

# **Los Angeles County Alternatives to Incarceration Work Group**

## **Overarching Strategies and Foundational Recommendations: Phase 1 Implementation**

Prepared by ATI Planning Team

## Background

The ATI Work Group approved 114 recommendations aimed at reducing incarceration rates while eliminating racial disparities within the justice and health systems in Los Angeles County.

This document is a strategic approach towards implementing the first phase of the ATI Work Group's recommendations, proposing to focus on 26 recommendations for the first steps toward implementation.

## Process

To accomplish this task, planning team members closely reviewed the content of the Interim Report, all the recommendations adopted by the ATI Work Group since June, the crosswalk by County Departments, and the available preliminary implementation plans to identify overarching strategies to reduce incarceration rates, particularly for the vulnerable populations identified, and eliminate racial disparities in the health and justice systems in Los Angeles County. Five overarching strategies crystallized:

- Strategy 1 – *Expand and scale community-based, holistic care and services through sustainable and equitable community capacity building and service coordination.* (Intercept 0 and Infrastructure)
- Strategy 2 – *Utilize behavioral health responses for individuals experiencing mental health and/or substance use disorders, homelessness, and other situations caused by unmet needs; avoid and minimize law enforcement responses.* (Intercepts 1 and 2)
- Strategy 3 – *Support and deliver meaningful pretrial release and diversion services.* (Intercept 3)
- Strategy 4 – *Provide effective treatment services in alternative placements, instead of jail time.* (Intercepts 3, 4, 5 and 6)
- Strategy 5 – *Effectively coordinate the implementation of ATI recommendations, ensuring that strategies work to eliminate racial disparities and to authentically engage and compensate system-impacted individuals.* (Infrastructure)

The planning team members proceeded to define specific elements and recommendations for each strategy to ensure that a comprehensive array of recommendations is implemented to impact critical points of the justice system while building the community-based system of care. Altogether, the team identified 26 recommendations across the five strategies to highlight as examples of foundational recommendations. All completed preliminary implementation plans will be provided to the Board via hyperlink along with the final report.

The foundational recommendations were selected because they are key in the implementation of the other recommendations and are representative of the full range of goals and recommendations that were collectively created.

Selection criteria for foundational recommendations included:

- The recommendation builds capacity in the system. For instance, organizational capacity building opportunities need to be coordinated and expanded to support developing the decentralized system of care.
- The recommendation shores up a gap in the system. For instance, comprehensive strengths and needs assessments for people impacted by the justice system are a missing component, which would allow for service connection and diversion to occur. If this piece is added to the system, it will facilitate other recommendations.
- The recommendation addresses a critical unmet need. For example, there is a critical unmet need regarding the number of clinical and residential treatment spaces available for individuals experiencing behavioral health disorders.
- The recommendation was identified by multiple groups. For example, housing was a necessary resource that connected to several goals and recommendations within the work group.

*Strategy 1 – Expand and scale community-based, holistic care and services through sustainable and equitable community capacity building and service coordination. (Intercept 0 and Infrastructure)*

Recommendation #2: Create and expand decentralized, coordinated service hubs (ex: MLK Behavioral Health Center) in strategic locations across the 8 Service Planning Areas (especially SPA 1, 3, and 7) where people, their families, and support network can seek referral and/or immediate admission 24 hours a day to a spectrum of trauma informed 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).

Description: The County’s current system of community-based alternatives to incarceration for people living with physical and behavioral health needs is not fully equipped across all County service areas and presents gaps in meeting the needs of the whole person. Instead, there is a revolving “system of care” that flows from crisis and hospitalization to homelessness and jail-and sometimes death. For many, the current system is difficult to navigate, services are divided according to department and the point of entry, and sometimes result in isolation and harm. The County has developed an innovative solution in the form of the MLK Behavioral Health Center that is on the same campus as the MLK Community Hospital, Outpatient Center, Recuperative Care Center, Mental Health Urgent Care Clinic, and Center for Public Health, which includes the Community Healing and Trauma Prevention Center. Similar holistic models are underway at strategic locations across the county like LAC+USC Medical Center, Olive View Medical Center, and Rancho Los Amigos Rehabilitation Center. An integrated, decentralized system of care that addresses the social determinants of health, including support finding employment and affordable housing, will create social and physical environments that promote positive health outcomes for all community members.

