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Addressing the Mental Health Crisis in Los Angeles County: Developing Mental Health Care Facilities to Help Depopulate the Jail

The Los Angeles County Board of Supervisors (Board) continues to move methodically forward to safely close Men’s Central Jail (MCJ) through the work of the Jail Closure Implementation Team (JCIT)¹ and the Alternatives to Incarceration Initiative (ATI), in close collaboration with the Alliance for Health Integration (AHI) and the Departments of Mental Health, Health Services, and Public Health, public safety Departments, and other Los Angeles County (County) Departments and community stakeholders. This collaboration will be much more strategic, coordinated, and streamlined with the soon-to-be established Justice, Care, and Opportunities Department (JCOD)² in October 2022.

The County has recognized that to safely close MCJ, reduce harm and trauma

¹ <http://file.lacounty.gov/SDSInter/bos/supdocs/159317.pdf>

² <http://file.lacounty.gov/SDSInter/bos/supdocs/166845.pdf>

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caused by the jails, and comply with lawsuits and consent decrees, it will need to reduce the overall jail population. More specifically, it will need to reduce the ever-increasing population of incarcerated people who have varying levels of need for mental health and often co-occurring substance use disorder.

The Board has taken substantial action and efforts to support its “care first” initiatives through the work of the Office of Diversion and Reentry (ODR) and the Alternatives to Incarceration Initiative (ATI). The former has been able to divert people who are pregnant and people with mental health needs with the support of Probation, the Public Defender, and the District Attorney; and the latter has been able to limit the flow into the jails through its pre-plea and rapid diversion programs. The Board has also provided tremendous financial support to stand up and back community-based programs through the Care First Community Investment fund—providing \$200 million to fund those in need and towards the collaborative work between the County and community to decarcerate the county’s jails.

To truly meet this vulnerable population’s needs for “care first and jails last,” it’s apparent that the County will need to develop (via lease, contract, purchase, and/or construction) at least one and potentially more mental health care facilities, located throughout Los Angeles County. This will include facilities providing secured, non-correctional mental health care, as well as building out the continuum of behavioral health residential care to include non-locked community facilities for individuals to step-down to as their behavioral health needs are stabilized, and they pose no danger to themselves or the community.

The facts cannot be ignored:

- In the last decade, the population of incarcerated people in LA County with mental health needs has increased more than 80%.
- The 7,128 individuals³ with mental health care needs in the County jails now account for almost half of the total jail population of 14,805⁴. A disproportionate percentage, about 80%, of these individuals also have co-occurring needs related to substance use disorder (SUD).
- Of the over 7,000 individuals with mental health care needs, 1,601⁵ of them are designated at the “P3” and “P4” levels of care in the jail, with debilitating mental illness that could pose a danger to themselves or others, and who are in need of care beyond what Twin Towers Correctional Facility (TTCF) and other jails in the County system may be able to adequately provide.

TTCF⁶, one of the largest jails in the world, is also the largest de facto mental health facility in the nation⁷. With the ever-increasing mental health population, various Sheriff administrations in the past have shared concerns regarding the challenges in handling this vulnerable population’s specific needs.

One of many reasons why the Board has adopted the “care first” priority and is working to safely close MCJ is because treatment of people with mental health needs may be improved with a non-carceral approach. For decades, the jail system has been

³ As of September 14, 2022.

⁴ As of September 20, 2022.

⁵ As of September 14, 2022.

⁶ <http://shq.lasdnews.net/pages/PageDetail.aspx?id=1404>

⁷ <https://www.npr.org/2020/02/25/805469776/americas-mental-health-crisis-hidden-behind-bars>

plagued with lawsuits and consent decrees⁸ relating to the poor treatment of people who are incarcerated, especially those with mental health needs. In the jail environment, it is difficult to provide adequate therapeutic and confidential settings in which mental health professionals can engage their patients, and the space required to hold individual or group therapy, which are vital to improving patients' mental health, stability, and independence.

