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SACHI A. HAMAI  
Chief Executive Officer

## County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

June 16, 2020

To: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

From: Sachi A. Hamai  
Chief Executive Officer

Board of Supervisors  
HILDA L. SOLIS  
First District

MARK RIDLEY-THOMAS  
Second District

SHEILA KUEHL  
Third District

JANICE HAHN  
Fourth District

KATHRYN BARGER  
Fifth District

### **REPORT BACK ON BUILDING A SYSTEM OF ALTERNATIVES TO INCARCERATION (ITEM NO. 2, AGENDA OF MARCH 10, 2020)**

On March 10, 2020, the Board of Supervisors (Board) approved a motion to work toward building a system of alternatives to incarceration, helping the Board achieve the vision of providing "care first, jail last." The motion directed the Chief Executive Office (CEO) to: 1) establish an Alternatives to Incarceration (ATI) Initiative (Initiative), and take immediate steps to hire a Director to lead it (with additional report backs from the Director once hired); 2) report back to the Board during final changes with recommendations for a funding and staffing plan; and 3) report back to the Board with a preliminary analysis of the fiscal, legal, and operational components of the ATI recommendations, with a final written analysis due in 180 days.

As you know, the Board directives for ATI occurred immediately before the COVID-19 crisis, and the County's subsequent emergency stay-at-home orders, hiring freeze, and closure of County buildings. The ensuing crisis severely impacted the financial landscape for the County. It also completely occupied the attention of the CEO's budget staff, who have had to redirect their efforts to developing a plan to close the FY 2019-20 budget, completely rebuilding the FY 2020-21 budget, working with the several County departments on various curtailment scenarios, and estimating those departments' revenue losses. This same budget staff are also those who would otherwise be responsible for the ATI-related fiscal analyses required by the Board in its March 10, 2020 motion.

Each Supervisor  
June 16, 2020  
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While we cannot provide a reasonably accurate timeframe for completion of the assessments required by the March 10, 2020 motion, we will continue to monitor the County's fluid financial landscape, and the associated bandwidth of the CEO's budget and finance staff. We will report back after the supplemental budget phase when we have a clearer path to complete the analysis. Further, even as the fiscal analysis has not been completed, we will continue to work with your offices on the meaningful actions that can be taken in the meantime to move forward the very important work related to the March 10, 2020 motion.

If you have any questions or need additional information, please contact me directly, or your staff may contact Tiana Murillo, Assistant Chief Executive Officer, at (213) 974-1186 or via email at [TMurillo@ceo.lacounty.gov](mailto:TMurillo@ceo.lacounty.gov).

SAH:FAD  
TJM:ma

c: Executive Office, Board of Supervisors  
County Counsel



SACHI A. HAMAI  
Chief Executive Officer

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June 17, 2020

To: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
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Supervisor Janice Hahn

From: Sachi A. Hamai  
Chief Executive Officer

Board of Supervisors  
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### **UPDATE - REPORT BACK ON BUILDING A SYSTEM OF ALTERNATIVES TO INCARCERATION (ITEM NO. 2, AGENDA OF MARCH 10, 2020)**

On March 10, 2020, the Board of Supervisors (Board) approved a motion to work toward building a system of alternatives to incarceration, helping the Board achieve the vision of providing "care first, jail last." The motion directed the Chief Executive Office (CEO) to: 1) establish an alternatives to Incarceration (ATI) Initiative (Initiative), and take immediate steps to hire a Director to lead it (with additional report backs from the Director once hired); 2) report back to the Board during final changes with recommendations for a funding and staffing plan; and 3) report back to the Board with a preliminary analysis of the fiscal, legal, and operational components of the ATI recommendations, with a final written analysis due in 180 days.

On June 16, 2020, I provided the Board with an update on the ATI Initiative. I have since received confirmation from the California Endowment that the County was awarded a grant in the amount of \$360,000, which will fund the ATI Director. The Center for Strategic Partnerships will work with the California Endowment to transfer the funding. The ATI Director bulletin has been posted, which includes a statement that the position is grant funded. We are actively recruiting for the position. I will continue to update your offices as we move this very important work forward.

If you have any questions or need additional information, please contact me directly, or your staff may contact Tiana Murillo, Assistant Chief Executive Officer, at (213) 974-1186 or via email at [TMurillo@ceo.lacounty.gov](mailto:TMurillo@ceo.lacounty.gov).

SAH: FAD:  
TJM: CT: gl

c: Executive Office, Board of Supervisors  
County Counsel



# County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
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FESIA A. DAVENPORT  
Acting Chief Executive Officer

Board of Supervisors  
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First District

HOLLY J. MITCHELL  
Second District

SHEILA KUEHL  
Third District

JANICE HAHN  
Fourth District

KATHRYN BARGER  
Fifth District

December 24, 2020

To: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Fesia A. Davenport *[Signature]*  
Acting Chief Executive Officer *FOR*

## **BUILDING A SYSTEM OF ALTERNATIVES TO INCARCERATION: STATUS REPORT (ITEM NO. 2, AGENDA OF MARCH 10, 2020)**

On March 10, 2020, the Board of Supervisors (Board) approved a motion to work toward building a system of alternatives to incarceration, helping the Board achieve the vision of providing "Care First, Jail Last." The motion directed the Chief Executive Office (CEO) to: 1) establish an Alternatives to Incarceration (ATI) Initiative and take immediate steps to hire an Executive Director to lead it; 2) report back to the Board during final changes with recommendations for a funding and staffing plan; and 3) in consultation with County Counsel, report back in 90 days with a preliminary written analysis of the fiscal, legal, and operational components of each of the 26 foundational recommendations in the ATI report, with a final written analysis due in 180 days.

As reported to the Board on June 16, 2020, the Board directives for ATI occurred immediately before the COVID-19 crisis and the County's emergency stay-at-home orders, hiring freeze, and closure of County buildings. The initial deadlines were therefore impacted. However, the CEO was able to hire the ATI Executive Director on September 28, 2020, and this report serves as the response to the motion's directive for a 90-day preliminary written analysis of the fiscal and operational components of each of the 26 foundational recommendations. This report likewise highlights projects that have been identified for development or expansion by both community organizations and County departments. County Counsel will provide a separate preliminary report to the Board regarding its legal analysis of the 26 foundational recommendations. These 26 foundational recommendations are summarized in Attachment A.

## **Background**

On February 12, 2019, the Board established the ATI Working Group and tasked it with developing a “concrete plan to increase the availability of treatment options and alternatives to custody while preserving public safety, including special consideration for justice-involved subpopulations and a description of the kinds of programs and types of facilities needed; a plan for how to establish these facilities; the County staff needed to implement the programs; an estimate of the funding needed to implement the programs; a survey of current and potential sources of funds; and any legislative and policy changes that may be needed to advocate for them.”

On March 10, 2020, the Board accepted the ATI Working Group’s Report (Report), adopted the Report’s five overarching strategies, and directed the CEO to establish a new ATI organizational unit within the CEO’s office. This unit will serve as the County’s new nerve center and regional convener of public and private sector entities committed to realizing a “Care First, Jail Last” model; drive policy development, data analysis and evaluation; coordinate effort among County departments and community-based organizations; prioritize competing or duplicative implementation efforts; and make funding recommendations.

## **ATI Unit Implementation Progress Update**

On September 28, 2020, the newly appointed ATI Executive Director began working on the Board directives. Progress on the various efforts is summarized in Attachment B, which includes updates on the following:

- 1) **Community Engagement**: Efforts to maintain and strengthen community opportunities to provide input, dialogue, and feedback.
- 2) **Staffing**: Status on the identification, recruitment, and workload assessment of staff needed to implement the ATI Initiative.
- 3) **Foundational Recommendation Review**: Preliminary analysis of the 26 foundational recommendations and steps taken to operationalize them.
  - “Shovel-ready programs”: Initial projects identified for implementation or expansion, or that can be substantively prepared for implementation in the next 90 days.
  - Fiscal Analysis: An ATI Departmental Diversion Inventory that serves as an initial review of County departmental programs to determine alignment with the 26 foundational recommendations.

Among the shovel-ready programs referenced above are several, listed below, that have been identified for additional prioritization, both because of the critical need they serve and their foundational impact on the overall ATI Initiative. Additionally, each of the efforts listed below addresses the urgent need for more pre-trial services as alternatives to arrest and detention. They include:

- 1) Rapid Diversion Program: Expand the Rapid Diversion Program—currently in the misdemeanor arraignment courts in the downtown criminal court, airport court, and Van Nuys court—by co-locating navigators and clinical staff in additional court locations, to assess and coordinate identification and connection to services of individuals in custody, thereby increasing their likelihood of being released and linked to services for themselves and their families.

Expansion of the Rapid Diversion Program into the felony arraignment courts in all the locations referenced above, including the Long Beach, Lancaster, Compton, East Los Angeles, and Pomona courts, will be implemented by February 2021.

- 2) Incubation Academy: Build the capacity of trusted grassroots community-based organizations to deliver prevention and intervention services to justice-involved individuals in their communities by providing training and funding, and increasing their ability to compete for County/public funding.
- 3) Pre-Booking/Pre-Filing Diversion Program: Develop misdemeanor and felony offense diversion programs at Los Angeles County Sheriff's Department and police stations, or at site of police contact, in lieu of arrest or transport to County jail.
- 4) Needs Assessment and Service/Bed Availability System: Develop and pilot an application with strength/needs-based assessment and real-time service and bed availability/type to assist navigators in matching clients to needed resources.

The ATI unit has partnered with the Chief Information Officer to map out the specifications needed for this tool. Stakeholder and user engagement convenings will be held in the next quarter to ensure community input is received and incorporated.

### **Next Steps**

The ATI unit will continue its efforts to implement the projects previously referenced, integrate the work of other justice partners, and drive coordinated and cohesive justice-related policy and program development. Additionally, the ATI unit will remain responsive to the evolving changes in the justice system and the increased focus and need for pre-arrest and pre-trial alternatives. Our next progress report will be on March 23, 2021.

Should you have any questions concerning this matter, please contact me or Songhai Armstead, ATI Executive Director, at (213) 974-1664 or [sarmstead@ceo.lacounty.gov](mailto:sarmstead@ceo.lacounty.gov).

FAD:JMN:TJM  
SA:VH:km

### **Attachments**

c: Executive Office, Board of Supervisors  
County Counsel

**Alternatives to Incarceration (ATI) Five Overarching Strategies  
and 26 Foundational Recommendations**

<b>Strategy 1: Expand and scale community-based, holistic care and services through sustainable and equitable community capacity building and service coordination.</b>	
<b>No.</b>	<b>Recommendation</b>
2	Create and expand decentralized, coordinated service hubs 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.
3	Expand family reunification models and connect families to low-cost or no-cost parenting groups.
7	Establish effective restorative justice programs for the adult justice-involved population by learning from existing County and other programs, especially those serving youth.
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.
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.
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.
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.); (b) promoting existing providers as potential incubators; and (c) supporting training and technical assistance to become service providers.
108	Increase employment and retention of Community Health Workers (CHWs) to expand service capacity, cultural competency, and client/provider trust.
<b>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.</b>	
<b>No.</b>	<b>Recommendation</b>
35	Significantly increase the number of Department of Mental Health (DMH) Psychiatric Mobile Response Teams (PMRTs) to reduce service wait times.
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.
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.
<b>Strategy 3: Support and deliver meaningful pre-trial release and diversion services.</b>	
<b>No.</b>	<b>Recommendation</b>
53	Improve and expand return-to-court support services to reduce failures to appear.
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 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.
<b>Strategy 4: Provide effective treatment services in alternative placements, instead of jail time.</b>	
<b>No.</b>	<b>Recommendation</b>
58	Improve equal access to all treatment resources for justice-involved individuals, wherever they may be (in or out of custody).
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.
<b>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.</b>	
<b>No.</b>	<b>Recommendation</b>
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.).
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.
85	Establish online mechanisms for the public to get information, locate services to prevent incarceration and recidivism, and promote recovery.
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.
87	Utilize data-driven tools to create processes for equitable resource and contract distribution with program offices across health and social service departments.
89	Develop a public education and communications campaign to build awareness of a treatment-first model, not incarceration and punishment.
104	Provide paid training and employment to increase the number of justice-system-impacted individuals working as the technologists behind data collection and analysis.
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.
113	Track and make public all relevant County service and incarceration spending both for those incarcerated and those reentering the community.

## **ATI Unit Implementation Progress Update**

### **Community Engagement and Outreach**

To accomplish the Board's directives to transform the justice system into a "Care First, Jail Last" model, the ATI Executive Director immediately began fostering relationships with community stakeholders, treatment providers, individuals with lived experience, justice system partners, nonprofit organizations, and County departments. In addition to numerous daily virtual meetings with stakeholders, the ATI Executive Director has established, within her first 60 days, the following community-focused bodies to ensure opportunities for dialogue, information sharing, feedback loops, advice, and input.

- ATI public convenings that provide the community-at-large with updates on the ATI unit's efforts and progress in transforming the justice system. Three ATI public convenings have been held: October 28, 2020; November 19, 2020; and December 16, 2020.
- ATI "Community Cabinet" is a small think tank representing the diverse interests within the community, including leaders from advocacy, service providers, faith-based communities, and academia. Subcommittees have already been established to focus on key issues, including capacity building and expansion; treatment, housing, and diversion; supports provided by faith-based organizations; and data and metrics. Two ATI Community Cabinet meetings have been held: November 13, 2020 and December 10, 2020.

The ATI Initiative will ensure that open lines of communication are maintained, and that community stakeholders are provided with multiple opportunities to remain engaged.

In addition to direct stakeholder engagement, the ATI Initiative's website ([ceo.lacounty.gov/ati](http://ceo.lacounty.gov/ati)) was launched October 28, 2020. The site provides visitors with current information on the ATI Initiative's activities, as well as archived information chronicling the work of the ATI Working Group and its report to the Board. Over the next few months, the site will be expanded to include a community event calendar, resource guides, and other interactive pages.

### **ATI Staffing**

To support the ATI Executive Director's efforts, interim staff have been assigned to the ATI unit while hiring for permanent staff is underway. Exams and transfer opportunities have been posted to begin filling the permanent staff positions, and permanent hires are expected to begin onboarding by the end of January 2021. We anticipate fully staffing ATI with a team of 11 total staff, including the Executive Director, two principal analysts, three senior analysts, and clerical and additional analyst support.

The ATI Unit's organizational structure will require staff with experience in Countywide strategic planning, program development and implementation, systems of care coordination, and budget. Similarly, the Chief Information Office will be augmented with additional staff to support ATI. The organizational structure continues to be refined as the scope of responsibility has evolved to include the administration and oversight of the Measure J planning process and budget recommendations, and the implementation of the Youth Justice Reimagined Model.

## Preliminary Review of Foundational ATI Recommendations

The twenty-six (26) ATI Foundational Recommendations (Recommendations) provided a blueprint for the types of projects, initiatives, or programs, either in existence or in concept, for the ATI unit to identify, develop, or expand. Our initial analysis sought to do just that. We concentrated our work in two areas:

- Building an ATI departmental inventory of County prevention, diversion, treatment, reentry, and post-release support programs that serve justice-involved populations; and
- Partnering with County departments and community agencies to expand or create programs that align with the Recommendations.

These two approaches ensure that our work considers all relevant County and non-County programs, leverages existing programs, and builds a library of programs that are tracked, measured, and explored for efficacy.

### *ATI-Related Shovel Ready Projects*

The ATI Executive Director's day-one objective was identifying "low-hanging fruit" to be immediately implemented within the first 120 days:

- Projects that best leverage existing departmental staffing and funding resources to complement ATI funding;
- Projects that support direct community investments;
- Projects that build and enhance the capacity of community organizations;
- Projects where existing contractual relationships can be easily accessed; and
- Projects that have data metrics that are being tracked, measured, and show successful outcomes.

The ATI unit has focused on operationalizing the Recommendations through projects inside and outside of the County that are aligned. The analysis of the Recommendations continues, but twenty (20) projects have been identified as shovel-ready, and can be implemented, expanded, or substantively prepared for implementation in the next 90 days. Exhibit 1 details the programs and provides descriptions, leads, and partnerships necessary to carry them out. We should note that while our initial efforts are focused on the Recommendations, we believe that many of the projects being implemented will align with and operationalize many of the remaining eighty-eight (88) recommendations still to be analyzed.

### *Fiscal Analysis: ATI Departmental Diversion Inventory*

Our first step in the fiscal analysis of the Recommendations is to identify and inventory the existing County-funded programs that serve the justice populations and align with the Recommendations. The ATI Departmental Inventory builds upon the 2016 CEO Inventory of Diversion programs. County departments have been directed to identify and provide program and budget information for programs that:

- Keep individuals from entering/reentering the criminal justice system;
- Minimize the time spent in custody;
- Stabilize the condition(s) that led to their arrest; and
- Provide the services and resources to help them return and remain in the community.

The ATI unit continues to work with the County departments to refine the inventory, assess the budgets and revenue sources, and gain a better understanding of how these existing programs align with the Recommendations. The latter will require input from the ATI Community Cabinet. Our next quarterly report will provide a more in-depth analysis of the ATI departmental inventory.

It should also be noted that the ATI unit and Community Cabinet have also undertaken a similar effort to identify and inventory the services provided by community-based organizations and faith-based organizations. The objective is to integrate the three inventories to develop a more granular understanding of the service capacity within the community, the limitations and obstacles, and to build opportunities to overcome and realize the full potential for partnerships between the County and community.

Chief Executive Office (CEO)-Alternative To Incarceration (ATI) Shovel Ready Projects

Exhibit 1

Projects that align with and operationalize the twenty-six (26) ATI Foundational Recommendations

Phase I Implementation Projects	Partners and Suggested Lead(s) (Lead in Bold)	Implementation Timeline	Program Cost	ATI Rec.
<p><u>Rapid Diversion Program Expansion</u></p> <p>Expand the Rapid Diversion Project which co-locates Navigators (Community Service Workers with lived experiences or Department of Health Services (DHS) or Department of Mental Health (DMH) peer navigators) in courts Countywide to assess and coordinate the identification and connection to housing and other services for clients with the intent of increasing their likelihood of being released and linked to services for themselves and their families.</p>	<p><b>Public Defender (PD), CEO-ATI,</b> DMH, DMH Court Linkage, DHS, DPH, DPSS, Alternate Public Defender (APD), District Attorney (DA), City Attorneys, Courts, Center for Court Innovation (CCI), and Service Providers</p>	60 Days	TBD	#2, #58, #59, #108
<p><u>ATI Assessment and Referral System</u></p> <p>Develop and pilot an application comprised of a strength-based assessment tool, and real time bed availability/type (Service Bed Availability Tool (SBAT) / Department of Public Health Substance Abuse Prevention Control (IDPH-SAPC), MERLIN360/ DMH, Ready Net / Hospital Assn) to assist Navigators in matching clients to needed resources.</p>	<p><b>CEO-CIO, DMH-MET, Los Angeles Sheriff Department (LASD), CEO-ATI, CEO-Service Integration Branch (SIB), Information Service Advisory Board (ISAB), Department of Children and Family Services (DCFS), Department of Public Social Services (DPSS), DHS, DHS/Office of Diversion &amp; Reentry (ODR), and DPH/SAPC</b></p>	90 Days	TBD	#2, #53, #59

\*\*\*Note: All timelines are initial ATI desired timelines and don't account for holiday season absences, or continued strain of operating during COVID-19 surge. Timelines will be adjusted accordingly, once ATI convenes Departmental workgroup and gets a better sense from departments as to what is practical.

(revised 12.15.2020)

Phase I Implementation Projects		Partners and Suggested Lead(s) (Lead in Bold)	Implementation Timeline	Program Cost	ATI Rec.
<u>ODR Mental Health Formal Diversion Expansion</u> Increase access to mental health diversion in the justice system related to felonies for those who are severely mentally ill and homeless.		DHS-ODR, Public Defender, APD, DA, and Courts	60 Days	TBD	#2, #58, #59, #108
<u>DCFS Family Support</u> Integrate DCFS Prevention & Aftercare Network providers into justice system to deliver supportive services and resources for justice-involved individuals and their families.		CEO-ATI, Public Defender, Office of Child Protection (OCP), DCFS, APD, and Courts	90 Days	TBD	#3

\*\*Note: All timelines are initial ATI desired timelines and don't account for holiday season absences, or continued strain of operating during COVID-19 surge. Timelines will be adjusted accordingly, once ATI convenes Departmental workgroup and gets a better sense from departments as to what is practical.

Phase I Implementation Projects		Partners and Suggested Lead(s) (Lead in Bold)	Implementation Timeline	Program Cost	ATI Rec.
<u>Pre-filing / Pre-Booking Diversion Programs</u> Develop misdemeanor and felony offense diversion program at Sheriff's and police stations, or site of arrest, in lieu of arrest or transport to County jail.		<b>CEO-ATI, City Attorney, LAPD, Public Defender, DA, APD, LASD, Law Enforcement Agencies, DHS-ODR, and Service Providers</b>	60 Days	TBD	#7
<b>Penal Code 849b3 after-arrest, pilot directing people into detox and mental health centers</b> Section 849(b) of the California Penal Code (PC) states that a peace officer may release from custody instead of taking such person before a magistrate any person arrested without a warrant whenever: (3) The person was arrested only for being under the influence of a controlled substance or drug and such person is delivered to a facility or hospital for treatment and no further proceedings are desirable. (5) The person was arrested and subsequently delivered to a hospital or other urgent care facility, including, but not limited to, a facility for the treatment of co-occurring substance use disorders, for mental health evaluation and treatment, and no further proceedings are desirable.		<b>Los Angeles Police Chiefs Association, LAPD, LASD, CEO-ATI, City Attorney, PD, DA, APD, Service Providers, DPH, DPH/SAPC, and DMH</b>	60 Days	TBD	#7
<u>Securing Documents for Employment</u> Fund birth certificate program for individuals leaving jail to assist with employment opportunities.		<b>CEO-ATI, APD, DA, PD, DHS-CHS, ODR, Registrar- Recorder, and LASD-Community Transition Unit (CTU), Department of Consumer and Business Affairs (DCBA)</b>	45 Days	TBD	#26
Research pathways for obtaining Social Security cards as part of reentry efforts.		<b>LASD-CTU, CEO-ATI, and DHS-Criminal Health Services (CHS)</b>	30 Days	TBD	#26

\*\*\*Note: All timelines are initial ATI desired timelines and don't account for holiday season absences, or continued strain of operating during COVID-19 surge. Timelines will be adjusted accordingly, once ATI convenes Departmental workgroup and gets a better sense from departments as to what is practical.

Phase I Implementation Projects	Partners and Suggested Lead(s) (Lead in Bold)	Implementation Timeline	Program Cost	ATI Rec.
Research pathways for obtaining driver's license as part of reentry efforts	Department of Motor Vehicle (DMV), <b>DHS-CHS, LASD-CTU, and CEO-ATI and DCBA</b>	30 Days	TBD	#26
<u>Preparing Los Angeles for County Employment (PLACE)</u> Develop a Workforce Pre-Employment Training and Case Management program for individuals with high barriers to employment (justice-involved, system-impacted, or at-risk, CalWORKS, TAY, etc.)	<b>Workforce Development, Aging and Community Services (WDACS), DHS, DPSS, Probation, CEO-Homeless Initiative (HI), Los Angeles Homeless Services Authority (LAHSA), CEO-ATI, and Worker Education and Resource Center (WERC)</b>	90 Days	TBD	#26
<u>LA Emergency Medical Technician Apprenticeship (EMT) Program</u> Develop a Workforce Pre-Employment Training and Case Management program focused on EMT Certification for individuals demographically underrepresented in firefighting (Black, Latino, and Female participants); AB2147-eligible justice-involved population.	<b>Fire, DPSS, WDACS, Probation, DCFS, and WERC</b>	90 Days	TBD	#26
<u>Forestry Fire Camp Program</u> Reinstate Fire Camp Program to expand opportunities for individuals with high barriers to employment.	<b>Fire, CEO-ATI, CEO-CSO, WDACS, and Community Provider</b>	90 Days	TBD	#26
<u>My Brother's Keeper Fostering Resiliency Project</u> Develop a program to support the successful transition of Black male children, ages 12 – 18+, in foster care into adulthood, with the goal of improving educational and life course outcomes while preventing and reducing youth contact with law enforcement and ultimately creating conditions for them to thrive.	<b>DCFS, CEO-SIB, CEO-ATI, CEO-CSP, and Friends of the Children</b>	60 Days	TBD	#3, #26
<u>Community Health Worker / Care Coordinator Apprenticeship Program</u> Develop a Workforce Pre-Employment Training and Case Management program for individuals with high barriers to employment to become health care workers.	<b>WDACS, DPSS, DMH, DHS, DPH, and Community Provider</b>	90 Days	TBD	#26

\*\*\*Note: All timelines are initial ATI desired timelines and don't account for holiday season absences, or continued strain of operating during COVID-19 surge. Timelines will be adjusted accordingly, once ATI convenes Departmental workgroup and gets a better sense from departments as to what is practical.

Phase I Implementation Projects	Partners and Suggested Lead(s) (Lead in Bold)	Implementation Timeline	Program Cost	ATI Rec.
<u>Alternative Crisis Response</u> Provide direct line for law enforcement agencies to access DMH's Help Line (ACCESS Line).	<b>DMH</b>	Implemented	TBD	#43
Expand use of The Bail Project – where private funds are used to post bails, normally ten percent of bail.	<b>DA, PD, APD, Courts, and Bail Project</b>	60 Days	TBD	#48
Expand GTO Get Them Out (Women /Trans-women) focused on removing women and those who identify as women from jail.	<b>PD, APD, DA, and Courts</b>	60 Days	TBD	#48
Expand the Text Reminder Program (Up Trust) where individuals are sent text reminders of upcoming court dates.	<b>PD, APD, and Courts</b>	45 Days	TBD	#48
<u>ATI Staffing</u> Executive Director and four staff have been identified. Recruitment for two staff is in progress. Additional staffing needs are being assessed.	<b>CEO-ATI</b>	60 Days	TBD	#84
<u>Community Cabinet</u> CEO-ATI to establish a community cabinet to advise executive director. The cabinet is comprised of public and community stakeholders with lived experiences.	<b>CEO-ATI</b>	Implemented	TBD	#86
<u>Incubation Academy</u> Build the capacity of trusted grassroots community-based organizations (with a focus on those run by Black, Latinx, and Justice Involved individuals) to deliver prevention and intervention services to justice involved individuals in their communities, by providing training and funding, and increasing their ability to compete for County/public funding.	<b>CEO-ATI, DMH, CEO-Center for Strategic Partnerships (CSP), and (DCBA)</b>	90 Days	TBD	#86
<u>Communication Campaign</u> Launch CEO-ATI website. Include relevant resource information and links to assist residents with accessing information	<b>CEO-ATI, and CEO-Countywide Communications</b>	Implemented	TBD	#89

\*\*Note: All timelines are initial ATI desired timelines and don't account for holiday season absences, or continued strain of operating during COVID-19 surge. Timelines will be adjusted accordingly, once ATI convenes Departmental workgroup and gets a better sense from departments as to what is practical.

Phase I Implementation Projects		Partners and Suggested Lead(s) (Lead in Bold)	Implementation Timeline	Program Cost	ATI Rec.
<p><u>Philanthropic Partnership</u></p> <p>Team with the Center for Strategic Partnership (CSP) and their ongoing effort to coordinate Countywide capacity building efforts and align effort.</p> <p><u>Technology Staff Support</u></p> <p>Recruit data analyst for the ATI unit to help develop data metrics and assess and analyze data outcomes.</p> <p><u>ATI Metrics Development</u></p> <p>Team and incorporate Justice Metrics Framework and County Strategic Plan evaluation efforts in ATI metric development and analysis.</p> <p><u>Outcome Reports</u></p> <p>Develop outcome reports and evaluate successes and financial efficiencies for all ATI related programs throughout the County.</p>		<b>CEO-CSP</b> , and <b>CEO-ATI</b>	30 Days	TBD	#92
		CEO-ATI, <b>CEO-CIO</b> , and <b>CEO-HR</b>	60 Days	TBD	#104
		<b>CEO-CIO</b> , <b>CEO-ATI</b> , <b>CEO-SIB</b> , and <b>ISAB</b>	60 Days	TBD	#110
		<b>CEO-CIO</b> , and <b>CEO-ATI</b>	90 Days	TBD	#84

ATI Recommendation – Not Foundational

Phase I Implementation Projects	Partners and Suggested Lead(s)	Implementation Timeline	Program Cost	ATI Rec.
<p><u>Alternative Crisis Response</u></p> <p>Expand the use of therapeutic vans to increase ability of PMRT staff to transition to next event.</p>	<b>DMH</b>	45 Days	TBD	#36



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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Chief Executive Officer

Board of Supervisors  
HILDA L. SOLIS  
First District

HOLLY J. MITCHELL  
Second District

SHEILA KUEHL  
Third District

JANICE HAHN  
Fourth District

KATHRYN BARGER  
Fifth District

May 7, 2021

To: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Songhai Armstead, Executive Director  
Alternatives to Incarceration Office

*S. Armstead*

*Signature*

## **BUILDING A SYSTEM OF ALTERNATIVES TO INCARCERATION: STATUS REPORT (ITEM NO. 2, AGENDA OF MARCH 10, 2020)**

On March 10, 2020, the Board of Supervisors (Board) adopted a motion to work toward building a system of alternatives to incarceration, helping the Board achieve the vision of providing "Care First, Jails Last." The motion directed the Chief Executive Office (CEO) to establish an Alternatives to Incarceration (ATI) Initiative/organizational unit, and take necessary steps to assess, and where possible, operationalize the 26 ATI foundational recommendations in the ATI report. The Board further directed the CEO to report back in 180 days with a written analysis of the fiscal, legal, and operational components of each of the 26 foundational recommendations.

On December 18, 2020, the CEO provided a preliminary report on efforts to staff the ATI Office and began an initial assessment of the foundational recommendations, while also maintaining an open and inclusive community engagement environment.

This report further details the ATI Office's activities related to philanthropic partnerships, efforts on the part of the ATI Initiative to analyze the 26 foundational recommendations and begin identifying projects, through development or expansion, that operationalize the 26 ATI foundational recommendations. County Counsel will provide an updated, separate report to the Board regarding its legal analysis of the 26 foundational recommendations and the various programs operationalizing the recommendations.

## **Background**

On March 10, 2020, the Board accepted the ATI Working Group's Report (Report), adopted the Report's five overarching strategies, and directed the CEO to establish a new ATI Office within the CEO's office. This ATI Office serves as the County's new nerve center and regional convener of public and private sector entities committed to realizing a "Care First, Jails Last" model. It is charged with driving policy development, data analysis, and evaluation; coordinating efforts among County of Los Angeles (County) departments and community-based organizations; prioritizing competing or duplicative delivery and implementation efforts; and making data-driven funding recommendations.

On November 3, 2020, the voters of Los Angeles County approved Measure J, which "annually allocates no less than ten percent of the County's locally generated unrestricted revenue in the general fund (NCC)" to address the disproportionate impact of racial injustice through community investments such as youth development; job training; small business development; supportive housing services; and alternatives to incarceration. On November 10, 2020, the Board adopted a motion to establish an inclusive and transparent recommendation process for allocating funds as outlined in Measure J.

The November 10, 2020 Measure J motion builds on the ATI and recent Anti-Racism, Diversity, and Inclusion (ARDI) efforts by fully integrating each into the Measure J spending and planning process. The executive directors of both the ATI Office and ARDI co-facilitate and advise the work of the Measure J Advisory Committee, ensuring the Board's "Care First, Jails Last" vision, articulated through the ATI Initiative, is fully integrated in the Measure J spending and planning process.

## **ATI Organizational Structure**

The work of the ATI Office is divided into four areas of concentration:

- Alternatives to Incarceration Initiative
- Alternative Crisis Response
- Measure J
- Youth Justice Reimagined

While there is considerable overlap between the concentrations, each requires distinct attention, planning, and development; the CEO continues to map out a suitable organizational structure to strategically address each of these areas. This includes additional staffing considerations to ensure appropriate capacity and expertise for the ATI Office. As part of the FY 2021-22 Recommended Budget, the CEO recommends that the following positions be added to the existing staff within the ATI Office:

- 1.0 Principal Analyst, CEO
- 2.0 Senior Analyst, CEO
- 1.0 Analyst, CEO
- 1.0 Special Services Assistant
- 1.0 Senior Secretary III

This new staffing will supplement the core existing staff and increase the overall capacity of the ATI Office to meet the needs of the four concentrations and the Board's vision of "Care First, Jails Last."

### **ATI Initiative Implementation Progress Update**

In the December 24, 2020 Board report, the CEO outlined community engagement activities, an ATI Office staffing plan, and development efforts related to the foundational recommendations. The Attachment provides updates on those efforts and recent additional activities undertaken.

Among the shovel-ready programs referenced (Attachment, Exhibit), several have launched or are near launching. To assist in the expansion and launching of these efforts, the ATI Office has teamed with the Center for Court Innovation, accessing their deep justice reform experiences to more efficiently and expeditiously stand up these programs. They include:

1) Incubation Academy:

In collaboration with the third-party administrator, Local Initiatives Support Corporation (LISC), we have begun to solicit feedback from community-based partners, service provider coalitions, and individuals with lived experience to map out curriculum themes and program components of planned Incubation Academies. These efforts should expedite the ability of LISC to launch the effort and begin capacity-building efforts.

2) Pre-Filing Diversion Program:

The ATI Pre-Filing Diversion Program is set to launch its first location in late May 2021, quickly followed by nine additional locations by August 2021. This effort will divert individuals arrested for most misdemeanor and non-violent/non-serious/non-sexual felony offenses to community-based treatments and housing in lieu of prosecution or transport to County jail. Through this program, community-based providers are being placed in jails to screen arrestees and transport them to housing and services as deemed appropriate.

### 3) Rapid Diversion Program:

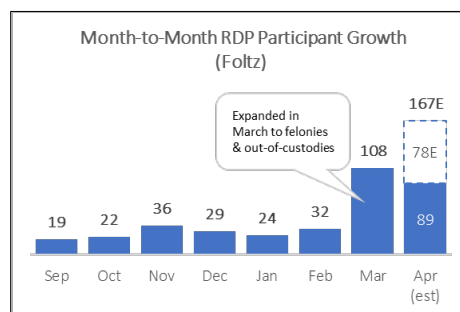
In partnership with the Superior Courts, Public Defender, Alternate Public Defender, District Attorney, Department of Mental Health, Los Angeles City Attorney, Long Beach Prosecutor, San Monica City Attorney, and Special Service Groups Project 180, this effort expands the in-court pilot diversion program that began in 2019 with grant funding and targets individuals with a mental health and/or substance use disorder diagnoses. Individuals in this program participate in programming, receive housing resources, and are case managed for a period of time recommended by the service provider and approved by the court. Cases are dismissed for individuals who successfully complete the program.

The program began at the Criminal Court in downtown Los Angeles and has now expanded to five additional court locations – Airport, Van Nuys, Lancaster, Long Beach, and East Los Angeles. The final two courthouse locations – Compton and Pomona – are expected to launch in early June 2021. The “RDP Participant Volume through April 16, 2021” chart below details the number of participants in the program at each court location as of mid-April. The chart below “Month-to-Month RDP Participant Growth” shows a month-over-month case volume increase as a result of expanding to felonies and out-of-custody cases beginning in March 2021.

