



# COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



January 10, 2018

TO: Supervisor Sheila Kuehl, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Terri L. McDonald, Chief Probation Officer  
Chair, Public Safety Realignment Team 

Mark Delgado   
Executive Director, CCJCC

SUBJECT: Public Safety Realignment Implementation – January 2018 Update

The Public Safety Realignment Team (PSRT) was established by the Board of Supervisors to coordinate the County's implementation of Public Safety Realignment (AB 109). Chaired by the Chief Probation Officer and comprised of multiple agencies, PSRT meets regularly to address legal, custody, supervision, and treatment coordination issues in order to enhance realignment implementation.

The attached report is submitted on behalf of PSRT as the January 2018 update. This report, assembled by impacted departments and submitted to the California Board of State and Community Corrections (BSCC) in December 2017 as required by statute, provides an overview of implementation efforts during the October 2016 to September 2017 time period. It provides a broad summary of key issues identified by departments in the area of supervision, custody, and rehabilitative/treatment services, as well as key system-wide goals for the current year.

It should also be noted that the Probation Department is in the final stages of a procurement process to contract with a vendor for a multi-department, countywide AB 109 evaluation project that would be incorporated into future updates. It is anticipated that the Board letter to approve the contract will be presented to your Board in mid-February.

If you have any questions, please contact Chief Probation Officer Terri McDonald or Chief Deputy Probation Officer Reaver Bingham.

TLM:REB:MD

Attachment

c: Chief Executive Officer  
Executive Officer of the Board of Supervisors  
County Counsel  
Public Safety Realignment Team

# FY 2017-18 Community Corrections Partnership Survey PART A

## SECTION 1: CCP Membership

**Section 1 asks questions related to the CCP composition and meeting frequency. There are five (5) questions in this section.**

1. *County Name:* LOS ANGELES
  
2. *Penal Code Section 1230 identifies the membership of the CCP. Provide the name of each individual fulfilling a membership role as of October 1, 2017 in the spaces to the right of each membership role. If a membership role is not filled, respond by indicating "vacant."*

Chief Probation Officer	Terri McDonald
Presiding Judge of the Superior Court or designee	Scott Gordon
County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors	Sachi Hamai
District Attorney	Jackie Lacey
Public Defender	Kenneth I. Clayman
Sheriff	Jim McDonnell
Chief of Police	Charlie Beck (LAPD) and Bob Guthrie (Police Chiefs Association)
Head of the County Department of Social Services	Sheryl Spiller
Head of the County Department of Mental Health	Jonathan E. Sherin
Head of the County Department of Employment	Cynthia D. Banks
Head of the County Alcohol and Substance Abuse Programs	Barbara Ferrer
Head of the County Office of Education	Debra Duardo
A representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense	Troy Vaughn
An individual who represents the interests of victims	Jackie Lacey

3. How often does the CCP meet? Use an "X" to check the box to the left of the list.

	Bi-weekly (every other week)
	Monthly
	Bi-monthly (every other month)
X	Quarterly
	Semi-Annually
	Annually
	Other (please specify)

4. How often does the Executive Committee of the CCP meet? Use an "X" to check the box to the left of the list.

	Bi-weekly(every other week)
	Monthly
	Bi-monthly(every other month)
X	Quarterly
	Semi-Annually
	Annually
X	Other (please specify) The Executive Committee meets concurrent with the full body.

5. Does the CCP have subcommittees or working groups? Use an "X" to check the box to the left of the list.

X	Yes
	No

If "Yes," list the subcommittees and/or working groups and the purpose.

Law Enforcement Work Group

The Law Enforcement Work Group addresses specific law enforcement-related matters. Coordination among the Sheriff's Department, local law enforcement, and Probation Department is a critical component of AB 109 implementation.

Parole Revocation/Legal Work Group

The Parole Revocation/Legal Work Group develops, implements, and improves the processes by which AB 109 court matters are conducted, including the issuance of warrants, Post Release Community Supervision (PRCS) revocations, parole revocations, and court linkages to treatment.

Treatment Work Group

The Treatment Work Group coordinates, develops, implements, and improves the processes by which AB 109 populations are assessed and linked to needed rehabilitation and treatment services.

## SECTION 2: Your Goals, Objectives and Outcome Measures

**Section 2 asks questions related to your goals, objectives, and outcome measures. To view your responses provided in the 2016-17 survey, [click here](#).**

**For the purpose of this survey:**

- **Goals are defined as broad statements the CCP intends to accomplish.**
- **Objectives support identified goals and are defined by statements of specific, measureable aims of the goal.**
- **Outcome measures consist of the actual measurement of stated goals and objectives.**

**Example:**

<b>Goal</b>	<b>Increase substance use disorder treatment to offenders in ABC County</b>
Objective	40% of participants will complete substance use disorder treatment
Objective	100% of participants will receive screening for substance use disorder treatment
Outcome Measure	Number of participants enrolled in substance use disorder treatment
Outcome Measure	Number of participants completing substance use disorder treatment
Progress toward stated goal	Between January 2017 and October 2017, 70% of participants in substance use disorder treatment reported a decrease in the urge to use drugs. This is a 10% increase from the same period last year.

