



ADOLFO GONZALES
Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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January 25, 2022

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

From: Chief Probation Officer Adolfo Gonzales
Chair, Public Safety Realignment Team

Subject: **PUBLIC SAFETY REALIGNMENT IMPLEMENTATION – JANUARY 2022
UPDATE**

The Public Safety Realignment Team (PSRT) was established by the Board of Supervisors to coordinate the County's implementation of Public Safety Realignment (AB 109). Chaired by the Chief Probation Officer and comprised of multiple agencies and stakeholders, PSRT meets regularly to address realignment implementation matters in Los Angeles County.

The attached report is submitted as the January 2022 update. This report consists of the FY 2021-22 Community Corrections Partnership (CCP) Survey, which was submitted on December 15, 2021 to the Board of State and Community Corrections, consistent with applicable statute. The CCP Survey provides a comprehensive summary of realignment implementation; identifies key issues in the areas of supervision, custody, and rehabilitative/treatment services; and provides system-wide goals developed by the PSRT for the current fiscal year.

If you have any questions or need additional information, please contact me or Howard Wong, Deputy Director, Adult Services at (562) 334-4221.

AG:KLF:HW:DP:alj

c: Fesia Davenport, Chief Executive Officer
Celia Zavala, Executive Officer, Board of Supervisors
Rodrigo Castro-Silva, County Counsel
Sheila Williams, Senior Manager, Chief Executive Office
Mark Delgado, Countywide Criminal Justice Coordination Committee
Justice Deputies

FY 2021-22 Community Corrections Partnership Survey PART A

Part A of the Fiscal Year (FY) 2021-22 Community Corrections Partnership (CCP) Survey collects information about CCP Membership and implementation of the county's CCP plan. For detailed guidance on how to complete Part A of the CCP Survey, please refer to the [FY 2021-22 CCP Survey Data Reporting Guide](#).

Part A is divided into five (5) sections:

- Section 1: Respondent Information
- Section 2: CCP Membership
- Section 3: Goals, Objectives, and Outcome Measures
- Section 4: Types of Programming and Services
- Section 5: Optional Questions

Responses to the CCP Survey shall represent the collective views of the CCP and not a single agency or individual.

SECTION 1: RESPONDENT INFORMATION

Section 1 asks questions related to the county for which survey responses are provided, the individual who is completing the survey, and who BSCC may contact for follow-up questions. There are three (3) questions in this section.

1. Please identify the county name for which this survey is being submitted: Los Angeles
2. Provide the contact information for the individual completing this survey in the spaces provided to the right of the list.

Survey Respondent Contact Information	
Name:	Chief Probation Officer Adolfo Gonzales (Chair)
Organization:	Probation Department
Email Address:	adolfo.gonzales@probation.lacounty.gov
Phone Number:	562-940-2501

3. Identify the individual who may be contacted for follow up questions. Check the appropriate box to the left of the list.

- ☐ Same as above
☒ Other (If "Other" is selected, provide contact information below)

Survey Follow-up Contact Information	
Name:	Mark Delgado
Organization:	Countywide Criminal Justice Coordination Committee (CCJCC)
Email Address:	mdelgado@ccjcc.lacounty.gov
Phone Number:	213-974-8399

SECTION 2: CCP MEMBERSHIP

Section 2 asks questions related to the CCP composition and meeting frequency. There are four (4) questions in this section.

4. CCP membership roles: Provide the name and organization of each individual fulfilling a membership role as of October 1, 2021 in the spaces to the right of each membership role.
- If a public membership role does not exist in the county, respond by indicating “not applicable.” This should only be used if the county does not have the specific position listed.
 - If a position exists in the county but the membership role is not filled in the CCP, respond by indicating “vacant.”
 - For county positions, one person may fill multiple roles.

Role	Name	Organization
Chief Probation Officer	Adolfo Gonzales	County Probation Dept.
Presiding Judge of the Superior Court or designee	Sergio Tapia II, Supervising Judge of Criminal Division	Superior Court of California
County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors	Fesia Davenport	County Chief Executive Office
District Attorney	George Gascón	County District Attorney Office
Public Defender	Ricardo Garcia	Public Defender's Office
Sheriff	Alex Villanueva	County Sheriff's Dept.
Chief of Police	Michel Moore	Los Angeles Police Department
Head of the County Department of Social Services	Antonia Jiménez	Department of Public Social Services
Head of the County Department of Mental Health	Jonathan Sherin	Department of Mental Health
Head of the County Department of Employment	Otto Solorzano	Department of Workforce Development, Aging, and Community Services
Head of the County Alcohol and Substance Abuse Programs	Gary Tsai	Department of Public Health, Substance Abuse Prevention and Control
Head of the County Office of Education	Debra Duardo	County Office of Education

A representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense	Troy Vaughn	Los Angeles Regional Reentry Partnership
An individual who represents the interests of victims	Itzel Citlali Bonilla	Healing Dialogue and Action
Additional CCP Membership		
Name	Title	Organization/Discipline
Erika Anzoategui	Alternate Public Defender	Alternate Public Defender's Office
Eugene Harris	Chief, San Gabriel Police Department	County Police Chiefs Association
Christina Ghaly	Director	Department of Health Services
Peter Espinoza	Director	Office of Diversion and Reentry (ODR)
D'Artagnan Scorza	Executive Director	Anti-Racism, Diversity, and Inclusion Initiative
Songhai Armstead	Executive Director	Alternatives to Incarceration (ATI)
Ivette Alé	Senior Policy Lead, Dignity and Power Now	Board of Supervisors Appointees: First Supervisorial District
Bikila Ochoa	Deputy Director, Anti-Recidivism Coalition	Second Supervisorial District
Marisa Arrona	Local Safety Solutions Project Director, Californians for Safety and Justice	Third Supervisorial District
Jose Osuna	Housing Justice Manager, Brilliant Corners	Fourth Supervisorial District
Josh McCurry	Executive Director, Flintridge Center	Fifth Supervisorial District

5. How often does the CCP meet? Check the appropriate box to the left of the list. Select the **one/single** option that best describes the CCP's **regular** meeting schedule.

- ☐ Bi-weekly (every other week)
☒ Monthly
☐ Bi-monthly (every other month)
☐ Quarterly
☐ Semi-annually
☐ Annually
☐ Other (please specify below)

6. How often does the Executive Committee of the CCP meet? Check the appropriate box to the left of the list. Select the **one/single** option that best describes the Executive Committee's **regular** meeting schedule.

- ☐ Bi-weekly (every other week)
☒ Monthly
☐ Bi-monthly (every other month)
☐ Quarterly
☐ Semi-annually
☐ Annually
☐ Other (please specify below)

7. Does the CCP have subcommittees or working groups? Check the appropriate box to the left of the list.

- ☒ Yes
☐ No

If "Yes," list the subcommittees and/or working groups and their purpose.

	Subcommittee/Working Group	Purpose:
1.	Custody and Reentry Ad Hoc Work Group	Created in 2021 for the purpose of addressing 1170(h) custody and reentry processes
2.	Post Release Community Supervision (PRCS) Ad Hoc Work Group	Created in 2021 for the purpose of addressing supervision and treatment services for the PRCS population
3.	PRCS and Parole Revocation Ad Hoc Work Group	Created in 2021 for the purpose of refining revocation processes and linkages to services
4.	Diversion / Alternatives To Incarceration (ATI) Ad Hoc Work Group	Created in 2021 for the purpose of enhancing diversion and ATI options
5.		

SECTION 3: GOALS, OBJECTIVES, AND OUTCOME MEASURES

Section 3 asks questions related to the CCP's goals, objectives, and outcome measures. Please refer to the [CCP Survey Data Reporting Guide](#) for detailed information about goal and objective statements, and outcome measures.

Updated Information on FY 2020-21 Goals, Objectives, and Outcome Measures

Questions 8, 9, and 10, asks the CCP to provide *updated* progress information about the goals, objectives, and outcome measures previously reported for FY 2020-21 in the 2020-21 CCP Survey. To view responses provided in the 2020-21 survey, [click here](#).

For each question, provide the goals, objectives, and outcome measures as reported in the FY 2020-21 survey. The progress information (last two rows of each table) should be updated to reflect the progress achieved over the full fiscal year.

8. Describe a goal and the associated objectives as reported in the FY 2020-21 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2020-21. If no goal, objective, or outcome measure was identified in FY 2020-21, respond by indicating "Not Applicable."

Goal	Expand Substance Use Disorder (SUD) access and services for the AB 109 population, creating a fuller, more complete continuum of care
Part of FY 20-21 CCP plan?	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	Increase the number of experienced SUD treatment providers that can address the needs of justice-involved individuals transitioning from custody to community
Objective:	Increase the volume of client encounters and SUD screenings for justice involved individuals
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Outcome Measure:	Increase the number of new SUD treatment providers designated as a SAPC criminal justice SUD program by 20 percent

Outcome Measure:	Increase the number of client encounters and SUD screenings by 10 percent
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Briefly describe progress toward goal:	<p>Objective 1:</p> <p>In FY 2020-21, the number of new SUD treatment providers designated as a SAPC criminal justice programs increased by two sites (Families for Children and House of Hope Foundation).</p> <p>In FY 2020-21, DPH-SAPC also added SUD treatment capacity to the Co-Occurring Integrated Network (COIN) network:</p> <ul style="list-style-type: none"> - Social Model Recovery Systems (SMRS) - Behavioral Health Services (BHS) <p>Progress: SMRS expanded capacity by 10 residential treatment slots for AB 109 patients in need of co-occurring disorders (COD) treatment.</p> <p>BHS expanded COIN capacity by 2 residential treatment slots for females with COD that meet residential treatment criteria.</p> <p>Both agencies collaborate with the Department of Mental Health and SAPC's provider network to ensure individuals transitioning from custody to the community are linked to treatment.</p> <p>Objective 2:</p> <p>In FY 2020-21, DPH-SAPC conducted 4,256 SUD screenings for AB 109 clients. This represents a 10% decrease from the 4,750 screenings conducted in FY 2019-20, attributed to COVID-19 pandemic adjustments. During this period, COVID-19 community transmission rates led to Probation office closures to the public and DPH-SAPC Community Engagement and Navigation Services (CENS) staff were displaced to their area CENS offices; hence, there was a decrease in Probation referrals and SUD screenings. Additionally, during this period CENS experienced an increase in staff turnover and challenges in hiring, possibly due to COVID, which also contributed to the decrease in screenings conducted.</p>

	In FY 2020-21, DPH-SAPC conducted an additional 3,489 non-screening encounters. Non-screening encounters are any CENS interactions with or on behalf of AB109 clients other than conducting an ASAM co-triage screening. These non-screening encounters can include conducting an at-risk educational workshop, providing information, making a referral, or requesting follow-up on the client. However, non-screening encounters were not consistently recorded in FY 2019-20 so a comparison of overall encounters (screening + non-screening) between fiscal years is not viable. These data elements are currently being collected and comparisons will be possible for the next reporting period.
Rated progress toward the goal:	<input type="checkbox"/> No progress <input checked="" type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

9. Describe a goal and the associated objectives as reported in the FY 2020-21 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full FY 2020-21. If no goal, objective, or outcome measure was identified in FY 2020-21, respond by indicating "Not Applicable."

Goal	Department of Health Services – Integrated Correctional Health Services (DHS-ICHS) will maintain Substance Use Disorder (SUD) treatment under the Substance Treatment and Re-Entry Transition (START) in-custody treatment program to Assembly Bill (AB) 109 Revocation Court clients.
Part of FY 20-21 CCP plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	Once COVID-19 restrictions are lifted, DHS-ICHS will continue screening and linking AB 109 Revocation Court clients to the START program and treating these clients while they are in the START program.
Objective:	During COVID-19 restrictions to START operations, DHS-ICHS will provide screenings, brief interventions and referrals to treatment (SBIRT) for AB 109 referred persons to assist with community transitions from custody.
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	

Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Outcome Measure:	Total AB 109 Revocation Court referrals to the START program in FY 2020-21
Outcome Measure:	Total AB 109 in-custody to community referrals during COVID-19 restrictions implemented April 1, 2020
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Briefly describe progress toward goal:	<p>During the COVID-19 restrictions, which limited the program's ability to accept new referrals, 38 enrolled AB 109 START patients were released from custody and linked to community based SUD treatment. An additional 42 AB 109 patients on the waitlist were linked to Care Transitions for future community placement.</p> <p>COVID-19 restrictions were lifted December 2020, which allowed the program to again begin accepting new referrals from the AB 109 Revocation Court. During this reporting period, 88 AB 109 referrals from the Court were received.</p>
Rated progress toward the goal:	<input type="checkbox"/> No progress <input type="checkbox"/> Partially achieved <input checked="" type="checkbox"/> Fully achieved

10. Describe a goal and the associated objectives as reported in the FY 2020-21 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full fiscal year. If no goal, objective, or outcome measure was identified in FY 2020-21, respond by indicating "Not Applicable."

