L.A. County Alternatives to Incarceration (ATI) Work Group
Community Workshop in Long Beach
Meeting Notes
— Monday, September 30th, 2019 —

Partner Organization: Ascent LA (111 W Ocean Blvd, Long Beach, CA 90802)
[Meeting held at Long Beach Health & Human Services, located at 3820 Cherry Ave, Long Beach, CA]

Purpose of Alternatives to Incarceration (ATI) Community Workshops

The Los Angeles County Board of Supervisors established the ATI Work Group in February 2019 and is partnering with stakeholders to develop a roadmap to expand diversion options so care is provided first and incarceration is a last resort. To elevate the voices of formerly incarcerated people and their loved ones, the ATI Work Group’s Community Engagement Ad Hoc Committee partnered with community-based organizations to hold a series of community workshops in selected communities. At these workshops, formerly incarcerated people and family members with loved ones in custody, shared their experiences and advice on which services, supports and policies are most needed to prevent incarceration.

2. Activity #1: Building the System Together — Input on Three Key Recommendations of the Draft ATI Roadmap

Recommendation #1: Train 9-1-1 operators to screen for mental health and substance use disorder crises and to direct calls involving behavioral health crises that do not require law enforcement to mental health and substance use disorder professionals who can help the person in crisis.

- Sample of participants’ suggestions for making Recommendation #1 work:
  - High quality training for 9-1-1 operators.
  - Multidisciplinary, local teams for each community.
  - Increased public awareness about this initiative.
  - Dispatchers should not send police cars to the scene.

- Sample of participants’ concerns regarding Recommendation #1:
  - [The police’s] lack of knowledge of de-escalation techniques.
  - Implicit bias of 9-1-1 operators.
  - Possibility for violation of rights/privacy of callers when sharing sensitive information.
  - Addiction and mental health illnesses require different approaches and resources.
  - Short assessments over the phone might not provide enough clarity to triage an individual.
**Recommendation #2:** Put in place a practice where law enforcement, whenever possible, addresses and releases people with clinical behavioral health disorders at the time of contact and helps connect the person to the appropriate service provider.

- Sample of participants’ suggestions for making Recommendation #2 work:
  - First responders should know how to identify the services an individual might need in order to not be incarcerated in the future.
  - Dispatchers should send other types of first responders to the scene before sending police officers.
  - Individuals who accept assistance and comply with treatment should not be ticketed or fined.

- Sample of participants’ concerns regarding Recommendation #2:
  - Mental health professionals should [always] work together with law enforcement to respond to these situations.
  - Dispatchers should ask key assessment questions to determine if mental health services are needed.
  - Law enforcement needs to be able to distinguish between mental health, drug, and alcohol problems.
**Recommendation #3:** Develop a strengths and needs-based system of pretrial release by establishing an entity outside of law enforcement that conducts voluntary needs and strengths assessment quickly upon law enforcement contact and/or initial detention, whenever possible. The entity would prioritize pre-booking with a presumption of release and link people with clinical behavioral health disorders to community-based care.

- Sample of participants’ suggestions for making Recommendation #3 work:
  - Learn from Santa Monica’s alternative homeless courts and Canada’s “bail houses.”
  - Individuals with children should be prioritized for treatment to prevent trauma in their children; the children’s well-being should be the focal point.
  - A team of trained individuals should work together to support people in the pre-trial phase.

- Sample of participants’ concerns regarding Recommendation #3:
  - Individuals with children should be treated and prioritized to prevent trauma in the children.
  - The goal should be to not disrupt people’s lives.
3. Activity #2: Small Group Discussion on Services Needed for Successful Prevention, Support During Custody, and Re-entry

a. What supports and resources would have helped prevent you and/or your loved one from entering the criminal justice system?
   ◦ Job placement assistance programs.
   ◦ Assistance with obtaining an education and basic necessities like backpacks, bicycles, and food.
   ◦ Improved services for veterans.
   ◦ Community programs and safe activities for youth.

b. What were the services you and/or your loved one needed the most in the PRE-RELEASE phase of incarceration?
   ◦ Basic training classes, i.e. technology use, public transportation navigation, job skills, money management.
   ◦ Substance use treatment.
   ◦ Video conferencing with case workers to develop an individualized [reentry] plan.

c. What were the services you and/or your loved one needed most in the POST-RELEASE phase of incarceration?
   ◦ Assistance with paying off restitution fees during a time of financial hardship.
   ◦ Housing and job assistance.
   ◦ 24-hour in-person assistance center.

d. What have been the most significant barriers to you and/or your loved one in accessing the resources you need during the pre-release and post-release phases of incarceration?
   ◦ Difficulty keeping up with policy changes enacted while in custody and navigating the rules of welfare related to drug charges.
   ◦ Resources are not always in my community so I have to travel far to access them.
   ◦ Service agencies should coordinate to streamline and simplify the process of applying for assistance.
   ◦ Difficulty connecting with a community health worker.