

Los Angeles County
Alternatives to Incarceration Work Group
Final Report



**Health and Racial Justice Strategies
for Safer Communities**

Letter from the Chair to the Board of Supervisors and Chief Executive Officer

After decades of a community safety strategy organized around police and punishment, we've reached a remarkable moment of consensus in Los Angeles County that a new approach is needed.

Our jails are filled with people struggling with homelessness, poverty, mental illness and addiction. The justice system is ill-equipped to respond to these human conditions, resulting in far too many people cycling in and out of jail instead of getting the support they need to lead healthy and productive lives.

The Board of Supervisors understands this, and on February 12, 2019, commissioned the Office of the CEO to create a public-private County Work Group on Alternatives to Incarceration (ATI), charged with developing a "road map, with an action-oriented framework and implementation plan, to scale alternatives to incarceration and diversion so care and services are provided first, and jail is a last resort."

It has been my privilege to chair this work group of 25 voting members representing County agencies and departments, advocates and community leaders. Through a vibrant year-long process, the work group held 56 meetings and gathered input from more than 1,000 individuals who shared their ideas and lived experiences toward reimagining our justice system.

We agree it's time for a new vision of community safety in Los Angeles County, one centered on health solutions and services provided in the community so that jail is the last option rather than the first and only response.

This report summarizes our best thinking on how to achieve this vision, with well-researched strategies and a roadmap with 114 recommendations for action shaped by both systems leaders as well as those who have experienced the shortcomings and harm of the justice system. And given our nation's centuries-long relationship between racial inequality, racial injustice, and the criminal justice system, our recommendations offer both practices and tools to remedy racial disparities and ensure they don't continue.

As Chair, I would like to underscore three points as you consider these recommendations.

The first is that this report offers an approach that ultimately transcended our initial charge of "Alternatives to Incarceration." Work group members took a broader view of the justice system, recognizing that we need to shift both our thinking and our resources to create safe and healthy communities for all.

Secondly, the report's recommendations are grounded in sound research-backed strategies that improve community safety by minimizing contact with law enforcement and directing people to health services instead of jail.

Our approach is based on a modified version of the Sequential Intercept Model, an evidence-based framework that identifies eight crucial opportunities to replace arrest and

incarceration with health interventions. In the aggregate, the model represents a new “care as the first response, jail as the last resort” system of care.

While the ATI recommendations include reforms and solutions for all justice-impacted populations, mental health and behavioral health opportunities for intervention and support represent the cornerstone of care.

Thirdly, the ATI report represents a pivotal moment in Los Angeles County’s emerging, bold leadership in the national justice reform landscape and will require staff, resources and infrastructure to foster continued momentum. I respectfully suggest that the Board of Supervisors consider creating a County ATI initiative and commit the necessary resources to continue the foundational and transformative work that has been developed this past year with County, local jurisdictions and community stakeholders. We recognize that these recommendations represent a wholesale transformation of the justice system and the Board will require time to deliberate over our proposals. However, the work of beginning to create a pathway for alternatives to incarceration need not be delayed while prioritizing, coordination and implementation efforts continue.

Lastly, a note of appreciation and acknowledgements. It has been an honor to chair this process on behalf of your Board and our CEO. The opportunity to steward a process that has included County department heads, law enforcement, community stakeholders, faith leaders, and advocates and activists of varying ethnicities, gender identities and sexual orientations constituted a powerful reminder of democracy and participatory government at its inclusive best. The process was generally civil and respectful even when ATI members experienced moments of disagreement. A special note of appreciation to the community members who took the time to consistently contribute to the process, and members of law enforcement who – with dignity – withstood occasional moments of difficult criticism from community participants stemming from decades of distrust borne of structural racism.

Staff support and guidance from Diana Zúñiga, Karen Tamis, and Judge Peter Espinoza was nothing less than extraordinary. Rigoberto Rodriguez provided outstanding facilitation support, assuring that all voices were heard and that the voting process consistently unfolded with integrity and transparency.

In closing, it is with a note of somber appreciation that I acknowledge the support and guidance of departing CEO Sachi Hamai and her office, as well as her shared commitment to optimize implementation support for the recommendations. Her brand of high-integrity, wise, and resourceful leadership will be missed as she moves on from public service.

With gratitude,



Dr. Robert K. Ross, Chair
The ATI Work Group
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We also appreciate all of the individuals who served as alternate voting members.

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 - Herbert Hatanaka, Special Service for Groups, Inc.
- Gender and Sexual Orientation
 - A New Way of Life
 - The TransLatin@ Coalition
 - Vera Institute of Justice
 - Young Women’s Freedom Center
- Justice System Reform
 - Captain Larry Alva, Sheriff’s Department
 - Peter Espinoza, Office of Diversion and Reentry

Thank you to all of the staff members from multiple departments and organizations who supported the work of the Ad Hoc Committees.

Participating Government Agencies:

- California Department of Rehabilitation
- City of Long Beach – Health and Human Services, Justice Lab, and other divisions
- City of Los Angeles – AIDS Coordinator’s Office, Mayor’s Office of Reentry, and other divisions

- City Prosecutor’s Offices (various throughout the County)
- City of Santa Monica
- County of Los Angeles Office of the County Counsel
- County of Los Angeles Office of the Inspector General
- Countywide Criminal Justice Coordination Committee
- Los Angeles County Alternate Public Defender’s Office
- Los Angeles County Arts Commission
- Los Angeles County Board of Supervisors
- Los Angeles County Chief Executive Office–Center for Strategic Partnerships, County Homeless Initiative, County Women and Girls Initiative, and other divisions
- Los Angeles County Department of Children and Family Services
- Los Angeles County Department of Health Services – Correctional Health, Office of Diversion and Reentry, Whole Person Care and other divisions
- Los Angeles County Department of Mental Health – Service Area Advisory Committee, Faith Based Advisory Counsel, Court Linkage, and other divisions
- Los Angeles County Department of Public Health
- Los Angeles County District Attorney’s Office
- Los Angeles County Probation Department
- Los Angeles County Public Defender’s Office
- Los Angeles County Workforce Development, Aging, & Community Services – Commission on Human Relations and other divisions
- Los Angeles Homeless Services Authority
- Los Angeles Police Department
- Los Angeles Sheriff’s Department – Patrol (MET), Custody and other divisions
- Los Angeles Superior Court

Participating Organizations and Institutions:

- ACLU – Southern California
- Advancement Project California
- Allison and Partners PR

- All of Us or None
- Amity Foundation
- A New Way of Life
- Anti-Recidivism Coalition
- Ascencia
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- Californians for Safety and Justice
- Center for Court Innovation
- Center for Living and Learning
- Central City Association of Los Angeles
- Chrysalis
- Clear Skies Ranch
- Collective REMAKE
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- Community Coalition
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- Crime Victims United
- Critical Resistance
- Dignity and Power Now
- Drug Policy Alliance
- Every Child Restorative Justice Center
- Eternal Freedom Project
- Family Outreach and Community Intervention Services
- First to Serve
- Flintridge Center
- Foothill AIDS Project
- Frontline Wellness Network
- Gender Justice LA
- Green Thumb Youth
- Harriett Buhai Center for Family Law
- Healing Dialogue and Action
- HealthRIGHT 360
- Helpline Youth Counseling, Inc.
- Homeboy Industries
- Homeless Health Care Los Angeles
- Incarcerated Workers Outreach Committee
- InsideOUT Writers
- JusticeFirst
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- JustLeadershipUSA
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- Los Angeles Centers for Alcohol and Drug Abuse (LA CADA)
- Los Angeles Chamber of Commerce
- Los Angeles LGBT Center
- Los Angeles Regional Reentry Partnership
- Mass Liberation
- Men's Health Foundation
- Mental Health America Los Angeles
- Meruelo Media
- Mirror Memoirs
- NAMI LACC
- NAMI Urban LA
- New Opportunities
- Olive Support Services
- Peace Over Violence
- People Assisting the Homeless (PATH)
- Prototypes Women's Center
- Race Forward
- Reform LA Jails
- Re:Store Justice
- Root and Rebound
- San Fernando Valley Partnership, Inc.
- Second Call
- SEIU 721
- Sex Workers Outreach Project
- Socio Eco Education – LA
- South Asian Network
- South Bay Center for Counseling
- Special Service for Groups, Inc.
- SSG Alliance
- St. John's Well Child and Family Center
- Stoff Consulting
- The Bail Project
- The Community Action League
- The Equitas Project
- The Francisco Homes
- The Justice Collaborative
- The Million Dollar Hoods Project
- The TransLatin@ Coalition
- Timelist Group
- Transgender Service Provider Network
- University of California Los Angeles – Bunche Center for African American Studies, Community Engagement and Research, School of Law, and other divisions
- Urban Peace Institute
- Vera Institute of Justice

- Whittier First Day
- Williams College
- White People 4 Black Lives
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- Young Women's Freedom Center
- Youth Justice Coalition

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Thanks to our Chair, Dr. Ross, for his thoughtful and bold leadership. Immense gratitude to the ATI Work Group Co-leads Diana Zúñiga (DHS - Whole Person Care) and Karen Tamis (DHS Consultant). Thank you to our amazing ATI Facilitator, Rigoberto Rodriguez (Consultant). Appreciation for the ATI Planning Team, administrative support staff, and content experts who supported the ATI journey, including: Peter Espinoza (DHS - Office of Diversion and Reentry), Corrin Buchanan (DHS-ODR), Tamu Jones (The California Endowment), Shoshanna Scholar (DHS - ODR), Maiya Guillory (DHS - ODR), Kiwon Yoo ((DHS-WPC), Mayra Ramirez (DHS - WPC), Dr. Danielle Dupuy (Million Dollar Hoods), Diamond Lee (DHS-WPC), Felix Tunador (DHS-WPC), Stephanie Stone (DHS-WPC), and Jeannette Johnson (DHS-WPC). Thank you to Stacey Strongarone, Michelle Parris, and Whitney Dukes from the Vera Institute of Justice for all of your support. Thank you to our graphic designer, Rosten Woo, and our website designer, Nicole Jaffe. Special thanks to Dr. Mark Ghaly, who started us off.

Key

ACCESS Line = DMH call center entry point for mental health services

CDCR = California Department of Corrections and Rehabilitation

CHW = Community Health Worker

CIT = Crisis Intervention Team

County = Los Angeles County

DCFS = Department of Children and Family Services

DHS = Department of Health Services

DMH = Department of Mental Health

DPH-SAPC = Department of Public Health – Substance Abuse Prevention and Control

DUI = Driving Under the Influence

FIP = Forensic Inpatient Program

HIPAA = Health Insurance Portability and Accountability Act

IMD = Institutions for Mental Disease

LAFD = Los Angeles County Fire Department

LASD = Los Angeles County Sheriff's Department

LGBQ+ = Denotes people who identify as lesbian, gay, bisexual, and/or queer. This acronym is meant to be inclusive beyond the listed identities.

MAT = Medication-Assisted Treatment

MDT = Multidisciplinary Team

MET = Mental Evaluation Team staffed by a Sheriff's Department deputy and a Department of Mental Health clinician

MH = Mental Health

MHSA = Mental Health Services Act

MLK = Martin Luther King

One Degree = Online portal that helps low-income families access resources they need to achieve social and economic mobility and improve their lives

PMRT = Psychiatric Mobile Response Team

SASH = Substance Abuse Service Hotline

SMART Team = Systemwide Mental Assessment Response Team operated by the Los Angeles Police Department

SMI = Serious Mental Illness

SNAP = Supplemental Nutrition Assistance Program

SPA = Service Planning Area

START Program = Substance Treatment and Re-entry Transition Program operated by LASD and Correctional Health Services.

SUD = Substance Use Disorder

TGI = Denotes people who identify as transgender, gender-non-conforming, and/or intersex. This acronym is meant to be inclusive beyond the listed identities, accounting for Two-Spirit community members and all other gender expansive identities.

WDACS = Workforce Development, Aging and Community Services

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Executive Summary

Executive Summary

On February 12, 2019, the Los Angeles County Board of Supervisors (Board) passed a motion which brought together community advocates, service providers, community members and staff from multiple County departments to develop a roadmap for diverting people from jail into care. The resulting Alternatives to Incarceration (ATI) Work Group developed and approved 114 recommendations through an intensive consensus-building process involving more than 1,000 government and community stakeholders over ten months. All of the recommendations aim to provide treatment and services to those in need, instead of arrest and jail. They describe a cohesive vision for smart and appropriate policies to promote community health and safety throughout Los Angeles County (LA County), focusing especially on providing “care first” to vulnerable members of our community.¹

Like most jurisdictions across the nation, LA County has decades of experience with the status quo—*arrest, incarcerate, and repeat*—for our community’s most medically vulnerable and socially marginalized members.² If we can successfully implement the recommendations of the ATI Work Group, some immediately and others over time, we can redefine the roles of our healthcare and criminal justice systems. We can commit to no longer rely on our law enforcement agencies, courts and jails to function as our social safety net, and instead reinvest in our communities to build a robust system of care—led and actively informed by our health systems, social service agencies, community and faith-based organizations, and formerly incarcerated individuals and their loved ones—to provide the housing, social services, medical and mental health care that will allow our communities to thrive.

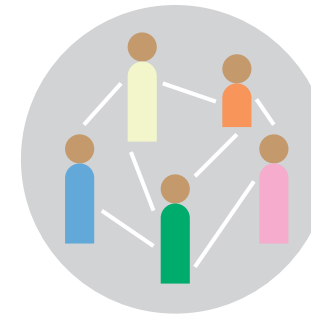
With this vision, LA County will provide care and services first, and jail as a last resort.

Driven by the ATI guiding values of equity and racial justice; inclusion of many voices; and human-first language, the ATI’s six Ad Hoc Committees (Justice System Reform, Community-Based System of Care, Community Engagement, Data & Research, Funding, and Gender & Sexual Orientation) developed and conducted detailed analyses for every recommendation, and reviewed them all with a racial equity framework. All 114 recommendations and supporting analyses were presented to the ATI voting members for review and lively discussion, which often included members’ many amendments before settling upon final versions.

The full list of approved recommendations can be found on pages 43–66 of this report. The analyses, detailed preliminary implementation plans and other supporting documents are available on our website, lcalternatives.org/reports. All 114 recommendations in this report were formally approved by the voting members. The supporting content in the report was based on these recommendations and was drafted by members of the ATI planning team and Chair, in close consultation with the Ad Hoc Committee Co-Chairs.

In response to the ATI Chair’s and Board’s request to position ATI for implementation and ensure the Roadmap was actionable, the planning team collaborated with the Ad Hoc Committee Co-Chairs to review all of the material developed and endorsed by the Work Group and organize it into five overarching strategies and 26 foundational recommendations to kickstart implementation.

This report highlights the set of ATI foundational recommendations to start building this vision:



Strategy 1 – Expand and scale **community-based, holistic care and services through sustainable and equitable **community capacity building** and service coordination.**

Recommendation #2: Create and expand **decentralized, coordinated service hubs** (ex: MLK Behavioral Health Center) in strategic locations across the eight Service Planning Areas (especially SPA 1, 3, and 7) where people, their families, and support network can seek referral and/or immediate admission 24 hours a day to a spectrum of trauma-informed services that include but are not limited to mental health, including Psychiatric Urgent Care Centers; supportive housing via a coordinated entry system; and substance use disorder services such as withdrawal management, medication-assisted treatment (MAT), and recovery intake centers (i.e., sobering centers).

Recommendation #92: Utilize County **capacity-building programs**, in conjunction with **equity analysis**, to expand the community-based system of care by: (a) finding and supporting smaller organizations in different Service Planning Areas to qualify for and access funds while providing seed funding (i.e. philanthropic partnerships, business loans, flexible government funding, pay for success models, and/or zone area investments, etc.); including those organizations with a history of serving people who are system-involved and identify as cisgender women, LGBQ+ and/or TGI; (b) promoting existing providers as potential incubators; and (c) supporting training and technical assistance to become service providers accessing Medi-Cal Fee Waiver, County and State funding, and organizational coaching as well as training in evidence-informed practice in serving TGI / LGBQ+ people.

Recommendation #3: Expand **family reunification models** and connect families to low-cost or no-cost parenting groups. Family reunification models and parenting groups should be evidence-informed and have demonstrated they are correlated with better outcomes for participants and their children. These resources should be provided by community organizations and there should be ready availability of resources tailored to the unique needs of cisgender women who identify as mothers as well as LGBQ+ and TGI parents.

Recommendation #20: Expand or refine **affordable successful housing models** designed for and **tailored to justice-involved individuals with mental health and/or substance use disorder needs**, specifically: (a) short-term treatment inclusive of acute inpatient, AB 109 and forensic inpatient (FIP) and IMD subacute beds; (b) interim housing inclusive of clubhouse living with supportive employment, recovery bridge housing and sober living; and (c) permanent subsidized housing inclusive of independent living and board and care facilities.

Recommendation #7: Establish effective **restorative justice programs** for the adult justice-involved population by learning from existing County and other programs, especially those serving youth.

Recommendation #11: Optimize and increase the appropriate use and process for **mental health conservatorship** and **assisted outpatient treatment**, and resource them accordingly.

Recommendation #108: Increase **employment and retention of Community Health Workers (CHWs)** to expand service capacity, cultural competency, and client/provider trust, by: (a) hiring, training and professionally advancing CHWs with lived experience of the justice system and/or who identify as LGBTQ+, TGI, and/or cisgender women; (b) creating pathways for CHWs to move up to full-time, salaried County jobs with benefits; and (c) including continual evaluation and improvements made to ensure the CHW program is effective in building this innovative workforce.

Recommendation #31: **Remove barriers to treatment, employment, and affordable housing**, including recovery housing, based on stigmatization and discrimination due to record of **past convictions** through local and state legislative intervention or updating County policies.

Recommendation #12: Support and broaden implementation of community-based **harm reduction** strategies for individuals with mental health, substance use disorders, and/or individuals who use alcohol/drugs, including, but not limited to, sustained prescribing of psychiatric medications and MAT.

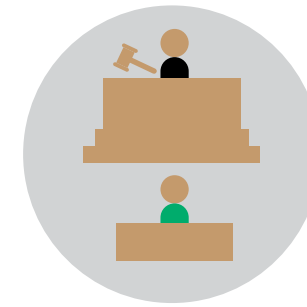


Strategy 2 – Utilize behavioral health responses for individuals experiencing mental health and/or substance use disorders, homelessness, and other situations caused by unmet needs; avoid and minimize law enforcement responses.

Recommendation #35: Significantly **increase** the number of Department of Mental Health **Psychiatric Mobile Response Teams (PMRTs)** to reduce service wait times.

Recommendation #43: Train **911 operators and dispatch on mental health screening, to direct calls** involving behavioral health crises that do not require a law enforcement response **toward DMH’s ACCESS line** (e.g., integrate DMH line with 911 or allow direct access from 911 operators to ACCESS). Train 911 operators and dispatch to allow callers to request a responder that connects to the gender identity of the individual in crisis.

Recommendation #48: Develop and expand **pre-arrest and pre-booking diversion programs**, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health needs, in coordination with law enforcement and community providers.



Strategy 3 – Support and deliver meaningful pre-trial release and diversion services.

Recommendation #56: Institute a **presumption of pre-trial release for all individuals**, especially people with clinical behavioral health disorders, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.

Recommendation #55: Develop a **strengths and needs-based system of pre-trial release**

through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions.

Recommendation #53: Improve and expand **return-to-court support services** to reduce failures to appear.



Strategy 4 – Provide effective treatment services in alternative placements, instead of jail time.

Recommendation #59: Create a robust **AB 1810 Diversion scheme**—PC 1001.36 and 1170(a)(1)(B)(iv) and 1370.01(a)(2)—**to identify early on persons eligible for diversion** and develop pathways Countywide to connect individuals to appropriate mental health programs to accomplish the goals of pre-conviction diversion and respond to all other present and future diversion opportunities, including pre- and post-conviction.

Recommendation #58: Improve **equal access to all treatment resources** for justice-involved individuals, wherever they may be (**in or out of custody**) by: (a) directing health agencies to change eligibility criteria and increase capacity and funding to ensure behavioral health treatment facilities are available in all stages

of the court process; (b) creating a more rapid referral and response process for mental health and co-occurring placements at all levels; (c) developing a coherent strategy and connecting every qualifying individual to an appropriate court-based program at the inception of the diversion dialogue; (d) refining multiple points of entry within Intercept three for mental health and substance use disorder services; (e) ensuring in-custody involvement of CBOs for services; and (f) expanding capacity and removing archaic barriers at all levels of care. Ensure consistent, culturally appropriate, and sufficient availability of the full range of services and court-based programs for people who identify as cisgender women, LGBTQ+, and/or TGI so no one is left without care or diversion because of gender identity or sexual orientation.

REENTRY

A number of ATI recommendations focus on improving the experience of individuals returning home from jail or prison custody and were generated or supported through ATI's Community Engagement workshops, **attended by over 450 community members**, many of whom were formerly incarcerated. These reentry supports describe critical steps to reduce further justice involvement and improve the health and safety of our communities. They include services that can be provided inside the jail as well as community-based treatment and support. These recommendations are intended to be foundational once implementation plans have been developed. Here are a few summarized examples (see full list on pages 43-66.)

#34: Provide comprehensive community-based reentry services across the County.

#61: Expand access and enhance substance use disorder treatment programs in the County jails, such as medication-assisted treatment.

#71: Develop and fund a transition shelter within a few blocks from all County jails.

#74: Without any delay in release from jail custody, ensure that all individuals are offered services to obtain identification and other legal documents needed for obtaining health care, employment, housing, government benefits, etc.



Strategy 5 – Effectively **coordinate the implementation** of ATI recommendations, ensuring that strategies work to **eliminate racial disparities** and to **authentically engage and compensate system-impacted individuals**.

Recommendation #84: Increase, ensure, and fund **public collaboration in all phases** of Alternatives to Incarceration **planning, implementation, evaluation, and system oversight** and across relevant County, Court, justice, health and social service systems. This collaboration can be piloted via the ATI Community Engagement Workshops and the Ad Hoc Committee structure, which includes work on gender, sexual orientation and racial equity, by instituting quarterly stakeholder meetings to communicate updated ATI progress, discuss service and communication gaps, and highlight best practices. Fund and staff post-ATI final report, i.e., the initiative should host recurring implementation meetings across the County and with relevant County departments to discuss policy impacts, resolve policy conflicts, monitor fiscal impacts, assess eligibility barriers, and develop evaluation metrics of success.

Recommendation #86: Create, staff, and fund an **Advisory Collaborative of Impacted People** to ensure there is continuous **feedback and accountability** to the prioritized communities and LA County at large in the implementation of the comprehensive roadmap. Ensure consistent representation of people who identify as cis-gender women, LGBTQ+, and TGI, including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration, on the Advisory Collaborative.

Recommendation #87: Utilize **data-driven tools** (e.g., Race Forward's Community Benefits Agreement and Racial Impact Tool, or Advancement Project's JENI/JESI, etc.) to create processes for **equitable resource and contract distribution** with program offices across health and social service departments. These processes should prioritize **remediating**

racial and geographic disparities while also taking into account cultural, gender, sexual orientation, and special populations' needs. Involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

Recommendation #85: Establish **online mechanisms for the public to get information**, locate services to prevent incarceration and recidivism, and promote recovery. This tool should track identified problems and response progress through an accessible dashboard and should align with existing tools such as One Degree, etc.

Recommendation #110: Expand and coordinate **data tracking/collection across all relevant County justice and health/social service entities** to retrieve data necessary for services, programming, preventative measures, and alternatives to incarceration. Align this data collection with existing County data tools/portals such as One Degree, CHAMP, LANES, CES, etc. to inform a uniform client database.

Recommendation #104: Provide **paid training and employment** to increase the number of **justice system-impacted individuals working as the technologists** behind data collection and analysis.

Recommendation #89: Develop a **public education and communications campaign to build awareness of a treatment-first model**, not incarceration and punishment. This campaign should stress use of the DMH ACCESS line, CBO network, SASH helpline, suicide prevention hotline (rather than 911) for behavioral crises, available non-law enforcement resources, and different types of community-based solutions.

Recommendation #113: Track and **make public all relevant County service and incarceration spending** both for those incarcerated and those reentering the community.

Recommendation #26: Expand **supported employment opportunities** for persons with mental health, substance use, or co-occurring disorders, including **flexible funds for basic client needs** to find employment (e.g., birth certificates, etc.).

IMPLEMENTATION

For successful implementation of the ATI recommendations, it is critical that the County address head-on the following three infrastructure needs raised by the recommendations:

(1) Where?

