

Alternatives to Incarceration Working Group

Meeting Notes

March 28, 2019

9:00 am – 11:00 am

The California Endowment

Welcome and Introductions

The meeting began with a welcome from Dr. Mark Ghaly, Director of the Los Angeles County Office of Health and Social Impact. He thanked Sachi Hamai, the Chief Executive Officer of Los Angeles County, for her partnership and support. He announced that it is his last week with the County before he begins an appointment at the state cabinet. He introduced Dr. Bob Ross, President and Chief Executive officer of The California Endowment, as the new chair of the working group and mentioned his history with the work. He thanked Judge Peter Espinoza from the Office of Diversion and Reentry for his expertise.

Dr. Ross spoke about learning more about the criminal justice system and thanked Dr. Ghaly for his leadership. He stated that this assignment has both a strategic purpose and an important spiritual and moral basis too. He noted the imminent timeline impending. In the coming weeks Dr. Ross will send a meeting invite to most members. A possible half day retreat is proposed for the future, on a potential Saturday morning.

Diana Zuniga, member of the planning team, initiated the introductions of the voting members starting with the district appointments. Next the voting members from government offices did introductions. Introductions from the public and staff followed.

Dr. Ross spoke about the mission, roadmap and implementation plan.

Diana mentioned the process values chart on the wall to request feedback based on the last meeting. The workgroup structure was based on the Board of Supervisors' Motion 11. A chair was appointed by the CEO, now Dr. Ross. The group is comprised of 27 voting members who, along with the public, can join Ad Hoc Committees:

- Community-Based System of Care
- Data & Research
- Funding
- Justice System Reform

A feedback processes for community input will be created, with feedback from the group. Proposed methods include a website portal and 5-8 community feedback sessions. It was recommended that the community group members let Diana or Dr. Ross know ideas all throughout the processes. We can consider diversion practices we have now that could be scaled up.

Proposed work plan dates:

May 2-develop preliminary recommendations for workgroup review

May 23- finalize the recommendations

Early June- deliver an interim report to the Board of Supervisors

For the interim report, we will come up with a draft report with preliminary recommendations. We will set the direction for what we are going to propose at 9 months. They will be firm ideas to implement with available funding and next, it is the direction the group is going in and can arrive at with more time. The Board may act on a plan at the end during the October-November timeframe.

Public Comment: We need to honor the need to make the meetings noticed. (brought up by a voting member)

Definition of Terms and Current Efforts

Karen Tamis, member of the planning team, spoke about the sequential intercept model as a way of talking about the health and justice systems regarding the points along the timeline for people in the justice system. *Dr. Ross strongly recommended that the community members receive a copy of the District Attorney report regarding the intercept model.* The McArthur Foundation is working on an updated version of the Los Angeles County model which is a framework to use when looking at how to improve responses for behavioral health needs. (The model was explained further by a workgroup member.)

Karen explained some of the terms used in the model:

Intercept 0- Front-end diversion (when there may be a behavioral health crisis but no contact with the justice system at all)

Intercept 1- contact with law enforcement (where next can the person be transported)

Intercept 2 & 3- Pre-Trial diversion (there is law enforcement contact)/ can refer or put into treatment or programs. If successfully completed, the charges are dismissed and record of arrest eliminated, with some exceptions.

Intercepts 2 & 3 - Alternative responses for people who are arrested and charged, usually requiring plea / probation: drug court, reentry court, veterans court, home detention, electronic monitoring

Intercept 4- Reentry: the process of returning home to the community from prison or jail.

Small Group Discussion

Participants were asked to share innovative diversion and alternative programs they are involved in with their tables, and to write those models down for the group to collect so that everyone has a better understanding of efforts already underway.

Dr. Ross cited a few benefits of the intercept model which is to provide a practical understanding of where folks end up in the system and County folks are familiar with it and how it works. In addition, the model provides understanding nationally, around the country (Philadelphia example)

Community-member comment: It's important to also consider prevention and not just reentry especially in terms of the financial costs.

Public Comment: The language we use and how we frame the issue is very important, we are talking about treating generations of trauma experienced by black and brown people, this is a public health

problem and we need to rethink how we speak about the problem.

Public Comment: I went into prison at 17 without resources, like many black and brown people in the neighborhoods. Had nobody and no supportive services or tools. Lost chance for a degree and career and other young people face it too. There is not a need for law enforcement, let's support people before that so we do not end up with a crisis call. It's not "public safety."

Dr. Ross stated this is the work we need to do to change a punishment and incarceration system to a community development system. We need a report focused and actionable about the kind of comments made.

Public Comment: There is not enough responsibility placed on the faith-based community which is under-resourced and uninformed. As the strategic planning is developed, the churches need to be more informed and participate more in this.

