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County of Los Angeles  
**CHIEF EXECUTIVE OFFICE**

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

SACHI A. HAMAI  
Interim Chief Executive Officer

October 1, 2015

To: Mayor Michael D. Antonovich  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

From: Sachi A. Hamai   
Interim Chief Executive Officer

Board of Supervisors  
HILDA L. SOLIS  
First District

MARK RIDLEY-THOMAS  
Second District

SHEILA KUEHL  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

**OFFICE OF DIVERSION AND RE-ENTRY 30-DAY STATUS REPORT**

On August 11, 2015, Supervisors Ridley-Thomas and Kuehl introduced a motion to improve the coordination and implementation of diversion efforts throughout Los Angeles County. The Board approved the motion on September 1, 2015, and directed the following:

1. Establish a Director of the Office of Diversion and Re-Entry (OD&R) position within the Department of Health Services (DHS) who would be responsible for oversight and coordination of all countywide diversion of persons who have mental illness or substance abuse issues, and persons who are homeless or at risk of becoming homeless upon discharge, with this position to coordinate closely with the Jail Care Transitions Director;
2. Allocate five new positions to the OD&R, which shall include expertise in housing, health, mental health/alcohol and drug prevention and legal/justice issues;
3. Establish a Permanent Steering Committee (PSC) that is convened by the Interim Chief Executive Officer and is co-chaired on an interim basis by the District Attorney and the Director of Health Services pending hire of the Director of the Office of Diversion and Re-Entry, with this PSC to consist of one leadership representative from each of the following Departments: Chief Executive Office (CEO), Superior Court, Public Defender (PD), Alternate Public Defender (APD), District Attorney (DA), Sheriff, Probation, Fire, Mental Health, Substance Abuse Prevention and the Control Division of the Department of Public Health and Health Services, and also include a member of the Los Angeles City Attorney's Office, a member from the City Attorney's Association, significantly more community representation with at least one representative from a mental health service provider and one representative from a

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mental health advocacy organization, with the purpose of this advisory committee to the OD&R being to develop and drive forward recommendations so diversion seamlessly occurs across all intercepts. The PSC shall meet at least on a monthly basis and work in collaboration with and be informed by the working groups established by the DA;

4. Create a diversion fund and allocate it to the new OD&R, with the Interim County Counsel and the Interim Chief Executive Officer to report back to the Board in writing within 30 days with any concerns or issues identified regarding the proposed transfers.

### **Positions for the Office of Diversion and Re-Entry**

During the week of September 21, 2015, the CEO's Classification Division, in collaboration with DHS, began briefing your Board offices on the Board letter scheduled for the October 6, 2015 Board agenda. Our office is requesting to amend the ordinance for DHS to establish the Director, OD&R (UC) position. Upon Board approval, DHS will begin the hiring process for the Director of the OD&R. Once the Director is hired, CEO and DHS will collaborate to establish the remaining five positions.

### **Permanent Steering Committee**

On September 3, 2015, our office reached out to potential members from the various County departments and outside agencies identified by the motion to participate on the PSC. As noted above, the PSC is comprised of representatives from the departments of CEO, DA, DHS, Superior Court, PD, APD, Sheriff, Probation, Fire, Mental Health, and Public Health, as well as members from the City Attorney's Office and the City Attorney's Association. The motion also requires community representation from mental health service providers and advocacy organizations, which will be addressed by DHS.

On September 24, 2015, the Interim CEO, along with the District Attorney and the Director of Health Services, convened the first PSC meeting. The major topics of discussion were:

- How OD&R relates to the ongoing efforts of the DA's diversion efforts.
- Vision for the OD&R (roles and responsibilities of the OD&R and the PSC).
- Progress since the motion passed.
- Funds for diversion efforts.
- Positions for the OD&R.
- Memorandum of Understanding (MOU) between all the members of the PSC.
- Creating a project and spending plan.

- Upcoming PSC meetings.

Now that the PSC meeting has been established and convened, DHS will assume coordination and leadership of continuing monthly PSC meetings.

### **Diversion Funds**

On September 29, 2015, as part of the FY 2015-16 Supplemental Budget, the County created a new budget unit in the General Fund for Diversion and Re-Entry, consistent with input from County Counsel. Funds have been allocated as follows:

- \$20.2 million in Available Fund Balance from the reimbursement of pre-2004 SB 90 claims;
- \$20.0 million of additional Available Fund Balance from the General Fund;
- \$10.0 million in ongoing funding and \$20.0 million in one-time funding from the PFU budget unit;
- \$4.3 million in appropriation offset with \$4.3 million in Public Safety Realignment (AB 109) revenue to the Diversion and Re-Entry budget Unit.

These combined adjustments provide the Diversion and Re-Entry budget unit with appropriation authority totaling \$74.5 million (\$14.3 million ongoing and \$60.2 million one-time funding).

As directed by your Board, the CEO will continue to work with DHS to identify and report on all sources and uses of diversion funding, including SB 678, and include a detailed Diversion Budget as part of the County's Recommended Budget for FY 2016-17.

### **Next Steps**

County departments and stakeholders will continue to collaborate under the leadership of DHS on the following tasks, as directed by your Board on September 1, 2015:

- Interim County Counsel to work with the CEO to draft a County Ordinance within 60 days to create the OD&R;
- OD&R and PSC to identify or create a more standardized diversion assessment tool and report back within 60 days of the PSC's first meeting on recommendations, proposed roll-out, priority populations, projects and training;
- Interim County Counsel to draft an MOU between all members of the PSC, Sheriff, local police departments (if interested), and the Los Angeles Homeless Services Authority;

Each Supervisor  
October 1, 2015  
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- Director of OD&R and PSC, within 90 days from adoption of the motion, to report back on specific written recommendations related to the allocation of diversion funds;
- Director of OD&R and the Interim CEO to report back in 90 days on how to develop a pipeline of no less than 1,000 permanent supportive housing units over the next five years to support a jail diversion program;
- Director of OD&R and the Interim CEO to work with the Director of DHS to report back in 90 days on a proposed plan to evaluate the efficacy of this diversion initiative;
- OD&R and the Sheriff to assume joint responsibility for developing the application for the second phase of the MacArthur Grant; and
- OD&R's development and expansion of treatment services and housing capacity in the community to include community outreach and input.

The next status reports will be provided by DHS's OD&R addressing these milestones.

If you have any questions or require additional information, please contact Brence Culp at (323) 526-5363, or [bculp@ceo.lacounty.gov](mailto:bculp@ceo.lacounty.gov).

SAH:JJ:BC:cg

c: Executive Office, Board of Supervisors  
County Counsel  
District Attorney  
Health Services  
Permanent Steering Committee



**Health Services**  
LOS ANGELES COUNTY

**Los Angeles County  
Board of Supervisors**

March 14, 2016

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.  
Director

SUBJECT: **OFFICE OF DIVERSION AND RE-ENTRY  
STATUS REPORT**

**Mitchell H. Katz, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Medical Officer

**Christina R. Ghaly, M.D.**  
Deputy Director, Strategy and Operations

On August 11, 2015, Supervisors Ridley-Thomas and Kuehl introduced a motion to improve the coordination and implementation of diversion efforts throughout Los Angeles County (LA County). The Board of Supervisors (Board) approved the motion on September 1, 2015, and directed the following:

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

- 1) Establish a Director of the Office of Diversion and Re-Entry (ODR) position within the Department of Health Services (DHS) who would be responsible for oversight and coordination of all Countywide diversion of persons who have serious mental illness or substance use disorder (SUD) issues, and who are homeless or at risk of becoming homeless upon discharge, with this position to coordinate closely with the Jail Care Transitions Director;
- 2) Allocate five new positions to the ODR, which shall include expertise in housing, health, mental health/alcohol and drug prevention and legal/justice issues;
- 3) Establish a Permanent Steering Committee (PSC) that is convened by the Chief Executive Officer and is co-chaired on an interim basis by the District Attorney and the Director of Health Services pending hire of the Director of the ODR. The PSC is to consist of one leadership representative from each of the following Departments: Chief Executive Office (CEO), Superior Court, Public Defender (PD), Alternate Public Defender (APD), District Attorney (DA), Sheriff (LASD), Probation, Fire, Mental Health (DMH), Substance Abuse Prevention and the Control (SAPC) and DHS, and also include a member of the Los Angeles City Attorney's Office and a member from the City Attorney's Association. The PSC should also have significant and meaningful

*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

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community representation with at least one representative from a mental health service provider and one representative from a mental health advocacy organization. The purpose of the PSC is to advise the ODR and to drive forward recommendations so diversion seamlessly occurs across all intercepts. The PSC shall meet at least on a monthly basis and work in collaboration with and be informed by the working groups established by the DA;

- 4) Create a diversion fund and allocate it to the new ODR, with the Interim County Counsel and the Chief Executive Officer to report back to the Board in writing within 30 days with any concerns or issues identified regarding the proposed transfers.

This memo is intended to provide an update regarding the work of the ODR, a new division within DHS. The memo also serves to share ODR's initial plan for utilizing a portion of the funding provided by the Board in order to build programs that effectively divert persons with serious mental illness and SUDs who encounter the criminal justice systems.

### **Organizational Structure**

On October 6, 2015, your Board approved establishing a Director, ODR (UC) position within DHS. On November 9, 2015, the position was posted to the DHS Human Resources site. DHS has shared the job announcement broadly and we have received five applications and certified three applicants to an eligible list. The Board approved the amendment to the County Ordinance that officially created the ODR on November 17, 2015. In addition to the Director position, DHS in partnership with CEO Classification has established five positions subordinate to the Director position in order to facilitate the work for the ODR. We currently have an Interim Director and two other staff. DHS Human Resources staff is currently working on the job announcements and will begin recruitment. Attached is the current proposed organizational chart for ODR. It has been shared with each Board office and CEO staff.

### **Permanent Steering Committee (PSC)**

Six PSC meetings have been held since September 2015. The interim ODR Director co-chairs each meeting with the DA's office. All meetings have been well attended and productive. In November 2015, DHS requested that each Board office nominate two community members to the PSC. In December 2015, community representatives began attending the PSC as members. We look forward to involving approximately 10 community representatives on the PSC and firmly believe that the success of Countywide diversion efforts requires broad based involvement from communities and community-based service providers/partners.

To date, the focus of the PSC meetings have included discussions about the membership of the PSC and how the PSC will act to advise the ODR on an ongoing basis, funding for ODR, including spending priorities, and discussions about the diversion and re-entry programs ODR is developing and those it will partner to support.

### Funding

On September 29, 2015, as part of the FY 2015-16 Supplemental Budget, the County created a new budget unit in the General Fund for Diversion and Re-entry, consistent with input from County Counsel. The combined adjustments of multiple funding sources have provided the Diversion and Re-entry budget unit with appropriation authority of \$63.5 million of one-time funding and \$25 million of ongoing funding. Of the one-time funding, \$60.2 million is Net County Cost (NCC). Of ongoing funding, \$10 million is NCC.

The Board motion establishing ODR specifies that of the total ODR funding, 50% is dedicated to programming and support to entities who drive diversion (i.e., community service providers, courts, clinical departments, LASD, Probation); 40% to housing to support the creation of at least 1,000 units of permanent supportive housing as well as a focus on interim, bridge or other housing such as board and care or clinically enhanced housing; and 10% to training, staff and evaluation.

In addition to the ODR funding already captured above, ODR is currently anticipating funds from SB 678 and the County's Homelessness Initiative to be available for diversion services. See below for the specifics:

### SB 678 and ODR

In November 2015, ODR and Probation staff began discussing how SB 678 funding and program planning will support Countywide diversion and re-entry efforts. In brief, SB 678 allocates funds to the Chief Probation Officer of each county to facilitate the provision of supervision, sanctions and services in an effort to improve outcomes for felony offenders on probation. Funds allocated for this purpose must be used to provide supervision and rehabilitative services consistent with evidence-based community corrections practices and programs. To this end, included in Probation's proposed SB 678 multi-year spending plan is a recommendation that approximately \$18.8 million in one-time funds be set aside on a fee-for-service basis to enable ODR to work with other County departments to support the services and housing needs of all felony probationers with an emphasis on moderate to high-risk felony probationers, the target population of SB 678 funding. The programs that could potentially be supported with SB 678 funds may include:

- Mental health services including Cognitive Behavioral Therapy (CTB);
- Substance use disorder (SUD) services;
- Housing services and access to housing subsidies;
- Job training and employment services;
- Transportation;
- Life skills training; and
- Program evaluation consistent with SB 678 requirements

Probation has identified CBT and SUD services as the components most appropriate for the ODR to facilitate. Housing services are intended to be supported through SB 678 funding provided to the County's high priority Homelessness Initiative(s). The SB 678 proposed spending plan is pending discussion with the Board and CEO in anticipation of formal approval in April, 2016.



### ODR and County's Homelessness Initiative

On February 9, 2016, the Board heard and adopted the CEO's report entitled "Recommended Strategies to Combat Homelessness". Among the 47 adopted strategies, many have either a direct focus on the work of the ODR or will have an impact. More specifically, Recommendations D2 and D4, Expand Jail In-Reach and Regional Integrated Re-entry Networks – Homeless Focus put the ODR in a leading role for implementation. These initiatives will bring \$2.8 million from the County's Homelessness Initiative funding and \$5 million from Assembly Bill (AB) 109 funding to ODR to support the development of the integrated re-entry networks and expand jail in-reach, in partnership with LASD.

### Diversion and Re-entry Efforts

Since the ODR was established in the fourth quarter of 2015, interim staff members have focused on identifying priority programs to implement. Over the first six months, ODR has provided support to many existing projects and programs and in other instances, began to implement new programs. The following is a highlight of many of the projects or programs ODR has focused on and lists the category of funding that each effort is attributed to: training, program or housing.

- 1) Investment in Crisis Intervention Training (CIT) for LASD patrol (Training): In California and throughout the country, recent high-profile encounters between law enforcement officers and mentally ill persons have highlighted the need for additional mental health training for patrol personnel to enhance competence when interacting with mentally ill or substance using persons. In May 2015, the President's Task Force on 21<sup>st</sup> Century Policing recommended law enforcement agencies make CIT a part of both basic recruit training and in-service training. The goals of CIT include reducing use of force in the field; improving the linkage of persons with mental illness and SUDs to services rather than booking and incarceration; and reducing recidivism. Already, LASD provides a training similar to CIT to all deputies in the custody division. ODR has made it a priority to work with LASD to support CIT training for patrol deputies.

The current CIT roll-out plan is to provide 32 hours of in-classroom mental health training to patrol deputies. The core elements of CIT include training on mental health signs and symptoms, appropriate medications and their side effects, use of verbal de-escalation techniques, active listening skills, and improved police tactics using safe restraint techniques that result in reduced use of force. Funding details for CIT are addressed below.

- 2) Expansion of Mental Health Evaluation Teams (MET) throughout the County (Program): Since 2010, calls to LASD that involve a mentally ill person have increased by 55%. Nearly 40% of all LASD use of force incidents involves a mentally ill person. The LASD currently partners with DMH in offering specially-trained field units, called a Mental Evaluation Team (MET), to deal with mentally ill community members in crisis (e.g., barricaded suspects, suicides in progress, other self-inflicted injuries). A MET consists of a Deputy Sheriff and a DMH Clinician who

respond in an unmarked Sheriff's vehicle. MET provides crisis intervention techniques to diffuse potentially volatile situations, prepares appropriate documentation to assist custodial agencies in the placement of the mentally ill, acts as a liaison to community and judicial agencies, and gives court testimony regarding the mental health or emotional stability of mentally ill persons. MET assist patrol personnel, ideally trained in CIT, by arranging placement or providing transport for an individual to an appropriate facility. MET reduce the potential for use of force incidents and provide mentally ill persons with an immediate clinical assessment and related mental health services (acute inpatient hospitalization to private and County hospitals or services through the Urgent Care Centers (UCC), linkage, intensive case management, training, etc.). Through MET, mentally ill persons are diverted from incarceration and/or hospitalization, when appropriate, and instead are provided alternative care in the least restrictive environment through a coordinated and comprehensive approach.

The expansion of MET within the LASD will augment an already growing number of similarly trained and staffed law enforcement teams around the County including the 32 System-wide Mental Assessment Response Teams (SMART) in Los Angeles Police Department and the 17 mental health response teams housed within many local city law enforcement agencies. Additionally, DMH has three clinicians assigned to the LASD Metropolitan Transit Authority (MTA)-Crisis Response Unit and two clinicians with the LASD Community College Bureau. Funding for MET expansion is detailed below.