Goal	The Probation Department will utilize Pre-Release Video Conferencing (PRVC) to in-reach to individuals in prison who will be released to the Probation Department's supervision.
Part of FY 20-21 CCP plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	Expand in-reach to individuals being released from prison onto Post-Release Community Supervision (PRCS) with the use of PRVC to reduce the abscond rate of newly released PSPs

Objective:	Ensure that CDCR staff can provide accurate information to inmates regarding AB 109 supervision by identifying and contacting each prison's contact person
Objective:	Develop policy and procedures for PRVC implementation with persons being released from state prison
Objective:	Expand PRVC activities from existing pilot program to full implementation to all AB 109 supervision staff
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Outcome Measure:	By April 2021, AB 109 policy and procedures for PRVC will be approved by Probation's Executive Management staff and published for staff use.
Outcome Measure:	By July 2021, at least 75% of AB 109 supervision staff will be trained in the new PRVC policy and procedures.
Outcome Measure:	By September 2021, the Department will have completed at least 250 PRVC contacts with inmates being released to Los Angeles County for Post-Release Community Supervision.
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Briefly describe progress toward goal:	<p>The Probation Department has utilized PRVC to engage individuals in state prison who will be released on PRCS. Between July 2020 and June 2021, Probation completed 163 PRVCs from the County's Pre-Release Center and 23 from the department's Region 1 Supervision offices. This represents approximately 5% of the releases during this pilot phase and reflects the targeting of cases with more complex factors, including mental health, medical, or unique questions or concerns related to housing or homelessness issues.</p> <p>PRVCs grant opportunities for Deputy Probation Officers (DPOs) to apply their expertise and use of evidence-based practices, motivational interviewing techniques, and addressing criminogenic needs through consistent assessments and referrals for treatment and services.</p>

	<p>The PRVCs are used to introduce the assigned DPO to their client early, provide an overview of the Post-Release Supervision Program, establish a foundation on reporting instructions, offer housing locations upon release for stability, and clarify any court conditions that will be initialized in case management procedures. When clients report from release to their DPO successfully, the DPO with their clients begin with comprehensive LS/CMI assessments to allow for Carey Guide drivers to be instilled and discussed throughout the client's time during supervision.</p> <p>PRVCs allow for these relationships to become fostered in partnership with Department of Mental Health (DMH) providers and clinicians. In addition, the Substance Abuse Prevention and Control (SAPC) treatment linkages of services will continue to provide holistic support for all participating clients within AB 109 Supervision.</p> <p>PRVCs provide vital connections that help to build rapport, engage clients, and reduce anxiety. The expansion of this program into five AB 109 supervision offices will enable Probation to reach more individuals prior to release to coordinate and prepare clients for reentry.</p> <p>A draft PRVS policy is currently being reviewed by the Probation Department's management team for finalization.</p>
Rated progress toward the goal:	<input type="checkbox"/> No progress <input checked="" type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

10a. (Additional Goal) Describe a goal and the associated objectives as reported in the FY 2020-21 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full fiscal year. If no goal, objective, or outcome measure was identified in FY 2020-21, respond by indicating "Not Applicable."

Goal	
Part of FY 20-21 CCP plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	
Objective:	
Objective:	

Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Briefly describe progress toward goal:	
Rated progress toward the goal:	<input type="checkbox"/> No progress <input type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

10.b (Additional Goal) Describe a goal and the associated objectives as reported in the FY 2020-21 CCP survey. Please provide updated progress toward goal information to reflect the progress achieved over the full fiscal year. If no goal, objective, or outcome measure was identified in FY 2020-21, respond by indicating "Not Applicable."

Goal	
Part of FY 20-21 CCP plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	

Objective:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Briefly describe progress toward goal:	
Rated progress toward the goal:	<input type="checkbox"/> No progress <input type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

Information on FY 2021-22 Goals, Objectives, and Outcome Measures

11. For FY 2021-22, will the CCP use the same goals, objectives, and outcome measures identified above from FY 2020-21? Check the appropriate box to the left of the list.

- ☐ Yes. (Skip to Section 4)
☒ No. The CCP will add and/or modify goals, objectives, and outcome measures (Continue with section below)

Questions 12, 13, and 14, the CCP is asked to describe a goal and its associated objectives and outcomes for FY 2021-22. For the goal, also provide information about the current progress toward the stated goal. As survey responses are due mid-year, progress information for these goals over the full fiscal year will be requested as part of the FY 2022-23 CCP Survey.

12. Describe a goal for FY 2021-22 and one (1) or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2021-22, respond by indicating "Not Applicable."

Goal	Deliver high-quality workforce services/training to individuals in custody with linkage to continued workforce services upon release
Part of FY 21-22 CCP plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	Provide in-custody basic career readiness training to 100 individuals per year. Basic career readiness

	training - overseen by Workforce Development, Aging, and Community Services with partnering agencies - is a six-week training program that includes work etiquette, resume preparation and interview skills
Objective:	Provide in-custody case management to all participants
Objective:	Provide in-custody industry specific training to at least 25% of basic career readiness training graduates
Objective:	Provide post-release workforce placement and retention services to all released participants
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Outcome Measure:	Number of participants that complete the basic career readiness training
Outcome Measure:	Number of participants that complete the industry specific training linked with workforce services post release
Outcome Measure:	Number of participants employed at 3, 6, and 12 months after release from custody
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Briefly describe progress toward goal:	<p>From February 2020 to December 2021, 79 women enrolled in the program and received pre-release case management - 51 graduated from the basic career readiness training, and 27 participated in industry specific training. To date, 40 women have been offered post-release workforce services by WDACS after their custody release. Of those, 9 have been placed in permanent employment, 21 are engaged in transitional employment, and 7 are in a vocational/educational program.</p> <p>Progress on this goal is proceeding as expected.</p>
Rated progress toward the goal:	<input type="checkbox"/> No progress <input checked="" type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

13. Describe a goal for FY 2021-22 and one or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2021-22, respond by indicating "Not Applicable."

Goal	Enhance the County's Post Release Community Supervision (PRCS) pre-release processes to facilitate case planning, linkages to services, and reentry
Part of FY 21-22 CCP plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Objective:	Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody on revocation matters in order to facilitate a seamless connection to community-based services upon release
Objective:	Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Objective:	Develop options for providing transportation of PSPs to treatment providers directly from jail or court
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Outcome Measure:	The number of PRVC contacts with individuals being released to Los Angeles County on PRCS in order to support pre-release planning efforts
Outcome Measure:	The number of clients contacted through jail in-reach efforts and the number of clients successfully linked
Outcome Measure:	The establishment of agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	

Briefly describe progress toward goal:	<p>The Probation Department has utilized PRVC to contact individuals in state prison who will be released on PRCS. Between July 2020 and November 2021, Probation completed 269 PRVCs. This includes 245 from the County's Pre-Release Center and 24 from the department's supervision offices. PRVC continues to target cases with more complex factors, including mental health, medical, or unique questions or concerns related to housing or homelessness issues.</p> <p>The expansion of this program into five AB 109 supervision offices will enable Probation to reach more individuals prior to release to coordinate and prepare clients for reentry. A draft PRVC policy is currently being reviewed by the Probation Department's management team for finalization.</p> <p>Departments continue to develop plans and strategies for meeting all of the objectives identified in this goal.</p> <p>Progress on this goal is proceeding as expected.</p>
Rated progress toward the goal:	<input type="checkbox"/> No progress <input checked="" type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

14. Describe a goal for FY 2021-22 and one or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2021-22, respond by indicating "Not Applicable."

Goal	Reduce the mental health population in the County jail system
Part of FY 21-22 CCP plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objective:	Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Objective:	Increase the number of behavioral health assessment providers in custody and at court locations in order to identify individuals with mental health/co-occurring disorders eligible for placement in community treatment
Objective:	Implement the County's Alternative Crisis Response (ACR) system and expand the number of Psychiatric Mobile Response Teams (PMRTs)

Objective:	Enhance the continuum of community-based services available so that individuals diverted from custody can be stepped down to high quality care at the appropriate level of service, as needs present
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Objective:	
Outcome Measure:	The number of individuals supported in the ODR housing program
Outcome Measure:	The number of behavioral health assessment providers available for in custody assessments and the number of individuals being released from jail with behavioral health treatment needs that are placed with mental health and substance use disorder treatment providers
Outcome Measure:	Status of the ACR program launch and volume of calls served
Outcome Measure:	The number of PMRT teams deployed and the number of call responses
Outcome Measure:	
Outcome Measure:	
Briefly describe progress toward goal:	<p>The County has allocated funding to support ODR's housing program and the ACR and PMRT initiatives. In addition, the County has authorized a contract for project implementation and management support personnel to help implement the ACR initiative.</p> <p>Departments continue to develop plans and strategies for meeting all of the objectives identified in this goal.</p> <p>Progress on this goal is proceeding as expected.</p>
Rated progress toward the goal:	<input type="checkbox"/> No progress <input checked="" type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

14.a (Additional Goal) Describe a goal for FY 2021-22 and one or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2021-22, respond by indicating "Not Applicable."

Goal		
Part of FY 21-22 CCP plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Objective:		
Objective:		
Objective:		
Objective:		
Objective:		
Objective:		
Objective:		
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Objective:		
Objective:		
Objective:		
Objective:		
Objective:		
Outcome Measure:		
Outcome Measure:		
Outcome Measure:		
Outcome Measure:		
Outcome Measure:		
Outcome Measure:		
Briefly describe progress toward goal:		
Rated progress toward the goal:	<input type="checkbox"/> No progress <input type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved	

14.b (Additional Goal) Describe a goal for FY 2021-22 and one or more of its associated objectives and outcome measures. Please provide any information about progress toward the goal thus far in the fiscal year. If no goal, objective, or outcome measure was identified in FY 2021-22, respond by indicating "Not Applicable."

Goal		
Part of FY 21-22 CCP plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Objective:		
Objective:		
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Objective:		

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Objective:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Outcome Measure:	
Briefly describe progress toward goal:	
Rated progress toward the goal:	<input type="checkbox"/> No progress <input type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved

SECTION 4: TYPES OF PROGRAMMING AND SERVICES

Section 4 asks questions about the types of programs and services provided during FY 2020-21. For each type of program or service provided, identify the agency(ies) that provide the program or service and at what stage(s) the program or service is provided (in-custody, supervision, other). Please refer to the [CCP Survey Data Reporting Guide](#) for the BSCC's definition of each type of program and service listed and the stage(s) of program or service.

Program/Service	Provide	Providing Agency (check all that apply)	Stage(s) Provided (check all that apply)
Mental Health/Behavioral Health – Services designed to improve mental health.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input type="checkbox"/> Other, describe: >	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >

Program/Service	Provide	Providing Agency (check all that apply)	Stage(s) Provided (check all that apply)
Substance Use – services designed to assist with substance use.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input type="checkbox"/> Other, describe: >	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >
Housing – services designed to assist with housing after release.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sheriff <input checked="" type="checkbox"/> Probation <input type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >Office of Diversion and Reentry (ODR)	<input type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >
Employment – services designed to provide clients with a job and/or to provide job training to improve chances of finding employment after release.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Sheriff <input checked="" type="checkbox"/> Probation <input type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >Workforce Development, Aging, and Community Services	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >
Education – focuses on academic achievement.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input type="checkbox"/> Behavioral health <input type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >Charter Schools, Local Adult Education	<input checked="" type="checkbox"/> In-Custody <input type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >
Family – family-oriented education, service, and training.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input type="checkbox"/> Other, describe: >	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >
Domestic Violence Prevention – support and intervention	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >

Program/Service	Provide	Providing Agency (check all that apply)	Stage(s) Provided (check all that apply)
		<input type="checkbox"/> Other, describe: >	
Physical Health – services designed to improve clients' physical well-being.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sheriff <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input checked="" type="checkbox"/> Other, describe: >Department of Health Services.	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >
Quality of Life – Services that enhance the standard of happiness, comfort, and well-being of an individual to participate in life events (e.g., assistance in getting a driver's license, opening a bank account, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Sheriff <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Behavioral health <input checked="" type="checkbox"/> Community-based organization <input type="checkbox"/> Other, describe: >	<input checked="" type="checkbox"/> In-Custody <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other, describe: >

SECTION 5: OPTIONAL QUESTIONS

Section 5 asks optional questions about evaluation, data collection, programs and services, and local best practices. There are 9 questions in this section. Responses will be used by the BSCC and its justice-system partners to better understand the needs of counties. If the CCP chooses not to answer an optional question, please respond “Decline to Respond.”

- 15.** Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds.

>The County allocates realignment funds through the County’s established budget process that is overseen by the Chief Executive Office (CEO). The CCP does not allocate funding in Los Angeles County but helps to inform the CEO’s budget development process. Operational planning by the CCP, as well as review of departmental submitted budget requests, have been part of the process to support the budget development. In 2021, at the direction of the Board of Supervisors, the CCP also provided AB 109 funding recommendations to the County CEO.

Ultimately, departments are funded to support operational functions under realignment and County priorities. In many cases, departments may contract with community-based organizations (CBOs) to provide programs and/or services.

- 16.** Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Check the appropriate box to the left of the list.

☒ Yes
☐ No

If yes, explain how.

>Los Angeles County assesses the effectiveness of programs and/or services funded with its Public Safety Realignment allocation through ongoing County department review. Funding has also been allocated to support evaluation efforts, and the County’s data infrastructure has been enhanced to support data tracking and outcome measurement efforts.

In addition to County departments’ own evaluation efforts of their programs, the County launched an AB 109 Study Series in 2019. An ongoing effort, this series of studies will involve an ongoing partnership among justice agencies to evaluate Public Safety Realignment implementation and assess its impact on AB 109 individuals’ outcomes, re-involvement in the justice system, and trends in justice outcomes.

The first study focused on general trends in terms of outcomes for AB 109 individuals on community supervision, with specific analyses of outcomes among individuals with serious mental illness who were supervised on Post Release Community Supervision (PRCS) and split sentences. This was completed in October 2020 and submitted to the Board of Supervisors.

17. Does the county consider evaluation results when funding programs and/or services? Check the appropriate box to the left of the list.

☒ Yes
☐ No

If yes, explain how.

>The effectiveness and results of programs and/or services – in addition to programmatic needs identified by departments – are considered when funds are allocated. Individual departments submit extensive justifications with any budget requests made to the Chief Executive's Office during the AB 109 budget process and may separately report on specific programs and services. In addition, semi-annual reports on programs and services related to Public Safety Realignment are submitted to the Board of Supervisors.

18. Does the county use [BSCC definitions](#) (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Check the yes or no box to the left of each BSCC Definition listed, as applicable.

Yes	No	BSCC Definition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Average daily population
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Conviction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Length of stay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recidivism
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment program completion rates

19. What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)? Check the most appropriate box to the left of the list of percentages.

Percent for Evidence-Based Programming	
<input type="checkbox"/>	Less than 20%
<input type="checkbox"/>	21% 40%
<input type="checkbox"/>	41% 60%
<input type="checkbox"/>	61% 80%
<input checked="" type="checkbox"/>	81% or higher

20. We would like to better understand the county's capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services. What type and level of services are now available?

>The County provides a full range of mental health, substance abuse, and behavioral treatment services – as well as employment and housing support – throughout the implementation of public safety realignment.

MENTAL HEALTH TREATMENT SERVICES

The Department of Mental Health (DMH) continues to provide AB 109 clients a full continuum of services and supports as they reintegrate into their communities. This includes the following:

- Screening, triage and linkage to service by DMH staff (Working remotely during this year due to the COVID-19 pandemic, DMH staff continued to receive and process referrals telephonically from AB 109 probation officers throughout Los Angeles County.)
- Linkage for clients referred from the AB 109 Revocation Courts, Departments of Health Services (DHS) Care Transitions Unit and Probation
- Outpatient treatment services provided by a network of DMH Legal Entity Providers
- Residential co-occurring disorder services, in collaboration with the Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC) at four locations
- Enriched Residential Services
- Crisis Residential Services
- State hospital and Institution for Mental Disease (IMD) beds

SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES

The Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC) supports and oversees the provision of a full continuum of SUD treatment services.

Although SUD treatment services are primarily funded through Drug Medi-Cal, secondary funding sources, such as funding through the Public Safety Realignment program, cover certain SUD service costs or more expansive wraparound services that support the needs of the population. This includes SUD screening and referral, outreach and engagement, service navigation, recovery bridge housing, and room and board for residential services.

SUD treatment services are developed and consistent with the American Society of Addiction Medicine (ASAM) criteria. The following types of SUD services are provided to residents of Los Angeles County, inclusive of justice-involved populations:

- Outpatient Treatment – appropriate for patients who are stable with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions
- Intensive Outpatient Treatment – appropriate for patients with minimal risk for acute intoxication/withdrawal potential, medical, and mental health conditions, but who need close monitoring and support several times a week in a clinic (non-residential and non-inpatient) setting
- Low Intensity Residential (Clinically Managed) – appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment
- High Intensity Residential, Population Specific (Clinically Managed) – appropriate for patients with functional limitations that are primarily cognitive, who require a slower

pace to treatment, and who are unable to fully participate in the social and therapeutic environment

- High Intensity Residential, Non-population Specific (Clinically Managed) – appropriate for patients who have specific functional limitations; also, for patients who need a safe and stable living environment in order to develop and/or demonstrate sufficient recovery skills for avoiding immediate relapse or continued use of substances
- Opioid Treatment Program – appropriate for patients with an opioid use disorder who require methadone or other medication-assisted treatment
- Ambulatory (Outpatient) Withdrawal Management – appropriate for patients with mild withdrawal who require either daily or less than daily supervision in an outpatient setting
- Clinically Managed Residential Withdrawal Management – appropriate for patients with moderate withdrawal who need 24-hour support to complete withdrawal management and increase the likelihood of continuing treatment or recovery
- Medically Monitored Inpatient Withdrawal Management – appropriate for patients with severe withdrawal who require 24-hour inpatient care and medical monitoring with nursing care and physician visits
- Medically Managed Inpatient Withdrawal Management – appropriate for patients with severe withdrawal who require 24-hour nursing care and physician visits to modify withdrawal management regimen and manage medical instability
- Recovery Support Services (RSS) – appropriate for any patient during or after completing SUD treatment to support continued sobriety and relapse prevention; individuals can also be admitted directly to RSS without requiring prior engagement in treatment services and can begin immediately upon release from incarceration
- Case Management – A patient-centered service that is intended to complement clinical services, such as individual and group counseling, to address areas in an individual's life that may negatively impact treatment success and overall quality of life
- Recovery Bridge Housing – appropriate for patients who are homeless or unstably housed and who are concurrently enrolled in an outpatient, intensive outpatient, opioid treatment program, or ambulatory withdrawal management levels of care
- At-Risk Services – Intervention services available to Probation-referred AB 109 clients who screen negative for SUD or positive for ASAM 0.5 Early Intervention level of care. At-Risk Services include individual and group early intervention sessions, educational workshops, collateral services, and ancillary or SUD treatment referrals. At-Risk Services are available to all individuals who do not meet medical necessity for SUD treatment.

CUSTODY-BASED TREATMENT AND REENTRY SERVICES

In-Custody Mental Health Services

In-custody mental health programs are administered by the County of Los Angeles Department of Health Services (DHS) and provide care to men and women identified as having mental health needs while incarcerated in the Los Angeles County jails.

Staff members include psychiatrists, psychologists, social workers, psychiatric nurses and technicians, service coordinators, case workers that function as group leaders and

release planners, substance abuse counselors, recreation therapists, and support and administrative staff.

Clients are provided individual and group treatment, crisis intervention, medication management, and discharge planning.

Substance Treatment and Re-entry Transition (START)

Substance Treatment and Re-entry Transition (START) is a collaborative program between the Department of Health Services – Integrated Correctional Health Services (DHS-ICHS) and the Sheriff's Department to meet the varied substance use needs of inmates housed within the Los Angeles County jail system.

Built upon evidenced-based treatment models that are gender responsive and culturally competent, START addresses substance use, trauma, criminal thinking, and low to moderate mental health treatment needs. SUD services include screening, brief intervention, education classes, assessment, treatment, case management, care coordination with correctional health and mental health, re-entry planning, and linkage to community-based services. Medication Assisted Treatment (MAT) medications for incarcerated individuals with SUD's are also made available.

The target population is comprised of inmates that meet clinical criteria for SUD. Jail-based SUD treatment services are provided to pre- and post-plea individuals, including PSPs (Post-release Supervised Persons) and 1170 (h)-sentenced individuals (non-violent, non-serious, non-sex offending) who are Court-referred by probation officers, bench officers, or defense attorneys.

The START program has four objectives:

- provide SUD treatment that is evidenced-based, integrated, effective, high quality, measurable, and outcome driven;
- offer effective re-entry planning to ensure inmates are provided with the behavioral, social, and medical supports needed to sustain recovery;
- improve quality of life and improve overall health outcomes for the incarcerated population; and
- reduce crime and recidivism.

Medication Assisted Treatment (MAT)

In addition to providing SUD treatment under the START program, Los Angeles County provides MAT to individuals with Opioid Use Disorder (OUD).

Alternative to Custody Program

The Sheriff's Department and DPH-SAPC have partnered to implement the Alternative to Custody Substance Treatment And Re-entry Transition (ATC-START, or START-Community) program.

Launched in June 2015, the START-Community program provides community-based, supervised residential treatment services to non-violent, non-serious, and non-sexual (N3) female and male justice-involved clients who have a minimum of ninety (90) days left on their sentence and who volunteer to participate in an SUD treatment program while they serve out the remainder of their sentence in a residential treatment facility.

All clients participating in the START-Community program remain under the supervision of the Sheriff's Department using a Global Positioning System (GPS) electronic monitoring device worn for the duration of the client's ninety (90) day residential treatment. Upon completion of their jail sentence, participants have an option of continuing with additional treatment services, if deemed medically necessary.

Jail Release Planning

Reentry planning is provided by the Care Transitions unit in DHS Correctional Health Services for individuals in LA County jails who are experiencing medical issues, mental illness, homelessness, substance use disorders (SUDs), and other conditions. Approximately 11,700 participants were served across four programs in FY 2020-2021. Funding for these services has included Whole Person Care (State 1115 Medicaid Waiver), local Homeless Initiative and Measure H funds, and AB 109 funds.

Services include psychosocial assessment, development of a reentry plan, Medi-Cal enrollment or reactivation, and linkages to interim housing, medical care, mental health services, SUD residential or outpatient treatment, job training and other services. Coordinated releases are also arranged with transportation to interim housing or treatment programs. In addition, participants in the Whole Person Care Reentry program are linked to a Community Health Worker with lived experience of prior incarceration to provide continued navigation and mentoring in the community.

The Sheriff's Department is working to support DHS-ICHS' efforts to conduct clinically appropriate release planning for all inmates who are being released to the community and who have been identified as having a mental illness and needing mental health treatment, or as having a DSM-5 major neuro-cognitive disorder that caused them to be housed in the Correctional Treatment Center at any time during their current incarceration.

OTHER SERVICES

Care Coordination for Medically High-Risk AB-109 Probationers

A registered nurse and clinical social worker from DHS provide care coordination for AB 109 probationers with complex acute or chronic medical conditions. Co-located with the Probation Department, they conduct pre-release planning for AB 109 probationers while they are still in CDCR custody as well provide services in the community post-release.

Probationers identified as medically high risk are assessed for their need for linkage to medical services or referral to specialized residential settings such as board and care homes or skilled nursing facilities. Post-release, identified clients are followed in the community to ensure that their medical needs are met and to assist with care coordination for any new medical issues that arise while on probation supervision. Frequent coordination with Probation, hospitals, and other service providers occurs to ensure that both social service and medical needs are being met.

Housing, Employment, and Navigation/Coordination Services

The Probation Department continues to provide housing, employment, and navigation/coordination services through a contracted provider. Housing, employment, and system navigation services are offered to persons under active Post-Release Community Supervision (PRCS), active split sentence supervision, straight sentenced offenders under PC 1170(h), and persons terminated from PRCS and/or split sentence supervision.

Housing services are generally available for up to 365 days and includes the following types of housing services: transitional, sober living, emergency shelter housing, and medical housing (when available). In addition, housing services include case planning and management to transition the client to permanent housing.

Employment services include the following components: employment eligibility support; case management; job readiness workshops; job placement; job retention; and aftercare services. Employment services are also provided through the County's Department of Workforce Development, Aging, and Community Services (WDACS).

The system navigation services assist clients by providing links to public social services benefit programs and assisting with eligibility support documents.

LAC + USC Medical Center

The LAC + USC Medical Center provides mental health and SUD services to inpatients whose condition requires this level of care.

21. What challenges does the county face in meeting the above program and service needs?

>• Impact of the COVID-19 Pandemic on Public Safety Realignment Operations

The COVID-19 pandemic created unique and ongoing challenges for operations related to Public Safety Realignment in Los Angeles County. The pandemic affected a broad range of activities ranging from jail population management, staffing, and in-person contacts. The following is a review of some of the impacts of the pandemic and accompanying responses:

- o Jail Population Management: The Sheriff's Department implemented various measures to reduce the jail's population in an effort to mitigate the spread of COVID-19 among individuals in custody and staff.

- o Reduction of in-custody treatment program capacity due to COVID-19 pandemic:

Sheriff's Department programs

While the Sheriff's Department has historically offered a robust array of inmate worker, educational, vocational, life skills and therapeutic programs, the COVID-19 pandemic resulted in various jail programs being interrupted or otherwise limited.

In-person interviews

DMH retained two clinicians to conduct mental health assessments of AB 109 individuals in Los Angeles County jails and link individuals to appropriate levels of care. Access to jail clearance has been obtained for both staff. However, given that the County jails are currently closed to outside staff, in-person interviews have been placed on hold and options for video interviews are being explored.

Medication Assisted Treatment

MAT for OUD is offered within the County jail system. It is limited to naltrexone for all inmates and buprenorphine (i.e., Suboxone) and methadone for pregnant women. DHS-ICHS has begun the process to build the infrastructure to provide Buprenorphine to more inmates beyond pregnant women and offer Methadone as an additional MAT to inmates to increase overall MAT services in the County jail system. However, these efforts were delayed due to the COVID-19 pandemic.

- o Building Closures

Probation offices and courthouses were closed to the public for a majority of 2020. Courthouses re-opened to the public in June of 2021, while Probation offices recently opened in October 2021.

County Departments continue to work together in courthouses and Probation offices to enhance collaborative efforts.

- o SUD services

At the onset of the pandemic, closures posed a challenge of serving clients. Despite this, DPH-SAPC Client Engagement and Navigation Services (CENS) staff were still able to continue working from their respective co-locations, while others utilized telephone and videoconferencing to conduct services, including screenings, remotely.

Accessing SUD services during the COVID-19 public health crisis became more critical for some patients to reduce the risk of relapse.

DPH-SAPC has proactively responded by providing guidance to its SUD treatment provider network through regular updates on residential and outpatient SUD service delivery during the COVID-19 pandemic.

The guidance documents included information on COVID-19 transmission and public health practices to prevent and reduce spread of the virus within and between facilities. To ensure patients were adequately aware and educated on COVID-19, treatment providers were required to post basic educational materials in all relevant threshold languages in prominent locations at each facility and provided information on social (physical) distancing and infection control measures that should be taken in these settings.

Certain CENS courthouse co-locations were removed in FY 2020-21 due to COVID-19, space limitations, and the need for social distancing. CENS staff at these locations were reassigned to cover other existing co-locations with higher volume and need.

- o Early inmate releases

Compounding the challenges from the COVID-19 pandemic, early inmate releases from both prison and jail has made it difficult to reach clients as they transition from custody to the community.

Departments are collaborating with one another to reach out to individuals in need of SUD treatment upon their release and increase their engagement in treatment.

- o Obtaining Release of Information (ROI) in order to collaborate with AB 109 partners

With significant effort by many departments, a universal ROI was created and approved by counsel for the purposes of facilitating information exchange and enhancing the delivery of services to clients. Due to the COVID-19 pandemic and the need to serve clients remotely, obtaining consent in person has been very difficult. As a result, communication of information between various County departments has been limited.

In addition to the COVID-19 pandemic, the following are additional challenges to meeting program and service needs:

- Sharing of information: Given applicable confidentiality protections (such as HIPPA and CORI), there are limitations as to what can be shared among multiple agencies serving a client. This can create challenges in meeting the multi-layered needs of high-risk, high-need populations.

For example, in order to complete a comprehensive assessment, DMH clinical staff need access to the client's criminal background information. This is particularly critical in order to make a violence risk assessment and to develop an effective treatment plan for the client.

- **Managing Client Risk:** Managing clinical risk and risk for violence is an on-going challenge. AB 109 clients may have prior criminal offenses which would classify them at higher risk for potential violence than the current offense for which they were recently incarcerated.

