Meet Peter Espinoza  
Director, Office of Diversion & Re-Entry

By Michael Wilson

Retired Superior Court Judge Peter Espinoza spent 25 years on the bench; in his new role, he will focus on building the Office of Diversion & Re-Entry with the goal of reducing the population of mentally ill and co-occurring disorder inmates in the County Jail. Espinoza envisions DHS, law enforcement and the courts aligning goals to stem jail overcrowding, reduce recidivism and keep communities safer.

How are you adjusting to the new role?  
I’ve been here five or six weeks and I love it. The team has been very welcoming and very supportive. The culture here is very different. I was in the criminal justice system where the emphasis was on community safety. The goals here are different. One of my priorities is to figure out how to blend a restorative approach to the mentally ill with the community safety concerns of the criminal justice system. It's going to be challenging.

Why this job now at this point in your career?  
I've done everything I wanted to as a judge — family law, probate, civil, criminal, juvenile — and I was looking for something to do that could make a difference on a policy level where you have the ability to affect thousands of people. As a judge you hear just one case at a time. For 25 years I dealt directly with mentally ill defendants and felt ineffective to make orders in their cases that would lead to meaningful change. I heard about the position and made contact. I was interested, they seemed interested, and it happened.

What does the Office of Diversion and Re-entry aim to accomplish?  
In broad terms we want to reduce the mentally ill population in the County Jails. The L.A. County Jail system operates the largest mental health facility in the state and has for years; roughly 4,000 inmates suffer from some sort of mental illness. It's not the best way to deal with the mentally ill or the best environment to provide treatment in. Many of these individuals are not inherently criminal but their mental illness causes them to act in a way that brings them into contact with the criminal justice system. There’s also the co-occurring disorder population, which is the mentally ill treating themselves with street drugs.

What happens currently when someone with mental health issues is arrested?  
They are booked into the local jail and then moved to a county jail after the first court appearance. A decision is made as to whether they are so mentally ill that they can’t participate in the criminal justice system, their mental illness is the root cause of their behavior, and whether treatment would be better than incarceration. If they are so mentally ill that they can’t understand the court proceedings, they are committed to the Department of Public Health programs (see below). Best wishes.

New Study to Evaluate Impact of Supportive Housing

By Michael Wilson

A $250,000 grant from the Robert Wood Johnson Foundation (RWJF) will allow researchers from the Department of Public Health (DPH) to study the impact of DHS’ Housing for Health (HFH) permanent supportive housing model on service utilization and health outcomes.

HFH works with housing providers to create affordable housing for chronically homeless individuals that is combined with rental subsidies and wrap-around intensive case management services. The aim is to reduce Emergency Room visits and system costs and improve health outcomes for clients who often battle multi-ple health conditions, mental health issues, and substance de-pendence. DPH has allocated $60 million to fund subsidies and supportive services this fiscal year.

The L.A. County research effort is one of four studies being funded by RWJF through its Systems for Action program that aims to improve health in communities by better integrating delivery and financing of medical care, public health, mental health and social services.

“What we gain is an opportunity to look more deeply at our work and its impacts on behavioral and physical health,” says DPH Office of Diversion and Re-entry housing director and study co-investigator Corrin Buchanan.

“Permanent supportive housing has ripple effects across other sectors, like criminal justice, that we will be better able to measure through this research," said Lead investigator Ricardo Basurto-Davila, Ph.D., Chief of the Policy Analysis Unit within the DPH Office of Health Assessment and Epidemiology, said HFH’s innovative approach is a perfect match for the project’s research goals because of the way it integrates the housing, health care and public health and social services sectors to address chronic homelessness. The research will investigate these complex cross-system effects and HFH's impact.
removed from the criminal justice system tempo-
torily to restore competency; in cases of a misde-
meanor, these individuals can only be held for six
months to a year, after which point the case gets
dismissed. Before this new Office was created, they
would just linger there in county jail for up to
a year. Some are so disabled they are not
going to be restored to competency.

Are you referring to the Misdemeanor In-
competent to Stand Trial (MIST) program?
Yes. For those who are charged with a misde-
meanor and are mentally incompetent to stand
trial, we now remove them from jail and get them
restorative treatment in community settings.
There are currently 160 inmates and it is one of
our most ambitious and exciting programs.

What other programs are you
working on?
We are creating a pre-filing diversion program
which involves use of intercept points. If a per-
son is arrested and it’s clear to law enforcement
that the real problem is mental illness and not
criminal behavior, we are building a system of
places where law enforcement can make a pre-
filing determination -- places where they can be
taken and treated instead of incarcerated. Later
this year we will open a 50-bed sobering center in
Skid Row for people who are so incapacitated or
such a nuisance that they will get hurt or hurt
someone else. The goal is to intercept them and
provide services rather than book them into jail.
We will also have a system of urgent care centers
where law enforcement can take individuals with
mental health issues in lieu of jail.

