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## Gender Responsive Advisory Committee

October 13, 2021

TO: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Eunisses Hernandez, Chair

**SUBJECT: GENDER RESPONSIVE ADVISORY COMMITTEE RECOMMENDATIONS**

On February 12, 2019, the Los Angeles County Board of Supervisors passed a motion, 'Building a Gender-Responsive Criminal Justice System,' to help initiate, extend, and maintain efforts to address the needs of justice-involved women. Among its mandates, the motion called to reconstitute the Gender Responsive Advisory Committee (GRAC) with representatives from each supervisorial district as well as the District Attorney's Office, Public Defender, Department of Health Services, Department of Mental Health, Department of Public Health, and Sheriff's Department. On July 21st, 2020, the Board revised the February 2019 motion to expand the focus on women as well as transgender, gender non-conforming and/or intersex individuals; any facility these populations may reside; and special recognition of alternatives to incarceration and reentry.

GRAC members have worked for the past year to develop recommendations to improve the gender responsiveness of the County justice system and to uplift the Board's Care First vision. Besides a system wide emphasis, five ad hoc committees were created to concentrate attention on: Alternatives to Incarceration, LGBTQ+, Data, Health, and Reentry. The attached report outlines general and specific recommendations intended to facilitate new and support existing reform efforts.

This report by the Gender Responsive Advisory Committee is the result of two years of meetings, briefings, and analysis. The recommendations in this report echo many of the

strategies found in the Alternatives to Incarceration Care First, Jails Last report of 2020. The message of this report is clear: Far too many cis women (including people who are pregnant or elderly), as well as two-spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex people are being often needlessly incarcerated when accessible alternatives are available. According to a Rand Corporation analysis, 76% of the people held at the County women's jail, the Century Regional Detention Facility (CRDF), have mental health needs, and could be safely diverted. While the percentage varies day to day, between 45% and 60% of the people at CRDF are awaiting trial. The state Supreme Court's Humphrey ruling earlier this year directed courts to consider ability to pay when setting bail; implementation of pre-trial reforms should dramatically reduce the number of ciswomen and 2S-LGBQ+TGI people held pretrial at CRDF and the K6G Units.

Given the decision to close Men's Central Jail, LA County must reduce the custody population, and we urge the Board of Supervisors to implement these recommendations as quickly as possible. We further recommend that LA County adopt the objective of ending the needless incarceration of cis-women and 2S-LGBQ+TGI people by implementing the recommendations of this, and the Care First, Jails Last reports. We are submitting these recommendations to the County at a propitious moment.

LA County has made a commitment to an historic systems transformation. By adopting the Care First, Jails Last approach, and committing to funding it through Measure J and other resources, LA County has laid the groundwork for "going upstream" and providing the services needed to prevent people, including the cis-women and 2S-LGBQ+TGI people who the focus of this report are, from ever getting caught up in the justice system. By doing so, we will improve community health and safety for every resident of LA County.

If you have any questions, please contact me at 323-820-8677 and [Eunisses@laderfensx.org](mailto:Eunisses@laderfensx.org).

Please see the report attached.

With gratitude and in solidarity,  
Eunisses

EH:mmk

Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors



# LOS ANGELES COUNTY GENDER RESPONSIVE ADVISORY COMMITTEE 2021 RECOMMENDATIONS





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Saharra White of Dignity and Power Now speaks at a jail closure rally at Men's Central Jail

## EXECUTIVE SUMMARY

Fifty years ago, there was not a single woman in a U.S. jail in nearly three-quarters of all U.S. counties. Today women are the fastest growing population in U.S. prisons and jails. Additionally, two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI) people are experiencing similar increases in incarceration. In LA County, there are approximately 1,300 people incarcerated in the Central Regional Detention Facility (CRDF) daily. While local population data is not available to definitively determine the number of 2S-LGBQ+TGI people in LA County custody, based on national data, the 2S-LGBQ+TGI population appears significant. A recent study based on a National Inmate Survey indicated that one-third of incarcerated women identify as lesbian or bisexual.

Among the people in CRDF and K6G, a majority are parents, often the primary caretaker of their children, and disproportionately people who are

Black, brown, indigenous, and low income. While research on these populations, particularly on cis-women and 2S-LGBQ+TGI population is limited, cis-women and 2S-LGBQ+TGI individuals in custody have experienced high levels of physical, emotional, and sexual abuse prior to incarceration.

Additionally, Black, brown, indigenous, and low income cis-women and 2S-LGBQ+TGI people are over-represented at every stage of the criminal legal system. According to national estimates from the Vera Institute of Justice:

- 86 Percent of women in jail have experienced sexual violence
- 77 percent have experienced intimate partner violence
- More than 1 in 5 transgender women have been incarcerated during their lifetime, and the likelihood is still higher for Black and brown women.

Cis-women and 2S-LGBQ+TGI people also sometimes experience trauma and violence while incarcerated. For example, in 2019 LA County settled a class action lawsuit for \$53 million after years of degrading and intrusive strip searches at the County women's jail, a settlement that illustrates the widespread harm people in custody routinely experienced at the Century Regional Detention Facility (CRDF). The experience of violence often does not end with their incarceration.

The LA County Board of Supervisors tasked the Gender Responsive Advisory Committee with how to improve services and outcomes for these often-overlooked populations, and to make recommendations aligned with the County's Care First, Jails Last approach. That approach, adopted by the Board of Supervisors in 2020, calls for the establishment of a community-based system of care to reduce reliance on incarceration as a response to the consequences of poverty and trauma, as well as promote community safety and wellness.

This report by the Gender Responsive Advisory Committee is the result of two years of meetings, briefings, and analysis. The recommendations in this report echo many of the strategies found in the Alternatives to Incarceration Care First, Jails Last report of 2020.

The message of this report is clear: Far too many cis women (including people who are pregnant or elderly), as well as two-spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex people are being often needlessly incarcerated when accessible alternatives are available. According to a Rand Corporation analysis, 76% of the people held at the County women's jail, the Century Regional Detention Facility (CRDF), have mental health needs, and could be safely diverted. While the percentage varies day to day, between 45% and 60% of the people at CRDF are awaiting trial. The state Supreme Court's Humphrey ruling earlier this year directed courts to consider ability to pay when setting bail; implementation of pre-trial reforms

should dramatically reduce the number of cis-women and 2S-LGBQ+TGI people held pretrial at CRDF and the K6G Units.

Given the decision to close Men's Central Jail, LA County must reduce the custody population, and we urge the Board of Supervisors to implement these recommendations as quickly as possible. We further recommend that LA County adopt the objective of ending the needless incarceration of cis-women and 2S-LGBQ+TGI people by implementing the recommendations of this, and the Care First, Jails Last reports.

We are submitting these recommendations to the County at a propitious moment. LA County has made a commitment to an historic systems transformation. By adopting the Care First, Jails Last approach, and committing to funding it through Measure J and other resources, LA County has laid the groundwork for "going upstream" and providing the services needed to prevent people, including the cis-women and 2S-LGBQ+TGI people who the focus of this report are, from ever getting caught up in the justice system. By doing so, we will improve community health and safety for every resident of LA County.

We would like to extend our thanks to the County Chief Executive's Office, Department of Health Services, Department of Mental Health, Department of Public Health, DHS-Office Diversion and Reentry, Public Defender's, the Women & Girls Initiative, the LA County Sheriff's Department, community members who participated in the development of this report, and the Board of Supervisors' appointees to the Gender Responsive Advisory Committee for their dedicated and thoughtful work over many months.





# INTRODUCTION

In Los Angeles (LA) County the incarceration of cis-gender women, two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI) individuals is at the center of many critical issues including the closing of Men's Central Jail, pretrial reform, and justice reinvestment. Cis-gender women and 2S-LGBQ+TGI individuals in LA County deserve the resources, services, and housing they need to thrive and keep loved ones together. The lack of community based comprehensive health services dedicated to cis-gender women and 2S-LGBQ+TGI individuals in LA County has led to a significant increase in the number of people with mental health substance use and behavioral health needs suffering within the LA County jail system. Justice involved cis-gender women and 2S-LGBQ+TGI individuals face tremendous barriers in successfully reentering our communities and in accessing housing for themselves and/or their loved ones. They also experience barriers to employment, education, legal services, and in accessing community-based mental health, substance use, and behavioral health services. These barriers and lack of access to community-based services place justice involved cis-gender women and 2S-LGBQ+TGI individuals in survival situations that can lead them to be repeatedly incarcerated.

In the first months of COVID-19, the average daily jail population in LA County decreased by 5,000 because of policy changes designed to stop transmission of the virus. However, these releases did not reduce racial disparities, in fact Black women received the least amount of relief and spent more days incarcerated than almost every other race group by gender. **As of July 21, 2021<sup>1</sup>** there are 1,310 women in the LA County jail system, and 57% of those women are currently incarcerated pretrial. Many of them are incarcerated pretrial because they are unable to pay their bail, and/or lack community-based pretrial services. Additionally, **68%<sup>2</sup>** of people in Century Regional Detention Facility (CRDF) have a mental health need that requires psychotropic medication and/or placement in a mental health unit; and 65% have a substance use disorder requiring

1 Vera Institute of Justice. "Care First L.A.: Tracking Jail Decarceration" <https://www.vera.org/care-first-la-tracking-jail-decarceration>

2 Los Angeles Sheriffs Department. "Transparency: LASD Mental Health Count" [https://lasd.org/wp-content/uploads/2021/07/Transparency\\_LASD\\_Mental\\_Health\\_Count\\_070621.pdf](https://lasd.org/wp-content/uploads/2021/07/Transparency_LASD_Mental_Health_Count_070621.pdf)





intervention or treatment services. A study by the RAND Corporation, **Estimating the Size of the Los Angeles County Jail Mental Health Population Appropriate for Release into Community Services**,<sup>3</sup> concludes that 74% of women in the LA County jail system would be appropriate to be diverted to the Office of Diversion and Reentry. Similar efforts need to be made to divert individuals with substance use disorders to appropriate intervention (e.g., harm reduction) and treatment services (e.g., Medications for Addiction Treatment, outpatient, or residential care) to address this health condition and promote public safety for all. The data shows there is more we can do to better serve justice involved cis-gender women and 2S-LGBQ+TGI individuals.

The Los Angeles County Board of Supervisors have taken phenomenal steps in moving forward with a Care First vision. The recommendations developed and uplifted by the GRAC in this report are intended to facilitate the Board's goals of implementing a Care First vision, its anti-racism policy agenda, and the closing down of Men's Central Jail, with a mandate that the rights of people are protected from the first contact with law enforcement and throughout the process.

## Background and Process

In October of 2020, the GRAC Executive Steering Committee voted to create five Ad Hoc Committees focused on the following topics: Alternatives to Incarceration, LGBTQ+, Data, Health, and Reentry and tasked with developing recommendations to meet the following goals: (1) improve programming and services at the Century Regional Detention Facility (CRDF); (2) enhance reentry initiatives and expand community-based reentry services, to promote successful reintegration into the community; and (3) expand alternatives to incarceration, including diversion and community-based prevention programs.

The Ad Hoc Committee meetings were attended by GRAC members, people directly impacted by incarceration, community advocates, county departments, and health care workers.

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3 Rand Corporation. "Estimating the Size of the Los Angeles County Jail Mental Health Population Appropriate for Release into Community Services" [https://www.rand.org/pubs/research\\_reports/RR4328.html](https://www.rand.org/pubs/research_reports/RR4328.html)



Angelique Evans of Young Women's Freedom Center speaks at an event.

The Ad Hoc Committees synthesized the Gender Responsive Framework and Strategic Implementation Plan (SIP) developed by The Moss Group Inc. (TMG). In 2019, the office of the Chief Executive Officer (the CEO) retained TMG to provide gender-responsive justice consulting services to the GRAC and the Los Angeles County Sheriff's Department (LASD). Their task was to evaluate and provide recommendations for expanding, initiating, and maintaining gender-responsive and trauma-informed programming and services at CRDF.

Members from the GRAC committee reviewed TMG's two reports: Gender-responsive Priorities Framework and Strategic Implementation Plan. We found there was overlap and similarities with the GRAC's recommendations such as case management, initial experiences, clinical services/programming, and continuum of reentry services and the GRAC's report aligns with these specific topics. The GRAC Ad Hoc's incorporated TMG's recommendations that are still relevant in the current LA County landscape and jail population into this GRAC report. Even though there was a general overlap in the outlined priorities and goals, there were significant differences with the recommendations listed in the TMG reports that cannot be supported by the GRAC in its entirety. TMG's reports were developed in a drastically different climate than the one we are currently experiencing, due in part to the COVID-19 pandemic, the Board's commitment to Men's Central Jail closure, AB109 funds into alternatives to incarceration, and shifts in popular mandate, including Measure J. Considering the present pandemic, recommendations of LA County specific service providers, LA County's Care First vision, and the unprecedented increase in the severe mental health population at CRDF and K6G, the GRAC has concluded that TMG's recommendations don't support the current landscape. Additionally, the limited research of the mental health population, and the lack of focus on decarceration of CRDF to community-based care, does not meet this critical moment.



# LOS ANGELES COUNTY GENDER RESPONSIVE ADVISORY COMMITTEE 2021 RECOMMENDATIONS

## LGBTQ+ Ad Hoc Recommendations

### Introduction

The Gender Responsive Advisory Committee (GRAC) LGBTQ+ Ad Hoc recommendations focus on guiding the implementation of the Alternatives to Incarceration Workgroup's (ATI) Final Report recommendations and supporting the closure of Men's Central Jail (MCJ). We endorse both the ATI Final Report and the MCJ Closure Report and expand on the recommendations to better support Lesbian, Gay, Bisexual, Queer, Trans, Gender Non-Conforming, Non-Binary and Intersex (LGBTQGI+) people at all intercepts of the ATI spectrum. Our guiding principles are that these populations are fully divertible and that in order to successfully divert these populations, the County must take an intersectional approach to each strategy that targets racial inequality.

LGBTQGI+ people are incarcerated across all LA County jail facilities. The total population in the county's jail system is undetermined due to both issues of safe disclosure and current data collection methodologies. Currently, people who self-report as LGBTQ+ can be screened for placement in one of two LGBT units, a population tracked by the Los Angeles Sheriff's Department (LASD). Based on our interviews with TGI service providers, this current method underreports these populations due to mistrust and fear of the Sheriff's Department. We can, however, provide an estimate based on general population estimates for LGBTQGI+ people in California and the county's reporting on the population in K6G (LGBT Unit). A snapshot of the K6G population from August 19, 2020 reported 382 people currently incarcerated in that unit, accounting for 3% of the jail population.<sup>4</sup> This August 19 report also identified 1,154 people in CRDF. Population estimates by UCLA School of Law Williams Institute place California's LGBTQGI+ population at 5.3%.<sup>5</sup> Based on these estimates, we conclude that the population of LGBTQGI+ people within CRDF may range from 35 - 62 people. Considering the likelihood of underreporting, our estimated total population ranges from 417-706 individuals.

According to the Vera Institute of Justice's reporting, nearly 45% of the K6G population is pretrial and "60% have a mental health condition but not in the high acuity groups (P3/P4), suggesting that many in this group can be released safely without the most intensive mental health treatment services" National data also suggests that 65% of incarcerated individuals meet criteria for a substance use disorder, while another 20% who do not meet official criteria are under the influence of alcohol or drugs at the time of arrest.<sup>4</sup> For those with more intensive mental health and substance use disorder needs, the County has infrastructure

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4 Department of Health Services, Office of Diversion and Reentry, Los Angeles Sheriff's Department. March 30, 2021. "Men's Central Jail Closure Plan: Achieving a Care First Vision." Los Angeles County Men's Central Jail Closure Workgroup. [http://file.lacounty.gov/SDSInter/bos/bc/1104568\\_DEVELO\\_1.PDF](http://file.lacounty.gov/SDSInter/bos/bc/1104568_DEVELO_1.PDF)

5 LGBT Demographic Data Interactive. January 2019. "LGBT Data and Demographics, California." The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=6#density>

in place through the Office of Diversion and Reentry, in collaboration with DMH and DPH, to support these populations, pending increased resourcing from the County. Additionally, “[the] disproportionate incarceration of Black people that exists systemwide is exacerbated for this group.” Decarceration efforts implemented in 2020, including the implementation of \$0 bail at the onset of the pandemic, have only exacerbated these racial disparities. Black people are 8 percent of the county; 30 percent of the jail population; and 40 percent of incarcerated people in the K6G/LGBT units.

**The primary objective of the following recommendations is to end the incarceration of LGBTQI+ people in Los Angeles County. In the interest of both gender and racial equity, we recommend that the County also adopt this as a primary objective. These recommendations build upon recommendations found in the Alternatives to Incarceration Workgroup Final Report.**

### Harm Prevention

1. *(ATI Recommendations #3, #6 and #9)* Fund community-based organizations led by TGI and LGBTQ+ people — such as Gender Justice LA and Trans Latin@ Coalition — in order to create and outreach campaigns for families and support networks on affirming gender identity and queerness as well as community support options. This will help prevent trauma and promote stronger social support networks for LGBTQ+ / TGI people.
2. *(ATI Recommendations #12, #16 and #17)* Create safe consumption sites, other drop-in sites, and safe landing spaces that will serve as single points of entry for wrap-around services.
  - a. The County should investigate what policy and funding changes are necessary for implementation of safe consumption sites, other drop-in sites, and safe landing spaces.
3. *(ATI Recommendations #3, #4 and #44)* Expand the number of trained non law enforcement response teams (e.g. MDT, PMRT, etc.) to minimize trauma from family separation and connect caregivers to community-based organizations that can provide support. Fund CBOs to ensure that response teams can do warm handoffs to community based services.



