

Los Angeles County Alternatives to Incarceration (ATI) Work Group

Summary of Key Findings From the ATI Community Engagement Workshops 11/5/19

Updated 12/4/19 and 1/30/21 to include input from ATI meetings in Pacoima and in Probation Facilities

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In collaboration with:

Ascent, Good Seed Community Development Corporation
Community Coalition
Homeboy Industries
Paving the Way Foundation
Prototypes, HealthRight 360, Inc.
San Fernando Valley Partnership
San Gabriel Valley Center (California Hispanic Commission on Alcohol and Drug Abuse, Inc.)
-and-
Participants of the community engagement workshops

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Purpose

The County of Los Angeles' ATI Community Engagement Ad Hoc Committee organized a series of community workshops in September through November of 2019 to elevate the voices of formerly incarcerated people and families with a loved one in custody. At these workshops over 430 people shared their experiences and perspectives about services, supports, and policies that would promote alternatives to incarceration and prevent incarceration. In addition, we held two feedback sessions with a total of 32 people, one with women and one with men, who are currently in custody in County facilities (Century Regional Detention Facility and Men's Central Jail). Some workshop participants had been incarcerated in State prison, rather than County jail, and provided comments that are included in the "Supervision in the Community" and "System Reform" sections below. Finally, we held workshops with youth at the Dorothy Kirby Center run by the Probation Department.

We selected communities that have been identified through the Million Dollar Hoods and Advancement Project reentry services assessments as areas where there are significant needs and gaps in resources available to prevent and address high rates of incarceration. In partnership with the following community-based organizations, we held community workshops in these locations:

Community-Based Host Organizations	Locations
• Ascent, Good Seed Community Development Corporation	Long Beach
• Community Coalition	South Los Angeles
• Homeboy Industries	East Los Angeles
• Paving the Way Foundation	Lancaster
• Prototypes	Pomona
• San Fernando Valley Partnership	Pacoima
• San Gabriel Valley Center (California Hispanic Commission on Alcohol and Drug Abuse, Inc.)	El Monte

Overview of findings:

The vast majority of people reported that while in jail, they or their loved ones, did not have access to many – or any – counseling/support services (individual therapy, personal life skills, etc.) or reentry planning/rehabilitation (job skills, education beyond GED, housing and job search, etc.). Post-release, most people said they did not know where to go for help, were hindered by not having key identification documents (CA ID cards, Social Security Cards) and struggled to find the array of convenient, community-based support services they needed to rebuild their lives.

Part 1: Small Group Discussions on Services Needed for Successful Prevention, Support During Custody and Reentry

1. What were the services you and/or your loved one needed most in the PRE-RELEASE phase of incarceration?

Below are the categories of services people mentioned. More details are provided about some of these services.

- Access to a directory of resources
- Access to personal identification documents
- Career support while in jail
- Counseling
- Educational opportunities
- Housing
- Legal assistance
- Medical access
- Mentorship
- Programs for mothers
- Properly trained case managers
- Re-integration programs and support
- Release/reentry planning
- Support networks
- Support to families with a loved one in custody
- Transportation
- Treatment plans for substance use
- Visitation rights

Access to a directory of resources

- *Most people shared that they needed to know what resources were available to them while they were in custody and also what would be available once they reentered their communities.*

Access to personal identification documents

- “Help people get their IDs [Social Security cards, California ID, birth certificates, etc.] and use fee waivers.”

Career support while in jail

- “Recruit for-profit companies to do the trainings to promote familiarity, connections, and job placement. This is a win-win because it creates a recruiting pool and [decreases] costs associated with recruitment for the company.”
- “Most vocational learning is focused on manual/menial labor. It would be great to have classes on business that promote entrepreneurship, i.e., how to create our own revenue because we have good (business) ideas but don't know how to implement them.”
- “Job readiness and training [i.e. computer skills, resume preparation], especially in technology, to bring you up to date so that when you're released you can get job. Work with a foundation to hire people who are formerly incarcerated.”