Additionally, some AB 109 clients have committed violent offenses while being supervised in the community post release. As a result, the higher-than-expected risk level of AB109 clients presents a challenge for Los Angeles County DMH contract agency staff who are tasked with providing mental health services to these clients. DMH provides on-going consultation and offers a number of tailored trainings to increase the ability of the treatment providers to manage the risk.

- **Placement of specified clients into treatment:** Treatment systems continue to experience challenges with meeting the treatment and long-term care needs for certain supervised persons. This includes individuals who have chronic and serious medical issues, who are registered sex offenders, who have arson convictions, who have severe mental health issues, and/or who are high-risk individuals.

Departments continue to work to address these limitations. For instance, although limited to outpatient levels of care, DPH-SAPC employed Field Based Services (FBS), which is a mobile service delivery option for high-risk populations to receive outpatient type services at their place of residence (interim and permanent residences).

FBS provides an opportunity for SUD network providers to address patient challenges when accessing traditional treatment services, such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements.

- **Office space needs:** Identifying sufficient office space is a challenge for many departments. For example, given that Probation Department staff and DMH clinicians are needed to co-locate in both HUBs and area offices countywide, office space that is HIPAA-compliant is an ongoing challenge. The Probation Department and DMH continue to collaborate to find new and innovative ways to meet these needs.

- **Jail overcrowding:** Despite a brief reduction in the jail's overall population, overcrowding has continued to be a challenge due to various factors. The lengthier stays of individuals sentenced under P.C. 1170(h), the continued growth in the jail's mentally ill population, and the specialized housing demands for incarcerated individuals impacted by the COVID-19 pandemic have served to exacerbate the lack of available bed space at the Men's Central Jail and the Twin Towers Correctional Facility.

The County is further limited by a lack of appropriate space to meet the instructional, clinical, and counseling needs for the jail population.

- **Housing services for individuals leaving incarceration:** The supply of interim and permanent housing and residential treatment facilities in Los Angeles County

accessible to individuals leaving custody remains inadequate to meet the need. Board and Care facilities that can provide additional care and assistance, as well as residential treatment facilities that can accommodate individuals with co-occurring medical, mental health, and/or SUD conditions, are scarce.

22. What programmatic changes and/or course corrections has the CPP made in the implementation of Public Safety Realignment that it believes other counties would find helpful?

>Public Safety Realignment implementation in Los Angeles County is continually evolving. Some of the programmatic changes that have been made since implementation have included the following:

- Information from CDCR

To improve the quality of information available for comprehensive assessments and full evaluation of treatment needs, DMH has dedicated greater resources to more proactively secure available mental health information from the California Department of Corrections and Rehabilitation (CDCR). The increased focus on this source of information has yielded valuable information which improves the quality of care.

- Co-Occurring Disorders Services

Given the ever-growing need for residential Co-Occurring Integrated Care Network (COIN) services, DMH continues to collaborate with DPH-SAPC to provide Co-Occurring Disorders (COD) services in residential settings.

- Mental Health Trainings

In order to improve clinical risk management and on-going client care, the County has offered ongoing, specialized, evidence-based forensic trainings to mental health treatment providers geared towards increasing the clinical staffs' expertise on various topics. Trainings included the following:

- o Risk Assessment For Violence – Forensic Focus
- o Interpersonal Therapy (IPT) and Justice-Involved Consumers
- o Safety and Crisis Prevention/Interventions When Working with Forensic/Justice Involved Consumers
- o Applying the Risk-Need-Responsivity Principles and Level of Service/Case Management Inventory (LS/CMI) in your practice
- o Dialectical Behavior Therapy (DBT) for Justice Involved Populations

- Medi-Cal Outreach to Inmates

The Sheriff's Department has finalized a Memorandum of Understanding (MOU) with the Department of Public Social Services (DPSS) and DHS to facilitate efforts in

providing Medi-Cal outreach and enrollment services to individuals who are being released from County-managed jails.

- Re-entry Services

The Sheriff's Department Community Transition Unit (CTU) continues to partner with community-based organizations and other agencies to offer re-entry services to incarcerated individuals, including those in custody under realignment, with the goal of reducing recidivism. Some of these services include the issuance of public transportation "TAP" cards, replacement California identification cards, and birth certificates.

In addition, the Community Re-entry and Resource Center (CRRC) was established within the Inmate Reception Center (IRC) lobby to provide transitional services to justice-involved individuals upon release from custody, including those who identify as being homeless. Service windows provide information and services for mental health, drug treatment programs, general relief benefits, referrals for employment and housing, information regarding the Probation Department, and information for Military Veterans.

- Expansion of Drug Medi-Cal Organized Delivery System (DMC-ODS)

Since July 1, 2017, DPH-SAPC has continued to expand the County's Drug Medi-Cal Organized Delivery System (DMC-ODS) program, which provides participating counties with significant flexibility to grow service capacity and enhance services available to residents of Los Angeles County.

The DMC-ODS program has allowed DPH-SAPC to begin transforming into a managed care health plan for specialty SUD services. Through the evolution of the DMC-ODS program, the County has been able to support a fuller continuum of SUD services.

- Telehealth Services

Further policy flexibilities, consistent with state and federal allowances, enabled the provision of SUD treatment and screenings via telephone and introduced the provision of services via telehealth to minimize transmission risks. DPH-SAPC contracted providers continue using telehealth to enable the delivery of services to continue client participation and reduce COVID-19 transmission.

- Co-location of Client Engagement and Navigation Services (CENS)

In FY 2020-21, to improve access to SUD services, DPH-SAPC successfully added two additional CENS co-locations, offering face-to-face navigation services, including screening, referral, linkages, and connection to SUD treatment services aimed at individuals who need more hands-on assistance to maximize treatment admission and retention in services. CENS co-locations were added at the East LA Courthouse (August 2, 2021) and the El Monte Courthouse (September 1, 2021).

- Expansion of Diversion Services

DPH-SAPC collaborated with DHS-ODR, establishing the first CENS counselor to participate in the Law Enforcement Assisted Diversion (LEAD) program. It is expected to be fully operational in December 2021. Despite not having a specific co-location site, services have been provided through community outreach by the LEAD team.

DPH-SAPC collaborated with DMH for the Alternatives to Incarceration Rapid Diversion Program (ATI-RDP) by expanding CENS SUD screening and referral navigation services to justice involved individuals identified by the court to be eligible for rapid diversion. As of May 1, 2021, CENS services at the Antelope Valley Courthouse, the Van Nuys Courthouse and the Clara Shortridge Foltz Criminal Court Building were made available to the ATI-RDP.

- Recovery Bridge Housing

Recovery Bridge Housing is defined as a type of abstinence-focused, peer-supported housing that provides a safe interim living environment for patients who are homeless or unstably housed in need of SUD treatment. Research shows that SUD treatment outcomes are better for individuals experiencing homelessness when they are stably housed.

DPH-SAPC worked to increase Recovery Bridge Housing capacity from 979 beds to 994 in FY2020-21. In FY2021-22, DPH-SAPC is anticipated to increase Recovery Bridge Housing by additional 200 beds dedicated for justice involved individuals.

- Medication Assisted Treatment (MAT)

CDCR and DPH-SAPC are working together to coordinate care for Medication Assisted Treatment (MAT) clients transitioning from custody to the community in Los Angeles County. Through such collaboration, CDCR plans to reduce SUD related morbidity; equip patients with tools, techniques, and treatments necessary to ensure continuity of care during their incarceration and when transitioning into their communities after leaving CDCR.

DPH-SAPC has shared their pathways to treatment with CDCR, specifically the Opioid Treatment Programs list. DPH-SAPC and CDCR continue discussions with other partners being included such as DHS to optimize the coordination of MAT services throughout Los Angeles County.

- Jail and Prison In-Reach

Jail and prison in-reach and transition planning is still in the implementation phase, but these efforts should help reduce abscond rates and increase service utilization and transition planning from custody.

- Office of Diversion and Reentry (ODR)

To expand the availability of treatment, diversion, and reentry services, the County established ODR in 2015. Since that year, public safety realignment funding has been allocated to ODR to support various programs, including:

ODR Housing

Programs to divert targeted individuals from entering the justice system and to continue programming specifically designed to support criminal justice diversion for community-based treatment and housing for AB 109 clients who have serious mental health issues and substance use disorder.

MIST

The Misdemeanor Incompetent to Stand Trial-Community Based Restoration (MIST-CBR) program diverts individuals facing misdemeanor charges who are found incompetent to stand trial into community-based settings to be restored to competency. The community-based settings are tailored to meet the needs and clinical acuity of the clients; placement ranges from acute inpatient to open residential settings.

Overdose Education Naloxone Distribution (OEND)

The Overdose Education and Naloxone Distribution (OEND) program aims to reduce the number of deaths related to opioid overdose in LA County. OEND provides overdose prevention education and naloxone to individuals who are at risk of opioid overdose or who are likely to be at the scene of an overdose and are in a position to respond.

Sobering Center

ODR maintains a 50 bed sobering center in Downtown Los Angeles. The mission of the sobering center is to reduce incarcerations, minimize hospitalizations and assist active, chronic, and serial inebriates by providing a path to recovery in a safe and welcoming environment. The sobering center is open 24 hours per day, 365 days per year and provides respite, showers, hydration, light snacks, some medical monitoring, if necessary. The average length of stay is 6-12 hours. Clients are assessed for biopsychosocial needs and linked to necessary resources. Recovery staff also assess for motivation to continue treatment at various levels of care.

Youth Development and Diversion

Funding has been allocated to continue developing youth programs that support the Board of Supervisors adopted "Youth Justice Reimagined."

- Alternatives To Incarceration

The Board established the Alternatives to Incarceration Initiative Office (ATI) in support of the local justice system's "Care First, Jail Last" model.

A primary role of the ATI Office is to implement programs that address critical gaps within the justice system to divert and transition vulnerable populations away from the justice system toward appropriate care. These include:

- o The Development of an ATI mobile app to assist first responders and system navigators to link persons with real-time local bed availability based on an in-app needs assessment.
 - o The Rapid Diversion Program for persons facing low level misdemeanor and felony charges related to their mental illness (AB 1810 diversion).
 - o An ATI Incubation Academy that builds the administrative and operational capabilities of small service providers so they can meet County contracting requirements.
- Restitution Collection Taskforce

When public safety realignment was enacted, it did not initially account for restitution collection at the County level for cases that previously were supported by CDCR. Changes in the law addressed this, but an infrastructure still needed to be put into place. In 2014, the Board of Supervisors commissioned the Countywide Criminal Justice Coordination Committee (CCJCC) to create a Restitution Collection Taskforce to determine how best to do that.

During the past several years, the Restitution Collection Taskforce has implemented restitution collection for AB 109 cases, first in 2016 for mandatory supervision and PRCS cases, and then in 2018 for those AB 109 individuals in custody in the county jail.

23. Describe a local best practice or promising program that has produced positive results. If data exists to support the results, please share.

>• Best and Promising Practices with Mental Health Treatment

Best and promising practices utilized by mental health treatment programs continue to include Assertive Community Treatment (ACT) and the Risk, Needs, Responsivity (RNR) Model. Mental health providers also included principles from Critical Time Intervention (CTI), Dialectical Behavioral Therapy (DBT), and Motivational Interviewing.

CommonGround is utilized to incorporate peer service in the work with clients as well as various psychoeducational groups such as mindfulness, anger management, healthy relationships, vocational, independent living, and substance abuse.

- Increasing Access to SUD Treatment

DPH-SAPC continues to increase access and minimize the time between the initial verification of eligibility, clinical need determination, referral, and the first clinical encounter. Ultimately, DPH-SAPC promotes a no "wrong door" to enter the County's specialty SUD system and maintains a number of entry points:

- o Client Engagement Navigation Services (CENS) – Establishes and maintains cooperative linkages to connect individuals to SUD treatment by co-locating qualified SUD counselors at designated county facilities e.g., Courts and Probation offices, responsible for making appropriate connections and referrals that address unmet client needs. This is the primary entry pathway for the AB 109 population.
- o Substance Abuse Service Helpline (SASH) – A 24 hours a day, seven (7) days a week, and 365 days a year access line (1-844-804-7500) that clients can call to initiate a self-referral for treatment. SASH conducts screening via telephone and, based on screening results, recommend clients to the appropriate treatment provider that meets appropriate level of care.
- o Service and Bed Availability Tool (SBAT) <http://sapccis.ph.lacounty.gov/sbat/> is a publicly accessible, web-based tool that provides a dashboard of available specialty County-contracted SUD services throughout Los Angeles County, including outpatient and intensive outpatient, various levels of residential treatment and withdrawal management, OTPs, Recovery Bridge Housing (RBH), and Driving Under the Influence (DUI) programs.

The purpose of the SBAT is to help achieve the aim of a more organized SUD delivery system by simplifying the process of identifying appropriate SUD providers. By allowing users to filter their search based on the levels of care, languages spoken, and types of services delivered, users can tailor their search according to their need, and more quickly identify intake appointment times and available residential and RBH beds.

Recently, DPH-SAPC expanded SBAT's availability by creating a mobile version (www.recoverla.org), making it more accessible to the public and others in need of SUD treatment.

- Co-Occurring Integrated Care Network (COIN)

The Co-Occurring Integrated Care Network (COIN) is a collaborative between the Department of Mental Health (DMH), DPH-SAPC, Probation and the Superior Court, that serves clients who have a chronic SUD and severe and persistent mental illness. COIN targets clients who are at high risk for relapse and are referred through AB 109 Revocation Court.

- START program

As previously noted, the Substance Treatment and Re-entry Transition (START) program is a jail-based treatment program for substance use disorders (SUD) and co-occurring disorders. It is a collaboration between the Department of Health Services-Integrated Correctional Health Addiction Medicine Services (DHS-ICHS-AMS), Los Angeles County Probation and the Los Angeles County Sheriff's Department (LASD).

The START Program is comparable to residential treatment in the community. Services include the following: addiction medication management; screening; brief intervention; education classes; assessment; treatment; case management; care coordination with correctional health and mental health; re-entry planning; and linkage to community-based services.