Helen Jones of Dignity and Power Now speaks at a Justice LA Rally in Downtown Los Angeles

4. *(ATI Recommendations #50 and #51)* Create documentation standards for instances of homophobia, transphobia, and misogyny by law enforcement and establish appropriate discipline processes for such complaints. LASD and the Office of the Inspector General must:
  - a. amend their processes for receiving complaints to include the categorization of homophobic, transphobic, and misogynist violations, and
  - b. revoke LASD authority to investigate complaints against themselves by moving all disciplinary action outside of law enforcement and making disciplinary procedures transparent to the public.
5. *(ATI Recommendations #12 and #52)* Decriminalize survival acts (e.g. drug use, drug possession, sex exchange/sex work, public intoxication, fare evasion, license suspensions, etc.) and instead connect individuals to harm reduction and community-based services. Increase funding for harm reduction and community based services for low-income and at-risk individuals engaged in survival acts.
  - a. This is in line with District Attorney George Gascón's policy<sup>6</sup> to decline charges for many survival acts classified as misdemeanors.
  - b. The County should investigate the policy changes necessary for implementation and coordinate a statewide advocacy effort with the legislature and courts to decriminalize survival acts across California.
6. *(ATI Recommendations #33 and #67)* Prevent cis-women LGBTQ+ and TGI people from losing licenses or vehicles due to inability to pay by:
  - a. funding free Court-ordered DUI classes. The County should make court-ordered DUI classes fee-free for those that qualify for indigent defense counsel. The Department of Public Health (DPH) currently monitors, approves, and subsidizes DUI programs through state funding, so we recommend that DPH provide a full backfill to make the classes free;
  - b. ending non-safety related/debt-related towing. Currently, cars can be towed for unpaid tickets or registration (which can be held up by unpaid tickets), and if a person cannot afford the impound fee, they lose their vehicle. Instead, a car should only be towed if it's causing a traffic safety hazard.
  - c. The County should investigate the policy changes necessary for implementation and coordinate a statewide advocacy effort with the legislature and to end non-safety related towing across California.
7. *(ATI Recommendations #33 and #67)* Prevent LGBTQ+ and TGI people from being re-incarcerated due to warrants by:
  - a. expanding access to expungements and clearing warrants and civil assessments for failures to appear or pay without threat of arrest;
  - b. funding LGBTGI+ led organizations to participate in existing expungement clinics and create their own community events, which should be funded adequately to provide childcare and other necessary resources to aid in participation;
  - c. creating mechanisms to clear warrants and civil assessments for failures to appear or pay via phone or internet to facilitate easy access for those who cannot attend in-person events;
  - d. funding the development of a unit at the public defenders' offices that helps people address

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6 George Gascón. December 7, 2020. "Special Directive 20-07: Misdemeanor Case Management." Los Angeles District Attorney. <https://da.lacounty.gov/sites/default/files/pdf/SPECIAL-DIRECTIVE-20-07.pdf>



- warrants for failures to appear, along with attendant consequences (e.g. removing license
- e. suspension, civil assessments, unpaid tickets, impounded cars, criminal case representation, etc.);

## Court Support

1. *(ATI Recommendations #32, #33 and #34)* Fund and offer voluntary support services throughout people's interactions with the court system, including family reunification, housing, employment training and opportunities, healthcare needs, peer advocates, and fines and fees support.
2. *(ATI Recommendations #30, #33 and #53)* Subsidize public transportation to and from court and develop a platform to match individuals with service providers and transportation.
3. *(ATI Recommendation #33 and #53)* Advocate with the LA County Superior Court for flexible court appearance times.
4. *(ATI Recommendation #32, #33, #34 and #66)* Increase the number of social workers and attorneys at the Public Defender's Office, including peer navigators and community health workers (CHWs), that focus on LGBTQ+ and TGI clients to increase referrals to collaborative courts as well as connections to service providers.
  - a. When employing peer navigators and community health workers (CHWs), emphasize a diversity of lived experiences of not only incarceration, but also houselessness, living with a mental health condition, being in recovery, and surviving intimate partner violence. These navigators and CHWs should also include people of different gender identities and sexual orientations in line with the varied experiences and identities of incarcerated people as well as the priority to divert cisgender women and LGBTQ+ people from jail.
  - b. Increase peer navigator and CHW access to people in custody by reducing barriers to professional visitation for in-person and video visits.
  - c. The County should investigate the policy changes necessary for implementation and coordinate a statewide advocacy effort with the legislature to reform screening mechanisms for access to jails across California in order to allow peer navigators greater access to incarcerated clients.
5. *(ATI Recommendations #32, #33 and #34)* Expand funding for existing reentry peer navigator and community health worker (CHW) programs, such as ODR's Reentry Intensive Case Management Services (R-ICMS) program.
6. *(ATI Recommendation #34)* Continue to fund existing release planning programs in jail that are rooted in a public health approach, such as Correctional Health Services Care Transitions and Whole Person Care Reentry.
7. *(ATI Recommendation #34)* Develop a coordinated mechanism between all prosecuting agencies, health agencies, and the Public Defender's Office to identify and support the release of individuals who would benefit from compassionate release.
  - a. This is in line with District Attorney George Gascón's policies.



Diana Zuñiga, Founder & Principal of Tres Lunas Consulting, Member of the Reentry Health Advisory Collaborative, and of Reimagine LA Coalition.

8. (New Recommendation) Establish and expand court video arraignments to increase accessibility for people in quarantine or who cannot attend in-person court hearings. Video arraignment should be in addition to, not in place of, in-person court appearances, and utilized as a tool when in-person appearances are not medically possible. Funding for expanded video resources should be sourced from the existing Sheriff's and Court budget's and should not increase funding to the department.

## Diversion and Reentry

1. (ATI Recommendation #49 and #64) Expand compassionate release for people with medical, behavioral, and mental health needs, including all pregnant and lactating individuals, as identified by DHS, DPH, LASD, courts, ODR, PDs, and DAs, to protect their health and reduce potential exposure to COVID-19 and other infections and life-threatening illness. Ensure safe release by connecting these individuals with adequate services.
2. (ATI Recommendations #50 and #52) Prioritize the diversion out of jail/away from jail of sex workers

by connecting them with voluntary services and funding organizations run by and in service of sex workers/former sex workers and TGI people, such as TransLatin@ Coalition. The City Attorney's Office and other law enforcement agencies must enact policies that prevent the arrest and prosecution of sex workers, in line with DA Gascon's current policies.

3. *(ATI Recommendation #40 and #65)* Create a comprehensive map of all diversion options and eligibility criteria accessible to all justice partners and the community in order to increase access to these services. The ATI Initiative is currently developing this platform.
4. *(ATI Recommendations #2, #17, #33, #34, #71 and #73)* Fund the development of service hubs for TGI and LGBTQ+ people, accessible regardless of supervision status and staffed by trans-led service providers, that offers access to:
  - a. Transportation: Coordinate transportation for people reentering communities by granting the right to be taken back to the place of arrest, funding CBOs that provide these services such as Sister Warriors and Anti-Recidivism Coalition, and providing peer navigators that can support clients with transportation to and from court.
  - b. Reentry services: Create localized care sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release. Fund LGBTQ+ and TGI-led organizations that can provide these services, and increase ODR resources for housing and treatment specifically for TGI and LGBTQ+ people.
    - i. Follow-up care: Fund a follow-up care team to increase and expand staffing for TGI and LGBTQ+ peer navigators, such as Whole Person Care and ODR Reentry.
  - c. Peer navigators: Increase integration with and access to peer navigation with the Public Defender's Office and health departments. Peer navigators will work with the Public Defender's Office to coordinate reporting responsibilities to either probation or parole.
  - d. Coordination: create a coordinated care system that connects LASD, CDCR, and the Public Defender's Office with service providers to create coordinated release plans for individuals reentering communities. This will take the place of current LASD release policies.
5. *(ATI Recommendation #34, #71, #72 and #73)* Maximize funding for reentry services — including from non-county sources that is independent of particular law enforcement supervision agencies so that service connections can be made regardless of supervision status. Currently, different reentry resources are available depending on a person's supervision status (probation vs. parole), creating unnecessarily complicated, siloed, unequal systems of care. All reentry services should be funded in a simplified manner such that services are provided regardless of supervision status, which can remove artificial barriers to needed services, and relieve administrative burdens on release planners and reentry services providers.



# Health Ad Hoc Recommendations

## DIVERSION FROM JAIL / DECARCERATION

Incarceration is a trauma experience, and the focus of this work should be to prevent arrest, divert, and decarcerate individuals to reduce that trauma. The root of many “crimes” is unmet needs; individuals are arrested because they have a lack of access to resources or because they have untreated health issues. Lack of access to resources is often related to intersecting oppressed identities which individuals are then criminalized for. No one should be incarcerated for acts of survival, being poor, or behaviors that resulted from systems that were never built to serve them in the first place. Reducing the jail population should be the primary focus when discussing the importance of health because there are clear connections between physical, mental, substance use, and behavioral health issues and incarceration.

1. Decrease CRDF jail population
  - a. a. Develop and expand pre-arrest and pre-booking diversion programs, using interdisciplinary teams, which include people with lived experience, to coordinate needs and strength assessments, health and behavioral health assessments and connections to community-based care in coordination with law enforcement and community providers. (ATI rec 48)
    - i. Divert and/or release individuals with highest mental health, substance use, and medical needs to community-based care with appropriate services and support.
    - ii. Divert and/or release pregnant individuals to hospital settings or maternity health programs within the community with appropriate services and support.
    - iii. Divert and/or release the elderly population to community-based housing with appropriate services and support.
  - b. Increase capacity for LA County’s compassionate release program to release people within CRDF who have chronic health conditions, medical conditions, physical disabilities, severe mental illness, substance use disorders, and who are pregnant. (ATI rec 64)
2. Pretrial/Diversion Programs
  - a. Expand ODR Housing capacity to meet the growing need of all qualifying participants.
  - b. Upon arrest, a comprehensive needs and strengths assessment will be conducted and provided to the court to advocate for pre-trial diversion services. (ATI rec 55-57)
  - c. Increase the number of programs that serve people with specialized health needs such as ODR, Mental Health Diversion, Maternity Health Court, or collaborative courts, Court, DPH-SAPC’s Adult

Angelique Evans  
holds a laughing baby





Drug Court, PC 1210, LEAD (led by ODR), Rapid Diversion ) Programs.

### 3. Reducing arrests

- a. Increase relationships and improve processes between response teams, community-based providers, and police in the effort to hospitalize or de-escalate crisis in lieu of arresting a person struggling with mental health and/or substance use issues. Develop a more efficient process for police and first responders to hospitalize an individual in a mental health crisis in lieu of arrest.
  - i. Substantially increase the capacity of crisis response teams when called for a mental health crisis and access to psychiatric hospital beds.
  - ii. Increase ACCESS DMH PMRT teams, DMH HOME team, non-crisis mobile response teams, and ambulances to make response time less than thirty minutes.
  - iii. Increase mental health first responders and co-response teams when 911 is called for mental health crisis.
  - iv. Expand DMH ACCESS and PMRT to ensure in-person response to mental health crises 24 hours/day.
- b. Create and expand decentralized, coordinated service hubs in order to provide individuals with needed health services that will reduce risk of arrest based on need (ATI rec 2)
- c. Eliminate arrests and/or booking for those who are pregnant and encourage non-law enforcement community crisis response or hospitalization.
- d. Decriminalize substance use related acts, connect individuals to supportive services and increase voluntary diversion from custody opportunities for individuals who are under the influence of alcohol and/or drugs to appropriate facilities such as sobering centers.
- e. Decriminalize acts of survival including petty theft for food, sex work, sleeping outside or in tents, carrying a weapon for protection when living outside, under the table work, selling goods etc.

### 4. Housing First

- a. Increase the amount of forensic inpatient (FIP) hospital beds near CRDF such as at Augustus Hawkins.
- b. Increasing psychiatric urgent care and hospital beds in LA County.
- c. Substantially increase the amount of crisis residential urgent care beds.
- d. Expand DHS and DPH's Sobering Center and services offered.
- e. Substantially increase dual-diagnosis residential treatment beds.
  - i. Residential dual-diagnosis treatment will have an emphasis on mental health and medical evidenced-based practices
  - ii. Evaluate and remove barriers to residential treatment and reasons that lead to early discharge.
- f. Extensively expand the amount of innovative, effective housing solutions in the community including interim housing, psychiatric and medical recuperative beds, harm reduction based sober living facilities, recovery bridge housing, improved board and care settings with appropriate clinical staff, encampment to complex housing (moving an entire unhoused community to the same housing complex), and permanent supportive housing.

### 5. Court and Probation

- a. Develop clinical teams in court to assess and advocate for individuals who have unmet mental, substance use, behavioral, and medical needs and connect them to diversion and wraparound community-based services in lieu of incarceration.
- b. Offer specialized health services, peer advocate support, and resources to individuals throughout

their involvement with the court system.

- c. Probation to implement harm reduction, treatment-first model with collaboration with service providers in cases involving mental or behavioral health.  
Probation violations to be evaluated by a clinical team in court to prevent re-arrest and exhaust all possible supportive services in the community.

### 6. Reentry

- a. Develop a DHS case management program at CRDF to support individuals to integrate successfully back into the community and prevent recidivism.
- b. Continue to develop community-based reentry programs for people experiencing mental health issues, substance use, trauma, physical and cognitive disabilities, and pregnancy that are low barrier to services and provide access for job training, housing, life skills classes such as budgeting, financial resources for food or clothing, etc. (ATI rec 34)
- c. Coordinate linkage to the individual's medical home (such as their assigned providers) prior to discharge (see case management below)

## CASE MANAGEMENT

We recognize that incarceration is a trauma experience and that in addition to the trauma that people who are coming out of incarceration face, they also leave the system with barriers directly related to having been incarcerated. Because people can become case managers with less training than clinicians require, they can be hired more quickly and easily than clinicians. Therefore, we can prioritize the expansion of case management services in-custody to most efficiently meet the needs of individuals who are incarcerated. Case management is one of the ways that we can minimize harm and barriers in the following ways:

1. Connect all individuals to DHS intensive case management services (ICMS) and advocacy support within the appropriate level of care at CRDF
  - a. Expand DHS ICMS in a continuum of care model for those who qualify while in-custody
  - b. Connect individuals to case management immediately upon incarceration to begin developing release plan using reentry providers
    - i. Utilize comprehensive strengths and needs assessment within three days of incarceration
  - c. Case managers will follow individuals throughout incarceration and release process to begin linkage to appropriate referrals and continue working with the individual until fully integrated in the community, i.e. linked to services and needs appropriately met
  - d. Appear in court proceedings with individual to advocate for early release and/or diversion
    - i. Work directly with public defender throughout case
  - e. Case manager's role is as the primary point of contact, has access to all of the individual's records, and can be accessed after the individual has been fully integrated into the community.

## CONTINUATION OF CARE (CASE MANAGEMENT)

DHS case managers will operate within the continuation of care model by beginning to assess and meet the needs of individuals who are incarcerated at the earliest possible point and continuing assessments and case management throughout until these individuals are released and appropriately linked to all needed services. DHS case managers will collaborate among partners in the County's Community Health and

## Health Ad Hoc Recommendations: Continuation of Care (Case Management)

Integrated Programs (CHIP) throughout the reentry process, release, and integration back into the community.

1. DHS case management will oversee the continuation of care:
  - a. All persons will have a comprehensive, individualized, person-centered reentry plan developed between case manager and the individual they are serving
    - i. Release planning should begin shortly after initial incarceration
  - b. Activate or reactivate medical insurance and benefits prior or upon release
  - c. Create a more rapid referral and response process for mental health, substance use, and co-occurring disorder placements at all levels
  - d. Direct referrals from custody with warm hand-offs
    - i. Provide one-month and three month follow up to ensure linkage was effective and provide additional support as needed
2. Efficient access to information sharing and medical records to improve continuity of care
  - a. Develop and implement universal consent between health providers
  - b. Improve access to client records for outside service providers
  - c. Develop data systems that coordinate care with services easily within and outside of CRDF
  - d. Prior to or upon release, copies of medical records should be provided to both providers and individual being released
  - e. Medical records should be easily accessed for the pregnant population in and out of custody
3. Increase in-custody, diversion, and re-entry services that are provided by Community Based Organizations (CBOs) and county programs
  - a. Improve equal and equitable access to community health care and treatment
  - b. Develop relationships with outside providers and work to reduce barriers to treatment to promote easier access to care upon release.
  - c. Increase funding to outside providers so they are able to increase capacity and change eligibility criteria that would otherwise require them to turn down referrals (ATI rec 58)
  - d. Remove barriers at all levels of care to ensure consistent, culturally appropriate, and sufficient availability of all services and court-based programs for people who identify as cisgender women, LGBTQ+, and/or TGI to ensure that no one is left without care or diversion because of gender identity or sexual orientation. (ATI rec 58)
4. Build out drop-in safe landing health access centers for justice-involved individuals
  - a. Low barrier walk-in centers that provides referrals, treatment, services, peer



support, and additional resources not connected to CRDF so that there are additional access points for care.

- b. Identify specific, non profit organizations (NPO) who serve justice-involved health populations to collaborate in providing community-based care.

