

COUNTY OF LOS ANGELES  
**PROBATION DEPARTMENT**  
**DIRECTIVE**

|             |           |
|-------------|-----------|
| No.:        | 1447      |
| Issued:     | 6/14/2021 |
| Post Until: | 7/14/2021 |

**SUBJECT: POST-RELEASE SERVICES (AB 109) BUREAU MANUAL POLICIES – ADMINISTRATION & ORGANIZATION (PRS-200); AB 109 COMMUNICATIONS CENTER (PRS-522); MOBILE ASSISTANCE TEAM (MAT) (PRS-523); AND PRC PHONE CENTER OPERATIONS) (PRS-534)**

The following sections of the AB 109 Bureau Manual have been approved for distribution. Staff assigned to support the AB 109 Bureau are instructed to review the attached policies. The following new/revised policies are to be incorporated into the AB 109 Manual, which is currently in progress:

1. The Administration & Organization (PRS-200) policy, which includes the following sections:
  - Introduction
  - AB 109 Bureau Administrative Structure
  - Bureau Organization Chart – Adult Services
  - Bureau Organization Chart – AB 109 Bureau
  - Duties & Responsibilities – AB 109 Bureau Management
  - Duties & Responsibilities – AB 109 Bureau Staff
2. The AB 109 Communications Center (PRS-522) policy, which includes the following sections:
  - Introduction
  - Communication Center Staff Responsibilities
  - Hours of Operation
  - Radio Communication Protocol
  - Communications Center Emergency Protocol
  - Departmental Emergency Operations Center (EOC)
3. The Mobile Assistance Team (MAT) (PRS-523) policy, which includes the following sections:
  - Introduction - Overview
  - MAT Unit Assistance Request
  - Preparation for Transport Assignments, Field Contacts, and Address Verifications
  - Field Safety Procedures
  - Transportation / Conditional Releases
  - Los Angeles County Men's Central Jail
  - Los Angeles County Century Regional Detention Facility (CRDF) Lynwood Women's Jail
  - Prison Transportations
  - Prison Exchange Transportations
  - Uncooperative Supervised Person's Behaviors

**PROBATION DIRECTIVE**  
**AB 109 BUREAU MANUAL POLICIES**  
**PAGE 2 OF 2**

4. The PRC Phone Center Operations (PRS-534) policy, which includes the following sections:

- Introduction
- Law Enforcement Telephone Calls
- 24-Hour Public Tip Calls
- GPS Vendor Calls
- Staff Notifications Regarding Emergent Personnel Issues

The policies will also be located on Prob-Net [Probation Manuals → Post-Release Services (AB 109)]. Questions or concerns regarding this Directive shall be directed to the AB 109 Special Assistants at "EDL-PROB AB109 Special Assistants" ([AB109SpecialAssistants@probation.lacounty.gov](mailto:AB109SpecialAssistants@probation.lacounty.gov)).



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Brandon Nichols, Chief Deputy  
Adult Services

JUN 10 2021

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Date

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|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Subject:</b><br><br><b>POST-RELEASE SERVICES (AB 109)</b><br><b>BUREAU MANUAL</b><br><br><b>ADMINISTRATION &amp; ORGANIZATION</b> | <b>Section Number:</b><br><b>PRS-200</b>                 |
|                                                                                                                                      | <b>Effective Date:</b><br>JUN 10 2021                    |
|                                                                                                                                      | <b>Approved By:</b><br><br>Brandon Nichols, Chief Deputy |

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| <b>LOS ANGELES COUNTY PROBATION DEPARTMENT</b> | <b>PRS-200</b> |
| <b>ADMINISTRATION &amp; ORGANIZATION</b>       |                |

## **201 INTRODUCTION**

This section provides an overview of the Post-Release Services (AB 109) Bureau's administration, organization, and management functions. It also contains organizational charts for easy reference.

## **202 PRS (AB 109) BUREAU ADMINISTRATIVE STRUCTURE**

The administrative structure defines areas of responsibility for managers and the supervision of staff. It also establishes the chain of command for the bureau.

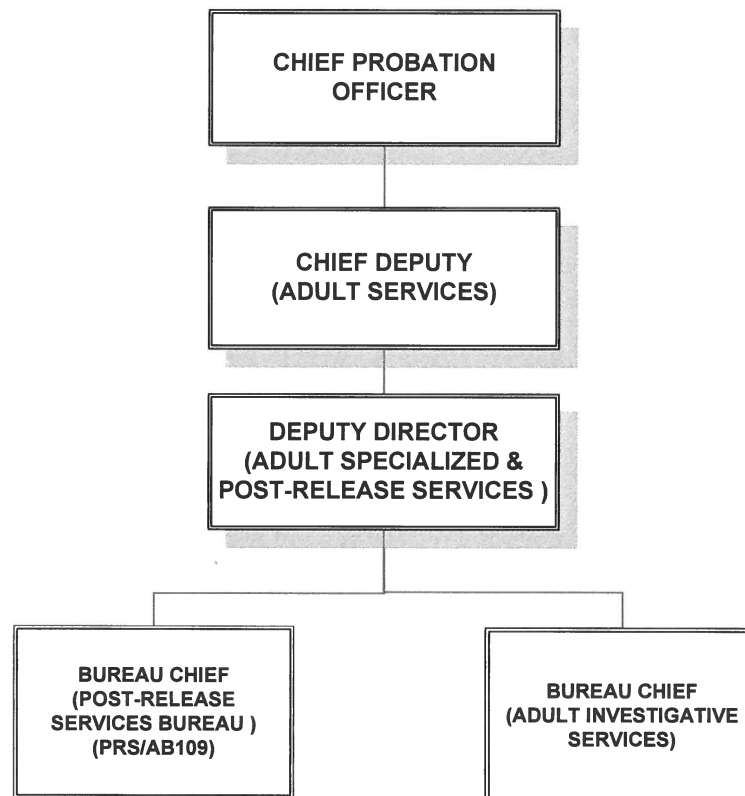
Generally, the chain of command will be followed in normal operational matters. Supervisors are directly responsible for those whom they supervise, and subordinate staff shall follow all lawful instructions from any supervisor. Most requests, problems, and complaints can be handled at the direct supervisor level but may progress to the next order of rank indicated in the chain of command should it become necessary. It is the responsibility of staff at all levels to communicate information and issues up and down the chain of command to ensure effective communication and to expedite the resolution of problems.

In descending order, the sworn supervisory levels are as follows:

- Chief Probation Officer
- Chief Deputy Probation Officer (Assistant Chief Probation Officer)
- Deputy Director, Probation
- Bureau Chief, Probation
- Senior Probation Director
- Probation Director
- Assistant Probation Director
- Supervising Deputy Probation Officer
- Deputy Probation Officer II (Field)

**ADMINISTRATION & ORGANIZATION****203 BUREAU ORGANIZATIONAL CHARTS – ADULT SERVICES DIVISION**

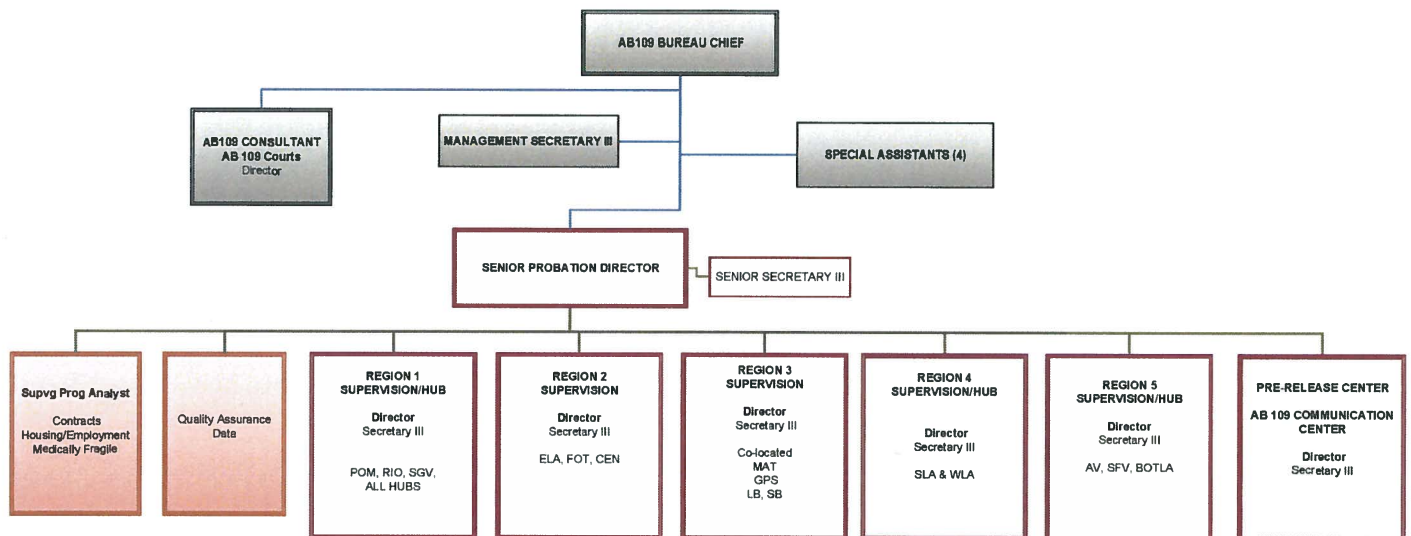
The AB 109 Bureau is a Bureau within the Adult Services Division of the Probation Department.