Counseling

- “One-on-one therapy/counseling to help people work through their mental health and other internalized issues, e.g., depression, anxiety, PTSD, so people can open up and get to the root of their problems.”
- “Mental health, especially to treat people who have spent so much time incarcerated (these services are available to some but not offered actively, you need to ask).”
- “Lived experienced counselors/staff to evaluate, assess, and provide support/resources.”
- “Mental health assessments are needed [for everyone in custody] so people who don't know they need the services will become aware of their issues and [this will] encourage participation [in counseling].”
- Culturally-appropriate support groups

Educational opportunities

In addition to the educational opportunities listed below, many people said they wished they'd had access to accredited college classes so they could earn beyond a high school degree, and courses on a wider variety of topics so they could keep learning, from interpersonal relationships, to substance abuse, and “ways to better oneself”.

- “Bring [more] Education Based Incarceration (EBI) programs. The general population [in jail] doesn't have access to these. We need to expand this and offer it to everyone; equal distribution.”
- “Help with submitting college applications/financial aid so when you get out you will be ready to go to college.”
- “We need classes on topics related to release that are taught by people with a criminal justice history so they are relatable and can better relate the material to the real world and challenges faced -not what we *should* do but how to actually do it.”

Programs for Mothers in Jail

- “Women with children that are in jail have Department of Children and Family Services cases opened; would be helpful to have parenting classes pre-release so those requirements can be met while in jail.”

Re-integration programs and support

- “Expose those currently incarcerated to those who are out and doing well after release.”
- “[You need] someone guiding you through the process [of reentry planning].”
- “Services that are accessible and matched to the needs of the individual.”
- “Before getting out, [connect people to] a place to get help
- “Rehabilitation skills, not punishment.”
- “Programs that help you get back to basic living like school, work, and treatment.”

Release/reentry planning

- “We need help on how to prepare for release so we have a good chance of success when we are released. This plan should include individual goals that we can commit to. You could require people to develop a release plan before allowing them to get into [jail-based] school or other training/programs.”

Support networks

- “People supporting you, not necessarily your family but a support system is needed.”
- “Families need support while their family members are in custody, help my family understand and process what their involvement will be.”

Support to families with a loved one in custody

- Assistance for families in understanding the criminal justice system (pre- & post-release)
- “Family liaison for families with justice-involved members. The liaison could promote communication with family and provide information on how family (i.e., kids) are doing.”
- “Mediator between [individual soon to be released] and kids/family to help with the transition back.”

Visitation Rights

- “Resources for visitors to reduce trauma of the environment in which they see their loved ones.”
- “[Allow] personalized and intimate visitations.”
- “Allow for family therapy while being locked up.”

2. What have been the most significant barriers to you and/or your loved one in accessing the resources you need during the PRE-RELEASE phase of incarceration?

Below are the categories of barriers people mentioned. More details are provided about some of these barriers.

- County contracting
- Employment opportunities – being barred from professional certifications
- Expensive costs from jail
- Financial
- Healthcare is not accessible
- Housing
- Jail staff withholding classes/activities as punishment
- Lack of access to personal identification
- Lack of educational opportunities
- Lack of outreach about jail-bases services and programs
- Lack of support networks
- Legal assistance
- Need to make more accommodations for people with disabilities
- Need access to directory of resources
- Need access to case management
- Need for employment opportunities
- Need for mental health support
- Need to fund more re-entry programs
- Poor jail conditions
- Social stigma for being incarcerated
- Transportation
- Visitation rights

County contracting

- “The County’s contracting process needs to be revised to allow for smaller organizations to participate [so they can provide prevention, healing and reentry services].”
- “To get government contracts, make it a requirement to hire formerly incarcerated people.”

Employment opportunities - Barring from professional certifications

- “[We don’t have the] ability to apply for some professional certifications. People are barred for 7-10 years [after incarceration] from applying for some job certifications.”
- “Prior convictions that disqualify you from services (i.e. strikes).”
- “Lack of education on jobs and career paths that pay a livable wage.”

Expensive costs from jail

- “Expensive costs for families to send food, packages to incarcerated family members.”
- “It's expensive" making phone calls to line up services; was extremely hard and expensive.”

Housing

- “I’m getting out [of jail] in two weeks and I’m going to be homeless and I haven’t received any reentry support/planning.”

Jail staff withholding classes, services and activities from all due to misbehavior by one incarcerated individual.

- “Officers would shut down access to programs/activities when one inmate would do something wrong, everyone suffered because of it.”

Legal assistance for family reunification

- “In terms of reunification with children; children can’t advocate for themselves and mothers/parents are usually never told about court proceedings around their child’s custody.”

