County of Los Angeles
Chief Executive Office

PUBLIC SAFETY CLUSTER
AGENDA REVIEW MEETING

FESIA A. DAVENPORT
Acting Chief Executive Officer

DATE: **Wednesday, September 30, 2020**
TIME: **10:00 a.m.**

DUE TO CLOSURE OF ALL COUNTY BUILDING, TO PARTICIPATE IN THE MEETING CALL TELECONFERENCE NUMBER: (323) 776-6996 ID: 629883198#

TELEPHONIC PUBLIC COMMENT - (30 minutes)
The public may address the Board deputies during the virtual meeting on all regular agenda items. PLEASE INDICATE ITEM TO BE ADDRESSED.

AGENDA

Members of the Public may address the Public Safety Cluster on any agenda item by submitting a written request prior to the meeting. Two (2) minutes are allowed per person in total for each item.

1. CALL TO ORDER

2. GENERAL PUBLIC COMMENT

3. INFORMATIONAL ITEM(S) [Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices with advance notification]:

A. Board Letter:
AUTHORIZATION TO APPROVE COST RECOVERY AGREEMENT WITH THE US FOREST SERVICE FOR REHABILITATION OF THE OLD CAMP 16 SITE
Speaker(s): Debbie Aguirre and Christopher (Fire)

4. PRESENTATION/DISCUSSION ITEM(S):

A. Board Briefing:
AB 109 SEMI-ANNUAL IMPLEMENTATION UPDATE AND REPORT
Speaker(s): Mark Delgado (CCJCC) and Reaver Bingham (Probation)

CLOSED SESSION:

CS-1 **CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**
(Subdivision (a) of Government Code Section 54956.9)

Roland Vaughn v. County of Los Angeles, et al
United States District Court Case No. 2:18-CV-00330

Department: Sheriff's

5. ADJOURNMENT

6. UPCOMING ITEMS:

A. Board Briefing:
SEMI-ANNUAL ROSAS COMPLIANCE PRESENTATION
Speaker(s): Bruce Chase, Sergio Aloma and Larry Alva (Sheriff's)

B. Board Briefing:
CIVILIAN OVERSIGHT COMMISSION COVID-19 REPORT
Speaker(s): Brian Williams (COC)

C. Board Letter:
MEMORANDUM OF UNDERSTANDING WITH THE CITY OF LOS ANGELES TO ACCEPT FUNDS FROM THE UNITED STATES DEPARTMENT OF JUSTICE, BUREAU OF JUSTICE ASSISTANCE FOR THE 2019 EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT
Speaker(s): Michael Xie (CEO)

IF YOU WOULD LIKE TO EMAIL A COMMENT ON AN ITEM ON THE PUBLIC SAFETY CLUSTER AGENDA, PLEASE USE THE FOLLOWING EMAIL AND INCLUDE THE AGENDA NUMBER YOU ARE COMMENTING ON:

PUBLIC_SAFETY_COMMENTS@CEO.LACOUNTY.GOV

COUNTY OF LOS ANGELES
FIRE DEPARTMENT

1320 NORTH EASTERN AVENUE
LOS ANGELES, CALIFORNIA 90063-3294
(323) 881-2401
www.fire.lacounty.gov

"Proud Protectors of Life, Property, and the Environment"

DARYL L. OSBY
FIRE CHIEF
FORESTER & FIRE WARDEN

October 13, 2020

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

Dear Supervisors:

AUTHORIZATION TO APPROVE COST RECOVERY AGREEMENT WITH THE US FOREST SERVICE FOR REHABILITATION OF THE OLD CAMP 16 SITE

(5TH DISTRICT) (3-VOTES)

SUBJECT

The Consolidated Fire Protection District of Los Angeles County (District) is requesting Board of Supervisors' (Board) authorize the Fire Chief to enter into a cost recovery agreement with the United States Forest Service (USFS) for the District's share of costs for the rehabilitation of the old Camp 16 site, located at 26652 North Angeles Forest Highway, Palmdale, CA, which was lost in the Station Fire in 2009.

IT IS RECOMMENDED THAT THE BOARD ACTING AS THE GOVERNING BODY OF THE CONSOLIDATED FIRE PROTECTION DISTRICT OF LOS ANGELES COUNTY:

1. Authorize the Fire Chief to enter into an agreement with the USFS in the amount of $1,304,018.06 as the District's full and final responsibility related to the District's use of the site from 1975 to 2009 as a fire camp (old Camp 16).

2. Find that the agreement is exempt from the provision of the California Environmental Quality Act (CEQA).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The District was issued a Use Permit by the USFS for the use of the old Camp 16 site. Unfortunately, the old Camp 16 site was a total loss from the Station Fire of 2009. The Use

Permit contained a requirement that the District remove improvements and restore the site when the Use Permit for the site is terminated.

The USFS has been slowly rehabbing the site over the last ten years. The USFS's total cost to clean up and rehab of the site is estimated to be $3.3 million. The District negotiated its share of this cost as $1.3 million. The USFS will absolve the District of any future obligation for the site and will take all responsibility for performing the necessary work.

In 2009, after the Station Fire, the District relocated Camp 16 to 12653 N. Little Tujunga Canyon Road in Sylmar (the old Camp Holton site) and will continue to operate from this new location.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

Approval of the recommended actions is consistent with the County's Strategic Plan Goal No. II, Foster Vibrant and Resilient Communities by supporting a socially responsible industry in Los Angeles County.

FISCAL IMPACT/FINANCING

The recommended action will authorize the District to pay to the USFS the total amount of $1,304,018.06 for its share of the cleanup costs for the old Camp 16 site. Sufficient appropriation is available in the Fiscal Year 2020-21 Fire Accumulative Capital Outlay Fund, Capital Project No. 89067, to fully fund the project.

There is no impact to net County cost.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The District has leased the old Camp 16 site from the USFS since 1975. The last approved Special Use Permit for the site requires that the District remove any improvements and restore the site when the use of the site is terminated. The Cost Recovery Agreement will fulfill this obligation of the District's, and the USFS will complete all work needed on the old Camp 16 site.

ENVIRONMENTAL DOCUMENTATION

Find the agreement is exempt from requirements of the California Environmental Quality Act (CEQA) pursuant to Section 15061 (b)(3) of CEQA guidelines.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of this agreement will provide funding to the USFS to complete the cleanup and rehab of the old Camp 16 site.

CONCLUSION

Upon approval by your Honorable Board, please instruct the Executive Officer to return adopted stamped copy of this letter to:

Consolidated Fire Protection District of Los Angeles County
Executive Office, Business Operations
Attention: Zuleyda Reyes-Santana, Administrative Services Manager II
1320 North Eastern Avenue
Los Angeles, CA 90063
Zuleyda.Santana@fire.lacounty.gov

The District's contact may be reached at (323) 881-6173.

Respectfully submitted,

DARYL L. OSBY, FIRE CHIEF

DLO:da

Attachment

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

CATEGORY 6 MAJOR COST RECOVERY AGREEMENT

Between

USDA, FOREST SERVICE, Angels National Forest,
and CONSOLIDATED FIRE PROTECTION DISTRICT OF LOS ANGELES COUNTY (LACO Fire).

This agreement is entered into between the UNITED STATES DEPARTMENT OF AGRICULTURE**,** FOREST SERVICE, ANGELES NATIONAL FOREST (Forest Service), and the CONSOLIDATED FIRE PROTECTION DISTRICT OF LOS ANGELES COUNTY, (LACO Fire) under 36 CFR 251.58.

A. RECITALS

1. A Special Use Authorization ("the Authorization") was issued to holder LACO Fire on April 23, 2008. The Authorization is enumerated in Appendix A and subject to assessment of monitoring fees by the Forest Service.

2. The geographic area to be covered by this agreement is the Camp 16 permit area, at Mount Gleason, County of Los Angeles, California, as specified in Appendix B.

3. LACO Fire's special use authorization is issued under an authority other than the Mineral Leasing Act, and LACO Fire has not waived payment of reasonable costs under the Authorization. Therefore, the Forest Service is entitled to recover its full reasonable costs incurred in processing the application or monitoring the Authorization.

4. Information associated with this agreement may be released to the public in accordance with the provisions of the Freedom of Information Act and Privacy Act.

B. BASIS FOR MONITORING FEES. The Forest Service shall assess LACO Fire a monitoring fee based upon the agency's estimated costs to ensure compliance with the terms and conditions of the Authorization during all phases of its term, including but not limited to monitoring to ensure compliance with the Authorization during the construction or reconstruction of temporary or permanent facilities and rehabilitation of the construction or reconstruction site. In this case, the cost recovery payment described herein constitutes a full and complete share of the LACO Fire's costs for compliance with Clause V.D, Removal of Improvements as it pertains to paragraph A2 of this agreement.

C. AGREEMENT. In consideration of the foregoing, the parties agree as follows:

1. Scope of Work. The Forest Service has developed a scope of work for monitoring the Authorization and an estimate of the agency's costs to monitor the Authorization, which is incorporated into this agreement as Appendix C. This scope of work shall report direct costs in categories that correspond to those in the agency's accounting system, e.g., job code, personnel compensation based upon the cost to the government (salary and benefits), travel, and other direct services, materials, and supplies. In addition, the scope of work shall include the agency's indirect costs based upon the approved annual indirect cost rate, in this case 12%. Classification of costs as direct or indirect shall be in accordance with the published Forest Service budget for the applicable fiscal year.

2. Billing. The Forest Service shall bill LACO Fire prior to commencement of construction, reconstruction, rehabilitation, or any other activity subject to a monitoring fee. LACO Fire shall pay the fee of $1,304,018.06. A bill for the monitoring fee will be provided once this agreement is executed by US Mail to: Financial Management Division – Expenditure Management, PO Box 910901, Commerce, CA 90091.

Or by email to:
Fire-Invoicesubmission@fire.lacounty.gov

3. Payment. LACO Fire shall pay the monitoring fee within 30 calendar days of the date the bill for the fee is issued. The Forest Service shall not initiate monitoring the Authorization until the estimated monitoring fee is paid. If LACO Fire fails to pay monitoring fee or the fee is late, the Forest Service shall not issue the Authorization or shall suspend or revoke the Authorization in whole or in part.

4. Statement of Costs. The Forest Service shall annually report costs incurred for monitoring the Authorization by providing a financial statement from the agency's accounting system.

5. Underpayment. LACO Fire's total obligation under this agreement and pursuant to the Authorization is a one-time payment of $1,304,018.06. No partial payments or underpayments will be made.

6. Overpayment. LACO Fire's total obligation under this agreement and pursuant to the Authorization is a one-time payment of $1,304,018.06. No partial payments or overpayments will be made.

7. Disputes

a. If LACO Fire disagrees with the estimated dollar amount of the monitoring costs, LACO Fire may submit a written request before the disputed fee is due for substitution of alternative estimated costs to the immediate supervisor of the authorized officer who determined the estimated costs. The written request must include supporting documentation.

b. If LACO Fire pays the full disputed monitoring fee, the Forest Service shall perform in accordance with Appendix C during the supervisory officer's review of the disputed fee.

c. If LACO Fire fails to pay the full disputed monitoring fee, the Forest Service shall not proceed with tasks outlined in Appendix C pending the supervisory officer's determination of an appropriate monitoring fee and LACO Fire's payment of that fee.

d. The authorized officer's immediate supervisor shall render a decision on a disputed monitoring fee within 30 calendar days of receipt of the written request from LACO Fire. The supervisory officer's decision is the final level of administrative review. The dispute shall be decided in favor of LACO Fire if the supervisory officer does not respond to the written request within 30 days of receipt.

8. Lack of Administrative Appeal. A decision by an authorized officer to assess a monitoring fee or to determine estimated costs is not subject to administrative appeal. A decision by an authorized officer's immediate supervisor in response to a request for substitution of alternative estimated costs likewise is not subject to administrative appeal.

9. Amendment. Modifications to this agreement shall be made in writing and shall be signed and dated by both parties.

10. Expiration and Termination. This agreement expires on 12/31/2025. Either party, in writing, may terminate this agreement in whole or in part at any time before it expires. LACO Fire is responsible for all Forest Service costs covered by this agreement that are incurred up to the date of expiration or termination up to the agreed amount of $1,304,018,06.

11. Principal Point of Contact. The Forest Service and LACO Fire shall each establish a principal point of contact for purposes of this agreement.

The Forest Service's contact is Robert J Garcia, Forest Fire Management Officer, 626-574-5223, rjgarcia@usda.gov.

The LACO Fire's contact is Debra Aguirre, Chief of Staff, 323-881-6180, Debbie.Aguirre@fire.lacounty.gov.

This agreement is accepted subject to all its terms and conditions.

_____ _____

Daryl L. Osby
Fire Chief
LACO Fire

Date

_____ _____

Jerome E. Perez
Forest Supervisor
USDA, Forest Service

Date

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.. The time required to complete this information collection is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) govern the confidentiality to be provided for information received by the Forest Service.

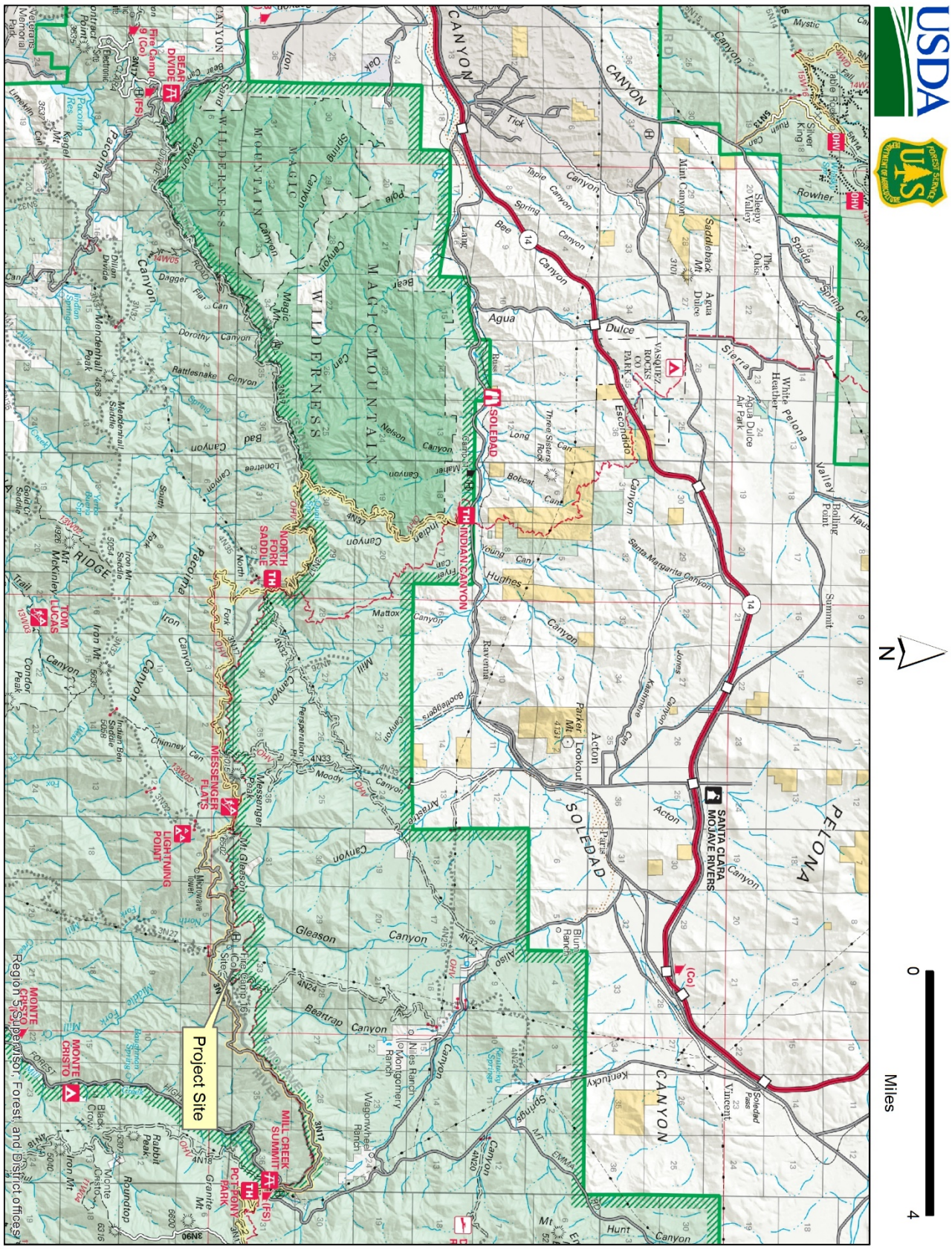
APPENDIX A
Authorizations Subject to this Agreement

The authorization subject to this agreement is Special Use Permit # LAR 102314A, specifically clause V.D, Restoration of Improvements.

APPENDIX B

Description and Map of the Geographic Area

The geographic area covered by this agreement is generally known as Mt. Gleason, in Los Angeles County, CA. The former facility at the site is known as LACO Fire Camp # 16. The site is approximately 16 miles East of the City of Santa Clarita, CA.


Project Site
Region 5 Supervisor, Forest, and District offices
N
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Miles

APPENDIX C

Scope of Work

- Scope – The Forest Service recognizes that the LACO Fire has terminated its use of Camp 16 permit area. The intent of this agreement is to allow LACO Fire to meet its full and complete remaining obligation pertaining to the Camp 16 permit area and associated Authorization. This agreement and associated monitoring fee are for the full and complete share of LACO Fire's costs for the removal of improvements, and restoration of the permit area, in accordance with Clause V.D of the subject permit. Upon payment of this agreement's bill, the Fores Service shall close the permit, and relieve LACO Fire of any further obligations pursuant to it, by official correspondence from the Forest Service Authorized Officer to LACO Fire Chief Daryl Osby. The ANF shall then perform the following tasks:

- Phase 1 Demolition – The ANF shall solicit, award, and administer a contract to remove all remaining buildings, hazardous materials, and infrastructure at the Camp 16 site with the exception of the 100,000 gallon water tank and the heliport. The contract shall include soil spreading and recontouring to natural slopes to the greatest extent feasible. The contracting process shall adhere to Federal Acquisition Regulations.

  This site contains lead and asbestos contamination, and the contractor shall hold all necessary licenses and permits to handle these contaminated materials, and shall dispose of them in a legal and proper manner according to the terms of the contract.

- Phase 2 Site Specific Restoration Planning – The ANF shall prepare a site specific plan to include site preparation and revegetation, and a determination of the feasibility of constructing a recreation site. This will be accomplished by ANF staff or through contract with a Landscape Architecture or Engineering firm. Products will include site and topographic drawings, restoration and revegetation plans, restoration objectives and criteria, and maintenance procedures.

  This planning effort shall involve the public, and include outreach, coordination, and notice and comment with all interested parties. At least one public meeting shall occur, with an opportunity for input from LACO Fire, and families of the firefighers who lost their lives at the site. It shall also cover preparation of documents for compliance with the National Environmental Policy Act, and associated federal environmental laws.

- Phase 3 Restoration Implementation – The ANF shall solicit, award, and administer a contract or contracts for implementation of site specifc plans developed in Phase 2. This contract will be awarded to a Forestry or Natural Resource Management firm specializing in planting and maintaining native species and monitoring success. Planting and revegetation activities may be awarded separately from construction of recreation site amenities, or may be combined into a single contract.

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242
(562) 940-2501

RAY LEYVA
Interim Chief Probation Officer

September 24, 2020

TO: Justice Deputies

FROM: Ray Leyva
Interim Chief Probation Officer

SUBJECT: **PUBLIC SAFETY REALIGNMENT REPORT/SEPTEMBER 2020 UPDATE**

Please find attached presentation materials for the Public Safety Realignment item on the CAR agenda on Wednesday, September 30, 2020 and in reference to the board date of October 13, 2020.

The attached items include an *AB 109 Evaluation Study Series Report Fact Sheet* and the *Public Safety Realignment Evaluation Series Report Entitled: Series 1. Trends in Justice Outcomes among AB 109 Supervised Individuals/Mental health Treatment Utilization Patterns and Outcomes for those with Serious Mental Illness*, prepared by Doctor Irene Vidyanti, PhD, Office of the Chief Information Officer.

In addition to these presentation materials, representatives from each AB 109 service delivery department will be available to provide verbal updates as desired.

If you have any questions, please contact Chief Deputy Reaver E. Bingham, Adult Services, at (562) 940-2513.

RL:REB:ed

AB 109 Evaluation Study Series Report
Fact Sheet

Background

California's Public Safety Realignment, initially outlined in Assembly Bill (AB) 109, shifted various custody and supervision responsibilities from the State to the counties. Since realignment's inception, county departments and partner agencies have coordinated on an ongoing basis to implement the law and refine operations with the goal of improving outcomes.

Recognizing the need for program evaluation in order to support that goal, County departments launched a local evaluation of the County's Public Safety Realignment program and assess its impact on AB 109 individuals' outcomes, re-involvement in the justice system, and trends in justice outcomes. The evaluation effort is being conducted by the Office of the CIO, in collaboration with the Probation Department, CCJCC, and AB 109 implementing agencies.

Evaluation Study Series

Given the scope of public safety realignment and its multiple components, the evaluation effort is not designed as a single, comprehensive review of realignment operations, but rather, is planned as a series of studies exploring specific issues. This approach provides a structure for ongoing analysis of realignment issues, with each study building on the results of the others. The serial structure also allows the evaluation to continue to leverage analytics capacities and new findings from other parallel measurement efforts, as well as incorporation of new data sets.

Trends in Justice Outcomes Among AB 109 Supervised Individuals / Mental Health Treatment Utilization Patterns and Outcomes for those with Serious Mental Illness

Study 1 of the Public Safety Realignment Evaluation Study Series uses Los Angeles County data from the justice, health, and other sectors to provide an assessment of (1) trends in the AB 109 population over time, (2) utilization of and engagement in mental health treatment services, and (3) mental health and justice outcomes. The AB 109 population studied includes individuals on Post-Release Community Supervision (PRCS) and individuals on Mandatory Supervision pursuant to a custody/supervision split sentence under PC 1170 (h) (5). To enable three-year trend analyses, five cohorts of supervised individuals were studied: those starting supervision in 2011, 2012, 2013, 2014, and 2015.

Summary of Key Findings and Implications

Analyses in this report are designed to find associative rather than causal relationships. However, this high-level trend analysis does provide data-based findings and potential implications.