## MENTAL HEALTH / SUBSTANCE USE / BIOPSYCHOSOCIAL

70% of people who are incarcerated have been assessed as having mental health diagnoses, and 65% meet criteria for a substance use disorder. Jail is an inherently a traumatic experience and the goal is to divert and release people to appropriate treatment as much and as quickly as possible rather than further traumatizing them by keeping them incarcerated. We recognize that heavy substance use and dependence is often related to mental health struggles and that criminalizing people for substance abuse and/or mental health is not meeting their needs or improving public safety. When people come out of jail with a higher level of trauma, they are likely to have increased mental health and substance-related issues and the way to improve public safety is to prevent initial arrest, immediately divert, or release individuals into appropriate treatment. Sufficient trauma-informed treatment cannot effectively happen in jail. We aim to create robust enough treatment that the community's needs will be met and people will no longer be criminalized for acts of survival or lack of treatment. We also recognize that while people are transitioning through the justice system and jails, practices should be trauma-informed and comprehensive services should meet diverse mental health and substance use needs.

### Diversion/Decarceration

1. Divert and/or release all persons in high observation housing from jail to hospital setting or appropriate level of care as individuals in this housing level are there due to unmet disabilities, physical health, mental health, behavioral health, and/or substance use needs.
2. Divert and/or release all persons in-custody due to substance use or co-occurring disorder to appropriate level of community-based treatment.
3. Eliminate arrests related to disabilities, physical health, mental health, behavioral health, and/or substance use.
  - a. Decriminalize crimes committed when a person is experiencing a mental health issue and/or using substances (i.e. criminal threat when someone is experiencing paranoid delusion or threatening hallucinations, using substances to stay awake at night while homelessness to stay safe etc.)
  - b. Decriminalize substance use related crimes

### In Custody

1. Increase access to psychiatry, mental health evaluations, substance use treatment, medication-assisted treatment, and psychiatric medications to all individuals at CRDF, including the general population.
  - a. Meet the appropriate standard of quality mental health care at CRDF
    - i. Enhance clinical approaches to mental health, substance use, and behavioral health issues.





- b. Increase access to peer support and counseling around intimate partner violence, sexual violence, child sexual abuse, and other traumatic issues common among incarcerated women and LGBTQ TGI people.
  - c. Offer and provide direct referrals to counseling when people disclose sexual assault while in-custody.
  - d. Ensure access to specialized LGBTQ TGI counseling and/or services
  - e. Expand educational programming and health/life impacts of trauma:
    - i. Provide opportunities to practice selfcare methods like meditation, yoga (e.g., hold classes and explain free phone apps available after discharge).
    - ii. Expand educational programming related to life skills (money management, independent living, etc).
    - iii. Educate on harm reduction practices around mental health, substance use, and sex.
  - f. Utilize the outdoor courtyard for self-care and other recreational activities.
  - g. Continue to have access to religious services and programming of choice, if appropriate.
4. Increase access to visitation through various modalities
    - a. Increase staffing and physical locations to expand access to in person visitation.
    - b. Increase access to video visitation.
    - c. Eliminate the use of visitation revocation as a disciplinary measure
    - d. Expand intra and interdepartmental efforts to increase family reunification
  5. End use of involuntary isolation (see Isolation below)

## Reentry

1. Increase mental health and/or substance use services linkages for individuals who are being released  
Expand mental health release planning/linkage to General Population
  - a. Expand mental health release planning/linkage to General Population
  - b. Expand release planning/linkage to substance-related treatment programs.
    - i. Develop and improve substance use and mental health residential treatment centers
      1. Improve capacity for clinical staff and psychiatry to meet the need of the client population at these treatment centers
    - ii. Enhance referral processes to substance-related treatment that removes barriers to being released directly to treatment (requirement to participate in in-person intake, etc.).
    - iii. Expand the capacity of harm reduction substance use services including Medication-Assisted Treatment (MAT), safe consumption sites, and drug replacement therapy. (ATI rec 12)
    - iv. Engaging in MAT meets requirements for court mandated treatment.
  - c. Increase the number of Forensic Inpatient (FIP) beds in psychiatric hospitals for individuals who are experiencing severe mental health symptoms and need psychiatric stabilization upon release.
2. Improve system to refer individuals to long term hospitalization for stabilization
3. Improve system to advocate for individuals to be under LPS conservatorship when appropriate.
4. Expand services to support family reunification

5. Eliminate time limits for programs in LA County systems of care and increase access to meet the needs for long-term mental health, behavioral, substance use, and medical care. Provide life-long services when needed. (ATI rec 15)

## Medical

The physical health of people who are incarcerated tends to be worse than that of the general population and incarceration itself contributes to further health disparities. Therefore, access to timely, high quality medical care for incarcerated cis-women and LGBTQ TGI populations is essential.

1. CRDF Intake/Initial assessment process
  - a. Replace 15 question initial assessment with comprehensive needs assessment conducted by DHS clinician or social worker.
  - b. Ensure immediate maintenance of medications upon entry into jail, including psychiatric medications, HIV medications, medication assisted treatment (buprenorphine, methadone), birth control, gender affirming and menopausal hormone treatment
  - c. Offer STI testing upon entry to jail and again at 24-48 hours after entry, including trichomonas, chlamydia, gonorrhea, syphilis, and HIV, as well as Hepatitis C virus.
  - d. Assess need for HIV Post-Exposure Prophylaxis (PEP) at intake and provide as indicated
  - e. Evaluate for, and provide if requested, emergency contraception (LNG up to 72h after unprotected sex, ulipristal or IUD up to 120h after unprotected sex): offer upon entry to jail and again at 24-48 hours after entry
  - f. Offer (but do not require) pregnancy test within 72 hours of arrival
2. Access to better nutrition
  - a. Contract with outside nutritionist to oversee meal plans and ongoing auditing
  - b. Add healthier options to products available for purchase at commissary
3. Access to medical care
  - a. Increase the number of medical providers, nursing, and support staff in line with that listed below
  - b. Educate about and offer ongoing access to STI testing and emergency contraception
  - c. Continued access to gender affirming hormonal treatments
  - d. Provide education about and access to HIV Pre-Exposure Prophylaxis (PrEP) throughout incarceration and prior to release, as indicated
  - e. Address all medical concerns expediently; ensure that health care needs are met by CRDF clinicians whenever possible vs. waiting for incarcerated people to be seen by a specialist.
4. Pregnancy and Postpartum
  - a. Provide pregnancy check-ups per American College of Obstetricians and Gynecologists guidelines
  - b. Ensure availability of additional nutritional food and prenatal vitamins required for pregnancy, evaluated by outside nutritionist
  - c. Implement Doula program for delivering people housed at CRDF, including miscarriage and stillbirth management
  - d. Increased access to supportive persons during birth - allow a doula in addition to a personal



- support person
  - e. Eliminate involuntary isolation or single cells for pregnant population pursuant to ACOG Committee Opinion #830
  - f. Provide notice about and access to community programs that serve pregnant, birthing or lactating people.
  - g. Allow but not require clothing color change option for anyone who is pregnant
  - h. Dedicated social worker assigned to the pregnant population
  - i. Continue to prohibit use of tasers, pepper spray or other chemical weapons on pregnant people, or anyone.
  - j. People are at higher risk of falls and fractures during pregnancy and for 6-12 weeks after delivery due to a shift in their center of gravity. No shackling with leg irons, waist chains or handcuffs behind or in front of the body during pregnancy, while in labor or possibility of being in labor, and for 12 weeks following delivery. Medical provider can require the removal of any restraints at any time.
  - k. Deputies must remain outside the delivery room unless there are extraordinary circumstances. In extraordinary circumstances, if deputies are in the room, they must stand in a place that provides the most privacy. The medical provider can remove the deputy from the room if the provider determines this is medically necessary.
  - l. Provide postpartum care visits pursuant to ACOG guidelines
  - m. Continued Improvement to Pump and Pick Up Program
    - i. Provide lactating individuals with:
      - 1. Equipment to pump breast/chest milk;
      - 2. Storage of breast/chest milk in a refrigerator or freezer;
      - 3. A private place to pump.
    - ii. Permit designated people on the outside to pick up the breast/chest milk
  - n. Expand contact visits for lactating persons and their children with goal of daily visits
5. Expand dental and vision services to appropriately meet the need
6. End use of involuntary isolation (see Isolation below)
7. Release reentry planning for medical care
- a. Ensure all patients with time sensitive needs have appropriate insurance & a follow up appointment scheduled prior to release (i.e. HIV, pregnancy), transfer to Medi-Cal health plan as indicated to reduce obstacles to treatment
  - b. Provide patient-centered contraception counseling, education about reproductive health choices, and linkage to sexual/reproductive health care (as needed) in release planning
  - c. Provide one year's worth of contraceptives and one month of menstrual hygiene products, including pads and tampons, upon release, as applicable
  - d. Provide persons with mobility disabilities access to wheelchairs, crutches, other durable medical equipment as needed

## Isolation

Involuntary isolation, whether defined as solitary confinement or a similar practice, is a common practice in jails and prisons across the U.S. However, research has proven that the minimization of social interaction

with other humans has harmful effects on the health and well-being of incarcerated persons. Depending on the length of time in isolation, people experience a variety of mental health and psychological effects, including anxiety, stress, depression, hopelessness, anger, irritability, panic attacks, psychosis, and self-harm or suicide. Physical health effects include chronic headaches, eyesight deterioration, digestive problems, dizziness, excessive sweating, fatigue, lethargy, heart palpitations, sleep problems, loss of appetite, muscle and joint pain, and hypersensitivity to light and noise. Isolation can also exacerbate existing mental health or chronic physical health problems.



**70%**  
of people who are  
incarcerated have been  
assessed as having  
mental health diagnoses  
and are receiving  
“treatment” in jail.

1. End the use of administrative isolation or similar practice unless otherwise requested by the person in-custody and institute policies to verify that isolation is being requested by the person in-custody
2. Eliminate the use of disciplinary isolation
3. Eliminate the use of single cells in high or medium observation units unless otherwise requested by the person in-custody and/or clinical team
4. Ensure that persons in isolation have access to programming, services, self-care practices, and exercise afforded to the general population

## Staffing

Reassess the placement and need of staffing levels at CRDF with an understanding that an increase in behavioral health providers of all kinds will decrease the need for custodial staff because behavioral issues will decrease significantly if individuals are getting behavioral health and medical needs met.

1. Increase funding for DHS case management
2. Reassess and decrease the number of custodial staff to meet the need of the CRDF population
3. Increase the number of clinical staff at CRDF. Develop clinical teams including:
  - a. Trauma-informed mental health professionals trained in de-escalation
  - b. Case managers, clinicians, and psychiatrists
  - c. Expanded number of medical providers (physicians, physician assistants, nurse practitioners), CMAs, nurses, x-ray technicians

## Trainings

1. All CRDF employees will engage in extensive and ongoing trainings in:
  - a. Impacts of incarceration on the trauma experience
  - b. Severe and persistent mental illness
  - c. Substance use and harm reduction practices
2. Reevaluate current trainings already at CRDF, including PREA





211 WEST  
TEMPLE  
STREET

If you are Not  
anti-racist  
you are complicit!

17 million students are  
in schools w/ cops, but no  
collectors  
3 million students - no nurse  
6 million students - no school  
10 million students - no social  
workers

PHILIP MILLER / MATTHEW POWELL / JAIME FLORES / EDWARD WONG  
JOSE CARLOS PEREZ HERNANDEZ / JOHN GOUDRAY / LUIS SALINAS  
FRANCISCO MONDRAGON SAUCEDO / JAVIER CHAVEZ / ROBERTO  
JOSE MILLAN / MARCELLUS WRIGHT / PEDRO RENTON  
ANTONIO BLAND / DAVID WEISMAN / RICHARD  
ANDREW MACFARLANE / ANTONIO ESCAREAL / JUAN  
ANTURIA SAENZ / CARLOS ORVELAS / JAMAR WITHE  
JUAN SANCHEZ / DETRICK FORD / AARON BORDEN /  
WILLIAM VASQUEZ / CHARLIE WILSON / JOVON  
SHAUN MCCOY / VICTOR GARCIA / DESHAWN ADAMS  
MARK GREGG / ANITA DELGADO / PETER RODRIGUEZ  
BRENT MCKINNEY / ALONSO CARDENAS / ELA  
KAMI STEVENS / SAUL SORIANO / RICARDO BADI  
LEROY BARNES JR. / STEVEN HERNANDEZ /  
CESAR RAMIREZ / ERNESTO CASTANEDA  
ERIK GARCIA / GENE VALDEZ / JAMES  
SOCRATES SIQUEIROS / WILFORD HUNTON /

GARENOI CAGES

Activist Tauheedah Shakur stands before a display at the Rose from Concrete Action in Downtown LA.



# BUDGET

Bamby Salcedo, President and CEO of TransLatin@ Coalition, raises her fist in the air triumphantly at a rally in Downtown LA.

With an understanding that the LASD budget is significantly larger than all health-related department budgets in LA County, expansion of health and behavioral health programming, trainings, and staffing within the jail will come from shifts in the already existing LASD budget. With the decrease of the population at CRDF, there will be additional funding to reallocate. Funding should also be shifted to increase the budget of DHS to meet the health needs of individuals in CRDF.

## Reentry Ad Hoc Recommendations

### Mission Statement:

The mounting evidence of harm caused to people by justice system impact has created an obligation on the part of the government and community to provide person centered, culturally competent services to people to effectuate exit from the system. This proposal is specifically designed for People for Targeted Release (PTR) (people housed in CRDF and the K6G modules in MCJ) to safely re-enter the community from custody. This proposal focuses on pre-trial diversion and release, both prior to and after court intervention as the best practices for release.

This goal can only occur effectively with the coordination, collaboration and funding of services and agencies. Vital partners include:

1. The Court system including the Public Defender, District Attorney, the Court and Sheriff's Department, inclusive of staff from the Public Defender representing PTR being prosecuted by the District Attorney.
2. ATI
3. Correctional Health and the Sheriff's Department
4. The Office of Diversion and Reentry and other agencies and entities providing mental health and substance use disorder services
5. Probation (For POWR below)

Funding for vital partners should include 4 teams of Public Defender staff each including a Deputy Public Defender Grade 3, a Psychiatric Social Worker II and Paralegal, and a designated Deputy District Attorney dedicated to the release of PTR. Additional funding should be allocated as follows:

1. Additional mental health staff for Correctional Health to provide more frequent contact with moderately to severely mentally ill PTR release to assist with



## Reentry Ad Hoc Recommendations: Mission Statement

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stabilization that will prepare for release to the community.

2. Funding for ODR Reentry to implement the comprehensive, holistic, trauma-informed, community-based reentry program, called POWR (Providing Opportunities for Women in Reentry), which is modeled heavily on A New Way of Life Reentry Project's model. The purpose of the POWR program is to (1) improve health outcomes by promoting healthy connections with children, family, significant others, and the community; (2) reduce recidivism; (3) comprehensively address substance abuse, trauma, and mental illness; (4) increase economic wellbeing through education, employment, and safe housing and (5) support family reunification with social services and legal aid. The POWR program is not currently funded, but it is consistent with the ATI recommendations as well as with the recommendations from the Measure J Reentry subcommittee. Similar to all ODR's programs, funding for the POWR program will go directly to community-based organizations to operate the program. In addition, funding will be provided to A New Way of Life to provide training to the community-based organizations that will operate the POWR program.
3. Funding for ODR/ATI/other appropriate entities to locate, lease and staff housing for severely mentally ill PTR.
4. Funding for new and existing programs, like A New Way of Life, (and similar client centered, non-regulating housing/programs) to provide custody in reach and housing services out of custody for PTR released from custody, including family reunification social services and legal aid. Permanent funding streams should be identified to ensure that these housing and family reunification services are readily available and able to expand to meet the needs of LA County.
5. Funding for housing, trauma informed services, and family reunification service specific to supporting

Organizer Jayda Rasberry of CURB  
(Californians United for a Responsible  
Budget) stands in front of Men's Central Jail



people impacted by intimate partner violence, gender-based violence and/or human trafficking, including law enforcement violence.

6. Funding for culturally competent housing and case management services for PTR members of the LGBQ and TGI communities.
7. Funding for transportation for PTR released directly to housing and as needed, to critical services such as medical appointments.

The designated members of the Public Defender's and District Attorney's Office will be tasked with identifying PTR for their agencies. The Public Defender representative will coordinate with attorneys representing PTR to determine possible eligibility for release, coordinate with agencies to prepare a release plan and contact the District Attorney representative in cases where there is DA opposition to the plan.

A Steering Committee will be formed that will be tasked with seeking equitable access to resources and services, untethered from formal supervision whenever appropriate, to reduce the collateral consequences of adverse system impact. Pre-trial release and Pre-trial Diversion, including Mental Health Diversion, will be prioritized and offered whenever appropriate, to promote successful re-entry outcomes.

The Sheriff's Department will facilitate videoconferences, GTL calls and in custody outreach for CHS, LGBQ and TGI services, POWR program providers and A New Way of Life and other agencies to allow interaction with PTR at the direction of the attorney(s) representing the individual, within the facility to increase awareness of services and to increase motivation to change within members of PTR.

A variety of medication assisted treatment (MAT) and other evidence-based treatment services for substance use will be provided upon request by PTR prior to release. Educational materials about these services and continued practice of distributing Narcan will be made readily available upon intake at CRDF and K6G Modules.