	Courthouse	Data From...	Service Provider	# RDP Participants
<b>Pilot</b>	Foltz (CCB)	Jun 2019	SSG	1,105
<b>Expansion</b>	LAX	Sep 2020	SSG	80
	Van Nuys West	Sep 2020	SSG	77
	Long Beach	Dec 2020	SSG	40
	East LA <sup>1</sup>	Jan 2021	SSG	10
	Lancaster	Feb 2021	SSG	67
<b>Next Up</b>	Pomona	TBD	SSG	n/a
	Compton	TBD	SSG	n/a

1 Misdemeanors-only court  
Source: LA County Public Defender

**1,379 cases to date**



### 4) Needs Assessment and Service/Bed Availability System:

The ATI Office has partnered with the Chief Information Office (CIO) to develop an application that offers a strength/needs-based assessment and real-time service and bed availability to assist navigators in matching clients to needed resources. On February 4, 2021, the ATI Office in conjunction with the CIO convened stakeholders and users to gather input and feedback on system infrastructure and components, and to ensure community and user values were incorporated into all

Each Supervisor  
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design elements. A Request for Information to solicit cost estimates from various vendors will be live this week. We expect this process to conclude by June 2021.

### **Next Steps**

The ATI Office will continue its efforts to implement the projects previously referenced, integrate the work of other justice initiatives and partners, and drive coordinated and cohesive justice-related policy and program development. Additionally, the ATI Initiative will remain responsive to the evolving changes in the justice system and the increased focus and need for pre-arrest and pre-trial alternatives.

Should you have any questions concerning this matter, please contact me at (213) 974-1664 or [sarmstead@ceo.lacounty.gov](mailto:sarmstead@ceo.lacounty.gov).

FAD:JMN:TJM  
SA:VH:lac

Attachment

c: Executive Office, Board of Supervisors  
County Counsel

## **Alternatives to Incarceration (ATI) Office Implementation Progress Update**

### **Community Engagement and Outreach**

To accomplish the Board of Supervisors' (Board) directives to transform the justice system into a "Care First, Jails Last" model, the ATI Office has maintained strong ties and engagements with various community stakeholders, treatment providers, individuals with lived experience, justice system partners, nonprofit organizations, and County departments. The ATI Office maintains the following committees to ensure strong community participation and feedback in the development of programming intended to impact arrest, detention, court involvement, and reentry:

- *ATI Public Convening:*
  - Convened bi-monthly, this meeting provides an opportunity for the community at large to be apprised of all ATI-related efforts and to offer recommendations regarding the ATI's Initiative direction.
- *ATI Community-Cabinet Meeting:*
  - Comprised of leaders from advocacy, service community, faith-based organizations, academia, and those with lived experience, the Cabinet serves as a think tank representing diverse interests and views. The Cabinet meets monthly and has formed subcommittees focused on the following key areas:
    - Capacity building and expansion
    - Treatment, housing, and diversion
    - Faith-based supports
    - Data and metrics
    - Pre-trial services
    - Youth Justice
- *Alternative Crisis Response Planning Meeting:*
  - In response to a Board motion directing the ATI's Office Executive Director and the Director of the Department of Mental Health to lead a planning process developing civilian-based crisis responses and in preparation for the commencement of the "988" crisis line, ATI convenes a bi-monthly planning meeting open to the community at large. To date, the effort has identified a community partner to facilitate and triage "988" calls. The planning continues related to "911" system coordination, training protocols, staffing, employment opportunities, and funding.

### **ATI Staffing**

Since the inception of the ATI Office, its purview has increased from exclusively ATI-related efforts to three additional areas. The ATI Office now leads four Countywide efforts:

- Alternatives to Incarceration Initiative
- Alternative Crisis Response

- Measure J
- Youth Justice Reimagined

As a result, the CEO and the ATI Office are lending additional consideration to developing a strategic organizational structure, including staff required to facilitate strategic planning, program development and implementation, systems of care coordination, data analysis and evaluation, and budget associated with each of these concentrations. The CEO is also identifying additional administrative support to assist the ATI Office, ARDI, and the Homeless Initiative with increased contracting and administrative responsibilities.

### Philanthropic Partnerships

The County has identified funding to support many programs related to the ATI Initiative, and Measure J funding may also provide additional supports. Additionally, the ATI Initiative has partnered with the philanthropic community to identify opportunities to collaborate. Philanthropic funding can serve as a dynamic catalyst for creative pilots and initiatives. The ATI Office, in collaboration with the Center for Strategic Partnerships, will be convening a group of philanthropic partners to brief them on ATI efforts and seek their support and guidance in the development of programming and policies.

### Review of Foundational ATI Recommendations

The ATI Foundational Recommendations (Recommendations) provide a blueprint for the types of projects, initiatives, or programs, either in existence or in concept, that the ATI Office in collaboration should identify, develop, and expand. They also provide policy direction to ensure the programming executed continues to move the County towards the Board's vision of "Care First, Jails Last." Our analysis of the Recommendations continues to suggest that programming being developed aligns with the intercept model and that 1) focuses on reducing the flow of individuals into the justice system with community-based treatment and housing alternatives; 2) removes individuals from custody as soon as possible, connecting them to community-based housing and services; 3) provides pre-trial services in custody with strong connections to community-based services; and 4) begins the process of reentering individuals into the community while in custody with a strong emphasis on treatment, housing, and employment. The library of programs developed to deliver these services must then be tracked, measured, and explored for efficacy.

The Exhibit outlines the 26 Foundational Recommendations, their alignment with the ATI overarching strategies, ATI efforts to operationalize recommendations, program cost, and progress updates on the implementation stage. Many of the projects being implemented align with multiple recommendations and operationalize many of the remaining eighty-eight (88) ATI recommendations still being reviewed.

### *ATI-Related “Shovel-Ready” Projects*

The ATI Office continues to focus on the implementation or expansion of “shovel-ready” programs implementable in 120 days, using the following criteria:

- Projects that best leverage existing departmental staffing and funding resources to complement ATI funding;
- Projects that support direct community investments;
- Projects that build and enhance the capacity of community organizations;
- Projects where existing contractual relationships can be easily accessed; and
- Projects that have data metrics that are being tracked, measured, and show successful outcomes.

Among the shovel-ready programs referenced are several that have been identified for additional prioritization both because of the critical need they serve, and their foundational impact on the overall work of the ATI Initiative.

Program	Description	Department Lead	Annual Cost	Project Status
<b>Pre-Filing Diversion Program</b>	A misdemeanor and felony offense diversion program at the point of arrest in lieu of prosecution and transport to County jail.	ATI	\$15,500,000 (ATI Funded Program)	The program being launched at 10 locations in the County and targeting implementation by the end of May 2021.
<b>Rapid Diversion Program</b>	In-Court Diversion Program with co-located navigators to assess and coordinate the connection to housing and other services for defendants with the intent of increasing release, linkages to services, and pre-plea diversion.	ATI	\$12,400,000 (ATI Funded Program)	Misdemeanor and Felony cases – in and out of custody – fully launched as of March 1, 2021, at 6 court locations. Two additional locations will begin in late May 2021.
<b>Incubation Academy</b>	Build capacity of trusted grassroots community-based organizations to deliver prevention and intervention services and housing to justice-involved individuals in their communities, by providing training and funding, and increasing their ability to compete for County/public funding.	ATI	\$1,392,500 (ATI Funded Program)	The contract with Local Initiatives Support Corporation (LISC), as the third-party administrator, has been executed. LISC is holding listening sessions to gather community feedback on training elements and the direction of the Incubation Academy.

To date, no legal impediments have been identified related to implementation.

The ATI Office has also identified additional projects that represent opportunities to transition individuals back into the community more strategically and with the support that links them to resources, housing, and treatment. The details and status are as follows:

Program	Description	Department Lead	Annual Cost	Project Status
<b>Returning Home Well</b>	State-funded reentry program for individuals sentenced to prison. Being expanded to strategically include individuals sentenced to State prison but still in County jail custody awaiting transport. The program will coordinate the release of these individuals with a community-based partner who will provide housing, treatment, and employment development services.	ATI, Public Defender, Superior Court, LASD	\$0	ATI is convening justice stakeholders to ensure the coordinated release of individuals into services. Coordination of releases should be completed by May 7, 2021.
<b>Returning Home Well Los Angeles</b>	Modeled after the State program, the ATI Office is exploring the feasibility of coordinating the release of locally sentenced individuals and partnering with a community-based partner who will provide housing, treatment, and employment development services.	ATI, Public Defender, Superior Court, LASD, ODR	TBD	Feasibility meetings have begun; will report further as the analysis continues.
<b>Fire Camp Program</b>	Partnership with the State to house and train parolees and probationers interested in becoming firefighters or first responders. Two former County Probation youth facilities are being considered and would be renovated to serve this new purpose.	ATI, Probation, County Fire	TBD	Exploratory meetings have begun with the State, philanthropy, and California Conservation Corp to determine the feasibility and potential partnership.

### Fiscal Analysis: ATI Departmental Diversion Inventory

As previously reported, County departments were directed to identify and provide a description and budget information for programs that:

- Keep individuals from entering/reentering the criminal justice system;
- Minimize the time spent in custody;
- Stabilize the condition(s) that led to their arrest; and
- Provide the services and resources to help them return and remain in the community.

The programs that departments identified as implemented are funded through various sources, including locally generated revenue, AB 109, Board of State and Community Corrections Grant, California Department of Corrections and Rehabilitation, CalWORKS, Court assessed fees, Drug Medi-Cal, General Relief, Inmate Welfare Fund, Juvenile

Justice Crime Prevention Act, Measure H, Medi-Cal, Mental Health Services Act, Proposition 47, SB 82 California Health Facilities Financing Authority, SB 678, Substance Abuse Prevention and Treatment Block Grant, Tobacco Master Settlement Agreement, Whole Person Care, and various public and private grants. We are also in preliminary discussions with the California State Association of Counties on a collaboration to convert the ATI inventory into a management tool encompassing budget analysis, program and intercept evaluation, and monitoring of the justice system and systems of care.

An online ATI Service Provider Survey has been released that will be used toward our strategic objective of coordinating the various systems of care within the County and as a resource for ATI's efforts to transform the justice system. In addition to the distribution of the survey through community networks, the 2-1-1 registry of 10,000 providers/facilities is being used by ATI's California State University, Los Angeles interns as an outreach resource. The survey will remain open indefinitely to allow community and faith-based service providers to not only contribute to our understanding of community capacity, but also to identify service providers in communities that are targeted for potential justice reform projects. The ATI Service Provider Survey database will also be used as a resource to identify providers for the ATI Incubation Academy.

# ATI Recommendations and Related Projects

STRATEGY 1: Expand and scale **community-based, holistic care** and services through sustainable and equitable **community capacity building** and service coordination

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
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).	ACR: Crisis Facility Expansion	Several crisis facility projects in the pipeline, including the development of a behavioral health urgent care center (UCC), a sobering center, and more crisis residential treatment programs (CRTPs).	<b>DMH</b> , UCLA Psychiatry, Exodus	FY 2020-21: \$71,652,000 (Funded through a combination of MHSa and Medical Reimbursement.) FY 2021-22: \$110,998,000 (Measure J funding was requested for expansion efforts)	* New Antelope Valley (Lancaster) UCC fully operational March 31, 2021 (18 total beds/chairs - 12 adults, 6 teens) * New Willowbrook sobering center at MRT Behavioral Health Center to be fully operational December 31, 2021 (15 beds) * New CRTPs in pipeline across four of LAC medical campuses/Restorative Care Villages: LAC+USC, Olive View, Rancho Los Amigo, MRT BHC - all fully operational by December 31, 2021 (240 beds total) * Additional 32 CRTP beds in development at two more sites, operational by July 31, 2021 and December 31, 2021
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.	DCFS Family Support	Integrate Los Angeles County (County) Department of Children and Family Services (DCFS) Prevention & Aftercare Network providers into the justice system to deliver supportive services and resources for justice-involved individuals and their families.	CEO-ATI, Public Defender, Office of Child Protection (OCP), <b>DCFS</b> , Alternate Public Defender (APD), and Courts	TBD	* Provider list sent to PD February 4, 2021 * New contracts being finalized in March 2021 - ATI team to follow up at the end of the month and provide PD with updated list

STRATEGY 1: Expand and scale **community-based, holistic care** and services through sustainable and equitable **community capacity building** and service coordination

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
	My Brother's Keeper Fostering Resiliency Project (MBK)	Develop program to support successful transition to adulthood of Black male children, ages 12 – 18+, in foster care. Improve educational and life course outcomes while preventing and reducing youth contact with law enforcement.	DCFS, <b>CEO-SIB</b> , CEO-ATI, CEO-CSP, and Friends of the Children	TBD	* September 2020 effort received \$500K grant from Hilton Foundation, allowing implementation for at least 1 yr. to provide services to ~100 participants * Program launched March 1, 2021
	Youth Justice Reimagined	Transform the juvenile justice system by eliminating Probation Juvenile Services and transferring reimagined responsibilities to a new Department of Youth Development.	CEO-ATI, <b>ODR-YDD</b>	TBD	* CEO, YDD identifying consultant to coordinate next steps * CEO reviewing YDD staffing and budget requests to expand pre-arrest diversion services and will report findings to Board in April 2021
7 Establish effective restorative justice programs for the adult justice-involved population by learning from existing County and other programs, especially those serving youth.	Youth Justice Reimagined	Transform the juvenile justice system by eliminating Probation Juvenile Services and transferring reimagined responsibilities to a new Department of Youth Development.	CEO-ATI, <b>Office of Diversion and Reentry (ODR)-Youth Diversion and Development (YDD)</b>	TBD	* CEO, YDD identifying consultant to coordinate next steps * CEO reviewing YDD staffing and budget requests to expand pre-arrest diversion services and will report findings to Board in April 2021
11 Optimize and increase the appropriate use and process for mental health conservatorship and assisted outpatient treatment, and resource them accordingly.	[Project TBD]	[exploring opportunities]			* Conducting initial assessment, preliminary plan anticipated early May, identifying potential programs or other next steps (e.g. legislative action)
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.	[Project TBD]	[exploring opportunities]			* Planning in-progress

STRATEGY 1: Expand and scale **community-based, holistic care** and services through sustainable and equitable **community capacity building** and service coordination

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
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.	ACR: Crisis Stabilization Facilities	Crisis receiving and stabilization services including behavioral health UCC, overnight care (peer respite), and short-term care.	<b>DMH</b> , UCLA Psychiatry, Exodus	TBD	* Planning in-progress
	ATI Incubation Academy	Build capacity of trusted grassroots CBOs (prioritize Black-, Latinx-, and Justice Involved-led CBOs to deliver prevention and intervention services to justice involved individuals in their communities, by providing training and funding, and increasing their ability to compete for County/public funding.	<b>CEO-ATI</b> , DMH, CEO-CSP and (DCBA)	\$ 1,392,500	* Contract with Local Initiatives Support Corporation (LISC) as third-party administrator executed. LISC holding listening sessions to gather community feedback on training elements and direction of Incubation Academy *Funded by the ATI Initiative
	Pre-Filing Diversion Programs	Develop misdemeanor and felony offense diversion program at the County Sheriff's and Police Stations or site of arrest in lieu of arrest or transport to County jail.	<b>CEO-ATI</b> , City Attorney, LAPD, Public Defender, DA, APD, LASD, Law Enforcement Agencies, DHS-ODR, and Service Providers	\$ 15,500,000	* Pilot at 77th to launch mid/end of April 2021 * Additional pilots anticipated at Santa Monica and Long Beach immediately following * Funded by the ATI Initiative

STRATEGY 1: Expand and scale **community-based, holistic care** and services through sustainable and equitable **community capacity building** and service coordination

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
	Rapid Diversion Program Expansion	Expand the Rapid Diversion Project which co-locates Navigators (Community Service Workers) with lived experiences or County Departments of Health Services (DHS) or Mental Health (DMH) peer navigators) in courts Countywide to assess and coordinate the identification and connection to housing and other services for clients with the intent of increasing their likelihood of being released and linked to services for themselves and their families.	<b>Public Defender (PD)</b> , Center for Court Innovation (CCI), CEO-ATI, Alternate Public Defender (APD), DHS, DMH, DMH Court Linkage, DPH, DPSS, District Attorney (DA), City Attorneys, Courts, and Service Providers	\$ 12,400,000	* Misdemeanor and Felony cases – in and out of custody – fully launched as of March 1, 2021 at 6 locations. The two remaining locations are expected to begin in late April 2021. * Funded by the ATI Office
	<sup>31</sup> 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.	Youth Justice Reimagined	Transform the juvenile justice system by eliminating Probation Juvenile Services and transferring reimagined responsibilities to a new Department of Youth Development.	CEO-ATI, <b>ODR-YDD</b>	TBD * CEO, YDD identifying consultant to coordinate next steps * CEO reviewing YDD staffing and budget requests to expand pre-arrest diversion services and will report findings to the Board in May 2021

STRATEGY 1: Expand and scale **community-based, holistic care** and services through sustainable and equitable **community capacity building** and service coordination

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
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.	ACR: Crisis Stabilization Facilities	Crisis receiving and stabilization services including behavioral health UCC, overnight care (peer respite), and short-term care.	<b>DMH</b> , UCLA Psychiatry, Exodus	TBD	* Planning in-progress
	ATI Incubation Academy	Build capacity of trusted grassroots community-based organizations (CBOs) (prioritize Black-, Latinx-, and Justice Involved-led CBOs) to deliver prevention and intervention services to justice involved individuals in their communities, by providing training and funding, and increasing their ability to compete for County/public funding.	<b>CEO-ATI</b> , DMH, CEO-Center for Strategic Partnership (CSP), and County Department of Consumer and Business Affairs (DCBA)	\$ 1,392,500	* Contract with Local Initiatives Support Corporation (LISC) as third-party administrator executed. LISC holding listening sessions to gather community feedback on training elements and direction of Incubation Academy * Funded by the ATI Initiative
	Philanthropic Partnership	Team with the Center for Strategic Partnership (CSP) and their ongoing effort to coordinate Countywide capacity building efforts and align effort.	<b>CEO-ATI</b> , CEO-Chief Information Office (CIO), and CEO-Human Resources (HR)	TBD	* Through its Justice Reform Initiative, Microsoft has agreed to fund additional technical assistance for ATI's diversion efforts, via a one-year, \$200K grant to CCI and its Data and Applied Analytics Research (DAAR) team, which will advise on how ATI can use existing data systems to augment ATI's data-driven approaches to diversion (and/or shore up the Justice Metrics Framework (JMF) for this purpose)

