000,000
Sheriff Department	\$ 4,000,000
ABC Police Department	\$ 4,000,000
Other (Social Services, Health Services, etc.)	
Please specify by agency	\$ 12,000,000
Carry-over Funds	\$ 2,000,000
Reserve Funds	\$ 2,000,000

Total sums to: \$ 40,000,000

Please spell out all names,
no acronyms.

Difference from
Stated Allocation \$ -

Total Allocation: \$ 368,958,000

Where funds were allocated to:	Amount
Probation Department	\$ 86,827,000
Sheriff's Department	\$ 190,718,000
Fire Department	\$ 5,045,000
Public Health Department	\$ 14,136,000
Mental Health Department	\$ 19,427,000
Health Services Department	\$ 18,816,000
Chief Executive Office	\$ 300,000
Auditor Controller	\$ 253,000
Countywide Criminal Justice Coordination Committee	\$ 242,000
Information Systems Advisory Body	\$ 1,471,000
Office of Diversion and Reentry	\$ 21,634,000
District Attorney's Office	\$ 5,313,000
Public Defender's Office	\$ 3,373,000
Alternate Public Defender's Office	\$ 1,153,000
Conflict Panel:	\$ 50,000

(Total sums to) \$ 368,958,000

Please spell out all names,
no acronyms.

Difference from
Stated Allocation \$ -

26. Of the total funds received in FY 2017-18, 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.

Example:

Total Allocation to public agencies: **\$ 14,000,000**

Total Allocation to non-public agencies: **\$ 15,000,000**

Where funds were allocated to (public agencies):		Amount	Where funds were allocated to (non-public agencies):		Amount
ABC Drug Court		\$ 5,000,000	Community-based Organizations		\$ 5,000,000
ABC Diversion Program		\$ 2,800,000	Faith-Based Organizations		\$ 2,000,000
GPS/Electronic Monitoring		\$ 4,000,000	Non-Profits		\$ 4,000,000
In-custody services		\$ 2,200,000	Treatment Programs		\$ 2,000,000
Other (please specify)			Other (please specify)		\$ 2,000,000
(Total sums to)		\$ 14,000,000	(Total sums to)		\$ 15,000,000
<i>Please spell out all names, no acronyms.</i>		Difference from Stated Allocation: \$ -	<i>Please spell out all names, no acronyms.</i>		Difference from Stated Allocation: \$ -

Total Allocation to public agencies: **\$ 368,958,000**

Total Allocation to non-public agencies: **\$ -**

Where funds were allocated to (public agencies):		Amount	Where funds were allocated to (non-public agencies):		Amount
Probation Department		\$ 86,827,000	NOTE: Several departments receiving funding subsequently contract with a non-public agency or agencies for services		
Sheriff's Department		\$ 190,718,000			
Fire Department		\$ 5,045,000			
Public Health Department		\$ 14,136,000			
Mental Health Department		\$ 10,427,000			
Health Services Department		\$ 18,816,000			
Chief Executive Office		\$ 300,000			
Auditor Controller		\$ 253,000			
Countywide Criminal Justice Coordination Committee		\$ 242,000			
Information Systems Advisory Body		\$ 1,471,000			
Office of Diversion and Reentry		\$ 21,834,000			
District Attorney's Office		\$ 5,313,000			
Public Defender's Office		\$ 3,373,000			
Alternate Public Defender's Office		\$ 1,153,000			
Conflict Panel:		\$ 50,000			
<i>(Please see attached document for detailed breakdown)</i>					
(Total sums to)		\$ 368,958,000	(Total sums to)		\$ -
<i>Please spell out all names, no acronyms.</i>		Difference from Stated Allocation: \$ -	<i>Please spell out all names, no acronyms.</i>		Difference from Stated Allocation: \$ -

27. How much funding, if any, was allocated to data collection and/or evaluation of AB 109 programs and services?

\$1,471,000 was allocated to the Information Systems Advisory Body for data collection.

SECTION 5. FY 2018-19 Public Safety Realignment Funding Allocation

Section 5 asks two (2) questions related to the allocation of FY 2018-19 Public Safety Realignment funding.

When answering these questions consider the total funds received in FY 2018-19, which should include 2017-18 growth and 2018-19 programmatic funding.

2b. List the total funds received in FY 2018-19, how did the LCP budget the allocation / please identify the total allocation you received, if you are using any carry-over funds, and/or if you are putting any funds into a reserve fund. Input the total allocation in the cell above the table. Within the table, identify where funds were allocated to, and include if you are using any carry-over funds and/or if you are putting any funds into a reserve fund. 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 submission.

Example:

Total Allocation: \$ 40,000,000

Where funds were allocated to:	Amount
Probation Department	\$ 8,000,000
Mental Health Agency	\$ 8,000,000
Sheriff Department	\$ 4,000,000
ABC Police Department	\$ 4,000,000
Other (Social Services, Health Services, etc.)	
Please specify by agency	\$ 12,000,000
Carry-over Funds	\$ 2,000,000
Reserve Funds	\$ 2,000,000

(Total sums to) \$ 40,000,000

Difference from
Stated Allocation: \$ 0

Please spell out all names,
no acronyms.

Total Allocation: \$ 433,477,000

Where funds were allocated to:	Amount
Auditor-Controller	\$ 287,000
Board of Supervisors - Countywide Criminal Justice Coordination Com	\$ 284,000
Board of Supervisors - Information Systems Advisory Body	\$ 2,054,000
Chief Executive Office	\$ 300,000
District Attorney	\$ 7,323,000
Office of Diversion and Reentry	\$ 21,834,000
Fire District	\$ 5,045,000
Health Services	\$ 20,097,000
Mental Health	\$ 22,522,000
Probation	\$ 119,064,000
Public Defender	\$ 5,063,000
Public Health	\$ 12,826,000
Sheriff	\$ 215,566,000
Alternate Public Defender	\$ 1,203,000
Trial Courts - Conflict Panel	\$ 49,000

(Total sums to) \$ 433,477,000

Difference from
Stated Allocation: \$ 0

Please spell out all names,
no acronyms.

29. If known: of the total funds received in FY 2018-19, 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.

Example:

Total Allocation to public agencies: \$ 14,000,000

Total Allocation to non-public agencies: \$ 15,000,000

Where funds were allocated to (public agencies):		Amount	Where funds were allocated to (non-public agencies):		Amount
ABC Drug Court		\$ 5,000,000	Community-Based Organizations		\$ 5,000,000
ABC Diversion Program		\$ 2,800,000	Faith-Based Organizations		\$ 2,000,000
GPS/Electronic Monitoring		\$ 4,000,000	Non-Profits		\$ 4,000,000
In-custody Services		\$ 2,200,000	Treatment Programs		\$ 2,000,000
Other (please specify)			Other (please specify)		\$ 2,000,000
	(Total sums to)	\$ 14,000,000	(Total sums to)		\$ 15,000,000
Please spell out all names, no acronyms.	Difference from Stated Allocation	\$ -	Please spell out all names, no acronyms.	Difference from Stated Allocation	\$ -

Total Allocation to public agencies: \$ 433,477,000

Total Allocation to non-public agencies: \$ -

Where funds were allocated to (public agencies):		Amount	Where funds were allocated to (non-public agencies):		Amount
Auditor-Controller		\$ 287,000	NOTE: Several departments receiving funding subsequently contract with a non-public agency or agencies for services.		
Board of Supervisors - Countywide Criminal Justice Coordination Com		\$ 284,000			
Board of Supervisors - Information Systems Advisory Body		\$ 2,054,000			
Chief Executive Office		\$ 300,000			
District Attorney		\$ 7,323,000			
Office of Diversion and Reentry		\$ 21,834,000			
Fire District		\$ 5,045,000			
Health Services		\$ 20,097,000			
Mental Health		\$ 22,522,000			
Probation		\$ 118,004,000			
Public Defender		\$ 5,063,000			
Public Health		\$ 12,828,000			
Sheriff		\$ 215,566,000			
Alternate Public Defender		\$ 1,203,000			
Trial Courts - Conflict Panel		\$ 49,000			
(Please see attached document for detailed breakdown.)					
	(Total sums to)	\$ 433,477,000	(Total sums to)		\$ -
Please spell out all names, no acronyms.	Difference from Stated Allocation	\$ -	Please spell out all names, no acronyms.	Difference from Stated Allocation	\$ -

NOTE: The information contained in this report 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 in print and on the BSCC website.