Customizing and developing trainings and presentations to court staff by community and county partners on cultural sensitivity to serve justice-involved populations, motivational interviewing, harm reduction, and trauma informed care.

All designated agencies, including designated non-profits will hold quarterly public meetings to generate input and support from the community for plans to return PTR home.

### **Family Reunification**

Legal aid, social services, and economic resources will be provided to justice-involved people who are attempting to achieve family reunification in dependency court, family court, immigration court and/or probate court to ensure that families are reconnected after incarceration. Social services should include family reunification, psychotherapy, transitional housing and assistance with obtaining independent housing, transportation to and from and monitoring of visitation, supportive services, court appearances, and employment assistance. Justice-involved people will be supported in having visitation with their children both prior to release and during re-entry because visitation in both periods supports eventual family reunification.





Danielle Dupuy of Million Dollar Hoods speaks at a JusticeLA Rally

Also prior to release, justice-involved people with open dependency court cases will be (1) provided all resources necessary to connect and communicate with the social worker assigned to their dependency court case and (2) given an opportunity to attend dependency court hearings remotely or in person and to designate power of attorney to a professional to appear at each hearing on their behalf in case the incarcerated parent encounters an obstacle to attending, to decrease the likelihood that justice-involved people will have their parental rights terminated in their absence during incarceration.



# Data Ad Hoc Recommendations

Several county workgroups have noted that better data collection and sharing practices would help Los Angeles County advance its 'care first' vision. The Gender Responsive Advisory Committee (GRAC) agrees. Updating and standardizing data mechanisms can improve diversion and reentry processes—including the ability to identify appropriate candidates in a timely manner. Improved transparency also allows the county to track progress in decarcerating and reducing the disparities that plague the system, enabling the Board to identify how to resource programs and diversion/reentry efforts. The county has taken some important steps in the right direction; we offer these recommendations to encourage further progress, particularly for cisgender women and LGBTQ+ people.

The following recommendations are divided into two sections: (1) immediate priorities that may also be included in the Men's Central Jail closure implementation plans; and (2) additional recommendations that should be adopted simultaneously with the Board's medium and long-term plans.



Alondra Castro of TransLatin@ Coalition holds up a trans flag and looks towards the sky at a community event.

## Priority Recommendations

The GRAC Data Ad Hoc Committee recommends the Board adopt the following, including in the county's Men's Central Jail (MCJ) closure implementation plans. What is listed below should enhance but not delay implementation of plans to decarcerate and close Men's Central Jail.

### • Issue

Based on a snapshot of people incarcerated in August 2020, the **median days in custody** for people held in CRDF was 107 and in K6G was 102. A **study** of people released during the pandemic found that Black women spent more days incarcerated than almost every other group and that Black people with mental health needs were released at lower rates than white counterparts. Regular information and data sharing can help system actors divert women and LGBTQ+ people faster and more effectively; it also can allow the county to resource efforts to drive down racial disparities. Decreasing the population of CRDF through more efficient diversion off-ramps would bolster MCJ Closure efforts and are in line with the goals of the GRAC.

### • Recommendation

**Prioritize data collection and sharing while protecting client confidentiality and maintaining HIPAA protection to support County diversion and decarceration efforts, so that individuals eligible for diversion and decarceration are identified, their needs assessed, and referrals to community-based systems of care offered promptly.**

As one example, the Board should direct the Sheriff's Department (LASD) to provide specific system actors with weekly lists of people held in CRDF and K6G, including relevant data variables (e.g. name, sentence status), so that staff can identify people to propose for diversion in a more efficient manner. These lists could be provided through any necessary agreements that would protect privacy or safety. Distributing these to key actors, like the Public Defender's office, would facilitate regular screenings to identify incarcerated people's service needs, timely arrangements for release, and a steady stream of diversion.



Rojas, an organizer with Young Women's Freedom Center, listens at a community event.



### • Issue

The Alternatives to Incarceration (ATI) Initiative is developing an online app—in line with ATI Report recommendation 85—to help navigators identify available services. The first version should be made available to staff at CRDF and in K6G performing needs assessments. Also, as the ATI recommendation notes, this type of resource would be very valuable to the public, especially since system-involved cisgender women and LGBTQ+ people as well as their loved ones often find themselves engaging in self-advocacy to connect to care.

### • Recommendation

ATI Report Recommendation #85: Establish **online mechanisms for the public to get information, locate services to prevent incarceration and recidivism, and promote recovery.** This tool should track identified problems and response progress through an accessible dashboard and should align with existing tools such as One Degree, etc.

### • Issue

The Vera Institute of Justice is developing a public data dashboard with information updated daily on the people incarcerated in the Los Angeles County jail system. The data published by LASD includes the number of people incarcerated at CRDF and breaks down key data points by 'males/females.' However, it does not include the K6G units.

### • Recommendation

The Board should direct LASD to publish daily information of the number of people in the K6G units. In the longer term, the Board should encourage LASD to provide more cross-cutting daily data in line with the ATI recommendations and the Board's January 26, 2021 **motion** on expanding and standardizing sexual orientation and gender identity (SOGI) data collection. These efforts would allow the county, GRAC, and public to track decarceration progress.





### • Issue

As the Board invests in expanding diversion and the accompanying community-based system of care—including through funding streams like AB 109 and the American Rescue Plan—there remains a need to prioritize investments that remedy long-standing racial and geographic disparities while taking into account marginalized groups like transgender, gender-non-conforming, and intersex people. For too long, system-involved cisgender women—particularly Black women—and LGBTQ+ people have been overlooked and left behind in terms of access to services and diversion.

### • Recommendation

ATI Recommendation #87: Utilize data-driven tools (e.g., Race Forward's Community Benefits agreement and Racial Impact Tool, or Advancement Project's JENI/JESI, etc.) to create processes for **equitable resource and contract distribution** with program offices across health and social service departments. These processes should prioritize **remediating racial and geographic disparities while also taking into account cultural, gender, sexual orientation, and special populations' needs**. Involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

## Additional Medium and Long-Term Recommendations

The GRAC recommends the Board adopt the following 'care first' recommendations for cisgender women and LGBTQ+ people:

1. Order Los Angeles County Departments including Court Services, Sheriff, District Attorney, Public Defender, Alternate Public Defender, and others involved in the criminal justice system to consistently collect and share data pursuant to HIPAA and while protecting client confidentiality on populations served and impacted, including standardized data on gender (including gender expansive variables), sexual orientation, and race/ethnicity. The Board's January 2021 motion on collecting SOGI data is an important first step.

In partnership with DHS Correctional Health Services, explore data collection regarding prevalence of substance use disorder among people in County jails.

2. Allocate funding and resources to implement the ATI Report recommendations related to data. In addition to the recommendations named above, the county should implement the following as a priority:
  - a. Recommendation #78: Understand how supervision violations lead to jail time, especially for people with serious mental illness, substance use disorders, co-occurring disorders, and young people 18-25. Data collection should identify the reason for the violation, length of stay in jail, and what services they are connected to through Probation and/or the appropriate community supervision entity; and it should also align with best practices for data collection for cisgender

- women, TGI, and LGBTQ+ individuals as well as capture data on race, ethnicity, geography, and charges to reduce disparities and include community-focused participatory research best practices. Aggregated data reports should be shared publicly and analyzed regularly to improve practices.
- b. Recommendation #110: Expand and coordinate data tracking/collection across all relevant Counties
  - c. Goal 17: Consider gender-specific section in the use of force policy and training. Review facility data to determine the percentage of time trauma and/or mental illness situations contribute to use of force incidents at CRDF. Ensure CRDF executive team reviews and analyzes incident data to better understand the logistics and precipitating incident factors, including time, day, and location of incidents, justice involved women or staff involved, common themes, etc.
  - d. Goal 18: Conduct an in-depth review of grievance numbers. Construct mapping of a multi-disciplinary mapping of the present grievance system to identify strengths and gaps in current policy and practice. Diagram the policy requirements, documenting practice deviations, and determining the process for ongoing analysis of data and the approach to its use in practice improvement to include analysis of how grievance data is used to inform supervision and facilitate problem solving.
  - e. Goal 19: Consider revision of current disciplinary processes. Use outcome-based data to evaluate the effectiveness of the revised discipline and sanctions process. Analyze grievance data to identify trends and patterns with the goal of eliminating recurring issues.
  - f. Goal 20: Review how incident and other data are used in problem-solving.
    - i. Identify and implement data tracking and information gathering processes specific to investigating actionable incidents with justice involved women [and LGBTQI+ people]; formulate data collection protocols/policy and incident reporting requirements; develop, train, and enforce policy regarding data collection practices and procedures.
    - ii. Develop a data collection process that enables identification and monitoring of common themes and trends specific to discipline, grievances, incident reports, and use of force reports; involve supervisors, investigators, mental health practitioners, and appropriate line staff in developing a process to examine and analyze data after an 'incident' that may reveal what worked, opportunities for improvement, as well as 'hot spots' or performance challenges; provide for ongoing modifications of policies, procedures, and practices based on data collected and analyzed.
  - g. Goal 24: Explore the implementation of a classification process for women. Use outcome data to evaluate and demonstrate the impact of the assessment process.

# ATI Ad Hoc Recommendations

## Introduction

The Gender Responsive Advisory Committee (GRAC) ATI Ad Hoc Committee considered the 114 recommendations within the Alternatives to Incarceration Workgroup's (ATI) Final Report,<sup>7</sup> and the strategies outlined in the Men's Central Jail (MCJ) Closure Report.<sup>8</sup> We endorse both the ATI Final Report and the MCJ Closure Report, and identified key recommendations that would provide immediate relief for our target populations, which also support the closure of MCJ. After consideration of all the ATI strategies, it is the recommendation of the committee that the Board prioritize the strategies that pertain to pretrial release at CRDF, K6G and all facilities where cis women, TGI and LGBTQ+ people are currently held. Pretrial release was one of the foundational recommendations adopted by the Board in March of 2019 and remains one of the primary strategies to achieving the County's Care First vision.

According to Vera Institute of Justice analysis of data from August 2020, nearly half of people in CRDF were held pretrial. Based on the population marked as "G" in the LGBT field of LASD data, 45% were pretrial and 40% of those individuals are Black. 45% of the entire jail population was pretrial; 84% did not have holds and likely incarcerated simply because they could not afford bail. **As of May 11, 2021, 56% of incarcerated women are held pretrial, compared to 38% of the overall jail population.**

With the recent California Supreme Court Humphrey decision,<sup>9</sup> which directs courts to consider ability to pay if setting bail, the county is positioned to expedite the release of the vast majority of people held pretrial. The county can best foster successful outcomes in pretrial release by creating a system for community-based services to support individuals through the pretrial period, particularly when combined with the early representation by counsel model. The use of probation supervision, particularly electronic monitoring, must be curtailed since it often creates a revolving door of reincarceration through violations and is out of line with the ATI Report pretrial strategy adopted by the Board.

Current pretrial pilot programs, such as the Judicial Council's SB10 pretrial pilot, do not provide robust, community-based pretrial services, and rely on risk assessments<sup>10</sup> and supervision,<sup>11</sup> which have been empirically proven to be ineffective in supporting an individual's return to court.

A snapshot of data from the Probation Department<sup>12</sup> provides some insights on the impact of the Judicial

7 Los Angeles County Alternatives to Incarceration Work Group. "Care First, Jails Last: Health and Racial Justice Strategies for Safer Communities." <http://file.lacounty.gov/SDSInter/bos/supdocs/144473.pdf>

8 Department of Health Services, Office of Diversion and Reentry, Los Angeles Sheriff's Department. March 30, 2021. "Men's Central Jail Closure Plan: Achieving a Care First Vision." Los Angeles County Men's Central Jail Closure Workgroup. [http://file.lacounty.gov/SDSInter/bos/bc/1104568\\_DEVELO\\_1.PDF](http://file.lacounty.gov/SDSInter/bos/bc/1104568_DEVELO_1.PDF)

9 Justice Mariano-Florentino Cuéllar. March 25, 2021. "In Re Kenneth Humphrey." Supreme Court of California. <https://www.courts.ca.gov/opinions/documents/S247278.PDF>

10 Ethan Corey. February 7, 2020. "New Data Suggests Risk Assessment Tools Have Little Impact on Pretrial Incarceration." The Appeal. <https://theappeal.org/new-data-suggests-risk-assessment-tools-have-little-impact-on-pre-trial-incarceration/>

11 Ross Hatton. May 2020. "Research on the Effectiveness of Pretrial Support and Supervision Services: A Guide for Pretrial Services Programs." UNC School of Government, Criminal Justice Innovation Lab. <https://cjl.sog.unc.edu/wp-content/uploads/sites/19452/2020/05/Research-on-the-Effectiveness-of-Pretrial-Support-Supervision-Services-5.28.2020.pdf>

12 Data obtained from the LA County Probation Department via a Public Records Act request. September 23, 2020.



Council pilot program: 74% of people were remanded to custody and only 14% were granted release on their own recognizance; 75% of Black women on felony charges were remanded to custody; and 97% of people with misdemeanor charges on supervised release were placed on electronic monitoring. 42% of people on electronic monitoring failed to appear. While we believe that the data is reflective of the CCB and CCAT pilot, the lack of transparent data from the Probation Department prevents a conclusive determination.

By contrast, the Bail Project's pretrial release model in Compton in partnership with the Public Defender's office, which supports both people with misdemeanor and felony charges, has an extraordinary 97% success rate in court appearances.<sup>13</sup> This model, which supports clients with bail payment and supportive services, indicates that simply releasing individuals with supportive services in the community can effectively increase court appearance rates, while reducing LA County's incarcerated pretrial population. The CASA needs-based pretrial release model developed by UCLA School of Law incorporates the elements found in the ATI Report and best practices from across the country.<sup>14</sup> We look to this model as the framework for our recommendations.

The Board has passed the following pretrial related motions that provide guidance on pretrial policy:

1. *Developing Los Angeles County's Models for Pretrial Release (Feb 2019)*: Directs County Council to hire a consultant to develop the County's plan for bail reform that builds on existing and planned pretrial diversion efforts, including:
  - a. Reducing the population of people detained pretrial (including regular court appointment reminders, mental health and substance use treatment diversion, housing, employment and transportation supports, without over-relying on onerous conditions and monitoring)
  - b. Evaluate risk assessment tools & needs assessment tools such as the Justice Equity Needs Index
  - c. National best practices on pre-arraignment and/or pretrial and needs assessments, service linkages, court date reminders, transportation, childcare, and other support services
2. *Data Collection to Support Pretrial Reform in Los Angeles County (Aug 2020)*: Directs CEO in partnership with relevant County Departments to report back in 270 days (by May 1 2021) and quarterly thereafter on the following:
  - a. Comparison of the pretrial population before and after COVID-19 began
  - b. The number of cases referred, applied, denied, and released by program type
  - c. PSA & C-CAT data
  - d. The failure to appear rate since the COVID-19 pandemic began
  - e. Justice involvement outcomes for defendants during their case adjudication and after Incorporate data in Justice Metrics Framework Initiative

Additionally, the District Attorney's Office has adopted the following pretrial release policies that support

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13 Los Angeles County Supervisor Sheila Kuehl, District 3. "The Bail Project Expands to the Valley." September 20, 2019. <https://supervisorkuehl.com/the-bail-project-expands-to-the-valley/>

14 Alicia Virani, Rodrigo Padilla-Hernandez, Tali Gires, Kaitlyn Fryzek, Rachel Pendleton, Ethan Van Buren, and Máximo Langer. 2020. "Creating a Needs-Based Pretrial Release System: The False Dichotomy of Money Bail Versus Risk Assessment Tools." UCLA School of Law, Criminal Justice Program. <https://law.ucla.edu/sites/default/files/PDFs/Academics/CJP%20Pretrial%20Proposal%20-%202020.pdf>

the implementation of a model in line with the ATI report recommendations<sup>15</sup>:

1. Presumption of pretrial release without conditions.
2. Pretrial release conditions, if any, shall be considered in order from least restrictive (No Conditions) to most restrictive (Electronic Monitoring / Home Detention).
3. Pretrial detention shall only be considered when the facts are evident and clear and convincing evidence shows a substantial likelihood that the defendant's release would result in great bodily harm to others or the defendant's flight.
4. No cash bail for any misdemeanor, non-serious felony, or non-violent felony offense
5. Cash bail amounts shall align with the accused's ability to pay.

**Strategy 3 of the ATI report outlines strategies that support and deliver meaningful pretrial release and diversion services:**

1. Recommendation #53: Improve and expand return-to-court support services to reduce failures to appear.
2. Recommendation #55: Develop a strengths and needs-based system of pretrial release through an independent, cross-functional entity situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions.

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15 George Gascón. December 7, 2020. "Special Directive 20-06: Pretrial Release Policy." Los Angeles District Attorney. <https://da.lacounty.gov/sites/default/files/pdf/SPECIAL-DIRECTIVE-20-06.pdf>



Two community members exchange a bundle of flowers at an event

3. Recommendation #56: Institute a presumption of pretrial release for all individuals, especially people with clinical behavioral health disorders, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.


