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DISTRICT ATTORNEY'S REPORT DATED JUNE 19, 2014 DEVELOPMENT OF
DIVERSION PLAN

DIRECTOR OF MENTAL HEALTH'S REPORT DATED MAY 6, 2014 ON DIVERSION
STATISTICS

DIRECTORS OF PUBLIC HEALTH, HEALTH SERVICES AND MENTAL HEALTH REPORT
ON DIVERSION PROGRAMS JULY 17, 2014.

REPORT FROM DISTRICT ATTORNEY DATED AUGUST 4, 2015

REPORT FROM CHIEF EXECUTIVE OFFICER DATED AUGUST 4, 2015



JACKIE LACEY
LOS ANGELES COUNTY DISTRICT ATTORNEY

18000 CLARA SHORTRIDGE FOLTZ CRIMINAL JUSTICE CENTER
210 WEST TEMPLE STREET LOS ANGELES, CA 90012-3210 (213) 974-3501

June 19, 2014

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**BOARD MOTION – MAY 6, 2014
MOTION BY SUPERVISOR MARK RIDLEY-THOMAS
PROVIDING TREATMENT, PROMOTION REHABILITATION AND
REDUCING RECIDIVISM: A 60-DAY INITIATIVE TO DEVELOP
A COMPREHENSIVE DIVERSION PLAN FOR
LOS ANGELES COUNTY**

In accordance with this Board's May 6, 2014 Motion, the District Attorney's Office provides the following 60-day progress report regarding mental health diversion, as directed.

On May 28, 2014, a Countywide Mental Health Summit (hereafter "Summit") was convened as the first step toward creating a comprehensive mental health diversion plan for Los Angeles County. Mental health diversion will commence through an ambitious pilot project which will include the geographic jurisdictions of the Los Angeles Sheriff's Department, the Los Angeles Police Department and the Long Beach Police Department. In order to roll out an actual mental health diversion program as soon as possible, the Summit was designed to begin an ongoing stakeholder dialogue which will assess existing mental health resources in Los Angeles County, identify strengths and weaknesses of current resources and create recommendations of how any current gaps in services can be met.

The (G)athering information; (A)ssessing what works; (I)nterpreting, integrating the facts; (N)etworking; (S)timulation change (GAINS) Center, which has assisted several other jurisdictions in the creation of robust and successful mental health diversion programs, has been employed as a consultant to work with local stakeholders to formulate a plan to implement mental health diversion as expeditiously as possible. Initial funding for the GAINS Center and the Summit was provided by the California Endowment and by the Aileen Getty Foundation, and the Summit was physically hosted

The Honorable Board of Supervisors
June 19, 2014
Page 2 of 3

by the USC Gould School of Law. The Summit was attended by a myriad of stakeholders, including the District Attorney's Office, the Department of Mental Health, the Sheriff's Department, the Superior Court, the Public Defender's Office, the Alternate Public Defender's Office, the Probation Department, the Executive Director of the Countywide Criminal Justice Coordination Committee (CCJCC), the Chief Executive Office, the Los Angeles Fire Department, the Los Angeles Public Health Department, the Los Angeles City Attorney's Office, the United States Attorney's Office, the Los Angeles County Mental Health Commission, National Alliance on Mental Illness (NAMI) and dozens of other stakeholders and community based organizations.

During the Summit, the GAINS Center introduced participants to the "sequential intercept model" of mental health diversion planning which has been successfully utilized in other jurisdictions, including Miami-Dade County, Florida. The sequential intercept model is geared toward identifying all places along the criminal justice continuum where contact and appropriate intervention with those who suffer from mental illness can take place, in order to better serve not only those individuals, but also the community as a whole. This model will be assessed for adoption locally to better assist stakeholders in creating and implementing an action plan which will enhance public safety and lead to more positive outcomes.

Following the Summit, the GAINS Center recommended a smaller series of local stakeholder meetings, which are currently scheduled to take place on July 8 and 9, 2014. These follow up meetings will enable further evaluation and recommendations for the next interim steps to be taken toward mental health diversion implementation in Los Angeles County.

Respectfully submitted,


JACKIE LACEY
District Attorney

pc

- c: Executive Officer, Board of Supervisors ✓
- Alternate Public Defender, Janice Fukai
- Chief Executive Officer, William T Fujioka
- Countywide Criminal Justice Coordination Committee, Mark Delgado
- Department of Mental Health, Marvin J. Southard, D.S.W
- Long Beach Police Department, Jim McDonnell
- Los Angeles City Attorney's Office, Mike Feuer



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

May 15, 2014

TO: Each Supervisor
FROM: Marvin J. Southard, D.S.W.
Director

SUBJECT: **RESPONSE TO MAY 6, 2014, BOARD MEETING ON DIVERSION STATISTICS**

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

2014 MAY 16 AM 10:35

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At the Board Meeting on May 6, 2014, Supervisor Gloria Molina asked the Department of Mental Health (DMH) to provide an estimated number of mentally ill individuals formally being diverted through various DMH programs from the jail. DMH reported that on an annual basis, approximately 1,500 individuals were diverted and that DMH would respond back with more exact figures.

This memorandum constitutes that response and places the formal diversion process in context of other activities.

Diversion Statistics

1. Unlike many jurisdictions, Los Angeles County already diverts a high proportion of individuals charged with misdemeanors. Of the 18,000 persons in Los Angeles County jails, only 1,000 or so are charged with misdemeanors. DMH, the Sheriff, and the District Attorney are currently looking into the possibility of diverting from jail any of those 1,000 who may be suffering from mental illness as appropriate.
2. DMH participates in a number of mental health law enforcement joint response programs with Los Angeles Police Department, Sheriff, Long Beach, Pasadena, Burbank, and others. They respond to 7,000 calls annually. It is not known how many of these calls would otherwise have led to arrests, but if in a conservative estimate 15% might have, that yields 1,050 individuals diverted. These programs will be expanding under Senate Bill 82.
3. DMH has run a number of formal diversion efforts in conjunction with the Superior Courts. During a recent 12-month period, these programs evaluated 1,997 individuals for diversion because of mental illness and successfully diverted 1,053 of them. The two largest reasons for non-diversion were that 333 refused diversion and that some of the individuals evaluated were determined to be suffering from addiction rather than mental illness (see attached chart for details).

Each Supervisor
May 15, 2014
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4. The DMH Countywide Resource Management Division, which oversees an array of high intensity services, reports diverting an additional 862 persons during a recent 12-month period.
5. The Public Guardian diverted 96 individuals at the request of the courts using the conservatorship process apart from the other programs mentioned.
6. These existing programs formally diverted 2,014 mentally ill persons from jail during a 12-month period. These, together with less formal law enforcement mental health team efforts will serve as the baseline for the much needed additional diversion efforts proposed by District Attorney Jackie Lacey and her community task force.

If you have any questions, please contact me, or your staff may contact Dr. Stephen Shea, Director of Jail Mental Health Services, at (213) 974-9083.

MJS:tld

Attachment

c: Chief Executive Office
Executive Office, Board of Supervisors
County Counsel
District Attorney
Sheriff's Department

**MENTAL HEALTH COURT LINKAGE PROGRAM
CLIENTS SERVED
FISCAL YEAR 2012-13 (July 1, 2012 - June 30, 2013)**

INDIVIDUAL DIVERTED-OUTCOME	# OF CASES
CODC Program	36
FSP	150
Outpatient	173
8300	13
VA	13
Board & Care	15
Regional Center	26
Dual Diagnosis Program	59
Residential Program	87
Comm Reintegration Program	79
Shelter	3
Sober Living	33
IMD	10
Other	3
FCCS	11
Focal Population Already Linked to Service-Relinked	342
Number of Cases Diverted	1,053

REASONS FOR NON-DIVERSION	# OF CASES
Not Focal Population	283
Refused	333
Parole	17
Prison	86
Parole Outpatient Clinic	14
Other	0
Level of Care Not Available	102
Level of Care Not Acceptable to Court	71
AB 109	38
Number of Cases Not Diverted	944

GRAND TOTAL	1,997
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The Honorable Board of Supervisors

June 19, 2014

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Los Angeles County Mental Health Commission, Terry Lewis-Nwachie, M.S.

Los Angeles Fire Department, Daryl L. Osby

Los Angeles Police Department, Charlie Beck

Los Angeles Public Health Department, Jonathan E. Fielding, M.D., M.P.H.

National Alliance and Mental Health Illness, Jim Payne, J.D.

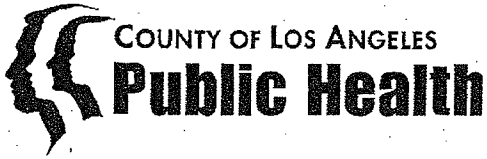
Probation Department, Jerry E. Powers

Public Defender's Office, Ronald L. Brown

Sheriff's Department, John L. Scott

Superior Court, John A. Clarke

United States Attorney's Office, Monty Wilkinson



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

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Third District
- Don Knabe
Fourth District
- Michael D. Antonovich
Fifth District

July 17, 2014

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *J.E. Fielding MD*
Director and Health Officer

Mitchell H. Katz, M.D. *Mitchell Katz*
Director of Health Services

Marvin J. Southard, D.S.W. *MJ Southard*
Director of Mental Health

SUBJECT: **OPPORTUNITIES TO FUND DIVERSION PROGRAMS (ITEM NO. S-1, AGENDA OF MAY 6, 2014)**

On May 6, 2014, the Board instructed the Directors of Public Health, Health Services, and Mental Health to report back in 60 days on a plan to seek funding through the Affordable Care Act (ACA) or other funding mechanisms available through substance abuse or Mental Health funds, for individuals who are diverted to treatment programs. The Board further directed the departments to examine the opportunities to specifically fund the diversion programs under the ACA and include findings in the report back.

DEPARTMENT OF PUBLIC HEALTH

With Medicaid Expansion under the ACA, substance use disorder (SUD) services covered by California's Drug Medi-Cal (DMC) program have expanded coverage to include low-income adults without children and adults dually eligible for Medicare and Medi-Cal. The DMC program expansion also now includes expanded SUD services as part of the benefits package (limited to Narcotic Replacement Therapy, intensive outpatient, and outpatient treatment services).

The Department of Public Health (DPH) oversees several projects that prioritize the criminal justice involved populations to divert low-level offenders with SUD from incarceration into treatment. Existing substance abuse diversion programs include Deferred Entry of Judgment; Substance Abuse and Crime Prevention Act of 2000, better known as Proposition 36, Adult Drug Court Programs; Sentenced Offender Drug Court Program; Public Safety Realignment Act –

Assembly Bill 109; and Second Chance Women's Reentry Program. Criminal justice involved individuals who do not meet criteria for the above mentioned programs can now access SUD services covered under DMC.

The criminal justice involved populations often need higher levels of care, such as inpatient detoxification and/or residential SUD treatment. Both inpatient detoxification and residential SUD treatment services are not covered under the existing DMC benefits. DPH will continue to work with existing funders, seek other opportunities through grants, and promote further collaborations with community partners to provide services not covered by DMC benefits that address access to services with the criminal justice involved population.

One new project that will immediately target access to services for the criminal justice involved population is the Medi-Cal Outreach and Enrollment Grant, recently approved by your Board. DPH and the Departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS) and the Sheriff's Department recently successfully applied and were awarded a Medi-Cal Outreach and Enrollment Assistance Grant by the California Department of Health Care Services (DHCS) to implement targeted outreach and enrollment assistance efforts with hard-to-reach populations, including criminal justice involved populations. The project will enhance efforts to expand access to SUD services for members of these populations.

