

Alternatives to Incarceration Working Group Retreat Notes

May 23, 2019

1:00 pm – 3:00 pm

Hubert H. Humphrey Auditorium

Welcome and Introductions

The meeting came to order at 1:01 pm with an introduction by Dr. Robert Ross who introduced facilitator Rigoberto Rodriguez who explained that the purpose of the meeting would be to build consensus for the Interim Report's key goals and that the goals would be voted on by the voting members. He outlined that the agenda would consist of a presentation about key goals, a deliberation to endorse key goals, and an update on next steps. He explained public comment cards and the procedure for public comment.

Rigo explained the group operating norms as defined on the PowerPoint presentation. All the voting members raised their hands and there were a total of 24 voting members in the crowd. The group was then instructed to introduce themselves to the people in sitting in close proximity to them. He explained the groups mission of providing a roadmap and an implementation plan. He then outlined the planning process that reminded the group of the 3-month interim report process and showed how the current work fits into the overall 9-month planning process. He informed the participants that June 5th is when an interim report is due and he restated it would focus on persons with behavioral health needs (mental health, substance use and co-occurring disorders). He showed the timeline for the final report which is due in December. He said the full working group needs to build consensus today for the interim report. He mentioned the adopted process values in order to complete the work. The first is equity and racial justice, inclusion of many voices and human-first language.

Understanding the Interim Report

Rigo thanked the Ad Hoc Committees for their dedication to the planning process which included lifting up racial justice. He stated what is to happen after consensus building for the interim report is additional community engagement to include more folks and connect to the process value of inclusion of many voices. Then all the ideas need to be put into the action oriented framework and implementation plan which will then be incorporated into the final report. He asked the group to consider if the goals are pointing the work group in the right direction as they heard the presentation.

He introduced Eunisses Hernandez who is the co-chair for the Community Based System of Care (CBSOC) Ad Hoc Committee. He also introduced Peter Espinoza and Cheryl Newman-Tarwater, the co-chairs from the Justice System Reform (JSR) Ad Hoc Committee. Eunisses spoke of the last two months and the multiple meetings her group has had. She mentioned the offline calls and building on the development of trust as a group. She feels strongly that it is a collective vision that utilized consensus building. Her group recommendations included the need to scale and expand services and the reduction of barriers to getting the needed care that people deserve. There were multiple goals, but the committee narrowed it down to five goals. The first goal was focused on

increasing access to care that would impact the social determinants of health with a second goal focused on removing barriers to receiving care. The third goal spoke to expanding the CBSOC and increasing the capacity of the CBO's through the creation of incubation programs and investing in developing sustainable services while limiting the barriers to receiving county funding through a fourth goal. The last goal was to coordinate the care that people receive through the creation of an Alternatives to Incarceration Coordination Initiative.

Next, Peter Espinoza spoke about the Justice Reform Ad Hoc goals. He mentioned that there is much work to be done to ensure that every neighborhood in LA County has access to substance use treatment and mental health care. Cheryl Newman-Tarwater spoke about looking forward to the day the LA County Sheriff's Department does not run the largest mental facility in the country. The goals that the JSR Ad Hoc Committee presented were to improve diversion opportunities within the court system, reduce pre-trial detention and increase services, reduce and improve interactions between law enforcement and people with mental health issues, increase and improve access to treatment services for clients through the courts, provide additional substance use and mental health treatment and improve reentry practices. They did mention a specific example of including medication assisted treatment in the services given to individuals during and post incarceration.

Rigo then introduced the co-chairs for the other three ad hoc committees including: Dr. Barbara Ferrer and Dolores Canales for Community Engagement, Dr. Kelly Lytle Hernandez and Dr. Kristen Ochoa for Data/Research, and Mark Delgado and Karren Lane for Funding.

Dr. Barbara Ferrer began by thanking Dolores Canales as the co-chair, as well as Mayra Ramirez and Diana Zuñiga for their work within the committee. She said the task is to be certain to engage community members impacted by incarceration, to elevate the voices of those working to prevent incarceration, and people working to promote reentry. She explained the committee discussions included how to include people who are usually excluded from these types of workshops and to host it in places accessible while making it easier for people to participate through providing stipends. It was a goal to make this important for people to attend and participate. Dolores Canales spoke about the goals which included hosting seven community workshops and offering stipends along with childcare resources and other things to the community. Another goal is the engagement of incarcerated individuals to facilitate feedback from people currently incarcerated in LA County. The third goal is to establish an advisory collaborative to establish accountability and an interface with local law enforcement.

