

CFCI ADVISORY COMMITTEE MEETING
6/1/2023
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CHAIRMAN STEELE: Can we please start with disclosures. Before I bring the meeting to order. Good to see you all today.

>>: This meeting is recorded for the purpose of minutes. Be remaining, you consent to being recorded. Subject to the brown act. Since statements are not visible to people that can't participate, chat is for tech assistance. There will be no response or forwarding of public comments.

If members have comment, please do so during the public comment period or during the general public comment period. Cart services are available for captioning. The link will be provided.

Scroll to reactions at the bottom tab when accessing ZOOM, scroll to more. Telephone participants may press star nine to raise hand. Star six to unmute. Please click globe icon. Written public comments to be reviewed, submit by 5:00 PM the day before the meeting. They will be shared in the meeting minutes.

Comments after 5:00 PM until the end will be made part of the public record. Advisory members may not have the opportunity to review comments prior to acting on any agenda item. This ends the reading.

CHAIRMAN STEELE: Thank you very much. Can we please call role?

MEMBER ARMSTEAD: Here.

MEMBER AYALA: Present.

MEMBER CASTILLO: Present.

MEMBER CRUNK: Present.

MEMBER EARLEY: Present.

MEMBER FERRER: Present

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MEMBER FUENTES-MIRANDA: Present.

MEMBER LEWIS: Present.

MEMBER LOBIANCO: Present.

Member KNIGHT: Present.

MEMBER RUIZ: Present.

CHAIRMAN STEELE: Present.

MEMBER STEVENS: Present.

MEMBER WILLIAMS: Present.

MEMBER WONG: Present.

>>: We have 15.

CHAIRMAN STEELE: Getting into the agenda, we will have member Knight give us the land acknowledgment.

>>: We will start by recognizing those whose land we currently are reside. The caretakers that live and thrive among us. [FOREIGN LANGUAGE].

CHAIRMAN STEELE: Thank you for that energy. Can we go over the community agreements? Respect the diverse voices. Remain open minded.

>>: Be mindful of power dynamics in the space and the historical disenfranchisement of black Indigenous communities. Prioritize and defer to community throughout this process.

>>: Be mindful of the diverse audience. Make sure you speak with clarity.

>>: Assume best intentions.

>>: Challenge the idea. Not the person.

>>: Remember why we are here. To center brown, black and communities that have been most impacted.

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- >>: Defer to community.
- >>: Transparency and follow through.
- >>: Be intentional about allowing space to be uplifted.
- >>: Be an active participant.
- >>: Let equity lead the way.
- >>: Make space for youth voices.
- >>: Allow members to finish their sentences.

CHAIRMAN STEELE: We will begin the meetings with a land acknowledgment statement recognizing the people of the land we know call Los Angeles County.

If we could review the minutes from the last meeting. To the community agreement that Member Castillo read. I was looking at the minutes. No corrections. Would like to make a motion.

>>: I will make a motion to approve the May 13th minutes.

>>: Any changes? Public comment.

>>: Public comment will with one minute per person. If you have public comment, use the raise hand feature now. We will call you in the order raised. State your name for the minutes. We will lower your hand once completed. Star nine to raise your hand. We will say your telephone number when it is your turn.

Star six to unmute yourself. When accessing Zoom, scroll to reactions. You will see the raise hand feature. When accessing Zoom, scroll to more. You will see a drop down menu. Any public comments? Moving online.

>>: I am from the team. She has her hand up to be a cohost for the presentation. Not public comment.

>>: She will be made cohost when I am not sharing my screen.

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CHAIRMAN STEELE: We need to change that. Member Garcia's first name is spelled wrong on page 2 in the absent box. Norman. She should be moved and added to. I am looking at the wrong thing. That is my bad.

These people weren't here.

>>: Will do.

CHAIRMAN STEELE: Move to vote.

>>: Aye.

MEMBER CASTILLO: Aye.

MEMBER CRUNK: Aye.

MEMBER CYRUS-FRANKLIN: Aye.

MEMBER EARLEY: Aye.

>>: Abstain.

MEMBER GHALY: Aye.

MEMBER LEWIS: Abstain.

MEMBER LOBIANCO: Aye.

MEMBER FUENTES-MIRANDA: Abstain.

>>: Aye.

CHAIRMAN STEELE: Aye.

MEMBER STEVENS: Aye.

MEMBER WILLIAMS: Abstain.

MEMBER WONG: Aye.

>>: We have 11 yes. Four no. Pass back to you.

CHAIRMAN STEELE: Thank you. Alright. Working to continue on the meeting from the last session, we are still working through our understanding of what is

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happening with the year one funds. We have two presentations today. One from JCID. We will have a conversation and a presentation. We can learn more about the local initiatives, incubation academy.

I think not only will it give us the update on where we are with the closing. We will talk about the different types of support to provide some of our organizations that can benefit from these resources that the incubation academy can present. I want to go through a review process of the year three funding recommendation process we have had. We can start to talk about ways that we can improve that process as we prepare for next year.

This will not be a deep dive. It is a start of the conversation to get some of the juices flowing on that. To keep our muscles pumping. I don't want to lose momentum.

We had a lot of great moments. Before we get started, any questions? I have one. I got a few people to reach out to me to ask questions about the year three process and where we are. I want to ask, do you know when our recommendations will be going before the board?

They are reviewed by the CEO. Board letter submitted by the board. There is the public safety cluster meeting. They have to be presented there and then the board. Hopefully approved. Should have a more direct answer with more direct response.

>>: Where are we?

>>: Still in the review process. Another question, these go towards the 2023-2024 fiscal year.

>>: Yes. That is the goal to have that included in that budget.

CHAIRMAN STEELE: Thank you very much for that.

>>: That brings us up to speed.

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CHAIRMAN STEELE: Brings us current. I don't know if up to speed in the correct term. I was under the impression that when you mentioned it would be included, that brought us up current.

CHAIRMAN STEELE: The goal was to be included. There are steps before it can be dispersed. The meetings last week to make sure they were adequately informed. It doesn't mean they are ready to be dispersed. Because we did, it gives us the lee way.

>>: Can you share where the final spending plan is available. The one we submitted.

CHAIRMAN STEELE: I will send it up to you.

>>: When people submitted concept recommendations, those become intellectual property. Not to be used for the concept recommendation for this year. We have to figure out a way to do better where we don't take intellectual property.

If it is meant to be for that allocation and not be used by people to repackage it for their own funding.

CHAIRMAN STEELE: Is that something that happened this year?

>>: The concept recommendation was taken. The funding has been allocated. Now repackaged and offered to other people. I don't feel like it honors the integrity.

>>: My experience has been that with the county of Los Angeles, when you put forth a concept, and a proposal, that is, I don't know if the risk is a fair word to use, it belongs to to county. It is not just about what is happening. If we want to address that, it should be broad hi.

CHAIRMAN STEELE: The recommendation is so that can be turned into solicitation that is open for people to apply to. What I hear you say is it was intended for the native American people. It was made an open concept.

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>>: Issued and allocated. Was repackaged as a solicitation. I definitely understand that. People are putting their ideas into these things. They should be clear that it is be repackaged for another year. I think it is lazy writing.

MEMBER LEWIS: I was going back to something else. I will let you finish this thread.

CHAIRMAN STEELE: I would love to learn what year it was from. Let us deep dive on that. Find out how and why. I appreciate you bringing it forward.

MEMBER LEWIS: All that information has to be public. I was going to go back to something said. You would send it to us. I think it is appropriate to still answer the question.

Where can the public access the final report in the spending plan?

CHAIRMAN STEELE: It will be on the website. It hasn't been added to the website. I have to send it out. I have been having conversations. Are you asking about the report of the allocations?

MEMBER LEWIS: It is one in the same. Has that been submitted to CEO yet?

CHAIRMAN STEELE: No. The allocation has been. The report has not been. It is supposed to be submitted this week.

MEMBER LEWIS: Where can the public find it?

CHAIRMAN STEELE: They can be shared when the report is shared. It will be part of the report. You can see when it is finalized, we put the recommendations versus the final plan. It is not available yet.

We will put that on the website. It will include the committee's recommendations.

MEMBER LEWIS: Our formal submission when will that be submitted.

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CHAIRMAN STEELE: We are finalizing this week. Once it is up on the website. Any other thoughts before the presentation? Okay. Cool. Let's rock.

>>: Good afternoon. I joined JCID at the end of last year, Roark is my first name. I had other positions. Almost 20 years as a public defender. The thrill to move toward that is exciting to me. You will hear about some of the programs we are funding.

We will go a little out of order. We will start with them. I will introduce them along the way. Our first speaker will be Maria.

>>: I want to thank you for inviting us today. I am with the department of mental health. Deputy director. I am thrilled to talk about the program. It is very different than other programs. I think we have learned a lot about this program. It is very collaborative with the programs we are working with.

With the CFCI money, we entered into an agreement for housing. SSG has a lot of experience with interim housing for this population. They work with the ODR program. They call it journey to wellness. 22 beds. That has opened on August 15, 2022.

The second is SSG cedar lodge. Service area six. It opened on September 1, 2022. It includes two houses. Both for men. They have to identify as a male to be in the housing. All referrals come from people that are incarcerated at the time of referral. That is another requirement.

What is unique about this program is that we have people with serious mental illness. We worked with the partnership program contract. That includes people that come from the justice system.

We expanded the full service partnership program to have everyone referred into the program that they could actually receive the specialty mental health services from

their full service partnership program. We could make sure they could receive the mental health services from SSG's full service partnership program.

Referral types included people that were mentally ill and couldn't stand trial. People from the outpatient program. The rapid diversion programs. The one SSG manages and the one DMH manages. We received other referrals. And referrals. Next slide.

I mentioned that this has been a wonderful collaborative with the partners. We started meeting every single week. A new program. That was a with way for partners to make sure the process was working without barriers. Care transitions was one of the partners. They work on helping refer people in jail to programs in the community.

SSG was a main partner. They oversaw the interim housing. They hired the staff to work in it. Rapid diversion team. We had our staff in our outpatient treatment program. The jail close sure implementation team was one of the partners. They met every week to make sure our process was working well. We continue to meet not as frequently every 3 or 4 weeks.

The goals were to provide additional jail diversion option for people incarcerated. We wanted to provide a warm hand off. One thing we made sure is that individuals were picked up directly from the jail by SSG or the rapid diversion program. Upon release, they were picked up. Sent to interim housing.

By having a warm handoff, this program was designed to reduce the likelihood of individuals becoming houseless. We had the connection to FSP services. We think the connection was really a wonderful model. Another goal is interim housing was designed to meet the needs of the population and a major goal is to reduce jail recidivism.

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I talked about outcomes. First referral was August 23rd. The program has not been up and running a year yet. I just wanted to give that context. We have had 88 clients referred into our interim housing. 78 entered.

Some people didn't make it between jail and getting to the interim housing. Some people decided not to go into the van. 38 clients exited. They get crisis intervention, mental health treatment services, substance use disorder. Targeted case management. The services are crisis intervention. Mental health treatment. Targeted case management.

Next slide. I mentioned that we are serving males in this program. Most are between 30 and 39. In terms of race, you can see that 41 of the 78 people were white. 25 percent were black or African. 32 percent. 52 percent were white. Now, I will turn it over to Haley from SSG.

CHAIRMAN STEELE: I have a few questions. Can we go to slide eight real quick? One more. Thank you. The number of clients referred. Do we have a number of during this time frame? August to March of the different people released from jail versus the amount of people referred to the program?

>>: Released from the jail in general? Everyone?

CHAIRMAN STEELE: Yes.

>>: I don't have that information.

CHAIRMAN STEELE: The top number of how many people are incarcerated right now. Even during this time frame. I am asking this question in essence to the idea of looking to shut down the jail. I understand the programs we are creating. That was the big deal last time. Making sure we aligned all the tools to support people as they

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were coming out. How are these numbers in comparison to the amount of people who are being released. How many are still there.