DEPARTMENT OF MENTAL HEALTH

DMH intends to utilize our existing network of Medi-Cal certified specialty mental health outpatient intensive treatment programs for individuals that may be diverted from incarceration through pre-booking, post arraignment or as part of an after care plan upon release from detention. The level of reimbursement available to fund services to Medi-Cal beneficiaries falls into two categories: traditional Medi-Cal such as that which is an entitlement of individuals who receive Social Security Income (SSI) benefits and Medicaid expansion funding newly available through the ACA. Individuals who have been determined to be permanently disabled are eligible for SSI and traditional Medi-Cal benefits. Outpatient mental health services provided to such individuals require a 50 percent local match with federal funds supporting the remainder of the cost. On the positive side, SSI benefits include funding for housing costs for the disabled individuals. DMH intends to prioritize the needs of disabled individuals diverted from incarceration and will draw on Mental Health Services Act (MHSA) and realignment local match dollars to ensure that all eligible Medi-Cal services are maximized.

Individuals who are not permanently disabled and are eligible for the Medicaid Expansion under the ACA will be enrolled through several concerted benefits establishment initiatives underway in Los Angeles County, including the Medi-Cal Outreach and Enrollment Assistance grant mentioned above. DHS is also key to the effort to expedite benefits for those who are newly entitled to receive them. DHS staff currently has authority to conduct determinations for Hospital Presumptive Eligibility (HPE) within its hospitals. The Center for Medicare and Medicaid Services has also agreed it is permissible for hospital-based staff to conduct HPE determinations in County-owned and operated clinics, including non-hospital based clinics within DHS and mental health and substance abuse facilities within DMH and DPH. DHS is currently working

Each Supervisor
July 17, 2014
Page 3

with the State to clarify the rules and protocols that will govern this process and on the steps needed to implement this set of activities within the County. DHS plans to begin HPE determinations in non-hospital-based County-owned and operated sites as soon as formal approval has been granted by the State. Both presumptive eligibility and full benefit enrollment efforts are of critical importance to clients and to the Department as mental health treatment for individuals enrolled under the Medicaid expansion is currently funded at 100 percent federal financial participation with no cost to the County. This will ensure the adequate expansion of treatment services for individuals with mental illness who are diverted from incarceration.

DEPARTMENT OF HEALTH SERVICES

DHS provides limited community-based specialty mental health services through its outpatient program at LAC+USC Medical Center while less intensive non-specialty mental health services may be provided in outpatient medical centers. Given the lower intensity of the services provided in these settings, it is not anticipated that they will be a significant source of behavioral health care for individuals diverted from the jail at this time. However, as explained above, DHS will offer a key strategy for ensuring a funding source for behavioral health services through the HPE initiative.

If you have any questions or would like additional information, please let us know.

JEF:cah

c: Chief Executive Officer
County Counsel
Executive Office, Board of Supervisors
District Attorney
Sheriff's Department

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

2014 JUL 18 AM 9:36

FILED




JACKIE LACEY
LOS ANGELES COUNTY DISTRICT ATTORNEY

HALL OF JUSTICE
211 WEST TEMPLE STREET, SUITE 1200 LOS ANGELES, CA 90012-3205 (213) 974-3500

August 4, 2015

TO: Mayor Michael D. Antonovich
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Jackie Lacey 
District Attorney

SUBJECT: **PROVIDING TREATMENT, PROMOTING REHABILITATION AND
REDUCING RECIDIVISM: AN INITIATIVE TO DEVELOP A
COMPREHENSIVE PLAN FOR LOS ANGELES COUNTY
(Board Agenda of May 6, 2014)**

This report responds to your May 6, 2014 Board motion requesting the District Attorney work in conjunction with the Sheriff, Fire Chief, Directors of the Department of Mental Health, Health Services, Public Health, Veterans Affairs, and Public Social Services, Public Defender, Chief Probation Officer, Chief Executive Office, Alternate Public Defender, and Executive Director of the Countywide Criminal Justice Coordination Committee to conduct a comprehensive assessment of the existing mental health diversion programs used by the County of Los Angeles and currently available permanent supportive housing.

The attached report, developed by the above listed public officers, collectively known as the Criminal Justice Mental Health Advisory Board (Advisory Board) analyzes the need for mental health and substance abuse diversion services along the criminal justice continuum. The recommendation developed by the Advisory Board provides for a comprehensive mental health diversion program for each stage of the criminal justice continuum.

The initial step to preventing unnecessary incarceration and improving the outcome for the mentally ill who come into contact with the criminal justice system is to improve the contact with first responders. This can be accomplished by a county-wide commitment to Critical Incident Training and the pairing of law enforcement and mental health professionals that will increase the provision of appropriate services and decrease the likelihood of violent confrontation. It is not enough for first responders to know that alternatives to incarceration are needed, the appropriate facilities must be available. A comprehensive list of the existing housing and the need for additional bed space is discussed. While there are existing diversion programs throughout the court system, successful diversion plans require stable housing, comprehensive medical, mental health and addiction recovery services, as well as job training and placement.

Each Supervisor
August 4, 2015
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This report identifies gaps in these service areas and sets forth a plan of action to move Los Angeles County forward.

The goal of mental health diversion is to treat mentally ill criminal defendants safely and appropriately, providing the supportive social and medical services these individuals need in order to build healthy and productive lives, free of criminal activity and substance abuse, while ensuring public safety. Together, Los Angeles County can muster the will and the resources needed to accomplish this goal.

I look forward to providing the Board a report on our progress in the implementation of the mental health diversion programs.

If you have any questions or would like additional information, please let me know.

jm

Attachment

c: Executive Office, Board of Supervisors
Chief Executive Office, Sachi A. Hamai
Criminal Justice Mental Health Advisory Board
Alternate Public Defender, Janice Y. Fukai
Countywide Criminal Justice Coordination Committee, Mark Delgado
Department of Mental Health, Marvin J. Southard, D.S.W.
Los Angeles City Attorney's Office, Mike Feuer
Los Angeles County Mental Health Commission, Terry Lewis-Nwachie, M.S.
Los Angeles Fire Department, Daryl L. Osby
Los Angeles Police Department, Charlie Beck
Los Angeles Public Health Department, Cynthia A. Harding, M.P.H.
National Alliance on Mental Illness, Mark Gale
Probation Department, Jerry E. Powers
Public Defender's Office, Ronald L. Brown
Sheriff's Department, Jim McDonnell
Superior Court, Sherri R. Carter
United States Attorney's Office, Eileen M. Decker



County of Los Angeles CHIEF EXECUTIVE OFFICE

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SACHI A. HAMAI
Interim Chief Executive Officer

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Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

August 4, 2015

To: Mayor Michael D. Antonovich
Supervisor Hilda Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Sachi A. Hamai
Interim Chief Executive Officer

FISCAL REVIEW OF THE DISTRICT ATTORNEY'S MENTAL HEALTH ADVISORY BOARD REPORT (ITEM NO. S-1, AGENDA OF MAY 6, 2014)

On May 6, 2014, the Board approved a motion directing the District Attorney (DA) to conduct a comprehensive assessment of the existing mental health diversion programs currently used by the County of Los Angeles (County), including any currently available permanent supportive housing. The DA's assessment was to include: 1) a needs analysis for mental health and substance abuse diversion services along the criminal justice continuum; 2) identification of gaps, if any, in services, including housing for people with severe mental illness, access to health care including primary care, psychiatry and treatment for addiction, as well as access to training and jobs; 3) need, if any, for additional permanent supportive housing; 4) recommendations for the development of a comprehensive diversion program for each stage of the criminal justice continuum; 5) implementation strategy for diverting a minimum of 1,000 inmates eligible for reentry annually beginning in Fiscal Year (FY) 2014-15; 6) recommendations for policy changes and training; and 7) analysis of cost and cost savings.

On June 19, 2014, the DA provided the Board with a progress report which included the convening of a Countywide Mental Health Summit on May 28, 2014, as the first step in creating a comprehensive mental health diversion plan for the County.

On July 22, 2014, the Board approved a motion directing the Chief Executive Office (CEO) to provide an analysis of the proposed recommendations for the implementation of a comprehensive diversion program within the County.

"To Enrich Lives Through Effective And Caring Service"

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On July 29, 2014, the Board instructed the CEO, in consultation with the Directors of Mental Health, Health Services, Public Health and Public Social Services and the Public Defender, to identify and set aside at least \$20 million in the FY 2014-15 Budget for the implementation of a diversion program that includes services for individuals with mental illness who are arrested or currently in the County jail system and about to be released. Furthermore, the Board instructed the CEO to report back in 90 days on the availability of work force training funds that could be incorporated into a diversion program with a focus on providing job readiness, training and placement services for individuals seeking assistance in securing employment.

Fiscal Impact/Financing

During FY 2014-15 Supplemental Changes, \$20 million in one-time funding utilizing Net County Cost was set aside in the Provisional Financing Uses (PFU) Budget for implementation of a coordinated and comprehensive diversion program. During FY 2015-16 Recommended Budget, an additional \$10 million in ongoing funding was set aside in PFU for this effort.

Workforce Training Funds

The County, through the Department of Community and Senior Services, offers a wide range of integrated workforce development activities and services funded through the federal Workforce Investment Act (WIA). These services are designed to assist job seekers through access to employment opportunities, education, and training and support services in order to succeed in the labor market. WIA funding for employment and training programs can be incorporated into a countywide diversion program as part of a broad spectrum of community-based treatment and support services. These services can be part of a holistic diversion strategy for pre and/or post incarceration individuals with mental illness, and any possible co-occurring disorders, whose symptoms have been managed and controlled.

CEO's Fiscal Review

The DA's August 4, 2015, Mental Health Advisory Board Report outlines 29 recommendations for improving access to treatment and outcomes for individuals with mental illness. To do so, an effective program that diverts the mentally ill from the criminal justice system into effective community based treatment programs is needed. The CEO, working with the impacted County departments, conducted a preliminary analysis on the feasibility and cost to implement each of the 29 recommendations contained in the DA's report. The recommendations are grouped into the following ten categories:

- Crisis Intervention Training – 3 recommendations
- Mental Health Treatment, Priority – 6 recommendations
- Mental Health Diversion Steering Committee – 1 recommendation
- Public Health/Health Services Treatment – 3 recommendations
- Housing Services Enhancements – 6 recommendations
- Co-Deployed Teams – 2 recommendations
- Data Improvements – 3 recommendations
- Public Defender/Alternate Public Defender Jail Mental Health – 2 recommendations
- Mental Health Treatment, Lower Priority – 2 recommendations
- Sheriff's Department Mental Health Bureau – 1 recommendation

Attachment I is a summary of the recommended diversion programs and their associated costs. If no costs are identified, we will continue to work with the department to scope out the program and the resources necessary to move forward with implementation. The programs are listed in priority order and the chart outlines the current staff, budget and actual costs/experience of the program for the past two fiscal years; the additional staff and funding requested by the department to either implement the program or expand existing efforts, including a breakdown of the requested amounts into one-time versus ongoing categories; and existing and/or potential funding sources for the program.

Attachment II is a program overview for each recommendation and includes the following information: lead department, implementation priority, issue/problem, program proposal/description, program objectives/goals, target population and eligibility criteria, service type, service location, fiscal analysis (which includes a review of existing funding sources, and additional funding requested) and program status.

Conclusion

We will continue to work with the impacted County departments to identify all existing diversion programs and highlight future action plans and priorities. Additional funding requests and staff required by each Department to fully implement and/or enhance the programs will be provided to your Board as well. In addition, we will work with the Departments to identify operational changes/programs that can be achieved with little to no County resources.

Our office recognizes that many of the aforementioned recommendations will require additional funding to assist in changing the culture and practices of agencies involved in responding to people with mental illness in the criminal justice system. However, it is also imperative that we develop and pursue programs, services and interventions that best maximize our limited resources and demonstrate success in improving outcomes for individuals with mental illness.