**Building off current County policy, the ATI strategies, and the CASA model, it is our recommendation that the Board adopt a countywide pretrial model that includes the following:**

1. *Release Hearings:* Prosecutors must show by clear and convincing evidence that the individual:
  - a. poses a high risk of intentional nonappearance, or
  - b. will pose a risk of serious physical violence to an identifiable person and that no condition(s) of release could reasonably mitigate these two risks.
2. *Community Care & Support Agency:*
  - a. Supportive services provided by community-based service provider(s) over supervision
  - b. Trauma-informed approaches
  - c. Needs & strengths-based assessments
3. *Services:*
  - a. Voluntary, not mandated, services, delivered by providers with a variety of lived experiences, including: those formerly incarcerated, various gender identities, ethnic and racial identities and experiences, such as houselessness.
  - b. Least involved/restrictive
  - c. Resources to return to court
  - d. Resources to meet needs Systems-impacted sponsors
  - e. Resources to survivors of harm delivered by trauma-informed service providers in the community
4. *What is needed to ensure success:*
  - a. Robust data collection
  - b. A commitment to small caseloads, effective training, and well-being for CASA staff
  - c. Confidentiality
  - d. Simultaneously addressing victims/survivors needs
  - e. A paradigm shift away from pretrial conditions that are akin to punishment (electronic monitoring, drug testing, reporting/check-ins, etc.)
5. *Funding:* The Board and the CEO should consider the following funding streams:
  - a. Measure J: The charter amendment includes allocating funds to the following:
    - i. Community-based restorative justice programs,
    - ii. Pre-trial non-custody services and treatment,
    - iii. Health services, counseling, and mental health and substance use disorder services.
    - iv. Non-custodial diversion and reentry programs including housing and services.
  - b. AB109: This funding stream is currently being used for pretrial services in other jurisdictions, including Santa Clara County, and should be leveraged to provide community based pretrial services in LA County.
  - c. American Rescue Plan Act funding, which will deliver millions of federal dollars, including several multi-year funding streams, for Los Angeles County to use flexibly to help people recover from the harms of the COVID-19 pandemic.



SPECIAL DIRECTIVE 20-06

TO: ALL DEPUTY DISTRICT ATTORNEYS

FROM: GEORGE GASCÓN   
District Attorney

SUBJECT: PRETRIAL RELEASE POLICY

DATE: DECEMBER 7, 2020

This Special Directive addresses issues of Bail and Own Recognizance in Chapter 8 of the Legal Policies Manual. Effective **December 8, 2020**, the policies outlined below supersede the relevant sections of Chapter 8 of the Legal Policies Manual.

**INTRODUCTION**

The purpose of this memo is to outline the new policies and protocols that will guide our recommendations for pretrial release and the use of cash bail moving forward. While these policies will take effect immediately, there will be ongoing opportunities for staff to give valuable feedback about how we can best operationalize these changes. We will continually monitor and review data collected on the implementation of these policies and we will regularly review these policies with office staff and members of the community to ensure that they are effective and successful. These new policies capture our shared vision of justice for all in Los Angeles County.

**THE UNFAIRNESS OF CASH BAIL**

Across the nation, bail reform is a topic of much debate. While some jurisdictions have passed statewide bail reform (New York and New Jersey), others have changed local bail setting practices by reducing reliance on cash bail. Although California voters chose not to implement SB10 through the passage of Proposition 25, the conversation about bail reform remains active and robust.

While it is nearly certain that legislation seeking to eliminate cash bail will once again be put to voters, we will not wait for statewide reform before imposing meaningful changes in the use of cash bail. We must seek to protect the public while ensuring that our practices—particularly with regard to the utilization of cash bail—do not lead to periods of unnecessary incarceration that harm individuals, families and communities.

Cash bail creates a two-tiered system of justice - one where those with financial resources are able to remain free, while those who lack such resources are incarcerated. While most justify the use of cash bail to incentivize an individual to return to court, evidence suggests that no such incentives

are required: it is exceptionally rare that individuals willfully flee prosecution or commit violent felony offenses while released pretrial and the overwhelming majority of people will return to court, even when they have no financial interest at stake.<sup>1</sup> In addition, appearance rates for those people who are not detained are improved when they receive effective court reminders, transportation assistance and referrals to community-based services when they are in need.

Disparities in bail setting, unduly impact low-income communities of color and set the wheels of mass incarceration in motion: individuals detained pretrial are more likely to plead guilty to a case, in turn receiving a criminal record; those with criminal records face obstacles for future employment opportunities; and those people who cannot be employed see their opportunities for economic mobility and advancement severely hindered. The negative impacts of incarceration extend well beyond an incarcerated individual into their families and communities. Jobs are lost, people are evicted and deported, children lose contact with their primary caregivers, and those who were detained return to their communities destabilized by the traumatizing conditions in our jails.

The negative consequences of cash bail have fallen unequally on the shoulders of low-income communities of color in Los Angeles County. Of the 5,885 people detained pretrial in August 2020, 84% were people of color and nearly half (42%) were incarcerated for non-serious, non-violent offenses<sup>2</sup>. These individuals jailed pretrial spend, on average, 221 days in jail<sup>3</sup> without having been convicted of a crime. While COVID-19 led to substantial declines in the Los Angeles County Jail population, early releases were not proportionate across all race categories and subpopulations, including those who are most vulnerable. Specifically, while Black people were 29% of the pre-COVID jail population, only 24% of them were released early, and, when looking at the pretrial population with mental health needs, Black and Hispanic people received early release at a significantly lower rate than white people.

The US Constitution guarantees every person – regardless of race, class or origin – the right to be presumed innocent during the pretrial phase of a criminal proceeding. America’s promise is to provide for everyone “equal justice under the law”. While one might argue that pretrial detention doesn’t remove these rights, our detention practices and the use of unaffordable cash bail eviscerates the bedrock of our democracy and undermines our principles of justice, fairness, and equality under the law.

It’s time for a change. We must adopt a more just approach to prosecution by seeking to undo the legacy of cash bail while still fulfilling our obligations to protect public safety. Freedom should be free.

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<sup>1</sup> For a pilot project conducted by The Bail Project in Compton, 300 people had bail paid for them. 93% of clients included in the pilot were people of color. The outcomes of the pilots favor own recognizance release: 96% returned for every court date and, of clients whose cases are now disposed, 33% had their cases dismissed and 97% of those individuals who received a conviction required no additional jail time as part of their sentence.

<sup>2</sup> Charges at the time of booking

<sup>3</sup> This reflects the average number of pretrial days spent in jail to-date on 8/19/20, which is likely an underestimate. Many people will remain detained long after the date of analysis. A truer measure would be the average number of days an individual spends from being placed in custody to being released or their case disposed, though such information is not currently available.

It is our duty as stewards of public safety to mitigate all public safety risk, and this includes ensuring that our office's prosecutorial actions do not inflict needless harm on court-involved individuals through unnecessary incarceration. We must, and can do better, than to continue to impose cash bail where it is not required, as evidence suggests that cash bail is neither effective nor required to keep communities safe or to ensure return to court for future appearances.

For all the reasons mentioned above, it is time to re-evaluate our policies and procedures regarding the use of cash bail and pretrial detention before conviction. The policies outlined in this memo are merely a starting point as we begin to better balance the well-being of the accused with our obligations to maintain public safety during this pretrial period. By minimizing the utilization of cash bail, reducing unnecessary pretrial detention, seeking the least restrictive conditions of release possible, and utilizing community-based support programs and interventions, the long-term safety of all Los Angeles County residents can be improved and the system will be made more fair and just.

Pretrial release recommendations shall be guided by the following principles and policies:

## **I. ELIMINATION OF CASH BAIL**

- A. The presumption shall be to release individuals pretrial.
- B. All individuals shall receive a presumption of own recognizance release without conditions. Conditions of release may only be considered when necessary to ensure public safety or return to court.
  - 1. Pretrial release conditions, if any, shall be considered in order from least restrictive (No Conditions) to most restrictive (Electronic Monitoring / Home Detention). Release with no condition shall be the initial position. The least restrictive condition or combination of conditions for release must be determined to be inadequate to protect public safety and to reasonably ensure the defendant's return to court before considering the next least restrictive condition.
  - 2. All pretrial release conditions requested shall be reasonably related to the charges, and necessary to protect the public and to reasonably ensure the defendant's return to court.
  - 3. Only after all pretrial release conditions have been thoroughly evaluated and determined to be inadequate to protect public safety and to reasonably ensure the defendant's return to court shall bail or pretrial detention be considered.
- C. Pretrial Detention Procedures
  - 1. Pretrial detention shall only be considered when the facts are evident and clear and convincing evidence shows a substantial likelihood that the defendant's release would result in great bodily harm to others or the defendant's flight.
    - a) The substantial likelihood of the defendant's flight may include felony holds from other jurisdictions. Release conditions or detention may be considered for the limited purpose of ensuring the defendant is not removed to another jurisdiction. Considerations



shall include but are not limited to a comparison of the seriousness of the charges locally and for the hold, the uncertainty of when the defendant will be returned, and maintaining joinder of co-defendants.

2. DDAs shall not request cash bail for any misdemeanor, non-serious felony, or non-violent felony offense.
  3. If pretrial release conditions have been found insufficient to ensure return to court and public safety, DDAs may consider requesting bail at arraignment for:
    - a) Felony offenses involving acts of violence on another person; or
    - b) Felony offenses where the defendant has threatened another with great bodily harm; or
    - c) Felony sexual assault offenses on another person.
- D. When cash bail is being requested under the limited circumstances delineated in this memo, DDAs shall recommend cash bail amounts that are aligned with the accused's ability to pay. There should be a presumption of indigency when the court has determined that a client is entitled to court appearance counsel.
- E. For those individuals who are indigent, DDAs shall avoid the selection of restrictive conditions of release that include fees and costs for their administration (e.g., paying a licensing fee for electronic monitoring) unless no alternative restrictive condition or combination of conditions can be applied to meet the same need.
- F. Conditions of release shall be evaluated based on all available information about the accused. Individuals with underlying conditions, such as behavioral health conditions, shall not receive overly restrictive release conditions based solely on the presence of such issues. Scores from risk assessment tools may never be the sole basis for a recommendation for detention.<sup>4</sup> All pretrial release conditions requested shall be reasonably related to the charges and necessary to protect the public and ensure the defendant's return to court.
- G. If defense counsel requests a review of release conditions, the DDAs will not oppose defense counsel motion to the court to remove or modify the conditions of release, if the accused's conduct has demonstrated that a threat to a specific identifiable person or persons and/or any evidence of the accused's intention to willfully evade prosecution has been eliminated.
- H. **Covid-19 Addendum:** Regardless of charge, release with least restrictive conditions is the presumptive position when the accused belongs to a vulnerable/high risk group (as defined by the CDC and the LA County Department of Public Health) where incarceration could result in serious illness or death due to Covid-19 exposure.

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<sup>4</sup> There are well-documented concerns among social science researchers that risk assessment tools cannot predict what they aim to predict and perpetuate racial bias. See [Technical Flaws of Pretrial Risk Assessments Raise Grave Concerns](#).

## **II. APPEARANCES AND VIOLATIONS OF CONDITIONS OF RELEASE**

- A. DDAs shall not oppose defense counsel's requests to waive client appearances at non-essential court appearances. The burden of appearing for short, non-consequential hearings can be hugely impactful to individuals who have to arrange to take off from work, arrange for childcare, and find their way to court. Many court appearances require minimal involvement from the accused and due to overburdened court calendars can result in extensive wait times before short appearances are held.
- B. In the event of non-appearance, DDAs will not oppose defense counsel's request for a bench warrant hold when no clear and convincing evidence exists that the non-appearance occurred as a result of the accused's willful evasion of prosecution.

## **III. RETROACTIVITY OF POLICY**

DDAs shall not object to the release of anyone currently incarcerated in Los Angeles County on cash bail who would be eligible for release under the policies outlined in this memo.

**TABLE 1**  
**PRETRIAL RELEASE CONDITIONS FROM LEAST TO MOST RESTRICTIVE**

LEAST RESTRICTIVE	• Own Recognizance Release
	• Release to community member, friend, family member or partner with promise to accompany the accused to court
	• Phone/text/online check-ins with designated agency
	• Travel Restrictions - order to not leave state, passport surrender
	• Driving prohibitions or restrictions
	• Stay away order
	• AA/NA meeting attendance (or similar community support groups)
	• Order to surrender weapon(s) to law enforcement
	• Ignition Interlock Device

MORE RESTRICTIVE	<ul style="list-style-type: none"> <li>● In-person check-ins with designated agency</li> </ul>
	<ul style="list-style-type: none"> <li>● Mental health treatment</li> </ul>
	<ul style="list-style-type: none"> <li>● Alcohol abuse treatment</li> </ul>
	<ul style="list-style-type: none"> <li>● Substance abuse treatment</li> </ul>
	<ul style="list-style-type: none"> <li>● Drug and alcohol testing</li> </ul>
	<ul style="list-style-type: none"> <li>● Residential treatment program</li> </ul>
	<ul style="list-style-type: none"> <li>● Home relocation during case pendency</li> </ul>
	<ul style="list-style-type: none"> <li>● Secure Continuous Remote Alcohol Monitoring</li> </ul>
	<ul style="list-style-type: none"> <li>● Electronic monitoring/GPS</li> </ul>
	<ul style="list-style-type: none"> <li>● Home detention</li> </ul>


***The policies of this Special Directive supersede any contradictory language of the Legal Policies Manual.***

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SPECIAL DIRECTIVE 20-07

TO: ALL DEPUTY DISTRICT ATTORNEYS

FROM: GEORGE GASCÓN   
District Attorney

SUBJECT: MISDEMEANOR CASE MANAGEMENT

DATE: DECEMBER 7, 2020

This Special Directive addresses issues of Misdemeanor Case Management in Chapter 9 of the Legal Policies Manual. Effective **December 8, 2020**, the policies outlined below supersede the relevant sections of Chapter 9 of the Legal Policies Manual.

**INTRODUCTION**

The public's interaction with the criminal justice system is mainly through misdemeanor prosecutions, yet the power and influence of the misdemeanor system in Los Angeles County has gone largely unnoticed. The goal of this new policy is to reimagine public safety and best serve the interests of justice and community well-being. As such, the prosecution of low-level offenses will now be governed by this data-driven Misdemeanor Reform policy directive.

Los Angeles County courts should not be revolving doors for those in need of treatment and services. Currently, over 47% of those incarcerated pre-trial on misdemeanor cases suffer from mental illness. Likewise, nearly 60% of those released each day have a significant substance use disorder. Meanwhile, individuals experiencing homelessness account for almost 20% of arrests in Los Angeles despite comprising only 1.7% of the population. The status quo has exacerbated social ills and encouraged recidivism at great public expense.

Moreover, the consequences of a misdemeanor conviction are life-long and grave, even for those who avoid incarceration. Misdemeanor convictions create difficulties with employment, housing, education, government benefits, and immigration for non-citizens and citizens alike. Deportation, denial of citizenship, and inadmissibility affect not only individuals, but also children, families, and immigrant communities. And no matter one's immigration status, the resultant costs and fees of misdemeanor convictions force many to choose between necessities such as rent, transportation, and medical care versus financial obligations to the justice system.

Despite the immense social costs, studies show that prosecution of the offenses driving the bulk of misdemeanor cases have minimal, or even negative, long-term impacts on public safety. Agencies equipped with the social-service tools necessary to address the underlying causes of offenses such as unlicensed driving, sex work, drug possession, drinking in public, and trespassing

are best positioned to prevent recidivism and will thus be empowered to provide help to those in need.

The goal of the Los Angeles County District Attorney's Office is to protect public safety. To do so as effectively as possible, we will direct those in need of services to treatment providers, divert those undeserving of criminal records to appropriate fora, and reorient our focus towards combating violent and serious criminal offenses.

### **I. DECLINATION POLICY DIRECTIVE**

The misdemeanor charges specified below shall be declined or dismissed before arraignment and without conditions unless "exceptions" or "factors for consideration" exist.