Key Findings	*Implications*
1: Data show encouraging trends in justice outcomes for PRCS individuals and in the narrowing in outcome gaps between individuals with and without complex needs.	Departments should continually examine which of the many operational improvements implemented over time contribute to the positive trends so that these operational areas of strength can be reinforced and potentially expanded.
2: While the rate is relatively low, approximately 25% of PRCS SMI individuals are not identified for mental health treatment as part of their case plan. As our findings also suggest that stable	There is a need for more proactive bi-directional sharing of information as mental health providers diagnose individuals with SMI outside the supervision context to ensure that such

engagement in mental health treatment is a critical part of the optimal pathway to improve mental health and justice outcomes for AB 109 probationers with SMI, improving this identification of need and subsequently engagement in treatment is imperative.	individuals do not fall through the cracks. While preliminary efforts exist between DMH and Probation Department to share health records of individuals assessed with mental health needs, there are legal barriers to navigate to reach the point of implementation. Legal analyses may be needed to determine how information sharing can be implemented.
3: Rates of mental health treatment engagement, mental health outcomes, and justice outcomes for Split Sentence individuals with SMI are less favorable compared to their PRCS counterparts.	This highlights the need to identify tools to improve engagement in treatment and outcomes for SMI individuals in the Split Sentence program. The identification of which tools and operational practices are effective can be informed by findings from this series of studies, other parallel efforts, research literature and prior studies, as well as the targeted process and program evaluations called for in response to key finding #1 above.
4: Outcome gaps between Split Sentence individuals with and without complex needs are not narrowing over time. Rates of mental health treatment engagement for Split Sentence individuals with SMI are markedly low.	Early and timely identification of SMI individuals to identify those in need of treatment and increasing engagement in mental health treatment for this population are important to start closing the outcome gaps between Split Sentence individuals with and without complex needs. Existing information and knowledge gaps that contribute to less favorable outcomes among the SMI Split Sentence individuals should be remediated. There is currently still an information gap for identification of Split Sentence SMI population coming out of local custody, although there is an existing initiative – comprehensive release planning expansion as part of the DOJ Settlement Agreement – that can start to bridge the gap.
5: Rates of mental health outpatient use and stable engagement in treatment decline sharply in the first year following termination of supervision.	This highlights the need for better support services and warm hand-offs during the critical transition period following termination of supervision.

A collaboration between the Office of the Chief Information Officer, the Countywide Criminal Justice Coordination Committee (CCJCC), Probation Department, and the AB 109 Steering Committee

PUBLIC SAFETY REALIGNMENT EVALUATION STUDY SERIES

Series 1. Trends in Justice Outcomes among AB 109 Supervised Individuals / Mental Health Treatment Utilization Patterns and Outcomes for those with Serious Mental Illness

Prepared by Irene Vidyanti, PhD
(Office of the Chief Information Officer)

I PREFACE

California's Public Safety Realignment, initially outlined in Assembly Bill (AB) 109, took effect in October 2011 and shifted various custody and supervision responsibilities from the State to the counties. In February 2011, the County's Board of Supervisors established the Public Safety Realignment Team (PSRT) as a subcommittee of the Countywide Criminal Justice Coordination Committee (CCJCC) to bring together multiple stakeholder agencies and coordinate realignment implementation.

Recognizing the need for program evaluation in order to support operations that improve outcomes, the County has participated in multiple studies to identify trends and patterns, including a Board of State and Community Corrections sponsored study by the Public Policy Institute of California. In 2019, the Probation Department and CCJCC partnered with the Office of the CIO (OCIO) to launch a local evaluation of the County's Public Safety Realignment program and assess its impact on AB 109 individuals' outcomes, re-involvement in the justice system, and trends in justice outcomes.

It is important to note that, due to the scope of public safety realignment and its multiple components, the evaluation effort is not a comprehensive review of realignment operations, but rather is planned as a series of studies exploring specific issues. In this way, the effort provides a structure for ongoing analysis of realignment issues, with each subsequent study building on the results of previous ones. The serial structure also allows the evaluation to continue to leverage analytics capacities and new findings from other parallel measurement efforts – such as the Justice Metrics Framework (JMF) with its focus on the broader justice community – as well as incorporation of new data sets.

Study 1 of the Public Safety Realignment Evaluation Study Series focuses on an assessment of trends in justice outcomes for AB 109 supervised individuals as well as mental health utilization and outcomes for AB 109 supervised individuals with serious mental illness since the inception of the program. The evaluation relies on the multi-agency linked data in OCIO's Information Hub (containing data from various County departments) as well as additional data provided by the Probation Department.

While not intended to be an exhaustive evaluation of the public safety realignment efforts, this first study offers a valuable starting point. Results will provide a foundation for subsequent study series and other future efforts to further assess trends and outcomes for AB 109 individuals. Combined with other parallel measurement efforts in the County (such as the Justice Metrics Framework), this study series will paint a clearer picture of AB 109 individuals' trends and outcomes and help guide future program and policy decisions.

II Executive Summary

II.1 Introduction

In this report, we use Los Angeles County data from the justice, health, and other sectors to provide an assessment of (1) trends in the AB 109 population over time, (2) utilization of and engagement in mental health treatment services, and (3) mental health and justice outcomes. The AB 109 population studied includes individuals on Post-Release Community Supervision (PRCS) and individuals on Mandatory Supervision pursuant to a custody/supervision split sentence under PC 1170 (h) (5) (henceforth called Split Sentence individuals for the remainder of the report)[1].

We will assess trends in cohort characteristics and justice outcomes for five cohorts of supervised individuals – those starting supervision in 2011, 2012, 2013, 2014, and 2015. We follow each cohort for three years and report justice outcomes within 3 years of starting supervision. The most recent cohort that could be included in this analysis is the 2015 cohort because it is the last year allowing for the three-year follow-up period for outcomes and analyses thereof[2].

Given the high rates of vulnerable populations (such as those diagnosed with severe mental illness or who have experienced homelessness) in the AB 109 population and the imperative to address the needs of these populations to improve overall outcomes, this report also examines (1) receipts of needed services among these individuals, (2) gaps in outcomes between vulnerable and non-vulnerable AB 109 populations, and (3) potential strategies to close outcome gaps. While we recognize that the needs of vulnerable individuals among the AB 109 population are myriad and complex, for Study 1, we are specifically focusing on the population with Severe Mental Illness (SMI), a population that constitutes more than one out of every four AB 109 individuals, with an eye towards broadening the evaluation to include other needs (e.g. homelessness and substance use disorder) in future series.

Analyses in this report are designed to find associative rather than causal relationships. Findings are meant to start painting a picture of trends in justice and mental health outcomes among AB 109 individuals, spur questions for further study, and generate actionable next steps.

A glossary with definitions of terms can be found at the end of this report (*section XIV: Glossary of Terms*).

II.2 Cohort Characteristics

II.2.1 PRCS

While the number of PRCS individuals beginning supervision in years 2011 through 2015 has fluctuated, there is a slight trend down over time. On average, each cohort of PRCS individuals comprises about 7,000

[1] We are currently unable to identify AB 109 Mandatory Straight Sentence population in our data. With the provision of this indicator from relevant department(s), we can perform similar assessments on this population in the future.
[2] At the time of analyses, we have data up to the end of 2019. The 2015 cohort is the last cohort we can analyze because we will need to follow them for 3 years, using data up to 2018, and we need to then let another one-year period elapse for any court processes to reach adjudication to determine whether any new offenses committed in the 3-year follow-up period results in a reconviction.

individuals. Rates of SMI and history of homelessness[3] are high in the population, with about 3 and 4 out of every 10 PRCS individuals having history of SMI and homelessness, respectively.

II.2.2 Split Sentence

The numbers of individuals in each Split Sentence cohort are small compared to PRCS, although there are increasing numbers of Split Sentence individuals starting supervision from years 2011 through 2015. On average, each cohort of Split Sentence individuals comprises about 400 individuals. Rates of vulnerable individuals are also high in the Split Sentence population, with similar rates of homelessness as the PRCS population and slightly lower rates of SMI than the PRCS population.

II.3 Justice Outcomes

II.3.1 PRCS

As shown in the table below, re-involvement in the justice system as measured by reconvictions have improved with every successive PRCS cohort. Median time to reconviction offense among those who re-offend also shows positive trends, with more recent PRCS cohorts remaining re-conviction free for longer periods of time. Positive trends in justice outcomes also hold for individuals with complex problems. There are outcome gaps between those with complex problems and those without, but gaps are narrowing with successive PRCS cohorts.

PRCS - Reconvictions

Population	2011	2012	2013	2014	2015	Trend	Net change (percentage points)
All	56%	54%	50%	50%	49%		-7
No vulnerable group	47%	44%	41%	38%	39%		-8
SMI	70%	67%	62%	60%	56%		-14
Homeless	71%	68%	64%	64%	62%		-9
SMI & homeless	76%	73%	68%	67%	63%		-12

II.3.2 Split Sentence

As seen in the table below, reconviction rates for the Split Sentence population are higher than for the PRCS population, but also show general downward trends over time. However, the trend of median time to re-offend goes in the opposite direction from PRCS, with Split Sentence individuals re-offending sooner with successive cohorts. Trends for reconviction rates for Split Sentence vulnerable individuals are unclear, perhaps due to the small number of individuals in each subgroup. As with the PRCS population, there are outcome gaps between those with and without complex problems in the Split Sentence population, but unlike the PRCS population, these outcome gaps have not been narrowing over time. It should be noted, also, that PRCS and mandatory supervision have significant differences, including the

[3] Due to data limitations, we are unable to determine if an SMI diagnosis occurred before or after supervision. Similarly, we are unable to determine *when* an individual was identified as experiencing homelessness by the departments that provided the data used in this report. Therefore, homelessness could have occurred before or after an individual's start of supervision. However, the data was available to determine the timing of mental health crisis events.

fact that the length of mandatory supervision and its conditions vary according to the sentence imposed by the Court.

Mandatory Split Sentence - Reconvictions							
Population	2011	2012	2013	2014	2015	Trend	Net change (percentage points)
All	62%	60%	61%	58%	59%		-3
No vulnerable group	59%	49%	53%	46%	51%		-8
SMI	65%	77%	73%	72%	65%		0
Homeless	68%	75%	70%	72%	72%		3
SMI & homeless	69%	84%	71%	83%	70%		1

II.4 Mental Health Utilization, Engagement in Treatment, and Mental Health Outcomes

Our metrics of mental health utilization are **use of mental health outpatient services** and **stable engagement in mental health treatment**[4], and our metric of mental health outcome is **mental health crisis**[5]. We assess those metrics at different timepoints: (1) within 1 year and 3 years of starting supervision; and (2) within the last year of supervision and the first-year post-supervision. This allows us to identify more specific operational timepoints when rates of mental health engagement are low and linkages to services need to be bolstered. Analyses involving mental health utilization and outcomes focuses only on the 2014 and 2015 cohorts of AB 109 supervised individuals with SMI due to limitations in mental health data availability[6].

II.4.1 PRCS

Rates of PRCS individuals with SMI who used mental health outpatient services within 3 years since starting supervision are high for both 2014 and 2015 cohorts. About 1 in every 3 PRCS individuals with SMI stably engage with mental health treatment within 1 year from the start of supervision. About 1 in 3 PRCS individuals with SMI experience mental health crises within 3 years from the start of supervision.

Rates of mental health outpatient usage and mental health treatment engagement drop post-supervision for both the 2014 and 2015 cohorts of PRCS individuals with SMI. Interestingly, the rate of mental health

[4] For the purposes of this report, we consider a person stably engaged in mental health treatment if, *over a period of 12 months,* they: (1) Either (a) received six or more non-crisis outpatient services, spread across at least 4 months; or (b) received three or more medication support services, spread across at least 6 months; and (2) Had no more than one mental health crisis event.

[5] Any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. In this report, we identify mental health crises through the occurrence of any of the following events: encounter with crisis teams such as DMH Law Enforcement Team (LET) and DMH Psychiatric Mobile Response Teams (PMRT), mental health inpatient admission, or use of outpatient mental health crisis stabilization services.

[6] As DMH outpatient data is only available from July 1, 2014, analyses involving mental health utilization and outcomes will only include individuals who start supervision after that date.

crisis drops post-supervision, although we would expect an increase given the drop-in mental health engagement rates post-supervision.

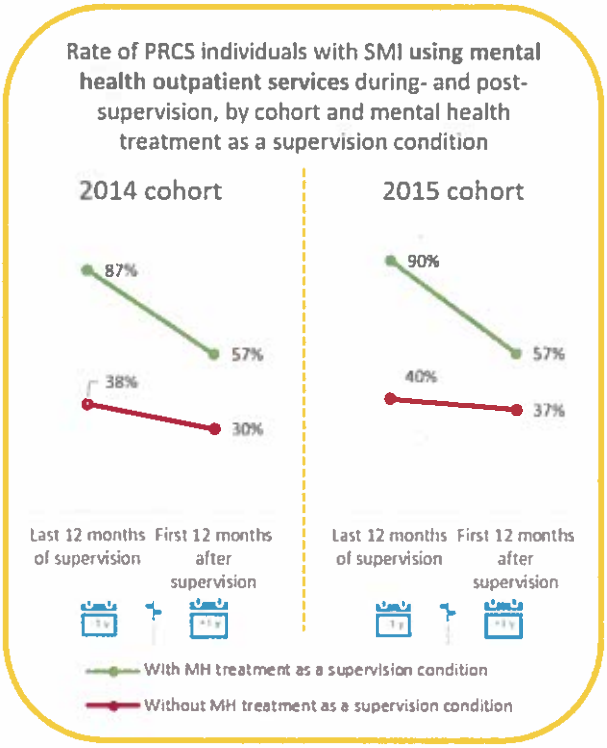
II.4.2 Split Sentence

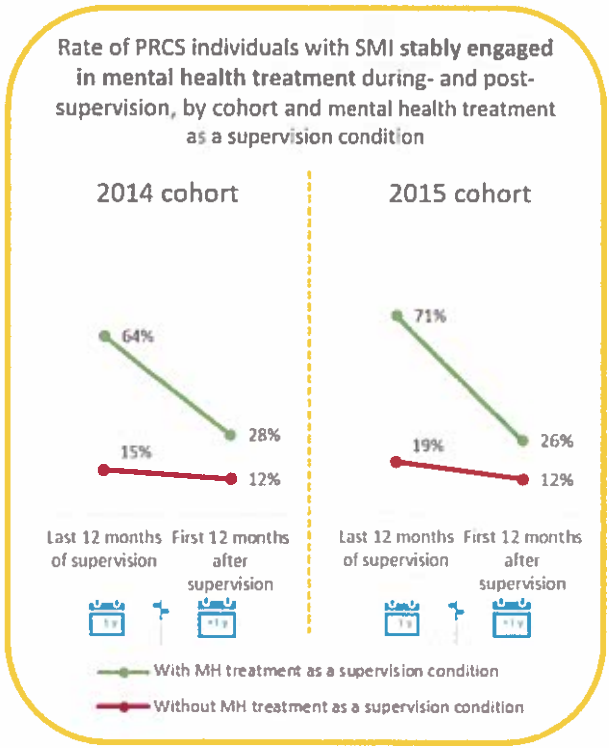
Rates of Split Sentence individuals with SMI who used mental health outpatient services are high for both 2014 and 2015 cohorts but lower than for PRCS individuals. Despite doubling in rate from the 2014 to the 2015 cohort, rates of stable engagement in mental health treatment (at 7% and 15%) are still low for Split Sentence individuals. About 2 in 5 Split Sentence individuals with SMI experienced mental health crises within 3 years since supervision start.

As with PRCS individuals, rates of mental health outpatient usage and treatment engagement drop post-supervision for both the 2014 and 2015 cohorts of Split Sentence individuals with SMI. The trend of rate of mental health crisis dropping post-supervision despite the decline in mental health engagement rates post-supervision are also seen for Split Sentence individuals.

II.5 Association between Participation in Mental Health Treatment as a Condition of Supervision and Engagement in Mental Health Treatment

For PRCS individuals deemed as having potential mental health needs, Deputy Probation Officers (DPO) can refer these individuals to co-located Department of Mental Health (DMH) partners and modify supervision conditions to include participation in mental health (MH) treatment as a condition of supervision to promote adherence to mental health treatment plans. In the 2015 cohort, 3 out of every 4 PRCS SMI individuals have mental health treatment as a condition of supervision.



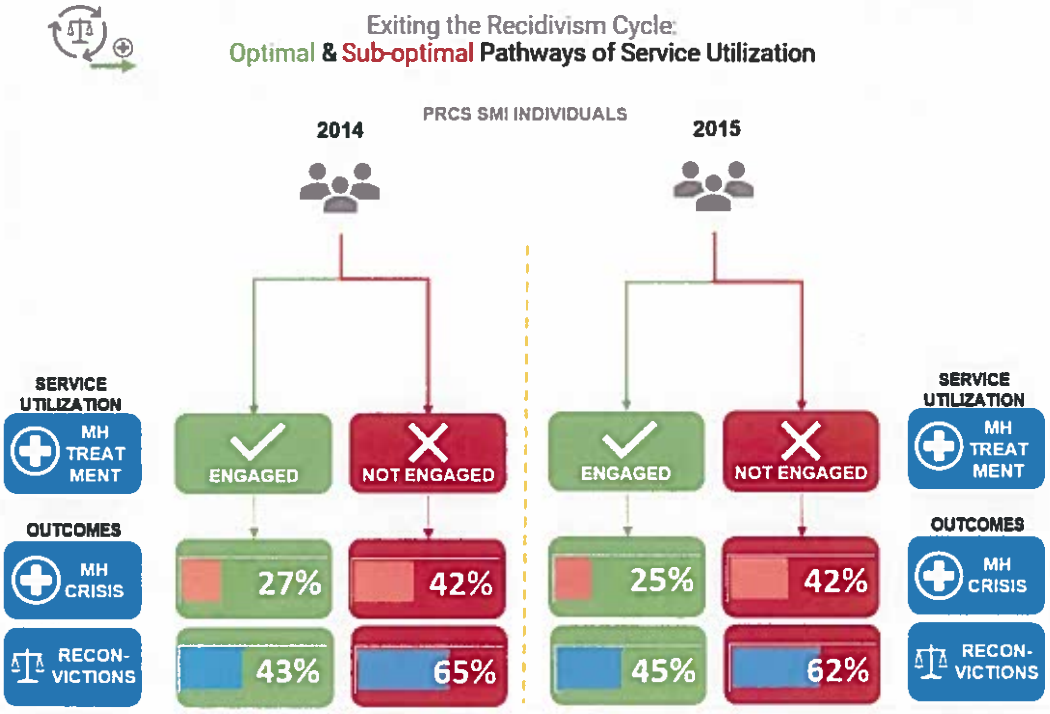


Mental health treatment as a condition of supervision is associated with substantially higher rates of use of outpatient services and rates of engagement with mental health treatment in the PRCS population with SMI in the three- and one-year periods since starting supervision. As the figure above shows, this pattern also holds in the last year of supervision. One-year post-supervision, while rates of mental health treatment engagement drop, those who had mental health treatment participation as a condition of their supervision still engaged in mental health treatment at substantially higher rates than those had not had the supervision condition.

II.6 Association Between Engagement in Mental Health Treatment and Outcomes

II.6.1 Optimal and Sub-Optimal Pathways of Service Utilization

We find that stable engagement in mental health treatment is associated with lower rates of mental health crisis and lower rates of reconvictions for PRCS and Split Sentence individuals with SMI across both 2014 and 2015 cohorts. From this finding and evidence from the literature[7], stable engagement in mental health treatment appears to be a critical part of an optimal pathway that will help SMI individuals to reduce rates of relapse into mental health crisis and eventually exit the recidivism cycle. Conversely, lack of engagement in mental health treatment is likely part of a sub-optimal pathway increasing the likelihood of relapse into mental health crisis and thus diverting SMI individuals from the exit pathway out of the recidivism cycle.



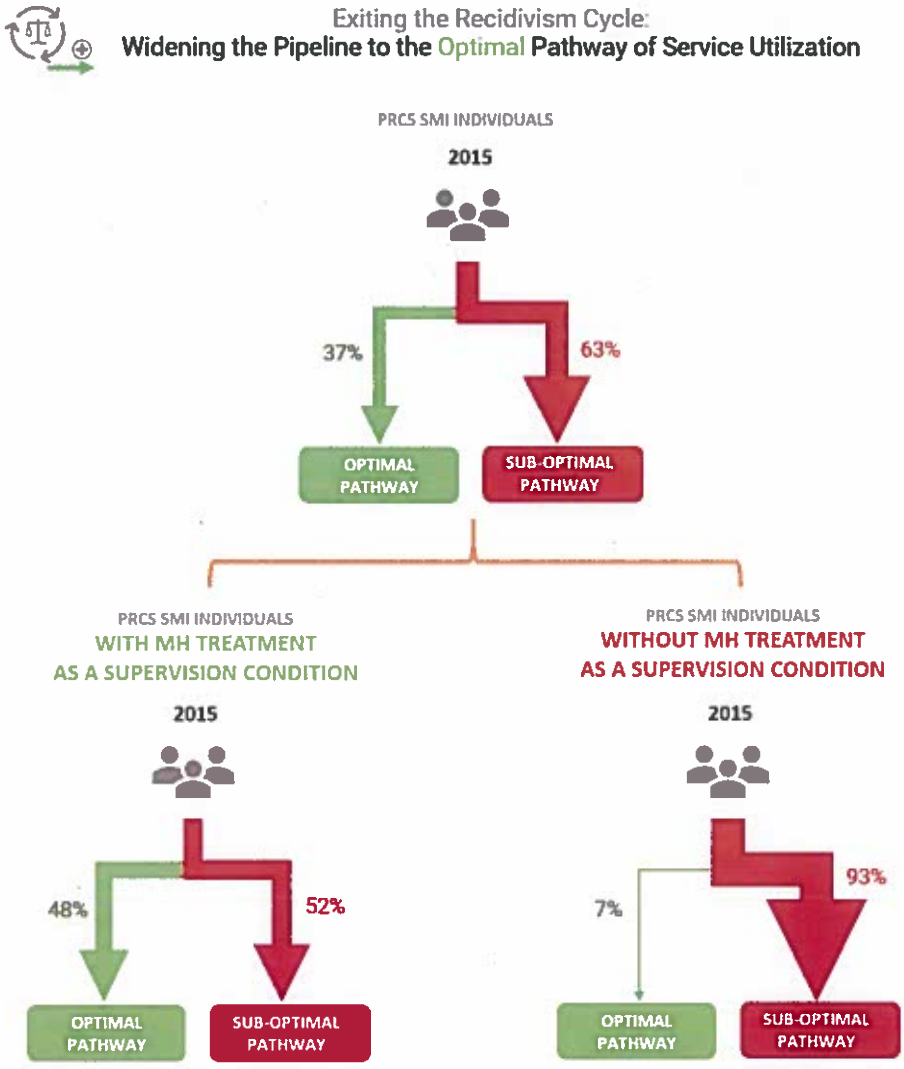
[7] (1) Van Dorn, R. A., Desmarais, S. L., Petrila, J., Haynes, D., & Singh, J. P. (2013). Effects of outpatient treatment on risk of arrest of adults with serious mental illness and associated costs. *Psychiatric Services*, *64*(9), 856-862; (2) McNiel, D. E., Sadeh, N., Delucchi, K. L., & Binder, R. L. (2015). Prospective study of violence risk reduction by a mental health court. *Psychiatric Services*, *66*(6), 598-603.

Summarizing the findings throughout this report, as seen in the figure above, illustrates these pathways more clearly, showing that PRCS individuals with SMI who are stably engaged in mental health treatment having better mental health and justice outcomes in both the 2014 and 2015 cohorts. Results are similar for Split Sentence individuals with SMI.

Although analyses in this report were not designed to examine causality, there is a clear implication that improving rates of stable engagement in mental health treatment for AB 109 supervised individuals with SMI could have the added value of improving mental health and justice outcomes.

II.6.2 Widening the Pipeline to Optimal Pathways of Service Utilization

The differential outcomes for those on and off the optimal pathways motivate the search for potential ways to widen the pipeline to optimal pathways of service utilization to improve outcomes for more individuals with SMI. Our findings indicate that incorporating mental health treatment participation as a condition of supervision is potentially one tool that can further expand this pipeline.