STRATEGY 1: Expand and scale **community-based, holistic care** and services through sustainable and equitable **community capacity building** and service coordination

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
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.	ACR: Crisis System Peer Workforce Expansion	Recruit staff with lived experience who provide empathetic care for those in need, rooted in their experience. Enabled by California bill, Senate Bill 803, which DMH co-sponsored. Peers utilized as part of care teams throughout all three of LAC crisis system’s components: crisis call center network, mobile crisis response, and crisis facilities.	DMH	TBD	* Planning in-progress * Currently investigating funding opportunities to expand peer workforce; submitted proposal for Measure J funding
	ACR: PMRT / Therapeutic Transportation Program Expansion	PMRT is not currently a 24/7 program, nor is program capacity where it needs to be to serve as a reliable alternative to law enforcement around the clock for indicated crisis calls. Hence, capacity expansion is needed for the Psychiatric Mobile Response Teams (PMRT) program, and at least some of this expansion should include an expansion of the transportation capacity featured in our Therapeutic Transportation pilot. This in turn may also lead to an increase in the peer workforce (staff with lived experience), in line with ATI Foundational Recommendation #108.	DMH	TBD	* Planning in-progress * Currently investigating funding opportunities to expand PMRT and Therapeutic Transportation programs to meet the need, and DMH has submitted a proposal for Measure J funding to this effect

STRATEGY 1: Expand and scale **community-based, holistic care** and services through sustainable and equitable **community capacity building** and service coordination

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
	Community Health Worker / Care Coordinator Apprenticeship Program	Develop a Workforce Pre-Employment Training and Case Management program for individuals with high barriers to employment to become health care workers. Could feed into ATI App project (building provider network undergirding app).	<b>Workforce Development, Aging and Community Services (WDACS)</b> , Public Social Services (DPSS), DMH, DHS, Public Health (DPH), and Community Provider	TBD	* Planning in-progress

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**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
35 Significantly increase the number of Department of Mental Health Psychiatric Mobile Response Teams (PMRTs) to reduce service wait times.	ACR: Crisis Call Center Interconnectivity with 9-1-1 Network and 9 8-8 Implementation	The current 9-1-1 diversion pilots rely on a manual call transfer process between 9-1-1 and Didi Hirsch/DMH that is less efficient than the process used to coordinate calls between 9-1-1 call centers themselves.	<b>DMH</b> , Didi Hirsch, LASD, LAPD	TBD	* Exploring avenues to bring the Didi Hirsch and DMH call centers up to a similar level of interconnectivity as 9-1-1 call centers have with each other, e.g., via designation of the Didi Hirsch and DMH call centers as secondary public safety answering points (PSAPs) * Working with legislative advocates to inform draft legislation regarding the implementation of 9-8-8 in California, to ensure that this need for improved connectivity between 9-1-1 systems and the 9 8-8 crisis call center network is addressed in a uniform and rigorous way throughout the State
	ACR: PMRT / Therapeutic Transportation Program Expansion	PMRT is not currently a 24/7 program, nor is program capacity where it needs to be to serve as a reliable alternative to law enforcement around the clock for indicated crisis calls. Hence, capacity expansion is needed for the PMRT program, and at least some of this expansion should include an expansion of the transportation capacity featured in our Therapeutic Transportation pilot. This in turn may also lead to an increase in the peer workforce (staff with lived experience), in line with ATI Foundational Recommendation #108.	<b>DMH</b>	TBD	* Planning in-progress * Currently investigating funding opportunities to expand PMRT and Therapeutic Transportation programs to meet the need, and DMH has submitted a proposal for Measure J funding to this effect.

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**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
	ACR: Therapeutic Transportation Pilot	DMH partnership with the City of Los Angeles Fire Department (LAFD), to pilot creation of non-law enforcement, civilian mobile crisis response teams capable of transporting clients to a crisis facility if needed. Pilot teams staffed by DMH but dispatched by LAFD, either via incoming 9-1-1 calls or by LAFD EMTs on the ground already. Pilot increases the civilian mobile crisis response resources as well as increasing transportation capacity for individuals in crisis. This is a critical need as wait times for ambulance transport can increase service times in our Psychiatric Mobile Response Teams (PMRT) program significantly and contribute to long wait times for response. This pilot also creates a truly 24/7 civilian mobile crisis response program for the first time in LAC as PMRT does not currently operate 24/7.	<b>DMH</b> , LAFD	TBD	* Pilot in progress

**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**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
43 Non-law enforcement response to mental health crisis emergency calls	ACR: 9-1-1 Diversion	Pilot with the City of Los Angeles and Didi Hirsch Mental Health Services to divert non-violent behavioral health calls from LAPD's 9 1-1 communications center to Didi Hirsch's Suicide Prevention Center (SPC). DMH also recently established a direct line to the DMH Help Line (ACCESS) call center for law enforcement, and is piloting the use of this line with the LAC Sheriff's Department (LASD). Call diversion pilot is pending finalization of the criteria used to assess candidate calls for diversion, as well as final testing of the mechanism that LASD will use to facilitate call transfers. In addition, we are working to align this pilot with the LAPD and Didi Hirsch 9-1-1 diversion pilot to ensure consistency and to lay a foundation for expanding 9-1-1 diversion, to both Didi Hirsch and DMH as indicated, to all 78 primary 9-1-1 call centers (public safety answering points or PSAPs) Countywide.	DMH, Didi Hirsch, LASD, <b>LAPD</b>	TBD	* Pilot in progress, currently operating from 12 pm to 8 pm, 7 days per week, in preparation for an eventual full-scale 24/7 9-1-1 diversion program * Currently investigating funding opportunities to help expand 9-1-1 diversion to the entire LAC 24/7, and DMH has submitted a proposal for Measure J funding to this effect
	ATI Assessment and Referral System (ATI App)	Develop and pilot an application comprised of a strength-based assessment tool, and real time bed availability/type (Service Bed Availability Tool (SBAT) / DPH SAPC, MERLIN / DMH, Ready Net / Hospital Assn) to assist Navigators in matching clients to needed resources.	<b>CEO-CIO</b> , DMH-MET, LASD, <b>CEO-ATI</b> , CEO-SIB, ISAB, DCFS, DPSS, DHS, DHS-ODR, and DPH-SAPC	TBD	* ATI Service/Bed Availability Navigator System Requirements Workshop held February 4, 2021 with various stakeholders to gather user requirements and feedback * Met with Microsoft, IBM to discuss potential tech partnership to build out app; IBM still in talks to explore partnership
	Youth Justice Reimagined	Transform the juvenile justice system by eliminating Probation Juvenile Services and transferring reimagined responsibilities to a new Department of Youth Development.	CEO-ATI, <b>ODR-YDD</b>	TBD	* CEO, YDD identifying consultant to coordinate next steps * CEO reviewing YDD staffing and budget requests to expand pre-arrest diversion services and will report findings to Board in April 2021

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**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
48 Establish a needs assessment pretrial release process	ACR: Co-Response Program Expansion	Some crisis calls require a law enforcement response, typically due to the presence of a serious and imminent threat to public safety. In these scenarios, co-response with behavioral health crisis professionals and law enforcement ensures the individual in crisis is getting the “care first” services they need. Co-response program pairs behavioral health professional with specially trained law enforcement on the same team, ensuring individuals in crisis get the right care even when law enforcement must also be present. There is a need for more capacity in our co-response programs to ensure that all crisis calls needing a law enforcement response are also served by a behavioral health co-response.	<b>DMH</b> , LAPD, LASD	TBD	* Currently investigating funding opportunities to expand co-response programs to meet the need, and DMH has submitted a proposal for Measure J funding to this effect (to fund only the DMH staff who are part of these co-response teams; no proposed Measure J funding may go to any law enforcement agency)
	Bail Project	Expand use of The Bail Project –where private funds are used to post bails, normally ten percent of bail.	DA, <b>PD</b> , APD, Courts, and Bail Project	TBD	* In-progress
	Get Them Out (GTO)	Expand GTO Get Them Out (Women /Trans-women) focused on removing women and those who identify as women from jail.	<b>PD</b> , APD, DA, and Courts	TBD	* Directly contacting attorneys representing clients in the targeted populations groups, women housed at CRDF, people housed in the K6G modules at MCJ, people between the ages of 18-20 and Black women as a specific subgroup based on the Vera Institute data; working with LASD to get updated lists * Also working in conjunction with GRAC on training and presentations for justice partners about pathways to incarceration, needs of people in custody and best healing practices to promote individual wellness and public safety

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**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
	Pre-Filing Diversion Programs	Develop misdemeanor and felony offense diversion program at Sheriff's and Police Stations or site of arrest in lieu of arrest or transport to county jail.	<b>CEO-ATI</b> , City Attorney, LAPD, Public Defender, DA, APD, LASD, Law Enforcement Agencies, DHS-ODR, and Service Providers	\$ 15,500,000	* Pilot at 77th to launch mid/end of March 2021 * Additional pilots anticipated at Santa Monica and Long Beach immediately following
	Test Reminders (UpTrust)	Expand the Text Reminder Program (UpTrust) where individuals are sent text reminders of upcoming court dates.	<b>PD</b> , APD, and Courts	TBD	* In-progress

STRATEGY 3: Support and deliver meaningful **pre-trial release and diversion services**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
53 Improve and expand return-to-court support services to reduce failures to appear.	Test Reminders (UpTrust)	Expand the Text Reminder Program (UpTrust) where individuals are sent text reminders of upcoming court dates.	<b>PD</b> , APD, and Courts	TBD	In-progress
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.	[Project TBD]	[exploring opportunities]			* Currently identifying programs
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.	Pre-Filing Diversion Programs	Develop misdemeanor and felony offense diversion program at Sheriffs and Police Stations or site of arrest in lieu of arrest or transport to county jail.	<b>CEO-ATI</b> , City Attorney, LAPD, PD, DA, APD, LASD, Law Enforcement Agencies, DHS-ODR, and Service Providers	\$ 15,500,000	* Pilot at 77th to launch mid/end of April 2021 * Additional pilots anticipated at Santa Monica and Long Beach immediately following * Funded by the ATI Initiative

**STRATEGY 4: Provide effective treatment services in alternative placements, instead of jail time**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
<b>58</b> 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.	ODR Mental Health Formal Diversion Expansion	Increase access to mental health diversion in the justice system related to felonies for those who are severely mentally ill and homeless.	<b>DHS-ODR</b> , Public Defender, APD, DA, and Courts	TBD	* Expanded to 2 courtrooms downtown
	Rapid Diversion Program Expansion	Expand the Rapid Diversion Project which co-locates Navigators (Community Service Worker with lived experience or DHS or DMH peer navigators) in courts Countywide to assess and coordinate the identification and connection to housing and other services for clients with the intent of increasing their likelihood of being released and linked to services for themselves and their families.	<b>PD</b> , CEO-ATI, DMH, DMH Court Linkage, DHS, DPH, DPSS, APD, DA, City Attorneys, Courts, CCI, and Service Providers	\$ 12,400,000	* Misdemeanor and Felony cases – in and out of custody – fully launched as of March 1, 2021 at 6 locations. The two remaining locations are expected to begin in late April 2021 * Funded by the ATI Initiative
<b>59</b> 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.	Rapid Diversion Program Expansion	Expand the Rapid Diversion Project which co-locates Navigators (Community Service Workers with lived experiences or DHS or DMH peer navigators) in courts Countywide to assess and coordinate the identification and connection to housing and other services for clients with the intent of increasing their likelihood of being released and linked to services for themselves and their families.	<b>PD</b> , CEO-ATI, DMH, DMH Court Linkage, DHS, DPH, DPSS, APD, DA, City Attorneys, Courts, CCI, and Service Providers	\$ 12,400,000	* Misdemeanor and Felony cases – in and out of custody – fully launched as of March 1, 2021 at 6 locations. The two remaining locations are expected to begin in late April 2021 * Funded by the ATI Initiative

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**

FOUNDATIONAL RECOMMENDATION		PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
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.).	Community Health Worker / Care Coordinator Apprenticeship Program	Develop a Workforce Pre-Employment Training and Case Management program for individuals with high barriers to employment to become health care workers. Could feed into ATI App project (building provider network undergirding app).	<b>WDACS</b> , DPSS, DMH, DHS, DPH, and Community Provider	TBD	* Planning in-progress
		Forestry Fire Camp Program	Reinstate Fire Camp Program to expand opportunities for individuals with high barriers to employment.	<b>Fire, CEO-ATI</b> , CEO-Chief Sustainability Office (CSO), WDACS, and Community Provider	TBD	* Currently in talks to explore partnership with CDCR to establish firefighter training programs using County facilities

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FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
	LA Emergency Medical Technician (EMT) Apprenticeship Program	Develop a Workforce Pre-Employment Training and Case Management program focused on EMT Certification for individuals demographically underrepresented in firefighting (Black, Latino, and Female participants); AB 2147-eligible justice-involved population.	<b>Fire</b> , DPSS, <b>WDACS</b> , Probation, <b>DCFS</b> , and <b>Worker Education and Resource Center (WERC)</b>	TBD	* Exploring integrating EMT training programs into Fire Camp programs
	My Brother’s Keeper Fostering Resiliency Project	Develop program to support successful transition to adulthood of Black male children, ages 12 – 18+, in foster care. Improve educational and life course outcomes while preventing and reducing youth contact with law enforcement.	DCFS, <b>CEO-SIB</b> , CEO-ATI, CEO-CSP, and Friends of the Children	TBD	* September 2020 effort received \$500K grant from Hilton Foundation, allowing implementation for at least 1 year to provide services to ~100 participants * Program launched March 1, 2021

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FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
	Preparing Los Angeles for County Employment (PLACE)	Develop a Workforce Pre-Employment Training and Case Management program to help individuals with high barriers to employment (justice-involved, system-impacted, homeless or at-risk, CalWORKS, TAY, etc.) find employment opportunities with the County	<b>WDACS</b> , DHS, DPSS, Probation, CEO-Homeless Initiative (HI), Los Angeles Homeless Services Authority (LAHSA), CEO-ATI, and WERC	TBD	* Currently on hold due to Countywide hiring freeze; will re-assess at start of new fiscal year
	Securing Documents for Employment - Birth Certificates	Assist individuals leaving jail to obtain necessary document for employment opportunities - birth certificate, driver's license, social security card.	<b>CEO-ATI</b> , APD, DA, D, <b>DHS-CHS</b> , DHS-Office of Diversion (ODR), Registrar-Recorder, and LASD-CTU, DCBA	TBD	* In process of coordinating efforts with DHS-CHS and CBO partners
	Securing Documents for Employment - Driver's License	Research pathways for obtaining driver's license as part of reentry efforts.	DMV, <b>DHS-CHS</b> , <b>LASD-CTU</b> , <b>CEO-ATI</b> , DCBA	TBD	* In process of coordinating efforts with DHS-CHS and CBO partners
	Securing Documents for Employment - Social Security Cards	Research pathways for obtaining Social Security cards as part of reentry efforts.	<b>LASD-CTU</b> , CEO-ATI, and DHS-CHS	TBD	* In process of coordinating efforts with DHS-CHS and CBO partners

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FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
<b>84</b> 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.	ATI Staffing	Establish the CEO-ATI unit with necessary staff to support its mission.	<b>CEO-ATI</b>	TBD	<p>* Currentl staffed 3 Principal Analysts, 1 FUSE Fellow, and 2 support staff</p> <p>*As part of the FY 2021-22 Recommended Budget, the CEO recommends that the following positions be added to the ATI Initiative:</p> <ul style="list-style-type: none"> <li>• 1.0 Principal Analyst, CEO</li> <li>• 2.0 Senior Analyst, CEO</li> <li>• 1.0 Analyst, CEO</li> <li>• 1.0 Special Services Assistant</li> <li>• 1.0 Senior Secretary III</li> </ul> <p>*This new staffing will supplement the core existing staff and increase the overall capacity of the ATI Initiative to meet the needs of the four concentrations and the Board’s vision of “Care First, Jails Last”</p>
<b>85</b> 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.	ATI Assessment and Referral System (ATI App)	Develop and pilot an application comprised of a strength-based assessment tool, and real time bed availability/type (Service Bed Availability Tool (SBAT) / DPH SAPC, MERLIN / DMH, Ready Net / Hospital Assn) to assist Navigators in matching clients to needed resources.	<b>CEO-CIO</b> , DMH-MET, LASD, <b>CEO-ATI</b> , CEO-SIB, ISAB, DCFS, DPSS, DHS, DHS-ODR and DPH-SAPC	TBD	<p>* ATI Service/Bed Availability Navigator System Requirements Works February 4, 2021 with various stakeholders to gather user requirements and feedback</p> <p>* Met with Microsoft, IBM to discuss potential tech partnership to build out app; IBM still in talks to explore partnership</p>

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<b>86</b> 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.	Community Cabinet	CEO-ATI to establish a community cabinet to advise executive director. The cabinet is comprised of community based organizations, advocates, lived experience, and academia.	<b>CEO-ATI</b>	NA	* Implemented * Monthly Community Cabinet meetings in progress - next one May 14, 2021
<b>87</b> 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.	[Project TBD]	[exploring opportunities]			* In the discovery phase, preliminary plan anticipated early May 2021 - identifying potential programs or other next steps (e.g. legislative action)
<b>89</b> 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.	ATI Website	Launch CEO-ATI website that includes updates on ATI, Measure J, ACR, and Youth Justice progress, resources, and opportunities for participation.	<b>CEO-ATI</b>	TBD	* Website launched on CEO platform * Search for web design firm underway to assist in building out more comprehensive website and set up system to allow CEO-ATI staff to manage content updates directly
	Communication Campaign	Hire a consultant to assist in community outreach and communications strategy.	<b>CEO-ATI</b> , and CEO-Countywide Communications	TBD	* In process of receiving and reviewing proposals from various agencies and contractors

