Alternatives to Incarceration Working Group

Getting Ready for Phase Two

Thursday, July 18, 2019
1:00 PM – 3:00 PM

The California Endowment - Redwood Room
1000 Alameda Street, Los Angeles, CA 90012
Welcome

Dr. Robert K. Ross, President and CEO
The California Endowment
Facilitator

Rigo Rodríguez
Purpose

To prepare the ATI Work Group for the second phase of the planning process to complete the Final Report.
Objectives

1. **Process** June 11\textsuperscript{th} **Interim Report**
   Presentation to the Board.

Objectives


4. **Update** of Community Engagement Activities.
Objectives

5. **Sign Ups** Implementation Planning Teams.

6. **Public Comments**.
Fill Out A Public Comment Card

If you wish to speak on any item
June 11th Interim Report
Presentation to the Board
Process
Public Comments
Phase 2 Timeline & Planning Process

Review
Alternatives to Incarceration – Planning Process

**February/March**
- ATI Work Group
- Ad Hoc Committees
- Justice System Reform (JSR)
- Community-Based System of Care (CBSOC)
- Racial Justice Retreat 4/26

**May 23**
- Build Consensus
- ATI Work Group

**June 5**
- Interim Report
  - Persons with Behavioral Health Needs
  - Key Goals
  - Addendum

**October/November**
- Build Consensus
- ATI Work Group

**December**
- Final Report
  - Roadmap
  - Action Oriented Framework
  - Implementation Plan to Scale Alternatives to Incarceration & Diversion
  - Multiple Populations
  - Comprehensive
  - Addendum

**Process Values**: equity and racial justice; inclusion of many voices; human-first language.

- Data & Research
- Funding
- Community Engagement

More extensive Community Engagement, ATI Work Group, Ad Hoc Committee Meetings

Implementation planning
Alternatives to Incarceration – Planning Process – Final Report

Refine Goals and Recommendations Based on Feedback and Develop Draft Implementation Plan
Endorsement
Presentations
12/11
Cluster
12/17
BOS

Conduct Multi-Stakeholder Community Outreach and Incorporate Feedback into the Final Report

ATI Work Group

July
August
September
October
November
December
1 - 14
15 - 31
1 - 14
15 - 31
1 - 14
15 - 30
1 - 14
15 - 31
1 - 14
15 - 31

Decision: Endorse Recommendations to Begin Implementation Planning
Retreat: Victims/Survivors & Restorative Justice
Decision: Endorse Recommendations for additional Populations
Decision: Endorse Final Report

Joint JSR & CBSOC

Justice System Reform (JSR)

Community-Based System of Care (CBSOC)

Community Engagement

Data & Research

Funding

Dates To Be Determined

Decision: Endorse Recommendations for additional Populations

TBD: Expert Panels on Women, LGBTQ, and Gender Non-Conforming
Public Comments
#3

Roadmap Intercept Visual Review
The Sequential Intercept Model
**Intercept -1: Decentralized, Holistic Community-Based System of Care**

### Restorative Behavioral Health and Primary Care Villages

6. Establish [decentralized](#) cross-functional teams to coordinate behavioral health needs pre-booking.

21/60/70. Build a decentralized system of health campuses and coordinated service hubs (ex: MLK Behavioral Health Center) in strategic locations across 8 SPAs (especially SPA 1,3, & 7) that include a range of clinical spaces that operate 24 hours a day.

61. Expedite Psychiatric Urgent Care Centers across 8 SPAs while connecting them to service hub network for warm handoffs to optimal services.

68. Create & expand [decentralized](#) system of recovery intake centers (i.e., sobering centers) to patients with only mental health disorder, only CUD, or only COD services.

### Mental Health, Substance Use, Co-Occurring Disorder


65. Support risk reduction strategies when patients with mental health disorders continue substance use (rather than removing psychiatric medications).

