AGN. NO.

MOTION BY SUPERVISOR HOLLY J. MITCHELL June 28, 2022

Expanding Office of Diversion and Reentry Housing

There are nearly 13,000 people in the Los Angeles County (County) jail system. Nearly 43 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 Corporation 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 need 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

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

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

Variable	*In pre 12 months*	*In post 12 months*
Number of hospitalizations (per 100,000 clients)	71,587	20,775
Number of ED visits (per 100,000 clients)	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 County's 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 for 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 with an update on the structural deficit of the Office of Diversion and Reentry (ODR), an analysis of the cost required for expansion, and a plan to identify ongoing funding to expand the ODR Housing program by 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, and recommendations of potential funding sources, including, AB 109, Net County Cost, and State Medi-Cal funds.
   a. The report should include an update on the status of the Memorandum of

Agreement (MOA) between the Department of Health Services and Department of Mental Health (DMH), an analysis of funding that is made available through the MOA, and plans to use those funds to expand ODR Housing program beds and services.

b. The report should also include recommendations from the CEO-Chief Information Officer to formalize a data and outcomes analysis plan for ODR to include, at minimum, the following data points:

   i. The number of clients referred (including those not accepted);
   ii. The number of clients referred to the DMH Intensive Care Division, Lanterman-Petris-Short conservatorship, and Full Service Partnership;
   iii. The number of clients who elope;
   iv. Recidivism rates and rates of refusals to participate (including time of stay between leaving jail and leaving/refusing to participate);
   v. The number of clients who fail due to non-compliance or are engaged in violence, substance use, or other behaviors for which they must be moved to higher levels of care;
   vi. Number of clients who transition into non-ODR long-term housing.

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(JM/YV/CAS)

Attachment A: