



PUBLIC SAFETY
REALIGNMENT TEAM

Realignment Implementation Plan - 2023

Part I:
CCP Plan Framework
(Approved June 2021)

I. BACKGROUND AND INTRODUCTION

PUBLIC SAFETY REALIGNMENT

In October of 2011, the State of California enacted Public Safety Realignment, a major criminal justice reform effort to reduce state prison overcrowding as ordered by a Federal Court. Outlined in Assembly Bill 109 and Assembly Bill 117, Public Safety Realignment transferred various responsibilities from the State to counties. Though more specific criteria apply, the primary components of realignment were as follows:

- ***Local Custody*** – Custody responsibility was transferred from the State to counties for individuals convicted and sentenced for non-violent, non-serious, non-sex (N3) felony offenses.
- ***Post-Release Community Supervision*** – Community supervision of eligible individuals released from state prison was transferred from state parole to a new, county-implemented Post-Release Community Supervision (PRCS) program.
- ***Local Revocation Process*** – Revocation processes for state parole (and for the newly created PRCS) were transferred to the counties and a local Court process. In addition, custody terms that result from parole (or PRCS) revocations were shifted to local county jail.

LOS ANGELES COUNTY’S PUBLIC SAFETY REALIGNMENT TEAM

Following its adoption of the County’s Community Corrections Partnership (CCP) realignment implementation plan in 2011, the Board of Supervisors established the Public Safety Realignment Team (PSRT) to ensure the ongoing coordination of realignment implementation among departments, stakeholder agencies, and community partners. Initially established with a composition and structure mirroring a county’s CCP, the PSRT is chaired by the Chief Probation Officer and provides ongoing realignment updates to the Board of Supervisors and the California Board of State and Community Corrections.

In December 2020, the Board approved a motion expanding the membership of the PSRT and directing the newly constituted body to update the county’s implementation plan. Specifically, the Board approved an updated PSRT membership structure by adding:

1. The department head or high-level executive from:
 - a. Office of Diversion and Reentry
 - b. Alternatives to Incarceration Initiative
 - c. Anti-Racism, Diversity, and Inclusion Initiative
 - d. Department of Health Services

2. Five representatives from community-based or advocacy organizations that work with the AB 109 reentry population with one appointee to be appointed by each supervisor for two-year terms; at least one representative should have lived experience.

Further, the Board directed the updated PSRT to:

1. Revise the AB 109 Community Corrections Partnership (CCP) implementation plan to reflect the Board's priorities on alternatives to incarceration, including, but not limited to, diversion programs, substance abuse programs, mental health treatment, housing, restorative justice programs, and community-based services.
2. Within 90 days of the new AB 109 CCP implementation plan being approved, provide recommendations for AB 109 funding that reflect the Board's priorities listed above.

The PSRT member roster and full motion approved by the Board are attached.

IMPLEMENTATION PLAN FORMAT

The goal of the PSRT implementation update is to provide a framework for how the County can address the responsibilities transferred to the County through realignment and incorporate the County's justice reform priorities. To that end, PSRT members developed an implementation plan format that identifies principles and corresponding programmatic/strategic recommendations in the following subject matter areas:

- Diversion / Alternatives to Incarceration
- Custody and Reentry
- Post-Release Community Supervision

The overall intent was to develop an integrated set of recommendations that promotes community-based services to reduce the number of individuals in custody or on supervision and to ensure that those who are in custody or on supervision are connected with services that support reentry, improve outcomes, and reduce recidivism. The set of documents that were approved by the committee are provided in Section II.

As directed by the Board, the PSRT is continuing its work to provide funding recommendations. Per the Chief Executive Office, the PSRT's funding recommendations will offer valuable input and guidance that will inform the CEO's development of the recommended AB 109 budget.

II. ITEMS APPROVED BY THE PUBLIC SAFETY REALIGNMENT TEAM

Overarching Principles

Diversion / Alternatives to Incarceration

- I. Implementation of Public Safety Realignment in Los Angeles County is guided by the County's Care First, Jails Last priorities.
- II. Los Angeles County's justice system operates with a racial and gender equity lens and aims to reduce racial and gender disparities.
- III. The provision of services that meet the needs of individuals in contact with the justice system, including survivors of harm, are provided by community-based service providers, outside the custody or supervision environments when possible.
- IV. Recovery is not a linear process. As individuals engage in this journey, strategies to assist in recovery should not penalize them and should afford individual agency and a spectrum of services utilizing a harm reduction approach.
- V. Alternative to incarceration efforts must focus on serving communities that are most vulnerable, including BIPOC and individuals with behavioral health needs, transition age youth, women – particularly Black Women – TGI and LGBTQ+ people.
- VI. Services and interventions are designed and delivered based on an individual's needs and strengths.
- VII. Strategies must be implemented to ensure safe and equitable access to services, resources, and obligations, including transportation, geographic proximity, childcare, etc.
- VIII. Strategies must be data-driven, evidence based best practices, with metrics of success to include the impact of strategies on individual and community health, reducing the jail population, improving racial equity, and enhancing public safety.
- IX. Strategies must prioritize addressing the root-causes of economic, racial and gender inequity; poverty and homelessness; criminalization and incarceration; and other forms of interpersonal and systemic harm.
- X. Implementation of Public Safety Realignment in Los Angeles County is in alignment with the 2011 Public Safety Realignment mandates and other relevant statutes and interpreted in the broadest manner to effectuate the overarching principles recognized herein.

Custody and Reentry

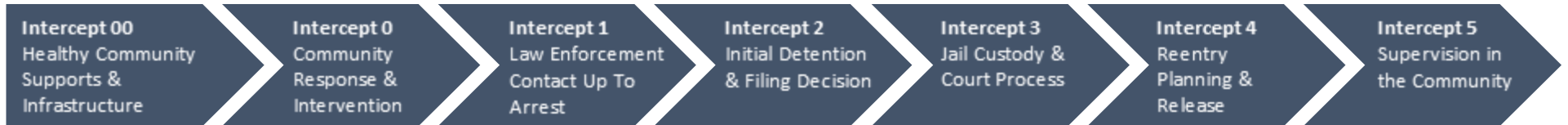
- I. Reentry planning and preparation starts as soon as someone is in custody.
- II. Individuals are removed from custody as soon as possible with appropriate supports.
- III. Community-based organizations play a primary role in within- and post-custody reentry preparation and support.

Post-Release Community Supervision

- I. Pre-release planning, including identification of individualized service needs and establishment of benefits, is a critical component of the PRCS program.
- II. The PRCS model prioritizes an integrated care plan that includes evidence-based supervision practices, treatment, and wrap-around supportive services.
- III. The PRCS model addresses individualized needs in order to support reentry and community reintegration and enhance public safety.
- IV. Individuals should continue to be provided needed treatment and services beyond their supervision period.
- V. Prerelease planning, service delivery, and release should prioritize self- and community-determination.
- VI. Consistent, accessible, publicly transparent, robust, and funded data collection and reporting should be conducted to establish a baseline, track outcomes, improve outcomes, and determine if there are any unintended outcomes, and should be reviewed on a regularly established basis (e.g., monthly/annually). Data tracking metrics should include reductions in the jail population and in racial, gender, and geographic disparities.
- VII. Consistent with the overall PRCS supervision model, responses to violations -- including the revocation process -- prioritize a client's connection or re-connection to treatment services.
- VIII. To ensure long-term community stability, develop multiple opportunities throughout the revocation path to provide access to support and services.

**Diversion / Alternatives to Incarceration
Intercept Model**

**ATI Office
Intercept Model,
2021**



Diversion / Alternatives to Incarceration

Principles and Recommendations

Intercept 00 - Healthy Community Supports & Infrastructure

Objective: To build a robust community-based network of behavioral health supports, housing, employment, transportation, and other resources to help prevent people from entering or reentering jails

Principle	Programmatic/Strategic Recommendation
1. Resource and support communities to meet their own needs so that they can grow and thrive, without law enforcement or criminal legal system intervention	a. Community-based Service and Resource Hubs - e.g. DOORS Reentry Center (ODR); Restorative Care Villages (BOS/DHS/DMH)
2. Youth Development Resources	a. (Youth Justice Reimagined)
3. Safe transportation, housing, safe child care, access to all medical care, free and appropriate public education, diagnosis and support, access to green space and healthy food, employment	
4. Services in the community are delivered by individuals with lived experience that represent the intersections and identities of those impacted in a culturally humble way.	a. Fund and expand community peace-keeper programs that utilize a peer-based model and employ impacted individuals outside of law enforcement; Trans-led gender-affirming education and family support

Intercept 0 - Community Response & Intervention

Objective: Consistent with community safety, reduce the number of people having contact with law enforcement, by focusing on individual and community wellness and development of strengths and responding to the needs of individuals in crisis

Principle	Programmatic/Strategic Recommendation
5. Provide direct hand-off to services for people in lieu of arrest	a. Law Enforcement Assisted Diversion (ODR)
6. Create real-time inventory of available services, accessible to individuals, families seeking support, and service providers, and law enforcement where relevant	a. ATI Assessment and Referral App
7. Provide robust, community-based, non-law enforcement responses to those in behavioral health crisis, preferably through those with lived experience	a. Alternative Crisis Response (ATI); community-based emergency response (e.g. Community Alternatives to 911); Multi Disciplinary Team (MDT) and Psychiatric Mobile Response Teams (PMRT)
8. Provide harm reduction services for those struggling with substance use disorders	a. Harm Reduction Training/Overdose Education and Naloxone Distribution (ODR)
9. Youth Development and Diversion Resources	a. (Youth Justice Reimagined)

Intercept 1 - Law Enforcement Contact Up to Arrest

Objective: Consistent with community safety, reduce the number of people from entering the jail system, regardless of charges, with a focus on their strengths and needs

Principle	Programmatic/Strategic Recommendation
10. Provide direct hand-off to services for people in lieu of arrest	a. Law Enforcement Assisted Diversion (ODR)
11. In situations where behavioral health crisis situation requires law enforcement, it should be a co-response with a clinical and specially trained law enforcement officer.	a. Mental Evaluation Team (LASD/DMH)

Intercept 2 - Initial Detention & Filing Decision

Objective: Presumption of pretrial release to decentralized community-based services, housing and resources, in an effort consistent with community safety, stability of the individual, and improved health and wellness outcomes

Principle	Programmatic/Strategic Recommendation
12. Reduce the number of people with mental health, homeless and other vulnerabilities from entering the jail system	a. Prefiling diversion program (ATI)
13. Develop a strengths- and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions	a. community-based pretrial service providers (e.g. CASA); access to legal defense counsel; access to participatory defense in the community
14. Decriminalize quality of life and survival crimes	a. Alternative stabilizing housing supports and behavioral health supports, including safe consumption housing; prosecution filing decisions (e.g. prosecutors can reduce or eliminate filing on survival crimes)

15. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release

Intercept 3 - Jail Custody & Court Process

Objective: Establish up-front strength, needs, and behavioral health assessments and robust diversion and release capacity to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health, physical health, and other clinical needs, and other particularly vulnerable populations

Principle	Programmatic/Strategic Recommendation
16. Assess and identify as early as possible, those with behavioral health needs who are eligible for diversion and release, and divert to community-based services and supports, as early as possible	a. AB1810 Pretrial Mental Health Diversion (ODR & ATI); Misdemeanor Incompetent to Stand Trial (ODR); Felony Incompetent to Stand Trial (ODR); Department of State Hospitals Diversion (ODR)
17. Assess and identify as early as possible, those who may be eligible for diversion and release, and divert to community-based services and supports, as early as possible	a. Community-based pretrial services (ATI/ODR); Rapid Diversion (ATI); Reentry Intensive Case Management System (ODR)
18. Develop a strengths- and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions	a. Community-based pretrial service providers (e.g. CASA); access to legal defense counsel; access to participatory defense in the community
19. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release

Intercept 4 - Reentry & Release

Objective: Ensure early release planning for all people coming out of jails and prisons to LA County, and continuity of support and peer navigation to services and supports to ensure stability and success for individuals returning to their communities

Principle	Programmatic/Strategic Recommendation
20. Begin release planning upon entry into jail, and improve care coordination for release, to support the success of individuals upon release	a. Care Transitions (DHS-CHS)/Reentry Intensive Case Management System (ODR)
21. Create a safe landing space directly across from custody release points to provide shelter and services upon exit; decentralized and accessible for folks returning to their home of origin	a. DOORS Reentry Center (ODR); Expanded transitional model with housing supports (JPRC); Build a system / platform to coordinate transportation for people reentering communities, grant the right to be taken back to the place of arrest, fund CBOs led by impacted people to provide these services, and provide peer navigators that can support clients with transportation to and from court
	b. Create community-based localized care reentry sites to support reentering individuals by distributing care kits (containing masks, medication, transportation cards, etc.) and connecting them with resources and support during the critical 48-72 hours immediately after release
22. Support employment development and supports, especially for those with behavioral health needs, TGI, and other marginalized individuals	a. SECTOR (ODR); community-based workforce development
23. Allow people to finish serving the last few years of their realignment sentence in the community	a. Returning Home Well LA

24. Provide opportunities for community-based reentry sites; Split sentencing with an opportunity to serve the end of sentences in a community-based setting	
25. Provide safe transportation to everyone leaving custody	a. Platform to connect the individual to the service provider that provides transportation
<u>Intercept 5 - Supervision in the Community</u>	
Objective: Reduce the demands and length of supervision, and improve access to supportive services by connection to peer navigators to improve health and safety outcomes	
Principle	Programmatic/Strategic Recommendation
26. Promote the principles of Harm Reduction Reduce the number of supervision check-ins, reduce and potentially eliminate technical violations, and reduce and potentially eliminate the issuance of bench warrants for people who incur technical violations on community supervision; Reduce the role of Probation and increase the transitioning of individuals to community-based supports and providers	a. (Probation)
27. Improve connection to community-based services and resources through peer navigation for those on supervision, with continuity post-supervision	a. Reentry Intensive Case Management System (ODR)

Custody and Reentry Model



Custody and Reentry Principles and Recommendations

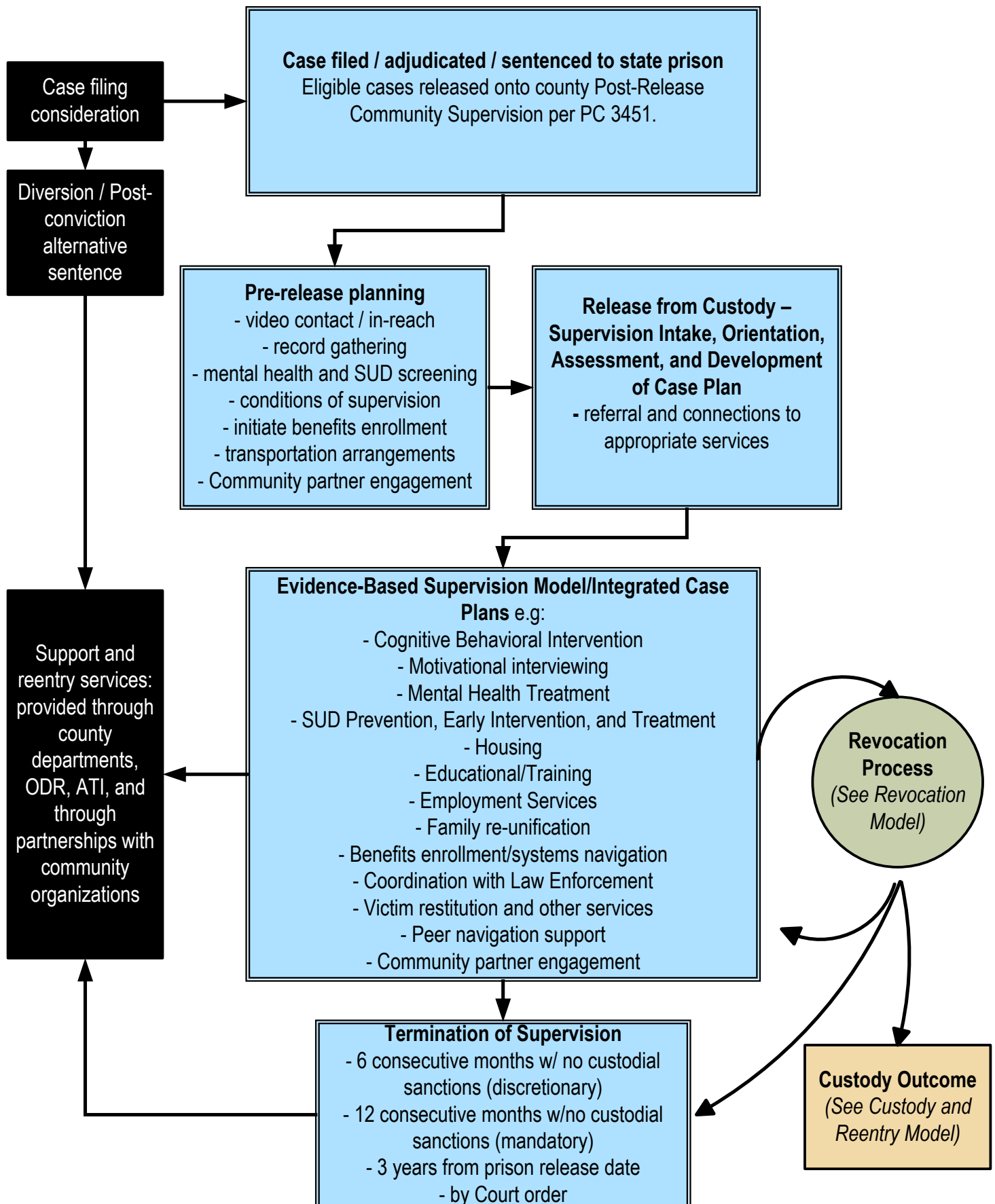
Custody	
Principle	Programmatic/Strategic Recommendation
1. County jail facilities provide a safe and secure housing environment for incarcerated individuals.	
2. Incarcerated individuals have the opportunity to participate in meaningful programming leading to credits.	a. LASD to provide programming including fire camp, Education Based Incarceration (EBI), conservation credit, inmate worker credits, Life Skills and Career Technical Education
3. Gender-responsive services are available to individuals in custody who identify as female.	a. Trauma-informed programming, visitation room (ABC room) for mothers and children, and expansion of services for pregnant and parenting women including prenatal education, doula services and lactation support
4. Healthcare services in jail are delivered in a manner which is inclusive, compassionate, excellent, innovative, and accountable to individuals in the county jail and facilitates continuity of their care upon release.	a. Correctional Health Services to provide high quality physical health, mental health, substance use treatment, and dental care, meeting or exceeding community-level standards of care
5. Evidence-based substance use disorder treatment programming should be available to individuals during their time in custody.	a. Medication for Addiction Treatment (MAT) and START program should be implemented to scale.
6. Incorporate restorative justice programming into custody setting that is led by community-based organizations	
7. Prioritize in-custody workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency and support individuals in a responsive, holistic way	a. Support and expand efforts like the Career Center at the Century Regional Detention Facility where incarcerated individuals receive certification training in Construction, Hospitality and Technology both as pre-release and post-release training
Reentry	
Principle	Programmatic/Strategic Recommendation
8. Release planning and connection to reentry and community supports should begin as early as possible in custody.	a. Assessment provided soon after arrival that includes strengths, needs, trauma history, family/community supports, and current/prior providers, ideally by a person of the same community with lived experience
9. Involve family member(s), current/prior treatment provider(s) in the community, Probation and defense attorney in reentry planning, as appropriate and with consent of the client	a. Provide opportunities for in-person or virtual in-reach, including assessment interviews or engagement in custody by the identified community treatment provider and/or Probation, if pending release to supervision
10. County and community partners work to identify individuals who may be diverted from jail to alternative to custody programs and/or community-based care.	a. ODR to provide community-based restoration for misdemeanor and felony defendants found incompetent to stand trial (MIST and FIST)
	b. Court-ordered releases to SUD or MH treatment
	c. Rapid Diversion Program
	d. Returning Home Well LA
	e. ODR Housing Program
11. Maximize direct warm handoffs directly from jail to receiving community-based providers	a. Arrange conditional and coordinated releases directly to providers
	b. Provide assistance with transportation to destination upon release
12. All incarcerated individuals should have a safe place to stay upon release.	a. Provide interim housing through Probation-contracted services, DHS Housing for Health, LAHSA or other housing providers
13. Ensuring continuity of care with medical, mental health and SUD treatment upon release is essential to health and well-being	a. Schedule appointments with primary care provider, mental health and/or SUD provider in community prior to release
	b. Provide assistance in applying for or reinstating Medi-Cal benefits
	c. Provide 30-day supply of essential medications at release
14. Efforts to provide individuals with vital documents and enroll in eligible public services are critical to support reentry.	a. Provide assistance in obtaining CA ID, birth certificate, Social Security card, and/or other needed documents

<i>(continued from #14 above)</i>	b. Provide assistance in applying for or reinstating GR, CalFresh food benefits, SSI/SSDI, Medi-Cal and/or other applicable benefits
15. Prioritize workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency and support individuals in a responsive, holistic way	a. Identify opportunities to support re-entry job seekers through training stipends, intensive case management, system integration like the INVEST program (between WDACS and Probation), and other housing/work financial supports
16. Engage and educate employers on the value of hiring justice-involved individuals, concentrating on high growth industries	a. Support and enhance the County's Fair Chance campaign that educates employers on the State's Fair Chance law, but also encourages employers to sign on to the Fair Chance pledge and hire from the reentry population
17. Ensure reentry needs and strengths in all domains are considered in the comprehensive release plan	a. Develop comprehensive reentry plans in collaboration with individual in jail, to include (as needed) housing, medical care, mental health treatment, SUD treatment, family/community/social support (including family reunification if applicable), transportation, Medi-Cal, financial and food support, and needed documents
18. Ongoing case management, navigation or peer support from a credible messenger in the community with lived experience	a. Provide linkage upon release to a community health worker, peer support, or other reentry provider with lived experience of prior incarceration

Post-Release Community Supervision Model



POST-RELEASE COMMUNITY SUPERVISION (PRCS) – PC 3451



Post-Release Community Supervision

Principles and Recommendations

Pre-Release and Early Transition Planning	
Principle	Programmatic/Strategic Recommendation
1. Pre-release planning and community transition support are critical elements of PRCS and community-based service support.	<ul style="list-style-type: none"> a. The County's Pre-Release Center (PRC), in partnership with independent community-based organizations, screens the incoming PRCS case for mental health, substance use disorder, physical health, housing, and other responsibility needs to ensure appropriate services are rendered. b. Pre-release benefits enrollment processes support the timely delivery of needed services and shall include independent community-based partners. c. Strategies to address transportation needs should prioritize independent community-based service providers.
Evidence-Based Supervision Practices	
Principle	Programmatic/Strategic Recommendation
2. PRCS and community-based service provision goals of promoting the successful reentry of clients and enhancing public safety are accomplished through the incorporation of evidence-based practices and strategies that are rooted in community-based holistic approaches.	<ul style="list-style-type: none"> a. Holistic and innovative evidence-based approaches b. Validated assessment tools are utilized to identify needs and strengths and develop case plans, including: harm reduction strategies to address in order to reduce recidivism, mental health treatment needs, SUD treatment needs, and other support service needs.
3. Individualized Interventions	<ul style="list-style-type: none"> a. The level of case management and supervision service correspond to an individual's identified needs and strengths in collaboration with independent community-based organizations. Supervision case plans are developed at the beginning of the supervision period with community-based partners that identifies support that correspond to the client's needs and strengths. b. Supervision services are prioritized for clients that are at high need. Per statute, clients that make significant progress towards the completion of their case plan goals and have no custodial sanctions are considered for an early earned discharge. c. The County currently contracts with community-based organizations for the following services: substance use disorder, mental health treatment, employment, housing, and system navigation. The County should contract directly with community-based organizations independently of law enforcement body.
Public Safety	
Principle	Programmatic/Strategic Recommendation
4. Addressing client accountability when necessary can promote positive long-term behavior change and support public safety, in collaboration with independent community-based organizations.	<ul style="list-style-type: none"> a. Probation coordinates with independent community-based organizations and collaborates with local law enforcement and participates in co-located teams in order to address unmet needs that present public safety concerns
Substance Use Disorder (SUD) Treatment Services	
Principle	Programmatic/Strategic Recommendation
5. Substance use disorder (SUD) services are accessible and connect individuals to the right services, at the right time, in the right setting, for the right duration.	<ul style="list-style-type: none"> a. Ensure that justice involved individuals have access to SUD services via multiple entryways (SASH, CENS, SBAT, direct treatment provider) b. Collaborate with partners to provide access to SUD services at Probation Offices and court locations c. Monitor efficiency and efficacy of entryways to SUD services
6. SUD services are comprehensive across the lifespan and on a continuum of improved health, wellness, and recovery.	<ul style="list-style-type: none"> a. Evidence-based SUD prevention, early intervention, treatment, and recovery support services are available to justice-involved individuals, both during and after supervision. b. The pathway to recovery is not a linear process and may include one or more service components and episodes between and/or within the following: withdrawal management, outpatient, residential, recovery bridge housing, medication assisted treatment, harm reduction, and recovery support services. c. SUD services are client-entered and personalized to ensure the right level and duration of treatment and are based on an individual's continual growth to improve the quality of their life. d. Leverage existing resources (e.g., AB 109, other local, state, and federal funds) to support SUD services that are not reimbursable by Drug MediCal, but necessary to ensure continuity of SUD services to justice-involved individuals
7. SUD services are culturally humble and influenced and responsive to personal belief systems.	<ul style="list-style-type: none"> a. SUD services are provided by a culturally, racially, and gender diverse workforce of SUD registered and certified counselors, and licensed professions, including peer support services by individuals with a diversity of lived experience.

(continued from #7 above)

- b. SUD counselors are trained to work with justice-involved populations, including trained on trauma-informed evidence-based approaches.
- c. SUD workforce is trained on SUD trends and other restorative justice and health equity topics and practices.
- d. SUD services are made available in all of LA County's threshold languages, directly or by interpretation services.
- e. SUD services are available throughout LA County, including communities most impacted by the justice system.

Mental Health Treatment Services

Principle	Programmatic/Strategic Recommendation
8. Proactive outreach and engagement of clients	a. Meeting clients where they feel most comfortable and engaging them, including jail in-reach prior to release and participating in video-conferencing with clients in CDCR
9. Access to all levels of care, including mental health and co-occurring services	a. Mental health assessments, linkage, and specialty mental health services such as intensive outpatient, enriched residential (ERS) and co-occurring substance abuse (COIN) services provided by community-based organizations to help individuals achieve hope, recovery and wellbeing
10. Collaboration and integration of care with AB109 partner agencies	a. Collaboration and communication with all partner agencies and departments to facilitate integrated care for clients, including co-location of staff
11. Provide ancillary services and supports	a. Providing a full continuum of care tailored to meet individual needs, including establishment of benefits and linkage to a broad array of services and supports
12. Ensuring providers have the necessary evidence-based training	a. Offering relevant trainings to providers in order to improve the skill set needed to engage clients
13. Assisting client to remain engaged in services following termination of supervision	a. Working with providers to provide continuity of care for engaged clients

Employment Services

Principle	Programmatic/Strategic Recommendation
14. Prioritize workforce development efforts that focus on high road training and employment opportunities that lead to career pathways, family-sustaining wages and self-sufficiency	a. Support and expand efforts like the Career Center at the Century Regional Detention Facility where incarcerated people receive certification training in construction, hospitality and technology as part of pre-release planning that will continue with post-release training and employment
15. Engage and educate employers on the value of hiring justice-involved individuals, concentrating on high growth industries	a. Support and enhance programming that supports hiring justice-involved individuals by community-based organizations, as well as the County's Fair Chance campaign that educates employers on the State's Fair Chance law, but also encourages employers to sign on to the Fair Chance pledge and hire from the reentry population
16. Understanding the complex array of barriers the re-entry population faces, ensure financial and case management supports are responsive to the re-entry population's needs	a. Identify opportunities to support re-entry job seekers through training stipends, intensive case management, system integration like existing community-based organizations, as well as the INVEST program (between WDACS and Probation), and other housing/work financial supports
17. For parenting re-entry adults, engage the family through youth programming to assist in the prevention of continuing justice-involvement	a. Identify opportunities to serve children of justice-involved through youth work experience and education programs to help break the cycle of justice system involvement

Community Partnerships and Equitable Access to Services

Principle	Programmatic/Strategic Recommendation
18. The County and community partners collaborate to provide access to support services -- during supervision and supporting independent community-based services after supervision.	a. Housing
	b. Peer navigation services and credible messenger support
	c. Transportation services
	d. Family re-unification
	e. Financial and food assistance

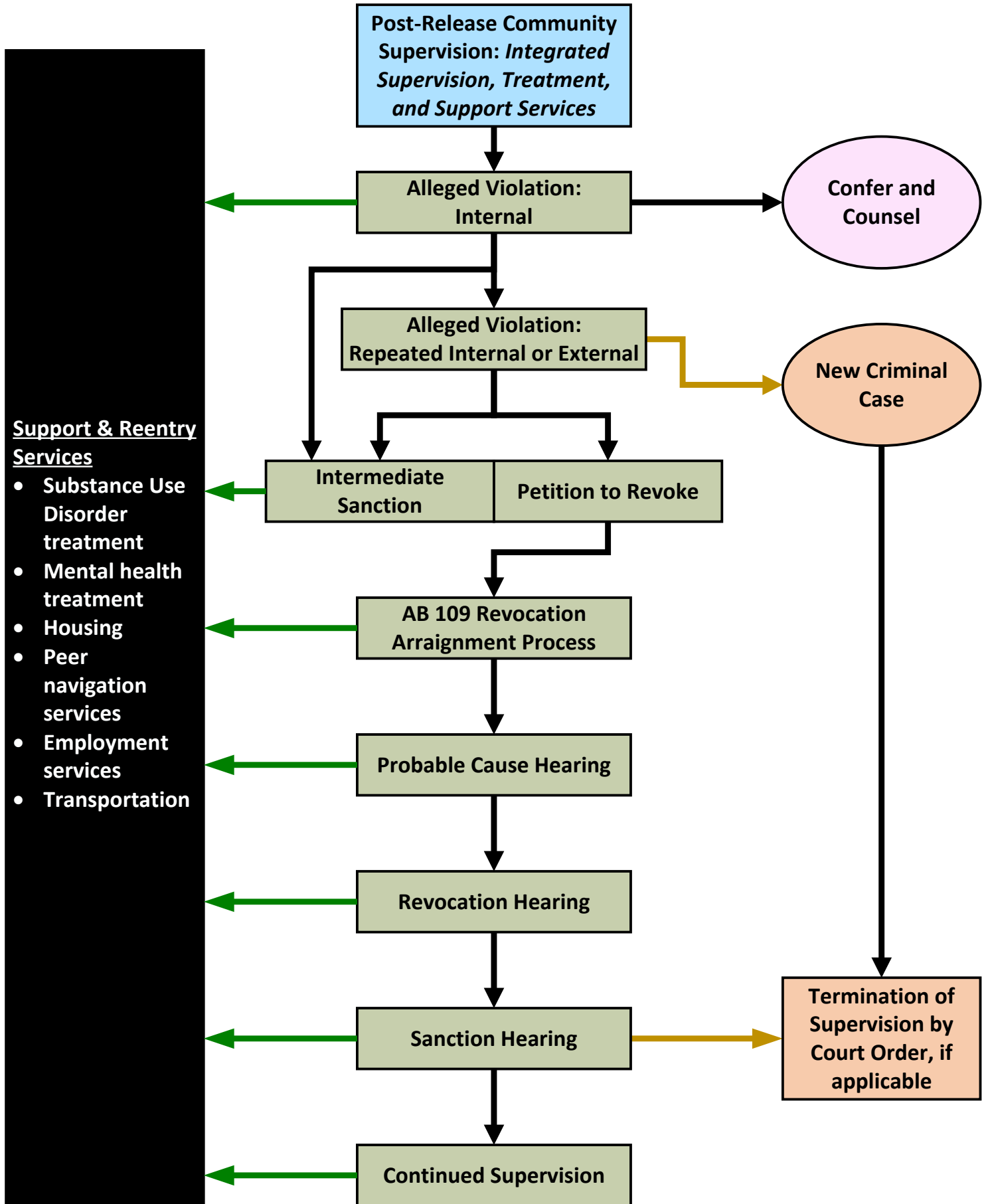
Violations and Revocation Process

EBP Principles

Principle	Programmatic/Strategic Recommendation
1. Responding to the root causes of harm and unmet needs in a swift, culturally humble and sensitive, and fair way reduces supervision violations and law violations especially when used in conjunction with the use of positive reinforcement to respond to positive behaviors. Responding to needs in an equitable and positive way reinforces the vision of care first in a revocation model.	a. Probation-developed policies grounded in holistic harm reduction and community-based principles to guide DPOs in their responses to client behaviors, needs, and strengths

Alternatives to Custody	
Principle	Programmatic/Strategic Recommendation
2. Reliance on custodial sanctions alone is ineffective in reducing recidivism	a. Probation's Response Grid uses graduated responses based on the client's needs and strengths to determine the response. Responses prioritize reconnection to services, and revocations are only recommended for clients that have needs that could not be met through any other community-based services and should be a last resort.
Ensuring Public Safety	
Principle	Programmatic/Strategic Recommendation
3. Ensuring public safety is a critical role of the Probation Department. Public safety prioritizes the needs of the client, their family, and survivor(s).	a. Addressing client accountability in partnership with independent community-based organizations, when necessary and appropriate, contributes to an increase in public safety.
Coordinated Delivery of Services	
Principle	Programmatic/Strategic Recommendation
4. Individuals who face revocation often present with very high and complex needs. As a result, the availability and delivery of services through the revocation process should be specifically designed to address those high needs.	a. The availability of co-located assessments and service linkages prioritizing community-based providers at the Court is critical for complex needs such as: co-occurring residential treatment, housing and mental health housing, skilled nursing facility placement, and SUD treatment services, including Medication for Addiction Treatment (MAT).
5. Strategies and supports delivered by independent community-based providers that help individuals meet their supervision obligations can help improve their outcomes and reduce violation incidences.	a. Peer navigation services/credible messengers
	b. Transportation support
	c. Use of existing community-led strategies (e.g., PRIT, ATI, MCJ closure report, etc.), as well as the development of strategies and partnerships, prioritizing independent community-based providers, to help individuals meet applicable registration requirements

Violation/Revocation Model



Part II:
Fiscal Year (FY) 2022-2023
Public Safety Realignment
Funding Allocation

Fiscal Year 2022-2023 Public Safety Realignment Funding Allocation

Where funds were allocated to:	Amount
Alternate Public Defender	\$6,534,000
Auditor-Controller	\$237,000
Board of Supervisors	\$4,083,000
Chief Executive Office	\$240,000
District Attorney	\$8,929,000
Diversion and Re-Entry	\$103,956,000
Economic Opportunity (formerly WDACS)	\$1,303,000
Fire District	\$4,579,000
Health Services	\$41,349,000
Justice, Care and Opportunities	\$14,875,000
Mental Health	\$44,418,000
Probation	\$124,626,000
Public Defender	\$16,485,000
Public Health	\$15,757,000
Sheriff	\$249,723,000
Trial Court Operations	\$49,000
Youth Development	\$26,118,000
Total Allocation:	\$663,261,000

Part III:
Fiscal Year (FY) 2022-2023
Community Corrections Plan
Goals, Objectives, and Outcome
Measures

Goal 1: Enhance the County’s Post Release Community Supervision (PRCS) and pre-release processes to facilitate case planning, linkages to services, and reentry

Objective 1	Continue and grow the Pre-Release Video Conferencing (PRVC) program for individuals pending release from state prison to PRCS
Objective 2	Expand DMH and DPH-SAPC behavioral health efforts to assess Post-release Supervised Persons (PSPs) in custody in order to facilitate a seamless connection to community-based services upon release
Objective 3	Develop options to optimize and increase the provision of transportation of PSPs to treatment providers directly from jail or court
Objective 4	Enhance the Medi-Cal enrollment process based on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) pre-release initiative
Outcome Measure 1	Increase the number of PRVC contacts with individuals being released to Los Angeles County on PRCS to include all AB 109 partner agencies, as appropriate, in order to support pre-release planning efforts
Outcome Measure 2	The number of clients contacted through jail in-reach efforts by probation and the number of clients successfully screened and linked to community-based mental health and SUD services by DMH and DPH-SAPC
Outcome Measure 3	Increasing agreements with partnering departments and/or CBOs to transport PSPs directly to treatment sites
Outcome Measure 4	The number of inmates exiting custody with approved Medi-Cal

Goal 2: Enhance the Correctional Health Services (CHS) intake screening process and expand access to treatment

Objective	Ensure that within 24 hours of intake, each inmate is screened in the reception center by a registered nurse to identify urgent or emergent medical and mental health needs.
Objective	Ensure that each inmate in the reception center who is identified as having emergent or urgent mental health needs is evaluated by a Qualified Mental Health Professional (QMHP) as soon as possible but no more than four hours from the time of identification.
Objective	Create a process at intake to identify individuals who report an opiate use disorder.
Objective	Implement a program for patients with opiate use disorders to increase access to Medication Assisted Treatment (MAT) for inmates.
Outcome Measure	Average length of time from custody intake to screening by a registered nurse
Outcome Measure	The percentage of inmates with an emergent or urgent mental health need who are evaluated within four hours of identification.
Outcome Measure	The number of justice-involved individuals who report opiate use disorder during intake.
Outcome Measure	The percentage of eligible patients who are offered medication assisted treatment while in custody.

Goal 3: Reduce the mental health population in the County jail system

Objective 1	Enhance and support the Office of Diversion and Reentry's (ODR) delivery of housing and intensive case management services to individuals with mental health disorders diverted from the jail
Objective 2	Continued implementation and operationalization of the County's Alternative Crisis Response (ACR) system and expand the number of mobile crisis response teams, including Mobile Crisis Outreach Teams (MCOT) and Psychiatric Mobile Response Teams (PMRTs)
Objective 3	Expand the Psychiatric Social Worker (PSW) program to serve additional clients facing potential custody sentences
Objective 4	Enhance the continuum of community-based services available so that individuals touched by the justice system can access high quality care at the appropriate level of service
Outcome Measure 1	The number of individuals supported in the ODR Housing Program, including the number of new clients served in FY 22-23.
Outcome Measure 2	Percentage of field response NOT requiring law enforcement involvement
Outcome Measure 3	The number of MCOT/PMRT teams deployed
Outcome Measure 4	Number of individuals diverted from incarceration with the assistance of the PSW program
Outcome Measure 5	Onboarding and training individuals for the PSW program

Part IV:
PSRT Members and
Designated Alternates

**Public Safety Realignment Team
Members / Designated Alternates**

Agency	Member	Title	Designated Alternate	Title
Probation Department (Chair)	Adolfo Gonzales	Chief Probation Officer	Howard Wong	Deputy Director
Superior Court	The Honorable Ricardo Ocampo	Supervising Judge	The Honorable Jeffrey S. Cohen-Laurie	Site Judge, Central Arraignment Courthouse
Sheriff's Department	The Honorable Robert Luna	Sheriff	Brendan Corbett	Assistant Sheriff
District Attorney's Office	The Honorable George Gascon	District Attorney	Sharon L. Woo	Chief Deputy
Public Defender's Office	Ricardo Garcia	Public Defender	Thomas Moore	Assistant Public Defender
Alternate Public Defender's Office	Erika Anzaotegui	Alternate Public Defender	Cesar Sanchez	Acting Chief Deputy
Chief Executive Office	Fesia Davenport	Chief Executive Officer	Brian Hoffman	Principal Analyst, CEO
Department of Mental Health	Dr. Lisa Wong	Interim Director, DMH	Dr. Karen Streich	Mental Health Clinical Program Mgr., III
Department of Public Health - Substance Abuse Prevention and Control (SAPC)	Dr. Gary Tsai	Director, DPH-SAPC	Yanira Lima	Branch Chief
Department of Economic Opportunity (DEO)	Kelly LoBianco	Director, DEO	Irene Pelayo	Program Manager, Workforce Development
Department of Public Social Services	Dr. Jackie Contreras	Acting Director, DPSS	Sherri Cheatham	Chief, Medi-Cal & In-Home Supportive Services Program Division
Department of Health Services	Dr. Christina Ghaly	Director, DHS	Dr. Tim Belavich	Director, DHS-Correctional Health Services
Office of Diversion and Reentry	Dr. Clemens Hong	Director, ODR	Rose Sunderland	Fiscal & Operations Manager
Justice, Care, and Opportunities Department	The Honorable Songhai Armstead	Director, JCOD	Gina Eachus	
Anti-Racism, Diversity, and Inclusion Initiative	D'Artagnan Scorza	Executive Director	Heather Jue Northover	Principal Analyst
Los Angeles County Office of Education (LACOE)	Dr. Debra Duardo	Superintendent of Schools	Maricela Ramirez	Chief Education Officer
Los Angeles Police Department	Michel Moore	Chief, LAPD	Kris Pitcher	Deputy Chief
County Police Chiefs Association	Chief Scott Fairfield	President, County Police Chiefs Association		
Community Based Organization	Troy Vaughn	Executive Director, Los Angeles Regional Reentry Partnership	Joseph Paul	
Appointee, Supervisorial District 1	Ivette Alé	Executive Director, La Defensa	Fabian Garcia	
Appointee, Supervisorial District 2	Bikila Ochoa	Deputy Director, Anti-Recidivism Coalition	Nicole Brown	
Appointee, Supervisorial District 3	Marisa Arrona	Local Safety Solutions Project Director, Californians for Safety and Justice	Jacky Guerrero	
Appointee, Supervisorial District 4	Jose Osuna	Housing Justice Manager, Brilliant Corners	Kyle Blake	
Appointee, Supervisorial District 5	Josh McCurry	Executive Director, Flintridge Center	Gerald Freeny	
Victim Advocacy Organization	Itzel Bonilla	Program Coordinator, Healing Dialogue and Action		