Each Supervisor
August 4, 2015
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SAH:JJ:SK
SW:PVR:cc

Attachments

c: Executive Office, Board of Supervisors
 County Counsel
 District Attorney
 Sheriff
 Community and Senior Services
 Health Services
 Mental Health
 Public Defender
 Public Health
 Public Social Services

B100477.DA.Diversion Report - CEO Fiscal Analysis.bm080415.docx

DISTRICT ATTORNEY'S MENTAL HEALTH ADVISORY BOARD RECOMMENDATIONS COST ESTIMATES
August 4, 2015

ATTACHMENT I

PAGE	PROGRAM	LEAD DEPT	DEPT	FY13-14	FY13-14	FY13-14	FY13-14	FY14-15	FY14-15	FY14-15	FY14-15	FY14-15	Additional Staff Requested	Additional Funding Requested (Primary Dept)		Additional Funding Requested (2nd Dept)		Additional Funding TOTAL Requested	Proposed Program Expansion Funding Source
				Staff	Budget	Actual	Funding Source	Staff	Approved Budget (Lead Dept)	Approved Budget (2nd Dept)	TOTAL Approved Budget	Funding Source		One-Time	On-Going	One-Time	On-Going		
1	Law Enforcement Crisis Intervention Training (CIT) - Patrol	Sheriff												\$ 150,000	\$ 2,190,000			\$ 2,340,000	NCC * BASED ON 9 MONTHS OF FY 15-16 FUNDING (6 Yr Plan) - PLEASE SEE CIT NARRATIVE
3	Law Enforcement Crisis Intervention Training (CIT) - Training Coordinator & Mgmt Assistant	District Attorney										2			\$ 299,049			\$ 299,049	TBD - POST Certification
4	DMH Urgent Care Centers	Department of Mental Health		45 DO & Contract	\$ 27,517,151		MHSA, AB109, Medi-Cal	Contract	\$ 53,405,326		\$ 53,405,326	SB82, MHSA, AB109, Medi-Cal			\$ -			\$ -	Funding Approved for 3 new UCC through MHSA & SB82
5	DMH Crisis Residential Treatment Programs	Department of Mental Health		Contract	\$ 4,126,317	\$ 4,464,470	MHSA, AB109, Medi-Cal, NCC	Contract	\$ 91,036,862		\$ 91,036,862	SB82, MHSA, AB109, Medi-Cal, NCC			\$ -			\$ -	Funding Approved for 35 new CRTPS through MHSA & SB82
6	Forensic Full Service Partnership	Department of Mental Health										Contract			\$ 7,440,000			\$ 7,440,000	Medi-Cal, NCC
8	Forensic Field Capable Clinical Services	Department of Mental Health										Contract			\$ 2,800,000			\$ 2,800,000	Medi-Cal, NCC
10	Forensic Wellness Center Services	Department of Mental Health										Contract			\$ 640,000			\$ 640,000	Medi-Cal, NCC
12	Institutions for Mental Diseases (IMDs) Beds Expansion for Co-Occurring Disorder	Department of Mental Health		Contract	\$ 73,000,000		NCC	Contract	\$ 73,000,000		\$ 73,000,000	NCC	Contract		\$ 4,600,000			\$ 4,600,000	NCC

DISTRICT ATTORNEY'S MENTAL HEALTH ADVISORY BOARD RECOMMENDATIONS COST ESTIMATES
August 4, 2015

PAGE	PROGRAM	LEAD DEPT	2ND DEPT	FY13-14	FY13-14	FY13-14	FY13-14	FY14-15	FY14-15	FY14-15	FY14-15	FY14-15	Additional Staff Requested	Additional Funding Requested (Primary Dept)		Additional Funding Requested (2nd Dept)		Additional Funding TOTAL Requested	Proposed Program Expansion Funding Source
				Staff	Budget	Actual	Funding Source	Staff	Approved Budget (Lead Dept)	Approved Budget (2nd Dept)	TOTAL Approved Budget	Funding Source		One-Time	On-Going	One-Time	On-Going		
13	Countywide Adult Justice Planning and Development Program	Department of Mental Health											4		\$ 565,084			\$ 565,084	NCC
14	Mental Health Court Linkage & Court Liaison Program	Department of Mental Health	Superior Court	21	\$ 5,826,000	\$ 5,413,000	MHSA	21	\$ 6,188,000	\$ 6,188,000	MHSA	Contract		\$ 6,917,000			\$ 6,917,000	Medi-Cal, NCC	
16	Permanent Mental Health Diversion Steering Committee	Law Enforcement Task Force													\$ -			\$ -	TBD
17	Residential Medical Detoxification Services and Substance Treatment Resource Expansion	Department of Public Health										Contract		\$ 3,506,905				\$ 3,506,905	NCC
18	Sobering Centers – Restorative Centers	Department of Public Health/Law Enforcement Task Force												\$ 1,200,000				\$ 1,200,000	NCC
19	Creation of County Housing Director	Law Enforcement Task Force											1		\$ -			\$ -	TBD
20	Permanent Supportive and Rapid Re-Housing Beds / Flexible Housing Subsidy Pool	Department of Health Services										Contract	\$ 800,000	\$ 28,785,000				\$ 29,585,000	NCC
21	Housing Subsidies and New Construction or	Law Enforcement Task Force																\$ -	TBD
22	Specialized Housing Programs	Department of Mental Health											Contract		\$ 6,100,000			\$ 6,100,000	NCC

DISTRICT ATTORNEY'S MENTAL HEALTH ADVISORY BOARD RECOMMENDATIONS COST ESTIMATES
August 4, 2015

PAGE	PROGRAM	LEAD DEPT	2ND DEPT	FY13-14	FY13-14	FY13-14	FY13-14	FY14-15	FY14-15	FY14-15	FY14-15	FY14-15	Additional Staff Requested	Additional Funding Requested (Primary Dept)		Additional Funding Requested (2nd Dept)		Additional Funding TOTAL Requested	Proposed Program Expansion Funding Source
				Staff	Budget	Actual	Funding Source	Staff	Approved Budget (Lead Dept)	Approved Budget (2nd Dept)	TOTAL Approved Budget	Funding Source		One-Time	On-Going	One-Time	On-Going		
24	DMH Emergency Outreach Bureau – Law Enforcement Team and Expansion	Department of Mental Health		44	\$ 6,263,000	\$ 5,513,635	MHSA MediCal NCC	59	\$ 8,739,197		\$ 8,739,197	SB82 MHSA MediCal NCC	24		\$ 3,403,000			\$ 3,403,000	Medi-Cal, NCC
25	MET Team Expansion - Sheriff	Sheriff											30	\$ 1,007,000	\$ 4,495,000			\$ 5,502,000	NCC
27	Data Sharing: Sheriff-DMH Systems	Department of Mental Health	Dept of Health Services, Probation, Sheriff										Contract	\$ 230,000	\$ 204,000			\$ 434,000	NCC
28	Reentry Referral and Linkage Network of Care (DOJ Compliance)	Department of Mental Health											Contract	\$ 139,500	\$ 18,750			\$ 158,250	NCC
30	Consultant Services to Manage Metrics Outcomes	DMH																	TBD
31	Public Defender and Alternate Public Defender Jail Mental Health Team	PD & APD	Dept of Mental Health										37		\$ 3,676,364		\$ 727,000	\$ 4,403,364	NCC
33	Men's Integrated Reentry Services and Education Center Program (DOJ Compliance)	Department of Mental Health	Sheriff, Dept Health Services, Dept Public Health										20		\$ 3,000,000		\$ -	\$ 3,000,000	NCC Funding Approved in FY 15-16
34	Mental Health & Probation Co-Location Pilot Program	Department of Mental Health & Probation													\$ 681,189			\$ 681,189	NCC

DISTRICT ATTORNEY'S MENTAL HEALTH ADVISORY BOARD RECOMMENDATIONS COST ESTIMATES
August 4, 2015

PAGE	PROGRAM	LEAD DEPT	2ND DEPT	FY13-14	FY13-14	FY13-14	FY13-14	FY14-15	FY14-15	FY14-15	FY14-15	FY14-15	Additional Staff Requested	Additional Funding Requested (Primary Dept)		Additional Funding Requested (2nd Dept)		Additional Funding TOTAL Requested	Proposed Program Expansion Funding Source
				Staff	Budget	Actual	Funding Source	Staff	Approved Budget (Lead Dept)	Approved Budget (2nd Dept)	TOTAL Approved Budget	Funding Source		One-Time	On-Going	One-Time	On-Going		
35	Establishment of New Mental Health Bureau (FY 2016-17)	Sheriff											TBD		\$ -			\$ -	TBD
TOTAL COSTS													2,326,500	\$ 80,521,341	\$ -	\$ 727,000	\$ 83,574,841		

DISTRICT ATTORNEY'S MENTAL HEALTH ADVISORY BOARD RECOMMENDATIONS

PAGE	RECOMMENDATIONS	DEPT.
	CRISIS INTERVENTION TRAINING (CIT)	
1	Train 5,355 patrol deputies in the full 40 hour CIT Training over the next six years	LASD
3	Support the 16 hour CIT training program under the auspices of the District Attorney and Criminal Justice Institute and add (1) District Attorney Training Liaison and (1) District Attorney Management Assistant.	District Attorney
	MENTAL HEALTH TREATMENT RESOURCE EXPANSION	
4	Add three new Department of Mental Health Urgent Care Centers	DMH
5	Add 35 new Crisis Residential Treatment Programs	DMH
6	Add Forensic Full Service Partnerships	DMH
8	Add Forensic Field Capable Clinical Services	DMH
10	Add Forensic Wellness Centers; in the alternative, increase the staffing of current programs to support anticipated pre-booking diversion of mentally ill offenders	DMH
12	40 additional IMD beds designated for co-occurring disorders	DMH
13	Countywide Adult Justice Planning and Development Program - Four additional DMH administrative staffing items	DMH
14	Additional Court Linkage personnel to enhance communication with courts and attorneys	DMH & LASC
	PERMANENT MENTAL HEALTH DIVERSION PLANNING COMMITTEE	
16	Create and maintain the Permanent Planning Committee	Taskforce
	PUBLIC HEALTH/HEALTH SERVICES TREATMENT RESOURCE EXPANSION	
17	Residential Medical Detoxification Services and Residential Substance Abuse Treatment Services	DPH
18	Sobering Centers – Restorative Centers	DPH/Taskforce
	HOUSING SERVICES ENHANCEMENTS	
19	Create Mental Health Diversion County Housing Director position.	Taskforce
20	200 permanent supportive housing beds & 200 rapid re-housing beds through Flexible Housing Subsidy Pool for five years	DHS
21	200 units to be subsidized by federal monies; 400 supportive housing units through new construction or rehabilitation	Taskforce
22	Fund within the DMH Specialized Housing Program, 300 housing subsidies for permanent supportive housing and 200 housing subsidies for bridge housing.	DMH
	CO-DEPLOYED TEAMS	
24	DMH Emergency Outreach Bureau: Law Enforcement Team and Expansion	DMH
25	Sheriff's MET team expansion	LASD
	DATA IMPROVEMENTS	
27	Development of Cerner Hub inter-departmental interface or other solution to data sharing problems	DMH
28	Department of Mental Health Reentry Referral and Linkage Network of Care	DMH
30	Consulting Services to Manage Metrics Outcomes	
	PUBLIC DEFENDER AND ALTERNATE PUBLIC DEFENDER JAIL MENTAL HEALTH TEAM	
31	Jail and branch based psychiatric social workers and supervisors	PD & APD
	MENTAL HEALTH RESOURCE TREATMENT RESOURCE EXPANSION	
33	Men's Integrated Reentry Services and Education Center	DMH
34	Co-deployed Department of Mental Health personnel at Probation offices, to be commenced on a pilot project basis at five offices which span the geographic boundaries of the county	DMH & Probation
	LASD MENTAL HEALTH BUREAU	
35	Establish the new Mental Health Bureau (Fiscal 2016-17)	LASD

LAW ENFORCEMENT CRISIS INTERVENTION TRAINING (CIT)

Lead Department
Sheriff

Implementation Priority
High

Issue
Law enforcement does not have standardized training to deal with individuals suspected of having a mental disorder. Patrol personnel lack the requisite mental health training to optimally handle their numerous contacts with mentally ill persons. Unfortunately, several contacts with mentally ill persons by patrol personnel result in use of force incidents.