**ADULT SERVICES DIVISION**

## ADMINISTRATION &amp; ORGANIZATION

**204 BUREAU ORGANIZATIONAL CHARTS – POST-RELEASE (AB 109) SERVICES BUREAU**

The AB 109 Bureau is led by a Bureau Chief. The chain of command shall be followed in all operational matters.

**POST-RELEASE SERVICES (AB 109) BUREAU**

**ADMINISTRATION & ORGANIZATION****205 DUTIES & RESPONSIBILITIES, PRS BUREAU MANAGEMENT**

The narrative that follows provides an overview of the duties and responsibilities for AB 109 managers. Detailed specifications for each class can be found on the L.A. County Department of Human Resources web site at <http://dhr.mylacounty.info>.

**Bureau Chief, Probation**

The Bureau Chief is responsible for directing, managing, and evaluating the daily activities of the Bureau. The Bureau Chief oversees the Bureau operations, budget, procedures, programs, services, and activities. The person in this position is responsible for appropriate staffing levels, work methods, processes, and policies. The Bureau Chief assists in developing, implementing, and evaluating short and long-term departmental and bureau-wide goals and objectives, programs, policies, and procedures in order to improve operations and services, including employee performance and accountability and other duties as assigned by the assigned Deputy Director.

**AB109 Bureau Consultant(Probation Director)**

The AB 109 Consultant reports directly to the Bureau Chief. It is his/her responsibility to respond to Department inquiries as well as those from outside agencies and the public and other duties as assigned by the Bureau Chief. The consultant conducts investigations, and works with bureau staff to develop procedures and policies. The consultant provides counsel and assistance on specific assignments.

**Senior Probation Director**

The Senior Probation Director acts as the administrative head of a Division within the AB 109 Bureau and is responsible for its overall operations. The Senior Director is responsible for the Division's adherence to all federal, state, and local mandates. The Senior Director coordinates the implementation of programs throughout a Division, ensuring clear communication of departmental and AB 109 policies and procedures to all staff and program providers. The Senior Director is also responsible for developing and maintaining operational policies and procedures in written form that are available to all staff and other duties as assigned by the Bureau Chief.

**Probation Director**

The Probation Director acts as the administrative head of an operation within AB 109 Bureau and is responsible for its overall operations. The Director is responsible for the operation's adherence to all Federal, State, and local mandates. The Director coordinates the implementation of operation-specific programs, ensuring clear communication of departmental and AB 109 policies and procedures to all staff and program providers. The Director is also responsible for developing and maintaining operational policies and procedures in written form that are available to all staff and other duties as assigned by the Senior Director and/or Bureau Chief.

**ADMINISTRATION & ORGANIZATION**Supervising Program Analyst, Probation

The Supervising Program Analyst (SPA) acts as the Program Manager for AB 109 contracted services (e.g., housing, system navigation, etc.). The SPA also supervises a team of Program Analysts who are engaged in the monitoring and auditing of the AB 109 programs and services. The SPA manages the contracted and non-contracted auxiliary fund programs.

Special Assistant, Probation

The Special Assistants act as staff assistants to the AB 109 Bureau Chief or Senior Director and perform special assignments as directed. Specifically, AB 109 Special Assistants investigate and make recommendations in connection with AB 109 policies, functions, organization, and procedures to increase the efficiency and effectiveness of the Department; participate in formulating and implementing new and revised administrative policies; and analyze, evaluate, and make recommendations regarding the effects of new policies and procedures on line operations. AB 109 Special Assistants monitor staffing assignments and coordinate the release of designated staff assignments for the Probation Department.

**206 DUTIES & RESPONSIBILITIES, AB 109 BUREAU STAFF**

The duty statements for AB109 staff are quite varied, depending on the operation to which they are assigned. Roles and responsibilities are outlined in the operational sections contained in this manual. The Director for each operation within AB 109 may provide additional written documentation regarding duties and responsibilities to ensure smooth operation of specific programs and services.

Detailed classification specifications for each employment classification can be found on the L.A. County Department of Human Resources web site at <https://www.governmentjobs.com/careers/lacounty/classspecs>. The following staff classifications are currently assigned to the AB 109 Bureau.

- Accounting Clerk I
- Accounting Clerk II
- Deputy Probation Officer II, Field
- Head Clerk
- Intermediate Typist Clerk
- Management Secretary III
- Program Analyst, Probation
- Supervising Deputy Probation Officer
- Secretary III
- Senior Secretary III
- Supervising Typist Clerk

|                                                                                                                                 |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Subject:</b><br><br><b>POST-RELEASE SERVICES (AB 109)</b><br><b>BUREAU MANUAL</b><br><br><b>AB 109 COMMUNICATIONS CENTER</b> | <b>Section Number:</b><br><b>PRS-522</b>                 |
|                                                                                                                                 | <b>Effective Date:</b> JUN 10 2021                       |
|                                                                                                                                 | <b>Approved By:</b><br><br>Brandon Nichols, Chief Deputy |

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**AB 109 COMMUNICATIONS CENTER****522.1 INTRODUCTION**

The purpose of this policy is to establish procedures for the use and daily operation of the AB 109 Communications Center. Staff are required to use the Probation Department-issued radios to maintain communication with the Communications Center when conducting field activities (e.g., transportation of supervised persons, community contacts, etc.).

The Probation Department participates in the County Wide Integrated Radio System (CWIRS) as part of the County's communications system. CWIRS is a radio system used for mobile communications by a number of County Departments. It serves the day-to-day operations of the County Departments and it is the County's primary disaster recovery mobile communications system in a major emergency incident.

**522.2 COMMUNICATION CENTER STAFF RESPONSIBILITIES**

AB 109 Communication Center shall be responsible for below listed tasks.

- Operating two-way radio system to maintain contact with Probation staff in the field.
- Monitoring radio traffic to maintain contact with staff conducting field activities.
- Use a communications console to monitor field activities.
- Use a computer aided dispatch program to monitor staff in the field.
- Recording Probation staff arrivals and departures during field activities.
- Responding to requests from Probation staff for information.
- Responding to requests for emergency assistance from Probation Staff in the field.
- Coordinating communication between Probation staff and other agencies.
- Contacting the Supervising Deputy Probation Officer (SDPO) and/or Director during all emergencies.
- Advising staff of potential safety concerns occurring in the community (e.g., police activity, civil disturbances, natural disasters, etc.).
- Provide monthly statistical information to management.

**522.3 HOURS OF OPERATION**

The AB 109 Communication Center's hours of operation are Monday through Friday, 6:00 a.m. to 5:00 p.m., excluding County holidays. AB109 Staff in the field should plan to conclude their field activities by 5:00 p.m. Staff who must remain in the field outside the Communications Center's hours of operation should inform their SDPO or Director (if supervisor is unavailable) of their location and itinerary.

**AB 109 COMMUNICATIONS CENTER****522.4 RADIO COMMUNICATION PROTOCOL**Use of Public Safety Communications Aural Brevity Codes

Radio communications must be brief. Staff are to identify themselves by their call sign and use Officer Status Codes and Ten Codes (Appendix A) to communicate on the radios. Generally, a Deputy Probation Officer's (DPO's) call sign is their assigned area/regional office and caseload number (e.g., SLA 11P). DPOs assigned to the MAT, GPS, and co-located functions will be assigned a special call sign.

Talk Groups

There are currently 6 Talk Groups programmed in the radios exclusively for AB109 Field. Talk Groups 1 and 2 will be used for Area Regions to communicate with the AB109 Communication Center. Talk Groups 3, 4, and 5 are to be used by DPOs to communicate with each other.

**AREA TAC 1** - Communication Center for Region 1, Region 2, Region 3, and GPS

**AREA TAC 2** - Communication Center for Region 4, Region 5, MAT, Co-Located

**AREA TAC 3** - Tac Channel for Region 1

**AREA TAC 4** - Tac Channel for Region 2, Region 3

**AREA TAC 5** - Tac Channel for Region 4, Region 5

**AREA TAC 6** - GPS

When attempting to contact another staff member on the Tac Channel who does not respond, staff may contact the Communication Center and have them request that other staff member turn to and respond on the specific Talk Group. (For example: "10-31 Unit So Bay 01P to Area Tac 4").

Safety Alerts

The Communication Center will advise field staff of "Officer Safety Exclusion Zones" and any safety alerts in the community that are activated by the Bureau Chief. Safety alerts may range from general advisements to avoid a specific area because of police activity to emergency situations such as civil unrest. For these reasons, radios must remain on and with the assigned DPOs while conducting field activities.

Itineraries

At least 15 minutes prior to entering the field to perform Community Contacts or Transportation of supervised persons, DPOs are required to email their itinerary (Appendix B) to their SDPO and the AB 109 Communications Center at EDL-PROB AB109ComCenter or [AB109ComCenter@probation.lacounty.gov](mailto:AB109ComCenter@probation.lacounty.gov).

**AB 109 COMMUNICATIONS CENTER**

The itinerary must satisfy the below listed requirements.

- Be filled out completely and include call sign(s) next to their names.
- Ensure the itinerary is attached to the email.
- Law enforcement information shall include name, address, and phone number of local agency where field activity is to take place.
- The locations shall be clearly identified as to what location(s) belong to each DPO if two DPOs are submitting one itinerary for both DPOs.
- Locations are to be numbered in order if multiple sheets are submitted (Example 1-25).
- If the DPO needs to add locations to the itinerary while out in the field, the DPO shall contact the Communication Center via landline at 626-308-5543 to provide the additional location(s). Communications Center staff will add the new information to the DPO's itinerary.
- If the DPO needs to remove locations from the itinerary while out in the field, the DPO shall notify the Communications Center via radio.

**General Guidelines - Radio**

The following are general guidelines for using vehicle and mobile radios while in the field.

- Radios shall remain on at all times. Communication Center may try to contact you to confirm or relay information or alerts.
- When first initiating field activities, DPOs shall confirm that the radios are operational by conducting a radio check with the Communication Center.
- Always listen for a few seconds prior to transmitting to make sure you are not interrupting any other radio transmissions.
- Whenever transmitting a message to Probation staff, refer to the Probation staff by their call sign (e.g., "Rio Hondo 51P or Rio Hondo 51 Paul").
- Probation staff are required to use Public Safety Communication Aural Brevity Codes (Appendix B).
- DPOs shall start every transmission with their call sign.
- When DPOs contact the Communications Center, they should wait for the Communication Center Staff to acknowledge them before transmitting.
- All radio traffic will be conducted in a courteous manner.
- Pronounce words clearly and distinctly.

**AB 109 COMMUNICATIONS CENTER**

- Do not transmit until message is clearly in mind, but do not hesitate in emergency situations.
- Distorted transmissions are caused by shouting into the microphone or handheld radio and attempting to transmit with excessive background noise. Remain calm at all times and adjust voice and radio volume (including your partner's radio) to minimize distortion and feedback.
- During an emergency, speaking standard English is acceptable.
- At least one of the DPOs on the team conducting community contacts shall have their work cell phone on their person, fully charged, turned on and in working order.

Check-in/Check-out Process

While conducting field activities, DPOs/SDPOs are responsible for communicating with the AB 109 Communication Center when they are 10-8 (In Service), 10-7 (Out of Service), 10-97 (Arrived at Location) and 10-98 (Completed Assignment, Leaving Location). Appendix C lists examples of typical transmissions.

Safety Checks

AB 109 Communication Center staff will conduct a Safety Check when a DPO has called in to advise they have arrived at the location (Code 10-97) and has been at the location longer than 15 minutes. If the DPO is still at the location and no assistance is necessary, the DPO is to respond with a "Code 4".

If the DPO does not respond to the initial Safety Check request, Communication Center staff will continue to make attempts as listed below.

1. Repeat the request for Safety Check, twice over the radio.
2. Call for the Primary DPO over the air.
3. Call for the Secondary DPO over the air.
4. Using the AB109 Telephone Directory, attempt to contact the Primary DPO by cell phone.
5. Using the AB109 Telephone Directory, attempt to contact the Secondary DPO by cell phone.
6. Using the AB 109 Telephone Directory, attempt to contact the primary DPO's Supervisor.
7. Using the AB 109 Telephone Directory, attempt to contact the primary DPO's Director.

**AB 109 COMMUNICATIONS CENTER**

If after completing these steps, Communication Center staff are still unable to establish contact with the DPO, Communication staff will follow the protocol to activate an Emergency as described below starting with step #4.

**522.5 COMMUNICATIONS CENTER EMERGENCY PROTOCOL**

Several types of emergencies may require the use of the radio. The Communication Center will be ready to respond, relay messages, or assist Probation staff in any emergency.

DPO/SDPO Emergency Activations

During an emergency, Probation staff can activate an Emergency by doing the following:

- Pressing the orange trigger button on the handheld radios;
- Pressing the red triangular trigger button on the vehicle mobile radios;
- Probation staff announces an emergency over the radio on a AB109 Area Tac Channel 1 or AB109 Area Tac 2;
- Probation staff calls the Communication Center over a landline and reports an emergency;
- Probation staff uses the Los Angeles County Sheriff SCC Access Channel on the radio;
- Probation staff calls the Emergency Telephone Number (911) due to an emergency; or
- Probation staff does not respond to three attempts by the Communication Center staff to conduct a Safety Check

Communication Center Emergency Activation Response

The Communication Center will proceed as follows if an emergency is activated.

1. The Communication Center will contact Probation staff to inquire about the emergency activation. If the activation was accidental, the Communication Center will provide instructions on how to clear the activation. The Communication Center will prepare the "Emergency Activation" form and submit it to the Communication Center SDPO and Director.
2. Communication Center staff will confirm the emergency and ask if Probation staff are involved. Communication staff will gather the necessary details of the emergency (i.e., Who, What, Where, When).
3. Communication Center staff will make contact with the appropriate law enforcement or emergency response agency to relay the information (i.e., California Highway Patrol, local Police Department, Sheriff's Department, or Fire Department). Communication staff shall document these attempts by recording the pertinent details.

|                                         |                |
|-----------------------------------------|----------------|
| LOS ANGELES COUNTY PROBATION DEPARTMENT | <b>PRS-522</b> |
| <b>AB 109 COMMUNICATIONS CENTER</b>     |                |

4. Communication Center will advise all talk groups to stand by stating, "All units stand by unless you have emergency traffic. Hold all transmissions until further notice."
5. Communication Center staff will contact the Communications Center Director (or designee) and notify them of the emergency. The Communications Center Director will notify Executive Management of the situation via his/her chain of command.
6. Communication Center staff will continue to monitor the emergency until no further assistance is needed.
7. Communication Center staff will advise all talk groups when to resume regular communication (i.e., All Channels are clear).

**NOTE:** Probation staff involved in an incident requiring an emergency radio transmission must complete and submit a Special Incident Report (Appendix \_\_) to report the nature and resolution of the emergency incident before going off duty.

#### **522.6 DEPARTMENT OPERATIONS CENTER (DOC)**

In cases of natural disasters or civil emergencies, the DOC, located at Probation Headquarters, may be activated.