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FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
104 Provide paid training and employment to increase the number of justice system-impacted individuals working as the technologists behind data collection and analysis.	Measure J	Facilitate a community-led funding recommendation process for Measure J.	<b>CEO-ATI</b>	TBD	* Advisory Committee formed 5 subcommittees * Subcommittee process nearly completed (final meeting on March 15, 2021) * Next step, consultant to synthesize recommendations discussed and voted upon in subcommittees and present report to Advisory Committee April 8, 2021; Advisory Committee to meet at least 3 more times before presenting recommendation to CEO end of May 2021
	[Project TBD]	[exploring opportunities]			* Currently identifying programs

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**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
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.	ACR: Crisis Information Exchange	For individuals experiencing a behavioral health crisis, the ability to exchange key information between crisis care providers about those individuals can be lifesaving. Valuable information could include a current crisis care plan, contact information for primary mental health providers (such as an Full Service Partnership program), and any psychiatric advance directives (PADs) the individual has authorized. All of this information can be vital to ensure, when the individual experiences a crisis, that any care provider who encounters that individual has key information that would assist them in providing better care and ensuring the most appropriate follow-up services. LAC currently exchanges some of this information in LANES, the regional health information exchange. But many providers of crisis care are not yet connected to LANES. Furthermore, there are other existing exchange solutions that would complement LANES for this particular use case.	DMH	TBD	Planning in-progress
	ATI Metrics Development	Collaborate with CIO to convert the Justice Metrics Framework content into a public dashboard and develop an analysis and reporting mechanism to evaluate program and systemwide efficacy.	CEO-CIO, CEO-ATI, CEO-SIB, and ISAB	TBD	* In process of reviewing JMF report with CEO-CIO
	ATI Strategic Project Management	Engage CSAC on development of a project management tool that incorporates the ATI inventories and JMF to inform ATI project development and Measure J	CEO-ATI	NA	* Preparing to onboard CSAC in Q4
	Inventory - Community Service Providers	Compile an inventory of community/faith based organizations and the services they provide, including type and number of beds, operational hours, location, etc.	CEO-ATI	NA	* Service Provider Survey live as of February 24, 2021

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**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
	Inventory - County Programs	Compile an inventory of programs funded by County departments that help people from entering/reentering the criminal justice system; minimize the time spent in custody; stabilize the condition that led to their arrest; and receive the services and resources to help them return and remain in the community.	<b>CEO-ATI</b>	NA	* In progress
	Technology Staff Support	Recruit data analyst for the ATI unit to help develop data metrics and assess and analyze data outcomes.	<b>CEO-ATI, CEO-CIO, and CEO-HR</b>	TBD	* In progress

**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**

FOUNDATIONAL RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
113 Track and make public all relevant County service and incarceration spending both for those incarcerated and those reentering the community.	ATI Metrics Development	Collaborate with CIO to convert the Justice Metrics Framework content into a public dashboard and develop an analysis and reporting mechanism to evaluate program and systemwide efficacy.	<b>CEO-CIO, CEO-ATI, CEO-SIB, and ISAB</b>	TBD	* In process of reviewing JMF report with CEO-CIO
	Inventory - County Programs	Compile an inventory of programs funded by County departments that help people from entering/reentering the criminal justice system; minimize the time spent in custody; stabilize the condition that led to their arrest; and receive the services and resources to help them return and remain in the community.	<b>CEO-ATI</b>	NA	* In progress
	Measure J	Facilitate a community-led funding recommendation process for Measure J.	<b>CEO-ATI</b>	TBD	* Advisory Committee has been provided with subcommittees spending recommendations and County Departmental Proposals. * Advisory Committee has begun the process of prioritizing recommendations and proposals for funding and will provide its funding recommendations to the CEO by June 4, 2021

OTHER RECOMMENDATIONS BEING ADDRESSED

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
42 Improve staffing for the DMH ACCESS line to minimize caller wait times and ensure live operator coverage 24 hours, 7 days a week	ACR: Crisis Call Center Coordination	Currently, Didi Hirsch’s Suicide Prevention Center (SPC) specializes in resolving crises by telephone, chat, and text. DMH’s Help Line, on the other hand, specializes more in the dispatch of mobile response teams for individuals in crisis. With 9-8-8 on the horizon, it is important for DMH and Didi Hirsch to be able to triage calls to one another in line with our specialties: calls likely resolvable by telephone to Didi Hirsch, and calls requiring a non-law enforcement mobile response to DMH. We are in the process of developing such a connection and partnership, including any needed technological changes to facilitate this improved coordination of our crisis call center services.	<b>DMH, Didi Hirsch</b>	TBD	* Planning in-progress
	ACR: Crisis Call Center Modernization	Projects at both DMH and Didi Hirsch to modernize technology used by crisis call centers (DMH Help Line and Didi Hirsch’s Suicide Prevention Center, respectively). Projects will help lay a foundation for improved service and coordination of crisis calls, texts, and chats.	<b>DMH, Didi Hirsch</b>	TBD	* In-progress
36 Increase (DMH) ambulance contracts to improve response times	ACR: PMRT / Therapeutic Transportation Program Expansion	PMRT is not currently a 24/7 program, nor is program capacity where it needs to be to serve as a reliable alternative to law enforcement around the clock for indicated crisis calls. Hence, capacity expansion is needed for the PMRT program, and at least some of this expansion should include an expansion of the transportation capacity featured in our Therapeutic Transportation pilot. This in turn may also lead to an increase in the peer workforce (staff with lived experience), in line with ATI Foundational Recommendation No. 108.	<b>DMH</b>	TBD	* Planning in-progress * Currently investigating funding opportunities to expand PMRT and Therapeutic Transportation programs to meet the need, and DMH has submitted a proposal for Measure J funding to this effect

OTHER RECOMMENDATIONS BEING ADDRESSED

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
37 Create another option for behavioral health crises, i.e., CBO behavioral health services through an app	ACR: Therapeutic Transportation Pilot	DMH partnership with the City of Los Angeles Fire Department (LAFD), to pilot creation of non-law enforcement, civilian mobile crisis response teams capable of transporting clients to a crisis facility if needed. Pilot teams staffed by DMH but dispatched by LAFD, either via incoming 9-1-1 calls or by LAFD EMTs on the ground already. Pilot increases the civilian mobile crisis response resources as well as increasing transportation capacity for individuals in crisis. This is a critical need as wait times for ambulance transport can increase service times in our Psychiatric Mobile Response Teams (PMRT) program significantly and contribute to long wait times for response. This pilot also creates a truly 24/7 civilian mobile crisis response program for the first time in LAC as PMRT does not currently operate 24/7.	<b>DMH, LAFD</b>	TBD	* Pilot in progress
	ACR: EMS Alternative Transportation	LA County Emergency Medical Services (EMS) Agency, part of DMH, has initiated a pilot and corresponding guidance for EMTs to transport individuals experiencing a behavioral health crisis to destinations other than emergency rooms, as a preferred alternative to emergency rooms except when acute medical care is required. Alternative facilities include behavioral health urgent care centers (UCCs) and sobering centers.	<b>DMH, EMS</b>	TBD	* In-progress

OTHER RECOMMENDATIONS BEING ADDRESSED

RECOMMENDATION	PROGRAM/ PROJECT	DESCRIPTION	DEPARTMENTS (BOLD = LEAD)	COST	PROJECT STATUS
41 Develop and expand a decentralized range of clinical spaces countywide and ensure that current sites are sufficiently resourced	ACR: EMS Alternative Transportation	LA County Emergency Medical Services (EMS) Agency, part of DMH, has initiated a pilot and corresponding guidance for EMTs to transport individuals experiencing a behavioral health crisis to destinations other than emergency rooms, as a preferred alternative to emergency rooms except when acute medical care is required. Alternative facilities include behavioral health UCCs and sobering centers.	<b>DMH, EMS</b>	TBD	* In-progress
45 Substantially increase the number of co-response teams	ACR: Co-Response Program Expansion	Some crisis calls require a law enforcement response, typically due to the presence of a serious and imminent threat to public safety. In these scenarios, co-response with behavioral health crisis professionals and law enforcement ensures the individual in crisis is getting the “care first” services they need. Co-response program pairs behavioral health professional with specially trained law enforcement on the same team, ensuring individuals in crisis get the right care even when law enforcement must also be present. There is a need for more capacity in our co-response programs to ensure that all crisis calls needing a law enforcement response are also served by a behavioral health co-response.	<b>DMH, LAPD, LASD</b>	TBD	* Currently investigating funding opportunities to expand co-response programs to meet the need, and DMH has submitted a proposal for Measure J funding to this effect (to fund only the DMH staff who are part of these co-response teams; no proposed Measure J funding may go to any law enforcement agency)



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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Fourth District

KATHRYN BARGER  
Fifth District

October 5, 2022

To: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Songhai Armstead, Executive Director  
Alternatives to Incarceration Office

## **BUILDING A SYSTEM OF ALTERNATIVES TO INCARCERATION: QUARTERLY STATUS REPORT (ITEM NO. 2, AGENDA OF MARCH 10, 2020)**

On March 10, 2020, the Board of Supervisors (Board) adopted a motion to build a system of alternatives to incarceration and help the Board achieve the vision of providing *Care First, Jails Last* by directing the Chief Executive Office (CEO) to establish an Alternatives to Incarceration (ATI) Initiative/organizational unit, take necessary steps to assess, and where possible, operationalize the 26 ATI foundational recommendations in the ATI report, and report back in 180 days with a written analysis of the fiscal, legal, and operational components of each of the 26 foundational recommendations. On December 24, 2020, the CEO provided a preliminary report on efforts to staff the ATI Office and begin an initial assessment of the foundational recommendations.

On May 7, 2021, the Executive Director of the ATI Office provided a detailed report on activities related to philanthropic partnerships and efforts to analyze and operationalize the 26 foundational recommendations. County Counsel also provided a separate report to the Board regarding its legal analysis of the 26 foundational recommendations and the various programs.

This report details ongoing efforts to implement the Board's *Care First, Jails Last* vision, and provides an analysis on the full complement of recommendations outlined in the [Los Angeles County Alternatives to Incarceration Work Group Final Report](#). It will also highlight progress with current ATI Office programs and outlines current staffing infrastructure.

## **ATI Structure**

ATI's work is divided into four major areas of concentration:

- 1) Alternatives to Incarceration Initiative/Pre-Trial Services
- 2) Alternative Crisis Response (in partnership with the Department of Mental Health)
- 3) Care First Community Investment (formerly Measure J)
- 4) Youth Justice Reimagined (On July 1, 2022, efforts transitioned to the new Department of Youth Development – DYD)

## **ATI Program Update**

The ATI Office continues to develop and expand justice reform projects in furtherance of *Care First, Jails Last*. Below are several notable ATI program highlights:

- **ATI's Incubation Academy.** The Incubation Academy began in September 2021 and graduated its first cohort of 20 organizations in April 2022. The cohort participants are small grassroots organizations that participated in over 20 weeks of interactive programmatic and administrative training. Several organizations have the capacity to contract to provide housing for individuals being released from incarceration. Other organizations will receive capacity-building grants to assist them with building their infrastructure and service delivery models. The second Incubation Academy cohort of 27 organizations began its training in April 2022 and completed the program on August 18, 2022. The third cohort is scheduled to begin on September 28, 2022.
- **Needs Assessment and Service/Bed Availability System.** To inform the development of a Needs Assessment and Service/Bed Availability System, the ATI Office hosted a Bed Summit in December 2021. The Summit brought together a diverse group of experts to discuss the categorization of available treatment beds in the County, the need for greater coordination to determine how best to address supply shortages, and a forum to hear from community participants about system challenges. The Bed Summit produced actionable deliverables such as the development of a single taxonomy and shared language for all bed types in the County, agreement on the refinement of the Bed Availability System under development by ATI, and the development of a taskforce dedicated to addressing bed availability challenges across departments. These deliverables have been incorporated into the MAPP Goals of the CEO, ATI Executive Director, and directors of the health agencies. From January through June 2022, the ATI Office hosted bi-weekly virtual follow-up summit meetings to continue work on deliverables. On May 18, 2022, this workgroup presented the result of this work to the County Health and Mental Health Services cluster.

The ATI Office has continued its partnership with the Chief Information Office to develop an application that offers strength/needs-based assessment and real-time

service and bed availability to assist navigators in matching clients to needed resources. On July 21, 2022, the CEO issued a request for proposals to solicit proposals for a contract with a contractor that can provide a cloud-based, Software as a Service, Service/Bed Availability Navigator Application with associated implementation and support services. The solicitation will remain open until October 3, 2022.

- **DYD.** The ordinance establishing DYD was approved by the Board on May 24, 2022. DYD was established July 1, 2022, and will be reflected in the Final Changes and Supplemental budget phases.
- **Pretrial Release Evaluation Program.** On July 1, 2022, the ATI Office, in partnership with the Superior Court, Probation, Sheriff, justice partners, and community-based organizations expanded the Pretrial Release Evaluation Program at the Clara Shortridge Foltz Criminal Justice Center. This effort is designed to enhance existing pretrial efforts by utilizing community-based organizations to conduct a needs assessment and provide services – treatment, housing, employment, and case management – at the earliest possible opportunity to increase the possibility of release pending resolution of the court proceedings.

### **Alternative to Incarceration Work Group Recommendations**

The March 10, 2020, motion also directed the ATI Office to report back with an analysis of the 88 remaining ATI Work Group recommendations. While all the recommendations expressed concepts and ideas squarely in line with the vision of *Care First, Jails Last*, some were redundant or very general in nature and would require additional development to operationalize. The Attachment details each recommendation, highlights existing County efforts where appropriate, and identifies whether a project is ready to operationalize.

On March 1, 2022, the Board adopted a motion calling for the establishment of the Justice, Care and Opportunities Department (JCOD). JCOD will consolidate the work of the ATI Office, the Jail Closure Implementation Team, the Reentry Unit within the Office of Diversion and Reentry, and Probation's Pretrial Services Division, and serve as the home for a centralized and coordinated approach to prevention, pretrial, and nonclinical reentry services for adults. As such, the CEO recommends that this will be the final report on the ATI recommendations with the understanding that JCOD will operationalize over time the remaining viable ATI Work Group recommendations.

Each Supervisor  
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### **Next Steps**

The ATI Office will continue its efforts to respond to the evolving changes in justice system reform, including efforts to establish and launch JCOD.

Should you have any questions concerning this matter, please contact me at (213) 974-1664 or [sarmstead@ceo.lacounty.gov](mailto:sarmstead@ceo.lacounty.gov).

FAD:JMN:SA  
GE:lac

Attachment

c:     Executive Office, Board of Supervisors  
       County Counsel

**ATTACHMENT**

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
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.	0		The Alternatives to Incarceration (ATI) Office, now the Justice, Care and Opportunities Department (JCOD)'s Pre-Filing Diversion Program (PFD) and the Department of Mental Health (DMH) Alternative Crisis Response (ACR) effort are aimed at providing off ramps from justice system involvement for individuals in crisis. PFD is in place at three police agencies (City of Los Angeles Police Department (LAPD), Santa Monica, and Lancaster Sheriff Station). ACR launched on July 16, 2022.	JCOD, District Attorney (DA), Los Angeles City Attorney (LACA), Local Law Enforcement Agencies, DMH	Yes
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).	0	1	<p>Several crisis facilities projects - Urgent Care Center, sobering center, and crisis residential — have opened in furtherance of this recommendation.</p> <p>* New Antelope Valley (Lancaster) Urgent Care Center fully operational on March 31, 2021 (18 total beds/chairs – 12 adults, 6 teens)</p> <p>* New Willowbrook sobering center at the Mark Ridley-Thomas (MRT) Behavioral Health Center (BHC) to be fully operational in 2022 (15 beds).</p> <p>* New Crisis Residential Treatment Programs (CRTPs) in the pipeline across four of LAC medical campuses/Restorative Care Villages: LAC+USC, Olive View, Rancho Los Amigo, MRT BHC – all fully operational in 2022 (240 beds total).</p> <p>* Additionally, 32 CRTP beds are in development at two more private sites; one site is already open, and another will open in 2022.</p>	DMH, Department of Public Health (DPH), Department of Health Services (DHS), Alliance for Health Integration (AHI)	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
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 lesbian, gay, bisexual, transgender, queer, and others (LGBQ+) and transgender, gender-variant, and intersex (TGI) parents.	0	1	<p>The Department of Children and Family Services (DCFS) helps provide low-cost or no-cost referrals to parents receiving family reunification services upon order from the court.</p> <p>\$2M of Year One Care First Community Investment (CFCI) funds were dedicated to expanding programming to connect families to supports to help families better understand the legal system and navigate the court supervision requirements. The funding will be disbursed through the CFCI third-party administrator (TPA). Funding opportunity launched in June 2022 and will be awarded in approximately October 2022. In Year Two, \$.5M will be allocated to the Department of Youth Development (DYD) to support programming to increase educational, vocational, social, and mental health attainment of African American and Latino individuals, families, and communities.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	DCFS, DYD, Office of Child Protection, JCOD	Partial
4. 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.	0		<p>A training academy and center that enables community members to be trained to better assist their family members in crisis. The training center could train individuals with lived experiences to support ACR call centers and non-law enforcement crisis response teams.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	DHS, DMH, AHI	Partial