Due to the lack of space, people with mental health needs may be transferred and incarcerated in ways that may put these individuals' mental and physical health at further risk, which could increase their risk for self-harm and suicide and contribute to the concerning number of in-custody deaths⁹. These challenges also contribute to the potential for decompensation of those who are already seriously mentally ill and can even lead to the new onset of mental illness¹⁰.

Moreover, in a carceral setting, the day-to-day operations are led from a security or carceral perspective, whereas genuine non-correctional mental health care facilities are led with a trauma-informed, clinical perspective that is more patient-focused, therapeutic, and care-oriented. The United States Department of Justice has expressed major concerns with excessive uses of force and the mental health care provided in LA County jails. It is clear that these individuals need to be held in a facility staffed by those who have the training, rapport, and appropriate skillset to work with this population.

In February 2019, the Board considered constructing a replacement jail, the

⁸ <https://www.justice.gov/opa/pr/justice-department-reaches-agreement-los-angeles-county-implement-sweeping-reforms-mental>

⁹ <https://csulauniversitytimes.com/record-number-of-deaths-in-lasd-jails/>

¹⁰ <https://www.dailynews.com/2009/04/14/aclu-report-las-mens-central-jail-nightmarish/>

Consolidated Correctional Treatment Facility (CCTF)¹¹, however, after careful assessment and evaluation of what it would be--another jail added to an already large County jail system, the Board attempted to turn the jail into a Mental Health Treatment Center (MHTC). Unfortunately, due to funding and contracting restrictions, and concerns about LASD's involvement, the Board was unable to move forward. Therefore, rightly, the Board canceled the MHTC¹² plans in late 2019.

The need for proper care facilities for incarcerated people with mental health needs has not dissipated and the Board needs to take swift action to build patient-focused facilities that will help depopulate the jail, including both secured, non-correctional mental health care facilities for those who are not yet cognitively and behaviorally ready to live safely in open community-based settings, as well as open residential and supportive housing facilities for those who are.

Those highly vulnerable individuals and acutely mentally ill in the P3 and P4 levels of care in the jail must continue to be a high priority, and the County should develop secured mental health care facilities which could meet their needs and support their successful removal from the jail as soon as possible. These individuals have the most intensive care needs, significantly challenging the ability of jail-based health care services to adequately treat them. Furthermore, it is widely acknowledged that it will be difficult for the County to fully comply with the DOJ consent decree if these individuals in the P3 and P4 levels of care remain in jail.

The County must prioritize the development of secured, non-correctional mental

¹¹ <https://www.latimes.com/local/lanow/la-me-jail-construction-20190212-story.html>

¹² <http://file.lacounty.gov/SDSInter/bos/supdocs/139739.pdf>

health care facilities that can meet the care needs, and successfully facilitate the removal from the jail, of incarcerated individuals in the P3 and P4 levels of care. And the County must do this while continuing to develop residential and supportive housing facilities, as well as other components of the continuum of care, for incarcerated individuals who can be directly transitioned from the jail to those settings, as well as to ensure that individuals in secured mental health care facilities can be transitioned to residential settings as soon as they are cognitively and behaviorally ready to live safely in the community.

The County has already engaged the State to advocate for the use of Assembly Bill (AB) 900 funding, originally set aside for counties to fund jail construction, to construct new jail-alternatives instead. Just as the County has shifted away from jail construction, so has the State. The County, in collaboration with the State, has gained approval to use the AB 900 funds to build much-needed mental health care facilities that would “support and expand access to treatment for individuals with behavioral health disorders that are involved in the justice system”¹³ and support jail depopulation, especially through use of secured facilities to care for the incarcerated population in the P3 and P4 levels of care. There are also other County funds to secure, such as the “Care First, Jails Last” capital project account and the “Care First, Community Investment” fund.

To ensure that secured mental health care facilities support this population and are truly patient and care-focused, it is imperative that a care-focused, non-correctional security model be utilized to establish safety for both patients and staff, as well as the

¹³ https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB178

public.