Lead agency: DHS, DPH, DMH

Recommendation #92: 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 Service Planning Areas to qualify for 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 people who are system-involved and identify as cisgender women, LGBTQ+ and/or TGI; (b) promoting existing providers as potential incubators; and (c) supporting training

and technical assistance 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 / LGBTQ+ people.

Description: Organizational capacity building is a tremendous need for the community-based system of care and directly supports the sustainability of providers serving individuals impacted by the justice system. The ATI recommendations require the significant expansion of capacity among effective, culturally humble service providers in the geographic areas that are highly impacted by incarceration. Several existing capacity-building projects geared toward housing, mental health, substance use, and juvenile justice organizations can be leveraged to highlight best practices. Countywide capacity-building efforts can take the lead from non-profits by providing long term resources that support the incubation of new non-profits, the sustainability of current contractors, and the development of organizational partnerships.

Lead agency: ATI Initiative, DMH

**Recommendation #3:** Expand family reunification models and connect families to low-cost or no-cost parenting groups. Family reunification models and parenting groups should be evidence-informed and have demonstrated they are correlated with better outcomes for participants and their children. These resources should be provided by community organizations and there should be ready availability of resources tailored to the unique needs of cisgender women who identify as mothers as well as LGBTQ+ and TGI parents.

Description: When children are removed from their families to ensure their safety, the first goal is to reunite them with their *families* and/or close relatives as soon as possible. This recommendation aims to expand family reunification models to support families in regaining the custody of their children by connecting them to low-cost or no-cost parenting groups that are evidence-based and have shown positive outcomes for participants, their children, and their families. These programs should be provided by community organizations to ensure that families are continuously supported and engaged in their own communities. Such programs must respond to the holistic needs of families and make resources available for the unique needs of cisgender women who identify as mothers as well as LGBTQ+ and TGI parents.

Lead agency: DMH, DPH, DCFS, DPSS, Probation

**Recommendation #20:** 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.

Description: In 2019, the homeless population in LA County increased 12 percent compared to previous years, with many individuals also experiencing criminalization and incarceration. Stable housing plays a vital role in people's recovery from behavioral health crisis and/or incarceration. For individuals in stable housing, stress can be triggered by the inability to pay rent and the threat of losing that housing. Affordable and supportive housing programs enable people to move from emergency, transitional shelter, or homelessness into stable housing as fast as possible. These models also connect people with supportive, community-based resources to help them maintain housing. In recent years, policy and practice shifts across physical and behavioral health systems have created new opportunities for improving service delivery, quality, and integration among all sectors serving individuals impacted by social and health issues. The expansion of such provisions and housing opportunities is necessary to interrupt and end the cycle of incarceration, criminalization, and behavioral health crises that occur when the basic human need of housing is unmet. The County plans to utilize forthcoming information generated by the newly formed System of Care Executive Committee to determine exactly how many and which type of beds are needed for a comprehensive and effective system of care.<sup>1</sup>

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<sup>1</sup> Los Angeles County Board of Supervisors, Care for individuals in custody who are experiencing serious mental illness, Supervisors Mark Ridley-Thomas and Janice Hahn. Los Angeles County, 2019. <http://file.lacounty.gov/SDSInter/bos/supdocs/139747.pdf>.

Lead Agency: DHS, CEO, DPH, DMH

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

Description: Restorative justice is a practice based on the theory that crime causes harm and that justice, rather than being punitive, should seek to restore that harm. Those that caused harm are given the opportunity to meet with those that are most affected by the harm, hear about the impact of the harm, offer apology, and accept responsibility for their part. Existing restorative justice programs in LA County, particularly those that have been successful with youth, will be used as models for developing this component.

Lead Agency: DHS/ODR

**Recommendation #11:** Optimize and increase the appropriate use and process for mental health conservatorship and assisted outpatient treatment, and resource them accordingly.