ATTENTION: This is only Part B of the Survey. Please complete Part A in Microsoft Word which consists of three (3) narrative sections.

SUBMITTAL INSTRUCTIONS:

In a single email, please attach both the completed Part A (Word) and completed Part B (Excel) documents, including any optional photos and/or quotes, and email to:

Helena Zenner, Field Representative
Board of State and Community Corrections
916-323-8631 or Helena.Zenner@bscc.ca.gov

Thank you.

Attachment To FY 2018-19 Community Corrections Partnership Survey – Part B
Breakdown of Allotments For Questions 26 and 29

Section 4: FY 2017-18 Public Safety Realignment Funding Allocation

26. Of the total funds received in FY 2017-18, 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.

Total allocation to public agencies: \$368,958,000

Total allocation to non-public agencies: \$0

Specific breakdown of allocation to public agencies:

Probation Department:	\$86,827,000		
1) Community Supervision of PSPs and N3s		\$73,377,000	
a) Direct Supervision			\$55,538,623
b) HUB/Custody Liaison			\$4,786,113
c) Pre-Release Center			\$5,086,163
d) Local Law Enforcement Partnership			\$5,266,101
2) CBO Services and Fixed Assets		\$13,450,000	
Sheriff's Department:	\$190,718,000		
1) Custody Operations		\$164,588,000	
2) In-Custody Programs		\$7,601,000	
3) Valdivia		\$1,494,000	
4) Parole Compliance Unit		\$11,164,000	
5) Fire Camps		\$800,000	
6) Mental Health Evaluation Teams		\$5,071,000	
Fire Department:	\$5,045,000		
1) Fire Camp Training		\$537,000	
2) Fire Camp Operations		\$4,508,000	
Public Health Department:	\$14,136,000		
1) Community-Based Services:		\$11,215,000	
a) Community Assessment Services Center			\$1,764,000
b) Treatment Activity			\$9,451,000
2) Administrative Oversight		\$2,921,000	

Attachment To FY 2018-19 Community Corrections Partnership Survey – Part B
Breakdown of Allotments For Questions 26 and 29

Mental Health Department:	\$19,427,000	
1) Direct Services		\$9,458,903
2) Services		\$21,750,866
a) State Hospital		\$525,000
b) IMD Contracts		\$1,290,000
c) General Contract Services		\$18,283,866
d) Medications		\$1,652,000
3) Other Revenue	(\$11,782,769)	
Health Services Department:	\$18,816,000	
1) Inmate Medical Services at LAC+USC		\$11,441,000
2) PRCS Medical Care Coordination		\$616,000
3) Community Health Worker Program		\$234,000
4) Integrated Correctional Health Services		\$785,000
5) Jail-In-Custody		\$5,382,000
6) Registry/Contract Clinicians		\$348,000
7) Training and Clinical Skills Refresher		\$10,000
Chief Executive's Office:	\$300,000	
1) Program Oversight		\$300,000
Auditor Controller:	\$253,000	
1) Claims Processing		\$253,000
BOS - Countywide Criminal Justice Coordination Committee:	\$242,000	
1) Public Safety Realignment Team		\$242,000
BOS: Information Systems Advisory Body:	\$1,471,000	
1) Justice Automatic Information Management Statistics		\$1,471,000
Office of Diversion & Re-Entry:	\$21,834,000	
1) Community-based Treatment and Housing Programs		\$20,933,000
2) Youth Development and Diversion		\$901,000
District Attorney:	\$5,313,000	
1) Restitution Enhancement Program		\$607,000
2) Prosecution		\$4,706,000
Alternate Public Defender's Office:	\$1,153,000	
1) Legal Representation		\$1,153,000
Public Defender's Office:	\$3,373,000	
1) Legal Representation		\$3,373,000
Conflict Panel:	\$50,000	

Attachment To FY 2018-19 Community Corrections Partnership Survey – Part B
Breakdown of Allotments For Questions 26 and 29

Section 5: FY 2018-19 Public Safety Realignment Funding Allocation

29. If known: of the total funds received in FY 2018-19, 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.

Total allocation to public agencies:	\$433,477,000	
Total allocation to non-public agencies:	\$0	
<u>Specific breakdown of allocation to public agencies:</u>		
Auditor-Controller:	\$267,000	
1) Claims Processing		\$267,000
BOS - Countywide	\$264,000	
1) Public Safety Realignment Team		\$264,000
BOS - Information Systems Advisory Body:	\$2,054,000	
1) Justice Automatic Information		\$1,499,000
2) Countywide Master Data Management		\$555,000
Chief Executive Office:	\$300,000	
1) AB 109 Program Oversight		\$300,000
District Attorney:	\$7,323,000	
1) Restitution Enhancement Program		\$663,000
2) Prosecution		\$4,974,000
3) Special Enforcement Team		\$1,686,000
Office of Diversion & Re-Entry:	\$21,834,000	
1) Community-based Treatment and		\$20,933,000
2) Youth Development and Diversion		\$901,000
Fire Department:	\$5,045,000	
1) Fire Camp Training		\$537,000
2) Fire Camp Operations		\$4,508,000
Alternate Public Defender's Office:	\$1,203,000	
1) Legal Representation		\$1,203,000

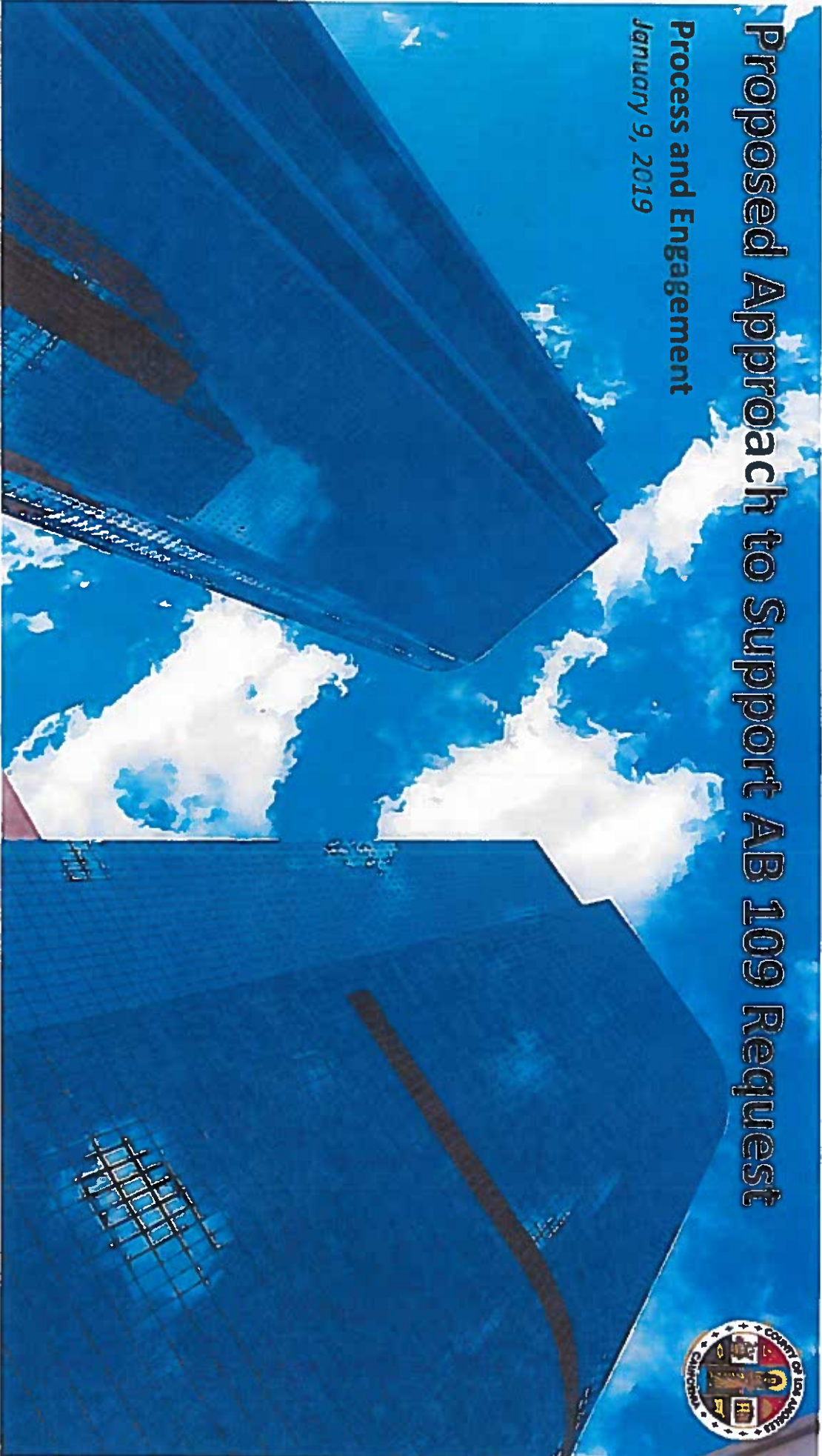
Attachment To FY 2018-19 Community Corrections Partnership Survey – Part B
Breakdown of Allotments For Questions 26 and 29