>>: You will see me talk about a graph. It is over 13,000 people in the jail. When it comes to this program, I think what is key to know is we did a recent check of the types of people being released. Roughly, 2/3 were individuals that were being released from custody early. The court was giving a conditional release. Those people would of gone on a waiting list for another program. The number that entered is a different story. Some decide not to go forward.

That is an important thing to look at. It is trying to move people out of custody more quickly.

CHAIRMAN STEELE: Do we know the amount of resources that are going towards the interventions compared to how much it costs to run the program?

>>: We may be able to address those issues. It is a bit complicated. We can give you some idea.

CHAIRMAN STEELE: That is helpful.

>>: Thank you.

>>: I have a question.

CHAIRMAN STEELE: Go ahead.

>>: I don't want to slow this down.

CHAIRMAN STEELE: Please do.

>>: This slide, I think it is one back. Underneath, I am a little confused on the bottom data. Going by, I have been incarcerated. I am going by the numbers.

Is this demographic that the color represents?

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>>: I can help with that question. Subject to what they mark on the forms or information upon intake, this is not something that the program management is doing. The participant indicating what the race or ethnicity is at the time they are asked for it. We don't have a lot of control for that reason.

>>: Where it says white, that could be a huge mix?

>>: Correct.

>>: A lot of African Americans and Hispanics.

>>: Correct. If an individual was looking at the race question, the option is white, they would of picked white. We have been working with the data team to refine it. We are in the process of it right now. It is up to the individual what they decide to indicate.

CHAIRMAN STEELE: Is that what it says though? No option for initial. You just put white, non-Hispanic. No other option outside of these here.

>>: No. There are two ways data is collected. Program itself obtains their own data. We request from the programs to complete this program data form. It has race/ethnicity. Program may have a section for race and ethnicity. Because we are in limbo, we decided to put the race demographics up.

CHAIRMAN STEELE: Okay.

MEMBER STEVENS: This must be fixed. This is unacceptable. I will move from that conversation to slide before this one. If you could help explain, what does the substance use disorder treatment, what does it look like? What does linkages mean?

>>: I am from SSG. The substance abuse disorder treatment, we do have certified substance abuse counselors on staff. They will do group or individual. For clients that need higher level of care, we can do a referral to a program. They can come back to us after if they would like.

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MEMBER STEVENS: When you go to jail and pick people up, they are generally not using substances. What happens between the pick up and drop off. Whether or not that facility could contribute to one needing treatment.

>>: It is harm reduction. There are clients that come in and identify they have had issues. We address that during our treatment.

MEMBER LEWIS: I am going back one conversation. Some framing around how it is presented to us. What we want to see. This is a great example of us needed to do that. I hope we can give guidance it is consistent with groups we talk about.

>>: I wanted to add, the conversation we just had, some of the changes they are addressing on collecting data. I did check with my team. We do collect the ethnicity data. 44 percent of the clients that we have served did identify as Latino. They identify as one of the races. It could be someone in another category. I wanted to bring that up. The ethnicity.

CHAIRMAN STEELE: The underlying thing here with the demographics is the big picture. It almost feels like the demographics of people who are incarcerated are not represented. It is important to make sure these numbers are correct. They are broken down in a way that reflects who is being served.

I understand the difficulty to have two different ways to reconcile. I want to make sure we get the numbers right.

>>: If it is okay, could we turn it over to Haley to give more information on this program.

CHAIRMAN STEELE: One second.

>>: What I am trying to say is usually, when you take homeless counts or a count and you are trying to figure out where dollars will go, that data becomes important. This

may not be that big of a situation. May be however things are being categorized. That is something to look at.

If I have a group here that needs help and I misprint and say it was this group, this group didn't need that help. Some people look at that as like not being transparent. I am not saying that is happening here.

>>: If I may sing the praises of our program specialist, she is relatively new to the implementation team. She has been digging in and is trying to resolve it. It is incredibly important to provide services to the people that really need them. The people that have generally been denied them. That is an intent of the team to standardize the data and improve it.

CHAIRMAN STEELE: It feels like the next presentation will get it right. This is now the third time. We are still asking a lot of the same questions and not getting a lot of the data we want from this.

>>: We are newer members. We are taking the feedback and doing our best. I know how critically important this is for community and advocates to see that money is being well spent on individuals that have traditionally never been given access to the money.

>>: When you are incarcerated, you want to find out what race you are, the cops will tell you. I guarantee you when I go, they won't put me as white. They will mess up. They'll segregate me wrong. I would recommend the data is important. When you factor in the Latinos in there, there are much less white people getting these services. It does matter. Native Americans, Indigenous people have been erased out of the data.

----- then we can start to praise whoever we want. Ala. Buddha. My creator if you look at the numbers. The 14,000 or 13,000. What derek is saying a mixed presentation this is a can kicked down the road this is b about jail closure. Look at the numbers in January of 2023 decreased by 1,000 almost exactly up to this point. What you are telling me is that within six months we can get to 50 percent to have closure at the current rate it is going?

>> DEREK STEELE: Thank you member Williams. Member Castillo?

>> MEGAN: Joey said everything I want to say and I want to underscore it is not the sake of gathering data for the sake of gathering data and you don't have to tell us what is happening in the black, brown and indigenous communities because we know. And the I want to underscore the goal should be closing the jail and p I want to get clear on the next presentation or this presentation I would like to see the plan to close the jail as well as a time line for closure. That is the responsibility of the jail closure implementation team.

The other piece in year one care first community investment or measure J at the time there was \$42 million allocate today MC jail closure and yet to see a budget or reconciliation for that and how the roll out has been for the specific pot of money and I would like to see that. I don't know if it is 234 the presentation or the next and that is something I hope we can get clarity on.

>> DEREK STEELE: I was told in the beginning and I was asking the type of questions I was asking because I want to see. To both of the points what is this number in comparison to the people who are being released and also getting closer to the closure of the jail itself. There is 1500 people still incarcerated? That is not even a drop in the bucket. 14,000.

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>> That is a question I have at the current t rate of a thousand until January can we anticipate jail closing in December 2023 or January 2024? That is direct question.

