Los Angeles County
Alternatives to Incarceration
Work Group

ATI Intercept Roadmap:
Goals and Combined Recommendations

This document contains the combined recommendations from the *Interim Report* (focused on persons with behavioral health needs) and from the Ad Hoc Committee on Gender and Sexual Orientation (focused on cisgender women, LBGTQ+, and TGI).

Numeration: This document preserves the original numeration from the *Interim Report* (i.e., 1 through 77). The underlined words or sentences within one of these 77 recommendations means that they originated from the Ad Hoc Committee on Gender and Sexual Orientation. New recommendations from this ad hoc committee were given a new number based on the Intercept (e.g., 0-1, 1-1, etc.). After all recommendations from the remaining target groups have been approved by the ATI Work Group, a final numeration will be created.

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Intercept 0: *Holistic and Decentralized Community-Based System of Care: Prevention and Reentry*

Goal: Increase Access and Remove Barriers to Community Based Services by addressing the Social Determinants of Health

Description: Develop policies and expand programs that ensure that people with mental health disorders and substance use disorders, their loved ones, and community members have multiple points of access to the full continuum of services that match the individual's current needs (from low to high levels of care) through a combination of County-operated and not-for-profit community-based organizations' services throughout Los Angeles County while creating alternatives to incarceration and reentry services at every level of the criminal justice system. This goal impacts Intercept Zero, which enables people to access services before any contact or involvement with the criminal justice system has occurred and the infrastructure intercepts focused on reentry, which prevents recidivism. All services should be implemented in a need-aligned and equitably distributed manner.

Remove barriers to accessing all necessary and complimentary integrated not-for-profit community-based services related to mental health disorders, substance use disorders, and poor social determinants of health, while providing community members with the necessary tools, support, and incentives to attend and participate in services.

Intercept 0: Recommendations

Restorative Behavioral Health and Primary Care Villages

1.	Decentralize and develop cross-functional teams to coordinate behavioral needs before booking, with an emphasis on warm handoffs when connecting clients to optimal services.
2.	Create and expand decentralized, coordinated field services and hubs (ex: MLK Behavioral Health Center) in strategic locations across the 8 Service Planning Areas (especially SPA 1, 3, and 7) where people can seek referral and/or immediate admission 24 hours a day to a spectrum of services that include but are not limited to mental health including Psychiatric Urgent Care Centers; supportive housing via a coordinated entry system; and substance use disorder services such as withdrawal management, medication assisted treatment (MAT) and recovery intake centers (i.e., sobering centers).

Families and Support Network

3.	Expand family reunification models and connect families to low-cost or no-cost parenting groups.
4.	Train families of people with clinical behavioral health disorders on how to support their loved ones, assess service needs, provide assistance through various stages of treatment, and follow prevention/treatment plans while incentivizing family/client involvement with compensation and certificates, etc.

5.	Support meaningful exchange of information and clarity between provider, patient, and family/caregiver to improve patient care and health outcomes, including but not limited to modifying DMH's HIPAA policy for contractors.
6.	Improve, enhance, and integrate case management opportunities and points of contact and engagement for Community Health Workers and peer support organizations to connect with clients and their families/loved ones outside of justice involvement and pre/post incarceration. Create robust community education – especially in impacted communities – about services tailored to people who identify as cisgender women, LGBQ+, or TGI so that incarceration is not the first point of contact for services. Give peer support organizations and Community Health Workers access to real-time data on treatment availability to streamline the referral process.
0-1	Create or expand crisis mediation and violence prevention work based on restorative justice principles, with a focus on programs specifically for people who identify as cisgender women, LGBQ+, or TGI and conduct community outreach to promote awareness of these options outside of the justice system.

Restorative Justice

7.	Establish effective restorative justice programs for the adult justice-involved population by learning from existing County programs and other programs, especially those serving youth.

Mental Health, Substance Use, and Co-Occurring Disorder

8.	Advocate for changes to expand services and populations covered by Medi-Cal, MHSA, and/or oa to support integrated service delivery for system-involved individuals and their families, which could provide a source of sustainable funding to support ATI recommendations related to an integrated system of prevention and care.
9.	Optimize and increase the appropriate utilization of and improve the process for conservatorship and appropriate assisted outpatient treatment and resource it accordingly.
10.	Support and broaden implementation of community-based harm reduction strategies for individuals with mental health, substance use disorders, and/or individuals who use alcohol/drugs, including but not limited to sustained prescribing of psychiatric medications and MAT
11.	Deliver integrated mental health and substance use disorder services, rather than parallel services, including building partnerships between DPH-SAPC & DMH for residential co-occurring disorder (COD) services.
12.	Support parity between the mental health and substance use disorder systems and available services.

13. Remove time limits to service provisions that prevent access to long term health, mental health or substance use disorder treatment plans.
14. Remove barriers to treatment, employment, and recovery housing based on record of past convictions through state legislative intervention or updating County policies.

Housing and Services

15. Create a system that contributes to and/or offsets the cost to family members and caregivers for housing loved ones within their home or in the community through options such as tax credits, stipends, vouchers, motel conversions, or partial pay options.
16. Create an individualized/personalized master transition plan for displaced individuals.
17. Expand or refine affordable successful housing models designed for and tailored to justice-involved individuals with mental health and/or substance use disorder needs, specifically: (a) short-term treatment inclusive of acute inpatient, AB 109 and forensic inpatient (FIP) and IMD subacute beds; (b) interim housing inclusive of clubhouse living with supportive employment, recovery bridge housing and sober living; and (c) permanent subsidized housing inclusive of independent living and board and care facilities.
18. Create and scale up innovative programs that comprehensively provide housing, wraparound services, and career-track employment for justice-impacted individuals. Ensure the availability of programs that meet the needs of and are tailored to people who identify as cisgender women, LGBQ+, and/or TGI.
19. Develop partnerships with and between landlords, County departments, providers, and communities/neighborhoods that increase housing options and support residents in maintaining housing, including onsite management staff. Incentivize the creation and reservation of sufficient units for short- and long-term housing options for people who identify as LGBQ+ and/or TGI.
20. Work with Housing State Funding, DHS Housing Programs, and Housing projects for people experiencing homelessness and mental health and/or substance use disorders.
0-2 Work with Housing State Funding, DHS Housing Programs, and Housing projects for people who identify as LGBQ+ and/or TGI.

Education, Economic, and Employment

21. Establish a partnership with the State Department of Occupational Rehabilitation and coordinate with other agencies, including but not limited to WDACS, regarding economic and employment opportunities. Develop partnerships to create opportunities specifically for people who identify as LGBQ+, TGI and/or cisgender women by incentivizing employers to participate.

22. Expand supported employment opportunities for persons with mental health, substance use, or co-occurring disorders, including flexible funds for basic client's needs to find employment (e.g., birth certificates, etc.).
23. Incubate new innovative employment programs for people with serious mental health disorders.
0-3 Expand supported employment opportunities for people who identify as LGBQ+, TGI and/or cisgender women, including flexible funds for basic client needs to find employment (e.g., birth certificates**,** identification consistent with gender identity, childcare, etc.).
0-4 Incubate new and innovative employment programs for people who identify as LGBQ+, TGI and/or cisgender women.

Intercept 1: *Community Response and Intervention Services*

Goal: Increase behavioral health responses to crisis and minimize law enforcement contact

Description: Scale up mental health and community-based responses to behavioral health crises to substantially reduce contact between people with behavioral health disorders who are in crisis and law enforcement, and to more effectively connect individuals experiencing crisis, and their families or loved ones, with appropriate and holistic services and supports.

Intercept 1: Recommendations

24. Significantly increase the number of DMH Psychiatric Mobile Response Teams (PMRTs) to reduce service wait times.
25. Increase ambulance contracts to improve response times.
26. Create another option for behavioral health crises, i.e., CBO behavioral health services through an app.
27. Expand, diversify, and strengthen non-crisis mobile response teams to address gaps, including: (a) following through with clients in crisis to avert involuntary hospitalization; (b) involving peers in mobile response teams that connect to individuals' gender identity; (c) developing system for outreach workers to respond to non-law enforcement calls; (d) assisting people who identify as TGI, LGBQ+ and/or cisgender women who are in an emerging crisis and/or need community-based conflict resolution.
28. Invest in public education and law enforcement education campaigns to encourage the use of DMH ACCESS, SASH, suicide prevention and other helplines, and the CBO Network on homelessness, mental health, substance use and stigma.
29. Establish, expand, enhance, and coordinate the database and tools available for real-time bed availability for all justice and health system partners.
30. Develop and expand a decentralized range of clinical spaces countywide and ensure that current sites are sufficiently resourced.
31. Improve staffing for the DMH ACCESS line to minimize caller wait times and ensure live operator coverage 24 hours, 7 days a week.
32. Train 911 operators and dispatch on mental health screening to direct calls involving behavioral health crises that do not require a law enforcement response towards DMH's ACCESS line (e.g., integrate DMH line with 911 or allow direct access from 911 operators to ACCESS).Train 911 operators and dispatch to allow callers to request a responder that connects to the gender identity of the individual in crisis.