- 3) Sobering Center (Program): ODR is working to develop plans for the County's first "Sobering" Center, to be located in the Skid Row area. The center's goals are to provide a safe environment, health monitoring and connection to services for individuals experiencing acute intoxication from alcohol or other substances who might otherwise be cited or arrested by law enforcement or admitted to an emergency room or psychiatric emergency room. A site has been identified and a workgroup consisting of the DHS, DMH, SAPC, LASD, LAPD and LAFD has been defining the scope of services, to include an integrated care model. The center is expected to have a capacity of 40-50 beds and an average length of stay of 8-24 hours, with some individuals staying up to 48 hours as staff work to connect them to SUD treatment, bridge housing and other services. The center is anticipated to open during the late summer or early fall of 2016. Funding for this first sobering center is detailed below.
- 4) Implementation of the Mentally Ill Offender Crime Reduction (MIOCR) grant program (Program): MIOCR is a collaboration between DHS, DMH, SAPC, LASD, DA, PD, and Probation to provide jail in-reach, enhanced discharge planning and linkage to community services for 30 jail inmates per year with mental illness and co-occurring physical health or SUDs. A total of \$1.8 million in funding is available over three years and will be managed and administered through ODR. A critical program element will be the 30 Full Service Partnership program slots DMH will provide as an in-kind match. Items are currently being allocated for the four-person interdisciplinary project team, and staff recruitment has begun.

- 5) Proposition 47 implementation (Program and Housing): ODR has been involved in the work focused on Proposition 47 implementation in LA County. Specifically ODR is leading the work to set Countywide priorities for funding that might be available from the State to implement Proposition 47 locally. ODR is also participating with the CEO and Community and Senior Services to develop a GIS map of Prop 47 clients and existing public and private service providers. Finally, ODR in partnership with SAPC has worked with the City Attorney's Office on creating a pilot program for approximately 15 enrollees wherein a shortened course of substance use treatment, on the order of 16 weeks, could be provided to potential eligible participants. The pilot will essentially test the efficacy of a 12 to 16-week as opposed to a much longer treatment program. The treatment program will be augmented by providing access to housing and job training, as needed by participants.
- 6) Assessment and referral support for four new Community Collaborative Courts (CCCs) (Program): ODR has begun to work with the Los Angeles Superior Courts to help support the new CCC model. The intention is to provide the Courts with staff support to help guide assessments and planning for specific clients. Also, the ODR will support these Courts with slots or beds in specific programs so that clients can be seamlessly and immediately referred into programs that have been deemed clinically appropriate and acceptable to all parties involved in determining the client's diversion plan. DMH as well as SAPC will also directly participate in supporting these Courts. There is a great opportunity to learn from this focused work with the four CCCs. This learning can be spread to other courts across the County focused on diversion options.
- 7) Misdemeanor Incompetent to Stand Trial (MIST) Community-Based Restoration (MIST CBR) project (Program): Since the inception of the ODR in August, ODR has launched a successful project called the Misdemeanor Incompetent to Stand Trial Community-Based Restoration Program (MIST CBR). Previous to our efforts, on any given day, approximately 200 inmates charged with misdemeanors, frequently crimes of poverty such as trespassing, are housed in our jail and have been declared incompetent to stand trial due to a serious mental disorder. This group of inmates primarily consists of chronically homeless, mentally ill persons often in high observation housing (HOH), a designated area of the jail, who are generally the most impaired inmates within our jail system. Led by ODR, which closely coordinates the effort by several County departments, including the Mental Health Court (Department 95), the DMH Countywide Resource Management team, the Jail Mental Health providers, the Public and Alternate Public Defenders, the DA, the LASD custody leadership team and community outpatient and inpatient providers, we have referred over 100 MISTs as of this writing, and 80 have been conditionally released to the appropriate level of care and followed intensively. This has reduced the overall MIST population in the jail from 200 on any given day to about 150. This effort has required partnerships that have never before existed in the County and procedures/actions that have never before taken place. Many new inter-departmental policies and relationships have been created to support this program. Our goal is to no longer house the majority of this population in the jail, but instead in the community. The MIST CBR effort has also set the foundation for the focused work on other populations currently incarcerated or stuck in the criminal justice

system whose mental health or substance use disorders are under-addressed and undertreated by virtue of the lack of assessment, treatment options and/or systematic focus on connecting them to care. We will build on the MIST CBR effort so to transition more low-level offenders who are currently incarcerated and move them into community-based treatment and services.

- 8) Normandie Village East (Program): A pilot project between DMH and LASD, Normandie Village East provides an Enriched Residential Services (IMD Step Down) program to AB109 inmates with intensive mental health needs, who have 60-90 days left to serve on their sentence. Participants are monitored via an electronic monitoring anklet and housed in a licensed Adult Residential Facility that serves up to 42 individuals at any given time. Gateways Hospital and Mental Health Center provides residential and mental health services to the participants who will receive specialized, intensive residential program services addressing their substance abuse and mental health care needs. DMH and LASD have partnered with ODR to ensure that we maximize the availability of this resource by referring a sufficient number of inmates who meet program criteria. In future years, when initial program funding is spent, ODR will consider further supporting this program.
- 9) Creation of policies and agreements with the Courts, Public Defenders, Alternate Public Defenders and District Attorney's offices (Program): ODR is exploring how pre-sentenced inmates in County jail with serious mental illness or SUDs can be moved quickly into treatment beds which will be enhanced by sufficient community-based navigation and stabilization supports so to avoid re-incarceration and clinical de-compensation. A first project is exploring the use of a 30-bed acute inpatient psychiatric unit at a local private community hospital to be used for current inmates who require treatment under an involuntary hold and who could, after a period of stabilization, safely return to their communities with wrap around support. If this first project is successful, there is potential to expand with similar programs in other parts of the County.
- 10) Expansion of residential drug treatment programs such as provided at Prototypes (Program): On October 6, 2015, your Board instructed County departments that provided AB 109 treatment and support services to expand the pool of eligible populations that can be served utilizing AB 109 funding. In response, ODR and SAPC initiated discussion with Prototypes, a community-based SUD treatment program specializing in serving women, to expand residential treatment accessibility in its Second Chance Women's Reentry Court (WRC) program. The WRC provides women facing a return to State prison or lengthy jail terms with the opportunity to enter residential SUD treatment followed by outpatient treatment, re-entry planning, and aftercare services. SAPC applied its delegated authority to augment Prototypes' AB 109 contract for FY 2015-16 to add 12 additional beds for diversion and re-entry populations. DPH then worked with the PD's Office to identify and place incarcerated women eligible for the WRC who also met the expanded population criteria. Since January 2016, 11 incarcerated women that were previously waitlisted were admitted to the Prototypes WRC. Using programs with capacity, like Prototypes, is an important strategy for ODR. Although additional program capacity