Mark Delgado, co-chair of Ad Hoc Funding committee discussed the development of a framework to guide the discussions about how the committee would move forward through the creation of funding principles and the types of services they anticipate will need funding. They identified 4 funding principles: racial and geographic equity, care integration, transparency, and fiscal sustainability. They want to fund SUD treatment including medicated assisted treatment, mental health services, housing, education and skills building, employment, systems navigation, transportation, family unification, and community organizing. Karen stated part of what they are doing is identifying and discussing the leveraging of existing funding while anticipating the growth of funding streams. They discussed particular budget allocations such as Medi-Cal funding, grant opportunities, legislative efforts, etc. They also thought through effective distribution of resources to address collateral areas like community capacity building, data-

sharing, continued research and evaluation, supporting individuals impacted by the justice system, etc. There was a specific recommendation regarding advocating for changes that would expand services and populations covered by Medi-Cal to support integrated support delivery to system-involved individuals and their families.

Dr. Kelly Lytle Hernandez, co-chair of the Data and Research Ad Hoc Committee, described the committee looking at issues of race, gender, geography, age and those most impacted populations as they discussed data/research needs. They want to see the most-impacted people become the front line of the data analysis. The second part involved transparency in data sharing and data integration with being aware of the risk of creating a surveillance regime when it comes to data. Dr. Kristen Ochoa spoke about looking at data on services for system-impacted people, the capacity to expand these services, and an inventory of current capacity to assess what is needed. They discussed tracking incarceration spending and how it is related to the cost of the incarceration system. The revenue silos were discussed as state, federal, county and grants that provide flexible funding. They took an inventory of the data needs of the other ad hoc committees.

Q & A time was introduced by Rigo. Questions and answers follow below:

Data Ad Hoc:

Q: For data sharing was patient confidentiality discussed thoroughly, especially for the SUD patients and the waiver they sign to agree to share their data. We need to consider protection of confidential information. How will patient confidentiality and ethics be discussed? SUD services require an additional layer of protection.

A: What they want to do is track people across the systems and not let people fall through the cracks, keeping confidentiality and privacy issues in mind.

Q: How will the committee speak to delivery of care currently happening in jail?

A: Aggregate data tracked

Q: How will reentry and status of current programming be analyzed?

A: Need better outcomes data

Q: Transparency- include transparency around criteria of who is eligible for diversion or not-could be useful in many ways. It's important to have transparency and hopefully it all will stay open to community discussion too.

A: it's a matter of ensuring the community writes the criteria

Q: For Data sharing, who holds, protects, and monitors data?

A: The data should be readily available as much as possible in city and county data hubs. The data is usually sent back out to all who participate.

Justice Ad Hoc

Q: How does AB 1810 diversion engage with this effort?

A: Some of the recommendations speak directly to implementing that legislation throughout the County.

Q: Can you speak more to the pretrial entity as a recommendation?

A: The group is working on the details of this; whether or not a new pretrial bail reform agency would be created and there has not be consensus reached yet but it's an ongoing strategy in discussion about creating a new entity to oversee pretrial reform. *(This was amended after the meeting – the Pretrial Subgroup of the Justice Reform Ad Hoc Committee did reach consensus on recommending that pretrial services be provided by an*

independent entity situated outside of any law enforcement agency.)

Funding

Q: Is the MHSA funding legislative changes that allow for use of reentry/probationers potentially going to be included?

A: Will look at all existing funding, are they flexible already or need to develop flexibility, will look at the need to build capacity at State & Fed level through possible advocacy. The MHSA funding stream is certainly one they want to take on moving forward.

Comment: Align cost saving practices including SSI reimbursement, noncustodial parent- child support outstanding

Q: Can you articulate more Medi-Cal advocacy and what needs to happen in this advocacy?

A: This is something that is already being worked on by individuals that are working in DHS. Ad Hoc would think about how to engage in this process.

Community Engagement

Q: Is this proposal for next 6 months to coordinate workshops? Are workshops & stipends already approved or do we need funding?

A: There is some funding coming in from philanthropy for stipends. In the next 6 months, they plan to set and create the schedule of workshops.

Q: Will workshops collect qualitative data and include in ATI process? Is MH prevention being considered?

A: They have been able to incorporate the prevention strategies into the report and hope to do more. Community Engagement will likely work with Data/Research to discuss how to leverage qualitative data.