If activated, the Probation Department is obligated to assign a liaison representative, preferably a supervisor, to report to the DOC as soon as possible. The designated staff member will coordinate status and movement information between the Communication Center and the DOC until given the order to stand-down and/or he or she is properly relieved.

Probation staff will continue to report via radio to the Communication Center unless they are directed to change talk groups and report directly to the DOC or Probation liaison staff.

Probation staff who have Departmental cellular telephones should attempt to contact Communication Center through the CWIRS first.

|                                         |         |
|-----------------------------------------|---------|
| LOS ANGELES COUNTY PROBATION DEPARTMENT | PRS-522 |
| <b>AB 109 COMMUNICATIONS CENTER</b>     |         |

## **APPENDIX A: PUBLIC SAFETY COMMUNICATIONS AURAL BREVITY CODES**

The following radio codes and phonetic alphabet shall be used when utilizing radios within the Probation Department:

### Officer Status Codes

|        |                                |
|--------|--------------------------------|
| Code 1 | Acknowledge receipt of message |
| Code 2 | Urgent but not emergency       |
| Code 3 | EMERGENCY                      |
| Code 4 | No further assistance needed   |
| Code 5 | Stakeout-other units stay away |
| Code 6 | Out of investigation           |
| Code 7 | Out of service to eat          |

### Ten Codes

|       |                                 |       |                                    |
|-------|---------------------------------|-------|------------------------------------|
| 10-1  | Receiving poorly                | 10-20 | Your location                      |
| 10-2  | Receiving loud and clear        | 10-21 | Call by telephone                  |
| 10-3  | Stop transmitting               | 10-22 | Cancel last transmission/request   |
| 10-4  | Acknowledge/Copy                | 10-23 | Stand by                           |
| 10-5  | Relay                           | 10-27 | Check records on (APS, JDIC, ETC.) |
| 10-6  | Busy                            | 10-31 | Request unit and channel           |
| 10-7  | Out of Service                  | 10-33 | Emergency Clearance LASD           |
| 10-8  | In Service                      | 10-36 | Correct time                       |
| 10-9  | Repeat                          | 10-37 | Identify operator                  |
| 10-10 | Out of vehicle, subject to call | 10-43 | Escort/Transport person            |
| 10-11 | Transmitting too rapidly        | 10-97 | Arrived at scene/location          |
| 10-15 | En Route w/Detainee             | 10-98 | Finished last assignment           |
| 10-17 | En Route to next field location | 10-99 | OFFICER NEEDS ASSISTANCE           |
| 10-19 | Return to Assigned Office       |       |                                    |

### Phonetic Alphabet

|           |           |          |           |
|-----------|-----------|----------|-----------|
| A-Adam    | H-Henry   | O-Ocean  | V-Victor  |
| B-Boy     | I-Ida     | P-Paul   | W-William |
| C-Charles | J-John    | Q-Queen  | X-X-Ray   |
| D-David   | K-King    | R-Robert | Y-Young   |
| E-Edward  | L-Lincoln | S-Sam    | Z-Zebra   |
| F-Frank   | M-Mary    | T-Tom    |           |
| G-George  | N-Nancy   | U-Union  |           |

## AB 109 COMMUNICATIONS CENTER

## APPENDIX B: COMMUNITY CONTACT ITINERARY

**LOS ANGELES COUNTY PROBATION DEPARTMENT  
ADULT FIELD SERVICES DIVISION / AB109 BUREAU  
COMMUNITY CONTACT ITINERARY**

**INSTRUCTIONS:** This form is to be completed by the DPO and submitted to the SDPO prior to the DPO entering the community to engage in Community Contacts. At the beginning and conclusion of each Contact, the DPO shall contact their SDPO or designee to provide a status update. Itineraries may also be provided to appropriate law enforcement agencies where Community Contacts will be conducted. Document all Community Contacts in APS.

DATE: \_\_\_\_\_ REGION: \_\_\_\_\_

|                    |                     |                |                      |                        |                   |
|--------------------|---------------------|----------------|----------------------|------------------------|-------------------|
| STAFF INFORMATION  | DPO LAST NAME       | DPO FIRST NAME | EMPLOYEE NO          | DPO CELL NUMBER        | DPO OFFICE NUMBER |
|                    |                     |                |                      |                        |                   |
|                    |                     |                |                      |                        |                   |
|                    |                     |                |                      |                        |                   |
|                    |                     |                |                      |                        |                   |
|                    |                     |                |                      |                        |                   |
| SDPO LAST NAME     | SDPO FIRST NAME     | OFFICE         | SDPO CELL NUMBER     | SDPO OFFICE NUMBER     |                   |
| DIRECTOR LAST NAME | DIRECTOR FIRST NAME | OFFICE         | DIRECTOR CELL NUMBER | DIRECTOR OFFICE NUMBER |                   |

| NO. | TIME IN | TIME OUT | SUPERVISED PERSON'S NAME | X NUMBER | STREET ADDRESS & CITY | CONTACT TYPE |           | LAW ENFORCEMENT AGENCY & PHONE NUMBER | CONTACT COMPLETED (Y/N) | SIR REQ'D (Y/N) |
|-----|---------|----------|--------------------------|----------|-----------------------|--------------|-----------|---------------------------------------|-------------------------|-----------------|
|     |         |          |                          |          |                       | HOME         | COMPLAINT |                                       |                         |                 |
| 1   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 2   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 3   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 4   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 5   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 6   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 7   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 8   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 9   |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |
| 10  |         |          |                          |          |                       |              |           |                                       | Y/N                     | Y/N             |

Revised 06/25/15 wj

## AB 109 COMMUNICATIONS CENTER

## APPENDIX C: RADIO TRANSMISSION EXAMPLES

| Field Activity Example                                                                                                | Radio Transmission Example                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DPO team is starting field activities and needs to conduct a radio check to confirm the radio is operational.         | DPO: RIO 01 Paul To Comm. Center<br>Com. Ctr: RIO 01 Paul go for Comm. Center<br>DPO: Radio Check<br><i>(Wait for Operator to acknowledge)</i><br>Com. Ctr: RIO 01 Paul you are 10-2, Loud and Clear                                           |
| DPO team is starting field activities using County vehicle 13652.                                                     | DPO: RIO 01 To Comm. Center<br><i>(Wait for Radio Operator to acknowledge)</i><br>Com. Ctr: Go for Comm. Center<br>DPO: RIO 01 Paul and RIO 02 Paul are 10-8 in Vehicle 13652<br>Com. Ctr: Comm. Center Copies or 10-4                         |
| DPO team has arrived at itinerary location #1                                                                         | DPO: RIO 01 Paul To Comm. Center<br><i>(Wait for Radio Operator to Acknowledge)</i><br>Com. Ctr: RIO 01 Go for Comm. Center<br>DPO: RIO 01 01P We are 10-97 at location 1<br>Com. Ctr: Comm. Center Copies or 10-4                             |
| DPO team has completed the contact and leaving itinerary location #3                                                  | DPO: RIO 01 Paul To Comm. Center<br><i>(Wait for Radio Operator to Acknowledge)</i><br>Com. Ctr: RIO 01 Paul Go for Comm. Center<br>DPO: RIO 01 Paul is 10-98 at location 3<br>Com. Ctr: Comm. Center Copies or 10-4                           |
| DPO team has terminated field activities for the day (out of service). Locations 2, 5, 7, and 12 have been cancelled. | DPO: RIO 01 Paul To Comm. Center<br><i>(Wait for Radio Operator to acknowledge)</i><br>Com. Ctr: RIO 01 Paul Go for Comm. Center<br>DPO: RIO 01 Paul is 10-7. Locations 2, 5, 7, and 12 are cancelled<br>Com. Ctr: Comm. Center Copies or 10-4 |

|                                         |         |
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### APPENDIX C: RADIO TRANSMISSION EXAMPLES

| Field Activity Example                                                                                                                                                                                                                                                                          | Radio Transmission Example                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Safety Check - DPO team arrived at itinerary location #4 more than 20 minutes ago and has not contacted the Communication Center to report they are finished. A safety check is required. Communications Center staff conduct safety check and DPO responds no further assistance is necessary. | Com. Ctr: RIO 01 Paul. What is your status on location # 4?<br>DPO: Code 4 at location #4<br>Com. Ctr: 10-4                    |
| DPO team is returning to the office.                                                                                                                                                                                                                                                            | DPO: RIO 01 Paul To Comm. Center<br>Com. Ctr: Rio 01 Paul go for Comm. Center<br>DPO: RIO 01 Paul is 10-19 at Rio Hondo Office |