Need access to directory of resources

- “We need [access to] more individual organizations that will meet our particular needs [once we’re released]; not just a broad list of resources, which often is not updated.”
- “[I felt] cut off from society; not sure how to look for resources.”
- “I did not know how to access services and classes inside jail.”

Need access to case management

- “We did not have access to caseworkers pre-release. We should have video conferencing with case workers to plan for release [if they are not allowed in to the jails].”

Need to fund more educational programs

- “Sometimes people on the waitlist for a class/program (who may have been on the list for a while), lose their spot on the waitlist and fall to the end of the waitlist at the new facility when they get transferred.”
- “Lack of classes on how to navigate society, access social services, and manage your time [when you’re released].”

Transportation

- “I had no transportation when I was released, not even a bus pass or tokens.”

Visitation rights

- “No full-body search of visitors for family visits.”

3. What were the services you and/or your loved one needed most in the POST-RELEASE phase of incarceration?

Below are the categories of services people mentioned. More details are provided about some of these services.

- | | | | |
|--|--|--------------------------|-------------------------------|
| • Assistance obtaining necessities: food, clothing | • Case manager/community health workers | • Education | • Mentor/Peer support |
| • Assistance to navigate services | • Changes to parole system | • Employment assistance | • Reentry/life skills support |
| • Assistance to obtain legal documents | • Community support | • Family reunification | • Substance use treatment |
| • Assistance to obtain medical services | • Community involvement | • Family support | • Transportation assistance |
| | • Continue to use skill acquired in prison | • Financial Assistance | |
| | | • Housing | |
| | | • Legal assistance | |
| | | • Mental health services | |

Assistance to navigate services

- “A one-stop shop website with updated resources to inform people what services are available and they can access upon release.”
- “Have service providers stay open when people are released from custody, especially housing”
- “You do get a packet of resources from prison but have to find them all yourself”
- “Identifying someone as a veteran opens other services to them so they may not have to be incarcerated.”

Assistance to obtain medical services

- “Health insurance, assign them a doctor. Someone to help them with where to go for healthcare.”

Case manager/community health worker

- “Need a mentor or case manager when released to make sure you are going to appointments and to help you get services”
- “Assign a caseworker to [everyone released to] link people to services.”

Changes to parole system

- “Parole officers make you miss your work to check in, but they want you to get a job.”

Community Involvement

- “Connect [people who are released] to community involvement [opportunities so we can] give back to the community.”

Employment assistance

- “Connect us with the places that actually accept us, corporations that will hire you”
- “For people with licenses, having time served count as rehabilitation to get license reinstated [would help a lot].”
- “If we are sent to rehab then there should connections to resource (jobs, school). There is no point in going to rehab if you come out right where you started.”

Financial assistance

- “Help applying for General Relief, Medi-Cal, Food Stamps.”
- “Financial assistance to help with court ordered requirements, like court fees and required courses.”
- “I got no assistance with restitution fees and couldn't claim a financial hardship.”

Housing with support services

- “Transitional housing with behavioral health services.”
- “Rehabilitative residential institutions where previously incarcerated and systems impacted youth and adults can be housed and access social/behavioral/mental health services if they cannot return home.”

Legal assistance to get children back

- “I needed support getting my children back. It took me two years to get them back.”
- “Legal services to help get kids back/custody. Even if you have a job, took classes, the judge won't give custody. Seeing kids again is what you most look forward to when you get out.”

Mental health services

- “Community center for families to assist with family trauma.”
- “Need counseling and support to stay accountable post-release”
- “24-hour hotline to call for mental health treatment services. The cops should have a phone number and give it out.”
- “Don't want someone from outside the community - we want someone from the inside looking out, community-based.”
- “Mental health services, [but need to] reduce stigma and stereotypes.”

Mentor/Peer support

- “We need selfless people that people that have knowledge to refer us and guide us along the way”
- “Someone to talk to-like a buddy or mentor-who you can talk to when you're feeling down or to help you prevent from doing something bad. Like having a sponsor a la the Alcoholic Anonymous (AA) model.”
- “Support group on how not to fall back into former habits and lifestyles (e.g., gang affiliation)”
- “Connect people [once they're released] with lived experience people.”

Release/Reentry/life skills support

- “People to greet you when you are released since you feel alone”
- “Transitioning as a group such as a reentry cohort”
- “Independent living workshops, [including but not limited to] life skills, budgeting, accounting.”
- “Something to provide structure and motivation. In the facility they tell you when to get up and to do what but if you don't have that on the outside, you could just not get up in the morning.”