Description: Conservatorships and temporary conservatorships, for people who are considered "gravely disabled" under California law, can be utilized to transition people who are currently incarcerated to long-term care in the community. Historically, conservatorships were not initiated for people in jail custody. Many, if not most, of these individuals would not receive discharge and transition services and the establishment of a conservatorship would require new hospitalizations.<sup>2</sup> In 2018, the law was amended to support more timely and effective intervention utilizing conservatorships for individuals in jail custody. Additionally, the California Penal Code (1001.35-.36) implemented a new state policy favoring the diversion of individuals who have mental health needs and have been charged with crimes into local treatment services.<sup>3</sup> This recommendation promotes the expansion of the treatment resources necessary to provide access to the higher levels of care required for those who are gravely disabled and require intervention through mental health conservatorship. This is especially true for those in jail custody whose chances of recovery are greatly enhanced if they are discharged to the appropriate level of care and to ensure that they and their families receive the financial, residential and treatment services they need to remain safely in the community.

Lead Agency: DMH, DHS/CHS, DPH, in partnership with the Superior Court

**Recommendation #108:** 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 LGBTQ+, 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 effective in building this innovative workforce.

Description: Community health workers are lay members of the community who work either for pay or as volunteers in association with a local healthcare system. CHWs usually share race, ethnicity, language, socioeconomic status, and/or life experiences with the community members they serve. They have been identified by many titles, such as community health advisors, lay health advocates, *promotoras*, outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally humble health education and information, help people get the care they need, provide informal counseling and guidance on health behaviors, and advocate for individual and community health needs. CHWs with lived experience of the justice system and/or who identify as LGBTQ+, TGI, and/or cisgender women have dramatically increased access to services for underserved communities. CHWs have community knowledge and cultural competency that is crucial to connect with and support those at risk of poor health outcomes.

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<sup>2</sup> California Welfare and Institutions § 5150 and 5250.

<sup>3</sup> California Penal Code § 1001.35-1001.36.

Lead Agency: DPH, DMH, DHS, DHR

Recommendation #31: Remove barriers to treatment, employment, and affordable housing, including recovery housing, based on stigmatization and discrimination due to record of past convictions through local and state legislative intervention or updating County policies.

Description: Collateral consequences of conviction are legal and regulatory sanctions and restrictions (barriers to housing, employment, benefits, etc.) attached to criminal convictions that are not direct consequences of the crime (jail time, fines, etc.). This recommendation intends to reduce and eliminate those barriers that routinely prevent people from successfully reentering the community after conviction and/or incarceration.

Lead Agency: DPH, DMH, DPSS, Agencies overseeing housing and employment services

Recommendation #12: 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.

Description: Harm Reduction, an approach that seeks to reduce harm without punitive measures, is an evidence-based practice utilized in LA County and nationally. Harm reduction strategies include, but are not limited to, practices such as needle exchange, overdose education, and distribution of Narcan; housing services that are not based on sobriety; safe injection sites; and other person-centered care. The goal of this recommendation is to continue to implement harm reduction approaches throughout service delivery in order to provide the most effective treatment services possible, particularly for those with mental health and/or substance use disorders.

Lead Agency: DPH, DHS

*Strategy 2 – Utilize behavioral health responses for individuals experiencing mental health and/or substance use disorders, homelessness, and other situations caused by unmet needs; avoid and minimize law enforcement responses. (Intercepts 1 and 2)*

Recommendation #35: Significantly increase the number of Department of Mental Health Psychiatric Mobile Response Teams (PMRTs) to reduce service wait times.

Description: PMRT teams are comprised of licensed clinical staff who are able to respond in person to a mental health crisis. PMRTs are contacted via DMH's ACCESS call line, which serves as one entry point for mental health services in the County. The teams have legal authority under California law (WIC sections 5150 and 5585) to initiate applications for an evaluation of involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing, or shelter as a result of a mental disorder. Currently, there are insufficient teams to meet the need for the number of calls received and wait times can be substantial. With a significant expansion of these teams, the County can significantly reduce the number of people with mental health and/or substance use disorders who enter into the criminal justice system, by providing this critical, more effective and more appropriate alternative to a 911 call, thereby avoiding a law enforcement response.

Lead Agency: DMH

Recommendation #43: Train 911 operators and dispatch on mental health screening, to direct calls involving behavioral health crises that do not require a law enforcement response toward 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.

Description: Individuals experiencing a mental health crisis, or their loved ones, need help quickly. Many behavioral health crisis situations require a medical response, not the law enforcement response triggered by 911, which may escalate a situation and lead to arrest and jail. There are other options, such as the

DMH ACCESS line, but many in the County are not aware of it. If individuals do call 911 due to a behavioral health crisis, it is difficult for 911 operators to divert the call to DMH. The DMH ACCESS line is not currently integrated into LA County's 911 system, and 911 operators who conclude that calls to their system would be best handled by PMRT teams cannot directly contact a DMH ACCESS operator, but must instead go through the same phone tree that members of the public encounter. This recommendation would address these issues and divert calls about behavioral health crises away from police and toward more appropriate healthcare responses and interventions.

Lead Agency: DMH, 911

**Recommendation #48:** 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.

Description: Pre-arrest or pre-booking diversion programs, such as Los Angeles' LEAD program, allow law enforcement officers in the community to offer a warm handoff to Harm Reduction community services in lieu of arrest for a low-level offense. Pre-arrest or pre-booking diversion programs provide support to people whose criminal activity is driven by behavioral health needs, by providing them with harm reduction case management and access to housing, healthcare, substance use and mental health services. Pre-arrest diversion programs aim to reduce the number of people entering and re-entering LA County jails for low-level offenses.

Lead Agency: DHS ODR, LASD, LAC District Attorney. Primary partners may include cities with their own prosecutors' offices and other law enforcement agencies.

### *Strategy 3 – Support and deliver meaningful pretrial release and diversion services. (Intercept 3)*

**Recommendation #56:** Institute a presumption of pretrial release for individuals, especially people with clinical behavioral health disorders, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.

Description: Forty-four percent of the Los Angeles County jail population is pretrial, which means that these individuals are in custody before being convicted of any crime. Pretrial detention exacerbates income and race disparities by causing the loss of jobs and housing, isolation from family and community, sometimes the loss of children to the foster care system, and threats to the health and safety of our most vulnerable populations, particularly those with behavioral health disorders. Even short-term jail confinement can cause trauma, exacerbate mental health disorders, and interfere with employment, education, the care of dependents, housing, support systems, etc. The intent of this recommendation is to substantially and sustainably reduce the number of people who are booked into or remain in jail custody after arrest, while strengthening community safety, by holistically and effectively addressing, in a community setting, any unmet needs that lead to justice system contact.

Lead Agency: ATI Pretrial Agency

**Recommendation #55:** Develop a strengths and needs-based system of pretrial release through an independent, cross-functional entity, 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.

Description: This recommendation aims to reduce the number of people who stay in the jail during the court process, while strengthening public safety, by using a public health approach to link detained individuals to community-based services and programs that can address any unmet needs that contributed to their arrest. This recommendation envisions an independent pretrial services entity, comprised of representatives from healthcare, housing, employment and other government or service providers, to: (1) quickly conduct a strengths and needs-based assessment of anyone arrested and booked into jail custody,

(2) help the court make release decisions based on that information, and (3) connect individuals to any necessary services, such as housing, healthcare, employment, etc., that address unmet needs and reduce the likelihood of further justice system involvement.

Lead Agency: ATI Pretrial Agency

**Recommendation #53:** Improve and expand return-to-court support services to reduce failures to appear.

Description: Whether or not an individual will appear for their court dates is one of the main factors that court officers consider in making pretrial release decisions. Sometimes, people simply forget about court dates, do not make the necessary arrangements (such as transportation or childcare), or do not fully understand the consequences of staying home. Others may have clinical conditions that impact their ability to appear in court but may be able to do so with the appropriate support. This recommendation describes methods to increase the number of individuals who show up for court through the use of simple procedures like text reminders.

Lead Agency: ATI Pretrial Agency

#### *Strategy 4 – Provide effective treatment services in alternative placements, instead of jail time. (Intercepts 3, 4, 5 and 6)*

**Recommendation #59:** 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.

Description: Under recent California legislation, many individuals with mental health disorders are eligible for diversion into treatment services, after arrest but before any conviction. To meet these new requirements, the County and appropriate stakeholders should develop a uniform protocol and strategy that addresses the process by which courtroom teams refer individuals to the diversion programming that will assist them most effectively, and ensure that every courthouse and each courtroom team has comprehensive and up to date information about the full range of available treatment resources and how to access those resources. This recommendation expands on the current California Department of State Hospitals’ diversion program operated by DHS’ Office of Diversion and Reentry and the Superior Court. This recommendation also builds upon the current Safety & Justice Challenge Mental Health Diversion Pilot led by the Public Defender, with the City Attorney, District Attorney, Alternate Public Defender, LA Sheriff’s Department, Probation, Court, and other partners.