Proposal
Pending the formal release of the District Attorney's Taskforce Report, under consideration is a proposal to provide CIT. CIT is a 40 hour course for law enforcement encompassing training in areas of psychiatric disorders, substance abuse issues, de-escalation techniques, as well as in legal issues related to mental health and substance abuse.

Objective
Patrol personnel will be trained to identify individuals with a mental disorder, de-escalate field confrontations, and potentially divert individuals to DMH Urgent Care Centers for evaluation and referral to community based mental health providers.

Target Population/Criteria
Law enforcement, courts, prosecutors, and public defense attorneys.

Service Type
Training

Locations
Countywide

Fiscal Analysis
The Sheriff has proposed a six and three year plan to train the deputies. The two plans to provide CIT training to Sheriff personnel will cost \$14,101,030 (Please see following page for detail backfill costs). This cost does not include instructors, services & supplies, vehicles and space. Under the Sheriff's plans, CIT will be provided to personnel assigned to the four patrol divisions, Transit Policing Division, and Countywide Services Division. Departmental personnel attending the training includes sworn (sergeants and deputies) and non-sworn (Custody Assistants, Law Enforcement Technicians, Security Officers, and Security Assistants). The number of sworn personnel targeted to attend the training is 4,327 and non-sworn personnel to attend the training are 1,008. The total number of patrol personnel targeted to attend the training is 5,355. Funding source is to be determined. The District Attorney has initiated discussions on incorporating CIT into the Police Officer Standards and Training which may include State funding.

6-YEAR PLAN

DESCRIPTION	EXPENSE						TOTAL 6 YEARS
	FY15-16	FY16-17	FY17-18	FY18-19	FY19-20	FY20-21	
Instructors	\$784,000	\$1,020,000	\$1,020,000	\$1,020,000	\$1,020,000	\$1,020,000	\$5,884,000
Backfill Overtime	\$1,279,000	\$2,590,000	\$2,590,000	\$2,590,000	\$2,590,000	\$2,463,000	\$14,102,000
Services & Supplies	\$85,000	\$65,000	\$65,000	\$65,000	\$65,000	\$61,000	\$406,000
Vehicles (5)	\$150,000	\$0	\$0	\$0	\$0	\$0	\$150,000
Space Request	\$42,000	\$42,000	\$42,000	\$42,000	\$42,000	\$42,000	\$252,000
Total	\$2,340,000	\$3,717,000	\$3,717,000	\$3,717,000	\$3,717,000	\$3,586,000	\$20,794,000

3-YEAR PLAN

DESCRIPTION	EXPENSE			TOTAL
	FY15-16	FY16-17	FY17-18	3 YEARS
Instructors	\$1,567,000	\$2,042,000	\$2,042,000	\$5,651,000
Backfill Overtime	\$2,558,000	\$5,797,000	\$5,745,000	\$14,100,000
Services & Supplies	\$169,000	\$134,000	\$131,000	\$434,000
Vehicles (10)	\$300,000	\$0	\$0	\$300,000
Space Request	\$83,000	\$83,000	\$83,000	\$249,000
Total	\$4,677,000	\$8,056,000	\$8,001,000	\$20,734,000

****Note:** The Backfill Overtime Costs are costs are based on the number of items that are currently budgeted and current salary rate.

Status

Details are pending the District Attorney's Taskforce Report

LAW ENFORCEMENT CIT, DISTRICT ATTORNEY

Lead Department

District Attorney

Implementation Priority

High

Issue

Law enforcement does not have standardized training to deal with individuals suspected of having a mental disorder.

Proposal

Provide 16 hours of CIT to independent law enforcement agencies in Los Angeles County. CIT is a course for law enforcement encompassing training in areas of psychiatric disorders, substance abuse issues, de-escalation techniques, as well as in legal issues related to mental health and substance abuse.

Objective

Patrol officers will be trained to identify individuals with a mental disorder, de-escalate field confrontations, and potentially divert individuals to DMH Urgent Care Centers for evaluation and referral to community based mental health providers.

Target Population/Criteria

Law enforcement, courts, prosecutors, and public defense attorneys.

Service Type

Training

Locations

Countywide

Fiscal Analysis

Cost and funding source is to be determined. However, the District Attorney has initiated discussions on incorporating CIT into the Police Officer Standards and Training (POST) which may include State funding.

Due to the magnitude of the training effort, the District Attorney is requesting two new positions; (1) District Attorney Training Coordinator and (1) Management Assistant.

POSITION	ANNUAL ESTIMATE FOR EACH POSITION (S&EB)
District Attorney Training Coordinator	\$224,743.00
Management Assistant	\$74,305.69
TOTAL	\$299,048.69

Status

Details are pending the District Attorney's Taskforce Report

DEPARTMENT OF MENTAL HEALTH (DMH) URGENT CARE CENTERS

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

In lieu of arrest or hospitalization, law enforcement has limited diversion options for individuals suspected having a mental disorder. The jail environment is not conducive to treatment of mental illness.

Proposal

Establish three DMH Urgent Care Centers (UCC) that provide crisis intervention and stabilization services, including integrated services for co-occurring substance abuse disorders for individuals 13 years and older who would otherwise be taken to emergency rooms or incarcerated. The UCC's will 24/7 operations with the primary focus of stabilization and linkage to recovery-oriented community-based resources. In addition, they may also be used as evaluation facilities in conjunction with the potential expansion of the Assisted Mental Health Outpatient Treatment Program and other pre-booking diversion programs. It is anticipated that the three new UCCs will have approximately 54 new beds and serve 49,275 individuals per year. It is estimated between 15-20% of these individuals would have otherwise been incarcerated.

Objective

The UCCs will be a community resource for law enforcement and the general community to divert individuals suspected of having a mental disorder for assessment, stabilization, and referral to appropriate treatment programs. UCCs will provide short-term (under 24 hours) immediate care and linkage to community-based solutions.

Target Population/Criteria

For acceptance into this voluntary program, individuals must meet the following criteria:

Must be at least 13 years of age

Must have a primary Axis I major psychiatric diagnosis

May have a secondary Axis I diagnosis of substance abuse

Must be ambulatory

Must not have a serious or life-threatening medical problem

Must require intensive crisis psychiatric services, and can be served in an UCC setting

Service Type

Intensive crisis intervention, stabilization, and linkage.

Locations

1 facility in Service Planning Area (SPA) 1 and Supervisorial District (SD) 5

1 facility in Service Planning Area (SPA) 3 and Supervisorial District (SD) 1

1 facility in Service Planning Area (SPA) 8 and Supervisorial District (SD) 2

Fiscal Analysis

\$21,069,000, funded through SB82, MHSA; AB109, and Medi-Cal funding.

Comparison of the Average Daily Cost Per Individual

Urgent Care Center (per visit)	\$680
Jail with Mental Health Services	\$132

The UCCs will play a key role in the triage of individuals with mental disorders within the community, including 9,855 (15-20 percent) who are diverted by law enforcement. UCCs are a more appropriate setting to initiate mental health services compared to a jail setting. The addition of 54 mental health crisis intervention beds will divert the corresponding number of high needs mentally ill individuals who are significant factors in jail overcrowding.

Status

The Board has approved the expansion of 3 new UCCs through MHSA, SB82 and AB109 funding.

DMH CRISIS RESIDENTIAL TREATMENT PROGRAMS

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

In lieu of arrest or hospitalization, law enforcement has limited diversion options for individuals suspected having a mental disorder. The jail environment is not conducive to treatment of mental illness.

Proposal

DMH currently has three contracts for Crisis Residential Treatment Programs (CRTP) that will be expanded to an additional 35 CRTPs throughout the County. CRTPs will utilize an acute diversion model with an average length of stay of 10-14 days for up to 16 residents at each facility, for a total of approximately 560 new mental health crisis beds serving 1,946 individuals annually. The CRTPs will serve adults with mental illness in psychiatric crisis, including those with co-occurring substance abuse disorders.

Objective

CRTPs will provide dedicated capacity for individuals brought to Urgent Care Centers by law enforcement who require the most intensive level of residential mental health services.

Target Population/Criteria

For acceptance into this voluntary program, individuals must meet the following criteria:

Must be 18- 54 years of age with mental illness in psychiatric crisis

Must have a primary Axis I major psychiatric diagnosis

May have a secondary Axis I diagnosis of substance abuse

Must not be a registered sex offender.

Must not have a fire setting history.

Must be ambulatory

Must not have a serious or life-threatening medical problem

Service Type

Crisis residential treatment

Locations

2 facilities in Service Planning Area (SPA) 1 and Supervisorial District (SD) 5

6 facilities in Service Planning Area (SPA) 2 and Supervisorial District (SD) 3

6 facilities in Service Planning Area (SPA) 3 and Supervisorial District (SD) 1

5 facilities in Service Planning Area (SPA) 4 and Supervisorial District (SD) 1, 2 and 3

2 facilities in Service Planning Area (SPA) 5 and Supervisorial District (SD) 3

5 facilities in Service Planning Area (SPA) 6 and Supervisorial District (SD) 2

4 facilities in Service Planning Area (SPA) 7 and Supervisorial District (SD) 4

5 facilities in Service Planning Area (SPA) 8 and Supervisorial District (SD) 4 and 2

Fiscal Analysis

\$86.4 million funded through SB82 and MHSA Funding for FY 2015-16

Comparison of the Average Daily Cost Per Individual

Crisis Residential Treatment Program	\$422
Jail with Mental Health Services	\$132

CRTPs are more appropriate settings for intensive mental health stabilization services compared to a jail setting. The addition of 560 mental health crisis intervention beds will divert the corresponding number of high needs mentally ill individuals who are significant factors in jail overcrowding.

Status

The Board has approved the addition of 35 new CRTPs through MHSA and SB82 funding.

FORENSIC FULL SERVICE PARTNERSHIP

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

Higher risk individuals with mental illness who are in need of recovery focused intensive, integrated wrap-around services to promote recovery and community reintegration while avoiding institutionalization, frequent psychiatric hospitalizations, or incarceration.

Proposal

The Forensic Full Service Partnership (FFSP) is an intensive field based service program for individuals with criminal justice histories who are at risk of re-incarceration, institutionalization, homelessness, or psychiatric in-patient services. FFSP services support individuals as they transition to lower levels of care. Participants engage in the development of their recovery and wellness focused treatment plan with their provider. Services are evidenced based and designed to meet the special needs of the forensic population. The treatment team is available 24/7 to provide phone and in-person crisis services to the client.

Intensive mental health outpatient services have shown to reduce re-arrest rates, provide effective treatment services at a lower cost than in a state or county forensic facility, and reduce recidivism rates.

Objective

The FFSP will provide intensive mental health and recovery support services necessary to support 300 individuals with serious mental illness to live successfully in the community and develop natural community supports. Services focus on addressing mental health needs while establishing employment or volunteer opportunities and permanent housing while reducing rates of re-incarceration, hospitalization, institutionalization, and homelessness.