Health Services Department:	\$20,097,000	
1) Inmate Medical Services at LAC+USC		\$11,794,000
2) PRCS Medical Care Coordination		\$521,000
3) Community Health Worker Program		\$10,000
4) Jail In-Custody		\$5,870,000
5) Interim Housing Capital Funding Pool		\$1,902,000
Mental Health Department:	\$22,522,000	
1) Direct Services		\$10,016,000
2) Services		\$24,265,000
a) State Hospital		\$3,825,000
b) IMD Contracts		\$3,581,000
c) General Contract Services		\$15,207,000
d) Medications		\$1,652,000
3) Other Revenue		(\$11,759,000)
Probation Department:	\$119,064,000	
1) Community Supervision of PSPs and N3s		\$79,829,000
a) Direct Supervision		\$59,557,000
b) HUB/Custody Liaison		\$8,513,000
c) Pre-Release Center		\$5,775,000
d) Local Law Enforcement Partnership		\$5,984,000
2) CBO Services and Fixed Assets		\$13,200,000
3) Proposition 63		\$19,605,000
4) Criminal Justice Facilities Temporary Construction Fund		\$6,430,000
Public Defender's Office:	\$5,063,000	
1) Legal Representation		\$3,388,000
2) Mental Health Unit		\$1,675,000
Public Health Department:	\$12,826,000	
1) Community-Based Services:		\$9,756,000
a) Community Assessment Services Center		\$3,800,000
b) Treatment Activity		\$5,956,000
2) Administrative Oversight		\$3,070,000
Sheriff's Department:	\$215,566,000	
1) Custody Operations		\$172,821,000
2) In-Custody Programs		\$7,963,000
3) Valdivia		\$1,564,000
4) Parole Compliance Unit		\$12,679,000
5) Fire Camps		\$813,000
6) Mental Health Evaluation Teams		\$10,238,000
7) Homeless Outreach Service Teams		\$2,200,000
8) Ballistic Vests		\$7,288,000
Trial Court Operations - Conflict Panel:	\$49,000	

Proposed Approach to Support AB 109 Request

Process and Engagement

January 9, 2019



Needs Assessment to Confirm Value Opportunity

- 1 Review Original Request →
- 2 Complete Needs Assessment (e.g., Phase 0) →
- 3 Confirm Initial Scope of Work County Services Matching →
- 4 Confirm Next Phase of Work to Support Original Request

REQUEST SUBMITTED TO ODCIO FOR REVIEW

Evaluate the County's Public Safety Realignment (PSR) program and assess its impact on AB 109 program participants outcomes, recidivism, and criminal justice trends.

- The evaluation should include the development of proposed program / process modifications to improve outcomes. There are three primary areas expressed as business needs which include:
 - Process Evaluation
 - Impact Evaluation – Recidivism Study
 - Improvement Plan

This brief phase of work allowed ODCIO to determine an outline of needs and an approach to address the evaluation phases of work with a realistic timeline.

Reviewing previous deliverables (where applicable) and conducting interviews with key AB 109 stakeholders and departments, would help to determine where ODCIO's impact and value can be emphasized to align with the original request. Key interviews included:

- Alternate Public Defender
- DA
- DHS
- DMH
- DMH
- DPH
- DPH / SACP
- ISAB
- LASD
- PPHC
- Probation
- Probation-CDO
- Probation-ISB
- Public Defender
- CBO and Treatment Subcommittees

Phase 0 took approximately two months to complete (based on stakeholder availability).



