



July 13, 2017

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Board of Supervisors

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*"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."*



TO: Supervisor Mark Ridley-Thomas, Chairman  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Mitchell H. Katz, M.D.   
Director

SUBJECT: **OFFICE OF DIVERSION AND REENTRY STATUS  
REPORT**

This memo provides an update regarding the work of the Office of Diversion and Re-entry (ODR), a division within the Department of Health Services (DHS) whose mission is to develop and implement countywide criminal justice diversion for persons with mental illness and/or substance use disorders, including persons who are homeless.

The memo also provides an update on diversion programming, partnership on Health Agency and countywide initiatives, ODR funded collaborations, national initiatives, health and justice data, progress along the sequential intercept model, and the ODR Permanent Steering Committee.

### Diversion Programs

#### **I. Misdemeanor Incompetent to Stand Trial-Community Based Restoration**

The Misdemeanor Incompetent to Stand Trial-Community Based Restoration Program (MIST-CBR) diverts individuals facing misdemeanor charges who are found incompetent to stand trial into community outpatient and inpatient treatment and housing. Until recently, defendants in Los Angeles County (LAC) in the MIST population remained in the jail until their maximum sentence or until they were restored to competency. These defendants primarily consist of chronically homeless persons with serious mental disorders often housed in High Observation Housing (HOH) units, who are generally some the most impaired inmates within the jail system. LAC has addressed the needs of this population through a diversion program that places patients in diverse community settings under court order. ODR coordinated the CBR effort in collaboration with several departments including the Department 95 Mental Health Court, the

Department of Mental Health (DMH) Countywide Resource Management, Jail Mental Health, the Public Defender, the District Attorney (DA), and the Los Angeles County Sheriff's Department (LASD). Since program launch in October 2015, 421 patients have been diverted from the jail into community treatment.

At the time of writing this report, approximately 226 MIST clients are housed in jail. ODR is working with our MIST-CBR partners to identify and/or create new placements for those who are clinically and legally ready for jail release.

## **II. ODR Housing**

The Office of Diversion and Reentry (ODR) Housing program is a permanent supportive housing program to serve individuals who are homeless, have a mental health and/or substance use disorder (SUD), and who are incarcerated in the LAC Jail. The program is offered to both the sentenced population and pretrial defendants who have criminal felony cases through a partnership with the Superior Court Department 123. The successful pilot in Department 123 will serve as model for future diversion efforts in other court jurisdictions. For pretrial defendants, the ODR pretrial program attempts to resolve criminal felony cases early and divert defendants into ODR Housing with a grant of probation. The program offers defendants a motivating opportunity to actively participate in their treatment and to remain out of custody in order to maintain their housing. The intervention consists of three components: pre-release jail in-reach services, enhanced treatment efforts (additional clinical assessments and immediate initiation of medications, as indicated), and immediate interim housing upon release from jail in anticipation of permanent supportive housing. Clients in the ODR Housing program are assigned an Intensive Case Management Services(ICMS) provider who works with the client as they transition from custody to community. The ICMS providers serve as the core point of contact for the client's medical, mental health, SUD treatment, and other supportive services. Permanent supportive housing, a key component of the program, will be provided through the DHS's Flexible Housing Subsidy Pool (FHSP). The FHSP program is operated by Brilliant Corners and provides housing location services, ongoing rental subsidy payments, and housing retention services.

This month, DMH expanded Full Service Partnership (FSP) slot capacity by 300 forensic slots. ODR will work with DMH to identify and refer clients in need of FSP level of care, namely from the ODR Housing program. These new FSP slots will also serve MIST clients, those leaving the jails, and individuals in the criminal justice reentry community. These 300 slots are funded by DMH. Another FSP expansion is planned and ODR funding will be utilized as needed to increase service capacity.

Other County partners include the Department of Public Health (DPH), LASD, Probation Department, Public Defender, Alternate Public Defender, and the District Attorney (DA). The Superior Court plays an important role in the development and implementation of the ODR Housing program. Through the leadership of Supervising Judges James

Brandlin, Scott Gordon, and Sam Ohta, the ODR Housing program has expanded rapidly. Since the program launch in August 2016, 587 clients have been served by the ODR Housing program. The original goal of the program was to provide 200 units of permanent supportive housing per year with a goal of 1,000 units over five years. However, due to high referral volume and client need, the number has been increased to 500 per year. In order to fund the program for 5 years for a total of 2,500 units, \$125 million in initial onetime ODR funding is being set aside in a Housing Trust Fund.