>> I think when we get to the J -- presentation we go more fully and I talk about the issues that is impact depopulating the jail. And I don't think anyone can give an exact date as to when we can get to the population. 7169 that is needed before we can close men's central jail and I can surely talk about some of the things that are driving the jail population down and where other programs and things we are looking at to help depopulate the jail.

>> DEREK STEELE: You said in the agenda how the presentation was to go but we want to jump to that part. I think that is what we are looking for this conversation today. And I love, I want to make sure we come back to the conversation around the updates to the programs and we need to get to the nitty-gritty what the dollars are for in the first place. Can we jump to that part of the presentation first before we come back to the programs?

>> Sure. If you can advance to the JCIT portion of the presentation.

>> Sure, I want to ask to the community. A couple of the program leads who are here with us this is why we ask that this present first they have to leave for other commitments. Are we?

>> DEREK STEELE: Anybody else who can give the presentation on their parts we want to get to this part of the presentation that is what we are looking for. Who else needs to go?

>> Ms. Maria Funk has a time commitment. Hailey was going to do this part. Can you remine?

>> Yes.

>> And for the other program are you able to remain on for us?

>> Yes, I can.

>> DEREK STEELE: Thank you so much.

>> Okay I will jump forward.

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>> Thank you. The jail closure implementation team was created by board motion and became operational in September 21st. Main goal is reconciling the various regarding jail depopulation and closure and accomplish what we are talking about the closure of men's central jail and before we can close the jail, we have to depopulate the jail. The main purpose now is developing depopulation strategies to collaborate with stakeholders. And also support care first jails last initiatives through legislative advocacy and strategic initiatives.

To understand one of the challenges with developing jail depopulation strategies is you have to work within the limits of the law. In our particular case the nature limit is who could actually release people. The next few slides go over the different path ways out of custody and who holds it is power for the decision. Generally, the superior court or sheriff department and prosecutors and city attorney and district attorney.

This slide and the next slide deal with the power that the superior court has. Setting bail. Prosecutors position on bail also to be considered. Over cognizance release. Over competence to stand trial whether misdemeanor or felonies. Mental health diversion. Prosecutors position will be considered heavily by the judge and also a judicial determination. Next slide.

Look at condition of probation and stage and case. Sentencing and sometime it is prosecutor will have a lot to do with that and sometime not so much and it is from the judge. Split sentence a sentencing option the court has to release people from custody earlier and the prosecutor's position on the split sentence is important.

The penal code -- for those not familiar a split sentence is a state prison sentence but served locally and often a combination of jail time and mandatory supervision. Another potential option ss penal section 4011.8 and that is vol tire transfer. Has the to agree to treatment outside of the jail for a period longer than 72 hours and determined by a court as well as the sheriff. And director of county mental health is required and it is important to understand who is hold it is power because you have to develop those depopulation strategies basically around the people that hold

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the power and you can get buy in to release people. We can build lot offense beds but if judges are not willing to release people the to the beds, we are not able to depopulate the jail as quickly as we would like.

The sheriff also has independent authority to release individuals. One is 4011.6 which those are for people who need a 72-hour psychiatric evaluation and talked about 4011.8 code allows both judge and sheriff and penal section 1203 requires board approval from the sheriff to administer electronic monitoring program and not saying that is what we should be doing but that is a potential path way to release from custody.

Another provision for pretrial release. And the I am not saying that is what should be done but it is a statute that provides a mechanism for release. Penal code section 110. Allows the sheriff to implement a voluntary alternative to custody program for those serving local state prison sentences and that is an area encouraging the sheriff to release people and get out of custody quickly and compassionate release for the individuals hospice or severe medical needs and treated in the medical p facility and government section that is allow that and it is up to the sheriff and the way the sections are the drafted it is impossible to be able to have the sheriff have compassionate release on a large scale. Next slide.

Let's talk about some of the depopulation strategies and engagement jail closure implementation team is doing.

Because of all the legal limits. We have a develop strategies that work with the limits and in September of #20i JCIT funded a program in collaboration with DMH that you heard about and includes the full-service partnership and the 45 beds that program is successful and there is a waiting list and DMH will begin expanding the program an additional 55 beds over the next few months and also in September of 2022 JCIT identified transferring individuals with mental illness to secure mental health treatment facilities. S as a direct result of the work the board on September 27th, 2022 pass add motion requesting JCIT along with other stakeholders to

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establish a plan for secure mental health plans and JCIT moved into the justice care and opportunity department. And our board led to pass ago second motion on April 4th that will secure 500 beds. And I think that is a key point that is how strategy works we make a recommendation. The board acts on it and the other, again, the jail closure implementation team isn't providing the care or services. What we do is strategy and try to get people to buy into it and then the county has to allot funds to build out the beds and that is the beauty of the April 3rd motion and the board said we want 500 beds built and that is from the work of the jail closure implementation team.

Another new program we are excited about is JCOD specialized treatment for optimized programing and that will target those serving a lengthy local state prison sentence by providing housing and individualized services so the remainder of the sentences served in the community and not the jail and alternative for judges to use in sentencing and we are looking to have 400 bed available for this program and judges and others are excited about it as are we the sheriff department is looking at individuals they believe they can release early to qualify for the program to help the depopulating the jail and this is an example of a program we had to create with a legal limit has in mind. Sheriff holds the power for certain group of people. Under penal code section 1170.6 and had to tailor the program to get their buy in so they are willing to get people out of custody quickly. Instead of someone sitting ng jail four years they can spend their time in a program. That we are creating.

For judges and others who may be look at possibly sending somebody young to state prison this is a great option for them. And they are not going to send people the to state prison and want to send to this program instead that is an example of a strategy using the legal limits we are trying to get buy in and done a lot of outreach already and I know judge arm stead has done a lot of outreach and we have done a lot of outreach to get people excited when the program becomes operational and people can start and hopefully we are going to get a lot of people coming out of custody or direct referrals for the court.

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Another area that is clogging the jails and preventing depopulation and prevention for us, well, I should say, encouraging in a way reliance object on the jail system is p how long people are languishing in custody while they are awaiting transfer to the state prison and in 2021 the JFA institute did a report on looking at the closure of men's central jail and one of the things they highlighted is we have to reduce the average length of stay for individuals in custody and particular for people who are state prison transfers and it is a complicated area and numerous other stakeholders when you are talking about the average length of stay in custody and could be dent dependent on how long the court case takes to process or paperwork. Or not enough experts available for public #2ke6ders to appoint to cases and people are waiting weeks for an expert to evaluate them for whatever the need is in the case and that is an area we are looking at now how the reduce the average stay in custody. Once we do that people will rely on the jail last.

However, when looking at state prison transfers what we look at is there is a laborious paperwork process the sheriff department has to do for years and causes people to languish in custody and can did research and held stakeholder calls. Investigated and we were the lead in investigating the legal issues and we develop the strategy for having conversations with the California department of corrections. Long story short they agreed to allow the sheriff department to present the paperwork after the person is transfer today state prison and as a result expediting people the to the state prison and not in custody as long and this will reduce the time people are awaiting transfer to a state prison.

Gender responsive activities. A key aspect is not developing from where we are. But also talking to individuals who are justice impacted. System impacted and they know exactly and have some of the best ideas about what to do to depopulate the jail and best ideas to areas they see where needs are not being met and we are in the process of planning to go conduct focus groups for men central jail and CRCF to prioritize the gender responsive advisory committee recommendations and fulfill objectives of the board motions and a lot of those impact

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depopulation. And (Indistinct). Agreed to facilitate the four focus groups and we are in final stages of logistics and conduct focus groups.

What could be done to depopulate and close. One to develop and explore strategies. Two works with court and justice partners to expedite criminal case processing and reduce the average length of stay. Continue to facilitate state prison and state hospital transfers and collaborate with other JCOD team it is to increase access to reentry housing and supportive services and increase work force development support and will also work with stakeholders to facilitate the safe depopulation of those with serious mental illness and when we are doing all of the things together then we can start to see the numbers. And part of the work frankly is difficult because of all of the legal limits. Who holds the power to release people?

We have to chip away at different areas and get buy in and we have been successful in doing that in a few areas and work on expanding our strategies to encompass more people. This is the last five months. January of 2023 jail population is over 14,000 and as noted on the call we are down not much. You know. 13,337 and I understand we would like to see greater progress in the area as well. And the part of the problem is that there are two aspects to depopulation. One is strategies and getting buy in and other is when you have strategies filling out 500 bed ins the secure mental health facilities it is not going to happen next month it is going to take time. As of May 31st, current population is 13285 for the JFA report target population is 7169.

The programs we are going to present today SSG. ODR. I talked about the JCOD stop program. At this point I think based on the questions you have for us I am going to turn over to Elize who is going to talk about your questions about money and things like that and I am turning over the to you at this point.

>> DEREK STEELE: I want to pause before we shift and a lot of information I was just given in the last few slides and I appreciate you pivoting I think this part is really putting a finger

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and pulse on the things we want to learn about from all of this and I want to give some of the, some of my peers it is opportunity to engage.

>> VERONICA: One of the efforts to tie to decarceration and couple of questions. T last time you were here it was it is fall. I was still the chair. That is how long ago it was you were working on the strategic plan and I thought I understood that would give at the time frame of when you are anticipating significant depopulation and speak to that a little bit. In terms of the stop program. I heard you say probation to make the decision but I didn't hear about the criteria. Can you talk about the, even if it is high level because you are still getting the details can you talk about the criteria related to p stop.

>> You did not miss it and I will cover that. The JCOD stop program there is two sources of referrals and one is sheriff's department and the they have authority under the can code to release people to a community-based program in lieu of incarceration and the people they have the authority to release under the penal code is individuals who are there for an AB #109z local sentence. Nonviolent crimes and not strike related offenses.

What this program will do for the individual who is have nine-month or more to serve on the sentence the sheriff's department will look for all of the people this they have that are sentenced and it is over about a thousand people generally on average that have what we call the N 3 or 8109 sentence and many of them may not qualify because they don't have that much time left by the time they are sentenced they have so many custody credits and there is a chunk of people who have a ton of time left and we want to get those people out as soon as possible. The sheriff department will run the list and look at it and the code the statute has some limitations b about exceptions that the sheriff can't release certain types of people and don't have it off of the top of the head. And the sheriff department has their own internal systems they use for assessment. And then what they are going to do is provide that list to uses and we can get it to provider.

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So, the key qualifications are minimum nine months and also this program does not take individuals with serious mental illness and you are looking at people who are more in the general population and up to very low mental health acuity or, sorry, people who have mental health issues that are well under control and very stabilized and had taken the medication regularly and things like that.

Second source of referrals for the program is the court. The court did can use in a r variety of ways and they can ask someone to plea to a crime. An additional sentence and give them a chance in the program and not sentence to custody. Could sentence and make it part of the sentence. Probation department could refer people to the program. There are no limits on the crime. This is rare for these types of programs. However certain types of crime those relating arson or offenses that are considered sexual in nature those have to be decided on a case-by-case basis and have to have the right space because of insurance issues and whatever. The good news there is no barrier on crimes. They can do parody classes or domestic violence counselling lng and all sort offense things. We want the program to be as are broad as possible to capture as many people as possible and it is dependent on the people in power wanting to release people to this program.

Does that answer the question about the stop program?

>> VERONICA: I want to say one thing and people in power keeps coming up and how ATI grew was because the community wanted to challenge the power and you say that and I want to say what we doing about innovation and shift that. And the in terms of what you said about stop I am working on the state level racial equity work related to collaborative courts and not diversion but essentially the same thing and I reason I work is because data shows black and brown folks are not refer today the alternatives in the same way and even if they are the sanction and requirements are stricter. What kind of equity lens is being considered for this so it is not just strait subjectivity?