Intercept 2: *Law Enforcement*

Goal: Improve Interactions between Law Enforcement and Individuals Experiencing Behavioral Health Crises; Increase Diversion Opportunities and Expand Training for Law Enforcement

Description: When there is contact between individuals with behavioral health disorders who are in crisis and law enforcement, ensure that law enforcement has the training and partnership with behavioral health personnel and services to respond appropriately to each situation and to quickly divert many more people into community-based treatment and services.

Intercept 2: Recommendations

33. Substantially increase the number of co-response teams.
34. Train all law enforcement officers in Los Angeles County in a formal Crisis Intervention Team (CIT) curriculum, including information on appropriate responses to people who identify as TGI, LGBQ+ and/or cisgender women, and refresher courses, that incorporate connections and networking with neighborhood-specific community-based resources with a treatment-first, harm reduction approach. SMART/MET teams to receive substantially more specialized training.
35. Promote a practice where law enforcement officers, whenever possible and appropriate, release individuals with clinical behavioral health disorders at the time of contact and ensure a warm introduction to supportive services
36. Develop and expand pre-arrest and pre-booking diversion programs, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health needs, in coordination with law enforcement and community providers.

Intercept 3: *Booking and First Court Appearance*

Goal: Reduce Pretrial Detention and Increase Services

Description: Substantially and sustainably reduce pretrial incarceration of people with clinical behavioral health disorders while strengthening public safety by instituting a presumption of release and using a public health approach that links accused persons to services and programs without additional justice system contact to reduce the financial burden on the accused by upholding the presumption of innocence. The broader intention is to reduce the entire pretrial population in comprehensive ways that recognize and address the disproportionate impacts of race, socioeconomic status, and other factors that contribute to pretrial detention.

Intercept 3: Recommendations

37. Improve and expand return-to-court support services to reduce failures to appear.
38. Create a front-end system with behavioral health professionals that solicits information about unmet behavioral health needs so prosecutors can offer diversion instead of filing charges or can file reduced charges, for individuals whose justice system involvement is driven by those needs.
39. Develop a strengths and needs-based system of pretrial release through an independent, cross-functional entity, possibly situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions. [Approved on 9/11; Will be discussed again]
40. Institute a presumption of pretrial release for individuals with clinical behavioral health disorders, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services to help individuals reman safely in the community and support their return to court. [Approved on 9/11; Will be discussed again]
41. At the earliest point possible, connect individuals to a personal advocate or community member to assist them in navigating the justice system process and assist in advocating for diversion opportunities. These advocates, whenever possible, should include and be trained to provide tailored help/referrals to people who identify as LGBQ+, TGI and/or cisgender women.

Intercept 4: Jail Custody and Court Process

Goal: Improve Diversion and Alternatives within the Court System; Increase and Improve Access to Treatment Services for People who are Court-Involved

Description: Formally implement recent legislative opportunities for earlier diversion away from the justice system for people with behavioral health disorders, from the booking stage throughout the court process. Expand and ensure easy access and timely linkage to treatment services for clients involved in the court process to a broader range of behavioral health programs and expand the diversity and capacity of those programs. Create a flexible and integrative service model across the Departments of Mental Health, Health Services and Public Health, in order to provide the most responsive system possible to client's service and housing needs. Streamline the referral process from arraignment to disposition, and avail Judges and Attorneys of the general menu of options available to qualifying clients requesting mental health, substance use disorder, or co-occurring treatment services.