Which land and physical spaces can be repurposed to use as decentralized, neighborhood-based clinical and holistic treatment centers? Are there existing properties owned by the County and/or the State that can be used?

(2) How will we pay for it?

ATI's Funding Ad Hoc Committee developed a summary of potential and existing funding sources on page 89-91 and in the online appendix. Which of these can be leveraged in the short, medium and long-term to support significantly expanded diversion and alternatives to incarceration programming? Which new local, state, and federal budget opportunities can we identify?

(3) Who?

The County will need to develop a workforce to build and operate this system of care, and many people who have been incarcerated are in need of meaningful employment. The County could develop a certified employment pipeline from community colleges straight into ATI workforce jobs, and offer loan repayment programs for social workers, psychiatrists, data technologists, program managers, etc., to make it easier to live in this region and choose ATI-related employment.

Introduction

Los Angeles County is reimagining its criminal justice system. From operating the world's largest jail and de facto mental health facility to building a decentralized, restorative and robust community-based system of care and safer, healthier communities. From arresting and locking up people experiencing behavioral health crises—compounded by homelessness, poverty and trauma—to assisting people in accessing neighborhood-based treatment, housing, employment, family reunification, community health workers and other strengths-based supports. From punitive justice to restorative and healing justice. From a jail that disproportionately incarcerates people and communities of color to a system of justice that works to repair harm and equitably distribute resources where they are needed most. From a criminal justice response that fails to care for our most vulnerable members, to a public health approach, where **care and services are provided first, and jail is a last resort.**

Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth.³ Today, the County jail holds more than 17,000 people, including over 2,000 women daily.⁴ Admissions to the jail remain stubbornly high in comparison to jurisdictions of a similar size (128,531 jail admissions in 2017 in LA, compared to 47,599 in Chicago and 58,226 in New York).⁵

The profile of incarceration in Los Angeles is consistent with national research showing that a disproportionate number of people admitted to jails are sick,⁶ poor,⁷ homeless,⁸ and struggling with mental health⁹ and substance use disorders.¹⁰ In other words, our jails are largely filled with sick, marginalized, and vulnerable populations. The following is a profile of these populations in the LA County jail, prefaced with a description of the persistent inequities of race in this system.

Race: Incarceration in LA County is a story of racial inequality. The County's justice system consistently and disproportionately impacts people of color, a trend consistent across the nation. Of the County's ten million residents, 74

percent of people arrested are Black and Latinx.¹¹ Jail admissions of Black people are the most staggering. While only 9 percent of LA County residents are Black, Black people make up 29 percent of the jail population. Persons identified as Hispanic or Latinx are also disproportionately represented in the County jail, comprising 52 percent of the jail population compared to 49 percent of the general LA County population.

Racial Disparities

There are significant racial disparities in who is incarcerated in the LA County jail, with Black people being booked at staggeringly disproportionate rates.



Black and Latinx people’s over representation in the County jail stands in stark contrast to the underrepresentation of white people in jail, with white people comprising 15 percent of the jail population compared to 26 percent of the total County population.¹²

People with behavioral health needs: The Twin Towers Correctional Facility is the largest de facto mental health institution in the United States, but a jail setting exacerbates many symptoms of mental illness and prevents those who most desperately need medical, mental health, and/or substance use treatment from receiving it.^{13 14} There is often an overlap between those suffering from severe mental health and/or substance use disorders and chronic homelessness.¹⁵

- Approximately 5,600 people—**nearly 30% of the entire jail population—have a serious mental health disorder**,¹⁶ a substantial increase from 14% in 2009.
- Nearly **60% of the people released each day have a “significant substance use disorder.”**¹⁷
- Many in the jail are also experiencing co-occurring mental health and substance use disorders—numbers that continue to grow.¹⁸

Around half of all women in the LA County jail are considered part of the “mental health population.”¹⁹ As of 2015, the rate of mental illness in the jail is significantly higher for women (27%) than for men (19%), and this disparity continues to grow.²⁰

Many more people with behavioral health disorders could be safely released out of the jail and into community-based treatment programs. A January 2020 RAND study of patients in the custody of the LA County jail indicated that 3,368 patients, or **61 percent of the mental health population, could be appropriate for community release if there were sufficient community-based treatment programs available.**²¹ The study showed no significant differences regarding race in the determination of which individuals were found appropriate, possibly appropriate and inappropriate for community release.

Neighborhoods impacted by the social determinants of health: Los Angeles residents booked into

the jail come predominantly from five zip codes, representing South Central, Compton, Long Beach, and the Antelope Valley.²² As the County’s Portrait of Los Angeles County Report puts it, these zip codes are “struggling” and “precarious,” and do not benefit from access to the same amenities and opportunities that exist in other zip codes such as places of employment, schools that provide a variety of academic and extra-curricular options, neighborhood parks, etc.²³ In turn, it is little surprise that persons being booked into the jail most frequently report their employment status as “unemployed.”²⁴

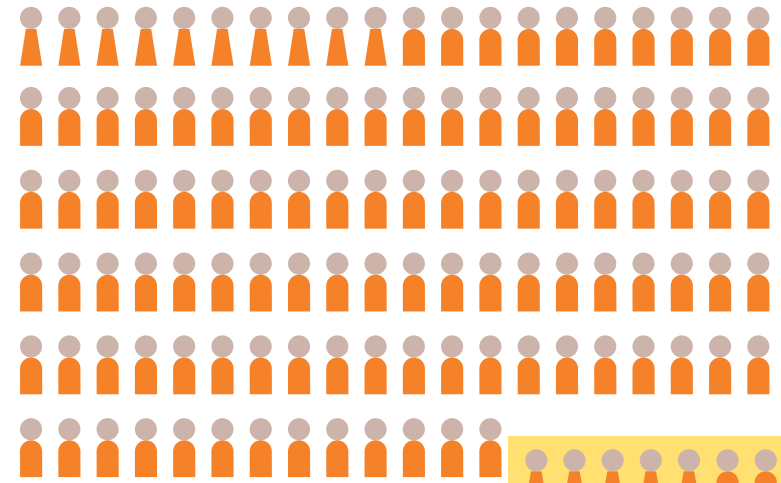
In the context of the current homelessness crisis, LA County must specifically address the challenge of Black homelessness, which is heavily impacted by institutional racism in the criminal justice system, housing markets, and employment. “A report on black homelessness²⁵ published a year ago by the Los Angeles Homeless Services Authority, found racism to be the root cause, saying that Black people in LA County continue to face discrimination in many areas. Over the past 50 years, for example, Black homeownership in the County has declined from 44 to 36 percent. Mr. [Peter] Lynn, former director of the Los Angeles Homeless Services Authority, pointed to the criminal justice system, saying, “There is probably no more single significant factor than incarceration in terms of elevating somebody’s prospects of homelessness.”²⁶

Gender identity and sexual orientation: LA County incarcerates over 2,000 cisgender women daily.²⁷ These women—like those in jails around the country—are disproportionately Black and Latinx;²⁸ survivors of violence and trauma;²⁹ and charged with lower-level offenses related to unmet mental health needs, substance use, poverty, and survival.³⁰ Nearly half are part of the pre-trial population and have not been convicted of any charged offense but likely remain incarcerated because they or their loved ones cannot afford to pay bail.³¹ Many are in custody less than a week, which is long enough to disrupt jobs, housing, treatment, and crucial responsibilities like childcare.³²

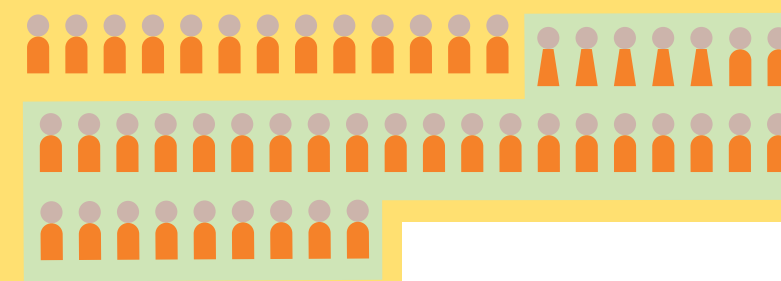
Mental Health and Substance Use Needs in the LA County Jail

A significant portion of people in the LA County jail have identified mental health and substance use needs. A system of care in the community can prevent system involvement, create a pathway to diversion programs from jail, and provide necessary support for reentry.

On a given day (April 30, 2019), 16,945 people are in custody in the LA County jail...

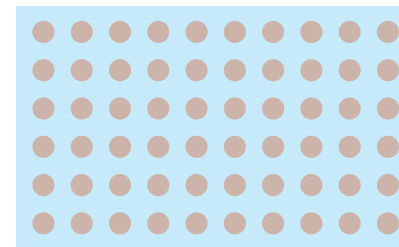
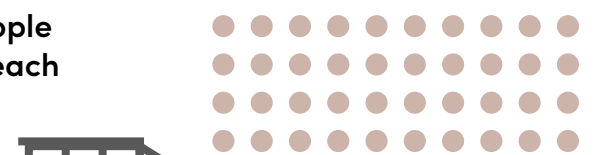


30% of them are in jail mental health housing. According to RAND, 61% of the mental health population could be appropriate for community release.



21% of people in mental health housing have a substance use disorder

Of the people released each day...



nearly 60% have a significant substance use disorder.

There is little data or research on people who identify as lesbian, gay, bisexual, transgender, queer, gender-non-conforming, or intersex (LGBTQ+) in the LA County jail because of current data collection or sharing methods.³³ However, in the Gender and Sexual Orientation Ad Hoc Committee meetings, people with lived experience painted a picture similar to what we know happens across the country. LGBTQ+ people—especially people of color—are disproportionately incarcerated.³⁴ They are detained in ways that do not match their gender identity.³⁵ They often end up in jail facing charges related to trauma, unmet behavioral health needs, and survival in the face of discrimination due to gender expression or sexual orientation.³⁶ For cisgender women and LGBTQ+ people, the experiences they have in jail, such as discrimination and disrespectful treatment, often deepen the disadvantages that contribute to their system involvement in the first place.

A more complete overview on cisgender women, LGBTQ+, TGI, and SUD populations in the LA County jail and a summary of relevant best practices are available in the Appendix, at lcalternatives.org/reports.

Length of time incarcerated pre-trial: Nearly half (44%) of all people in the County jail system are held pre-trial—they have yet to be found guilty of any crime.³⁷ With a median length of stay of ten days,³⁸ they are in jail long enough to suffer negative impacts, but too short to receive meaningful services (to the extent that meaningful services can be delivered in a carceral setting).³⁹ This means that some of the most vulnerable and sick individuals in the County are cycling in and out of jails and hospitals—using the most expensive County resources—without receiving the long-term care and services they need.

People who are arrested and charged with crimes, even minor property and public nuisance offenses that arise from being poor, living on the streets, and experiencing mental health and/or substance use disorders, face a lifetime of barriers that prevent them from accessing basic needs like housing, employment, reuniting with family, health care, and other rights, benefits,

and opportunities.⁴⁰ Their incarceration triggers a host of “collateral consequences” that devastate entire communities—jobs lost, vast sums of lost wages, an increase in families experiencing homelessness who cannot qualify for housing assistance, children going into foster care who cannot live with a parent with a criminal record, childhood trauma and families emotionally torn apart, disenfranchisement and disengagement in civic life, among others,—and can adversely impact multiple generations.

Putting Public Health First

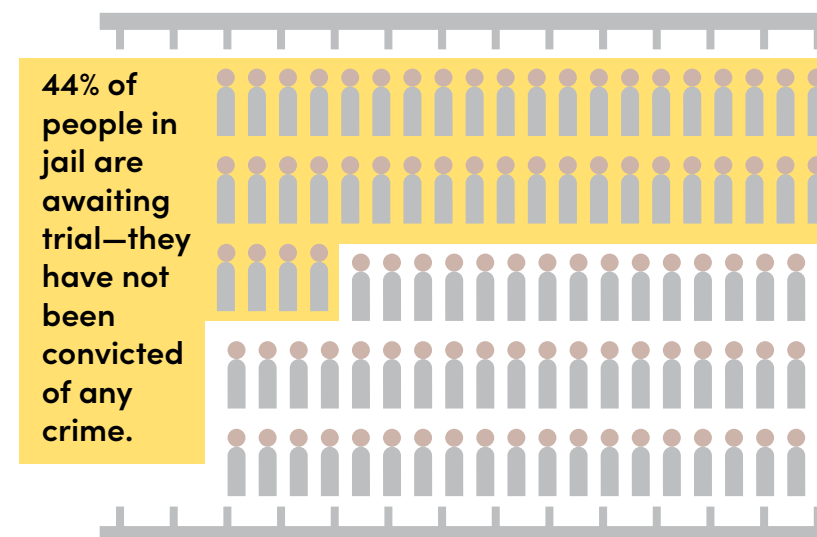
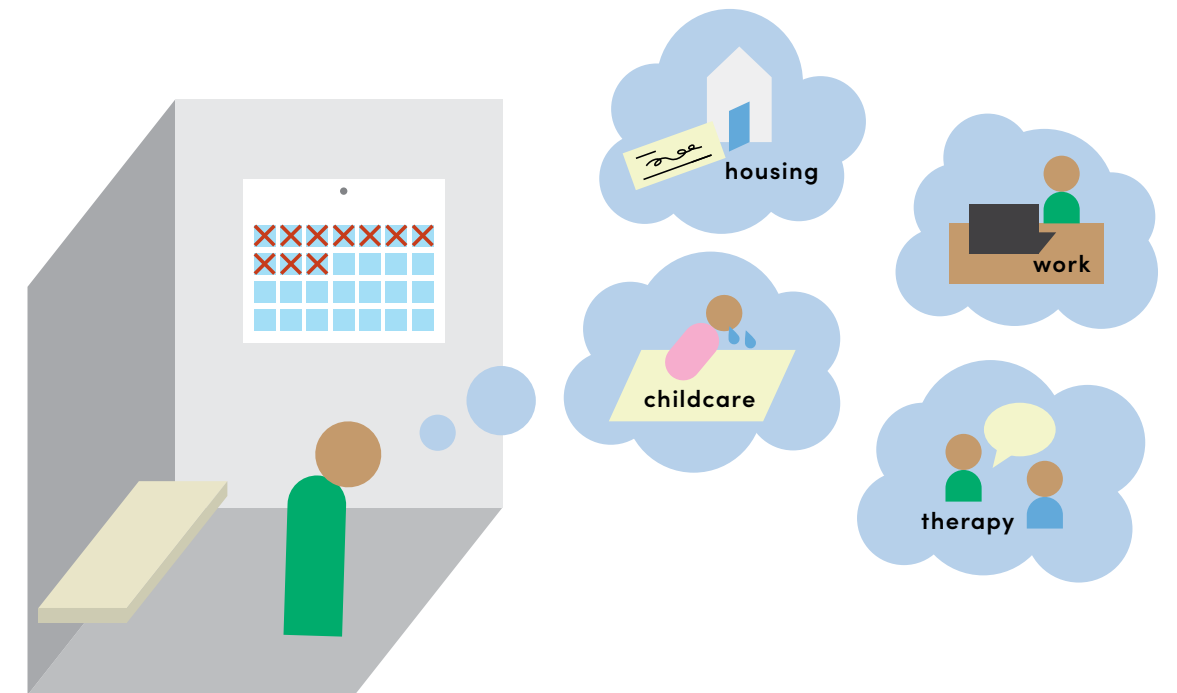
The long history of disconnect between criminal justice and public health systems has resulted in an ineffective default response of arrest, incarcerate, and repeat for some of society’s most vulnerable members.⁴¹ Yet, there is a growing recognition that these systems must partner to change both the narrative and how we operate—to move away from decades of tough-on-crime policing and sentencing and to embrace more humane and holistic approaches.⁴²

Across the country, there is increasing evidence of partnership across health and justice stakeholders as jurisdictions look to unravel mass incarceration and reduce the number of people with behavioral health disorders who come into contact with the justice system. From New York City to Miami-Dade County, from Memphis to Tucson, and in Los Angeles County,—jurisdictions are trying innovative approaches, with a particular focus on reimagining and redesigning crisis response systems and ensuring that people with behavioral health disorders are diverted to community-based care when possible.⁴³ These innovations have been successful in steering people away from incarceration and, instead, providing them needed care.

What the ATI Work Group proposes for Los Angeles County is consistent with national efforts aimed at creating a framework for integrated behavioral health, public health and criminal justice responses that achieve racial equity.

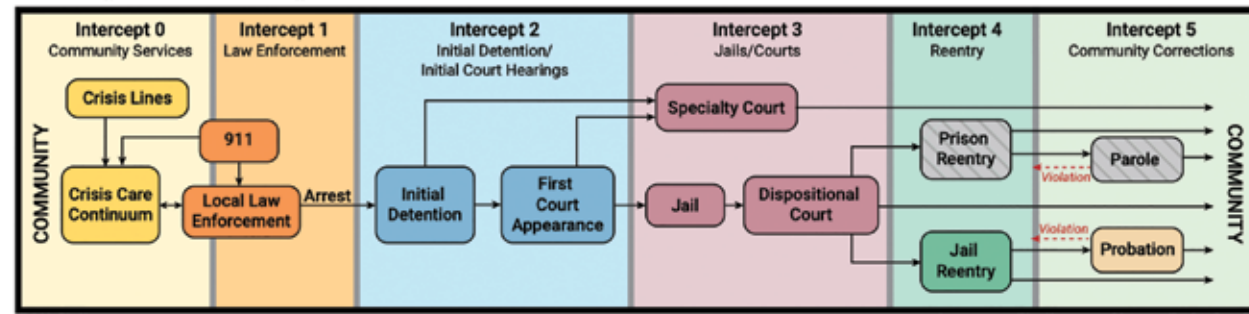
Destabilizing Periods in Jail

Most people incarcerated in the LA County jail are there for less than 2 weeks – long enough to disrupt key elements of stability like employment, housing, treatment, and childcare. Nearly half of those detained are “pre-trial” and have not been convicted of any charges.



In 2016, 10 was the median number of days spent in jail custody. LA County spent at least \$389 million incarcerating people for 10 days or less between 2010–2016.

The Sequential Intercept Model



Developed by Policy Research Associates

Sequential Intercept Model

One way to think about how people move through the criminal justice system and what is needed to prevent justice involvement is by using the Sequential Intercept Model (SIM)—a widely-used conceptual framework that addresses the interface between the criminal justice, health, social service, and community-based systems.⁴⁴ The intercepts of the SIM describe a series of opportunities with key decision points for intervention that can prevent individuals from becoming enmeshed in the criminal justice system. Such opportunities are located along various points of a continuum, from community-based services that focus on prevention, crisis response and pre-arrest diversion models; to jail and court-based assessment and intervention; to services provided after release from custody.⁴⁵

The ATI Work Group modified the SIM model to identify eight intercepts, instead of the traditional six, in order to offer insights into the strategies that can safely prevent and divert people, with or without behavioral health disorders, towards effective community-based services that produce better outcomes for individuals and the community. ATI used this model as the basis for the ATI Roadmap—adding Intercept 0, focusing on community-based prevention and reentry, and Infrastructure, to describe the critical capacity building, contracting, data systems and other administrative foundational reforms that must be developed in order to build an effective and holistic community-based system of care. Many diversion strategies can be implemented before someone ever ends up in jail. There are responses rooted in the “front end” of the system,

looking at the crisis care system and responses to 911 calls.⁴⁶

There are responses that focus on what happens leading up to and at the point of arrest, with particular attention to how law enforcement officers are trained and how police officers can develop responses in collaboration with mental health providers (e.g., Crisis Intervention Team Training, police and mental health clinician co-responder models).⁴⁷ There are responses dedicated to earlier and better screening to identify behavioral health issues.⁴⁸ And, of course, there are responses rooted in robust community engagement, enlisting community leaders in building healthy neighborhoods and preventing justice system involvement altogether.⁴⁹

The SIM is not new to Los Angeles stakeholders.⁵⁰ Indeed, LA County has developed a number of programs that cover various points of the spectrum. And we see in the ATI Work Group’s recommendations tangible opportunities to strengthen, scale, and build upon these programs to create a holistic system of care in Los Angeles County.

ATI developed 114 recommendations rooted in the SIM—from large-scale overhauls, to scaling existing programs, to some very technical fixes to address specific barriers—that could transform the way LA County treats its most vulnerable community members. The report lists all of them and highlights 26 recommendations that will serve as the foundation upon which to build the rest—to realize our vision of care first, jails last. The full ATI Road Map is available on pages 43–66.

Substance Use Disorder Best Practices¹⁰¹

In the face of the current substance use disorder crisis, instead of failed drug war policies, communities are taking a different approach. There are increasing calls for policymakers and practitioners to ensure easier access to a range of harm reduction, treatment, and recovery services, keeping many people who use drugs out of the criminal justice system altogether and connecting people who do have system contact to evidence-based care.

Interventions in the community, like overdose education and naloxone distribution (OEND),⁵¹ supervised consumption sites,⁵² and wide-ranging access to medication-assisted treatment (MAT),⁵³ are central to transformative approaches to drug policy. They have shown positive benefits for public health, including reducing the spread of diseases like HIV and Hepatitis C; improving public safety, by taking certain types of drug use off the streets; increasing connections to substance use treatment and primary healthcare; and reducing the number of opioid overdose deaths.⁵⁴ Some of these interventions are widely implemented across the country, while others are considered promising but are still developing a supportive legal framework and/or have yet to be brought to scale.⁵⁵

Various actors in the criminal justice system have also sought to reflect the growing consensus on a public health and harm reduction approach to drug use. For police, who are often the first responders to overdoses, best practices include carrying naloxone to prevent overdose death,⁵⁶ ensuring peers or treatment staff engage in follow-up rather than law enforcement;⁵⁷ and expanding alternatives to arrest or booking (e.g. Law Enforcement Assisted Diversion-LEAD) for a variety of offenses, including drug-related charges.⁵⁸ At the threshold of a case, there are also a small but growing number of prosecutors who have pledged to reduce charges, not prosecute some drug possession cases, and support diversion to treatment and support for people who use drugs.⁵⁹

In the jail and reentry context, periods of forced abstinence, during which tolerance to opioids decreases, compounded with a lack of supports upon returning to the community, often means that people face dramatically increased risk of overdose death after release from jail.⁶⁰ The gold standard has been ensuring a continuum of care that includes all three types of MAT both in jail and in the community as well as strong connections to treatment upon release with robust follow-up.⁶¹

Research has also noted that abstinence requirements associated with probation or parole do not always facilitate recovery for people with substance use disorders.⁶²

Given the high rate of technical violations of supervision for failed drug tests, it is suggested that the role of corrections in the community should be downsized, with attention to the harms of mandatory conditions that do not promote personal recovery goals, fail to connect people to MAT or evidence-based treatments, and use technical violations for positive drug tests.⁶³

Los Angeles County has an historic opportunity to break the cycle of arrest, incarcerate and repeat for our community's most vulnerable members.

Key Diversion Successes in LA County

In 2015, LA County took its first steps to explore and develop diversion programs with the District Attorney's (DA) report "Blueprint for Change," and the Board of Supervisors' establishment of the Office of Diversion and Reentry (ODR). Additionally, in 2019, a pilot program funded by the MacArthur Foundation's Safety and Justice Challenge was started, which allows for pre-plea mental health diversion of defendants at the arraignment stage of a case. This effort is a partnership between Los Angeles City and LA County. Since then, the DA's Office and the MacArthur Safety and Justice Challenge program have referred approximately 6,800 people to pre-trial diversion programs, and ODR has successfully diverted nearly 4,500 people.⁶⁴

Concurrently, LA County has invested in youth diversion, expanded Los Angeles Sheriff's Department (LASD) Mental Evaluation Teams which pair law enforcement with mental health clinicians, opened psychiatric urgent care centers, developed a sobering center, and established a Mental Health Division within the DA's office, the first such division of its kind in a prosecutor's office in California. Additionally, the County has worked to employ individuals with lived experience in the justice system to serve as Community Health Workers within the Health Agency and for community-based providers.

The County has plans for restorative care villages to provide mental health and substance use disorder crisis care and physical recuperative care to individuals who might otherwise end up on our streets; and the County is building an innovative multi-departmental behavioral health center that will provide a wide variety of new mental health and substance use treatment services on several of our health campuses.