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>> That is a good question and we have just started developing this program. I think what we would be looking at is the data and we want to be look at everyone who is referred and figuring out our individual who are traditionally underrepresented redirect examination the referrals for the population low? If so, we need to do specific outreach. We plan on doing a significant messaging campaign to the courts and letting them know that the program exists and letting them know what the minimum requirements are. Of nine months seriously not mentally ill and as far as the equity lens I feel that is an excellent point and the as we develop the program want to be able the to incorporate that on a fuller level and people don't feel that is ignore and had, again, I understand completely how often implicit bias and other things impact who get that is referral in the first place and that is why we try to eliminate as many barriers as possible. The more requirements you put for who qualifies for a program. The more people you exclude. That is why it is only those two barriers and as far as the equity aspect that is something we is have to look at and get back to you and want to make sure we incorporate something that meets the needs here.

As far as the second question about a strategic plan. Right now, what we are focusing on is first mental health was a heavy lift and the 500 beds built out in the community and now that is behind us as far as JCIT. What we have been looking at is closely probably the number one reason that people are relying on the jail, other than just judges and prosecutors maybe not being as open minded as they should be and like you say we should challenge power and we are by creating the program and by the messaging we are doing for it and the also it is important to know that length of stay is probably the main reason that this jail cannot depopulate that quickly and that is what we are targeting.

Everything from why sit that cases are taking so long to resolve in the courtroom and want to look closely and the data and what is the average length of stay for somebody getting a mental health bed and how to reduce that. And what is average stay for somebody who has a misdemeanor case. At way to speed up the process without compromising due process and there

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is probably a lot of areas to look at and probably as far as the strategy goes now we are look at developing beds like the JCIT stop program to get the sheriff department and jail to release people early into the beds and second thing is when you get those people out of custody you have to look at the other people who may not qualify for the programs and how can we get out of custody more quickly and humanely without compromising the quality of what the defense attorney needs to do on the case and that is a rich area for us to explore and the JFA report on that as one of the major contributors to what is preventing the jail from depopulating and now that is probably the area of focus and we want to look at other areas and be able to put them in an order. Where do we think we can get the most amount of people out more quickly and that is also part of the plan.

>> DEREK STEELE: Anyone else? You want to go into the next piece. The breakdown of the resources.

>> I will turn it over if that is okay with you. Thank you.

>> If you can please clarify your specific question?

>> DEREK STEELE: The question is to what member Castillo mentioned as well. This is \$42 million a year for three years and how are the dollars being used? 500 beds fantastic and maternal work is amazing and these things are I am sure where resource are going. Most of the presentation we got today was letting us know a lot of the issues that govern the decision you make. I want to know the breakdown of the dollars and how is money being spent?

>> Sure, if you asking for actual expenditures, I have to defer to our JCOD budget team and I also CEO they hold that information. I can give you verbally the distribution of the 42 million and it is over two years. For the five programs. Would you like that?

>> DEREK STEELE: Is there a way to get the information at the next meeting?

>> Sure.

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>> DEREK STEELE: You can give the breakdown but I want to make sure a more specific breakdown of how resources are used over the last couple of years.

>> I cannot speak for the JCOD budget team or the CEO budget team they are to let you know what is possible as far as expenditures and I can give you what was al skate today each of the five programs funded by JCIT. For ODO maternal health department allocated 5.57 million for two years. JCOD reentry interim housing beds five point #9d 8 million. Sap C treatment 8.4 million. DHS interim housing program 7.4 million over two years and the program today the DMH mental health beds 5.29 calculated for two years. 42 million over two years apologize.

>> DEREK STEELE: Okay. There are the other programs that you mention and want to come back to and we can come back around to previous parts of the presentation. That you wanted to share.

>> I will do that now and that is Hailey with SSG with the continuation of the DMH mental health beds presentation. Let me get you there just a second.

>> Thank you. A little background about us we are a large mental health provider in the county and provide services and a forensic service provider this we have two houses and these are pictures of the homes and find houses that are in residential neighborhoods that are newer if possible. That are a nice place for folks to come to when they are coming out of jail.

In our treatment model it is voluntary and they are told when they are coming out what the program will be which includes case management and they will get visits to doctor's appointments and help with identification and help with social security card and help with getting a birth certificate and a lot of the documents are important for permanent housing later on and do have individual and group therapy and find many of the clients do well in group therapy they have other people going through similar situations as they are and have benefit assistance which includes getting medical benefits if need and had any other assistance they need.

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We do have a psychiatrist that comes on site or some of the sites do via telehealth and LBN that come on site for medication support and it is not required but it is something that is offered and had some clients are currently on medications and continue to take their medications and we do offer the wrap around services and includes it is case management and all of the pieces I mentioned and there is both sites have art groups that come in and we try to make it a full schedule if for each client every week the to keep them busy and find that people that have something to do usually do better in our sites.

Obviously, a big goal is permanent housing linkage. Part of the things we work on with clients are reunite with family if appropriate and some clients haven't been in touch with families for a long time and families are allowed to come and see the clients and I will talk about the programing and they are allowed to go out into the community after a certain period of time and also be able to have some overnight visits with the family or others. Next slide please?

Two houses and journey to wellness has 22 residents and cedar lodge has 23. Typically, two clients to a bedroom and some of the houses have three and typically two p clients to a bedroom and I believe it was mentioned earlier there is a wait list of 15 individuals who are in custody and approved for the program and decided they do want to come to the program and like they mention we are opening two more houses. One is opening in July and one will be opening in August. That will have 55 additional beds and we are happy to expand the program. Next slide. What are the goals of the program?

Big goal is preventing people reentering into the legal system. And also, we find it important to provide a safe, clean, structured environment for clients and only site there are washers and driers and we either will do laundry for the clients or work with them do their own laundry and it is their choice and make sure they have cleanliness. And the sites don't do cooking on site and have food catered in. Clients seem to like and works for us too. And our goal is providing permanent a link to permanent housing for clients.