Target Population/Criteria

1. Must be 18- 54 years of age with mental illness
2. Must have a primary Axis I major psychiatric diagnosis
3. May have a secondary Axis I diagnosis of substance abuse
4. Must have a history of frequent hospitalizations, incarcerations, or homelessness within 12 months prior to arrest or identification for entry to the program AND must be unserved or underserved and meet one of the following target population criteria:
 - a) Two or more incarcerations totaling 28 days or more in the last 12 months; or
 - b) Identification for release under Prop 47, and identified as high risk/high need while incarcerated; or
 - c) Identification by a MET or SMART team for Jail Diversion due to frequent police contact or high risk behavior in the community.

Service Type

The FFSP will provide intensive field based outpatient services including recovery focused mental health services, peer support, case management and linkage for health services, substance abuse services, employment and housing support.

Locations

20 Clients in Service Planning Area (SPA 1); Supervisorial District 5;
40 Clients in Service Planning Area (SPA 2); Supervisorial District 5 & 3;
35 Clients in Service Planning Area (SPA 3); Supervisorial District 1 & 5;
40 Clients in Service Planning Area (SPA 4); Supervisorial District 1, 2 & 3;
20 Clients in Service Planning Area (SPA 5); Supervisorial District 2 & 3;
50 Clients in Service Planning Area (SPA 6); Supervisorial District 2 & 1;
25 Clients in Service Planning Area (SPA 7); Supervisorial District 4 & 1;
50 Clients in Service Planning Area (SPA 8); Supervisorial District 2 & 4;
20 Clients in Countywide programs; Supervisorial District 3 & 1

Fiscal Analysis

Full Service Partnership (Forensic)	Diversion NCC Budget
NCC Funding Requested	\$5,775,000
Potential Medi-Cal Funding	\$1,665,000
TOTAL PROGRAM	\$7,440,000

Comparison of the Average Daily Cost Per Individual

Forensic Full Service Partnerships	\$68
Jail with Mental Health Services	\$132

Status

Details are pending the District Attorney's Taskforce Report

FORENSIC FIELD CAPABLE CLINICAL SERVICES

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

Individuals with mental illness who are in need of recovery focused, field based, integrated wrap-around services promote recovery and community reintegration while avoiding institutionalization, frequent psychiatric hospitalizations, or incarceration.

Proposal

The Field Capable Clinical Services (FCCS) program is a field based service program for individuals with criminal justice histories at risk of re-incarceration, institutionalization, homelessness, or psychiatric in-patient services who are either graduating from an FFSP program or who are not in need of the intensive services offered by the FFSP. The FCCS program supports individuals as they transition to lower levels of care. Participants engage in the development of their treatment plan which is focused on wellness and recovery. Services are evidenced based and designed to meet the special needs of the forensic population. Ideally, this program will blend with the providers existing MHSA funded FCCS population to promote community integration. The treatment team is available 24/7 by phone to provide crisis services to the client.

Intensive mental health outpatient services has shown to reduce re-arrest rates; provide effective treatment services at a lower cost than in a state or county forensic facility, and reduce recidivism rates.

Objective

The FCCS Program will provide intensive mental health and recovery support services necessary to help 200 individuals with serious mental illness to live successfully in the community and develop natural community supports. Services focus on addressing mental health needs while establishing employment or volunteer opportunities, and permanent housing while reducing rates of re-incarceration, hospitalization, institutionalization, and homelessness.

Target Population/Criteria

1. Must be 18- 54 years of age with mental illness
 2. Must have a primary Axis I major psychiatric diagnosis
 3. May have a secondary Axis I diagnosis of substance abuse
 4. Must be at risk for hospitalization, homelessness, and/or re-incarceration and/or
 5. May be a graduate of the Full Service Partnership Program
- AND must be unserved or underserved and meet one of the following target population criteria:
- a) Identification for release under Prop 47, and identified as high risk/high need while incarcerated; or
 - b) Identification by a MET or SMART team for Jail Diversion due to frequent police contact or high risk behavior in the community

Service Type

Field based outpatient services including recovery focused mental health services, peer support, case management and linkage for health services, substance abuse services, employment and housing support.

Location

10 Clients in Service Planning Area (SPA 1); Supervisorial District 5;
24 Clients in Service Planning Area (SPA 2); Supervisorial District 5 & 3;
28 Clients in Service Planning Area (SPA 3); Supervisorial District 1 & 5;
24 Clients in Service Planning Area (SPA 4); Supervisorial District 1, 2 & 3;
14 Clients in Service Planning Area (SPA 5); Supervisorial District 2 & 3;
34 Clients in Service Planning Area (SPA 6); Supervisorial District 2 & 1;
18 Clients in Service Planning Area (SPA 7); Supervisorial District 4 & 1;
28 Clients in Service Planning Area (SPA 8); Supervisorial District 2 & 4;
20 Clients in Countywide programs; Supervisorial District 3 & 1

Fiscal Analysis

Field Capable Clinical Services (Forensic)	Diversion NCC Budget
NCC Funding Requested	\$1,960,000
Potential Medi-Cal Funding	\$ 840,000
TOTAL PROGRAM	\$2,800,000

Comparison of the Average Daily Cost Per Individual

Field Capable Clinical Services (Forensic)	\$38
Jail with Mental Health Services	\$132

Status

Details are pending the District Attorney's Taskforce Report

FORENSIC WELLNESS CENTER SERVICES

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

Individuals with mental illness that are in need of recovery focused outpatient mental health services to promote recovery and community reintegration while avoiding institutionalization, frequent psychiatric hospitalizations, or incarceration.

Proposal

The Wellness Center program is an outpatient clinical service for individuals with criminal justice histories at risk of re-incarceration, institutionalization, homelessness, or psychiatric in-patient services who are graduating from an FFSP program, FCCS program, or who are not in need of the intensive services offered by the FFSP or FCCS program. Wellness Center services support individuals as they integrate into the community. Participants engage in the development of their treatment plan which is focused on wellness and recovery. Services are evidenced based and designed to meet the special needs of the forensic population. Ideally, this program will blend with the providers existing Wellness population to promote community integration.

Objective

Provide intensive mental health and recovery support services necessary to help 200 individuals with serious mental illness to live successfully in the community and develop natural community supports. Services focus on addressing mental health needs while establishing employment or volunteer opportunities, and permanent housing while reducing rates of re-incarceration, hospitalization, institutionalization, and homelessness.

Target Population/Criteria

1. Must be 18- 54 years of age with mental illness
2. Must have a primary Axis I major psychiatric diagnosis
3. May have a secondary Axis I diagnosis of substance abuse

AND must be unserved or underserved and meet one of the following target population criteria:

- c) Identification for release under Prop 47, and identified as in need of outpatient mental health services while incarcerated; or
- d) Identification by a MET or SMART team for Jail Diversion due to frequent police contact or high risk behavior in the community

Service Type

Wellness outpatient services including recovery focused mental health services, peer support, case management and linkage for health services, substance abuse services, employment and housing support.

Location

10 Clients in Service Planning Area (SPA 1); Supervisorial District 5;
24 Clients in Service Planning Area (SPA 2); Supervisorial District 5 & 3;
28 Clients in Service Planning Area (SPA 3); Supervisorial District 1 & 5;
24 Clients in Service Planning Area (SPA 4); Supervisorial District 1, 2 & 3;
14 Clients in Service Planning Area (SPA 5); Supervisorial District 2 & 3;
34 Clients in Service Planning Area (SPA 6); Supervisorial District 2 & 1;
18 Clients in Service Planning Area (SPA 7); Supervisorial District 4 & 1;
28 Clients in Service Planning Area (SPA 8); Supervisorial District 2 & 4;
20 Clients in Countywide programs; Supervisorial District 3 & 1

Fiscal Analysis

Wellness Center Services (Forensic)	Diversion NCC Budget
NCC Funding Requested	\$400,000
Potential Medi-Cal Funding	\$ 240,000
TOTAL PROGRAM	\$640,000

Comparison of the Average Daily Cost Per Individual

Wellness Center Services (Forensic)	\$9
Jail with Mental Health Services	\$132

Status

Details are pending the District Attorney's Taskforce Report

INSTITUTIONS FOR MENTAL DISEASES (IMD) BEDS EXPANSION FOR CO-OCCURRING DISORDER

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

Lack of funding for increased IMD capacity for individuals with mental illness who are in need of intensive residential treatment services in a secure setting.

Proposal

IMDs are long term care psychiatric facilities, licensed by the California Health Care Services that are contracted by DMH to provide care for persons who no longer meet the criteria for acute care but are not clinically ready to live in a board and care facility or to live independently. IMD residents are clients who have not been able to make use of less restrictive treatment settings. Most IMD residents have been recipients of services off and on in the past, have had failed board and care placements, and have been in County hospitals, jails, or IMDs on other occasions.

Objective

Provide intensive residential treatment services for 50 individuals at any given time in a secure community-based setting that will provide mental health treatment services for individuals with serious mental illness as an alternative to incarceration and hospitalization.

Target Population/Criteria

1. Must be 18- 54 years of age with mental illness
2. Must have a primary Axis I major psychiatric diagnosis
3. May have a secondary Axis I diagnosis of substance abuse

Service Type

Intensive residential mental health treatment services

Location

- 4 Countywide programs in Supervisorial District 1;
- 1 Countywide programs in Supervisorial District 2;
- 1 Countywide programs in Supervisorial District 3;
- 2 Countywide programs in Supervisorial District 4;
- 2 Countywide programs in located San Bernardino County;
- 1 Countywide program located in San Diego County

Fiscal Analysis

\$4.6 million NCC

Comparison of the Average Daily Cost Per Individual

IMD Beds	\$250
Jail with Mental Health Services	\$132

Status

Details are pending the District Attorney's Taskforce Report

COUNTYWIDE ADULT JUSTICE PLANNING AND DEVELOPMENT PROGRAM

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

Need for oversight and management of a new, high profile Jail Diversion Program that will serve individuals with mental illness involved with the criminal justice system countywide.

Proposal

DMH plans to implement a Countywide Adult Justice Planning and Development Program to provide countywide leadership for the conceptualization, development and implementation of diversion programs through collaboration with DMH programs and other county departments including the Los Angeles County District Attorney, Board of Supervisors Health and Justice Deputies, Sheriff's Department, Countywide Criminal Justice Coordination Committee, Los Angeles Superior Court and other stakeholders. The infrastructure includes a Program Manager III, Health Analyst II, Secretary III, and Psychiatric Social Worker. The program will also oversee the Mental Health Court Linkage Program, Van Nuys court alternative sentencing program and its replications, and Jail Linkage Program.

Objective

Direct individuals with mental illness and involved with the criminal justice system to appropriate community-based mental health care, augment access to services, improve quality of care, and reduce inappropriate utilization of county jails.

Target Population

Individuals with criminal justice histories and mental illness.

Service Type

Administrative

Location

DMH Headquarters

Fiscal Analysis

- (1) Program Manager III
- (1) Health Analyst II
- (1) Secretary III
- (1) Psychiatric Social Worker

Total: \$565,084 NCC

Status

Details are pending the District Attorney's Taskforce Report

MENTAL HEALTH COURT LINKAGE/COURT LIAISON PROGRAM

Lead Department

Department of Mental Health and Superior Courts

Implementation Priority:

High

Issue

The criminal justice system needs to address individuals' mental illness. The proposed expansion will allow DMH to enhance its capacity to meet the increases both in number and level of care of justice involved clients served by the Mental Health Court Linkage Program (MHCLP).

Proposal

This program is collaboration between DMH and the Los Angeles County Superior Court. It is staffed by a team of 21 mental health clinicians who are co-located at 22 courts countywide. This recovery based program serves adults with mental illness or co-occurring disorders who are involved with the criminal justice system.