Intercept 4: Recommendations

42. Improve equal access to all treatment resources for justice-involved individuals, wherever they may be (in or out of custody) by: (a) directing 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; (b) creating a more rapid referral and response process for MH and Co-Occurring placements at all levels; (c) developing a coherent strategy and connecting every qualifying individual to an appropriate court-based program at inception of diversion dialogue; (d) refining multiple points of entry within Intercept 3 for MH and SUD services; (e) ensuring in-custody involvement of CBOs for services; and (e) expanding capacity and removing archaic barriers at all levels of care. Ensure consistent, culturally appropriate, and sufficient availability of the full range of services and court-based programs for people who identify as cisgender women, LGBQ+, and/or TGI so no one is left without care or diversion because of gender identity or sexual orientation.
43. Create a robust AB 1810 Diversion scheme—PC 1001.36 and 1170(a)(1)(B)(iv) and 1370.01(a)(2)—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 and respond to all other present and future diversion opportunities, including pre and post-conviction.
44. Increase 'staffing on the ground' across departments, including Public Defender/Alternate Public Defender, District Attorney/City Attorney, Department of Health Services/Office of Diversion and Reentry, Department of Mental Health/ Health Court Linkage Program, County Counsel, Department of Public Health, and community-based organizations that work with departments to expand and integrate court-based services for as many individuals as possible.
45. Train the court-based workforce to address the continuum of needs of incarcerated persons by partnering with families and social support networks and creating individualized plans that are culturally competent**,** responsive to all gender identities, and include those not eligible for community-based diversion (i.e., violent felony charges).

46. Expand access and enhance substance use treatment programs in the County jails, e.g., the START program substance use disorder (SUD) treatment for currently incarcerated people with mental health need and SUD; and MAT 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.
47. Conduct educational seminars, led by service providers, for justice partners on mental health disorders and treatment; and improve awareness of behavioral health court-related resources among judicial officers and court personnel (and provide real time mapping of alternative placements).
48. Increase collaborative, non-adversarial processes in all courtrooms where diversion/alternate sentencing occurs, to enable better outcomes that are trauma-informed and respect individual care and rights.
4-1 Conduct educational seminars, led by service providers, for justice partners on the needs of people who identify as LGBQ+, TGI, and/or cisgender women.
4-2 Tailor the conditions and services required/offered in any alternatives to incarceration programming to the needs and strengths of people who identify as LGBQ+, TGI, and/or cisgender women. Create policies that address the challenges and barriers frequently faced in attempting to comply with mandates (e.g. childcare obligations as a single parent, lack of money for transportation, lack of money for program enrollment or completion, etc.) as well as how these programs can contribute positively to wellness rather than being grounded in negative sanctions (e.g. incarceration, probation extension, fees, loss of parental rights, etc.).

Intercept 5: Pre-Release and Release

Goal: Improve Pre-Release and Release Practices

Description: Improve pre-release and release practices to ensure that individuals, including those with co-occurring mental health and substance use disorders, can transition directly from jail into appropriate community-based treatment and services.

Intercept 5: Recommendations

49. Incentivize community treatment facilities to accept patients from jail who have clinical mental health needs, substance use disorders, and/or co-occurring disorders.
50. 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 use of coordinated releases to family.
51. Develop and fund a transition shelter within a few blocks from all county jails from which people are released, operated by community-based organizations with safe, welcoming overnight stays for people released after hours with range of support. Create transition shelter beds for people who identify as LGBQ+, TGI, and/or cisgender women so they do not have to remain incarcerated for a safe transition to the community.
52. Increase the appropriate utilization of and improve the process for conservatorship and appropriate assisted outpatient treatment
5-1 Begin release planning for everyone as soon as possible after being booked into jail, using a reentry provider. Pre-release planning should include a health assessment / medication needs, family / loved ones in the region, custodial responsibilities, employment status, and individuals' reentry goals. Ensure all people who identify as cisgender women, LGBQ+ and/or TGI have a plan tailored to the unique barriers they may face upon release, especially with respect to housing.

Intercept 6: Supervision in the Community

Goal: TBD

Intercept 6: Recommendations

Recommendations will be added from the second phase of planning.

Infrastructure: Cross-Cutting Recommendations

Goal: Develop the Infrastructure to Coordinate the Re-imagined Community-Based System of Care

Description: Create an Alternatives to Incarceration Coordination Initiative within the county governance structure to oversee program implementation and equitable distribution of resources. The Initiative would create policies and procedures to connect all county capacity building and services provision efforts. This Initiative would create linkages in service provision for county departments, non-profit community-based service providers and the community at large so that mental health disorders, substance use disorders, and poor social determinants of health are supported and treated through an integrated model.