### **III. Pay for Success**

On July 1, 2017, ODR will launch LAC's first Pay for Success (PFS) initiative aimed at reducing recidivism and improving housing stability for homeless inmates in the County jail who have a mental health and/or SUD. PFS is an approach to contracting that ties payment for service delivery to the achievement of measurable outcomes. In a PFS contract, the payer for outcomes – typically a government entity – agrees to provide funding if, and when, the services delivered achieve a pre-agreed-upon result. PFS contracting has been used in over a dozen locations across the United States to scale up effective programs and interventions, as well as test innovative models of service delivery. Since the payer is only committed to paying for services if they achieve the desired outcomes, PFS can be particularly attractive to governments as a way to realize greater accountability and efficiency by allocating resources to programs with demonstrable outcomes.

The LAC ODR PFS initiative will focus on scaling up existing end-to-end provision of holistic, supportive jail in-reach and post-release permanent supportive housing services through the ODR Housing program. Homelessness and incarceration are mutual risk factors, and evidence suggests that recently released inmates who are homeless are at greater risk for recidivism than those who are stably housed following release from custody. Combined with limited/low income and criminal history, offenders reentering society who suffer from complex physical and/or behavioral health conditions face significant barriers in securing stable housing and continuing needed treatment, resulting in higher rates of recidivism, homelessness, and poor health outcomes. The \$21M program is projected to launch July 1, 2017 and will target 300 individuals over 48 months.

### **IV. Law Enforcement Assisted Diversion**

On April 21, 2017, ODR was awarded a \$5.9 million grant from the Board of State and Community Corrections to implement a Law Enforcement Assisted Diversion (LEAD) program in LAC. LEAD is a community based diversion program that aims to improve public safety and reduce future criminal behavior by people with multiple periods of incarceration for low level drug and prostitution offenses. LAC LEAD is a unique partnership between the LAC, the City of Long Beach, community organizations and community members. The LEAD geographic area is a five-mile area around Long Beach Blvd., including the 105 and 710 Freeways, a portion of the Los Angeles River

and a large homeless encampment. It is comprised of the communities of Lynwood, Compton, Long Beach and unincorporated LAC. Law Enforcement Officers from the Long Beach Police Department and the LASD will identify 300 people with histories of repeated incarceration for behavioral health motivated crimes and offer them, in lieu of arrest, an opportunity to participate in a harm reduction and Housing First intensive case management and permanent supportive housing program. LAC LEAD began a planning and training phase in May 2017 and will begin enrolling participants by October 2017.

#### **V. Olive View-UCLA Medical Center Inpatient Psychiatric Unit-Diversion from Custody to Hospital Care**

ODR is partnering with Olive View-UCLA to open a new 18 bed inpatient psychiatric unit by the end of 2017. ODR will divert some of the most acute psychiatric patients in custody to inpatient care at a new unit at Olive View-UCLA Medical Center, called "6C." Patients will come from the jail's Forensic Inpatient Unit (FIP) or from high observation housing in the jail, who are on the wait list to get into the FIP unit. Patients will be selected as candidates for 6C based upon their charges and the ability of their case to be diverted in the court of origin and upon their level of acuity. ODR will collaborate with our justice partners to facilitate diversions in the form of releases from custody to care and will work side-by-side with jail and 6C treatment providers to transfer patients. Similar to our pretrial diversion work, this will require a presence in various courts, in the jail, and in community placement setting (in this case, a DHS hospital). The new 6C unit is undergoing construction to comply with current Office of Statewide Health Planning and Development (OSHPD) inpatient facility code requirements and new positions are being requested to staff the unit. Revenue to fund the program will come from funds originally allocated to augment acute care services for jail inmates as part of the Department of Justice Settlement Agreement in the jails, Medicaid revenue for acute psychiatric services for patients who qualify and ODR funding. Once a patient treated at Olive View's 6C unit is prepared for discharge, ODR will be responsible to the patient and the courts to facilitate appropriate community placement. To this end, ODR will expand community placement options for patients diverted to 6C. The 6C effort should directly address the acute psychiatric bed crisis for the jail and help LAC meet its obligations under the DOJ settlement agreement.

#### **VI. Sobering Center**

The Dr. David L. Murphy Sobering Center opened in January 2017 and provides a welcoming, safe and secure environment for short term (under 24 hours) monitoring and management of persons under the influence of alcohol and other drugs. The fifty-bed facility is located at 640 Maple Street in downtown Los Angeles and serves individuals who occupy the Skid Row and adjacent areas. The Center is an alternative destination to jail and hospital emergency departments by allowing law enforcement, outreach and

engagement teams, and downtown partners to divert chronically inebriated individuals. Clients are subsequently linked to social services and community resources including detox, residential rehab, sober living, crisis and interim housing, and primary and mental health care.

## **VII. LA Jail Overdose Education and Naloxone Distribution**

ODR, in collaboration with Correctional Health Services' new Medically Assisted Treatment Program for SUDs, is developing a program aimed at reducing deaths from opioid overdose among recently incarcerated individuals. The Overdose Education and Naloxone Distribution program will identify inmates at risk of an opioid overdose post-release, and provide them with trainings in opioid overdose prevention, recognition, and response with rescue breathing, and an opioid overdose reversal medication, naloxone. Program participants will be provided intranasal naloxone when they receive their belongings upon reentry into the community. The program is expected to launch by the end of 2017 and will build off of lessons learned from a similar program launched in Cook County jails in 2016.

## **VIII. SB 678 Clinical and Reentry Support Services**

ODR is currently designing two Senate Bill (SB) 678 funded programs: SB 678 Clinical Services and SB 678 Reentry Support Services. SB 678 allocates funds to the Chief Probation Officer of each county to facilitate the provision of supervision, sanctions, and services to improve outcomes for felony offenders on probation. Funds allocated for this purpose must be used to provide supervision and rehabilitative services consistent with evidence-based community corrections practices and programs.

The ODR SB 678 Clinical Services effort is focused on providing comprehensive mental health, substance use, and supportive housing services for persons on probation in LAC. The effort seeks to provide a wide range of clinical and community services for this population, with the goal of successful reintegration into society and reduced recidivism. Individuals will receive an assessment by a clinical professional from Correctional Health for those in custody or ODR for those in the community to determine clinical need for services. Based on this assessment, probationers will be provided a comprehensive menu of services that is specifically tailored to their mental health and substance use disorder needs and linkage to providers who will carry out the treatment plan. ODR staff will provide assurance of service fidelity as well as relevant training on how to best serve this unique subgroup of probationers.

The ODR SB 678 Reentry Support Services are primarily targeted at the medium and high-risk population and will provide ICMS specifically tailored to the justice population. ICMS will include navigation services, referral and connection to substance abuse, mental health, and physical health services, financial education, and employment and education support service. Clients will be connected to supportive services including

cognitive behavioral therapy, support groups, anger management, family reunification, legal services, and restorative justice programming. These services will be delivered through a broad set of community partners either leveraging existing funding or supported by ODR for the target population.

## **IX. Proposition 47**

On June 8<sup>th</sup> 2017, ODR was awarded a \$20 million Proposition 47 grant from the Board of State and Community Corrections to reduce recidivism and fund rehabilitative programs for justice-involved individuals with a history of mental health issues or SUDs. LAC was one of 23 applicants statewide awarded funding from voter-approved Proposition 47, which reduced from felonies to misdemeanors certain low-level crimes. The measure, passed in 2014, provides that state savings be used to fund rehabilitative programs.

LAC Prop 47 programming will expand SUD treatment housing, enhance access to mental health services, and develop new reentry-focused intensive case management, housing, and wraparound services. The goal of this program is to improve health and employment outcomes and reduce recidivism among justice-involved individuals with mild to moderate substance use and mental health disorders. The program will use a "no wrong door" approach to ensure that persons seeking help will find culturally and linguistically appropriate services. Over eighty percent of the funding received by LAC will be distributed to community-based organizations for the provision of services. Five percent of funding will be dedicated to evaluation of programmatic outcomes.

In preparation for grant submission, ODR, in partnership with the Mayor's Office of Reentry, convened three stakeholder meetings with a total of over 100 community based organizations to discuss program needs and to identify gaps in service that could be addressed with these funds.

### **Health Agency and Countywide Initiatives**

Each of the programs operated by ODR leverages other federal, state, and local resources so that ODR funding can be used only when other sources are not available, thereby increasing the number who can be served. Leveraged funding most notably includes federally funded mental health and substance use services in addition to some of the efforts listed below.

#### **I. Whole Person Care**

On November 1, 2016, the LAC Health Agency was awarded the Whole Person Care (WPC) grant of approximately \$630.2 million of federal Medicaid funding over five-years, as part of the State's Medi-Cal 2020 Demonstration. WPC aims to provide comprehensive and coordinated services to the sickest and most vulnerable County

residents through 11 programs for high-risk individuals in five target populations: 1) those experiencing homelessness; 2) justice involvement; 3) serious mental illness; 4) severe and/or persistent SUD; 5) or complex medical conditions.

The WPC Reentry program will provide services to the high-risk justice-involved population, with an emphasis on individuals in the LAC jail system. The program aims to enroll 1,000 LAC jail inmates per month who are eligible for Medi-Cal, are high utilizers of health or behavioral health services, and are at high risk due to chronic medical conditions, mental illness, substance use disorders, homelessness, or pregnancy. An additional 250 individuals per month returning from prison or recently released from custody will be enrolled from the community, referred by the Probation Department, the California Department of Corrections and Rehabilitation, ODR and community-based reentry services agencies.

The WPC Enhanced Care Coordination Program (pre-release services) will be provided in the jail setting. Intake questions currently asked upon entry into the jail are being modified to identify potential program participants. WPC staff will meet with identified inmates within the first three days in custody to conduct a comprehensive psychosocial assessment and develop a care plan/reentry plan in collaboration with the client. In addition, Medi-Cal enrollment efforts will increase, with enrollment starting at jail intake for activation upon release; referrals will be made to Homeless Initiative programs, including the Supplemental Security Income (SSI) advocacy program; a discharge medical or mental health visit(s) will be provided when clinically indicated; a 30 day supply of prescription medication will be provided at release for clients with chronic health or mental health conditions; and a Continuity of Care Document will be generated for transmittal to the client's selected health care provider in the community. A WPC release desk is also being established to arrange transportation and interim housing for those being released with little notice. An in-person or video-conference based visit will take place when feasible with the Community Health Worker to be assigned to the client in the community, to facilitate a warm handoff upon release.

The WPC Reentry post-release program will include extensive use of Community Health Workers (CHWs) to assist participants to effectively engage with community-based health and mental health providers upon release, and to assist in addressing the social determinants of health affecting them when they return to the community. Community clinics and community-based organizations providing services to the reentry population are being engaged to embed program CHWs and provide services through a coordinated handoff from the jail. CHWs who are formerly justice-involved will provide mentorship and empowerment; health and social service navigation; linkage to housing, employment, education, legal assistance and social supports; accompaniment to key health and mental health appointments; assistance with adherence to appointments, treatments and medications; and connection to transportation. Participants will remain in the program for up to six months' post-release, with 25% receiving extended services

for an additional nine-months. Once fully implemented, this will be the largest clinically focused reentry effort in the nation.

The WPC program is utilizing a web-based database to manage all client care coordination called CHAMP (Comprehensive Health Accompaniment Management Platform). ODR currently utilizes CHAMP to track all ODR Housing clients and client outcomes and will also use CHAMP for Proposition 47 and SB 678 funded services.

## **II. Homeless Initiatives and Measure H**

On February 9, 2016, the Board of Supervisors adopted the Chief Exec CEO's report entitled Recommended Strategies to Combat Homelessness and on June 13 they adopted the Measure H Spending Plan. Among the adopted strategies, many have either a direct focus on the work of ODR or have an impact on its work. More specifically, recommendations D2 and D4, Expand Jail In-Reach and Regional Integrated Re-entry Networks – Homeless Focus are implemented in collaboration with ODR. These initiatives bring \$2.8 million from the County's Homelessness Initiative funding and \$5 million from Assembly Bill (AB) 109 funding to support the development of the integrated re-entry networks and to expand jail in-reach, in partnership with LASD.

The D2 Jail In-Reach program launched in early 2017 and teams of DHS social workers, LASD custody assistants, and community based providers are assessing homeless inmates, entering them into the Coordinated Entry System (the County's referral system for supportive housing), and connecting clients to shelter and other services upon release. To date, 2180 clients have been assessed and entered into the Coordinated Entry System.