Substance use treatment

- “While there is access to mandated substance abuse treatment, there is a need for higher quality, effective treatment services that work to reduce relapse and prevent repeat incarceration. The feeling is the [court-] mandated services offered are of poor quality and do not work.”

4. What have been the most significant barriers to you and/or your loved one in accessing the resources you need during the POST-RELEASE phase of incarceration?

Below are the categories of barriers people mentioned. More details are provided about some of these barriers.

- Access to current/useful resources
- All hours support & services available
- Bureaucracy
- Case manager/community health worker
- Changes/elimination of parole system & role of parole officer
- Communities with limited resources
- Current technology
- Discrimination, facing stigma for being formerly incarcerated
- Education
- Employment opportunities/job training
- Family mediation/reunification
- Faster link to mental health or substance use services
- Financial assistance
- Housing
- Legal assistance
- Peer support
- Legal documents
- Mental health services
- Mentor/peer support
- Substance use treatment
- Transportation

Access to current/useful resources

- “Not knowing where to get resources (food banks, clothes, showers, etc.). More information is needed.”
- “I didn't know where to go or how to access resources.”
- “I called 211 for help, A friend in the jail told me about it.”

All hours support & services available

- “Being released after hours to obtain services. Services need to be available at all hours or there should be some place to be released to until services are open.”

Case manager/community health worker

- “I had difficulty connecting to a community health worker.”
- “As a community health worker I can't always connect to my clients because I don't know about their release or they don't [or are not able to] respond.”
- “More community health workers to help formerly incarcerated people reenter.”

Supervision in the Community

- “Probation officers do not really support impacted individuals. They need trauma informed training and compassion fatigue training.”
- “Need a better way to stay in contact with probation officers. A person may not have a job, so no money to pay for a phone. Cannot contact probation officer or miss a meeting, so there's a warrant issued.”
- “Probation becomes the bridge back to jail and helps continue the cycle instead of being a support.”
- “Parole officers are limited by their own job; their job is to do the drug test and ensure home visits are completed).”

Communities with limited resources

- “Resources are not always in my community so I have to travel far to go to them.”
- “Local bureaucracy has been a barrier. Call for services and are told to report in person for that service. In-person in Long Beach then told to go to LA for that service. Then it's a transportation challenge. You're told there's no wrong door to get connected with services, but there is.”
- “Lack of expanded reentry programs, nothing is actually close to me.”
- Lack of safe spaces and places for previously incarcerated people to access culturally-appropriate assistance.”

Discrimination, facing stigma for being formerly incarcerated

- “Racial, gender, sexuality discrimination.”
- “Stigma against individuals who have been in jail/prison.”

Employment opportunities/job training

- “Background checks are sometimes used improperly to not hire people.”
- “Getting a permanent job, not just a temporary one.”
- “Accessible jobs do not pay enough and do not provide a livable wage.”

Family mediation/reunification

- “[Need a] mediator between recently released individual and kids/family to help with the transition back.”

Financial assistance

- “Need funding and resources for at least six months to assist individuals with returning to community.”
- “[Court-mandated] classes [anger-management, etc.] are too expensive; remove the fees.”

Housing

- “Banning people from public housing because of your record (i.e. Section 8).”
- “I had no [identification] documents to get housing.”
- “Cost. Housing is very expensive. Need to make 3 times the rent to even submit an application
- “Not having a job [impacts housing options].”
- “Open up county jobs--hire formerly incarcerated people and allowing them to be part of bidding process for projects in the county.”

Legal assistance

- “Increase legal services (expungement fairs, etc) need more of them, need to be more accessible.”

Peer/mentor support

- “People who have been through the process to help guide others.”
- “[A barrier was not having a] network of support for release.”

Mental health services

- “[I didn't have a] connection to therapists and mental health services.”
- “[I want a] therapist that treats [me] like a human...not just trying to diagnose me
- “Trauma support.”
- “Unaffordability of psychological services and mental health/substance abuse treatment.”

Substance use treatment

- “More drug treatment, especially residential beds.”
- Expand time allowed in drug treatment - currently only 30-60 days is allowed
- “20-30 day wait for a rehab bed.”

5. What supports and resources would have helped prevent you and/or your loved ones from entering the criminal justice system?

Below are the categories of services and resources people mentioned. More details are provided about some of these resources.

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| • Career development | • Housing | • Recreational opportunities |
| • Creative arts | • Life skills/life coaches/mentors | • Safe neighborhoods |
| • Education | • Mental health/trauma-informed care | • Substance use |
| • Employment | • Personal accountability | • Support services |
| • Family support | • Provider accountability | • Systems reform |
| • Financial support | | • Youth programs |
| • Healthcare access | | |

Career development

- “Organizations like 5 Keys helped with school, getting into college, getting a job. They even give resources like backpacks, bikes and food that help my family.
- “Cheaper technical schools so you don't need to go into debt

Creative arts

- “Writing (and other creative arts) program.”

Education

- “Access to college.”
- “Better education and school counseling.”
- “Life skills need to be taught in schools.”
- “Educational costs are too high.”
- “Counseling about jobs and careers [to provide motivation] .”

Employment

- “Access to quality jobs.”
- “Summer jobs for teens”
- “Living wages, not just a job.”
- “[Opportunities for] apprenticeships with a focus on the trades.”
- “Internships with the promise of jobs.”
- “Career and college training during childhood and with families [where] "nobody talked about this"
- “Entrepreneurial programs.”

Family support

- “More love at home, more attention.”
- “More parental attention”
- “Nurturing environment when growing up”
- “Parenting education to learn how to understand and support children.”
- “Education for parents on how to navigate society and social services.”
- “Make the conservatorship/legal guardian process more accessible for parents/guardians/caretakers of people with mental health or substance abuse disorders.

Financial support

- “Better resources for families in need (money for food, rent) so people don't steal.”
- “Money for activities.”

Food Security

- “Organizations that give resources like food...that help my family.”
- “Some organizations take my food stamps... to pay for room and board when I have very little.”

Housing

- “Safe and affordable housing.”
- “Stable housing environments; screen foster care providers and homes; a lot of abuse goes on”

Life skills/life coaches/mentors

- “Support for transition-aged youth (TAY); life skills, financial literacy skills, counseling.”
- “I needed mentors.”

Mental health/Trauma-informed care

- “Addressing childhood trauma.”
- “Support/help for kids. Address the abuse, substance use in families.”
- “Peer counselor with lived experience because pride may keep folks from seeking services.”
- “Trauma-informed services to address IVP/DV, abuse, etc.”
- “Teach how to process negative emotions and past traumas.”
- “Peer support groups for kids, particularly for youth with justice-involved family.”
- “More therapists in schools.”
- “Reduce stigma that prevents people from seeking services.”

Personal accountability

- “Being held more accountable for myself and making better choices.”
- “Better judgement in actions.”

Provider accountability

- “Train teachers better, including assessment skills.”
- “People providing services and programs need to know what they're doing – trust.”
- “Monitor parole and probation officers to make sure they're doing a good job the way they monitor us.”

Recreation opportunities

- “Free places for families to visit.”
- “Sports [and other activities for family members] where you don't have to pay.”
- “Access to community spaces where people can gather i.e social, recreational.”

Safe neighborhoods

- “Change in environment, as well as access to better resources like better schooling, jobs, housing.”

Substance use

- “Access to rehab-good rehab.”
- “Free quality drug and substance use treatment.”

Systems reform

Youth-oriented systems

- “Dismantle school to prison pipeline.”
- “More support for foster youth.”
- “Reform juvenile ticket system.”
 - *Note: this refers to situations caused by current California drug policy where youth are ticketed/cited by law enforcement for using cannabis and are referred to rehabilitation. Rehabilitation centers do not consider treatment as necessary for cannabis use so youth cited are not able to clear their tickets/citations, and therefore become further involved with the criminal justice system.*
- “Take away gang injunctions.”
- “Gang system / database has problems with who is in there.”
- “Need better communication among authority/systems involved with children.”

Law enforcement

- “Stop racial profiling.”
- “Stop over policing our communities.”
- “Abolishing police.”

Alternatives to traditional law enforcement

- “Non-punitive approaches.”
- “Restorative Justice options.”
- “Transformative justice.”

Drug policy

- “Having trauma informed courts or specialized courts for drug use and mental health that will direct you to services rather than incarceration.”
- “Drug reform/decriminalization.”

Youth programs

After school programs

- “Have after school programs for kids to keep them busy such as sports, ballet, drill team, events in the park.”