From January 2020 through October 2021, there were a total of 218 participants in the program. Of these, 60% successfully completed the program.

- **START – Community Program**

An additional best practice includes the START – Community program (referenced in answer to Question #18 under Alternative to Custody Program).

As discussed, the START – Community program places sentenced inmates into community SUD treatment beds as an alternative to custody. Launched in mid-2015 the START-Community program provides supervised, residential treatment services to non-violent, non-serious, and non-sexual (N3) female and male inmates (patients) who have a minimum of ninety (90) days left of on their sentence and who volunteer to participate in a SUD treatment program while they serve out the remainder of their sentence in a residential treatment facility.

Patients participating in the START-Community Program remain under the supervision of the Los Angeles Sheriff's Department using a Global Positioning System electronic monitoring device worn for the duration of the treatment stay.

- **In-Custody to Community Referral Program (ICRP)**

The In-Custody to Community Referral Program (ICRP) was established in December 2018 to enable individuals in-custody to transition directly into treatment upon their release. ICRP is a partnership among the DHS, Correctional Health, Whole Person Care (at Twin Towers County Jail and Pitches Detention Center), DPH-SAPC, and selected SUD contracted network providers.

ICRP SUD counselors collaborate with treatment providers to coordinate the reintegration of individuals in-custody and ensures a warm handoff to the appropriate level of care and supporting services. A pre-screening intake is conducted to identify each patients' specific needs (i.e., co-occurring disorder) and helps refer them to appropriate SUD treatment provider, and corresponding level of care.

- **Alternatives to Incarceration's Rapid Diversion Program (ATI-RDP)**

ATI-RDP is a pre-plea diversion program targeting individuals with a mental health or SUD diagnosis. Individuals in this program participate in programming, receive housing resources, and are case managed by DMH 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.

- Partners for Justice

Client advocates embedded in Public Defender offices provide holistic resources referrals for essential needs, including housing, employment, mental health treatment, family reunification and more. Beginning in August 2021, this pilot program is designed to break cycles of incarceration and promote community stability by addressing the underlying issues that frequently lead to involvement in the criminal legal system.

- Psychiatric Social Worker (PSW) Program

This program employs three (3) dedicated Psychiatric Social Workers (PSWs), two (2) in the Public Defender's Office and one (1) in the Alternate Public Defender's office, to develop social histories on female clients facing state prison sentences. The social histories developed by the PSWs may be factored in when alternative dispositions – such as Women's Reentry Court, Office of Diversion and Reentry housing, and other programs – are considered during the court process. This program provides significant cost avoidance by diverting women from state prison to appropriate community-based treatment services.

While final dispositions in cases are subject to the court process, the availability of a defendant's social history promotes a holistic approach to her case and can be a supporting factor for diversion outcomes. Research has shown that holistic defense models can at times reduce the imposition of a custodial sentence by 16% and sentence length by 24%.

In the program's first year, 46 women were successfully diverted away from state prison, resulting in a combined reduction of over 400 years of incarceration and a state prison cost savings of nearly \$28 million.

- Rapid Diversion Program (RDP).

Early identification, assessment and properly resourced treatment linkage for defendants suffering from mental disorders who are eligible for pre-trial diversion under the provisions of Penal Code section 1101.36. This collaborative inter-departmental program increases appropriate community engagement and reduces incarceration. Originating in one courtroom in June 2019, RDP has recently expanded to multiple courthouses with the goal to reach all those who qualify for mental health diversion.

- Community Based Restoration (CBR) for the Felony Incompetent to Stand Trial (FIST) population.

Since July 2018, dedicated Psychiatric Social Workers have been instrumental in providing effective support for these high-needs individuals facing mental competency proceedings. The Office of Diversion and Reentry (ODR) reports that a total of 810 individuals have been released under this program.

ATTENTION: This concludes Part A of the FY 2021-22 CCP Survey.

Please complete [Part B](#) in Microsoft Excel which consists of two (2) budgetary sections.

Optional Highlight or Success Story

In addition, to produce a more comprehensive report on the implementation of realignment, we are asking for a brief, one-page, visually appealing, highlight or success story that provides implementation information related to the county's Public Safety Realignment success. This highlight may include optional graphs, charts, photos, or quotes. Photos of programs in action along with quotes from program participants and/or community partners do not need to provide identifying information. The highlight or success story provided may be published in the *2011 Public Safety Realignment Act: Tenth Annual Report on the Implementation of Community Corrections Partnership Plans*. While every effort will be made to include these in the report, inclusion is not guaranteed. Note: Ensure any individual(s) in the photos have given their consent for use/publication and do not submit any photos that include faces of minors (youth under the age of 18).

Submission Instructions

In a single email, please attach the following documents to provide a complete CCP Survey package:

1. Completed Part A (Word) document,
2. Completed Part B (Excel) documents,
3. Optional highlight or success story (if being provided), and
4. Updated CCP plan.

The complete CCP Survey package, including all attachments, shall be emailed **by December 15, 2021** to:

Helene Zentner, Field Representative
Board of State and Community Corrections
916-838-7777 or Helene.Zentner@bscc.ca.gov

Please be aware that a complete CCP Survey package, including an updated CCP plan, MUST be submitted to the BSCC to receive compensation.

NOTE: *The information provided in the CCP Survey package will be made public by the BSCC in the annual report to the Governor's Office and the Legislature on the implementation of Community Corrections Partnership plans on the BSCC website.*

FY 2021-22 Community Corrections Partnership Survey PART B

Part B of the CCP Survey collects information about the allocation of Public Safety Realignment dollars.

For detailed guidance on how to complete Part B of the CCP Survey package, please refer to the [FY 2021-22 CCP Survey Data Reporting Guide](#).

The first question in this file, question 24, requests the name of the county for which the survey is being submitted.

Following the identification of the county, Part B is divided into two sections:

Section 6: FY 2020-21 Public Safety Realignment Funding Allocation

Section 7: FY 2021-22 Public Safety Realignment Funding Allocation

24. Please identify the county for which this portion of the survey is being submitted:

County Name: Los Angeles County

SECTION 6: FY 2020-21 Public Safety Realignment Funding Allocation

Section 6 contains questions related to the allocation of FY 2020-21 Public Safety Realignment dollars. There are three (3) questions in this section.

When answering these questions, consider the funds allocated in FY 2020-21 and include any monies from 2019-20 growth funds and 2020-21 programmatic funding.

25. Of the total funds received in FY 2020-21, how did the CCP budget the allocation? Input the total allocation in the cell above the table. Within the table, identify where funds were allocated to, and include if the county used any carry-over funds (monies from previous annual CCP allocations) and/or if the county put any funds into a reserve fund (i.e., funds specifically set aside to be used when budget is disrupted or decreased so operations can continue). Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in **red**. **Please correct any cells displaying red prior to submitting.**

Total Allocation: **\$ 490,340,000**

Where funds were allocated to:	Amount
Alternate Public Defender	\$ 1,263,000
Auditor-Controller	\$ 220,000
Board of Supervisors	\$ 3,947,000
Chief Executive Office	\$ 240,000
District Attorney	\$ 7,856,000
Diversion and Re-Entry	\$ 35,388,000
Fire District	\$ 6,770,000
Health Services	\$ 46,471,000
Homeless and Housing Program and Public Social Services	\$ 1,430,000
Mental Health	\$ 14,185,000
Probation	\$ 120,853,000
Public Defender	\$ 5,882,000
Public Health	\$ 10,450,000
Sheriff	\$ 234,329,000
Workforce Development, Aging, and Community Services	\$ 1,007,000
Trial Court Operations	\$ 49,000

(Total sums to) **\$ 490,340,000**

Please spell out all names and do not
use acronyms.

Difference from
Stated Allocation: **\$ -**

26. Of the total funds received in FY 2020-21, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red. **Please correct any cells displaying red prior to submitting.**

Total Allocation to public agencies: \$ 490,340,000

Total Allocation to non-public agencies:

Where funds were allocated to (public agencies):	Amount	Where funds were allocated to (non-public agencies):	Amount
Alternate Public Defender	\$ 1,263,000	NOTE: Several departments receiving funding	
Auditor-Controller	\$ 220,000	subsequently contract with a non-public agency or	
Board of Supervisors	\$ 3,947,000	agencies for services.	
Chief Executive Office	\$ 240,000		
District Attorney	\$ 7,856,000		
Diversion and Re-Entry	\$ 35,388,000		
Fire District	\$ 6,770,000		
Health Services	\$ 46,471,000		
Homeless and Housing Program	\$ 1,324,000		
Mental Health	\$ 14,185,000		
Probation	\$ 120,853,000		
Public Defender	\$ 5,882,000		
Public Health	\$ 10,450,000		
Public Social Services	\$ 106,000		
Sheriff	\$ 234,329,000		
Workforce Development, Aging, and Community Services	\$ 1,007,000		
Trial Court Operations	\$ 49,000		
(Total sums to)	\$ 490,340,000	(Total sums to)	\$ -
Please spell out all names and do not use acronyms.	Difference from Stated Allocation:	Please spell out all names and do not use acronyms.	Difference from Stated Allocation:
	\$ -		\$ -

27. How much funding, if any, was allocated to data collection and/or evaluation of AB 109 programs and services?

\$4,527,000: \$1,500,000 allocated to the Board of Supervisors for the Countywide AB 109 program evaluation, \$2,227,000 allocated to the Board of Supervisors for data collection, and \$800,000 allocated to the Department of Health Services for the evaluation of its Substance Treatment & Re-Entry Transition (START) and Medication Assisted Treatment (MAT) programs. Also, the County's FY 20-21 response has been updated to include carryover funding previously not reported.

SECTION 7: FY 2021-22 Public Safety Realignment Funding Allocation

Section 7 asks three (3) questions related to the allocation of FY 2021-22 Public Safety Realignment funding.

When answering these questions, consider the total funds allocated in FY 2021-22 and include any monies from 2020-21 growth funds and 2021-22 programmatic funding.

28. Of the total funds received in FY 2021-22, how did the CCP budget the allocation? Input the total allocation in the cell above the table. Within the table, identify where funds were allocated to, and include if the county is using any carry-over funds (monies from previous annual CCP allocations) and/or if the county is putting any funds into a reserve fund (i.e., funds specifically set aside to be used when budget is disrupted or decreased so operations can continue). Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in **red**. **Please correct any cells displaying red prior to submitting.**

Total Allocation: \$ 557,507,000

Where funds were allocated to:	Amount
Alternate Public Defender	\$ 4,231,000
Auditor-Controller	\$ 230,000
Board of Supervisors	\$ 3,357,000
Chief Executive Office	\$ 240,000
District Attorney	\$ 8,802,000
Diversion and Re-Entry	\$ 53,583,000
Fire District	\$ 4,582,000
Health Services	\$ 47,582,000
Homeless and Housing Program	\$ 912,000
Mental Health	\$ 44,286,000
Probation	\$ 123,200,000
Public Defender	\$ 14,490,000
Public Health	\$ 10,906,000
Sheriff	\$ 240,060,000
Workforce Development, Aging, and Community Services	\$ 997,000
Trial Court Operations	\$ 49,000

(Total sums to) \$ 557,507,000

Please spell out all names and do not
use acronyms.

Difference from
Stated Allocation: \$ -

Total Allocation to non-public agencies:

Thank you.



PUBLIC SAFETY REALIGNMENT TEAM

Realignment Implementation Plan

June 2021

I. BACKGROUND AND INTRODUCTION

PUBLIC SAFETY REALIGNMENT

In October of 2011, the State of California enacted Public Safety Realignment, a major criminal justice reform effort to reduce state prison overcrowding as ordered by a Federal Court. Outlined in Assembly Bill 109 and Assembly Bill 117, Public Safety Realignment transferred various responsibilities from the State to counties. Though more specific criteria apply, the primary components of realignment were as follows:

- ***Local Custody*** – Custody responsibility was transferred from the State to counties for individuals convicted and sentenced for non-violent, non-serious, non-sex (N3) felony offenses.
- ***Post-Release Community Supervision*** – Community supervision of eligible individuals released from state prison was transferred from state parole to a new, county-implemented Post-Release Community Supervision (PRCS) program.
- ***Local Revocation Process*** – Revocation processes for state parole (and for the newly created PRCS) were transferred to the counties and a local Court process. In addition, custody terms that result from parole (or PRCS) revocations were shifted to local county jail.

LOS ANGELES COUNTY’S PUBLIC SAFETY REALIGNMENT TEAM

Following its adoption of the County’s Community Corrections Partnership (CCP) realignment implementation plan in 2011, the Board of Supervisors established the Public Safety Realignment Team (PSRT) to ensure the ongoing coordination of realignment implementation among departments, stakeholder agencies, and community partners. Initially established with a composition and structure mirroring a county’s CCP, the PSRT is chaired by the Chief Probation Officer and provides ongoing realignment updates to the Board of Supervisors and the California Board of State and Community Corrections.

In December 2020, the Board approved a motion expanding the membership of the PSRT and directing the newly constituted body to update the county’s implementation plan. Specifically, the Board approved an updated PSRT membership structure by adding:

1. The department head or high-level executive from:
 - a. Office of Diversion and Reentry
 - b. Alternatives to Incarceration Initiative
 - c. Anti-Racism, Diversity, and Inclusion Initiative
 - d. Department of Health Services

2. Five representatives from community-based or advocacy organizations that work with the AB 109 reentry population with one appointee to be appointed by each supervisor for two-year terms; at least one representative should have lived experience.

Further, the Board directed the updated PSRT to:

1. Revise the AB 109 Community Corrections Partnership (CCP) implementation plan to reflect the Board's priorities on alternatives to incarceration, including, but not limited to, diversion programs, substance abuse programs, mental health treatment, housing, restorative justice programs, and community-based services.
2. Within 90 days of the new AB 109 CCP implementation plan being approved, provide recommendations for AB 109 funding that reflect the Board's priorities listed above.

The PSRT member roster and full motion approved by the Board are attached.

