

Alternatives to Incarceration Working Group  
Meeting Notes  
1/15/2020  
1:00 pm – 3:00 pm

Centro Maravilla

### Welcome and Introductions

Rigo opened the meeting after confirming the quorum was present. Dr. Robert Ross thanked and greeted the group and then gave the date March 10, 2020 for the presentation to the Board of Supervisors. Dr. Ross said he wanted Sachi to be present as CEO to deliver the presentation before she leaves. The 114 recommendations go forward and are not prioritized but there are 3 things in the works. They will give the BOS the best opportunity to move the ATI recommendations forward. There is a recommendation to create an ATI Implementation team within the County. Sachi recommended it for accountability. Also, the money has been set aside to support many of the recommendations by the CEO to help get the work going in addition to the foundation recommendations (a few dozen items needing action first). That is why they are called foundational recommendations. They will be mentioned today, but not voted on.

Rigo mentioned the objectives for today, including providing updates about what has happened since the last meeting from Diana and Karen. He stated we all should understand the rationale for the updates being brought up.

Rigo shared the timeline over Power Point regarding the process for submission and presentation. By early February 2020, the formatting for the final report will go to the graphic designer and onto the website and things will be prepped for the BOS meeting. However, the submission was moved to mid-March 2020.

Mayra Ramirez, of the Community Engagement Ad Hoc committee introduced the One Degree resource and referral website platform to the group. She announced the ATI Reentry landing page and discussed the resources contained on it. The link was displayed, and it was mentioned that it will be accessible on the ATI work group webpage. She encouraged folks to navigate it and confirmed the resources are all up-to-date and vetted for justice-involved individuals. She highlighted that the information gathered from the community engagement workshops county-wide was incorporated into the landing page.

Rigo mentioned the flipcharts around the room for group feedback on what worked, needs improvement and for suggestions for staying engaged for the ATI Work group. He displayed a visual about the narrative for the final report. He mentioned that at the December 20, 2019 meeting permission was asked from the planning team to identify some over-arching strategies which would make it easier for every audience to understand the strategic content. Five strategies were identified as key foundational recommendations for Phase I Implementation. They could be ways to initiate the implementation of the recommendations.

Diana said specific criteria helped to choose recommendations that address gaps and critical unmet needs in the system and are also identified by multiple groups.

Larry Alva, a voting member, spoke about how this was a collaborative effort with a holistic approach and shared a story about how he became disappointed when a recommendation he had hoped for was not pushed forward. He let the group know nothing was rushed and extra consideration was used prior to finagling everything.

Karen Tamis mentioned the Sequential Intercept Model and the way five big things were pulled out to explain this work. Each strategy was presented, and its corresponding intercept was mentioned as a reference point. The five strategies are summed up in the set of 26 foundational recommendations. Volunteers from the group were asked to speak about a few of them.

A volunteer cited recommendation 43 about 911 operator training and DMH 911-line access and integration for crisis situations with relevance for all gender-identity impacted populations. Examples are the Oregon and Norway situations, where proper response deescalated potentially serious situations.

Eunisses Hernandez, a voting member, elevated two recommendations from Strategy 3 (55 and 56), where providing services is the main priority. She stated, "It's a good opportunity to give services that help Judges feel comfortable releasing people into the community".

Gayle Haberman spoke of a Strategy 1 recommendation regarding a community-based system of care (CBSOC), stating it is important to care and prevent the potential for other interfacing with the criminal justice system.

Herb Hatanaka stated the reliance on the CBSOC is the main strategy for all this stuff. All these address every intercept with community-based system of care as a starting point.

Rigo then opened the meeting for public comment and questions.

Dr. Barbara Ferrer: There are some concerns regarding the lead agency designations and some departments seem to be left off. Can we have clarification on how the designations happened? (ATI Pre-Trial agency). Typically, County agencies are listed as who would lead implementation and edits have been being made and the group is open to changing anything missing if notified by the end of today. Other things up on the website can be changed under the preliminary implantation lead agency portion on the website.

Public comment question: "To what extent will someone official from each agency agree to be listed as a lead at that agency?" (rephrased by Rigo)

Regarding page 9 of the foundational recommendations: Per Karen there are no preliminary implementation plans yet and the reentry recommendations on that page are included, but need more work to initiate. (Per Rigo) it is a "place-holder". Question: Can we include that in the document? (That we intend these to be "foundational"?)

Public comment question: "What funding amount is tentatively be set aside for these?" Diana: There was about \$53M and another \$20M for community beds plus another \$20M for the remainder of the work. Dr. Ross stated there will be room for public comment regarding implementation and the momentum for how to move forward at the BOS presentation.

Public comment question: "If there is a way to identify lead agencies and community partners, can we at least name something within the next 6 hours?" (tabled to revisit answer later, yet noted in minutes)

Public comment question: "What emphasis is being considered in incorporating mental health issues into holistic care?" Diana: People with substance-use disorder (SUD), co-occurring and mental health recommendations took precedence and then it was expanded to include gender and sexual identity considerations. 60 preliminary implementation plans need to be brainstormed to discern which

community partners will be leading this work. How will that be stream-lined (these great ideas and plans), what is the strategic plan? Those are the right questions as we submit to the Board of Supervisors (BOS) and look at infrastructure recommendations and how we plan to equitably distribute resources across all areas. Per Dr. Ross, the answer is leadership, a new BOS approved entity, and then accountability with support. There have been as many as 1,000 people touching this process. Sometimes cheer-leading, a pat-on-the-back or a kick-in-the-butt will be needed. It is not an easy job to implement. You will need BOS, CEO, department heads, providers and community support.

Public comment question: "Do we need to keep up a version of this current workgroup, to assist?" Diana: "That's we are recommending."

Public comment question: "Is there some way for community-based organizations (CBO's) to offer feedback to these departments to accommodate the most impacted groups (LGBTQ+)?" Diana: There will be an auditing component.

Public comment question: "How can we convey a "first among equals", not to say everything else is not "time-sensitive" but some should take precedence?" Karen: The way the report is being laid out will include a graphic layout of the implementation plan (86 is the Advisory Collaborative of impacted people which will help support the process).

Public comment question: "\$93M sounds like a lot but is really a "drop in the bucket" of what we are going to really need. Can we reallocate money from the State budget and private entities? Dr. Ross agreed. Per Karen, the Funding Ad Hoc put together a summary of existing funding sources that do this type of work plus additional sources and it will be included in the report, along with another longer document in the Appendix. More than one document speaks to this point. Herb Hatanaka: There is an exhaustive catalog of what is in the county for diversion programs which can speak to the potential of what can fund this work.

Public comment question/statement: "How much is it for one person in LA County jail for one year? Let's tap into that source if our people will not be in jail!"

Dr. Ross told Dr. Kelly Lytle-Hernandez how instrumental she is and has been in the entire process. She was asked to write about the history (how LA got to where it is now regarding incarceration and how it's so deeply rooted in our culture) plus our goals, targets and how to address the racial equity issues. She responded, "The single goal of bringing down the number of people inside will not be enough, even though the number of black people in LA County is on the decline. We need to make sure everyone in the community has the right to remain in their homes. We must think carefully about the upward trend with Latin-X incarcerations. We need to pay close attention."

Public comment: Joe Maizlish, a community member, wants to see everyone assessed by the new standards and then engaged as a client in their own intervention to get the invitation to commence self-improvement. "Legal and policy changes are not that many in these implementation plans, maybe we can add more as we work on implementation."

Public comment: Nicole Brown wants to recognize the team and all voting members in appreciation of the intention and helpfulness in this process.

Public comment question: Byron- "How can we look at Court 95, mental health court, and what checks and balances can we implement to address when the diagnosis does not fit the criteria?"

Dr. Bob Ross addressed the ATI Planning team, Co-Chairs, voting members and community members in front of the group and detailed the “feverish” amount of work done. He likened the experience to once meeting President and Mrs. Obama in the White House. Dr. Barbara Ferrer thanked Dr. Robert Ross in front of the group. Rigo was acknowledged for his thoughtfulness, integrity, care and knowledge of the Brown Act. Both Rigo and Dr. Ross were acknowledged and thanked. Karen and Diana presented them with acknowledgements and floral bouquets. Karen thanked Diana Zuniga for her years of expertise and love.

#### Adjournment

The meeting was adjourned at 2:18 pm to allow for networking and participants to add comments to the guiding questions boards.