## AB 109 COMMUNICATIONS CENTER

## APPENDIX D: EMERGENCY TRIGGER ACTIVATION FORM


**LOS ANGELES COUNTY PROBATION DEPARTMENT  
AB 109 COMMUNICATION CENTER**

**EMERGENCY TRIGGER ACTIVATION FORM**

| DEPUTY PROBATION OFFICER INVOLVED IN EMERGENCY TRIGGER ACTIVATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                           |                     |                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------|---------------------|--------------------------------------------------------------------------------------|--|
| DPO LAST NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | DPO FIRST NAME:           |                     | DPO CALL SIGN:                                                                       |  |
| REGION OFFICE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REGION : | VEHICLE NO:               | DPO CELL NO:        | DPO OFFICE NO:                                                                       |  |
| SECONDARY DPO LAST NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | SECONDARY DPO FIRST NAME: |                     | DPO CALL SIGN:                                                                       |  |
| SDPO LAST NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | SDPO FIRST NAME:          |                     | SDPO OFFICE NO:                                                                      |  |
| DIRECTOR FULL NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                           | DIRECTOR OFFICE NO: |                                                                                      |  |
| EMERGENCY TRIGGER ACTIVATION INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                           |                     |                                                                                      |  |
| DATE OF ACTIVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | TIME:                     |                     | <input type="radio"/> TRUE ACTIVATION <input type="radio"/> FALSE ACTIVATION         |  |
| LOCATION OF ACTIVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                           |                     | <input type="radio"/> HANDHELD ACTIVATION<br><input type="radio"/> MOBILE ACTIVATION |  |
| REASON FOR ACTIVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                           |                     |                                                                                      |  |
| DISPATCHER ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                           |                     |                                                                                      |  |
| DISPATCHER FULL NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                           | OFFICE NO:          |                                                                                      |  |
| ACTION TAKEN BY DISPATCHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                           |                     |                                                                                      |  |
| <input type="checkbox"/> CLEAR ALL RADIO TRAFFIC FOR EMERGENCY ONLY<br><input type="checkbox"/> CONTACT DPO TO CONFIRM TRUE OR FALSE ACTIVATION<br><input type="checkbox"/> GUIDE DPO TO RESET ACTIVATION BUTTON (TURN RADIO OFF AND BACK ON)<br><input type="checkbox"/> POLICE AGENCY CONTACTED: _____ TIME: _____<br><input type="checkbox"/> CLEARED RADIO FOR REGULAR RADIO TRAFFIC<br>NOTIFIED: <input type="checkbox"/> SDPO <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SENIOR DIRECTOR <input type="checkbox"/> BUREAU CHIEF |          |                           |                     |                                                                                      |  |
| REPORTER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                           |                     |                                                                                      |  |
| PRINT NAME OF REPORTER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                           |                     | DATE SUBMITTED:                                                                      |  |
| REPORTER SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                           |                     |                                                                                      |  |

## AB 109 COMMUNICATIONS CENTER

## APPENDIX E-1: FIELD SERVICES SPECIAL INCIDENT REPORT

| COUNTY OF LOS ANGELES PROBATION DEPARTMENT<br>FIELD SERVICES – SPECIAL INCIDENT REPORT (SIR)               |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|----------------|-------------|-----------------------------------------------------------------------|-------------------------|--------------|--|
| <b>INCIDENT OVERVIEW</b>                                                                                   |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| DATE OCCURRED:                                                                                             |                                                                     | TIME OCCURRED:                                                                                          |      | DATE REPORTED: |             | REPORTED BY:                                                          |                         | PHONE NO:    |  |
| NATURE OF INCIDENT:                                                                                        |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| LOCATION OF INCIDENT: (Be specific, include facility address, Department area and/or room number)          |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| PERSON (S) INVOLVED IN THE INCIDENT:                                                                       |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| <b>SUPERVISED PERSON / SUSPECT INFORMATION: (If Applicable)</b>                                            |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| County Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                     | Gang Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |      |                |             |                                                                       |                         |              |  |
| SUSPECT NAME: (If Known)                                                                                   |                                                                     | AGE<br>yrs.                                                                                             | RACE | SEX            | HEIGHT      | WEIGHT<br>lbs.                                                        | EYE COLOR               | HAIR COLOR   |  |
| PDJ or X-NUMBER: (if applicable):                                                                          | DISTINGUISHING CHARACTERISTICS: (Facial Hair, Scars, Tattoos, etc.) |                                                                                                         |      |                |             | APPAREL:                                                              |                         |              |  |
| VEHICLE MAKE/MODEL: (If Applicable)                                                                        |                                                                     |                                                                                                         | YEAR | LICENSE NUMBER |             | COLOR                                                                 | DISTINGUISHING FEATURES |              |  |
| <b>EMPLOYEE WITNESSES (If Applicable)</b>                                                                  |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| 1. LAST NAME                                                                                               |                                                                     | FIRST NAME                                                                                              |      |                | MIDDLE NAME |                                                                       |                         | EMPLOYEE NO. |  |
| 2. LAST NAME                                                                                               |                                                                     | FIRST NAME                                                                                              |      |                | MIDDLE NAME |                                                                       |                         | EMPLOYEE NO. |  |
| 3. LAST NAME                                                                                               |                                                                     | FIRST NAME                                                                                              |      |                | MIDDLE NAME |                                                                       |                         | EMPLOYEE NO. |  |
| <b>NON-EMPLOYEE WITNESSES (If Applicable)</b>                                                              |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| 1. LAST NAME                                                                                               |                                                                     | FIRST NAME                                                                                              |      |                | MIDDLE NAME |                                                                       | AGE<br>yrs.             | D.O.B.       |  |
| STREET ADDRESS                                                                                             |                                                                     | CITY                                                                                                    |      |                | ZIP CODE    | PHONE NUMBERS                                                         |                         |              |  |
| 2. LAST NAME                                                                                               |                                                                     | FIRST NAME                                                                                              |      |                | MIDDLE NAME |                                                                       | AGE<br>yrs.             | D.O.B.       |  |
| STREET ADDRESS                                                                                             |                                                                     | CITY                                                                                                    |      |                | ZIP CODE    | PHONE NUMBERS                                                         |                         |              |  |
| 3. LAST NAME                                                                                               |                                                                     | FIRST NAME                                                                                              |      |                | MIDDLE NAME |                                                                       | AGE<br>yrs.             | D.O.B.       |  |
| STREET ADDRESS                                                                                             |                                                                     | CITY                                                                                                    |      |                | ZIP CODE    | PHONE NUMBERS                                                         |                         |              |  |
| <b>OUTSIDE AGENCY SUMMONED OR INVOLVED: Law Enforcement, Safety, Police, Medical, etc.</b>                 |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| AGENCY NAME                                                                                                |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| AGENCY REPORT/FILE NO.                                                                                     |                                                                     |                                                                                                         |      |                |             | ARREST MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |              |  |
| DISPOSITION:                                                                                               |                                                                     |                                                                                                         |      |                |             |                                                                       |                         |              |  |
| REPORT SUBMITTED BY:                                                                                       |                                                                     |                                                                                                         | DATE | PHONE NO.      |             | REVIEWED BY:                                                          |                         | DATE         |  |