IMPLEMENTATION PLAN FORMAT

The goal of the PSRT implementation update is to provide a framework for how the County can address the responsibilities transferred to the County through realignment and incorporate the County's justice reform priorities. To that end, PSRT members developed an implementation plan format that identifies principles and corresponding programmatic/strategic recommendations in the following subject matter areas:

- Diversion / Alternatives to Incarceration
- Custody and Reentry
- Post-Release Community Supervision

The overall intent was to develop an integrated set of recommendations that promotes community-based services to reduce the number of individuals in custody or on supervision and to ensure that those who are in custody or on supervision are connected with services that support reentry, improve outcomes, and reduce recidivism. The set of documents that were approved by the committee are provided in Section II.

As directed by the Board, the PSRT is continuing its work to provide funding recommendations. Per the Chief Executive Office, the PSRT's funding recommendations will offer valuable input and guidance that will inform the CEO's development of the recommended AB 109 budget.

II. ITEMS APPROVED BY THE PUBLIC SAFETY REALIGNMENT TEAM

Overarching Principles

Diversion / Alternatives to Incarceration

- I. Implementation of Public Safety Realignment in Los Angeles County is guided by the County's Care First, Jails Last priorities.
- II. Los Angeles County's justice system operates with a racial and gender equity lens and aims to reduce racial and gender disparities.
- III. The provision of services that meet the needs of individuals in contact with the justice system, including survivors of harm, are provided by community-based service providers, outside the custody or supervision environments when possible.
- IV. Recovery is not a linear process. As individuals engage in this journey, strategies to assist in recovery should not penalize them and should afford individual agency and a spectrum of services utilizing a harm reduction approach.
- V. Alternative to incarceration efforts must focus on serving communities that are most vulnerable, including BIPOC and individuals with behavioral health needs, transition age youth, women – particularly Black Women – TGI and LGBTQ+ people.
- VI. Services and interventions are designed and delivered based on an individual's needs and strengths.
- VII. Strategies must be implemented to ensure safe and equitable access to services, resources, and obligations, including transportation, geographic proximity, childcare, etc.
- VIII. Strategies must be data-driven, evidence based best practices, with metrics of success to include the impact of strategies on individual and community health, reducing the jail population, improving racial equity, and enhancing public safety.
- IX. Strategies must prioritize addressing the root-causes of economic, racial and gender inequity; poverty and homelessness; criminalization and incarceration; and other forms of interpersonal and systemic harm.
- X. Implementation of Public Safety Realignment in Los Angeles County is in alignment with the 2011 Public Safety Realignment mandates and other relevant statutes and interpreted in the broadest manner to effectuate the overarching principles recognized herein.

Custody and Reentry

- I. Reentry planning and preparation starts as soon as someone is in custody.
- II. Individuals are removed from custody as soon as possible with appropriate supports.
- III. Community-based organizations play a primary role in within- and post-custody reentry preparation and support.

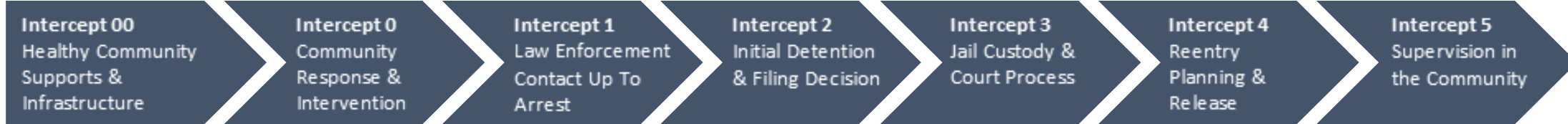
Post-Release Community Supervision

- I. Pre-release planning, including identification of individualized service needs and establishment of benefits, is a critical component of the PRCS program.
- II. The PRCS model prioritizes an integrated care plan that includes evidence-based supervision practices, treatment, and wrap-around supportive services.

- III. The PRCS model addresses individualized needs in order to support reentry and community reintegration and enhance public safety.
- IV. Individuals should continue to be provided needed treatment and services beyond their supervision period.
- V. Prerelease planning, service delivery, and release should prioritize self- and community-determination.
- VI. Consistent, accessible, publicly transparent, robust, and funded data collection and reporting should be conducted to establish a baseline, track outcomes, improve outcomes, and determine if there are any unintended outcomes, and should be reviewed on a regularly established basis (e.g., monthly/annually). Data tracking metrics should include reductions in the jail population and in racial, gender, and geographic disparities.
- VII. Consistent with the overall PRCS supervision model, responses to violations -- including the revocation process -- prioritize a client's connection or re-connection to treatment services.
- VIII. To ensure long-term community stability, develop multiple opportunities throughout the revocation path to provide access to support and services.

Diversion / Alternatives to Incarceration Intercept Model

ATI Office
Intercept Model,
2021



Diversion / Alternatives to Incarceration

Principles and Recommendations

<u>Intercept 00 - Healthy Community Supports & Infrastructure</u>	
Objective: To build a robust community-based network of behavioral health supports, housing, employment, transportation, and other resources to help prevent people from entering or reentering jails	
Principle	Programmatic/Strategic Recommendation
1. Resource and support communities to meet their own needs so that they can grow and thrive, without law enforcement or criminal legal system intervention	a. Community-based Service and Resource Hubs - e.g. DOORS Reentry Center (ODR); Restorative Care Villages (BOS/DHS/DMH)
2. Youth Development Resources	a. (Youth Justice Reimagined)
3. Safe transportation, housing, safe child care, access to all medical care, free and appropriate public education, diagnosis and support, access to green space and healthy food, employment	
4. Services in the community are delivered by individuals with lived experience that represent the intersections and identities of those impacted in a culturally humble way.	a. Fund and expand community peace-keeper programs that utilize a peer-based model and employ impacted individuals outside of law enforcement; Trans-led gender-affirming education and family support
<u>Intercept 0 - Community Response & Intervention</u>	
Objective: Consistent with community safety, reduce the number of people having contact with law enforcement, by focusing on individual and community wellness and development of strengths and responding to the needs of individuals in crisis	
Principle	Programmatic/Strategic Recommendation
5. Provide direct hand-off to services for people in lieu of arrest	a. Law Enforcement Assisted Diversion (ODR)
6. Create real-time inventory of available services, accessible to individuals, families seeking support, and service providers, and law enforcement where relevant	a. ATI Assessment and Referral App
7. Provide robust, community-based, non-law enforcement responses to those in behavioral health crisis, preferably through those with lived experience	a. Alternative Crisis Response (ATI); community-based emergency response (e.g. Community Alternatives to 911); Multi Disciplinary Team (MDT) and Psychiatric Mobile Response Teams (PMRT)
8. Provide harm reduction services for those struggling with substance use disorders	a. Harm Reduction Training/Overdose Education and Naloxone Distribution (ODR)
9. Youth Development and Diversion Resources	a. (Youth Justice Reimagined)
<u>Intercept 1 - Law Enforcement Contact Up to Arrest</u>	
Objective: Consistent with community safety, reduce the number of people from entering the jail system, regardless of charges, with a focus on their strengths and needs	
Principle	Programmatic/Strategic Recommendation
10. Provide direct hand-off to services for people in lieu of arrest	a. Law Enforcement Assisted Diversion (ODR)
11. In situations where behavioral health crisis situation requires law enforcement, it should be a co-response with a clinical and specially trained law enforcement officer.	a. Mental Evaluation Team (LASD/DMH)
<u>Intercept 2 - Initial Detention & Filing Decision</u>	
Objective: Presumption of pretrial release to decentralized community-based services, housing and resources, in an effort consistent with community safety, stability of the individual, and improved health and wellness outcomes	
Principle	Programmatic/Strategic Recommendation
12. Reduce the number of people with mental health, homeless and other vulnerabilities from entering the jail system	a. Prefiling diversion program (ATI)
13. 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	a. community-based pretrial service providers (e.g. CASA); access to legal defense counsel; access to participatory defense in the community
14. Decriminalize quality of life and survival crimes	a. Alternative stabilizing housing supports and behavioral health supports, including safe consumption housing; prosecution filing decisions (e.g. prosecutors can reduce or eliminate filing on survival crimes)

15. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release

Intercept 3 - Jail Custody & Court Process

Objective: Establish up-front strength, needs, and behavioral health assessments and robust diversion and release capacity to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health, physical health, and other clinical needs, and other particularly vulnerable populations

Principle	Programmatic/Strategic Recommendation
16. Assess and identify as early as possible, those with behavioral health needs who are eligible for diversion and release, and divert to community-based services and supports, as early as possible	a. AB1810 Pretrial Mental Health Diversion (ODR & ATI); Misdemeanor Incompetent to Stand Trial (ODR); Felony Incompetent to Stand Trial (ODR); Department of State Hospitals Diversion (ODR)
17. Assess and identify as early as possible, those who may be eligible for diversion and release, and divert to community-based services and supports, as early as possible	a. Community-based pretrial services (ATI/ODR); Rapid Diversion (ATI); Reentry Intensive Case Management System (ODR)
18. 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	a. Community-based pretrial service providers (e.g. CASA); access to legal defense counsel; access to participatory defense in the community
19. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release

Intercept 4 - Reentry & Release

Objective: Ensure early release planning for all people coming out of jails and prisons to LA County, and continuity of support and peer navigation to services and supports to ensure stability and success for individuals returning to their communities

Principle	Programmatic/Strategic Recommendation
20. Begin release planning upon entry into jail, and improve care coordination for release, to support the success of individuals upon release	a. Care Transitions (DHS-CHS)/Reentry Intensive Case Management System (ODR)
21. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release
22. Support employment development and supports, especially for those with behavioral health needs, TGI, and other marginalized individuals	a. SECTOR (ODR); community-based workforce development
23. Allow people to finish serving the last few years of their realignment sentence in the community	a. Returning Home Well LA

24.	Provide opportunities for community-based reentry sites; Split sentencing with an opportunity to serve the end of sentences in a community-based setting	
25.	Provide safe transportation to everyone leaving custody	a. Platform to connect the individual to the service provider that provides transportation
<u>Intercept 5 - Supervision in the Community</u>		
Objective: Reduce the demands and length of supervision, and improve access to supportive services by connection to peer navigators to improve health and safety outcomes		
Principle		Programmatic/Strategic Recommendation
26.	Promote the principles of Harm Reduction 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; Reduce the role of Probation and increase the transitioning of individuals to community-based supports and providers	a. (Probation)
27.	Improve connection to community-based services and resources through peer navigation for those on supervision, with continuity post-supervision	a. Reentry Intensive Case Management System (ODR)