The Court Liaison Program aims to provide ongoing support to families and to educate the court and the community at large regarding the specific needs of these individuals. Mental Health Court Liaison services include on-site courthouse outreach to defendants, individual service needs assessment, information to individuals and the Court of appropriate treatment options, development of alternative and post-release plans that take into account best fit treatment alternatives and Court stipulations, linkage of individuals to treatment programs, expedited mental health referrals, and provision of support and assistance to defendants and families in navigating the court system.

In addition, DMH is proposing to expand service capacity for four MHCLP programs: Mental Health Court Linkage Program; Court Liaison Program; Community Reintegration Program and the 1370.01 MIST Program.

Objective

Increase coordination and collaboration between the criminal justice and mental health systems, improve access to mental health services and supports, and enhance continuity of care. Mental health clinicians partner with jail linkage programs to link clients to appropriate levels of care. In FY 2013-14, 2,526 individuals were served by the programs. It is anticipated that an additional 1,000 persons will be served annually as a result of the expansion.

Target Population/Criteria

For acceptance into program, individual must meet following criteria:

1. Must be 18-54 years of age
2. Must have a primary Axis I major psychiatric diagnosis
3. May have a secondary Axis I diagnosis of substance abuse.
4. Must be willing to participate in services

Service Type

Assessments, referrals, linkage and diversion and treatment to mental health services for defendants with mental illness.

Locations

1 program in Service Planning Area (SPA) 1; Supervisorial District (SD) 5;
2 programs in Service Planning Area (SPA) 2; Supervisorial District (SD) 3;
3 programs in Service Planning Area (SPA) 2; Supervisorial District (SD) 5;
3 programs in Service Planning Area (SPA) 3; Supervisorial District (SD) 1;
3 programs in Service Planning Area (SPA) 3; Supervisorial District (SD) 5;
3 programs in Service Planning Area (SPA) 4; Supervisorial District (SD) 1;
1 program in Service Planning Area (SPA) 4; Supervisorial District (SD) 2;
1 program in Service Planning Area (SPA) 5; Supervisorial District (SD) 2;
1 program in Service Planning Area (SPA) 6; Supervisorial District (SD) 2;
1 program in Service Planning Area (SPA) 7; Supervisorial District (SD) 1;
3 programs in Service Planning Area (SPA) 7; Supervisorial District (SD) 4;
1 program in Service Planning Area (SPA) 8; Supervisorial District (SD) 2;
2 programs in Service Planning Area (SPA) 8; Supervisorial District (SD) 4

Fiscal Analysis

Mental Health Court/Liaison Program	Diversion NCC Budget
NCC Funding Requested	\$4,953,000
Potential Medi-Cal Funding	\$1,964,000
TOTAL PROGRAM	\$6,917,000

Comparison of the Average Daily Cost Per Individual

Mental Health Court Linkage/Court Liaison Program	\$70
Jail with Mental Health Services	\$132

Similar to jail and police-based diversions, specialized courts can decrease criminal justice costs associated with arrest and incarceration, recidivism, and court-related costs, as well as by decreasing the use of more expensive treatment options.

Status

Details are pending the District Attorney's Taskforce Report

PERMANENT MENTAL HEALTH DIVERSION STEERING COMMITTEE

Lead Department

Criminal Justice Mental Health Advisory Board

Implementation Priority

High

Issue

Based upon the experiences of other large jurisdictions, it is anticipated that mental health diversion will be a long-term project for some years to come. It will be necessary to dedicate employees to fully implement mental health diversion. Desired personnel would be management-level employees, with significant operational experience, to be able to bridge the gap between high-level policy recommendations and actual implementation decisions.

Proposal

Departments are reviewing the potential need for additional permanent employee positions to fully implement mental health diversion. The District Attorney recommends a small, workable Permanent Steering Committee, to be comprised of one representative from each of the following County Departments: District Attorney, Sheriff's Department, Department of Mental Health, Department of Public Health, Department of Health Services, proposed new County Housing Director, and others appointed by the District Attorney on an as needed basis.

Objective

Identify and provide qualified management level employees to be permanent members of the Steering Committee.

Target Population

N/A

Service Type

N/A

Locations

N/A

Fiscal Analysis

TBD

Status

Details are pending the District Attorney's Taskforce Report

RESIDENTIAL MEDICAL DETOXIFICATION SERVICES AND RESIDENTIAL SUBSTANCE ABUSE TREATMENT RESOURCE EXPANSION

Lead Department

Department of Public Health

Implementation Priority

High

Issue

The Department of Public Health suggests that approximately 80 percent of those persons may have a co-occurring substance abuse disorder involving drugs, alcohol or both. This would mean planning for the appropriate service referrals and placement of approximately 800 additional mentally ill offenders also suffering from substance abuse problems. The Department of Public Health, the Department of Mental Health and the Sheriff's Department all agree that mental illness with co-occurring substance abuse disorder is a priority problem among this offender population which presents specialized treatment challenges.

Proposal

Utilize Residential Medical Detoxification Services/Sobering Centers and Treatment Services to assist the co-occurring disorder population with facilities where treatment services are offered in a structured environment.

Objective

Residential Medical Detoxification Services/Sobering Centers: Provide facilities that are directed toward the care and treatment of persons in active withdrawal from alcohol and/or opiate dependence.

Residential Treatment Services: Provide residential substance abuse facilities provide a structured, 24 hour a day environment which are non-institutional and non-medical, but provide rehabilitation services to clients suffering from substance abuse disorders. Clients can stay for up to 90 days, and more days may be required with clinical justification.

Target Population/Criteria

Offenders with co-occurring disorders

Service Type

Intensive residential treatment services

Location

Countywide depending on the location of the patient

Fiscal Analysis

\$3,506,905 NCC

Please see the detail cost breakdown provided by DPH

Status

Details are pending the District Attorney's Taskforce Report

SOBERING CENTERS/RESTORATIVE CENTERS

Lead Department

Department of Public Health

Implementation Priority

High

Issue

The Sobering Center/Restorative Center (RC) is an intervention model designed to divert substance-dependent/co-occurring persons from hospitalization and from incarceration in the County jail and into County-funded mental health and substance use disorder treatment programs and other services, such as supportive housing, to reduce the “revolving door” pattern. The proposed program model borrows from the strongest aspects of various serial inebriate intervention programs operating in the cities of Houston and San Antonio, Texas, and San Diego and San Francisco, California.

RCs are placed where ambulances, law enforcement, the Emergency Department, and community-based social service programs can drop off intoxicated substance-dependent persons at a safe, supervised location where the persons can sleep-off their inebriation. RC staff can use the opportunity to engage the persons in seeking admission into substance use disorder treatment programs and in linking them with mental health treatment services medical care, housing, enrollment in public benefits and other supportive services.

Proposal

Provide a safe, supportive, environment for intoxicated individuals to become sober and receive coordinated health related services based on screening and assessment.

Objective

RC’s provide better care for substance-dependent/co-occurring persons and improve their health outcomes and to provide a safe alternate non-residential environment for inebriated or intoxicated individuals by diverting them from Emergency Departments and County jails by connecting and engaging these individuals in services to assist in establishing and maintaining healthy substance-free lifestyles.

Establish 1 RC in each of the 5 Supervisorial Districts

Target Population/Criteria

Offenders with co-occurring disorders and substance-dependent persons

Service Type

Restorative Centers

Location

Countywide depending on the location of the patient

Fiscal Analysis

\$ 1,200,000 NCC

Please see the detail cost breakdown provided by DPH

Status

Details are pending the District Attorney’s Taskforce Report

CREATION OF COUNTY HOUSING DIRECTOR POSITION

Lead Department

Department of Health Services

Implementation Priority

High

Issue

Housing issues related to mentally ill offenders are often fragmented due to varied entities involved at the city, county, state and federal level. The proposed County Housing Director would serve to manage the complex housing landscape for the mentally ill population.

Proposal

The Criminal Justice Mental Health Advisory Board proposes to appoint a new position to directly manage the housing demands as a result from the implementation of the county diversion initiative. This person would be managed under the Department of Health Services.

Objective

To work with public and private partners in the allocation of housing for mentally ill offenders as well as manage the housing demands and allocations.

Target Population/Criteria

N/A

Service Type

N/A

Location

Department of Health Services

Fiscal Analysis

Not available at this time.

Status

The District Attorney's office is reviewing this recommendation and will work with the Department of Health Services on defining the scope and objectives of this position.

Permanent Supportive and Rapid Re-Housing Beds through Flexible Housing Subsidy Pool

Lead Department

Department of Health Services

Implementation Priority

High

Issue

Individuals with mental illness that are in need of immediate housing in order to begin the process of receiving services in order avoid recidivating back into custody.

Proposal

Allocate additional investments into subsidized housing through the Flexible Housing Subsidy Pool in a permanent supportive and rapid re-housing environment for a five year period. Those with mental illness will have access housing and services in an appropriate residential setting.

Objective

Provide a stable environment where services can be accessed.

Target Population/Criteria

Mentally ill offenders exiting custody

Service Type

Permanent housing

Locations

Housing locations will be varied based on needs of tenant and desired community location.

Fiscal Analysis

Rent Subsidy	
Year 1&2: Adding 20 clients/month with average rent subsidy of \$850/month	\$4,930,000
Years 3-5: 400 clients receiving average rent subsidy of \$850/month	\$12,240,000
Total Rent Subsidy for 5 years	\$17,170,000
Intensive Case Management at \$450/Client/Month	
Year 1&2: adding 20 clients per month	\$2,610,000
Years 3-5: 400 clients receiving average support services of \$450/month	\$6,480,000
Total Intensive Case Management for 5 Years	\$9,090,000
Administration and Client Move-In Expenses	\$3,325,000
Total	\$29,585,000
Average Monthly Client Cost Over 5 Years	\$1,233

Status

Details are pending the District Attorney's Taskforce Report

HOUSING SUBSIDIES AND NEW CONSTRUCTION OR REHABILITATION

Lead Department

Criminal Justice Mental Health Advisory Board

Implementation Priority

High

Issue

Individuals with mental illness that are in need of immediate housing in order to begin the process of receiving services in order avoid recidivating back into custody.

Proposal

Allocate additional funding to contract for 200 units of subsidized federal rental assistance that prioritizes and qualifies housing for the mentally ill offenders exiting custody.

Allocate additional funding for 400 units of mixed new construction and rehabilitation of single site or mixed population developments for mentally ill offenders exiting custody.

Objective

Provide a stable environment where services can be accessed.

Target Population/Criteria

Mentally ill offenders exiting custody

Service Type

Permanent housing

Locations

TBD

Fiscal Analysis

Not yet available

Status

Details are pending the District Attorney's Taskforce Report

MENTAL HEALTH SPECIALIZED HOUSING PROGRAM

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

Specialized Housing programs are intended to meet the residential needs of persons who are ready to transition from institutional settings, to community-based housing with clinic-based supportive services aligned with proposed FSP, FCCS, and Wellness Center Services.

Proposal

Specialized Housing Programs are aimed at supporting the potential for successful community living and recovery. Housing subsidies are being proposed for approximately 300 individuals to be housed in permanent supportive housing, and 200 individuals in bridge housing at any given time. The programs will allow staff to negotiate with private housing providers on behalf of consumers to pay for move-in costs, provide rental assistance and intervene in other situations that pose a barrier to securing and maintaining housing.

Objective

Adult Residential Facility: A facility licensed by the State that provides 24-hour non-medical care and supervision for adults ages 18 through 59, who are unable to provide for their own daily needs.

Other situations: Assistance with other situations requires review and approval by Program managers on a case-by-case basis.

Personal and Incidental Funds: Funding, in addition to rent, required in order for participants to be able to live independently or in supportive housing. The amount of funding provided for personal and incidental needs will vary dependent upon other resources available to the consumer.