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
5. 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 the Department of Mental Health's (DMH) Health Insurance Portability and Accountability Act policy for contractors.	0		Additional development is necessary to operationalize the recommendation.	DMH, DPH, DHS, AHI	None
6. 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.	0		ATI, now JCOD, is working in partnership with the Chief Information Office (CIO) to develop an application comprised of a strength-based needs assessment tool, and real-time bed availability/type (Service Bed Availability Tool (SBAT) / Department of Public Health's (DPH) Substance Abuse Prevention and Control (SAPC), Mental Health Resource Locator and Navigator (MHLN) application / DMH, Ready Net / Hospital Assn) to assist navigators in matching clients to needed resources. This system will be available to Community Health Workers (CHWs) and other treatment/support related organizations. The transition of the Office of Diversion and Reentry's (ODR) Reentry Division to JCOD could further the expand the use of CHWs, as they are currently a vital part of service delivery in the Reentry Intensive Case Management Services (RICMS) network.	JCOD, CIO, DPH, DMH, ODR	Yes
7. Establish effective restorative justice programs for the adult justice-involved population by learning from existing County programs and other programs, especially those serving youth.	0	1	In October 2021, the Los Angeles County District Attorney (DA)'s office launched a two-year restorative justice post-conviction pilot called the Reconciliation Education and Counseling Crimes of Hate Program that aims to curtail hate crimes and xenophobia by providing people on probation with counseling, anti-bias education, and victim reconciliation in a controlled setting.	DA, DYD	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
			<p>The pilot aims to identify and address the root cause of the bias and participants perform community service with the targeted victim community. The long-term goal is to develop a permanent restorative justice probationary model based on proven clinical methodology. The program will pair anti-bias educational curriculum with mental health professionals and victim reconciliation.</p> <p>The DA and the Department of Youth Development (DYD) launched a program to refer youth to diversion services when a youth's arrest was referred to the DA for prosecution. This program includes serious felony offenses and incorporates restorative justice programming as part of the case planning. The DA and DYD continue to look for opportunities to expand this program to include more youth accused of serious offenses.</p>		
8. 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.	0		DPH's Office of Violence Prevention (OVP) Trauma Prevention Initiative (TPI) is a community-driven public safety strategy that invests in peer and credible messengers, including Street Outreach and Community Violence Intervention, Hospital Violence Intervention Programs, capacity building for community stakeholders and grassroots organizations, and meaningful community engagement through Community Action for Peace Networks. TPI is currently implemented in 9 communities across the county that have the highest rates of violence. TPI strives to incorporate restorative justice principles into its	DPH-OVP	Partial

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
			<p>work to repair harm, and rebuild relationships in community, through peer strategies that lift up survivor's voices, promote peace and resolve conflicts, engaging county departments in shifting norms from a criminal justice approach to a community-driven approach to safety, and supporting community leadership and decision making to guide implementation according to the unique needs and strengths of each community, and recommend needed systems change to support communities to thrive. TPI services currently serve cisgender women in addition to cisgender men and is exploring a partnership with a youth-serving LGBTQ+ organization, to link mentoring opportunities for youth in South LA and East LA TPI sites. TPI has also had initial conversations with ODR around opportunities to integrate more restorative justice practices and is interested in more opportunities to support LGBTQ+ and TGI community members.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
9. 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.	0		This recommendation was also presented by the Gender Responsive Advisory Committee (GRAC). Additional development is necessary to operationalize the recommendation.	GRAC	Partial
10. Advocate for changes to expand services and populations covered by Medi-Cal, Mental Health	0		County efforts have begun to ensure that as the State transitions to the California Advancing and	DMH, DHS, DPH, AHI, JCOD	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
Services Act (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.			Innovating Medi-Cal (Cal-AIM), prevention and care services will be fully integrated to maximize funding to the County. This includes coordination to maximally leverage the new Enhanced Care Management Medi-Cal benefit to provide needed care coordination.		
11. Optimize and increase the appropriate use and process for mental health conservatorship and assisted outpatient treatment, and resource them accordingly.	1,2	1	DMH as the County's Public Guardian provides a vital service to persons unable to properly care for themselves or who are unable to manage their finances through conservatorship. Assisted Outpatient Treatment, known as Laura's Law, allows DMH to serve seriously mentally ill persons at substantial risk of deterioration as a direct result of poor psychiatric treatment compliance. Assisted Outpatient Treatment-eligible individuals are outreached in an effort to engage them in Full-Service Partnership (FSP) services. The enactment of Senate Bill 317 (Misdemeanants Incompetent to Stand Trial) provided an opportunity for greater collaboration between several departmental stakeholders. As a result, a more streamlined process has been designed to better optimize the ability of individuals to access treatment and housing. ATI, now JCOD's Incubation Academy participants could be utilized as a potential resource for the County to contract and expand housing options paired with DMH's FSP. Additionally, all stakeholders are working to coordinate on the potential upcoming Community Assistance, Recovery, and Empowerment (CARE) Court program, which among other things will create a diversion pathway away from conservatorship.	DMH, ODR, JCOD	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
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 Medication-Assisted Treatment (MAT).	0	1	<p>\$6M of Year One CFCI funds have been identified to expand the County's Harm Reduction Programming. Funds will support education, safe consumption, and treatment related to substance use and mental health issues. The funding opportunity launched in June 2022 and will be awarded in approximately October 2022.</p> <p>DMH continues to make available residential co-occurring disorder services in collaboration with DPH-SAPC. DMH-DPH residential Co-Occurring Integrated Care Network (COIN) beds provide case management, medication support, crisis intervention, therapeutic groups, and individual treatment. DMH's Full Service Partnership provides 24/7 crisis response, ongoing intensive mental health treatment, housing services, employment services and co-occurring mental illness and substance use treatment services. Additional co-occurring services are available to clients in psychiatric urgent care centers, through crisis residential treatment programs, and mental health court linkage program.</p> <p>The Co-Occurring Disorder Court founded in 2007 partners with the Superior Court, Public Defender (PD), DA, DMH, and DPH, and is designed to serve individuals with significant behavioral health needs and provide intensive supervision and treatment. Participants can have criminal charges reduced or dismissed.</p>	DPH, DMH, DHS, PD, DA, Superior Court	Yes
13. Deliver integrated mental health and substance use disorder services, rather than parallel services, including building partnerships between DPH-SAPC	0		DMH continues to make available residential co-occurring disorder services in collaboration with DPH-SAPC. DMH-DPH residential Co-Occurring	DPH, DMH, DHS, PD, DA, Superior Court	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
and DMH for residential co-occurring disorder (COD) services.			<p>Integrated Care Network (COIN) beds provide case management, medication support, crisis intervention, therapeutic groups, and individual treatment. DMH's Full Service Partnership provides 24/7 crisis response, ongoing intensive mental health treatment, housing services, employment services and co-occurring mental illness and substance use treatment services. Additional co-occurring services are available to clients in psychiatric urgent care centers, through crisis residential treatment programs, and mental health court linkage program.</p> <p>The Co-Occurring Disorder Court founded in 2007 partners with the Superior Court, PD, DA, DMH, and DPH, and is designed to serve individuals with significant behavioral health needs and provide intensive supervision and treatment. Participants can have criminal charges reduced or dismissed.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
14. Support parity between the mental health and substance use disorder systems and available services.	0		Additional development is necessary to operationalize the recommendation.	DMH, DPH, DHS, AHI	None
15. Remove time limits to service provisions that prevent access to long-term health, mental health or substance use disorder treatment plans.	0		Additional development is necessary to operationalize the recommendation.	DMH, DPH, DHS, AHI, CEO-Legislative Affairs and Intergovernmental Relations (LAIR)	None
16. Reduce the adverse impact that the severity of substance use charges (e.g., possession of a controlled substance, driving under the influence) have on people who identify as cisgender women,	0		\$6M of Year One CFCI funds have been identified to expand the County's Harm Reduction Programming. Funds will support education, safe consumption, and treatment related to	DPH, DMH, DHS	Partial

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
LGBQ+, 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.			<p>substance use and mental health issues. The funding opportunity launched in June 2022 and will be awarded in approximately October 2022.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
17. Create safe consumption sites that will act as service hubs and be a part of the decentralized system of care.	0		This recommendation was also presented by the Gender Responsive Advisory Committee. \$6M of CFCI funds have been identified to expand the County's Harm Reduction Programming. The funds will support education, safe consumption, and treatment related to substance use and mental health issues. The funding opportunity launched in June 2022 and will be awarded in approximately October 2022.	GRAC, DPH, DMH, DHS, CEO-LAIR	Yes
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, LGBQ+ people, and TGI people who act as caregivers of children, elderly family or loved ones.	0		Additional development is necessary to operationalize the recommendation.		None
19. Create an individualized/personalized master transition plan for displaced individuals.	0		The Homeless Initiative (HI) is the central coordinating body for the County's ongoing effort to expand and enhance services for people experiencing homelessness or at risk of losing	HI, DHS, DMH, DPH	Partial

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			<p>their homes. HI enables homeless families and individuals to obtain case management and supportive services they need to obtain permanent housing, utilize public services and benefits, and increase their income. DHS' Housing for Health Division deploys multi-disciplinary teams whose staff have physical health, mental health, substance use, case management and peer support experience. DMH's Homeless Outreach Mobile Engagement Specialist teams provide psychiatric support, outreach, and intensive case management to people experiencing homelessness with serious mental illness. The Coordinated Entry System Teams work to connect people with particularly acute needs to housing and supportive services. DHS, DPH – Substance Abuse Prevention and Control (SAPC), as well as the Los Angeles Homeless Services Authority, administer a variety of interim housing beds that may be congregate or non-congregate settings, and some serve specific populations, such as men, women, families, seniors, youth emancipating from foster care, adults discharged from hospitals or exiting jails, domestic violence survivors, and people needing health care, mental health care, and/or substance use disorder treatment.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
20. Expand or refine affordable successful housing models designed for and tailored to justice-involved individuals with mental health and/or substance use	0, 1, 2, 3	1	The Board of Supervisors approved a comprehensive affordable housing plan in 2015 and 2017 that currently invests \$100 million	HI, JCOD, CIO, DPH, DMH, DHS	Yes

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disorder needs, specifically: (a) short-term treatment inclusive of acute inpatient, AB 109 and forensic inpatient (FIP) and Institution for Mental Diseases (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.			every year to build and rehab low and very low-income housing. The Board also passed motions that established the Affordable Housing Programs Budget Unit, Affordable Housing Coordinating Committee, and the Affordable Housing Outcomes Report, which were all consolidated into the Homeless Initiative in 2021. Affordable housing models and linkages to supportive services are being offered Countywide, through HI, DPH, DMH, DHS (Housing for Health, ODR), JCOD(JCIT/ATI). ATI, now JCOD, is working in partnership with the CIO to develop an application comprised of a strength-based needs assessment tool, and real-time bed availability/type SBAT / DPH SAPC, MHRLN / DMH, Ready Net / Hospital Assn) to assist navigators in matching clients to needed resources. The Incubation Academy builds the capacity of trusted grassroots community-based Organizations (CBOs) (prioritize Black-, Latinx-, and Justice Involved CBOs) to deliver prevention and intervention services including housing to justice-involved individuals in their communities, by providing training and funding, and increasing their ability to compete for County/public funding.		
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, LGBQ+, and/or TGI.	3, 4		\$4M of Year One and \$3M of Year Two CFCI funds have been identified to expand programming aimed at transitioning women and LGBTQIA+ individuals back into community after incarceration. The funds will support housing, treatment, and other supportive services. The Year One funds are being disbursed through the CFCI TPA. The Year One funding opportunity	JCOD	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
			launched in June 2022 and will be awarded in approximately October 2022.		
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.	0		<p>HI coordinates County efforts to invest in programs to prevent and combat homelessness, Los Angeles County is pursuing production of new affordable housing; prevention of existing affordable housing; and protection of tenants and related supportive programs, including pathways to home ownership. Affordable Housing can include public and private housing developments as well as “scattered site” housing in the open market. Tenants receive rental subsidies and other support to help them obtain housing and stay housed.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	HI	Partial
23. Work with Housing State Funding, DHS Housing Programs, and housing projects for people experiencing homelessness and mental health and/or substance use disorders.	4, 5		<p>HI is the central coordinating body for the County’s ongoing effort to expand and enhance services for people experiencing homelessness or at risk of losing their homes. DHS’ Housing for Health Division deploys multi-disciplinary teams whose staff have physical health, mental health, substance use, case management and peer support experience. For additional information see Recommendation #19. JCIT (JCOD) had dedicated a portion of Year One CFCI funds to support interim housing beds in ODR to maintain and expand housing options for individuals re-entering community after incarceration. ATI (JCOD) partnered with the Los Angeles Homeless Services Authority (LAHSA) to expand the use of B-7 beds to individuals that are unhoused or at</p>	HI, DHS, JCOD, AHI	Partial

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			<p>risk of becoming unhoused who have recently left incarceration or those incarcerated only due to their lack of housing. Between July and September 2022, up to 200 beds will be available to support this population. AHI is coordinating the County's efforts to apply for the California Department of Health Care Services' Behavioral Health Continuum Infrastructure Program grants.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
24. Work with Housing State Funding, DHS Housing Programs, and housing projects for people who identify as LGBTQ+ and/or TGI.	0		<p>HI is the central coordinating body for the County's ongoing effort to expand and enhance services for people experiencing homelessness or at risk of losing their homes. HI enables homeless families and individuals to obtain case management and supportive services they need to obtain permanent housing, utilize public services and benefits, and increase their income. DHS' Housing for Health Division deploys multi-disciplinary teams whose staff have physical health, mental health, substance use, case management and peer support experience. For additional information see Recommendation #19.</p> <p>\$4M of Year One and \$3M of Year Two CFCI funds have been identified to expand programming aimed at transitioning women and LGBTQIA+ individuals back into community after incarceration. The funds will support housing, treatment, and other supportive services. The Year One funds are being disbursed through the</p>	HI, DHS, AHI, JCOD	Partial

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
			<p>CFCI TPA. The Year One funding opportunity launched in June 2022 and will be awarded in approximately October 2022. AHI is coordinating the County's efforts to apply for the California Department of Health Care Services' Behavioral Health Continuum Infrastructure Program grants.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
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.	0		<p>The County's new Department of Economic Opportunity (DEO) operates 19 America's Job Centers of California throughout Los Angeles County and are a resource to all residents. ODR Reentry's Skills and Experience for the Careers of Tomorrow (SECTOR) Program, which will transfer to JCOD, offers training and paid work experience in sectors that provide career pathway opportunities and family-sustaining wages for people impacted by the justice system. Participants gain skills and credentials that are in-demand by employers; earn financial assistance while they're enrolled; and get help landing a job after completing the program. Career Coaches with lived experience of justice involvement provide job readiness services and retention support once placed in a job.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	DEO, JCOD	Partial

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
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.).	0	5	Additional development or expansion is necessary to operationalize the complete recommendation.	DEO, JCOD	Partial
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.).	0		<p>ODR Reentry's SECTOR and Providing Opportunities for Women in Reentry (POWR) program, which will transfer to JCOD, is a comprehensive, holistic, trauma-informed, community-based reentry program that works to increase economic wellbeing through education, employment, and safe housing. Year One and Year Two CFCI funds were allocated to support career and employment programming, training, and placement for adults. Year One being disbursed through the CFCI TPA launched in June 2022 and will be awarded in approximately October 2022.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	DEO, JCOD	Yes
28. Incubate new innovative employment programs for people with serious mental health disorders.	0		Additional development is necessary to operationalize the recommendation.	DEO, DHS, DMH, JCOD	None
29. Incubate new and innovative employment programs for people who identify as LGBTQ+, TGI and/or cisgender women.	4,5		<p>ODR's SECTOR and POWR programs provide employment support for women in reentry.</p> <p>\$4M of Year One and \$3M of Year Two CFCI funds have been identified to expand programming aimed at transitioning women and LGBTQIA+ individuals back into community after incarceration. The funds will support housing, treatment, and other supportive services. The</p>	DEO, JCOD	Partial

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			Year One funds are being disbursed through the CFCI TPA. The Year One funding opportunity launched in June 2022 and will be awarded in approximately October 2022. Additional development or expansion is necessary to operationalize the complete recommendation.		
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.	0		Additional development is necessary to operationalize the recommendation.		None
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.	0	1	Additional development is necessary to operationalize the recommendation.	DEO, HI, CEO-LAIR	None
32. Offer tailored services to people throughout the Los Angeles 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.	0		See response to Recommendation # 71. Additional development or expansion is necessary to operationalize the complete recommendation.	JCOD, ODR, LASD, DHS, Correctional Health Services (CHS), DMH, DPH-SAPC, AHI	Partial
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	0		Defense counsel in collaboration with community-based organization partners hold many free record-clearing clinics each month that assist with having convictions reduced or expunged to help remove barriers to employment related to criminal convictions so that individuals can become or stay employed.	PD, APD	Partial

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
to financial hardship, and increasing access to legal services such as free expungement.			Additional development or expansion is necessary to operationalize the complete recommendation.		
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., MediCal, General Relief, SNAP), life skills classes (budgeting, etc.), and connections to mental health and substance use treatment services.	4, 5		Reentry services are provided through RICMS, SECTOR and Developing Opportunities and Offering Reentry Solutions (DOORS). A second DOORS Community Reentry Center is being launched in the Antelope Valley and will serve as a comprehensive supportive services space to address barriers to reentry for justice-involved individuals. DOORS expansion is being funded with Year One CFCI funds and the program will be incorporated into JCOD once established. See response to Recommendation #71.	JCOD, LASD, DHS, CHS, DMH, DPH-SAPC, AHI	Yes
35. Significantly increase the number of DMH Psychiatric Mobile Response Teams (PMRTs) to reduce service wait times.	1	2	DMH is currently hiring 16 peers (Community Health Workers) plus two peer supervisors to increase PMRT services. Additionally, DMH is soliciting contracted Mobile Crisis Outreach Teams (MCOT) that would be similar to PMRT. DMH plans to eventually increase the number of mobile crisis teams to reach a total of 120-150.	DMH	Yes
36. Increase (DMH) ambulance contracts to improve response times.	1		DMH has partnered with the DHS Emergency Medical Services (EMS) Agency to expand and utilize their ambulance contracts (with the help of AB 109 funding). This is a recent partnership and is being evaluated for its effectiveness and adjusted as needed to reduce ambulance response times.	DMH, DHS	Yes