Further, these settings, and related County utilization management practices, must be designed to facilitate true recovery and the movement of patients into open residential and supportive housing facilities as soon as possible to ensure that patients are expediently transitioned to the least restrictive care settings that will meet their needs. Thus, while for now we may prioritize the development of secured mental health care facilities that allow for the removal of highly vulnerable individuals in the P3 and P4 levels of care out of the jail, it is imperative that additional non-locked mental health residential and supportive housing facilities are also developed to support sustained jail diversion and depopulation over the long-term.

WE, THEREFORE, MOVE THAT THE BOARD OF SUPERVISORS:

- 1) Direct the Jail Closure Implementation Team (JCIT) and the Alternatives to Incarceration Initiative (ATI) as co-leads, with support from the Departments of Mental Health (DMH), Health Services (DHS), Public Health (DPH), Correctional Health Services (CHS), Alliance for Health Integration (AHI), Office of Diversion and Reentry (ODR), County Counsel and in collaboration with the District Attorney, Public Defender, Alternate Public Defender, and Los Angeles Superior Court to develop a set of recommendations regarding the composition and number of secured, non-correctional mental health care facility beds needed to safely and appropriately transition from jail custody those incarcerated at the P3 and P4 levels of care (P3-4 population), as well as identify potential and available revenue sources, for both one-time

development as well as ongoing operational costs, and report back, in writing, 90 days with those recommendations. The analysis should include, but not be limited to:

- a. Gathering, reviewing, and synthesizing any prior relevant studies already conducted plus additional County expert opinion and relevant consultant work in progress, including but not limited to: prior department reports on the proposed design of the Mental Health Treatment Center (MHTC); the RAND/California Mental Health Services Act (CalMHSA) report on California statewide behavioral health treatment bed shortages; DHS and Sheriff's plans to close Men's Central Jail; the DHS report on scaling up diversion and services for people with serious clinical needs; the recent James F. Austin Institute report related to the closure of Men's Central Jail; and the DMH and Mercer reports on Los Angeles County behavioral health treatment bed shortages.
- b. Work with all relevant departments to identify one-time and ongoing revenue sources to develop and operate, including the provision of services, secured mental health care beds for the P3-4 population, including the recently allocated one-time Assembly Bill (AB) 900 funds, Care First Jails Last capital project account, Care First Community Investment Fund, tax credit programs, unallocated/unspent one-time American Rescue Plan (ARP) dollars, as well as potential revenue opportunities on the horizon (e.g., from California Advancing and

Innovating Medi-Cal (CalAIM) and/or related initiatives).

- c. Coordinate with CEO Real Estate to inventory all available County, excluding the Men's Central Jail site, and State-owned property as well as available private property for lease or purchase, which could meet the siting requirements for beds and programs for the P3-4 population inclusive of both rehabilitating existing facilities and new construction.
- 2) Direct County Counsel, in collaboration with JCIT/ATI, Superior Court, District Attorney, Public Defender, Alternate Public Defender, Sheriff, DHS, AHI, CHS, and ODR to report back, in writing, in 90 days with a legal opinion of all applicable penal and Welfare and Institution Codes, and any other applicable regulations that permit the transition of the P3-4 population out of jail custody and into secured mental health care facilities.
 - 3) Direct DMH and DHS as co-leads, in collaboration with JCIT/ATI, AHI, District Attorney, Public Defender, Alternate Public Defender, CHS, ODR, County Counsel, and Superior Court to:
 - a. Report back, in writing, in 90 days with a holistic plan to develop secured, non-correctional mental health care facilities needed to serve the P3-4 population, which would rely on both new contracted as well as new County-operated (respectively, via lease, purchase, and/or construction) bed/program capacity.
 - i. Include recommended design(s) of secured, non-correctional mental health care facility beds and programs to meet the behavioral health care needs of the P3-4 population and ensure

the safe transition from jail, including a review of comparable mental health care facility programs currently operated and/or contracted for by the County, considerations for patient and staff safety, and measures to ensure that patients receive the appropriate levels of care, and in keeping with state and federal regulations.

- b. With CEO, estimate corresponding one-time and ongoing funding needed to carry out this plan, and define DMH's role as the specialty mental health plan for LA County to leverage all eligible local, state, and federal funding.

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