*These charges do not constitute an exhaustive list. Each deputy district attorney is encouraged to exercise his or her discretion in identifying a charge falling within the spirit of this policy directive and proceed in accordance with its mandate.*

*In addition, each deputy district attorney retains discretion to seek a deviation from this policy when a person poses an identifiable, continuing threat to another individual or there exists another circumstance of similar gravity. In such a situation, the deputy district attorney must consult with their supervisor, place their justification for seeking a deviation in writing, and record their supervisor's determination in the case file. Such a deviation should be the exception, not the rule. In all circumstances, the person's ability to pay shall be considered.*

#### **Trespass – Penal Code § 602(a)-(y)**

- a. Exceptions or Factors For Consideration
  - i. Repeat trespass offenses on the same public or private property over the preceding 24 months
  - ii. Verifiable, imminent safety risk
  - iii. No indicia of substance use disorder and/or mental illness, or homelessness

#### **Disturbing The Peace – Penal Code § 415(1)-(3)**

- a. Exceptions or Factors For Consideration
  - i. Repeat offenses over the preceding 24 months involving substantially similar behavior to that charged
  - ii. No indicia of substance use disorder and/or mental illness

#### **Driving Without A Valid License – Vehicle Code § 12500(a)-(e)**

- a. Exceptions or Factors For Consideration
  - i. Repeat driving offenses over the preceding 24 months involving substantially similar behavior to that charged

**Driving On A Suspended License – Vehicle Code § 14601.1(a)**

- a. Exceptions or Factors For Consideration
  - i. Repeat driving offenses over the preceding 24 months involving substantially similar behavior to that charged

**Criminal Threats – Penal Code § 422**

- a. Exceptions or Factors For Consideration
  - i. Offense related to domestic violence or hate crime
  - ii. Repeat threat offenses over the preceding 24 months
  - iii. Documented history of threats towards victim
  - iv. Possession of a weapon capable of causing bodily injury or death during commission of offense
  - v. No indicia of substance use disorder and/or mental illness

**Drug & Paraphernalia Possession – Health & Safety Code §§ 11350, 11357, 11364, & 11377**

- a. Exceptions or Factors For Consideration
  - i. None identified

**Minor in Possession of Alcohol – Business & Professions § 25662(a)**

- b. Exceptions or Factors For Consideration
  - i. None identified

**Drinking in Public – Los Angeles County Municipal Code §13.18.010**

- c. Exceptions or Factors For Consideration
  - i. None identified

**Under the Influence of Controlled Substance – Health & Safety Code § 11550**

- a. Exceptions or Factors For Consideration
  - i. None identified

**Public Intoxication – Penal Code § 647(f)**

- a. Exceptions or Factors For Consideration
  - i. None identified

**Loitering – Penal Code § 647(b),(c), (d), (e)**

- a. Exceptions or Factors For Consideration
  - i. Repeat offenses over the preceding 24 months involving substantially similar behavior to that charged



### **Loitering To Commit Prostitution – Penal Code § 653.22(a)(1)**

- a. Exceptions or Factors For Consideration
  - i. None identified

### **Resisting Arrest – Penal Code § 148(a)**

- a. Exceptions or Factors For Consideration
  - i. Repeat offenses over the preceding 24 months involving substantially similar behavior to that charged
  - ii. The actual use of physical force against a peace officer
  - iii. The charge is filed in connection with another offense not enumerated above

### **If the charge is not declined, follow these sequential steps until dismissal:**

- A. **Pre-Arraignment Diversion via Administrative Hearing.** Upon compliance with condition(s) imposed in the administrative hearing, the charge shall be formally declined;
- B. **Post-Arraignment, Pre-Plea Diversion.** Upon compliance with condition(s) imposed at arraignment or pretrial, the charge shall be dismissed without the entry of a plea of nolo contendere or guilty;
- C. **Post-Arraignment, Post-Plea Diversion.** Upon compliance with condition(s) imposed at pre-trial, the charge shall be dismissed following the withdrawal of a plea of nolo contendere or guilty.

The conditions of such diversion shall be the same as those statutorily required upon conviction, absent monetary fines and fees and status registration. In no circumstance may the offer of diversion be conditioned upon (1) waiver of a person's constitutional or statutory rights or (2) a temporal or procedural deadline other than commencement of trial.

## **II. DIVERSION POLICY DIRECTIVE**

The purpose of the Diversion Policy Directive is to utilize remediation to protect public safety, promote individual rehabilitation, and encourage prosecutorial discretion. For all misdemeanor offenses not listed below under the Declination Policy Directive, pre-plea diversion shall be presumptively granted. This diversion policy shall not apply to (1) offenses excluded under Penal Code § 1001.95 and (2) any driving under the influence offense.

The Diversion Policy Directive is also intended to complement statutory diversion schemes such as those codified under Penal Code §§ 1001.36, 1001.80, 1001.83, and 1001.95. The Deputy District Attorney shall utilize their discretion, in accordance with the spirit of this policy, when determining which diversionary scheme is best suited to serve the interests of justice.

The conditions of such diversion shall be the same as those statutorily required upon conviction, absent monetary fines and fees and status registration. In no circumstance may the offer of diversion be conditioned upon waiver of a person's constitutional or statutory right, except for a waiver of time under Penal Code § 1382. The duration of such diversion shall presumptively be 6 months, but in no circumstance shall it exceed 18 months. Upon compliance with the

condition(s) imposed, the charge(s) shall be dismissed without the entry of a plea of nolo contendere or guilty.

The presumption of pre-plea diversion may be rebutted upon reasoned consideration of the following factors:

- Convictions for offenses of equal or greater severity than that charged over the preceding 24 months;
- Documented history of threats or violence towards a victim;
- Clear evidence of an identifiable, continuing threat to another individual or other circumstance of similar gravity.

In such a situation, the Deputy District Attorney must consult with their supervisor, place their justification for seeking a deviation in writing, and record their supervisor's determination in the case file.

### **III. NON-DIVERSIONARY PLEA OFFERS**

If a misdemeanor case is not subject to declination or resolved via the Diversion Policy Directive, the deputy district attorney shall adhere to the following guidelines when making plea offers:

- No offer shall require that a defendant complete combined jail time and community labor as a term of a sentence;
- No offer shall require that a defendant complete in excess of 15 days of community labor as a term of a sentence;
- No offer shall require status registration for a defendant unless mandated by statute;
- Once conveyed to the defendant, no offer shall be increased in response to the defendant exercising their right to pursue a jury trial or pretrial motion.

In seeking a deviation from any of the aforementioned guidelines, the deputy district attorney must consult with their supervisor, place their justification for seeking a deviation in writing, and record their supervisor's determination in the case file.

### **IV. FINES AND FEES**

Fines and fees place burdens on individuals in the criminal system and their families and pose significant and sometimes insurmountable obstacles to reentry. Deputy district attorneys shall:

- Presume that an individual is indigent and unable to pay fines and fees under the following circumstances: the individual is represented by the Public Defender, the Alternate Public Defender, Bar Panel, or a free legal services organization, the defendant is receiving any type of means-tested government benefits, the defendant is experiencing homelessness or the defendant can make a showing of indigence by clear and convincing evidence;
- Actively support and in no case object to requests to waive fines and fees for indigent individuals;
- Refrain from arguing that a failure to pay a fine, fee, or court ordered program represents a violation of summary probation if the defendant is indigent as defined above, or that

summary probation should be extended based upon an alleged failure to pay, or that an individual should be incarcerated or suffer an additional sanction due to failure to pay.

***The policies of this Special Directive supersede any contradictory language of the Legal Policies Manual.***

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# County of Los Angeles CHIEF EXECUTIVE OFFICE

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FESIA A. DAVENPORT  
Chief Executive Officer

Board of Supervisors  
HILDA L. SOLIS  
First District

HOLLY J. MITCHELL  
Second District

SHEILA KUEHL  
Third District

JANICE HAHN  
Fourth District

KATHRYN BARGER  
Fifth District

January 19, 2022

To: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Brandon T. Nichols, Executive Director *BTN*  
Jail Closure Implementation Team

## **SAFELY REDUCING THE JAIL POPULATION BY EXPANDING COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX INDIVIDUALS (ITEM NO. 18 AGENDA OF OCTOBER 19, 2021)**

On June 21, 2020, the Board of Supervisors (Board) approved a motion in support of the Gender Responsive Advisory Committee's (GRAC) vote to expand its mission (Expanding the Scope of the Gender Responsive Advisory Committee) by naming two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI) individuals as part of its target population and prioritize expanding alternatives to incarceration, such as diversion and community-based prevention programs. In October 2020, the GRAC Executive Steering Committee voted to create five Ad Hoc Committees to develop recommendations to meet the following goals: (1) improve programming and services at the Century Regional Detention Facility (CRDF); (2) enhance reentry initiatives and expand community-based reentry services, to promote successful reintegration in the community; and (3) expand alternatives to incarceration. In response, GRAC formulated recommendations focused on the key areas of Alternatives to Incarceration, LGBTQ+, Data, Health, and Reentry, and finalized its report on October 13, 2021.

Following the release of the GRAC report, on October 19, 2021, the Board directed the Jail Closure Implementation Team (JCIT) Executive Director to report within 90 days on:

JCIT GRAC 90-DAY REPORT BACK-1.19.2022

- 1) Prioritizing and implementing the GRAC's recommendations, in collaboration with the directors of Alternatives to Incarceration (ATI), the Office of Diversion and Reentry (ODR), and Gender Responsive Services with the goal of furthering JCIT's mandate to decrease the jail population and close Men's Central Jail (MCJ) without a replacement and to expand the County's mission to expand the community-based system of care for cisgender women and 2S-LGBQ+TGI persons, including those housed at CRDF and the K6-G units at Twin Towers Correctional Facility (TTCF);
- 2) Developing a scope of work for a consultant from an academic research institution to complete an updated population study of CRDF and the K6-G units at TTCF while utilizing a racial equity lens; and
- 3) Working with the directors of Correctional Health Services and Gender Responsive Services to engage those who are currently incarcerated, through the use of round table discussions, to prioritize and implement the GRAC recommendations that promote gender-responsive, trauma-informed services and programming for those who do not immediately qualify for release.

### **Recommendations**

Since JCIT's inception in September 2021, we have had introductory and ongoing meetings with ATI and ODR to facilitate collaborative programming for the diversion and reentry of incarcerated women. To expand our understanding of the jail population, we have attended and presented at the GRAC, Care First Community Investment Advisory Committee, and Jail Population Review Council public meetings. These connections have contributed to understanding the urgency, importance, and expectation of each recommendation.

To direct our work, we reviewed and categorized the recommendations to align with ATI's Prevention and Reentry Recommendations and their Sequential Intercept Model, which demonstrates how an individual with unmet needs first comes into contact with and subsequently moves through the criminal justice system. Additionally, the recommendations were organized into three sections: recommendations that lead to improving conditions in the jail system; recommendations that lead to reduced jail population; and recommendations that need additional development and/or significant assistance from other stakeholders and County departments. The next level review includes completing a matrix that will pair these recommendations with JCIT's current and proposed initiatives and collaborative partner(s). Review of that matrix and further refinement of categories and prioritization will include input from the Director of the Sheriff's Department's Gender Response Services, Dr. Melissa Kelley, GRAC stakeholders, and individuals housed at CDRF and K6-G units at TTCF.

### **Scope of Work for Consultant**

With technical guidance from the Chief Information Officer, JCIT is developing a scope of work for an academic institution that will conduct a population study on the cisgender women and 2S-LGBQ+TGI populations for those housed at CRDF and in the K6-G units at TTCF, with a focus on racial equity. The academic institution will be expected to produce a final report synthesizing the population study.

The consultant will be required to:

- In conjunction with data provided from the Chief Information Office, conduct a disaggregated analysis of the demography and biostatistical data of the people detained at CRDF and K6-G units at TTCF with a racial equity lens for the purpose of determining, but not limited to, the social, behavioral, and health needs of inmates and how they relate to the GRAC recommendations in coordination with jail programming to address those needs and mitigate unfavorable outcomes.
- Produce a written analysis of all findings in the form of a population study that will inform the needs and address the conditions of those detained, as well as provide another facet in which to view the prioritization of the GRAC recommendations.

### **Engagement**

Pursuant to your motion, the GRAC recommendations are to be prioritized through roundtable discussions with people housed at CRDF and in the K6-G units. In wanting to provide a mechanism for authentic engagement and space that allows for transparency without partiality, the academic institution will also be expected to conduct the roundtable discussions on behalf of JCIT. They will be responsible for developing a research protocol for facilitating focus groups and presenting their findings in a final report that prioritizes the GRAC recommendations.

Also, as directed, JCIT has met with Dr. Kelley, and Director of Correctional Health Services, Dr. Timothy Belavich, to ascertain the programming and services available to those housed at CDRF and K6-G units at TTCF. Additionally, while accompanied by Dr. Belavich and Dr. Kelley, JCIT staff toured the K6-G units in October 2021 and CRDF in January 2022. It was imperative that JCIT had direct perspective of the jail facilities, the staff who assess the needs and provide services, and the work that is already in progress in order to build rapport with the key players to better inform the prioritization of the GRAC recommendations.



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Further, JCIT has established and maintained reoccurring contact with stakeholders, many of which are members of GRAC or who have or advocate for those with lived experience, to solicit their input in this process, including: Dignity and Power Now, La Defensa, Vera Institute of Justice, A New Way of Life, Downtown Women's Center, Health Right 360, Homeless Outreach Program Integrated Care System, Project Return, and the Trans Latina Coalition.

### **Next Steps**

JCIT anticipates the procurement of an academic institution to begin the population study and round table work by the time of the next report. JCIT will continue to work with the Board offices, County departments, Board-established initiatives, and community stakeholders to move forward with the recommendations in the GRAC report and directives contained in your October 19, 2021 motion and provide a status update every 90 days. Should you have any questions, please contact me at (213) 262-7791 or [bnichols@ceo.lacounty.gov](mailto:bnichols@ceo.lacounty.gov).

FAD:JN:BN:SM:js

c: Executive Office, Board of Supervisors  
County Counsel



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FESIA A. DAVENPORT  
Chief Executive Officer

April 19, 2022

To: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Lesley Blacher, Acting Executive Director *LB*  
Jail Closure Implementation Team

Board of Supervisors  
HILDA L. SOLIS  
First District

HOLLY J. MITCHELL  
Second District

SHEILA KUEHL  
Third District

JANICE HAHN  
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KATHRYN BARGER  
Fifth District

## **SAFELY REDUCING THE JAIL POPULATION BY EXPANDING COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX INDIVIDUALS (ITEM NO. 18, AGENDA OF OCTOBER 19, 2021)**

On October 19, 2021, the Board of Supervisors (Board) approved a motion in support of the Gender Responsive Advisory Committee's (GRAC) report and directed the Jail Closure Implementation Team (JCIT) Executive Director to report back every 90 days on JCIT's efforts to prioritize and implement GRAC recommendations that further their mandate to decrease the jail population and close Men's Central Jail (MCJ), expand the community-based system of care for cisgender women, two spirit, lesbian, gay, bisexual, questioning, transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI) people, develop a scope of work for a consultant to complete an updated population study of Century Regional Detention Facility (CRDF) and the K6-G units at MCJ, and work with Correctional Health Services and Gender Responsive Services on the prioritization of recommendations that promote gender responsive, trauma-informed services and programming for those that do not immediately qualify for release from custody.

On January 19, 2022, JCIT filed its first status report and subsequently, as directed by your Board, will continue to provide status updates every 90 days. In response, this report will serve as the second quarterly report to provide updates on the status of the directives from the October 19, 2021 motion.

### **GRAC Report Recommendations**

Since the last report, JCIT has continued to meet regularly with the Alternatives to Incarceration (ATI) Office and Office of Diversion and Reentry (ODR) to inform our efforts to develop programming for the diversion and reentry of incarcerated cisgender women. Additionally, JCIT has remained invested in understanding the jail population through engagement at the GRAC and Jail Population Review Council public meetings and is scheduled to present on jail depopulation efforts at each respective meeting this month.

To advance the GRAC recommendations, JCIT completed a matrix that pairs them with ATI's Prevention and Reentry Recommendations as aligned with the Sequential Intercept Model and JCIT's current and proposed initiatives, and recommendations from collaborative partners. The matrix includes input from the Director of the Sheriff's Department's Gender Response Services, Dr. Melissa Kelley, and Correctional Health Services (CHS) Medical Director, Dr. Sean Henderson, and Director of Addiction Medicine Services, Ronnie Thomas, to further refine and prioritize the recommendation categories. The recommendation matrix is dynamic and will be updated regularly as roundtable conversations with incarcerated persons at CRDF and K6-G units occur, and will target and map select GRAC recommendations for implementation.

### **Engagement**

JCIT has cultivated positive working relationships with representatives from the Sheriff's Department and CHS, which has provided direct opportunities for the team to obtain firsthand experience with the jail facilities and their operations and programming. On March 18, 2022, accompanied by the Office of Inspector General's Assistant Inspector General Cathleen Beltz, JCIT toured the Forensic Inpatient Stepdown Unit at Twin Towers Correctional Facility. The unit houses men who were previously treated in the Forensic Inpatient Hospital for exhibiting symptoms of severe mental illness but have been stabilized through psychiatric interventions and are learning to live in a structured, yet supportive environment, aided by psychiatric technicians and inmates serving as trusted messengers in the role of mental health assistants.

During the visit, JCIT also met with staff from CHS' Addiction Medicine Services and the Sheriff's Medication Assisted Treatment (MAT) team. To minimize substance abuse and overdose, the MAT team works to encourage medication compliance by inmates using FDA-approved medications coupled with counseling and behavioral therapies to treat substance use disorders, such as opioid use disorder and alcohol use disorder. JCIT toured the K6-G unit and observed a classroom that was participating in Substance Treatment And Reentry Transition (START) programming. The Los Angeles Centers for Alcohol and Drug Abuse (LA CADA), the START contracted provider, offers substance



use disorder programming, discharge planning, and court advocacy for the gay, bisexual, and transgender people housed in the K6-G units.

Additionally, JCIT is convening regular meetings with the District Attorney (DA), Public Defender (PD), Alternate Public Defender, ODR, and Vera Institute of Justice to identify a process and procedure to prioritize the pretrial release of women housed at CRDF. Case-review conferences have begun to evaluate the circumstances of pregnant women in custody to determine if a community setting can appropriately meet the needs of the individual without increasing the risk to public safety. The DA has secured placement and supportive resources for this specific population. Additionally, the PD has started to identify cases of women in custody who are not pregnant to help facilitate similar case-review conferences.

JCIT is also working with the County department leads identified in the November 16, 2021 report to expand existing contractual relationships with community-based organizations to provide housing and necessary supportive services to facilitate the release of more women from custody. In March of 2018, your Board directed ODR to divert pregnant women from the jail, whenever possible and through court interventions, and provide them with supportive housing and Reentry Intensive Case Management Services (RICMS). ODR Housing relies on an existing patchwork of funding to provide interim and permanent supportive housing and needs additional funds to expand services. To maximize ODR's capacity, JCIT has committed to fund ODR's Maternal Health Program through Fiscal Year 2023-2024 to expand its portfolio of housing options with the goal of serving more women and creating additional service capacity in the ODR clinical supportive housing programs.

