



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
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***The efforts adopted in Los Angeles to build a mental health-law enforcement partnership to divert individuals from jail and into treatment.***

For many years Los Angeles County has built and strengthened mental health-law enforcement partnerships to divert individuals from jail and into community based treatment through a variety of programs that require collaboration among the Department of Mental Health (DMH), the criminal justice system, county and city law enforcement agencies, other county Departments and many DMH contractors. Among the early partnership programs are:

- Psychiatric Mobile Response Teams (PMRT) and Systemwide Mental Assessment Response Teams (SMART): These teams consist of DMH clinicians that respond to calls from the community to evaluate individuals for involuntary psychiatric hospitalization who appear to be dangerous to themselves or others or gravely disabled due to a mental disorder.
- Law Enforcement Inpatient Beds: In two areas of the County, DMH provides dedicated acute psychiatric inpatient services for uninsured individuals where law enforcement can take persons whose behavior appears to be the result of or associated with their mental illness and who would be more appropriately hospitalized than arrested. This program provides an alternative to law enforcement taking these individuals from San Gabriel Valley and southeast Los Angeles to a County hospital where they may be required to wait with the individuals until they can be evaluated and admitted to the Emergency Department.
- Law Enforcement Teams (LET): LETs provide field based crisis intervention services throughout the County, based on a co-response model: one licensed mental health clinician is partnered with a law enforcement officer to respond to 911 calls or patrol care requests for assistance involving person suspected of having a mental illness. Teams provide crisis intervention, de-escalate potentially violent interactions between consumers, family members and police, make appropriate referrals to community agencies and/or facilitate hospitalization. LETs have recently been expanded with additional clinicians funded through Senate Bill (SB) 82, the Investment in Mental Health Wellness Act of 2013.

More recently additional partnership programs have been developed at every point of an individual's involvement with the criminal justice system as shown on the attached Systems Map "Diversion by Design". These programs are further discussed under the Strategies section of this presentation.

With the increased interest in jail diversion and in strengthening release planning as a means of decreasing recidivism and promoting linkage to services and supports in the community, Los Angeles County's Health Agency has established the Office of Diversion and Re-entry (ODR) to enhance coordination and collaboration among all diversion and re-entry stake-holders.

***The challenges that County mental health agencies face when providing services to individuals with mental health needs who become involved in the criminal justice system.***

Many individuals with mental health needs encounter the criminal justice system due to offenses related to poverty and homelessness. Foremost among the many challenges that County mental health agencies face is the lack of housing resources, including supportive housing that impacts every intercept in the criminal justice system. Los Angeles County currently has no permanent supportive housing dedicated to the justice-involved population with mental illness. Housing is needed immediately for some individuals and subsequent to residential treatment for others. For example, currently DMH is in the process of developing crisis residential treatment programs with capital development funding made available under SB 82 that will assist in diverting individuals from incarceration. One of the challenges these programs face is the scarcity of housing capacity for residents upon discharge from these short-term residential programs.

Effective service capacity is another challenge. This is a very different population than the mental health system has traditionally served. Many justice-involved clients have co-occurring mental health and substance use conditions, coupled with criminogenic risk factors that result in engaging in high risk behaviors in environmental conditions that make breaking that cycle very difficult. Mental health treatment is often seen as a means to obtaining SSI benefits and not as a way toward recovery and engaging productively in one's community.

Developing new program models that incorporate best service settings, evidence based practices such as high fidelity Cognitive Behavioral Therapy, and coordinated treatment and supervision is another challenge. This includes developing training for service providers in these new program models and treatment modalities and extensive collaboration among the Courts, law enforcement and mental health agencies in order to promote individual recovery and improve public safety.

A fourth challenge is finding ways to share offender/client information among collaborative partners, particularly between law enforcement and mental health and substance use treatment providers that are not in conflict with applicable confidentiality statutes and regulations. Effective linkage to diversion programs requires sharing of information among the partnering entities. In Los Angeles County, the Sheriff's Department, Probation Department and Department of Health Services are all using Cerner Health Information Systems and intend to use the Cerner Hub to share

information on shared clients. The Cerner Hub is software which can facilitate transparent exchange of clinical information between participating implementation sites. Netsmart, DMH's health information system vendor, is currently involved in discussions with Cerner to enable Netsmart systems to participate in health information exchange through the Cerner Hub. If successfully deployed, Los Angeles would be among the first sites to use this approach in production. Adding DMH to the Cerner Hub community would greatly simplify the task of coordinating care for clients shared among the participating departments.