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37. Create another option for behavioral health crises, i.e., CBO behavioral health services through an app.	1		DMH has also solicited contracted MCOT, which are operated by CBOs and provide a comparable service to DMH's directly operated PMRT program; see also response to Recommendation #35.	DMH	Yes
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.	1		DMH is currently hiring 16 peers (Community Health Workers) plus two peer supervisors to increase PMRT services (see also response to Recommendation #35).  Additionally, the DPH OVP has developed a pilot community-based crisis response program to respond proactively to community crises and provide violence interruption and community-based conflict resolution services.	DMH, DPH	Yes
39. Invest in public education and law enforcement education campaigns to encourage the use of DMH ACCESS, Substance Abuse Services Helpline (SASH), suicide prevention and other helplines, and the CBO Network on homelessness, mental health, substance use and stigma.	1		With the official launch of 9-8-8, DMH has been working to socialize the new number for suicide and mental health crises and is also working on plans for a broader marketing campaign.	DMH	Yes
40. Establish, expand, enhance, and coordinate the database and tools available for real time bed availability for all justice and health system partners.	1		ATI, now JCOD is developing an application comprised of a strength-based assessment tool, and real-time bed availability/type SBAT / Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC), MHRLN / Department of Mental Health (DMH), Ready Net / Hospital Assn) to assist Navigators in matching clients to need.	JCOD, CIO, DPH, DMH	Yes
41. Develop and expand a decentralized range of clinical spaces countywide and ensure that current sites are sufficiently resourced.	1		See response to Recommendation #71. Additional development or expansion is necessary to operationalize the complete recommendation.	JCOD, ODR, LASD, DHS, CHS, DMH, DPH-SAPC, AHI	Partial

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42. Improve staffing for the DMH Help Line (ACCESS) line to minimize caller wait times and ensure live operator coverage 24 hours, 7 days a week.	0, 1		With the launch and expansion of the 9-8-8 crisis call center (July 2022), 9-8-8 will become the preferred option for individuals seeking crisis response. This alternative 24 hours, 7 days a week number will assist in relieving the pressure on 9-1-1 call lines as well as the DMH Help Line (ACCESS) call center.	DMH	Yes
43. Train 9-1-1 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 9-1-1 or allow direct access from 9-1-1 operators to ACCESS). Train 9-1-1 operators and dispatch to allow callers to request a responder that connects to the gender identity of the individual in crisis.	0,1	2	With the launch and expansion of the 9-8-8 crisis call center (July 2022), 9-8-8 will become the preferred option for individuals seeking crisis response. This alternative 24 hours, 7 days a week number will assist in relieving the pressure on 9-1-1 call lines and will actively work with 9-1-1 call centers to divert crisis calls which don't require a 9-1-1 response to 9-8-8.	DMH	Yes
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.	1		The Department of Consumer and Business Affairs was awarded \$3.5 in American Rescue Plan funding through the Year One CFCI spending plan to provide community-based legal services for immigrants. \$2M of Year One CFCI funds have been identified to provide culturally affirming family reunification, pretrial family support for those impacted by incarceration. Supportive services including counseling, case management, education on the legal process and court requirements. Funds are being disbursed through the CFCI TPA. Funding opportunity launched in June 2022 and will be awarded in approximately October 2022.	DCBA, JCOD, DMH, DCFS	Yes
45. Substantially increase the number of co-response teams.	2		Additional development is necessary to operationalize the recommendation.	DMH	None
46. Train all law enforcement officers in Los Angeles County in a formal Crisis Intervention Team (CIT)	2		The Sheriff's Department Mental Evaluation Team (LASD MET) provides crisis assessment,	LASD, DMH	Partial

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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.			<p>intervention, and targeted case management services to diffuse potentially violent situations, prepare appropriate documentation to assist in the placement of persons with mental illness in acute inpatient psychiatric facilities, and/or to link these individuals to outpatient mental health services or appropriate community resources. LASD MET's consist of a deputy sheriff and a DMH licensed mental health clinician who is Lanterman-Petris-Short Act (LPS) designated to initiate involuntary acute psychiatric hospitalization, in accordance with the Welfare and Institutions Code (WIC), section 5150 or 5585. The MET provides mental health support, field crisis intervention, and appropriate psychiatric placement in situations involving patrol deputy contacts with citizens suffering from mental illness. The goal of this co-response model is to reduce incidents with use of force, reduce hospitalizations, and avoid unnecessary incarcerations of severely mentally ill citizens.</p> <p>LASD MET also performs in-service training for de-escalation, crisis negotiations during major incidents, averting use of force and reducing incarceration of mentally ill consumers. MET clinicians educate families about the least restrictive options to mental health crisis interventions.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		

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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.	2		<p>DMH completed a revision of the statement of work for DMH-contracted behavioral health urgent care centers (UCCs), to ensure they accept all referrals from law enforcement and can serve as a reliable diversion from emergency rooms and jails for individuals with behavioral health disorders detained by law enforcement. DMH has further communicated with all law enforcement agencies in the County to clarify that UCCs should be a preferred destination to release individuals in crisis.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	DMH	Partial
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.	2	2	The PFD and the ACR effort led by the DMH in collaboration with ATI (JCOD), are aimed at providing off ramps from justice system involvement for individuals with mental health needs. ACR launched on July 16, 2022. The PFD Program is currently in place at three police agencies (LAPD, Santa Monica, and Lancaster Sheriff Station).	JCOD, DA, LACA, Local Law Enforcement Agencies, DMH	Yes
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.	2		The PFD and the ACR effort led by the DMH in collaboration with ATI (JCOD), are aimed at providing off ramps from justice system involvement for individuals with mental health needs. ACR launched on July 16, 2022. The PFD Program is currently in place at three police agencies (LAPD 77th, Santa Monica, and Lancaster Sheriff Station).	JCOD, DA, LACA, Local Law Enforcement Agencies, DMH, WGI	Partial

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			<p>The Women and Girls Initiative (WGI) prioritizes that County services for women and girls are designed with a gender and age lens to ensure accessibility and responsiveness to needs, and to provide for their well-being throughout their lifetime.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
50. Reassess law enforcement practices and policies on arrests/bookings for sex work, especially given the racial disparities with respect to Black women. Prioritize prearrest 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.	2		This recommendation was also presented by the Gender Responsive Advisory Committee. ATI (JCOD) and ODR have developed diversion programs with the goal of providing law enforcement with alternatives to arrest/bookings, especially for individuals involved in misdemeanor and non-violent/serious offenses. The PFD Program and ODR's Law Enforcement Assisted Diversion (LEAD) offer alternatives to arrest/booking.	JCOD, DA, LACA, Local Law Enforcement Agencies, ODR, GRAC	Yes
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.	2		<p>The Civilian Oversight Commission (COC), Office of Inspector General (OIG), and Probation Oversight Commission (POC) are focused on the negative impacts of engagement with law enforcement and identifying recommendations to the Board to resolve disparities and inequities that occur because of system engagement.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	COC, OIG, POC	Partial
52. Decriminalize drug use, public intoxication, fare evasion, driving without a license, licensing suspensions, licensing revocation and/or other	0		The Chief Executive Office's Legislative Affairs and Intergovernmental Relations team is advocating for the Board's State and federal	CEO-LAIR	Partial

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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.			legislative agenda and the County continues to make investments to advance the “Care First, Jails Last” vision with community investments and the establishment of new initiatives to create a more just and equitable Los Angeles County.  Additional development or expansion is necessary to operationalize the complete recommendation.		
53. Improve and expand return-to-court support services to reduce failures to appear.	3	3	The Superior Court and the Public Defender's Office (PD) are developing or expanding return to court reminder contacts that could impact failure to appear rates.	Superior Court, PD	Yes
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.	3		ODR has developed several pathways to support diversion of both pre- and post-plea cases to provide mental health treatment to the population with serious mental illness. PFD and RDP currently support mental health diversion, in collaboration with the Court, justice partners, and community-based treatment providers, to assess and provide mental health and substance use disorder treatment. On July 1, 2022, ATI (JCOD), in collaboration with the Court, Probation-Pretrial Services Bureau (PROB-PSB), and justice partners launched PREP 2.0 at the Foltz Criminal Justice Center to provide increased access to community-based resources to support pretrial release through case management, housing, and linkage to services.	ODR, JCOD, DA, LACA, Local Law Enforcement Agencies, LASD, PD, APD, DHS, DMH, Superior Court, LASD, PROB-PSB	Yes
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,	3	3	On July 1, 2022, ATI (JCOD), in collaboration with the Court, Probation-Pretrial Services Bureau, and justice partners launched an expanded Pretrial Release Evaluation Program (PREP 2.0) at the arraignment courts in the Clara Shortridge	JCOD, PROB-PSB	Partial

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and to provide relevant information to court officers to make informed release decisions.			<p>Foltz Criminal Justice Center in downtown Los Angeles to provide increased access to community-based resources to support pretrial release efforts. Individuals will be assessed and linked to service providers to meet individual needs and offer case management services designed to meet the housing, behavioral health, and substance use treatment needs.</p> <p>On March 1, 2022, the Board adopted a motion directing the CEO to report back on efforts to establish JCOD - consolidating Countywide justice reform efforts, including pretrial and reentry services within one County department. The Board approved ordinance establishing JCOD was effective July 28, 2022.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
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.	0	3	<p>ODR has developed several pathways to support diversion of both pre- and post-plea cases to provide mental health treatment to the population with serious mental illness. PFD and RDP currently support mental health diversion, in collaboration with the Court, justice partners, and community-based treatment providers, to assess and provide mental health and substance use disorder treatment. On July 1, 2022, ATI (JCOD), in collaboration with the Court, Probation-Pretrial Services Bureau, and justice partners launched PREP 2.0 at the Foltz Criminal Justice Center to provide increased access to community-based resources to support pretrial</p>	Superior Court, CEO-LAIR, LASD, JCOD, ODR, PROB-PSB, DA, LACA, LASD, Local Law Enforcement Agencies, PD, APD, DHS, DMH	Partial

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
			<p>release through case management, housing, and linkage to services.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
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.	0		<p>ODR Reentry's RICMS team, which will transfer to JCOD, currently utilizes CHW and other treatment/support related organizations to help advocate and provide support to those who are reentering community after a period of incarceration. The transition to JCOD could further expand the use of CHWs and better integrate them into the County's justice reform efforts.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	JCOD	Partial
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	3, 4	4	<p>ODR has developed several pathways to support diversion of both pre- and post-plea cases to provide mental health treatment to the population with serious mental illness. PFD and RDP currently support mental health diversion, in collaboration with the Court, justice partners, and community-based treatment providers, to assess and provide mental health and substance use disorder treatment. On July 1, 2022, ATI (JCOD), in collaboration with the Court, Probation-Pretrial Services Bureau, and justice partners launched PREP 2.0 at the Foltz Criminal Justice Center to provide increased access to community-based resources to support pretrial release through case management, housing, and</p>	ODR, JCOD, DA, LACA, Local Law Enforcement Agencies, LASD, PD, APD, DHS, DMH, Superior Court, PROB-PSB	Partial

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
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.			<p>linkage to services. These programs are designed to create opportunities to support people's needs outside of custody.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
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.	3, 4	4	<p>ODR has developed several pathways to support diversion of both pre- and post-plea cases to provide mental health treatment to the population with serious mental illness. PFD and RDP currently support mental health diversion, in collaboration with the Court, justice partners, and community-based treatment providers, to assess and provide mental health and substance use disorder treatment. On July 1, 2022, ATI (JCOD), in collaboration with the Court, Probation-Pretrial Services Bureau, and justice partners launched PREP 2.0 at the Foltz Criminal Justice Center to provide increased access to community-based resources to support pretrial release through case management, housing, and linkage to services. These programs are designed to create opportunities to support people's needs outside of custody.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	ODR, JCOD, DA, LACA, Local Law Enforcement Agencies, LASD, PD, APD, DHS, DMH, Superior Court, PROB-PSB	Partial
60. Increase staffing on the ground across departments, including PD, Alternate Public Defender, District Attorney/City Attorney, DHS/Office of Diversion and Reentry, DMH/Mental Health Court Linkage Program, County Counsel,	0		Additional development is necessary to operationalize the recommendation.	BOS, CEO-Budget Operation and Management Bureau	None

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DPH, 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.	3, 4, 5		<p>DHS' Correctional Health Services provides comprehensive withdrawal management that includes medication assistance support and observation. Currently, the Department is working to expand MAT services, which includes methadone maintenance, exploring expansion of suboxone availability through a pill call line, and the administration of suballocate, a long-lasting injectable.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	DHS	Partial
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.	4		<p>ODR has developed several pathways to support diversion of both pre- and post-plea cases to provide mental health treatment to the population with serious mental illness. PFD and RDP currently support mental health diversion, in collaboration with the Court, justice partners, and community-based treatment providers, to assess and provide mental health and substance use disorder treatment. On July 1, 2022, ATI (JCOD), in collaboration with the Court, Probation-Pretrial Services Bureau, and justice partners launched PREP 2.0 at the Foltz Criminal Justice Center to provide increased access to community-based resources to support pretrial release through case management, housing, and linkage to services. There are also several specialty and collaborative court models (e.g.,</p>	ODR, JCOD, DA, LACA, Local Law Enforcement Agencies, LASD, PD, APD, DHS, DMH, Superior Court, PROB-PSB	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
			Mental Health, Drug Treatment, LGBTQ-Plus, Veteran's, Co-Occurring Disorders, Community Collaborative, Sentenced Offender Drug, and Women's Reentry Court), designed to provide diversion and alternative sentences options.		
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.).	0		<p>Gender responsive approaches are being incorporated into various County programs and providing appropriate training. ODR's SECTOR and POWR programs, which will transfer to JCOD, provide employment support for women in reentry. In 2019 the Board re-established the Gender Responsive Advisory Committee (GRAC) to develop, implement, and maintain a gender responsive, trauma-informed system for justice-involved women, transgender, gender non-conforming and/or intersex individuals; improve programming and services at the Century Regional Detention Facility and other County jail facilities; enhance reentry initiatives, including the expansion of community-based reentry services, to promote successful reintegration into the community; and expand alternatives to incarceration, including diversion and community-based prevention programs. GRAC is supported by LASD, the Director of Gender Responsive Services and members include County representatives and community members with lived experience.</p> <p>\$4M of Year One and \$3M of Year Two CFCI funds have been identified to expand programming aimed at transitioning women and LGBTQIA+ individuals back into community after incarceration. The funds will support housing,</p>	GRAC, LASD, JCOD	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
			treatment, and other supportive services. The Year One funds are being disbursed through the CFCI TPA. The Year One funding opportunity launched in June 2022 and will be awarded in approximately October 2022.		
64. Review and update the existing Los Angeles 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.	0		<p>LASD's compassionate release program is authorized in Penal Code section 26605.5 and 26605.6.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	LASD, DHS, CHS, ODR	Partial
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.	0, 1, 2, 3, 4		<p>ATI, now JCOD is developing an application comprised of a strength-based assessment tool, and real time bed availability/type SBAT / DPH SAPC, MHRLN / DMH, Ready Net / Hospital Assn) to assist Navigators in matching clients to needed resources. This system will be available to CHWs and other treatment/support related organizations. The transition of ODR's Reentry Division to JCOD could further the expand the use of CHWs and better integrate them into the County's justice reform efforts.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	JCOD, CIO, DPH, DMH	Partial
66. Hire peer navigators and direct service providers and lawyers focused on LGBTQ+ and TGI clients at the PD's Office to maximize connections to alternatives to incarceration and diversion throughout the court process.	0		Additional development is necessary to operationalize the recommendation.	PD, APD	None

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<p>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.</p> <p>a. Collaborate with system actors to reduce the number of arrests, bookings, and racial disparities that exist for driving with a suspended/revoked license.</p> <p>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.</p> <p>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.).</p>	0		<p>Defense counsel in collaboration with community-based organization partners hold many free record-clearing clinics each month that assist with having convictions reduced or expunged and may also assist with clearing warrants to help remove barriers to employment related to criminal convictions so that individuals can become or stay employed. LASD has held events to clear warrants for people facing arrest for minor offenses. Those individuals under the supervision of Probation can also assist people with clearing open warrants.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	PD, APD, LASD, PROB	Partial
<p>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.</p>	1, 2		<p>CHS conducts a medical and mental health assessment on individuals at initial processing through the Inmate Reception Center and each individual receives treatment according to their identified behavioral health needs. CHS' Care Transitions Unit (CHS-CTU) within the jails connects people to community-based providers prior to their release from custody. ODR's RICMS team, which will transfer to JCOD, connects anyone who meets Proposition 47 criteria, which includes anyone who has been arrested, charged,</p>	CHS, CHS-CTU, ODR, JCOD, DA, LACA, Local Law Enforcement Agencies, LASD, PD, APD, DHS, DMH, Superior Court, PROB-PSB	Yes

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			or convicted and has a mild to moderate mental health or substance use disorder to community-based supportive services. ODR has developed several pathways to support diversion of both pre- and post-plea cases to provide mental health treatment to the population with serious mental illness. PFD and RDP currently support mental health diversion, in collaboration with the Court, justice partners, and community-based treatment providers, to assess and provide mental health and substance use disorder treatment. On July 1, 2022, ATI (JCOD), in collaboration with the Court, Probation, and justice partners launched PREP 2.0 at the Foltz Criminal Justice Center to provide increased access to community-based resources to support pretrial release through case management, housing, and linkage to services.		
69. Incentivize community treatment facilities to accept patients from jail who have clinical mental health needs, substance use disorders, and/or co-occurring disorders.	1, 2, 4, 5		Many departments rely on CBOs to provide mental health and substance use disorder treatment to support the justice-impacted population. Year One and Year Two CFCI funds were directed to provide funding to programs that offer opportunities to provide services through justice-focused CBOs. The Equity in Contracting Committee (ECC) was created to develop recommendations for streamlining the County's contracting process. The recommendations from the ECC are being integrated into departmental contracting practices. All Departments work with County Counsel (COCO) to streamline County contracting processes and can explore if components of County contracts can prioritize treatment and	DHS, DPH, DMH, JCOD, COCO	Yes