Lead Agency: DA, PD, APD, Court, DMH, DHS CHS

**Recommendation #58:** 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 the court process; (b) creating a more rapid referral and response process for mental health and co-occurring placements at all levels; (c) developing a coherent strategy and connecting every qualifying individual to an appropriate court-based program at the inception of the diversion dialogue; (d) refining multiple points of entry within Intercept 3 for mental health 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, LGBTQ+, and/or TGI so no one is left without care or diversion because of gender identity or sexual orientation.

Description: This recommendation aims to expand and ensure easy access and timely linkage to a broader range of treatment services for individuals with behavioral health needs who are facing criminal charges, outside of jail custody, and to expand the diversity and capacity of those programs to serve many more people. Creating a flexible and integrative service model across the County’s health agencies, streamlining the referral process from arraignment through disposition, and availing judges and attorneys of the options available to qualifying clients requesting mental health, substance use disorder or co-occurring treatment services would allow stakeholders, in developing a treatment plan for each client, to be client-focused

rather than “court program” focused. This recommendation aims to allow clients and their advocates to access the appropriate personal level of care as the priority. Court programs should be able to choose from the County’s available treatment resources the services that will be in the clients’ best interests clinically, regardless of where the referral is initiated or which funding stream is attached to it. This recommendation aims to eliminate the bureaucratic and funding roadblocks in the current system, where diversion and alternatives to incarceration services are managed by different entities that have different resources and treatment responses.

Lead Agency: DHS CHS/ODR, DMH, DPH, CEO

### **REENTRY**

*A number of ATI recommendations focus on improving the experience of individuals returning home from jail or prison custody and were generated or supported through ATI’s Community Engagement workshops, attended by over 450 community members, many of whom were formerly incarcerated. These reentry supports describe critical steps to reduce further justice involvement and improve the health and safety of our communities. They include services that can be provided inside the jail as well as community-based treatment and support. Here are a few summarized examples:*

*#34: Provide comprehensive community-based reentry services across the County.*

*#61: Expand access and enhance substance use disorder treatment programs in the County jails, such as medication-assisted treatment.*

*#71: Develop and fund a transition shelter within a few blocks from all County jails.*

*#74: Ensure that all individuals, before they are released from County jail, are offered services to obtain their California ID, Social Security card, birth certificate, and other documentation needed for obtaining health care, employment, housing, government benefits, etc.*

***Strategy 5 – Effectively coordinate the implementation of ATI recommendations, ensuring that strategies work to eliminate racial disparities and to authentically engage and compensate system-impacted individuals. (Infrastructure)***

**Recommendation 84:** 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.

*This recommendation description and initial implementation steps will be described in the report.*

**Recommendation #86:** 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, LGBTQ+, and TGI, including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration, on the Advisory Collaborative.

**Description:** Community and consumer engagement is critical to creating a comprehensive road map that accurately reflects the needs of those most impacted by the criminal justice system. Because of historically legal disenfranchisement, individuals who were previously incarcerated have not been able to gain access to employment in the public sector and/or to key positions that oversee and direct resources to their own communities. Although there has been some legislative success via “Ban the Box” policies, we have yet to see true representation of people who were formerly incarcerated in positions of authority. Until larger

systemic shifts are made in employment law, LA County would benefit immensely from utilizing an Advisory Collaborative to center and elevate the voices of those most impacted by systems of incarceration. There is widespread support and agreement from private, philanthropic, and public partners on the importance and necessity of including individuals with lived experience in policy and decision-making processes.