- “Community activities for youth that are safe and free.”
- “Activities to keep youth and adults motivated and interested, such as sports, field trips, more free, good quality, after school programs (hard to find these), recreation centers for youth (like Boys and Girls Clubs)”

Enrichment programs

- “Opportunities for youth enrichment, programs and mentorship.”
- “Getting outside of the community to experience other environments.”
- “Introduce different way of life when younger by people who have changed.”
- “More community involvement activities for youth.”
- “Having diverse life experiences, travel, events, etc.”
- “Having people who have been in jail/prison share their experience with students.”
- “Youth groups that provide support to help participants achieve their goals and dreams.”
- “Classes for youth on how to develop their values and socialize them to have a better understanding of social and political systems.”
- “Classes for youth on how to maintain positive relationships with parents, friends, partners, peers, and neighbors.”

Mentoring programs

- “Role models/mentors/tutors.”
- “Peer mentor that has been through similar situations to help teach them how they can redirect negative energy.”

Youth diversion programs

- “Instead of juvenile hall, refer first timers to services to gain life skills, self-esteem, critical thinking, emotional wellness, address PTSD.”

Sports programs

- “Funding for free sports. Kids sports programs cost too much money.”
- “More and better after school programs. They are expensive and many have wait lists.”

Part 2: Small Group Discussions on Three Key Recommendations of the Draft Alternatives to Incarceration Roadmap

Draft recommendation #32: Train 911 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.

Scenario: A family member or a community member is experiencing a mental health crisis and appears to be in harm's way. You call 911 and the person who answers has been trained to screen for mental health issues. They ask you some questions about the person in crisis and based on your responses, does not send out law enforcement but does send out a team of mental health professionals. The mental health professionals conduct a psychiatric evaluation and then bring the individual to the needed placement.

Support for this Approach

- “Every precinct should have mental health therapists/professionals to support police when going out during calls.”

Alternatives to this Model

- “Calling prevention help instead of immediately calling 911.”
- “Train families to call for mental health assistance rather than 911.”
- “[It might be] unrealistic for a “mental health ambulance” to come, but there should be one if there is one or health-related emergencies.”

Public Support and Awareness

- “Public needs to vote on this; need high number of people to support diversion.”
- “It needs to be advertised or people won't know. You could do TV ads and commercials.”

Training

For 911 Operators

- “Need to train 911 operators to be compassionate and objective and not let their beliefs interfere with what services the individual gets.”
- “Train 911 operators to ask the right questions to figure out if someone is in danger and needs police or if they need mental health assistance.”

For Mental Health Professionals

- “Need trained mental health professionals who know when to send someone to a psychiatric facility, detox, or treatment (if unwilling to get treatment then proceed to jail).”
- “Every precinct should have mental health therapists/professionals to support police when going out during calls.”

For Police (Note: Some participants misunderstood this recommendation and thought that law enforcement would be present.)

- “The police need training in how to diffuse the situation without violence.”
- “More training for cops to handle the situation better, including not to shoot people.”
- “Knowing how to speak to people in crisis is needed to not escalate the situation further.”
- “Trauma informed care and crisis intervention training for all first responders along with implicit bias training, this has to happen and keep happening.”
- “Cops don't have to shoot to kill which escalates the incident, causes loss of life and depression among family members and potentially generational trauma. Shoot in the leg or use a pellet gun.”

Bias

- “There needs to be implicit bias training.”
- “[This won't work] if the cops and others judge the person based on how they look or are acting when they approach.”

Role of Police and Mental Health Professional: Diffusing the Situation

- “Have the police and mental health workers show up in an unmarked car or a mental health vehicle rather than a cop car; no sirens.”
- “Uniforms can be so intimidating so dressing intentional for the scene to help diffuse the situation, instead of using sirens, badges, lights...that could intensify the state of the person.”
- “Have the [mental health] professional step in and the police step back to diffuse the situation.”
- “Do not send mental health workers alone to respond to 911 calls. Send a team and make it a cooperative operational between mental health works, cops (or special cops) or someone not associated with the cops. You need someone to de-escalate the situation who does not have a gun.”

Knowing People's History of Mental Illness

- “Build a database/profiles to identify people with special needs or mental health disorders so responders are informed. San Bernardino has some promising practices.”
- “If a cop can run a person's record and see their criminal history/information, they need to know a person is dealing with mental health issues too.”