66. Deliver integrated mental health and substance use disorder services rather than parallel services.

67. Build partnerships between DPH-SAPC & DMH for residential co-occurring disorder (COD) services.

69. Support parity in substance use disorder.

76. Remove time limits to service provisions that prevent access to long term treatment plans.

83. Remove barriers to treatment, employment, and recovery housing based on record of past convictions through state legislative intervention or updating county policies.

### Families & Support Network

51.a. Expand family reunification models and connect families to low-cost or no-cost parenting groups.

51.b/78/85. Train and work with people on how to support their loved ones by assessing client’s needs, providing one on one assistance through various stages of treatment, following prevention/treatment plans, and incentivizing the family/client with compensation, certificates, etc.

85.a. This will require DMH to modify its HIPAA policy to provider contracts to allow practitioners to talk to families.

51.e/62. Increase capacity of Public Guardian to investigate and manage Mental Health Conservatorship for individuals considered gravely disabled by mental health disorder including creating a temporary conservatorship process for families.

77. Integrate peer support organizations by working with them and sharing information, schedules and meeting information.

116. Increase points of contact/engagement for CHWs to connect with clients outside of justice involvement.

117. Expand CHW case management to include the individual’s family and loved ones who play the role of immediate support pre and post incarceration.

### Restorative Justice

73. Establish effective restorative justice programs for the adult population by learning from existing County programs especially those serving youth.
# Intercept -1: Decentralized, Holistic Community-Based System of Care

## Housing

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<td>Create master plan transition for displaced individuals.</td>
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<td>Expand successful housing models for individuals with mental health needs.</td>
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<td>Expand the number of Forensic Inpatient Beds (FIP) in community settings.</td>
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<td>Flexible funds for basic clients needs to find employment (e.g., birth certificates, etc.).</td>
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<td>Expand supported employment opportunities for persons with mental health, substance use, or co-occurring disorders.</td>
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<td>Establish a partnership with the State Department of Occupational Rehabilitation.</td>
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<td>Work with Housing State Funding, DHS Housing Programs, and Housing projects for people experiencing homelessness and mental health disorders.</td>
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Intercept 0: Community Services

**Community Based System of Care**
- Crisis Prevention
- De-Escalation
- Involuntary Hospitalization

**Alternative Clinical Settings**
- CBO mental health services
- Sobering, Detox, Cooling Off Centers
- Respite Care
- UCCs
- Intensive Outpatient Facilities
- Secure MH Residential Facilities
- Dual Diagnosis Residential Facilities
- IMDs

**Behavioral Health Team Response**
- Crisis Prevention
- De-Escalation
- Involuntary Hospitalization

**Crisis Line**
- DMH Access Line; LAHSA-E6; LA HOP; etc.
- 911

**Person X Calls**

**Public Education Campaign**
- Homeless and Mental Health
- Law Enforcement Is Not Only Answer
- Non-Law Enforcement Alternatives
- Call Crisis Line, Not 911

**Community Health Education**
- Community Health Workers
- Non-911 Options
- Relationship Building (e.g., schools, churches, nonprofits, etc.)

**Conservatorship Process**

17. Increase third option for behavioral health response, i.e., CBO mental health services.
21. Develop and expand decentralized range of clinical space countywide, esp. SA 1, 3, and 7. Have SA 2 operate 24 hours a day. Resource current sites.

11. Improve staffing of DMH ACCESS line to minimize caller wait times.
12. Integrate DMH ACCESS line with 911 or provide operators with direct access to DMH ACCESS line.
13. Increase number of DMH PMRTs.
15. Increase ambulance contracts.
20. Implement non-crisis mobile response teams to address gaps:
- 20.a. Follow up with clients in crisis to avert involuntarily hospitalization.
- 20.b. Involve peers in mobile response teams.
25. Outreach workers respond to non-law enforcement calls.

16/26/27. Ensure 911 operators are sufficiently trained in mental health crisis that do not require law enforcement response. Train 911 operators and dispatch on mental health assessment for behavioral health response, require CIT refresher course.
58. Direct 911 call about behavioral health crises that do not require a law enforcement agency response towards DMH’s ACCESS line.
Intercept 1: Law Enforcement

8. Whenever possible, police should cite and release at the point of contact and ensure a warm handoff to service providers.

