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Coordinating the Study of Mental Health and Substance Abuse Diversion and Treatment Capacity Across County Agencies to Reimagine Jail Construction

Los Angeles County’s jails are frequently described as the nation’s largest mental health institution. They are also de-facto substance use disorder centers. In fact, approximately 70% of the current prisoner population report upon initial assessment that they have a serious medical and/or mental illness or substance use disorder.

Incarcerated people have been shown to suffer from dramatically higher rates of disease—especially mental illness and substance use disorders—than the general population. Nationally, nearly 15% of men and 30% of women booked into jails have a serious mental health condition, and as many as 68% have a diagnosable substance use disorder. In fact, the principal charges facing people with mental illness are drug-related, adding to the convoluted connections between mental illness, substance abuse, and incarceration. However, the correctional facilities where they end up are ill-equipped treatment providers that are unable to provide appropriate treatment and decrease the likelihood of subsequent overdose, homelessness, or decompensation because of structural and staffing constraints.

Several studies, including one done by the American Civil Liberties Union and another compiled by the Marshall Project, found that those who have mental illness remain in jail longer than others, return to jail more frequently, and cost more to incarcerate. It’s not simply that jails are ill-equipped to treat those with mental illness; the environments are also chaotic, noisy, and dangerous, all attributes that make it more likely to exacerbate symptoms than soothe them. Failing to adequately address the treatment needs of those with mental illness while they are in jail increases the odds that they will commit crimes after their release and continue the cycle of incarceration.

Other studies have shown that people experiencing homelessness are arrested at seventeen times the rate of the general population, mostly for non-serious offenses

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such as failure to appear or jaywalking. And because a criminal record often makes it hard for individuals to get a job or housing, and they may face delays in accessing medical care after leaving jail, many individuals, especially those without access to mental health services and support, wind up homeless, in emergency rooms, and often re-arrested. Some studies suggest that once released, formerly incarcerated people are at least 5 times, and in some cases almost 10 times, more likely to become homeless.

Further, the Vera Institute reports that the concentration of drug arrests in urban communities of color has been a primary driver of the increase in the nation's jail and prison populations in the past several decades, and is a primary driver of pervasive racial disparities in the criminal justice system.

To reverse these trends and respond to the growing drug overdose epidemic, criminal justice system stakeholders are increasingly adopting public health "harm reduction" strategies, such as diversion, medication assisted treatment, and overdose prevention, rather than relying on traditional criminal justice responses. The goal has been to increase recognition of addiction as a health issue and reduce the belief that people battling addiction deserve punishment, therefore reducing the trend that has required a criminal conviction as a prerequisite to treatment.

There has been widespread consensus over the past several years among federal courts, civil rights stakeholders, the Los Angeles County Sheriff's Department, and the Board of Supervisors, that the current conditions at Men's Central Jail are unsafe for prisoners and staff, and require that it be torn down. However, several forensic mental health experts have indicated that investments in new jails, even with improved treatment components, are unlikely to significantly improve the treatment of inmates with mental illness or reduce the prevalence of substance abuse and resistance to treatment, to significantly lower rates of recidivism and improve outcomes.

From a clinical perspective, these experts explain that more often than not, individuals in this population have multiple comorbid issues including not only medical and substance abuse diagnoses, but also psychosocial stressors, lack of education and training, and under-employment; all of which have a profound impact on mental function and overall behavior. The answer, according to these experts, is not in building a new jail to replace a decrepit one, but rather to follow the lead of jurisdictions such as Miami-Dade County: a well-resourced and well-functioning community mental health system that enables people with mental illnesses to exist in the community without threatening public safety, themselves, or others.

State legislation, coupled with County efforts, are already seeking to reduce the jail population. AB1810 allows certain individuals with mental health diagnoses to avoid criminal penalties by agreeing to participate in treatment for their mental illnesses. The Los Angeles County District Attorney's Office is devoting resources to prevention and rehabilitation, creating a unit devoted to diverting the mentally ill out of custody and into treatment. SB10, although currently on hold, also seeks to encourage bench officers to consider the unique circumstances of every person arrested for a crime and to allow

persons who do not pose a risk to public safety to be released pending pre-trial and trial proceedings. These efforts will save taxpayers money and prioritize a supportive society rather than a punitive one.

Since 2015, this Board has significantly increased the investment in permanent supportive housing and the continuum of care. The infusion of resources into substance use programming, mental health services, intensive case management, and housing are all intended to keep people out of jail and in treatment.

The County has also intentionally invested in programming to support diversion from jail, reentry, and rehabilitative services to reduce recidivism. In 2015, this Board created the Office of Diversion and Reentry (ODR) to reduce the population of those with mental health needs and other clinical needs from within the LA County jail system. However, this Board lacks important information that will be provided as a result of the Board's approval in August 2018 of the Scaling Up Diversion and Re-Entry Efforts for People with Serious Clinical Needs motion. This motion commissioned a study to determine the number of people in the jail system who would likely be eligible for diversion and re-entry programs based on their clinical conditions and current criminal charges.