Public Communication and Accountability

53. Increase, ensure, and fund public collaboration in all phases of Alternatives to Incarceration planning, implementation, evaluation, and system oversight and across relevant County court, justice, health and social service systems. This collaboration can be piloted via the ATI Community Engagement Workshops and the Ad Hoc Committee structure, which includes work on gender, sexual orientation and racial equity, by instituting quarterly stakeholder meetings to communicate updated ATI progress, discuss service and communication gaps, and highlight best practices. Fund and staff post-ATI final report, i.e., the initiative should host recurring implementation meetings across the County and with relevant County departments to discuss policy impacts, resolve policy conflicts, monitor fiscal impacts, assess eligibility barriers, and develop evaluation metrics of success.
54. Establish online mechanisms for the public to get information, locate services to prevent incarceration and recidivism, and promote recovery. This tool should track identified problems and response progress through an accessible dashboard, and should align with existing tools such as One Degree, etc.
55. Create, staff, and fund an Advisory Collaborative of Impacted People to ensure there is continuous feedback and accountability to the prioritized communities and LA County at large in the implementation of the comprehensive roadmap. Ensure consistent representation of people who identify as cisgender women, LGBQ+, and TGI, including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration, on the Advisory Collaborative.

Equitable Resource Distribution

56. Utilize data-driven tools (e.g., Race Forward's Community Benefits Agreement and Racial Impact Tool, or Advancement Project's JENI/JESI, etc.) to create processes for equitable resource and contract distribution with program offices across health and social service departments. This process should prioritize remedying racial and geographic disparities while also taking into account cultural, gender, and special populations' needs. Involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

57. Fund comprehensive rehabilitative, evidence-based mental health and substance use care, as well as transitional housing with wraparound services, gender-affirming primary care, violence prevention, gang intervention, art therapy, family reunification, occupational therapy, and other programs in lieu of incarceration, i.e., interventions should take a holistic, whole person (or even family-centered) approach as their model in serving individuals while utilizing justice funds saved by decreased incarceration. This programming should be inclusive of and tailored to people who identify as women, TGI, and LGBQ+ people including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration.

Public Awareness and Education

58. Develop a public education and communications campaign to build awareness of a treatment-first model, not incarceration and punishment. This campaign should stress use of the DMH ACCESS line, CBO network, SASH helpline, suicide prevention hotline rather than 911 for behavioral crises, available non-law enforcement resources, and different types of community-based solutions.

Goal: Expand the Infrastructure Necessary to Support the Re-imagined Community- Based System of Care

Description: Scale up effective, culturally-competent mental health and substance use treatment models that are community-based that already exist at critical intercepts with a priority on intercepts zero and five that enable people to access services before and after any criminal justice system involvement. Develop contracting policies and procedures that make it less difficult for culturally-competent nonprofit community partners to become part of the funded integrated system of care and invest in those relationships long term. Develop capacity among local providers to compete for county contracts and provide high quality services. Address the distribution of resources by the geographic and racial impact of services equitably, and establish a goal of reducing and eliminating racial disparities in the healthcare and criminal justice systems. Remove barriers that prevent not for profit community-based service providers from accessing county funding, contracting opportunities, technical assistance, and incubation opportunities. Expand justice data transparency including access, analysis, and metric design involving those most impacted by the justice system.

Organizational Capacity Building and Contracting

59. Create contract language that supports effective models that are servicing people 24/7, with appropriate specialization, intensity, staffing, language/culture, quality, and staff with lived experience, etc.
60. Institute payment reform to prioritize performance-based contracts (instead of fee-for-service) with flexible service delivery rules to ensure providers can deliver treatment and support all clients' needs concurrently.

61. Utilize County capacity-building programs, in conjunction with equity analysis, to expand the community-based system of care by: (a) finding and supporting smaller organizations in different SPAs to qualify and access funds while providing seed funding (i.e. philanthropic partnerships, business loans, flexible government funding, pay for success models, and/or zone area investments, etc.); including those organizations with a history of serving system-involved people who identify as cisgender women, LGBQ+ and/or TGI; b) promoting existing providers as potential incubators; and (c) supporting training and TA to become service providers accessing Medi-Cal Fee Waiver, County and State funding, and organizational coaching as well as training in evidence-informed practice in serving TGI / LGBQ+ people.
62. Dedicate funding to long-term, sustainable infrastructure and professional development support for community-based systems of care beyond service delivery, and connect contractors to new and existing capacity-building resources.
63. Actively gather anonymous feedback from service providers contracted and not contracted with the county to ensure transparency in understanding participatory hurdles and identifying innovations to make a positive impact. [Still being discussed.]
64. Standardize a simplified, more accessible contracting process across agencies and departments and outreach to service providers who might benefit from such reforms.
I-1 Create/enforce anti-LGBTQ+-discrimination policies for all general housing/service options with meaningful accountability processes, including through the CA Department of Fair Employment and Housing. Create easy ways for LGBTQ+ people to report violations and receive tailored services upon reporting.
I-2 Train all law enforcement officers and first responders, including LAFD, DCFS, and 911 dispatchers, regularly on respectful practices and communication with people who identify as LGBQ+, TGI and cisgender women, grounded in a care first, trauma-informed approach. Ensure that accountability measures for discrimination on these grounds are enforced.
I-3 Require that mental health clinicians, behavioral health and primary care physicians complete t trainings on serving people who identify as cisgender women, LGBQ+, and/or TGI to improve culturally and medically appropriate service provision by clinicians that affirms sexual orientation and gender identify.