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			care of patients from jail with mental health, substance use disorder, and/or co-occurring disorders.		
70. Change release time for men to match those of women from the Century Regional Detention Facility 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.	0		<p>In 2021, LASD instituted a policy to prevent releases of males from County jail facilities during the hours of 10:00 p.m. and 6:00 a.m.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	LASD, CHS	Partial
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 LGBTQ+, TGI, and/or cisgender women so they do not have to remain incarcerated for a safe transition to the community.	5		This recommendation is consistent with the Restorative Justice Village Master Plan adopted by the Board, the September 27, 2022, motion to prioritize implementation of the Warm Landings Place project at a location near Men's Central Jail, and the adopted CFCI Year Two spending plan to develop a space to support people transitioning out of downtown jail facilities. Efforts to develop the Warm Landing Program model are underway.	JCOD, ODR, LASD, DHS, CHS, DMH, DPH-SAPC, AHI	Yes
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, LGBTQ+ and/or TGI have a plan tailored to the unique barriers they may face upon release, especially with respect to housing.	1, 2, 3		CHS-CTU within the jails connects people to community-based providers prior to their release from custody. The ODR-RICMS, which will transfer to JCOD, serves anyone who meets Proposition 47 criteria, which includes anyone who has been arrested, charged, or convicted and has a mild to moderate mental health or substance use disorder through connections to community-based organizations that offer supportive services.	CHS-CTU, JCOD	Partial

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			Additional development or expansion is necessary to operationalize the complete recommendation.		
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, LGBTQ+, and TGI people; and (b) people transferring from LA County jails to CDCR prisons, inclusive of cisgender women, LGBTQ+, and TGI people.	4, 5		CHS-CTU, DHS-Whole Person Care, and ODR-RICMS, which will transfer to JCOD, target reentry populations to provide an array of services to assist individuals as they transition back into the community from incarceration.  Additional development or expansion is necessary to operationalize the complete recommendation.	CHS-CTU, JCOD	Partial
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.	4, 5		CHS-CTU, DHS-Whole Person Care (WPC), and ODR-Reentry, which will transfer to JCOD, target reentry populations to provide an array of services to assist individuals as they transition back into the community from incarceration. Additional development or expansion is necessary to operationalize the complete recommendation.	WPC, CHS, JCOD	Partial
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 Los Angeles 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.	6		Additional development is necessary to operationalize the recommendation.	PROB	None
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,	6		There are many Board-directed community-engagement groups that provide opportunities for feedback on care first community investment priorities. As part of the development of JCOD,	JCOD	Partial

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incarceration, and/or supervision, including cisgender women, TGI and LGBTQ+, young people 18-25 years old, 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.			<p>the CEO through ATI has been directed by the Board of Supervisors to retain a consultant to assess all justice related advisory bodies (JAB) and make recommendations for consolidation or improved coordination. County will consider and incorporate recommendations from JAB to share with the Board.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
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.	6		<p>Probation and ATI, now JCOD, are exploring ways to expand the pool of community-based organizations that can provide services to individuals on probation through the Incubation Academy.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	PROB, JCOD	Partial
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	6		As directed by the Board, the County has made multiple efforts to increase data collection and dissemination through the County’s Open Data Portal launched in 2015; the Creation of a Criminal Justice Data Sharing Initiative in Los Angeles County (August 4, 2020); Including Juvenile Data in Los Angeles County’s Criminal Justice Data Sharing Initiative (November 24, 2020); the Los Angeles County Medical Examiner-Coroner Collection of Sexual Orientation and	CIO, PROB	Partial

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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.			Gender Identity Data (September 3, 2019); the Expansion and Standardization of Sexual Orientation and Gender Identity Data Collection (January 6, 2021); and Implementing Humphrey and ATI Pretrial Reforms (July 13, 2021).  Additional development or expansion is necessary to operationalize the complete recommendation.		
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.	6		Probation has adjusted practices to limit the number of technical violations and reduced the frequency of required check-ins.  Additional development or expansion is necessary to operationalize the complete recommendation.	PROB	Partial
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.	6		Additional development is necessary to operationalize the recommendation.	Superior Court, PROB, CIO	None
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.	6		Additional development is necessary to operationalize the recommendation.	Superior Court, PROB	None

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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 serious mental illness (SMI), substance use disorder (SUD), and COD.	6		Additional development or expansion is necessary to operationalize the complete recommendation.	DMH, DHS, DPH	Partial
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	6		The State of California and the Board of Supervisors has taken action to eliminate fees, including those related to the assessment of juvenile detention fees statewide. Additional development or expansion is necessary to operationalize the complete recommendation.	CEO-LAIR	Partial

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SB 144 (Mitchell) and to identifying permanent alternative funding sources for classes and services.					
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.	Infrastructure	5	<p>ATI, now JCOD, holds monthly public convenings to provide updates and enable community engagement and feedback on the current programs.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	JCOD	Partial
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.	Infrastructure	5	<p>ATI, now JCOD is developing an application comprised of a strength-based assessment tool, and real time bed availability/type SBAT / DPH SAPC, MHRLN / DMH, Ready Net / Hospital Assn) to assist Navigators in matching clients to needed resources. This system will be available to CHWs and other treatment/support related organizations.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	JCOD, CIO, DPH, DMH	Partial
86. Create, staff, and fund an Advisory Collaborative of Impacted People to ensure there is continuous	Infrastructure	5	There are many Board-directed community-engagement groups that provide opportunities	LASD, GRAC, JCOD	Yes

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feedback and accountability to the prioritized communities and Los Angeles 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.			<p>for feedback on care first community investment priorities. As part of the development of JCOD, the CEO through ATI has been directed by the Board of Supervisors to retain a consultant (JAB) to assess all justice related advisory bodies and make recommendations for consolidation or improved coordination. The County will consider and incorporate recommendations from the JAB.</p> <p>In addition to the justice related advisory bodies that were created by the Board, in 2019 the Board re-established the Gender Responsive Advisory Committee (GRAC) to develop, implement, and maintain a gender responsive, trauma-informed system for justice-involved women, transgender, gender non-conforming and/or intersex individuals; improve programming and services at the Century Regional Detention Facility and other County jail facilities; enhance reentry initiatives, including the expansion of community-based reentry services, to promote successful reintegration into the community; and expand alternatives to incarceration, including diversion and community-based prevention programs. GRAC is supported by LASD and the Director of Gender Responsive Services and members include County representatives and community members with lived experience.</p>		
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	Infrastructure	5	ATI, now JCOD, has incorporated the Anti-Racism, Diversity and Inclusion (ARDI) equity tools into its program planning and development. ARDI equity tools, including those developed to assess American Rescue Program funded efforts, also	ARDI, JCOD	Yes

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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.			informed the planning and spending of CFCI spending, and will be used to help inform outcomes and effectiveness.		
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.	Infrastructure		DHS, DMH, DPH, and ATI, now JCOD, each offer evidence-based mental health and substance use disorder programs for the justice-impacted population. Through CFCI and American Rescue Plan Program funding, an array of supportive services is being funded that focus on communities that are most in need, including individuals involved in the justice system and those transitioning back into community after incarceration. \$3M of Year One CFCI funding was dedicated to women, \$1M for support services to those who identify as LGBTQIA+ and are transitioning back into community after incarceration. These programs and services meet the needs of a variety of populations.	DHS, ODR, DMH, DPH, JCOD	Yes
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 9-1-1) for behavioral crises, available non-law enforcement resources, and different types of community-based solutions.	Infrastructure	5	With the official launch of 9-8-8, DMH has been working to socialize the new number for suicide and mental health crises and is also working on plans for a broader marketing campaign.	DMH, CEO-Countywide Communications	Yes
90. Create contract language that supports effective models that are servicing people 24/7, with appropriate specialization, intensity, staffing,	Infrastructure		The County has moved forward with efforts to provide equity in contracting. The Equity in Contracting Committee (ECC) was created to	CEO, COCO	Yes

ATI WORK GROUP RECOMMENDATION	ATI WORK GROUP INTERCEPT	ATI WORK GROUP STRATEGY	COUNTY IMPLEMENTATION EFFORTS	DEPARTMENTS/ PARTNERS	CURRENT FEASIBILITY
language/culture, quality, and staff with lived experience, etc.			develop recommendations for streamlining the County's contracting process. The recommendations from the ECC are being integrated into departmental contracting practices. All Departments work with County Counsel to streamline County contracting processes.		
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.	Infrastructure		The ECC was created to develop recommendations for streamlining the County's contracting process. The recommendations from the ECC are being integrated into departmental contracting practices.	CEO	Yes
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/LGBTQ+ people.	Infrastructure	1	<p>The Incubation Academy builds the capacity of trusted grassroots CBOs (prioritize Black-, Latinx-, and Justice Involved CBOs) to deliver prevention and intervention services to justice involved individuals in their communities, by providing training and funding, and increasing their ability to compete for County/public funding. The first cohort of participants was exclusive to housing providers and the second and third cohorts will provide a variety of services, including mental health, substance use treatment, gender specific services, housing, and other wraparound services.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>	JCOD	Partial
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.	Infrastructure		The Incubation Academy builds the capacity of trusted grassroots CBOs (prioritize Black-, Latinx-, and Justice Involved CBOs) to deliver prevention and intervention services to justice involved individuals in their communities, by providing	JCOD	Yes

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			training and funding, and increasing their ability to compete for County/public funding. The first cohort of participants was exclusive to housing providers and the second and third cohorts will provide a variety of services, including mental health, substance use treatment, gender specific services, housing, and other wraparound services.		
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.	Infrastructure		The ECC was created to develop recommendations for streamlining the County's contracting process. The recommendations from the ECC are being integrated into departmental contracting practices.	CEO	Yes
95. Standardize a simplified, more accessible contracting process across agencies and departments and outreach to service providers who might benefit from such reforms.	Infrastructure		The ECC was created to develop recommendations for streamlining the County's contracting process. The recommendations from the ECC are being integrated into departmental contracting practices.	CEO	Yes
96. Create/enforce anti-LGBQ+ and/or TGI-discrimination policies for all general housing and service options with meaningful accountability processes, including through the California Department of Fair Employment and Housing. Create easy ways for LGBQ+ and/or TGI people to report violations and receive tailored services upon reporting.	Infrastructure		Additional development is necessary to operationalize the recommendation.	HI, DHS, DMH, DPH	None
97. Train all law enforcement officers and first responders, including Los Angeles County Fire Department, DCFS, and 9-1-1 dispatchers regularly	Infrastructure		Additional development or expansion is necessary to operationalize the complete recommendation.	ARDI, Fire, DCFS, LASD, Law Enforcement Agencies	Partial

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on respectful practices and communication with people who identify as LGBTQ+, 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, LGBTQ+, and/or TGI to improve culturally and medically appropriate service provision by clinicians that affirms sexual orientation and gender identity.	Infrastructure		Additional development or expansion is necessary to operationalize the complete recommendation.	DHS, DMH, DPH	Partial
99. Train all law enforcement officers along with 9-1-1 dispatchers and desk personnel in the County of Los Angeles in a formal CIT curriculum to aid in understanding alternatives to 9-1-1, arrest, and jailing.	Infrastructure		With the launch and expansion of the 9-8-8 crisis call center (July 2022), 9-8-8 will become the preferred option for individuals seeking crisis response. This alternative 24 hours, 7 days a week number will assist in relieving the pressure on 9-1-1 call lines and will actively work with 9-1-1 call centers to divert crisis calls which don't require a 9-1-1 response to 9-8-8.	DMH	Yes
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, LGBTQ+, 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.	Infrastructure		Additional development or expansion is necessary to operationalize the complete recommendation.	ARDI	Partial
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	Infrastructure		Additional development or expansion is necessary to operationalize the complete recommendation.	Superior Court	Partial

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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.	Infrastructure		Additional development or expansion is necessary to operationalize the complete recommendation.	DMH, DHS, DPH	Partial
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, LGBTQ+, and/or TGI to improve culturally appropriate service provision by a social and health service workforce that affirms sexual orientation and gender identity.	Infrastructure		Additional development or expansion is necessary to operationalize the complete recommendation.	DMH, DHS, DPH	Partial
104. Provide paid training and employment to increase the number of justice-system-impacted individuals working as the technologists behind data collection and analysis.	Infrastructure	5	The DEO operates 19 America's Job Centers of California throughout Los Angeles County and are a resource to all residents. ODR Reentry's SECTOR Program, which will transfer to JCOD, offers training and paid work experience in sectors that provide career pathway opportunities and family-sustaining wages for people impacted by the justice system.	DEO, JCOD	Partial

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			Participants gain skills and credentials that are in-demand by employers; earn financial assistance while they're enrolled; and get help landing a job after completing the program. Career Coaches with lived experience of justice involvement provide job readiness services and retention support once placed in a job. The POWR program, which will transfer to JCOD, is a comprehensive, holistic, trauma-informed, community-based reentry program that works to increase economic wellbeing through education, employment, and safe housing. Year One and Year Two CFCI funds were allocated to support career and employment programming, training, and placement for adults. Year One being disbursed through the CFCI TPA launched in June 2022 and will be awarded in approximately September 2022. Additional development or expansion is necessary to operationalize the complete recommendation.		
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, LGBTQ+, and/or TGI should be developed and conducted by CBOs serving people with these identities – especially people of color and those with system involvement – to center the voices of those directly impacted.	Infrastructure		The DEO operates 19 America's Job Centers of California throughout Los Angeles County and are a resource to all residents. ODR Reentry's SECTOR Program, which will transfer to JCOD, offers training and paid work experience in sectors that provide career pathway opportunities and family-sustaining wages for people impacted by the justice system. Participants gain skills and credentials that are in-demand by employers; earn financial assistance while they're enrolled; and get help landing a job after completing the program. Career Coaches with lived experience of justice involvement provide job readiness services and retention	DHR, DEO, JCOD	Partial

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			<p>support once placed in a job. The POWR program, which will transfer to JCOD, is a comprehensive, holistic, trauma-informed, community-based reentry program that works to increase economic wellbeing through education, employment, and safe housing. Year One and Year Two CFCI funds were allocated to support career and employment programming, training, and placement for adults. Year One being disbursed through the CFCI TPA launched in June 2022 and will be awarded in approximately October 2022.</p> <p>Additional development or expansion is necessary to operationalize the complete recommendation.</p>		
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, LGBTQ+, and/or TGI; and livable wages in partnership with justice-impacted individuals and their families. Recruit and fund partnerships with LGBTQ+ / 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.	Infrastructure		Additional development or expansion is necessary to operationalize the complete recommendation.	DMH, DHS, DPH, DHR	Partial
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 LGBTQ+ / TGI—and	Infrastructure		Additional development or expansion is necessary to operationalize the complete recommendation.	DMH, DHS, DPH, DHR	Partial

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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 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.	Infrastructure	1	DMH is currently hiring 16 peers (Community Health Workers) plus two peer supervisors to increase Psychiatric Mobile Response Team (PMRT) services. DMH has also solicited contracted MCOTs, operated by CBOs, which will provide a similar service to PMRT and include peers on the teams. Additionally, as part of the launch of CFCI programming being administered by a TPA, \$3M of Year One CFCI funding was dedicated to women, \$1M for support services to those who identify as LGBTQIA+ and are transitioning back into community after incarceration. The funding opportunities will call for the hiring of community health workers. Funding opportunity launched in June 2022 will be awarded in approximately October 2022.	DMH, JCOD	Yes
109. Train transitional housing providers about LGBTQ+/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.	Infrastructure		Additional development is necessary to operationalize the recommendation.	HI, ARDI, DHR, DMH, DHS, DPH, AHI	None
110. Expand and coordinate data tracking/collection 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	Infrastructure	5	As directed by the Board, the County has made multiple efforts to increase data collection and dissemination through the County's Open Data Portal launched in 2015; the Creation of a Criminal Justice Data Sharing Initiative in Los Angeles County (August 4, 2020); Including	CIO	Yes

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such as One Degree, comprehensive Health Accompaniment Management Platform (CHAMP), LANES, Coordinated Entry System (CES), etc., to inform a uniform client database.			Juvenile Data in Los Angeles County's Criminal Justice Data Sharing Initiative (November 24, 2020); the Los Angeles County Medical Examiner-Coroner Collection of Sexual Orientation and Gender Identity Data (September 3, 2019); the Expansion and Standardization of Sexual Orientation and Gender Identity Data Collection (January 6, 2021); and Implementing <i>Humphrey</i> and ATI Pretrial Reforms (July 13, 2021).		
111. Develop a uniform client database across all relevant County services and justice entities to follow and support the justice-involved individual (longitudinally and latitudinally) regardless of system access point, with the following database features: (a) interface capabilities linking services providers as well as tracking service availability among Los Angeles 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.	Infrastructure		As directed by the Board, the County has made multiple efforts to increase data collection and dissemination through the County's Open Data Portal launched in 2015; the Creation of a Criminal Justice Data Sharing Initiative in Los Angeles County (August 4, 2020); Including Juvenile Data in Los Angeles County's Criminal Justice Data Sharing Initiative (November 24, 2020); the Los Angeles County Medical Examiner-Coroner Collection of Sexual Orientation and Gender Identity Data (September 3, 2019); the Expansion and Standardization of Sexual Orientation and Gender Identity Data Collection (January 6, 2021); and Implementing <i>Humphrey</i> and ATI Pretrial Reforms (July 13, 2021).  Additional development or expansion is necessary to operationalize the complete recommendation.	CIO	Partial
112. Provide real-time Full-Service Partnership availability throughout all service areas, keep a real-time database, track FSP successes and failures, and report these to DMH.	Infrastructure		Additional development is necessary to operationalize the recommendation.	DMH, CIO	Partial

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113. Track and make public all relevant County service and incarceration spending both for those incarcerated and those reentering the community.	Infrastructure	5	Justice programs and contracts identify what intercept on the sequential intercept model the program will serve. Additional development or expansion is necessary to operationalize the complete recommendation.	CEO-BOMB	Partial
114. Design a process that enables a public university (or universities) to collect detailed data, including gender (including nonbinary) 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.	Infrastructure		Additional development is necessary to operationalize the recommendation.	CIO, JCOD	Partial