



**Health Services**  
LOS ANGELES COUNTY

August 9, 2020

**Los Angeles County  
Board of Supervisors**

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

FROM: Christina R. Ghaly, M.D.   
Director

SUBJECT: **MAINTAINING A REDUCED JAIL POPULATION  
POST-COVID-19. (Item #2, June 9, 2020)**

**Christina R. Ghaly, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Deputy Director, Clinical Affairs

**Nina J. Park, M.D.**  
Chief Deputy Director, Population Health

On June 9, 2020, the Board of Supervisors (Board) requested the Los Angeles County (LA County) Sheriff's Department (LASD) and the Office of Diversion and Reentry (ODR), in collaboration with the Office of the Public Defender (Public Defender), Office of the Alternate Public Defender, Probation Department (Probation), District Attorney (DA), Chief Executive Office, County Counsel, the Alternatives to Incarceration (ATI) Initiative, and all other relevant departments, and in consultation with the Superior Court, to, in building on the recently submitted ATI Workgroup report and recommendations, provide a report to the Board of Supervisors in 60 days on their plan post-COVID-19 to maintain a reduced jail population beneath the Board of State and Community Corrections rated capacity while continuing to protect public safety and ensuring appropriate services for individuals released early or diverted from incarceration, including, but not limited to:

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*"To advance the health of our patients and our communities by providing extraordinary care"*

- a. A protocol for warm hand-offs to post-release placements;
- b. Additions and expansions needed to the County's system of care that can provide alternative placements to incarceration – community-based whenever possible – including for individuals experiencing homelessness, individuals with serious mental illness, and individuals suffering from substance abuse;
- c. Legislative changes that the County could pursue and advocate for to help maintain a reduced jail population; and
- d. Plans to reduce the number of inmates admitted on a daily basis.

The attached report is a collective effort between stakeholders from the Department of Health Services, Probation, LASD, Public Defender,



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Reentry Health Advisory Collaborative, DA, and other key parties. This workgroup will continue its efforts to invest resources where they are most needed and advocate for additional resources at the state and federal levels. If you have any questions you may contact me, or your staff may contact Judge Peter Espinoza, Director of ODR at (213) 418-3643.

CRG:pe

Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Alternate Public Defender's Office  
Alternatives to Incarceration  
District Attorney's Office  
Los Angeles County Sheriff's Department  
Probation Department  
Public Defender's Office

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## INTRODUCTION

As of June 10, 2020, there were 12,012 people in the Los Angeles County Jail, below the Board of State and Community Corrections rating for the first time in decades.<sup>1</sup> Prior to the COVID-19 emergency, the average daily population across all seven jail facilities was approximately 17,000, making it the largest jail in the world. This is a decrease of about 5,000 individuals in a period of just three months—a momentous achievement.

Hundreds of years of systemic and structural racism affecting all facets of our communities and government systems led to that mass incarceration and significant racial disparities in that incarceration, which persists despite the recent population decreases—in who enters and remains in jail custody, especially for individuals experiencing poverty, homelessness, and serious medical, mental health and/or substance use disorders.<sup>2</sup>

LA County has been moving towards a Care First approach to the most vulnerable members of our community since 2015, with the District Attorney’s report “Blueprint for Change,” the development and expansion of the Office of Diversion and Reentry, the Los Angeles City and County’s partnership on a Mental Health Diversion pilot program, the movement to stop jail expansion, and last year’s Alternatives to Incarceration (ATI) workgroup. These efforts have led to thousands of individuals being safely diverted away from incarceration and into appropriate treatment and services, but the need far outpaces the available placements and services.

The Board of Supervisors initiated the ATI Workgroup in March 2019, which brought over 1,000 community and government stakeholders together in a yearlong, consensus-building process to reimagine what safety and justice could look like in Los Angeles, focusing specifically on individuals with behavioral health disorders, women, and the LGBTQ+ and transgender, intersex and gender non-conforming (TGI) communities. The ATI report, presented on March 10, 2020, the last public Board meeting before the pandemic changed the world, proposed a public health approach focused on racial equity, to provide comprehensive care and services where they are needed most, while strengthening and empowering individuals, families and communities. Since that time, the disparate impact of COVID-19 on Black and Latinx communities, and the brutal killing of George Floyd and many others which sparked a global outcry for change, have underscored the lethal impacts of race, health and income inequities across our systems and communities. At the same time, the pandemic has thrown government budgets into freefall—putting into jeopardy the very programming and resources that can best address these inequities, like those recommended in the ATI report.

In this time, when the country is rising up to reject the racism faced by Black, Indigenous, Latinx and other people of color in all facets of society, and most egregiously in the criminal justice system, we must explicitly address those harms as we dismantle mass incarceration and build the decentralized system of care envisioned by the Alternatives to Incarceration report. ATI provided a racial equity framework that we can use to intentionally reduce the number of Black, Latinx and other people of color in the jail, while simultaneously expanding the system of care in the neighborhoods where it is needed the most, and maintaining the engagement of communities in

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<sup>1</sup> BSCC 2016-2018 Biennial Inspection,

<https://drive.google.com/drive/folders/1pruFgVtZ6dRaRa7pzmVvtQ1mEYNKQviC>

<sup>2</sup> Hernández, K. (2017). *City of Inmates: Conquest, Rebellion, and the Rise of Human Caging in Los Angeles, 1771–1965*. Chapel Hill: University of North Carolina Press, and ATI Final Report; Alexander, M. (2010) *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York: Jackson, Tenn.: New Press; Distributed by Perseus Distribution; Hinton, E. (2016). *From the War on Poverty to the War on Crime: The Making of Mass Incarceration in America*. Cambridge, Massachusetts; London, England: Harvard University Press.

this work. ATI implementation is needed now more than ever, to invest in equity, health and safety for the individuals and communities that have been denied basic services and supports. A few of the ATI recommendations are in limited stages of implementation—court appearance reminders pilot, alternatives to 911, and the \$0 bail schedule, among others,—but most others remain just ideas on paper.

Over the course of just three months, in response to the unprecedented COVID-19 crisis, LA County justice and health partners worked closely with the Superior Court to implement emergency measures to drastically reduce the number of people being admitted into the jail and to tremendously increase the number of people being released from custody, some directly into community-based services and treatment. There was also significant community advocacy for quick releases as the substantial threat of COVID-19 in the jail became clear. Within weeks, the justice and health agencies, and community-based providers, dramatically altered most aspects of their daily operations. This took significant effort, organizing, and collaboration—demonstrating that LA County **could** begin to decarcerate the jail, even if the process was not always ideal, as many vulnerable people were released without warm handoffs to housing or services.

On June 9, the Board directed ODR and LASD to coordinate the justice and health agencies, the Reentry Health Advisory Collaborative, which consists of eleven formerly incarcerated individuals representing a broad range of LA County communities, and in consultation with the Superior Court, to build upon the ATI report and propose a plan to maintain the reduced jail population—to take a step back, review what measures were implemented, analyze lessons learned, and determine which measures should be kept in place and even expanded, and identify the gaps that remain.

Subcommittees focused on: (1) reduced bookings into the jail because of changes to police agencies' field operations around contact and arrests, (2) court-related procedures affecting bookings and releases, (3) release and reentry protocols, (4) expansions needed to the countywide system of care, and (4) potential legislative reform, while maintaining a focus on racial equity by examining data on which racial and ethnic groups were impacted by these measures, and beginning to discuss how to use that data to intentionally reduce the number of Black, Latinx and other people of color in custody. The committees also reviewed the ATI recommendations, identifying the ones relevant to their new proposals.

This report begins with data, describing how many individuals were released from the jail, how many were booked, who remains in custody, and some basic demographic information on those groups. It describes recent research detailing the significant racial disparities in mental health housing, and most importantly, potential causes and solutions to them. There is much more data analysis required to get a better understanding of how systemic racism enables these racial and health disparities to persist, and to examine intersectionality, unpacking the overlay of race, gender, sexual orientation, specific health needs, etc., in order to develop and/or alter policies to intentionally eliminate these disparities from our systems.

After four months of COVID-19, some pre-pandemic practices are returning, as courts re-open and other agencies slowly attempt some measure of business as usual. Budget cuts to effective programs have already been instituted or loom on the horizon. The jail population is starting to increase. In the face of all of these pressures, this workgroup encourages the County to recommit to the Care First approach, investing scarce resources where they are needed most and advocating for additional resources at the state and federal levels. We must set a goal of not just maintaining but continuing to reduce the number of people we hold in jail, while simultaneously building up a decentralized, community-based system of care. This will truly demonstrate the County's

commitment to a Care First approach—through which we begin to dismantle a long and ugly legacy of structural and systemic racism and reinvest in our people and communities—so that all Angelenos can thrive.

**Stakeholders**, in alphabetical order

Alternate Public Defender, Chief Executive Office, County Counsel, District Attorney, Department of Health Services/Correctional Health Services, Department of Health Services/Office of Diversion and Reentry, Department of Mental Health, Department of Public Health-Substance Abuse and Prevention Control, Los Angeles County Prosecutors Association, Los Angeles County Police Chiefs Association, Los Angeles Police Department, Los Angeles Regional Reentry Partnership, Los Angeles Sheriff's Department, Probation Department, Reentry Health Advisory Collaborative, in consultation with the Los Angeles Superior Court.

## DATA & RESEARCH

Note: Data in this section was obtained from various sources about different samples and different time points. Notes provide as much detail as possible about the data presented here. The variations in data sources, data types, and time periods studied underscore the complexity and opacity in obtaining high quality data for comparison and study. The delicate intersection of different types of protected health and justice data, its collection and analysis will require dedicated attention and time to address the root causes of systemic inequities. For this reason, a commitment to racial equity will require funded and staffed data analyst position(s), and potential collaboration with academic institutions, for diversion and alternatives to incarceration work. Further, caution should be taken in drawing conclusions from data presented here without additional confirmation and data analysis.

### **DESCRIPTION OF THE JAIL POPULATION PRE-COVID**

Before the COVID-19 pandemic hit LA County, the Los Angeles County jail system typically had an average daily population exceeding 17,000 people; in February 2020, it was 17,054.

The pre-COVID population was described as follows in the Alternatives to Incarceration final report:<sup>3</sup>

The profile of incarceration in Los Angeles is consistent with national research showing that **a disproportionate number of people admitted to jails are sick, poor, homeless, and struggling with mental health and substance use disorders.** In other words, our jails are largely filled with sick, marginalized, and vulnerable populations. The following is a profile of these populations in the LA County jail, prefaced with a description of the persistent inequities of race in this system.

**Race:** Incarceration in LA County is a story of racial inequality. The County's justice system consistently and disproportionately impacts people of color, a trend consistent across the nation. Of the County's ten million residents, 74 percent of people arrested are Black and Latinx. Jail admissions of Black people are the most staggering. While only nine percent of LA County residents are Black, Black people make up 29 percent of the jail population. Persons identified as Hispanic or Latinx are also disproportionately represented in the County jail, comprising 52 percent of the jail population compared to 49 percent of the general LA County population.

Black and Latinx people's over representation in the County jail stands in stark contrast to the underrepresentation of white people in jail, with white people comprising 15 percent of the jail population compared to 26 percent of the total County population.

#### **People with behavioral health needs:**

The Twin Towers Correctional Facility is the largest de facto mental health institution in the United States, but a jail setting exacerbates many symptoms of mental illness and prevents those who most desperately need medical, mental health, and/or substance use treatment from receiving it. There is often an overlap between those suffering from severe mental health and/or substance use disorders and chronic homelessness.

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<sup>3</sup> Los Angeles County Alternatives to Incarceration Work Group Final Report (2020). <https://lacialternatives.org/reports/>

- Approximately 5,600 people—**nearly 30% of the entire jail population—have a serious mental health disorder**, a substantial increase from 14 percent in 2009.
- Nearly **60% of the people released each day have a “significant substance use disorder.”**
- Many in the jail are also experiencing co-occurring mental health and substance use disorders—numbers that continue to grow.

Around half of all women in the LA County jail are considered part of the “mental health population.” As of 2015, the rate of mental illness in the jail is significantly higher for women (27%) than for men (19%), and this disparity continues to grow.

**Gender identity and sexual orientation:** LA County incarcerates over 2,000 cisgender women daily. These women—like those in jails around the country—are disproportionately Black and Latinx; survivors of violence and trauma; and charged with lower-level offenses related to unmet mental health needs, substance use, poverty, and survival. Nearly half are part of the pre-trial population and have not been convicted of any charged offense but likely remain incarcerated because they or their loved ones cannot afford to pay bail. Many are in custody less than a week, which is long enough to disrupt jobs, housing, treatment, and crucial responsibilities like childcare.

There is little data or research on people who identify as lesbian, gay, bisexual, transgender, queer, gender-non-conforming, or intersex (LGBTQ+) in the LA County jail because of current data collection or sharing methods. However, in the ATI Gender and Sexual Orientation Ad Hoc Committee meetings, people with lived experience painted a picture similar to what we know happens across the country. LGBTQ+ people—especially people of color—are disproportionately incarcerated. They are detained in ways that do not match their gender identity. They often end up in jail facing charges related to trauma, unmet behavioral health needs, and survival in the face of discrimination due to gender expression or sexual orientation. For cisgender women and LGBTQ+ people, the experiences they have in jail, such as discrimination and disrespectful treatment, often deepen the disadvantages that contribute to their system involvement in the first place.

Researchers from UCLA and the Office of Diversion and Reentry recently studied racial/ethnic disparities among the Jail Mental Health (JMH) population within the Los Angeles County jail system using sociodemographic and legal data from 2019.<sup>4</sup> This study found that:

- Compared to the population of Los Angeles County residents, Black persons were “overrepresented in the LA County overall jail population (30%) and more disproportionately overrepresented in the JMH population (41%).” These trends are not explained by differing prevalence in mental illness by race or ethnicity, but rather by longstanding structural racism.
- “One in five persons in the LA County jail mental health population was found to have a misdemeanor charge, compared with one and ten in the overall jail population”, suggesting that people with mental illness charged with misdemeanors are disproportionately jailed.

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<sup>4</sup> Appel, O., Stephens, D., Shadravan, S. M., Key, J., & Ochoa, K. (2020). Differential incarceration by race-ethnicity and mental health service status in the Los Angeles County Jail System. *Psychiatric services*, appi-ps.

- “Jail diversion is an opportunity to address racially disparate access to mental health services”, along with diversion at earlier intercept points and expansion of community services to provide comprehensive care that would reduce “quality-of-life” crimes.
- The study concluded that “resources should be invested in prioritizing jail diversion of Black individuals with mental illness and addressing the incarceration of persons with mental disorders charged with misdemeanors.”

The UCLA/ODR team also studied disparities among incarcerated individuals experiencing homelessness with the highest utilization of Los Angeles County public services (people on the 5% list).<sup>5</sup> This study found that:

- Even though Black people were already overrepresented in the jail population compared to the LA County population (30% compared to 9%), the 5% sample had an even greater representation of Black people (38%).
- “A significantly lower proportion of individuals in the ‘5%’ sample were charged with felonies (63% vs 91%), whereas significantly more received jail mental health services (63% vs 27%)” when compared to the overall jail population. This suggests an “inverse relationship exists between the seriousness of mental illness and severity of legal charges” and “challenges public perceptions of dangerousness among homeless individuals with SMI [severe mental illness]”.
- Findings suggest a “geographic pipeline from homelessness to the carceral system, particularly for Black individuals” given that courts that had the greatest number of cases for the 5% sample were primarily concentrated in LA neighborhoods with higher concentrations of homelessness and poverty.
- “The intersection of homelessness risk, untreated mental health burden, and criminalization disproportionately impacts Black communities in Los Angeles.”

### **JAIL POPULATION CHANGES DUE TO COVID-19**

The jail population in March, April and May decreased significantly to 15,996, 12,721 and 11,886 respectively.<sup>6</sup> On June 11, 2020, the population was 11,964, slightly up from the lowest population in May.<sup>7</sup> On July 8, 2020, the population was 12,309.<sup>8</sup>

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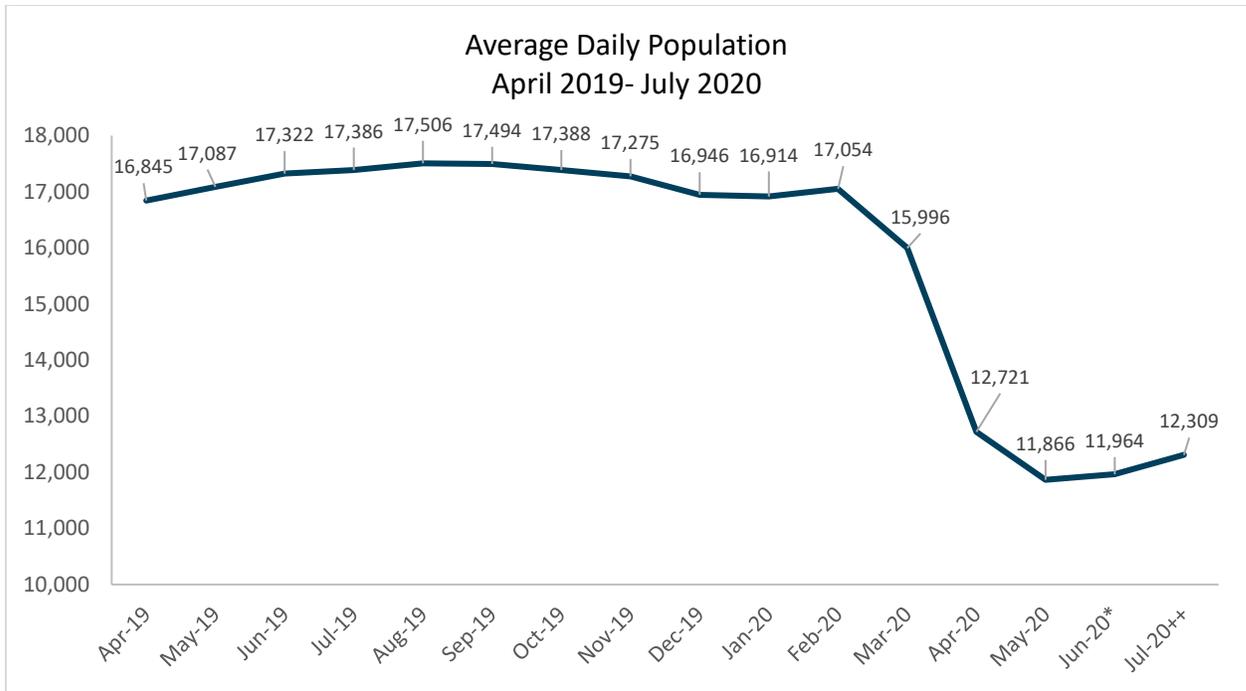
<sup>5</sup> Shadravan, S., Stephens, D., Appel, O., & Ochoa, K. (2020). Cross-Sectional Study of Homeless High Service Utilizers in Los Angeles County Jails: Race, Marginalization and Opportunities for Diversion. *Ethnicity & Disease*, 30(3), 501-508.

<sup>6</sup> LASD Custody Division Population 2020 First Quarter Report.

<https://lasd.org/pdf/Custody%20Division%20Population%202020%20First%20Quarter%20Report.pdf>

<sup>7</sup> LASD Data provided during 6/18/2020 Jail Reduction Field Bookings workgroup meeting

<sup>8</sup> LASD Custody Division COVID-19 Fact Sheet for 7/8/2020



**Data Notes and Sources:** April 2019-March 2020 data are monthly averages from LASD Custody Division Population Quarterly Report January-March 2020; April 2020 and May 2020 are monthly averages; June 2020 reflects the jail population on 6/11/2020; April, May and June 2020 data are from LASD data provided to Jail Reduction Field Bookings Workgroup on 6/18/2020; July 2020 reflects the jail population on 7/8/2020 as reported in the LASD Custody Division COVID-19 Fact Sheet for 7/8/2020.

The average daily population in May 2020 was **5,188 fewer** than in February 2020, right before the COVID-19 pandemic. Monthly averages for June and July 2020 were not available at the time of this report. Decreased arrest activity, fewer jail bookings and increased releases resulted in significantly lowering the jail population.

However, point in time counts for the jail population on 6/11/2020 (11,964) and 7/8/2020 (12,309) suggest the reductions in jail population may either be flattening or diminishing. Although it requires more analysis, recent data suggests that bookings have increased as a result of courts reopening, and individuals being remanded to custody pretrial.

### RECENT BOOKINGS AND RELEASES

LASD provided the Reduced Admissions-Field Operations workgroup with demographic data for recent bookings and releases for the total jail population between 3/1- 6/10/2020, as well as demographics for the remaining populations in custody on 6/11/2020. The following information is a summary of that data.

Between March 1 and June 10, 2020, there were 13,244 bookings into LA County jails. **This is 16,619 fewer bookings than during the same time period in 2019.**<sup>9</sup> The number of releases in proportion to bookings also increased in 2020. Between 3/1/2019-6/10/2019, there were 1,718 more releases than bookings. During the same timeframe in 2020, there were **6,006 more releases compared to bookings.** (Refer to the Reentry & Release section and Appendix for additional data on Bookings and Releases.)

<sup>9</sup> LASD Data provided during 6/18/2020 Jail Reduction Field Bookings workgroup meeting

## **RELEASES TO SERVICES**

ODR partnered with LASD to coordinate release of individuals from custody who had clinical needs. As of June 11, 2020, 824 people had been released from jail and linked to service with ODR's clinical programs. Additional detail on release issues and proposed release protocols can be found in the Reentry & Release Protocols section of this report, at page 24. A preliminary analysis by CHS Care Transitions suggests that the number of people in MH housing did not decline at the rates seen across the entire jail population and racial disparities continue disproportionately among those with mental health treatment needs.

## **SERVICE PROVIDER EXPERIENCES AND NEEDS**

The Vera Institute of Justice, in partnership with the Los Angeles County Reentry Health Advisory Collaborative (RHAC), administered a survey in May 2020 to over 50 service providers in LA County with outreach support from Community Coalition, Frontline Wellness Network, and The Los Angeles Regional Reentry Partnership. Results from the survey published in a brief, "Connecting incarcerated and formerly incarcerated people to services in Los Angeles - What's needed during COVID-19?"<sup>10</sup> highlight provider experiences related to needs of people when they are released from jail and some of the system gaps.

Overwhelmingly, providers reported that people leaving jail need housing:

- **91%:** more equitable access to housing/beds in certain geographical areas
- **88%:** access to short-term housing, including residential treatment
- **87%:** access to long-term housing
- **75%:** a pipeline to different types of housing for clients (for example, long-term housing after shelter or inpatient care)

Providers also highlighted the need for housing options for often overlooked populations such as transgender people.

The following were identified as communities that are highly impacted by incarceration and lack of government investment in services:

- Antelope Valley
- Compton
- East Los Angeles
- El Monte
- Long Beach
- Pacoima
- Pomona
- South Central

Some of the specific barriers to providing reentry services included:

- Tele-screening was not available across facilities or to all providers.
- Access to screen people in jail and limited court operations may affect referral numbers.

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<sup>10</sup> Vera Institute of Justice. Connecting incarcerated and formerly incarcerated people to services in Los Angeles: What's needed during COVID-19? Executive Summary of Survey Results (June 2020). <https://storage.googleapis.com/vera-web-assets/inline-downloads/covid19-service-provider-survey-los-angeles-exec-sum.pdf>.

- People were being quarantined instead of tested for earlier release to services. (Recommendation for universal testing.)
- **56%** of providers were concerned about whether people seeking help had been screened for COVID-19, especially those leaving jail.

Service providers and community-based organizations (CBOs) stated that they often help people meet their basic needs by linking them to financial resources, giving them food and helping them get identification, among other things. They requested more coordination among providers and better communication with government entities such as benefits counselors to troubleshoot, obtain ongoing supplies of PPE and communicate about best practices. They needed up-to-date information on service availability for providers and community outreach to improve linkage. Finally, CBOs reported that because of COVID-19 there are additional programmatic costs for PPE, hazard pay, increased use of overtime due to other staff calling out sick, technology to support remote work capabilities, 80 hours of additional sick leave and increased benefit costs. The summary brief is provided in full in Appendix B.

## RACIAL EQUITY

During the ATI process, racial equity experts developed a framework to ensure that existing racial inequities are reduced and not exacerbated, and that no new racial inequities are created, as policy changes are implemented or expanded. This same framework should be applied to the recommendations in this report and department practices, in consultation with racial equity experts.

### Racial Equity Commitment and Process<sup>11</sup>

As each ATI recommendation is carried out, the implementation process should:

- Establish or strengthen a culture dedicated to achieving racial equity;
  - Identify a mechanism to monitor racial inequities where appropriate; and/or
  - Change practices in response to identified racial inequities in order to eliminate them.
- 1) All organizations and governmental departments/agencies tasked with carrying out the implementation of ATI recommendations are strongly encouraged to do the following activities to establish or strengthen a culture around racial equity. These activities may be in line with the Board’s efforts to create a Countywide culture and practice of equity, most recently with the discussion of a County Equity Initiative.
- a. The department or organization leadership creates a new public statement or modifies an existing statement around their commitment to racial equity.
  - b. All staff receive racial equity and cultural humility training at hiring, and on-going boosters. Training should include education on the history of racism and racial inequities in LA County health, mental health, substance use prevention and treatment, and justice systems.
  - c. Job postings and documents provided to job candidates include a statement about commitment to racial equity (similar to a diversity statement for organizations).
  - d. Request for Proposals and contracts include a statement about racial equity commitment and ask contractors to include a description of how they will maintain commitment to racial equity in proposals.
  - e. If not already, Human Resources is trained in racial equity hiring practices and policy.
  - f. Leadership designates reasonable level of funding for racial equity commitment (e.g. funding to enhance data collection, reporting requirements and mechanisms, hold meetings, hire consultants as needed, etc.)
  - g. Culturally appropriate and language accessible content is prioritized in new programs, services and campaigns.
  - h. Employee satisfaction surveys are administered with management taking appropriate action to address staff concerns relating to racial equity and to address any unintended consequences of roll-out.
  - i. Ensure workforce is diverse, culturally competent and represents the populations they are trained to serve while prioritizing a livable wage.

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<sup>11</sup> Los Angeles County Alternatives to Incarceration Work Group Final Report (2020).  
<https://lacialternatives.org/reports/>

- 2) All organizations and governmental departments/agencies tasked with carrying out the implementation of ATI recommendations should do the following to identify or create an ongoing way to monitor racial inequities where appropriate:
  - a. Collect client data related to race, ethnicity and neighborhood.
  - b. Collect neighborhood-level demographic and needs information on areas where services/programs are expanded and/or further resourced.
  - c. Create a racial equity dashboard (or similar data reporting mechanism) with aggregate information about clients served and their outcomes, including carceral status, by race/ethnicity and home neighborhood.
  
- 3) All organizations and governmental departments/agencies tasked with carrying out the implementation of ATI recommendations should do the following to change practices in response to discovered racial inequities in collaboration with community and individuals with lived experience:
  - a. Strategic planning for the creation, expansion, or modification of new and/or existing programs and services includes a review of baseline racial equity data and a discussion of how to do the following:
    - i. Factor in which areas are most impacted by carceral responses when determining areas in which services should be expanded.
    - ii. Address any inequities that are apparent in baseline racial equity data.
  - b. Workplace practice involves mechanism to plan active responses to identified racial inequities.
  - c. Report race equity data, analysis, and change practices to ATI Racial Equity Manager on an annual basis and the Board of Supervisors bi-annually.

Reentry Health Advisory Collaborative (RHAC) Statement on Racial Equity

Throughout the Jail Reduction Workgroup process the RHAC has continued to elevate the importance of racial equity and collaboration with impacted individuals and communities in the efforts to reduce the jail population. The RHAC is clear that structural and institutional racism is embedded in the policies, programs and practices that contribute to the mass incarceration of Black, Latinx, Indigenous, undocumented and other communities in Los Angeles County. Racial equity requires intentionality, accountability, and action. To that end, in addition to the ATI commitments, the RHAC would like to emphasize the following points as we move forward with implementing a *Care First, Jails Last* model in reducing the jail population.

- Any new policies, protocols, tools and assessments should be developed in collaboration with impacted individuals and closely monitored for effectiveness and/or unintended consequences.
- Race, ethnicity, age, gender identity, sexual orientation, carceral status, and neighborhood level data must be collected and reported to monitor outcomes. Summary data should then be analyzed, in collaboration with impacted individuals and community partners, to identify trends and culturally specific change practices that address any inequities.
- Community based and peer interventions should be prioritized over interventions that include law enforcement. Community health workers and other positions that hire justice impacted individuals must compensate their work at a fair, living wage.

- Anti-racism training is critical for all departments and staff involved in the jail reduction and ATI efforts.

### **Racial Equity Proposals from Work Groups**

#### *Reduced Admissions and Early Releases-Court Procedures*

- Implement the ATI racial equity framework for all policy changes. Track race, ethnicity, and neighborhood data for all reduced admission and early release policies, and mandate the JRA Council-Court Group to routinely analyze this data, identify the systemic racism and specific root causes for the persistent racial disparities in the jail population and work with racial equity experts to develop policies to reduce and eliminate those disparities, and evaluate whether the implementation of the policies recommended here or through ATI are effective at reducing and eliminating those disparities.
- Ensure lists of individuals in custody include race and ethnicity data to unmask any racial inequalities re individuals targeted for release. Additional suggestions included: (1) creating a study/work group of individuals with different backgrounds. (2) Provide programs to bring people together. (3) Unbiased program policy. (4) Creating a friendship program between guards and people in custody. (5) Racial diversity mentorship program. (6) Cultural diversity and public in-reach.

#### *Reentry and Release Protocols*

The JRA Release Committee, in partnership with other county and community stakeholders, should further explore the underlying causes for the racial disparities that persist despite the reduced overall jail population. Working with racial equity experts, the Committee should follow the ATI Racial Equity framework to collect and analyze additional race and ethnicity data and try to determine whether the disparities stem from differences in charges, mental health status, service provider discrimination or limitations (language, immigration status, etc.), release protocols, or other factors, and then identify specific policies to reduce and eliminate these disparities.

#### *Probation Department*

The Los Angeles County Probation Department representatives in the workgroups recommended the following to reduce racial disparities:

- Development of a non-compliance matrix to guide decision making when addressing non-compliance with the terms and conditions of supervision. This provides more structure and consistency in addressing non-compliance across the county; provides for non-court, non-custodial approach to non-compliance with supervision conditions, focusing on addressing responsivity and needs; and leaves court referrals and custody sanctions as a final resort for non-compliance.
- Continue implicit bias training for all department staff, at all levels.
- Development of gender specific and gender identification training for staff and develop policies and procedures that take the differing needs of these populations into consideration in the development of case plans, supervision requirements, and referrals to appropriate community-based providers for reentry support.

Legislative Reform

Track Gender/Racial/Ethnic Demographics of Those Released Early

**Problem:** To ensure that vulnerable groups are not disproportionately held in county jail, it is necessary to track the demographics of those released early, including through diversion efforts to determine whether adjustments to release procedures are needed.

**Solution:** Mandate the tracking of demographics of those released vs. those held in county jail.

## PLAN TO MAINTAIN AND REDUCE THE JAIL POPULATION

This report describes changes to policies and practices that occurred in response to COVID-19 that significantly reduced the number of people incarcerated in the jail and proposals to maintain and continue those declines, divided by work group: Expansions to the Community-Based System of Care, Reduced Admissions-Field Operations, Reduced Admissions and Early Releases-Court Procedures, Reentry & Release Protocols, and Legislative Reforms.

## GLOBAL RECOMMENDATIONS

**Adopt ATI Racial Equity Framework:** This framework should be instituted immediately to go beyond identifying the racial disparities that persist despite the decreased jail population, particularly for Black women and Black individuals who are in jail mental health housing, and develop concrete plans to reduce the population of Black people in jail. Plans should also be developed to reduce the population of Latinx, Indigenous and other people of color in custody, as well as individuals with marginalized identities such as the LGBTQ+ community.

**Adopt the ATI infrastructure recommendations** related to data collection, transparency and accountability to continue to track and report bookings, releases and the individuals who remain in custody, and create a public data dashboard with this information that is updated on a regular basis. As noted in the Data section of this report, the variations in data sources, data types, and time periods studied underscore the complexity and opacity in obtaining high quality data for comparison and study, to understand as much as possible about who was released or not booked into custody during the COVID crisis, the outcomes of those decisions, and who remains in jail custody. The delicate intersection of different types of protected health and justice data and its collection and analysis requires dedicated attention and time to address the root causes of systemic inequities. For this reason, a commitment to racial equity will require a funded and staffed data analyst position for ATI-related work, which should also include collaboration with academic institutions.

Create a **Jail Population Review Council** (or utilize the ATI membership structure if that body is reconstituted) that comprises stakeholders representing health agencies, justice partners, service providers, ATI, RHAC and community members to meet and review the jail population on a biweekly or monthly basis and make adjustments across systems through an equitable decision making process to: (1) ensure that the jail population at least remains below the BSCC rating, with the aim of reducing it further; (2) monitor the County's expansion of the system of care; and (3) monitor the implementation of the ATI Racial Equity Framework. Subgroups should focus on: (1) release protocols into placements and services, (2) court processes impacting admissions and releases, (3) policing practices influencing admissions, and (4) prevention and crisis response efforts that reduce interactions with law enforcement. The Council would also develop a communication protocol to ensure information and data sharing between all Jail Population Review entities, and other identified committees, working groups, councils, including ATI and the RHAC, focused on criminal justice reform and health responses.

**Evaluate outcomes and effectiveness across the programs and strategies for maintenance or expansion.** There are several programmatic strategies represented in this document and a need to assess which are impacting a large group of people through positive outcomes that prioritize community care and harm reduction. Seek to identify the programs that specifically eliminate the racial and social disparities that currently impact the incarceration of mostly Black, Latinx, Indigenous, LGBTQ+, and other marginalized communities. This analysis will allow decision

makers and the County to prioritize the potential expansion or sustainability of effective alternatives to incarceration programming.

## **PLAN TO MAINTAIN AND REDUCE THE JAIL POPULATION: EXPANSIONS TO THE COMMUNITY-BASED SYSTEM OF CARE**

The System of Care workgroup was asked to develop a report on the additions and expansions needed to the County's system of care that can provide alternative placements to incarceration – community-based whenever possible – including for individuals experiencing homelessness, individuals with serious mental illness and individuals suffering from substance use disorders.

The System of Care work group, with members from the Department of Health Services, Department of Mental Health, Department of Public Health, Public Defender's Office, CEO, County Counsel, Office of Diversion and Reentry, and the Reentry Health Advisory Collaborative, met and discussed critical components to address the housing and health needs of individuals with justice involvement while continuing to protect public safety.

Relatedly, the CEO's office convened an Executive Work Group (EWG) in September 2019 based on a Board motion to oversee the synthesizing of existing and forthcoming reports on criminal justice reform, diversions, and alternatives to incarceration, custody needs and systems of care in order to assess and make recommendations on next steps for reform of the County's criminal justice system. Preliminary data collected from the Executive Work Group on Phase I – estimating the incremental increase in community capacity needed to meet the needs of people with serious mental illness diverted from jail – was submitted in a report to the Board on July 30, 2020, proposing that 9,500 – 10,600 beds are needed.<sup>12</sup> Phase II of the EWG assessment will focus on creating recommendations to develop the system of care, identifying funding needs, funding sources and geographical need.

This System of Care work group identified immediate existing needs and limitations in the system of care as they related to the needs of individuals in jail custody, and identified recommendations that are in line with the ATI final report, leaving the determination about what type and how many community-based residential treatment beds are necessary to the EWG.

The System of Care workgroup recommendations are based on first steps to be taken that will impact the jail population. There will be adjustments and improvements needed as the recommendations are implemented. To ensure long term success in this process, the workgroup encourages the new ATI unit to move forward with ATI recommendation #84 which identifies the need to increase, ensure and fund public collaboration in all phases of the ATI planning, implementation, evaluation and system oversight. Collaboration with community-based organizations and other entities in all phases of the process will be critical to achieving success by allowing perspectives and problem solving to be incorporated at the onset.

The workgroup proposed additions and expansions that are needed to the County's overall system of care. These challenges and recommendations are summarized below:

### **1. Co-Occurring Disorders and Substance Use Disorder Treatment**

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<sup>12</sup> Executive Work Group Phase 1, "Analysis of Bed Needs for the System of Care," part of CEO July 30, 2020 Report to the Board entitled "Developing a Plan for Closing Men's Central Jail as Los Angeles County Reduces its Reliance on Incarceration."

The existing programmatic structure does not adequately cover the population needs whether geographically or in conjunction with other disorders. Some examples of unmet needs are:

- Expand access to medications for individuals with opiate and alcohol use disorders in the Los Angeles County Jail system.
- Insufficient resources to provide treatment for individuals with serious mental illness especially problematic during times of relapse.
- Non funded or inconsistent funding of Addiction Medicine Services in the County Jail.

**Recommendations:**

- A. Make funding available to provide all FDA medications for addiction treatment (MAT) in the jail system of care.
- B. Increased coordination with primary care providers, mental health programs and other outpatient programs where medications for addiction treatment (MAT) are available to support beginning and continuing these treatments when individuals are released. The linking of individuals with justice involvement to primary care and mental health providers who prescribe MAT offers an expanded treatment network that can support individuals experiencing alcohol and/or opioid disorders and reduce use of these substances which helps restore health and social function. A first step is a 24/7 consultation telephone line by Department of Health Services for providers, clinicians, community health workers, substance use counselors, peer ambassadors and people with lived experience, and care coordinators to facilitate access to MAT throughout LA County. Outpatient providers will need to be able to refer to addiction treatment outside of their settings when patients require more intensive services.
  - ATI #13 to deliver integrated mental health and substance use disorder services in partnership rather than in parallel
  - ATI #102 to require mental health clinicians to complete trainings that build their capacity to provided Integrated Substance Use Disorder care
- C. Jail-based addiction medicine services, which includes the Substance Abuse Treatment and Reentry Transition (START) behavioral therapy program and MAT have been funded with AB109 one-time allocations. These essential health care services are at risk of not being refunded in Fiscal Year 20/21. SUD treatment is essential for those who are incarcerated when diversion to community-based treatment is not possible.
  - ATI #61 to expand access and enhance substance use treatment programs in County Jail.
- D. To mitigate the loss of SUD treatment residential beds, DPH-SAPC is currently exploring if an increase in bed capacity could be achieved by community-based providers in Antelope Valley or other parts of the County. In the interim, individuals in need of residential services can utilize any of 2,400 beds across the system to meet the needs for this level of care, and utilize the existing Recovery Bridge Housing benefit, which offers a safe living environment for up to 180 days to individuals experiencing homelessness who are also receiving outpatient SUD treatment.

Systematically, DPH-SAPC is working with the California Department of Health Care Services to reduce the amount of time required to secure DMC certification for new

residential and nonresidential service sites to enable the more rapid expansion of SUD treatment networks to meet the SUD service needs in the county.

## **2. Programs/Housing Limited Acceptance Criteria**

Many of the available housing and programs, including county and community-based organizations, have eligibility and other barriers and limited availability for certain individuals. There are an insufficient number of programs that offer services and have the training/appropriate atmosphere to accept for placement individuals who are identified by the following;

- extensive legal histories or history of arson or sex crimes
- history of violence or aggressive behaviors
- aging population
- individuals who identify as LGBTQ+, TGI and/or cisgender women
- individuals with language barriers
- historically marginalized/criminalized populations based on race
- medical conditions that cannot be managed by the individual such as incontinence or insulin-dependent diabetes and some mobility impairments
- special therapy needs including dialectal behavioral therapy, etc.

### **Recommendations:**

A. Institute policies and practices that eliminate the ability for programs/housing to refuse acceptance of an individual based solely on legal/criminal history. Credit scores should not be a factor when an individual has a housing choice voucher or is receiving some other financial assistance from the County or State. Require written documentation of specific training/practices that promote culturally humble and culturally sensitive services. As a part of culturally humble and sensitive practices, programs should incorporate a “screen-in” approach that makes every effort to be flexible and serve clients instead of the traditional method of rejecting clients based on not meeting criteria. Review and revise County contracts to support broader inclusion of individuals who have justice involvement. Provide incentives to community-based programs to offer services to assist with the aging population as well as special medical needs, and incentives for landlords who lease or rent to individuals who have justice involvement.

- ATI #31 to remove barriers to treatment, employment and affordable housing.
- ATI #52 decriminalize quality of life and survival crimes
- ATI #69 incentivize community treatment facilities to accept patients from jail
- ATI #96 create/enforce anti-LGBTQ+, TGI and/or cisgender women anti-discrimination policies
- ATI #109 train transitional housing providers about LGBTQ+, TGI and/or cisgender women needs and discriminatory experiences

B. For programs and housing that do not have the ability to provide services such as assistance with medical needs or culturally sensitive programs for the most vulnerable populations, including but not limited to LGBTQ+, TGI and/or cisgender women, require a collaborative agreement with County agency or community advocacy groups that can provide the necessary guidance, tools or home health services when needed.

- ATI #58 Improve equal access to all treatment resources

- ATI #90 create contract language that supports effective models
  - ATI #105 design and implement curricula for all workforce trainings
- C. Engage members of DHS, CHS, DMH, community-based service providers and the Board of Supervisors in a process to seek community-based organizations including Full Service Partnerships (FSP) who would be interested in developing a program in a locked subacute or step-down facility to address those individuals who are justice involved and have serious mental illness who would benefit from the programming and expertise of that entity.
- D. Increased access to appropriate documents and financial resources. This includes items such as identification card, social security card, birth certificate. *See Reentry & Release Protocols and Legislative Reform sections for more detail on this issue.*
- ATI #74 ensure individuals released from County Jail are offered services to obtain California ID, Social Security card, birth certificate and other documentation.
- E. Expand Telehealth, Telephone, and Field Based Services (FBS) to engage difficult to reach populations

The Drug Medi-Cal Organized Delivery System allows SUD treatment providers to deliver services via telehealth, telephone, and in non-clinical settings or homes (known as Field-Based Services - FBS) when staff are associated with a contracted DMC-certified facility. These modalities are available to reach historically difficult to serve populations due to physical mobility, employment conflicts, transportation limitations, or restrictive housing requirements. Each enables the SUD staff to serve the patient in a location that is preferable and convenient, and which may encourage greater and more consistent participation. COVID-19 has propelled the SUD system to embrace these modalities more broadly. To leverage this opportunity, DPH-SAPC will take steps to permanently enhance access to remote care models by expanding technical assistance and training to obtain HIPAA-compliant telehealth platforms and through exploration on whether FBS could be safely and responsibly expanded into homes or more public settings after COVID-19.

**3. Inadequate referral process and public information access about available services and the countywide system of care**

The current referral process for services and ability to access program information is difficult to navigate and often delayed due to multiple siloed systems and reliance on antiquated technology to submit documents. Each agency has developed a referral system and process which do not work collaboratively and can lead to parallel requests and processes. Below are more specific points to consider regarding referrals and information:

- Lack of adequate Information Technology systems to manage referrals and records that need to be uploaded;
- Delays in getting referrals addressed;
- Multiple siloed department specific programs that do not integrate;
- Lack of or limitation to accessibility for the public, this includes lack of general knowledge regarding what systems of care and support are available in the community;
- Lack of resources to address needs prior to law enforcement contact;

- Probation and ODR need a better collaborative referral process to engage community-based organizations who have staff with lived experience.

**Recommendations:**

- A. Resources to assist individuals, families and health care providers, accessible 24/7, to provide mental health, substance use disorder and supportive housing services, especially at the time of crisis when they are needed most. With this expansion of services, there should be reduced amount of law enforcement contact.
  - ATI #2 create and expand decentralized coordinated service hubs.
  - ATI # 37 create options for behavioral health crisis
  - ATI #48 develop and expand pre-arrest and pre-booking diversion programs
  - ATI #57 connect individuals to personal advocate or community member
  - ATI #85 establish online mechanisms for public to obtain information and locate services
  
- B. The process for submission of referrals is impacted by the multiple siloed systems as well as the inadequacy of Information Technology systems to accept multiple documents.
  - ATI #38 expand, diversify and strengthen non-crisis mobile response teams.
  - ATI #58 to create a more rapid referral and response process
  
- C. The County should invest in data sharing applications which will improve access to programs and other services.
  - ATI # 111 develop a uniform client database across all relevant County services and justice entities

**4. Limitations to establishing conservatorships for people with serious mental illness outside of a jail or inpatient setting**

The Board of Supervisors designates the agency to provide conservatorship investigations services (Office of the Public Guardian - OPG), which is currently under the aegis of the Department of Mental Health. The procedures for submitting referrals for conservatorship to OPG are limiting to the extent that a referral must come from a person in charge of an agency providing comprehensive evaluation or a facility providing intensive treatment. This is referred to as being “a designated facility.” Facilities/Individuals are designated by the Department of Mental Health. As a result of these statutory requirements regarding who can refer, OPG receives a significant number of referrals from acute designated facilities, including the jail. Another significant referral source are the criminal courts, who have authority under the Lanterman-Petris-Short Act and California Penal Code to refer individuals who are incompetent to stand trial to OPG for a conservatorship investigation.

**Recommendations:**

The LPS Act has a provision that allows for an “outpatient conservatorship” referrals. DMH/OPG has instituted a process by which individuals treated by DMH designated staff (outpatient clinics) can refer for a conservatorship investigation and a recent board motion allows DMH/OPG to proceed with a pilot project specifically for the HOME

team to make outpatient conservatorship referrals to OPG. This pilot is in the early implementation stages and will be providing a report in October 2020.

- ATI #11 optimize and increase the appropriate use and process for mental health conservatorship and assisted outpatient treatment
- ATI #15 remove time limits to service provisions that prevent long term mental health treatment plans

As part of the ATI preliminary implementation plans on this topic, there were two specific recommendations to consider:

1. Formalize and implement the link between jail and conservatorships through an explicit policy encouraging the use of LPS conservatorship for people who have been diverted from the criminal justice system and for those who are currently in jail custody, who, because of a mental disorder, are considered gravely disabled under the statute. Develop protocols to determine who will receive treatment in the Forensic In-Patient unit vs. in a secure community setting.
2. Designate additional agencies (as permitted by current statute and happening on a pilot basis) to directly apply to the court for LPS conservatorship.

## **5. Specific Considerations for the Needs of People Experiencing Homelessness**

There has been a rise in the number of people experiencing homelessness, which may stem from several unaddressed issues. In addition to mental health and substance use disorders, it is important to understand unhealthy coping skills that may be the result of unaddressed historical trauma such as PTSD.

Finding appropriate placement and supportive housing can be challenging especially if the individual is unemployed, is involved with the justice system and/or has mental health or substance use disorders.

During pre-COVID times, reentry workers relied most on referrals to DHS Housing for Health for individuals leaving jail custody for placement in one of their interim housing sites. They do have slots set aside for individuals leaving institutions (meaning jails and hospitals); however, it is not enough to meet the need, and sometimes it is difficult to connect clients to a bed in time. Because these are all congregate housing sites and were not able to create isolation areas, during the COVID-19 period they have not accepted clients who were in a quarantined housing area in the jail prior to release. The impact of the ability to obtain housing fluctuates based on whether the individual has been quarantined.

### **Recommendations:**

- A. DMH, DPH, DHS, in collaboration with community-based organizations, need substantially increased ability to obtain supportive housing for people with mental health and substance use disorders. The May 2020 Vera Institute of Justice brief on providers and services during COVID stated that “Short- and long-term housing—followed by access to mental health and substance use treatment—remain primary needs for potential clients. These resources need to be more equitably distributed, especially as Los Angeles County opens new housing options and temporary shelter beds.” This study identified access to housing in certain geographic areas, residential treatment, long term housing

and mental health/substance use treatment as the top needs for justice involved population.

The information from the Vera Institute / RHAC Provider brief that supports the above recommendations include:

- Prioritize affordable housing and treatment space for individuals at most risk for destabilization. This is supported by ATI #20
- Identify and eliminate barriers which was discussed earlier as a need. This is supported by ATI #31
- ATI #21 create and scale innovative programs that create comprehensively provide housing, wraparound services and career track employment

B. As part of the response to COVID 19, additional housing resources have been developed in the community, including temporary shelters at LA City Parks and Recreation centers, extension of many of the LAHSA winter shelter sites through spring or summer, establishment of Project RoomKey beds in hotels/motels, and establishment of DPH quarantine and isolation beds. In addition to planning for shelters to address the unplanned County jail releases, consideration must be given to neighborhood-focused options that are racially and geographically equitable.

The information from the Vera Institute / RHAC Provider brief that supports the above recommendations include:

- Prioritize distributing resources including emergency housing to promote geographic and racial equity. This is supported by ATI #87.
- ATI #22 develop partnerships increasing housing opportunities and support residents
- ATI #71 develop and fund a transition shelter near the County Jail operated by community-based organization that can create a safe transition to the community

C. Addressing employment opportunities should be a priority as a realistic plan is developed for housing and treatment needs. Training men and women with lived experience to become advocates, peers, and social workers should be a priority. All community services agencies should receive incentives for employing people who are on probation or parole and who are reentering our community. Governmental agencies should provide employment opportunities and private corporations as well as community businesses should be incentivized to hire this unserved group.

- ATI # 25 establish partnerships regarding economic and employment opportunities
- ATI #26 expand supported employment opportunities for persons with medical health, substance use, co-occurring disorders or LGBQ+, TGI and/or cisgender women.
- ATI #28 incubate new innovative employment programs for people with serious mental illness
- ATI #108 increase employment and retention of Community Health Workers to expand service capacity, cultural competency and client/provider trust.

D. Support investment in Recovery Bridge Housing to maintain the current framework of up to 1,000 beds available countywide. Investing in Recovery Bridge Housing ensures that all persons experiencing homeless, and exiting institutions (e.g., jails, prisons), while concurrently receiving outpatient SUD treatment services, have access to interim housing

for the duration of their treatment. With the recent budgetary curtailments in Fiscal Year (FY) 2020-2021, DPH-SAPC has begun the process of reducing bed capacity of this benefit to settle at 700 supported beds in FY 2020-21.

## PLAN TO MAINTAIN AND REDUCE THE JAIL POPULATION: RELEASE AND REENTRY PROTOCOLS

This workgroup was comprised of members from RHAC, LARRP, DHS/ODR, DHS Correctional Health Services – Care Transitions, PD, LASD, and County CEO. The group reviewed efforts to provide warm handoffs to post-release services for individuals released early from jail during the COVID-19 crisis, reviewed data, and identified lessons learned to inform recommendations for protocols for warm handoffs, including additional resources and systems changes needed for effective linkages. The workgroup defined a warm handoff as “the release of an individual to a *person who is present* at the site of the release to provide transportation of the individual to a program or other location”; a “referral” to a program or person is *not* a warm handoff.

An essential component of increasing jail diversion and sustaining a decreased jail population, while also working towards racial equity in the overall jail population, is ensuring that people exiting jail are provided with appropriate linkages to community services and supports upon release. This is especially critical for individuals experiencing mental illness, homelessness, and/or substance use disorders (SUD), whose safety and well-being may be at risk without a warm handoff to housing, treatment, and other community resources that meet their needs.

During the last several years, there has been a significant increase in diversion and release planning services for individuals in LA County jails, through entities including the Office of Diversion and Reentry, Whole Person Care, Homeless Initiative, DHS Correctional Health Services, and many community-based organizations (CBOs). However, these services together still reach only a portion of the jail population, are threatened by imminent funding reductions, and despite best efforts, were unable to meet the overwhelming needs presented by the large wave of early releases related to the COVID-19 pandemic in Spring 2020.

### Early releases during the COVID-19 period

Beginning in late March 2020, in response to the COVID-19 pandemic, the Superior Court, DA, PD and APD worked together to identify who would be released as soon as possible. As the court signed release orders, lists of individuals to be released were sent to LASD. Using additional levers, LASD created its own lists identifying additional individuals for early releases. Initially, the health agencies were not brought into the conversation, so vulnerable people were not flagged for release and placement. The health agencies did not have time to intervene in the majority of cases due to when they were notified of releases. Once the health agencies were involved, after LASD vetted the lists, they were shared by LASD with both ODR and Correctional Health Services’ Mental Health and Care Transitions units with the intent to ensure that vulnerable people were not released to the street without assistance. An analysis of 1,653 individuals from the early release lists<sup>13</sup> show disparities in the proportion of early releases by race, with a higher proportion of white and Latinx/Hispanic individuals and lower proportion of Black individuals

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<sup>13</sup> This dataset includes individual-level data for 1,653 people released between March 12, 2020 – July 1, 2020, who were on early release lists (court-ordered and LASD-generated) received by DHS between April 1, 2020 – July 1, 2020. This dataset does not include all people on early release lists.

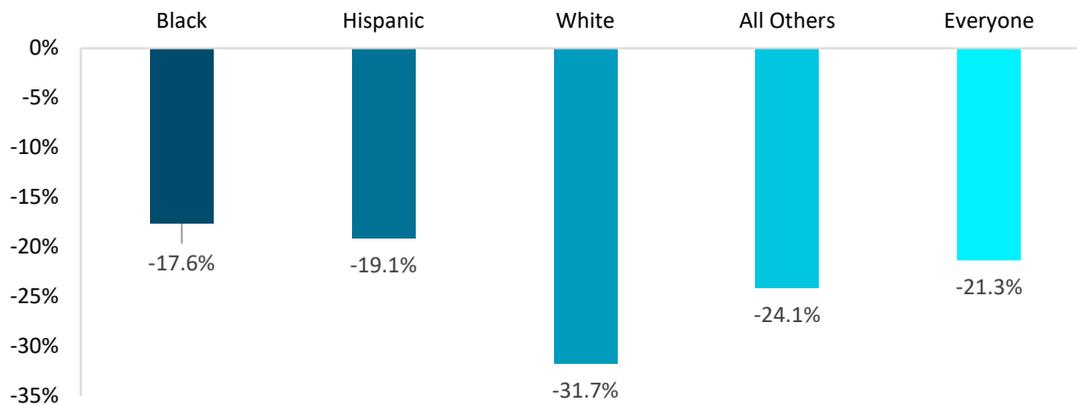
Release date, incarceration days, gender, and race data were provided by LASD Population Management Bureau (PMB). Early release list data was obtained through court ordered lists #3-58 (\$0 emergency bail, low level felony Own Recognizance, 60-90 day resentencing) with 1,019 people; and four LASD-generated lists applying PC4024.1 early release credits (lesser of 30 days or 10% of sentence) with 634 people.

released early compared to their representation in the total jail population.

While Black people comprised 29% of the overall jail population pre-COVID, which is already an overrepresentation based on the general LA County population (9%), only 23.5% of people in this early released study sample were Black.

Race/ethnicity	People released early by race/ethnicity		January 2020 population demographics <sup>14</sup>	
	<i>n</i>	%	<i>n</i>	%
Black	389	23.5%	4,935	29.2%
Hispanic	887	53.7%	8,752	51.7%
White	298	18.0%	2,546	15.0%
All Others	79	4.8%	687	4.1%
<b>Total</b>	<b>1,653</b>		<b>16,920</b>	

These racial disparities persisted in a study of remaining incarcerated people with mental health needs, with Black people with mental health needs released at lower rates than their white counterparts.



An examination of early releases by gender did not show much discrepancy between those who were released early, and the overall population demographic in January 2020, with women representing 12% of the early released group (compared to 12.9% of January 2020 population).

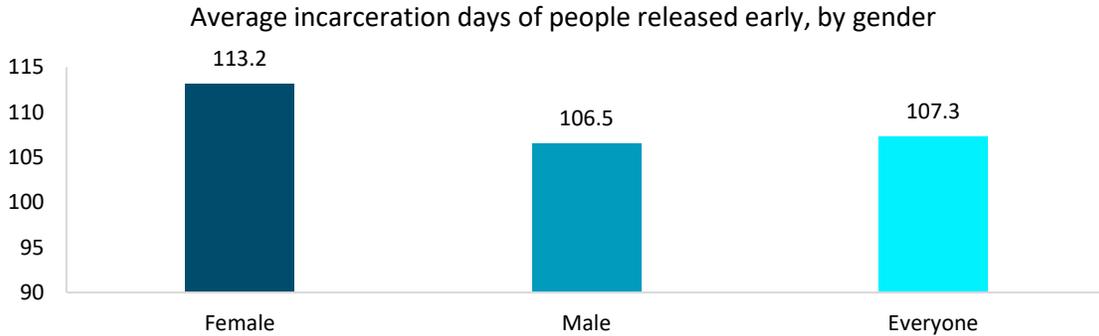
Gender <sup>**</sup>	People released early due to Covid-19		January 2020 population demographics	
	<i>n</i>	%	<i>n</i>	%
Female	219	11.8%	2,181	12.9%
Male	1,632	88.2%	14,739	87.1%
<b>Total</b>	<b>1,851</b>		<b>16,920</b>	

<sup>\*\*</sup> Binary gender data collected by LASD

<sup>14</sup> Custody Division Population Quarterly Report, January – March 2020. Los Angeles Sheriff’s Department. Accessed July 6, 2020. (<https://lasd.org/pdf/Custody%20Division%20Population%202020%20First%20Quarter%20Report.pdf>)

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Gender disparities, however, become more apparent when comparing the average number of days incarcerated, among people who were released early due to COVID-19. Men spent an average of 106.5 days incarcerated before being released early, while women spent an average of 113.2 days incarcerated.



More specifically, in this sample of 1,653 people, Black women spent more days incarcerated than almost every other race group by gender, at 137.4 days.

Average days incarcerated of people released early, by race/ethnicity, by gender

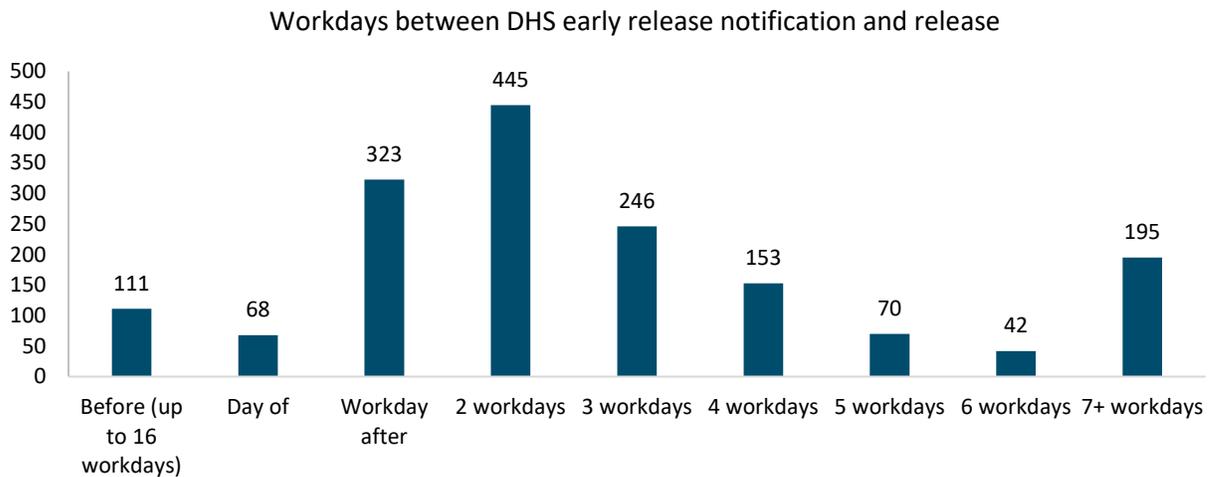
Race/Ethnicity	Male	Female	Everyone
Black	99.7	139.9	104.2
Hispanic	106.1	104.5	105.9
White	106.1	102.1	105.6
All Others	130.7	131.4	130.8
All race/ethnicities	105.5	114.3	106.6

There were significant successes, including ODR being able to quickly use funding allocated by the CEO to create 211 new beds for COVID-19 emergency housing, find ways to open up additional beds elsewhere in their system, screen thousands of eligible individuals for vulnerability, and work with LASD to implement coordinated releases. ODR created a successful quarantine/isolation (Q/I) protocol for their released clients going to these housing placements, which allowed clients to isolate in the community instead of in custody, and opened a Q/I housing site and three reception/admission sites where persons released are immediately COVID-19 tested to allow immediate release from jail, an isolation period and then a safe transition into community placement. The Care Transitions unit also focused efforts on the early release lists and referred clients to Community Health Workers in Reentry Intensive Case Management (R-ICMS) contracted agencies, who provided video, telephonic, and some in-person communication for navigation, case management, and mentorship. R-ICMS agencies reported a higher rate of service uptake than usual, with more clients wanting navigation and services during the pandemic.

The following **challenges** were also experienced during this period:

- DHS teams (ODR, CHS Care Transitions) were notified about 1-2 weeks behind the justice

partners regarding early release lists. By the time DHS teams got involved, many people were already leaving or released. An analysis of 1,653 people released between March 12 and July 1, 2020 who were on early release lists (court-ordered and LASD-generated) received by DHS between April 1 and July 1, 2020 showed that 10.8% were already released before or the same business day as the list was received, and an additional 46.4% were released within two business days of notification. With such limited time to arrange a placement, many individuals were released without linkages.



- Some CBOs restricted intake of new clients due to COVID-19 safety concerns. Many CBOs stopped coming into the jails to conduct intake interviews or to engage clients. In some cases where the court ordered a conditional release to a particular program, but the program could no longer take the person, the individual had to remain in jail longer to identify a new program for placement, and to sometimes get a new court order.
- On occasion the court would release a defendant on their own recognizance (OR) directly from court before a previously identified program provider could be present to take the defendant to the program; the individual would leave the courthouse no longer trackable, or, the court would release OR from the courtroom a very vulnerable defendant who was homeless or medically in need of services before any program provider or services had been identified.
- Efforts to manage COVID-19 in the jails sometimes interfered with successful release planning. In some cases, individuals who were to be released to a program that did not have the capacity to isolate new arrivals would be placed on quarantine before release and would as a result lose their programming, or, if sent to a quarantine site in the community would be released thereafter to the streets.

**Protocols for Warm Handoffs and Recommended Improvements**

Key components of a protocol for warm handoffs to post-release services include the following.

- Initiation of release planning soon after arrival in custody;
- An assessment that includes strengths, needs, trauma history, family/community supports, and current/prior providers, ideally by a person of the same community with

- lived experience;
- Assistance in obtaining CA ID, birth certificate, Social Security card, and/or other needed documents;
- Assistance in applying for or reinstating Medi-Cal, GR, SNAP food benefits, SSI/SSDI, and/or other applicable benefits;
- Involvement of family member(s), current/prior treatment provider(s) in the community, and defense attorney, as appropriate and with consent of the client;
- Joint consideration of options for housing, medical care, mental health treatment, and/or SUD treatment (as applicable), and submission of referrals and assistance with scheduling appointments as applicable;
- Facilitation of in-reach, an assessment interview or engagement in custody by the identified community treatment provider, either in person or through telephone or video conferencing;
- Provision of a 30-day supply of medications at release;
- Assistance with transportation to destination upon release; and
- Linkage to a community health worker, peer support, or other reentry provider with lived experience upon release.

The following is recommended to provide continued policy development, a focus on racial equity, and oversight for all jail releases to maintain the population reductions achieved thus far:

Institute a **Jail Reduced Admissions (JRA) Release Committee**, under the auspices of the general Jail Population Review Council described on page 14, comprised of representatives from LARRP, ATI, RHAC, LASD Inmate Reception Center (IRC), PD, APD, ODR, DHS Care Transitions, DMH, Probation Department, DPSS, DPH-SAPC, and WDACS to build upon the collaborative jail reduction processes employed during this COVID crisis. This committee would replace the current Jail Release Planning Collaborative. The committee would identify and implement mechanisms to effectuate the safe release from jail of individuals who meet criteria for zero bail, OR, conditional release, sentence reduction, and other forms of jail release. The committee would map clearly defined diversion pathways to keep individuals from coming into the jail, and releasing individuals who are in the jail, as outlined in ATI recommendations #48, 54, 57, 59, and 68, among others.

### **Conditional Releases (for pre-sentenced individuals)**

For pre-sentenced individuals being diverted from jail to a community program, a *conditional* release – where a court order is issued for release to a specific program or entity in lieu of further incarceration – is the preferred mechanism to ensure a warm handoff to services for those who need a high level of service due to health or housing needs.

The following changes are recommended to ensure the success of conditional releases:

- Fashion specific court order release language to ensure a conditional release to a warm handoff: provider, community advocate, family member. Refine court order language to provide flexibility when the agency listed on the court order does not have bed availability, or a client is in a quarantined dorm and the provider is not able to accept the client while quarantined. Include flexibility in court order language to allow release to an alternative program/provider other than the specific one listed in the court order, to

manage such situations where original release plan must be changed.<sup>15</sup>

- Expand conditional releases to allow warm handoffs to family members or housing sites, in addition to residential treatment programs and FSPs.

### **Coordinated Releases (for sentenced individuals)**

For sentenced individuals, the preferred mechanism for a warm handoff is a *coordinated* release set up with LASD for the individual’s expected release date, where pickup by a community agency or transportation to the program has been arranged in advance. The workgroup recommends an increase in the use of coordinated releases, including to family, who with advance notice may be able to pick up their family member from jail to transport to their destination.

### **Early Releases**

The following improvements to how early release lists from the courts and LASD are handled are recommended based on lessons learned from the COVID-19 period:

- Ensure lists for potential early releases include ethnicity data to unmask any racial inequalities among individuals targeted for release.
- Fund ODR to continue the collection and dissemination to the PD and the APD of data identifying individuals whose mental illness, medical conditions, substance abuse disorders render them vulnerable to direct release from jail and/or the courtroom to the street with no services in place.
- Fund DHS/CT to add personnel and or, at a minimum, redirect personnel to serve as a liaison/linkage between vulnerable client population and PD/APD to enhance timely and effective jail release. This redirection of resources would provide direct ‘to the jail/program’ communication an attorney needs to access *on the spot information* to forestall a release OR from the courtroom with no release plan in place, and/or to effectuate timely court disposition for release.
- Provide training for judges and advocates on the importance of connecting vulnerable defendants to direct warm handoffs from the courtroom before an OR release is ordered in court.
- Continue the practice implemented in June 2020 by LASD to eliminate overnight releases of men between 10 p.m. and 6 a.m. (already in place for women). This will contribute considerably to the ability to connect clients to services during the normal operating hours of CBOs.
- Reduce/eliminate racial disparities in release procedures. Continue to collect and analyze data on race/ethnicity at all stages of release planning.

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<sup>15</sup> Proposed Conditional Court Order Release Language:

The court orders the defendant, Jane Doe, to be conditionally released to one of the following:

- a. the (name of program/provider/community organization/family member); *or* in the alternative to
- b. a community-based program/representative authorized by the Director of DHS/Care Transition or ODR.

Should the defendant require COVID-19 quarantine housing before placement in the above ordered program, the defendant may be released to isolation housing in the community, subject to conditional release upon termination of quarantine to the program ordered in (a) or alternatively in (b), above.

### Additional Recommendations

The Vera Institute of Justice and RHAC’s issue brief, “Connecting incarcerated and formerly incarcerated people to services in Los Angeles: What’s needed during COVID-19?” (May 2020) recommended improving processes for referral, intake, and reentry for people leaving jail, to include the following, several of which are in progress or partially implemented:

- conducting a short interview, using a screening survey, to identify a person’s service needs on release.
- setting up several booths in jail with videoconferencing equipment for service providers to conduct telephone or video intakes for people in all facilities
- creating a system for CBOs to receive referrals and schedule telephone or video intake appointments
- providing, on every person’s release, testing for COVID-19 and written information about how to avoid infection, what to do if exposed, and where to seek testing and treatment in the community; and
- developing a system for “warm” handoffs to service providers immediately on release.

For in-jail services, the workgroup also recommends:

- Providing enriching programming for all individuals in custody, especially inclusive of individuals experiencing mental illness or distress, is a factor in reducing recidivism and requires adequate staffing. Work with CBOs, ideally staffed by people with lived experience, to provide programming.
- Expanding efforts to obtain CA IDs, birth certificates and other documents through streamlining request, payment and tracking processes with the State DMV and other entities.
- LASD should continue its effort to expand videoconference capabilities in the jails and implement a mechanism for CBO staff to conduct assessment interviews and release planning visits with clients through video visitation. These are key for successful warm handoffs.
- Advocating for changes in Medi-Cal benefits to allow reimbursement for reentry care coordination provided in custody within 30 days prior to release (included in draft State CalAIM proposals but now postponed).

### Referral Processes

Referrals to community programs can often take several weeks, if not longer, before a bed or slot is secured, and this is particularly the case for individuals with serious mental illness. In addition, acceptance criteria sometimes exclude clients with certain criminal charges and history. Also, County departments that oversee the contracts with CBOs for various resources often serve as gatekeepers for referrals to those programs, requiring additional time for referrals to be relayed through centralized units.

A flow chart is attached as Appendix A, which illustrates the complexity of referral sources, release planning entities, gatekeepers, and programs and linkages, and underscores the continued work needed to simplify processes and make programs, linkages and funding more accessible to all.

The workgroup recommended the following to streamline referral pathways and linkages

processes:

- Remove restrictions for treatment programs based on justice involvement and create an accountability structure to ensure programs are not excluding individuals based on charges. (ATI #31)
- Simplify referrals and linkages to programs overseen by different County departments.
- Move away from the current funding model where funding flows through County departments to contracted CBOs, to be replaced by a model where CBOs directly receive flexible funding. The funding through the departments is siloed and fragmented with different eligibility, contracting, protocols, data systems, and reporting criteria, which is inefficient, restricts use of funds, and limits access to CBOs to effectively serve impacted persons and their families.
- CBOs that have been historically providing accessible reentry services and are operated and staffed by persons with lived experience should be at the forefront of receiving funding.
- Proactively fund CBOs for reentry work through fiscal sponsorships in collaboration with the community.
- Develop a shared client database or interfaces between existing IT systems to allow sharing of assessment information between jail and community providers (ATI # 111).

### **COVID-19 Considerations**

For the duration of the COVID-19 crisis, warm handoffs to post-release placements will require protocols to ensure the safety of both the individual being released from jail and the staff and clients at the receiving agency. This will either require in-jail testing of all individuals being linked to congregate living settings prior to release, or protocols at the receiving CBOs to isolate and test new clients. ODR has implemented a replicable protocol that established a quarantine site and implemented testing on intake and weekly surveillance tests of 20% of staff and clients at all sites. Alternatively, clients from quarantined dorms could go to a DPH Q/I bed upon release until the end of their quarantine period and then transfer to the CBO.

### **Post-Release Services - Resource Needs**

Currently, in too many cases, a warm handoff cannot be arranged from the jail because a bed in the community cannot be found in time. The ATI final report documented in detail the need for a vast increase in community resources including interim and permanent housing, mental health treatment, substance use treatment, job training/employment, and many other services, and also advocated for lowered barriers for justice-involved individuals and inclusivity and tailored services for people who identify as cisgender women, LGBTQ+, and/or TGI. This landscape has not changed since the issuing of the report, and in some cases resource availability has worsened due to the COVID-19 pandemic.

The workgroup recommended that ATI recommendations #11, #20, #21, #34, #40, #41, #58, #69, #71, #88 and 92 be implemented fully, so that individuals leaving jail can be connected to programs and resources matching their needs, and also recommended the following:

- Address NIMBYism that prevents needed resources in the community from being developed and implemented (e.g., Project Room Key)
- Increase bed/slot capacity of housing and treatment providers (ATI #18, 20, 21, 22, 23, 24 and CEO Executive Work Group System of Care report)

- Map resources and funding to create a streamlined network of reentry services (ATI #85, 87, 110)
- Ensure continuation and expansion of transportation options for people leaving jails and ensure these options meet COVID-19 distancing/safety requirements. Whole Person Care currently funds two drivers and TAP cards for exiting clients, both of which will be eliminated if the funding ends in December 2020.

### **Addressing looming funding reductions**

Resources must be found to continue funding for key programs that are currently contributing to maintaining the reduction in jail population by providing critical housing and reentry services. If left unaddressed, potential funding cutbacks in the next year (some of which were sunset provisions and other funding streams have been delayed because of COVID- 19), are expected to erode hard-earned gains in release planning implemented in the past several years. There is additional discussion on these funding issues in the Legislative Reform section.

- The Whole Person Care program, possibly ending in December 2020, funds approximately half of the release planning being conducted in the jails for vulnerable populations, placing these services at significant risk of curtailment. In addition to funding staff to conduct release planning in the jails, WPC funding allows for:
  - Provision of 30 days of essential medications at release for individuals who would not otherwise receive them because they have mental health or HIV medications;
  - Covering the \$8 cost per requested CA ID, if the individual does not have money on their books; and
  - 2 drivers who transport clients from jail to their destinations, and TAP cards provided to clients upon release to enable transportation to medical appointments and other community services.
- Homeless Initiative D2 is at risk to lose its funding starting in November 2020. D2 provides in-reach by four CBOs providing release planning and case management to clients experiencing homelessness, both in the jail and in the community after release.
- Funding is being cut for the START program providing SUD treatment services in LA County jails, and for planned Medication Assisted Treatment (MAT) implementation in the jails. Both of these can set up participants for a more successful transition back to the community, having started SUD treatment while in custody.
- Reentry Intensive Case Management Services (R-ICMS) is also in peril of losing funding. R-ICMS is a reentry case management program centered around Community Health Workers with lived experience of incarceration. It is coordinated by DHS ODR; funds over 20 contracted CBOs in all service planning areas; receives warm handoffs from Care Transitions release planning teams; employs people with lived experience who are best positioned to provide services to incarcerated and recently released people; and is funded by a combination of SB678, Whole Person Care and Proposition 47 funds - the latter two of which are facing funding cliffs in the next year.

## **PLAN TO MAINTAIN AND REDUCE THE JAIL POPULATION: REDUCED ADMISSIONS-FIELD OPERATIONS**

This workgroup was comprised of members from the Los Angeles Sheriff's Department (LASD), Los Angeles Police Department (LAPD), Los Angeles County Police Chiefs' Association (LACPCA), Los Angeles County District Attorney, Los Angeles County Prosecutor's Association (LACPA), Probation Department, LA County Public Defender, Department of Health Services Whole Person Care (DHS-WPC,) Reentry Health Advisory Collaborative (RHAC) and Department of Health Services Office of Diversion and Reentry (DHS-ODR). The goal of the group was to develop a comprehensive overview of all efforts to reduce jail bookings over the first four months of the COVID-19 pandemic in LAC (approximately mid-March through mid-June 2020) and where gaps remain, while applying a racial equity lens. Many of the proposals are aligned with ATI recommendations on how to minimize law enforcement contact for individuals with unmet health needs and connect them with appropriate health and related services, as described in the ATI report in Intercepts 1 and 2.

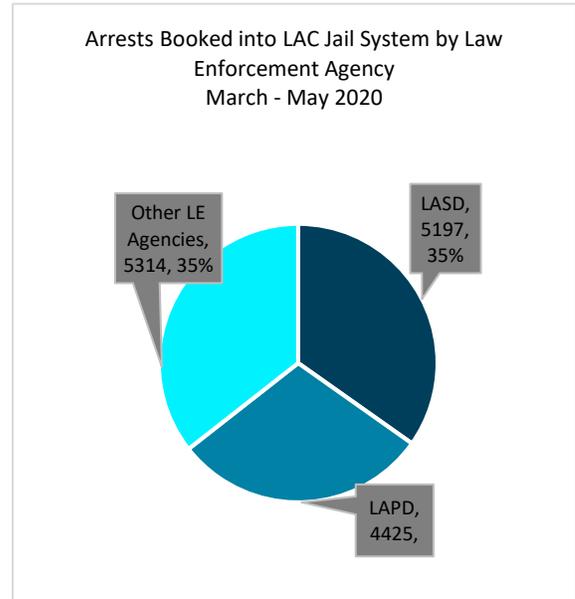
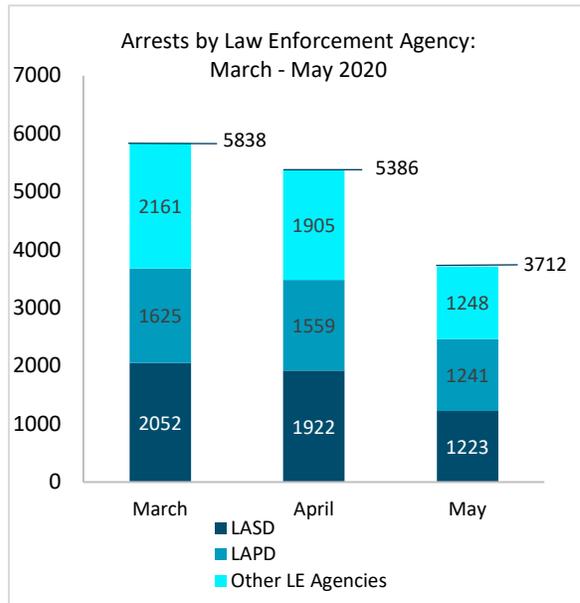
RHAC provided input on tangible ways that people who may have typically had law enforcement contact could first be connected to paraprofessionals with lived experience in order to receive meaningful linkages to services and resources within their communities. This is consistent with ATI Strategy 1, "Utilize behavioral health responses for individuals experiencing mental health and/or substance use disorders, homelessness, and other situations caused by unmet needs while avoiding and limiting law enforcement responses."

Law enforcement agencies provided an overview of the changes they instituted to field practices that led to reduced contacts and bookings, including current system gaps and barriers. They provided data on arrests and bookings and shared specific department policies that were implemented to result in fewer field contacts/bookings. Prosecutors and probation shared policies and practices that led to diversion and reduced prosecution.

The group reflected on strategies to reduce racial disparities related to arrests and booking, as well as use of community resources, such as sobering centers, for warm handoffs. The group also reflected on funding decisions that may support the expansion of community-based services and a community-based crisis response system.

### **Reduced Arrests and Bookings**

Per data that LASD shared with this group, from March to May 2020, arrests booked into the Inmate Reception Center (IRC) or Century Regional Detention Facility (CRDF) decreased steadily (5,838 in March, 5,386 in April and 3,712 in May). During this three-month period, LASD was responsible for 5,197 arrests (35%), LAPD was responsible for 4,425 arrests (30%) and all other law enforcement agencies combined were responsible for 5,314 arrests (35%). Together, LAPD and LASD accounted for approximately two-thirds of the arrests that were booked into the LAC jails between March and May 2020.



*Arrests booked into IRC or CRDF March-May 2020; Source: LASD*

Between March 1 and June 10, 2020, there were 13,244 bookings into LA County jails. This is **16,619 fewer bookings** than during the same period in 2019.

### **Changes in protocols and practices in response to COVID-19**

#### Los Angeles Sheriff's Department

LASD had **9,681 fewer arrests** from 3/1/20-6/26/20 compared to the same time frame in 2019. LASD reported that during this period, LASD Patrol Division saw a 9.4% decrease in officer's self-initiated activity, or significant public contact that may result in arrest or citation, compared to last year, and a **31.8% decrease in overall self-initiated arrests**. These arrest reductions were due to the following protocol changes:

- Bail reduction (\$0 bail) set by the State in response to COVID-19- (discussed in the section on Court-Related Procedures)
- Pre-Trial Risk Evaluation Program (PREP)- (discussed in the section on Court-Related Procedures)
- Increased requests for Mental Evaluation Team (MET) mental health-related contacts (up 6% compared to last year)
- Reduced contact (12% fewer contacts compared to last year) with people experiencing homelessness (PEH). When contacts were made with PEH, those encounters resulted in 32% fewer arrests compared to last year.

#### Los Angeles Police Department (LAPD)

LAPD had 10,596 fewer arrests from 3/19/20-6/30/2020 compared to the same time frame in 2019. LAPD reported that the following practices reduced bookings:

- Increased use of warnings for misdemeanor offenses include vending type violations, other misdemeanor offenses- trespassing, loitering, some alcohol-type violations, some misdemeanor traffic offenses, disturbing the peace type violations.
- Collaborative unified approach to addressing homelessness through ongoing service provision to reduce arrests
- Use of the Administrative Citation Enforcement (ACE) program to reduce arrests through civil fines
- Increased use of the Release from Custody (RFC) program in the field and at the stations to avoid jail bookings
- Juvenile Diversion program
- Continued deployment of Mental Evaluation Units (MEU) in all Operations Bureaus to address mental health needs in the field and reduce arrests
- Continued deployment of Domestic Abuse Response Teams (DART) in all Operations Bureaus to triage incidents/provide resources and reduce arrests

### Los Angeles Police Chiefs Association (LACPCA)

LACPCA is a nonprofit mutual benefit corporation consisting of the Police Chief Executives of the 44 independent cities in Los Angeles County. The policies, procedures and community engagement within the independent cities is guided by their City Councils, City Managers and most importantly the desires of the communities they serve. These differences allow for the incorporated cities within Los Angeles County to determine policies and best practices that is driven by the local elected officials.

Independent agencies in LACPCA employed a variety of strategies during the COVID-19 crisis period. As an example, the San Gabriel Police Department shared changes to their policies, including that “all misdemeanors should be cited out in the field, with the exception of domestic violence, restraining order violations, driving under the influence (DUI) or any other crime that requires or necessitates a physical arrest.”

### Los Angeles County District Attorney

In addition to participating in all county-wide criminal diversion programs enacted by statute or by the Los Angeles Superior Court, the LADA’s Office, in October, 2017, enacted the Pre-filing Diversion program which diverts those individuals who have been charged with a misdemeanor or a low-level non-violent felony offense away from the criminal justice system and into a voluntary supervision program that can include intensive monitoring and mental health treatment. The office also participates in ODR’s Law Enforcement Assisted Diversion program (LEAD).

### Los Angeles County Probation Department

During March, April and May 2020, there were 1,633 fewer technical violations in Adult supervision compared to the same time in 2019 (3,675 in 2019 compared to 2,042 in 2020).

The Los Angeles County Probation Department shared the following practices that resulted in reduced jail bookings. The department also participated in the Court-related Procedures committee, so some of this information is also included in that section, as these policies have a significant impact on arrests and bookings.

- Reduction in the submission of Technical Violations to the court: The Adult CORE Services Bureau implemented a policy of deferring all minor technical violation to more immediate, in-house sanctions, such as increased frequency of reporting, referrals for participation in treatment services, or a referral to community-based providers for needed services. This reduced the number of cases flowing into the court for possible violations of supervision, reducing the potential for custody sanctions by the court and moved the department towards less reliance on custody sanctions to address compliance issues.
- More comprehensive due diligence in locating probationers who had not reported for supervision: Before declaring them as absconders and referring the matter to court for a bench warrant. This included taking additional time to locate probationers who failed to report. The result is fewer active warrants, reducing the potential number of probationers booked into custody upon surrender or apprehension.
- During the COVID-19 emergency, the Probation Department allowed call-in reporting during office closures, which increased contacts with clients and provided for improved compliance with reporting requirements, which results in fewer referrals to court for technical violations.
- Review of all reports to the court with a recommendation for custody sanction: Supervisors were instructed to work with DPOs to ensure that those probationers referred to court for a violation hearing, with a recommendation for a custody sanction, be reviewed for alternative sanctions of interventions. Only those probationers who present a danger to themselves, victims, or the community are being referred to the court for a remand to custody or rearrested for a violation of probation.

### **System Gaps, Barriers and Needs**

The workgroup agreed that increased access to mental health crisis response teams, including community teams and MET/ MEU co-response teams as alternatives to arrest are critical to reducing jail bookings. LASD indicated that successful implementation of law enforcement co-response teams through MET and MEU is impacted by the lack of available clinicians and resources. The group also discussed continuing collaboration on this topic, with the following proposal.

#### **Continued Collaboration**

Institute a *Jail Reduced Admissions (JRA) Council-Field Operations Group* comprised of representatives from the LASD, LAPD, LA County Police Chiefs Association,<sup>16</sup> Probation Department, RHAC, ATI, ODR, Public Defender, Alternative Public Defender, and LADA, to build upon the changes to field operations resulting in reduced arrests and bookings employed during this COVID crisis, continue to analyze the measures that can be kept in place, and identify and systemically address the gaps and needs that remain. The Counsel would monitor the outcomes of these measures as well as their impact on racial equity.

#### **Ongoing Conversations**

This Field Operations Workgroup began a conversation about who should respond to mental health crises in the community. The group did not arrive at consensus on this issue which is

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<sup>16</sup> LACPCA did not participate in the creation of the finalized ATI report; however, they are looking forward to working with the *Jail Reduced Admissions (JRA) Council-Field Operations Group* moving forward for the benefit of all stakeholders in Los Angeles County.

currently part of a separate LA County planning initiative led by the Department of Mental Health. The DMH-led group is in the process of reviewing countywide Crisis Response Coordination. They will develop a plan to establish a unique number for non-law enforcement health and human services crisis responses; and reconfiguring 911 to more effectively triage calls involving health and human services crises to non-law enforcement first responders by default. RHAC, LASD and LAPD provided recommendations relevant to this issue, all listed below.

### **RHAC Recommendations**

RHAC recommends providing an alternative crisis response option by utilizing paraprofessionals with lived experience as a deployable resource, many of whom have been trained to work in the mental health and/or substance use fields for many years. The efficacy of this has been demonstrated in numerous studies.<sup>17</sup> In Los Angeles, DMH, DHS, and numerous CBOs deploy “Peers” as part of DMH Full Service Partnership (FSP) teams, outreach and engagement teams, wellness centers, and substance use programs. These Peers perform the same functions as the rest of the team through a lived experience framework.

RHAC recommends creating an alternative crisis response system to first connect community members with existing teams that include “Peers” who can de-escalate and support individuals to reduce law enforcement interaction and arrest. More importantly, budgets should reallocate funding for the creation and deployment of Peer teams. It is also recommended that budgets allocate funding to pay for a community ambassador program where response teams are formed, trained, and deployed, and also answer crisis calls. There are already training programs funded by the Mental Health Services Act that can be leveraged for this purpose. This complies with Foundational Strategy 2 of the ATI Report. Further, it is recommended that a Community Care platform be established to connect first responders with those who have lived experience. This, we propose, should be a monthly activity. Finally, we propose that those response teams and the resources that connect those in need be composed of and employed by CBO’s that have a majority of employees with lived experience. The lived experience and racial make-up of peers should be similar to participants being served and new career pathways with a living wage should be prioritized for this workforce. RHAC recommendations align with Foundational Strategy 5 of the ATI Report. Other ATI recommendations that align with RHAC recommendations are #6, #38, #43 and #108.

The ATI Report also had several recommendations that acknowledged the need to have an alternative to law enforcement crisis response option which was also supported by a motion authored by Supervisor Hahn on June 23, 2020. DMH is currently working with several partners to respond to the June 23<sup>rd</sup> motion which also explores the federally proposed suicide prevention and mental health number, 988. RHAC recommends that the following ATI recommendations that should be resourced to develop this alternative model, including:

- 35. Significantly increase the number of DMH Psychiatric Mobile Response Teams (PMRTs) to reduce service wait times.
- 36. Increase (DMH) ambulance contracts to improve response times.
- 37. Create another option for behavioral health crises, i.e., CBO behavioral health services through an app.

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<sup>17</sup> Mental Health America (May 2018). Evidence for Peer Support. Accessed 7/16/2020. Available: <https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf>

- 38. Expand, diversify, and strengthen non-crisis mobile response teams to address gaps, including: (a) following through with clients in crisis to avert involuntary hospitalization; (b) involving peers in mobile response teams that connect to individuals’ gender identity; (c) developing system for outreach workers to respond to non-law enforcement calls; (d) assisting people who identify as TGI, LGBTQ+ and/or cisgender women who are in an emerging crisis and/or need community based conflict resolution.
- 39. Invest in public education and law enforcement education campaigns to encourage the use of DMH ACCESS, SASH, suicide prevention and other helplines, and the CBO Network on homelessness, mental health, substance use and stigma.
- 40. Establish, expand, enhance, and coordinate the database and tools available for real-time bed availability for all justice and health system partners.
- 41. Develop and expand a decentralized range of clinical spaces countywide and ensure that current sites are sufficiently resourced.
- 42. Improve staffing for the DMH ACCESS line to minimize caller wait times and ensure live operator coverage 24 hours, 7 days a week.
- 43. Train 911 operators and dispatch on mental health screening to direct calls involving behavioral health crises that do not require a law enforcement response towards DMH’s ACCESS line (e.g., integrate DMH line with 911 or allow direct access from 911 operators to ACCESS). Train 911 operators and dispatch to allow callers to request a responder that connects to the gender identity of the individual in crisis.
- 44. Ensure that response teams (e.g. MDT, PMRT, etc.) have the capacity to (a) minimize and/or eliminate a child’s trauma and family separation; and (b) connect caregivers to community-based support services, including immigration services.

### **Law Enforcement Recommendations**

The following proposals were recommended by law enforcement agencies represented in the group, pending approval from agency/department leadership.

#### **Los Angeles Police Department (LAPD) Recommendations**

LAPD will continue to utilize and expand upon the following policies/procedures/programs to reduce jail bookings:

- Continued use of warnings/education for appropriate misdemeanor crimes to prevent arrests in the field;
- Continued use of the Field Release from Custody (FRFC) option in the field and at stations to reduce bookings in detention facilities;
- Continued use of the Administrative Citation Enforcement (ACE) program to address low level crimes through civil penalties rather than criminal fines;
- Expand the current Mental Evaluation Unit (MEU) program in the field to triage incidents to prevent/reduce arrests and UOF incidents;
- Develop Alternative Service Delivery options (PMRT) with DMH to reduce law enforcement responses to mental health calls throughout the City by using appropriate DMH personnel combined with trained professionals;
- Develop Alternative Service Delivery options to effectively address appropriate homeless-related situations and incidents through alternative means other than law enforcement;

- Expand the Community Safety Partnership (CSP) program at appropriate locations throughout the City to enhance public safety and trust through more permanent on-site relationships emphasizing arrest reduction and program enhancement;
- Maintain an appropriate law enforcement response to respond to mental crisis and homelessness calls for service involving threats/violence;
- Continue to train all Department personnel in the Mental Health Intervention Technique (MHIT) to ensure greater understanding and effectiveness for personnel dealing with mental health crises in the field;
- Continue to utilize/enhance intervention programs such as the City’s Gang Reduction Youth Development (GRYD) to prevent and impact violent gang crimes prior to and after crimes occur;
- Expand the Department’s Juvenile Arrest Diversion Program (JADP) to effectively divert juveniles away from bookings/incarceration and into appropriate programs;
- Continue to operate the Domestic Abuse Response Team (DART) program to respond to domestic incidents in the field and provide appropriate support, education and counseling to victims and involved parties with the goal of preventing incidents and arrests; and,
- Continue to work in collaboration with appropriate Community Based Organizations across the City that provide a variety of educational and support programs aimed at preventing crime and arrest situations in the communities they serve.

Note: Some programs/protocols/responses are subject to change and re-engineering as part of the ongoing discussion of developing Alternative Service Delivery programs which de-emphasize law enforcement responses to certain situations.

#### Los Angeles Sheriff’s Department (LASD)

The following draft recommendations were provided by LASD representatives that participated in the group but have yet to be approved by Sheriff Villanueva.

- MET should continue field assessments and diversion efforts (ATI Intercept 2)
- Intake Booking Diversion Program (IBD) pilot to begin in East Patrol Division (EPD) (ATI Intercept 3)
- Collaboration efforts with Department of Veteran Affairs (VA) to continue to help veterans receive care through VA system, alleviating impact on County system of care. West LA VA is setting up their VMET teams and co-responder plan with MET. (ATI-Intercept 0 #1 Decentralize and Develop cross functional teams to coordinate behavioral health needs before booking)
- Finish setting up linkage with DMH new veteran peer access network (VPAN)
- Train 911 dispatchers to divert MH calls to DMH Access whenever possible (planned start in Sept 2020, COVID-19 permitting; countywide effort underway to study 911 alternatives, ATI #43)
- Continue having patrol personnel attend Field Operations Crisis Intervention Skills (FOCIS) training for deputies new to patrol and the 1-day mental health training classes for tenured track patrol personnel. This training helps educate staff on diversion opportunities and benefits of diversion vs jail and addresses race and gender.

LASD recommends expansion of the following to reduce jail bookings:

- As funding allows, incrementally increase MET coverage to the recommended minimum of 60 teams, as determined by Civilian Oversight Commission (2018, 2020 reports) and ATI Workgroup (2019, 2020 reports). Additional MET coverage helps maximize ability to de-escalate and divert people who have mental health disorders and are experiencing a crisis that leads to law enforcement contact. That also frees up patrol for other calls.
- With the incremental expansion of MET, the Intake Booking Diversion (IBD) program at station booking sites may be expanded Countywide to involve municipal police agencies.
- Law Enforcement Assisted Diversion (LEAD) should be expanded/continued.
- Following 2020 LASD Homelessness Strategic Plan, merge of MET with HOST and LEAD into Crisis Intervention Bureau (similar to LAPD model) would allow for more united efforts, centralized dispatching of crises cases, and specially trained MET teams to be embedded with HOST for daily outreach in each patrol region. Also improves joint HOST/MET trainings for patrol. Bureau institutionalizes crisis de-escalation specialization and creates new career path for those with above average empathy and who are exceptionally skilled communicators during mental health crises. Also allows Sheriff MET to better support municipal agencies during emergencies, as needed (M-AID) [ATI Workgroup recommendation].
- Expansion of HOST may allow for near real-time response by HOST/MET resources to assist clients when patrol encounters them. This likely results in more diversions for persons experiencing homelessness.
- Expand collaboration with VA at both West Los Angeles and Long Beach hospitals to involve VMET response to support patrol/MET/HOST with veteran mental health and homelessness crises encounters in the field, providing a warm-handoff for people to get VA services instead of going to jail.
- Using VPAN as a model, work with community organizations to establish linkage between MET Triage Desk and community volunteers who could help mental health and/or person experiencing homelessness with peer support and opportunities to avoid the criminal justice system. For example, if MET provides a field evaluation and patient will not require a hold for 5150/5585 WIC, Triage Desk could contact the Community Peer Access Network (CPAN) lead person to have community volunteers take over in assisting the patient. In some cases, CPAN response may even replace need for MET, as coordinated by Triage Desk.

LASD recommended the following to address resource gaps:

- Prevent reductions/takeaways from MET if budget for AB109, et al. allows. This keeps ongoing efforts to keep people out of jail on track versus going backwards with less services and fewer referral/linkage opportunities.
- Fill two vacancies at MET for funded items. This will resume 33 regional teams, compared to 31 currently.
- Add future MET field units to support municipal police agencies who don't have city MET coverage 24-hours, such as graveyard shift and weekend coverage [this was also an ATI recommendation].
- LA County should consider applied technology to link 911 system to DMH Access call-center directly, so non-911 crises can be transferred to DMH (like 911 links to Fire and CHP currently).
- Meanwhile, DMH should establish a 24-hour number to Access Call Center (answered by human vs phone menu options) so first responders and MET/MEU Triage Desks can notify DMH about mental health crises calls that PMRT could handle vs sending LE agencies (divert at earliest opportunity in receiving the call).

- In order to establish CPAN linkage between law enforcement agencies and community volunteers, (for purposes of requesting and dispatching community volunteers) there may be some technology needs at one or more MET or DMH offices to help establish a 24/7 link to community partners to our Triage Desks at LASD MET and LAPD MEU.

## **PLAN TO MAINTAIN AND REDUCE THE JAIL POPULATION: COURT-RELATED PROCEDURES FOR REDUCED ADMISSIONS AND EARLY RELEASES**

This workgroup, comprised of representatives from the RHAC, the LA County Prosecutors Association, Probation Department, DA, PD, APD, DHS ODR and County Counsel, in consultation with the Superior Court, reviewed the measures taken by justice and health system stakeholders to reduce the jail population quickly during the COVID-19 crisis, focusing on those measures that impacted reduced admissions into the jail and the release of thousands of individuals from custody. These measures were then analyzed to determine which should be kept in place and/or expanded to maintain or continue to reduce the jail population below the BSCC ratings, where gaps remain, and how to focus intentionally on reducing and eliminating racial disparities in who benefits from these measures.

As described in the data section in the introduction to this report, significant disparities persist in who remains in jail custody—by race and mental health needs—indicating that intentional efforts must now be made to reduce the number of Black and Latinx people in custody, as well as those with a mental health disorder, and, most strikingly, Black women.

The section on Release Protocols describes the way in which releases were carried out and the challenges encountered trying to ensure warm handoffs to placements and services for those who needed them, during the first several months of the COVID-19 crisis. This section focuses on the changes to Court, prosecution, defense, and Probation practices that led to those early releases and reduced bookings.

There are a number of ATI recommendations (#53-68, 75-83) covering the interactions individuals have with the law enforcement and the court process after arrest that could significantly reduce the jail population, some of which are already in the early stages of implementation, others that are connected to the emergency measures put in place in response to COVID-19, and many others that can continue the work of connecting individuals to community-based care and eliminating or reducing involvement with the justice system, while working toward racial equity. The ATI recommendations have detailed preliminary implementation plans and should serve as the foundation as stakeholders work to formalize recent policy and practice reforms. The relevant recommendations are detailed in the report on pages 54-57 and 60-61, focusing on return-to-court support services, a front-end system involving behavioral health professionals to solicit information about unmet needs, a comprehensive strengths- and needs-based system of pretrial release, connections to personal advocates or community member navigators, equal access to all treatment resources, robust AB1810 diversion schemes, increased court-based staffing across departments, expanded SUD programming in the jails, updates to the compassionate release program, real-time maps of diversion options and eligibility criteria available to all system actors and the public, analyzing the drivers of certain common charges like license suspensions, FTA warrant clearance events and support, increased assessments for all individuals booked into custody, various recommendations that speak to gender and sexual orientation needs, and a number of recommendations to improve the outcomes of the Probation Department's supervision program. They are listed where relevant to the specific proposals below.

### **Successful Measures Instituted to Reduce Jail Population**

Measures affecting individuals who are pretrial (booked into jail custody but who have not been convicted of an offense):

- 1) *Stipulated Own Recognizance (OR) Release Orders*: From March 18, 2020, to April 13, 2020, the justice partners entered into an agreement to identify individuals pending low-level felony and misdemeanor matters and stipulated to release these individuals on their own recognizance with a promise to appear for the next court date in a series of orders signed by the supervising judge. The Los Angeles County Sheriff's Department continues to provide multiple categories of lists of individuals potentially eligible for release who are in jail custody, including those identified by the Office of Diversion and Reentry as medically vulnerable and/or over 60 years of age. The Los Angeles Superior Court also established designated Bail Review Courts for bail motions on individual cases in each branch court to expedite the review and potential release of individuals on their own recognizance from county jail.
- 2) There have been a series of Emergency \$0 Bail Schedules. The Los Angeles Superior Court issued its First Emergency \$0 Bail Schedule in mid-March 2020 applicable to Los Angeles County. The State of California Judicial Council issued the State Emergency \$0 Bail Schedule, effective April 13, 2020 at 5:00 p.m. that superseded the Los Angeles schedule. Once the State Emergency \$0 Bail Schedule expired, the Los Angeles Superior Court issued a Second Emergency \$0 Bail Schedule, effective June 23, 2020. During this period, the justice partners entered into an agreement to identify individuals in jail custody who were eligible for \$0 Bail and stipulated to release in a series of orders signed by the supervising judge. Generally speaking, the \$0 bail schedule, whether local or state, mandated that the bail for most misdemeanors and non-serious felonies is \$0, which means that people arrested for those charges would not be booked into custody. The crimes that are exceptions implicate public safety and include misdemeanor crimes like domestic violence, stalking, violating a restraining order and driving under the influence. There are additional exceptions regarding committing a new offense while on \$0 bail and some misdemeanors, including unlawful assembly, unauthorized entry into an emergency area and failure to disperse. The felony exceptions include all serious and violent felonies such as murder and rape, and felonies such as human trafficking, child and elder abuse, and driving under the influence.
- 3) Partnership with The Bail Project: The Public Defender's Office has partnered with the national organization, The Bail Project, for the posting of bail for those indigent clients not qualifying for \$0 bail. A pilot project initially launched in Compton and Van Nuys will expand to all courts in the County.

Measures affecting individuals sentenced to custody time after conviction:

The justice partners worked collaboratively and agreed to a process of reviewing individuals who were sentenced and serving their sentences in County Jail for possible resentencing to time served. The Los Angeles County Sheriff's Department identified individuals serving AB109 parole violations with 60 days or less remaining on their county jail sentences, those who had 90-days or less to serve and identified as having a mental health disorder, and those identified as medically vulnerable. The justice partners also reviewed lists of individuals who had 90 days or less to serve on non-serious felony charges. The supervising judge signed stipulated resentencing orders for the agreed upon individuals and transmitted the information to the Los Angeles County Sheriff's Department.

## Probation Department Pretrial and Supervision Changes

### Judicial Council Pretrial Pilot

The LA County Bail Reform Pilot, led by the Superior Court and supported by the California Judicial Council, includes pre- and post-arraignment (first court appearance) assessment of release. The pre-arraignment assessment began on March 23, 2020. Everyone arrested in LA County is screened for automatic release using the Public Safety Assessment (PSA) auto-populate risk tool. Prior to this pilot, only a small portion of people arrested were considered for pre-arraignment bail reductions or Own Recognizance (OR) release, as those requests were only self-initiated by individuals in custody who called Pretrial Services. This process is also still in place for individuals who are not released via the PSA. Some individuals due to statute, bench warrant, or other holds are not eligible for pretrial release and must appear before a judge to be considered for release.

The post-arraignment assessment was delayed until June 22, due to COVID-19 impacting in-person interviews and other contacts. During this phase, all cases for arraignment at the downtown Los Angeles criminal courthouse (CJC) are screened using the Criminal Court Assessment Tool (CCAT), which means that individuals charged with both misdemeanor and felonies could potentially be eligible for release. Judges have the option of ordering Pretrial Supervision, which may include GPS and/or drug and/or alcohol monitoring, as well as providing for services needs as determined by Probation Pretrial Services and a community-based provider, Special Services for Groups (SSG)/Project 180. The defendant is not responsible for any costs associated with monitoring or services. Services include alcohol and drug counseling, anger management, and mental health services. Pretrial staff work closely with defendants, the monitoring company and the service provider to ensure the goal is successful resolution of the case with no new arrests and all court appearances made. Reporting violations to the Court will be a last remedy and only in certain situations such as absconds, new arrests etc.

### Changes to Probation supervision policies

- 1) Increased due diligence in researching whereabouts of clients on Probation/PSP (Post-Supervised Person, meaning an individual under Probation supervision after serving time in state prison) prior to referring matters to court for desertion. This includes greater efforts to find individuals in the community. The result is fewer active no-bail felony bench warrants, which often result in bookings into county jail upon apprehension or surrender.
- 2) During the COVID-19 emergency, the Probation Department allowed call-in reporting during office closures, which increased contacts with clients and provided for improved compliance with reporting requirements, which results in fewer referrals to court for technical violations.
- 3) Reduced referrals for technical violations to the court. Deputy Probation Officers have been instructed to work with alternatives to referrals for non-compliance to the court, focusing on referrals to programs, services, and treatment that can assist in the reentry process. During March, April and May 2020, there were 1,633 fewer Technical Violations in Adult supervision, compared to the same time frame in 2019 (3,675 in 2019 compared to 2,042 in 2020).

### Recommended Plan to Maintain/Expand Reductions

The following court-related policy and practice changes are recommended to ensure continued reductions in jail admissions and increased releases, in order to address racial equity, address the unmet behavioral health, housing, family reunification, restorative justice, employment and other

service needs for so many individuals who end up in jail custody, and improve case outcomes and the health and safety of our communities.

### Continued Collaboration

Institute a *Jail Reduced Admissions (JRA) Council-Court Group* comprised of representatives from the Public Defender, Alternative Public Defender, District Attorney, LACPA, Office of Diversion and Reentry, Probation, DHS Care Transitions, ATI, RHAC, in consultation with the Superior Court, to build upon the collaborative jail reduction processes employed during this COVID crisis, and identify and systemically address the gaps and needs that remain. The Counsel would identify and implement mechanisms to effectuate the safe release from jail of individuals who meet criteria for zero bail, OR, conditional release, sentence reduction, and other forms of jail release, and monitor the outcomes of those measures and their impact on racial equity.

### Court-Related Policies to Reduce Jail Admissions

The Court Procedures work group recommends the following policies to maintain and continue to reduce the jail population

- 1) *Consider retaining and/or expanding \$0 bail policies, post-COVID-19, to:*
  - Probation violations
  - AB 109 violations
  - selected excluded misdemeanors and felonies
  
- 2) *Expand pre-filing / pre-arrest diversion throughout LA County, particularly to the smaller jurisdictions*
  - A number of larger prosecutors' offices operate pre-plea diversion programs, including the DA, Los Angeles City Attorney, Santa Monica, Long Beach and others, some using LEAD, but there is significant interest and need to expand these programs to other jurisdictions. The Los Angeles City Attorney's Neighborhood Justice Program operates a pre-filing volunteer panel with a mediator who facilitates a meeting with individuals who committed first time, low level offenses to discuss a remedy. The office reports that the program reduced recidivism significantly with a 98% success rate. LACA also had success in releasing individuals in Mental Health Court into a community restoration program. City attorney offices in Long Beach and Santa Monica also have early diversion programs—Santa Monica operates JOLT (jail in-reach pilot program) aimed at drug-related charges that provide a warm hand-off to a community based organization in lieu of filing criminal charges). Smaller prosecutor offices are interested in accessing community-based services and program staff with behavioral health training who can facilitate diversion and address unmet behavioral health needs, including information about available beds and programs.
    - ATI #1: decentralize and develop cross-functional teams to coordinate behavioral health needs before booking, with an emphasis on warm handoffs when connecting clients to optimal services
    - ATI #48: develop and expand pre-arrest and pre-booking diversion programs
    - ATI #54: create front-end system that solicits information about unmet behavioral health needs so prosecutors can offer diversion instead of filing charges, or can file reduced charges

- ATI #57: connection to personal advocate for navigation and diversion opportunities
- 3) *Create a presumption of pre-plea diversion for most misdemeanors, and implement ATI recommendations about restorative justice, violence prevention and harm reduction to address individuals found not eligible for this type of diversion*
- Eligibility for diversion should occur at the earliest possible stage of the proceedings.
    - ATI #54: early behavioral health assessment for charging decisions
    - ATI #68: conduct mental health assessments for all
    - ATI #59: robust AB 1810 diversion
  - Individuals who are the most vulnerable (based on data) should be prioritized for diversion—those who are Black, Latinx or other people of color who have a mental health and/or substance use disorder and/or are homeless, as well as individuals who identify as LGBTQ+ and/or TGI (Transgender, Gender Non-Conforming, or Intersex). Black women should receive particular prioritization for diversion.
  - This presumption should be applied retroactively to individuals already sentenced who are in custody.
  - Expand other types of diversion options to address those not eligible for pre-plea diversion.
    - ATI #7 and 8: develop and expand restorative justice; crisis mediation and violence prevention services
    - ATI #12: support and broaden community-based harm reduction strategies
- 4) *Expand Bail Reform project and/or other non-money bail pretrial release programs and services.*
- ATI #55, 56: recommendations on developing a countywide pretrial services system
- 5) *Formalize and expand Probation supervision reforms to reduce admissions (ATI #75-83)*
- Continue increased diligence in locating people on supervision before referring to court for absconding from supervision. This would be achieved through re-issuance of current departmental policy and booster training for all supervision staff.
  - Development and adoption of technology to provide alternative reporting methods for people on probation who are considered low risk. This would provide an alternative to KIOSK reporting, which is limited to field offices and field office business hours. This strategy maintains compliance with reporting requirements and eases barriers such as transportation and limited business hours for those who are maintaining regular employment or may be receiving residential services in the community.
    - ATI #79: explore ways to reduce number of supervision check-ins, reduce and potentially eliminate technical violations and warrants for technical violations
  - Continue policy and practice of reduced referrals for technical violations to the court by exercising alternative, non-custodial options for compliance issues. This includes referral to community-based programs and services that support reentry and address criminogenic risk factors or responsivity issues. This also aligns with the County's move away from custody sanctions to referrals for appropriate community-based treatment and services as indicated by the ATI recommendations. Develop policy and train all adult supervision staff.
    - ATI, Executive Work Group and this motion's system of care recommendations

Court-Related Policies to Increase Releases

- 1) *Extend stipulated releases to \$0 bail-excluded charges and consider extending them to technical probation violations.*
- 2) *Stipulated Own Recognizance (OR) Release: CHS-identified “medically vulnerable” individuals, using the formalized release protocol described on pages 24-32 of this report for warm hand offs to placements, focusing particularly on women who are pregnant.*
- 3) *Stipulated Pretrial releases with remote court proceedings to ensure defendants are present, can waive time, have an attorney, and that a judge can impose conditions (i.e. protective orders).*
- 4) *Stipulated releases of individuals in State Hospital who have been found competent. Instead of going back to jail to await the resumption of court proceedings they go into ODR housing to await their next court date. Reduce delays on state hospital transfer.*
- 5) *Reductions in sentences for the following populations to allow early release:*
  - a. Individuals sentenced to state prison waiting for transfer, which have been delayed because of COVID considerations);
  - b. AB109 violations;
  - c. Felony sentences; 90 days or less;
  - d. Sentence reduction for misdemeanor sentences;
  - e. Sentence reduction for felony probation violations;
  - f. Sentence reduction for people with mental health and substance use needs
  - g. Sentence reduction for women who are pregnant.
- 6) *Handling failures to appear (FTAs) as courts reopen: For defendants who fail to appear in court, the parties will develop a policy agreement to attempt to avoid a bench warrant and consider other options, in consultation with the Court.*
  - a. ATI #53 – return to court support services
- 7) *Expand Mental Health diversion for more serious crimes, as the County develops additional appropriate community-based settings. Expand ODR resources to create these facilities and institute uniform diversion options across courtrooms.*
  - a. ATI, Executive Work Group and this motion’s system of care recommendations
  - b. ATI #58 – Improve equal access to all treatment resources
  - c. ATI #60 – Increase staffing across departments to integrate court-based services
- 8) *Encourage disposition of cases at the earliest point possible, building on strategies such as the Late Disposition Courts.*
- 9) *Provide assistance with appeals to individuals who are convicted and provide widespread education about available resources.*
  - a. ATI #57: connection to personal advocate for help with system navigation and resources

## PLAN TO MAINTAIN AND REDUCE THE JAIL POPULATION: LEGISLATIVE REFORMS

The Legislative Subgroup was asked by the BOS to identify priority legal reforms likely to reduce the number of incarcerated persons in Los Angeles once the current state of emergency (and emergency releases) ends, while still protecting public safety.

The Legislative subgroup includes representatives from LASD, County Counsel, LAARP, DHS, and the Public Defender's Office. Members met and reviewed the reports of other subgroups as well as the original ATI recommendations. While not exclusive, we believe the topics and solutions described below reflect the types of legal reforms necessary to address jail reduction and public safety goals.

Recommendations are categorized by the subgroup whose report was the basis for the identified reform. Some identified reforms are described broadly and will require specific statutory language to implement. The legislative subgroup remains available to assist with the development of language and to discuss specific ideas in greater context. The workgroup recommends that the Board direct the ATI Initiative, or whoever might be most appropriate, to partner with the CEO's Office of Legislative Affairs and Intergovernmental Relations, and in collaboration with ODR, Public Defender, APD, DA, LASD, Probation, and other impacted departments and community representatives, to develop a legislative strategy in which the County can support or pursue legislation that meets these legislative needs.

### *Court-Related Procedures Subgroup:*

#### **Make "Zero Bail" Permanent**

**Problem:** Many pre-trial defendants face lengthy pre-trial detention because they cannot afford the bail amount set per the pre-COVID bail schedule. The pre-COVID LA County bail schedule set bail in an amount roughly ten times higher than the national average.

**Solution:** During the current pandemic, the LA County Superior Court has created a "zero bail" schedule, setting the presumptive bail for most offenses at \$0. To maintain the historically low level of pre-trial detainees, make the current "zero bail" schedule the permanent bail schedule.

#### **Expand "Zero Bail" To Technical Probation Violations/AB 109 Violations/More Offenses**

**Problem:** Under current law, defendants charged with technical violations of probation/AB 109 (e.g., missing an appointment with a probation officer) are detained without bail. Similarly, even under the current LA County "Zero Bail" policy, some low-level defendants (e.g., vandalism) are not presumptively released pre-trial. Currently, there are 19 misdemeanor and numerous non-violent felony exceptions (including vandalism over \$400) on the list of offenses excluded from zero bail.

**Solution:** Expand the "zero bail" schedule to defendants charged with technical (rather than new offense) violations of probation/AB109 and broaden the categories of offenses to which the zero bail schedule applies.

### **Expand Use of “Promissory” Bail**

**Problem:** Under the current bond system, pre-trial defendants’ families are forced to pay bondsmen large fees, in exchange for which the bondsman agrees to post the entire amount of bail. The family loses the money paid to the bondsman, even if the defendant thereafter complies with all conditions of release or has his/her case dismissed.

**Solution:** Expand the use of “promissory” bail, where a family posts directly with the court the same amount of bail it would have paid the bondsman and agrees to pay the remainder if the defendant fails to appear. Unlike the current process, the family will thereafter recover their payment as long as the defendant returns to court as ordered.

### **Create County Jail Parole Review/Transfer to 1170(h) for Long Sentence Defendants**

**Problem:** After Realignment (AB109), some defendants charged with non-violent felony cases are now serving long sentences in county jail (in some cases, several years). In comparison to individuals in state prison custody, those in county jail have little access to programming, and no opportunity to earn enhanced credits that could reduce their sentences.

**Solution:** Create a county jail “parole board” to look at individuals sentenced to more than two years in county jail and, absent evidence that their release would endanger public safety, release them on electronic monitoring or resentence them to community supervision pursuant to Penal Code sections 1170(d) and 1170(h).

### **Create Educational/Milestone Credits in County Jail**

**Problem:** Individuals serving time in state prison are eligible to earn increased “conduct” credits based on the completion of various programming/educational goals. No such credits exist in the county jail system.

**Solution:** Authorize those in county jail custody to earn extra conduct credits for the completion of programming/educational/trustee goals – credits can thereafter be applied to county jail or state prison sentences.

### **Limit Sentences for Technical Violations of Probation/AB109**

**Problem:** Many defendants are in custody for probation/AB109 violations that do not involve the commission of a new offense, but instead consist of “technical” violations, such as missing an appointment with their probation officer.

**Solution:** Set limits on the use of incarceration as a response to technical violations of probation/PRCS, reserving incarceration for violations involving the commission of a new offense.

### **Authorize Fewer Check-Ins for Probationers/AB109**

**Problem:** Many defendants end up detained as a result of technical violations involving a failure to check in with a probation/AB109 officer.

**Solution:** Require fewer check-ins and authorize defendants to “check in” by phone.

### **Make Permanent the Judicial Council Order Allowing Defense Council to Appear In Lieu of the Defendant at Arraignment and Pre-Trial Hearings**

**Problem:** Each criminal case involves numerous pre-trial appearances, sometimes over the course of a year or longer. Defendants who miss a single court date face imprisonment. Similarly, waiting for defendants to arrive in court slows down the entire process and leads to the issuing of unnecessary bench warrants. Subject to specific exceptions, current law authorizes defense attorneys to appear in lieu of the defendant at pre-trial hearings on misdemeanors, but not felonies.

**Solution:** The current Judicial Council Emergency Orders expand section 977 to give defense council the right to appear for clients charged with felonies, with exceptions only where the defendant's presence is necessary to conduct the hearing in question.

### **Bar Incarceration Sanction for Single "Late" Appearance by a Defendant**

**Problem:** Under current law, a defendant who arrives fifteen minutes late to court can be incarcerated, even absent evidence that the defendant's lateness was willful. Defendants who rely on public transport, or who are experiencing physical or mental health crises are "punished" by some courts with incarceration, even where no evidence establishes that the defendant is a flight risk or danger to the community.

**Solution:** Bar incarceration as a sanction for a defendant who arrives late to court, absent a showing of willfulness, flight risk, or risk to public safety. This policy would still permit a court to impose other, non-incarceration sanctions on a defendant who arrives late to court.

### **Create a Presumption of Pre-Plea Diversion for Most Misdemeanors**

**Problem:** Conviction and incarceration *increase* the chance that a defendant will reoffend and be re-arrested. Consequently, creating a criminal record for low-level defendants should be a last resort.

**Solution:** Create a presumption of pre-plea diversion for all "zero bail" misdemeanors and increase funding for the County's pre-filing diversion programs.

### **Mandate Transfer of "Restored to Competence" Defendants to Community Based Treatment, Not Jail**

**Problem:** Incompetent defendants are transferred from county jail to state hospital or community-based programs until they are restored to competence. However, once a defendant is restored to competence, they are transferred back to county jail. Effectively, the current process attempts to make people with mental illness healthy enough to jail again. During the COVID-19 crisis, ODR demonstrated that transfers directly to care and housing could happen by doing this for dozens of persons deemed incompetent to stand trial.

**Solution:** Mandate that all defendants deemed incompetent to stand trial be reviewed for placement in a community-based program and, if placed in such a program, remain in that

program instead of going back to county jail if they are restored to competence while their case remains pending.

### **Equalize Conduct Credits for Defendants Deemed Incompetent to Stand Trial**

**Problem:** Current law awards “conduct” credits to pre-trial individuals detained in county jail, but not to individuals who are mentally ill and detained in the state hospital. This effectively means that those who are mentally ill serve more time in custody (sometimes more than double the time) as compared to individuals who are not mentally ill and are charged with exactly the same offense.

**Solution:** Award conduct credits to defendants previously detained in a state hospital if they are eventually restored to competence and sentenced.

### **Expand Use of PC 1001.36 Mental Health Diversion**

**Problem:** Many defendants suffering from mental health conditions are on probation for convictions that pre-date the creation of the mental health diversion statute (PC 1001.35-36.) The California Supreme Court has recently held that these defendants are eligible for retroactive application of the mental health diversion law.

**Solution:** Create a review process for all eligible defendants charged with a probation violation to determine whether they are better served by conversion to mental health diversion.

### ***Protocols for Releases Subgroup:***

### **Track Gender/Racial/Ethnic Demographics of Those Released Early**

**Problem:** To ensure that vulnerable groups are not disproportionately held in county jail, it is necessary to track the demographics of those released early, including through diversion efforts to determine whether adjustments to release procedures are needed.

**Solution:** Mandate the tracking of demographics of those released vs. those held in county jail.

### **Mandate Coordinated Releases, Where Possible**

**Problem:** Vulnerable individuals may be released to the street without any coordination with family or a treatment provider, increasing the risk of recidivism or harm to the released person.

**Solution:** Where possible, mandate that releases be coordinated with family members or service providers.

### **Adjust Medi-Cal to Provide Coverage for Reentry Coordination Services**

**Problem:** Current Medi-Cal coverage does not cover services provided in custody, including efforts to transition the defendant to a non-custodial treatment program.

**Solution:** Modify Medi-Cal (as proposed in the draft CalAim proposal) to cover services provided to transition the defendant to community treatment within thirty days of his or her release.

*System of Care Subgroup:*

**Provide ID Cards to Individuals Soon to Be Released from Custody**

**Problem:** Individuals released from County Jail are released without identifying documents (such as a California ID) that prevents them from accessing services, which increases the likelihood that they will be rearrested.

**Solution:** Legislate a requirement for the issuance of an expedited California ID card and other necessary documents from the DMV prior to release for live-scanned individuals who do not have those documents.

**Sign up Uninsured Individuals for Medi-Cal/GR/SNAP/SSI and other benefits**

**Problem:** Many individuals who are in jail custody are eligible for benefits, including health insurance through Medi-Cal, that are likely to reduce recidivism, but do not know how to access them. Although it is in everyone's interest that soon-to-be-released individuals have access to healthcare, food, and a place to stay, processes to connect them to these benefits are slow or non-existent.

**Solution:** Mandate that everyone be reviewed for benefits eligibility and then assisted in applying for those benefits.

**Increase and Prioritize the Use of Conservatorships for Qualifying Arrestees**

**Problem:** The current conservatorship process is slow, unwieldy, and difficult to access. Additionally, the criteria for conservatorships may be unduly strict. The defense reports that conservatorships have previously been declined on the ground that conservatorships "should not be used to resolve criminal cases," even when the defendant is both eligible and amenable, and the prosecutor has agreed to dismiss charges and release the defendant once a conservatorship is enacted.

**Solution:** Streamline the conservatorship process for individuals in county jail custody, review current conservatorship guidelines with Public Guardian, expand the list of agencies which may petition for LPS conservatorship, and consider mandating a conservatorship eligibility determination for every individual in custody deemed incompetent to stand trial.

**Allow Affidavit from Law Enforcement Based on Positive Live-scan to Support Request for Records**

**Problem:** Current law restricts the types of documents which can be used to establish identify when applying for a replacement id card, birth certificate, or social security card. Lack of these documents often bars individuals from accessing services or benefits once release, increasing recidivism.

**Solution:** Permit an affidavit from law enforcement based on a live-scan to qualify as a basis for the issuance of needed documents.

**Limit Restrictions on Treatment Beds for Vulnerable Population**

**Problem:** Some of the most vulnerable and needy individuals in jail custody are difficult to place because many programs refuse to accept these individuals based on the nature of their current or prior charges. This refusal by county-funded programs to treat them leaves a hole in the system of care affecting thousands of people.

**Solution:** Limit the use of criminal history exclusions to convictions, not arrests and only those that are mandated reports such as sex offenses. Offer incentives for safe housing options which provides more than 25% of housing options for those with a past conviction for sex offense, SMI population and other hard to place individuals.

***Field Operations Subgroup:***

**Require Technical Violations of Probation/PRCS to Be Addressed In-House**

**Problem:** Many defendants jailed for a violation of probation are not accused of violating the law, but instead an internal condition of their probation, such as missing an appointment with a probation officer or failing to complete a program in a timely manner. As of last year, approximately 13% of state prison referrals were the result of technical violations of probation. Not all of these violations require court intervention or incarceration; many can be handled internally by the probation department.

**Solution:** Mandate that technical violations of probation, excluding those that threaten public safety, are handled internally by the probation department, without the filing of a formal probation violation request.

**Expand the Use of Non-Reporting Probation**

**Problem:** Many of those jailed for probation violations are not jailed for new offenses, but jailed simply because they failed to report to their probation officer. Unnecessarily requiring a defendant to report to a probation officer and then jailing them for failing to do so is a waste of resources and may actually be detrimental to the individual's reintegration. Non-reporting probation is already available for misdemeanor defendants, but is rarely used for felony defendants, even where there is no evidence that reporting is necessary or advisable.

**Solution:** Expand the use of non-reporting probation for non-violent felony defendants.

**Prohibit Custodial Sanctions for Probation/PRCS Non-Compliance Where Alternatives are Available**

**Problem:** Currently, probation officers frequently recommend custodial sanctions for non-compliant probationers, even when non-custodial alternatives (such as programming or electronic monitoring) are available. This results in the unnecessary jailing of probationers charged with minor violations of probation.

**Solution:** Require probation officers to consider alternative sanctions and to explain why those sanctions are insufficient before recommending a custodial sanction for a probation violation. Require a probation supervisor to review all recommendations for custodial sanctions prior to submission to the court.

**Prohibit Arrests/Citations for Quality of Life Offenses Without a Prior Warning**

**Problem:** Prior to the pandemic, many homeless defendants were cited for minor “quality of life” offenses such as drinking in public and then, when they fail to appear in court, are jailed. The issuance of bench warrants and the use of incarceration to address these offenses increases jail populations and are not always necessary to address the underlying problem.

**Solution:** Prohibit the issuance of a citation or arrest for most non-violent, non-victim misdemeanor offenses, absent a prior warning and refusal to comply by the violator.

### **Modify POST Training for 911 Operators to Divert Mental Health 911 Calls to Mental Health Professionals**

**Problem:** A significant portion of 911 calls relate to conduct by individuals who have mental illness. These calls are generally better handled by mental health trained professionals and generally should not be handled by line officers. Failing to do so can lead to needless arrests, the use of force, and resulting lawsuits.

**Solution:** Modify POST training for 911 operators to encourage the referral of mental health related 911 calls to mental health professionals.

*Original to Legislative Subgroup:*

### **Authorize LASD to Refuse Categories of Arrestees**

**Problem:** LASD does not currently have the authority to refuse categories of arrestees (such as mentally ill, non-violent individuals), meaning that officers may use LASD booking as an alternative to 5150 holds – which both criminalizes the mentally ill and unnecessarily increases the jail population.

**Solution:** Amend PC 4015 to give LASD some discretion to refuse specified categories of arrestees.

### **Modify PC 849b to Permit Officers to Release to Community Programs Persons Suffering from Alzheimer’s and Other Cognitive Diseases**

**Problem:** Current law restrict an officer’s ability to field cite or release those charged with various offenses, including elder abuse or domestic violence. Some of those arrested for these offenses are Alzheimer’s patients or those suffering from other cognitive disorders who, as a result of arrest, are removed from their care giver and/or board and care. Removal of these men and women from their system of care is often unwise and unnecessarily increases the jail population.

**Solution:** Modify PC 849b to permit the non-arrest or pre-arraignment release to community-based placements for those suffering from specified cognitive disorders as an alternative to continued pre-trial custody.

### **Decriminalize low-level, non-violent offenses**

**Problem:** While individuals charged with low-level drug and driver's license offenses are rarely arrested in the first instance, they are often arrested for failing to appear in court on the original citation, increasing jail populations.

**Solution:** Decriminalize various offenses, including personal use drug offenses, license violations, and other, non-violent low-level offenses.

### **Increase the Use of "Wobblettes"**

**Problem:** Current law authorizes courts to reduce various misdemeanor offenses to infractions pursuant to Penal Code 17(d) and 19.8.

**Solution:** Increase the list of non-violent misdemeanor offenses which, subject to judicial discretion, can be reduced to infractions, including municipal code violations, and low-level drug and traffic offenses.

### **De-Felonize Some Non-Violent Offenses**

**Problem:** Some current offenses may be improperly categorized as felonies. For example, stealing an object worth \$400 is a misdemeanor (PC 484), while breaking that same object is a felony (PC 594). Inconsistently charging non-violent offenses as felonies prevents their rapid resolution and unnecessarily increases the jail population.

**Solution:** Identify non-violent felony offenses such as vandalism that appear disproportionate as felonies and make them misdemeanors.

### **Provide Employment Opportunities for Justice-Involved Individuals**

**Problem:** Formerly incarcerated or convicted individuals have extreme difficulty in securing living wage employment opportunities. In fact, people with felony convictions face 4,800 legal barriers to the restoration of their full legal and civil rights in CA, including direct exclusion from many jobs and licensure. Despite the CA Fair Chance Act which took effect in 2018, many employers continue to exclude people with criminal records from employment opportunities.

**Solution:** Provide tax incentives for businesses who offer training and at least a year employment for individuals with criminal convictions or those who have a serious mental disorder. This could be offered using a sliding scale based on the population served.

### **Authorize a Feasibility Study of Creating an Alternative Crisis Response Option**

**Problem:** A significant portion of 911 calls for service relate to individuals and families experiencing extreme crisis, including struggling with mental illness, substance abuse, or interpersonal disputes. These calls may be better handled by trained professionals and paraprofessionals with lived experience. Failing to do so will continue to lead to needless arrests, the use of force, community harm, and resulting lawsuits.

**Solution:** Build upon current County efforts by DMH, by authorizing a Feasibility Study on the creation of Alternative Crisis Response Options, using trained professionals and paraprofessionals that reflect the diversity of the communities they serve.

### **Appropriately Fund Support Services and Diversion Initiatives**

**Problem:** Budget cuts threaten to gut successful programs which have demonstrably impacted incarceration and recidivism rates. Reducing funding for these programs will negatively impact progress made and may result in additional expense to the County, including costs of incarceration and damage to long term incarceration goals

**Solution:** Continue to fund proven programs, including those described in the subgroup reports, including but not limited to:

*Recovery Bridge Housing* to maintain the current framework of up to 1,000 beds available countywide for Fiscal Year (FY) 2020-2021

*Jail-based addiction medicine services*, which includes the Substance Abuse Treatment and Reentry Transition (START) behavioral therapy program and MAT for Fiscal Year (FY) 2020-2021

Please see related Appendix C to identify funding streams for *existing* needed programming and treatment.

# APPENDIX

## Release & Reentry Data

- A. Release planning and linkage flowchart
- B. Vera Institute of Justice & Reentry Health Advisory Collaborative Service Provider Survey
- C. Release Planning and Reentry Funding Matrix

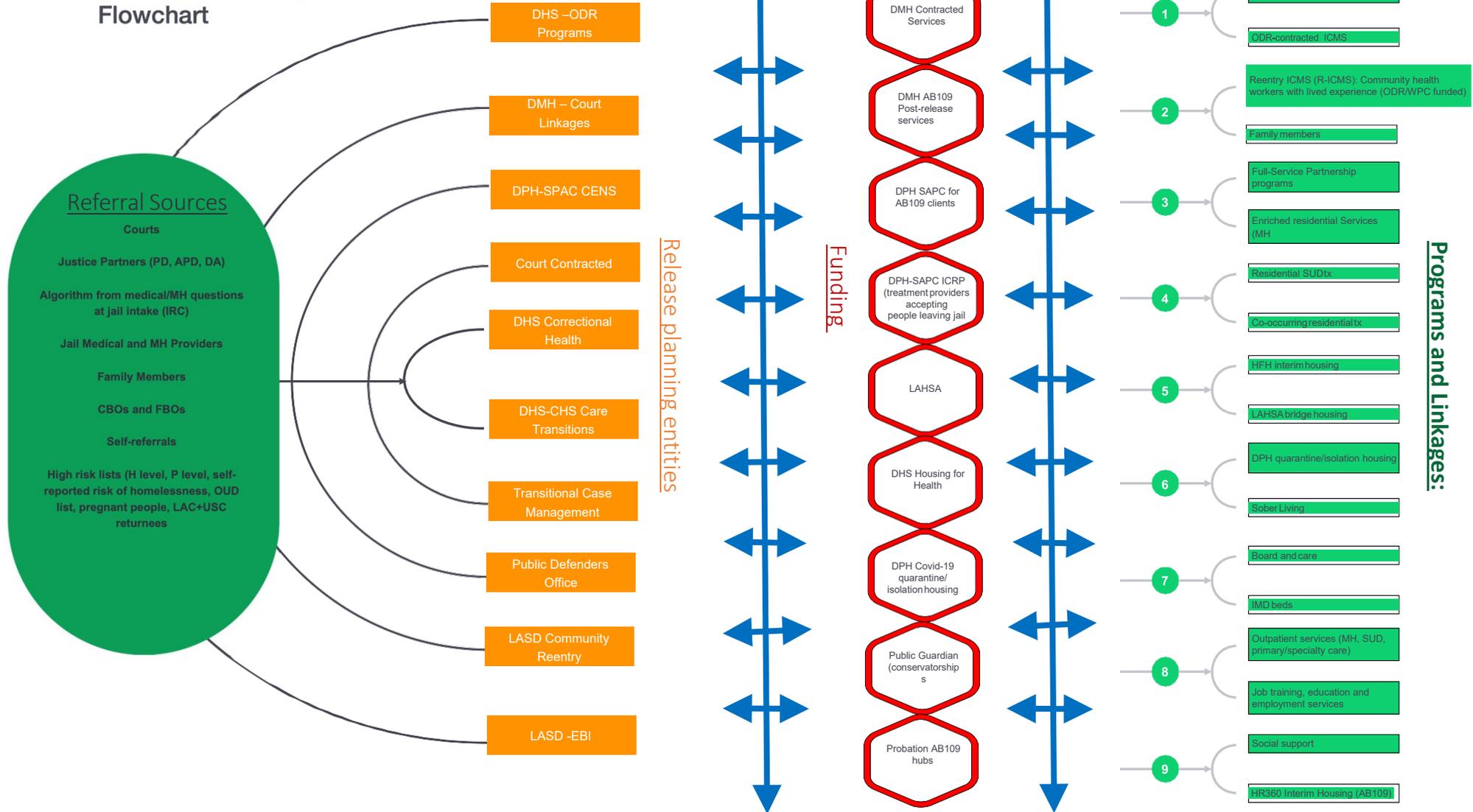
## LASD Data

- D. LASD Mental Evaluation Teams 2019 Data
- E. LASD COVID-19 Depopulation Efforts

# RELEASE PROTOCOLS

## RELEASE PLANNING AND LINKAGE FLOWCHART (APPENDIX A)

### Release Planning and Linkage Flowchart





## Connecting incarcerated and formerly incarcerated people to services in Los Angeles: What’s needed during COVID-19?

Issue Brief to be discussed online May 28, 2020 | Register [here](#).

*Executive Summary of Survey Results*

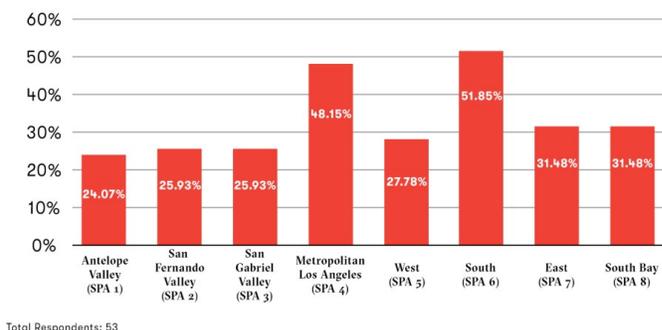
May 2020

Since the beginning of the COVID-19 pandemic in March 2020, Los Angeles County has reduced its average daily jail population by more than 5,000 people (from a high of more than 17,000) to promote community health and in an effort to prevent the jail becoming a vector of the virus across the county. Still, thousands of people remain incarcerated in Los Angeles who could safely be released to their homes, families, and communities, including some who could benefit from supportive services like mental health treatment and housing. Community-based systems of care will be critical to how Angelenos—particularly those released from jail—survive, establish stability, and recover as Los Angeles continues efforts to decrease the population of the largest jail system in the country and begins to reopen during this crisis.

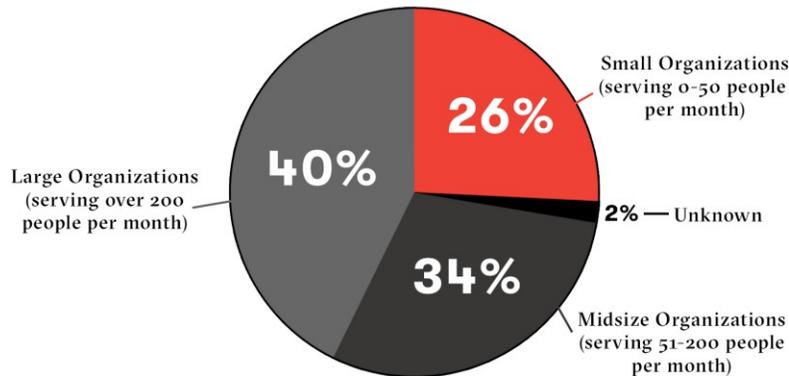
This issue brief shares findings from a recent survey of over 50 Los Angeles service providers on what they need during the COVID-19 pandemic to support formerly incarcerated people and people being released from jail. Survey questions were developed in collaboration with **Los Angeles County’s Reentry Health Advisory Collaborative (RHAC)**. Outreach support was provided by **Community Coalition, Frontline Wellness Network, and Los Angeles Regional Reentry Partnership (LARRP)**.

Respondents represent service providers in all eight Service Planning Areas (SPAs), although most work in the Metropolitan Los Angeles (SPA-4) and South (SPA-6) regions. (See Figure 1.) Respondents include small, midsize, and large providers. (See Figure 2.)

**Figure 1. Service Planning Areas (SPAs) of survey respondents**



**Figure 2. Percentage of survey respondents, by organization size**



This issue brief also suggests preliminary strategies to address the identified needs, including **reconvening Los Angeles County’s Alternatives to Incarceration (ATI) Work Group and implementing select recommendations from the ATI [Final Report](#)**, published in 2020. Doing so leverages plans already developed to accelerate completion of the necessary work and engages a diverse set of stakeholders (including community members and service providers) with a track record of working together to identify solutions.

These findings and additional recommendations will be discussed at a live [briefing](#) to be held on May 28, 2020.

### Key findings and preliminary recommendations

In response to questions about the needs of community-based service providers and their potential clients during the COVID-19 crisis, the following priorities and concerns emerged. In a longer issue brief, we will provide more detail on the outstanding issues flagged.

1. **Short- and long-term housing—followed by access to mental health and substance use treatment**—remain primary needs for potential clients. **These resources need to be more equitably distributed**, especially as Los Angeles County opens new housing options and temporary shelter beds.

- When asked about the top needs for formerly incarcerated people:
  - o 91 percent of survey respondents identified more equitable access to housing/beds in certain geographical areas;
  - o 88 percent selected access to short-term housing, including residential treatment;
  - o 87 percent selected access to long-term housing; and
  - o 85 percent selected access to mental health and substance use treatment.

- When asked about what their organization would need from system actors in the future to maintain capacity, 75 percent selected a pipeline to different types of housing for clients (for example, long-term housing after shelter or inpatient care).

**Preliminary recommendations:**

- Prioritize affordable housing, temporary shelter spaces, and treatment spaces for people who are most at risk of destabilization, particularly people who are currently and formerly incarcerated as well as often overlooked populations like transgender and gender nonconforming people. (See [ATI recommendation 20.](#))
- Identify and eliminate ongoing barriers to accessing housing, especially any based on criminal record or arrest history (See [ATI recommendation 31.](#))
- Prioritize distributing resources—including emergency housing—to promote geographical and racial equity; create transparency on how this is happening. (See [ATI recommendation 87.](#))

**2. Community Health Workers (CHWs) and community-based organizations (CBOs) play a critical role in helping formerly incarcerated people navigate systems to meet basic needs, like identification and benefits.** CHWs and CBOs need designated representatives at relevant government agencies to troubleshoot issues and streamline access to these resources.

- When asked about the top needs for formerly incarcerated people:
  - o 89 percent of survey respondents identified connection to benefits; and
  - o 81 percent identified support meeting basic needs like food, clothing, hygiene products, identification, and transportation.

**Preliminary recommendations:**

- Fund and publicize community-based reentry services that support people in meeting basic needs. (See [ATI recommendation 34.](#))
- Work with the Department of Motor Vehicles (DMV), Social Security Agency (SSA), Department of Public Social Services (DPSS), and other relevant agencies to maximize access to online applications for resources. Designate representatives at the local office of each relevant agency for streamlined troubleshooting with CHWs and CBOs.

**3. Service providers are enduring unique financial strains because of COVID-19. There is a need for flexible, unrestricted funding for service providers** to adapt to community need and cover the most pressing costs to support staff and clients.

- When asked about what their organization would need from system actors to maintain capacity:
  - o 74 percent of respondents selected funding, particularly because of increased costs due to COVID-19; and
  - o 62 percent noted the need for support for staff development and retention (e.g. childcare, self-care).
- Respondents also requested equipment related to COVID: sanitizing products (66 percent); tele-care (e.g., laptops) (56 percent); and personal protective equipment (55 percent). Fifty-two percent identified the need for access to COVID-19 testing.

**Preliminary recommendations:**

- Provide unrestricted, flexible funding to support service providers in maintaining or expanding capacity during COVID-19. Provide technical assistance to improve CBO access to additional resources, like the Medi-Cal Fee Waiver. (See [ATI recommendation 92.](#))
  - Publish information on the availability and distribution of funding, including by geographical location and size of organization, to promote transparency and equity.
  - Task a committee in county government to work with local manufacturers to produce 100,000 cloth masks and bottles of hand sanitizer to provide as people are released from jail, as well as at least 500,000 to supply community-based service providers with personal protective equipment through at least the end of the year.
4. Los Angeles County **needs to improve processes for referral, intake by providers, and the release of people from jail** to promote timely connections to care and prevent people in need of support from falling through the cracks.
- Processes change daily, but as of May 20, it was reported that people in jail experienced delays in release to providers because the people were quarantined for weeks instead of being tested for COVID-19.
  - Tele-screening is not available across facilities or to all providers, impeding intake processes.
  - 56 percent of respondents expressed concerns about whether the people seeking help had been screened for COVID-19, particularly those leaving jail.

**Preliminary recommendations:**

- Create a better process for referral, intake, and reentry for people leaving jail. Engage Correctional Health and other relevant county staff as well as community members and service providers; the ATI Work Group could provide a forum for doing so. The release process should include:
  - o conducting a short interview, using a screening survey, to identify a person’s service needs on release;
  - o setting up several booths in jail with videoconferencing equipment for service providers to conduct telephone or video intakes for people in all facilities;
  - o creating a system for CBOs to receive referrals and schedule telephone or video intake appointments;
  - o providing, on every person’s release, testing for COVID-19 and written information about how to avoid infection, what to do if exposed, and where to seek testing and treatment in the community; and
  - o developing a system for “warm” handoffs to service providers immediately on release.

5. Los Angeles needs **a centralized place for information on services during COVID-19**—one for service providers and one for community members—to increase coordination and access to available resources.

**Preliminary recommendations:**

- Create an online portal that service providers sign into and agree to keep updated in real time so that county staff, reentry providers, people in jail, and the community know where there are open slots, which providers offer certain types of services, etc. (See [ATI recommendation 85.](#))
- Publicize and keep updated an online list of best practices and protocols for service providers during COVID-19 (e.g., how to set up quarantine/isolation housing, how to request personal protective equipment from the county, etc.). Consult with service providers regularly about relevant questions to answer. (See [ATI recommendation 89.](#))
- To the extent COVID-19 will be with us for some time, develop a centralized coordinating body to support the work of service providers and community members in an ongoing way. (See [ATI recommendation 84.](#))

Now, more than ever, a public health approach to decarceration and investment in community wellness is needed. Los Angeles was laudably moving in the direction of a “care first” model before the COVID-19 pandemic, and the infrastructure, ideas, and working relationships developed in the ATI Work Group process are an invaluable asset. With this survey, service providers have shared important information about what they need in order to do their part in protecting the health of all Angelenos. County policymakers,

philanthropists, and related stakeholders would do well to listen and respond with partnership, support, and resources. We look forward to our discussion on May 28.

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**For more information**

© 2020 Vera Institute of Justice. All rights reserved. For more information about this issue brief, contact Michelle Parris, program manager at Vera's California office, at [mparris@vera.org](mailto:mparris@vera.org). The Vera Institute of Vera produces ideas, analysis, and research that inspire change in the systems people rely on for safety and justice and works in close partnership with government and civic leaders to implement it. For more information, visit [www.vera.org](http://www.vera.org).

## RELEASE PROTOCOLS

### RELEASE PLANNING AND REENTRY FUNDING MATRIX (APPENDIX C)

The table below shows funding for jail-based or jail-linked release planning/reentry services that have been implemented in past several years, but which are now in peril because the funding will end soon or is contracting. Please note that the funding sources listed also fund many other services (including other reentry services) that are not shown in this table.

Funds	Where does it come from?	Funding restrictions?	When does it expire?	What jail-based or jail-linked release planning/reentry service does it fund?	How much?	Operated by?
Whole Person Care	1115 Medicaid waiver funds (2016-2020 waiver)  Not dependent on sales tax revenue	Can only fund services for Medi-Cal eligible individuals (federal aid codes only). Excludes state-only aid codes, undocumented and <5-year legal permanent residents	12/31/2020	Reentry Intensive Case Management Services (R-ICMS) – post-release community health workers with lived experience, working with individuals exiting jails and prisons.	~\$3.5 million of ~\$9.2 million total cost for R-ICMS for FY 2019-2020. Balance of funding provided through SB678 and Prop 47 funds.	Office of Diversion and Reentry, though contracts with community-based organizations
				WPC Reentry pre-release program -- assessment, release planning and linkages to community services for individuals in County jails. Includes client transportation, fees for CA IDs, assistance with Medi-Cal enrollment, 30 days of release medication, Narcan vending machine program, hygiene kits	\$8.9 million in FY 2019-2020 for pre-release program.	Correctional Health Services - Care Transitions
Proposition 47	BSCC (state); 65% of Prop 47 generated savings goes toward a competitive grant program to public agencies to provide MH, SUD, and/or diversion programs  Not dependent on sales tax revenue	Individuals who have been arrested, charged with, or convicted of a criminal offense AND have a history of mental health issues or substance use disorders.	8/15/2021	Reentry Intensive Case Management Services (R-ICMS) navigation by CHWs with lived experience; blended with SB678 and WPC funds to serve anyone with justice involvement  Prop 47 will also fund employment and training programs operated by ODR in FY 20/21.  20-bed interim housing site for RICMS clients.	~\$3.5 million of ~\$9.2 million total cost for R-ICMS for FY 2019-2020. Balance of funding provided through WPC and SB678 funds.  \$871,000 in FY 2019-2020 for interim housing for R-ICMS clients.	Office of Diversion and Reentry, though contracts with community-based organizations  Office of Diversion and Reentry, though contract with a community-based organization.

SB678	SB678 funds for ODR were set aside when ODR was established in 2017	Restricted to serving adults on felony probation	5-year cycle (FY 2017-18 through FY 2021-22)	Reentry Intensive Case Management Services (R-ICMS) navigation by CHWs with lived experience; blended with SB678 and Prop 47 funds to serve adults on felony probation.	~\$2.2 million of ~\$9.2 million total cost for R-ICMS for FY 2019-2020. Balance of funding provided through WPC and Prop 47 funds.	Office of Diversion and Reentry, though contracts with community-based organizations
AB109	State Public Safety Realignment funds, from sales tax revenues and motor vehicle license fees.  Dependent on sales tax revenue.	One-time funding for jail-based SUD treatment services (START program) and Medication Assisted Treatment (MAT) in FY 2019-2020.	Funding expired 6/30/2020. No FY 2020-2021 due to budget curtailments	START (Substance Abuse Treatment and Reentry Transitions) - in custody substance use disorder treatment program at four jail facilities (TTCF, MCJ, PDC South and CRDF) provided by community-based contracted providers, treating up to 400 patients per day.  MAT: Subutex for pregnant women with opiate use disorder (OUD), naltrexone for men and women with OUD or alcohol use disorder; expansion plans delayed due to COVID-19 but include methadone and suboxone for OUD treatment	In FY 2019-2020, \$4.968 million for START, \$5.9 million for MAT; no funding in FY 2020-2021.	Correctional Health Services - Addiction Medicine Services, through contracts with community-based organizations.
Measure H	¼ cent sales tax to fund homeless services in LA County  Dependent on sales tax revenue.	Individuals and families experiencing homelessness	No Measure H funding for FY 2020-2021; proposal to offset with savings from CARES ESG funds through Oct 2020 and to have other cities that receive own ESG funding do the same to support the rest of the year (not yet secured).	Homeless Initiative D2 – Expanding Jail In Reach: 4 community-based organizations conduct in-reach and case management with individuals experiencing homelessness in the jails, and continue case management in the community after release.	\$2.335 million	DHS Housing for Health through contracts with community-based organizations; LASD; Correctional Health Services.

## LASD DATA

### LASD MENTAL EVALUATION TEAMS 2019 DATA (APPENDIX D)

LASD provided data from 2019 that could inform planning using a racial equity framework. For all the calls that the LASD Triage Desk received in 2019, most were involving someone who was Hispanic (39.4%), followed by calls for people who were White (31.4%), Black (21%), Asian (4.2%) and Other (4%). Of all reported crises involving LASD MET, 62.4% resulted in involuntary psychiatric hold.

**LASD Triage Desk Calls in 2019 for Crises Involving LASD MET  
by Race/Ethnicity**

Race/ethnicity*	Reported Crises (N)	Reported Crises (%)	Reported Involuntary Psychiatric Holds (N)	Reported Involuntary Psychiatric Hold (%)
Asian	233	4.2%	162	69.5%
Black	1,175	21.0%	705	60.0%
Hispanic	2,206	39.4%	1,438	65.2%
Other	223	4.0%	125	56.1%
White	1,757	31.4%	1,061	60.4%
Total	5,594	100.0%	3,491	62.4%

Source: LASD

\*LASD does not separate race and ethnicity data

Of the 5,594 calls the LASD Triage Desk received in 2019, the majority were for crises involving people who identified as Male (59.6%), followed by calls for people identified as Female (40.2%) and those identified as Other (0.2%).

**LASD Triage Desk Calls in 2019 for Crises Involving LASD MET by Gender**

Gender*	Reported Crises (N)	Reported Crises (%)	Reported Involuntary Psychiatric Holds (N)	Reported Involuntary Psychiatric Hold (%)
Female	2,251	40.2%	1,463	65.0%
Male	3,332	59.6%	2,021	60.7%
Other	11	0.2%	7	63.6%
Total	5,594	100.0%	3,491	62.4%

Source: LASD

\*Gender data only available for Female, Male and Other categories

Of the crises reported to LASD MET in 2019, 734 (13%) involved someone who was experiencing homelessness. Approximately 75% of the crises reported for individuals experiencing homelessness resulted in an involuntary psychiatric hold, compared to 62.4% for all crises.

**Crisis Involving LASD MET response for People Experiencing Homelessness (PEH) in 2019**

PEH/Total Calls	Reported Crises (N)	Reported Crises (%)	Reported Involuntary Psychiatric Holds (N)	Reported Involuntary Psychiatric Hold (%)
Total	5,594	100%	3,491	62.4%

PEH	734	13%	548	74.6%
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Source: LASD

\* Gender data only available for Female, Male and Other categories

About 60% of the calls for PEH were for males: 20% were for White males, 19% were for Black males, 17% were for Hispanic males, 2.9% were for males of Other races/ethnicity, and 1.1% were for Asian males. Of the calls for females experiencing homelessness, 16% were for White females, 12.8% were for Hispanic females, 8.9% were for Black females, 1.1% were for Asian females and 0.7% were for females of Other races/ethnicities.

**Crisis Involving LASD MET response for People Experiencing Homelessness (PEH) in 2019 by Gender and Race/Ethnicity**

Gender*	Race/Ethnicity**	Reported Crises Involving PEH (N)	Reported Crises Involving PEH (%)	Reported Involuntary Psychiatric Holds (N)	Reported Involuntary Psychiatric Hold (%)
<b>Female</b>		<b>291</b>	<b>39.6%</b>	<b>225</b>	<b>77.3%</b>
	Asian	8	1.1%	5	62.5%
	Black	65	8.9%	51	78.5%
	Hispanic	94	12.8%	71	75.5%
	Other	5	0.7%	2	40%
	White	119	16.2%	96	80.7%
<b>Male</b>		<b>443</b>	<b>60.4%</b>	<b>323</b>	<b>72.9%</b>
	Asian	8	1.1%	6	75%
	Black	140	19.1%	94	67.1%
	Hispanic	125	17.0%	97	77.6%
	Other	21	2.9%	17	81%
	White	149	20.3%	109	73.2%

Source: LASD

\*Gender data only available for Female and Male categories

++LASD collects does not separate race and ethnicity data

In 2019, there were 6,788 calls among all LASD patrol stations/regions that resulted in the person being placed on an involuntary psychiatric hold. Of those placed on holds, 41% were Hispanic, 32% were White, 20% were Black, 5% were Asian, 3% were Other/Unknown.

**LASD MET responses that resulted in involuntary psychiatric hold(2019)**

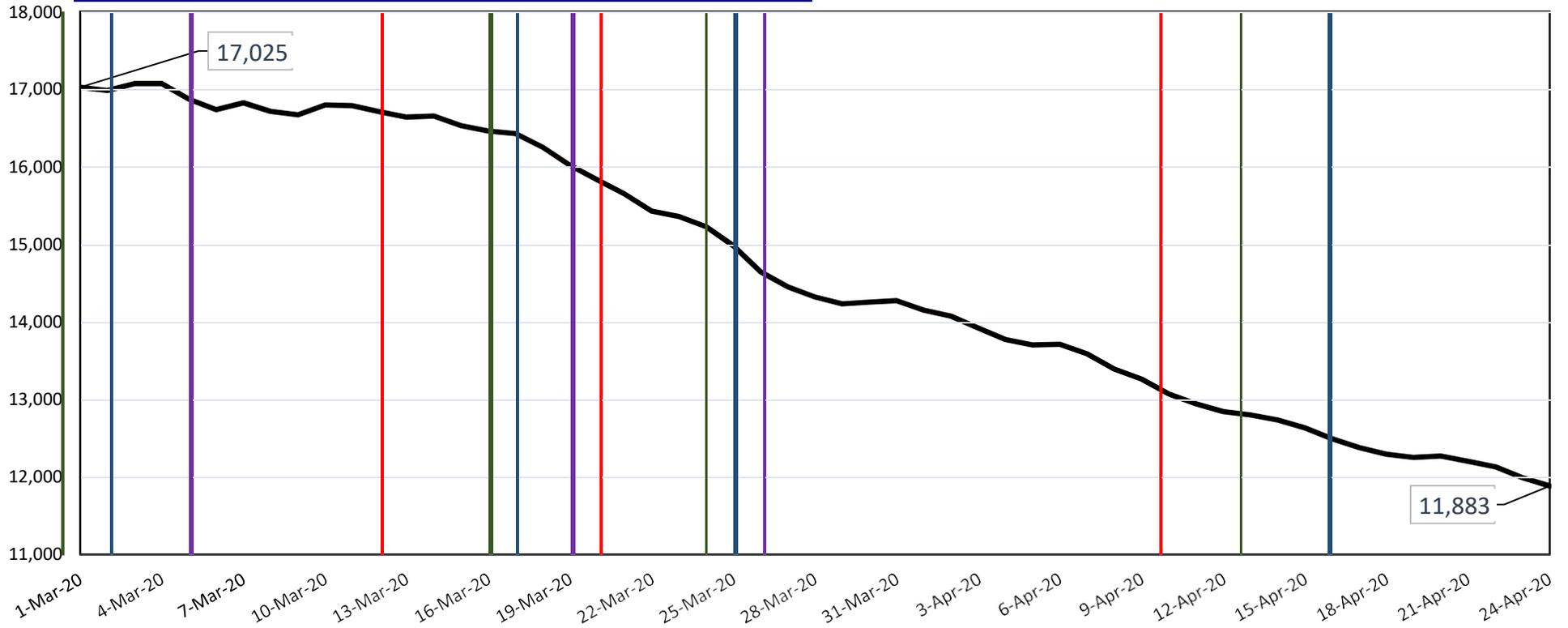
Race/Ethnicity*	N	%
Hispanic	2753	41%
White	2174	32%
Black	1354	20%
Asian	327	5%
Other/Unknown	180	3%
Total	6788	100%

Source: LASD

\*LASD does not separate race and ethnicity data

# LASD DATA

## LASD COVID-19 DEPOPULATION EFFORTS (APPENDIX E)



COVID-19 Mitigating efforts		
February 28	Accelerated releases for all inmates by 30 days using CA Penal Code 4024.1 PC 30	Intermittent
March 2	Covid-19 Pre-Screening protocols/process for incoming inmates identified	Ongoing
March 5	JDIC message sent out adding additional screening questions for the "Arrestee Screening Medical Form"	Ongoing
March 12	All Pregnant Females inmates were reviewed for possible earlier release and/or alternatives to custody.	One Time
March 12	60 years and older inmates sentenced under 1170(h) PC (AB109) the percentage was 100% and changed to 10%	Intermittent
March 12	All other inmates sentenced under 1170(h) PC (AB109) the percentage was 100% and changed to 70%	Two weeks
March 16	Reviewed inmates in custody with bail less than 50,000 for Judicial Review and possible release	One Time
March 16	Misdemeanor bail admittance raised from 25,000 to 50,000 unless one of the exception charges	Ongoing
March 17	Traditionally County Sentenced inmates changed from 180 days to 240 days for short/early release	Ongoing
March 19	Revised the M7 charge list. M7 inmates serve 100%, some charges changed to non M7 and now serving 10%	Ongoing
March 20	Bail 50K or less on all inmates and additional review of 60 years and older for possible release	One Time
March 20	Worked with Courts, District Attorney's Office and Public Defender on Felony Bail Deviation for releases	Ongoing
March 24	At Risk Inmates (dialysis and medical) were reviewed for possible release and/or alternatives to custody	Ongoing
March 24	Traditionally County Sentenced Inmates with 60 days or less were released	Ongoing
March 25	Worked with Probation in releasing PRCS (Post Release Community Supervision) inmates earlier	Ongoing
March 26	No acceptance of out-of-county warrants unless one of the specific charges regardless of bail	Ongoing
April 10	In preparation of the Statewide Zero Bail reviewed pretrial inmates without non-violent non-serious charges	One Time
April 13	Statewide Emergency Zero Bail went into effect, citing and releasing inmates except those noted as exceptions	Ongoing
April 16	No acceptance of out-of-county warrants unless exceptions under the Statewide Emergency Zero Bail	Ongoing
**The dates above are the first instance of the different release measures, many have repeated on different dates		

**AVERAGE DAILY INMATE POPULATION 2020**

MONTH	MALE	FEMALE	TOTAL
March	13,999	1,998	15,997
April	11,392	1,329	12,721
May	10,709	1,157	11,866
June <sup>1</sup>	10,844	1,168	12,012

<sup>1</sup> Data through June 10, 2020

**AVERAGE DAILY INMATE POPULATION 2019**

MONTH	MALE	FEMALE	TOTAL
March	14,587	2,128	16,715
April	14,661	2,184	16,845
May	14,854	2,233	17,087
June <sup>2</sup>	15,058	2,268	17,326

<sup>2</sup> Data through June 10, 2019

## 2019

	Bookings			Releases		
	Male	Female	Total	Male	Female	Total
March	7,235	1,553	8,788	7,827	1,496	9,323
April	7,299	1,474	8,773	7,904	1,486	9,390
May	7,718	1,705	9,423	8,306	1,654	9,960
June *	2,240	639	2,879	2,413	495	2,908
<b>Total</b>	<b>24,492</b>	<b>5,371</b>	<b>29,863</b>	<b>26,450</b>	<b>5,131</b>	<b>31,581</b>

*\*June reported until June 10th*

## 2020

	Bookings			Releases		
	Male	Female	Total	Male	Female	Total
March	4,843	861	5,704	7,500	1,535	9,035
April	2,471	383	2,854	4,615	886	5,501
May	3,017	477	3,494	3,008	438	3,446
June *	998	194	1,192	1,047	221	1,268
<b>Total</b>	<b>11,329</b>	<b>1,915</b>	<b>13,244</b>	<b>16,170</b>	<b>3,080</b>	<b>19,250</b>

*\*June reported until June 10th*

## LASD Demographics Releases vs In-Custody

Racial Demographics Releases 03/01/20 to 06/10/20					
Males	Count	Percentage	Females	Count	Percentage
All Others	512	3.14%	All Others	114	3.61%
American Indian	7	0.04%	American Indian	2	0.06%
Black	4,366	26.81%	Black	901	28.50%
Chinese	43	0.26%	Chinese	9	0.28%
Filipino	35	0.21%	Filipino	10	0.32%
Hispanic	8,635	53.02%	Hispanic	1,463	46.28%
Japanese	3	0.02%	Japanese	0	0.00%
Pacific Islanders	23	0.14%	Pacific Islanders	6	0.19%
White	2,662	16.35%	White	656	20.75%
<b>Total</b>	<b>16,286</b>	<b>100%</b>	<b>Total</b>	<b>3,161</b>	<b>100%</b>

Racial Demographics Today 06/11/20					
Males	Count	Percentage	Females	Count	Percentage
All Others	341	3.15%	All Others	45	3.90%
American Indian	9	0.08%	American Indian	0	0.00%
Black	3,272	30.27%	Black	409	35.44%
Chinese	34	0.31%	Chinese	4	0.35%
Filipino	14	0.13%	Filipino	2	0.17%
Hispanic	5,814	53.78%	Hispanic	502	43.50%
Japanese	3	0.03%	Japanese	1	0.09%
Pacific Islanders	13	0.12%	Pacific Islanders	2	0.17%
White	1,310	12.12%	White	189	16.38%
<b>Total</b>	<b>10,810</b>	<b>100%</b>	<b>Total</b>	<b>1,154</b>	<b>100%</b>

Los Angeles County US Census Bureau July 1 2019	
People	Percentage
White	70.80%
Black (a)	9.00%
American Indian (a)	1.40%
Asian (a)	15.40%
Pacific Islander (a)	0.40%
Two or more races	3.10%
Hispanic or Latino (b)	48.60%
White alone not Latino	26.10%
<b>Total</b>	<b>175%</b>

[About datasets used in this table](#)

#### Value Notes

Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2019) refers to the final year of the series (2010 thru 2019). Different vintage years of estimates are not comparable.

#### Fact Notes

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

#### Value Flags

- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open ended distribution.
- D Suppressed to avoid disclosure of confidential information
- F Fewer than 25 firms
- FN Footnote on this item in place of data
- N Data for this geographic area cannot be displayed because the number of sample cases is too small.
- NA Not available
- S Suppressed; does not meet publication standards
- X Not applicable
- Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

**Sources:** U.S. Census Bureau, Population Estimates Program (PEP), updated annually.

<b>Self-Reported Homeless In Custody March to May 2020 Averages</b>			
<b>Month</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>March</b>	3,789	611	<b>4,400</b>
<b>April</b>	2,890	382	<b>3,272</b>
<b>May</b>	2,570	333	<b>2,903</b>

<b>Self-Reported Mental Homeless In Custody March to May 2020 Averages</b>			
<b>Month</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>March</b>	947	260	<b>1,207</b>
<b>April</b>	748	168	<b>916</b>
<b>May</b>	662	147	<b>809</b>

## LASD Mental Health Releases vs In-Custody

Mental Health Releases 03/01/20 to 06/10/20			
Males	Male	Female	Total
Mental Health "M"	3,448	482	<b>3,930</b>
High Observation "R"	1,008	428	<b>1,436</b>
General Population	11,830	2,251	<b>14,081</b>
<b>Total</b>	<b>16,286</b>	<b>3,161</b>	<b>19,447</b>

Mental Health Today 06/11/20			
Males	Male	Female	Total
Mental Health "M"	1,866	221	<b>2,087</b>
High Observation "R"	740	199	<b>939</b>
General Population	8,204	734	<b>8,938</b>
<b>Total</b>	<b>10,810</b>	<b>1,154</b>	<b>11,964</b>

Case Suspended, Awaiting Placement to Mental Health Facility			
6/17/2020	Male	Female	Total
Department of Mental Health	320	6	326
Metropolitan State Hospital	0	1	1
Patton State Hospital	19	2	21
<b>Totals</b>	<b>339</b>	<b>9</b>	<b>348</b>

*CHS states this list is mostly Felony Incompetent To Stand Trial (FIST) inmates*

### Misdemeanor Incompetent to Stand Trial (MIST)

6/15/2020	
Male	28
Female	4
<b>Total</b>	<b>32</b>