*6. Describe a goal, one or more objectives, and outcome measures from FY 2016-17. If the CCP kept the same goal, objective and outcome measure from a prior fiscal year for FY 2016-17, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating "Not Applicable."*

<b>Goal</b>	<b>Expand Substance Use Disorder (SUD) education and treatment within the Sheriff Department's Education-Based Incarceration (EBI) programming for 1170(h)-sentenced (Public Safety Realignment) inmates.</b>
Objective	Conduct/Execute Master Agreement Work Order Solicitation (MAWOS) to provide/expand education and in-custody SUD services to 500 inmates on any given day within the Los Angeles County jail system during Fiscal Year 2016-2017 (FY 2016-17).
Objective	Expand drug education and SUD treatment services to both female and male inmates by FY 2016-17.
Outcome Measure	Execution of MAWOS and selection of contracted provider(s) to deliver education and SUD treatment services at Los Angeles County jails.
Outcome Measure	Development of an implementation plan to deliver services to 500 adult inmates in Los Angeles County jails in FY 2016-17.
Progress toward stated goal	In January 2017, the Department of Public Health (DPH) executed three MAWOS to provide SUD education, assessment, treatment and reentry services to 500 inmates on any given day at four County jail facilities.

	<p>In May 2017, SUD treatment services began at three of the county jails: Century Regional Detention Facility for 120 women; Pitchess Detention Center for 200 men; and Men’s Central Jail serving 90 male gay and transgender individuals.</p> <p>In January 2018, SUD treatment services will be implemented at Twin Towers Correctional Facility for 90 male inmates with co-occurring disorders.</p>
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7. Describe a goal, one or more objectives, and outcome measures from FY 2016-17. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2016-17, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating “Not Applicable.”

<b>Goal</b>	<b>Maintain the same level of absconder arrests in FY 2016-2017 as FY 2015-2016.</b>
Objective	Coordinate with other County Departments and law enforcement agencies to identify and apprehend absconders with active arrest warrants.
Objective	Utilize innovative investigative methods to locate the longest offending absconders.
Outcome Measure	The number of absconders who are arrested in comparison to that of the previous year.
Progress toward stated goal	<p>The Los Angeles County Sheriff’s Department Parole Compliance Unit (PCU) uses all available investigative tools to locate absconders who have Los Angeles County warrants. When absconders are found to be out of state, PCU contacts and works with local law enforcement in that state to apprehend them. Once an absconder is apprehended, PCU works with the Los Angeles County District Attorney’s Office to extradite him or her. The PCU is also working with the Probation Department to locate absconders who been identified as “Most Wanted.”</p> <p>There were 350 Post-release Supervised Person (PSP) Parolee-At-Large (PAL) arrests by the Sheriff’s Department PCU during FY 2016-2017. This is consistent with the trend of the past few years of having over 300 apprehensions.</p>

8. Describe a goal, one or more objectives, and outcome measures from FY 2016-17. If the CCP kept the same goal, objective, and outcome measure from a prior fiscal year for FY 2016-17, provide that information. If no goal, objective, or outcome measure was identified, respond by indicating "Not Applicable."

<b>Goal</b>	<b>Implement a Cognitive Based Intervention (CBI) program in order to address criminogenic needs (e.g., anti-social thinking, anti-social personality pattern, etc.) and reduce recidivism.</b>
Objective	By March 30, 2017, purchase and install electronic CBI program at Probation staff workstations.
Objective	By March 30, 2017, the Probation Department will issue a policy/directive to guide the use of the CBI.
Objective	By June 30, 2017, at least 85% of supervision Deputy Probation Officers/Supervising Deputy Probation Officers will be trained in the use of the CBI curriculum.
Outcome Measure	By June 30, 2017, the CBI program will be implemented with AB 109 participants.
Progress toward stated goal	The Probation Department purchased and received the electronic licenses for The Carey Guides CBI curriculum on February 3, 2017. On July 11, 2017, the Board of Supervisors approved a contract for training staff in the use of the curriculum.

9. Will the CCP use the same goals, objectives, and outcome measures identified above in FY 2017-18? Use an "X" to check the box to the left of the list.

	Yes
X*	No. The CCP will add and/or modify goals, objectives, and outcome measures (continue with section 3)

\* One goal will remain the same. See answer to Question #10.

10. Describe a goal, one or more objectives, and outcome measures for FY 2017-18.

<b>Goal</b>	<b>The Probation Department will implement a Cognitive Based Intervention (CBI) program in order to address criminogenic needs (e.g., anti-social thinking, anti-social personality pattern, etc.) and reduce recidivism. (Continuation and completion of goal from FY 2016/2017.)</b>
Objective	By November 2017, the Probation Department will begin providing the EBP and Carey Guide training to staff.
Objective	By March 30, 2018, at least 85% of supervision DPOs/SDPOs will successfully complete the EBP and CBI training.
Outcome Measure	By June 30, 2018, the CBI program will be implemented with AB 109 participants, and at least 25% of case plans created/revised after March 30, 2018 will include the use of at least two Guides as strategies to address criminogenic or case management needs.
Progress toward stated goal	On July 11, 2017, the Board of Supervisors approved a contract for training staff in the use of the curriculum. The training began November 2017 and will continue until March 2018. On November 8, 2017, the Probation Department issued a policy/directive to guide the use of the

CBI.
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11. Describe a goal, one or more objectives, and outcome measures for FY 2017-18.

