

## Community-Based System of Care Ad Hoc Committee Racial Equity Analyses

**Goal 1A:** Increase Access and Remove Barriers to Community-Based Services by addressing the Social Determinants of Health.

### **Step #1:**

What is your proposal and the desired results and outcomes?

**1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a proposal in the remainder of the steps).**

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

This proposal calls for a number of policy and budgetary decisions that would expand programs to increase equitable access and decrease criminalization of behavioral health issues. This would rely upon County agencies partnering with localized community-based providers in order to grow behavioral health service capacity and increase service utilization in balance with local needs.

**2. What are the intended results (in the community) and outcomes (within your own organization)?**

If acted upon, this proposal's cumulative recommendations would increasingly divert community residents from any interaction with law enforcement, while simultaneously better serving & healing those already directly impacted by the local criminal justice system. Service expansion—enabled by attendant funding reprioritization—would begin to reverse a harmful, racially-inequitable legacy of twinned disinvestment and criminalization in Los Angeles County.

The outcome for the community and organizations would be a more-equitable distribution of funds and resources based on race and geography. Key to this proposal would be recognition that just as the need for quality diversion and reentry services varies greatly across Los Angeles County, so too should County spending and resource expenditures be allocated not equally, but equitably—in order to best align available services with disparate need.

The proposal would seek to support communities in gaining access and awareness about existing programs. Funding and programmatic support for services would be directed to areas most in need and would emphasize support for locally-situated, community-based providers—expanding widely-dispersed capacity rather than merely growing a centralized conglomerate. These programs and services would employ, in a meaningful way, those with a direct past relationship to the criminal justice system—building a cadre of savvy, relatable, effective career-track staff who can better serve those in need while simultaneously advancing their own life prospects.

### 3. What does this proposal have an ability to impact?

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Children and youth   | <input type="checkbox"/> Parks and recreation            |
| <input checked="" type="checkbox"/> Community engagement | <input checked="" type="checkbox"/> Planning/development |
| <input checked="" type="checkbox"/> Contracting equity   | <input type="checkbox"/> Transportation                  |
| <input checked="" type="checkbox"/> Criminal justice     | <input type="checkbox"/> Utilities                       |
| <input checked="" type="checkbox"/> Economic development | <input checked="" type="checkbox"/> Workforce equity     |
| <input checked="" type="checkbox"/> Education            |  |
| <input type="checkbox"/> Environment                     |  |
| <input type="checkbox"/> Food access and affordability   |  |
| <input checked="" type="checkbox"/> Government practices |  |
| <input checked="" type="checkbox"/> Health               |  |
| <input checked="" type="checkbox"/> Housing              |  |
| <input checked="" type="checkbox"/> Human services       |  |
| <input checked="" type="checkbox"/> Jobs                 |  |

## **Step #2:**

What's the data? What does the data tell us?

### **1. Will the proposal have impacts in specific geographic areas (neighborhood, areas, or regions)? What are the racial demographics of those living in the area?**

Accurately assessing the varying impacts—and potential unintended consequences—of this proposal and its implementation would require additional, in-depth analysis on individual components in the context of broad (macroeconomic, planning, demographic, etc.) Countywide trends. In lieu of such analysis, we offer this cursory overview.

This proposal seeks to serve all residents and all regions as need exists throughout Los Angeles County, but particularly those groups and areas of the County that have suffered from a historical dearth of social resource investments and political empowerment. This burdensome legacy has led such communities to getting further and further ensnared in the criminal justice system rather than advancing toward greater health and prosperity.

The broader South LA region would be a specific focus due to its well-documented (via data such as the JENI in addition to decades of reports and community sentiment) high need for such services and its inequitable lack of public investment to offset this reality. Likewise, zones of high need for such services exist in communities throughout the County such as in East LA, Long Beach, Pacoima, the Antelope Valley, the San Gabriel Valley, and Pomona. All such communities are majority-nonwhite ones, predominantly black and Latino.

### **2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

Voluminous existing data and research literature [which could be supplied with additional time] indicates that the areas of high interest/impact for this proposal are not only predominantly communities of color, but that they have also been most negatively impacted (socially, economically, etc.) by decades of law enforcement strategies that have led to higher rates of localized incarceration. Wildly disparate arrest, incarceration, and probation rates bear out this on-going racial inequity that only compounds across generations.

This criminalization, paired with inadequate public (County, city, or philanthropic) investment to supply necessary service resources—particularly in the realm of behavioral health—has hampered such communities'

ability to provide opportunities that would divert residents from the criminal justice system and their ability to cope with the resultant local fallout from this pattern of incarceration.

### **3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?**

This proposal's multifaceted nature makes overarching performance level data compilation/assessment a challenge. Considerable, well-integrated data is needed to assess the proposal's overall viability and efficacy. It is difficult at this time to ascertain exactly what such data is now available—particular the multivariate, interdepartmental data required to fully assess this proposal. The drawn-out experience of the County's Justice Metrics Task Force illustrates the inherent challenges in such efforts. Yet, it should be noted, that some of the particulate data is already available, if uncoordinated, at the County level.

### **4. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?**

There are considerable data gaps—including the basic need to understand the disparity among the sub-regions or different racial groups in accessing services. The toolkit will allow us to further analyze this and the community asset mapping through the Community Engagement Ad Hoc Committee will support us in understanding geographic needs. Through asset mapping workshops we hope to learn about what services people know exist. We seek to visualize the alignment of community and County service information on a map to analyze the amount of resources in the prioritized areas as well as the inequity and need through geography and race. The analysis of policies and practices of the current community-based solutions will help us figure out what the gaps in services are.

Finally, in order to better assess the proposal and to understand performance in terms of services, the County should collect and promptly disseminate quality data—including reentry service scope, capacity, and funding support—necessary to enable public accountability. In order to best assess racial equity impact, such data must always be disaggregated by race and ethnicity.

Examples of data required for performance assessment include inventorying current County contractors and subcontractors, populations served, current vs. potential capacity, allocation (and unspent reserve) levels, and geographic distribution of all services funded by these County contracts—will make it possible for the County and advocates to better assess current practices' efficacy and equity while identifying clear opportunities for

improvement. This data must include core diversion and re-entry services, but also the broader range of programs that serve people across all intercepts.

### **Step #3:**

How have communities been engaged? Are there opportunities to expand engagement?

#### **1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

The people that are most affected are individuals that have direct and indirect experience with incarceration such as formerly incarcerated people, currently incarcerated people, and their families. Though, it should be noted that providers—whether relevant County agencies or local, community-based ones—also will be impacted by this proposal.

Those who are directly system-impacted have been lightly involved in drafting this proposal via the ad hoc committee. The participation of representatives from community-based advocacy organizations (JusticeLA, LA Voice, etc.) serving and including the justice-impacted population helps in that regard but is—as yet—insufficient.

In order to arrive at the most impactful, effective service-based solutions, we need to expand this to engage additional directly impacted people with lived experience in the next phase of this process. This engagement should go beyond passive listening sessions or weighing in on predetermined proposals. Instead, that engagement should meaningfully inform the final proposals and on-going implementation plans.

#### **2. What has your engagement process told you about the burdens or benefits for different groups?**

The ATI engagement process thus far has informed us that service access is severely limited in many areas of the County, service eligibility and programming remains largely uncoordinated, it is difficult to access behavioral health supports without law enforcement agencies/justice-involvement, and that there is limited awareness about all the services and supports that are available—both amongst those in need and those ostensibly serving them.

Non-ATI engagement—and pointing to the need for enhanced engagement in the next phase of the ATI Work Group—in the form of focus groups has informed us that culturally-competent providers (particularly those with lived experience being subject to the local criminal justice system) are integral in the utilization and success of services for many communities of color. Likewise, such engagement has reinforced that for many communities suffering the burdens of poverty, discrimination, surveillance, and neglect—simply providing services does not necessarily equate to access. Thus, we must go beyond mere provision of services and build in means by which communities in greatest need can actually benefit from them.

### **3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?**

The ATI engagement thus far has illustrated that need for quality diversion and reentry services is both universal in Los Angeles County—but the spatial and racial variations in need are not generally mirrored in the allocation of resources.

Non-ATI focus groups have illustrated that in heavily impacted communities, there is broad consensus that simply layering on resources without fundamentally addressing the root causes of mass incarceration is a losing battle. Service enhancement cannot keep pace with the irresistible force of continually-expanding law enforcement spending that bears down on the very communities most in need of social investment to recover from said just-involvement. In short, we want to make sure that existing incarceration funds are shifted to whole person care, and that the recommendations do not inadvertently convey a recommendation to solely pursue new dollars for program expansion. While we recognize that overall the ad hoc groups have expressly recommended simply pursuing additional resources, we want to underscore the fundamental aspect of this historic opportunity to pivot to real whole person care for individuals, families, and communities.

If the answer to any of the above questions is no, what resources or actions are needed?

## **Goal 1B: Increase Access and Remove Barriers to Community-Based Services by addressing the Social Determinants of Health.**

### **Step #1:**

What is your proposal and the desired results and outcomes?

#### **1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a proposal in the remainder of the steps).**

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

We imply a budgetary impact through our statement describing the sub-topic goal or proposal since creating this initiative through a County governance structure will require a budget decision. Asking for a structure to be created to oversee the process will support implementation and will require some form of investment.

#### **2. What are the intended results (in the community) and outcomes (within your own organization)?**

If adopted, this proposal's recommendations would increasingly divert community residents from any interaction with law enforcement, while simultaneously better serving & healing those already directly impacted by the local criminal justice system.

Alternatives and Diversion measures would be expanded, strengthened, and enable greater access by community members through scaling up the district attorney mental health division's partnership with ODR; expanding jail diversion efforts; establishing effective restorative justice programs; and connecting every person who is diverted to DMH for care.

The outcome for system impacted men and women is a decrease in recidivism and an increase in utilization of whole person care supports toward self-sufficiency. The outcome for community and organizations is a

more-equitable distribution of funds and resources based on race and geography. The initiative seeks to support communities in having access and awareness about programs designed to strengthen long-term self-sufficiency.

### 3. What does this proposal have an ability to impact?

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| <input checked="" type="checkbox"/> Children and youth   | <input type="checkbox"/> Parks and recreation        |
| <input checked="" type="checkbox"/> Community engagement | <input type="checkbox"/> Planning/development        |
| <input checked="" type="checkbox"/> Contracting equity   | <input type="checkbox"/> Transportation              |
| <input checked="" type="checkbox"/> Criminal justice     | <input type="checkbox"/> Utilities                   |
| <input type="checkbox"/> Economic Development            | <input checked="" type="checkbox"/> Workforce equity |
| <input checked="" type="checkbox"/> Education            | <input type="checkbox"/> Other                       |
| <input checked="" type="checkbox"/> Environment          |  |
| <input type="checkbox"/> Food access and affordability   |  |
| <input checked="" type="checkbox"/> Government practices |  |
| <input checked="" type="checkbox"/> Health               |  |
| <input checked="" type="checkbox"/> Housing              |  |
| <input checked="" type="checkbox"/> Human services       |  |
| <input checked="" type="checkbox"/> Jobs                 |  |

### Step #2:

What's the data? What does the data tell us?

#### 1. Will the proposal have impacts in the specific geographic areas (neighborhoods, areas, or regions)? What are the racial demographics of those living in the area?

Yes, it will have impacts on several geographies including communities that are impacted by incarceration. Through the utilization of Million Dollar Hoods data we are able to see that there are multiple communities that are impacted including Lancaster, Palmdale, Compton, South Central, East LA, and Long Beach. Through Advancement Project data we also see that the Pomona and Pacoima are neighborhoods that could be impacted by the equitable distribution of resources process we are seeking. We must adopt and administer the racial equity tool to all initiative strategies in order to learn more about the racial and geographic needs across LA County.

**2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

We recommend that the research and data ad hoc committee analysis and findings be integrated into the interim report and shared with the other Work Groups during the period from the interim report to the final report. Current available data, as well as this ad hoc committees anecdotal and empirical knowledge has guided this groups recommendations thus far.

**3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?**

This will be evaluated through the implementation of recommendations and the initiative moving forward.

**4. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?**

The data gaps include a need to understand the disparity among the sub-regions or different racial groups in accessing services. The toolkit will allow us to further analyze this and the community asset mapping, through the Community Engagement Ad Hoc Committee, will support us in understanding geographic needs. Through asset mapping workshops we hope to learn about what services people know exist. We seek to visualize community and County service information on a map to analyze the amount of resources in the prioritized areas, the inequity and need through geography and race, and what types of existing services are effective. The analysis of policies and practices of the current community-based solutions will help us figure out what the gaps in services are.

**Step #3:**

How have communities been engaged? Are there opportunities to expand engagement?

**1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

The people that are most affected are individuals who contend with the insidious violence of poverty, and who have direct and indirect experience with incarceration such as formerly incarcerated people, currently incarcerated people, and their families. We have been able to involve people that are impacted by incarceration, people that utilize services, supportive service organizations, County departments, advocacy organizations, and academics through the current ad hoc committee and Work Group structure.

We need to expand this to engage additional directly impacted people with lived experience in the next phase of this process.

## **2. What has your engagement process told you about the burdens or benefits for different groups?**

Immediate access to high quality supports and programs improves the likelihood of longer-term self-sufficiency.

We have learned that there is a lack of service coordination which creates duplicative work, a disjointed process for people trying to get help, and limited awareness about all the services and supports that are available. There are effective programs available in most communities with a need for more collaboration and community connections to them.

## **3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?**

Racial inequity is inextricably linked to individual, familial, and community poverty.

## **4. Adequate resources to ensure on-going data collection, public reporting and community engagement?**

There are not enough resources for this, and it doesn't seem to be happening right now for people impacted by incarceration. Through the initiative, recommendations, and roadmap it is a good opportunity to create and sustain an on-going method to collect data, report publicly, and always engage the community.

## **5. If the answer to any of the above questions is no, what resources or actions are needed?**

The County must immediately shift resources away from incarceration in order to prioritize on-going data collection, public reporting and community engagement. If this fundamental pivot does not occur, and the

urgency is not shared with all County departments, then we might squander this opportunity and revert back to piece-meal bureaucratic, low impact procedural changes. The County and community must all buy into the process and utilize the racial equity tool across programs.

## **Goal 2A: Expand the Community-Based System of Care**

### **Step #1:**

What is your proposal and the desired results and outcomes?

#### **1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a proposal in the remainder of the steps).**

*Scale up effective culturally competent mental health and substance use models that are community-based that already exist at critical intercepts with a priority on intercepts zero and five that enables people to access services before any criminal justice system involvement. Develop contracting policies and procedures that make it less difficult for culturally competent nonprofit community partners to become part of the funded integrated system of care and invest in those relationships long term. Develop capacity among local providers to compete for County contracts and provide high quality services. Address the distribution of resources by the geographic and racial impact of services equitably.*

The proposal is to expand and develop a culturally competent community-based system of care targeting the critical racial and social determinants of health that are known to be reflective of the incarcerated population.

- ▶ Black and Latinx individuals comprise 80% of the targeted incarcerated population that the proposal intends to divert and serve in the community;
- ▶ Behavioral health indicators (mental health and substance use disorder disparity and prevalence) and compounding risk indicators i.e. poverty, unemployment, education and homelessness

## 2. What are the intended results (in the community) and outcomes (within your own organization)?

Prioritize establishment of CBR programs that enable people to access services before any criminal justice system involvement i.e. scale up and develop effective culturally competent mental health and substance use models with a priority on intercepts zero and five and,

Invest in the development of promising and emerging community-based groups and organizations that can significantly add to a robust community-based system of care.

## 3. What does this proposal have an ability to impact?

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|--|--|
| <input type="checkbox"/> Children and youth              | <input type="checkbox"/> Parks and recreation        |
| <input checked="" type="checkbox"/> Community engagement | <input type="checkbox"/> Planning/development        |
| <input checked="" type="checkbox"/> Contracting equity   | <input type="checkbox"/> Transportation              |
| <input checked="" type="checkbox"/> Criminal justice     | <input type="checkbox"/> Utilities                   |
| <input checked="" type="checkbox"/> Economic development | <input checked="" type="checkbox"/> Workforce equity |
| <input type="checkbox"/> Education                       | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Environment                     |  |
| <input type="checkbox"/> Food access and affordability   |  |
| <input checked="" type="checkbox"/> Government practices |  |
| <input checked="" type="checkbox"/> Health               |  |
| <input checked="" type="checkbox"/> Housing              |  |
| <input checked="" type="checkbox"/> Human services       |  |
| <input type="checkbox"/> Jobs                            |  |

## **Step #2:**

What's the data? What does the data tell us?

### **1. Will the proposal have impacts in specific geographic areas (neighborhood, areas, or regions)? What are the racial demographics of those living in the area?**

The proposal aims to address geographical areas i.e. Supervisorial districts and neighborhoods within those districts where the supply of support and services is low or moderate at best and according to the Justice Equity Need Index, areas that are predominantly Black and Latinx and most negatively impacted by criminalization and detention –first policies.

### **2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

Population data characterizing the targeted communities where incarcerated individuals would be diverted/re-entered are compelling: i.e. South and East Los Angeles County.

#### **Racial population:**

- 95% Latinx and Black (68% & 27% respectively) in Supervisorial District 2.
- 87% Latinx and Black (73% & 14% respectively) in Supervisorial District 1.

These data are coupled with the Justice Equity Need index that indicates criminal justice involvement, behavioral health and social determinant risk indicators are among the highest in the County.

### **3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?**

There is a growing literature and research base supporting the effectiveness of culturally competent community-based strategies to either divert or prevent incarceration and/or substantially reduce the incarcerated population who are in need of mental health and substance use disorder services.

Literature on effective models suggest the importance of:

- broad community stakeholder involvement in the design and implementation of programs and services and,
- multi-disciplinary clinical and support services staffing that include individuals with lived experience and reflective of the ethnic diversity of the communities being served.

**4. Are there data gaps? What additional data would be helpful in analyzing the proposal?  
If so, how can you obtain better data?**

Beyond race, in designing and managing programs greater data specificity with regard to social and clinical subgroups of the target incarcerated and at-risk populations is needed including gender, age, sexual orientation, etc.

In addition, more robust clinical indicators of acuity and diagnosis in terms of mental health and substance use of incarcerated populations to be diverted, as well as populations at risk in the community

Given the vast number of diversion programs at all intercept levels currently implemented in the County, collect data and analyze program evaluation data from them to inform new initiatives.

**Step #3:**

How have communities been engaged? Are there opportunities to expand engagement?

**1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

Individuals who are currently and formerly incarcerated with mental health and substance use disorder and their family members are the most affected community members. Individuals with lived experience, parent and family members, mental health needs and justice advocates have been represented in creating this proposal.

## **2. What has your engagement process told you about the burdens or benefits for different groups?**

A broad and diverse engagement has compelled the ad hoc committee to adopt a more critical analysis and thoughtful approach especially given the involvement of individuals with lived experience. While there is a wide array of suggestions and recommendations contained in this proposal these are all bound by a unified goal statement.

## **3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?**

Racial inequity and the contributing social determinants of health disparities need to drive the discussion at the front end in designing, allocating resources, implementing and evaluating diversion and re-entry programs in the County of Los Angeles.

### **Goal 2B: Expand the Community-Based System of Care**

*Remove barriers that prevent not for profit community-based service providers from accessing County funding, contracting opportunities, technical assistance, and incubation opportunities.*

Note: Racial equity analysis from Goal 3, A is relevant to Goal 4, B.

### **Goal 3: Coordinate Community-Based Services**

#### **Step #1: What is your proposal and the desired results and outcomes?**

##### **1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a proposal in the remainder of the steps).**

Create an Alternatives to Incarceration Coordination Initiative within the County governance structure to oversee program implementation and equitable distribution of resources. The Initiative would create policies and procedures to connect all County capacity building and services provision efforts. This Initiative would create linkages in service provision for county departments, non-profit community-based service

providers and the community at large so that mental health needs, substance use disorder, and poor social determinants of health are supported and treated through an integrated model.

We imply a budgetary impact through our statement describing the sub-topic goal or proposal since creating this initiative through a county governance structure will require a budget decision. Asking for a structure to be created to oversee the process will support implementation and will require some form of investment.

## **2. What are the intended results (in the community) and outcomes (within your own organization)?**

The intended results in the community is to understand where the greatest impact service impact is through utilizing a tool to analyze delivery and equity. Through several of the strategies that connect to our sub-topic goal we hope to have a better understanding of what services are available and how to consistently support the sustainability of them. The outcome for the community and organizations is an equitable distribution of funds and resources based on race and geography. The initiative would seek to support communities in having access and awareness about programs that are existing while connecting people to services and decrease the amount of people going into the jail system.

## **3. What does this proposal have an ability to impact?**

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|--|---|
| <input checked="" type="checkbox"/> Children and youth   | <input type="checkbox"/> Parks and recreation |
| <input checked="" type="checkbox"/> Community engagement | <input type="checkbox"/> Planning/development |
| <input checked="" type="checkbox"/> Contracting equity   | <input type="checkbox"/> Transportation       |
| <input checked="" type="checkbox"/> Criminal justice     | <input type="checkbox"/> Utilities            |
| <input type="checkbox"/> Economic development            | <input type="checkbox"/> Workforce equity     |
| <input checked="" type="checkbox"/> Education            | <input type="checkbox"/> Other                |
| <input checked="" type="checkbox"/> Environment          |   |
| <input type="checkbox"/> Food access and affordability   |   |
| <input checked="" type="checkbox"/> Government practices |   |
| <input checked="" type="checkbox"/> Health               |   |
| <input checked="" type="checkbox"/> Housing              |   |
| <input checked="" type="checkbox"/> Human services       |   |
| <input checked="" type="checkbox"/> Jobs                 |   |

## **Step #2:**

What's the data? What does the data tell us?

### **1. Will the proposal have impacts in specific geographic areas (neighborhood, areas, or regions)? What are the racial demographics of those living in the area?**

Yes, it will have impacts on several geographies including communities that are impacted by incarceration. Through the utilization of Million Dollar Hoods data we are able to see that there are multiple communities that are impacted including Lancaster, Palmdale, Compton, South Central, East LA, and Long Beach. Through Advancement Project data we also see that the Pomona and Pacoima are neighborhoods that could be impacted by the equitable distribution of resources process we are seeking. We must adopt and administer the racial equity tool to all initiative strategies in order to learn more about the racial and geographic needs across LA County.

### **2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

Our strategies will allow us to answer these questions in a deeper way since we are recommending that we use the racial equity toolkit to understand the delivery of services across LA County through the creation of this initiative.

### **3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?**

This will be evaluated through the implementation of recommendations and the initiative moving forward.

### **4. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?**

The data gaps include a need to understand the disparity among the sub-regions or different racial groups in accessing services. The toolkit will allow us to further analyze this and the community asset mapping through the Community Engagement Ad Hoc Committee will support us in understanding geographic needs. Through asset mapping workshops we hope to learn about what services people know exist. We seek to visualize community and County service information on a map to analyze the amount of resources in the prioritized areas, the inequity and need through geography and race, and what types of existing services are effective. The analysis of policies and practices of the current community-based solutions will help us figure out what the gaps in services are.

### **Step #3:**

How have communities been engaged? Are there opportunities to expand engagement?

#### **1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

The people that are most affected are individuals that have direct and indirect experience with incarceration such as formerly incarcerated people, currently incarcerated people, and their families. We have been able to involve people that are impacted by incarceration, people that utilize services, supportive service organizations, County departments, advocacy organizations, and academics through the current ad hoc committee and Work Group structure.

We need to expand this to engage additional directly impacted people with lived experience in the next phase of this process.

#### **2. What has your engagement process told you about the burdens or benefits for different groups?**

We have learned that there is a lack of service coordination which creates duplicative work, a disjointed process for people trying to get help, and limited awareness about all the services and supports that are available. There are effective programs available in most communities with a need for more collaboration and community connections to them.

#### **3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?**

This is the first time that the Los Angeles community has embarked on this type of process of collaborating with County, community, and other stakeholders in developing a roadmap specifically for alternative, diversion, and reentry services.

a. Adequate resources to ensure on-going data collection, public reporting and community engagement?

There are not enough resources for this and it doesn't seem to be happening right now for people impacted by incarceration. Through the initiative, recommendations, and roadmap it is a good opportunity to create and sustain an on-going method to collect data, report publicly, and always engage the community.

If the answer to any of the above questions is no, what resources or actions are needed?

➤ County and community need to all buy into the process and utilize the racial equity tool across programs.

## Case Processing

### Goal 1: Improve Diversion Opportunities within the Court System

#### Step #1:

What is your proposal and the desired results and outcomes?

#### 1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a “proposal” in the remainder of these steps)

Formally implement recent legislative opportunities for earlier diversion away from the justice system for people with behavioral health needs, from the booking stage throughout the court process.

#### 2. What are the intended results (in the community) and outcomes (within your own organization)?

Diversion as appropriate of people at intercept points post-arrest/citation through sentencing, with people being placed in the community with supports-treatment-services. Intended individual and community results will be preservation of or improvement in the people’s integration into community life, treatment in the least restrictive situation for each person, and avoidance of the harms associated with jail time such as job loss, family disruption, potential psychological harm. Departmental results will be a reshaping of various Departments’ resource use (e.g. reduction of the custody-related activities of LASD, DHS, DMH, Courts, with a shift towards assessment activity, and in some cases, to more work in the community.

#### 3. What does this proposal have an ability to impact?

- Children and youth—Increase coherence of families
- Community engagement—Seek input on service needs and prevention strategies
- Contracting equity
- Criminal justice—Shift system emphasis, improved community relations

- Economic Development—More stability, more continuity of employment
- Education—Expectation that many diverted people will be in programs
- Environment
- Food access and affordability
- Government practices—Shift to a variety of rehabilitative and preventive services.
- Health—More local services which may also help non-justice people
- Housing—Supportive housing, reduced street living
- Human services—As with “health” above
- Jobs—Diversion and other community service-related jobs
- Parks and recreation
- Planning/Development
- Transportation
- Utilities
- Workforce equity—Many diverted people will be in the workforce
- other

## **Step #2:**

What’s the data? What does the data tell us?

### **1. Will the proposal have impacts in the specific geographic areas (neighborhoods, areas, or regions)? What are the racial demographics of those living in the area?**

Many areas will experience the impacts listed in Step 1 #3; the Data-Research ad hoc and other studies will help predict the areas experiencing most of the change. With carefully generated criteria and well-supported services available to compensate the shortfalls in high needs/low services areas, we can expect that the areas experiencing heavily jailing will experience the greatest change; this will reduce the system’s exacerbation of race/class inequality and have an advancing effect on equality.

**2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

See the Data Research material, from which we may derive predictions.

**3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies.**

Current Office of Diversion and Reentry programs have initial statistics indicating successful services in terms of high levels of served people not being involved in offenses and remaining in programs and housing.

**4. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?**

See the work of the Data-Research group and data from current programs.

**Step #3:**

How have communities been engaged? Are there opportunities to expand engagement?

Strategy 3. b. is to find professionals to do the forensic work; Strategy 4 is to seek public input and involvement in the court/justice system, essential for obtaining the best benefits of the proposed programs for individuals and communities, and likely to help reduce stigma.

**1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

Individuals with behavioral health needs who are charged with crimes and are involved in the court system, as well as the government agencies that work in that system, are most affected by this proposal. Participants in the group developing the proposal included a small number of people who have been directly impacted or have had family members or loved ones directly impacted by the system. The group also included representatives from agencies and advocates working in the system.

**2. What has your engagement process told you about the burdens or benefits for different groups?**

**3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?**

The group discussed several factors that perpetuate racial inequity related to this proposal, such as the fact that most defendants, if they are poor and persons of color, do not have the ability to influence the prosecution's decision, very early in the process, to determine whether and which charges to file, an opportunity sometimes available to people with the means to hire private counsel before any criminal charges are filed. There may also be disparities around the unequal distribution of diversion programming throughout the County court system, and who is able to take advantage of early diversion opportunities.

## Pretrial / Bail Reform

### Goal 2: Reduce Pretrial Detention and Increase Services

#### Step #1:

What is your proposal and the desired results and outcomes?

**1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a proposal in the remainder of the steps).**

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

**2. What are the intended results (in the community) and outcomes (within your own organization)?**

A substantial and long overdue reduction in the jail and supervised pretrial population along with quality,

efficient, non-punitive, and accessible services for families and community members dealing with both the linear, as well as the collateral consequences of law enforcement, court, and jail contact. Public safety and economic stability and prosperity will increase across LA County, as will generational impacts due to less family separation.

### 3. What does this proposal have an ability to impact?

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Children and youth            | <input type="checkbox"/> Jobs                 |
| <input checked="" type="checkbox"/> Community engagement          | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Contracting equity                       | <input type="checkbox"/> Planning/development |
| <input checked="" type="checkbox"/> Criminal justice              | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> Economic development                     | <input type="checkbox"/> Utilities            |
| <input type="checkbox"/> Education                                | <input type="checkbox"/> Workforce equity     |
| <input checked="" type="checkbox"/> Environment                   | Other   |
| <input checked="" type="checkbox"/> Food access and affordability |   |
| <input checked="" type="checkbox"/> Government practices          |   |
| <input checked="" type="checkbox"/> Health                        |   |
| <input checked="" type="checkbox"/> Housing                       |   |
| <input checked="" type="checkbox"/> Human services                |   |

## Step #2:

What's the data? What does the data tell us?

### 1. Will the proposal have impacts in specific geographic areas (neighborhood, areas, or regions)? What are the racial demographics of those living in the area?

Since areas with larger populations of people of color are more heavily policed, such persons in these neighborhoods when having justice system contact should experience improved linkage with needed clinical behavioral health services. In addition, with care made available within impacted communities, the opportunity for prevention and definitive treatment is realized. These areas are predominantly Black and Latinx, with the Million Dollar Hoods research indicating County Districts 2 and 3 spending the most on incarceration.

## **2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

With regard specifically to health care services, the definition of disparity, as employed by the Institute of Medicine (IOM), is a difference in health care quality not due to differences in health care needs or preferences of the patient. As such, disparities can be rooted in inequalities in access to good providers, differences in insurance coverage, as well as stemming from discrimination by professionals in the clinical encounter.

See <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts> for factors affecting specific racial groups.

Some of the chief reasons why people of color aren't getting proper mental health care:

- A lack of availability
- Transportation issues, difficulty finding childcare/taking time off work
- The belief that mental health treatment “doesn't work”
- The high level of mental health stigma in people of color populations
- A mental health system weighted heavily towards white values and culture norms
- Racism, bias, and discrimination in treatment settings
- Language barriers and an insufficient number of providers who speak languages other than English
- A lack of adequate health insurance coverage (and even for people with insurance, high deductibles and co-pays make it difficult to afford)

## **3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?**

Since LA County has not had a pretrial services department coupled with its pattern of pretrial incarceration/plea bargaining, this proposal will require the independent entity to compile monthly statistics and perform regular, transparent analysis to direct its operation going forward. The San Francisco and Santa Clara pretrial services programs can serve as implementation models.

The current performance data of existing County and community services needs to be evaluated for strengths and weaknesses as the network of services and programs is improved and expanded.

#### **4. Are there data gaps? What additional data would be helpful in analyzing the proposal?**

##### **If so, how can you obtain better data?**

Would need the breakdown of how many of the approximately 5300 currently incarcerated people with mental health needs are being held pretrial. Additionally, need to know how many of the 44% of pretrial people in jail are suffering from SUD or have been identified with other clinical behavioral health needs. Their zip codes should also be tracked. The LASD needs to supply and maintain this data.

These statistics will inform the programs and services provided by the local communities.

#### **Step #3:**

How have communities been engaged? Are there opportunities to expand engagement?

#### **1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

The community members most affected by pretrial incarceration are currently and formerly incarcerated people, the family members and loved ones of currently and formerly incarcerated people, and the communities most targeted by the carceral system, including: people with mental health and behavioral health needs; Black and Latinx people; people of indigenous descent; queer, trans and gender non-conforming people; and indigent and individuals and families experiencing homelessness. The Justice Reform pretrial subcommittee includes a formerly incarcerated person, family members of formerly incarcerated people and members of the Latinx, Black and queer communities, as well as representatives of the following organizations and coalitions who advocate for a cross section of the most impacted communities: JusticeLA, Dignity and Power Now, Californians United for a Responsible Budget, The Bail Project, Just Leadership USA and the ACLU of Southern California. We hope to expand engagement to people who are currently incarcerated and recently released, people with behavioral health needs and individuals who are experiencing homelessness.

## **2. What has your engagement process told you about the burdens or benefits for different groups?**

The stakeholders and advocates who are impacted by pretrial incarceration have the expertise of lived experience and offer direct knowledge on how the current system is affecting their families and communities. These stakeholders and advocates have limited access to funds to cover the expenses of participating in this Work Group, including parking and hours of labor. Currently incarcerated people, particularly those with mental health and substance use needs, are the most heavily impacted by the current system; however, there was not a system in place yet to directly engage these groups in the process of developing the recommendations.

The ATI engagement process thus far has informed us that people of color and people who are poor are affected most adversely by pretrial detention

## **3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?**

It is essential to include those most impacted by the criminal justice system in the development of recommendations and implementation planning. A more effective engagement strategy that includes compensation and consideration of travel and work hours and other factors perpetuating racial inequity will allow us to include a broader group of stakeholders moving forward.

## **4. Adequate resources to ensure on-going data collection, public reporting and community engagement?**

If the answer to any of the above questions is no, what resources or actions are needed?

Providing community stakeholders and advocates with resources, such as paid parking and compensation for hours spent on developing the recommendations, would help increase participation by those most impacted. Additionally, administering and collecting surveys from those currently incarcerated pretrial, recently released and those with mental health and behavioral health needs would provide more direct engagement. Up to date and comprehensive data on the composition of the County's pretrial population (i.e. the number of incarcerated pretrial individuals in need of mental health and behavioral health support) would help the Work Group develop more in-depth analysis. Lastly, stakeholder meetings hosted by community-based organizations in the communities most impacted would expand the breadth and scope of engagement.

# Mental Health and Law Enforcement

**Goal 3:** Reduce and Improve Interactions between Law Enforcement and People with Mental Health Needs; Increase Diversion Opportunities and Improve Training for Law Enforcement

## **Step #1:**

What is your proposal and the desired results and outcomes?

**1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a proposal in the remainder of the steps).**

*Scale up mental health and community-based response to behavioral health crises to substantially reduce contact between people with behavioral health needs who are in crisis and law enforcement. When there is contact between people with behavioral health needs who are in crisis and law enforcement, ensure that law enforcement has the training and partnership with behavioral health personnel to respond appropriately to each situation and to divert many more people into community-based treatment and services.*

**2. What are the intended results (in the community) and outcomes (within your own organization)?**

### **Community Results**

- a. Linking those in Behavioral Health Crises with appropriate mental health services and interventions.
- b. Reduction of unnecessary interaction with Law Enforcement that may result in the arrest or incarceration of individuals with mental health disorders.
- c. Improving crisis response via quicker response times, less waiting on telephone lines, and collaborative teams consisting of mental health professionals and law enforcement as appropriate.
- d. Creating and increasing alternative clinical settings for those experiencing Behavioral Health Crises.

- e. Educating the Community regarding the availability of Behavioral Health Services in the Community,
- f. Improving the safety of those in Behavioral Health Crises and those responding by providing Crisis Intervention Training that includes educating first responders to respond appropriately to the symptomatic behavior of individuals with serious mental health needs who are in crisis, de-escalation techniques to reduce use of force and improve safety for both the community and law enforcement, and how to access community resources in order to link individuals to the effective level of treatment and/or services that is required.

### Organization Outcomes

- a. Quicker response times
- b. Logistical improvements
- c. For law enforcement, more time to patrol and respond to situations that require a law enforcement response
- d. Greater utilization of mental health services
- e. Reduction in liability
- f. Reduction in number of currently incarcerated people and resources needed to care for them. What does this proposal have an ability to impact?

### 3. What does this proposal have an ability to impact?

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Children and youth   | <input checked="" type="checkbox"/> Human services |
| <input checked="" type="checkbox"/> Community engagement | <input type="checkbox"/> Jobs                      |
| <input type="checkbox"/> Contracting equity              | <input type="checkbox"/> Parks and recreation      |
| <input checked="" type="checkbox"/> Criminal justice     | <input type="checkbox"/> Planning/development      |
| <input type="checkbox"/> Economic development            | <input type="checkbox"/> Transportation            |
| <input type="checkbox"/> Education                       | <input type="checkbox"/> Utilities                 |
| <input checked="" type="checkbox"/> Environment          | <input type="checkbox"/> Workforce equity          |
| <input type="checkbox"/> Food access and affordability   | <input type="checkbox"/> Other                     |
| <input checked="" type="checkbox"/> Government practices |  |
| <input checked="" type="checkbox"/> Health               |  |
| <input checked="" type="checkbox"/> Housing              |  |

## Step #2:

What's the data? What does the data tell us?

### **1. Will the proposal have impacts in specific geographic areas (neighborhood, areas, or regions)? What are the racial demographics of those living in the area?**

The above proposal will have impacts in all geographic areas in the County. The racial demographics of Los Angeles County as reported by [www.racecounts.org](http://www.racecounts.org) are: White 27.2%; Latinx 48%; Black 8.0%; Native American .2%; Asian 13.8%; Pacific Islander .02%; Other .2; and 2+ races 2.2%. Source: American Community Survey Table DP05 (2014).

### **2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

The Los Angeles County Sheriff's Department Custody Quarterly Report for the third quarter of 2018, indicates that the most populous groups of people in the jails during that time were Hispanic (52%); Black (29%) and White (15%), suggesting that a significantly higher percentage of Black people are justice-involved than exist in the general population. Data from [www.racecounts.org](http://www.racecounts.org), indicates that Black people are also significantly more likely to die from police encounters (Fatalities per 100,000: Black 1.37, Latinx .53; white .33, Asian Pacific Islander .29).

Other data suggests that certain racial groups are also exposed to inequities that increase stress and may also increase the need for behavioral crises intervention or contribute to circumstances that may lead to increased incarceration. Estimates place the number of currently incarcerated people suffering from mental health disorders at approximately 25-30. % According to The American Psychiatric Association, "people from racial/ethnic minority groups are less likely to receive mental health care. For example, in 2015, among adults with any mental health disorders, 48% of White people received mental health services, compared with 31% of Black people and Hispanics, and 22% of Asians." ([www.psychiatry.org](http://www.psychiatry.org), "Mental Health Facts of Diverse Populations.") "Nearly a quarter of the County's African Americans (24.5 percent) and Latinos (23.7 percent) live below the poverty level—compared with about one in ten Whites (10.6 percent). Latinos are much more likely to be working poor compared with all other groups." (An Equity Profile of the Los Angeles Region, USC Program for Environment and Racial Equity). The working poverty rate for Latinos (12.5 percent) is almost three

times as high as for African Americans (4.3 percent). Id. Black people experience higher unemployment rates and lower income at all education levels than whites. Id. Low income Black and Latino people who are arrested are more likely to be unable to post bond and to remain in jail after arrest, even if they are never convicted. This can lead to disruption or loss of employment and health care, homelessness, and separation of families.

***3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?***

**LASD**—The data provided by the LA County Sheriff’s Department (LASD) offers a wide perspective regarding recent trends observed Countywide in terms of police encounters with people who have mental health needs. Emphasis is placed upon those individuals who qualified under the law for a “hold” pursuant to WIC §§ 5150 or 5585, as a danger to themselves, danger to others in the community and/or gravely disabled due to mental health disorders.

<b>WIC §§ 5150 or 5585 “Holds”</b>	<b>2018</b>	<b>2-yr Change</b>	<b>5-yr Change</b>	<b>MET Calls</b>	<b>MET Holds</b>	<b>% Holds by MET</b>
<b>Central Patrol Division</b>	<b>854</b>	<b>up 49%</b>	<b>up 89%</b>	<b>466</b>	<b>273</b>	<b>32.0%</b>
Avalon	18	500%	800%	13	9	50.0%
Century	232	50%	176%	96	58	25.0%
Compton	238	38%	23%	96	60	25.2%
East LA	224	98%	207%	155	91	40.6%
Marina Del Rey	49	-8%	48%	37	16	32.7%
South LA	93	21%	21%	69	39	41.9%
<b>South Patrol Division</b>	<b>1,624</b>	<b>up 71%</b>	<b>up 130%</b>	<b>1,221</b>	<b>790</b>	<b>48.6%</b>
Carson	182	70%	27%	52	27	14.8%
Cerritos	80	8%	74%	89	47	58.8%
Norwalk	447	80%	224%	313	215	48.1%
Lakewood	631	96%	241%	506	337	53.4%
Lomita	114	24%	15%	67	40	35.1%
Pico Rivera	170	62%	81%	194	124	72.9%
<b>East Patrol Division</b>	<b>1,520</b>	<b>up 92%</b>	<b>up 146%</b>	<b>1,094</b>	<b>723</b>	<b>47.6%</b>
Altadena	135	150%	350%	55	40	29.6%
Crescenta Valley	59	31%	7%	31	16	27.1%
Industry	350	87%	127%	317	223	63.7%
San Dimas	176	66%	57%	67	30	17.0%
Temple	562	116%	219%	466	319	56.8%
Walnut	238	71%	164%	158	95	39.9%
<b>North Patrol Division</b>	<b>2,757</b>	<b>up 72%</b>	<b>up 74%</b>	<b>2,356</b>	<b>1,392</b>	<b>50.5%</b>
Lancaster	1,119	123%	155%	1,168	717	64.1%
Palmdale	585	34%	33%	549	325	55.6%
Santa Clarita	721	70%	49%	418	230	31.9%
Lost Hills/Malibu	148	-4%	0%	86	51	34.5%
West Hollywood	184	104%	159%	135	69	37.5%
<b>All Patrol Divisions</b>	<b>6,755</b>	<b>up 72%</b>	<b>up 101%</b>	<b>5,137</b>	<b>3,178<sup>141</sup></b>	<b>47.0%</b>

While the provided data is not inclusive of every municipality in Los Angeles County, the data from the LASD offers a good cross section of all areas of the County as of calendar year 2018.

The Sheriff's Department and the County Board of Supervisors seek to have sufficient number of MET units Countywide to have MET responding to and/handling close to 90% of contacts with people with mental health needs to ensure the best possible outcomes and reduced uses of force by patrol deputies/officers. LASD reported in 2018, MET responded to and handled 47% of all "holds." The Civilian Oversight Commission and LASD MET have calculated 60 MET units as the minimum needed to meet this goal based upon numbers seen in 2018.

Data reveals a Countywide 2-year trend of 72% increased law enforcement encounters with people with mental health disorders who are experiencing crises. Over the past 5-years, the number of individuals placed on a "hold" by Sheriff's MET and patrol personnel has more than doubled in LA County.

The North County accounts for approximately 1/3 of law enforcement contacts with people with mental health needs in LA County, which has remained consistent for the past several years. However, the greatest increases in law enforcement encounters with people with mental health needs in 2018 was reported in the San Gabriel Valley (up 92%) followed by the South County (up 71%) with emphasis along the I-605 corridor in the First and Fourth Supervisorial Districts, which includes a significant number of individuals living in the San Gabriel Riverbed.

In addition to the obvious need for additional law enforcement/DMH collaborative "MET" or "SMART" team units, new or additional non-law enforcement community mobile and outreach resources are needed to keep up with the exponentially increasing demand for mental health crises and non-crisis services Countywide.

### ***DMH***

Per the consumers served in Outpatient Programs by ethnicity FY 16-17 data reported in the Los Angeles County Department of Mental Health Quality Improvement Work Plan Goals Evaluation report for CY 2017 (<http://psbqi.dmh.laCounty.gov/QUALITY%20IMPROVEMENT/QI%20Evaluation%20Report%202017.pdf>) , 57.2% (N=103,172) were Latinos, 21.6% (N=38,984) were African Americans , 16.6% (N=29,844) were White, 4% (N= 7,252) were Asian Pacific Islanders, and 0.55% (N=989) were Native American, These counts exclude the ethnicity unknown (N=13,786) and Other ethnicity (7,818). Based on the estimated prevalence rates for Serious Mental health disorders (SMI) and Serious Emotional Disorder (SED) from UCLA California Health

Interview Survey (CHIS), pooled estimates for CY 2015 and 2016 for population at or below 138% Federal Poverty level (FPL), penetration rates for FY 16-17 showed that of those estimated with SED and SMI percentage served for each of the ethnic groups was as follows: Latino at 59.7% (N=103,172/172,795), African American at 68.8% (N=38,984/56,701), White at 48.2% (N=29,844/61,956), API at 41% (N=7,242/17,709), and Native American at over 100% (N=989/851).

**5. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?**

**LASD**

With 39 policing agency mental evaluation teams Countywide, in addition to DMH mobile response teams, there are multiple databases used to track various demographics associated with contacts with people who have mental health needs. In Los Angeles County, there is no single central collection point for such metrics associated with mobile outreach teams making contact with people who have mental health needs. Disparate database systems among police agencies are not linked to gather demographics data on the population of people who have mental health needs in LA County. A remedy for this is being investigated with a technical project ongoing and led by the Sheriff's Department (with CIO input) to eventually establish a central database in LA County to meet this need.

Today, the DMH likely has the best subset of information in this regard; however, the DMH dataset reflects just a fraction of all contacts with people who have mental health needs in LA County—only where a DMH clinician was present at the time of contact.

**DMH**

The data reported above for consumers served presents gaps as this does not include data related to other inequities related to other elements of culture per the National Culturally Linguistically Appropriate Services (CLAS) standards such as country of origin, degree of acculturation, linguistic characteristics, socioeconomic status, sexual orientation and gender identity, military affiliation and others.

### **Step #3:**

How have communities been engaged?

Are there opportunities to expand engagement?

#### **1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

Among the most affected groups are those with mental health needs, who are experiencing mental health or other crises, who are or have been incarcerated, who lack access to a qualified mental health professional, or who are unable to obtain the services they need in a quick and timely manner, and their families. We understand that there is an ad hoc group tasked with identifying ways to increase community involvement in this project. In the meantime, persons who have experienced mental health needs, have had a loved one who has experienced mental health needs, who have been incarcerated or who have been active in community-based organizations have attended Work Group and ad hoc committee meetings and assisted in the preparation of our recommendations.

#### **2. What has your engagement process told you about the burdens or benefits for different groups?**

There are not enough resources to service those experiencing mental health crises and behavioral crises. Even where services are available, those in the community are not aware of them. Some individuals are reluctant to call law enforcement when they have a mental health need.

#### **3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?**

We are continuing our investigation and exploration of possible causes. Please see response to Step 2, Question 2.

Adequate resources to ensure on-going data collection, public reporting and community engagement? Additional information is needed. We need additional time and also understand that there is an ad hoc committee assisting in gathering needed information. We need additional information regarding the events that trigger the need for crises intervention and potential responses and resources.

If the answer to any of the above questions is no, what resources or actions are needed?

# Mental Health Court Programs

## Goal 4: Increase and Improve Access to Treatment Services for Court-Involved Clients

### Step #1:

What is your proposal and the desired results and outcomes?

#### 1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a proposal in the remainder of the steps).

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

#### 2. What are the intended results (in the community) and outcomes (within your own organization)?

**Results:** Increase diversion and reduce incarceration of individuals with mental health needs by offering judicial officers easier access to outpatient, intensive outpatient, or residential treatment services and other supports in the community. Decreased need for hospitalization and law enforcement involvement.

**Outcomes (for DMH):** Better integration and coordination of care of diverted, justice-involved individuals. Better collaboration with other County departments and agencies. Better ability to provide effective services to clients/patients.

**3. What does this proposal have an ability to impact? Criminal justice, health/mental health, government practices, children and youth (via impact on parents), housing, human services**

**Step #2:**

What's the data? What does the data tell us?

**1. Will the proposal have impacts in specific geographic areas (neighborhood, areas, or regions)? What are the racial demographics of those living in the area?**

This proposal should have a more robust impact on lower socioeconomic status areas with higher rates of people of color (e.g., African American, Latinx). Exact areas unknown, so racial demographics not known with certainty, either.

**2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

People of color are incarcerated at higher rates in Los Angeles County, both in the juvenile justice and adult criminal justice systems.

**3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies? TBD.**

**4. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?**

Yes. It would be helpful to know the race and ethnic makeup of individuals that may be eligible for diversion via court linkage programs.

### **Step #3:**

How have communities been engaged? Are there opportunities to expand engagement?

#### **1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

Those who have mental health needs and criminal justice involvement, or family members of these individuals. Other individuals and society as a whole are also impacted, but less directly. We have solicited input from NAMI members and CBOs that represent individuals with criminal justice involvement.

#### **2. What has your engagement process told you about the burdens or benefits for different groups?**

Higher current burdens and likely more significant potential benefits for people and communities of color. People and communities of color tend to be arrested and incarcerated at higher rates.

#### **3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal? TBD**

Adequate resources to ensure on-going data collection, public reporting and community engagement? No

If the answer to any of the above questions is no, what resources or actions are needed?

Integrated data tracking system for ODR, DMH (Court Linkage), Court, other partners. Ability to track, analyze, and report out on data/outcomes. May be accomplished via collaboration with academic partners (e.g., UCLA, USC, Rand).

# Reentry

## Goal 5: Improve Reentry Practices

### Step #1:

What is your proposal and the desired results and outcomes?

#### 1. Describe the policy, program, practice or budget decision (for the sake of brevity, we refer to this as a proposal in the remainder of the steps).

*Improve pre-release and reentry practices to ensure that individuals with behavioral health needs can transition directly from jail into the appropriate community-based treatment and services*

- A. Improve predictability of release dates and reduce after-hours releases of currently incarcerated people
  - > 1. Change release time policies for men leaving the jail to ensure they are not released overnight without the ability to link directly to programs or interim housing.
  - > 2. Fund community-based organizations to expand intake hours for interim housing programs and treatment programs to include overnight and weekend hours.
  - > 3. Fund a transition center within a few blocks of the downtown jails, operated by a community-based organization and providing a welcoming place to stay overnight, plus services
  - > 4. Implement more frequent LASD recalculation of release dates or provide data needed for release planners to better calculate the dates. Develop an automated mechanism to notify release planners of release date updates/changes.
  - > 5. Increase coordinated releases for people in jail exiting directly to programs, so that a specific time and date for release can be set and linkage facilitated.
  
- B. Improve treatment and linkage for individuals with co-occurring substance use disorder (SUD) and mental health needs:
  - > 1. Explore ways to incentivize community treatment facilities to accept patients from jail with co-occurring mental health disorders and SUD.
  - > 2. Expand access to START program SUD treatment services in County jails from the current 500 patients to at least 1,000 patients, with the goal of expanding to serve all those in need and an emphasis on patients with co-occurring mental health needs and SUD.

- > 3. Expand and enhance Medication Assisted Treatment (MAT) services in the jail, including methadone, buprenorphine, long-acting naltrexone, and specialty MAT clinics to allow patients to access patient-centered, harm reduction services on-site.

## 2. What are the intended results (in the community) and outcomes (within your own organization)?

- Effective connection between people released from jail to community services for improved recovery and vast reductions in recidivism
- Better case management and coordination between County agencies and CBO's
- Reduce relapse and overdose across LA County

## 3. What does this proposal have an ability to impact?

- |  |   |
|--|---|
| <input type="checkbox"/> Children and youth            | <input type="checkbox"/> Parks and recreation   |
| <input type="checkbox"/> Community engagement          | <input type="checkbox"/> Planning/development   |
| <input checked="" type="checkbox"/> Contracting equity | <input checked="" type="checkbox"/> Transportation  |
| <input checked="" type="checkbox"/> Criminal justice   | <input type="checkbox"/> Utilities  |
| <input type="checkbox"/> Economic development          | <input type="checkbox"/> Workforce equity   |
| <input type="checkbox"/> Education                     | <input checked="" type="checkbox"/> Other: Recidivism, public safety<br>& public health safety net programs |
| <input type="checkbox"/> Environment                   |   |
| <input type="checkbox"/> Food access and affordability |   |
| <input type="checkbox"/> Government practices          |   |
| <input checked="" type="checkbox"/> Health             |   |
| <input checked="" type="checkbox"/> Housing            |   |
| <input checked="" type="checkbox"/> Human services     |   |
| <input checked="" type="checkbox"/> Jobs               |   |

## **Step #2:**

What's the data? What does the data tell us?

### **1. Will the proposal have impacts in specific geographic areas (neighborhood, areas, or regions)? What are the racial demographics of those living in the area?**

Advancement Project JENI/JESI data (in development) showed which areas across LA County have higher need for services and transition centers

Need a mechanism to track racial demographic data

### **2. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?**

Black people make up about 9% of the population in LA but 33% of the population in LA jails

Communities that are disinvested, poverty-stricken and overpoliced, like South LA, East LA and parts of the Antelope Valley, have higher rates of people with SUD's, homelessness, and incarceration rates.

DHS-CHS estimates that among approx. 5,000 currently incarcerated people with mental health needs in LA jails, 76% have a co-occurring SUD, for an estimated 3,600 currently incarcerated people with co-occurring disorders.

An estimated 2,500 LA County people in jail on any given day report issues with alcohol and opioid use

### **3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?**

DHS-CHS now operates the Substance Abuse Treatment and Reentry Transition (START) program, which provides in jail SUD treatment to approx. 500 people on any given day.

START uses evidence-based practices including cognitive behavioral therapy and motivational interviewing.

There are currently 95 COD treatment slots but approximately 1,800 are needed to meet the actual need

#### **4. Are there data gaps? What additional data would be helpful in analyzing the proposal?**

##### **If so, how can you obtain better data?**

Capture, and make accessible, disaggregated data to gauge how well LA County is diverting residents from incarceration by race, gender, and ethnicity

LASD data does not provide sufficient info to understand the direct links between individuals experiencing with mental health needs, substance use disorders, homelessness and their average length of stay and demographics

Better tracking of the costs of the incarceration system, including per-bed spending, to scale up non-incarceration alternatives that can potentially free up savings for reinvestment into community-based reentry programs

Environmental scan of effective community-based service providers to expand and stimulate capacity and growth

Identify key structural gaps in the continuum of care by engaging service providers and CBO's

### **Step #3:**

How have communities been engaged? Are there opportunities to expand engagement?

#### **1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?**

The Justice Equity Alliance, made up of Community Coalition, LA Voice, and Advancement Project, has collected hundreds of surveys and conducted several focus groups across LA County with justice system impacted individuals and their family members of all races. The focus groups consisted of predominantly Black and Brown folks and was centered around community-based care, and there was overwhelming consensus on the need for more culturally competent reentry programs.

## **2. What has your engagement process told you about the burdens or benefits for different groups?**

Some of the burdens that were lifted were the clear lack of resources and safety network services in the community's folks returned to

Another burden was relying on the Probation Department to assist with reintegrating back into society. Folks we polled and interviewed highlighted the benefit of having a community-based network of service providers, family, faith-based and CBO's

## **3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?**

Many people of color have been criminalized as threats to public safety, instead of marginalized individuals dealing with poverty, lack of access to quality jobs, education, housing, and food.

The opioid epidemic is now being looked at as a public health crisis with treatment and services but the crack cocaine epidemic affecting Black people was met with militarized, over policing and suppression, mandatory minimums, and sentencing disparities.