|                                         |         |
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**APPENDIX E-2: FIELD SERVICES SPECIAL INCIDENT REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>COUNTY OF LOS ANGELES PROBATION DEPARTMENT<br/><b>FIELD SERVICES – SPECIAL INCIDENT REPORT (SIR)</b></p> <table border="1"><tr><td><p><b>DETAILED DESCRIPTION OF INCIDENT</b></p><p>In narrative form, provide a detailed description of the incident. This description should provide details of the actions of all involved parties and answer the questions of "Who, What, When, Where, and How". The description should provide details of the events that occurred prior to, during, and after the incident in chronological order of occurrence..</p></td></tr></table> | <p><b>DETAILED DESCRIPTION OF INCIDENT</b></p> <p>In narrative form, provide a detailed description of the incident. This description should provide details of the actions of all involved parties and answer the questions of "Who, What, When, Where, and How". The description should provide details of the events that occurred prior to, during, and after the incident in chronological order of occurrence..</p> |
| <p><b>DETAILED DESCRIPTION OF INCIDENT</b></p> <p>In narrative form, provide a detailed description of the incident. This description should provide details of the actions of all involved parties and answer the questions of "Who, What, When, Where, and How". The description should provide details of the events that occurred prior to, during, and after the incident in chronological order of occurrence..</p>                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                                                                                                                                 |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Subject:</b><br><br><b>POST-RELEASE SERVICES (AB 109)</b><br><b>BUREAU MANUAL</b><br><br><b>MOBILE ASSISTANCE TEAM (MAT)</b> | <b>Section Number:</b><br><b>PRS-523</b>                 |
|                                                                                                                                 | <b>Effective Date:</b><br>JUN 10 2021                    |
|                                                                                                                                 | <b>Approved By:</b><br><br>Brandon Nichols, Chief Deputy |

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## APPENDICES

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**MOBILE ASSISTANCE TEAM (MAT)****523.1 OVERVIEW**

The AB 109 Mobile Assistance Team (MAT) unit functions in collaboration with all components of the AB 109 Post-Release Services Program. MAT primarily addresses the transportation needs of Postrelease Supervised persons (PSP) and split-sentence supervised persons from various locations throughout the County of Los Angeles. Transportation needs may include but are not limited to the following: medical and or mental health conditions, Substance Use Disorder, chronic absconding issues, and/or the inability to navigate public transportation. The MAT's primary transportation duties include conditional releases from County Jail, State Prison releases, transportation of medically fragile supervised persons, and additional assignments delegated by management or requested by AB 109 Area Offices, Alhambra Area Office/Pre-Release Center, the AB 109 medical fragile unit and the AB 109 GPS unit. The unit operates countywide in collaboration with all AB 109 offices and HUBS.

**523.2 MAT UNIT ASSISTANCE REQUEST**

Deputy Probation Officers (DPOs) may request a MAT transport by completing a request for Co-Located Assistance form (Appendix A) and submitting it to their Supervising Deputy Probation Officer (SDPO) for approval. If approved, the SDPO shall email the approved request to "EDL-PROB Co-Located" ([CoLocatedUnarmed@probation.lacounty.gov](mailto:CoLocatedUnarmed@probation.lacounty.gov)) with a copy to their respective Probation Director. Attempts will be made to handle all requests during normal working hours. If overtime is anticipated, approval from the Director and Bureau Chief is required prior to initiation.

The following are examples that may constitute a request for MAT unit assistance.

1. Mental health/medically fragile transports
2. Medical/mental health issues that prevent a supervised person from taking public transportation
3. Medically fragile individuals requiring transportation to a designated housing and/or residential treatment program.
4. Hospital discharge/warrant arrest transports.

MAT DPOs Shall be responsible for completing all applicable forms and Adult Probation System (APS) entries regarding request for assistance events. Depending on the nature of the call, additional MAT teams may be dispatched. MAT DPOs are responsible for the supervised person until transported or released to a final destination.

**MOBILE ASSISTANCE TEAM (MAT)****523.3 PREPARATION FOR TRANSPORT ASSIGNMENTS, FIELD CONTACTS AND ADDRESS VERIFICATIONS**

Prior to any conditional release, California Department of Corrections and Rehabilitation (CDCR) prison release transport, address verification, or transport assignment, MAT DPOs shall create an Information Packet and Itinerary (Appendix B). These packets will consist of the following printed APS screens and other related resources:

1. CCHRS - Rap sheet with picture to properly identify the supervised person
2. TCIS – Recent minute order
3. APS Screens:
  - a. DFIQ – Inquiry Data
  - b. DFAD – Address Data
  - c. DCID – Chronological Data
4. An Itinerary of scheduled assignments, including prospective addresses for verification shall be emailed to the SDPO and the AB 109 Communications Center. The itinerary shall consist of the following:
  - a. DPO information, cell phone number, handheld radio unique identification (UID) number, SDPO contact information, vehicle, radio UID numbers and local law enforcement agency / phone number having jurisdiction over each planned location destination.
  - b. All destinations shall be entered according to the itinerary in chronological order.
  - c. SDPO should be notified immediately if there are any variations to the proposed itinerary.

**523.4 FIELD SAFETY PROCEDURES**

The SDPO and AB 109 Communication Center shall be notified upon arrival and departure from each location. Prior to the arrival at any location, a courtesy phone call shall be attempted notifying the supervised person of a MAT home visit. All address verifications, transports, and field contacts must be conducted in teams of two.

|                                         |         |
|-----------------------------------------|---------|
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### **523.5 TRANSPORTATION / CONDITIONAL RELEASES**

Upon receiving transport assignments from the SDPO, MAT DPOs shall complete the aforementioned information packet, then proceed with ensuring their assigned vehicle is in proper working order (via inspection log) and is adequately fueled. Odometer readings will be recorded at the start and ending point of each assignment and entered into the vehicle's mileage log.

Conditional releases from Los Angeles County Jails occur during the designated release times of 9:00 a.m. to 2:00 p.m.

### **523.6 LOS ANGELES COUNTY MEN'S CENTRAL JAIL**

Note the specific steps associated with transportations from Men's Central Jail.

1. DPOs shall secure their vehicle at the transportation area of the Men's Central Jail. DPOs shall produce proper work identification in exchange for a non-escort guest ID.
2. Upon entering the jail facility, DPOs shall enquire and request with the Los Angeles Sheriff's Department (LASD) Cashier's office, for any monies the supervised person may have in his inmate account.
3. DPOs shall provide jail property clerks with a slip of the inmate's information in order to take custody of any inmate property.
4. DPOs shall proceed to the Intake Reception Center for release of custody.
5. Upon verifying the supervised person's identity, DPOs shall structure and provide the inmate with the day's itinerary. DPOs will conduct a pat-down search and secure the inmate with mechanical restraints.
6. Upon LASD release clearance, DPOs will proceed to escort the supervised person out of the facility and secure the supervised person in a County issued caged vehicle. (secured County issued vehicle)
7. DPOs will transport the supervised person to all established locations.
8. Upon completion of transport assignments, DPOs shall complete a Transport Form (Appendix C) and enter chronological notes on the APS DCID screen.

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| LOS ANGELES COUNTY PROBATION DEPARTMENT | PRS-523 |
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### **523.7 LOS ANGELES COUNTY CENTURY REGIONAL DETENTION FACILITY (CRDF) LYNWOOD WOMEN'S JAIL**

Note the specific steps related into transportation from the CRDF Women's Jail.

1. DPOs shall secure their vehicle at the transportation area of the CRDF.
2. DPOs will approach the Intake/Release area where LASD Deputies will prepare all aspects of the release process.
3. Upon verifying the supervised person's identity, DPOs shall structure and provide the inmate with the day's Itinerary, conduct a pat-down search, and secure the inmate with mechanical restraints.
4. Upon LASD release clearance, DPOs will proceed to escort the supervised person out of the facility and secure the supervised person in a County issued caged vehicle.
5. DPOs will transport the supervised person to all established locations.
6. Upon completion of transport assignments, DPOs shall complete a Transport Form (Appendix C) and enter chronological notes on the APS DCID screen.

### **523.8 PRISON TRANSPORTATIONS**

Upon receiving transport information from the SDPO, MAT DPOs shall complete the aforementioned information packet, then proceed with ensuring their assigned vehicle is in proper working order (via inspection log) and is adequately fueled. Odometer readings will be recorded at the start and ending point of each assignment and entered into the vehicle's mileage log.

MAT Deputies should be prepared to begin their shift as early as 6:00 a.m. to ensure arrival at designated State Prison no later than 8:30 a.m.