The D4 Regional Integrated Networks strategy is being developed in conjunction with planning for the County's WPC pilot services for the reentry population. The working group will be selecting an initial set of agencies for the Reentry Healthcare Network through review of Work Order Solicitation responses. The next step will be to implement the placement of D4 housing specialists within Reentry Healthcare Network agencies or WPC Regional Coordinating Centers.

## **III. Jobs and Services Task Force**

The Prop 47 Jobs and Services Task Force is a collaboration between ODR, the Workforce Development, Aging and Community Services Department (WDACS) and the Los Angeles Chamber of Commerce. The Task Force was charged with developing a plan to launch public-private partnerships to help Prop 47 eligible residents access employment and training services, as well as wrap around support services, such as mental health, health care, housing and substance abuse counseling.

Through our collaboration among cross-sector partners, the Task Force identified strategy, system structure, and funding sustainability recommendations to help LAC reach the aspirational goal of placing 50,000 Prop 47 beneficiaries on the pathway to sustainable employment. The partners are now beginning the implementation phase and have engaged potential philanthropic partners to develop a job training and readiness fund. Next steps include outreach to employers in LAC to create a public-private partnership focused on job development, training, readiness and retention.

#### **IV. Bail Reform**

ODR has been an active participant in the Bail Reform Working Group chaired by the Office of County Counsel. Bail reform efforts that target persons booked into jail with certain charges and serious mental health or SUD's may hasten their connection to community based treatment, housing services and ultimately their coordinated release from custody into these services. Although strong clinical services in our custody environments are needed, the most effective way to treat the sickest individuals is with community-based interventions. By effectively moving those with serious mental illnesses and substance use disorders who are eligible for diversion into community settings, we prevent investments in less effective care settings within the jails in exchange for investments in more effective and sustainable care in the community. The Working Group's bail reform efforts provide an early post-booking diversion opportunity that will help guide ODR's future programmatic investments. ODR continues to advocate for a risk assessment instrument that is cognizant of, but does not penalize persons who suffer from a mental illness.

#### **V. Juvenile Diversion**

ODR is a participant in the Juvenile Diversion Working Group led by the Countywide Criminal Justice Coordinating Committee (CCJCC), DPH and the CEO on strategic planning for a possible countywide youth diversion initiative. We believe that a comprehensive, countywide, evidence based program to divert youth from the Juvenile Justice system is a critical component of an overall strategy to reduce the rates of arrest and incarceration in communities of color. This effort is in alignment with the overall mission of ODR to divert individuals from the justice system. We look forward to the report and recommendations regarding youth diversion.

#### **ODR Funded Collaborations**

Each of the ODR programs is carried out in accordance with the direction and leadership from the LA Superior Court, District Attorney, Public Defender, Alternative Public Defender, Sheriff's Department, and the Probation Department. In addition, ODR works in close collaboration with the Department of Mental Health and with the Substance Use Prevention and Control division. These partnerships are key to the

success thus far in each client served. The programs below are collaborations that are supported administratively and financially by ODR.

### **I. Women's Integrated Services Program**

The Women's Integrated Services Program (WISP) pilot at the Century Regional Detention Facility (CRDF) was initiated in December 2016, as the first step toward a plan to implement case management and re-entry planning services for all female inmates. This work is being implemented in coordination of the WPC efforts described above and will leverage pre- and post-release services. ODR has provided funding for three Clinical Social Workers for the pilot. LASD has assigned a Sergeant to coordinate the program, and the Probation Department has assigned additional staff for the pilot. Community Workers are being recruited to provide participants with follow-up and linkage to services in the community post-release. The social workers meet with women in CRDF's general population within 3-5 days of entry into the facility to conduct a psychosocial assessment and develop a reentry plan covering areas including health, mental health, substance use, family/social support, housing, benefits and employment. Assistance is provided in linking clients to community-based services upon release. Through March 6, 2017, a total of 170 female inmates have received services. Inmates' response to the pilot has been overwhelmingly positive, and the services are in high demand. Evaluation of the WISP pilot is being planned, to refine program design and assess program impact.