***The strategies employed in Los Angeles to better serve those consumers who do become involved in the criminal justice system.***

Los Angeles County has continued to focus on planning, developing, and implementing programs that divert individuals with mental illness from incarceration into community based mental health treatment. To do so, in May 2014 a Criminal Justice Mental Health Advisory Board led by the Los Angeles District Attorney was formed and a Countywide Mental Health Summit was convened to identify strengths and weaknesses, and priorities for improvement. The Summit was attended by a myriad of stakeholders, including the District Attorney's Office, DMH, the Sheriff's Department, the Superior Court, the Public Defender's Office, the Alternate Public Defender's Office, the Probation Department, the Executive Director of the CCJCC, the Chief Executive Office, the Los Angeles Fire Department, the Los Angeles Public Health Department, the Los Angeles City Attorney's Office, the United States Attorney's Office, the Los Angeles County Mental Health Commission and the National Alliance on Mental Illness. Participants were introduced to the "sequential intercept model" of mental health diversion planning which has been successfully utilized in other jurisdictions, including Miami-Dade County, Florida. The sequential intercept model identifies all places or "intercept points" along the criminal justice continuum where contact with those who suffer from mental illness occurs and appropriate intervention can take place. Among these programs are the following:

**Intercept 1**

- Pre-booking Diversion Program: This is a mental health – criminal justice system collaborative project to divert individuals with mental illness that could be charged with minor offenses from incarceration to community mental health treatment. Under this program, which is currently under development, law enforcement will take eligible individuals to Urgent Care Centers as the initial point of diversion rather than to jail.
- Urgent Care Centers (UCCs): Los Angeles County's UCCs provide crisis stabilization services and linkage to recovery-oriented community-based resources for individuals 13 years and older who would otherwise be taken to emergency rooms or incarcerated. DMH currently has five UCCs, four of which

are LPS designated and operational 24/7. DMH is planning to add four additional UCCs, three of which are funded under SB 82. It is estimated between 15-20% of the individuals taken to the UCCs would have otherwise been incarcerated.

- Crisis Residential Treatment Programs (CRTP): CRTPs have been nationally recognized for over 25 years as an effective model for diversion from psychiatric emergency rooms and as a “step-down” from inpatient care. The County currently has three CRTPs that provide short-term housing and intensive mental health services and support for mentally ill individuals who need additional stabilization and hands-on linkage to on-going community-based services. DMH is utilizing SB 82 funds to develop up to 35 additional CRTPs that will be a resource for individuals being discharged from UCCs, including individuals that were brought to the UCCs by law enforcement.

## **Intercept 2**

- Mental Health Court Linkage/Court Liaison Program: This program is a collaboration between DMH and the Los Angeles County Superior Court, staffed by a team of mental health clinicians co-located at Courts countywide. Services include on-site courthouse outreach to defendants that appear to have mental health needs, individual service needs assessment, informing consumers and the Court of appropriate treatment options, development of alternatives and post-release plans, linkage of consumers to treatment programs and expedited mental health referrals in lieu of incarceration.
- Misdemeanor Incompetent to Stand Trial (MIST) Program: The MIST Program was established in 2002 when the Director of DMH approved DMH’s Jail Mental Health Services (JMHS) as a public treatment facility for competency restoration for misdemeanor defendants. Since then the JMHS MIST census has increased exponentially from approximately 10 defendants in 2002 to approximately 200 defendants in September 2016, many of whom would be more appropriately served in community-based competency restoration programs. In October 2015, in keeping with countywide jail diversion efforts, a MIST Community-Based Restoration (MIST CBR) program was expanded under Countywide Resource Management to include acute inpatient services, Institutions for Mental Diseases (IMD) beds, Enriched Residential Services and Full Service Partnerships that are trained to provide competency restoration services.
- San Fernando and Van Nuys Courts Diversion and Alternative Sentencing Pilot Program: In lieu of arrest or hospitalization, law enforcement has limited diversion options for individuals suspected having a mental disorder who are chronically homeless. DMH established this 50 slot pilot program to provide supportive housing with wrap-around treatment for homeless low level offenders at the Van Nuys and San Fernando Courts. Defendants charged with

misdemeanors earn a full dismissal of their charges following successful completion of a 90 day diversion program, without having to plead guilty. For felony crimes, a defendant must initially enter a plea and complete an 18-month program; upon successful completion, an offender earns early termination of probation and dismissal of charges.

### **Intercept 3**

- Community Reintegration Programs: A specialized Institution for Mental Diseases (IMD) program offers an alternative to incarceration for defendants with mental illness, including those with co-occurring substance use disorders. The program serves 50 individuals at any given time who are pre-adjudicated and agree to receive treatment in lieu of incarceration. In addition, a specialized residential co-occurring treatment program provides services for up to 17 individuals. Residents that choose to leave these programs prior to completion are returned to the court for disposition.
- Alternative to Custody IMD Step-down Program: This program serves 42 male sentenced inmates, 18 years of age and over that are within six months of release from jail who require intensive residential treatment for co-occurring mental health and substance use disorders. Program participants reside in a licensed Adult Residential Facility that provides supportive field-based co-occurring mental health and substance use disorder services and 24/7 security. Upon completion of the program, participants are linked to ongoing community services and supports.
- Co-occurring Disorders Court: This Court is an option for offenders who have failed at previous attempts at substance abuse treatment and who have a severe or persistent mental illness. Individuals with specified low-level felony charges are eligible for this program. The court requires a guilty plea, followed by 90 days at the Antelope Valley Rehabilitation Center and then placement into a full service partnership which includes medication, housing, benefits evaluation and educational and vocational assistance.