Why is this new approach happening now?
Weren’t these the same problems
10 years ago?
There’s a national conversation taking place now
about mass incarcerations in general and the in-
carceration of the drug dependent which is a
national problem; in fact, people want the Cen-
ters for Disease Control (CDC) to declare a
rational health crisis. The thinking is that there
must be a better, more humane way to do this.
We have an enlightened Board of Supervisors
right now that wants to take this project on and
attempt to reduce this jail population. Health
Services if the perfect place for this Office be-
cause we need a medical model that is divorced
from a criminal justice model that hasn’t pro-
duced the results it could have.

What do you hope to accomplish in the
next few years?
I’d like to be able to point to thousands of individ-
uals who have been diverted from intercept
points into treatment facilities to not only to deal
with their current criminal problems but also with
their recidivism, which is higher than average
because of their inability to control behavior
when they are not on medication. I hope that
every year we see more people diverted out of
the criminal justice system.

Can you make a meaningful impact with
this population through diversion?
Absolutely you can. With the right system in
place that includes a variety of initiatives including
intercept points, supportive housing, intensive
treatment and the right professionals advising the
criminal justice system, there is no question we
can make a difference.

What keeps you busy in your personal life?
I have four kids and a grandson. We do a lot of
family stuff together. I enjoy cooking, traveling,
reading.

Study lead investigator Dr. Ricardo Bauwens-Davila
designed the research model to study the impact of
the Housing for Health supportive housing model on
individuals who have been diverted from intercept
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Jail Poster Sends Powerful Message

Inmates battling mental health issues housed in the Twin Tow-
er, recently took part in a poster design contest to
communicate a suicide prevention message. Over 700 individ-
uals housed in Twin Towers battle depression and mental
health issues. Organizers received 20 submissions and took
the entries on a “road tour” of housing units within the jail
complex. The artists shared their designs in group settings to
facilitate discussion on depression and personal struggles over-
coming mental health challenges. The winning entry (right),
created by a group of patients housed together in the same
unit, features the Colorado Street Bridge in Pasadena, a local
landmark long associated with suicides. The image features
hands supporting a heart suspended atop the bridge and in-
cludes suicide warning signs. The image will be posted in hous-
ing and visitor areas in all County jails.

Health Officials Raise Alert
on Meningitis Cases

Los Angeles County interim health officer Jeffrey Gunzenhauser,
MD, joined L.A. Coun-
ty Health Agency di-
rector Mitchell Katz,
MD, and representa-
tives from the Los
Angeles Gay & Lesbian
Center, AIDS
Healthcare Foundation
(AHF), the Long Beach
Department of Health,
and AIDS Project Los Angeles (APLA) this month
to bring public awareness to an outbreak of Inva-
sive Meningococcal Disease (IMD). Health offi-
cials are concerned by a disproportionate number
of cases among gay and bisexual men in recent
weeks. IMD is spread through sharing of saliva
and can cause serious illness and death. HIV
positive or gay and bisexual men are urged to
consult with their provider and get vaccinated.
Vaccine is available at all DHS outpatient facilities;
 vaccine is also available for persons who have no
regular sources of care, and/or are uninsured, at
clinics operated by the Department of Public
Health and other community agencies and retail
pharmacies. For more information on IMD pre-
vention and free vaccine locations click here.

“ASK NICE” to Prevent Harm…

Time-out checklists are not limited to just the oper-
ating rooms. Whether patients are having their proce-
dures in the operating room (OR), or at bedside,
or in clinic, patient safety is of utmost
importance. To that effort, we will “ASK NICE”
prior to performing non-OR procedures that re-
quire a written informed consent.
The DHS Patient Safety Committee has developed
a standardized Non-OR procedural time out
checklist to help prevent wrong site, wrong patient
or procedural events performed outside of the
operating room. The checklist includes the neces-
sary (core) elements we are to assess prior to
starting a procedure:

A - Announce time out. Allergy check.
S - Specimen (plan/collection/labelling)
K - “K”orrect PPS (patient, procedure,
tilt/laterality)
E -Expiration date “call out” when supplies an

If you have questions, email
patientsafety@dhs.lacounty.gov
or
mamendoza@dhs.lacounty.gov. (Please consult your
facility Patient Safety Officer for implementa-
tion dates at your facility). Click here to watch a video illustrating the standardized checklist.

Provider Messaging added to Patient Portal
The benefits of registering for the patient portal keep growing! In addition to viewing their medica-
tions, visit summaries, and lab results from home or on the go, registered MyWellness patients can now view non-emergent procedures of their provider online. The secure messaging feature was added in June. Patients can also use the portal to request medication renewals and manage appoint-
ment scheduling requests. Encourage your patients to take a more active role in their health care and
register for the MyWellness patient portal at their next appointment.

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