### **II. Public Defender Mental Health Clinical Program Manager**

ODR has provided funding for a Mental Health Clinical Program Manager position within the Office of the Public Defender. The Mental Health Clinical Program Manager will shape and oversee the Public Defender Social Worker Program. The manager will plan, assign, oversee and evaluate the work of subordinate staff, specifically seeking to implement the Public Defender vision of holistic representation to move clients away from the criminal justice system and improve their lives by connecting them to services and supports. The Manager will design and execute a training program tailored to support Public Defender attorneys and clients. The Manager will represent the Public Defender's Office as a collaborative representative in coordinating work with other departments and agencies ensuring proper alignment to avoid duplication of efforts. Further, the Manager will monitor and ensure quality service by Public Defender Social Workers to improve coordination of care for defendants with mental health and/or substance use disorders.

ODR's support of the Public Defender social worker manager position signifies an important step to align clinical social worker efforts within the LAC criminal court system. Currently, ODR and DMH's Court Linkage program have been aligning efforts to ensure that those with serious mental illness or substance use disorders who appear in Court might have access to a consistent set of assessments and services, including housing,

to support the swift resolution of their case and facilitate the reintegration to community with appropriate clinical and support services.

### **III. Crisis Intervention Training (CIT)**

In California and throughout the country, recent high-profile encounters between law enforcement officers and mentally ill persons have highlighted the need for additional mental health training for patrol personnel to enhance skills and techniques when interacting with people who have a mental and/or SUDs. In May 2015, the President's Task Force on 21st Century Policing recommended law enforcement agencies include Crisis Intervention Training (CIT) a part of both basic recruit training and in-service training. The goals of CIT include reducing use of force in the field; improving the linkage of persons with mental illness and SUDs to services rather than booking and incarceration; and reducing recidivism. The core elements of CIT include training on mental health signs and symptoms, appropriate medications and their side effects, use of verbal de-escalation techniques, active listening skills, and improved police tactics using safe restraint techniques that result in reduced use of force.

ODR provides funding to support the Sheriff Department's CIT program, which plans to provide a 32-hour training to approximately 2,620 patrol personnel over the next six years. These 2,620 patrol personnel will be joined each year by hundreds of Sheriff Deputies who transition from the custody areas into patrol and who, in their custody roles, have received a similar training to CIT to ensure they were equipped to manage mental illness of individuals in custody. Depending on the rate of custody to patrol transition, at the end of six years between 4,000 and 5,000 patrol deputies will have received mental health training and requisite maintenance training, consisting of an eight-hour training every three years, so the skills stay fresh and up to date. The total investment for the six-year training plan will be offset by approximately \$6.4 million of ODR funding disbursed at \$1.4 million in the first year and \$1 million in each of the last five years. The ODR funding will augment the revenue that LASD receives because a portion of the training has been built into the contract city cost model as well as the Department's support through existing resources the Sheriff has committed to ensuring a sufficient number of patrol deputies receive the CIT training. Since December of 2016, 1,061 Deputies have received Mental Health Awareness training, 271 Field Training Officers have received an 8-hour train the trainer program in CIT, 4,478 Deputies have received a three-hour Mental Health scenarios training by DVD, and 519 Deputies have received the 32-hour CIT program.

### **IV. Mental Evaluation Teams (MET)**

Since 2010, calls to the LASD that involve a mentally ill person have increased by 55%. Nearly 40% of all LASD use of force incidents involve a mentally ill person. The Sheriff's Department currently partners with DMH in offering specially-trained field units, called a Mental Evaluation Team (MET), to deal with mentally ill community members in crisis

(e.g., barricaded suspects, suicides in progress, other self-inflicted injuries). A MET consists of a Deputy Sheriff and a DMH Clinician who respond in an unmarked Sheriff's vehicle. METs provide crisis intervention techniques to diffuse potentially volatile situations, prepare appropriate documentation to assist custodial agencies in the placement of those with mental illness, act as a liaison to community and judicial agencies, and give court testimony regarding the mental health or emotional stability of persons with mental illness. METs assist patrol personnel, ideally trained in CIT, by arranging placement or providing transport for an individual to an appropriate facility. METs reduce the potential for use of force incidents and provide mentally ill persons with an immediate clinical assessment and related mental health services (acute inpatient hospitalization to private and county hospitals or services through the Urgent Care Centers (UCC), linkage, intensive case management, training, etc.). Through MET, mentally ill persons are diverted from incarceration and/or hospitalization, when appropriate, and instead are provided alternative care in the least restrictive environment through a coordinated and comprehensive approach.