General

Q: Question pertaining to State Hospitals and if people in these facilities will be offered more resources?

A: It is a great concern they will address now that it has been brought up

Q: Asked about the mental health treatment center, what does the conversation about the new mental health treatment center look like in connection to ATI?

A: The mission of the group is not to specifically decide how large or what a mental health treatment center will be even though the report coming from this body will have influence

Comment: The solutions that helped me during and after incarceration were from the community and if we could have an entity separate from law enforcement you could ask more questions outside of the law enforcement agency.

Question: About the mission and the “jail as a last resort”, can we switch it to jail becoming a non-option? If we are building a system of care then we should change the language to jails becoming a “non-option”

A: There are things that need to be improved and restructured for those that need it the most. Some colleagues are doing so much to work within an infrastructure to work with correctional health services, homeless services and ODR given the circumstances and having the responsibility for community safety to protect from some who are dangerous to the community. There needs to be a balance and we are doing everything we can for those that need it the most. We all have a responsibility for safe communities and some folks do need to be incarcerated so they do not victimize others.

A: The intercept zero conversation has been happening in the CBSOC Ad Hoc Committee

which speaks to services before there is any contact with the criminal justice system. This is one of the goals listed to build out more to support people and community members before incarceration that needs to be prioritized.

Rigo transitioned the group into the deliberation and discussion portion of the meeting and discussed the gradients of agreement and the endorsement of key goals for the interim report. He explained that neutral is the same as abstaining and the various options for the voting members.

Endorsing the Interim Report's Goals

Process Consensus items to think about as implementation moves forward:

- Housing in reentry
- MAT- part of reentry
- Pretrial- "Presumption of release"
- House arrest option/rehabilitation at home
- Make CJ processing online (like civil)
- Medi-Cal expansion-eligibility
- Providers be protected under medical confidentiality
- Sustainability principles- look to those for incarceration-context, look at full costs for future generations
- What would "institute robust accountability measures" look like?

Vote by voting members:

22 A's: Michael Castillo, Eunisses Hernandez, Jimmy Wu, Elizabeth Cohen, Peter Eliasberg, Cheri Thomas, Pamela Prewitt-McZeal, Kelly Lytle Hernandez, John Connolly, Peter Espinoza, Mark Gale, Ruben Marquez, Julia Dixon, Maritza Dubie-Uribe, Dolores Canales, Herb Hatanka, Melodie Larsen, Tim Belavich, Bob Ross, Cheryl Newman-Tarwater, Randall Pineda, LaWanda Hawkins

2 B's: Mark Delgado, Gilbert Wright

1 C: Karren Lane

0 D's

0 E's

14 goals passed with 22 votes.

Dr. Ross said he appreciated the work all voting and non-voting members have done.

Next Steps

June 11: Board of Supervisors Meeting

June 14: 1-3 pm next workgroup meeting location TBD

Survey: Planning Process Reflections

Barbara Ferrer said the Community Engagement Ad Hoc Committee will continue setting up their meetings between now and the next large full group meeting

Public Comment:

Comment: The ATI workgroup should schedule a meeting about offering mental health treatment wherever people are. Can the workgroup tackle it?

Comment: There was a different recollection on the reaching of consensus and that it was a separate entity that would take this on. We need to have note taking so we can look back at the things we have discussed and how to register when consensus happens at the Ad Hoc Committee level.

Comment: We need to talk about the building of a large facility downtown and make sure someone is recording what is being said.

Dr. Ross said we achieved getting really strong consensus in this process and it's a 90 day vision. This workgroup is not the beginning and end of this. Voice your opinions collectively and individually on the size of the facility and how many beds, etc. There are other avenues everyone has to express opinions about it. The June 11 BOS meeting will include making a presentation that day? Yes, the plan is to do a presentation for the June 11th BOS meeting.

Comment: Can we hear more about where in LA these resources would be and the specifics about addressing unresolved trauma for black folks and non-traditional methods possibly being incorporated. Gangs are another issue that I am not hearing. How are we not including black people in these conversations when black people are dying in front of us.

Comment: Wants to shed light on a long-time situation with so much going on that is anti-black. We don't need anymore martyrs especially in the black community. Anybody can follow up with us afterwards.

Comment: There needs to be more attention to the fact that this is a genocide of the black community and we need to acknowledge that.

Comment: A lot of this work is still undone and we will need longer than December and we need to note the inclusivity of us all doing this together which is helpful.

Rigo closed the meeting.