Lead Agency: DHS Whole Person Care

**Recommendation #87:** 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. These processes should prioritize remedying racial and geographic disparities while also taking into account cultural, gender, sexual orientation, and special populations’ needs. Involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

Description: A focus on the application of racial equity is critically important to exposing the disparities in resources in communities of color, addressing the systemic ways disparities are produced, and providing processes whereby communities of color are prioritized. This recommendation emphasizes the need for ATI and all County initiatives to use an intersectional approach that incorporates the needs of impacted groups, based on gender, sexual orientation, immigration status, culture, and other special circumstances. Developing clear and intentional equity-focused goals and outcomes is a critical way to reduce and eliminate disparities, creating an environment where all groups can thrive.

Lead Agency: ATI Initiative

**Recommendation #85:** 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.

Description: Comprehensive information regarding County-supported services—such as inventorying current County contractors and subcontractors, populations served, and geographic distribution of all services funded by these County contracts—will support the broader community in identifying which services can support their specific ATI needs. This online mechanism would not only include core diversion and reentry services, but also the broader range of programs that serve people across all intercepts. One current example is the One Degree Alternatives to Incarceration Landing Page, which maps out all known ATI service providers’ information, including contact information. A similar tool has been created by the Department of Mental Health called the Service and Bed Availability Tool. Strengthening these tools will help to provide real-time data sharing—to build capacity in the communities most impacted by the justice system, to shift the power dynamic from government to community, to increase the nimbleness of community responses, and to improve the accountability of agencies.

Lead Agency: ATI Initiative, CEO/CIO

**Recommendation #110:** 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.

Description: The collection and prompt dissemination of quality data—on diversion, alternatives to incarceration and reentry service scope, capacity, and funding support—ensures public accountability. Through the development of internal tracking systems, data on individuals who have been diverted can be captured and analyzed to gauge how well LA County is diverting residents from incarceration, along with the budgets associated with those diversion programs. This data can assess and report accurate measurements of the County’s progress on diversion and alternatives to incarceration and help ensure that the outcomes the ATI is moving toward are both positive and sustainable. Any data collected should always be disaggregated by race and ethnicity.

Lead Agency: CEO/CIO

Recommendation #104: Provide paid training and employment to increase the number of justice system-impacted individuals working as the technologists behind data collection and analysis.

Description: Currently, the communities most impacted by incarceration are not involved in the collection or analysis of the data affecting their communities, which may result in less meaningful and accurate information. The most impacted community members and providers should and can be the technologists gathering, analyzing and publicly disseminating that data to hold agencies and organizations accountable and to drive policy reform.

Lead Agency: CEO/CIO

Recommendation #89: 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.

Description: In order to ensure that the communities most impacted by incarceration, and indeed all residents of the County, are aware of the full range of County and Community resources and services (beyond 911) that may be available during a crisis and/or when some level of support is needed. A broad public campaign is necessary to educate the public about diversion and treatment-first resources.

Lead Agency: ATI Initiative

Recommendation #113: Track and make public all relevant County service and incarceration spending both for those incarcerated and those reentering the community.

Description: Current County spending largely funds services and alternatives to incarceration with restricted revenues, including grants and state and federal funding streams, while devoting the lion's share of flexible, locally generated revenues to incarceration. Better tracking and disclosure of the costs of the incarceration system, including per-bed spending, will help the County understand the tradeoffs to the current approach and the potential advantages of scaling up non-incarceration alternatives, that can free up savings for reinvestment. Cost savings, cost avoidance, and effectiveness can also be compared to the costs of incarceration.

Lead Agency: ATI Initiative

Recommendation #26: Expand supported employment opportunities for persons with mental health, substance use, or co-occurring disorders, including flexible funds for basic client needs to find employment (e.g., birth certificates, etc.).

Description: Individuals who have been incarcerated face higher barriers to gaining employment, in part because they may lack identification, consistent access to transportation, prerequisite equipment and clothing, and other essential tools. Providing such basic client needs can help stabilize and support people who were formerly incarcerated, particularly those with mental health diagnoses, substance use disorders, and/or co-occurring disorders, in gaining and maintaining employment. Individualized Placement and Support (IPS) programs, which are an evidence-based approach to support employment for individuals with mental illness, have been researched extensively and proven to be effective, compared to standard employment services. Other supportive employment programs, tailored to meet the needs of justice-involved people with mental illness, substance use disorders, and/or co-occurring disorders, should be considered to provide additional opportunities.

Lead Agency: DHS ODR