Within the last four years, the County has taken significant steps to support the most vulnerable people in our communities. In these short years,

thousands of people suffering from mental health disorders have been removed from the County jail system and placed into supportive environments. Hundreds of people with substance use disorders and other behavioral health needs have been completely diverted away from the criminal justice system through pre-arrest and pre-booking diversion into intensive case management and harm reduction programs. These projects have taken us a step closer to building a community-based system of care that will fully support all community members. Along the way these diversion efforts and service and housing expansion opportunities have been informed and supported by individuals with lived experience, community and advocacy organizations and their members, service providers and academic researchers.

LA County's efforts mirror other local, state and federal actions that are emphasizing treatment and rehabilitation over incarceration. The National Association of Counties and The Council of State Governments Justice Center is encouraging public sector partners to reduce the number of people with mental health disorders in jails, and several hundred counties have joined that effort.⁶⁵ The passage by California voters of recent ballot measures designed to reduce incarceration and help those with convictions reestablish stable lives speaks to voters' readiness to move in this direction. In 2018, state legislators passed significant early diversion measures. California's AB 1810 and SB 215 establish diversion for people with mental health disorders instead of prosecution—thereby shifting the onus of care from the criminal justice system to community-based systems of care.⁶⁶ These rapid changes at the local and state levels require that the County move forward flexibly in order to take advantage of new opportunities, while embracing a vision of a more effective justice system.

To continue this momentum, the LA County Board of Supervisors unanimously voted to establish the ATI Work Group in February 2019, comprised of a broad range of public and community stakeholders, to develop a comprehensive plan to build a more fair and effective justice system.⁶⁷ LA County is ready to scale its successful programs and launch additional programs to ensure that it has the ability to divert

and provide alternative health and sentencing options to people who would be more effectively treated in a diversion context rather than in a jail. Successful expansion of our diversion system and front-end approaches will allow the County to meet the stated goal of the Board of Supervisors to provide "treatment first and jail as a last resort", and lead to a sustained and significant reduction in the County jail population.

The ATI Work Group provides a vehicle for Los Angeles County to lead the nation to develop bold, effective and community-based responses, through a collaborative process, to provide long-term treatment and services to its most vulnerable residents, while improving community safety and strengthening and empowering individuals, families and communities. ATI has the potential to help the County fully realize a public health approach to mental health and substance use disorders, and beyond—to behaviors caused by trauma, violence and poverty. This holistic approach would greatly reduce the number of people held in jail who would be much better served by healthcare and service providers, thereby improving overall community health and safety.

Contents of this Report

This final report focuses on expanding diversion and alternatives to incarceration for some of the County's most vulnerable populations, including: (1) people with clinical mental health and/or substance use disorder needs, (2) cisgender women; (3) Lesbian, Gay, Bisexual and Queer (LGBQ) people, and (4) Transgender, Gender Non-Conforming, and Intersex (TGI) people. It represents 10 months of work by an unprecedented coalition of community and County government stakeholders. A voting body of 25 members—including representatives from 15 County agencies and ten community stakeholders—joined advocates, people with lived experience, members of the faith community, service providers and others in an intensive consensus-building process to reimagine our justice system. This report is the final product of those efforts.

The report begins by describing the ATI Work Group process, structure, values and practices that guide this work. It includes a section by Dr.

Kelly Lytle Hernández, a Professor of History and African American Studies and Director of the Ralph J. Bunche Center for African American Studies at UCLA, and a 2019 MacArthur Foundation Fellow, who is one of the nation's leading experts on race, immigration, and mass incarceration. Dr. Lytle Hernández describes the early history of the LA County jail and the policies that led to mass incarceration in Los Angeles, the state of California and throughout the nation. There are also contributions from three community voices—emphasizing the unprecedented level of engagement in the ATI process and County justice policy work by people directly impacted by the justice system, community advocates, and service providers.

The report describes 114 recommendations approved by the voting members using a consensus-building process that incorporated feedback from seven community engagement sessions held throughout the County and inside the jail, and ten workshops on the needs of people based on gender and sexual orientation. These recommendations and preliminary implementation plans, developed by the ATI Ad Hoc Committees, were then analyzed using a racial equity lens and reviewed to determine any unintended consequences and populations left out of these reforms. The report also summarizes information about the sources of funding needed to realize this vision.

This report lists every approved recommendation and then describes five overarching strategies and 26 foundational recommendations developed by the ATI Chair and planning team, in consultation with the Co-Chairs, to begin to realize the ATI vision. The complete list of recommendations and preliminary implementation plans, as well as a comprehensive summary of current funding streams supporting public safety and ATI efforts, is available in the appendix of the report, and at lacialternatives.org/reports.

This report lays out a plan to substantially and safely reduce the number of people in the County jail and prevent thousands of people from becoming involved with the justice system at all. **LA County, Court and community leadership must stand together to put this plan into action.**

ATI Process

The mission of the ATI Work Group was to provide the Los Angeles County Board of Supervisors a *Road Map*, with an action-oriented framework and implementation plan, to scale alternatives to incarceration and diversion **so care and services are provided first, and jail is a last resort.**

The ATI Work Group reached consensus on three values to guide the process: **(1) equity and racial justice, (2) inclusion of many voices, and (3) human-first language.**

Foundation and Structure

To operationalize the mission and goals, each of the departments named in the motion that created the ATI Work Group identified a voting member; each Supervisor appointed two voting members. The CEO appointed Dr. Bob Ross, President of The California Endowment, as the ATI Chair. The facilitator of the ATI Work Group established the decision-making process by adopting the Gradients of Agreement Tool, which supports a group in reaching consensus on a proposed motion or action. Meetings were conducted in compliance with the Brown Act.

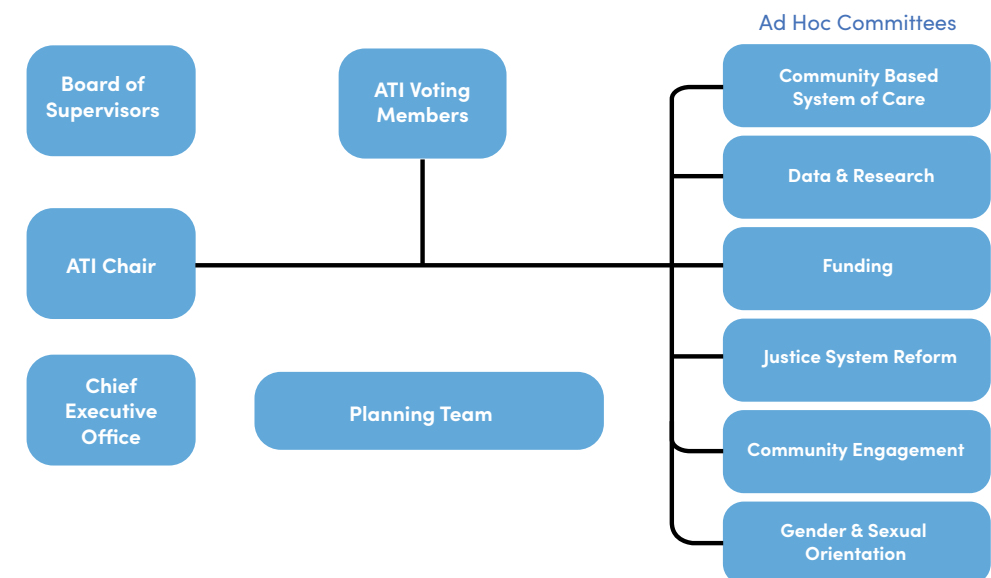
Stakeholder Engagement

Phase One: Development of Work Group Structure, Mission, Guiding Values and Interim Report, March – June 2019

In the first phase of the ATI process, the Work Group established four Ad Hoc Committees: Community-Based System of Care, Justice System Reform, Funding, and Data & Research. Through the initial meetings, a Community Engagement Ad Hoc Committee was established with the support of the ATI Chair and planning team.

ATI held a Racial Equity Retreat on April 26, 2019, allowing stakeholders to engage with the Work Group values. It featured Dr. Kelly Lytle Hernández of UCLA, John Kim of The Advancement Project, and an introduction to the Government Alliance for Racial Equity (GARE) Toolkit by Julie Nelson of Race Forward.⁶⁸ The Racial Equity Tool was adopted as a resource for the Ad Hoc Committees to use throughout the ATI process. ATI also incorporated the Criminal Justice Reform Phrase Guide, created by The Opportunity Agenda, to practically apply the value of human first language.⁶⁹

Alternatives to Incarceration Work Group Structure





ATI Voting Members:
 Back row: Jessica Farris, Melodie Larsen, Hugo Macias, Robert Woolridge, Dr. Bob Ross, Gilbert Wright, Michael Castillo, Randall Pineda
 Front row: Dolores Canales, Verah Bradford, Julia Dixon, Jimmy Wu, Shoshanna Scholar, Maritza Dubie-Urbe, Elizabeth Cohen, Herb Hatanaka, Eunisses Hernández.
 Not pictured: Dr. Kelly Lytle Hernández, Karren Lane, Brittney Weissman, LaWanda Hawkins, Karen Bernstein, Larry Alva, Mark Delgado, Peter Espinoza, Dr. Barbara Ferrer, Ruben Marquez, Pamela Prewitt-McZeal, Dr. Jonathan Sherin.

The value of inclusion of many voices was integral to the creation of the interim report. During the first phase, **over 270 people** engaged in the ATI process by participating in five Work Group convenings and/or 18 Ad Hoc Committee meetings, plus many more small group meetings. This effort included **26 government departments and programs, 28 advocacy organizations, 21**

Additional Impacted Populations

Participants in the Ad Hoc Committees and Community Engagement Workshops identified a number of additional populations requiring specialized services and diversion opportunities, including Black cisgender men, Latinx cisgender men, veterans, immigrants, people in gangs, victims of sex trafficking and other crime survivors. These populations must be given special consideration during the implementation of the ATI recommendations. For example, veterans face unique challenges with behavioral health disorders, homelessness, and navigating court processes, particularly in domestic violence situations that involve Family Court, Children’s Court, Criminal Court and others.

community-based service providers, as well as individual community members, philanthropists, and academics. Participants in the Ad Hoc Committees, using a consensus-building process, developed background analyses, goals and recommendations which were presented to the full Work Group for inclusion in the ATI interim report, delivered to the Board on June 11, 2019.

Phase Two: Expanded Scope, Community Engagement, Implementation Planning, and Final Report, July 2019 – March 2020

The Work Group continued to meet monthly from June through December 2019. The ATI Work Group and Ad Hoc Committees developed a six-month timeline to generate initial implementation plans for a wide range of recommendations by assessing operational feasibility while utilizing the GARE Racial Equity Tool. The ATI Work Group and Ad Hoc Committees then expanded the scope of topics, goals, and recommendations seeking to scale diversion and alternative to incarceration opportunities for a broader range of individuals. The recommendations developed during this phase were approved between October and December of 2019.

From September to November, the Community Engagement Ad Hoc Committee held seven workshops across LA County in the communities most impacted by incarceration, which were selected based on data from Million Dollar Hoods and The Advancement Project. The series of community engagement workshops were coordinated by one lead organization in each neighborhood: South LA (Community Coalition), East LA (Homeboy Industries), San Fernando Valley (San Fernando Valley Partnership), Lancaster (Paving the Way Foundation), El Monte (San Gabriel Valley Center), Long Beach (Ascent) and Pomona (Prototypes). The workshops included stipends for participants, language translation, childcare, counseling/healing services, and other resources to encourage the participation of over 450 people impacted by incarceration and the broader community. There were two workshops in the County jail and two in the juvenile hall. Feedback from these community sessions was used to develop additional recommendations.

In September 2019, the ATI Work Group, in close partnership with the Vera Institute of Justice, engaged additional justice-involved populations by developing the Gender and Sexual Orientation Ad Hoc Committee. In collaboration with A New Way of Life Reentry Project, TransLatin@ Coalition, and Young Women’s Freedom Center, a series of ten community sessions were facilitated to engage individuals who were justice-involved and identified as cisgender women; LGBTQ+; and TGI. The sessions brought together over 100 participants to identify key issues and experiences that lead to incarceration, discuss and approve new recommendations to address those key issues, and tailor existing ATI recommendations.

On September 20, 2019, ATI convened a second retreat to address the voices of survivors and victims of harm in the context of diversion and alternatives to incarceration, and to explore what meaningful accountability and healing justice can look like. The event began with a panel discussion of representatives from organizations that practice restorative and healing justice, particularly in the communities most impacted by crime and violence, including the Los Angeles City Attorney’s

Office, the Urban Peace Institute, Impact Justice, and Crime Survivors for Safety and Justice. The day ended with a listening session facilitated by Healing Dialogue in Action, bringing family members who lost loved ones to homicide together with individuals convicted of homicide, to share their experiences of violence and loss, and their journeys toward healing.

From October through early December, the Community-Based System of Care and Justice System Reform Ad Hoc Committees finalized preliminary implementation plans for more than half of the adopted recommendations. The plans were reviewed by content experts who focused on strengthening the sections on racial equity commitments and processes, metrics and targets, and expanded scope. Ad Hoc Committee Co-Chairs were meaningfully engaged in solidifying the foundational recommendations featured in the ATI Final Report.



ATI Chair, Dr. Robert Ross, at an ATI Work Group Meeting at the Hubert Humphrey Comprehensive Health Center.



Participants of the ATI Community Engagement Workshop led by Paving the Way Foundation in Lancaster.

ATI TIMELINE

Phase One: Development of Work Group Structure, Mission, Guiding Values and Interim Report, March – June 2019

- over 270 people engaged in the ATI process
- 5 Work Group convenings
- 18 Ad Hoc Committee meetings,
- 26 government departments and programs
- 28 advocacy organizations
- 21 community-based service providers
- April 26, 2019 Racial Equity Retreat
- June 11, 2019. ATI interim report, delivered to the Board

Phase Two: Expanded Scope, Community Engagement, Implementation Planning, and Final Report, July 2019 – March 2020

- 1,300 participants
- 8 Work Group convenings
- 38 Ad Hoc Committee meetings and community engagement workshops
- 47 government departments
- 106 community orgs/institutions
- September 20, 2019, ATI second retreat to address the voices of survivors and victims of harm

March 2020: final report

During Phase Two of the planning process, the ATI Work Group increased the number of people engaged in our efforts to include over 1,300. Individuals participated in eight Work Group convenings and/or 38 Ad Hoc Committee meetings and community engagement workshops, plus many more ad hoc small group and Co-Chair meetings. The effort leading up to the submission of the Final Report included 47 government departments and programs, 106 community organizations and institutions, as well as individual community members, philanthropists, and academics.

To support continuous communication with a broad group of stakeholders, the ATI planning team developed and launched a website, lcalternatives.org/reports. This website allows stakeholders to view materials generated by the ATI Work Group and Ad Hoc Committees, provides a calendar of events pertaining to Work Group efforts, and shares resources to support service delivery for people who are justice-involved.

The ATI Work Group is submitting its final report to the Board with 114 approved recommendations. Of note, the ATI Work Group unanimously approved the vast majority of recommendations under a consent agenda. Some recommendations were pulled from the consent agenda to make minor language modifications, only to be subsequently approved unanimously by the voting members. Only 22 of the 114 recommendations were not approved unanimously; these recommendations involved an actual vote and required at least 60 percent support to be considered 'approved'. This narrow set of recommendations touched upon topics where ATI Work Group members had divergent views, ranging from incremental reform to more transformative shifts in policy and practice. In these cases, all efforts were made to ensure that all perspectives and alternative recommendations were heard and discussed before asking ATI Work Group members to vote.

The ATI Chair and planning team, in consultation with the ATI Co-Chairs, summarized the 114 recommendations into five overarching strategies and a set of 26 foundational recommendations as the first steps toward implementation to continue the work of this unprecedented effort.



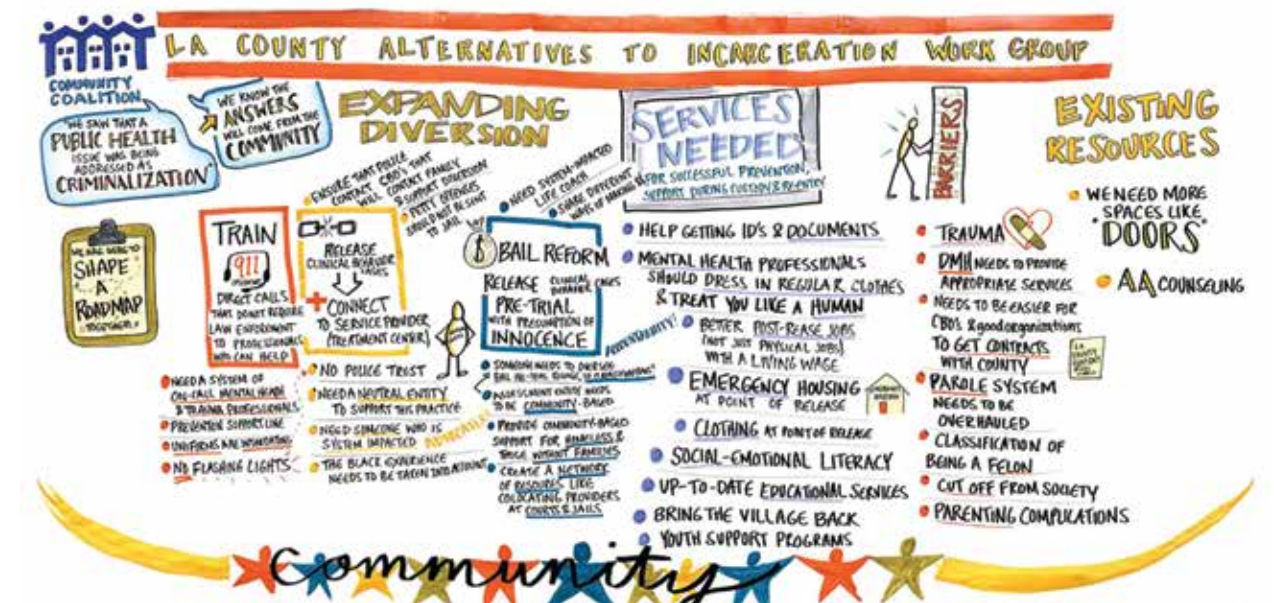
Participants of the ATI Community Engagement Workshop led by Prototypes in Pomona.



Participants of the ATI Community Engagement Workshop led by Homeboy Industries in East Los Angeles.



Graphic notetaking image developed at the ATI Community Engagement Workshop led by Ascent in Long Beach. Image developed by The Sketch Effect and live artist Jai Ollennu.



Graphic notetaking image developed at the ATI Community Engagement Workshop led by Community Coalition in South Los Angeles. Image developed by Graphic Footprints and live artist Dayna Bowers.

The Rise of Mass Incarceration in Los Angeles

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Adapted from *City of Inmates: Conquest, Rebellion and the Rise of Human Caging in Los Angeles* (University of North Carolina Press, 2017)

Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth.

Each night, more than 17,000 people are confined in the County jail system. Another 10,000 people are detained in police lock-ups and 600 youth are caged in juvenile facilities. Therefore, in both size and scope, the project of human caging in Los Angeles is massive. According to the Vera Institute, no local jurisdiction in the world incarcerates more people than Los Angeles. If so, Los Angeles, the City of Angels is, in fact, the City of Inmates, the carceral capital of the world.

Los Angeles has been an epicenter of incarceration since the 1850s, when Los Angeles was just a small, rowdy town on the nation's frontier. Husbands beat their wives with impunity. Gamblers shot one another in the street. And, in the wake of the U.S.-Mexico War (1846-1848), a war of conquest in which the United States, driven by the mania of Manifest Destiny, brutally seized nearly 500,000 acres of land claimed by Mexico and Indigenous communities, a race war raged between the incoming Anglo-American settlers and the town's established Mexican and Indigenous residents. In these early decades of Anglo-American settlement in the new American West, Los Angeles was the murder capital of the United States, the most dangerous town on the continent. Or, as a local preacher put it, "The name of this city is in Spanish the City of Angels, but with much more truth it might be called at present the City of Demons."

Amid the chaos of the 1850s, Los Angeles authorities made a jail Los Angeles' first public building, a jailer the first public employee. However, they did not fill the jail with L.A.'s most dangerous residents. Rather, in a trend that persisted over time, L.A.'s most vulnerable community members are also its most caged. In particular, the Indigenous and racially marginalized communities systematically disparaged and dislocated by broader struggles over land, labor, and life in Los Angeles have also been the most disproportionately arrested and jailed, making the jails of Los Angeles both mirror and motor to the region's deep history of racial inequity. What follows is a brief history of incarceration in Los Angeles, with

a focus on how struggles over land, labor, and life shaped the evolution of the jail population.

During the first three decades of U.S. rule in Los Angeles (1850 and 1880), the local jail population was predominantly Native. In particular, local marshals overcrowded the jail with Tongva and Gabrielino tribal members, the region's traditional caretakers, as well as the hundreds of Native refugees who had resettled in the basin since the Spanish colonial era. Local marshals arrested so many Native people that the common council (city council) simply described the jailer's salary as payment for "boarding Indians." However, the jail did more than "board Indians." In fact, the jail was a warehouse for unfree labor as local authorities assigned convicted persons, disproportionately Native persons, to the chain gang, forcing them to sweep streets, clean the river, and build the early infrastructure of Los Angeles, including the water system and downtown boulevards. Moreover, according to the 1850 and 1860 acts for the Government and Protection of Indians, unemployed "Indians" could be arrested "on the complaint of any reasonable [white] citizen." The 1850 and 1860 acts also entitled "any white man [to] give bond for said Indian [and] the Indian shall be compelled to work for the person so bailing, until he has discharged or cancelled the fine assessed against him." Moreover, law enforcement authorities could also auction convicted Natives to the "highest [white] bidder."⁷⁰ An auction was held every Monday at the Los Angeles jail. In the early morning hours, the jailer would haul imprisoned Natives into the street and tie them to a wooden beam, allowing employers to inspect their bodies before making their bids. One observer called the jail auction a "slave mart."

On the chain gang and from the auction beam, L.A.'s Native residents built the County's early infrastructure and fueled local industries. Meanwhile, in an era of rapid Anglo-American settlement in the region, the round ups, chain gangs, and auctions advanced Tongva and Gabrielino displacement by removing Native persons from their communities and publicly branding the region's traditional caretakers as "criminals" and "vagrants" in their own land. In other words, criminalizing, policing, and

jailing Native people advanced Anglo American occupation in the Tongva Basin. Moreover, rampant arrests and repeat jailings subjected L.A.'s Native people to dangerous health conditions inside the jail, accelerating Native population decline at a time when California's political and military leadership was waging a war of genocide against California Natives. In the words of Peter Burnett, California's first governor, a "war of extermination...between the races until the Indian race becomes extinct." California fought this war of extermination with soldiers and vigilantes as well as with marshals and jails. By 1880, the combination of disease, war, relocation, forced labor, and imprisonment had devastated the Indigenous populations across California. In Los Angeles, a region where an estimated 5,000-10,000 Native people had lived at the moment of Spanish invasion, U.S. census takers counted just 316 Native persons, amounting to a 97 percent population decline. As L.A.'s Indigenous population declined, L.A.'s first carceral trend came to an end.

In the decades ahead, Tongva and Gabrielino families fought to rebuild their communities while

population trends changed at the LA County jail, mirroring and motoring new struggles over land, labor and life in the region.

By 1900, Anglo-American conquest seemed complete in Los Angeles. Anglo-American families had wrestled most of the land from Native and Mexican landholders and taken control of local politics. They also constituted a strong demographic majority, numbering up to 96 percent of the local population. With land in their hands, politics in their pocket, and demographics on their side, local boosters promoted Los Angeles as "the Eden of the Saxon Homeseeker" and as the "nation's white spot." As California historian Kevin Starr once put it, local elites fiercely believed that Los Angeles was "the Aryan City of the Sun," a city of plenty for the Anglo-American families on the nation's frontier.

However, at the turn of the twentieth century, a so-called "Tramp Panic" gripped the nation and threatened L.A.'s identity as the Aryan City of the Sun. The emergence of national markets, the rise of corporate capitalism, and the closing of the frontier displaced hundreds of thousands of poor

white men from farm life and artisan careers. In search of work, landless and underemployed white men migrated across the country, especially into the American West, namely Los Angeles, where they provided casual labor for the region's seasonal industries. In an era when social leaders fiercely believed that the bedrock of U.S. society was the enfranchised white male citizen who held a steady job, owned a home, and headed a hetero-nuclear family, waves of white men wandering the West without work, women or land triggered a racial panic among Anglo-American social leaders. Many wondered if the wandering white men represented a "degenerate" strain of the Anglo-American race unfit to survive in the industrial era. As Francis Wayland, the dean of the Yale Law School, famously advised the nation's social welfare workers, white male itinerants were "tramps," "an evil...of enormous magnitude, and unless speedily arrested, threatens the very life of society." With such warnings, social and political leaders across the country but, especially in Los Angeles, turned the local criminal justice system toward caging the thousands of itinerant white men who arrived in the County every winter. This "war on tramps" raged in Los Angeles between the 1880s and 1910s and only ended when mobilization for World War I pulled underemployed white men into uniforms, jobs, and homes.

As the Tramp Panic came to a close, the Los Angeles jail population began to reflect new struggles over land, labor, and life in Los Angeles. In particular, the local jail population began to switch from majority white to majority Black and Latinx as L.A.'s African American and Latinx populations grew dramatically between 1910 and 1930.

Until the late-twentieth century, Mexican immigrants and Mexican Americans comprised the vast majority of L.A.'s Latinx population. Although few Mexicans or Mexican Americans lived in Los Angeles in 1900, Mexican immigration to Los Angeles surged during the Mexican Revolution (1910-1917), which drove nearly one million refugees across the border into the United States at a time when U.S. employers, especially agribusiness in the American West, heavily

recruited Mexican workers. By 1920, every key industry in Los Angeles was "dependent" upon Mexican laborers. By 1930, Los Angeles was home to the largest Mexican population anywhere in the United States.

The rebirth of L.A.'s Mexican population worried local leaders who continued to imagine L.A. as the "Aryan City of the Sun." Eager to protect white supremacy in a city dependent upon Mexican labor, local elites restricted Mexicans to low-wage work, kept Mexican residents on the East Side of town, and even channeled the L.A. River like a cement wall between the downtown business district and East L.A.. The Los Angeles Sheriff's Department (LASD) and Los Angeles Police Department (LAPD) also aggressively policed Mexican and Mexican American people, especially on public order charges, sweeping underemployed and underhoused Mexicans from the streets and into jail. These arrests escalated during the Great Depression, when the demand for Mexican laborers evaporated and local residents pressured Mexicans to return to Mexico. In fact, amid the Repatriation Movement of the 1930s, during which nearly one-third of L.A.'s Mexican and Mexican-American population was deported or otherwise returned to Mexico, a staggering 86 percent of the arrests of Mexicans made by the LAPD were for public order charges. In other words, when situated within the context of the Repatriation Movement, the rise of Mexican incarceration in Los Angeles during the 1930s clearly functioned to remove underemployed Mexicans from the streets of L.A., to cage a racialized population depended upon as workers but rejected as residents. By the close of the Great Depression, Mexican incarceration was on the rise in Los Angeles.

African American incarceration also rose in these decades. Fleeing the Jim Crow South, African Americans arrived in Los Angeles in search of the personal safety, political freedom, and economic opportunity denied them across the American South. By 1930, Los Angeles was home to the largest African American population west of the Mississippi. But Black residents were not recruited to Los Angeles as workers. In fact, many of the region's key industries, such as agriculture,



Entrance to sheriff's office and county jail at the northwest corner of Spring and Franklin [ca. 1882]
Photographer: Charles C. Pierce, 1861-1946 / Los Angeles Photographers Collection/C.C. Pierce Collection/Los Angeles Public Library

typically refused to hire Black workers, preferring Mexican immigrant workers because, in the words of one local booster, “he [the Mexican] is deportable” whereas African American workers were citizens. “You cannot deport him,” explained the director of the Los Angeles Chamber of Commerce. Therefore, the rise of Black Los Angeles sparked a different response in the nation’s white spot, a racial panic that trended less toward labor control and more toward containment and removal.

Indeed, across Los Angeles, authorities and elites broadly created the conditions for caging Black life. Most notably, housing segregation restricted most Black residents to the South Central Avenue district. One African American resident described the local redlining and real estate practices encircling South Central as “invisible walls of steel.” Policing in South Central and at its borders was aggressive, sweeping disproportionate numbers of African Americans from the streets and to the local jail, namely on vice and public order charges. For example, Black women comprised less than two percent of the total city population but 25 percent of prostitution charges and 27 percent of sex-related vagrancy charges.

However, unlike in the American South, where labor control fueled criminal justice practices, leading to what historian Douglas Blackmon has described as “slavery by another name,” in Los Angeles, a region neither dependent on Black workers nor welcoming of Black residents, local criminal justice practices prioritized containing African Americans in South Central and driving them from the County. As Corrias Hillard, a Black worker from Arkansas noted in 1927, officers arrested him ten times in just a few months, forcing Hillard to spend nearly five months in local jails before his probation officer instructed him to leave the state, saying “The authorities back there [in Arkansas] are quite capable of taking care of a presumptuous Negro.”

Although African Americans retained voting rights in California, housing policy paired with employment and education discrimination, each compounded by police practice, effectively caged Black L.A. in the South Central district until

the Civil Rights Movement, which invalidated explicitly racist tactics, namely in housing, education, and employment. Despite the monumental achievement of ending the Jim Crow era, the Civil Rights Movement neither redressed the centuries of inequity in the United States nor did it end implicit and institutional forms of racial bias. In the decades ahead, the nation’s deeply rooted racial inequities persisted while the nation’s legacy of white supremacy assumed a new architecture. In this new age of inequity, the criminal justice system has played a central role. In particular, as legal scholar Michelle Alexander has described it, mass incarceration emerged as the New Jim Crow, a racial caste system that extends the afterlife of slavery in the United States by systematically stripping political rights, financial assets, and life opportunities from a range of racially and economically aggrieved communities, with a stunningly disproportionate impact upon African Americans.

The federal government plotted the rise of mass incarceration by incentivizing state and local governments to invest in police, jails, and prisons. California led the surge, imprisoning more people than any other state in American history.⁷¹ And Los Angeles County led California, sending more people to prison than any other county in the state and building the largest jail system in the nation.

Sentencing reform was the first step in the California prison boom. In fact, amid a post-World War II trend, when California’s prisons were still majority white, California’s state prison population had declined to fewer than 20,000 persons by the mid-1970s.⁷² The number of people imprisoned in California was so low that policymakers began to discuss the total abolition of the state prison system. Then, in 1976, as the state prison population became increasingly Black and Latinx, California passed the Sentencing Reform Act. The 1976 Sentencing Reform Act was a consensus law, serving law-and-order demands for minimum sentences while addressing progressive concerns regarding racial disparities endemic to indeterminate sentencing practices. The new law pegged a fixed prison term of, say, two, eight, or ten years, to each offense and, then, required judges to assign a fixed, i.e. “determinate”

sentence for each charge. By 1980, the state prison population was on the rise as people serving fixed and typically longer sentences, spending more time behind bars.⁷³ And the prison population was, for the first time in California history, majority Black and Latinx.

Congress followed California’s lead. In 1984, the United States Congress passed the Sentencing Reform Act, adopting determinate sentencing and mandatory minimums for federal offenses. In 1986, Congress adopted the Anti-Drug Abuse Act, which doubled down on harsh sentencing for drug crimes by establishing the now-discredited 100-to-1 formula for crack vs. powder cocaine.

Meanwhile, a national trend toward intensifying street-level police practices swept an increasing number of people into local jails across the country. Namely, the War on Drugs focused police practice on arresting low-level street dealers, with a goal of ripping out the base of the nation’s illicit drug economy. Similarly, the adoption of Broken Windows-style policing prioritized arresting people on relatively minor charges, with the goal of creating a sense of public order that suppressed the outbreak of more serious violations. The LAPD and LASD were both early adopters and national leaders in the War on Drugs and aggressive patrol practices.⁷⁴

Neither worked. The War on Drugs did not end the illicit drug economy and Broken Windows policing did not suppress more serious violations. In fact, drug usage remained steady during the drug war while violence surged in the nation’s most aggressively policed communities.⁷⁵

Simultaneously, the federal government defunded mental-health hospitals, without providing much-needed funding for community-based clinics, forcing large numbers of persons struggling with mental illness into the streets where they were regularly subject to arrest. Similarly, deindustrialization destabilized urban cores across the United States, sending more people to the streets in search of work, housing, and community. Meanwhile, the federal government continued to offer states and localities massive incentives to build new prisons, hire more police, and purchase

increasingly militarized technologies, such as helicopters and tanks.⁷⁶

It was the perfect storm, the staging of a historically unprecedented and globally unmatched social crisis called “mass incarceration,” and the costs were staggering

The rise of mass incarceration required enormous public resources. Since 1971, the United States has made a \$5.1T surplus investment in criminal justice, ramping up spending on state prisons, local police and local jails far above 1971 levels. In California, state authorities have increased criminal justice spending by \$600B above 1982 levels.

But the costs of mass incarceration are more than fiscal. The human toll is steep. For example, everything from school policing to parental incarceration has been causally linked to diminished educational outcomes for children in highly-policed communities while the confinement of a wage earner, even if just for a few days, reduces family income while constituting an additional household expense as families and loved ones scramble to pay legal fees, phone calls, and take time off of work and school for visitation. Moreover, in addition to the formal disenfranchisement of persons in prison and on parole as well as the effective disenfranchisement of persons in jail and on probation, persistent policing and over-incarceration has been proven to broadly diminish civic engagement and political turnout in impacted communities. In turn, “families with an incarcerated family member are significantly more likely to live in poverty and experience homelessness than other families...”⁷⁷

And none of these costs were equally distributed. In fact, the rise of mass incarceration indisputably landed most heavily on Black, Latinx, and Native communities and especially upon the young, poor, unhoused, and mentally ill. Young African American men, in particular, were persistently more likely to be arrested, convicted, and imprisoned for a drug felony regardless of relatively equal rates of drug use. By the early 1990s, the racial disparities inherent to the War on Drugs and Broken Windows policing delivered clearly racialized results as one-in-four young Black

men was incarcerated or system involved.⁷⁸ And the female incarceration rate broke away from historic norms, making women, particularly Black women, the fastest-growing imprisoned population in the United States.⁷⁹

In sum, the nation's criminal justice strategy was not just expensive and a failure, it had systematically harmed historically-vulnerable communities, namely youth, women, the impoverished, the mentally ill, and racialized minorities, in particular, African Americans.

Rather than reform the criminal justice system, and reverse its racially disparate outcomes, California, led by Los Angeles, doubled down, again leading the nation toward even more intensive police practices and higher incarceration rates. In 1994, the passage of the Three Strikes law continued to drive up demand for prison beds in California. By 2000, California had built twelve additional prisons. By 2010, California had opened two more prisons, for a sum of 23 prisons in less than thirty years.⁸⁰

Still the number of local arrests outpaced the state's prison construction boom, driving California's prison system to become dangerously overcrowded, operating at more than 200 percent by 2010. In 2011, the U.S. Supreme Court ruled that conditions inside California prisons violated the U.S. Constitution's protections against cruel and unusual punishment, ordering California to reduce overcrowding to no more than 134 percent above capacity.⁸¹

In October 2011, with the passage of A.B. 109, a.k.a. "Realignment," California courts began sentencing all persons convicted of non-violent, non-sexual, non-serious felonies to county jails instead of state prison, dramatically reducing the number of people sentenced to the state's overcrowded prisons.

In 2014, California voters passed Prop 47, which retroactively changed certain non-violent, non-serious felonies to misdemeanors, releasing thousands from prison while also making as many as one million California residents eligible

to have their felony convictions downgraded to misdemeanors.⁸²

Today, sentencing reform is again radically transforming California's carceral landscape. Recent reforms have driven the state's imprisoned population to fewer than 130,000 persons.⁸³ At the Los Angeles County jail, total bookings have declined year-over-year since 2010, dropping from 150,948 in 2010 to 119,821 in 2016.⁸⁴ Yet demographic disparities persist. The LA County jail remains disproportionately Black, poor, sick, and young, and increasingly Latinx and female.

In closing, the history of incarceration in Los Angeles County is characterized by nearly two centuries of racial injustice. It is for this reason that the ATI report offers a comprehensive set of recommendations designed to advance racial equity and justice.

Community Stakeholder Contributions

The ATI process incorporated the voices of numerous community-based organizations and stakeholders. The three organizations below describe the experience of working as service providers, advocates, and healers to support people and communities impacted by incarceration in Los Angeles County. In this section, they share some context about their work, its personal impact, and how their years of labor connect to the ATI process.

Community Stakeholder Contributions

Ascent

In early 2018, Ascent began its journey connecting transition age youth with disabilities to permanent supportive housing. We also supported them in accessing food, clothing, healthcare, mental health services, as well as social connections essential to thriving and achieving personal success. From this process came Ascent's natural transition, in the spring of 2018, into becoming one of the first of LA County's Reentry-Intensive Case Management Services providers activated to reduce recidivism and provide support to people being released from incarceration. We began with two Community Health Workers and have quickly bloomed into a dynamic team of six CHWs. Our Community Health Worker team takes the responsibility of not only aiding with the basic social and economic needs of clients, but also the emotional and psychological needs that become part of the key to their success.

A stand-out memory of Ascent's client successes was with a certain individual who our CHW and program manager met at a commercial parking lot in Los Angeles. At the time, this individual was living in her van. She was experiencing various health issues that made finding work very difficult and her three children had been taken and placed in foster care. On top of everything, she had stuttered speech, which greatly impacted her confidence. Her despair that her situation would never improve in turn impacted her ability to remain sober. Once she became a client under Ascent's care, the process of healing began. Over the course of several weeks, our CHW would meet with her to make sure she had her essential needs as well as someone to talk to about her distressing situation. The CHW would consistently support this client by helping her increase communication with her DCFS social worker. Moreover, he would talk with her children when they were getting anxious over their mother's situation, afraid that the family would never reunite. Suddenly, for about a week, the client stopped answering her CHWs calls, and our concerned CHW went to visit her in the parking lot where she was staying.

He knew she had an important upcoming court date and did not want to let this key court visit turn into a failed opportunity for the client to reunite with her kids. Our CHW prioritized the client's emotional needs by coaching her over the phone while she was at the courthouse waiting to be seen, encouraging her to ask to speak to the judge in private. She followed his advice and the judge heard her and granted her the possibility of having her kids back before the end of the year so long as she found a housing unit with the voucher she already had and completed drug treatment classes. Within six months, she went from living in her van to having her own apartment, reunited with her three children.

Since its inception in 2018, Ascent has built many local partnerships and taken a role in starting the CAP Alliance chapter in Long Beach, a network of reentry providers and community members with the goal of empowering people returning home from incarceration and reducing recidivism. It has also become the primary community-based organization involved with the innovative city jail diversion program in partnership with the Long Beach Justice Lab. Our relationship with the ATI work group started when one of our staff heard about the creation of the group by the Board of Supervisors. We excitedly sent one of our CHWs to the very first ATI meeting. This CHW was then invited to get further involved and share her story, and from then on Ascent dedicated a CHW to be a regular and actively engaged participant in ATI. In July 2019 when it came time to select organizations to host the community workshops, Ascent was chosen for the City of Long Beach. The work that Ascent and many other providers lead in Los Angeles is essential in building the collaborative community-based system of care that has been imagined through the ATI process.

Dignity and Power Now

The history of Dignity and Power Now (DPN) is a story about families and their resilience to heal at the face of injustice. It is the story of women like Helen Jones, Lisa Hines and Valerie Rivera, who have lost children to state-sanctioned violence and heal by seeking justice for their families and communities. It is the story of Patrisse Khan-Cullors, whose tireless advocacy for mental health treatment instead of incarceration for her brother Monte led her to found DPN in 2012. Since its founding, DPN has been fighting for the dignity and power of all incarcerated people, their families, and communities.

Dignity and Power Now is rooted in the belief that without healing there is no justice. Trauma, particularly trauma derived from state violence, impacts the way we think, how we socialize, what we consider safe and unsafe, and our ability to connect with others. By addressing the need to heal from trauma, DPN works to actualize a vision of public safety and wellness that moves beyond punitive responses to harm.

DPN supports community healing through multiple programs, including leadership building for youth and adults impacted by incarceration; free wellness clinics that provide entire communities with services like acupuncture, massage therapy and meditation; Freedom Harvest, a monthly pop-up arts and wellness event held outside an LA County jail site; and rapid response healing (before, during, and after crisis) for families of people who have died in the jails as well as others experiencing a health crisis due to the effects of state violence. We support the healing of our communities not only because we deserve wellbeing, but also because the power required to win our people's wellbeing is the power required to win all other visionary demands for justice. For DPN, the purpose of supporting healing and building resilience is not to equip our communities to endure more trauma, but rather, to empower people to seek justice and transform Los Angeles.

Dignity and Power Now's holistic approach to addressing trauma honors the need to demand justice for our loved ones as a form of healing. DPN's legacy of activism began with the Coalition to End Sheriff Violence, a coalition of Los Angeles County community organizations who fought and won civilian oversight over the Los Angeles County Sheriff's Department in 2014 and continue to fight for that oversight body to be effective. DPN has also been a leader in the fight against jail expansion in Los Angeles, beginning with the LA No More Jails Coalition, and most recently, anchoring the JusticeLA Coalition (JLA).

Through sustained community mobilization and advocacy by impacted families, JLA successfully stopped billions of dollars from being spent on new jails in 2019 and continues to demand that those dollars be spent on mental health diversion programs and community resources. It was the vision of impacted families over a decade ago that Los Angeles County invest in community-based resources rather than incarceration. That vision, sustained through community resilience, is now articulated in the Alternatives to Incarceration Workgroup final report. Los Angeles County is at the precipice of change and Dignity and Power Now will continue to heal our communities until that change is fully realized.

Youth Justice Coalition

The Youth Justice Coalition (YJC) was created and is led by people who have been arrested, on probation, detained in juvenile halls and/or county jails, incarcerated and/or deported. Our membership also includes family members of people inside, including children and youth who have cycled in and out of the foster care system because of the incarceration of their parents and guardians. Youth, 18-25, are arguably the most vulnerable population in the jail system - most likely to be killed, most likely to be sexually and physically assaulted by both deputies and other people detained, most likely to be placed in solitary confinement, and most likely to be denied being released on their own recognizance or on bail - but are not recognized as vulnerable. Most risk assessment tools score young age as an automatic high-risk factor.

Throughout the ATI process, we pushed LA County to envision and invest in alternatives to arrest, detention, incarceration and deportation, because we have experienced it first-hand. The effort to establish a comprehensive plan for alternatives to incarceration builds on the long work of formerly incarcerated people, families and community organizers across the County to challenge LA's addiction to incarceration.

For us, the publishing of this report is in honor of several youth whose experiences remained in our thoughts as we attended the ATI meetings including Nicholas, an 18-year-old who was found dead in December 2018 in his cell at Men's Central Jail under suspicious circumstances; Jose, a 28-year-old, long-time YJC member who has been fighting his case for nearly two years while detained in County Jail, unable to afford bail; and Dayvon who grew up in multiple foster care homes until he was terminated at the age of 18 without housing or support. Dayvon was arrested for a theft he committed to survive, he was sentenced to time at Men's Central Jail, where he had an epileptic seizure and was put in two weeks' solitary confinement by the deputies who claimed he was faking his illness.

Over the last 170 years, LA County built the world's largest and most expensive punishment system. Shamefully, we now have the largest juvenile halls, youth prisons (Probation camps), jails, Sheriff's Department, Probation Department and school police department on the planet, as well as the largest and most expensive network of law enforcement agencies (57 countywide).⁸⁵ For more than 10 years, the YJC fought and helped to defeat LA County's \$3.5 billion jail expansion plan, including helping to coordinate the LA No More Jails Coalition and Justice LA.

To keep people out of the system, pull them out and prevent people cycling back inside, the YJC has created a free, collective movement and community development space (Chuco's Justice Center); transformative justice practices and trainings; participatory defense, court monitoring, know-your-rights workshops, and bi-weekly legal

clinics; a continuation high school that serves as a diversion from detention and incarceration and an alternative setting for youth who have been suspended or expelled from other schools; and the building and supporting of community alternatives to 911 in LA County (CAT 911). The YJC and all the organizations led by formerly incarcerated people and families established the culture shift, vision and conditions necessary to make this ATI plan possible. For it to be made real, LA County must also engage people most impacted by the system in the implementation of this plan.

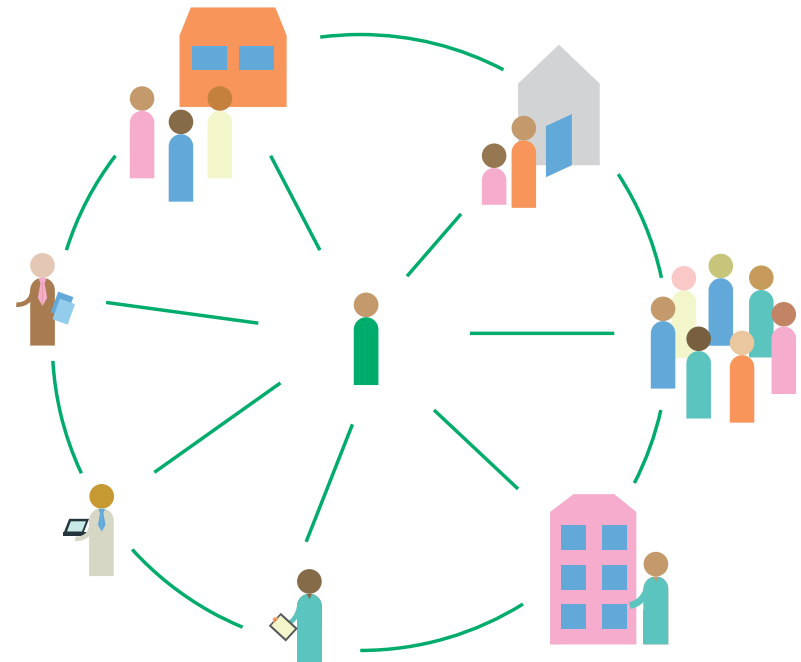
ATI Road Map

The ATI Work Group used a modified version of the Sequential Intercept Model—a framework that addresses the interface between the criminal justice, health, social service, and community-based systems—to develop 114 recommendations to transform the way LA County treats its most vulnerable community members. The intercepts of the model describe a series of opportunities with key decision points for intervention that can prevent individuals from becoming enmeshed in the criminal justice system. These opportunities are located along various points of a continuum, from community-based services that focus on prevention, crisis response and pre-arrest diversion models; to jail and court-based assessment and intervention; to services provided after release from custody. The ATI Road Map, fully illustrated below, describes the ATI vision for how LA County can provide care first and jails last. Preliminary implementation plans for the recommendations are available online at lcalternatives.org/reports.

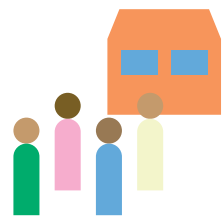
ATI Road Map

Intercept 0:

Holistic and Decentralized Community-Based System of Care—Prevention and Reentry Recommendations



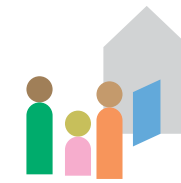
Restorative Behavioral Health and Primary Care Villages



1. Decentralize and develop cross-functional teams to coordinate behavioral health needs before booking, with an emphasis on warm handoffs when connecting clients to optimal services.

2. Create and expand decentralized, coordinated service hubs (ex: MLK Behavioral Health Center) in strategic locations across the 8 Service Planning Areas (especially SPA 1, 3, and 7) where people, their families, and support network can seek referral and/or immediate admission 24 hours a day to a spectrum of trauma-informed services that include but are not limited to mental health including Psychiatric Urgent Care Centers; supportive housing via a coordinated entry system; and substance use disorder services such as withdrawal management, medication-assisted treatment (MAT) and recovery intake centers (i.e., sobering centers).

Families and Support Network



- Expand family reunification models and connect families to low-cost or no-cost parenting groups. Family reunification models and parenting groups should be evidence-informed and have demonstrated they are correlated with better outcomes for participants and their children. These resources should be provided by community organizations and there should be ready availability of resources tailored to the unique needs of cisgender women who identify as mothers as well as LGBTQ+ and TGI parents.
- Train families of people with clinical behavioral health disorders on how to support their loved ones, assess service needs, provide assistance through various stages of treatment, and follow prevention/treatment plans while incentivizing family/client involvement with compensation and certificates, etc.
- Support meaningful exchange of information and clarity between provider, patient, and family/caregiver to improve patient care and health outcomes, including but not limited to modifying DMH's HIPAA policy for contractors.
- Improve, enhance, and integrate case management opportunities and points of contact and engagement for Community Health Workers and peer support organizations to connect with clients and their families/loved ones outside of justice involvement and pre/post incarceration.

Create robust community education—especially in impacted communities—about services tailored to people who identify as cisgender women, LGBTQ+, or TGI so that incarceration is not the first point of contact for services. Give peer support organizations and Community Health Workers access to real-time data on treatment availability to streamline the referral process.

Restorative Justice and Trauma Prevention



- Establish effective restorative justice programs for the adult justice-involved population by learning from existing County programs and other programs, especially those serving youth.
- Create or expand crisis mediation and violence prevention work based on restorative justice principles, with a focus on programs specifically for people who identify as cisgender women, LGBTQ+, or TGI and conduct community outreach to promote awareness of these options outside of the justice system.
- Collaborate with the communities most impacted by incarceration to create outreach campaigns for families and support networks on affirming gender identity and queerness as well as community support options. This will help prevent trauma and promote stronger social support networks for LGBTQ+ / TGI people.

Mental Health, Substance Use, and Co-Occurring Disorder



10. Advocate for changes to **expand services and populations covered by Medi-Cal, MHSA, and/or to support integrated service delivery** for system-involved individuals and their families, which could provide a source of sustainable funding to support ATI recommendations related to an integrated system of prevention and care.
11. Optimize and increase the appropriate use and process for **mental health conservatorship and assisted outpatient treatment**, and resource them accordingly.
12. Support and broaden implementation of community-based **harm reduction** strategies for individuals with mental health, substance use disorders, and/or individuals who use alcohol/drugs, including but not limited to, sustained prescribing of psychiatric medications and MAT.
13. Deliver **integrated mental health and substance use disorder services**, rather than parallel services, including building partnerships between DPH-SAPC and DMH for residential co-occurring disorder (COD) services.
14. Support **parity between the mental health and substance use disorder** systems and available services.
15. **Remove time limits to service provisions** that prevent access to long term health, mental health or substance use disorder treatment plans.

16. **Reduce** the adverse impact that the **severity of substance use charges** (e.g. possession of a controlled substance, DUI) have on people who identify as cisgender women, LGBTQ+, and/or TGI. Assess and develop public health and urban planning interventions (e.g. access to subsidized public transportation, safe consumption sites) to mitigate the risks of these charges.
17. Create **safe consumption sites** that will act as service hubs and be a part of the decentralized system of care.

Housing and Services



18. Create a system that contributes to and/or **offsets the cost to family members and caregivers for housing loved ones** within their home or in the community through options such as tax credits, stipends, vouchers, motel conversions, or partial pay options. Utilize this system to address the cost of family members caring for the child of an incarcerated loved one, including transportation assistance to support the child visiting their parent in jail, to maintain a strong relationship, and to support cisgender women, LGBTQ+ people, and TGI people who act as caregivers of children, elderly family or loved ones.
19. Create an **individualized/personalized master transition plan** for displaced individuals.
20. Expand or refine **affordable successful housing models** designed for and **tailored to justice-involved individuals with mental health and/or substance use disorder needs**, specifically: (a) short-term

treatment inclusive of acute inpatient, AB 109 and forensic inpatient (FIP) and IMD subacute beds; (b) interim housing inclusive of clubhouse living with supportive employment, recovery bridge housing and sober living; and (c) permanent subsidized housing inclusive of independent living and board and care facilities.

21. Create and scale up innovative programs that comprehensively **provide housing, wraparound services, and career-track employment** for justice-impacted individuals. Ensure the availability of programs that meet the needs of and are tailored to people who identify as cisgender women, LGBTQ+, and/or TGI.
22. Develop **partnerships** with and between **landlords, County departments, providers, and communities/neighborhoods** that increase housing options and support residents in maintaining housing, including onsite management staff. Incentivize the creation and reservation of sufficient units for short- and long-term housing options for people who identify as LGBTQ+ and/or TGI.
23. Work with **Housing State Funding, DHS Housing Programs, and housing projects** for people experiencing homelessness and mental health and/or substance use disorders.
24. Work with Housing State Funding, DHS Housing Programs, and **housing projects** for people who identify as **LGBTQ+ and/or TGI**.

Training and Employment



25. Establish a partnership with the **State Department of Occupational Rehabilitation** and coordinate with other agencies, including but not limited to WDACS, regarding **economic and employment opportunities**. Develop partnerships to create opportunities specifically for people who identify as LGBTQ+, TGI and/or cisgender women by incentivizing employers to participate.
26. **Expand supported employment opportunities** for persons with mental health, substance use, or co-occurring disorders, including **flexible funds for basic client needs** to find employment (e.g., birth certificates, etc.).
27. Expand **supported employment opportunities** for people who identify as **LGBTQ+, TGI and/or cisgender women**, including flexible funds for basic client needs to find employment (e.g., birth certificates, identification consistent with gender identity, childcare, etc.).
28. Incubate new **innovative employment programs** for people with **serious mental health disorders**.
29. Incubate new and innovative employment programs for people who identify as **LGBTQ+, TGI and/or cisgender women**.
30. Provide greater access and options for subsidized **public transportation** in order to reduce arrests and recidivism for common charges related to lack of transportation.

Reentry and Legal Services



31. **Remove barriers to treatment, employment, and affordable housing**, including recovery housing, based on stigmatization and discrimination due to record of **past convictions** through local and state legislative intervention or updating County policies.
32. Offer **tailored services** to people throughout the LA County Superior Court system, such as Family, Children's, Reentry, Criminal, and other Courts to address reunification with their children, housing, employment, fines/fees, and health needs to **prevent crises that lead to involvement in the system**. These services should be tailored to people who identify as cisgender women, LGBTQ+, and TGI. Offer peer advocates described in Recommendation 6 to help navigate all court systems.
33. Facilitate individuals' ability to comply with court requirements and clear their record by providing **financial assistance to individuals released** to assist with costs associated with **court requirements** (e.g. restitution fees, mandated classes, etc.), creating a mechanism for people to get these costs waived due to financial hardship, and increasing access to legal services such as free expungement.
34. Provide **comprehensive community-based reentry services** across the County including but not limited to: job training and placement, specialized training to build a pipeline to employment in reentry programs (with career pathway options), advocacy to change rules that bar formerly incarcerated individuals from applying for certain professional certifications, assistance to find housing, temporary financial aid for basic needs (e.g., food, clothing, transportation), assistance to secure legal identification and to enroll in benefit programs (e.g., Medi-Cal, General Relief, SNAP), life skills classes (budgeting, etc.), and connections to mental health and substance use treatment services.

Intercept 1: Community Response and Intervention Services Recommendations



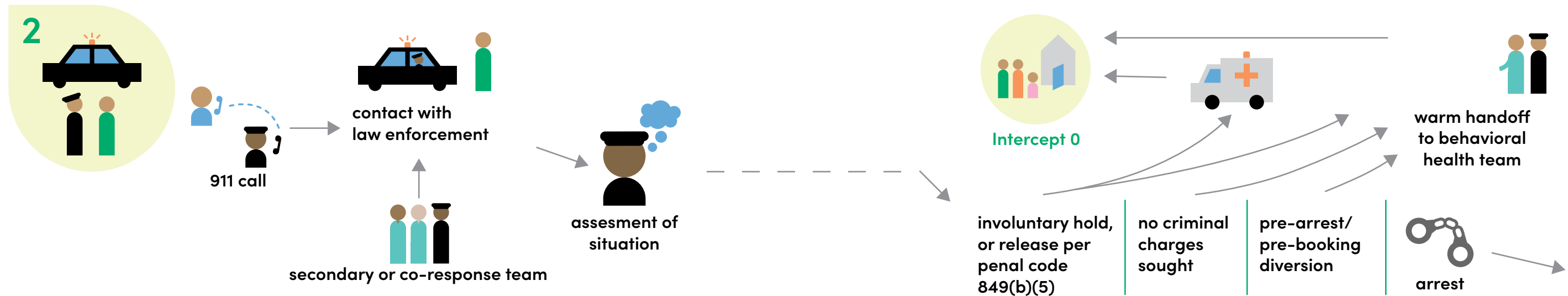
- 35. Significantly **increase** the number of DMH **Psychiatric Mobile Response Teams (PMRTs)** to reduce service wait times.
- 36. Increase (DMH) ambulance contracts to **improve response times**.
- 37. **Create another option for behavioral health crises**, i.e., CBO behavioral health services through an app.

- 38. Expand, diversify, and strengthen **non-crisis mobile response teams** to address gaps, including: (a) following through with clients in crisis to avert involuntary hospitalization; (b) involving peers in mobile response teams that connect to individuals' gender identity; (c) developing system for outreach workers to respond to non-law enforcement calls; (d) assisting people who identify as TGI, LGBTQ+ and/or cisgender women who are in an emerging crisis and/or need community-based conflict resolution.

- 39. Invest in **public education** and **law enforcement education campaigns** to encourage the use of DMH ACCESS, SASH, suicide prevention and other helplines, and the CBO Network on homelessness, mental health, substance use and stigma.
- 40. Establish, expand, enhance, and coordinate the **database** and tools available for real-time **bed availability** for all justice and health system partners.
- 41. Develop and expand a **decentralized range of clinical spaces** countywide and ensure that current sites are sufficiently resourced.
- 42. Improve staffing for the **DMH ACCESS line** to minimize caller wait times and ensure live operator coverage 24 hours, 7 days a week.

- 43. Train **911 operators and dispatch on mental health screening to direct calls** involving behavioral health crises that do not require a law enforcement response towards DMH's ACCESS line (e.g., integrate DMH line with 911 or allow direct access from 911 operators to ACCESS). Train 911 operators and dispatch to allow callers to request a responder that connects to the gender identity of the individual in crisis.
- 44. Ensure that response teams (e.g. MDT, PMRT, etc.) have the capacity to (a) **minimize and/or eliminate a child's trauma and family separation**; and (b) connect caregivers to community-based support services, including immigration services.

Intercept 2: Law Enforcement Recommendations



45. Substantially increase the number of **co-response teams**.

46. Train all law enforcement officers in Los Angeles County in a formal **Crisis Intervention Team (CIT) curriculum**, including information on appropriate responses to people who identify as TGI, LGBTQ+ and/or cisgender women, and refresher courses, that incorporate connections and networking with neighborhood-specific community-based resources with a treatment-first, harm reduction approach. SMART/MET teams to receive substantially more specialized training.

47. Promote a practice where law enforcement officers, whenever possible and appropriate, **release individuals with clinical behavioral health disorders at the time of contact** and ensure a warm introduction to supportive services.

48. Develop and expand **pre-arrest and pre-booking diversion programs**, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health needs, in coordination with law enforcement and community providers.

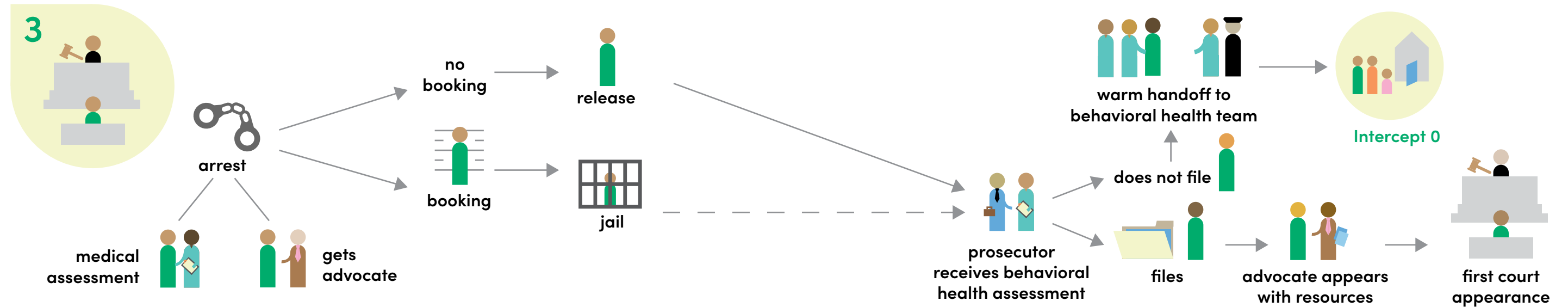
49. Ensure that **pregnancy, lactation and postpartum needs** are distinguished as an indicator for **pre-arrest and/or pre-booking diversion**, promoting warm introductions to appropriate community-based services such as harm reduction strategies and parenting services.

50. **Reassess** law enforcement practices and policies on **arrests/bookings for sex work**, especially given the racial disparities with respect to Black women. Prioritize pre-arrest diversion of cisgender women, LGBTQ+ people, and TGI people engaged in sex work with connection to job training and placement programs and peer outreach workers who can offer voluntary services rooted in harm reduction.

51. Ensure that the LA County Civilian Oversight Commission, the Office of the Inspector General, the LA County Probation Oversight Commission, and other related bodies have the consistent presence of people equipped to **address the negative treatment of LGBTQ+ / TGI people and cisgender women** by law enforcement. Establish clear documentation and discipline processes when there are violations for homophobic, transphobic, and/or misogynistic harassment or assaults by law enforcement.

52. **Decriminalize** drug use, public intoxication, fare evasion, driving without a license, licensing suspensions, licensing revocation and/or other quality-of-life crimes and survival crimes. Until this is fully implemented, individuals should not be arrested, booked or prosecuted for these offenses but instead law enforcement should ensure individuals are connected to **harm reduction** services.

Intercept 3: Booking and First Court Appearance Recommendations



53. Improve and expand **return-to-court support services** to reduce failures to appear.

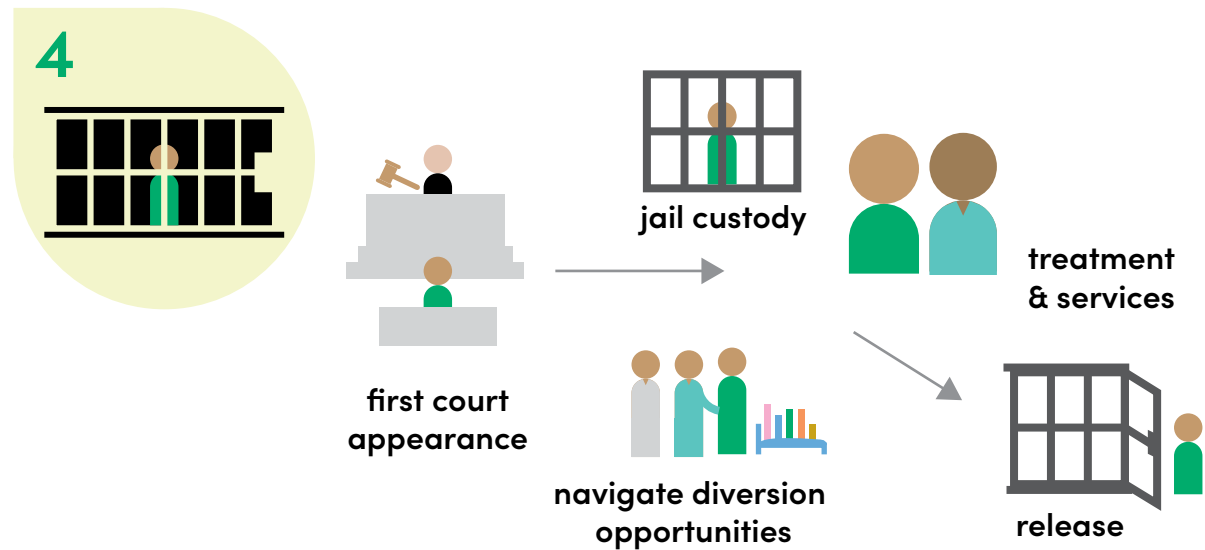
54. Create a front-end system with behavioral health professionals that solicits **information about unmet behavioral health needs** so prosecutors can offer diversion instead of filing charges, or can file reduced charges, for individuals whose justice system involvement is driven by those needs.

55. Develop a **strengths- and needs-based system of pre-trial release** through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions.

56. Institute a **presumption of pre-trial release for all individuals**, especially for people with behavioral health needs, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.

57. At the earliest point possible, connect individuals to a **personal advocate or community member** to assist them in **navigating the justice system** process and assist in advocating for diversion opportunities. These advocates, whenever possible, should include and be trained to provide tailored help/referrals to people who identify as LGBTQ+, TGI and/or cisgender women.

Intercept 4: Jail Custody and Court Process Recommendations



58. Improve **equal access to all treatment resources** for justice-involved individuals, wherever they may be (**in or out of custody**) by: (a) directing health agencies to change eligibility criteria and increase capacity and funding to ensure behavioral health treatment facilities are available in all stages of the court process; (b) creating a more rapid referral and response process for mental health and co-occurring disorder placements at all levels; (c) developing a coherent strategy and connecting every qualifying individual to an appropriate court-based program at inception of diversion dialogue; (d) refining multiple points of entry within Intercept 3 for mental health and SUD services; (e) ensuring in-custody involvement of CBOs for services; and (e) expanding capacity and removing archaic barriers at all levels of care. Ensure consistent, culturally appropriate, and sufficient availability of the full range of services and court-based programs for people who identify as cisgender women, LGBTQ+, and/or TGI so no one is left without care or diversion because of gender identity or sexual orientation.

59. Create a robust **AB 1810 Diversion scheme**—PC 1001.36 and 1170(a)(1)(B) (iv) and 1370.01(a)(2)—**to identify early on persons eligible for diversion** and develop pathways countywide to connect individuals to appropriate mental health programs to accomplish the goals of pre-conviction diversion and respond to all other present and future diversion opportunities, including pre- and post-conviction.

60. Increase **'staffing on the ground'** across departments, including Public Defender/Alternate Public Defender, District Attorney/City Attorney, Department of Health Services/Office of Diversion and Reentry, Department of Mental Health/ Mental Health Court Linkage Program, County Counsel, Department of Public Health, and community-based organizations that work with departments to expand and integrate **court-based services** for as many individuals as possible.

61. Expand access and enhance **substance use treatment programs** in the County jails, e.g., the START program substance use disorder

(SUD) treatment for currently incarcerated people with mental health needs and SUD and Medication-Assisted Treatment services in the jails to provide: (a) comprehensive withdrawal management; (b) full spectrum MAT for opiate use disorder; and (c) specialty MAT clinics to allow clients patient-centered, harm reduction services on-site.

62. Increase **collaborative, non-adversarial processes in all courtrooms** where diversion/alternate sentencing occurs, to enable better outcomes that are **trauma-informed** and respect individual care and rights.

63. **Tailor** the conditions and services required/offered in any **alternatives to incarceration programming** to the needs and strengths of people who identify as **LGBTQ+, TGI, and/or cisgender women**. Create policies that address the challenges and barriers frequently faced in attempting to comply with mandates (e.g. childcare obligations as a single parent, lack of money for transportation, lack of money for program enrollment or completion, etc.) as well as how these programs can contribute positively to wellness rather than being grounded in negative sanctions (e.g. incarceration, probation extension, fees, loss of parental rights, etc.).

64. Review and update the existing LA County **compassionate release** program to facilitate and expedite the release of individuals whose **medical needs** are not adequately addressed in the jail, including but not limited to: individuals with **terminal diagnoses, chronic diseases, disabilities and individuals who are pregnant, lactating and/or postpartum**.

65. Create a simple and **real-time map of diversion options** and eligibility criteria to share with the public and all system actors so that people and their support networks can help identify eligibility for diversion. The map should note available options tailored

to cisgender women, LGBTQ+ people, and TGI people.

66. Hire **peer navigators** and direct service providers and lawyers focused on **LGBTQ+ and TGI clients** at the public defenders' offices to maximize connections to alternatives to incarceration and diversion throughout the court process.

67. Identify **drivers of license suspensions** and create mechanisms, in collaboration with Traffic Court, to prevent LGBTQ+ people, TGI people, and cisgender women from losing their licenses due to inability to pay tickets and from being arrested, booked or prosecuted for failures to appear related to unpaid tickets and license suspensions.

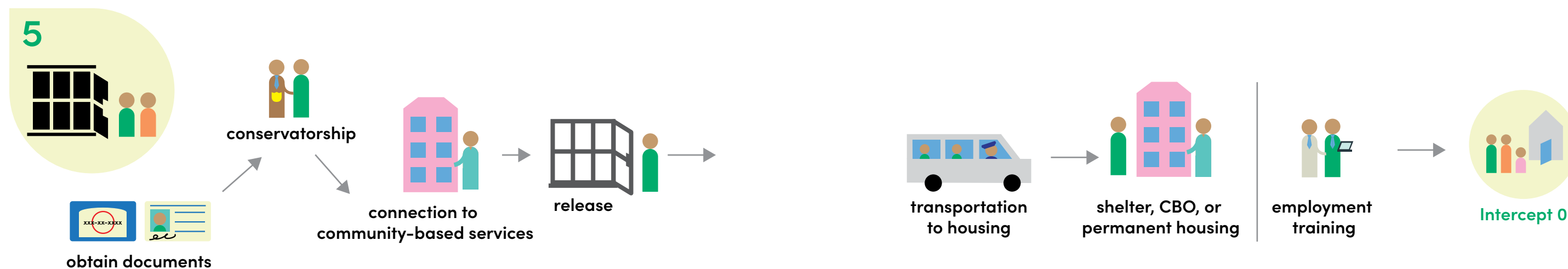
a. Collaborate with system actors to **reduce the number of arrests, bookings, and racial disparities that exist for driving with a suspended/revoked license**.

b. Create or expand community events, including childcare, to **clear warrants for failures to appear without threat of arrest**. These events can be in conjunction with existing expungement clinics. Create mechanisms to clear warrants for failures to appear via phone or internet to facilitate easy access for those who cannot attend in-person events.

c. Build a unit at the **public defenders'** offices that helps people **address warrants for failures to appear** along with attendant consequences (e.g. removing license suspension, unpaid tickets, impounded cars, criminal case representation, etc.).

68. Conduct **mental health assessments** for all individuals as expeditiously as possible once they are incarcerated, offer individual counseling/therapy to all individuals in need, and for those who qualify for diversion, provide services to stabilize their mental health before linking them to community based-care.

Intercept 5: Pre-Release and Release Recommendations



69. Incentivize **community treatment facilities to accept patients from jail** who have clinical mental health needs, substance use disorders, and/or co-occurring disorders.

70. Change **release time** for men to match those of women from CRDF to avoid overnight release without direct link to programs, interim housing, safe place, or transportation. Increase coordinated releases for clients exiting directly to a program and provide funding to expand CBO intake hours. If not exiting directly to a program, notify family members of a person's release (with that person's permission) with enough time for family to pick them up, and increase use of coordinated releases to family.

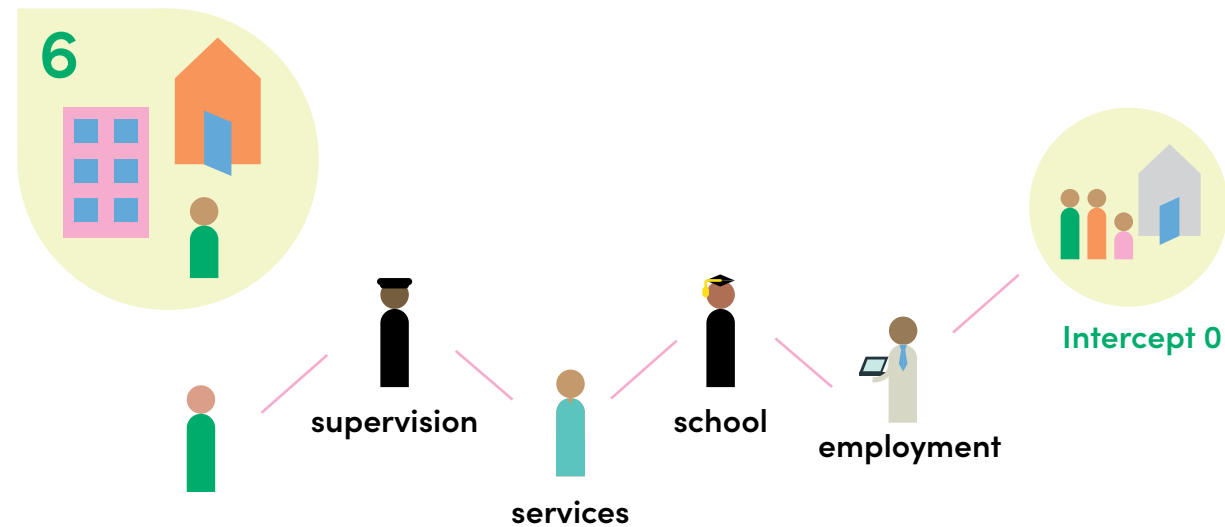
71. Develop and fund a **transition shelter** within a few blocks from all county jail facilities from which people are released, operated by community-based organizations with safe, welcoming overnight stays for people released after hours with a range of support. Create transition shelter beds for people who identify as LGBQ+, TGI, and/or cisgender women so they do not have to remain incarcerated for a safe transition to the community.

72. Begin **release planning** for everyone as soon as possible after being booked into jail, using a reentry provider. Pre-release planning should include an assessment of health/medication needs, family/loved ones in the region, custodial responsibilities, employment status, and individuals' reentry goals. Ensure all people who identify as cisgender women, LGBQ+ and/or TGI have a plan tailored to the unique barriers they may face upon release, especially with respect to housing.

73. Improve, where possible, **care coordination, information sharing and release planning** for: (a) people returning to Los Angeles County from CDCR prisons, inclusive of cisgender women, LGBQ+, and TGI people; and (b) people transferring from LA County jails to CDCR prisons, inclusive of cisgender women, LGBQ+, and TGI people.

74. Without any delay of release, ensure that all individuals before they are **released from County Jail are offered services to obtain their California ID, Social Security card, birth certificate, and other documentation** needed for obtaining healthcare, employment, housing, government benefits, etc., and inform them how to receive fee waivers.

Intercept 6: Supervision in the Community Recommendations



Improve Partnerships with Community-Based Organizations

75. Establish a “**Supervision in the Community**” **task force** to analyze and recommend alternative forms of community supervision, which may or may not include the LA County Probation Department, distinguishing in the process developing alternative models which will meet the specific and unique supervision needs of the most vulnerable populations, including individuals with behavioral health disorders.
76. Create sustainably funded **community engagement work groups** within the ATI Initiative, with consistent representation of people and their family members with lived experience of detention, incarceration, and/or supervision, including cisgender women, TGI and LGBTQ+, young people 18-25, community members, advocates, community-based service providers, supervision entity representatives and stakeholders with expertise in working with people with serious

mental illness, substance use disorders, and/or co-occurring disorders to allow for consistent feedback on implementing a “care first” culture change within community supervision entities.

77. Promote and incentivize a **culture change among Probation Officers** to encourage greater **support for people on supervision** and increase collaboration among Probation Officers, relevant County departments, and community-based providers to increase referrals to community-based services for people on probation and their families. Develop probation outcome measures that focus on the quality of engagement between Probation Officers and clients and the application of community input, evidence-based and/or promising practices in addition to traditional probation outcome measures involving successful reentry.

Reduce Supervision Violations

78. Improve quantitative and qualitative **data collection and sharing** practices around

community supervision, for Probation and/or the appropriate designated community supervision entity, in collaboration with external and internal research entities to understand how supervision violations lead to jail time, especially for people with serious mental illness, substance use disorders, co-occurring disorders, and young people 18-25. Data collection should identify the reason for the violation, length of stay in jail, and what services they are connected to through Probation and/or the appropriate community supervision entity; and it should also align with best practices for data collection for cisgender women, TGI, and LGBTQ+ individuals as well as capture data on race, ethnicity, geography, and charges to reduce disparities and include community-focused participatory research best practices. Aggregated data reports should be shared publicly and analyzed regularly to improve practices.

79. Explore ways to **reduce the number of supervision check-ins**, reduce and potentially eliminate technical violations, and reduce and potentially eliminate the issuance of bench warrants for people who incur technical violations on community supervision.
80. The community supervision entity, in collaboration with the Courts, should work more intensely to **reduce the length and intensity of supervision terms** through regular reviews of supervised cases, to assess the effectiveness of supervision terms on people’s successful reentry, positively motivate compliance, and reduce caseloads.
81. Los Angeles County should assess probation terms, conditions, and length of supervision to assess effectiveness in promoting public safety and successful re-entry. The assessment should create recommendations to **align probation terms, conditions, and length of supervision with evidence-based practices** and promote harm reduction strategies and referral to culturally humble services.

Create Specialized Caseloads for Vulnerable Populations

82. Use **specialized supervision caseloads** (such as in ODR housing) and multi-disciplinary case conferencing teams, including mental health providers, substance use counselors, and social workers, to **tailor services and supervision for those with severe mental illness and co-occurring disorders**. Specialized supervision caseloads should have a focus on engagement with services and treatment, be smaller, provide more intensive services, and be supervised by officers who receive advanced training in behavioral health treatment services. The community supervision entity should continue to collaborate with health and community-based agencies to develop best practices for screening and assessing individuals for behavioral health needs through evidence-based tools to identify SMI, SUD, and COD.

Eliminate Fines and Fees

83. **Discontinue** collection of **fees** assessed for justice-involved adults, which should include:
 - a. Ending supervision-related fees;
 - b. Forgiving outstanding Probation-related debt (public and private attempts to collect past debt);
 - c. Collaboration among justice partners (such as LASD, Probation, and the Courts) and relevant County agencies to eliminate justice-related fines and fees, including fees for classes and services and identifying permanent alternative funding sources for classes and services; and
 - d. Advocating with state officials to end the imposition and collection of fees and fines at the state level, including but not limited to supporting SB 144 (Mitchell) and to identifying permanent alternative funding sources for classes and services.



Infrastructure: Cross-Cutting Recommendations



Public Communication and Accountability

84. Increase, ensure, and fund **public collaboration in all phases** of Alternatives to Incarceration **planning, implementation, evaluation, and system oversight** and across relevant County, Court, justice, health and social service systems. This collaboration can be piloted via the ATI Community Engagement Workshops and the Ad Hoc Committee structure, which includes work on gender, sexual orientation, and racial equity, by instituting quarterly stakeholder meetings to communicate updated ATI progress, discuss service and communication gaps, and highlight best practices. Fund and staff post-ATI final report, i.e., the initiative should host recurring implementation meetings across the County and with relevant County departments to discuss policy impacts, resolve policy conflicts, monitor fiscal impacts, assess eligibility barriers, and develop evaluation metrics of success.
85. Establish **online mechanisms for the public to get information**, locate services to prevent incarceration and recidivism, and promote recovery. This tool should track identified problems and response progress through an accessible dashboard, and should align with existing tools such as One Degree, etc.

86. Create, staff, and fund an **Advisory Collaborative of Impacted People** to ensure there is continuous **feedback and accountability** to the prioritized communities and LA County at large in the implementation of the comprehensive roadmap. Ensure consistent representation of people who identify as cisgender women, LGBTQ+, and TGI, including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration, on the Advisory Collaborative.



Equitable Resource Distribution

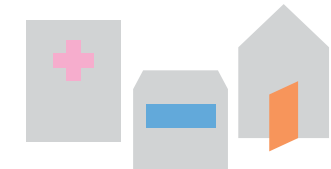
87. Utilize **data-driven tools** (e.g., Race Forward's Community Benefits Agreement and Racial Impact Tool, or Advancement Project's JENI/JESI, etc.) to create processes for **equitable resource and contract distribution** with program offices across health and social service departments. These processes should prioritize remedying **racial and geographic disparities** while also taking into account cultural, gender, sexual orientation, and special populations' needs. Involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

88. Fund comprehensive **rehabilitative, evidence-based mental health and substance use care**, as well as transitional housing with wraparound services, gender-affirming primary care, violence prevention, gang intervention, art therapy, family reunification, occupational therapy, and other programs in lieu of incarceration, i.e., interventions should take a holistic, whole person (or even family-centered) approach as their model in serving individuals while utilizing justice funds saved by decreased incarceration. This programming should be inclusive of and tailored to people who identify as women, TGI, and LGBTQ+ people including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration.



Public Awareness and Education

89. Develop a **public education and communications campaign to build awareness of a treatment-first model**, not incarceration and punishment. This campaign should stress use of the DMH ACCESS line, CBO network, SASH helpline, suicide prevention hotline (rather than 911) for behavioral crises, available non-law enforcement resources, and different types of community-based solutions.



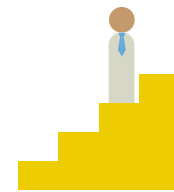
Organizational Capacity Building and Contracting

90. Create **contract language that supports effective models** that are servicing people 24/7, with appropriate specialization, intensity, staffing, language/culture, quality, and staff with lived experience, etc.
91. Institute **payment reform** to prioritize performance-based contracts (instead of fee-for-service) with flexible service delivery rules to ensure providers can deliver treatment and support all clients' needs concurrently.
92. Utilize County **capacity-building** programs, in conjunction with **equity analysis**, to expand the community-based system of care by: (a) finding and supporting smaller organizations in different SPAs to qualify for and access funds while providing seed funding (i.e. philanthropic partnerships, business loans, flexible government funding, pay for success models, and/or zone area investments, etc.); including those organizations with a history of serving system-involved people who identify as cisgender women, LGBTQ+ and/or TGI; (b) promoting existing providers as potential incubators; and (c) supporting training and TA to become service providers accessing

Medi-Cal Fee Waiver, County and State funding, and organizational coaching as well as training in evidence-informed practice in serving TGI/LGBQ+ people.

93. Dedicate funding to long-term, sustainable **infrastructure and professional development support** for community-based systems of care beyond service delivery, and connect contractors to new and existing capacity-building resources.
94. Conduct a **comprehensive assessment** of existing **contracting practices** (including but not limited to actively gathering anonymous feedback from service providers contracted and not contracted with the County) to ensure transparency in understanding participatory hurdles and identify innovative solutions to make a positive impact, while conducting an audit of current spending and investments to identify impacted geographic communities.
95. Standardize a **simplified**, more accessible **contracting process** across agencies and departments and outreach to service providers who might benefit from such reforms.
96. Create/enforce **anti-LGBQ+ and/or TGI-discrimination policies** for all general housing and service options with meaningful accountability processes, including through the CA Department of Fair Employment and Housing. Create easy ways for LGBQ+ and/or TGI people to report violations and receive tailored services upon reporting.
97. Train all law enforcement officers and first responders, including LAFD, DCFS, and 911 dispatchers regularly on **respectful practices and communication with people who identify as LGBQ+, TGI and cisgender women**, grounded in a care-first, trauma-informed approach. Ensure that accountability measures for discrimination on these grounds are enforced.

98. Require that mental health clinicians, behavioral health and primary care physicians complete trainings on serving people who identify as cisgender women, LGBQ+, and/or TGI to improve **culturally and medically appropriate service provision by clinicians that affirms sexual orientation and gender identify**.



Workforce Hiring and Training

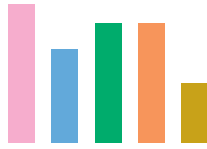
99. Train all law enforcement officers along with 911 dispatchers and desk personnel in LA County in a formal **CIT curriculum** to aid in understanding alternatives to 911, arrest, and jailing.
100. Design and implement **training curricula for justice partners** and all workforce that interacts with the justice-involved population in partnership with justice-impacted individuals and their families. The trainings about people who identify as cisgender women, LGBQ+, and/or TGI should be developed and conducted by community-based organizations serving people with these identities – especially people of color and those with system involvement – to center the voices of those directly impacted.
101. **Train bench officers and the court-based workforce**, and conduct educational seminars, in partnership with service providers and incarcerated persons' social support networks to address the continuum of needs of incarcerated persons (e.g. mental health, substance use disorder, treatment) and increase awareness and utilization of behavioral health resources (e.g.: Mental Health Court Programs, real-time resource mapping) to change the culture of the criminal justice system towards treatment first,

not incarceration and punishment. Train the court-based workforce to create individualized plans that are culturally competent, responsive to all gender identities, and include those not eligible for community-based diversion (i.e., violent felony charges).

102. Require that **mental health clinicians** complete trainings that build their capacity to provide integrated Substance Use Disorder care with psychiatric treatment, including cross training.
103. Train **social/health service workforce** to **address the continuum of need** and to ensure that individuals' care plans are culturally sensitive and include those not eligible for community-based diversion (i.e., violent felony charges). Require training on serving people who identify as cisgender women, LGBQ+, and/or TGI to improve culturally appropriate service provision by a social and health service workforce that affirms sexual orientation and gender identify.
104. Provide **paid training and employment** to increase the number of **justice-system-impacted individuals working as the technologists** behind data collection and analysis.
105. Design and implement **curricula** for all workforce trainings recommended herein by **partnering with justice-impacted individuals** and their families. The trainings on people who identify as cisgender women, LGBQ+, and/or TGI should be developed and conducted by community-based organizations serving people with these identities – especially people of color and those with system involvement – to center the voices of those directly impacted.
106. Attract and develop a **social/health service workforce** capable of **delivering integrated health**, mental health, and substance use treatment; as well as tailored care to people

who identify as cisgender women, LGBQ+, and/or TGI; and livable wages in partnership with justice-impacted individuals and their families. Recruit and fund partnerships with LGBQ+ / TGI / people of color (POC) therapists who have a harm reduction approach. These therapists should be members of and/or have experience working in an affirming manner with communities most impacted by criminalization to maximize positive engagement with therapy.

107. Conduct intensive and extensive **outreach** to medical schools, schools of social work, professional organizations, and local educational institutions for **qualified forensic mental health professionals**—particularly those who identify as LGBQ+ / TGI—and community health workers, while providing incentive bonuses for bilingual experts and developing certification or credential programs for CHWs with educational partners.
108. Increase **employment and retention of Community Health Workers (CHWs)** to expand service capacity, cultural competency, and client/provider trust, by: (a) hiring, training and professionally advancing CHWs with lived experience of the justice system and/or who identify as LGBQ+, TGI, and/or cisgender women; (b) creating pathways for CHWs to move up to full-time, salaried County jobs with benefits; and (c) including continual evaluation and improvements made to ensure the CHW program is effective in building this innovative workforce.
109. Train transitional housing providers about **LGBQ+ / TGI needs and discriminatory experiences**, particularly those who run mixed-housing sites, so that people are not excluded from housing because of gender identity or sexual orientation. Create process for consumers to provide anonymous feedback to evaluate success of trainings and services.



Data Collection and Service Coordination

- 110. Expand and coordinate **data tracking/col-lection across all relevant County justice and health/social service entities** to retrieve data necessary for services, programming, preventive measures, and alternatives to incarceration. Align this data collection with existing County data tools/portals such as One Degree, CHAMP, LANES, CES, etc. to inform a uniform client database.
- 111. Develop a **uniform client database** across all relevant County services and justice entities to follow and support the justice-involved individual (longitudinally & latitudinally) regardless of system access point, with the following database features: (a) interface capabilities linking services providers as well as tracking service availability among LA County's considerable resources; (b) alignment with existing tools such as One Degree, CHAMP, LANES, CES, etc. to improve patient referral processes as well as to assist in performance tracking and accountability as individuals move between systems and services; (c) capacity for family and service provider feedback to track problems and response progress; and (d) protection of privacy rights and interests of justice-involved individuals.
- 112. Provide real-time **Full-Service Partnership (FSP) availability** throughout all service areas, keep a real-time database, track FSP successes and failures, and report these to DMH.
- 113. Track and make **public all relevant County service and incarceration spending** both for those incarcerated and those reentering the community.
- 114. Design a process that enables a public university (or universities) to **collect detailed data**, including **gender** (including non-binary) *and sexual orientation* demographics under conditions of **voluntary and safe disclosure**. Collaborate with university data scientists and researchers on statistically valid methods. The goal is to produce data that can inform future efforts to develop alternatives to incarceration and evaluate which programs and interventions are operating as intended and which have a disparate impact.

Operationalizing the ATI Commitment to Racial Equity

To ensure that accomplishing the ATI goals and recommendations reduces existing racial inequities, does not exacerbate existing racial inequities and does not create new racial inequities, racial equity experts developed the following statement and recommended practices applicable to all ATI recommendations. In order to carry the following activities out effectively, experts in racial equity should be consulted.



Operationalizing the ATI Commitment to Racial Equity

Racial Equity Commitment and Process

As each ATI recommendation is carried out, the implementation process should:

1. Establish or strengthen a culture dedicated to achieving racial equity;
2. Identify a mechanism to monitor racial inequities where appropriate; and/or
3. Change practices in response to identified racial inequities in order to eliminate them.

1) All organizations and governmental departments/agencies tasked with carrying out the implementation of ATI recommendations are strongly encouraged to do the following activities to establish or strengthen a culture around racial equity. These activities may be in line with the Board's efforts to create a Countywide culture and practice of equity, most recently with the discussion of a County Equity Initiative.⁸⁶

- a. The department or organization leadership creates a new public statement or modifies an existing statement around their commitment to racial equity.
- b. All staff receive racial equity and cultural humility training at hiring, and on-going boosters. Training should include education on the history of racism and racial inequities in LA County health, mental health, substance use prevention and treatment, and justice systems.

- c. Job postings and documents provided to job candidates include a statement about commitment to racial equity (similar to a diversity statement for organizations).
- d. Request For Proposals and contracts include a statement about racial equity commitment and ask contractors to include a description of how they will maintain commitment to racial equity in proposals.
- e. If not already, Human Resources is trained in racial equity hiring practices and policy.
- f. Leadership designates reasonable level of funding for racial equity commitment (e.g. funding to enhance data collection, reporting requirements and mechanisms, hold meetings, hire consultants as needed, etc.)
- g. Culturally appropriate and language accessible content is prioritized in new programs, services and campaigns.
- h. Employee satisfaction surveys are administered with management taking appropriate action to address staff concerns relating to racial equity and to address any unintended consequences of roll-out.
- i. Ensure workforce is diverse, culturally competent and represents the populations they are trained to serve.

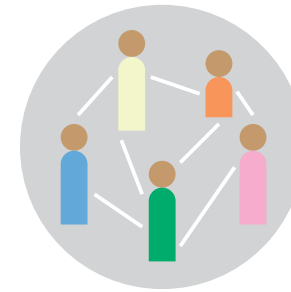
- 2) **All organizations and governmental departments/agencies tasked with carrying out the implementation of ATI recommendations should do the following to identify or create an ongoing way to monitor racial inequities where appropriate:**
 - a. Collect client data related to race, ethnicity and neighborhood.
 - b. Collect neighborhood-level demographic and needs information on areas where services/programs are expanded and/or further resourced.
 - c. Create a racial equity dashboard (or similar data reporting mechanism) with aggregate information about clients served and their outcomes, including carceral status, by race/ethnicity and home neighborhood.

- 3) **All organizations and governmental departments/agencies tasked with carrying out the implementation of ATI recommendations should do the following to change practices in response to discovered racial inequities in collaboration with community and individuals with lived experience:**
 - a. Strategic planning for the creation, expansion, or modification of new and/or existing programs and services includes a review of baseline racial equity data and a discussion of how to do the following:
 - i. Factor in which areas are most impacted by carceral responses when determining areas in which services should be expanded.
 - ii. Address any inequities that are apparent in baseline racial equity data.
 - b. Workplace practice involves mechanism to plan active responses to identified racial inequities.
 - c. Report race equity data, analysis, and change practices to ATI Racial Equity Manager on an annual basis and the Board of Supervisors bi-annually.

Foundational Recommendations

In response to the ATI Chair and Board's request to position ATI for implementation and ensure the Road Map of 114 recommendations is actionable, the ATI planning team collaborated closely with the ATI Ad Hoc Committee Co-Chairs to review all of the material developed and endorsed by the Work Group and organize it into five overarching strategies and 26 foundational recommendations to present to the Board of Supervisors as a starter kit for implementation. Below is a description of those five strategies and foundational recommendations, including one fully illustrated preliminary implementation plan to develop an ATI Initiative, outlining the immediate actions that can be taken to begin the work of translating the ATI recommendations into action.

The five overarching strategies and applicable foundational recommendations are featured below. Each recommendation includes a high-level description and lists the lead County or other agencies to support implementation, listed in alphabetical order. Many of the recommendations would also involve various community-based organizations and local municipal agencies as primary partners.



Strategy 1 – Expand and scale **community-based, holistic care** and services through **sustainable and equitable community capacity building and service coordination**. (Intercept 0 and Infrastructure)

Recommendation #2: Create and expand decentralized, coordinated service hubs (ex: MLK Behavioral Health Center) in strategic locations across the eight Service Planning Areas (especially SPA 1, 3, and 7) where people, their families, and support network can seek referral and/or immediate admission 24 hours a day to a spectrum of trauma informed services that include but are not limited to mental health, including Psychiatric Urgent Care Centers; supportive housing via a coordinated entry system; and substance use disorder services such as withdrawal management, medication-assisted treatment (MAT), and recovery intake centers (i.e., sobering centers).

Description: The County's current system of community-based alternatives to incarceration for people living with physical and behavioral health needs is not fully equipped across all County service areas and presents gaps in meeting the needs of the whole person. Instead, there is a revolving "system of care" that flows from crisis and hospitalization to homelessness and jail—and sometimes death. For many, the current system is difficult to navigate, services are divided according to department and the point of entry, and sometimes result in isolation and harm. The County has developed an innovative solution in the form of the MLK Behavioral Health Center that is on the same campus as the MLK Community Hospital, Outpatient Center, Recuperative Care Center, Mental Health Urgent Care Clinic, and Center for Public Health, which includes the Community Healing and Trauma Prevention Center. Similar holistic models are underway at strategic locations across the County like LAC+USC Medical Center, Olive View Medical Center, and Rancho Los

Amigos Rehabilitation Center. An integrated, decentralized system of care that addresses the social determinants of health, including support finding employment and affordable housing, will create social and physical environments that promote positive health outcomes for all community members.

Lead agency: DHS, DMH, DPH, LA County Development Authority (LACDA).

Restorative Care Villages

This recommendation is in line with the Board's initiatives creating Restorative Care Villages on health campuses throughout the County.⁸⁷ The Board approved funding and budgets for Restorative Care Villages at Olive View Medical Center, Rancho Los Amigos National Rehabilitation Center, and LAC + USC Medical Center. These Villages include recuperative care centers and residential treatment programs, providing for interim housing that offers on-site nursing support, health oversight, case management, and linkage to permanent housing.

For example, in November 2019, the Board approved \$68.4 million for Phase 1 of the Restorative Care Village at LAC+USC, to include an Acute Care Hub with 160 beds of bridge housing, 96 recuperative care beds, and 64 crisis residential care beds. The County should explore locations and funding to expand this model, analyzing any potential space on County or State land, including former juvenile halls or camps, state hospital land, California Youth Authority property, additional health campuses, etc.

Recommendation #92: Utilize County capacity-building programs, in conjunction with equity analysis, to expand the community-based system of care by: (a) finding and supporting smaller organizations in different Service Planning Areas to qualify for and access funds while providing seed funding (i.e. philanthropic partnerships, business loans, flexible government funding, pay for success models, and/or zone area investments, etc.); including those organizations with a history of serving people who are system-involved and identify as cisgender women, LGBTQ+ and/or TGI; (b) promoting existing providers as potential incubators; and (c) supporting training and technical assistance to become service providers accessing Medi-Cal Fee Waiver, County and State funding, and organizational coaching as well as training in evidence-informed practice in serving TGI / LGBTQ+ people.

Description: Organizational capacity-building is a tremendous need for the community-based system of care and directly supports the sustainability of providers serving individuals impacted by the justice system. The ATI recommendations require the significant expansion of capacity among effective, culturally humble service providers in the geographic areas that are highly impacted by incarceration. Several existing capacity-building projects geared toward housing, mental health, substance use, and juvenile justice organizations can be leveraged to highlight best practices. Countywide capacity-building efforts can take the lead from non-profits by providing long term resources that support the incubation of new non-profits, the sustainability of current contractors, and the development of organizational partnerships.

Lead agency: ATI Initiative, DPH

Recommendation #3: Expand family reunification models and connect families to low-cost or no-cost parenting groups. Family reunification models and parenting groups should be evidence-informed and have demonstrated they are correlated with better outcomes for participants and their children. These resources should be provided by community organizations and there should be ready availability of resources tailored to the unique needs of cisgender women who identify as mothers as well as LGBTQ+ and TGI parents.

Description: When children are removed from their families to ensure their safety, the first goal is to reunite them with their families and/or close relatives as soon as possible. This recommendation aims to expand family reunification models to support families in regaining the custody of their children by connecting them to low-cost or no-cost parenting groups that are evidence-based and have shown positive outcomes for participants, their children, and their families. These programs should be provided by community organizations to ensure that families are continuously supported and engaged in their own communities. Such programs must respond to the holistic needs of families and make resources available for the unique needs of cisgender women who identify as mothers as well as LGBTQ+ and TGI parents.

Lead agency: DCFS, DMH, DPH, DPSS, Probation

Recommendation #20: Expand or refine affordable successful housing models designed for and tailored to justice-involved individuals with mental health and/or substance use disorder needs, specifically: (a) short-term treatment inclusive of acute inpatient, AB 109 and forensic inpatient (FIP) and IMD subacute beds; (b) interim housing inclusive of clubhouse living with supportive employment, recovery bridge housing and sober living; and (c) permanent subsidized housing inclusive of independent living and board and care facilities.

Description: In 2019, the homeless population in LA County increased 12 percent compared to previous years, with many individuals also experiencing criminalization and incarceration. Stable housing plays a vital role in people's recovery from behavioral health crisis and/or incarceration. For individuals in stable housing, stress can be triggered by the inability to pay rent and the threat of losing that housing. Affordable and supportive housing programs enable people to move from emergency, transitional shelter, or homelessness into stable housing as fast as possible. These models also connect people with supportive, community-based resources to help them maintain housing. In recent years, policy and practice shifts across physical and behavioral health systems have created new opportunities for improving service delivery, quality, and integration among all sectors serving individuals impacted by social and health issues. The expansion of such provisions and housing opportunities is necessary to interrupt and end the cycle of incarceration, criminalization, and behavioral health crises that occur when the basic human need of housing is unmet. The County plans to utilize forthcoming information generated by the newly formed System of Care Executive Committee to determine exactly how many and which type of beds are needed for a comprehensive and effective system of care.⁸⁸

Lead Agency: CEO, DHS, DMH, DPH. A primary partner may also be LACDA.

Mental Health Services Act

The Governor and State Legislature have recently been interested and supportive of expanding counties' abilities to utilize Mental Health Services Act (MHSA) funds for people impacted by the justice system. In August 2019, the state passed SB 389 – Mental Health Services Act, which expanded the funding scope of the original 2004 bill to allow counties to use MHSA funding to provide services to individuals participating in pre-sentencing or post-sentencing diversion programs or to those who are on parole, probation, under post-release community supervision, or under another type of mandatory supervision.⁸⁹

Similar legislative efforts may impact ATI and public health efforts, by broadening the scope of services for which MHSA funding may be used (subject to available/unallocated MHSA resources). These services may include, but are not necessarily limited to, substance use and co-occurring disorder services that would prevent justice system involvement and support the reentry of individuals who have been impacted by the justice system.

Recommendation #7: Establish effective restorative justice programs for the adult justice-involved population by learning from existing County and other programs, especially those serving youth.

Description: Restorative justice is a practice based on the theory that crime causes harm and that justice, rather than being punitive, should seek to restore that harm. Those that caused harm are given the opportunity to meet with those that are most affected by the harm, hear about the impact of the harm, offer apology, and accept responsibility for their actions. Existing restorative justice programs in LA County, particularly those that have been successful with youth, will be used as models for developing this component.

Lead Agency: DHS/ODR, PD, service providers. Primary partners may include city prosecutors and other municipal programs.

Recommendation #11: Optimize and increase the appropriate use and process for mental health conservatorship and assisted outpatient treatment, and resource them accordingly.

Description: Conservatorships and temporary conservatorships, for people who are considered "gravely disabled" under California law, can be utilized to transition people who are currently incarcerated to long-term care in the community. Historically, conservatorships were not initiated for people in jail custody. Many, if not most, of these individuals would not receive discharge and transition services and the establishment of a conservatorship would require new hospitalizations.⁹⁰ In 2018, the law was amended to support more timely and effective intervention utilizing conservatorships for individuals in jail custody. Additionally, the California Penal Code (1001.35-.36) implemented a new state policy favoring the diversion of individuals who have mental health needs and have been charged with crimes into local treatment services.⁹¹ This recommendation promotes the expansion of the treatment resources necessary to provide access to the higher levels of care required for those who are gravely disabled and require intervention through mental health conservatorship. This is especially true for those in jail custody whose chances of recovery are greatly enhanced if they are discharged to the appropriate level of care and to ensure that they and their families receive the financial, residential and treatment services they need to remain safely in the community.

Lead Agency: DHS/CHS, DMH, DPH, PD

Recommendation #108: Increase employment and retention of Community Health Workers (CHWs) to expand service capacity, cultural competency, and client/provider trust, by: (a) hiring, training and professionally advancing CHWs with lived experience of the justice system and/or who identify as LGBTQ+, TGI, and/or cisgender women; (b) creating pathways for CHWs to move up to full-time, salaried County jobs with benefits; and (c) including continual evaluation and improvements made to ensure the CHW program is effective in building this innovative workforce.

Description: Community Health Workers are lay members of the community who work either for pay or as volunteers in association with a local healthcare system. CHWs usually share race, ethnicity, language, socioeconomic status, and/or life experiences with the community members they serve. They have been identified by many titles, such as community health advisors, lay health advocates, promotoras, outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally humble health education and information, help people get the care they need, provide informal counseling and guidance on health behaviors, and advocate for individual and community health needs. CHWs with lived experience of the justice system and/or who identify as LGBTQ+, TGI, and/or cisgender women have dramatically increased access to services for underserved communities. CHWs have community knowledge and cultural competency that is crucial to connect with and support those at risk of poor health outcomes.

Lead Agency: DHS, LA County Department of Human Resources (DHR), DMH, DPH

Medi-Cal Healthier California for All (formerly CalAIM)

During the last 5 years (2016–2020), the Section 1115 Medicaid Waiver funded many innovative programs, including Whole Person Care (WPC) and Drug MediCal (DMC). With California's current Section 1115 Medicaid Waiver expiring on December 31, 2020, the California Department of Health Care Services (DHCS) recently launched the planning phase for the next Medicaid Waiver, called Medi-Cal Healthier California for All.

This ambitious framework expands coverage for services, including many that will help individuals transitioning from incarceration. This timely opportunity has the potential to impact the implementation of ATI recommendations since several of the primary goals are to identify and manage client risk and need through Whole Person Care approaches and address the social determinants of health. Medi-Cal Healthier California for All also prioritizes key populations addressed in the ATI vision including people with behavioral health needs, people who are homeless, and people who have been impacted by the justice system.

Recommendation #31: Remove barriers to treatment, employment, and affordable housing, including recovery housing, based on stigmatization and discrimination due to record of past convictions through local and state legislative intervention or updating County policies.

Description: Collateral consequences of conviction are legal and regulatory sanctions and restrictions (barriers to housing, employment, benefits, etc.) attached to criminal convictions that are not direct consequences of the crime (jail time, fines, etc.). This recommendation intends to reduce and eliminate those barriers that routinely prevent people from successfully reentering the community after conviction and/or incarceration.

Lead Agency: CEO, DHR, DHS, DMH, DPH, DPSS, and other agencies overseeing housing and employment services

Recommendation #12: Support and broaden implementation of community-based harm reduction strategies for individuals with mental health, substance use disorders, and/or individuals who use alcohol/drugs, including, but not limited to, sustained prescribing of psychiatric medications and MAT.

Description: Harm Reduction, an approach that seeks to reduce harm without punitive measures, is an evidence-based practice utilized in LA County and nationally. Harm reduction strategies include, but are not limited to, practices such as needle exchange, overdose education, and distribution of Narcan; housing services that are not based on sobriety; safe injection sites; and other person-centered care. The goal of this recommendation is to continue to implement harm reduction approaches throughout service delivery in order to provide the most effective treatment services possible, particularly for those with mental health and/or substance use disorders.

Lead Agency: DHS, DMH, DPH



Strategy 2 – Utilize behavioral health responses for individuals experiencing mental health and/or substance use disorders, homelessness, and other situations caused by unmet needs; avoid and minimize law enforcement responses. (Intercepts 1 and 2)

Recommendation #35: Significantly increase the number of Department of Mental Health Psychiatric Mobile Response Teams (PMRTs) to reduce service wait times.

Description: PMRT teams are comprised of licensed clinical staff who are able to respond in person to a mental health crisis. PMRTs are contacted via DMH’s ACCESS call line, which serves as one entry point for mental health services in the County. The teams have legal authority under California law (WIC sections 5150 and 5585) to initiate applications for an evaluation of involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing, or shelter as a result of a mental disorder. Currently, there are insufficient teams to meet the need for the number of calls received and wait times can be substantial. With a significant expansion of these teams, the County can significantly reduce the number of people with mental health and/or substance use disorders who enter into the criminal justice system, by providing this critical, more effective and more appropriate alternative to a 911 call, thereby avoiding a law enforcement response.

Lead Agency: DMH

Recommendation #43: Train 911 operators and dispatch on mental health screening, to direct calls involving behavioral health crises that do not require a law enforcement response toward DMH’s ACCESS line (e.g., integrate DMH line with 911 or allow direct access from 911 operators to ACCESS). Train 911 operators and dispatch to allow callers to request a responder that connects to the gender identity of the individual in crisis.

Description: Individuals experiencing a mental health crisis, or their loved ones, need help quickly. Many behavioral health crisis situations require a medical response, not the law enforcement response triggered by 911, which may escalate a situation and lead to arrest and jail. There are other options, such as the DMH ACCESS line, but many in the County are not aware of it. If individuals do call 911 due to a behavioral health crisis, it is difficult for 911 operators to divert the call to DMH. The DMH ACCESS line is not currently integrated into LA County’s 911 system, and 911 operators who conclude that calls to their system would be best handled by PMRT teams cannot directly contact a DMH ACCESS operator, but must instead go through the same phone tree that members of the public encounter. This recommendation would address these issues and divert calls about behavioral health crises away from police and toward more appropriate healthcare responses and interventions.

Lead Agency: DHS/EMS, DMH, Primary partners would also include County and municipal fire departments and law enforcement agencies.

Recommendation #48: Develop and expand pre-arrest and pre-booking diversion programs, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health needs, in coordination with law enforcement and community providers.

Description: Pre-arrest and pre-booking diversion programs, such as Los Angeles’ LEAD program, allow law enforcement officers in the community to offer a warm handoff to Harm Reduction community services in lieu of arrest for a low-level offense. Pre-arrest and pre-booking diversion programs provide support to people whose criminal activity is driven by behavioral health needs, by providing them with harm reduction case management and access to housing, healthcare, substance use and mental health services. Pre-arrest diversion programs aim to reduce the number of people entering and re-entering LA County jails for low-level offenses.

Lead Agency: DA, DHS/ODR, DPH, LASD MET (Mental Evaluation Team), PD. Primary partners may include cities with their own prosecutors’ offices and other law enforcement agencies.



Strategy 3 – Support and deliver meaningful pre-trial release and diversion services. (Intercept 3)

Recommendation #56: Institute a presumption of pre-trial release for all individuals, especially people with behavioral health needs, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.

Description: Forty-four percent of the County jail population is pre-trial, which means that these individuals are in custody before being convicted of any crime.⁹² Pre-trial detention exacerbates income and race disparities by causing the loss of jobs and housing, isolation from family and community, sometimes the loss of children to the foster care system, and threats to the health and safety of our most vulnerable populations, particularly those with behavioral health disorders.⁹³ Even short-term jail confinement can cause trauma, exacerbate mental health disorders, and interfere with employment, education, the care of dependents, housing, support systems, etc. The intent of this recommendation is to substantially and sustainably reduce the number of people who are booked into or remain in jail custody after arrest, while strengthening community safety, by holistically and effectively addressing, in a community setting, any unmet needs that lead to justice system contact.

Lead Agency: APD, ATI Pre-trial Agency,⁹⁴ PD

Recommendation #55: Develop a strengths and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions.

Description: This recommendation aims to reduce the number of people who stay in the jail during the court process, while strengthening public safety, by using a public health approach to link detained individuals to community-based services and programs that can address any unmet needs that contributed to their arrest. This recommendation envisions an independent pre-trial services entity, comprised of representatives from healthcare, housing, employment and other government or service providers, to: (1) quickly conduct a strengths and needs-based assessment of anyone arrested and booked into jail custody, (2) help the court make release decisions based on that information, and (3) connect individuals to any necessary services, such as housing, healthcare, employment, etc., that address unmet needs and reduce the likelihood of further justice system involvement.

Lead Agency: APD, ATI Pre-trial Agency,⁹⁵ PD

Recommendation #53: Improve and expand return-to-court support services to reduce failures to appear.

Description: Whether or not an individual will appear for their court dates is one of the main factors that court officers consider in making pre-trial release decisions.⁹⁶ Sometimes, people simply forget about court dates, do not make the necessary arrangements (such as transportation or childcare), or do not fully understand the consequences of staying home. Others may have clinical conditions that impact their ability to appear in court but may be able to do so with the appropriate support. This recommendation describes methods to increase the number of individuals who show up for court through the use of simple procedures like text reminders.

Lead Agency: APD, ATI Pre-trial Agency,⁹⁷ PD



Strategy 4 – Provide effective treatment services in alternative placements, instead of jail time. (Intercepts 3, 4, 5 and 6)

Recommendation #59: Create a robust AB 1810 Diversion scheme—PC 1001.36 and 1170(a)(1)(B) (iv) and 1370.01(a)(2)—to identify early on persons eligible for diversion and develop pathways countywide to connect individuals to appropriate mental health programs to accomplish the goals of pre-conviction diversion and respond to all other present and future diversion opportunities, including pre and post-conviction.

Description: Under recent California legislation, many individuals with mental health disorders are eligible for diversion into treatment services, after arrest but before any conviction. To meet these new requirements, the County and appropriate stakeholders should develop a uniform protocol and strategy that addresses the process by which courtroom teams refer individuals to the diversion programming that will assist them most effectively, and ensure that every courthouse and each courtroom team has comprehensive and up to date information about the full range of available treatment resources and how to access those resources. This recommendation expands on the current California Department of State Hospitals’ diversion program operated by DHS’ Office of Diversion and Reentry and the Superior Court. This recommendation also builds upon the current MacArthur Safety & Justice Challenge Mental Health Diversion Pilot led by the Public Defender, with the City Attorney, District Attorney, Alternate Public Defender, LA Sheriff’s Department, Probation, Court, and other partners.⁹⁸

Lead Agency: APD, DA, DHS/CHS/ODR, DMH, DPH, PD

Recommendation #58: Improve equal access to all treatment resources for justice-involved individuals, wherever they may be (in or out of custody) by: (a) directing health agencies to change eligibility criteria and increase capacity and funding to ensure behavioral health treatment facilities are available in all stages of the court process; (b) creating a more rapid referral and response process for mental health and co-occurring placements at all levels; (c) developing a coherent strategy and connecting every qualifying individual to an appropriate court-based program at the inception of the diversion dialogue; (d) refining multiple points of entry within Intercept three for mental health and SUD services; (e) ensuring in-custody involvement of CBOs for services; and (f) expanding capacity and removing archaic barriers at all levels of care. Ensure consistent, culturally appropriate, and sufficient availability of the full range of services and court-based programs for people who identify as cisgender women, LGBTQ+, and/or TGI so no one is left without care or diversion because of gender identity or sexual orientation.

Description: This recommendation aims to expand and ensure easy access and timely linkage to a broader range of treatment services for individuals with behavioral health needs who are facing criminal charges, in or outside of jail custody, and to expand the diversity and capacity of those programs to serve many more people. Creating a flexible and integrative service model across the County’s health agencies, streamlining the referral process from arraignment through disposition, and availing judges and attorneys of the options available to qualifying clients requesting mental health, substance use disorder or co-occurring treatment services would allow stakeholders, in

developing a treatment plan for each client, to be client-focused rather than “court program” focused. This recommendation aims to allow clients and their advocates to access the appropriate personal level of care as the priority. Court programs should be able to choose from the County’s available treatment resources the services that will be in the clients’ best interests clinically, regardless of where the referral is initiated or which funding stream is attached to it. This recommendation aims to eliminate the bureaucratic and funding roadblocks in the current system, where diversion and alternatives to incarceration services are managed by different entities that have different resources and treatment responses.

Lead Agency: APD, CEO, DHS/CHS/ODR, DMH, DPH, PD

Reentry

A number of ATI recommendations focus on improving the experience of individuals returning home from jail or prison custody and were generated or supported through ATI’s Community Engagement workshops, attended by over 450 community members, many of whom were formerly incarcerated. These reentry supports describe critical steps to reduce further justice involvement and improve the health and safety of our communities. They include services that can be provided inside the jail as well as community-based treatment and support. These recommendations are intended to be foundational once implementation plans have been developed. Here are a few summarized examples (see full list on pages 43-66).

- #34: Provide comprehensive community-based reentry services across the County.
- #61: Expand access and enhance substance use disorder treatment programs in the County jails, such as medication-assisted treatment.
- #71: Develop and fund a transition shelter within a few blocks from all County jails.
- #74: Without any delay in release, ensure that all individuals, before they are released from County jail, are offered services to obtain their California ID, Social Security card, birth certificate, and other documentation needed for obtaining health care, employment, housing, government benefits, etc.



Strategy 5 – Effectively coordinate the implementation of ATI recommendations, ensuring that strategies work to eliminate racial disparities and to authentically engage and compensate system-impacted individuals. (Infrastructure)

Recommendation #84: Increase, ensure, and fund public collaboration in all phases of Alternatives to Incarceration planning, implementation, evaluation, and system oversight and across relevant County, Court, justice, health and social service systems. This collaboration can be piloted via the ATI Community Engagement Workshops and the Ad Hoc Committee structure, which includes work on gender, sexual orientation and racial equity, by instituting quarterly stakeholder meetings to communicate updated ATI progress, discuss service and communication gaps, and highlight best practices. Fund and staff post-ATI final report, i.e., the initiative should host recurring implementation meetings across the County and with relevant County departments to discuss policy impacts, resolve policy conflicts, monitor fiscal impacts, assess eligibility barriers, and develop evaluation metrics of success.

This recommendation description and initial preliminary implementation steps are described in full at the end of this list, on page 86.

Recommendation #86: Create, staff, and fund an Advisory Collaborative of Impacted People to ensure there is continuous feedback and accountability to the prioritized communities and LA County at large in the implementation of the comprehensive roadmap. Ensure consistent representation of people who identify as cisgender women, LGBTQ+, and TGI, including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration, on the Advisory Collaborative.

Description: Community and consumer engagement is critical to creating a comprehensive road map that accurately reflects the needs of those most impacted by the criminal justice system. Because of historically legal disenfranchisement, individuals who were previously incarcerated have not been able to gain access to employment in the public sector and/or to key positions that oversee and direct resources to their own communities. Although there has been some legislative success via “Ban the Box” policies, we have yet to see true representation of people who were formerly incarcerated in positions of authority. Until larger systemic shifts are made in employment law, LA County would benefit immensely from utilizing an Advisory Collaborative to center and elevate the voices of those most impacted by systems of incarceration. There is widespread support and agreement from private, philanthropic, and public partners on the importance and necessity of including individuals with lived experience in policy and decision-making processes.

Lead Agency: ATI Initiative,⁹⁹ DHS

Recommendation #87: Utilize data-driven tools (e.g., Race Forward’s Community Benefits Agreement and Racial Impact Tool, or Advancement Project’s JENI/JESI, etc.) to create processes for equitable resource and contract distribution with program offices across health and social service departments. These processes should prioritize remedying racial and geographic disparities while also taking into account cultural, gender, sexual orientation, and special populations’ needs. Involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

Description: A focus on the application of racial equity is critically important to exposing the disparities in resources in communities of color, addressing the systemic ways disparities are produced, and providing processes whereby communities of color are prioritized. This recommendation emphasizes the need for ATI and all County initiatives to use an intersectional approach that incorporates the needs of impacted groups, based on gender, sexual orientation, immigration status, culture, and other special circumstances. Developing clear and intentional equity-focused goals and outcomes is a critical way to reduce and eliminate disparities, creating an environment where all groups can thrive.

Lead Agency: ATI Initiative, CEO/CIO

Recommendation #85: Establish online mechanisms for the public to get information, locate services to prevent incarceration and recidivism, and promote recovery. This tool should track identified problems and response progress through an accessible dashboard and should align with existing tools such as One Degree, etc.

Description: Comprehensive information regarding County-supported services—such as inventorying current County contractors and subcontractors, populations served, and geographic distribution of all services funded by these County contracts—will support the broader community in identifying which services can support their specific ATI needs. This online mechanism would not only include core diversion and reentry services, but also the broader range of programs that serve people across all intercepts. One current example is the One Degree Alternatives to Incarceration Landing Page, which maps out all known ATI service providers’ information, including contact information. A similar tool has been created by the Department of Mental Health called the Service and Bed Availability Tool. Strengthening these tools will help to provide real-time data sharing—to build capacity in the communities most impacted by the justice system, to shift the power dynamic from government to community, to increase the nimbleness of community responses, and to improve the accountability of agencies.

Lead Agency: ATI Initiative, CEO/CIO

Recommendation #110: Expand and coordinate data tracking/collection across all relevant County justice and health/social service entities to retrieve data necessary for services, programming, preventative measures, and alternatives to incarceration. Align this data collection with existing County data tools/portals such as One Degree, CHAMP, LANES, CES, etc. to inform a uniform client database.

Description: The collection and prompt dissemination of quality data—on diversion, alternatives to incarceration and reentry service scope, capacity, and funding support—ensures public accountability. Through the development of internal tracking systems, data on individuals who have been diverted can be captured and analyzed to gauge how well LA County is diverting residents from incarceration, along with the budgets associated with those diversion programs. This data can assess and report accurate measurements of the County’s progress on diversion and alternatives to incarceration and help ensure that the outcomes the ATI is moving toward are both positive and sustainable. Any data collected should always be disaggregated by race and ethnicity.

Lead Agency: ATI Initiative, CEO/CIO

Recommendation #104: Provide paid training and employment to increase the number of justice system-impacted individuals working as the technologists behind data collection and analysis.

Description: Currently, the communities most impacted by incarceration are not involved in the collection or analysis of the data affecting their communities, which may result in less meaningful and accurate information. The most impacted community members and providers should and can be the technologists gathering, analyzing and publicly disseminating that data to hold agencies and organizations accountable and to drive policy reform.

Lead Agency: ATI Initiative, CEO/CIO, DHR

Recommendation #89: Develop a public education and communications campaign to build awareness of a treatment-first model, not incarceration and punishment. This campaign should stress use of the DMH ACCESS line, CBO network, SASH helpline, suicide prevention hotline (rather than 911) for behavioral crises, available non-law enforcement resources, and different types of community-based solutions.

Description: In order to ensure that the communities most impacted by incarceration, and indeed all people in the County, are aware of the full range of County and community resources and services (beyond 911) that may be available during a crisis and/or when some level of support is needed. A broad public campaign is necessary to educate the public about diversion and treatment-first resources.

Lead Agency: ATI Initiative

Decriminalizing Homelessness

The LA County Homeless Initiative developed a strategy with LASD called *Decriminalization of Homelessness: 5-09/065.00 CONTACT WITH A HOMELESS PERSON*

Personnel shall attempt to find alternatives for a homeless person in lieu of making an arrest of a homeless person for a low-level crime when possible. This does not preclude personnel from taking positive law enforcement action if there is probable cause to believe that a crime has been committed and when in the best interest of public safety. Department personnel shall assist individuals experiencing homelessness through the referral process, such as providing information to obtain temporary housing, medical or psychological services if needed, or other available services. However, Department personnel shall also respect an individual's right to refuse assistance.

This approach is in line with federal policy, as the United States Supreme Court recently let stand the 2018 Ninth Circuit Court of Appeals Boise ruling, finding it unconstitutional to prosecute people for sleeping on public property if sufficient shelter or housing is not available as an alternative.¹⁰⁰

Recommendation #113: Track and make public all relevant County service and incarceration spending both for those incarcerated and those reentering the community.

Description: Current County spending largely funds services and alternatives to incarceration with restricted revenues, including grants and state and federal funding streams, while devoting the lion’s share of flexible, locally generated revenues to incarceration. Better tracking and disclosure of the costs of the incarceration system, including per-bed spending, will help the County understand the tradeoffs to the current approach and the potential advantages of scaling up non-incarceration alternatives, that can

free up savings for reinvestment. Cost savings, cost avoidance, and effectiveness can also be compared to the costs of incarceration.

Lead Agency: ATI Initiative, CEO/CIO

Recommendation #26: Expand supported employment opportunities for persons with mental health, substance use, or co-occurring disorders, including flexible funds for basic client needs to find employment (e.g., birth certificates, etc.).

Description: Individuals who have been incarcerated face higher barriers to gaining employment, in part because they may lack identification, consistent access to transportation, prerequisite equipment and clothing, and other essential tools. Providing such basic client needs can help stabilize and support people who were formerly incarcerated, particularly those with mental health diagnoses, substance use disorders, and/or co-occurring disorders, in gaining and maintaining employment. Individualized Placement and Support (IPS) programs, which are an evidence-based approach to support employment for individuals with mental illness, have been researched extensively and proven to be effective, compared to standard employment services. Other supportive employment programs, tailored to meet the needs of justice-involved people with mental illness, substance use disorders, and/or co-occurring disorders, should be considered to provide additional opportunities.

Lead Agency: CEO, DHR, DHS/ODR, DMH, DPH



Illustration of a Sample Preliminary Implementation Plan

As with many other ATI recommendations, an implementation team composed of community and County government stakeholders developed a preliminary implementation plan for Recommendation 84 that proposes key actions, staffing, required legislative or policy changes, racial equity and other elements. The plans were not formally approved by ATI voting members and will require additional analysis and input before implementation. The following plan is an illustration. The other plans can be found in the appendix of the report, at <https://lcalternatives.org/reports>.

Recommendation 84

Increase, ensure, and fund public collaboration in all phases of Alternatives to Incarceration planning, implementation, evaluation, and system oversight and across relevant County, Court, justice, health and social service systems. This collaboration can be piloted via the ATI Community Engagement Workshops and the Ad Hoc Committee structure, which includes work on gender, sexual orientation and racial equity, by instituting quarterly stakeholder meetings to communicate updated ATI progress, discuss service and communication gaps, and highlight best practices. Fund and staff post-ATI final report, i.e., the initiative should host recurring implementation meetings across the County and with relevant County departments to discuss policy impacts, resolve policy conflicts, monitor fiscal impacts, assess eligibility barriers, and develop evaluation metrics of success.

Description

The ATI Work Group is a 25-voting member body that operates under the public meeting Brown Act requirements and follows a consensus-building approach. It has required dozens of County staff and consultants, through the Department of Health Services, to operationalize the process. Currently, there are hundreds of County stakeholders, non-profit organizations, and community members at large that have participated in and developed the products generated by the Work Group. The purpose of the ATI Initiative is to invest in an ATI leadership

workforce to oversee the implementation of recommendations through multi-departmental and community coordination to expand the community-based system of care and justice system reform; develop practices that address racial equity and equitable distribution of resources; facilitate collaborative processes/forums for people to meaningfully participate in ATI implementation activities, community engagement, and consumer feedback; address contracting and capacity building opportunities; and promote tools that expand the use of alternatives to incarceration across the County. The initiative would also have a strong finance, data and research, and policy agenda.

Lead Agency

Strategic Integration Branch of the Los Angeles County Chief Executive Office

Funding and Staffing

- Currently, the ATI is leveraging staff from other County Departments (e.g. ODR, WPC, etc.), board offices, philanthropy, community based organizations, and voting membership resulting in 2 lead staff/consultant and at least 24 supporting staff/consultants. The operational funding for all staff above has been used to ensure participation and coordination of the current ATI effort. Additionally, philanthropy funding has been utilized to offer stipends for participation of people directly impacted by incarceration.

- Future, sustainable capacity includes utilizing current staff, consultants, and voting members to continue the work beyond March 2020. The ATI Initiative would need between 18–26 staff to support the ongoing work of the implementation of recommendations and capacity should be assessed based on initiative growth and success. Accessible funding sources include continuing to leverage resources from participating programs and departments (i.e. ODR, WPC, etc.) and participating organizations, while utilizing the County supplementary budget reserve to staff the ATI and implement recommendations.

Legislative and Policy Changes Required

Board motion to establish an ATI Initiative including formalizing the ATI Collaborative and adding ATI to the Board priority list.

County Counsel Statement on Implementation Plans

The ATI Work Group anticipates that many of its recommendations and preliminary implementation plans will require analysis by County Counsel when they are more fully developed. Once the Board approves the plans, the Work Group will seek the advice of counsel regarding any necessary legislative changes and legal issues. In the interim, the ATI Work Group has preliminarily identified some possible areas in which legislative changes may be necessary. These areas are identified in the proposed preliminary implementation plans available at lcalternatives.org/reports

Year 1 Key Actions

Establishment of the ATI Initiative and Key Functions

Create an Alternatives to Incarceration (ATI) Initiative under the Strategic Integration branch of the CEO's office with a leadership structure that includes someone who has led the ATI Work Group process so that there is institutional knowledge and continuity for the launch of the ATI Initiative. Ensure the hiring of people who have been personally impacted by incarceration. Placement and hiring for roles include at least 15 staff and 3 Consultants:

- ATI Initiative Co-Directors
- Finance and Operations Manager, Implementation and Coordination Manager, Racial Equity Manager
- Program Development Coordinator, Policy Implementation Coordinator, Community Engagement Coordinator, Data and Research Coordinator, Communications Coordinator
- Administrative Staff and Consultant Support

Maintain existing voting member structure that includes representatives from 15 County Departments, 10 community stakeholders, and 7–10 community members from the Advisory Collaborative of Impacted People. Voting members will support consensus building decision making and provide feedback on planning, implementation, evaluation, and system oversight of ATI recommendations across relevant County, Court, justice, health and social service systems. They may also support decisions regarding equitable distribution of resources and policy actions. Term limits should be established for voting members.

Finance and Development

Use the County supplementary budget reserve to start the ATI Initiative.

Host regular Budget Summits, including invitations to the community to distinguish ATI budget allocation. Ensure ATI Initiative budget is sufficiently distinct from the larger CEO budget and available to the public.

Create a comprehensive funding strategy including public and private funding resources to fully fund all ATI activities across all departments and partnerships.

Implementation and Coordination

Coordinate all existing efforts towards adult justice system reform under the ATI Initiative in collaboration with the System of Care Executive Committee from the Board Agenda of August 13, 2019, Item 23. Initiative should also work in close partnership with the youth justice work group to leverage resources and share best practices.

Continue ATI Ad Hoc Committee structure and use the ATI Work Group roadmap and existing preliminary implementation plans to begin work immediately. Where preliminary implementation plans do not exist for existing recommendations, continue ATI Ad Hoc Committee structure to create the plans and retrieve feedback from voting members within 12 months.

Present to the voting membership and the larger community on a quarterly basis to continue the community engagement effort that has been created the first year of ATI implementation. Provide regular updates to the Board.

Racial Equity

The ATI Racial Equity Manager works with the ATI leadership, staff, and collaborative to develop, implement, monitor, evaluate, and revise program policies and procedures that fulfill racial equity criteria. The ATI Racial Equity Manager coordinates cross-departmental policies, procedures, staff development and training, and other necessary implementation strategies and tactics to ensure racial equity processes are well aligned across key departments. Ensure community representation is as diverse, culturally humble and represents the populations they are trained to serve. Ensure racial equity commitments, processes and criteria are adopted into the county contracting and hiring process.

Program Development

Evaluate County service delivery systems in concert with Organizational Capacity Building and Contracting ATI recommendations to establish accurate picture of the current state of County contracting and develop the ideal County contracting model.

Policy Implementation

Identify policy, funding, and resource goals that require state or federal legislative action in collaboration with CEO-Legislative Affairs and community advocates.

Community Engagement

Facilitate phase two of community engagement workshops to follow the first phase that sought feedback from 7 of the most impacted communities.

Data and Research

Continue Ad Hoc Committee structure to establish ATI data and research systems.

Communications

Continue the communications work generated through the ATI report development and develop a detailed plan to bring ATI work to the broader public's awareness to educate and gain public support.

Potential Funding Strategies

Potential Funding Strategies Submitted by the ATI Funding Ad Hoc Committee

The Alternatives to Incarceration Funding Ad Hoc Committee developed a matrix of key funding streams that currently support public safety and ATI-related efforts as a resource for the County's continuing work to build the ATI funding infrastructure. The document (featured in the appendix at lacialternatives.org/reports) outlines the eligible uses, applicable County policy for utilization, and amount available for the identified funding streams.

However, the Ad Hoc Funding Committee recognizes that current funding is already largely allocated and that additional resources are needed to expand and scale up ATI efforts. To that end, the County should aggressively explore new funding sources and seek to maximize existing resources to meet the full scope of ATI recommendations. Funding strategies may include:

Anticipated Growth in Funding Streams

While current funding streams are largely allocated, anticipated growth in funding streams may be allocated to programs that align with the ATI initiative.

Departmental Partnerships

Significant County funding has already been allocated to support efforts that align with the ATI initiative. Partnerships among departments to integrate service delivery can have a multiplier effect and maximize the reach of that existing funding. The County should explore opportunities to enhance existing partnerships to further integrate service delivery.

Flexible Use of Funding

The use of applicable funding streams can be subject to federal, State, and County funding requirements and policy. When allowable and appropriate, County policy should support the flexible use of funding to expand the reach of or support ATI-related efforts. For example, the State Department of Health Care Services is currently undertaking the *Medi-Cal Healthier*

California for All initiative. This is an ambitious, multi-year effort to reform the Medi-Cal delivery system, its programs, and the related payment mechanisms, and its eventual implementation will require extensive federal, State, and local legislative changes (the outcome of which is uncertain). As another example, in 2014, the Board broadened County policy on the populations that could be served with AB 109 funding.

While funding sources often must support specific focus areas, developing County policies and practices, when possible, that promote flexibility can help provide needed programming to individuals, regardless of their case type or status.

Legislative Advocacy

The Chief Executive Office – Legislative Affairs and Intergovernmental Relations office, in collaboration with impacted justice and health partners, advocates for laws, policy and funding consistent with the goals of the ATI initiative. Maintaining justice reform as a priority in the County's State Legislative Agenda and Federal Legislative Agenda is central to furthering the important goals of the ATI Initiative.

Examples of recent and active legislative advocacy efforts include:

- Support of Fiscal Year 2019–20 State budget allocations of:
 - \$74 million to fund pre-trial decision-making programs
 - \$5 million to offset renovation costs to convert the Challenger Memorial Youth Detention Center to a Residential Career Training Center for justice-involved younger adults
 - \$100.0 million to help participating counties expand existing or implement new mental health diversion programs focused on individuals with serious mental illnesses who have the potential to be or are deemed Incompetent to Stand Trial (IST) on felony charges

- \$5.0 million in Mental Health Services Act funds to help counties develop innovative plans to increase access and quality of mental health services for the diversion of individuals with serious mental illness
- approximately \$15.0 million to support a Los Angeles County partnership with the California Department of State Hospitals to locally serve up to 150 IST patients in community settings
- \$37.3 million for youth diversion, including \$26.3 million for the youth diversion programs (of which the County was awarded \$1.0 million)
- Successful advocacy of SB 389, which allows counties to use Mental Health Services Act funds to treat all individuals subject to justice-involved supervision, including pre-trial supervision and mental health diversion
- Current advocacy for federal legislation that would ease the Medicaid Inmate Exclusion, which prohibits states from using Federal matching funds towards health care services for individuals residing in correctional institutions, including those who are pre-trial
- Current advocacy for proposals that would repeal or ease the Medicaid Institutions for Mental Disease (IMD) exclusion, which prohibits states from using Medicaid funds for inpatient residents of an IMD between the ages of 21 to 64

Partnerships with Philanthropic Organizations

Building community capacity is central to meeting the goals of the ATI Initiative. Partnerships with philanthropic organizations – particularly to support community infrastructure development – is a key strategy.

Net County Cost (NCC)

Net County Cost (NCC) is the portion of the County budget financed by locally generated revenues. While multiple strategies can increase resources, NCC funding should be considered to address continued funding gaps.

Reinvestment of Justice Savings

As justice reform efforts continue, outcomes should be tracked, and any associated costs savings should be identified and considered for reinvestment into ATI-aligned efforts.

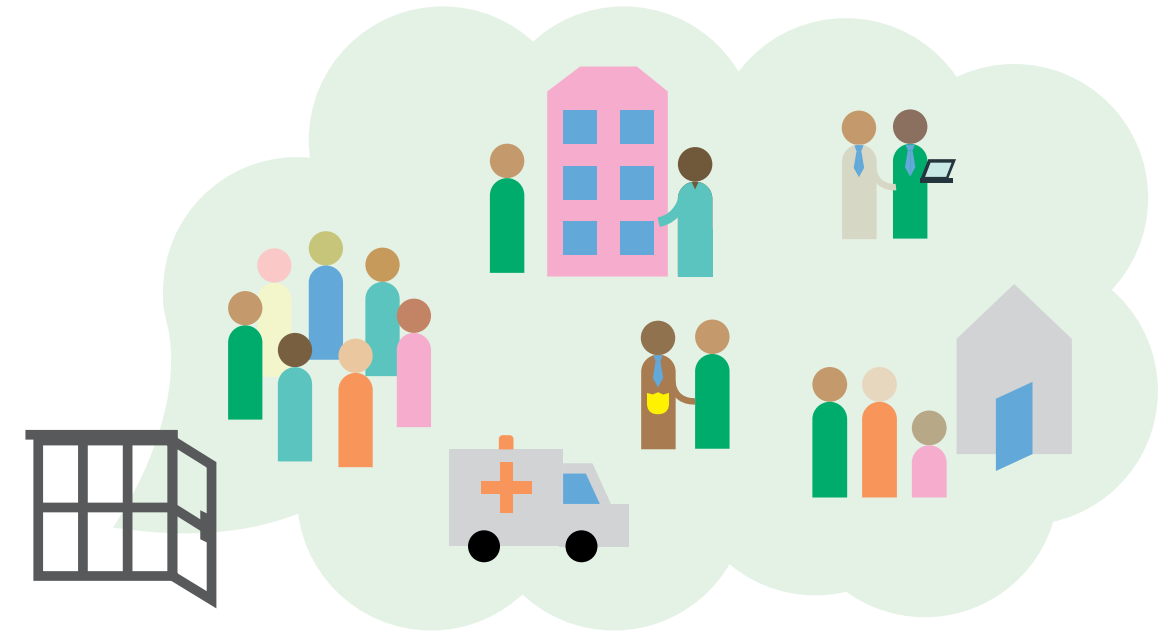
Grant Opportunities

The County should implement strategies to proactively identify and pursue grant opportunities – from public agencies and private organizations – particularly to build needed County infrastructure, launch pilots, and otherwise support innovative efforts.

New Local Revenues

If the foregoing strategies are not sufficient to achieve full funding of ATI efforts, the County may consider raising new revenues and explore the need, feasibility, and value of a funding measure to support service delivery and/or a to provide one-time resources to develop the ATI infrastructure.

Next Steps & Conclusion



The ATI Work Group, an unprecedented collaboration of community advocates, formerly incarcerated people, County representatives, academics and researchers, has created and endorsed a clear vision of responsible policies for how to improve community health and safety—how to stop relying on our justice system to address our failure to provide adequate care and treatment for our most vulnerable neighbors, using methods that will reduce and eliminate longstanding racial disparities in our justice system.

The 114 recommendations in this final report describe that vision clearly—decentralized, community-based, holistic services, provided equitably throughout the County, along with a drastic reduction in our reliance on law enforcement and courts as the default method of connecting our most vulnerable community members with treatment and services. If we turn this vision into tangible bricks and mortar, effective programs and services, improved policies and practices, we can substantially and sustainably reduce the number of people being arrested and booked into the County jail, which will have immediate and lasting positive impacts on individuals, families and communities; improve community health and safety; and responsibly leverage limited taxpayer resources.

Some of the recommendations proposed can be implemented immediately without new resources or legislative changes, while others may take much longer and require significant resources, policy changes, program development, and culture shifts.

To begin, we recommend the creation of an ATI Initiative, located within the County CEO's office, to more closely analyze and categorize the broad range of recommendations, further develop the preliminary implementation plans, and put into practice the set of foundational recommendations presented in this report. The ATI Initiative would work closely with the CEO and County departments to create a comprehensive funding strategy, including public and private funding resources, to fully fund all ATI activities across departments and partnerships.

This ATI vision represents a shift happening across the nation—from a criminal justice response to a public health approach to trauma, poverty and behavioral health crisis, where care and services are provided first, and jail is a last resort. The ATI Work Group believes that **LA County can and should lead the way in building this reimagined system of care and justice—where we reinvest in our neighborhoods, reduce costs and make all of our communities healthy and safe.**

Notes

- 1 ATI work focused on: individuals with clinical mental health and/or substance use disorders; cisgender women ("cisgender" connotes an individual who identifies with the gender they were assigned at birth); individuals who identify as lesbian, gay, bisexual and/or queer (LGBQ); and individuals who identify as transgender, gender non-conforming and/or intersex (TGI). Throughout this report, we use the term "clinical behavioral health needs" to refer to: (1) people who have been diagnosed with a mental health disorder(s); (2) people who have been diagnosed with substance use disorder(s); (3) people who have co-occurring mental health and substance use disorder(s); or (4) people who have not yet been diagnosed but would likely meet the clinical criteria for either mental health disorder, substance use disorder, or both.
- ATI documents use the acronym LGBQ+ to denote people who identify as lesbian, gay, bisexual, and/or queer. This acronym is meant to be inclusive beyond the listed identities. This reflects the spirit of the Gender and Sexual Orientation Ad Hoc Committee's work in affirming all gender identities, gender expressions and sexual orientations. ATI documents use the acronym TGI to denote people who identify as transgender, gender-non-conforming, and/or intersex. This acronym is meant to be inclusive beyond the listed identities, accounting for Two-Spirit community members and all other gender expansive identities.
- 2 David Cloud and Chelsea Davis, "First Do No Harm: Advancing Public Health in Policing Practices," (New York: Vera Institute of Justice, 2015), https://storage.googleapis.com/vera-web-assets/downloads/Publications/first-do-no-harm/legacy_downloads/First-Do-No-Harm-FINAL-12032015.pdf.
- 3 Vera Institute of Justice, "Incarceration Trends - Vera Institute Of Justice," *Trends.Vera.Org*, 2020, <http://trends.vera.org/rates/los-angeles-county-ca>. (Hereinafter Vera, Incarceration Trends).
- 4 Los Angeles County Sheriff's Department, *Custody Division Population Quarterly Report* (Los Angeles: Los Angeles County Sheriff's Department, 2019). (Hereinafter LASD, Custody Report).
- 5 Bureau of Justice Statistics, Annual Survey of Jails 2017; Population Estimate for July 1, 2017 is from US Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018.
- 6 DPH-SAPC estimates that among approximately 17,000 adults in custody at any given time, about 65 % (10,000-11,000) will need SUD services. Additionally, 523 people needed medical housing (not ADA designated; an additional 447 people needed ADA designated housing). Los Angeles Sheriff's Department, 2019.
- 7 Looney A and Turner N. *Work and opportunity before and after incarceration*. (Washington, DC: The Brookings Institution, 2018), <https://www.brookings.edu/research/work-and-opportunity-before-and-after-incarceration/>.
- 8 25 % of jail inmates overall report being homeless. LASD, Custody Report.
- 9 LASD, Custody Report.
- 10 Bronson J, Stroop J, Zimmer S and Berzofsky M. *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates: 2007-2009*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, (2017).
- 11 LASD, Custody Report.
- 12 "U.S. Census Bureau Quickfacts: Los Angeles County, California," *Census Bureau Quickfacts*, 2019, <https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/RHI825218#RHI825218>.
- 13 Gale Holland, "L.A. County Agrees To New Policies To End The Jail-To-Skid Row Cycle For Mentally Ill People," *Los Angeles Times*, 2018, <https://www.latimes.com/local/lanow/la-me-ln-skid-row-jail-20181207-story.html>.
- 14 German Lopez, *How America's Criminal Justice System Became The Country's Mental Health System* (Vox, 2016), <https://www.vox.com/2016/3/1/11134908/criminal-justice-mental-health>.
- 15 At least 20% of the jail mental health population self-reports being homeless. Los Angeles County Department of Health Services (LAC DHS), "Unpublished Administrative Data" (2017). (Hereinafter LAC DHS, Unpublished Administrative Data).
- 16 LASD, Custody Report.
- 17 The following is aligned with the national statistics and the usual substance use disorder (SUD) prevalence of 60%-70% among justice population in LAC (usually SUD prevalence is roughly twice as high as SMI prevalence). DPH-SAPC estimates that among approximately 16,000-17,000 adults in custody at any given time, about 65% (10,000-11,000) will need SUD services. Jennifer Bronson et al., *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009* (U.S. Department of Justice, 2020), <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>.
- 18 In Los Angeles County jail, the Department of Health Services-Correctional Health Services estimates that among the approximately 5,000 people with mental health needs in the jails on any given day, 76% have a co-occurring SUD, for an estimated 3,600 people with co-occurring disorders. LASD, Custody Report.
- 19 See Correctional Services Daily Briefing from 2/22/2019, as included in Attachment C to letter from Alex Villanueva, L.A. County Sheriff, to Sachi Hamai, CEO of L.A. County, dated July 9, 2019. *L.A. County Report Back on Developing a Care-First Treatment Model*, (Los Angeles: Los Angeles County Sheriff's Department, February 2019), 42.
- 20 Ibid.
- 21 Stephanie Holliday et al., *Estimating The Size Of The Los Angeles County Jail Mental Health Population Appropriate For Release Into Community Services* (The RAND Corporation, 2020), http://file.lacounty.gov/SDSInter/bos/bc/1067058_ProgressReportonScalingUpDiversionandReentry.
- 22 LASD, Custody Report.
- 23 "A Portrait of Los Angeles County — Measure Of America: A Program Of The Social Science Research Council," *Measureofamerica.Org*, 2020, <https://measureofamerica.org/los-angeles-county/>.
- 24 LASD, Custody Report.
- 25 Los Angeles Homeless Services Authority, *Report And Recommendations Of The Ad Hoc Committee On Black People Experiencing Homelessness* (Los Angeles: Los Angeles Homeless Services Authority, 2018), <https://www.lahsa.org/documents?id=2823-report-and-recommendations-of-the-ad-hoc-committee-on-black-people-experiencing-homelessness>.
- 26 Jugal Patel et al., "Black, Homeless And Burdened By L.A.'S Legacy Of Racism," *Nytimes.Com*, 2019, <https://www.nytimes.com/interactive/2019/12/22/us/los-angeles-homeless-black-residents.html?action=click&module=Top%20Stories&pgtype=Homepage>.
- 27 Alex Villanueva, *Los Angeles County Sheriff's Department Custody Division Population Year End Review* (Los Angeles: Los Angeles County Sheriff's Department, 2018), 20. (Hereinafter LASD, Custody Division Population Year End Review).
- 28 LASD, Custody Division Population Year End Review.
- 29 Barbara Bloom, Barbara Owen, and Stephanie Covington, *A Theoretical Basis for Gender-Responsive Strategies in Criminal Justice* (Chicago: American Society of Criminology, 2002), 1-2; Greenfeld and Snell, 2000, pp. 7-9; and Shannon M. Lynch et al., *Women's Pathways to Jail: The Roles and Intersections of Serious Mental Illness and Trauma* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, 2012), 8.
- 30 Danielle Dupuy, Sofia Espinoza, Joanna Itzel Navarro, Kelly Lytle Hernández. *Women in the Los Angeles County Jail System: An Analysis of LASD Data*. Los Angeles: The Million Dollar Hoods Project, 2018.
- 31 See Correctional Services Daily Briefing from February 22, 2019, as included in Attachment C to letter from Alex Villanueva, L.A. County Sheriff, to Sachi Hamai, CEO of L.A. County, dated July 9, 2019. *L.A. County Report Back on Developing a Care-First Treatment Model*, (Los Angeles: Los Angeles County Sheriff's Department, February 2019), 46.
- 32 Daniel Kopf and Bernadette Rabuy, "Prisons of Poverty: Uncovering the pre-incarceration incomes of the imprisoned," *Prison Policy Initiative*, July 9, 2015, <https://perma.cc/D7S4-5GP9>.
- 33 According to Million Dollar Hoods data analysis of booking data, the Sheriff's Department does not currently collect, or make publicly available, arrest information for transgender or other gender-non-conforming populations.
- 34 LGBTQ+ people, according to Gallup, are 3.8% of the general public but 7.1% of people in city and county jails. 2011 - 2012 National Inmate Survey, cited at Center for American Progress & Movement Advancement Project, *Unjust: How The Broken Criminal Justice System Fails LGBT People* (LGBT Map, 2016), <http://www.lgbtmap.org/file/lgbt-criminal-justice.pdf>. Also, around 5% of American

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101 The content herein, apart from LA County-specific data and analysis, is largely derived from a forthcoming Vera Institute report. For additional information, see Jason Tan de Bibiana, Charlotte Miller, Leah G. Pope, Susan Stellin, Jim Parsons, and David Cloud, *Changing Course: From Punitive Responses to Health and Harm Reduction in the Overdose Crisis* (New York: Vera Institute, Report Forthcoming February 2020).