6/71.c. Establish decentralized cross-functional teams to coordinate behavioral health assessments pre-booking and connect individuals with clinical behavioral health disorders to community-based systems of care. In coordination with law enforcement and community-based service providers, expand pre-arrest and pre-booking programs for people whose justice system involvement is driven by unmet behavioral health disorders.

19. Substantially increase number of police/mental health collaborative response teams throughout the County (LAPD, LASD, and all other law enforcement agencies) to increase availability of co-response teams.

26. All law enforcement officers in Los Angeles County should be trained in a formal CIT curriculum that incorporates connections and networking with neighborhood-specific community-based resources with a treatment-first approach.
Intercept 2: Initial Detention & Court Hearings

- Community Based System of Care
- Alternative Clinical Settings
- Behavioral Health Team

**Arrest**
- Booking
  - Strengths and Needs-Based Pretrial Services
  - Assessment for Release
- No Booking
  - Warm Hand Off
  - Behavioral Health Team
  - Return-to-Court Support
  - Prosecutor
  - Files
  - First Court Appearance
  - Assessment of Strengths/Needs Available
  - Does Not File
  - Return - to Court Support
  - Text/Telephone
  - Childcare
  - Evening Court
  - Clear Instructions
  - Communication - Public Defender
  - Speedy Court Date

1. Create a front-end system with behavioral health professionals that enables prosecutors to provide diversion instead of filing charges or to file reduced charges.

6/7/8/9. Expand cite and release policies. Develop a strengths and needs-based system of pretrial release. Establish an independent, cross-functional entity situated outside of law enforcement to coordinate behavioral health needs and strengths assessments pre-booking, with a presumption of release for those with behavioral health needs, and link individuals with clinical behavioral health disorders to community-based systems of care.

72. Develop and expand pre-booking diversion efforts at local lockups by connecting individuals to treatment or other alternatives.
Interceptor 3: Jails/Courts

1/1.a./28/74: Improve equal access to all treatment resources for justice-involved individuals, wherever they may be (in or out of custody): Direct health agencies to change eligibility criteria and increase capacity and funding to ensure behavioral health treatment facilities are available in all stages of court process. Create a more rapid referral and response process for MH and Co-Occurring placements at all levels (FSP/FFSP, ERS, IMD, Outpatient). Develop a coherent strategy to direct clients to appropriate court-based program at inception of diversion dialogue. Connect every individual who is diverted to DMH for care. Refine multiple points of entry within Intercept 3 for MH and SUD services. Expand capacity and remove archaic barriers at all levels of care.

4/29. Create a robust AB 1810 - PC 1001.36 and 1170(b)(1)(v) and 1370.01(g)(2) – Diversion scheme to identify early on persons eligible for diversion and develop pathways countywide to connect individuals to appropriate mental health programs to accomplish the goals of pre-conviction Diversion.

3.a./30. Conduct educational seminars, led by service providers, for justice partners on mental health disorders and treatment; improve awareness of behavioral health court-related resources among judicial officers and court personnel (and provide real time mapping of alternative placements.)

28.a./63. Increase ‘staffing on the ground’ across departments and including CBOs that work with departments to provide services to expand and integrate court-based services to serve as many individuals as possible. Scale up DA Mental Health Division with Office of Diversion and Reentry to divert hundreds of individuals into permanent supportive housing and long-term case management partnering with CBOs to address clients’ holistic needs.

46/47. Expand access to START program substance use disorder (SUD) treatment in County jails with the goal of serving all those in need, particularly for currently incarcerated people with mental health need and SUD; Expand and enhance MAT treatment services in the jails to provide: (a) comprehensive withdrawal management; (b) full spectrum MAP for opiate use disorder; and (c) specialty MAT clinics to allow clients patient-centered, harm reduction service on-site in jails.