### **Intercept 4**

- Forensic Outreach Teams (FOTs): Many inmates with mental illness do not successfully transition to care in the community, which increases the possibility of recidivism. Contracted specialized SB 82 FOTs assist AB109 and other inmates that require additional assistance to successfully transition to community-based mental health treatment and services upon their release. FOTs provide jail in-reach and post-release integrated, intensive short-term case management for up to 60 days.

- Just In Reach: This Sheriff's Department program targets individuals who are either currently homeless or at risk of homelessness, repeat offenders, and those who are charged with lower level offenses; specifically, offenders who have been in jail three times in the last three years and who have been homeless three times in the last five years. The program offers participants comprehensive assessments, case plans and linkage to community services including mental health treatment to assist participants to secure permanent supportive housing and remain self-sufficient.
- Comprehensive Adult Re-Entry (CARE) Program: This Bureau of Justice funded program provides pre- and post-release programming for offenders that have chronic co-occurring mental health and substance use disorders and are mandated to felony probation upon release from jail, with priority attention given to those at high risk for recidivism, including those who are chronically homeless. CARE provides jail in-reach and engagement prior to release and following release ensures continuity of care and wraparound service delivery.
- Mentally Ill Offender Crime Reduction (MIOCR) Program: Los Angeles County was awarded a competitive MIOCR grant for a program that addresses the problem of "offender tri-morbidity" by diverting these at-risk offenders from custody. Tri-morbid offenders have three factors which can lead to their early demise: they are mentally ill, suffer from substance abuse and are medically fragile. The District Attorney's Office applied for the grant as the lead department on behalf of the extensive collaborative team involved in the grant application.
- Women's and Men's Reintegration Centers: These Women's Reintegration Center provides jail in-reach in the form of release planning groups and one-to-one interviews for individuals with mental health needs prior to their release and outpatient services upon release to equip them with the life skills necessary to succeed outside of jail. A Men's Reintegration Center is currently under development and will be implemented near the Men's jail.

## **Intercept 5**

- Assisted Outpatient Treatment (AOT): AOT provides a process, under the AOT Demonstration Project Act of 2002, also known as Laura's Law, to allow court-ordered outpatient treatment for adults with serious mental illness and a history of treatment non-compliance who are at substantial risk for deterioration and/or involuntary hospitalization or incarceration. AOT was initially implemented in Los Angeles County under the voluntary agreement for services portion of the Act. DMH now also has an AOT program for Court-mandated outpatient treatment.
- Forensic Full Service Partnerships (FFSP): These specialized FFSP programs provide recovery-focused, intensive field based services for individuals being released from jail that require wrap-around services in order to avoid

re-incarceration and successfully transition to community-based services and supports. Services are evidenced based and designed to meet the special needs of the forensic population. The FFSPs also serve AOT participants that require this level of care.

***The role that local mental health agencies should take to improve the quality of care for those in custody and the transition to community-based mental health services upon release.***

Mental health agencies should collaborate with local jail authorities, the Courts and County departments to ensure that viable mental health care is provided within the jails, to facilitate jail in-reach by community-based mental health care providers, to plan and implement jail diversion programs, and to coordinate linkage to appropriate services and supports in the community. Additionally, local mental health agencies should participate in specialty mental health and drug courts that help identify people with mental health needs and allow them to get treatment in the community instead of jail.

Another role is training: Critical Incident Training for law enforcement personnel currently being provided by DMH; justice stakeholder training for prosecutors, defense attorneys, judges and others in the justice system to educate stakeholders regarding the benefits of mental health diversion, legal issues and available resources; and training for mental health and co-occurring substance use treatment providers in treating individuals with criminogenic risks and needs.

***How the State can support local efforts to reduce the number of adults with mental health needs who become justice-involved, and improve outcomes for those in custody and upon release.***

The State can support local efforts by taking the lead in:

- Developing a shared vision and understanding among all partners regarding their roles, constraints and opportunities for promoting the recovery of our shared clients
- Developing a common language and policies that reflect this vision
- Establishing priorities for implementation of this vision
- Supporting the need and mechanisms for information sharing across systems;
- Promoting the use of validated assessment tools to assess criminogenic risk and needs together with mental health and co-occurring substance use needs; and
- Identifying and disseminating best practices in working with the forensic population.

The State can also play a central role in ensuring that county mental health agencies have adequate housing resources and are adequately funded to build strong partnerships with the criminal justice system to divert individuals from jail and into treatment.