An immediate opportunity is to complete AB 109 individual matches to services and complete analyses that can help to better inform where improvements in service delivery are necessary.

While this analysis is not a full recidivism study per the original request, this analysis can be used to inform subsequent analyses and future recidivism studies.

- Proposed analysis would be focused on services received through the county delivery system.
- Data would be obtained from ISAB, ODCIO's Information Hub (Health Agency Departments), Probation, and SACP.
- Proposed analysis would not include comparative recidivism to other California counties.

The preliminary proposed work would provide a foundation to build upon for future studies.

We recommend taking an iterative approach to support the request. This will allow for individual matches to services immediately and that can be a catalyst to further refine needs, address questions regarding the AB 109 population, and support ultimately getting a study that can provide a more comprehensive view on recidivism.

By taking this approach to the original service request, the AB 109 program can start to address their needs, while additionally allowing several data strategies and infrastructure investments to mature that will enable future recidivism analyses and studies.

What is Phase 0?

During Phase 0, OCIO proposed to answer the following questions to inform how we engage with the AB 109 stakeholders and address the needs outlined in the original request.

- 1. What do AB 109 teams and stakeholders recommend as improvements to better meet the needs of the population and program?**
- 2. What data sources are currently accessible, available, and align with quality requirements to support the needs outlined for the Process Evaluation (Phase 1) and Recidivism Study (Phase 2)?**
- 3. What governance structures are currently in place to support goals and outcomes for the original request?**
- 4. What previous work products have been completed to support the process evaluation and recidivism study and how can this previous work inform the approach OCIO would take to address the needs of the Public Safety Realignment program?**

Who We Met & Engaged With

Across September and October 2018, OCIO spoke with a diverse set of data experts and AB 109 stakeholders (identified by Reaver Bingham and the AB 109 team) to confirm what data resources are available, identify barriers and opportunities, and ultimately determine the pathway to support the original request.

Stakeholders Interviewed

Organization	Contact	Phase 0 Meeting
Alternative Public Defender	Erika Anzoategui	Wednesday, October 10, 10-11 am
DA	Kelly Jean	Monday, October 1, 3-4 pm
DHS	Karen Bernstein	Thursday, October 4, 10-11 am
DMH	Martin Corral	Tuesday, September 25, 2-3 pm
DMH	Karen Stretch	Thursday, October 11, 11 am-12 pm
DPII	John Connolly	Monday, October 22, 1-2 pm
DPH / SARC	Tina Kim	Friday, September 21, 11 am - 12 pm
ISAB	Eugene Cabrera	Thursday, September 13, 11 am - 12 pm
LASD	Joanne Sharp	Wednesday, September 26, 10:30-11:30 am
PPIC	Mia Bird	Friday, October 5, 11 am-12 pm
Probation	Mark Garcia and team	Monday, September 24, 2-3 pm
Probation CISO	Demetrius Andreas	Thursday, October 11, 9-10 am
Probation ISB	Thilda Van	Monday, September 24, 2-3 pm
Public Defender	Candis Glover	Monday, October 1, 11-12 pm
CBO and Treatment Subcommittee	Troy Vaughn	Pending - no response
CDCR	Need contact	Pending - no response

Key Enablers to Support Analyses

The proposed initial scope to match County services across the AB 109 population will provide a foundation to build upon for future analyses & studies.

- We recommend taking an iterative approach to support the request, starting with services matching and analyses
- Service matching can be a catalyst to further refine needs, address service delivery questions for the population, and ultimately support a study that can provide a more comprehensive view on recidivism
- To successfully achieve this work, there are some identified enablers that need to be worked through:
 - Enhancing the enterprise linkages project and creating an easier way to complete analyses
 - Creating legal pathways for successful data sharing with County Counsel and other legal stakeholders
 - Confirming OCIO's role at County "Data Steward"
 - Reviewing data sharing motions across the County and how they are coordinated to achieve programmatic goals

Next Steps

As this stage, OCIO has drafted a proposal based on this initial scope of work. Some immediate steps to initiate this partnership include...

1. Review proposal with AB 109 Stakeholders, BOS, and/others interested County parties
2. Confirm funding to support this initial scope of work
3. Approve proposal and funding mechanism to support this initial scope of work
4. Initiate partnership!
5. Iterate, review, further refine needs...