71. Partner with families to ensure workforce is trained to address continuum of need and individual’s plans are culturally sensitive and include those not eligible for community-based diversion (i.e., violent felony charges).

71.a. Partner with families to ensure workforce is trained to address continuum of need and individual’s plans are culturally sensitive and include those not eligible for community-based diversion (i.e., violent felony charges).

71.b. Recovery Bridge (sober housing) and licensing as part of the in-patient and outpatient service continuum.
Intercept 4: Reentry & Intercept 5: Community Corrections

40. /41. /43. /44. Change release time for men to match those of women from CRDF to avoid overnight release without direct link to programs, interim housing, safe place, or transportation. Increase coordinated releases for clients exiting directly to program, provide funding to expand CBO intake hours. If not exiting directly to program, notify family members of a person’s release (with that person’s permission) with enough time for family to pick them up, and increase coordinated release to family.

42. Fund a transition shelter within a few blocks from downtown jails operated by community-based organization with safe, welcoming overnight stay for people released after hours with range of support.


45. Incentivize community treatment facilities to accept patients from jail who have co-occurring mental health needs and substance use disorders.
Infrastructure: All Intercepts (Part 1)

Service Coordination/Communication

2. Involve public more in court/justice system, obtain community input.

97. Insure public–private collaboration in all phases of planning, system oversight, implementation and evaluation.

99. Incentivize programs that work in strong partnership with other service providers to ensure more access to a wide variety.

106. Create an Alternatives to Incarceration Coordination Initiative within the county governance structure to oversee program implementation, equitable distribution of resources, and service connections with community-based organizations, county departments, and community members.

107. Quarterly meetings with multiple stakeholders to communicate updated ATI progress, discuss service and communication gaps, and highlight best practices.

108. Recurring meetings with county departments to discuss policy impacts, resolve policy conflicts, and assess eligibility barriers.

Equitable Resource Distribution

50. Advocate for changes to expand services and populations covered by Medi-Cal to support integrated delivery and contribute to sustainability.

75. Frame as Whole Person Care, i.e. Funding mental health and substance use services, fund whole person services for justice involved individuals (i.e., violence prevention, gang intervention, art therapy, occupational therapy, and other programs).

100. Create process for equitable resource and contract distribution with program offices across health and social service departments taking into account racial, cultural, gender, special population, and geographic needs.

102. Prioritize funding to organizations that work with special populations (e.g., people with sex offenses, transgender individuals, etc.)

104. Assess and improve racial equity and resource distribution by analyzing and utilizing a tool (e.g., Advancement Project’s JENI/JESI, etc.).

105. Support system-impacted communities in equitably distributing and leveraging additional resources to sustain community health.

Education/Public Awareness

3.a. Conduct educational seminars for justice partners on mental disorders and treatment to change culture of criminal justice system towards treatment first, not incarceration and punishment.

18. Public education campaign to use DMH ACCESS line, CBO network, or suicide prevention hotline rather than 911 for behavioral crises.

22. Educate law enforcement and community members to understand alternatives to 911 and arrest and jail.

24. Educate the public on non-law enforcement resources.

30. Improve awareness of existing Mental Health Court Program resources among judicial officers and court personnel, including real-time resource mapping.

112. Develop a communications plan focusing on campaign messaging, webinars, and social media tools to educate and inform community and county stakeholders about different types of community-based solutions.
### Data & Accountability

| 49. | Expand collaborative data collection to retrieve data necessary for services, programming, preventative measures, and alternatives to incarceration. |
| 49.a | Data on pathways into and out of incarceration. |
| 49.b | Data on services for system-impacted people. |
| 49.c | Track incarceration spending. |

| 80. | Provide real-time Full-Service Partnership (FSP) availability throughout all service areas, keep a real time database and track FSP successes and failures, and report these to DMH. |
| 81. | Establish family feedback database to track services, provide information to prevent incarceration and recidivism and promote recovery. |
| 92. | Gather service provider feedback (and those who are not) to understand participatory hurdles and identify innovations making positive impact. |
| 96. | Develop a uniform client database across all county services that follows the person regardless of system access point. |
| 109. | Online mechanism to track identified problems and response progress through accessible dashboard. |
| 111. | Online interface linking services providers and tracking service availability to elevate tremendous amount of resources in LA county. |