<b>Goal</b>	<b>Manage County Jail population by identifying inmates for alternative to custody programs.</b>
Objective	Obtain a valid risk assessment score for 95% of the sentenced inmate population within seven (7) days of their sentencing date. The intent is to use these scores to quickly triage inmates, identifying those who would be the most likely to qualify for alternative to custody programs.
Outcome Measure	Monthly point-in-time reports containing a census of the sentenced population and their associated risk score.
Progress toward stated goal	The Sheriff's Department has contracted with the University of California Irvine to develop the Los Angeles Static Risk Assessment (LASRA) tool. The tool has been produced and is currently being tested and modified. The tool is anticipated to be in use by the end of the third Quarter of FY 2017-2018.

12. Describe a goal, one or more objectives and outcome measures for FY 2017-18.

<b>Goal</b>	<b>Expand Substance Use Disorder (SUD) access and services for the AB 109 population, creating a fuller, more complete continuum of care.</b>
Objective	Increase the number of Probation Department sites where Client Engagement and Navigation Services (CENS) are co-located.
Objective	Engage AB 109 clients in Recovery Support Services (RSS).
Outcome Measure	Number of new CENS co-located at Probation Department sites.
Outcome Measure	Number of AB 109 clients engaged in RSS for more than 30 days.
Progress toward stated goal	Thus far in FY 2017-2018, DPH-SAPC has added two CENS co-locations at Probation Offices in the County, bringing the total number to nine co-locations countywide.  RSS has been implemented, but treatment providers are still adjusting to utilizing this new service that was not offered prior to July 1, 2017. As of September 2017, 1 AB 109 client has utilized this service.

## SECTION 3: Optional Questions

**Section 3 asks optional questions about evaluation, data collection, programs and services, training and technical assistance needs, and local best practices. There are 10 questions in this section. Responses will be used by the BSCC and its justice-system partners to better understand the needs of counties. If you choose not to answer an optional question, please respond “Decline to Respond.”**

13. Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds?

The Realignment funds are allocated to departments, which may then contract with Community-Based Organizations (CBOs) to provide programs and/or services. The CCP helps inform this process by identifying programmatic needs and/or service gaps within existing implementation efforts.

14. Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation? Use an “X” to check the box to the left of the list.

X	Yes
	No

If yes, how?

Los Angeles County assesses the effectiveness of programs and/or services funded with its Public Safety Realignment allocation through County Departments. Reports on Public Safety Realignment are submitted to the County Board of Supervisors on a semi-annual basis. These reports discuss programs and services that are being offered and provide updates on Public Safety Realignment objectives and whether they are being met.

Included with the semi-annual reports on Public Safety Realignment is a Monthly Data Report that provides information on relevant numbers concerning Public Safety Realignment and their trends over time.

In addition, the County of Los Angeles is currently participating in a multi-county study by the Public Policy Institute of California (PPIC). This study is examining the implementation of Public Safety Realignment in participating counties and the effectiveness of various programs and services.

Finally, the County of Los Angeles is in the process of contracting with a researcher to conduct an AB 109 Evaluation. This evaluation will cover the entire extent of Public Safety Realignment in Los Angeles County. Among other tasks, this project will evaluate the effectiveness of programs and services that are funded with the Public Safety Realignment allocation.

15. Does the county consider evaluation results when funding programs and/or services? Use an "X" to check the box to the left of the list.

X	Yes
	No

If yes, how?

Yes, the effectiveness and results of programs and/or services – in addition to programmatic needs identified by departments – are considered when funds are allocated. As noted in Question #14, the County Board of Supervisors is kept informed about the programs and services related to Public Safety Realignment through reports submitted on a semi-annual basis. In addition, individual departments may separately report on specific programs and services.

16. Does the county use [BSCC definitions](#) (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data? Use an "X" to check the yes or no box to the left of the list, as applicable.

Yes	No	
	X	Average daily population
	X	Conviction
	X	Length of stay
	X	Recidivism
	X	Treatment program completion rates

Data is collected in a manner that can support measurements as defined in many different ways. While Los Angeles County definitions may not be identical to those established by BSCC, data collection efforts are intentionally flexible to support multiple definitions, including the BSCC's.

17. What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)? Use an "X" to check the box to the left of the list.

	Less than 20%
	21% 40%
	41% 60%
	61% 80%
X	81% or higher

All programs and/or services funded by Public Safety Realignment funds are evidence-based.

18. We would like to better understand your county's capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services? What type and level of services are now available?

The County provides a full range of mental health, substance abuse, and behavioral treatment services, as well as employment and housing support.

#### *Mental Health Treatment Services*

Through the Department of Mental Health (DMH), the following levels of mental health treatment are available and funded with AB 109:

- State Hospital, Institution for Mental Disease (IMD), Enriched Residential, and Intensive Outpatient Services. The Intensive Outpatient services include Full Service Partnership-like (FSP-like), Field Capable Clinical Services-like (FCCS-like), Wellness-like, and traditional outpatient services.
- In collaboration with the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC), DMH also provides Co-Occurring Disorder (COD) treatment services. Given the ever-growing need for residential COD services, DMH continues to increase the partnerships with DPH-SAPC to provide COD services in residential settings.

#### *Substance Use Disorder Treatment Services*

DPH-SAPC oversees the provision of substance use disorder (SUD) services for the AB 109 population. On July 1, 2017, DPH-SAPC launched the System Transformation to Advance Recovery and Treatment Los Angeles County's Drug Medi-Cal (DMC) Organized Delivery System (START-ODS), creating a fuller, more complete continuum of care.