Custody and Reentry Model



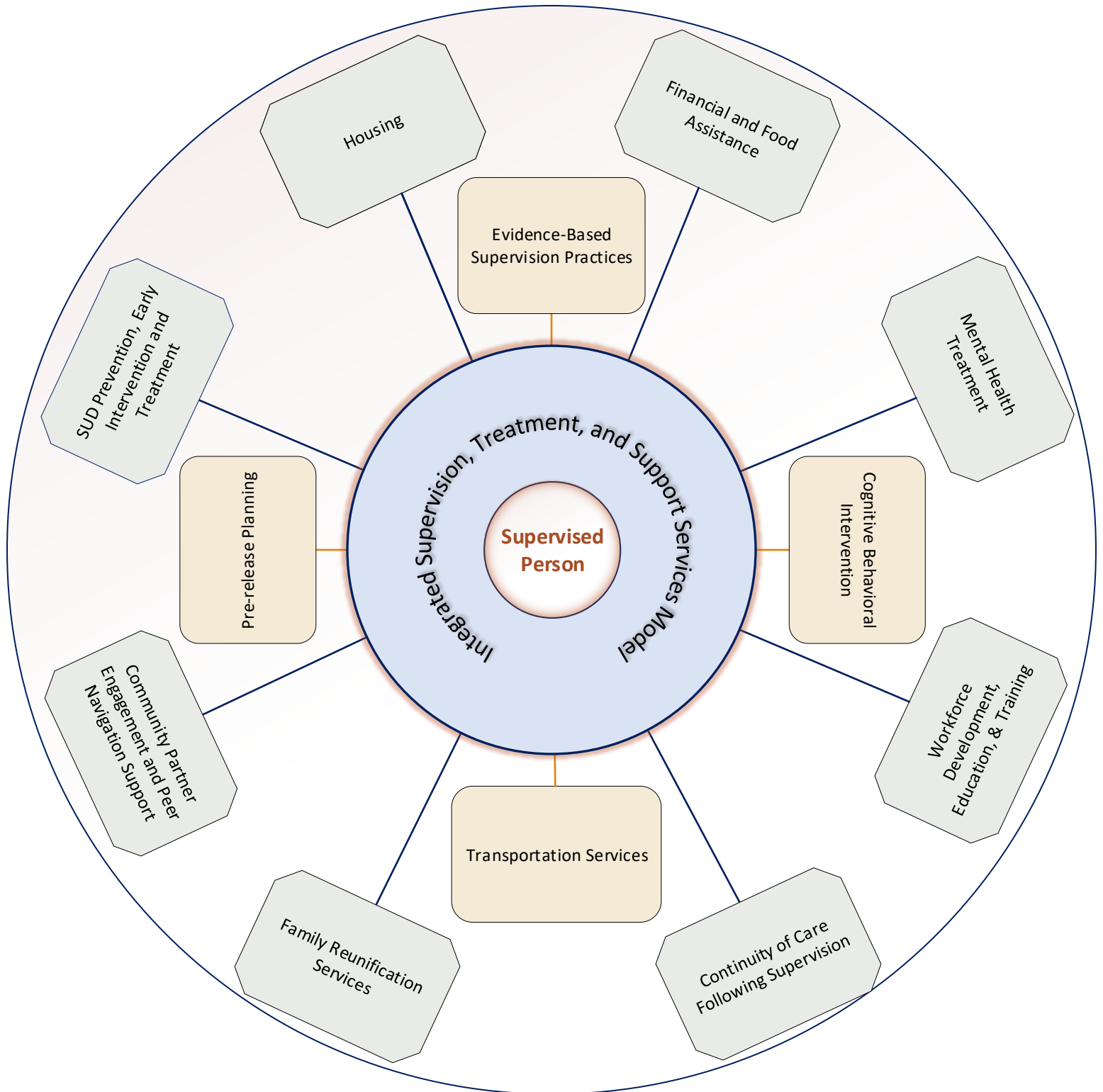
Custody and Reentry

Principles and Recommendations

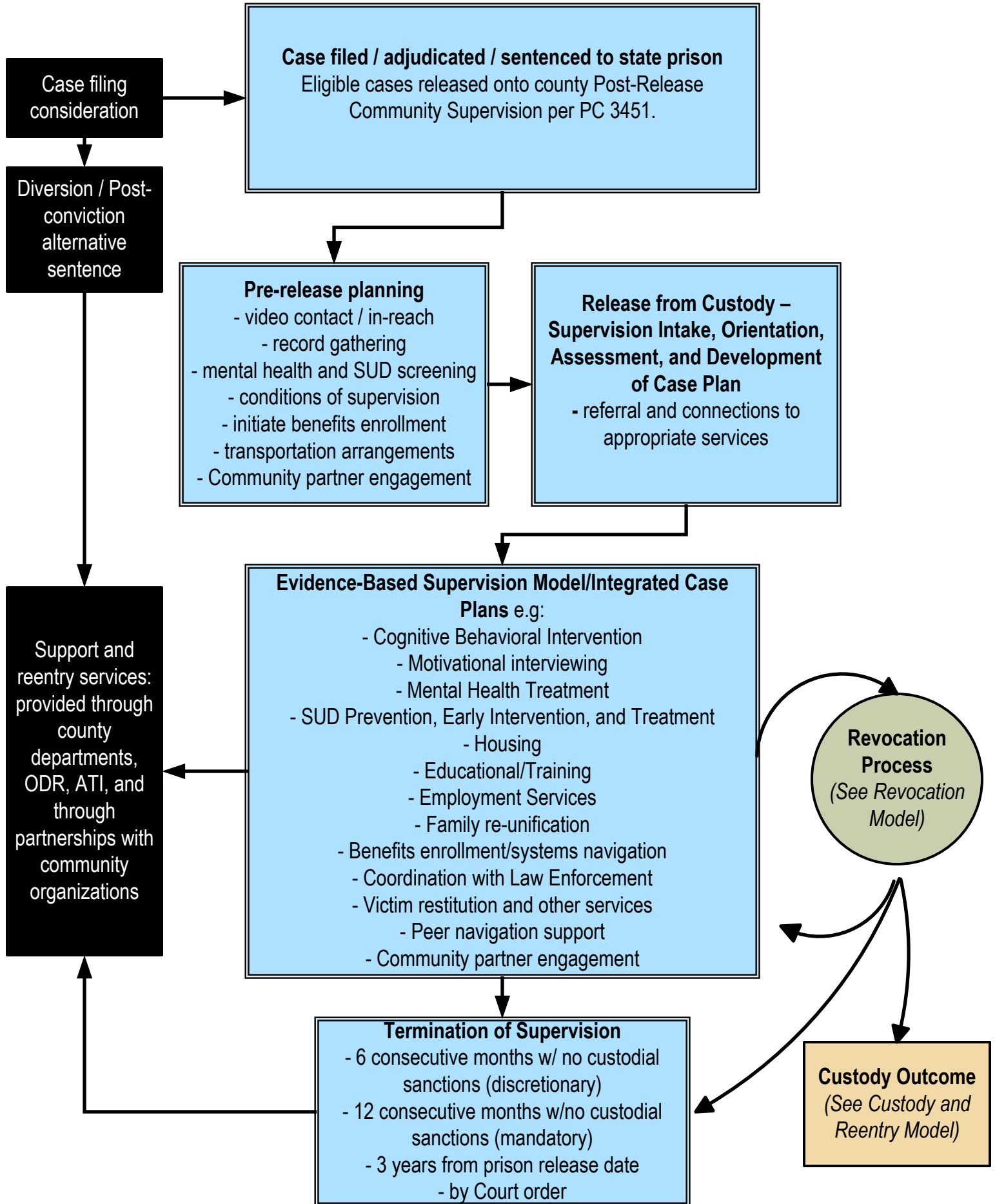
Custody	
Principle	Programmatic/Strategic Recommendation
1. County jail facilities provide a safe and secure housing environment for incarcerated individuals.	
2. Incarcerated individuals have the opportunity to participate in meaningful programming leading to credits.	a. LASD to provide programming including fire camp, Education Based Incarceration (EBI), conservation credit, inmate worker credits, Life Skills and Career Technical Education
3. Gender-responsive services are available to individuals in custody who identify as female.	a. Trauma-informed programming, visitation room (ABC room) for mothers and children, and expansion of services for pregnant and parenting women including prenatal education, doula services and lactation support
4. Healthcare services in jail are delivered in a manner which is inclusive, compassionate, excellent, innovative, and accountable to individuals in the county jail and facilitates continuity of their care upon release.	a. Correctional Health Services to provide high quality physical health, mental health, substance use treatment, and dental care, meeting or exceeding community-level standards of care
5. Evidence-based substance use disorder treatment programming should be available to individuals during their time in custody.	a. Medication for Addiction Treatment (MAT) and START program should be implemented to scale.
6. Incorporate restorative justice programming into custody setting that is led by community-based organizations	
7. Prioritize in-custody workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency and support individuals in a responsive, holistic way	a. Support and expand efforts like the Career Center at the Century Regional Detention Facility where incarcerated individuals receive certification training in Construction, Hospitality and Technology both as pre-release and post-release training
Reentry	
Principle	Programmatic/Strategic Recommendation
8. Release planning and connection to reentry and community supports should begin as early as possible in custody.	a. Assessment provided soon after arrival that includes strengths, needs, trauma history, family/community supports, and current/prior providers, ideally by a person of the same community with lived experience
9. Involve family member(s), current/prior treatment provider(s) in the community, Probation and defense attorney in reentry planning, as appropriate and with consent of the client	a. Provide opportunities for in-person or virtual in-reach, including assessment interviews or engagement in custody by the identified community treatment provider and/or Probation, if pending release to supervision
10. County and community partners work to identify individuals who may be diverted from jail to alternative to custody programs and/or community-based care.	a. ODR to provide community-based restoration for misdemeanor and felony defendants found incompetent to stand trial (MIST and FIST)
	b. Court-ordered releases to SUD or MH treatment
	c. Rapid Diversion Program
	d. Returning Home Well LA
	e. ODR Housing Program
11. Maximize direct warm handoffs directly from jail to receiving community-based providers	a. Arrange conditional and coordinated releases directly to providers
	b. Provide assistance with transportation to destination upon release
12. All incarcerated individuals should have a safe place to stay upon release.	a. Provide interim housing through Probation-contracted services, DHS Housing for Health, LAHSA or other housing providers
13. Ensuring continuity of care with medical, mental health and SUD treatment upon release is essential to health and well-being	a. Schedule appointments with primary care provider, mental health and/or SUD provider in community prior to release
	b. Provide assistance in applying for or reinstating Medi-Cal benefits
	c. Provide 30-day supply of essential medications at release
14. Efforts to provide individuals with vital documents and enroll in eligible public services are critical to support reentry.	a. Provide assistance in obtaining CA ID, birth certificate, Social Security card, and/or other needed documents

(continued from #14 above)	b. Provide assistance in applying for or reinstating GR, CalFresh food benefits, SSI/SSDI, Medi-Cal and/or other applicable benefits
15. Prioritize workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency and support individuals in a responsive, holistic way	a. Identify opportunities to support re-entry job seekers through training stipends, intensive case management, system integration like the INVEST program (between WDACS and Probation), and other housing/work financial supports
16. Engage and educate employers on the value of hiring justice-involved individuals, concentrating on high growth industries	a. Support and enhance the County's Fair Chance campaign that educates employers on the State's Fair Chance law, but also encourages employers to sign on to the Fair Chance pledge and hire from the reentry population
17. Ensure reentry needs and strengths in all domains are considered in the comprehensive release plan	a. Develop comprehensive reentry plans in collaboration with individual in jail, to include (as needed) housing, medical care, mental health treatment, SUD treatment, family/community/social support (including family reunification if applicable), transportation, Medi-Cal, financial and food support, and needed documents
18. Ongoing case management, navigation or peer support from a credible messenger in the community with lived experience	a. Provide linkage upon release to a community health worker, peer support, or other reentry provider with lived experience of prior incarceration

Post-Release Community Supervision Model



POST-RELEASE COMMUNITY SUPERVISION (PRCS) – PC 3451



Post-Release Community Supervision

Principles and Recommendations

Pre-Release and Early Transition Planning	
Principle	Programmatic/Strategic Recommendation
1. Pre-release planning and community transition support are critical elements of PRCS and community-based service support.	a. The County's Pre-Release Center (PRC), in partnership with independent community-based organizations, screens the incoming PRCS case for mental health, substance use disorder, physical health, housing, and other responsivity needs to ensure appropriate services are rendered.
	b. Pre-release benefits enrollment processes support the timely delivery of needed services and shall include independent community-based partners.
	c. Strategies to address transportation needs should prioritize independent community-based service providers.
Evidence-Based Supervision Practices	
Principle	Programmatic/Strategic Recommendation
2. PRCS and community-based service provision goals of promoting the successful reentry of clients and enhancing public safety are accomplished through the incorporation of evidence-based practices and strategies that are rooted in community-based holistic approaches.	a. Holistic and innovative evidence-based approaches
	b. Validated assessment tools are utilized to identify needs and strengths and develop case plans, including: harm reduction strategies to address in order to reduce recidivism, mental health treatment needs, SUD treatment needs, and other support service needs.
3. Individualized Interventions	a. The level of case management and supervision service correspond to an individual's identified needs and strengths in collaboration with independent community-based organizations. Supervision case plans are developed at the beginning of the supervision period with community-based partners that identifies support that correspond to the client's needs and strengths.
	b. Supervision services are prioritized for clients that are at high need. Per statute, clients that make significant progress towards the completion of their case plan goals and have no custodial sanctions are considered for an early earned discharge.
	c. The County currently contracts with community-based organizations for the following services: substance use disorder, mental health treatment, employment, housing, and system navigation. The County should contract directly with community-based organizations independently of law enforcement body.
Public Safety	
Principle	Programmatic/Strategic Recommendation
4. Addressing client accountability when necessary can promote positive long-term behavior change and support public safety, in collaboration with independent community-based organizations.	a. Probation coordinates with independent community-based organizations and collaborates with local law enforcement and participates in co-located teams in order to address unmet needs that present public safety concerns
Substance Use Disorder (SUD) Treatment Services	
Principle	Programmatic/Strategic Recommendation
5. Substance use disorder (SUD) services are accessible and connect individuals to the right services, at the right time, in the right setting, for the right duration.	a. Ensure that justice involved individuals have access to SUD services via multiple entryways (SASH, CENS, SBAT, direct treatment provider)
	b. Collaborate with partners to provide access to SUD services at Probation Offices and court locations
	c. Monitor efficiency and efficacy of entryways to SUD services
6. SUD services are comprehensive across the lifespan and on a continuum of improved health, wellness, and recovery.	a. Evidence-based SUD prevention, early intervention, treatment, and recovery support services are available to justice-involved individuals, both during and after supervision.
	b. The pathway to recovery is not a linear process and may include one or more service components and episodes between and/or within the following: withdrawal management, outpatient, residential, recovery bridge housing, medication assisted treatment, harm reduction, and recovery support services.
	c. SUD services are client-entered and personalized to ensure the right level and duration of treatment and are based on an individual's continual growth to improve the quality of their life.
	d. Leverage existing resources (e.g., AB 109, other local, state, and federal funds) to support SUD services that are not reimbursable by Drug MediCal, but necessary to ensure continuity of SUD services to justice-involved individuals
7. SUD services are culturally humble and influenced and responsive to personal belief systems.	a. SUD services are provided by a culturally, racially, and gender diverse workforce of SUD registered and certified counselors, and licensed professions, including peer support services by individuals with a diversity of lived experience.

(continued from #7 above)

- b. SUD counselors are trained to work with justice-involved populations, including trained on trauma-informed evidence-based approaches.
- c. SUD workforce is trained on SUD trends and other restorative justice and health equity topics and practices.
- d. SUD services are made available in all of LA County's threshold languages, directly or by interpretation services.
- e. SUD services are available throughout LA County, including communities most impacted by the justice system.