ODR provides MET funding to both the Sheriff's Department (\$1.439 million for fiscal year 16/17) and DMH (\$388,000 for fiscal year 17/18). In Fiscal Year 2015-16, the MET program responded to 958 calls for service. 79% of those calls resulted in connection to mental health treatment either through hospitalization or transport to Mental Health Urgent Care Centers. In total, 97% of all cases handled by MET resulted in diversion away from the criminal justice system.

ODR is working closely with the Sheriff and the Department of Mental Health in planning to support MET expansion from 11 to 24 teams in order to better meet demand for services. Through WPC, funding will be made available as incentive payments that are tied to MET team client engagements from 2017 through 2019. If target client engagement totals are met (1000-4000 encounters annually), the County will receive around \$1.4 million in incentives over 3 years.

## **V. 211 LA County**

Funding from ODR supports the expansion of 211 LAC to serve as the Proposition 47 call center. The services are telephone and web-based and provide information and care coordination of services for the Proposition 47 eligible population who are seeking assistance to reduce certain drug or property crime felony convictions to a misdemeanor. The target population is also notified of mental health treatment, substance use treatment, health services, housing and social services, employment training, and job opportunities. ODR funding is for a total of \$533,000 over fiscal year 16/17 and 17/18. 211 LA County has had 3008 contacts with clients related to Prop 47 since July 1, 2016. Of those contacts, 2,912 were over the phone, and the remainder were through text or online. 2,450 contacts provided contact information for a call back from the Public Defender and 476 were referred for Prop 47 care coordination.

## **VI. Tarzana Treatment Center**

ODR provides partial funding (\$127,949 annually) for 40 beds at Tarzana Treatment Center, a co-occurring mental health and SUD residential treatment program. The program serves adults ages 18 and older, who are incarcerated prior to admission in the LAC Jail and must meet criteria for a moderate to severe substance use disorder and qualify for the residential treatment level of care under the American Society of Addiction Medicine (ASAM) criteria for Levels 3.1, 3.3, or 3.5. In addition, these individuals must also have a co-occurring mental health disorder with functional impairment, which could benefit from mental health treatment. The average length of stay in the program ranges from 60 to 90 days. The program philosophy recognizes that both addiction and mental illness are chronic diseases that require whole person, integrated care utilizing evidence-based practices. ODR's funding supports the provision of mental health services. The costs for the SUD services, residential costs and treatment, are offset by revenue from DPH SAPC. Upon launch of the Drug Medicaid Organized Delivery System much of the cost will be offset by new Medicaid revenue.

## **VII. Mentally Ill Offender Crime Reduction (MIOCR)**

The Mentally Ill Offender Crime Reduction (MIOCR) grant program, a multi-department effort to serve 90 "tri-morbid" inmates with co-occurring medical, mental health and substance use issues, began enrolling participants at the end of November 2016. A multi-disciplinary project team consisting of a Psychiatric Social Worker, Community Worker, Registered Nurse and Custody Assistant is providing comprehensive assessment, reentry planning and case management to participants with approximately 60-90 days remaining in jail, as well as follow-up and linkage to services in the community post-release. Reentry pathways have been created for program participants including 30 Full Service Partnership slots committed by DMH, 30 ODR permanent supportive housing slots, and 30 SUD residential treatment slots committed by SAPC with its contracted providers. A total of 41 participants have been enrolled to date.

### **National Initiatives**

ODR has been involved in two large-scale national initiatives to address diversion efforts, particularly around county jail diversion: the MacArthur Safety and Justice Challenge and the Stepping Up Initiative.

#### **I. MacArthur Safety and Justice Challenge**

On May 1, 2016, LAC was awarded a Phase II Safety and Justice Challenge Grant from the John D. and Catherine T. MacArthur Foundation in the amount of \$150,000. By accepting this grant, the County remains a Partner Site in the Safety and Justice Challenge Network. Grants funds were split equally between ODR, the Probation

Department, and the Sheriff's Department. ODR has utilized grant funds to procure the Chief Executive Office's Enterprise Linkages Project (ELP) services. The ELP work will help identify a priority population of high utilizers where pre-trial diversion is most needed, and to gather and analyze other metrics related to the justice involved population. Probation will utilize grant funding to expand the Pre-trial Services Bail Deviation Program. Through the expansion of the program, Probation will automatically conduct proactive bail deviation assessments of pre-arraignment inmates located at high volume booking facilities. In the past, these assessments were only conducted at the inmate's request. The LASD will utilize grant funding to facilitate the Women's Integrated Services Program (WISP) which connects female inmates to drug treatment and other re-entry services. Funds will also be used to develop an automated notification system to identify program participants who are returned to custody and to compile grant required data elements.