Triage/Assessment

- “A short assessment is not enough clarity to actually triage someone.”
- “A phone call is not telling of what is really going on.”

Providing Care

Referrals

- “LOCAL resources/facilities, not something far away.”
- “Support getting public transportation or a ride to the actual resource center and help making appointments.”

Tailored Care & Follow-up Care

- “Addiction and mental health need different care; we have to have enough resources to meet the needs.”
- “Follow ups should be handled by doctors and professionals, not Parole Officers.”
- “Follow through after treatment with housing, after care, etc.”
- “A person who needs mental health services may not follow through on getting help.”
- “If a person happens to get arrested, there needs to be better mental health treatment and follow up in the jails.”

Staffing

- “I want the first responders to look like me and have them represent the racial/ethnic make-up of LA County.”

Draft recommendation #35: 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.

Scenario: A family member or a community member is picked up by law enforcement for consuming drugs in public. The police are called, come out, and after assessing the situation, make a call to a nearby substance use treatment center to get them into care. A caseworker from the treatment center meets the police and individual and transports them directly to the center, while the police leave.

Team

- “Health providers should come out with police when dealing with people with mental health concerns or who are high on drugs.”
- “[I’m concerned that] there won’t be enough mental health evaluation teams to work with police.”
- “For a person who commits a crime due to their substance abuse and/or mental health disorders, there is no clarity regarding who makes the decision to incarcerate or transfer to social/behavioral/mental health services.”

Third Party (beyond police and mental health professionals)

- “A third party is needed along with police. Enough staff is needed for this task so they do not get burned out.”
- “There should be a 3rd/neutral party on site and it should be reputable people that have the respect in the community (system impacted people responding).”

Hire People with Lived Experience

- “Hire people who went through the situation and are succeeding in life. We listen to those who've been through what we've been.” through. People who can relate, not someone with a degree who is just getting a paycheck.”

- “Need to credential those with lived experience so they can become mediators to other professionals.”

Making Treatment Mandatory vs. Optional

Responses were split between those who support making treatment mandatory and those who felt it should be optional.”

In favor of mandatory treatment:

- “Use a similar diversion model that Long Beach police uses for prostitution. In this model, before being arrested or ticketed for a crime, resources are offered to assist the person. If assistance is accepted, the person is not arrested or ticketed.”
- “Mandate treatment in order to avoid incarceration, even if they don't think they need it. People may not be aware that they have a problem until they have a bad confrontation with police.”

In favor of optional treatment:

- “Mindset should be that [the people responding] are caring and want to help them. They will want to rebel if it is mandatory, forced, and they feel restrictions.”
- “Should not be mandatory, demanding or won't get through to them.”

Other:

- “Double-edged sword: if my choice is drug treatment vs. jail, I would probably pick drug treatment, but am I really ready for treatment?”

Providing Help

- “There should be more mental health evaluations done. Long Beach has mental health teams and they should be expanded.”

Focus on People's Mental Health History

- “Need a coordinated system where all systems, including law enforcement, can pull up a person's mental health history.”
- “At time of arrest, law enforcement is focused on someone's crime history and taking people in rather than considering what someone is being detained for at the current stop.”

Referrals to care

- “Need to have first responders be able to identify the services that the person needs so they do not get incarcerated.”
- “Need to show them how to get the help, not just fill out paperwork.”

Coordination with and Support to families

- “Help their family as well. Parents who have kids who've been through [mental illness episodes] know what their [kids'] needs are.”

- “There is a lack of guidance/counselors to provide information regarding accessing/receiving social/behavioral/mental health services and appropriate emergency assistance (other than the police) for parents/guardians who are caretakers to children/adults who have substance abuse and/or mental health disorders.”

Training for Police

- “Train officers on mental health awareness. Many are not aware of the issue.”

Police Accountability

- “Police need mandated protocol enforced by their superiors then documented on the record”
- “Needs to be a list of consequence if they (law enforcement) don't do it [this recommendation].”
- “[The success of this approach will depend on] police department willingness to be educated and work with us, especially in the inner city.”

Triage/Dispatch

- “Dispatch should send someone other than police if the call is about certain crimes, such as someone taking drugs in public. Or the police should be called after other types of first responders.”
- “Be sensitive to the situation - a person may be misdiagnosed as psychotic (maybe high when arrested).”