Workforce Hiring and Training

65. Train all law enforcement officers along with 911 dispatchers and desk personnel in LA County in a formal CIT curriculum to aid in understanding alternatives to 911, arrest, and jailing.
66. Train justice officers and court personnel on mental health, substance use disorders and treatment to increase awareness and utilization of existing resources (e.g.: Mental Health Court Program, real-time resource mapping) to change the culture of criminal justice system towards treatment first, not incarceration and punishment.

67. Require that mental health clinicians complete trainings that build their capacity to provide integrated Substance Use Disorder care with psychiatric treatment, including cross training.
68. Train social/health service workforce to address the continuum of need and to ensure that the individual's care plans are culturally sensitive and include those not eligible for community-based diversion (i.e., violent felony charges). Require training on serving people who identify as cisgender women, LGBQ+, and/or TGI to improve culturally appropriate service provision by social and health service workforce that affirms sexual orientation and gender identify.
69. Provide paid training and employment to increase the number of justice-system-impacted individuals working as the technologists behind data collection and analysis.
70. Design and implement curricula for all workforce trainings recommended herein by partnering with justice-impacted individuals and their families. The trainings on people who identify as cisgender women, LGBQ+, and/or TGI should be developed and conducted by community-based organizations serving people with these identities – especially people of color and those with system involvement – to center the voices of those directly impacted.
71. Attract and develop a social/health service workforce capable of delivering integrated health, mental health, and substance use treatment; as well as tailored care to people who identify as cisgender women, LGBQ+, and/or TGI; and livable wages in partnership with justice-impacted individuals and their families. Recruit and fund partnerships with LGBQ+ / TGI / people of color (POC) therapists who have a harm reduction approach. These therapists should be members of and have experience working in an affirming manner with communities most impacted by criminalization to maximize positive engagement with therapy.
72. Conduct intensive and extensive outreach to medical schools, schools of social work, professional organizations, and local educational institutions for qualified forensic mental health professionals– particularly those who identify as LGBQ+ / TGI – and community health workers, while providing incentive bonuses for bilingual experts and developing certification or credential programs for CHWs with educational partners.
73. Increase employment and retention of Community Health Workers (CHWs) to expand service capacity, cultural competency, and client/provider trust, by: (a) hiring, training and professionally advancing CHWs with lived experience of the justice system and/or who identify as LGBQ+, TGI, and/or cisgender women; (b) creating pathways for CHWs to move up to full-time, salaried County jobs with benefits; and (c) including continual evaluation and improvements made to ensure the CHW program is both effective and building this innovative workforce.
I-4 Train transitional housing providers about LGBQ+ / TGI needs and discriminatory experiences, particularly those who run mixed housing sites, so that people are not excluded from housing because of gender identity or sexual orientation. Create process for consumers to provide anonymous feedback to evaluate success of trainings and services.

Goal: Expand justice data transparency including access, analysis, and metric design involving those most impacted by the justice system

Data Collection and Service Coordination

74. Expand and coordinate data tracking/collection across all relevant County justice and health/social service entities to retrieve data necessary for services, programming, preventative measures, and alternatives to incarceration. Align this data collection with existing County data tools/portals such as One Degree, CHAMP, LANES, CES, etc. to inform a uniform client database.
75. Develop a uniform client database across all relevant County services and justice entities to follow and support the justice-involved individual (longitudinally & latitudinally) regardless of system access point, with the following database features: (a) interface capabilities linking services providers as well as tracking service availability among LA County's considerable resources; (b) alignment with existing tools such as One Degree, CHAMP, LANES, CES, etc. to improve patient referral processes as well as to assist in performance tracking and accountability as individuals move between systems and services; (c) capacity for family and service provider feedback to track problems and response progress; and (d) protection of privacy rights and interests of justice-involved individuals.
76. Provide real-time Full-Service Partnership (FSP) availability throughout all service areas, keep a real time database, track FSP successes and failures, and report these to DMH.
77. Track and make public all relevant County service and incarceration spending both for those incarcerated and those reentering the community.