is surely needed, the first step in successful diversion activities is to fully utilize existing capacity.

- 11) Expansion of Institutions for Mental Disease (IMDs) and enhanced residential settings (Program): The ODR has been considering, in partnership with DMH, the role of expanding mental health beds to achieve the mission of diverting eligible clients into community-based programs. There is no doubt that an expansion of community mental health beds is needed to accommodate clients pre-booking and post-booking. Currently ODR is working with DMH to assess current capacity in both unlocked and locked settings to accommodate ODR target clients. Once this assessment is complete, we will propose how some proportion of ODR service funding can be used to maximally expand the number of beds available for diversion and re-entry purposes. One key strategy will be to work with DMH in creating and/or identifying beds that are able to draw down federal funding through Medicaid – this is generally unlocked but service-enriched housing.
- 12) Pay for Success (Program and Housing): The ODR and DHS' Housing for Health program, in collaboration with the CEO and LASD, currently lead LA County's Pay for Success (PFS) initiative. The initiative will focus on the end-to-end provision of holistic, supportive jail in-reach and post-release permanent supportive housing services to 300 homeless LA County inmates who have frequent contact with the criminal justice system as well as complex physical and/or behavioral health conditions that contribute to negative housing and criminal justice/recidivism outcomes.

Homelessness and incarceration are mutual risk factors, and evidence suggests that recently released inmates who are homeless are at greater risk for recidivism than those who are stably housed following release from custody. Combined with limited/low income and criminal history, offenders reentering society who suffer from complex physical and/or behavioral health conditions face significant barriers in securing stable housing and continuing needed treatment, resulting in higher rates of recidivism, homelessness, and poor health outcomes.

The intervention consists of two linked components: pre-release jail in-reach supportive services and immediate interim housing in anticipation of permanent supportive housing upon release from jail. The jail in-reach services will be carried out by DHS contracted intensive case management services providers. These providers will connect clients to interim housing immediately upon release from jail and then to permanent supportive housing. Once the client is housed, the original jail in-reach service provider will continue to provide intensive case management services to help the client maintain their housing and to support their health and well-being through connection to physical health, mental health, and substance use treatment services. Permanent supportive housing, a key component of the program, will be provided through the DHS's Flexible Housing Subsidy Pool (FHSP). The FHSP program is operated by Brilliant Corners, also a DHS contracted provider, and provides housing location services, ongoing rental subsidy payments, and housing retention services.

The LA County PFS initiative builds on the existing Just In Reach (JIR Pilot and JIR 2.0) program, a collaboration between the Corporation for Supportive Housing (CSH) and the LASD. JIR was first launched in 2008 and provides jail in-reach services and connection to leveraged supportive housing resources. CSH will serve as the PFS intermediary with technical assistance from Third Sector Capital Partners.

The County team and partners are developing a work plan for the project construction phase through expected program launch by July 2017, or earlier, if the deal structuring and fundraising efforts are completed ahead of schedule. The estimated cost of the intervention is \$21.2 million to serve 300 individuals over the five year PFS funding term. DHS and its partners submitted a grant application for \$2 million in funding to the Board of State and Community Corrections, a grant application for \$1.3 million in funding to the federal Housing and Urban Development and Justice Departments, and have also engaged various philanthropic partners in support of the PFS initiative. The PFS initiative is being arranged through the strong guidance of the Board offices as this type program arrangement is new not only in the County but across the Country.

- 13) Connecting Criminal Justice and Health Care Initiative (Training and Program): Los Angeles County was selected as one of two jurisdictions from across the nation to participate in a promising learning collaborative led by the Urban Institute and Manatt Health Solutions entitled *Connecting Criminal Justice and Health Care*. DHS submitted an application in December that included many partners such as the LASD, LA Care Health Plan, California's Department of Health Care Services and California Department of Corrections and Rehabilitation.

The learning collaborative has three areas of focus: (a) advancing efforts to enroll eligible inmates in Medicaid; (b) improving re-entry services for those with health issues that need services upon release; and (c) exploring opportunities to increase the impact of Medicaid in supporting health services to those in custody. The Urban Institute-led review committee chose the Los Angeles application over dozens of others in large part due to the transformative work the Board has already moved forward over the past 12 months. Specifically, the review panel cited the creation of the Integrated Jail Health Services initiative as well as the important work of the Office of Diversion and Re-entry as particularly promising opportunities to allow Los Angeles to become a leading example in the nation for how to serve justice involved populations.

We look forward to the many hours of free, high-quality, consulting services and the exposure to best practices from other jurisdictions which we will receive through the learning collaborative. These supports should help us advance our work in Los Angeles more swiftly.

