

**MOTION BY SUPERVISOR HOLLY J. MITCHELL**

June 14, 2022

**Expanding Office of Diversion and Reentry Housing**

There are nearly 13,000 people in the Los Angeles County (County) jail system. Nearly forty-three percent of the jail’s population is suffering due to mental health needs, a 21 percent increase since 2020. Incredibly, six out of ten women in County jails have serious mental illnesses and there are significant racial disparities in who is incarcerated, with mostly Black and Latinx/Hispanic people languishing in jails.

As the County continues to embrace a “Care First” vision, it is essential that we properly address the mental health needs of this population rather than expose them to turbulent and violent conditions that exacerbate their conditions. Urgent action is also necessary to relieve the constant pressure on County jail staff.

The County Department of Health Services’ Office of Diversion and Reentry (ODR) has demonstrated success in addressing this crisis, but it’s housing program has not been able to expand services beyond its 2,200-bed capacity because of financial constraints. In 2015, the Board of Supervisors created ODR to reduce the number of people incarcerated in County jails with mental health and/or substance use disorders who are at risk of homelessness, to reduce recidivism, and to improve the health outcomes of justice-involved populations who have the most serious underlying health needs.

Since its creation, the County courts have released 7,414 persons from jail and

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into ODR's care where they have received community-based treatment and various types of supportive housing programs. (See Attachment A). A 2020 RAND study determined that 61 percent of individuals in County jails – more than 3,600 people – are candidates for diversion. Another RAND Corporation study of ODR's Supportive Housing Program found that 91 percent of its clients had stable housing after six months; 74 percent had stable housing after twelve months; and 86 percent had no new felony convictions after a year.

Numerous studies have confirmed that ODR's programming is successful at stabilizing persons with serious mental illness so that they can safely live in the community. In turn, by stabilizing people with serious mental illness who so often cycle between jails and homelessness, ODR's housing model provides targeted resources to reduce housing instability for this high needs population. In addition, preliminary results of a study by UCLA of 962 ODR clients show that their medical and mental health hospitalization and emergency department visit rates decreased dramatically after they enrolled in ODR programs (See below).

**Table 2. Medical Health Utilization Rate (per 100,000 clients) in pre and post 12 Months of Enrollment**

<i>Variable</i>	<i>In pre 12 months</i>	<i>In post 12 months</i>
<b>Number of hospitalizations (per 100,000 clients)</b>	156,128	63,454
<b>Number of ED visits (per 100,000 clients)</b>	313,092	116,896
<b>Number of primary care visits (per 100,000 clients)</b>	92,200	199,249
<b>Number of specialty visits (per 100,000 clients)</b>	59,888	92,490

**Table 3. Mental Health Utilization Rate (per 100,000 clients) in pre and post 12 Months of Enrollment**

<i>Variable</i>	<i>In pre 12 months</i>	<i>In post 12 months</i>
<b>Number of hospitalizations (per 100,000 clients)</b>	71,587	20,775
<b>Number of ED visits (per 100,000 clients)</b>	56,546	17,271

ODR recently demonstrated its ability to quickly scale up its programs and services in response to the COVID-19 pandemic. ODR and its community-based partners, with the support of one-time federal COVID-19 response funding, quickly diverted and housed 211 individuals who were released from County jails and provided thousands of individuals with wraparound reentry services. As a result, many vulnerable residents were diverted from homelessness and removed from an environment where they were at high risk of becoming infected with the COVID-19 virus.

Despite the demonstrated efficacy of the ODR model and numerous efforts to develop a funding road map, including motions in [May 2019](#), in [July 2020](#), and in [June 2021](#), sufficient funding has not been identified to scale up diversion efforts to keep pace with the growing need. On April 28, 2022, the Mental Health Commission voted to strongly recommend that the Department of Mental Health (DMH) allocate \$25 million a year in Mental Health Services Act (MHSA) funds to support ODR services to MHSA-eligible clients. DMH Program and Finance staff are still evaluating this proposal.

The Chief Executive Officer (CEO) has previously been tasked with providing recommendations to secure ongoing funding to maintain ODR's work for existing clients and to address the impending "fiscal cliff" it faces when current one-time funds are fully expended. Although the \$30 million of funding the CEO recommended for the 2022-23 fiscal year is a great step, it does not address ODR's \$29 million deficit and allow ODR to further expand its services.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Instruct the Chief Executive Officer (CEO) to report back in writing during the Fiscal Year (FY) 2022-23 Supplemental Budget to recommend a process for identifying ongoing funding sufficient to expand the County-funded Office of Diversion and Reentry (ODR) Housing program by at least 500 additional beds, increasing the number of ODR Housing program beds to 2,700 (above what is currently feasible with existing ODR resources) by July 1, 2023, with consideration for funding sources including, but not limited to, AB 109 and Net County Cost.
2. Instruct the CEO, in collaboration with the Interim Director of ODR and other

relevant stakeholders, to report back in writing during FY 2023-24 Recommended Budget with funding recommendations for expanding ODR Housing and expanding community based mental health care, including a discussion of what funding sources are available. This report should:

- a. Include funding recommendations for expanding ODR Housing by 1,000 additional beds in FY 2023-24, increasing the total number of ODR Housing program beds to 3,700.
- b. Include funding recommendations for increasing capacity by at least 3,600 beds for community-based mental healthcare, increasing the total number of ODR Housing program beds to 5,800; and 400 beds for individuals with serious medical, substance use disorder and/or other housing needs.

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Attachment A:

