

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND  
KATHRYN BARGER**

**AUGUST 14, 2018**

**Scaling up Diversion and Reentry Efforts for People with Serious Clinical Needs**

In August 2015, the Board of Supervisors created the Office of Diversion and Reentry (ODR) within the Department of Health Services (DHS). ODR’s core mission is to support the diversion and reentry of individuals with serious mental health and/or substance use disorders who are involved in the criminal justice system. Diversion for these populations, in the context of ODR, has meant the removal of inmates with serious clinical needs from the Los Angeles County (County) jail and the prevention of individuals with serious clinical needs from entering the criminal justice system, and then moving these individuals into community-based clinical programs. To date, ODR’s programs have directly diverted over 2,000 individuals, and many partnerships have been forged to combine resources across the County to support diversion and reentry for this target population.

In the face of these achievements, more is still needed to divert those with mental health and/or substance use disorders from the criminal justice system, and

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scale up positive interventions and outcomes. The number of mentally ill individuals in the jails remains a concern for the County. It is important to clearly outline how the County can continue to build and scale the appropriately-sized and qualified network of community services to divert, treat and support inmates with serious clinical needs, as well as prevent their entry into the criminal justice system in the first place.

**WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Direct the Acting Director of the Department of Health Services (DHS), or her designee, to work with appropriate partners within the County of Los Angeles (County) and outside of the County to conduct a study of the existing County jail population to identify who would likely be eligible for diversion and reentry programs based on their clinical conditions and current criminal charges. This study should be sufficiently rigorous and scientific to help guide the County's strategy for creating and scaling community-based diversion and reentry programs for those with serious clinical conditions.
2. Direct the Acting Director of DHS, or her designee, to conduct an assessment that examines the return on investment and outcomes of the existing Office of Diversion and Reentry (ODR) Housing Program and Misdemeanor Incompetent to Stand Trial programs, two of the most significant ODR efforts to date. This analysis can provide the County with key impact and outcome data as well as cost-benefit information to determine how best to improve and scale ODR's efforts.

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3. Direct the Acting Director of DHS, or her designee to work with the Chief Executive Officer (CEO), the directors of the Departments of Mental Health, Public Health, Public Social Services, Children and Family Services, County Counsel, Probation, Public Defender, Alternate Public Defender, and ODR, in conjunction with the Sheriff, District Attorney, Los Angeles City Attorney, and Presiding Judge of the County's Superior Court, to create a detailed 5- to 10-year Diversion and Reentry Road Map For Those With Serious Clinical Needs (Road Map). The Road Map should include, but is not limited to, the following:

- a. A description of the kind of programs (and any subsequent policy changes) which would be required to serve the total population identified under the Study described in item (1) above, including efforts to divert these individuals before they reach the jails or become justice-involved. This should include community-based housing programs and permanent supportive housing, licensed and unlicensed interim housing, inpatient hospital facilities, locked Institutions for Mental Disease facilities, residential treatment facilities, and other settings delineated as essential to the County's overall System of Care for justice-involved individuals, as well as the necessary supports connected to the health, mental health and substance use disorder delivery systems as well as employment, legal relief, and other case management services.
- b. The type of facilities needed to site the programs outlined in item (a).

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- c. The staff needed to implement the programs described in (a)
  - d. The sources of funds which could reasonably be expected to support the full set of programs described in (a).
  - e. The legislative and/or policy changes which would be needed to most efficiently and easily implement the full set of programs under (a). This should include the areas of land use, program siting, licensing, funding and program reimbursement, workforce development and information sharing/privacy issues.
  - f. The information technology resources that could and should be pursued to facilitate successful diversion and reentry efforts.
  - g. Any practice-based or culture-based transformations which will be required of individual Departments or other entities involved in the Health - Justice collaborative network.
4. Provide delegated authority to the directors of DHS and ODR to enter into consultant contracts up to a total of \$500,000 to execute and complete the work in items 1 and 2 above, with funding available through existing one-time ODR funding sources.
5. Direct the Acting Director of DHS, or her designee, to engage philanthropic and other research partners to help guide and fund the needed studies.

(DW/MN)