More specifically, California's Drug Medi-Cal 2020 1115(a) Waiver Demonstration Project paved the way for Los Angeles County, under START-ODS, to increase access to SUD treatment services for adolescents and adults who are eligible for Medi-Cal. Los Angeles County provides these benefits to the AB 109 population, regardless if they are eligible for Medi-Cal or not.

Based on the American Society of Addiction Medicine (ASAM) criteria and medical necessity, the following types of SUD services are provided:

- **Outpatient Treatment:** Outpatient treatment services are those alcohol and drug treatment services which are provided to individuals with alcohol and drug problems, and does not require residency at an agency's facility as part of the treatment and recovery process.
- **Intensive Outpatient Treatment:** Treatment services are appropriate for patients with minimal risk regarding acute intoxication/withdrawal potential, biomedical, and mental health conditions, and generally close monitoring and support several times a week in a clinic (non-residential and non-inpatient) setting.
- **Low Intensity Residential:** 24-hour non-medical, short-term rehabilitation services for patients with a SUD diagnosis. It is appropriate for patients who

need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment. At least 20 hours of treatment services are provided per week.

- High Intensity Residential – Population Specific: 24-hour non-medical short-term rehabilitation services for patients with functional limitations that are primarily cognitive and who are unable to fully participate in the social and therapeutic environment. These functional limitations may be either temporary or permanent and may result in problems in interpersonal relationships, emotional coping skills, or comprehension.
- High Intensity Residential – Non-population Specific: 24-hour non-medical short-term rehabilitation services for patients who have specific functional limitations and need a safe and stable living environment to develop and/or demonstrate sufficient recovery skills to avoid immediate relapse or continued use of substances.
- Ambulatory Withdrawal Management Without Extended Monitoring: Ambulatory services are provided in outpatient settings for patients with mild to moderate withdrawal symptoms.
- Residential Withdrawal Management: Short-term rehabilitation services provided in residential settings for patients with moderate withdrawal and who need 24-hour support to successfully complete withdrawal management.
- Opioid Treatment Programs (OTP)/Medication-Assisted Treatment (MAT): OTPs are treatment settings that provide MAT, including methadone, buprenorphine, naloxone (for opioid overdose prevention), and disulfiram for individuals with opioid and alcohol use disorders. OTPs may also offer other types of MAT to address co-morbid SUD in addition to opioid use disorder. OTPs also offer a broad range of other services including medical, perinatal, and/or other psychosocial services.
- In addition to these ASAM based services, DPH-SAPC included the following two non-ASAM-based services to further assist in the SUD recovery of the AB 109 population:
  - Recovery Support Services (RSS): RSS are aftercare support services designed to help individuals become and stay engaged in the recovery process and reduce the likelihood of relapse. RSS emphasizes the patients' central role in managing their health and recovery and promotes the use of effective self-management and coping strategies, as well as internal and community resources, to support ongoing self-management.
  - Recovery Bridge Housing: Housing, and residing in a safe and stable living environment, is often critical to achieve and maintain recovery from SUDs. Recovery Bridge Housing (RBH) is defined as a type of abstinence-based, peer-supported housing that provides a safe interim living environment for patients who are homeless or unstably housed who

are concurrently in treatment in outpatient (OP), intensive outpatient (IOP), Opioid Treatment Program (OTP), or Outpatient (aka: Ambulatory) Withdrawal Management (OP-WM) settings.

### *Custody and Reentry Services*

In June 2015, the Los Angeles County Sheriff's Department (LASD) and DPH-SAPC collaboratively launched the in-custody Substance Treatment and Re-entry Transition – Community (START-Community; not to be confused with START-ODS) program. The START-Community program provides SUD treatment to female inmates housed at the Century Regional Detention Facility (CRDF) who have been convicted of non-violent, non-serious, non-sexual crimes and who are determined to be at high risk for recidivism. Effective February 2016, START-Community expanded this service for both females and males.

In addition to START, the LASD Education Based Incarceration (EBI) Bureau continues to provide academic, career technical education, and life skills programs throughout custody.

These programs include, but are not limited to: high school and college courses, General Education Development (GED), Maximizing Effort Reaching Individual Transformation (MERIT), Parenting, Anger Management, Domestic Violence Counseling, Moral Reconciliation Therapy (MRT), Back on Track, Fire Camp, Cement and Concrete Block Masonry, Commercial Welding, Residential Construction, Computer Operations and Pet Grooming, among many others.

### *Housing, Employment, and Navigation/Coordination Services*

Housing, employment, and system navigation services are offered to persons under active Post Release Community Supervision (PRCS), under active split sentence supervision, straight sentenced offenders under PC 1170(h), and persons terminated from PRCS and/or split sentence supervision. The Probation Department provides these services through a contracted provider.

Generally, housing services are available for up to 360 days and includes case planning and management to transition the client to permanent housing.

The employment services include employment eligibility support, case management, job readiness workshops, job placement, job retention, and aftercare services.

The system navigation services assist clients by providing links to public social services benefit programs and assisting with eligibility support documents.

In addition, the Office of Diversion and Reentry (ODR) is working with both DMH and DPH-SAPC to increase access to needed services for justice involved populations through the provision of care coordination services (service navigation and case management) for the justice population, and in particular to those on adult felony probation.