## **II. Stepping Up Initiative**

On February 9, 2016, the Board passed a Resolution to participate in the National Stepping Up Initiative. According to the resolution, LAC, "is now well-poised to assume a leadership role nationally. The stated goals of the Stepping Up Initiative are to convene expert leaders and decision makers; commence a dialogue regarding data, treatment and service capacity, and create an action plan with measurable outcomes to safely reduce the number of people with mental illnesses in the jails. The Stepping Up Initiative complements this Board's existing practices and goals regarding mental health diversion." In addition to participating in a National Summit in 2016, ODR staff presented on the work in LAC at the California Stepping Up Summit in Sacramento in January of 2016.

### **Health and Justice Data**

Due to ODR's position in the nexus between health services and criminal justice, the Office has provided data and analysis related to persons in LAC who have mental health and substance use disorders who are also involved in the criminal justice system. ODR continues to serve as a critical conduit enhancing collaboration between health and justice data partners and has brought together County partners and agreed upon methods of developing the data, established definitions, and offered expertise to develop the most accurate measures possible. ODR will serve as the "clearinghouse" for health and justice data in partnership with the CEO's Research and Evaluation Services unit (RES), using the Enterprise Linkages Project (ELP), which is uniquely situated to provide health and justice information that can be produced in a timely fashion and, ultimately, on a routine basis. Our partners will provide the necessary data to RES/ELP and ODR will report on and distribute the information to stakeholders.

**Sequential Intercept Model**

The guiding philosophy for ODR’s work continues to be that laid out in DA Jackie Lacey’s Blue Print for Change report to the BOS in August, 2015. In her report, the DA organizes her recommendations for work across the sequential intercept model. The table below similarly organizes ODRs existing work along the same intercept model.

<b>1. Law Enforcement/Emergency Services</b>	<b>2. Post-Arrest/Arrest</b>	<b>3. Courts/Post Arrest/Alternatives to Incarceration</b>	<b>4. Community Reentry</b>	<b>5. Community Support</b>
<ul style="list-style-type: none"> <li>• LEAD</li> <li>• Sobering Center</li> <li>• CIT</li> <li>• MET</li> </ul>	<ul style="list-style-type: none"> <li>• Bail Reform</li> </ul>	<ul style="list-style-type: none"> <li>• MIST-CBR</li> <li>• ODR Housing</li> </ul>	<ul style="list-style-type: none"> <li>• Overdose prevention</li> <li>• Homeless Jail In-reach</li> <li>• WISP</li> </ul>	<ul style="list-style-type: none"> <li>• SB 678 Clinical and Reentry Services</li> <li>• Proposition 47</li> <li>• Jobs and Services Taskforce</li> </ul>

**Permanent Steering Committee**

ODR is guided by a Permanent Steering Committee (PSC) that meets every other month. The PSC is chaired by the Director of ODR and the DA. The purpose of the PSC is to advise ODR and to drive forward recommendations so diversion occurs seamlessly across all intercepts. Meetings have been well attended and productive. Topics addressed at recent PSC meetings include: in-depth diversion program updates and opportunities for feedback, grant application discussion on LEAD and Prop 47, overview of mental and substance use disorder services level of care placements, health and justice data planning, a Council on Mentally Ill Offenders (COMIO) presentation, and various presentations by justice partners pertinent to the County’s diversion efforts.

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**Next Steps**

County departments and stakeholders will continue to collaborate under the leadership of ODR on the above-listed initiatives as well as any new opportunities that emerge as the diversion work expands across the LAC.

If you have any questions or require additional information, please contact Mark Ghaly, M.D., Deputy Director of Community Health and Integrated Programs at (213) 240-8107 or [mghaly@dhs.lacounty.gov](mailto:mghaly@dhs.lacounty.gov).

MHK:mg

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
ODR Permanent Steering Committee