1. DPOs are not permitted to wear jeans or blue denim when transporting supervised persons to and from a prison. Entry will be denied if wearing jeans or blue denim.
2. Upon arriving at the designated State Prison, DPOs shall identify themselves as Los Angeles County Deputy Probation Officers and provide proper identification.
3. If applicable, firearms will be secured in a designated facility approved location.
4. DPOs will enter the facility and upon verifying the supervised person's identity, DPOs shall structure and provide the inmate with the day's Itinerary.

**MOBILE ASSISTANCE TEAM (MAT)**

5. DPOs will conduct a pat-down search and secure the inmate with mechanical restraints. Upon CDCR release clearance, DPOs will proceed to escort the supervised person out of the facility and secure the supervised person in a County issued caged vehicle.
6. DPOs will transport the supervised person to all established locations.
7. Upon completion of prison transport assignments, DPOs shall complete a Transport Form (Appendix C) and enter chronological notes on the APS DCID screen.

During transports, supervised persons shall be placed in mechanical restraints (in the front) to ensure the safety of the supervised person and MAT DPOs. If any supervised person becomes unstable, agitated, or aggressive, MAT DPOs will have the discretion to keep the supervised person in mechanical restraints or transfer restraints to the rear of the individual.

Prison transports occurring on a weekend usually require the supervised person to be transported to Exodus Urgent Care Center for a 5150 evaluation. The supervised person may be held at Exodus for 23 hours on an involuntarily basis. MAT DPOs are required to return within the 23-hour period to pick-up the supervised person and transport him/her to a designated AB 109 HUB office for Probation orientation, mental health assessment, and/or a housing facility.

**523.9 PRISON EXCHANGES**

Upon receiving California Department of Corrections (CDCR) Exchange Transport information from the MAT SDPO, DPOs shall complete the aforementioned information packet, then proceed with ensuring their assigned vehicle is in proper working order (via inspection log) and is adequately fueled. Odometer readings will be recorded at the start and ending point of each assignment and entered into the vehicle's mileage log.

Upon arriving at the established exchange location, MAT Deputies shall identify themselves as Los Angeles County Deputy Probation Officers by providing proper work identification. Sign a custody release form and take custody of the supervised person and possession of the supervised person's gate money and property.

1. DPOs will conduct a pat-down search and secure the supervised person with mechanical restraints prior to the supervised person being placed in a County issued caged vehicle.
2. DPOs will transport the supervised person to all established locations.
3. DPOs will transport the supervised person to all established locations.
4. Upon delivering the supervised person at their ending location, DPOs shall provide him/her with their property and gate money.

**MOBILE ASSISTANCE TEAM (MAT)**

5. Upon completion of prison exchange and transport assignments, DPOs shall complete a Transport Form (Appendix C) and enter chronological notes on the APS DCID screen.

**523.10 UNCOOPERATIVE SUPERVISED PERSON'S BEHAVIOR**

In the event a supervised person refuses to participate in any services as part of his/her conditional release and all attempts at redirecting and counseling have failed, MAT DPOs will immediately notify the SDPO for further instruction. Failure to cooperate by the supervised person may result in a Flash Incarceration and the MAT DPOs may re-book the supervised person into County Jail.

If after redirection and counseling, the supervised person becomes cooperative, DPOs will proceed to all established locations. During transport, supervised persons shall be placed in mechanical restraints to ensure the safety of the supervised person and that of the transporting DPOs. If any supervised person becomes unstable, agitated, or aggressive, MAT DPOs will have the discretion to keep the supervised person in mechanical restraints. Exceptions will be made for severely disabled supervised persons on a case-by-case basis.

## MOBILE ASSISTANCE TEAM (MAT)

## APPENDIX A: REQUEST FOR CO-LOCATED ASSISTANCE

|  <b>AB 109 BUREAU</b><br><b>Request for Co-Located Assistance</b>                                                                                                                                                                                                                   |                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Instructions:</b> This form shall be used to request assistance for Co-located DPOs and their assigned team(s) or a MAT transport. Supervision DPOs shall complete the form and submit it to their SDPO for approval. SDPO shall email approved requests to <b>EDL-PROB Co-Located</b> <a href="mailto:CoLocatedUnarmed@probation.lacounty.gov">CoLocatedUnarmed@probation.lacounty.gov</a> with a copy (cc) to their respective Probation Director. |                                                                                  |
| I. REQUEST DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                      | II. STAFF INFORMATION                                                            |
| Type of Contact Requested<br><div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Residential Contact</div> <div><input type="checkbox"/> Compliance Check</div> <div><input type="checkbox"/> Warrant Pickup</div> <div><input type="checkbox"/> Urgent/High Profile</div> <div><input type="checkbox"/> MAT Transport</div> </div>                                                                               | DPO Name: _____ DPO<br>Region: _____ Select One<br>Area Office: _____ Select One |
| Specific Date of Incident: _____                                                                                                                                                                                                                                                                                                                                                                                                                        | DPO Mobile #: _____                                                              |
| Specific Time of Incident: _____                                                                                                                                                                                                                                                                                                                                                                                                                        | SDPO Name: _____ SDPO                                                            |
| Justification of Request: _____                                                                                                                                                                                                                                                                                                                                                                                                                         | SDPO Mobile #: _____                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Director Name: _____                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mobile #: _____                                                                  |
| III. SUBJECT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| LAST, First: _____, _____ X-Number: <b>X-</b> _____<br>DOB: _____ Age: _____ yrs. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender<br>Ethnicity / Race: _____ Phone No(s): _____<br>Days/Times Typically Available: _____                                                                                                                                                                     |                                                                                  |
| IV. LOCATION INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| Address: _____, CA<br>Gated Community? <input type="checkbox"/> Yes <input type="checkbox"/> No Gate Key Code: _____<br>Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No Number and Breed(s): _____<br>Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Number and Ages: _____                                                                                                                                          |                                                                                  |
| V. PROVIDE DETAILS THAT ARE IMPORTANT FOR OFFICER SAFETY (who, what, where, when)                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |
| Controlling/Instant Offense: _____                                                                                                                                                                                                                                                                                                                                                                                                                      | Most Serious Historical Offense: _____                                           |
| Gang Affiliation: _____                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |
| APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| SDPO Approval (signature) _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
| CO-LOCATED STAFF USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |
| Assigned to: <input type="checkbox"/> LAPD <input type="checkbox"/> LASD <input type="checkbox"/> DA SET <input type="checkbox"/> SGV Task Force <input type="checkbox"/> GLE Task Force <input type="checkbox"/> MAT<br><input type="checkbox"/> APS Updated                                                                                                                                                                                           |                                                                                  |

Revised 10-18-18 alj

## MOBILE ASSISTANCE TEAM (MAT)

## APPENDIX B: AB 109 FIELD ITINERARY

**LOS ANGELES COUNTY PROBATION DEPARTMENT  
ADULT FIELD SERVICES DIVISION / SPECIAL SERVICES BUREAU  
FIELD CONTACT ITINERARY**

**INSTRUCTIONS:** This form is to be completed by the DPO and submitted to the SDPO prior to the DPO entering the community to engage in Field Contacts. At the beginning and conclusion of each Contact, the DPO shall contact their SDPO or designee to provide a status update. Itineraries may also be provided to appropriate law enforcement agencies where Field Contacts will be conducted. Document all Field Contacts in APS.