Transitional Residential Facility: A facility licensed and certified by the State that provides a therapeutic environment in which consumers are supported in their efforts to acquire and apply interpersonal and independent living skills. The planned length of stay in the program is in accordance with consumers' assessed needs, but not to exceed one (1) year.

Supportive Housing: Congregate-style community housing which provides residents varying levels of support and includes adult residential facilities, crisis and transitional residential facilities, transitional living programs and sober living facilities.

Permanent Supportive Housing: Independent community housing which includes apartments owned by individuals or companies and single room occupancy hotels.

Target Population/Criteria

- 1) Be eighteen years of age or older;
- 2) Not be enrolled in an FSP (Note: FSP programs have their own housing funds);
- 3) Have insufficient financial resources to pay for the appropriate level of
- 4) Be diagnosed as chronically mentally ill according to Department of Mental Health (DMH) target population definition;
- 5) Agree to receive mental health and case management services from the local DMH directly-operated Mental Health Center (MHC) that serves the geographic area in which the housing is located;
- 6) Apply for, and have pending a determination for SSI benefits;
- 7) Agree to repay DMH from any benefits or other new sources of income available to them;
- 8) Agree to participate in a MHC money management program;
- 9) Notify DMH of any benefits or other new sources of income received or any other change in status;
- 10) Be placed with a housing provider that is eligible to participate in the CRM-SHP and has a vendor code. (Note: Institutions for Mental Disease, Skilled Nursing, Intermediate Care or physical rehabilitation facilities are not eligible facilities.)

Service Type

Housing

Location

Countywide

Fiscal Analysis

Specialized Housing Program Funding Request:

\$3.4 million (300 permanent supportive housing x \$945/mo x 12)

\$2.8 million (200 board and care bridge housing) x 1,145/mo x 12)

Total = \$6.1 million NCC funding

Comparison of the Average Daily Cost Per Individual

Specialized Housing Program	
• Supportive Housing	\$31
• Board/Care Bridge Housing	\$38
Jail with Mental Health Services	\$132

Status

Details are pending the District Attorney's Taskforce Report

DMH EMERGENCY OUTREACH BUREAU: LAW ENFORCEMENT TEAM AND EXPANSION

Lead Department

DMH

Implementation Priority:

High

Issue

Law enforcement does not have standardized training to deal with individuals suspected of having a mental disorder.

Proposal

Department of Mental Health plans to expand the Law Enforcement Teams in LASD's Mental Evaluation Team (MET). DMH requests 24 staff which includes 17 clinicians and 7 administrative/supervisory staff. Fifteen clinicians will add to the current eight MET teams in order to expand to 23 teams. The additional MET staff will provide field based crisis intervention services to approximately 1,550 children, adolescents, transitional age youth, and adults throughout the County on an annual basis. MET expansion will provide a significant resource in mitigating existing and potentially violent encounters between law enforcement and the mentally ill population. Currently, the primary limitation impeding services is the lack of additional dedicated MET units. Expansion will improve response time as well as maximize utilization.

The Department is requesting additional funding to expand MET by allocating a clinician at each Sheriff's Station throughout the Los Angeles County. This will enhance existing services and improve response times to the areas served by the Sheriff's Department. MET is based on a co-response model: one licensed DMH mental health clinician is partnered with a law enforcement officer to respond to 911 calls or patrol car requests for assistance involving persons suspected of having a mental health disorder. LET provides crisis intervention, de-escalates potentially violent interactions between clients, family members and police, and makes appropriate referrals to community agencies and/or facilitates hospitalization. Teams have legal authority, per Welfare and Institutions Code Sections 5150 and 5585, to initiate applications for involuntary detention and treatment for individuals determined to be dangerous to themselves or others or who are gravely disabled. e.g., unable to provide food, clothing, or shelter for themselves as a result of a mental disorder.

Objective

Reduce the number of individuals with a mental disorder who are arrested and the need for in-patient psychiatric hospitalization by providing immediate field based mental health services.

Target Population/Criteria

Individuals in psychiatric crisis brought to the attention of law enforcement

Service Type

Emergency crisis intervention, stabilization, outreach and linkage to on-going services

Locations

Participating cities throughout the county.

Fiscal Analysis

ADJUSTED PROGRAM COST	\$3,403,000
NET COUNTY COST	\$2,406,000
REVENUE	\$ 997,000

LET reduces the potential for officer involved use of force incidents and provide an immediate mental health assessment of an individual so the appropriate clinical response is taken. Diversion to community based treatment facilities is typically less expensive than incarceration and provides individuals with a mental disorder with dedicated mental health resources compared to a jail setting.

Status

Details are pending the District Attorney's Taskforce Report

SHERIFF'S MET TEAM EXPANSION

Lead Department

Sheriff

Implementation Priority

High

Issue

The Sheriff's Department does not have enough Sheriff personnel to provide adequate coverage over the entire Los Angeles County region.

Proposal

The Sheriff's Department currently partners with the Department of Mental Health in offering specially-trained field units to deal with mentally ill community members. A Mental Evaluation Team (MET) consists of a Deputy Sheriff and a Department of Mental Health Clinician, who respond in unmarked Sheriff's vehicles. MET provides crisis intervention techniques to diffuse potentially volatile situations, prepares appropriate documentation to assist custodial agencies in the placement of the mentally ill, acts as a liaison to community and judicial agencies, and gives court testimony regarding the mental health or emotional stability of mentally ill persons. In addition, MET assists patrol personnel by arranging placement or providing transport for an individual to an appropriate facility, if the person qualifies under 5150 WIC.

The Department currently has eight Mental Evaluation Teams. Five of the MET deputies are currently budgeted and the other three MET deputies are not budgeted items. A Sergeant and Operations Assistant I positions are assigned to support the Mental Evaluation Teams and are currently budgeted. Five Mental Evaluation Teams service the majority of the Department's policing area. Those Teams do not provide service to Santa Clarita Valley, Palmdale, and Lancaster Stations. The Teams provide seven days a week coverage from 10:00 AM to 11:00 PM. The other three Mental Evaluation Teams service Santa Clarita Valley, Palmdale, and Lancaster Stations.

In order to provide sufficient coverage and service to the Department's vast geographical area and population, a total of twenty-three Mental Evaluation Teams is needed. Twenty-three Mental Evaluation Teams will provide 24 hour seven days a week coverage, and twenty-three Teams is the bare minimum to provide the needed coverage. Therefore, the Department is requesting funding for an additional fifteen Mental Evaluation Teams, supervisors, support staff, vehicles, cellular phones, and service and supplies. Also, the Department is requesting funding for the three MET deputies who are not currently budgeted.

Objective

Reduce the number of individuals with a mental disorder who are arrested and the need for in-patient psychiatric hospitalization by providing immediate field based mental health services.

Target Population/Criteria

Individuals in psychiatric crisis brought to the attention of law enforcement

Service Type

Emergency crisis intervention, stabilization, outreach and linkage to on-going services

Locations

Participating cities throughout the County.

Fiscal Analysis

During Fiscal Year 2015-2016, the cost for the Mental Evaluation Team supervisors (lieutenant and sergeants) covers nine months. The cost for the MET deputies and support staff covers six months.

During Fiscal Year 2015-2016, the cost for the Mental Evaluation Team supervisors (lieutenant and sergeants) covers nine months. The cost for the MET deputies and support staff covers six months. Funding is being requested for the following 30 positions: (1) Lieutenant, (8) Sergeants, (18) Deputies-Bonus I, (1) Operations Assistant I, (1) Law Enforcement Technician, and (1) Crime Analyst.

DESCRIPTION	EXPENSE	
	FY15-16	FY16-17 (ON-GOING)
Positions (30)	\$3,396,000	\$5,240,000
Services & Supplies	\$450,000	\$270,000
Vehicles (24)	\$1,007,000	\$0
Space Request	\$649,000	\$601,000
Total	\$5,502,000	\$6,111,000

****Note:** The Department of Mental Health has requested funding for twenty-four additional personnel for the Mental Evaluation Teams. The total cost for Department of Mental Health personnel, services and supplies, and vehicles is \$3,402,915.

Status

Details are pending the District Attorney's Taskforce Report

DEVELOPMENT OF CERNER HUB INTER-DEPARTMENTAL INTERFACE

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

Data Sharing between Sheriff's Cerner-based Jail Health Information System (JHIS) and DMH's Netsmart-based Integrated Behavioral Health Information System (IBHIS).

A key element in reducing recidivism at the County Jail is effective linkage of released inmates with mental health issues to treatment programs. Effective linkage requires more than just making an appointment; the agency receiving the client following incarceration needs information about treatments provided with the client was in custody in order to avoid unnecessary duplication of effort and give the client the services they need at that time. Equally important, should the client return to jail, Sheriff's employees and Jail Mental Health employees can potentially reduce risk and more quickly deliver needed services if they are fully informed of the client's recent clinical history.

Proposal

Cerner has software called the Cerner Hub to facilitate essentially transparent exchange of clinical information between participating Cerner implementation sites. In Los Angeles County, the Sheriff, the Probation Department, and the Department of Health Services (DHS) are all using Cerner health information systems and intend to use the Cerner Hub to share information on shared clients. Netsmart, DMH's health information system vendor, is in discussions with Cerner to enable Netsmart systems to participate in health information exchange via the Cerner Hub. LA County would be among the first sites to use this approach in production. Adding DMH to the LA County Cerner Hub community would greatly simplify the task of coordinating care for clients shared among the participating departments. The expectation is that this will lead to better client outcomes while containing costs.

Objective

Enable real-time health information exchange for clients shared between DMH, DHS, Probation, and Sheriff in order to provide better treatment outcomes and reduce jail recidivism.

Target Population/Criteria

Clients shared between any of the four involved departments (DMH, DHS, Probation, and Sheriff)

Service Type

Health Care Information Systems and Health Information Exchange

Location

All service locations for DMH, DHS, Probation, and Sheriff, but only those employees authorized to view and use Protected Health Information as part of their regular duties.

Fiscal Analysis

One-time professional service costs \$230,000

Ongoing monthly costs \$17,000 x 12 = \$204,000

Funding Requested: \$434,000 NCC funding

Status

Details are pending the District Attorney's Taskforce Report

RE-ENTRY REFERRAL AND LINKAGE NETWORK OF CARE

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

Although the function of linking inmates upon their release to services in the community is well established, communication barriers have limited its success. Inmates with mental illness require specialized assistance to plan their jail release. To ensure successful linkage to community services, such specialized assistance has to include multi-direction communication with service providers to advise them of referrals and to receive confirmation of successful linkages. The degree of success is further enhanced if direct communication is also established with the inmates between their release and their actual contact with service providers. A key element in reducing recidivism at the County Jail is effective linkage of released inmates with mental health issues to treatment programs. Effective linkage requires more than just making an appointment; the agency receiving the client following incarceration needs information about treatments provided with the client was in custody in order to avoid unnecessary duplication of effort and give the client the services they need at that time. Equally important, should the client return to jail, Sheriff's employees and Jail Mental Health employees can potentially reduce risk and more quickly deliver needed services if they are fully informed of the client's recent clinical history.

Proposal

The proposed network solution builds on the existing Jail Linkage and Countywide Resource Management Programs to create an online inmate release network to support the identification of discharge needs, easy linkage to service providers and necessary communications for successful linkage. The easily accessible online service will: 1) capture each assessment of post-discharge needs, 2) identify service providers in the community that can meet the needs, 3) consolidate referral information for each inmate to easily print and/or share with inmate, 4) allow electronic communication of referrals to service providers, 5) send back referral acknowledgement and confirmation of successful linkage from the service provider, and 6) allow communication with the inmates via their personal health record and/or mobile phone if available. Furthermore, participation in the launch, deployment and use of such an online resource will contribute to creating a network focused on helping released inmates.

The proposed network will expand an existing contract with Trilogy Integrated Services to broaden the Department's Network of Care website portfolio to include a website focused on supporting inmate release and linkage. The new website will be based on the Prisoner Reentry Network website Trilogy created for Philadelphia. It will be customized to support the needs of Los Angeles County and the Jail Linkage Program.

Objective

The objective is to enhance the effectiveness and capacity of the Jail Linkage Program in concert with the staff expansion by deploying an online tool to improve efficiency and communication of the referral and linkage process. The online tool will also be used to create an inmate release network by offering county agencies and community providers a web space where they can pool and share information to help released inmates.

Target Population/Criteria

- Inmates with mental illness who have various levels of release planning needs and can benefit from enhanced online linkage support.
- Jail Linkage Program staff members who can improve their efficiency and effectiveness in linking inmates to community services.
- Service providers in the community who would be able to receive referrals from Jail Linkage Program more effectively and in turn can more effectively link inmates to additional resources in the community.

Service Type

Administration- enhanced assessment of release planning needs, plan development and implementation, referrals and linkage to community based services, co-leading community re-entry groups, and fingerprint compliance tracking capability for 3,000 individuals mandated to participate in AB 109 treatment programs.

Location

Online service accessible to Jail Linkage Program staff located in County Jail, staff located at Countywide Resource Management as well as to community service providers.

Fiscal Analysis

Funding Requested: \$158,250 NCC funding

Funding Requested: \$139,500 NCC one-time set-up fee for first twelve months. After first 12 months, \$18,750 NCC annual subscription cost for compliance tracking application to cover 3,000 AB 109 clients, 26 community based provider entities and 60 supervisors. Additional ongoing maintenance is rolled into overall existing maintenance agreement Trilogy Integrated Services has with DMH at no additional cost.

Status

Details are pending the District Attorney's Taskforce Report

CONSULTING SERVICES TO MANAGE DATA OUTCOMES

Lead Department

Criminal Justice Mental Health Advisory Board

Implementation Priority

High

Issue

The implementation of the recommendations included in the District Attorney's report will result in the accumulation of a large volume of data and statistics. The County needs someone that will have the ability and expertise to collect, manage and decipher the information collected through the diversion effort.

Proposal

Funds should be set aside to contract with a consultant to manage the information collected as a result of the data improvements expected with the implementation of the District Attorney's recommendations.

Objective

Dedicate consultants with expertise in data management and interpretation which will lead to the understanding of the data metrics. Improved data management will lead to better outcomes for this population.

Target Population/Criteria

TBD

Service Type

Consulting

Location

TBD

Fiscal Analysis

Under review by the Criminal Justice Mental Health Advisory Board

Status

Under review by the Criminal Justice Mental Health Advisory Board

PUBLIC DEFENDER AND ALTERNATE PUBLIC DEFENDER JAIL MENTAL HEALTH TEAM

Lead Departments

Public Defender and Alternate Public Defender

Implementation Priority

High

Issue

Mentally ill clients commonly fail to fully cooperate with DMH personnel or admit their active symptom due to the nature of the jail environment and their own concerns that making such admissions could be used against and possibly result in additional incarceration. This holistic approach aims at teaming an attorney and psychiatric worker together to fully understand the mental state of their client.

Proposal

The PD and APD's clients would be referred through their existing attorney of record, by the existing Public Defender Mental Health Unit, or otherwise. Once referred, the clients would be evaluated by in-house psychiatric social workers, so that the Public Defender's Office/APD could begin to engage proactively with their clients at the earliest possible stage of the criminal justice process. This type of expert assistance would enable the Public Defender's Office/APD to be better able to actively collaborate with other justice stakeholders such as the Sheriff's Department and Department of Mental Health.

The PD and APD have requested the addition of psychiatric social workers to be housed at their branch offices throughout the County. The Public Defender also requested jail social workers. Both the jail social workers and the branch social workers would be well-placed to efficiently communicate "real-time" information about their clients' mental state to assigned attorneys in courts and therefore address longstanding gaps in communication from county jail to courtroom personnel, including judges and attorneys. This increased communication will reduce case continuances, expedite case processing, better facilitate the delivery of mental health services, reduce jail overcrowding and improve the overall administration of justice.

Objective

A broader and more holistic legal representation of detained mentally ill offenders who are housed at the county jail.

Target Population/Criteria

Mentally ill offenders in custody.

Service Type

Legal and mental health evaluation

Locations

All courts in Los Angeles County

Fiscal Analysis

PUBLIC DEFENDER:

- Public Defender Jail Mental Health Liaison Program

#	Positions	Cost
1	Supervising Psychiatric Social Worker	\$130,298
8	Public Defender Psychiatric Social Workers (PSW II)	\$954,760
2	Resource Attorney (Grade III)	\$338,206
2	Paralegals	\$194,386
1	Secretary (ITC)	\$71,905
14	TOTAL NCC REQUESTED	\$1,744,938

- Public Defender Branch Based Psychiatric Social Worker Program

#	Positions	Cost
2	Mental health Clinical Supervisor	\$260,596
14	Psychiatric Social Worker (PSW II)	\$1,670,830
16	TOTAL NCC REQUESTED	\$1,931,426

ALTERNATE PUBLIC DEFENDER:

#	Positions	Cost
7	Psychiatric Social Workers	\$727,000

TOTAL COSTS FOR PD & APD JAIL MENTAL HEALTH PROGRAMS

#	Departments	Cost
30	Public Defender Positions	\$3,676,364
7	Alternate Public Defender Positions	\$727,000
37	TOTAL NCC REQUESTED	\$4,403,364

Status

Details are pending the District Attorney's Taskforce Report

MEN'S INTEGRATED RE-ENTRY SERVICES AND EDUCATION CENTER

Lead Department

Department of Mental Health

Implementation Priority

High

Issue

The need for integrated re-entry services for incarcerated men suffering from co-occurring substance use and physical and mental health disorders is significant. The current census of men and women receiving mental health care in the county jails is approximately 3400, or 20% of the total jail census of approximately 16,700. Studies have shown and experience has found that 75% to 85% of these mental health clients have co-occurring mental health and substance use disorders. Los Angeles County's ability to meet the needs of these offenders reentering the community, including diversion from incarceration to community care, and to prevent recidivism requires the successful integration of various systems involved in offenders' transition to the community.

Proposal

The Department of Mental Health (DMH), Adult Justice Bureau, proposes to establish a Men's Integrated Reentry Services and Education Center (Center) to serve men with co-occurring mental health and substance use disorders being released from Men's Central Jail (MCJ) or Twin Towers Correctional Facility (TTCF). The Center will provide an innovative model of care for men that struggle with histories of persistent co-occurring mental illness and substance abuse, repeated arrests and incarcerations, physical health disorders, homelessness, unemployment, financial instability and domestic and community violence. The Center will also serve as an education and training center for a variety of integrated care providers and interns.

Objective

DMH is proposing to enhance its partnerships with the Department of Health Services (DHS), the Department of Public Health Substance Abuse and Prevention Control (SAPC), and the Los Angeles Sheriff's Department (LASD) to provide a model of integrated care for male offenders with co-occurring disorders that will lead to better outcomes for this population, including successful community reentry, jail diversion, improved quality of life and reduction in recidivism.

Target Population/Criteria

Male inmates suffering from co-occurring mental health and substance use disorders being released from MCJ or TTCF.

Service Type

Multi-disciplinary integration of reentry services and supports for co-occurring disorders program participants; jail in-reach, including release planning groups and one-to-one interviews; residential drug treatment; therapeutic and support groups; linkage to medical homes, benefits establishment, housing assistance; multi-disciplinary training for psychology and social work interns, training for integrated care partners, training men with lived experience as Center volunteers to provide a variety of services, and fostering integrated pre-release engagement and reentry planning with community based providers.

Location

The proposed Center would be located in an outpatient clinic setting, easily accessible from MCJ and TTCF, with capacity to serve approximately 40 clients at a time. Space will be available for co-located clinicians from the Center's collaborative partners, such as SAPC substance abuse counselors and DHS nurse practitioners.

Fiscal Analysis

\$3,000,000 funded

Status

Funding approved in FY 15-16

DMH/PROBATION CO-LOCATION PILOT PROGRAM

Lead Department

Mental Health and Probation

Implementation Priority:

High

Issue.

Psychiatric Social Workers are needed to perform screening; triage and linkage to assure that low to medium level offenders with mental health needs are linked with the appropriate resources upon release to lower the chances of recidivism.

Proposal

Currently, Department of Mental Health AB109 staff is co-located with Probation Department staff at various HUB locations throughout the County to assist with mental health screening, triage and linkage of PSPs to community based mental health services. DMH is requesting additional funding to expand upon this model to serve adult offenders on traditional Probation supervision. DMH plans to allocate 5 clinical staff to be co-located at high-volume Probation offices throughout Los Angeles County.

Objective

To provide the growing population of inmates with mental health needs with alternative custody/treatment options, reduce overcrowding in the jails and reduce recidivism.

Target Population/Criteria

1. Low to medium level offenders with mental health disorders
2. New offense must be a non-violent, non-serious felony charge
3. Offender is at high risk for returning to jail/prison.

Service Type

- Assesses the individual's current status;
- Provides crisis counseling as needed;
- Determines the level of services required;
- Works with individuals to engage them in the recommended treatment option;
- Provides treatment that is voluntary but as a Condition of Supervision;
- Refers individuals to contracted service providers/directly-operated programs.

Locations

1 program in Service Planning Area (SPA) 1; Supervisorial District 5
1 program in Service Planning Area (SPA) 3; Supervisorial District 5
1 program in Service Planning Area (SPA) 5; Supervisorial District 3
1 program in Service Planning Area (SPA) 6; Supervisorial District 2
1 program in Service Planning Area (SPA) 8; Supervisorial District 4

NET COUNTY COST	\$681,189
REVENUE	\$ 000
PROGRAM COST	\$681,189

Status

Details are pending the District Attorney's Taskforce Report

ESTABLISH A NEW MENTAL HEALTH BUREAU

Lead Departments

Sheriff

Implementation Priority

Low

Issue

The current insufficient number of Mental Evaluation Teams working in the areas of Los Angeles County serviced by the Los Angeles County Sheriff's Department is a serious problem that involves mentally ill individuals who repeatedly call the Sheriff's Department or who are the subject of numerous calls for service. These calls for service involving the mentally ill population cost the County millions of dollars in emergency resources without positive outcomes.

Proposal

The Sheriff's Department is exploring the establishment of a Mental Evaluation Bureau for the following reasons:

- Provide effective services to mentally ill persons
- Properly handle calls for service and incidents involving mentally ill persons
- Facilitate the timely return of patrol personnel to law enforcement duties
- Link mentally ill persons with the appropriate mental health services such as Veterans Affairs, Adult Protective Services, Los Angeles County Department of Health Services, and Department of Mental Health
- Divert mentally ill persons from incarceration and/or hospitalization, when appropriate
- Manage jail diversion programs
- Collaborate with other stakeholders such as the District Attorney's Office, Public Defender's Office, and Mental Health Court-Department 95 on jail diversion programs to prevent unnecessary incarceration of mentally ill persons
- Provide alternative care in the least restrictive environment through a coordinated and comprehensive system-wide approach
- Prevent the duplication of mental health services

Objective

Reduce the number of individuals with a mental disorder who are arrested and the need for in-patient psychiatric hospitalization by providing immediate field based mental health services.

Target Population/Criteria

Individuals in psychiatric crisis brought to the attention of law enforcement

Service Type

Emergency crisis intervention, stabilization, outreach and linkage to on-going services

Locations

Participating cities throughout the County.

Fiscal Analysis

TBD

Status

The Sheriff Department is currently reviewing this item and will consider submitting a formal proposal at a later date.