- 14) Integrated Re-entry Network: A planning effort involving DHS, LA Care, HealthNet, DMH, SAPC, LASD, Probation,, and selected community partners is currently underway to explore the development of a "re-entry network" of health care providers to serve individuals returning to the community from jail. The group has been working to identify gaps in services for the re-entry population and has

recommended an initial focus on the following populations: those who are medically fragile or have chronic health conditions, pregnant women, those on psychotropic medications, and those with a SUD, including those who may benefit from Medication Assisted Therapy (MAT). The initial vision for a network includes identifying one or two sites for immediate follow up care upon release, implementing seamless sharing of patient records between jail and re-entry providers, incorporating community health workers to help newly released individuals link to care, and providing either integrated services or robust links to mental health, SUD, housing, case management and other social services in the community.

### **ODR Housing (40% of ODR budget)**

The Board motion which established the ODR was specific in regards to the types of housing and the housing-related services ODR funding should support. Housing funds shall be allocated for rapid re-housing, permanent supportive housing, higher levels of care including board and care facilities and with provisions within each allocation for crisis housing pending placement. Housing shall include related integrated supportive services, such as case management, linkage to mental health and substance abuse treatment, job training and connections to community-based services. The motion also specifically called for ODR to establish no less than 1,000 units of permanent supportive housing over five years for diversion purposes.

In order to achieve these goals, ODR will partner with DHS' Housing for Health division. A key ODR position is the ODR Housing Director who reports directly to the ODR, Deputy Director. The ODR will also fund 2.0 FTE Staff Analysts to support the development of the ODR housing program and portfolio.

Based on initial ODR funding, funds available for housing include \$25.4 million in one-time funds and \$10 million in ongoing funding. Over the five year timeframe included in the motion, there is a total of \$75.36 million available to support housing activities during this five-year period. For purposes of budgeting, it is assumed that a residential slot (for both interim and permanent housing) has an average annual cost of \$18,000 per year inclusive of support service costs (Intensive Case Management Services) and operating or rental subsidies. ODR will seek to offset County funding with federal funding in the form of federal housing vouchers or Medicaid funding, when possible.

### **Interim and Permanent Housing Cost Projection**

The chart below includes the cost of providing 200 slots of housing each year (including support services and move-in costs) for five years for a total of 1,000 slots. It assumes a steady ramp up of approximately 17 units per month over the five-year period.

| Year         | Total number of housing slots        | Cost                |
|--------------|--------------------------------------|---------------------|
| 1            | 200                                  | \$2,383,000         |
| 2            | 400                                  | \$5,983,000         |
| 3            | 600                                  | \$9,583,000         |
| 4            | 800                                  | \$13,183,000        |
| 5            | 1000                                 | \$16,783,000        |
| <b>Total</b> | <b>1000 units over 5 year period</b> | <b>\$47,915,000</b> |

Staffing Needs for Housing for Health

The following additional staff are needed for the DHS Housing for Health division to develop and implement the additional interim and permanent supportive housing slots:

| Position         | Role                           | Description   |
|------------------|--------------------------------|---|
| Staff Analyst #1 | Project Manager                | New project development, implementation, and contract monitoring.                           |
| Staff Analyst #2 | Access and Referral Specialist | Managing interim housing beds and permanent housing for diversion and re-entry individuals. |

The cost of these new staff is calculated at \$238,256 per year including salaries and benefits or \$1,191,280 for 5 years.

First year costs for 200 interim and permanent supportive housing slots and staffing will total \$2,621,256. To achieve 1,000 units of PSH over 5 years, the total interim and permanent supportive housing and staffing cost is approximately \$49.25 million of the \$75.36 million available for these and other housing needs. ODR leadership will be developing a long range housing spending plan that continues to grow toward 1,000 units of PSH and also creates other housing for diversion purposes such as sober living environments and clinically-enriched housing.

Infrastructure Development

- 1) Program Database/Inventory: The CEO will lead the efforts to maintain an inventory of existing diversion programs organized by five distinct intercept points: Law Enforcement/Emergency Services, Post Arrest/Arrestment, Courts/Post-Arrestment/Alternatives to Incarceration, Community Re-entry, and Community Support. This inventory will serve as a tool to assess available resources, identify gaps in services, and determine points of interception at which an intervention can be made to prevent individuals with mental illness or SUDs from entering or penetrating deeper into the criminal justice system. ODR will support the CEO in this formative stage and soon take over the maintenance and oversight of the inventory. It will be used to help identify gaps and opportunities for development of ongoing diversion programming and strategies.



- 2) Diversion Assessment Tool: The ODR has led an effort involving LASD, Probation, SAPC, DMH and DHS to create a Countywide assessment tool to be used in-custody, in the field, in a program or in a courtroom, so to establish a consistent way to identify diversion opportunities for potentially eligible clients and connect these clients with appropriate services in an immediate and simple manner.
- 3) Diversion Dashboard: The ODR has created a very simple dashboard to update the number of persons diverted from jail or prison as a result of ODR's efforts and partnerships. This dashboard will be shared each month at the ODR PSC.
- 4) Diversion Database: ODR staff have created an encrypted, secure, web-based system for tracking diversion participants and referring them into programs quickly and efficiently. This database has been vetted by DHS, the LA Superior Court and County Counsel. Due to its success as an essential tool for patient releases in the MIST CBR program, ODR is expanding its use to other programs in which persons are released from the jail into treatment and housing programs. Using this same database in the courts and other venues where diversion is possible is also being considered.
- 5) Evaluation: The evaluation framework for ODR efforts is still in development. Initial metrics we will track will all be person-level and will include number of persons diverted from jail; number enrolled into a treatment or housing program, number who leave their treatment or housing programs (for those who have specific placements) and; number who are re-arrested or recidivate.

### **Funding Priorities for the Remainder of FY 2015-16 and for FY 2016-17**

ODR has received a number of budget requests from various partners to fund diversion related programs. As these requests come to our attention, they are being considered as a part of the larger ODR strategic planning process. Three efforts are being put into the FY 2016-17 recommended budget. Additional efforts are being finalized and will be included in the FY 2016-17 Final Changes budget or the FY 2016-17 Supplemental Budget.

### **Recommended Budget**

- 1) Crisis Intervention Training: LASD has proposed that ODR support a plan to provide a 32-hour training to approximately 2,161 patrol personnel over the next six years. These 2,161 patrol personnel will be joined each year by hundreds of Sheriff Deputies who transition from the custody areas into patrol and who, in their custody roles, have received a similar training to CIT to ensure they were equipped to manage mental illness of individuals in custody. Depending on the rate of custody to patrol transition, at the end of six years between 4,000 and 5,000 patrol deputies will have received mental health training and requisite maintenance training, consisting of an eight hour training every three years, so the skills stay fresh and up to date. The total investment for the six-year training plan will be offset by approximately \$6.4 million of ODR funding disbursed at \$1.4 million in the first year and \$1 million in each of the last five years. The ODR funding will augment the revenue that LASD

will receive because a portion of the training has been built into the contract city cost model as well as the departmental support through existing resources the Sheriff has committed to ensuring a sufficient number of patrol deputies receive the CIT training.

- 2) Housing: ODR will transfer \$2,621,256 to Housing for Health for two Staff Analysts and year one funding for supportive housing for 200 diversion eligible participants.
- 3) Sobering Center: The current planned sobering center, described above, sited adjacent to the Skid Row area downtown will have capacity of 40-50 clients at a time. Estimated length of stay is less than 24 hours. The current estimated project cost with one-time start up and first-year operating expenses is approximately \$4.8 million, with \$1.7 million in one-time costs and \$3.1 million in ongoing costs. We anticipate opening in the late summer or early fall of this year.

#### Final Changes Budget

- 1) MET expansion: In order to provide sufficient coverage and service to LASD's vast geographical area and population, a phased MET expansion is being proposed. Phase I of the MET expansion will be to go from five funded teams to ten. ODR will provide \$1.81 million to LASD and \$464,100 to DMH to fund the Phase I expansion. During the expansion in FY 2016-17, LASD, DMH and ODR will work together to evaluate the impact of the first phase of expansion and determine whether changes are needed for the planned expansion in future years.
- 2) Expansion of Mental Health beds: We anticipate earmarking roughly \$3-5 million in ODR funding to support the expansion of IMD and acute beds needed to prevent the incarceration or ongoing incarceration of persons with serious mental illness. Many of these individuals are currently in jail. The precise funding allocation will be based on the ability to identify vacant beds that can be used for this purpose. Included in this planning process is an assessment of expanding acute psychiatric bed capacity within our DHS operated County hospitals. Also, DMH is exploring the development of ODR Psychiatric Health Facilities (PHFs) which can provide care comparable to an acute psychiatric facility as well as purchasing additional forensic IMD beds.
- 3) Expansion of assessment staff and other staff: Staff are needed to help in many areas of diversion. For example, custody staff are needed to help support jail in-reach and court-related efforts. These staff will likely be embedded in court linkage, jail linkage or in the creation of a SUD linkage program. At this time, there is not a specific, fully vetted budget request for such positions. In all likelihood, we will make this budget submission for the FY 2016-17 Supplemental Budget.

#### Other Updates

##### McArthur Award Update

On January 25, 2016, the Los Angeles County MacArthur Safety and Justice Challenge (SJC) working group, led by LA County Assistant Sheriff Terri McDonald, completed its final

task in the grant selection process: the structured interview. During this interview the SJC team took the opportunity to reiterate the innovative steps taken by the County to reduce the jail population, provide community-based treatment and re-entry services, and enhance public safety; as well as to elaborate on the proposed initiatives which would be facilitated through a grant award:

- A significant expansion of the Bail Deviation process is to facilitate the release of potentially thousands of arrestees prior to arraignment each year through own recognizance (OR) release or reduced bail. This will be accomplished by automatically screening arrestees (scaling up from 17% currently screened to 100%) using a validated static risk assessment tool.
- The creation of a new Resource Release Program (RRP) to further increase the use of pretrial release for those defendants who do not qualify for release at the bail deviation stage or at arraignment. In close collaboration with the Defense Bar, RRP would facilitate these releases through the innovative and centralized coordination of community-based resources. This will enable Defense attorneys to more efficiently and effectively pursue a Detention Review Hearing to advocate for their clients' release
- Post-sentencing, the use of grant funds to increase the number of inmates in community-based Alternative to Custody (ATC) treatment programs, including an innovative program for mothers of young children.

The MacArthur Foundation has indicated they will announce the award recipients in mid-March 2016.

### *The Stepping Up Initiative and The Council of State Governments*

ODR has assembled a team to join the National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center, and the American Psychiatric Association Foundation (APA Foundation) in leading a national initiative to help advance counties' efforts to reduce the number of adults with serious mental illness and co-occurring SUDs in jails. With support from the U.S. Justice Department's Bureau of Justice Assistance, the initiative builds on the many innovative and proven practices being implemented across the country.

On February 9, 2016, the Board passed a Resolution to participate in the National Stepping Up Initiative. According to the resolution, the County, "is now well-poised to assume a leadership role nationally. The stated goals of the Stepping Up Initiative are to convene expert leaders and decision makers; commence a dialogue regarding data, treatment and service capacity; and create an action plan with measurable outcomes to safely reduce the number of people with mental illnesses in the jails. The Stepping Up Initiative complements this Board's existing practices and goals regarding mental health diversion."

The ODR team will be joining the National Summit to advance county-led plans to reduce the number of people with mental illnesses in jails in the spring of 2016 in Washington, DC, that includes counties that have signed on to the Call to Action, as well as state officials and community stakeholders such as criminal justice professionals, treatment providers, people with mental illnesses and their advocates, and other subject-matter experts.

From February 29 to March 2, 2016, staff from the CSG spent time with ODR in order to better understand our current processes and policies and provide some advice on key areas to address as we pursue an aggressive and innovative diversion and re-entry agenda. In addition, CSG visited a DMH urgent care center and the BJA CARE program during their time in Los Angeles. This is further testimony of the leading role Los Angeles plays in the national conversation. We anticipate a report from the CSG team soon.

### **Next Steps**

County departments and stakeholders will continue to collaborate under the leadership of the ODR on the above-listed initiatives as well as a variety of different opportunities which emerge as the diversion work spreads across the County.

As an immediate next step, the ODR will work to create a budget submission to the CEO to provide funding for aspects of the programs and initiatives outlined above. We are also helping review and prioritize the budget requests of other departments where the activities funded through those requests impact the County's overall diversion and re-entry efforts.

If you have any questions or require additional information, please contact Mark Ghaly, M.D., Deputy Director of Community Health and Integrated Programs and Interim Director, Office of Diversion and Re-entry, at (213) 240-8107 or [mghaly@dhs.lacounty.gov](mailto:mghaly@dhs.lacounty.gov).

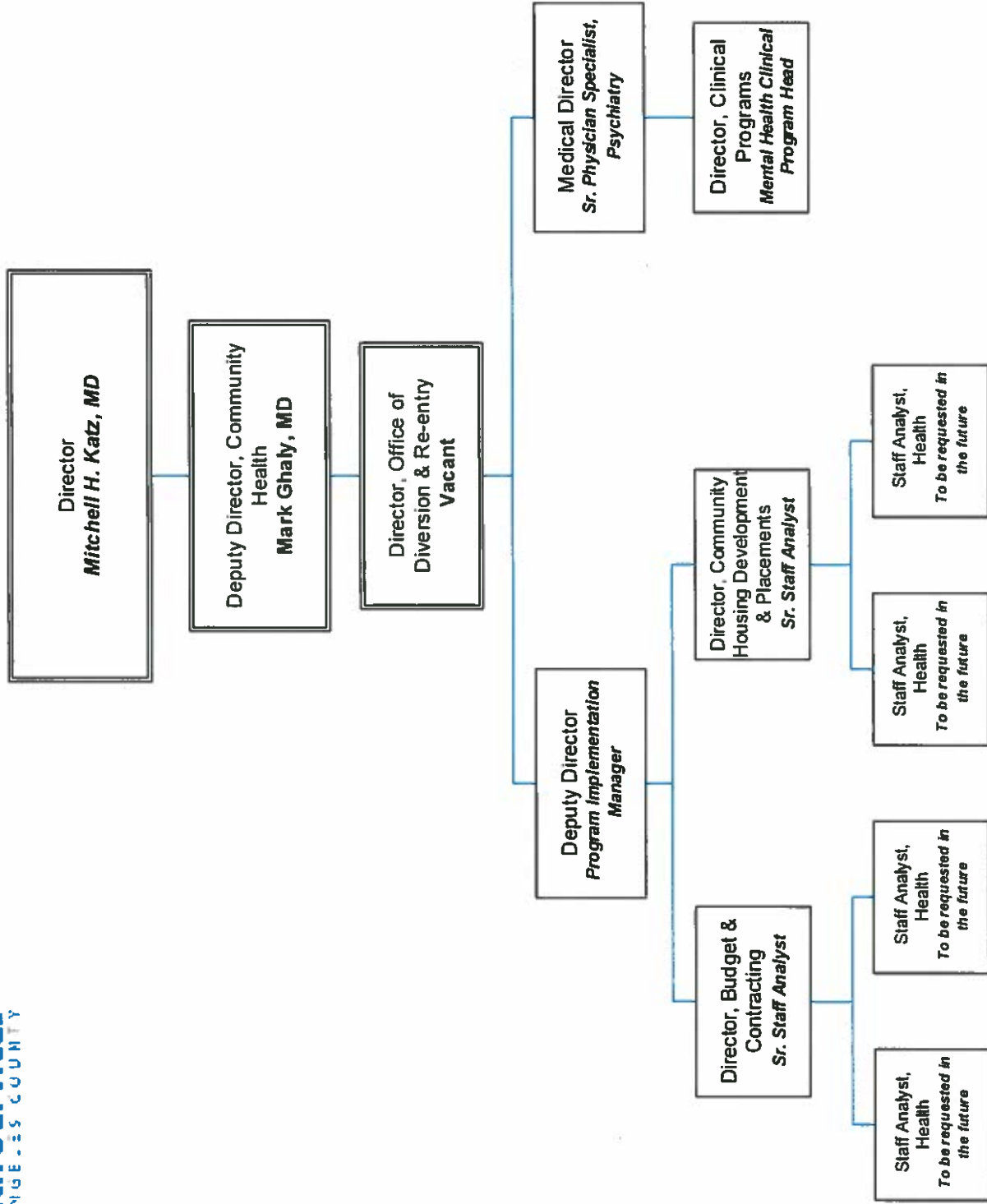
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### **Attachment**

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
ODR Permanent Steering Committee



**OFFICE OF DIVERSION AND RE-ENTRY**



Mark Ghaly, MD  
Deputy Director, Community Health

Date