19. *What challenges does your county face in meeting these program and service needs?*

Some of the challenges to meeting program and service needs are:

1. Challenges placing and working with high-risk offenders: Treatment systems continue to experience challenges with meeting the treatment and long-term care needs for certain supervised persons. This includes individuals who have chronic medical issues, who are registered sex offenses, who have arson convictions, and/or who are high-risk individuals.
2. Staffing and office space needs: Identifying sufficient office space is a challenge for many Departments. For example, given that DMH staff are co-located in Probation offices (HUBs), office space is a daily challenge that presents itself in the delivery of HIPAA-compliant mental health services.
3. Sharing of information: Given applicable confidentiality protections, there are limitations as to what can be shared among multiple agencies serving a client.
4. Jail overcrowding: The Los Angeles County jail system is severely overcrowded, partially due to the almost 4,500 AB 109 inmates in custody. These crowding levels necessitate the use of a percentage release system wherein inmates sentenced to traditional County Jail time serve only a fraction of their sentences. The crowding levels and short custody stays for the traditional County sentenced population also hampers the ability to provide much needed programming to inmates.
5. Housing services for medically/mentally fragile population: There are a number of challenges in relation to securing housing services for the medically/mentally fragile population. Although a housing provider contract includes medical housing (board & care and skilled nursing facilities), there are still challenges with securing housing for medically fragile supervised persons because it has proved difficult to find facilities that would accept clients, either due to their behavior or due to the clients not satisfying the facilities' criteria for acceptance.

While the number of clients requiring these services is only a few, the housing issues that arise in these cases require significant resources to ensure that mentally/medically fragile clients have their needs met.

6. Socio-cultural factors: Los Angeles County is home to more than 10 million people of diverse ethnic, economic, and social backgrounds. These socio-cultural factors often play an important role in influencing perceptions about addiction and can serve as both incentives and barriers to prevention and treatment services.

In response, the DPH-SAPC Cultural Competence Committee (CCC) was established to develop and implement a Cultural Competency Strategic Plan (Plan) to enhance the cultural competency of SAPC and its service delivery system.

*20. What programmatic changes and/or course corrections have you made in the implementation of Public Safety Realignment that you believe other counties would find helpful?*

Public Safety Realignment implementation in Los Angeles County is continually evolving. Some of the programmatic changes that have been made since implementation have included the following:

- Los Angeles County has invested significantly in expanding services to the homeless population through County voter-approved Measure H and also in serving those exiting County jails through Whole Person Care, a new initiative to ensure that high-risk populations, including the reentry population, receive the resources and support they need to thrive through an integrated system of health, public health, and mental health care tied to social and other services.
- Beginning in January 2014 and continuing through this current fiscal year, there have been on-going evidence-based forensic trainings offered to treatment providers and DMH staff geared towards increasing staff's expertise on various topics. These include the following: Risk, Need, and Responsivity (RNR); Creating Occupational Resiliency: Implementing Self Care Strategies to Prevent Secondary Traumatization in Behavioral Health; Risk Assessment For Violence; Mental Health Care and Malingering Assessments in a Correctional Setting; Moral Reconciliation Therapy; Assessment and Treatment of Antisocial Disorders; Seeking Safety; Treatment of Sexual Offenders; Controlling Anger and Learning to Manage It (CALM); and Forensic DBT.
- An AB109 manual has been created by DMH. This has been fully streamlined and implemented into the program detailing all job duties and roles for DMH within the AB109 program. Furthermore, all forms that are utilized either internally within the AB109 program or in conjunction with other County Departments have been streamlined and have been made available to all DMH program staff.
- As previously noted, the Sheriff's Department (LASD) and DPH-SAPC partnered to implement the Substance Treatment And Re-entry Transition - Community (START-Community) program. The program, launched at the end of June 2015, places sentenced inmates into community substance use disorder treatment beds as an alternative to custody.
  - START-Community initially offered female inmates who meet certain criteria the opportunity to serve the remainder of their sentences in a SUD residential treatment facility in the community. Effective February 2016, START-Community expanded this service for both females and males.
- For the Probation Department, the focus over the past year continues to be the implementation of evidence-based practices. The Probation Department has selected a Cognitive Behavioral Intervention (CBI) and is in the process of coordinating the required training to implement it within its supervision model.

- The Probation Department recently trained selected Probation Officers to initiate emergency applications for 72-hour mental health evaluation and treatment of AB 109 clients to designated County facilities under the provisions of Welfare and Institutions Code (WIC) 5150. Probation discovered that there were clients that, because of a mental disorder, posed a danger to themselves or others or are gravely disabled. However, trained mental health evaluators or law enforcement were not always readily available. The establishment of an AB 109 5150 Team enables the Department to quickly and efficiently respond to emergent issues that are presented in the office or field.
- The Probation Department's Skid Row Project was developed in 2015 and continues to successfully facilitate mobile office visits with supervised persons that reside in the skid row area. This program co-locates two Deputy Probation Officers (DPOs) and local law enforcement in the "skid row" area of downtown Los Angeles. Twice a month, the teams set up the mobile resource center to enable homeless persons residing in the area with the opportunity to report for supervision and be connected with services such as housing, employment, substance abuse treatment, and mental health treatment. The Probation Department is working on expanding our capacity to conduct mobile office visits by securing an additional mobile resource center vehicle. The outcome of this project was a reduction in no-shows and desertion reports for this population.
- The Probation Department has been working to enhance the current data management system in place to correctly capture information necessary to continuously improve operational and administrative functions. On the operational level, the case management screen was developed into the Department's case management system, Adult Probation System (APS). The availability of the case plan to be built into APS allows for a more automated process and allows for a more comprehensive analysis of client risks, needs and services to target them. At the administrative level, enhancements to the systems are in progress to improve the quality of the information to empower data-driven decision making.
- The Probation Department DPOs continue to be co-located with local law enforcement to conduct compliance checks on Post-release Supervised Persons (PSPs) in order to hold offenders accountable and provide support to local law enforcement.
- The Co-Occurring Integrated Care Network (COIN) Program was designed to address the needs of AB 109 clients who have a co-occurring chronic SUD and severe and persistent mental illness. COIN provides integrated SUD treatment and mental health and follows the traditional Drug Court model. Treatment is for clients who are at high risk for relapse and are referred through the AB 109 Revocation (Division 83) Court. Services under this project include up to 90 days of residential treatment services and integrated mental health services by the DMH contracted provider.

21. Describe a local best practice or promising program that has produced positive results. If data exists to support the results, please share.

The County has implemented a number of best practice and promising programs. These include the following:

- The Department of Health Services (DHS) launched “Breaking Barriers”, a rapid re-housing program to connect homeless probationers to case management, employment services, and an apartment and time limited rental subsidy.
- Various best practices utilized by DMH include: Assertive Community Treatment (ACT) and CommonGround. All staff in CommonGround have lived experience.
- Telecare TABS has been using CommonGround and has four Peer Support Specialists. They also recently trained/certified one of their staff to be able to provide Domestic Violence classes. They offer 7 groups per week following curriculums from “Just Us”: 16 week curriculums and their own Co-Occurring educational groups (COEG). The groups include topics such as Anger Management, Healthy Relationships, Mindfulness, Vocational, Independent Living, etc. They also present on AB109 and visit Probation area offices so that DMH and Probation are always working as one team.
- The Probation Department piloted an evidence-based, voluntary gender-specific program to target the special risks and needs of female AB 109 clients and to provide the clients with the skills they need to help them live productive lives after experiencing trauma, the results of which led them to incarceration.

The program used the Healing Trauma curriculum, which covered topics such as Power and Abuse, Trauma and Self-Care, Healthy Relationships, and Love. As a part of the group, participants were taught coping strategies and self-soothing techniques such as deep breathing, medication, and yoga. The meetings are facilitated by DPOs trained in the curriculum. The initial pilot was received well by the participants and, as a result, the Probation Department is taking steps to expand the program throughout the County.

- Effective July 1, 2017, under START-ODS, DPH-SAPC increased access and minimized the time between the initial verification of eligibility, clinical need determination, referral, and the first clinical encounter. Further, DPH-SAPC has a no “wrong door” to enter the specialty SUD system, with three (3) main portals of entry for the AB 109 population:
  - 1) Client Engagement and Navigation Service (CENS): The CENS is a co-located network of contracted staff in Superior Courts, Probation Offices, and Sheriff’s Department in-custody settings. Clients at CENS will receive face-to-face screenings, referral linkages, case management, and navigation services.

- 2) Direct-to-Provider Self-Referrals: Any individual seeking specialty SUD services in Los Angeles County can go directly to or contact a SUD treatment agency to initiate services. Clients can find these agencies using the Service and Bed Availability Tool (SBAT), a publicly accessible, web-based service to search for various SUD treatment services offered by DPH-SAPC's contracted SUD treatment providers (Link can be accessed at: <http://sapccis.ph.lacounty.gov/sbat/>).
- 3) Substance Abuse Service Helpline (SASH) – A 24 hours a day, seven (7) days a week, and 365 days a year access line (Phone Number: 1-844-804-7500) that clients can call to initiate a self-referral for treatment. The SASH will conduct the following services for clients:
  - a. Conduct the ASAM triage screening tool.
  - b. Inquire about DMC eligibility status.
  - c. Based on screening results, refer and link the client to the agency that provides the appropriate level of care.

*22. Describe how the BSCC can assist your county in meeting its Public Safety Realignment goals through training and/or technical assistance?*

The BSCC has supported the County's work at the Office of Diversion and Reentry (ODR) through Proposition 47, LEAD, and PFS grants. These programs are aligned with Public Safety Realignment goals.

The following are other ways in which BSCC can assist this County in meeting its Public Safety Realignment goals:

- The BSCC can assist by facilitating training for the treatment system in working with criminogenic populations.

Technical assistance/training to address challenges with influencing criminal thinking in the recovery process may include evidenced-based practices related to both cognitive behavioral therapy treatment, which trains chemically dependent offenders to challenge their thinking to change their criminal and addictive behavior patterns, and gender-specific treatment.

- BSCC can facilitate technical assistance and research opportunities related to risk assessments, violence reduction, evidence-based practices, and legal updates related to public safety realignment.

**NOTE:** *The information contained in this report will be made public by the BSCC in the annual report to the Governor's Office and the Legislature on the implementation of Community Corrections Partnership plans in print and on the BSCC website.*

23. Provide the contact information for the individual completing this survey in the spaces provided to the right of the list.

Name	Mark Delgado
Organization	Countywide Criminal Justice Coordination Committee (CCJCC)
Address	500 West Temple Street
Address 2	Room 520
City/Town	Los Angeles
ZIP Code	90012
Email Address	<a href="mailto:mdelgado@ccjcc.lacounty.gov">mdelgado@ccjcc.lacounty.gov</a>
Phone Number	(213) 974-8399

24. Identify the individual who may be contacted for follow up questions. Use an "X" to check the box to the left of the list.

X	Same as above
	Other (If "Other" provide contact information below)

Name	
Organization	
Address	
Address 2	
City/Town	
ZIP Code	
Email Address	
Phone Number	

**ATTENTION: This is only Part A of the Survey. Please complete Part B in Microsoft Excel which consists of two (2) budgetary sections**

**SUBMITTAL INSTRUCTIONS:**

In a single email, please attach both the completed Part A (Word) and completed Part B (Excel) documents, including any optional photos and/or quotes, and email to:

Helene Zentner, Field Representative  
 Board of State and Community Corrections  
 916-323-8631 or [Helene.Zentner@bscc.ca.gov](mailto:Helene.Zentner@bscc.ca.gov)





**SECTION 5: FY 2017-18 Public Safety Realignment Funding Allocation**

Section 5 asks two (2) questions related to the allocation of FY 2017-18 Public Safety Realignment funding.

When answering these questions consider the total funds received in FY 2017-18, which should include 2016-17 growth and 2017-18 programmatic funding.

28. Of the total funds received in FY 2017-18, how did the CCP budget the allocation? Please identify the total allocation you received, if you are using any carry-over funds, and/or if you are putting any funds into a reserve fund. Input the total allocation in the cell above the table. Within the table, identify where funds were allocated to, and include if you are using any carry-over funds and/or if you are putting any funds into a reserve fund. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red.

**Example:**

Total Allocation:

Where funds were allocated to:	Amount
Probation Department	\$ 8,000,000
Mental Health Agency	\$ 8,000,000
Sheriff Department	\$ 4,000,000
ABC Police Department	\$ 4,000,000
Other (Social Services, Health Services, etc.) Please specify by agency	\$ 12,000,000
Carry-over Funds	\$ 2,000,000
Reserve Funds	\$ 2,000,000

(Total sums to) \$ **40,000,000**

*Please spell out all names,  
no acronyms.*

Difference from  
Stated Allocation: \$ -

Total Allocation:

Where funds were allocated to:	Amount
Probation	\$ 86,827,000
Sheriff	\$ 190,718,000
Fire	\$ 5,045,000
Department of Public Health	\$ 14,136,000
Department of Mental Health	\$ 19,427,000
Department of Health Services	\$ 18,816,000
Chief Executive Office	\$ 300,000
Auditor-Controller	\$ 253,000
Board of Supervisors - Countywide Criminal Justice Coordination Com	\$ 242,000
Board of Supervisors - Information Systems Advisory Body	\$ 1,471,000
Office of Diversion and Re-Entry	\$ 20,933,000
District Attorney	\$ 5,313,000
Public Defender	\$ 3,373,000
Alternate Public Defender	\$ 1,153,000
Conflict Panel	\$ 50,000

(Total sums to) \$ **368,057,000**

*Please spell out all names,  
no acronyms.*

Difference from  
Stated Allocation: \$ -



**Attachment To FY 2017-18 Community Corrections Partnership Survey – Part B**  
**Breakdown of Allotments For Questions 25 and 28**

**Section 4: FY 2016-17 Public Safety Realignment Funding Allocation**

25. *Of the total funds received in FY 2016-17, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red.*

**Total Allocation to public agencies: \$363,645,000**

No funds were allocated to non-public agencies

**Specific breakdown of allocation to public agencies:**

<b>Probation Department:</b>	<b>\$82,334,000</b>		
1) Community Supervision of PSPs and N3s		\$70,034,000	
a) Direct Supervision			\$53,795,594
b) HUB/Custody Liaison			\$6,817,199
c) Pre-Release Center			\$4,631,711
d) Local Law Enforcement Partnership			\$4,789,496
2) CBO Services and Fixed Assets		\$12,300,000	
<b>Sheriff's Department:</b>	<b>\$184,471,000</b>		
1) Custody Operations		\$163,412,000	
2) In-Custody Programs		\$7,601,000	
3) Valdivia		\$1,494,000	
4) Parole Compliance Unit		\$11,164,000	
5) Fire Camps		\$800,000	
<b>Fire Department:</b>	<b>\$6,679,000</b>		
1) Fire Camp Training		\$630,000	
2) Fire Camp Operations		\$6,049,000	
<b>Public Health Department:</b>	<b>\$12,076,000</b>		
1) Community-Based Services:		\$9,155,150	
a) Community Assessment Services Center			\$1,955,720
b) Treatment Activity			\$7,199,430
2) Administrative Oversight		\$2,920,850	

**Attachment To FY 2017-18 Community Corrections Partnership Survey – Part B**  
**Breakdown of Allotments For Questions 25 and 28**

<b>Mental Health Department:</b>	<b>\$16,348,000</b>		
1) Direct Services		\$9,432,424	
2) Services			\$18,442,777
a) IMD Contracts			\$1,290,000
b) General Contract Services			\$15,500,777
c) Medications			\$1,652,000
3) Other Revenue		(\$11,527,201)	
<b>Health Services Department:</b>	<b>\$30,628,000</b>		
1) Inmate Medical Services at LAC+USC		\$11,306,000	
2) PRCS Medical Care Coordination		\$372,000	
3) Jail-In-Custody		\$5,212,000	
4) Registry/Contract Clinicians		\$1,738,000	
5) Nursing Positions		\$12,000,000	
<b>Chief Executive’s Office:</b>	<b>\$250,000</b>		
1) Program Oversight		\$250,000	
<b>Auditor Controller:</b>	<b>\$246,000</b>		
1) Claims Processing		\$246,000	
<b>Countywide Criminal Justice Coordination Committee:</b>	<b>\$225,000</b>		
1) Public Safety Realignment Team		\$225,000	
<b>Information Systems Advisory Body:</b>	<b>\$1,441,000</b>		
1) Justice Automatic Information Management Statistics		\$1,441,000	
<b>Office of Diversion &amp; Re-Entry:</b>	<b>\$20,933,000</b>		
1) Community-based Treatment and Housing Programs		\$20,933,000	
<b>District Attorney’s Office:</b>	<b>\$4,137,000</b>		
1) Restitution Enhancement Program		\$439,000	
2) Prosecution		\$3,698,000	
<b>Public Defender’s Office:</b>	<b>\$2,958,000</b>		
1) Legal Representation		\$2,958,000	
<b>Alternate Public Defender’s Office:</b>	<b>\$869,000</b>		
1) Legal Representation		\$869,000	
<b>Conflict Panel:</b>	<b>\$50,000</b>		

**Attachment To FY 2017-18 Community Corrections Partnership Survey – Part B**  
**Breakdown of Allotments For Questions 25 and 28**

**Section 5: FY 2017-18 Public Safety Realignment Funding Allocation**

28. *If known: of the total funds received in FY 2017-18, how much did the CCP allocate to public agencies for programs and services? How much did the CCP allocate to non-public agencies for programs and services? Input the total allocations in the cells above each table. Within the tables, identify where funds were allocated to. Please correct the information provided if there is a difference showing between the stated total allocation and the calculated amount (directly below the table). Differences will automatically display in red.*

**Total Allocation to public agencies: \$368,057,000**

No funds were allocated to non-public agencies

**Specific breakdown of allocation to public agencies:**

<b>Probation Department:</b>	<b>\$86,827,000</b>		
1) Community Supervision of PSPs and N3s		\$73,377,000	
a) Direct Supervision			\$55,538,623
b) HUB/Custody Liaison			\$7,486,113
c) Pre-Release Center			\$5,086,163
d) Local Law Enforcement Partnership			\$5,266,101
2) CBO Services and Fixed Assets		\$13,450,000	
 <b>Sheriff's Department:</b>	 <b>\$190,718,000</b>		
1) Custody Operations		\$164,588,000	
2) In-Custody Programs		\$7,601,000	
3) Valdivia		\$1,494,000	
4) Parole Compliance Unit		\$11,164,000	
5) Fire Camps		\$800,000	
6) Mental Health Evaluation Teams		\$5,071,000	
 <b>Fire Department:</b>	 <b>\$5,045,000</b>		
1) Fire Camp Training		\$537,000	
2) Fire Camp Operations		\$4,508,000	
 <b>Public Health Department:</b>	 <b>\$14,136,000</b>		
1) Community-Based Services:		\$11,215,000	
a) Community Assessment Services Center			\$1,764,000
b) Treatment Activity			\$9,451,000
2) Administrative Oversight		\$2,921,000	

**Attachment To FY 2017-18 Community Corrections Partnership Survey – Part B**  
**Breakdown of Allotments For Questions 25 and 28**

<b>Mental Health Department:</b>	<b>\$19,427,000</b>		
1) Direct Services		\$9,458,903	
2) Services			\$21,750,866
a) State Hospital			\$525,000
a) IMD Contracts			\$1,290,000
b) General Contract Services			\$18,283,866
c) Medications			\$1,652,000
3) Other Revenue		(\$11,782,769)	
 <b>Health Services Department:</b>	 <b>\$18,816,000</b>		
1) Inmate Medical Services at LAC+USC		\$11,441,000	
2) PRCS Medical Care Coordination		\$616,000	
3) Community Health Worker Program		\$234,000	
4) Integrated Correctional Health Services		\$785,000	
5) Jail-In-Custody		\$5,382,000	
6) Registry/Contract Clinicians		\$348,000	
7) Training and Clinical Skills Refresher		\$10,000	
 <b>Chief Executive’s Office:</b>	 <b>\$300,000</b>		
1) Program Oversight		\$300,000	
 <b>Auditor Controller:</b>	 <b>\$253,000</b>		
1) Claims Processing		\$253,000	
 <b>Countywide Criminal Justice Coordination Committee:</b>	 <b>\$242,000</b>		
1) Public Safety Realignment Team		\$242,000	
 <b>Information Systems Advisory Body:</b>	 <b>\$1,471,000</b>		
1) Justice Automatic Information Management Statistics		\$1,471,000	
 <b>Office of Diversion &amp; Re-Entry:</b>	 <b>\$20,933,000</b>		
1) Community-based Treatment and Housing Programs		\$20,933,000	
 <b>District Attorney’s Office:</b>	 <b>\$5,313,000</b>		
1) Restitution Enhancement Program		\$607,000	
2) Prosecution		\$4,706,000	
 <b>Public Defender’s Office:</b>	 <b>\$3,373,000</b>		
1) Legal Representation		\$3,373,000	
 <b>Alternate Public Defender’s Office:</b>	 <b>\$1,153,000</b>		
1) Legal Representation		\$1,153,000	
 <b>Conflict Panel:</b>	 <b>\$50,000</b>		