Public Comment: We know everyone incarcerated comes from a family and it is important to remember that diversion can stabilize a whole family, not only if psychiatric illness is presenting. We need to consider primary family members.

Public Comment: Officers need to be trained to identify special situations (like mental health and substance use issues) to recognize it and not immediately see it as threat, we need to find ways to be sure it is a rehabilitative, safe space.

Public Comment Q: California being a sanctuary state and LA being a sanctuary city, how does the federal government fit into any of these solutions or problems and if somebody with a green card comes across law enforcement how will they try to help him, especially with a mental health or substance use problem?

A (Dr. Ghaly): The County says if you need care at a County facility, we will provide you with care. At County hospitals and clinics, DPH, DMH do not ask questions and just provide the services that a person needs. The County services are not an introduction to ICE.

Ad Hoc Committees

Corrin Buchanan, member of planning team, describes the Ad Hoc committees (up to 14 members in each re: Brown Act regulations) and the co-chairs of each. Everyone is welcome to join a committee.

Community-Based System of Care Committee: co-chaired by DMH Director Dr. John Sherin and Just Leadership USA Los Angeles Campaign Coordinator Eunisses Hernandez

Public Comment: We possibly will be talking about building infrastructure, thinking about funding should be a cross-over into this topic (per Dr. Ross, please let he or Diana know if something is missing, as there is a link with funding and a few of these Ad Hoc subcommittees).

Data & Research Committee: co-chaired by Office of Diversion and Reentry Medical Director Dr. Kristen Ochoa & UCLA Professor Dr. Kelly Lytle-Hernandez

Justice System Reform Committee: co-chaired by LASD Commander Cheryl Newman-Tarwater & Office of Diversion and Reentry Director Peter Espinoza

Funding Committee: co-chaired by Countywide Criminal Justice Coordinator Executive Director Mark Delgado and Weingart Foundation Program Officer Karren Lane

Break for Comments

Public Comment: Which group do we go to address trauma and upstream approaches to prevention (is it a new Ad Hoc committee?)

Public Comment: We need to address stigma and medication-assisted treatment (is it the minus 1 or minus 2 on the intercept model)

Public Comment: Can we have another Ad Hoc on planning, involving churches from the faith-based community to find spaces where people feel safe and secure to discuss these issues. There is a nice church up in the Antelope Valley we could use.

Public Comment: The issue stems from decades of untreated mental health issues. It has been a great disservice that these issues have not been. An example of a murdered girl at UCLA when the faculty and administration provided needed support but in South LA and other communities when someone is killed, even a child, nothing stops, there are no services for the community.

Public Comment: The immigration issue is highly important; how can this help someone with court cases and immigration issues to heal and find purpose and help.

Adjournment

The meeting was adjourned at 11:02 am to allow for networking and participants to add comments to the flip charts and dots to process values postings.

Participants provided the following information on charts:

Reentry:

- Workforce Preparation (Soft skills, Development, Work Experience)
- Jail in-reach to link clients to housing resources and supportive services
- Bail project (meet with community organizations to establish resources for people being bailed out)
- TBD (meet/partner with public defender's office, some state Judges, law students)
- More access to community while incarcerated
- Organizing probation to expand their community health workers navigating model to hire more qualified system impacted individuals
- Transitional network clinics
- CHWs (justice/system impacted CHWs navigating justice folks through reentry process (lived experience is key!!!))
- Career pathways for formerly incarcerated to CHWs (community health workers) and CHWs to SWs/related fields
- Grow capacity of service providers with operational dollars
- Service barrier community focus groups across LA County with individuals, families and providers

- Justice equity needs index/Justice Equity Supply Index (JENI/JESSI as a tool to better address where reentry service funding should be directed across LA County
- HBCFL (community org) has policy & advocacy project to make the women's jail more gender responsive and trauma-informed
- HBCFL (community org) provides family law services to low-income clients, including those with mental health issues and criminal justice history-starting to informally work with DMH's WRCSEC

Diversion Programs:

- Felony vs. Misdemeanor capacity
- Trans-specific diversion programs
- Sex work decriminalization as a diversion tool
- Decriminalization of poverty
- Housing options
- Reframing ATI efforts as a public health issue
- Need more community connections for pre-trial diversion
- Increase 911 and MET/SMART Team capacity
- Increase ODR capacity for mental health and housing supports
- Empower people to make diversion more likely to happen
- ODR court-based interventions (MIST, FIST, ODR Housing (soon to be expanded to court HUB model)
- Escort license awareness and qualifying red tape
- Vera's (serving safely) national work on improving interactions with police and people with mental health issues; changing police responses
- Trainings for occupations
- Mediation/conflict resolution (currently mostly in youth diversion space)
- Probation- need to expand pre-trial diversion capacity!
- Mental health competency (Increase Dept 95 capacity)
- Increasing service provisions and supportive service organizations during "encampment cleanups"
- Church at Ocean Park (does internal handling of "small crimes" without police involvement
- Looking to County's current efforts in creating alternatives to incarceration within the youth development and diversion space
- Drug court, Homeless court, Mental Health court, Veterans court (etc.)
- Restorative Justice model: for youth and for adult offenders too (See Michelle Alexander's March 6 NY Times opinion article, ask me jmaizlish@igc.org)
- Cultural competency and implicit bias training for ALL departments
- Medical centers ran by doctors instead of Officers
- LGBTQI2-S programming in Diversion and Reentry particularly in Juvenile Hall
- Decriminalize sex work
- Court reforms (reform bench warrants, better accessibility, better reminders, bench warrant amnesty)
- Better care for perpetrators of domestic abuse to address mental health needs
- At point of booking, working on diverting patients actively experiencing a Mental health episode-culture shifts, staff incentives for Officers necessary (ODR, DA, PD)
- Housing, employment programming programs

- Alternatives to schooling for youth (specific capacity-building programs)
- Family service support
- Any public benefits services should be in collaboration with mental health
- Trans-specific diversion programs
- Street based Homeless outreach in LA County
 - general list outreach works over 350 on streets daily
 - Multidisciplinary teams' street-based medical, mental health, SUD services
 - LASD homeless outreach services team
 - Street based outreach to divert from citation or arrest

Alternatives:

- LEAD, CENS, Re-entry, WPC-SUD-ENS, drug courts, collaborative courts
- Residential SUD programs, coordinated/strategic support for supporting medical necessity and criminogenic needs into a case/treatment plan that mitigates SUD and reentry needs
- Linkage to services falls short; also available programs are difficult to find
- Street homelessness outreach groups (not led by law enforcement)
- Look into success centers (San Francisco) Liz Simpson Jackson, also Huckleberry House, CARC Assessments
- Linkage and growth to economic resources for both behavioral health and non-behavioral health patients
- Change of culture or philosophy for prosecutors
- County funding for electronic monitoring? (probation?)
- Having interventions that address both the individual's clinical needs, but also the systemic issues (For example, if someone is arrested for prostitution- not just about "treating" them for behavioral health, but also addressing larger systemic issues contributing)
- Equipping police with other options when they respond to a call/crisis (e.g. HOPE team); otherwise only options are arrest, or 'let go'
- Reverence Project Model-address trauma and violence first
- Grow relationship between community resources and County (law enforcement, DA, PD) to utilize as resource through mandate TBD)
- What role does the federal government play if any? David Valle Community Coalition nestordavidvalle4575@gmail.com
- Expand H.O.P.E. team efforts
- MH w/LE
- Keep an eye to immigration consequences (remove fingerprints whenever possible)
- Need to address traumas, help with coping mechanisms, reverence project
- Decriminalization (homelessness, transit violations, sex work)
- "Angel" model (Massachusetts) of Pre-Arrest Diversion for people with S.A.D.
- We need to get capacity building to choose philanthropy like Liberty Hill can help
- Youth Diversion development
- A new way of life reentry program isn't time-limited, so it meets people's real needs

Process Values Activity – participants were asked to vote on the values shared at first session:

Process Values:

- Inclusion of many voices (non-profits; those with lived experience)- 6 green dots
- Thinking BIG (outside the box, without worrying about costs during the idea-generating phase)- 2 green dots, 1 yellow dot
- Action-oriented- 3 green dots
- Human first language- 4 green dots
- Equity and racial justice- 7 green dots
- Inclusive (no dots)
- Aligned (no dots)
- Innovative- 1 green dot

Guiding Principles:

- Embrace and cultivate “radical re-imagining”- 6 green dots
- Trust the community- 4 green dots
- Impacted people are experts- 3 green dots
- Thinking critically about the long-term impact on women and children- 6 green dots
- Expand definition of treatment- employment services, health and human services, housing- 4 green dots
- Not criminal justice, but economic, racial and gender justice- 2 green dots
- Dignity- 1 green dot
- A change in values from punishment to rehabilitation by law enforcement and prosecutors- 3 dots
- Police and jails do not equal public safety- 7 green dots
- People are not risks- 1 pink dot
- I hope people let go of the fear to public safety- 2 green dots, 1 yellow dot
- “can’t get well in a cell”- 3 green dots, 1 yellow dot
- Discuss carceral humanism- 1 green dot, 1 yellow dot
- Think about people’s resilience and possibility- 1 yellow dot
- What’s working is broken- 1 green dot
- Racial justice; acknowledge and dismantle history of white supremacy, build on/acknowledge innovative work happening in black and brown communities to combat racial injustice- 5 green dots