Similarly, the results from the studies based on the Board's approval in October 2017 of the motion entitled, "Expanding Capacity to Better Serve the Health, Well-Being, and Socio-Economic Needs of Los Angeles County's Vulnerable Residents," and the January 2019 motion entitled "Addressing the Shortage of Mental Health Hospital Beds," are still being developed. These studies will provide a comprehensive assessment of Los Angeles County's mental health and substance use disorder treatment needs, capacity, and anticipated gaps across all levels of care and age groups, to guide future service expansion at these locations, and provide a broader understanding of service needs throughout the County. Given the overlaps in these areas of need with the population in our jails, these studies will likely inform the number of people in our County's jail system who would likely be eligible for diversion and other programs based on their clinical needs.

Finally, models across the U.S. are using law enforcement and criminal justice tools to direct those with mental illness toward treatment services that could help them control behaviors that got them into trouble. In this County, for example, we have dramatically increased the use of Mental Health Evaluation Teams, which include mental health clinicians and Sheriff's deputies who are trained to de-escalate situations involving people who show signs of mental illness, and connect them to mental health treatment rather than taking them to jail.

All of this shows a growing consensus around the deep interrelationships between homelessness, mental health, addiction, and how we think about public safety and justice. Given the dramatic changes that have taken place nationally, across the state, and most importantly, within Los Angeles County, before moving forward on a plan to build a new detention facility, even one with treatment capacity, this Board is long overdue for a targeted and comprehensive study of who the people who are in our jails

are, and what works to put them and their families on a path towards maintaining healthy, stable, and productive lives in their communities. Additionally, there must be a broad study of the impact of the County and statewide efforts on the systemwide jail population, including a specific emphasis on those with clinical and behavioral health needs. This information is needed before Los Angeles County commits to any particular course of action in regards to the future of the Men's Central Jail site.

WE, THEREFORE, MOVE that the Board of Supervisors

- 1) Direct the Chief Executive Office (CEO) or her designee to
 - A. Coordinate the reports from, among others, the "Scaling Up Diversion and Re-Entry Efforts for People with Serious Clinical Needs" motion, the "Expanding Capacity to Better Serve the Health, Well-Being, and Socio-Economic Needs of Los Angeles County's Vulnerable Residents" motion, and the "Addressing the Shortage of Mental Hospital Beds" study, with the goal of determining how the findings of these studies and those directed in (2) and (3) below, might impact the needs, diversion capacity, and population in our County's jail system;
 - B. Report back in 60 days on funds available to pay for the continuum of mental health care, from outpatient mental health services to inpatient psychiatric services, including assessments of funding through the Mental Health Services Act, and Medicaid;
 - C. Report back in 120 days with an update on how the \$100 million in AB900 funds can be repurposed, including consideration of supporting construction of diversion and reentry infrastructure, or rehabilitation of existing facilities.
 - D. Advocate at the State and Federal level for funding to support the further development of alternatives to incarceration, as contemplated by the studies referenced, herein.
 - E. Convene the Department of Mental Health, Department of Health Services, Department of Public Health, the CEO Homeless Initiative, and the Office of Diversion and Reentry, in collaboration with the Sheriff's Department and community stakeholders to report back in 120 days with
 - a. An assessment of the current conditions of confinement within the County's jails, and a plan to ensure humane and safe conditions for those who remain confined;
 - b. A plan for the expedient demolition of Men's Central Jail, that includes the findings of the above studies.
- 2) Coordinate the directives herein, with the Alternatives to Incarceration Working Group. The plan developed from that Working Group should be based on national best practices, and consider all appropriate alternatives to a jail, including greatly expanded community placements, treatment options, housing supports, and a mental health hospital.
- 3) Direct the Office of Diversion and Reentry (ODR), in consultation with the Los Angeles Sheriff's Department, the Department of Mental Health, Department of

Public Health, Department of Health Services, the Superior Court, Office of the Public Defender, Office of the Alternate Public Defender, the Probation Department, the District Attorney, the Chief Executive Office, County Counsel, the Center for Strategic Public-Private Partnerships, community-based service providers and community stakeholders, including those who have been impacted by these systems, and other relevant stakeholders, to

- A. Report back to the Board in writing in 90 days on the status of securing the consultant, and 180 days and every 90 days thereafter, until completion, with an analysis of the pathways that result in the arrest, prosecution, and incarceration of men in Los Angeles County;
 - a. This analysis should include, among other things, conduct that drives arrests and the length of incarceration of men;
 - b. This analysis should identify existing and needed holistic programming and services to keep men out of the criminal justice system and out of jail;
 - c. This study should include specific analysis of disparities for people of color, LGBTQ, and gender-nonconforming men;
 - d. This study should include discussions with men who have lived experience with the local justice system in order to identify the specific challenges men face in Los Angeles County's criminal justice system and develop strategies and solutions to change the trajectory of their involvement from arrest to case disposition;
- B. Authorize the Director of ODR, or his designee, to hire a consultant with relevant expertise to support ODR in the development of this study.

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