### Workforce Development

| 1.b | Conduct intensive and extensive outreach to medical schools and professional organizations for qualified mental health forensics, providing incentive bonuses for bilingual experts. |
| 26. | Train all law enforcement officers in LA County in a formal CIT curriculum. |
| 27. | Develop new curriculum for 911 dispatchers and desk personnel. |
| 48. | Provide paid training and employment to ensure justice system impacted individuals are technologists behind data collection and analysis. |
| 57. | Attract and develop workforce capable of delivering integrated health, mental health, substance use treatment; and livable wages. |
| 64. | Require mental health clinicians build their capacity to provide integrated SUB care with psychiatric treatment, including cross training. |
| 113.a | Increase employment of Community Health Workers—Create education and career pathways by working with local educational institutions to recreate certification or education credential for CHWs. |
| 113.b | Increase employment of Community Health Workers—Create pathway for CHWs to move up to full-time, salaried County jobs with benefits. |
| 114. | Increase employment of Community Health Workers—Hire and train individuals with lived experience to expand capacity for warm hand offs. |
| 115. | Tailor County contracting to incentivize services providers to incorporate the community health worker model in their service delivery, to expand service capacity, cultural competency, client/provider trust, etc. |

### Organizational Capacity Building & Contracting

| 82. | Incentivize organizations to expand services beyond 9am-5pm weekday only operating models through establishment and management of contract. |
| 84. | Payment reform within contracts to ensure providers can deliver treatment and support all clients’ needs concurrently. |
| 86. | Utilize County capacity building programs to find and support smaller organizations in different SPAs to qualify and access funds. |
| 87. | Training and TA to become service providers accessing MediCal Fee Waiver, accessing County & State funding, organizational coaching, etc. |
| 88. | Seed funding for new organizations as incubatees. |
| 88.a | Use partnerships with philanthropy, business loans, flexible government funding, pay-for-success model, and/or zone area investments. |
| 89. | Promote existing providers as potential incubators for smaller, newer service providers with specialized expertise. |
| 90. | Provide ongoing infrastructure and professional development. |
| 92. | Support effective models that are servicing people 24/7, with specialization, intensity, staffing, language/culture, quality, and staff with lived experience, etc. |
| 94. | Connect contractors to current & new capacity building resources for sustainability. |
| 95. | Performance based contracts (instead of fee for service) with flexible service delivery rules and payment reform. |
| 96. | Dedicate funding to long-term and sustainable infrastructure support for community-based systems of care beyond service component. |
| 101. | Standardize a simplified, more accessible contracting process across agencies and departments and outreach to service providers who might benefit from such reforms. |
| 118. | Support training resources for Community Health Worker Model |
Public Comments
#4 Community Engagement Activities Update
Prioritized Organizations

- **Antelope Valley**: Paving the Way Foundation
- **Pacoima**: Communities In Schools
- **San Gabriel Valley**: San Gabriel Valley Center
- **Pomona**: Prototypes
- **South LA**: Community Coalition
- **East LA**: Homeboy Industries
- **Long Beach**: Good Seed
Timeline and Scope of Work

Prioritized Organization

• Organization receives $5,000 to organize 1 community engagement workshop between August to September for:
  • Coordination with the County
  • Logistics (Space, Food, Stipends, etc.)
  • Outreach/Publicity
  • Meeting Planning and Facilitation
  • Updating Ad Hoc Committee

ATI Coordination

• Language Translation and Interpretation
• Childcare
• Communication and Agenda Templates
• Meeting Notes and Evaluation
• Reimbursement Support
Public Comments
#5 Implementation Teams

Sign Ups
Public Comments