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We try to have houses in communities where clients maybe will end up living once they leave our program and we want it to be the least restrict tiff setting and for example, typically the program is structured where the first 30 days we try to have a nesting period where clients get used to the house and get use to the community and able it will to walk to the community with staff and other residents and I also maybe to the grocery store and want them to have some sense of normalcy back into their routine. As time if goes on they are out with staff and peers for a period of time and then able to go out on their own on passes and typically four-hour and goes to eight hours and overnight visits and depends on how clients are doing in the program and I know there was a question earlier about any, what the treatment model looks like in substance use. If the client mentioned they have substance use issues we address that and have staff on site to come to program to address that. A nice part of the program it is a partnership and the fact that DMH and CEO office CFCI is able to put a program like this and have FSP as an option when folks are enrolled make as huge difference, they have access to a full array of treatment and a full treatment team and there is staff on site 24\7 and always someone there and always staff to respond to client needs and we find helpful and important. The treatment we do targets behaviors that is leads to recidivism. And disciplinary team. Psychiatrist. Addiction specialist and 90 percent of the staff are African American. Latino. Asian. That do serve the clients. We looked at, based on the questions earlier. We did look at the demographics and 36 percent of the current population. I don't want the lie and p I want to tell you the exact numbers. 36 percent of the current at one of the houses is black and 36 percent Hispanic. 18 percent Asian and ten percent white I think the conversation about identifying proper ways for ethnicity is important and we do that. There are life skills and do a cooking class and do anger management. Those are some of the things that they do during our sessions. And then individual session. Some clients prefer to speak to somebody privately and haven't had the opportunity. That has been very effective and our goal is to, and there is no time limit for the folks coming into the program and it is voluntary

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and some clients maybe six months and some maybe a year and we found that helpful. Many programs and some clients time out of.

>> DEREK STEELE: Can I interrupt? Can you repeat the percentages?

>> 36 percent black. 36 percent Hispanic. 18 percent Asian and ten percent white.

>> DEREK STEELE: You can move on with the challenges and p I want to begin to wrap up this presentation we have another presentation behind you all.

>> Sure, next slide. These are success stories and a client that was able to be discharge from the state hospital and he weren't in the program he has to go back into the hospital and instead he was able the to remain in treatment in the community and is doing very well. There are a few other success stories and you are welcome to read in the slides and more being linked to permanent supportive housing and we had a client linked to permanent VA house which was great for the client and I will skip to the next slide. A cup of the challenges quickly and I know we are trying to go move along.

Initially there was some delay in coordination for lease within the system which create add wait list backlog and we try to make it at very low barrier entry program. We try to not excludes as many folks as possible and include people and the medication support mandate that went away with the miss model we have seen rapid decompensation in clients and AWOL and have ran the program for five years and seen more AWOL than the previous program and one challenge we work through getting information about clients there wasn't enough information about the primary health care needs and weren't an appropriate fit for the community based facility and needed higher level of care and when we first start it had program we were concern and had thought the houses would fill up quickly and first few month of the program it was a slow roll up and as you mention we have a wait list and not happy about having a wait list but glad the program is working for clients and clients are not going back to jail. I will end on that note if you have questions, I am happy to answer anything and thank you for everyone's time.

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>> DEREK STEELE: Anyone?

>> Thank you. We have one more program you want to skip that completely?

>> DEREK STEELE: Let's get some touch points on this.

>> Okay. Casey if you are able to briefly. I appreciate it.

>> DEREK STEELE: Thank you.

>> Thank you. I will be very brief. The presentation is. I am program manager for the ODR maternal health program and this program did exist prior to JCIT providing funding to us and so we began in 2018 and have diverted over 220 pregnant people into the community from custody with the JCIT funded expense we will serve a minimum of 50 additional pregnant people until June of 2024 and thus far we have served add total of 47. We have 47 maternal health participants that we are able to move forward into rapid rehousing since inception. Inception was in April of 2022 and our first participant was in May of 22.

The om eligibility criteria are individuals enter custody pregnant. If they choose to terminate or lose the pregnancy while the custody, they are still eligible for us. Most are placed on formal felony probation and that is additional criteria that the charge committed must be probation eligible.

At any given time, the number of pregnant people in custody is b about 20 to 30 individuals and we receive our referrals from the OB team within CRBF and can you move on. Our individuals are diverted and placed into interim housing which is similar to the SSG teams and housing in the community staffed with nursing and case managers. Security. Etc. They are long term linked to the rapid rehousing program where we work in conjunction with project 180 to provide long term support in independent housing and this program pairs step down rental assistance. Employment support. Case management. And we help secure permanent housing and as we decrease our contribution our individuals increase contribution so that hopefully by the end of the two-year

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period of time they are paying the rent independent and the funding allows ODR to move more women into more apartments faster.

Our demographics here self-explanatory race, ethnicity, employment and treatment. You can read numbers and I don't want to go into anything that doesn't need to be said. To be clear this is an employment-based program and we emphasize heavily on employment and the mental health treatment and substance use treatment as a, as a needed bases and our individuals have access to substance use treatment in-house. Addiction specialist as SSG mention and had therapists on the staff and case managers and refer to outpatient mental health and substance use treatment programs and have an employment specialist that works within the staff and also refer out to other employment programs.

Just a testimony all, this program with your support and b funding has changed a lot of individuals lives and a lot of our individuals are b able to get children back into their custody they wouldn't have otherwise been able to. And it has really been beneficial to a lot of our individuals and our first client was approved for rapid rehousing in June of 2022.

>> DEREK STEELE: Fantastic.

>> Thank you.

>> DEREK STEELE: I appreciate the presentation today and I want to acknowledge the pressure that comes with this. The movement for measure J is centered in care first, jails last. Right? Honestly elimination of men's central jail was one of the biggest foundational pieces of the work that we did in year one. Right?

There is a lot of energy in I think now it is turning into anxiety around the work that is being done for your team in particular.

Aligning a lot of the resources you are trying to align with the different programs and at the same time there is more, it is leaving us wanting more out of this. And there is also more information that we need to have and I think there is a need for folks with a lived experience to be

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part of the team and give more energy and guidance as to different innovative approaches and strategies on how the to navigate the system and I think you gave a lot of information about how your hands are tied and I you understand that and I want to give energy towards that is but at the same time the whole point of this is to figure out how the to get this done and I know it is hard and it is difficult but that is the task at hand.

I am going to want to have some regular updates somehow of where we are with a lot of the things that you all presented to us today and I am glad there is some energy towards the stop program and the judges being a little bit more moving toward your direction for the things we are try to go bring to the table but we got to do more and thank you very much for the presentation. Yes? Please?