Further, JCIT has sought additional community engagement opportunities with LA CADA, Anti-Recidivism Coalition, and Homeboy Industries, in addition to maintaining reoccurring contact with stakeholders, of which, many are members of GRAC and/or have lived experience or advocate for those with lived experience, including: Dignity and Power Now, La Defensa, Vera Institute of Justice, A New Way of Life, Health Right 360, and the Trans Latina Coalition.

### **Scope of Work for Consultant**

With technical guidance from the Chief Information Officer and Dr. Melissa Kelley, JCIT developed a scope of work for an academic/research institution to conduct a population study on the cisgender women and 2S-LGBQ+TGI populations for those housed at CRDF and in the K6-G units at MCJ. A racial equity focus will inform the population study and incorporate focus groups for the purpose of determining, but not limited to, the social, behavioral, and health needs of incarcerated individuals and how they relate to the GRAC

recommendations in coordination with jail programming to address those needs and mitigate unfavorable outcomes. The academic/research institution will be expected to produce an analysis and final written report and a presentation synthesizing all statistical findings and focus group outcomes that address the conditions of those that are detained, as well as provide another facet in which to assess the prioritization of the GRAC recommendations. Currently, JCIT is working with the Chief Executive Office Contracts Section on a solicitation process to procure the academic/research institution.

### **Next Steps**

JCIT will continue to work with the Board offices, County departments, Board-established initiatives, and community stakeholders to move forward with the recommendations in the GRAC report and directives contained in the October 19, 2021 motion and provide a status update every 90 days. Should you have any questions, please contact me at (213) 262-7989 or [lblacher@ceo.lacounty.gov](mailto:lblacher@ceo.lacounty.gov).

FAD:JN:LB:SM:js

c:     Executive Office, Board of Supervisors  
       County Counsel



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FESIA A. DAVENPORT  
Chief Executive Officer

July 25, 2022

To: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Lesley Blacher, Acting Executive Director *LB*  
Jail Closure Implementation Team

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## **SAFELY REDUCING THE JAIL POPULATION BY EXPANDING COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX INDIVIDUALS (2S-LGBTQ+TGI) (ITEM NO. 18, AGENDA OF OCTOBER 19, 2021)**

On October 19, 2021, the Board of Supervisors (Board) directed the Jail Closure Implementation Team (JCIT) Executive Director to report back every 90 days on JCIT's efforts to prioritize and implement the Gender Responsive Advisory Committee's (GRAC) recommendations on:

- 1) Prioritizing and implementing the GRAC's recommendations, in collaboration with the Directors of Alternatives to Incarceration (ATI), the Office of Diversion and Reentry (ODR), and Gender Responsive Services with the goal of furthering JCIT's mandate to decrease the jail population and close MCJ without a replacement and to expand the County's mission to expand the community-based system of care for cisgender women and 2S-LGBQ+TGI persons, including those housed at CRDF and the K6-G units at Twin Towers Correctional Facility (TTCF);
- 2) Developing a scope of work for a consultant from an academic research institution to complete an updated population study of CRDF and the K6-G units at TTCF while utilizing a racial equity lens; and
- 3) Working with the Directors of Correctional Health Services (CHS) and Gender Responsive Services to engage those who are currently incarcerated, through the use of round table discussions, to prioritize and implement the GRAC recommendations that promote gender-responsive, trauma-informed services and programming for those who do not immediately qualify for release.

The Board also directed JCIT to report back every 90 days on progress. This report will serve as the third quarterly report to provide updates on the status of the directives from the October 19, 2021, motion.

### **GRAC Report Recommendations**

Since the last report, JCIT has continued to meet regularly with the ATI and ODR to inform our efforts to develop programming for the diversion and reentry of incarcerated cisgender women and the 2S-LGBQ+TGI populations. Additionally, JCIT has remained invested in understanding the jail population through engagement at the GRAC and Jail Population Review Council public meetings and has regularly presented on jail depopulation efforts.

To advance the GRAC recommendations, JCIT completed a matrix that pairs them with ATI's Prevention and Reentry Recommendations as aligned with the Sequential Intercept Model and JCIT's current and proposed initiatives, and recommendations from collaborative partners. The matrix includes input from the Sheriff's Department and CHS. The next review will be conducted by the consultant, an academic/research institution, whose research will focus on illuminating patterns and trends that speak to the recommendations; specifically, to improve data about the jail population; examine issues related to inmates' time in the jails, including their conditions of confinement, programming, and health and well-being; and evaluate demographic and other differences across the populations of interest. Additionally, the consultant will conduct an analysis of administrative, survey, and roundtable discussion data to assess factors known to be associated with successful community reentry.

### **Scope of Work for Consultant**

After developing the scope of work for an academic/research institution to conduct a population study on the cisgender women and 2S-LGBQ+TGI populations for those housed at CRDF and in the K6-G units at MCJ, JCIT explored the Master Agreement lists from the Chief Executive Office, Chief Information Office, Department of Mental Health, and Internal Services Department and reviewed the recent GRAC-related studies of the Los Angeles County jail system and their respective authors. It was clear that an academic institution that met the Board's requirement was not identified on any of the lists.

Due to proximity and respective fields of research that could be a good fit for this project, JCIT contacted the University of California, Los Angeles' California Policy Lab and the University of California, Irvine's Center for Evidence-Based Corrections. The California Policy Lab declined due to a lack of capacity, however, the Center for Evidence-Based Corrections referred an affiliate. JCIT anticipates executing a contract and beginning work with them in August 2022.



The potential contractor's research has focused on prostitution, hate crime, and prison violence and grievances to explore the links between deviance and social control, the politics of crime control, social movements and social change, and corrections and public policy. Drawing on multiple theoretical perspectives, from social constructionism to new institutionalism, they have employed a variety of quantitative and qualitative research methods to contribute to understanding crime. In addition, they have developed innovative educational materials for public policy officials and practitioners; provided professional training to personnel working in jails, prisons, and immigration detention facilities; and have a great deal of expertise related to conditions of confinement in lock-up facilities.

### **Engagement**

JCIT continues to refine and build upon its relationships with representatives from the Sheriff's Department and CHS, which has granted opportunities for the team to obtain firsthand experience with the jail facilities and their operations and programming. In August 2022, the Sheriff's Department's Director of Gender Responsive Services, Dr. Melissa Kelley, will host tours of the Pitchess and Mira Loma Detention Centers. Additionally, Dr. Kelley will host JCIT and representatives from the University of Irvine's Center for Evidence-Based Corrections at CRDF. The facility is being renovated to incorporate a Forensic Inpatient Program (FIP) step down unit, modeled after the units in MCJ, that will house women previously treated in FIP for exhibiting symptoms of severe mental illness but have been stabilized through psychiatric interventions and are learning to live in a structured, yet supportive environment, aided by psychiatric technicians and inmates serving as trusted messengers in the role of mental health assistants.

On June 30, 2022, JCIT met with the Women and Girls Initiative newly appointed Executive Director, Chanel Smith, who was onboarded in May 2022. JCIT is looking forward to partnering with Ms. Smith and ensuring that our work is gender-responsive and equitable.

To support ODR's efforts to divert pregnant women from the jail, whenever possible and through court interventions, and provide them with supportive housing and Reentry Intensive Case Management Services (RICMS), JCIT began funding ODR's Maternal Health Program through Fiscal Year 2023-2024 beginning on April 1, 2022. This will enable ODR to support the diversion of up to 50 women with interim housing, employment and vocational training, and rapid re-housing and connection to RICMS, with the goal of providing support and stability that leads to reduced recidivism rates. Currently, the Maternal Health Program is serving 24 pregnant and parenting women; all are receiving RICMS, and some are receiving mental health services and substance use treatment. Future reports will detail the success rates of clients and long-term metrics related to housing, employment, and recidivism.

Further, JCIT continues to engage with community-based organizations, including the Amity Foundation, Los Angeles Centers for Alcohol and Drug Abuse (LA CADA), and other service providers that support a person's successful reentry into the community. On

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June 6, 2022, JCIT met with the Amity Foundation, an ATI provider and third-party administrator of Care First Community Investment funds and toured the men's re-entry program site in Los Angeles. On June 13, 2022, JCIT met with LA CADA, a provider for the Department of Public Health's Substance Abuse Prevention and Control Program and toured the women's re-entry program site in Santa Fe Springs. On June 23, 2022, JCIT met with Housing for Health staff and toured the Home at Last interim housing site in Los Angeles. These tours offered a firsthand perspective of services that are available to support the diversion and reentry of cisgender women and the 2S-LGBQ+TGI populations to provide safe and supportive landing spaces upon their release from custody.

### **Next Steps**

JCIT will continue to work with the Board Offices, County departments, Board-established initiatives, and community stakeholders to move forward with the recommendations in the GRAC Report and directives contained in the October 19, 2021, motion and provide a status update every 90 days.

Should you have any questions concerning this matter, please contact me at (213) 262-7989 or [lblacher@ceo.lacounty.gov](mailto:lblacher@ceo.lacounty.gov).

FAD:JMN:LB  
SM:ap

c:     Executive Office, Board of Supervisors  
         County Counsel  
         Sheriff  
         Alternatives to Incarceration  
         Office of Diversion and Reentry



COUNTY OF LOS ANGELES

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INTERIM DIRECTOR  
Judge Songhai Armstead, *ret.*

June 27, 2023

To: Supervisor Janice Hahn, Chair  
Supervisor Hilda L. Solis  
Supervisor Holly J. Mitchell  
Supervisor Lindsey P. Horvath  
Supervisor Kathryn Barger

From: Songhai Armstead, Interim Director *HE for JSA*  
Justice, Care and Opportunities Department

**JAIL CLOSURE IMPLEMENTATION TEAM – FOURTH QUARTERLY REPORT (ITEM NO. 27, AGENDA OF JUNE 22, 2021) – SAFELY REDUCING THE JAIL POPULATION BY EXPANDING THE COMMUNITY-BASED SYSTEM OF CARE FOR CISGENDER WOMEN, TWO SPIRIT, LESBIAN, GAY, BISEXUAL, QUESTIONING, AND TRANSGENDER, GENDER NON-CONFORMING AND/OR INTERSEX (2S-LGBTQ+TGI) INDIVIDUALS (ITEM NO. 18, AGENDA OF OCTOBER 19, 2021)**

In response to the Board of Supervisors (Board) approved motion to create the Jail Closure Implementation Team (JCIT) to depopulate and close the Men's Central Jail (MCJ), the Chief Executive Office (CEO) first reported to your Board on July 14, 2021, outlining the efforts to create JCIT. On November 16, 2021, 60 days after becoming operational, JCIT filed its first status report, and as directed by your Board, JCIT is submitting this fourth quarterly report to provide updates on the status of the directives from your June 22, 2021, motion. On October 19, 2022, JCIT informed the Board JCIT would consolidate all future reporting on Gender Responsive Advisory Committee's into the quarterly updates JCIT regularly submits to the Board every 90 days.

The attached quarterly update provides a summary of JCIT's efforts since our last report back on September 1, 2022. Since that report, on November 1, 2022, JCIT moved from CEO to the Justice, Care and Opportunities Department. This report includes updates on the following:

- Jail depopulation strategies including among others: individuals with serious mental illness; streamlining state prison transfers; and evaluation of custodial length of stay issues



Each Supervisor  
June 27, 2023

- JCIT's support of programs that assist with jail depopulation

### **Next Steps**

JCIT will continue to work with the Board offices, County departments, Board-established initiatives, and stakeholders to move forward with the activities outlined above and on the attached report. The next status report will be provided in 90 days.

Should you have any questions concerning this matter, please contact me at (213) 974-1664 or [jsa@jcod.lacounty.gov](mailto:jsa@jcod.lacounty.gov).

SA:GVE:RSP:lac

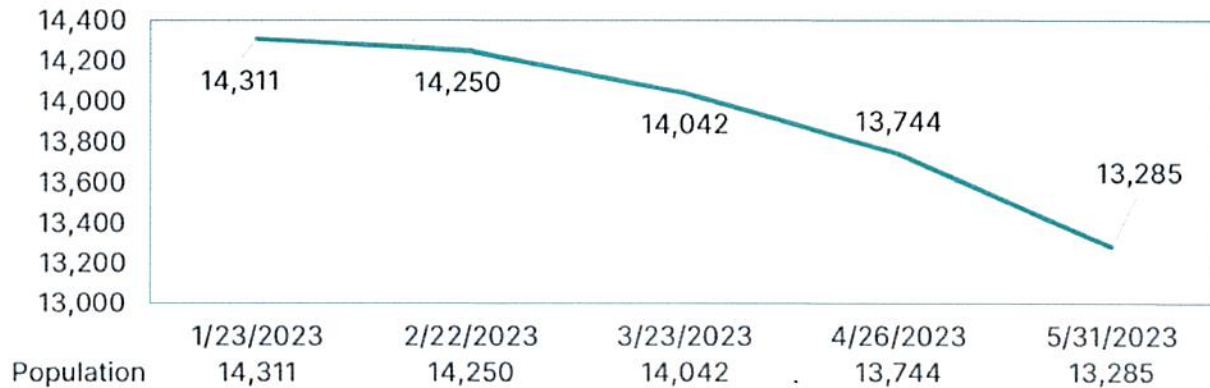
### **Attachment**

c:     Executive Office, Board of Supervisors  
         County Counsel  
         District Attorney  
         Sheriff  
         Alternate Public Defender  
         Chief Executive Office, DOJ Compliance Office  
         Health Services  
         Internal Services  
         Mental Health  
         Probation  
         Public Defender  
         Public Health  
         Public Works



## Overview of Current Jail Population

As of May 31, 2023, the current jail population was 13,285. The below graph summarizes a monthly population trajectory for the last five months.



Since the Emergency Bail Schedule (EBS) terminated in July 2022<sup>1</sup>, the jail population steadily increased to over 14,000. Recent downward trends in jail population are primarily a result of increasing the numbers of individuals transferred to State prisons and hospitals. Although this improvement is promising, we know there is more to be done to lessen reliance on the jails and move towards closure. The September 2021 JFA Institute Report (JFA Report) opined that the jail population needs to be reduced to 7,169 before closure of Men's Central Jail (MCJ) can occur.<sup>2</sup>

## Development of Jail Depopulation Strategies<sup>3</sup>

### *Legal Limits on Depopulating the Jail*

JCIT's jail depopulation strategies address three key areas: 1) identifying populations for custody alternatives to decrease reliance on the jails; 2) reducing the average length of stay of individuals in custody; and 3) curbing the inflow of individuals coming into the jail through continued support of pre-arrest/pre-filing diversion efforts, or re-entry programs that reduce recidivism.

However, JCIT's depopulation strategies are determined by the legal mechanisms for release

<sup>1</sup> As of May 24, 2023, the EBS was reinstated pending litigation in the *Urquidi* case where the County of Los Angeles (County) is a party. The EBS applies only to arrests made by the Los Angeles County Sheriff's Department (LASD) and City of Los Angeles Police Department.

<sup>2</sup> See JFA Report, pg. 3, 4.

<sup>3</sup> On November 1, 2022, JCIT moved from the Chief Executive Office into the Justice Care and Opportunities Department (JCOD). This move enables JCIT continue the work of depopulating and closing MCJ and directly connect with the diversion efforts led by JCOD.

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from custody. As the chart below illustrates, release decisions are made by judges or law enforcement, not the County:

Pathway	Stage in Case	Who Determines Release
Own Recognizance Release	Arraignment up until sentencing	<b>Judicial determination.</b> The court may also consider the prosecutor's <sup>4</sup> position on release.
Misdemeanor Incompetent to Stand Trial (MIST) and Felony Incompetent to Stand Trial (FIST)	Pre-Trial	<b>Judicial Determination.</b> The court may also consider the prosecutor's position on release.
Mental Health Diversion	Pre-Trial	<b>Judicial Determination.</b> The court may also consider the prosecutor's position on release.
Condition of Probation	Sentencing	<b>Judicial determination.</b> The court may also consider the prosecutor's position on release.
Split Sentence <sup>5</sup>	Sentencing	<b>Judicial determination.</b> The court may also consider the prosecutor's position on release.
Pen. Code, § 4011.6 <sup>6</sup>	Anytime	<b>Sheriff determination.</b>
Pen. Code, § 4011.8 <sup>7</sup>	Anytime	<b>Consent of the Sheriff and County Mental Health Director.</b> However, instead of Sheriff consent, the court can also make a determination.
Pen. Code, § 1203.016 <sup>8</sup>	Sentenced	<b>Sheriff</b>
Pen. Code, § 1203.018 <sup>9</sup>	Pre-trial	<b>Sheriff</b>
Pen. Code, § 1170.06 <sup>10</sup>	Sentenced	<b>Sheriff</b>

<sup>4</sup> For the purposes of this table, prosecutor refers to both the District Attorney and City Attorney.

<sup>5</sup> A prison sentence served locally. It is a combination of jail time and supervision.

<sup>6</sup> This provision allows the Sheriff to involuntarily transfer an individual for 72-hour psychiatric evaluation pursuant to Welfare and Institutions Code section 5150.

<sup>7</sup> This provision allows a *voluntary* transfer to mental health treatment outside of the jail for a period longer than 72-hours.

<sup>8</sup> Requires approval by the Board of Supervisors (Board) for an electronic monitoring program.

<sup>9</sup> Requires approval by the Board for an electronic monitoring program.

<sup>10</sup> This allows the Sheriff to implement a voluntary alternative to custody program.