DATE: \_\_\_\_\_ REGION: \_\_\_\_\_

|                    |                     |                |                      |                        |                   |
|--------------------|---------------------|----------------|----------------------|------------------------|-------------------|
| STAFF INFORMATION  | DPO LAST NAME       | DPO FIRST NAME | EMPLOYEE NO          | DPO CELL NUMBER        | DPO OFFICE NUMBER |
|                    |                     |                |                      |                        |                   |
|                    |                     |                |                      |                        |                   |
|                    |                     |                |                      |                        |                   |
|                    |                     |                |                      |                        |                   |
| SDPO LAST NAME     | SDPO FIRST NAME     | OFFICE         | SDPO CELL NUMBER     | SDPO OFFICE NUMBER     |                   |
|                    |                     |                |                      |                        |                   |
| DIRECTOR LAST NAME | DIRECTOR FIRST NAME | OFFICE         | DIRECTOR CELL NUMBER | DIRECTOR OFFICE NUMBER |                   |
|                    |                     |                |                      |                        |                   |

| NO. | TIME IN | TIME OUT | PROBATIONER NAME | PROBATIONER NUMBER | STREET ADDRESS & CITY | CONTACT TYPE |            | LAW ENFORCEMENT AGENCY & PHONE NUMBER | CONTACT COMPLETED (Y/N) | SIR REQ'D (Y/N) |
|-----|---------|----------|------------------|--------------------|-----------------------|--------------|------------|---------------------------------------|-------------------------|-----------------|
|     |         |          |                  |                    |                       | FIELD        | COMPLIANCE |                                       |                         |                 |
| 1   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 2   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 3   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 4   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 5   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 6   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 7   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 8   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 9   |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |
| 10  |         |          |                  |                    |                       |              |            |                                       | Y/N                     | Y/N             |

Revised 08/21/13

## MOBILE ASSISTANCE TEAM (MAT)

## APPENDIX C: TRANSPORT FORM

[illegible]

|                                                                                                                                |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Subject:</b><br><br><b>POST-RELEASE SERVICES (AB 109)</b><br><b>BUREAU MANUAL</b><br><br><b>PRC PHONE CENTER OPERATIONS</b> | <b>Section Number:</b><br><b>PRS-534</b>                                    |
|                                                                                                                                | <b>Effective Date:</b><br><div style="text-align: right;">JUN 10 2021</div> |
|                                                                                                                                | <b>Approved By:</b><br><br>Brandon Nichols, Chief Deputy                    |

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## APPENDIX

APPENDIX A: PRC TELEPHONE NUMBER POSTER

**PRC PHONE CENTER OPERATIONS****534.1 INTRODUCTION**

The Pre-Release Center (PRC) is a 24/7 operation that monitors several telephone lines including: Law Enforcement Line, 24-Hour Public Tip Line and After-Hours GPS Vendor Calls. These calls are answered and handled while the assigned staff are performing their other assigned duties at the PRC. Local law enforcement agencies have been provided with a PRC Telephone Number Poster (Appendix A) which provides hours of operation and telephone numbers.

**534.2 LAW ENFORCEMENT TELEPHONE CALLS**

The PRC operates a 24-hour, seven day a week Law Enforcement telephone line (LE Line). Deputy Probation Officers (DPOs) staffing the LE Line provide immediate information to Law Enforcement (LE) officers regarding Postrelease Supervised Persons (PSPs) persons, mandatory supervised persons, and those supervised under a formal grant of probation. DPOs staffing the LE Line also provide immediate PRCS Flash Incarceration, PRCS Hold, and Formal Grant Hold services when appropriate.

When receiving an information only inquiry, DPOs staffing the LE Line are to provide LE Officers with the specific information they are requesting such as current status of PRCS or Formal Grant supervision, search & seizure conditions, warrant status, current or previous residence address, general compliance issues, etc. If the supervised person currently has an active Los Angeles County warrant, the DPO shall verify the warrant and provide the abstract if needed.

If the law enforcement call results in a Probation Hold, the PRC DPO shall send an email to the DPO of Record, their Supervision Deputy Probation Officer (SDPO), and their Director prior to the end of their shift.

**534.3 24-HOUR PUBLIC TIP CALLS**

The PRC also provides a public tip line service. The established telephone number for this function is (855) 563-7925. The LE Line may also be utilized by the public for the purpose of providing a tip. The main intention for this service is to provide the public with a means to contact Probation regarding any information about individuals featured on the L.A.'s Most Wanted website: <http://probation.lacounty.gov/wps/portal/probation/news/mostwanted>. The public may also call with information regarding other PSPs or persons under formal probation supervision.

Staff assigned to monitor this line are to ascertain the nature of the call. Anything of an emergent nature must be addressed immediately. Any calls with information regarding a direct physical threat must be referred to local law enforcement. The calling party should be advised to call law enforcement immediately. In the event that calling party is unable to call law enforcement, the DPO should obtain all pertinent information regarding the circumstances and provide as much detail to law enforcement as possible.

**PRC PHONE CENTER OPERATIONS**

When a call is received providing a tip on the whereabouts of a person featured on the L.A.'s Most Wanted website, the DPO is to establish the actual current status of the PSP. If the PSP is currently in abscond status and the tip appears credible, the DPO shall notify their SDPO of the situation to determine the best course of action.

**534.4 GPS VENDOR CALLS**

The GPS provider is to notify the Department of any significant alerts received after hours, on the weekends and holidays. For this purpose, the PRC must be called with all pertinent alert information at (626) 308-5271. The types of alerts received and required responses are shown in the table below.

| <b>ALERT TYPE</b>                                                 | <b>RESPONSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Low Battery                                                       | DPO is to determine if the vendor successfully telephoned the GPS supervised person to advise them to charge the unit. If the vendor was unsuccessful in contacting the person, then the DPO is to attempt to contact the person via telephone for the purpose of advising them to charge the device. The DPO is to chrono all alerts in APS and email the DPO of record regarding the outcome.                                                                                                                                                                                                                                                                     |
| Message Gap or No GPS                                             | DPO is to determine if the vendor successfully resolved the alert. If the vendor was unsuccessful in contacting the person, then the DPO is to attempt to contact the person via telephone for the purpose of determining the cause of the alert. Such alerts may be caused by faulty equipment or urban obstructions blocking cell phone and/or GPS signals. The DPO is to chrono all alerts in APS and email the DPO of record regarding the outcome.                                                                                                                                                                                                             |
| Tamper Alert<br>(Does not reset immediately)                      | DPO is to determine if the vendor successfully telephoned the GPS supervised person to resolve the issue. If the vendor was unsuccessful in contacting the person, then the DPO is to attempt to contact the person via telephone for the purpose of determining the cause of the alert. The DPO is to chrono all alerts in APS and email the DPO of record regarding the outcome.                                                                                                                                                                                                                                                                                  |
| Exclusion or Inclusion Zone Alert<br>(Does not reset immediately) | DPO is to determine the nature of the Exclusion/Inclusion Zone. If the Exclusion Zone has been set up to protect a person from contact by the GPS supervised person, local law enforcement must be called immediately. These calls must be handled as an emergency. All identifying information for the GPS supervised person must be passed to the law enforcement agency along with a photograph of the person if available. The GPS Director and PRC Director should be notified vial cell phone and email. All information regarding the matter should documented on the APS DCID screen and email notifications must be sent the DPO of record and their SDPO. |

|                                         |         |
|-----------------------------------------|---------|
| LOS ANGELES COUNTY PROBATION DEPARTMENT | PRS-534 |
| <b>PRC PHONE CENTER OPERATIONS</b>      |         |

#### **534.5 STAFF NOTIFICATIONS REGARDING EMERGENT PERSONNEL ISSUES**

At times, the PRC is contacted by law enforcement agencies regarding emergent and sensitive matters including Probation personnel. These calls may be regarding sensitive and emergent situations including vehicle accidents, arrests, or other serious matters. Upon receiving such a call PRC DPOs must maintain their professionalism and provide the agency their full cooperation. In turn, the DPO receiving the call should record the following:

- Name and employee number of the Probation personnel involved
- Work location of the Probation employee
- Nature of incident including as much detail as possible as to what occurred
- Time and date of occurrence
- Location of incident

As soon as practical the DPO receiving the call shall notify their SDPO and the PRC Director shall of the situation. If the matter involves an AB 109 staff the Director over the affected region should be contacted as well. The DPO will then be instructed how to proceed.

## PRC PHONE CENTER OPERATIONS

## APPENDIX A: PRC TELEPHONE NUMBER POSTER



**LOS ANGELES COUNTY  
PROBATION DEPARTMENT  
AB109 PRE-RELEASE CENTER**

**GENERAL PHONE NUMBER**  
MON. – FRI.  
6:00 A.M. – 5:00 P.M.  
(626) 308-5555

**AFTER-HOURS, WEEKENDS & HOLIDAYS  
LAW ENFORCEMENT LINE**  
24-HOURS A DAY  
(626) 308-5105

**AFTER-HOURS, WEEKENDS & HOLIDAYS  
NON-COMPLIANCE AND DCFS LINE**  
24-HOURS A DAY  
(626) 308-5271



**24-HOUR PUBLIC TIP LINE**  
(855) 563-7925