Mental Health Treatment Services

Principle	Programmatic/Strategic Recommendation
8. Proactive outreach and engagement of clients	a. Meeting clients where they feel most comfortable and engaging them, including jail in-reach prior to release and participating in video-conferencing with clients in CDCR
9. Access to all levels of care, including mental health and co-occurring services	a. Mental health assessments, linkage, and specialty mental health services such as intensive outpatient, enriched residential (ERS) and co-occurring substance abuse (COIN) services provided by community-based organizations to help individuals achieve hope, recovery and wellbeing
10. Collaboration and integration of care with AB109 partner agencies	a. Collaboration and communication with all partner agencies and departments to facilitate integrated care for clients, including co-location of staff
11. Provide ancillary services and supports	a. Providing a full continuum of care tailored to meet individual needs, including establishment of benefits and linkage to a broad array of services and supports
12. Ensuring providers have the necessary evidence-based training	a. Offering relevant trainings to providers in order to improve the skill set needed to engage clients
13. Assisting client to remain engaged in services following termination of supervision	a. Working with providers to provide continuity of care for engaged clients

Employment Services

Principle	Programmatic/Strategic Recommendation
14. Prioritize workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency	a. Support and expand efforts like the Career Center at the Century Regional Detention Facility where incarcerated people receive certification training in construction, hospitality and technology as part of pre-release planning that will continue with post-release training and employment
15. Engage and educate employers on the value of hiring justice-involved individuals, concentrating on high growth industries	a. Support and enhance programming that supports hiring justice-involved individuals by community-based organizations, as well as the County's Fair Chance campaign that educates employers on the State's Fair Chance law, but also encourages employers to sign on to the Fair Chance pledge and hire from the reentry population
16. Understanding the complex array of barriers the re-entry population faces, ensure financial and case management supports are responsive to the re-entry population's needs	a. Identify opportunities to support re-entry job seekers through training stipends, intensive case management, system integration like existing community-based organizations, as well as the INVEST program (between WDACS and Probation), and other housing/work financial supports
17. For parenting re-entry adults, engage the family through youth programming to assist in the prevention of continuing justice-involvement	a. Identify opportunities to serve children of justice-involved through youth work experience and education programs to help break the cycle of justice system involvement

Community Partnerships and Equitable Access to Services

Principle	Programmatic/Strategic Recommendation
18. The County and community partners collaborate to provide access to support services -- during supervision and supporting independent community-based services after supervision.	a. Housing
	b. Peer navigation services and credible messenger support
	c. Transportation services
	d. Family re-unification
	e. Financial and food assistance

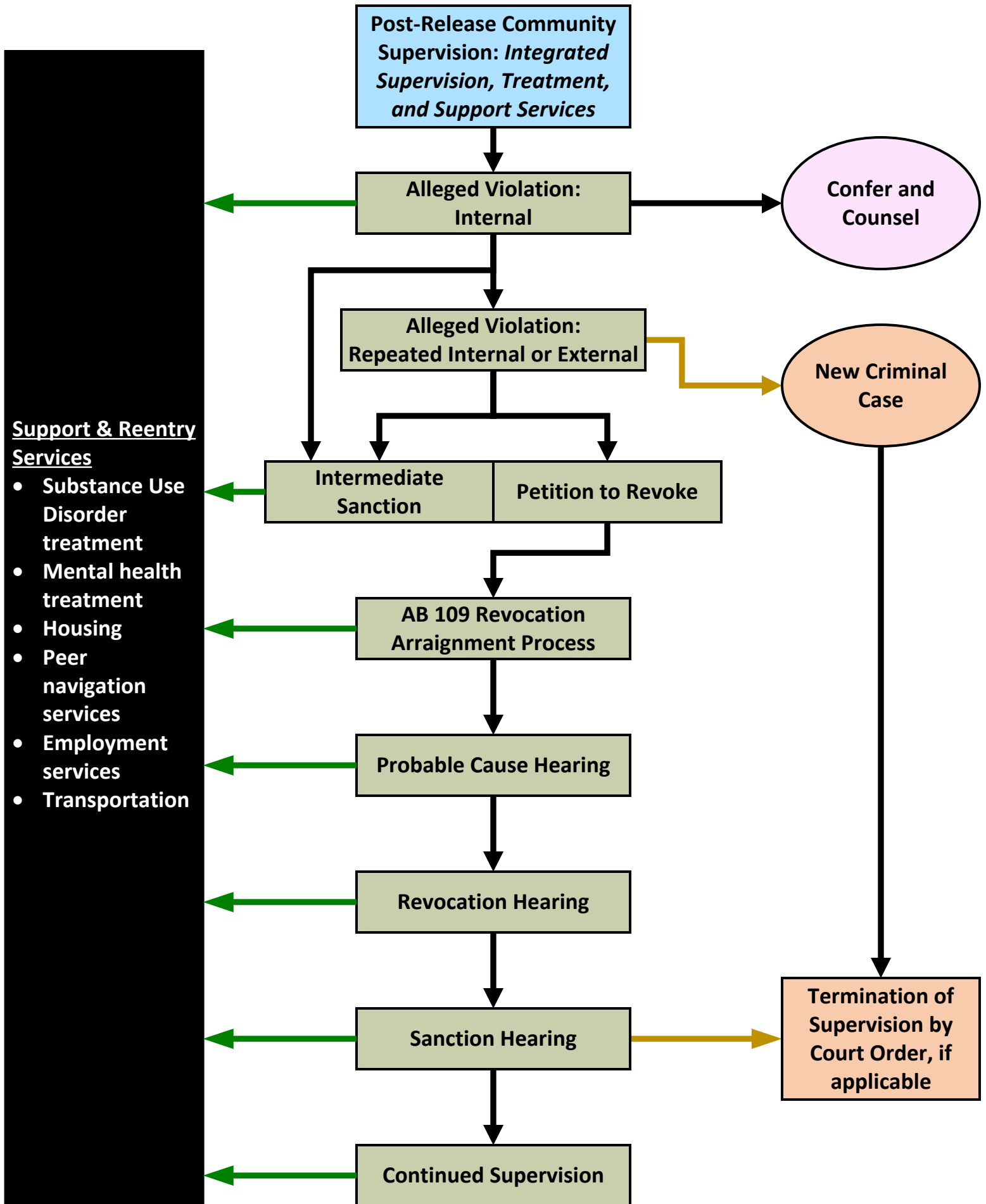
Violations and Revocation Process

EBP Principles

Principle	Programmatic/Strategic Recommendation
1. Responding to the root causes of harm and unmet needs in a swift, culturally humble and sensitive, and fair way reduces supervision violations and law violations especially when used in conjunction with the use of positive reinforcement to respond to positive behaviors. Responding to needs in an equitable and positive way reinforces the vision of care first in a revocation model.	a. Probation-developed policies grounded in holistic harm reduction and community-based principles to guide DPOs in their responses to client behaviors, needs, and strengths

Alternatives to Custody	
Principle	Programmatic/Strategic Recommendation
2. Reliance on custodial sanctions alone is ineffective in reducing recidivism	a. Probation's Response Grid uses graduated responses based on the client's needs and strengths to determine the response. Responses prioritize reconnection to services, and revocations are only recommended for clients that have needs that could not be met through any other community-based services and should be a last resort.
Ensuring Public Safety	
Principle	Programmatic/Strategic Recommendation
3. Ensuring public safety is a critical role of the Probation Department. Public safety prioritizes the needs of the client, their family, and survivor(s).	a. Addressing client accountability in partnership with independent community-based organizations, when necessary and appropriate, contributes to an increase in public safety.
Coordinated Delivery of Services	
Principle	Programmatic/Strategic Recommendation
4. Individuals who face revocation often present with very high and complex needs. As a result, the availability and delivery of services through the revocation process should be specifically designed to address those high needs.	a. The availability of co-located assessments and service linkages prioritizing community-based providers at the Court is critical for complex needs such as: co-occurring residential treatment, housing and mental health housing, skilled nursing facility placement, and SUD treatment services, including Medication for Addiction Treatment (MAT).
5. Strategies and supports delivered by independent community-based providers that help individuals meet their supervision obligations can help improve their outcomes and reduce violation incidences.	a. Peer navigation services/credible messengers
	b. Transportation support
	c. Use of existing community-led strategies (e.g., PRIT, ATI, MCJ closure report, etc.), as well as the development of strategies and partnerships, prioritizing independent community-based providers, to help individuals meet applicable registration requirements

Violation/Revocation Model



III. ATTACHMENTS

**Public Safety Realignment Team
Roster**

Agency	Member	Title	Designated Alternate
Probation Department (Chair)	Adolfo Gonzales	Chief Probation Officer	Deputy Director Howard Wong
Superior Court	The Honorable Sergio Tapia II	Supervising Judge	
Sheriff's Department	The Honorable Alex Villanueva	Sheriff	Asst. Sheriff Brendan Corbett -- Custody Operations
District Attorney's Office	The Honorable George Gascon	District Attorney	Chief Deputy Joseph Iniguez
Public Defender's Office	Ricardo Garcia	Public Defender	Chief of Staff William Stone
Alternate Public Defender's Office	Erika Anzaotegui	Alternate Public Defender	Acting Chief Deputy Cesar Sanchez
Chief Executive Office	Fesia Davenport	Chief Executive Officer	Brian Hoffman -- Principal Analyst, CEO
Department of Mental Health	Dr. Jonathan Sherin	Director, DMH	Dr. Kip Thompson -- Director, Forensic Psychiatry Division
Department of Public Health - Substance Abuse Prevention and Control (SAPC)	Dr. Gary Tsai	Director, DPH-SAPC	Deputy Director Michelle Gibson
Workforce Development, Aging, and Community Services (WDACS)	Otto Solorzano	Acting Director, WDACS	Asst. Director Jose Perez
Department of Public Social Services	Antonia Jimenez	Director, DPSS	Division Chief LaShonda Diggs, General Relief and CalFresh
Department of Health Services	Dr. Christina Ghaly	Director, DHS	Dr. Tim Belavich -- Interim Director, DHS-Correctional Health Services
Office of Diversion and Reentry	The Honorable Peter Espinoza	Director, ODR	Deputy Director Rohini Khanna
Alternatives to Incarceration	The Honorable Songhai Armstead	Executive Director, ATI	David Turla -- Principal Analyst, CEO
Anti-Racism, Diversity, and Inclusion Initiative	D'Artagnan Scorza	Executive Director	
Los Angeles County Office of Education	Dr. Debra Duardo	Superintendent of Schools	Maricela Ramirez
Los Angeles Police Department	Michel Moore	Chief, LAPD	Deputy Chief Kris Pitcher
County Police Chiefs Association	Vernon Police Chief Anthony Miranda	President, County Police Chiefs Association	San Gabriel Police Chief Eugene Harris
Community Based Organization	Troy Vaughn	Executive Director, Los Angeles Regional Reentry Partnership	
Appointee, Supervisorial District 1	Ivette Alé	Senior Policy Lead, Dignity and Power Now	
Appointee, Supervisorial District 2	Bikila Ochoa	Deputy Director, Anti-Recidivism Coalition	
Appointee, Supervisorial District 3	Marisa Arrona	Local Safety Solutions Project Director, Californians for Safety and Justice	
Appointee, Supervisorial District 4	Jose Osuna	Housing Justice Manager, Brilliant Corners	
Appointee, Supervisorial District 5	Josh McCurry	Executive Director, Flintridge Center	
Representative of Victim Interests	Itzel Citlali Bonilla	Program Coordinator, Healing Dialogue and Action	

AGN. NO. _____

MOTION BY SUPERVISORS JANICE HAHN AND
HILDA L. SOLIS

December 8, 2020

Restructuring the Public Safety Realignment Team

In 2011, California passed Assembly Bill 109 (AB 109), 2011 Public Safety Realignment, that shifted responsibility for certain low-level offenders from the state to the counties. Individuals convicted of “non-serious, non-violent, non-sex” (N3) crimes would no longer be housed in state prisons and overseen by state probation, but instead would remain in county custody and overseen by county probation. To help the counties implement their new responsibilities, the state provided an annual permanent funding stream to be used for criminal justice and rehabilitative services. AB 109 also required the counties to establish a local Community Corrections Partnership (CCP) to develop an implementation plan for these funds.

The Los Angeles County CCP developed and presented an AB 109 implementation plan to the Board of Supervisors (Board) in 2011. The Board accepted the plan and then voted to establish the Public Safety Realignment Team (PSRT) to continue the coordination effort and to report to and advise the Board on AB 109 implementation matters. To ensure consistency, the Board established that the PSRT membership and structure would mirror that of the statute-identified CCP; it is chaired by

the Probation Department and includes representatives from the Superior Court, County Chief Executive Officer, District Attorney, Public Defender, Alternate Public Defender, Sheriff's Department, Los Angeles Police Department, Los Angeles County Police Chiefs Association, Department of Public Social Services, Department of Mental Health, Department of Workforce Development, Aging and Community Services, Department of Public Health, County Office of Education, and one community-based organization representative. The PSRT is supported by the Countywide Criminal Justice Coordination Committee (CCJCC).

In the nine years since AB 109 was passed, the County has begun to reimagine its criminal justice system away from incarceration and punishment, and instead towards diversion and rehabilitation. In 2015, the Board created the Office of Diversion and Reentry with the goal of implementing criminal justice diversion for individuals with mental illness. Additionally, earlier this year, the Board established the Alternatives to Incarceration Initiative to coordinate a county-wide system of care that reduces the role of incarceration and instead uplifts the role of care and community.

While the Board has consistently reaffirmed their commitment to alternatives to incarceration over the last five years, the AB 109 implementation plan established by the CCP in 2011 remains unchanged. Additionally, the membership of the PSRT does not reflect the various new departments and initiatives that the Board has created to move the County towards a “care first, jails last” model, and it only includes one community representative. In June 2020, the Board approved a motion to reassess the way AB 109 funds are spent. During the reassessment process, it became clear that the PSRT’s membership and the AB 109 CCP implementation plan are outdated and do not reflect the way that the County has changed over the last nine years. In order to reflect the Board’s vision towards a “care first, jails last” model, we must update the PSRT’s

membership to reflect these changes by adding representatives from various departments and organizations involved in the County's continuum of care along with more community representatives. Additionally, the newly expanded PSRT should revisit and revise the AB 109 CCP implementation plan to bring it up to date with the Board's vision and then provide recommendations for AB 109 funding allocations that will allow the PSRT to implement the approved plan.

WE, THEREFORE MOVE that the Board of Supervisors approve an updated Public Safety Realignment Team (PSRT) membership structure by adding the following representatives within 30 days:

1. The Department Head or high-level executives from the following departments:
 - a. The Office of Diversion and Reentry,
 - b. The Alternatives to Incarceration Initiative,
 - c. The Anti-Racism, Diversity and Inclusion Initiative,
 - d. The Department of Health Services; and
2. Five representatives from community-based or advocacy organizations that work with the AB 109 reentry population with one appointee to be appointed by each supervisor for two-year terms; at least one representative should have lived experience.

WE, FURTHER MOVE THAT THE BOARD OF SUPERVISORS direct the updated Public Safety Realignment Team to meet monthly to do the following:

1. Revise the AB 109 Community Corrections Partnership (CCP) implementation plan to reflect the Board's priorities on alternatives to incarceration, including, but not limited to, diversion programs, substance abuse programs, mental health treatment, housing, restorative justice programs, and community-based services. This plan should be completed within 90 days of the PSRT being updated and

presented to the Board of Supervisors for approval, along with a proposed meeting schedule.

2. Within 90 days of the new AB 109 CCP implementation plan being approved, provide recommendations for AB 109 funding allocations that reflect the Board's priorities listed above.

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JH:kc