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In addition to these legal limits, other factors, such as the availability of additional community beds<sup>11</sup> contribute to whether jail depopulation strategies and the closure of MCJ can be quickly realized. As detailed below, JCIT is formulating actionable strategies that can depopulate the jail and lead to the closure of MCJ.

### *Strategies for the Seriously Mentally Ill*

With the number of individuals diagnosed with serious mental illness (SMI) increasing in the jails, JCIT has focused depopulation strategies and programming for this population.

In its September 2022 quarterly report, JCIT identified transitioning/transferring SMI individuals to secured mental health treatment facilities as a central depopulation strategy. Subsequently, on September 27, 2022, the Board passed a motion directing JCIT along with other County stakeholders to report back on a plan for building out secure mental health beds. This effort led to the Board passing a second motion on April 4, 2023, to develop an initial 500 secure mental health care beds “to care for the P3/P4 individuals currently in the jails as the ‘Jail Depopulation Program.’”

Consistent with JCIT’s recognition that the SMI population should be a focus of depopulation efforts, in July 2022, JCIT in collaboration with the County Department of Mental Health (DMH), initiated and funded a 45-bed program for SMI individuals, that would include DMH Full-Service Partnership mental health and supportive services. The program is at capacity with a waiting list and DMH will expand the program to include an additional 55 beds over the next few months. This program helps immediately depopulate the SMI individuals who do not require secured facilities. Additional details on the program are included in the “Programs that Support Jail Depopulation” section of this report.

### *Improving the Process for the State Prison Transfers*

Both the MCJ Closure Report and JFA Report identified increasing the number of state prison transfers as key to depopulating the jail.<sup>12</sup> In January 2023, JCIT initiated meetings with County Counsel and the Los Angeles County Sheriff’s Department (LASD) to assist in developing strategies to streamline the paperwork process so LASD can expedite state prison transfers.

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<sup>11</sup> A range of various types of beds are necessary to support the needs of individuals outside of custody, including, but not limited to, permanent supportive housing, interim housing (e.g., recovery bridge housing, etc.), as well as treatment beds across the continuum of care that meet the Mental Health and Substance Use needs of individuals.

<sup>12</sup> See The Men’s Central Jail Closure Plan: Achieving a Care First Vision, March 2021 (MCJ Closure Report) p.48; JFA report pp. 10,16.

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Over the last few months JCIT conducted research, consulted with LASD and County Counsel, participated in numerous meetings, and developed a strategy for raising the issue with the California Department of Corrections and Rehabilitation (CDCR). In late April 2023, CDCR informed LASD that it will allow LASD to provide the necessary paperwork AFTER an individual is transferred to state prison. By moving a time-consuming paperwork process to after the state prison transfer process has occurred, LASD believes this new process will have a significant long-term impact on keeping the pending state prison transfer numbers low. Due to this and other efforts to expedite state prison transfers, from late April through June 21, 2023, the total number of people awaiting transfer to state prison has decreased by approximately 37 percent.

### *Developing Sentencing Alternatives to Reduce Reliance on Incarceration*

Another key to jail depopulation is to develop programming for those with mild to moderate mental health or substance use disorder needs that may require interim housing, counseling, job assistance, substance use treatment, and other services. JCIT/JCOD executed a contract with a provider that will provide housing and individualized services for those who have at least nine months of custody time in their sentence. The JCOD Specialized Treatment for Optimized Programming (JCOD STOP) program is set to launch this summer and will provide up to 400 beds over a two-year period.

JCOD STOP will have two sources of referrals.

- LASD: Those currently serving a local state prison sentence in County jail. LASD will determine individuals who qualify for release to the program as a voluntary alternative to custody per Penal Code section 1170.06.
- Criminal Court System: Judges can impose time in the program as an alternative to lengthy jail or state prison sentences.

By creating a program that both depopulates the jail via LASD referrals and provides an alternative to incarceration in criminal cases, we believe JCOD-STOP will help reduce reliance on County jail facilities.

### *Evaluating Length of Stay Issues*

Both the MCJ Closure Report and JFA Report note that the average length of stay (LOS) in the County jails must decrease for jail closure to occur.<sup>13</sup> To reduce reliance on County custodial facilities and depopulate the jail, LOS issues must be ameliorated. Because of the numerous

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<sup>13</sup> See MCJ Closure Report p. 85 and JFA report p.9. JFA noted that LOS in the County is double the statewide average.



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justice stakeholders involved with the variety of LOS issues, creating sustainable strategies to address long-term systemic problems leading to excessive LOS is a challenge.

JCIT is evaluating LOS issues and plans to transform the Custody Alternatives Team into a workgroup to discuss LOS issues and prioritize interventions to reduce LOS for individuals in custody. We have had meetings with the County Chief Information Office (CIO), along with the DOJ Compliance Office to discuss the data analysis needed for this work.

### *Compassionate Release*

Yearly there are individuals in the jail, either on hospice care, or receiving significant medical services that should be provided in a skilled nursing facility instead of a jail. However, the current statutes relating to the Sheriff's authority to compassionately release individuals may need to be amended to provide the Sheriff the opportunity to release more of these individuals into the community.

Earlier this year, stakeholders met to review compassionate release issues. As a result, JCIT is creating a workgroup to examine potential legislative amendments so more individuals can be compassionately released and cared for in the community, not in the jail.

### *Review of Diversion Alternatives at the Arrest/Pre-Filing Stage*

Recently JCOD/JCIT hosted a meeting with LASD and the County DOJ Compliance officer regarding a Booking Diversion program that LASD obtained a grant before the pandemic for those with mental illness. Due to the pandemic, the program was delayed, and stakeholders were not aware of the programs currently offered by JCOD. The JCOD team also met with the Office of Diversion and Reentry's Law Enforcement Assisted Division (LEAD) program to explore where efforts between JCOD's pre-filing program and LEAD are aligned to meet various needs of the pre-filing population. JCIT will lead follow-up meetings with LASD and other stakeholders to ensure that any new diversion programs will not duplicate current programs being offered in the County and determine if current pre-filing diversion programs can be expanded to assist with depopulation.<sup>14,15</sup>

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<sup>14</sup> The MCJ Closure Report emphasizes the importance of expanding diversion to contribute to jail depopulation and MCJ closure. (See pp. 63-70.)

<sup>15</sup> The Los Angeles County Alternatives to Incarceration Work Group Final Report, Recommendation No. 48 also encouraged the County to develop and expand pre-arrest and pre-bookings diversion programs, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement driven by unmet behavioral health needs, in coordination with law enforcement and community providers. (ATI Report p. 52, 77.)

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### *Incorporating Gender Responsive Advisory Committee Recommendations*

In our previous quarterly report, JCIT indicated it would conduct a mini solicitation with local universities that may be interested in partnering with JCIT to conduct a population study on the cisgender women and two spirit, lesbian, gay, bisexual, questioning, and transgender, gender non-conforming and/or intersex populations for those housed at Century Regional Detention Facility (CRDF) and in the K6-G units at MCJ. JCIT released a Request for Information in early November 2022. However, only one response was received, and it was not the right fit. With Board approval, JCIT elected not to move forward with a consultant and instead, sought out individuals with lived experience to conduct focus groups in both MCJ and CRDF to gain additional insight into how to prioritize the GRAC's recommendations and fulfill the objectives of the 2021 GRAC Board Motion.

Staff members with lived experience from the Anti-Recidivism Coalition (ARC) have agreed to facilitate the focus groups in collaboration with JCIT, are currently undergoing the clearance process, and will be compensated for their time. There will be four focus groups in total – two with individuals in the K6-G units at MCJ and two with individuals at CRDF. JCIT has developed the project plan and is currently in final stages of collaborating with LASD on logistics. The focus groups are scheduled to take place at MCJ on July 11, 2023, and CRDF on July 12, 2023. The focus groups will also obtain feedback on depopulation strategies and how to best incentivize remaining in community beds upon release from custody. Any feedback received during the focus groups, along with recommendations, will be incorporated into JCIT's next quarterly report.

### *Providing Opportunities for Those with Lived Experience to Assist with the Jail Closure Implementation Team, JCOD Pre-Trial Services, and Re-Entry Programs*

Although conducting focus groups is helpful for obtaining feedback, it is not a sufficient mechanism for those with lived experience to provide ongoing insight into jail depopulation and closure, pre-trial services, and re-entry programs.

JCIT is exploring incubating a broader JCOD/JCIT Fellowship Program that would provide individuals with lived experience an opportunity to work at JCOD and rotate through different divisions. At this development stage, we are envisioning a program length of 12-24 months, that would include a portion of that time working with JCIT and assisting in employing/developing depopulation strategies. Individuals could then rotate through different divisions of JCOD so those with lived experience have a variety of opportunities to share their insights as well as obtain valuable County work experience.

JCIT is in the process of developing program specifics, along with a proposed implementation plan and budget.



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### *Data Needs for Jail Population Modeling*

As the JFA Report noted, jail population analysis is critical to MCJ closure because population projections are necessary to understanding the drivers of local incarceration.<sup>16</sup> However, these projections are only as good as the assumptions that underlie them and require a thoughtful analysis of data needed to ensure quality jail population modeling.

Because of the County's size and the amount of data involved in tracking arrests, cases, jail classifications, and releases, combined with County stakeholders and the Superior Court having differing systems that do not necessarily capture all the same data, obtaining data needed for jail modeling is a challenge. In addition, upon moving to JCOD, the department will need data agreements with LASD and the Superior Court (if they are willing to share data). Moreover, JCIT's data needs and agreements will be coordinated with the larger needs of JCOD to avoid duplication.

JCIT and JCOD recently had meetings with CIO and the DOJ Compliance Office to discuss data needs and JCOD is in the process of finalizing JCOD/JCIT data requests. We anticipate additional meetings with CIO and other stakeholders to formulate data sharing agreements and evaluation of what computer programs and staff may be needed to maintain ongoing jail population modeling.

### **Programs that Support Jail Depopulation**

#### *Care First Community Investment (CFCI) Programs Funded by JCIT*

JCIT has established partnerships with County departments and community-based organizations to facilitate direct community investment that supports the closure of MCJ by expanding access to housing and services while ensuring public safety. With the adoption of the Board's Supplemental Budget Recommendations on October 5, 2021, JCIT funded \$42 million, over two years, to support the closure of MCJ and to divert people with mental health and substance use disorders.

With these CFCI funds, JCIT committed to expanding interim housing, substance use disorder (SUD) treatment, mental health services, and intensive case management services administered through County department contract provider networks. A current overview of the available beds and their utilization, as well as a summary of each program and its activity, through Year 1 Quarter 3 (March 2023) is listed in the table below.

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<sup>16</sup> JFA Report pp. 8, 9.

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Program	County Dept. Funded	# of Years	# of Slots Funded	Funding	Use through Q3	Start Date
Housing for Health (HFH) Interim Housing Beds	DHS	2	80	\$7,426,000	36	7/1/2022
Interim Housing	DMH	2	45	\$4,458,000	77	9/1/2022
ODR Maternal Health	DHS	2	50	\$5,142,000	37	4/1/2022
Reentry Interim Housing	JCOD	2	108	\$8,854,000	154	7/1/2022
DPH-SAPC Community Treatment Program	DPH	2	850 Encounters <sup>17</sup>	\$8,460,000	1,914 Individuals Served	7/1/2022
<b>TOTALS</b>			<b>283 Slots 850 Encounters</b>	<b>\$34,340,000</b>		

A summary of the following CFCI programs funded by JCIT is described below:

*Department of Health Services (DHS) Housing for Health Interim Housing*

JCIT partnered with the DHS Housing for Health (HFH) program to support 80 interim housing beds. This program links reentry clients who are transitioning from jail with interim housing, intensive case management services, benefits establishment, and other supportive services. From, August 2022, to March 31, 2023, the program received 292 referrals and 36 enrollments.

This HFH program experiences the ongoing challenge of referred individuals not arriving at all to the program site, or remaining long enough, to receive the full scope of services offered to successfully transition into permanent housing and the community. Although there are many referrals, because these clients are not mandated to participate in the program, and many struggle to complete any type of voluntary program, despite the vast array of services offered, the overall participation rate is low. The HFH team and its provider continues to work with clients to increase overall engagement.

This program provides needed services and pathways to success for those who choose to take advantage of the services. In its recent quarterly report, HFH highlighted that due to the HFH housing and supportive services, a participant feels, "hope and an open door to happiness again." With HFH's assistance, he has obtained documents needed to secure employment, (e.g., his identification and Social Security cards), and expressed that program motivates him to do well.

<sup>17</sup> Each service, in-person or telephonic visit, supportive housing, or action taken by DPH-SAPC or contract provider staff to support a person with SUD treatment and/or housing qualifies as an encounter.



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### *Department of Mental Health Interim Housing*

The DMH Interim Housing Program has consistently demonstrated success since it began receiving referrals in August 2022. The program provides two sites – one with 22 beds and one with 23 beds - for a total of 45 beds providing interim housing and intensive services to SMI individuals.

Participants receive clinical services including individual and group behavioral health treatment, psychiatry, occupational therapy, family reunification, medication management and recreational therapy. Case management services are also provided, and participants are provided life skills services that assist with community reentry, education/employment readiness, life skills management, interpersonal skills building, benefits establishments, and linkages to housing. From August 2022, through March 2023, the program received 83 referrals, and 77 participants were enrolled. During this time, five participants transitioned to permanent housing.

### *Department of Health Services Office of Diversion (ODR) and Reentry Maternal Health Program*

JCIT funded the ODR Maternal Health Program in April 2022. Since inception, the program has provided services to 47 pregnant people. The participants are provided with supportive housing and Reentry Intensive Case Management Services (RICMS). The goal of the program is to provide the resources for participants to reach a level of stability and self-sufficiency that will lower recidivism rates.

In its Quarter 3 report ODR Maternal Health noted a CFCI participant was approved for rapid rehousing and is searching for their own apartment. The participant is committed to a full-time job, complying with all program requirements, in the County INVEST job training program, and is on track for continued success.

### *Justice, Care and Opportunities Department Reentry Interim Housing*

This program was formerly known as “ODR Interim Housing.” When JCIT initially funded the 76 beds, along with an expansion of 32 beds, the program was still housed in DHS-ODR. When JCOD was launched in November 2022, it assumed this program (and its staff) and renamed it “JCOD Reentry Interim Housing.” From July 1, 2022, through March 31, 2023, the program processed 226 referrals, and enrolled 154 participants.

JCOD Reentry Interim Housing aims to provide stability to participants, in tandem with RICMS Community Health Workers, by assisting with job stability, living on their own, and overcoming obstacles that justice involved individuals face when reintegrating back into the community. The program reported that CFCI clients have obtained their own apartments, and one is in the process of purchasing their first home. Others are working towards regaining custody of their children by securing housing.

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Due to the lack of available affordable housing options in the County, the rate of being permanently housed is low. Three of the four interim housing sites the program oversees are in the same part of the County, and the program notes that housing resources in other County areas are needed. Many times, participants will request to be housed in other sites due to gang related affiliation; they do not want to be exposed to the same environments that led them to incarceration. Availability of housing locations in other areas could increase the rate of permanent housing for participants. JCOD refers clients to the permanent supportive housing program Breaking Barriers, submits Section 8 housing applications, and continues to research various other community services to assist with permanent housing such as bank loan programs. JCOD may also explore partnerships with the Homeless Initiative and Los Angeles Homeless Services Authority.

### *Department of Public Health Substance Abuse Prevention and Control (SAPC) Community Treatment Program*

JCIT funded the SAPC community treatment program to provide an array of substance use disorder (SUD) treatment services to individuals who are being diverted or released from jail. Referrals to the program began in July 2022 and are received through the Correctional Health Services' Addiction Medicine Services, Department of Public Health's Transformation to Advance Recovery and Treatment program, the Care Transitions Unit, Housing for Health, and justice partners.

From July 2022 through March 2023, the program served 1,914 individuals. Of these, 1,425 individuals were discharged during the same time period having shown improvement in their mental and physical health, housing, employment, job training and substance use. The program also recently advised that due to an increase in its overall funding portfolio, it can maximize JCIT CFCI funding to serve more justice involved individuals than originally projected. As of March 2023, the program has served more than double the original projection of 850 individuals in just the first 9 months.

### **Broader Initiatives**

#### *Universal Screening Framework/Universal Tool*

JCIT along with JCOD convened a meeting on March 22, 2023, which was attended by County Justice Partners (i.e., representatives from the District Attorney, Public Defender, and Alternate Public Defender) and County Health Partners (i.e., representatives from the DHS, DMH, and SAPC), to dialogue about collaborative opportunities that could facilitate enhancements to the existing processes a justice-involved/justice-impacted individual experiences in the County. One identified opportunity was the potential value of having a Universal Screening process that can



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be utilized with all justice-involved individuals regardless of where they are in their involvement with the justice system.

On May 11, 2023, representatives from DHS, DMH, and SAPC met to dialogue further about the feasibility of development of a Universal Screening Framework that would include a Universal Screening Tool to assist any user of the tool, regardless of where in any system/community the user is situated, with identification of clinical and/or non-clinical needs/factors being experienced/impacting the individual. Identification of clinical and/or non-clinical needs/factors can aid in determining next steps (e.g., referral for a full mental health assessment, referral for a full substance use assessment, referral for assessment to participate in a housing program with supportive services, etc.).

The Universal Screening Tool would be embedded in the JCOD Beds and Services Navigator Application, which will be available for use by community members including individuals working in County departments that interface with justice-involved/justice-impacted individuals.