OUTLINE OF DMH ACTIVITIES WITH JUSTICE-INVOLVED POPULATIONS

FORENSIC PSYCHIATRY DIVISION
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

FORENSIC PSYCHIATRY DIVISION (FPD)

- The FPD oversees all DMH programs designed to address the needs of justiceinvolved populations.
- Includes coordination of diversion and re-entry efforts with multiple partners.
- Partners include LAC Departments of Correctional Health, DHS, ODR, DPH, DCFS in addition to Courts.
- FPD works to develop and implement innovative care pathways for individuals who diverted from jails, juvenile halls etc.
- Involved in Alternatives to Incarceration (ATI).

FORENSIC PSYCHIATRY DIVISION (FPD)

FPD'S PROGRAMS:

- Public Safety Realignment (AB 109)
- Mental Health Court Linkage Program (MHCLP)
- Juvenile Justice Mental Health Program (JJMHP), which includes
 - ▶ JJ-TOTS (Juvenile Justice Transitional Outpatient Treatment Services)
 - Juvenile Court Mental Health Services (JCMHS)
- LACDMH-UCLA Forensic Psychiatry Fellowship Training

JAIL LINKAGE/REDUCTION OF JAIL POPULATION

As a result of COVID-19, during the first four months, population in the Men's Central Jail and Twin Towers Correctional Facility (TTCF)was decreased by approximately 31% (to prevent further transmission).

Transfers and Releases from Correctional Health Services

▶ 51 CHS clients have been placed since the Surge began in March 2020

Released to County Psychiatric Emergency Services: 35 (19 referred and placed)

Transfer from County PES to Short Doyle	Transfer from County PES to PHF	Transfer from County PES/Inpatient to Transitional	Transfer from County PES/Inpatient to IMD
2	2	9	6

Total: 19/35 (54%)

Transfers and Releases from Correctional Health Services

51 CHS clients have been placed since the Surge began in March 2020

Direct Admit to IMD	Direct Admit to ERS	to PHF	Direct Admit to Short Doyle	Direct Admit to UCC
9	15	1	5	2

Total: 32

- ▶ 16 unable to place due to multiple reasons
- ICD gave CHS "priority" for placement on cases that CHS/Sheriff could clear for release
- Besides CHS referrals, others come from State Hospitals. These are considered imminent discharge status due to termination of Penal Commitments.

Jail/ODR Referrals to DMH During COVID-19 Pandemic (Since 3/17/2020)

	Total referrals from jail	Total Non-ODR referrals	Total ODR referrals	Total MIST referrals	MIST referrals from ODR
CLP*	24	24	0	N/A	0
WCRP	32	9	23	0	0
MCRP	23	23	0	0	0
FSP**	?	?	51	?	?
ICD	61	37	24	46	24***
Other outpatient***	267	53	214	33	?

JAIL LINKAGE/REDUCTION OF JAIL POPULATION

- In order to effectuate these releases and to continue to improve continuity, DMH assisted with/participated in the following:
 - a) Development of DHS Surge List to prioritize transfer of individuals from Correctional Health Services (CHS) to IMDs and higheracuity placements
- b) Weekly calls among CHS, DMH, ODR, Sheriff and others to effectuate transfers, deal with impediments to process
- c) Weekly call with CHS and DMH (Intensive Care Division) to coordinate high-acuity releases/transfers

- d) Monthly calls with DHS Whole Person Care (WPC), DHS Care Transitions, CHS and DMH to improve linkage between jail and DMH clinics for low- and medium-acuity
 - i. Linkage to Men's and Women's Community Reintegration Clinics
 - ii. Linkage to Full Service Partnership (FSP)

e) Assessing and increasing MH/SUDs bed capacity

- i. DMH report re: bed capacity needs
- ii. Executive Workgroup (EWG) convened by the CEO's office
- iii. Men's Central Jail Closure Workgroup
- iv. Implementation of Alternatives to Incarceration Workgroup's recommendations
- f) Bail Reform Changes

CDCR LINKAGE/REDUCTION OF CDCR POPULATION

- In order to minimize COVID-19 transmission in incarcerated settings CDCR released approximately 3,000 clients early to Los Angeles County.
- ▶ DMH has been having regular calls with CDCR around "regular" releases and COVID-19 early releases.

CDCR LINKAGE/REDUCTION OF CDCR POPULATION

AB 109:

- i. DMH has been a keen partner in County's implementation of Public Safety Realignment (AB 109) since 2011.
- For AB 109 clients who are released from State Prison or County Jail, DMH provides a full continuum of services (see next slide).
- About 75% of CDCR clients released are AB 109 clients. As a result, the AB 109 program has managed a very high volume of clients since April because of the early release of CDCR clients.
- LA County's Public Safety Realignment Team is revising the AB 109/117 Implementation Plan written in August 2011.

DMH SERVICES TO AB 109 CLIENTS

- 1. Screening, Assessment, Triage and Linkage of Clients
 - a. AB 109 Hubs
 - b. Pre-Release Center Alhambra, including video-conferencing with clients prior to release
- 2. Linkage for Clients from Revocation Courts
- 3. Outpatient Treatment Services
- 4. Countywide Network of Providers, including decentralized and field-based services and engagement
- 5. Intensive Outpatient (FSP and similar programs)
- 6. Residential Co-Occurring Disorder Services (COIN)
- 7. Enriched Residential Services (ERS)
- 8. Crisis Residential Services
- 9. Acute Inpatient Hospital
- 10. Institutions for Mental Disease (IMD)
- 11. State Hospital Care

PAROLE OUTPATIENT CLINICS/BEHAVIORAL HEALTH REINTEGRATION

- Beginning regular calls/contact with Behavioral Health Reintegration Clinics (previously known as Parole Outpatient Clinics) in order to open communication for necessary transfer of care.
- Will work on information transfer/continuity of care issues from BHR to DMH for:
 - a) individuals whose parole is ending
 - b) Individuals with symptoms too severe or level functioning too low to be handled by BHRs. Advocacy with regard to the Integrated Services for Mentally Ill Parolees (ISMIP) Program funding, as it ends, for provision of MH care for early releases and transfer of clients from Telecare to DMH.

MENTAL HEALTH COURT LINKAGE PROGRAM (MHCLP)

- Collaborative program with the courts, in which MH Clinicians are co-located in the courts. (Program started in 1987)
- Aim is to increase coordination and collaboration between criminal justice and MH systems, improve access to MH Services and supports, and enhance continuity of care.
- For example, Individual Service Needs Assessments, Linking clients to treatment programs, providing support to defendants and families.
- Averages 2,500 clients per year*

1370.01 PC PROGRAM

- In collaboration with Jail Mental Health Program, it seeks to expedite stabilization of out of custody misdemeanor defendants found incompetent to stand trial under PC 1370.01.
- Aim is treatment and restoration of competency.
- At either the Misdemeanors Incompetent to Stand Trial (MIST) Program in Jail, or in the community.
- MIST Jail population has decreased significantly.
- MIST non-detained population is followed by MHCLP staff and linked to community MH Clinics.

MHCLP COMMUNITY REINTEGRATION PROGRAM

- Community based treatment as an alternative to incarceration to mentally ill defendants.
- Referral to specialized treatment programs that focus on providing rehabilitation skills and reintegration into the community.
- Have designated beds at Olive Vista and River Community.

CO-OCCURING DISORDERS COURT (CODC)

- CODC is offered to non-violent criminal defendants with co-occurring MH and substance addiction disorders who voluntarily agree to participate.
- ▶ 12-18 months, comprehensive and court-supervised treatment program.
- Residential and outpatient treatment services are provided by a DMH-contract FSP Provider.

RAPID DIVERSION PILOT

- PC1001.36- Diversion of mentally ill defendants into treatment without first convicting them of a crime.
- Misdemeanor MH Diversion Pilot- Relying on grant from MacArthur Foundation, PD and APD Offices-have created a pilot program with the City Attorney, LASD, DMH and Project 180 (non-profit provider).
- MH Diversion to Misdemeanor detainees at Criminal Courts Building (CCB), operating out of departments 40 and 48 (male and female), DTLA.

RAPID DIVERSION PILOT

- The program is being expanded to additional sites/locations.
- April 1,2021-expanded to felony in-custody population.
- Van Nuys, LAX Airport, Long Beach, Lancaster and CCB Courts.
- MH Psychiatrists from JJMHP and (eventually) UCLA Forensic Fellows to be involved in clinical evaluation of individuals.
- Have promising data on diversion outcomes (primarily recidivism), but not public yet.

OFFICE OF DIVERSION AND RE-ENTRY (ODR)

- FSP placement for ODR clients.
- Women's and Men's Reintegration Clinics accept referrals from ODR.
- Service Request Tracking System (SRTS) access granted for ODR Staff (makes and tracks referrals more efficiently).
- DMH participates in monthly meetings with DPH/SAPC, DHS/ODR.