>> These are additional questions for the JCIT team and I think the last report was released this time last year and wonder if there is another report released this year and additional question is the makeup of the JCIT team I recognize there is a lot of turn over or folks that are trickling out of the department generally speaking and curious if there is an executive director or some kind of management for the JCIT team and how many folks work for the justice care and jail closure implement tag team and any primary community partners that work with JCIT.

>> I can answer the staffing question. JCIT was comprised of three people. Brandon was the head. Brandon became the heads of DC at best and there was another head that became the head and was there for a while and hired the current staff. (Indistinct) loan from county counsel and there is Elize who is project manager and last is (Indistinct). That is the clinical make up of JCIT to be fully transparent most people don't want to do JCIT work it is a hard lift and you don't have control over the outcome is the sense that I appreciate pointing out there is only three entity that is can release a person from jail. The law enforcement. The courts or the DA and none of those people are part of JCIT. And it is hard when you are constantly changing and it was move from CEO to JCOD and we are trying to go get a grasp p on all of the work they are

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doing and all of the funds are allocated to programs now to pay for beds and get you very many beds and if you are paying for a mental health bed or substance use bed that is 20 times more expensive than a bed.

>> My question would be is there any funds coming from the department of mental health them to support in that area?

>> No. Only way and I know there was questions about focusing on the folks with clinical needs and people with serious clinical needs are assigned to the health departments and there was a motion about building out the beds and giving money to 128 secure beds which is not a lot for LA county that DMH will run by USC. General hospital. Right? The name changes and had trying to get the right name. They are helping to pay for that. And JCIT nor JCOD can provide for those who are high needs and those are left to the health departments and they can identify a stop network. People in community and have them in the structure instead of in the jail and if you look or even if you notice. As of this weekend the emergency bell schedule it is back in effect and let's look at what happens Friday did it have an impact on the jails or not? We have been through COVID and had some drop and you get to a number you don't and get beyond and reason is some of the people cannot be released under any of the current way that is we can release them because of the quality of the cases and things like that. ODR has taken a new approach to go in the jail and identify people. That is a long court process and they are going that way and trying to support more substance use programs for people struggling with addiction and help to support some of that and try to get the other beds and all of these together won't do it and the unless there is a move for the sheriff to identify folk who is can do time and community and for the courts to do that as well or the DA not to file and there is all of the other things and with the emergency bail schedule the one caveat if a person is a reoffender. If you remember the Cadillac converter thing. A person is released and had would do ten more on the same block R. now those people would no longer be release and had they would still be in custody. We are open to solutions and it is a

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really -- we are open to solutions and if you have some let us know. JCOD as you know we are trying to go hire as a brand-new department and get a handle what they are doing so far and they have done a good job explaining what the access points are.

>> I appreciate what you are saying and it makes me think about myself and petty theft. Petty with a prior. Continuously. To the point laws changed they were misdemeanors and here is the point I want to make. If somebody would have said girl what is wrong with you? You are back here again? And addressed it there would not have been priors on top of priors and I don't think we are really addressing what where the root of the problem is and oftentimes it happens the to be in the community the lack of this. The lack of that. As to why it is even more so important that we take a look at CFCI dollars in these concepts and invest into the community that is going to also prevent people from recurring.

>> I appreciate that comment and I don't know if we are going to get to the next presentation and one of the things, I talked to derrick about online I calm to the county two years ago thought everything is going to be a simple fix and do the 12 things and align and had that is not ta case. If somebody can tell me I would love to do that and one of the things I realize there is missed opportunities and CFCI is not what people want but it is a lot of money and it is more money I had to look at or deal with and there is no coordination really between all of the CFCI dollars in the beds. All of the CFCI dollars in the treatment and even when you go down to the TPA. One of the things that I want to make on my mission is that if you are going to get TPA dollars then how does it align with the rest of the mission and how can we access those services and beds for the folks coming in and out of the justice system that is what we are here to do and we are not doing that and part of it is we haven't had a pause. Everything is back-to-back and you don't have a moment to strategize how to do this p better and one of the things I'm am talk to go the incubation academy about is how we not only help people doing the work or in the community or want to do the work in the community to help stand up and give infrastructure that

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is sustainable and access to dollars and link to people who need the help and support around. For instance, incubation academy we have people who have beds but couldn't handle people mentally ill. Outside of feeding them. And went to -- they have done it and couple of people with contracts and not enough. How, is there an opportunity to duplicate these efforts and I think it may be helpful for us to take a couple of pauses and see if there is missed opportunities and how to align stuff and it is easy to say what is not working without taking a moment to figure out how to strategize better and do a throughput. There are people that come in for services and don't get off of the bed nowhere to step down to and the health departments can you tell you about the challenge but paying someone that has units why are we not having them make that part of the requirement people contracting in then funds that they step down to beds and services.

>> DEREK STEELE: That is fully understandable and part of off of the table again. To do the review is think about those types of things. There is an opportunity for as we are thinking through the successes and also some of the challenges. Also figuring out how the bodies that exist here can actually work together in concert not just the CFCI dollars we have but other resource we have to get those.

For that end I want to, I see two hands online. You are going to give me an additional six minutes to answer, I am going to do the few hands online and we are going to go to general public comment. I apologize we are going to have to come back to immigration academy for next meeting and also table the discussion about review of year three as well we got in a deep dive here.

>> I apologize and understand we don't have time to get into the full incubation academy they have a couple of providers waiting patiently to, can we at least hear from the ones online to go present and incubation academy can come back and speak the next time?

>> Got you. Member Lewis or --

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>> I will be quick and I was going to say something similar to what you said. I think that part of the challenge is we are asking for information to be brought forth. The type of information we are getting does not allow us to engage in the discussions about the different nuances and there is so much expertise at the table and variety of capacity and I am hopeful moving forward we can have real conversations and level of transparency to help troubleshoot oppose today the other way around and I want to take time to talk and get real information and come up with real solutions some of which we know are long term because of the challenges with the county infrastructure and don't have the space and we hear but. There is 24 to solve those things.