Having Compassion – across all service providers

- “Show them love and friendship to get them comfortable with the services.”
- “More humanistic approach, people-centered enforcement needs training to refer for services rather than incarceration.”

Draft recommendation #39: Develop a strengths and needs-based system of pretrial release by establishing an entity outside of law enforcement that conducts voluntary needs and strengths assessments quickly upon law enforcement contact and/or initial detention, whenever possible. This entity would prioritize pre-booking with a presumption of release and link people with clinical behavioral health disorders to community-based care.

Scenario: A family member or a community member with a substance use disorder has been arrested for a minor property crime like theft and booked into jail. They currently have a job and children they are taking care of. In jail, they see a specialist who evaluates their strengths and what services they may need. This specialist makes a recommendation to the court (judge and prosecutor) that this individual should be released back home and linked to social and health services before and during their court process. The specialist arranges for transportation from the jail to the community-based treatment program. The specialist also makes sure they receive help attending court hearings, including reminders about upcoming meetings and assistance arranging transportation and child care, while they go through the court process.

Accountability

- “Police would need to be required to do this.”
- “Make sure law enforcement is reporting accurately and honestly (body cameras can help).”

Authority/Decision-making Power

- “This entity must have the power to make decisions if not it will not be taken into consideration.”
- “If the District Attorney can override [a decision to divert someone from jail to care] and not let this opportunity be given, then this recommendation will not work.”

Assessments

Community-based Organizations

- “A community-based organization should make appropriate/detailed written assessment(s) and meet with family members regarding client.”
- “Assessments should be done by community-they would know and understand the area, they should do any mental health assessment.”

Assessments When There’s an Arrest

- “When [people are] arrested, law enforcement needs to be trained, able and willing to recognize or detect a drug or disease issue and its connection to the offense. To have an assessment before you're put into a cell. I spent a month and a half in jail for violating a restraining order I was not aware of and acted under the influence of the drugs. I and was not well. In jail, once the drugs left my system I felt so frustrated. When the police look at your eyes and pupils, they know if you're under the influence and should act differently.”
- “Before you go to County Jail there should be an evaluation - within that 24/48 hours before transfer from the police station is when they should evaluate, could save lots of people from going into the jail.”

Special Treatment & Support for People with Children

- “Needs assessment should include question - "do you have kids?" – [and if so] people should be linked to services/supports.”
- “People with kids should be treated and prioritized to prevent trauma in their kids; kids' well-being should be the focal point.”

Preventing Job Loss & Financial Stress

- “The goal should be NOT to disrupt people's lives, jobs, etc., so keeping them out of jail and eliminating bail when possible would be good.”
- “Provide opportunity to address issues such as arranging for your car to be picked up/moved to avoid ticketing/impounding.”

Coordinate with families and Support Them

- “If the person has family, then they should be contacted by all services including the police that are engaging/working with the individual to assist w/care & jail diversion.”
- “Support the support networks of the impacted individuals.”
- “Who will ensure that police will contact community-based organizations that will contact family and support diversion?”

People Choosing Care vs. Jail

Some felt that people may not choose to get care/treatment for behavioral health issues in which case diversion would not work.

- “This recommendation may not work if people do not want treatment. Can't force people to go into programs/diversion.”
- “A person may want to do time instead of this.”

Learn from Other Places

- “Learn from the Veteran's (alternative) Court in Santa Ana. They have a collaborative, alternative approach.”
- “Santa Monica used to have an alternative homeless court - learn from it.”
- “Learn from Canada's "bail houses.”

Providing Care

Connecting People to Care & Follow-Up Care

- “I am concerned with people being connected to the proper resources and making sure there is a more detailed/defined plan of action after [release].”
- “Release with rehabilitation and other needed services in place.”

Resources

- “Build more community resources. The Antelope Valley area doesn't have as many resources as LA, in general.”
- “Ensure there is an established and active database of resources.”

Staffing

Sufficient Staffing

- [Need an] appropriate number of staff to work with client/family; ensuring diversion to avoid jail/detention.”
- “You need a team of people to support people in the pre-trial phase.”

Hire Formerly Incarcerated People

- “Impacted individuals should be part of the services providers, programs and resources offered.”
- “We could be mentors to young people, educate them.”

Training

- “Training in motivational interviewing for people running programs/doing pre-trial assessments.”
- “Would have to take into account cultural competence and gender identities - people have different beliefs, how they are raised, there is a commonality there.”