The figure above illustrates the pipelines to the optimal pathway for the 2015 cohort of PRCS individuals with SMI for those with and without mental health treatment as a condition of supervision. The supervision condition appears to widen this pipeline, while the absence of the condition appears to narrow it. Findings are similar for the 2014 cohort. The starkly different pipeline widths for SMI individuals with and without MH treatment as a condition of their supervision point to the likely importance of identifying PRCS individuals with SMI for the supervision condition.

II.7 Discussion

The encouraging trends in justice outcomes for both PRCS populations are likely a result of a complex mix of factors, including programmatic and implementation changes at Probation and its partners as well as changes in broader policies and legislations. As there have been multiple operational changes over the years, further analysis is required to understand components of those changes that have had positive impact on outcomes in order to strengthen and expand their implementation, and conversely, to modify or discontinue those that have not had positive impact on outcomes.

Multi-pronged efforts to continually improve screening, coordination, and provision of treatment, rehabilitative, and other services could also significantly contribute to the positive trends in justice outcomes for PRCS individuals with complex problems as well as the narrowing outcome gaps over successive PRCS cohorts between those with complex problems and those without. However, outcome gaps still exist, and efforts need to intensify to further close the gaps.

In contrast to PRCS, these outcome gaps have not been narrowing for the Split Sentence population. There is a need to address this and explore if tools that are effective to narrow outcome gaps for the PRCS population can be applied to benefit the Split Sentence population as well.

There is a clear implication that stable engagement in mental health treatment likely is a critical part of the optimal pathway to improve mental health and justice outcomes for AB 109 supervised individuals with SMI. Improving this identification of need and subsequently engagement in treatment is likely important to continue narrowing the outcomes gap between individuals with complex needs and those without.

An area of concern is the sharp decline in mental health treatment use and engagement following termination of supervision, highlighting the need to identify and implement interventions to improve engagement in this transition period and beyond.

Of note is the strong association between having mental health treatment as a supervision condition and higher rates of mental health treatment engagement. Given the significant role stable engagement in mental health treatment seems to have in improving outcomes, efforts need to be made to identify every supervised individual with SMI in need of treatment and promote their engagement in treatment, whether through supervision conditions that require mental health treatment participation or other evidence-based means.

II.8 KEY TAKEAWAYS

Key Finding #1. Our findings show encouraging trends in justice outcomes for PRCS individuals and in the narrowing in outcome gaps between individuals with and without complex needs. The encouraging trends in justice outcomes for both PRCS populations are likely a result of a complex mix of factors, including programmatic and implementation changes at Probation and its partners as well as changes in broader policies and legislations.

Implications. This highlights the need to examine which of the many operational improvements implemented over time contribute to the positive trends so that these operational areas of strength can be reinforced and potentially expanded.

Next Steps. Complementary to this series of studies, Probation and its partners should conduct targeted process and program evaluations to assess the efficacy of specific implemented operational improvements to identify effective tools for further expansion. Probation and its partners should also continue to intensify evidence-based strategies to improve screening, coordination, and provision of treatment and other services for individuals with complex needs.

Key Finding #2. While the rate is relatively low, approximately 25% of PRCS SMI individuals are not identified for mental health treatment as part of their case plan. As our findings also suggest that stable engagement in mental health treatment is a critical part of the optimal pathway to improve mental health and justice outcomes for AB 109 supervised individuals with SMI, improving this identification of need and subsequently engagement in treatment is imperative.

Implications. There is a need for more proactive bi-directional sharing of information as mental health providers diagnose individuals with SMI outside the supervision context to ensure that such individuals do not fall through the cracks. While preliminary efforts exist between DMH and Probation Department to share health records of individuals assessed with mental health needs, there are legal barriers to navigate to reach the point of implementation. Legal analyses may be needed to determine how information sharing can be implemented.

Next Steps. PSRT departments, in consultation with County Counsel, should explore mechanisms to provide the Probation Department with timely access to relevant information on the healthcare need/status of individuals on PRCS and Mandatory supervision, to enable probation officers better understand their needs and connect individuals to services or incorporate services in supervision case plans.

Key Finding #3. Rates of mental health treatment engagement, mental health outcomes, and justice outcomes for Split Sentence individuals with SMI are less favorable compared to their PRCS counterparts.

Implications. This highlights the need to identify tools to improve engagement in treatment and outcomes for SMI individuals in the Split Sentence program. The identification of which tools and operational practices are effective can be informed by findings from this series of studies, other

parallel efforts, research literature and prior studies, as well as the targeted process and program evaluations called for in response to key finding #1 above.

Next Steps. The County should identify means to improve identification of SMI individuals in need of treatment and to increase treatment engagement for those individuals for the Split Sentence population:

(1) Probation Department and its partners should explore whether tools that have resulted in better outcomes for PRCS are transferrable to the Split Sentence program and potentially implement pilot programs for such tools for Split Sentence individuals.
(2) Program evaluation should be conducted to assess the efficacy of pilots and tools that have been implemented.
(3) Probation and its partners should identify, implement, and evaluate other evidence-based means to improve identification of SMI individuals and to increase treatment engagement, especially for Split Service individuals.

Key Finding #4. Outcome gaps between Split Sentence individuals with and without complex needs are not narrowing over time. Rates of mental health treatment engagement for Split Sentence individuals with SMI are markedly low.

Implications. Early and timely identification of SMI individuals to identify those in need of treatment and increasing engagement in mental health treatment for this population are important to start closing the outcome gaps between Split Sentence individuals with and without complex needs. Existing information and knowledge gaps that contribute to less favorable outcomes among the SMI Split Sentence individuals should be remediated. There is currently still an information gap for identification of Split Sentence SMI population coming out of local custody, although there is an existing initiative – comprehensive release planning expansion as part of the DOJ Settlement Agreement – that can start to bridge the gap. Additionally, among criminal justice and other professionals working with the Split Sentence population, there is a need to continue to increase awareness of practices that can help close outcome gaps between individuals with and without SMI.

Next Steps. The County should implement and expedite efforts to identify SMI individuals among the Split Sentence population in a timely manner:

(1) Correctional Health Services (CHS), in collaboration with Probation and Sheriff departments, should continue the ramp-up of expansion of release planning efforts and expedite efforts for those needing high levels of care. For individuals released into supervision, release planning should be coordinated alongside Probation Department and release plans and pertinent information on needs for these individuals should be made available to Probation Department prior to release from custody. The release planning efforts should also be coordinated alongside the Jail-in-Reach program.
(2) DMH, along with the public safety and justice agencies, should administer educational and training activities for professionals working with the SMI population.

Key Finding #5. Rates of mental health outpatient use and stable engagement in treatment decline sharply in the first year following termination of supervision.
Implications. This highlights the need for better support services and warm hand-offs during the critical transition period following termination of supervision.
Next Steps. The County should strengthen support services and warm hand-offs during this critical transition period:
(1). Probation department should work with partner agencies to explore ways to improve post-supervision warm hand-off of SMI individuals to DMH and community behavioral health providers (whether they are contracted through DMH, DPH-SAPC, ODR, or other agencies) to ensure continued engagement with treatment. This may require early connection with providers while individuals are still on supervision.
(2). County partners could develop a robust post-supervision network of services and support in the community involving community-based providers.
(3). The County should establish a network of peer navigators (potentially those with lived experience) and case managers who could work with the DPO and the supervised person to smooth the transition to life post-supervision and drive continued engagement in mental health treatment.

II.9 Next Steps

Future evaluation series should include evaluation of straight sentence individuals as well as outcomes when split sentence individuals were in custody. Similar evaluations to those done in this series should also be expanded to individuals with homelessness, substance use disorder, as well as those with multiple co-occurring needs. Receipt of social services as well as specialized services (e.g. gender-based programming and programming for emerging adults) could also be critical to improve outcomes for AB 109 supervised individuals and included in future analyses series.

While some data gaps will be rectified soon, as the onboarding of Substance Abuse Prevention and Control (SAPC) and Department of Public and Social Services (DPSS) data into the County Information Hub is underway, the remaining data gaps will need to be addressed to enable future evaluation series.

In addition to the three-year follow-up periods used for justice and mental health outcomes here, there may be value to also use one-year follow up periods for future series to enable assessment of trends for more recent cohorts.

To provide a truly comprehensive evaluation of AB 109 programs, there will likely need to be multiple process and program evaluation efforts outside and beyond this series and future series of the evaluation. Coordination with other measurement and evaluation efforts in the County and elsewhere is also necessary to provide additional context.

Finally, results from this evaluation series are meant to generate more questions and provide a foundation for subsequent phases of work and other future efforts to further assess trends and outcomes for AB 109 individuals. The Countywide Information Hub will continue to be an essential resource to help answer those questions.

III TABLE OF CONTENTS

IV INTRODUCTION

In this report, we use Los Angeles County data from the justice, health, and other sectors to provide an assessment of (1) trends in the AB 109 population over time, (2) utilization of and engagement in mental health treatment services, and (3) mental health and justice outcomes. The set of metrics assessed in this evaluation is given in the table below.

TABLE 1. METRICS MEASURED IN SERIES I EVALUATION

Cohort characteristics	Justice outcomes	Mental health utilization and outcomes
• Number of new cases • Basic demographics • History of homelessness • History of severe mental illness (SMI)	• Reconvictions • Felony re-arrests • Misdemeanor re-arrests • Revocations of supervision with remand to custody • Flash incarceration	• Usage of mental health outpatient services • Stable engagement in mental health treatment • Mental health crises

Series 1 evaluation focuses on AB 109 supervised individuals: Post Release Community Supervision (PRCS) individuals and Mandatory Split Sentence individuals due to limitations in data availability[8]. To provide time trends, we will analyze multiple cohorts of supervised individuals starting supervision in various years since the inception of the program. As described in the table below, we will assess trends in cohort characteristics and justice outcomes for five cohorts of supervised individuals, those starting supervision in 2011, 2012, 2013, 2014, and 2015. We follow each cohort for three years and report justice outcomes within 3 years of starting supervision. The three-year follow-up period since the start of supervision is the reason why the most recent cohort of supervised individuals that can be included in this analysis is the 2015 cohort[9].

TABLE 2. AB 109 COHORTS FOR WHICH THE METRICS WILL BE REPORTED FOR

Cohort characteristics	Justice outcomes	Mental health utilization and outcomes
2011, 2012, 2013, 2014, and 2015	2011, 2012, 2013, 2014, and 2015	2014 and 2015

[8] We are currently unable to identify AB 109 Mandatory Straight Sentence population in our data. Our understanding is that there is an indicator to identify this population and with the provision of this indicator from the relevant department(s), we should be able to perform similar assessments on this population in the future.

[9] At the time of analyses, we have data up to the end of 2019. The 2015 cohort is the last cohort we can analyze because we will need to follow them for 3 years, using data up to 2018, and we need to then let another one-year period elapse for any court processes to reach adjudication to determine whether any new offenses committed in the 3-year follow-up period results in a reconviction.

Given the high rates of vulnerable populations (e.g. those diagnosed with severe mental illness or who have experienced homelessness) in the AB 109 population and the imperative to address the needs of these populations to improve overall outcomes, this report also examines (1) receipts of needed services among these individuals (i.e. service utilization among those in need of services), (2) the association between service utilization and justice and non-justice outcomes, (3) gaps in outcomes between vulnerable and non-vulnerable AB 109 populations, and (4) potential ways to close outcome gaps.

While we recognize that the needs of vulnerable individuals among the AB 109 population are myriad and complex, for Series 1 evaluation, we are specifically focusing on the vulnerable population with Severe Mental Illness (SMI)[10] – a population that constitutes more than one out of every four AB 109 individuals – with an eye towards broadening the evaluation to include other needs (e.g. homelessness and substance use disorder) and populations where there may be gaps in outcomes (e.g. when stratifying by gender or race/ethnicity) in future series.

Thus, analyses of service utilization and non-justice outcomes within this report are focused on mental health utilization and outcomes among the SMI AB 109 supervised individual populations. While this necessarily provides only a partial picture of how the complex needs of the vulnerable populations have been addressed, findings will provide a starting point to identify any outcome gaps between AB 109 supervised individuals with SMI and those without and identify potential ways to start chipping away at those gaps.

For trends involving mental health utilization and outcomes, we will examine only two cohorts of supervised individuals, those starting supervision in 2014 and 2015, as mental health outpatient treatment data from Department Mental Health is only available from July 1, 2014 onwards in our database.

Analyses in this report are designed to find associative rather than causal relationships. Findings are meant to start painting a picture of trends in justice and mental health outcomes among AB 109 individuals, spur questions for further study, and generate actionable recommendations.

A glossary with definitions of terms can be found at the end of this report (*section XIV: Glossary of Terms*).

Finally, recognizing the differences in the population and programmatic offerings between the two AB 109 Probation programs (PRCS and Split Sentence), results will be reported separately for the two programs throughout the report.

[10] This is partly driven by data availability as we do not yet have data from Substance Abuse Prevention and Control (SAPC) in our database to be able to assess substance use treatment utilization and outcomes and there is limited data on housing placements by the main housing provider for the AB 109 population, HealthRight360, in our database. The former data gap will be rectified soon as the Info Hub will soon include data from SAPC and the latter will have to be addressed to assess housing outcomes in the AB 109 population in future series.

V Cohort Characteristics

V.1 PRCS Cohort Trends

V.1.1 Overall Trends and Rates of Vulnerable Individuals

As the figure below indicates, while the number of PRCS individuals starting supervision in years 2011 through 2015 fluctuates, there is a slight trend down over time. Rates of SMI [11] and history of homelessness[12] are high in the population, with about 3 and 4 out of every 10 PRCS individuals having history of SMI and homelessness respectively. A significant proportion (around 15%) have both history of SMI and homelessness[13].

Note that as our mental health data only dates to 2014, SMI designation for cohorts prior to 2014 are attributed to diagnosis in year 2014 or later; thus, any apparent trends in SMI rates before 2014 may be artifacts of data availability rather than actual trends.

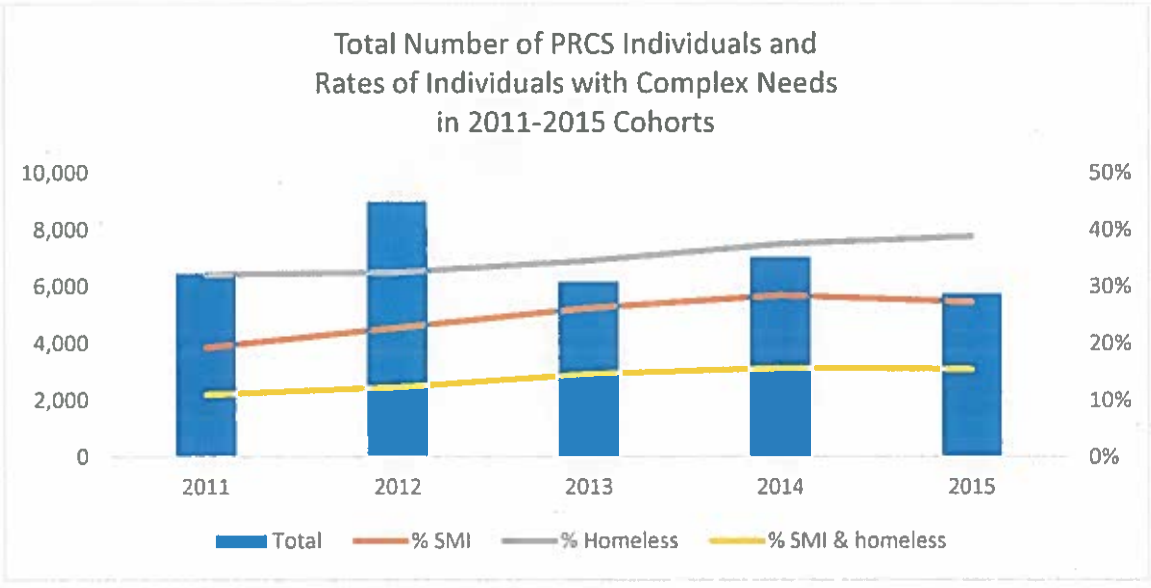


FIGURE 1

V.1.2 Rates of Having Mental Health Treatment as a Supervision Condition Among PRCS SMI Individuals

For PRCS individuals deemed as having potential mental health needs (either upon release from prison during reporting at Probation HUB where risk assessments and orientation are conducted or during the

[11] Due to data limitations, we are unable to determine if an SMI diagnosis occurred before or after the start of supervision. However, the data was available to determine the timing of mental health crisis events.

[12] Due to data limitations, we are unable to determine *when* an individual was identified as experiencing homelessness or chronic homelessness by the departments that provided the data used in this report. Homelessness and chronic homelessness episodes could have occurred before or after an individual's start of supervision.

[13] The high rates of vulnerable population in the PRCS cohort is consistent with Probation's internal risk assessment, with high and very high-risk PRCS individuals rising from 60% of the population to 71% in the same time frame.

course of supervision), Deputy Probation Officers (DPO) have the ability to refer these individuals to co-located Department of Mental Health (DMH) partners and to indicate mental health treatment on their case plans to ensure that client remains compliant with all treatment related to their mental health conditions. This indication of mental health treatment needs on PRCS individuals' case plan shall henceforth be referred to as mental health treatment as a supervision condition in this report.

Figure 2 shows the number of SMI individuals[11] with and without mental health treatment as a supervision condition in their case plans by PRCS cohort. In the 2014 and 2015 cohorts, the rates of SMI individuals with mental health treatment as a supervision condition are high at around 70% and 75% respectively, indicating that DPOs have been able to identify roughly 3 out 4 PRCS individuals with SMI for referral to DMH services and monitoring of adherence to mental health treatment.

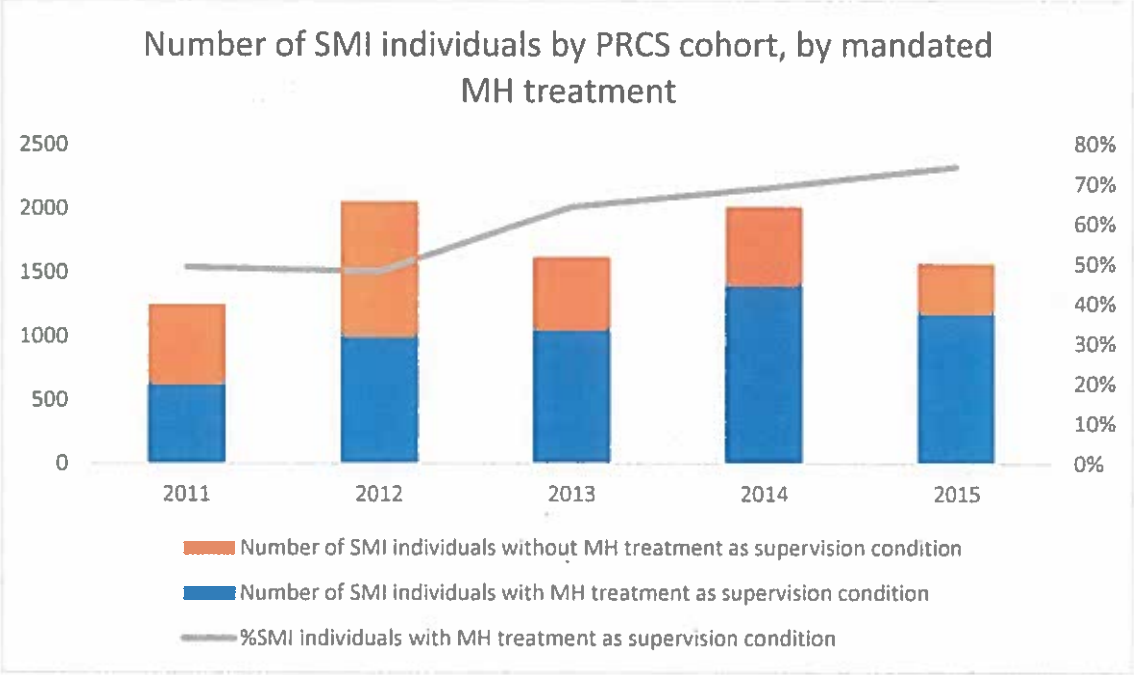
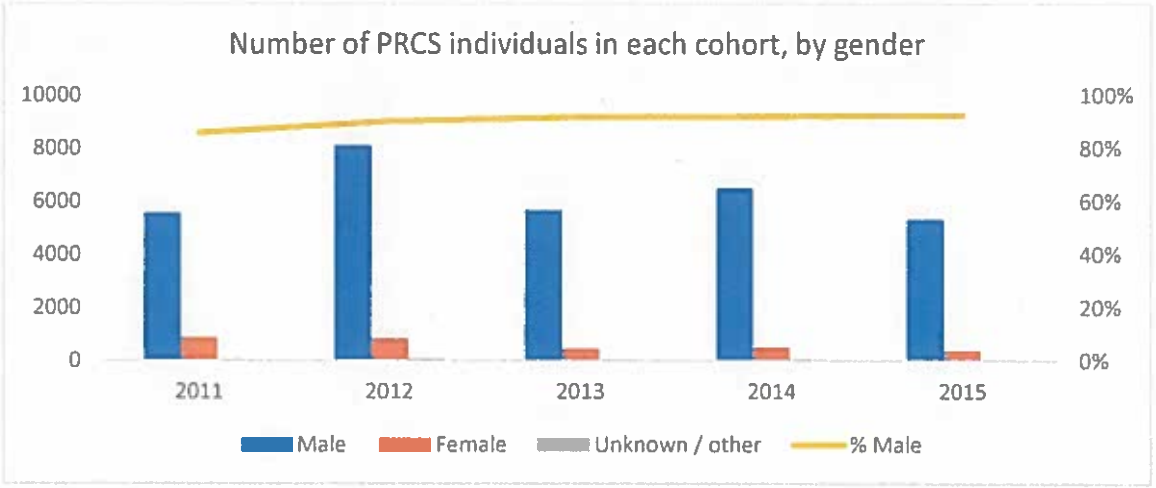


FIGURE 2

V.1.3 Basic Demographics

As shown in the three figures below, the PRCS cohorts skew heavily male, with about 90% of every cohort consisting of males. The bulk of PRCS individuals are in the 26-39 and 40-64 age groups, with about 20% of individuals in the emerging adults (ages 18-25) population. About 80-85% of individuals in each cohort belong to a minority race/ethnicity group (i.e. not white or of unknown race), with the majority of PRCS individuals being either Hispanic or Black.



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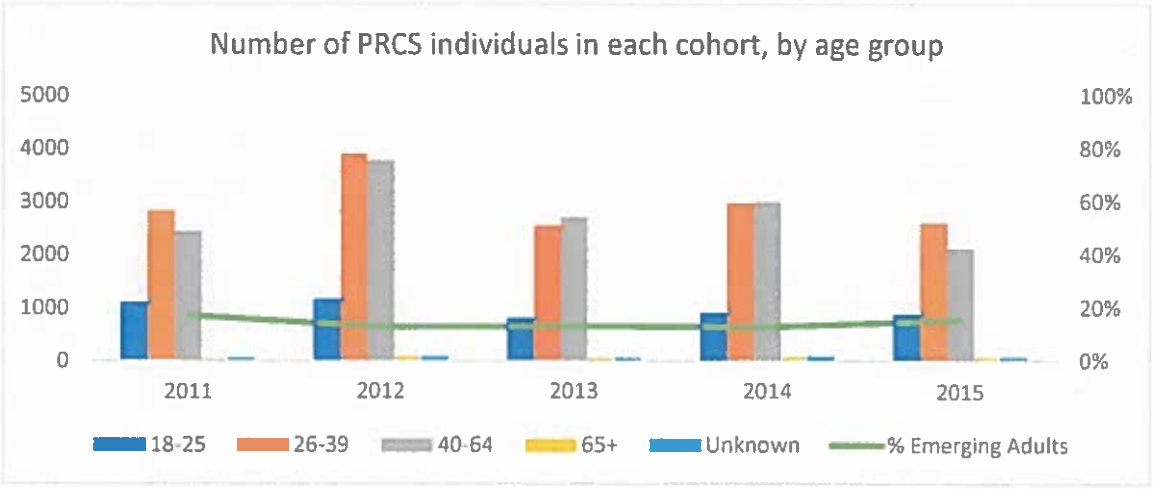

FIGURE 4

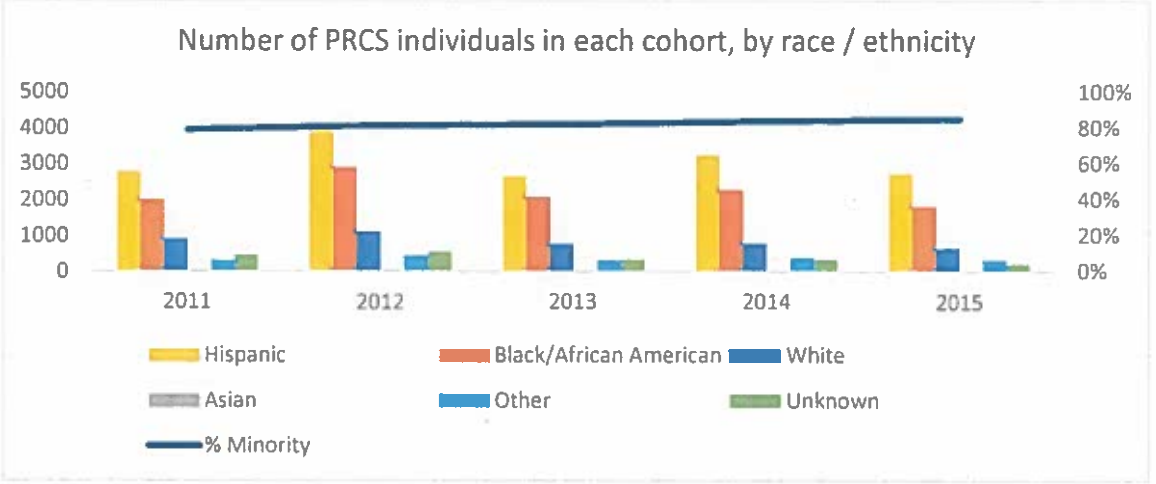

FIGURE 5

V.2 Split Sentence Cohort Trends

V.2.1 Overall Trends and Rates of Vulnerable Individuals

Figure 6 shows the small number of individuals in each Split Sentence cohort, although there are increasing numbers of Split Sentence individuals starting supervision from years 2011 through 2015. Rates of vulnerable individuals are also high in the Split Sentence population, with similar rates of homelessness as the PRCS population and slightly lower rates of SMI than the PRCS population.

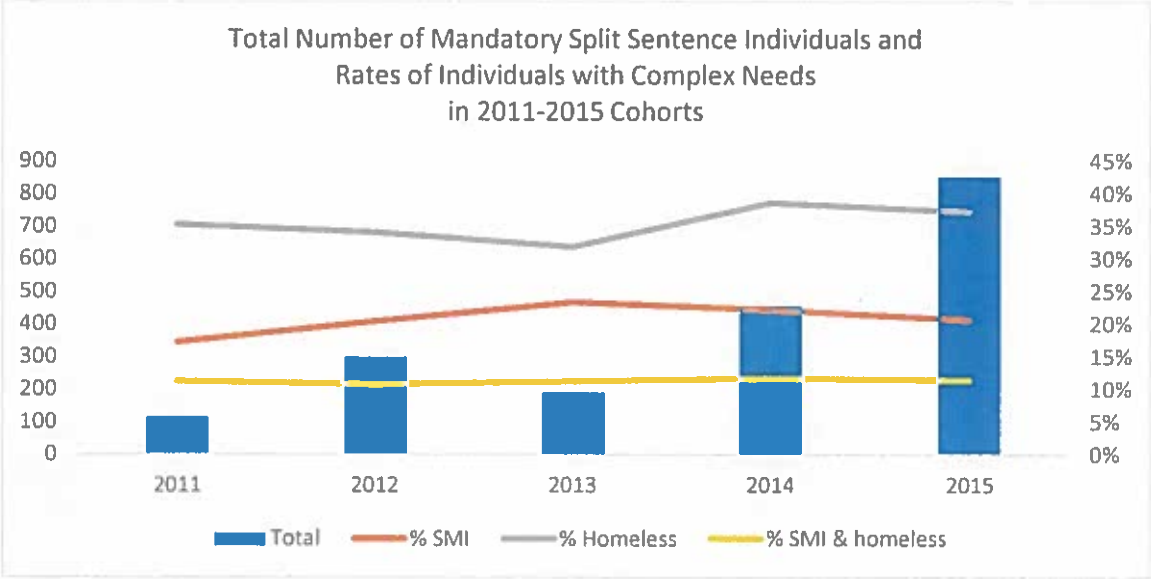

FIGURE 6

V.2.2 Basic Demographics

As shown in the three figures below, while the Split Sentence cohorts also skew heavily male, the rate of male supervised individuals in the Split Sentence cohorts is lower than that for PRCS cohorts (around 80% vs 90%). As with the PRCS cohorts, the Split Sentence cohorts are also dominated by the 26-39 and 40-64 age groups, with emerging adults (aged 18-25) also making up about 20% of the population. About 80% of individuals in each cohort belong to a minority race/ethnicity group (i.e. not white or of unknown race), with most Split Sentence individuals being Hispanic.

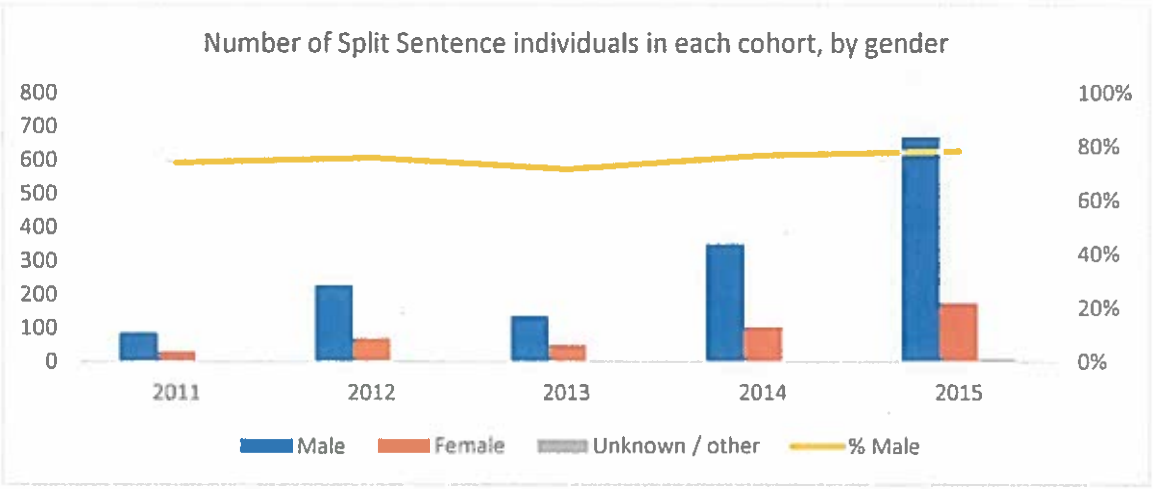

FIGURE 7

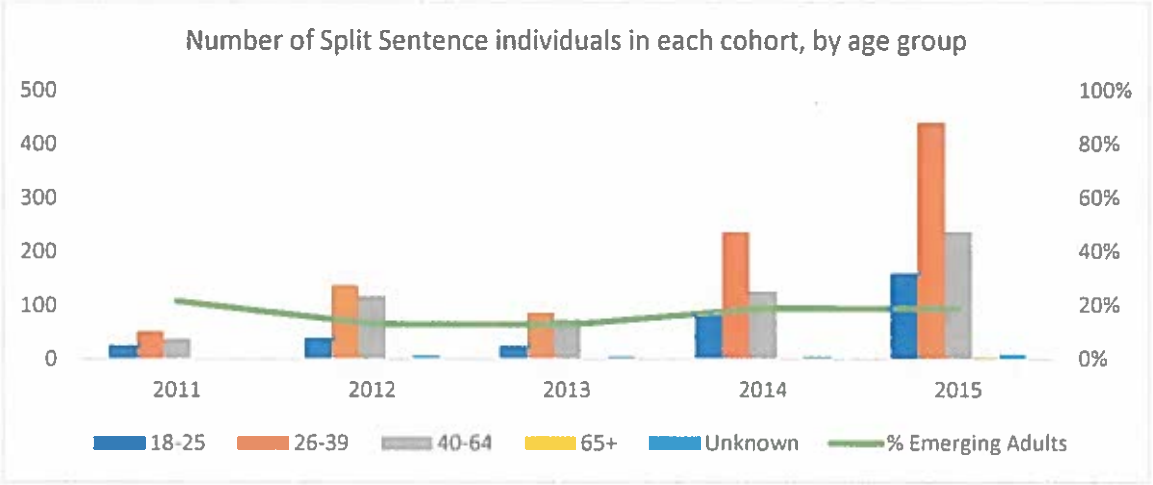

FIGURE 8

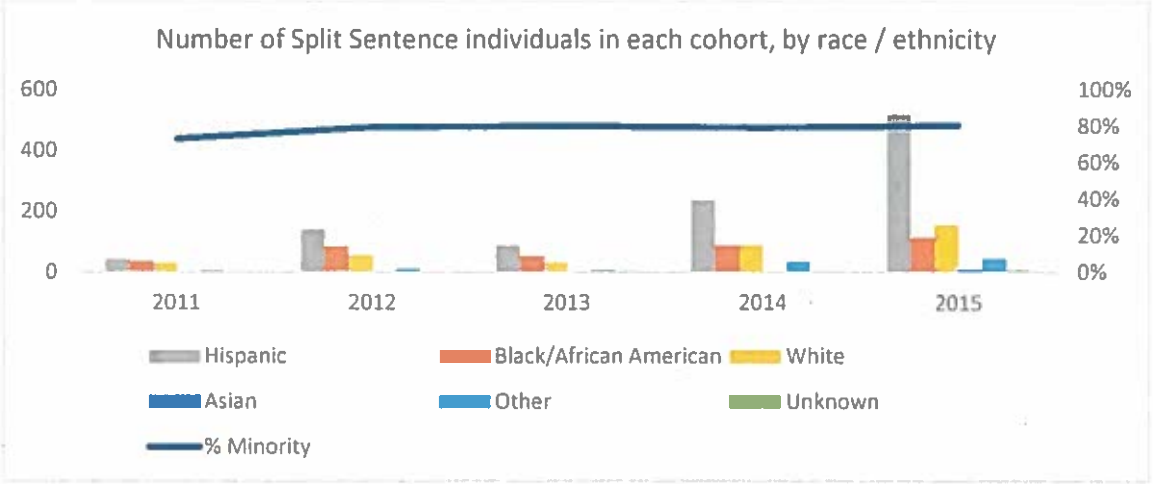

FIGURE 9

VI JUSTICE OUTCOMES

VI.1 MEASURING JUSTICE OUTCOMES

Re-involvement in the justice system is a critical metric to assess justice system trends, effectiveness of various policies and interventions, and impacts to public safety.

Recognizing that re-involvement in the justice system is often defined and presented in different ways, CCJCC convened a multi-agency effort group in 2013 to develop a framework for capturing such data and presenting it in a structured manner. Representatives from defense agencies, law enforcement, probation, and prosecution agencies participated in the effort. The framework – focused on qualifying returns to custody – was developed to support the capture of re-involvement in the justice system data in a comprehensive manner while also allowing flexibility for presenting relevant information that stakeholders identify for particular needs.

The operationalization of the estimation of justice outcomes in the CCJCC Framework are listed below[14]. Additional details can be found in *Section XV: Technical Appendix*.

TABLE 3. OPERATIONALIZATION OF ESTIMATION OF JUSTICE OUTCOMES

Justice Outcomes in the CCJCC Returns to Custody Framework	Measurement of the Justice Outcome, Using Data in the County Information Hub
Convictions	Convictions for a new felony or misdemeanor offense with a case filing date during the exposure period.[15]
Felony arrests	Bookings during the exposure period on felony charges for a new offense, where the individual was arraigned in the Los Angeles Superior Court.
Misdemeanor arrests	Bookings during the exposure period on misdemeanor charges for a new offense, where the individual was arraigned in the Los Angeles Superior Court.
Supervision revocations	Revocations with remand to custody, with a disposition date during the exposure period.
Flash incarcerations	Flash incarcerations during the exposure period.
Overall return to custody	Having any of the justice outcomes listed above during the exposure period.

[14] The data in the **County Information Hub** does not allow us to exactly measure all components of the Returns to Custody Framework as originally listed. These operationalizations, which try to capture the justice outcomes as closely to the original descriptions as possible while considering data limitations, are consistent with how these outcomes are measured in a parallel measurement effort within the justice continuum, the Justice Metrics Framework.

[15] The conviction can occur after the exposure period if the filing date (used here as a proxy for the date the offense was committed) occurred within the exposure period.

To homogenize the estimation of justice outcomes, for each individual in each cohort, we will measure justice outcomes within the 3-year period following the start of supervision (i.e. the exposure period).

VI.2 Trends in Justice Outcomes for PRCS Cohorts

Highlights of findings: Re-involvement in the justice system as measured by reconvictions have been improving with every successive PRCS cohort.

The table below summarizes the justice outcomes for PRCS cohorts starting supervision in 2011 through 2015, measured within the 3-year period from the start of supervision. As shown in the first two rows, justice outcomes as measured by overall return to custody and reconvictions have been improving with every successive PRCS cohorts, with the 2015 PRCS cohort having a return to custody rate and reconviction rate that are 5 and 7 percentage points lower respectively than the 2011 PRCS cohort.

TABLE 4. TRENDS IN JUSTICE OUTCOMES FOR PRCS COHORTS

	PRCS cohort					2011-2015	
Justice Outcomes	2011	2012	2013	2014	2015	Trend	Net change (percentage points)
Overall return to custody	65%	64%	62%	62%	61%		-4
Reconvictions	56%	54%	50%	50%	49%		-7
Misdemeanor re-arrests	33%	31%	33%	36%	35%		2
Felony re-arrests	55%	54%	52%	51%	51%		-5
Revocations	6%	7%	10%	12%	15%		8
Flash incarcerations	35%	41%	43%	39%	35%		1
Total probationers	*6,479*	*9,020*	*6,181*	*7,054*	*5,743*		

The trends seen in misdemeanor and felony re-arrests go in opposite directions, with misdemeanor re-arrests trending up while felony re-arrests trending down. This may be an indication of positive trends of re-offenders moving towards less serious offenses but could also be an artifact of Proposition 47, which passed at the end of 2014 and reclassified various offenses from felony to misdemeanor. Proposition 47 affects the cohorts differentially. For instance, members of the 2012 cohort who started supervision in the later part of the year will be exposed to the effects of Proposition 47 during the last year of their 3-year follow-up period, while members of the 2013 cohort will experience the exposure during the last two years of their 3-year follow-up period. As successive cohorts experience greater periods of exposure to Proposition 47 during their follow-up periods, the implication is that re-offenders in successive cohorts are also more likely to have certain offenses classified as misdemeanors instead of felonies, potentially explaining the diverging trends seen in misdemeanor and felony arrests.

However, Proposition 47 also affects the PRCS cohorts in other ways. Proposition 47 also resulted in early probation terminations for certain individuals whose index offense(s) fall under the list of reclassified offenses. Because of the myriad and differential ways in which Proposition 47 affect the cohorts, the effects of Proposition 47 on the various cohorts are difficult to extricate.

The increasing trend in revocations raises a question of whether the decline in reconvictions may be due to a substitution of prosecution of new offenses as revocations rather than new court cases. However, further analyses indicate that this is likely not the case as rates of individuals with either reconvictions or revocations within the follow-up period have also been declining with successive cohorts. Further analyses will be needed to delve further into understanding the increase in revocations.

At various points in time, Probation Department used flash incarcerations as a sanction to address non-compliance with supervision or to hold the person in custody for Court hearings for warrants and violations. The fluctuating trends in flash incarcerations reflect the evolving use of flash incarcerations due to changes in laws and policies[16].

As shown in the table below, median time to reconviction offense for those who do end up with reconvictions have also been showing positive trends, with more recent cohorts taking longer to re-offend.

TABLE 5. MEDIAN TIME TO RECONVICTION OFFENSE (MONTHS) FOR PRCS COHORTS

PRCS - Median time to reconviction offense (months)							
Cohort	2011	2012	2013	2014	2015	Trend	Net change
Months	11.1	13.1	12.8	13.6	14.3		3.2

VI.3 Trends in Justice Outcomes for Vulnerable Populations Within the PRCS Cohorts

Highlights of findings: Positive trends in justice outcomes also hold for individuals with complex problems. There are outcome gaps between those with complex problems and those without, but gaps are narrowing with successive PRCS cohorts.

Table 6 below summarizes the 3-year reconviction rates for PRCS cohorts with and without complex needs. As trend lines clearly show, reconviction rates have been improving with every successive cohort for PRCS cohorts across vulnerable and non-vulnerable populations. However, there are outcome gaps

[16] While beyond the scope of this report, more recent data also suggests the sharp decline of flash incarcerations after the year 2015 due to changes in laws and departmental policies.

between those with and those without complex problems, with the gaps particularly magnified for those with the most complex needs (those with history of both SMI and homelessness).

The bright spot is that while outcome gaps exist, the gaps have been narrowing with successive PRCS cohorts. Comparing the PRCS cohorts with no history of SMI and homelessness ("no vulnerable group") to those with SMI for instance (in other words, comparing the second and third rows in the table below), we see a difference of 23 percentage points in the 2011 cohorts and 17 percentage points in the 2015 cohorts. The narrowing in gaps suggest potential areas of strength in operational improvements that have been made over time to connect vulnerable individuals to needed services and will be discussed further in the *Takeaways* and *Recommendations* sections.

Despite the convergence of outcomes over time, there is still a wide outcome gap between those with and without complex problems. This raises questions on whether proper utilization of needed services, such as engagement in mental health treatment for SMI individuals, affect justice outcomes positively, and if so, how to get more SMI individuals to engage with treatment. These questions will be addressed in the following sections on mental health utilization and outcomes. Answering these questions will help us understand how to close the gap between those with and without complex problems even further.

TABLE 6. RECONVICTION RATES FOR VULNERABLE POPULATIONS WITHIN THE PRCS COHORTS

PRCS - Reconvictions							
Population	2011	2012	2013	2014	2015	Trend	Net change (percentage points)
All	56%	54%	50%	50%	49%		-7
No vulnerable group	47%	44%	41%	38%	39%		-8
SMI	70%	67%	62%	60%	56%		-14
Homeless	71%	68%	64%	64%	62%		-9
SMI & homeless	76%	73%	68%	67%	63%		-12

VI.4 Trends in Justice Outcomes for Split Sentence Cohorts

Highlights of findings: Reconviction rates for the Split Sentence population are higher than for the PRCS population, but also show general downward trends over time. However, the trend of time to re-offend goes in the opposite direction from PRCS, with Split Sentence individuals re-offending sooner with successive cohorts.

The table below summarizes the justice outcomes for Split Sentence cohorts starting supervision in 2011 through 2015, measured within the 3-year period from the start of supervision. As shown in the first two rows, justice outcomes as measured by overall return to custody and reconvictions have generally been

improving, although there are more fluctuations in the trends than for PRCS cohorts, perhaps owing to the small sizes of the cohorts. Rates of overall return to custody and reconvictions are higher for the Split Sentence population than for the PRCS population.

TABLE 7. TRENDS IN JUSTICE OUTCOMES FOR SPLIT SENTENCE COHORTS

	Mandatory Split Sentence cohort					2011-2015	
Justice Outcomes	2011	2012	2013	2014	2015	Trend	Net change (percentage points)
Overall return to custody	72%	68%	68%	63%	68%		-4
Reconvictions	62%	60%	61%	58%	59%		-3
Misdemeanor re-arrests	38%	39%	38%	45%	46%		8
Felony re-arrests	52%	54%	49%	48%	48%		-4
Revocations	26%	28%	26%	21%	25%		-1
Total probationers	*116*	*299*	*188*	*455*	*853*		

As with the PRCS population, felony and misdemeanor re-arrests are trending in opposite directions, potentially partly due to changes brought about by Proposition 47, although as noted above, the effects of Proposition 47 and other policy and operational changes that take place over the years are difficult to disentangle. Revocation rates hover around the 25% rate over the different cohorts of Split Sentence individuals.

Although reconviction rates for Split Sentence cohorts have shown a general downward trend, as seen in the table below, median time to reconviction offense for those who do end up with reconvictions have been getting shorter, with more recent cohorts re-offending sooner. This contrasts with the positive trends in median time to reconviction offense seen for PRCS cohorts.

It should be noted, also, that PRCS and mandatory supervision have significant differences, including the fact that the length of mandatory supervision and its conditions vary according to the sentence imposed by the Court.

TABLE 8. MEDIAN TIME TO RECONVICTION OFFENSE (MONTHS) FOR SPLIT SENTENCE COHORTS

Split Sentence - Median time to reconviction offense (months)							
Cohort	2011	2012	2013	2014	2015	Trend	Net change
Months	12.3	12.6	11.2	10.7	10.2		-2.1

VI.5 Trends in Justice Outcomes for Vulnerable Populations Within the Split Sentence Cohorts

Highlights of findings: Trends for reconviction rates for Split Sentence vulnerable individuals are not as clear, perhaps due to

the small number of individuals in each subgroup. As with the PRCS population, there are outcome gaps between those with and without complex problems in the Split Sentence population, and outcome gaps have not been narrowing over time.

Table 9 below summarizes the 3-year reconviction rates for Split Sentence cohorts with and without complex needs. Overall, general improvements in reconviction rates for Split Sentence cohorts seem to be driven by improving trends of non-vulnerable individuals and reconviction trends for vulnerable individuals do not paint a rosy picture. Unlike the PRCS population, trends for reconviction rates for vulnerable individuals for the Split Sentence population are not as clear, perhaps due to the small number of individuals in each vulnerable group. As with the PRCS population, there are outcome gaps between individuals with complex problems and those without. Unlike the PRCS population, these outcome gaps do not appear to be narrowing over time.

TABLE 9. RECONVICTION RATES FOR VULNERABLE POPULATIONS WITHIN THE SPLIT SENTENCE COHORTS

Mandatory Split Sentence - Reconvictions							
Population	2011	2012	2013	2014	2015	Trend	Net change (percentage points)
All	62%	60%	61%	58%	59%		-3
No vulnerable group	59%	49%	53%	46%	51%		-8
SMI	65%	77%	73%	72%	65%		0
Homeless	68%	75%	70%	72%	72%		3
SMI & homeless	69%	84%	71%	83%	70%		1

The disparities in justice outcome trends between the PRCS and Split Sentence vulnerable populations highlight the need to improve the identification of individuals with complex needs and improve linkages to services for those individuals. This will be further discussed in the *Takeaways and Recommendations* section.

VII Mental Health Utilization, Engagement in Treatment, and Mental Health Outcomes

VII.1 Measuring Mental Health Utilization and Outcomes

In this section, we focus on AB 109 supervised individuals with a severe mental illness (SMI) diagnosis. Measuring mental health service utilization and outcomes is critical to help understand whether the needs of individuals with SMI have been met and to help identify opportunities to address those needs.

We use two metrics of mental health utilization: **use of mental health outpatient services** and **stable engagement in mental health treatment**.

Although data in the Countywide Information Hub does not allow us to determine if individuals had a prescribed treatment plan from their mental health treatment provider and were complying with it,[17] most individuals with an SMI diagnosis should receive either mental health outpatient services (e.g., counseling, group therapy), medication support, or both, which we are able to measure through the metric **use of mental health outpatient services**.

We define **stable engagement in mental health treatment** as:

- Either:
    - Receiving six or more non-crisis outpatient services, spread across at least 4 months

      Or
    - Receiving three of more medication support services, spread across at least 6 months
- And:
    - Having no more than one mental health crisis event during those 12 months.[18]

That is, these individuals not only used mental health outpatient services, but (1) continued using them regularly and during a period of time long enough to effect change (they did not drop out of treatment after having multiple visits in a short period), and (2) the impact of their engagement in treatment is reflected by the absence, or near-absence, of mental health crises during that period. This is a more stringent definition of mental health utilization than **use of mental health outpatient services**.

We use **mental health crises** as an outcome indicator for SMI individuals, as their occurrence indicates that the person may be struggling to function effectively in the community.

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[17] Data in Info Hub includes information on mental health diagnoses and services received, but not prescribed treatments or medications.

[18] A mental health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others, and/or prevents them from being able to care for themselves or function effectively in the community. In this report, we define mental health crisis as the occurrence of any of the following types of events: encounter with crisis services such as a DMH Law Enforcement Team (LET) or a DMH Psychiatric Mobile Response Teams (PMRT), mental health inpatient admission, or use of outpatient mental health crisis stabilization services.

As DMH outpatient data is only available from July 1, 2014, analyses involving mental health utilization and outcomes will only include individuals with case grant date (i.e. date of supervision start) after that date. Accordingly, analyses done in Sections VII – IX will focus only on the 2014 and 2015 cohorts of AB 109 supervised individuals with SMI, as shown in the figure below.

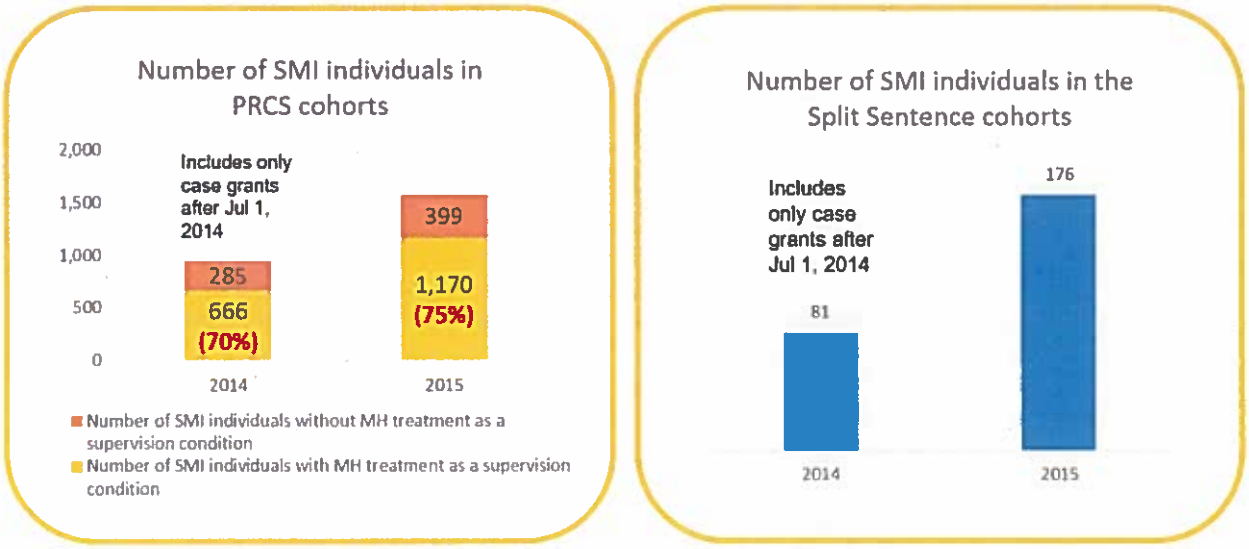

FIGURE 10

To provide a more comprehensive picture of mental health treatment services utilization and outcomes, we will assess those metrics at different timepoints: within 1 year and 3 years of starting supervision, as well as within the last year prior to supervision end and the year immediately following the end of supervision (i.e. the critical period when individuals transition to life after supervision)[19]. This will allow us to identify various timepoints when individuals needing services are indeed getting the services they need as well as when the reverse is true, enabling identification of more specific operational timepoints to bolster individuals' linkages to services.

VII.2 Mental Health Utilization and Outcomes within One and Three Years since Starting Supervision for PRCS Individuals with SMI

Highlights of findings: Rates of PRCS individuals with SMI who used mental health outpatient services are high for both 2014 and 2015 cohorts. 1 in 3 PRCS individuals with SMI stably engage with

[19] While measurements of metrics within 1 and 3 years of starting supervision will include all AB 109 supervised individuals with SMI, measurement of metrics involving the last year of supervision and the first year post-supervision will only include AB 109 supervised individuals with SMI whose supervision period exceeds 1 year and who has finished supervision for at least 1 year.

mental health treatment within 1 year since supervision start. About 1 in 3 PRCS individuals with SMI experienced mental health crises within 3 years since supervision start.

The figure below shows rates of PRCS individuals with SMI on two different metrics of mental health utilization **(use of mental health outpatient services** in the 3 years after starting supervision and **stable engagement in mental health treatment** in the first year after starting supervision) as well as a metric of mental health outcome **(mental health crisis)**. Both utilization metrics show an increase in utilization for the 2015 cohort. Rates of PRCS individuals with SMI who used mental health outpatient services are high for both 2014 and 2015 cohorts. 1 in 3 PRCS individuals with SMI stably engage with mental health treatment within 1 year since supervision start. In terms of mental health outcomes, about 1 in 3 PRCS individuals with SMI experienced mental health crises within 3 years since supervision start, with similar rates for 2014 and 2015 cohorts.

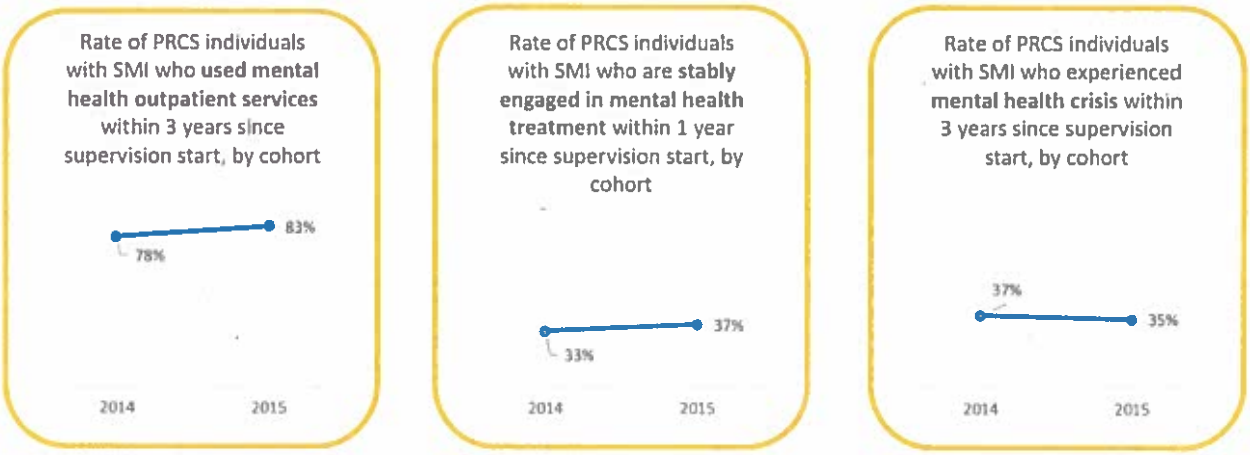

FIGURE 11

VII.3 Mental Health Utilization and Outcomes within the Last Year of Supervision and the First Year Post-Supervision for PRCS Individuals with SMI

Highlights of findings: During and after supervision, between the 2014 and 2015 PRCS cohorts with SMI: mental health utilization and engagement drop post-supervision in both cohorts; mental health utilization and engagement patterns for 2015 cohort are slightly better; mental health crisis rate drops after supervision and are similar in both cohorts

Figure 12 shows the rates of mental health utilization (as measured by any mental health outpatient use and mental health treatment engagement) and mental health crises within the last year of supervision and the first year after supervision end. Rates of mental health outpatient usage and mental health treatment engagement drop upon transition to life post-supervision for both the 2014 and 2015 cohorts of PRCS individuals with SMI. Rates of mental health utilization are higher for the 2015 cohort of PRCS individuals with SMI.

Interestingly, the rate of mental health crisis drops post-supervision although we would expect an increase given the drop in mental health engagement rates post-supervision. It is possible that there is a lag between engagement in treatment and its effect on mental health crises. It is also possible that mental health crises are better captured during supervision since higher engagement and more contact with program staff, probation officers, or service providers (such as treatment or housing providers) in the supervision period may result in better contact initiation with mental health crisis services during mental health crisis episodes, whereas off supervision there may be less opportunity for the formerly supervised to be connected with crisis services during crisis episodes, potentially resulting in the decrease in mental health crises off supervision seen in the data. Explaining the contradictory trends will require further analyses.

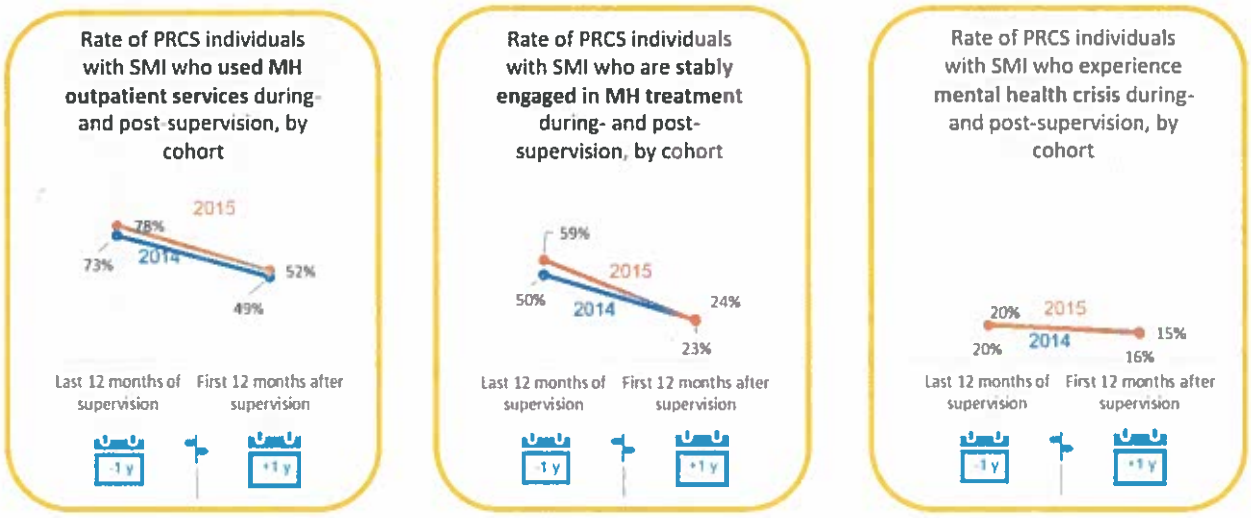

FIGURE 12

VII.4 Mental Health Utilization and Outcomes within One and Three Years since Starting Supervision for Split Sentence Individuals with SMI

Highlights of findings: Rates of Split Sentence individuals with SMI who used mental health outpatient services are high for both 2014 and 2015 cohorts but lower than for PRCS individuals. Despite a doubling in rate from 2014 to 2015 cohort, rates of stable engagement in mental health treatment are still low for Split

Sentence individuals. About 2 in 5 Split Sentence individuals with SMI experienced mental health crises within 3 years since supervision start.

Figure 13 below shows rates of Split Sentence individuals with SMI on two different metrics of mental health utilization **(use of mental health outpatient services** in the 3 years after starting supervision and **stable engagement in mental health treatment** in the first year after starting supervision) as well as a metric of mental health outcome **(mental health crisis).** While rates of Split Sentence individuals with SMI who used mental health outpatient services are similarly high for both 2014 and 2015 cohorts, they are lower than for PRCS individuals. Despite a doubling in the rates of Split Sentence individuals with SMI stably engaged in mental health treatment from the 2014 to 2015 cohorts, rates of engagement in mental health treatment are still low in both cohorts. In terms of mental health outcomes, the rates are similar for 2014 and 2015 cohorts, with 2 out of 5 Split Sentence individuals experiencing mental health crisis within 3 years since supervision start.

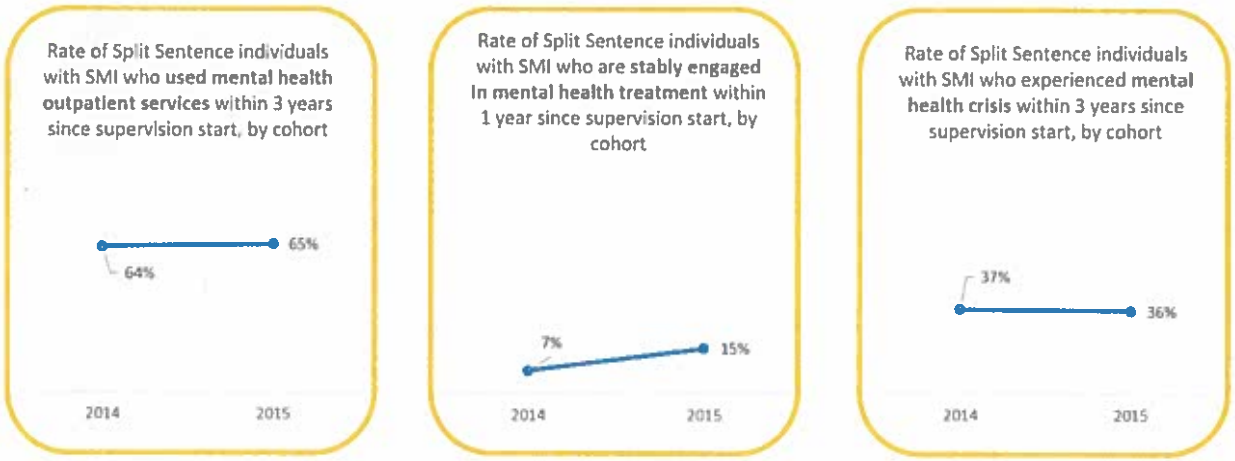

FIGURE 13

VII.5 Mental Health Utilization and Outcomes within the Last Year of Supervision and the First Year Post-Supervision for Split Sentence Individuals with SMI

Highlights of findings: During and after supervision, between 2014 and 2015 cohorts of Split Sentence individuals with SMI: mental health utilization and engagement drop after supervision in both cohorts; mental health utilization and engagement

patterns for 2014 cohort are slightly better; mental health crisis rate drops after supervision and are lower for the 2014 cohort

Figure 14 shows the rates of mental health utilization (as measured by any mental health outpatient use and mental health treatment engagement) and mental health crises within the last year of supervision and the first year after supervision end. As with PRCS individuals, rates of mental health outpatient usage and mental health treatment engagement drop upon transition to life post-supervision for both the 2014 and 2015 cohorts of Split Sentence individuals with SMI. Rates of mental health utilization are higher for the 2014 cohort of Split Sentence individuals with SMI for both during-supervision and post-supervision periods.

As with PRCS individuals, there is a contradictory trend seen in the drop of the rate of mental health crises post-supervision despite the expected increase due to the decline in mental health engagement rates post-supervision. The rates of mental health crises in these two periods of during- and post-supervision are lower for the 2014 cohort, perhaps due to the cohort's higher rates of engagement in mental health treatment.

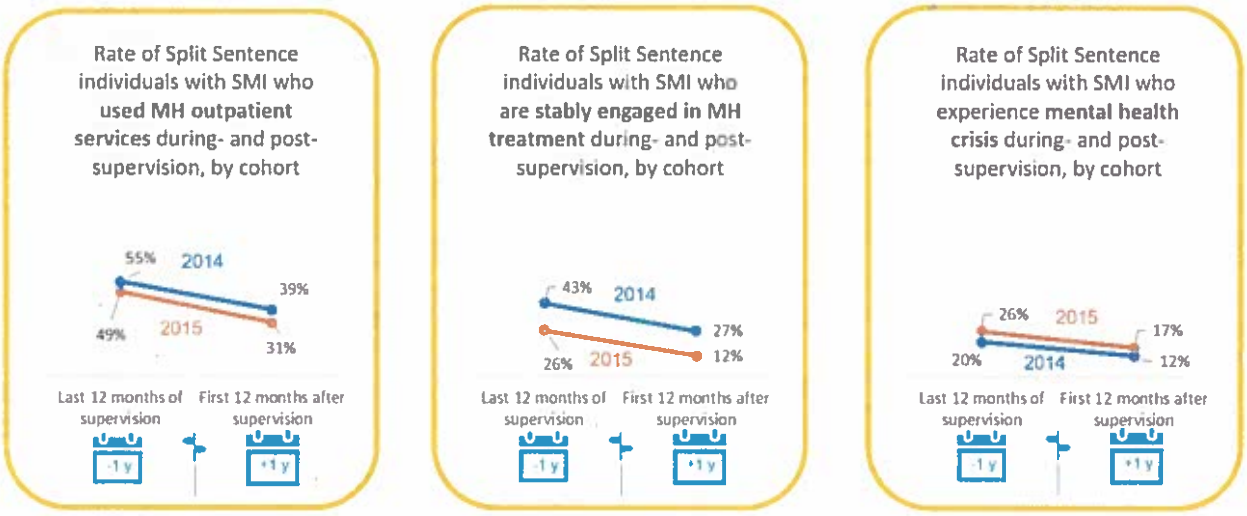

FIGURE 14

VIII ASSOCIATION BETWEEN MENTAL HEALTH TREATMENT AS A SUPERVISION CONDITION AND ENGAGEMENT IN MENTAL HEALTH TREATMENT

Highlights of findings: 3 out of every 4 PRCS SMI individuals have MH treatment indicated on their case plan as a supervision condition. Mental health treatment as a supervision condition is associated with substantially higher rates of use of outpatient services and rates of engagement with mental health treatment in the PRCS population with SMI in the three- and one-year periods since starting supervision. This pattern also holds in the last year of supervision. One-year post-supervision, while rates of mental health treatment engagement drop, those with mental health treatment as a supervision condition still engage in mental health treatment at substantially higher rates than those without.

For PRCS individuals deemed as having potential mental health needs, Deputy Probation Officers (DPO) can refer these individuals to co-located Department of Mental Health (DMH) partners and indicate mental health treatment as a supervision condition on their case plans to ensure adherence to mental health treatment plans. In this section, we assess how having this indication of mental health treatment as a supervision condition on supervised individuals' case plan is associated with the rates of mental health utilization.

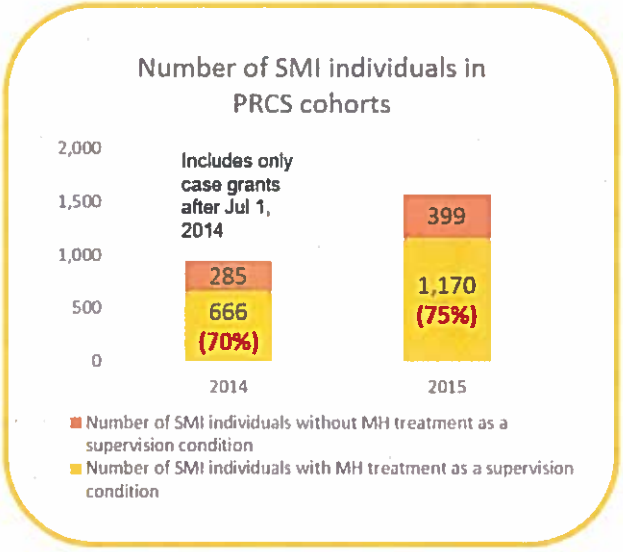

FIGURE 15

Figure 15 shows the rate of PRCS individuals with SMI in the 2014 and 2015 cohorts with mental health treatment as a supervision condition in their case plans. The rate is slightly higher for the 2015 cohort, with 3 out of every 4 PRCS individuals with SMI having mental health treatment as a supervision condition.

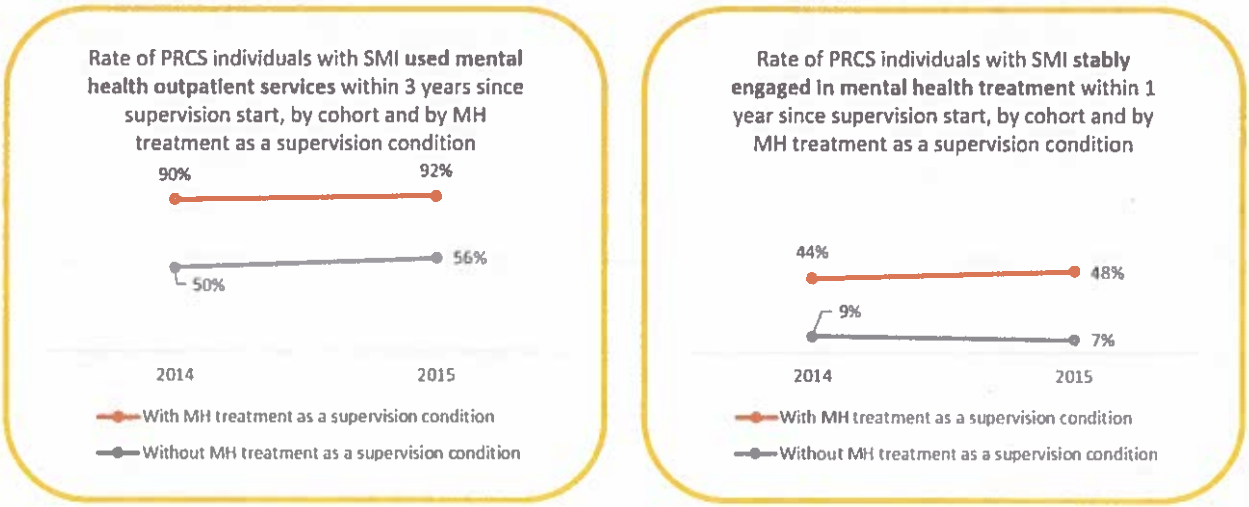

FIGURE 16

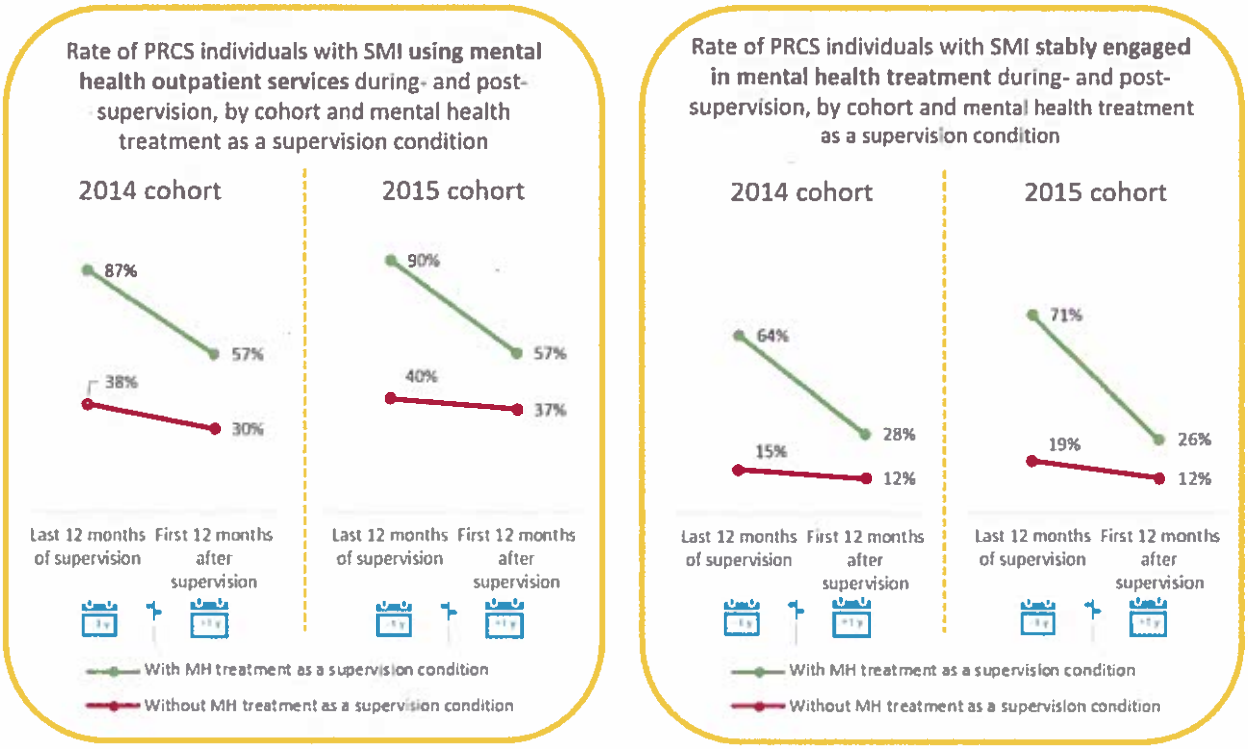

FIGURE 17

As seen in Figure 16 above, mental health treatment as a supervision condition is associated with substantially higher rates of use of outpatient services and rates of engagement with mental health treatment in the PRCS population with SMI in the three- and one-year periods since starting supervision. The association between mental health treatment as a supervision condition and stable mental health engagement is even more startling, with those with mental health treatment as a supervision condition treatment on their case plans stably engaging in mental health treatment at quadruple and seven times the rate of those without mental health treatment as a supervision condition for the 2014 and 2015 cohorts respectively.

As can be seen in Figure 17 above, this pattern also holds in the last year of supervision, with PRCS SMI individuals with mental health treatment as a supervision condition stably engaging in mental health treatment at far higher rates than those without. Remarkably, one-year post-supervision, while rates of mental health treatment engagement drop significantly across the board, this effect seems to persist at a lower rate, with those with mental health treatment as a supervision condition still engaging in mental health treatment at more than twice the rates than those without.

IX Association Between Engagement in Mental Health Treatment and Mental Health and Justice Outcomes

IX.1 Association between Mental Health Treatment Engagement and Outcomes

The importance of getting SMI individuals to stably engage in mental health treatment becomes paramount if we find evidence that stable engagement in mental health treatment is also associated with better mental health and justice outcomes.

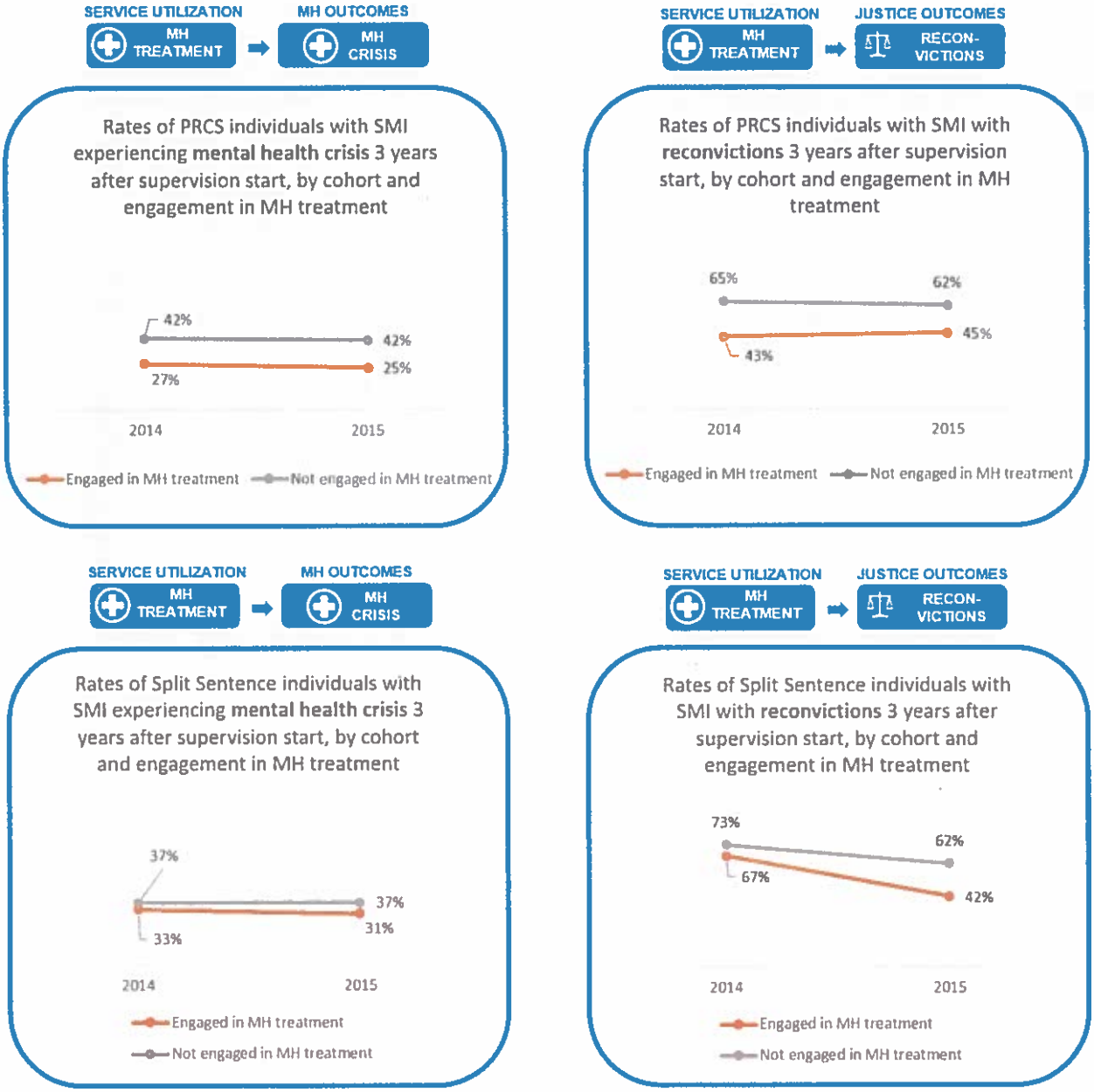

FIGURE 18

As can be seen in the figure above, stable engagement in mental health treatment are indeed associated with lower rates of mental health crisis and lower rates of reconvictions. For PRCS individuals with SMI, stable engagement in mental health treatment is associated with significantly better mental health and justice outcomes. The association is also present, but more muted, for Split Sentence individuals with SMI.

This finding is consistent with previous findings in the literature that better engagement in treatment reduces likelihood of re-involvement in the justice system for adults with severe mental illness[20].

IX.2 Optimal and Sub-Optimal Pathways of Service Utilization

From the finding above and evidence from prior research[20], as illustrated in the figure below, stable engagement in mental health treatment appears to be a critical part of an optimal pathway that will help SMI individuals to reduce rates of relapse into mental health crisis and eventually exit the recidivism cycle. Conversely, lack of engagement in mental health treatment appears to be part of a sub-optimal pathway increasing the likelihood of relapse into mental health crisis and thus diverting SMI individuals from the exit pathway out of the recidivism cycle.

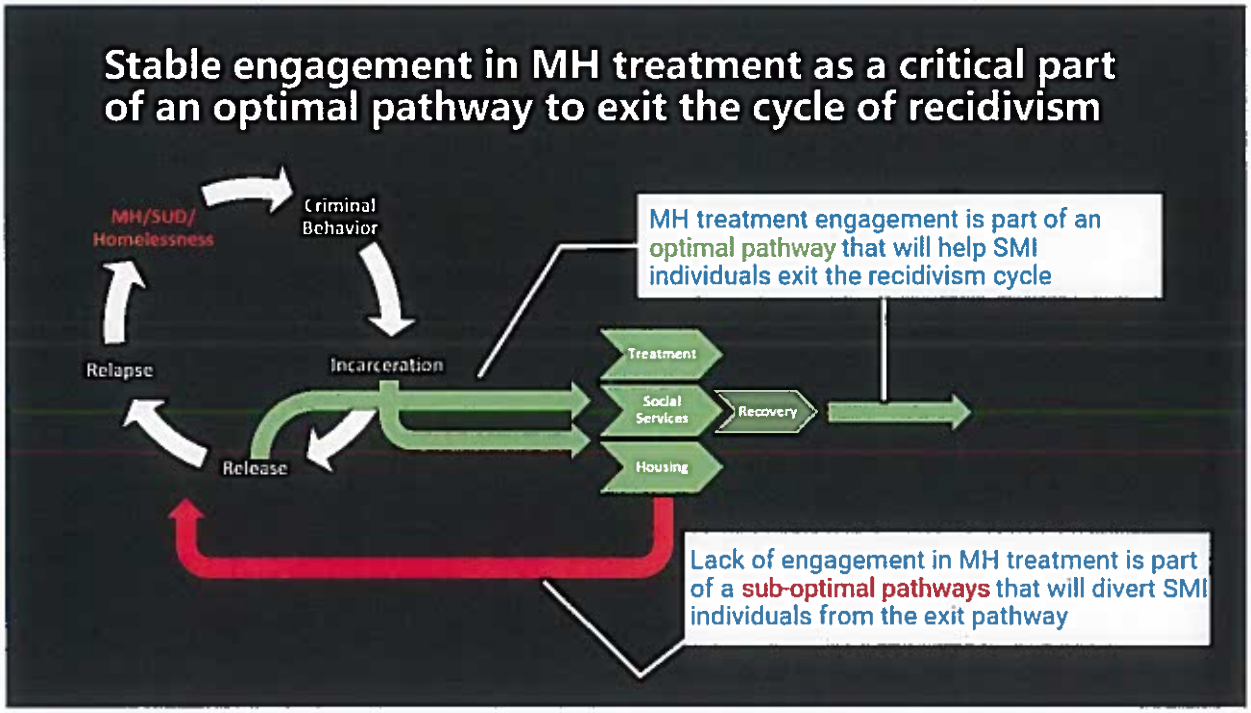

FIGURE 19

[20] (1) Van Dorn, R. A., Desmarais, S. L., Petrila, J., Haynes, D., & Singh, J. P. (2013). Effects of outpatient treatment on risk of arrest of adults with serious mental illness and associated costs. *Psychiatric Services*, *64*(9), 856-862; (2) Van, R. D., Andel, R., Boaz, T. L., Desmarais, S. L., Chandler, K., Becker, M. A., & Howe, A. (2011). Risk of arrest in persons with schizophrenia and bipolar disorder in a Florida Medicaid program: the role of atypical antipsychotics, conventional neuroleptics, and routine outpatient behavioral health services. *The journal of clinical psychiatry*, *72*(4), 502-508; (3) McNiel, D. E., Sadeh, N., Delucchi, K. L., & Binder, R. L. (2015). Prospective study of violence risk reduction by a mental health court. *Psychiatric Services*, *66*(6), 598-603.

Summarizing the findings throughout this report, as seen in Figure 20 and Figure 21 below, illustrates these pathways more clearly, showing that PRCS and Split Sentence individuals with SMI who are stably engaged in mental health treatment having better mental health and justice outcomes, and that these associations hold for both the 2014 and 2015 cohorts of AB 109 supervised individuals.

Although analyses in this report are not designed to examine causality and therefore these charts do not demonstrate a causal relationship, there is a clear implication that improving rates of stable engagement in mental health treatment for AB 109 supervised individuals with SMI could have the added value of improving mental health and justice outcomes. Moreover, these charts give us estimates of the magnitude of potential improvements in mental health and justice outcomes that may be achieved by improving rates of stable engagement in mental health treatment.

While rates of stable engagement in mental health treatment increase from the 2014 to the 2015 cohorts for both the PRCS and Split Sentence SMI populations, these charts also identify room for improvement in terms of rates of AB 109 individuals with SMI stably engaged in mental health treatment and being on the pathway to optimal outcomes. This is particularly important for the Split Sentence population where rates of engagement in mental health treatment are particularly low. Although the number of individuals in the Split Sentence population is small, if the trend of increasing numbers of the Split Sentence population holds in future years, this will become even more critical to address.

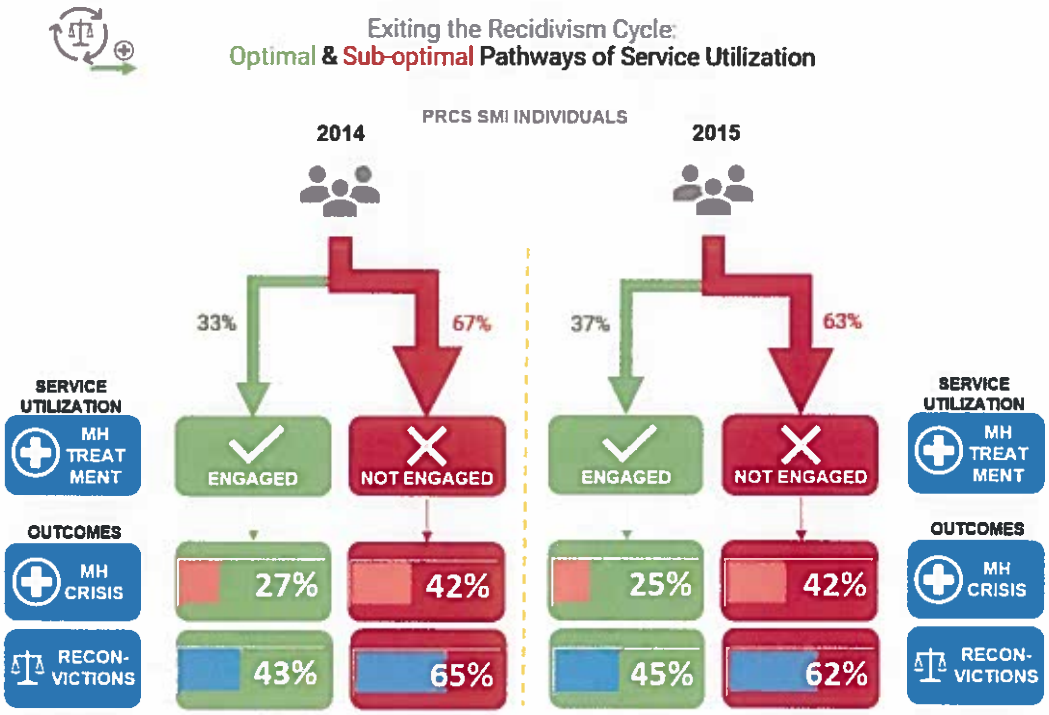

FIGURE 20

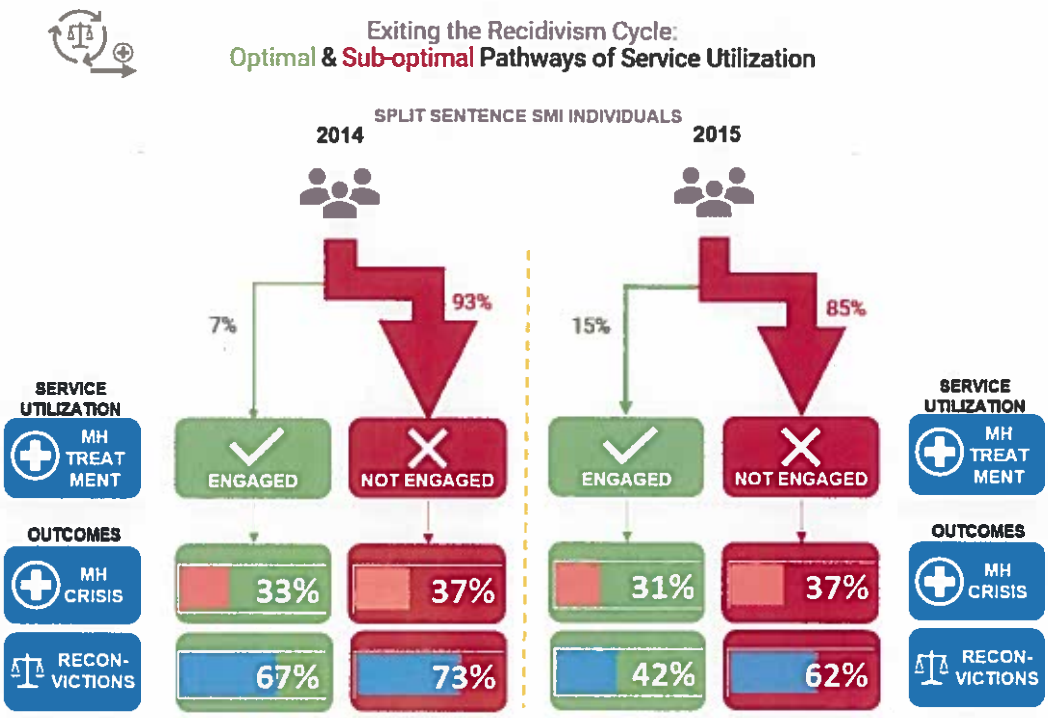

FIGURE 21

IX.3 Widening the Pipeline to Optimal Pathways of Service Utilization

The relatively low rates of stable engagement in mental health treatment, especially for Split Sentence individuals with SMI, motivate the search for potential ways to widen the pipeline to optimal pathways of service utilization to improve outcomes for more individuals with SMI.

Our findings from the section on *Association between Mental Health Treatment As a Supervision Condition and Engagement in Mental* Health Treatment above indicate that mental health treatment as a supervision condition is potentially one tool that can further open up this pipeline. Figure 22 and Figure 23 below illustrate the different pipeline widths to the optimal pathway for the 2014 and 2015 cohorts of PRCS individuals with SMI for those with mental health treatment indicated in their case plans and those without. In both cohorts, mental health treatment as a supervision condition appears to widen this pipeline, while the absence of the condition appears to narrow it.

The starkly different pipeline widths for SMI individuals with and without mental health treatment as a supervision condition point to the importance of identifying PRCS individuals with SMI for the supervision condition. Additionally, given the differential outcomes for those on and off the optimal pathways, future analyses should examine other potential ways to broaden this pipeline for PRCS individuals.

Note that mental health treatment as a supervision condition is a tool that is available at the disposal of Probation Officers for PRCS individuals identified with SMI but not for Split Sentence individuals. Further

research will need to be done to identify ways to enlarge the pipeline to the optimal pathway of service utilization for Split Sentence individuals.

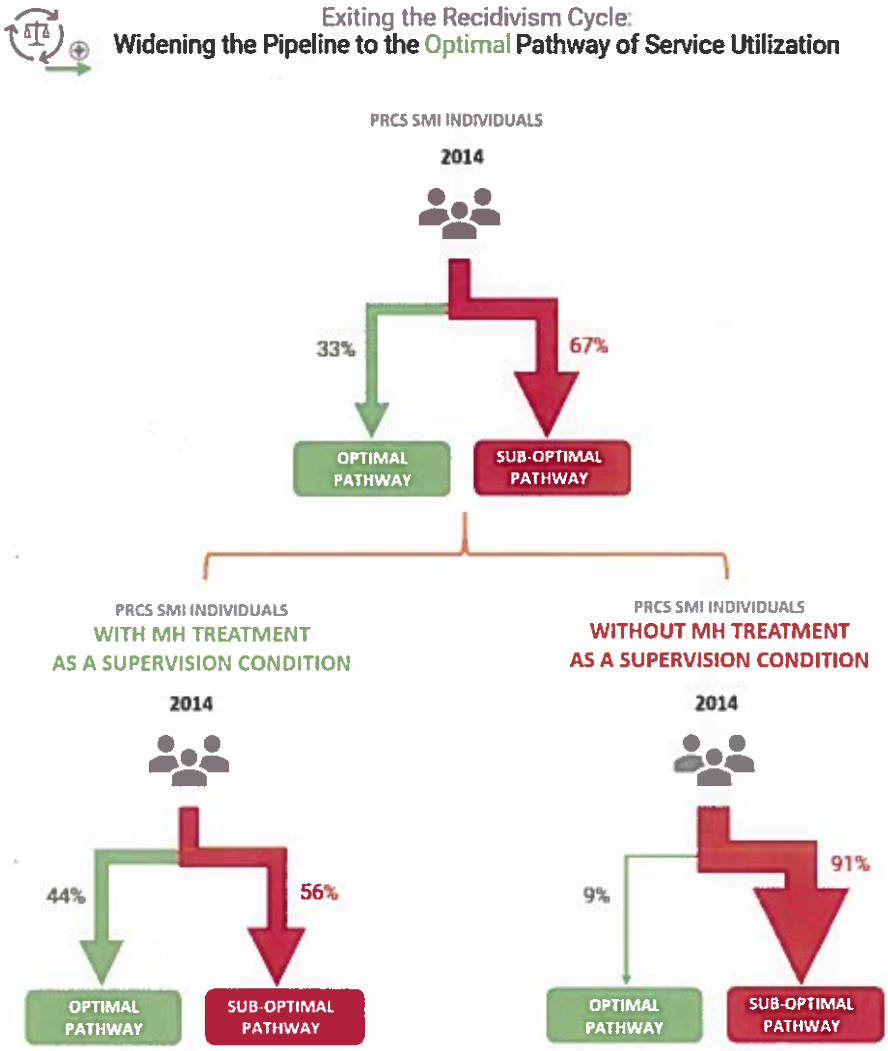

FIGURE 22

Exiting the Recidivism Cycle:
Widening the Pipeline to the Optimal Pathway of Service Utilization

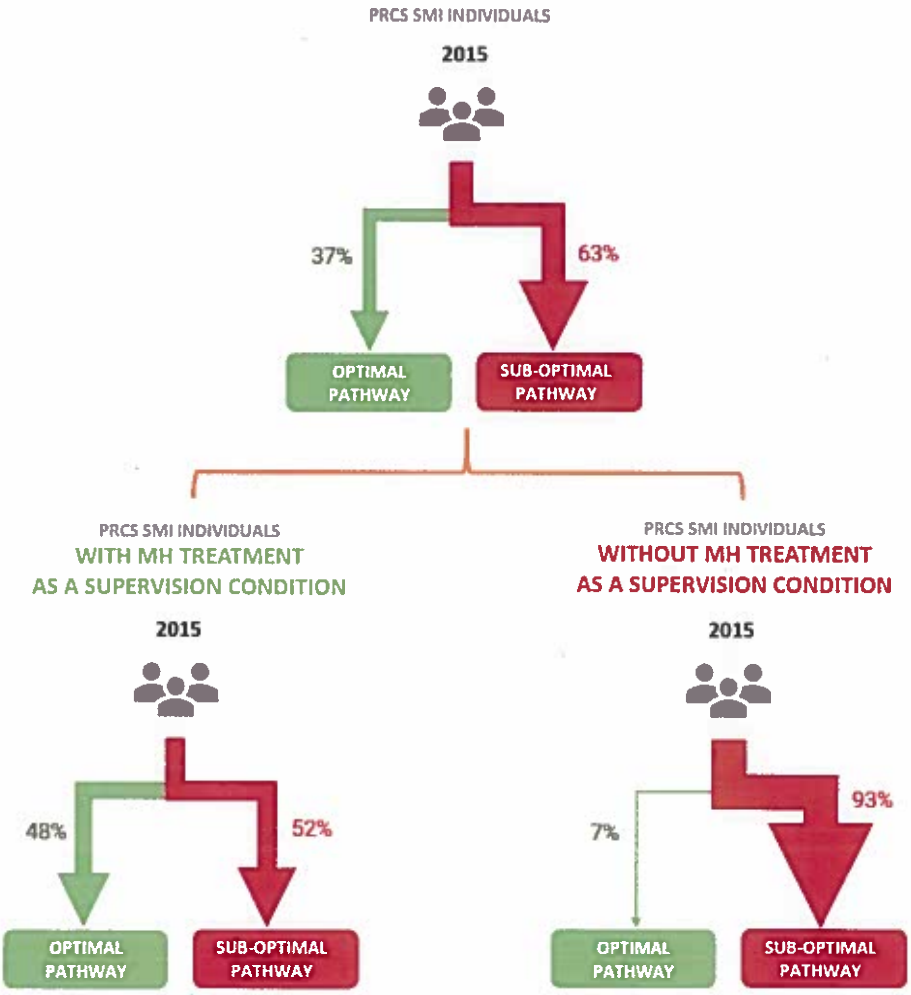

FIGURE 23

X Discussion

Justice outcomes for both PRCS and Split Sentence populations have been improving since the inception of the program, with lower overall return to custody rates and reconviction rates in more recent cohorts. This welcome trend is likely a result of a complex mix of factors, including programmatic and implementation changes at Probation and its partners as well as changes in broader policies and legislations.

As Probation and its partners have made multiple operational changes over the years that improvements in justice outcomes may partially be attributed to, further analysis is required to understand components of the operational changes that have had positive impact on outcomes in order to expand their implementation, and conversely, discontinue those that have not had positive impact on outcomes. Some notable changes include revising supervision staffing model when PRCS individuals assess at higher risks than initially anticipated, further efforts to improve caseload ratio, instituting specialized training of DPOs to serve the higher-risk realignment population, and improving coordination with Probation's partners in law enforcement, treatment and rehabilitative services, and service delivery in the community.

Considering the high rate of individuals with complex needs within the AB 109 supervised individual population, multi-pronged efforts to improve screening, coordination, and provision of treatment, rehabilitative, and other services (such as co-location of DMH at the AB 109 Pre Release Center, Hub, and supervision offices; co-location of SAPC staff at hubs and revocation court; expansion of substance use treatment capacity and medication-assisted therapy for AB 109 individuals; development of housing stability plans and scope of work expansion with HealthRight360) over the years are paramount to address the needs of the population. Moreover, prior research has indicated the importance of mental health and criminal justice professionals having a shared appreciation of individuals' issues and respecting best practices from each other's professions[21]. AB 109 Probation and DMH management are in regular contact and attend regular meetings to address issues and improve services for the AB 109 population.

All the efforts mentioned above likely also significantly contribute to the positive trends in justice outcomes for PRCS individuals with complex problems as well as the narrowing outcome gaps between those with complex problems and those without over successive PRCS cohorts. However, outcome gaps still exist, and efforts need to continue to further close the gaps.

While justice outcome trends for the general Split Sentence population are improving, rates of re-involvement in the justice system are higher than for PRCS population and outcome gaps between those with and without complex problems have not been narrowing. Granting that this may be an impact of the difficulty of implementing specialized programming for a small and shifting in size Split Sentence population[22], given the also high rate of individuals with complex needs in this population, there is an

[21] Lamberti, J. S. (2016). Preventing criminal recidivism through mental health and criminal justice collaboration. *Psychiatric Services, 67*(11), 1206-1212.

[22] Changes in Split Sentence law, with split sentences becoming the presumed sentence for defendants convicted and sentenced under PC 1170 (h) from 2015 onwards, are expected to increase the size of this population. However,

important need to address this and have this population also benefit from the broader multi-pronged efforts to improve screening, coordination, and provision of treatment, rehabilitative, and other services that seem to have improved outcomes in their PRCS counterparts.

Acknowledging that the needs of vulnerable individuals in the AB 109 population are multitudinous and complex and this Series 1 evaluation has barely scratched the surface, some of our findings on mental health utilization and outcomes for SMI individuals have uncovered some patterns that might explain the trends (or lack thereof) seen in justice outcomes and generated follow-up questions for further study.

Firstly, consistent with findings from other research, we find that engagement in mental health treatment is associated with reduced re-involvement in the justice system for individuals with severe mental illness. A potential mediator in this association is the role of mental health treatment in reducing the likelihood of relapse into mental health crises, another association we find in our analyses. While analyses in this report are designed to find associative rather than causal relationships, there is a clear implication that stable engagement in mental health treatment likely is a critical part of the optimal pathway to improve mental health and justice outcomes for AB 109 supervised individuals with SMI.

It follows that the relatively low rates of reconvictions for PRCS individuals with SMI – compared to Split Sentence individuals with SMI – may be due to the markedly higher rates of stable mental health treatment engagement in the PRCS SMI population.

Moreover, we see increased rates of stable engagement in mental health treatment in the first year since starting supervision between the 2014 and 2015 PRCS SMI cohorts. If we can assume that this increasing trend in mental health engagement held when extrapolating backwards to previous cohorts[23], and accounting for the association between mental health treatment engagement and better justice outcomes[24], this gives us a clue into understanding the narrowing of justice outcome gaps between PRCS individuals with and without SMI in successive cohorts from 2011 through 2015.

We also see increased rates of stable engagement in mental health treatment in the first year since starting supervision between the 2014 and 2015 Split Sentence SMI cohorts, but the absolute rates of engagement are much lower than for PRCS cohorts (7% and 15% for 2014 and 2015 Split Sentence cohorts vs 33% and 37% for 2014 and 2015 PRCS cohorts). If we can again assume that this increasing trend in mental health engagement held when extrapolating backwards to previous Split Sentence SMI cohorts[23],

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more recent Split Sentence data show that the number of new Split Sentence individuals have been declining since 2015.

[23] Due to the lack of DMH data availability for prior years in the Info Hub, we can only make assumptions on mental health utilization trends in cohorts earlier than 2014, although analyses can confirm these assumptions if data were made available. Additionally, future analyses with data for more recent years can uncover whether the trends hold for more recent cohorts than 2015.

[24] Stable engagement in treatment is especially important in the first year since starting supervision since the first year in the community is the critical period of intervention, as can be seen in a forthcoming Justice Metrics Framework report. Prior analyses elsewhere have also indicated that the rate of re-involvement in the justice system is the highest in the first year in the community, making it a critical period of intervention (for instance, see: Alper, M., Durose, M. R., & Markman, J. (2018). *2018 update on prisoner recidivism: a 9-year follow-up period (2005-2014)*. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics).

this likely means that rates of mental health engagement in prior cohorts are much too low to make a significant dent in narrowing the outcome gaps between those with and without SMI in this population.

This report also draws attention to the sharp decline in mental health treatment use and engagement in the transition to life post-supervision across both 2014 and 2015 cohorts and for both PRCS and Split Sentence populations. Confusingly, mental health crises rates drop during the same period. Further study is needed to understand the interplay between service utilization and outcomes during this transition period and to identify interventions to improve engagement in this transition period.

Of note is the apparent role of mental health treatment being a condition of supervision in substantially increasing rates of mental health treatment engagement at multiple timepoints during the supervision (within one year since starting supervision and during the last year of supervision) but also in the first-year post-supervision, albeit at much lower rates. In the 2015 cohort, a high proportion of PRCS individuals with SMI (3 out every 4 individuals) already has mental health treatment in their case plans. However, given the significant disparity in mental health treatment engagement between SMI individuals with and without mental health treatment as a supervision condition and the importance of stable engagement in mental health treatment in improving outcomes, efforts need to be made to identify the remaining 1 out of 4 PRCS individuals with SMI as being in need of treatment and to get them to engage in treatment, whether through indicating it as a supervision condition or other evidence-based means. Improving this identification of need and subsequently engagement in treatment is likely important to continue narrowing the outcomes gap between individuals with complex needs and those without.

XI TAKEAWAYS

XI.1 KEY TAKEAWAYS FOR PRCS

The encouraging trends in justice outcomes for both PRCS populations are likely a result of a complex mix of factors, including programmatic and implementation changes at Probation and its partners as well as changes in broader policies and legislations. As there have been multiple operational changes over the years, further analysis is required to understand components of those changes that have had positive impact on outcomes in order to strengthen and expand their implementation, and conversely, to modify or discontinue those that have not had positive impact on outcomes.

Key Finding #1. Our findings show encouraging trends in justice outcomes for PRCS individuals and in the narrowing in outcome gaps between individuals with and without complex needs. The encouraging trends in justice outcomes for both PRCS populations are likely a result of a complex mix of factors, including programmatic and implementation changes at Probation and its partners as well as changes in broader policies and legislations.

Implications. This highlights the need to examine which of the many operational improvements implemented over time contribute to the positive trends so that these operational areas of strength can be reinforced and potentially expanded.

Next Steps. Complementary to this series of studies, Probation and its partners should conduct targeted process and program evaluations to assess the efficacy of specific implemented operational improvements to identify effective tools for further expansion. Probation and its partners should also continue to intensify evidence-based strategies to improve screening, coordination, and provision of treatment and other services for individuals with complex needs.

What stands out in these analyses are the high rates of mental health outpatient use and the fairly high rates of stable mental health treatment engagement among PRCS individuals with SMI while on supervision, especially compared to the Split Sentence population. These high rates may have arisen as a result of timely assessment and identification of need and good coordination and provision of treatment services in Probation's partnership network for these individuals. Before individuals can be connected with services they need, identification of that need must take place. For PRCS individuals, there are already various timepoints before and throughout supervision during which individuals' mental health needs are reviewed to ensure timely assessment of needs: prior to release from State Prison (through Probation review of client's history and treatment needs), at the Pre-Release Center and upon entry at the Probation HUB (through further assessments by co-located DMH clinicians), and throughout the duration of supervision (either via identification by DPO or through assessments by DMH clinicians co-located at the HUB offices and the AB 109 violation court). These assessments at various timepoints should continue and perhaps should be bolstered even further.

However, there is still room for improvement. While the rate is relatively low, we find that approximately 25% of PRCS SMI individuals are not identified for mental health treatment as part of their case plan.

While this is subject to many factors (e.g. availability of accurate mental health diagnosis and treatment history, reporting/non-reporting rates of PRCS individuals, etc.), a need for more proactive bi-directional sharing of information as mental health providers diagnose individuals with SMI outside the supervision context may be needed to ensure that such individuals do not fall through the cracks. There is some preliminary effort on this end: DMH and Probation Department has agreed to share electronic health records of individuals assessed with mental health treatment needs, but such efforts are still in its infancy and there are legal and regulatory barriers to navigate through. Legal analyses may be required to determine how information sharing on mental health needs and treatment history can be implemented.

Key Finding #2. While the rate is relatively low, approximately 25% of PRCS SMI individuals are not identified for mental health treatment as part of their case plan. As our findings also suggest that stable engagement in mental health treatment is a critical part of the optimal pathway to improve mental health and justice outcomes for AB 109 supervised individuals with SMI, improving this identification of need and subsequently engagement in treatment is imperative.

Implications. There is a need for more proactive bi-directional sharing of information as mental health providers diagnose individuals with SMI outside the supervision context to ensure that such individuals do not fall through the cracks. While preliminary efforts exist between DMH and Probation Department to share health records of individuals assessed with mental health needs, there are legal barriers to navigate to reach the point of implementation. Legal analyses may be needed to determine how information sharing can be implemented.

Next Steps. PSRT departments, in consultation with County Counsel, should explore mechanisms to provide the Probation Department with timely access to relevant information on the healthcare need/status of individuals on PRCS and Mandatory supervision, to enable probation officers better understand their needs and connect individuals to services or incorporate services in supervision case plans.

XI.2 Key Takeaways for Split Sentence

Considering the more favorable rates of mental health engagement, mental health outcomes, and justice outcomes for PRCS individuals with SMI compared to their Split Sentence counterparts, Probation and its partners should explore whether tools that have resulted in better outcomes for PRCS are transferrable to Split Sentence program. Some of these transferrable tools may already be implemented in recent years[25] and future evaluation of outcomes for more recent cohorts can evaluate their impact on outcomes.

Key Finding #3. Rates of mental health treatment engagement, mental health outcomes, and justice outcomes for Split Sentence individuals with SMI are less favorable compared to their PRCS counterparts.

[25] For instance, similar to PRCS programs where mental health needs are reviewed prior to release from custody, in recent years, to support reentry from county jail, the Probation Department launched an AB 109 Jail In-Reach program comprised of both in-person visits and video conferencing to develop individual plans and support the transition from jail to community supervision.

Implications. This highlights the need to identify tools to improve engagement in treatment and outcomes for SMI individuals in the Split Sentence program. The identification of which tools and operational practices are effective can be informed by findings from this series of studies, other parallel efforts, research literature and prior studies, as well as the targeted process and program evaluations called for in response to key finding #1 above.

Next Steps. The County should identify means to improve identification of SMI individuals in need of treatment and to increase treatment engagement for those individuals for the Split Sentence population:

(1) Probation Department and its partners should explore whether tools that have resulted in better outcomes for PRCS are transferrable to the Split Sentence program and potentially implement pilot programs for such tools for Split Sentence individuals.

(2) Program evaluation should be conducted to assess the efficacy of pilots and tools that have been implemented.

(3) Probation and its partners should identify, implement, and evaluate other evidence-based means to improve identification of SMI individuals and to increase treatment engagement, especially for Split Service individuals.

Rates of mental health treatment engagement for Split Sentence individuals with SMI are markedly low, making early and timely identification of SMI individuals to identify those in need of treatment and increasing engagement in mental health treatment for this population especially crucial to start closing the outcome gaps between Split Sentence individuals with and without complex needs. As mentioned above, identification of SMI individuals for the PRCS population started prior to release from State Prison with a packet from CDCR containing clients' history and treatment needs. There is currently still an information gap for similar identification of Split Sentence SMI population coming out of local custody.

Fortunately, there is an existing initiative that can help bridge that gap. The Sheriff's Department is collaborating with Correctional Health Services (CHS) to comply with provisions set forth in Paragraph 34 of the Department of Justice (DOJ) Settlement Agreement which requires that inmates with mental illness leaving jails are offered comprehensive and compassionate release planning. The Sheriff will work to support CHS' efforts to conduct clinically appropriate release planning for all prisoners who are being released to the community and who have been identified as having a mental illness and needing mental health treatment, or as having a DSM-5 major neuro-cognitive disorder that caused them to be housed in the Correctional Treatment Center at any time during their current incarceration. While there has been release planning for people with serious mental illness (SMI) in the jails for quite some time, these efforts will serve as a large expansion of release planning services for this population, with the services being both more comprehensive and reaching many more individuals in the jail[26].

[26] These enhanced efforts involve a multi-faceted support network that includes access to housing, transportation, bridge psychotropic medication, income and benefits establishment, family and social supports, and medical, mental health and substance abuse treatment. Release planning services will be guided by the prisoner's level of care. Justice involved individuals who any time during their incarceration meet mental health level of P3, or P4,

Additionally, among criminal justice and other professionals working with the Split Sentence population, there is a need to continue to increase awareness of practices that can help close outcome gaps between individuals with and without SMI. Educational and training activities to increase awareness of the important role of stable engagement in mental health treatment in improving outcomes for criminal justice and other professionals working with Split Sentence SMI population may also be useful to increase understanding of the need to connect SMI individuals to treatment.

Key Finding #4. Outcome gaps between Split Sentence individuals with and without complex needs are not narrowing over time. Rates of mental health treatment engagement for Split Sentence individuals with SMI are markedly low.

Implications. Early and timely identification of SMI individuals to identify those in need of treatment and increasing engagement in mental health treatment for this population are important to start closing the outcome gaps between Split Sentence individuals with and without complex needs. Existing information and knowledge gaps that contribute to less favorable outcomes among the SMI Split Sentence individuals should be remediated. There is currently still an information gap for identification of Split Sentence SMI population coming out of local custody, although there is an existing initiative – comprehensive release planning expansion as part of the DOJ Settlement Agreement – that can start to bridge the gap. Additionally, among criminal justice and other professionals working with the Split Sentence population, there is a need to continue to increase awareness of practices that can help close outcome gaps between individuals with and without SMI.

Next Steps. The County should implement and expedite efforts to identify SMI individuals among the Split Sentence population in a timely manner:

(1) Correctional Health Services (CHS), in collaboration with Probation and Sheriff departments, should continue the ramp-up of expansion of release planning efforts and expedite efforts for those needing high levels of care. For individuals released into supervision, release planning should be coordinated alongside Probation Department and release plans and pertinent information on needs for these individuals should be made available to Probation Department prior to release from custody. The release planning efforts should also be coordinated alongside the Jail-in-Reach program.

(2) DMH, along with the public safety and justice agencies, should administer educational and training activities for professionals working with the SMI population.

XI.3 Key Takeaways for PRCS and Split Sentence

One area of concern in the findings is the sharp decline in rates of mental health outpatient use and stable engagement in treatment in the first year period post-supervision for both the PRCS and Split Sentence populations. This highlights the need for better support services and warm hand-offs during the critical period of transition to life post-supervision to ensure continued engagement with treatment and reduce

which typically require high observation housing (HOH), will be presumptively referred for release planning services. Justice involved individuals who meet mental health level of care P2, which typically require moderate observation housing (MOH), will be offered release planning services upon referral by a clinician or upon their request.

likelihood of relapse into mental health crises and re-involvement in the justice system in the post-supervision period. This also highlights the need for the development of robust post-supervision network of services and support in the community to be made available to the population, including both community-based providers and County partners[27]. Peer mentors or navigators, ideally those with lived experience, potentially paired with case managers, can also help stave off the post-supervision decline in mental health treatment engagement seen in the findings. Such teams can help smooth AB 109 supervised individuals' transition to the post-supervision period and help them navigate the services and treatment available in the community. These peer navigators and case managers should also be engaged as stakeholders and consulted as potential users in the development of the post-supervision network of services and support.

Key Finding #5. Rates of mental health outpatient use and stable engagement in treatment decline sharply in the first year following termination of supervision.

Implications. This highlights the need for better support services and warm hand-offs during the critical transition period following termination of supervision.

Next Steps. The County should strengthen support services and warm hand-offs during this critical transition period:

(1). Probation department should work with partner agencies to explore ways to improve post-supervision warm hand-off of SMI individuals to DMH and community behavioral health providers (whether they are contracted through DMH, DPH-SAPC, ODR, or other agencies) to ensure continued engagement with treatment. This may require early connection with providers while individuals are still on supervision.

(2). County partners could develop a robust post-supervision network of services and support in the community involving community-based providers.

(3). The County should establish a network of peer navigators (potentially those with lived experience) and case managers who could work with the DPO and the supervised person to smooth the transition to life post-supervision and drive continued engagement in mental health treatment.

[27] With the move towards shorter periods of supervision, robust provision of post-supervision services and support becomes especially critical.

XII Follow-up Work

As noted in the preface, this first series of the evaluation is not meant to be an exhaustive evaluation of the public safety realignment efforts but rather only the beginning.

Future evaluation series should include evaluation of straight sentence individuals as well as outcomes when split sentence individuals were in custody.

While this evaluation series focuses on mental health utilization as well as mental health and justice outcomes, the high rates of AB 109 individuals with complex needs highlight the need to expand evaluations like those done in this series to individuals with substance use disorder, homelessness, as well as those with multiple co-occurring disorders / needs.

Receipt of social services as well as specialized services (e.g. gender-based programming and programming for emerging adults) could also be critical to improve outcomes for AB 109 supervised individuals and should be included in future analyses series.

We are currently unable to perform many of the analyses outlined above due to data gaps. Fortunately, some data gaps will be rectified soon, as the onboarding of SAPC and DPSS data into the County Information Hub is underway. However, the remaining data gaps will need to be addressed to enable future evaluation series.

There are also follow-up questions generated by findings in this report for examination in future evaluation series. For instance, we see an upward trend in revocations, and further study is needed to examine whether the increase is driven by technical or non-technical violations, whether revocation rates differ between AB 109 supervised individuals with and without SMI, and so on. We also see a sharp decline in mental health treatment use and engagement post-supervision, necessitating further study to understand how service utilization and outcomes interact during this period. Additionally, we see that mental health crises rates unexpectedly drop during the same period despite the decline in mental health treatment engagement. We have some conjectures for how these contradictory trends arise but will need to test them with further analyses.

Since many of the justice and mental health metrics used in this evaluation use a three-year follow-up period since the start of supervision, the most recent cohort of supervised individuals we can include in the analysis is the cohort starting supervision in 2015. In 2021, we will be able to re-estimate the same metrics for the cohort starting supervision in 2016. While the three-year follow-up period is used by other organizations and the duration provides an indication of medium- to long-term outcomes, there may be value to also use one- or two-year follow up periods for future evaluation series to enable assessment of trends for more recent cohorts. Additionally, this report notes certain recent initiatives that may improve results in the Split Sentence population, such as Jail-in-Reach and expansion of release planning for individuals with mental health needs, and assessment of trends for more recent cohorts may help shed the light on how these initiatives are moving the needle on outcomes.

It is important to note that to provide a truly comprehensive evaluation of AB 109 programs, there will likely need to be multiple process and program evaluation efforts outside and beyond this series and future series of the evaluation. All these efforts will need to be carefully coordinated to get a complete view of programmatic, implementation, and individual outcomes and trends.

Moreover, the realignment efforts do not exist in a vacuum. Other measurement and evaluation efforts in the County and elsewhere, such as the Justice Metrics Framework and parallel efforts under the umbrella of California State Association of Counties, are necessary to provide additional context.

Finally, although some follow-up questions for future study have been noted throughout the report and in this section, we intend for more questions to be generated from findings reported here. This is by design, as results from this series of the evaluation are meant to provide a foundation for subsequent phases of work and other future efforts to further assess trends and outcomes for AB 109 individuals. The Countywide Information Hub will continue to be an essential resource to help answer those questions.

XIII ACKNOWLEDGMENTS

The report was developed with the guidance of the AB 109 Steering Committee, which is composed of representatives from the following departments:

- Probation Department – *Co-chair of the Steering Committee*
- Countywide Criminal Justice Coordination Committee (CCJCC) – *Co-chair of the Steering Committee*
- Sheriff's Department
- District Attorney's Office (DA)
- Public Defender's Office (PD)
- Alternate Public Defender's Office (APD)
- Department of Mental Health (DMH)
- Department of Public Health – Substance Abuse Prevention and Control (DPH – SAPC)
- Office of the Chief Information Officer (OCIO)

Various County and non-County departments have contributed in various ways to this report, from providing data to subject matter expertise, including the departments listed above as well as (but not limited to) the departments listed below:

- Chief Executive Office (CEO)
- Contributors to the Information Hub (Probation Department; Sheriff's Department; Information Systems Advisory Board; Superior Court; Department of Health Services; Department of Mental Health; Department of Children and Family Services; Workforce Development, Aging, and Community Services; Los Angeles Homeless Service Authority; Department of Public Health; Medical Examiner and Coroner; Department of Public and Social Services; County Counsel)

This report would not have been possible without the strong foundation laid by previous and ongoing efforts, notably the Justice Metrics Framework (JMF) as well as the Information Hub and its previous iteration (the Enterprise Linkages Project).

Additionally, continued support from the Analytics Center of Excellence (within OCIO) and the broader OCIO was instrumental throughout the evaluation and development of the report.

XIV GLOSSARY OF TERMS

AB 109. Assembly Bill 109. In 2011, the State of California enacted Public Safety Realignment through the passage of Assembly Bill 109 (AB 109). Among other effects, the landmark legislation: • created Post-Release Community Supervision (PRCS), in which county probation departments are responsible for the supervision of eligible offenders following release from prison and the coordination of rehabilitative treatment services to them; • shifted the custody responsibility from the state to county jails for felony offenders convicted of non-violent, non-serious, non-sex offenses, as well as for individuals sentenced for parole violations; and • shifted the parole revocation processes to the local court system. For the purposes of this report, AB 109 also refers to the programs established by the landmark legislation.

AJIS. The Automated Justice Information System, the Sheriff's jail information management system, which captures, among other information, data on bookings into County jail.

BSCC. The California Board of State and Community Corrections. Upon instructions from the state legislature, BSCC drafted a definition of recidivism as measured by reconviction rates and developed guidelines to estimate it. Although in this report we use other justice outcome metrics, their estimation, particularly for reconviction rates, was significantly informed by BSCC's guidelines.

CCHRS. The Consolidated Criminal History Reporting System, a data repository managed by the Information Systems Advisory Board (ISAB) that gathers criminal history information from various source systems for the use of local judges, prosecutors, and law enforcement agencies in Los Angeles County. The Court and booking data in the County Information Hub is extracted from CCHRS.

CCJCC. The Countywide Criminal Justice Coordination Committee, an advisory body established in 1981 by the Board of Supervisors to improve the effectiveness and efficiency of the local criminal justice system.

CEO. The County of Los Angeles Chief Executive Office. The County department responsible for managing the strategic direction and day-to-day operations of County government.

Countywide Information Hub. A data warehouse managed by the County's Chief Information Office. Two of its key components are the Countywide Master Data Management system (CWMDM) and the service data store. CWMDM creates unique enterprise identifiers (EIDs) for clients of participating departments. The service data store receives data on services provided to those clients and their justice involvement (bookings, supervision, sentencing), which can be linked across systems using EIDs.

DPO. Deputy Probation Officer.

DMH. The County of Los Angeles Department of Mental Health, the largest county-operated mental health department in the United States. DMH provides mental health services directly and through contracted providers.

Exposure Period. The three-year follow-up period that begins after the **index date** and in which individuals are "eligible" to recidivate. (That is, if an event that qualifies as re-involvement in the justice system occurs during this period, it is counted as re-involvement in the justice system . If it occurs outside the exposure period, it is not counted.) In addition to re-involvement in the justice system (reconvictions, rearrests, etc.), we also measure service utilization and non-justice outcomes during this period.

Homelessness. For the purposes of this report, a person is considered to have experienced homelessness if they have been flagged as *homeless* in any of the information systems that contribute data to the County's Information Hub.

HMIS. The Homeless Management Information System, a system managed by the Los Angeles Homeless Services Authority (LAHSA) to collect client-level data on the provision of housing and services funded by the U.S. Department of Housing and Urban Development (HUD) to individuals and families who have experienced homelessness.

IBHIS. DMH's Integrated Behavioral Health Information System, the system that captures data on mental health services provided directly by DMH and its contracted providers

Index Date. In analyses for this report, it is the date of an individual's last supervision start within the year.

ISAB. The Information Systems Advisory Body, a multi-agency, multi-jurisdictional policy sub-committee of CCJCC, established in 1982 to oversee the coordination, planning, and development of major justice information systems. ISAB manages CCHRS, the data repository from which booking and Court data is extracted and submitted to the County Information Hub.

Mental Health Inpatient Services. Intensive mental health services in which patients are admitted for overnight or longer stays to psychiatric hospitals or facilities, usually during acute phases of severe mental illness.

Law Enforcement Mental Evaluation Team (LET). Any of the programs that involve collaborations between DMH and a law enforcement agency in the County. The largest LET programs are SMART (collaboration between DMH and LAPD) and MET (collaboration between DMH and the Sheriff's Departments). LET programs comprise co-response teams, partnering law enforcement deputies and mental health clinicians, especially trained to de-escalate situations in which an individual is experiencing a mental health crisis and it is reported to 911. LET can also assist PMRT.

Mental Health Treatment as a Supervision Condition (X85). For PRCS individuals deemed as having potential mental health needs (either upon release from prison during reporting at Probation HUB where risk assessments and orientation are conducted or during the course of supervision), Deputy Probation Officers (DPO) have the ability to refer these individuals to co-located Department of Mental Health (DMH) partners and to indicate mental health treatment on their case plans to ensure that client remains compliant with all treatment related to their mental health conditions.

Mandatory Supervision. See entry below on *Split Sentence*.

Mental Health Non-Crisis Outpatient Encounter. Mental health services provided through office visits with no overnight stay. Services can be provided at community mental health clinics, general hospitals, or private practices. In this report, we identify non-crisis outpatient encounters as outpatient services that do not fall within the definition of mental health crisis.

Mental Health Crisis. Any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. In this report, we identify mental health crises through the occurrence of any of the following events: encounter with crisis teams such as DMH Law Enforcement Team (LET) and DMH Psychiatric Mobile Response Teams (PMRT), mental health inpatient admission, or use of outpatient mental health crisis stabilization services.

OCIO. The County of Los Angeles Office of the Chief Information Officer, which provides strategic leadership and partners with County departments in areas related to technology, information security, and data analytics.

PRCS. Post-Release Community Supervision. A form of supervision provided by the Probation Department to an offender who has been released from the California Department of Community Corrections and Rehabilitation (CDCR). Before the Post Release Community Supervision Act of 2011, these offenders were supervised by CDCR.

Psychiatric Mobile Response Team. Emergency teams consisting of DMH licensed clinical staff that respond to mental health emergencies. Teams have legal authority per Welfare and Institutions Code 5150 and 5585 to initiate applications for evaluation of involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing, or shelter as a result of a mental disorder.

PSRT. Public Safety Realignment Team. A subcommittee of the Countywide Criminal Justice Coordination Committee (CCJCC) established by the County's Board of Supervisors to bring together multiple stakeholder agencies, coordinate implementation, and report and advise the Board on public safety realignment matters.

Re-involvement in Justice System. In this report, we use re-involvement in the justice system as our justice outcomes. We measure re-involvement in justice system using CCJCC's Returns to Custody Framework, which establishes five types of events that qualify: convictions, felony arrests, misdemeanor arrests, supervision revocations, and flash incarcerations. We measure re-involvement in justice system separately for each of these types of events, and overall, when any of the events occur.

Qualifying returns to custody events (or qualifying events). See entry above on *re-involvement in justice system*.

Severe Mental Illness. Having been diagnosed with any of the following mental disorders: schizophrenia, schizoaffective disorder, psychotic disorders, major depressive disorders, bipolar disorders, and borderline personality disorder.

Stable Engagement in Mental Health Treatment. For the purposes of this report, we consider a person stably engaged in mental health treatment if, *over a period of 12 months* they: (1) Either (a) received six or more non-crisis outpatient services, spread across at least 4 months; or (b) received three or more medication support services, spread across at least 6 months. And (2) Had no more than one mental health crisis event.

Supervision Revocation. When a judge repeals a defendant's community supervision after it is determined that he or she violated the conditions of supervision. Revocation typically implies returning to jail and serving the original sentence. In this report, we only consider re-involvement in the justice system a supervision revocation where the defendant was remanded to custody.

Split Sentence. A split sentence is a sentence where felony offenders convicted of non-violent, non-serious, non-sex offenses, as well as for individuals sentenced for parole violations are required to spend a certain amount of time in county jail then can serve the remainder of the sentence under supervised release. Such individuals serve part of the jail sentence on probation (and this portion of the sentenced term spent supervised is known as *mandatory supervision*) instead of serving the entire sentence in custody. Before the passage of AB 109, these offenders were sentenced to custody and supervision by the State.

Straight Sentence. A sentence where felony offenders convicted of non-violent, non-serious, non-sex offenses, as well as for individuals sentenced for parole violations are sentenced to a straight jail term pursuant to Section 1170(h)(5)(A) of Penal Code, where the offender serves his/her entire sentence in custody. Before the passage of AB 109, these offenders were sentenced to custody and supervision by the State.

TCIS. Trial Court Information System, the system used by the Los Angeles Superior Court (and all other Superior Courts in California) to manage and process criminal cases from inception to disposition.

Warm Hand-off. The process of transferring the case management of an individual before they return to the community. It involves reentry planning, linkages to services, and enrollment in benefit programs.

XV Technical Appendix

XV.1.1 The County Information Hub

The County Information Hub (InfoHub) is a platform managed by the Office of the Chief Information Officer (OCIO), designed to link person identities between County systems, share information with and between those systems, and support the coordination of care and services, as well as data-driven decision making.

The InfoHub consists of three core components:

- Countywide Master Data Management (CWMDM): Resolves and links identities across participating (source) systems
- Data Integration Services: Enable the secure exchange of data
- Data Hosting: Stores data on service utilization and other types of encounters (assessments, arrests, supervision episodes, etc.)

The CWMDM and Data Hosting components receive data from participating departments on a regular frequency (weekly in some cases, monthly in others). Thus, the InfoHub keeps a historical record of County clients and the services they received, which can be used for performance measurement, evaluation, and research.

XV.1.2 Data Sharing and Security

The Office of the County Counsel, with support from an external law firm, conducted a comprehensive legal analysis of federal, state, and local regulations around data for adults in the justice, health, and social service sectors.

Following the completion of this legal analysis, the County's Chief Executive Office (CEO) executed data sharing agreements (DSAs) with every agency that now contributes data to the County Information Hub. Each of these DSAs—which were reviewed by County Counsel to ensure consistency with the findings from their legal analysis—outlines allowable uses for the data, identifies authorized users, and describes measures to be taken by CEO to protect confidentiality and privacy.

XV.1.3 Data Used for this Report

To create this report, we used data from the agencies and source systems listed in the table below. Specific fields within each source system, and how they were used, are described in the rest of this Technical Appendix.

TABLE A-1. SOURCE AGENCY, SYSTEM, AND TYPE OF INFORMATION FOR DATA USED IN THIS REPORT

Agency	Systems	Type of Information
Department of Mental Health (DMH)	IBHIS IS	• Diagnosis codes • Type of outpatient service • Outpatient service date • Inpatient admission date • Service mode • Service function code • Provider code • Substance abuse flag
Los Angeles Superior Court	TCIS (through CCHRS)	• Case number • Case filing date • Booking number • Charge level (felony, misdemeanor) • Disposition • Disposition date • Sentence description
Probation Department	APS	• Case number • Supervision grant date • Supervision type • Supervision closing date • Disposition code • Disposition date • Mental health treatment as a supervision condition (obtained separately from Probation department for the purposes of this evaluation)
Sheriff's Department	AJIS (through CCHRS)	• Booking number • Court case number • Booking date • Release date • Release reason • Charge level
Various others (all departments in the Info Hub)	Others	• Sex • Race/ethnicity • Birth year • Homeless history

XV.1.4 Demographic Characteristics

Sex, race/ethnicity, and age were determined using the relevant fields—when they were available—from all source systems that participate in the InfoHub.

XV.1.5 Determination of Vulnerable Status

XV.1.5.1 Diagnosed with Severe Mental Illness

An individual was identified as having been diagnosed with severe mental illness (SMI) if their diagnoses in IBHIS/IS included any of the codes listed in the table below.[28] All codes in the table correspond to the

[28] Substance Abuse and Mental Health Services Administration. (2016). *Behind the Term: Serious Mental Illness.* Available online at https://www.hsdl.org/?abstract&did=801613, last accessed June 30, 2020.

International Classification of Diseases, version 10, commonly known as *ICD-10*. When diagnoses codes used the previous ICD version (ICD-9), we used a crosswalk table provided by DMH staff to convert them to ICD-10.

Data in the InfoHub does not allow us to determine the date of the diagnosis.

TABLE A-2. ICD-10 CODES USED TO DETERMINE SEVERE MENTAL ILLNESS DIAGNOSES

Diagnosis Description	ICD-10 Codes
Schizophrenia	F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9
Schizoaffective Disorders	F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9
Psychotic Disorders	F28, F29, F30.10, F30.12, F30.13, F30.2, F30.8, F30.9
Major Depressive Disorders	F32.1, F32.2, F32.3, F32.81, F32.89, F32.9, F33.1, F33.2, F33.3, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39
Bipolar Disorders	F31.0, F31.10, F31.12, F31.13, F31.2, F31.30, F31.32, F31.4, F31.5, F31.60, F31.62, F31.63, F31.64, F31.81, F31.89, F31.9
Borderline Personality Disorder	F60.3

XV.1.5.2 History of Homelessness

Multiple County departments capture information on a person's homeless status. Because the operational definitions, and how data is captured, vary across departments, it was not possible to create a single definition of homelessness to use in this report.

Instead, we use a broad approach: we identify a person as having experienced homelessness if they have been flagged as *homeless* in any of the systems that capture this information and contribute it to the InfoHub; this includes the systems of the following agencies:

- Department of Children and Family Services (DCFS)
- Department of Health Services (DHS)
- Department of Public Social Services (DPSS)
- Los Angeles Homeless Services Authority (LAHSA)
- Probation Department
- Workforce Development, Aging, and Community Services (WDACS)

We should note that, even though we did not use service data from DCFS, DHS, DPSS, or WDACS for any service utilization or outcome metrics in this report, we are able to leverage their data to determine not only homelessness history, but also demographic characteristics of individuals in the Cohort who have had contact with these departments.

Due to limitations in how homeless information is currently captured in the InfoHub, we are unable to determine the date a homeless flag was assigned.

XV.1.6 Estimation of Justice Outcomes

The following key terms are important to understand:[29]

- **Index Date:** The date of an individual's start of supervision.
- **Exposure Period:** The follow-up period during which individuals are "eligible" or "at risk" of re-involvement in the justice system. In this report, the exposure period is the three-year period immediately following the index date, i.e. the individual's start of supervision.

Below, we describe how we estimated each type of re-involvement in justice system outcomes in CCJCC's Returns to Custody framework.

XV.1.6.1 Convictions

A person was determined to have re-involvement in the justice system, as defined by convictions, if **all** these conditions were met:

- The individual had a Court case with a filing date within the exposure period[30]
- The charges for the case included at least one misdemeanor, felony, or wobbler[31]
- The disposition code for at least one of those charges indicated any of the following:
    - Convicted (by the Court, jury, or unspecified)
    - Found guilty
    - Prop. 36 sentence

To ensure that the conviction was for a new offense, we **excluded** convictions where:

- The Court case number was found in Probation's (APS) data AND the supervision start date for the case preceded the index date
- Either the Court case number OR the booking number in TCIS were found in Sheriff's (AJIS) data, AND the arrest date for the corresponding booking record precedes the index date

XV.1.6.2 Felony Arrests

A person was determined to have re-involvement in the justice system, as defined by felony arrests, if **all** these conditions were met:

- The individual had a booking record in AJIS that included at least one felony charge
- The arrest date in AJIS fell within the exposure period
- A Court arraignment was associated with the booking record; this was determined when either of these was true:
    - The booking number in AJIS was entered in TCIS for a Court arraignment
    - A Court case number was entered in AJIS and the corresponding Court case in TCIS indicates the individual was arraigned
- The arrest was for a new offense; that is:

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[29] To define these terms—and, in general, to estimate re-involvement in the justice system —we rely heavily on this reference: Howell, D. (2015). *Guidelines for Recidivism Studies. Measuring Criminal Justice Outcomes for Local Programs.* State of California Board of State and Community Corrections (BSCC). Available online at http://www.bscc.ca.gov/wp-content/uploads/Recid-Guidelines.pdf, last accessed on June 30, 2020. Even though these guidelines are specific to BSCC's definition of recidivism, they are easily adaptable to other approaches to measure re-involvement in the justice system, including the one we use in this report.

[30] We use the case filing date as a proxy for the date of the offense, which is not available in the InfoHub.

[31] A "wobbler" is a charge that can end up being a felony or misdemeanor during sentencing.

- The filing date for the Court case associated to the booking was after the index date
- If there was a sentence for the Court case associated to the booking, the disposition date did not precede the booking date
- For individuals who were in active supervision at the time of the arrest, the Court case number associated with the booking was different from the Court case number(s) associated with active supervision cases.

XV.1.6.3 Misdemeanor Arrests

A person was determined to have re-involvement in the justice system, as defined by misdemeanor arrests, if **all** these conditions were met:

- The individual had a booking record in AJIS that included at least one misdemeanor charge
- The arrest date in AJIS fell within the exposure period
- A Court arraignment was associated with the booking record; this was determined when **either** of these was true:
  - The booking number in AJIS was entered in TCIS for a Court arraignment
  - A Court case number was entered in AJIS and the corresponding Court case in TCIS indicates the individual was arraigned
- The arrest was for a new offense; that is:
  - No arrest warrant in TCIS from a case prior to the index date was associated to this booking number
  - The filing date for the Court case associated to the booking was after the index date
  - If there was a sentence for the Court case associated to the booking, the disposition date did not precede the booking number
  - For individuals who were in active supervision at the time of the arrest, the Court case number associated with the booking was different from the Court case number(s) associated with active supervision cases

XV.1.6.4 Revocations of Community Supervision with Remand to Custody

A person was determined to have re-involvement in the justice system, when defined by revocations of community supervision, if **all** these conditions were met:

- There was a disposition code in APS that indicated revocation of community supervision with remand to custody[32]
- The corresponding disposition date in APS was within the exposure period

XV.1.6.5 Flash Incarcerations

A person under post-release community supervision (PRCS) was determined to have re-involvement in the justice system, when defined by flash incarcerations, if **all** these conditions were met:

- There was a disposition code in APS that indicated a flash incarceration
- The corresponding disposition date was within the exposure period.

[32] There are multiple disposition codes (or combinations of disposition codes) in APS that indicate revocation of community supervision with remand to custody.

XV.1.7 Mental Health Services and Outcomes

XV.1.7.1 Outpatient Encounters

DMH data for outpatient services includes one record per service. Because multiple services can be provided during an outpatient encounter, we grouped services that had the same values of all the following fields to identify unique encounters:

- Enterprise ID (i.e., unique identifier for the individual)
- Provider code
- Date

That is, we considered all services that had identical values of all these fields as part of the same outpatient encounter.

XV.1.7.2 Crisis and Non-Crisis Outpatient Services

Crisis outpatient mental health services included those that met either of the following criteria:

- Service type was crisis stabilization
- Service function code was for a crisis intervention (SFC=77)

Outpatient services that did not meet any of the criteria above were considered non-crisis outpatient mental health services.

XV.1.7.3 Mental Health Crisis

We identified mental health crisis events when individuals used services that met either of the following criteria:

- Inpatient psychiatric admission where the facility type was acute services
- Outpatient services that met the criteria for crisis services listed above.

XV.1.7.4 Stable Engagement in Mental Health Treatment

Individuals with a severe mental illness diagnosis were considered stably engaged in mental health treatment if, over a 12-month period, they met the following criteria:

- Either:
    - Received six or more non-crisis outpatient services (as defined above), spread across at least four months
    - Received three or more medication support services (identified based on combinations of service mode and service function codes), spread across at least six months
- And:
    - Had no more than one outpatient crisis stabilization or psychiatric admission in an acute inpatient facility.

XV.1.8 Additional Data Considerations

In addition to the data sources that are not yet included in the County Information Hub, there are other considerations to the data we used in this report. None of the items listed below significantly impact our findings or conclusions.

First, certain relevant data sources were missing from our analyses:

- We identified felony and misdemeanor arrests using booking data from Sheriff's AJIS system. Every Sheriff arrest and every booking in Los Angeles County—regardless of the arresting agency—is entered in AJIS. However, some arrests by other law enforcement agencies (e.g., LAPD's cite and releases) are only captured in their information systems, not in AJIS. In addition, AJIS does not capture arrests outside of Los Angeles County or by state or federal agencies. Therefore, we likely undercount arrests, particularly for misdemeanors.
- Data on mental health services came exclusively from DMH's data warehouse, which includes records from the Integrated System (IS) and Integrated Behavioral Health Information System (IBHIS). These systems captured mental health services provided directly by DMH or by its contracted providers. Thus, only a small proportion of services provided by private practices or billed to private insurers are included in our analyses. However, we believe that the bulk of mental health services received by justice system-involved individuals is captured in IBHIS.

Second, the historical coverage varies between data sources, which could result in incomplete estimates of certain services or outcomes:

- IS/IBHIS data for outpatient services is only available since 2014, which means we had limited ability to estimate SMI diagnoses before that period[33].
- Although the data from the Superior Court's TCIS system is updated regularly (e.g., we currently have it through May 2020), there may be offenses committed during the exposure period (that is, the three years after the index date) for which there will be a conviction, but it has not occurred yet. Thus, we may slightly underestimate the conviction rate and, moreover, the estimates could continue to change as convictions in TCIS are updated.

Finally, our data did not include certain dates:

- Because we do not have offense dates, we had to use case filing dates as a proxy for them in our estimation of conviction rates. Because sometimes a case filing occurs much later than the offense, we may be underestimating the number of convictions for offenses that occurred during the exposure period.
- Currently, we are unable to determine the date a person was "flagged" as homeless in the source systems. Therefore, our estimates for homeless and chronically homeless populations could include individuals who experienced either status after the index date.
- Similarly, we do not know the date a person was diagnosed with severe mental illness.

[33] Data on psychiatric inpatient admissions goes back to 2010.