A BLUEPRINT FOR CHANGE

Five Years Later

Criminal Justice Mental Health Advisory Board

Jackie Lacey
Los Angeles County District Attorney
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MESSAGE FROM
DISTRICT ATTORNEY JACKIE LACEY
Founder & Chair, Los Angeles County Criminal Justice Mental Health Advisory Board

When I was elected District Attorney of Los Angeles County, one of my highest priorities was to improve how the criminal justice system interacted with individuals with mental illness.

As a career prosecutor, I had worked successfully to move military veterans and mothers with small children out of our jails and prisons and into programs where they could get the help they needed. Now, I am committing those same resources to helping individuals with mental illness.

In December 2013, officials from the Sheriff’s Department asked for my help as they sought new ways to address the growing population of jail inmates who needed mental health treatment, sometimes in an effort to regain their competency to stand trial.

Five months later, I hosted the Countywide Mental Health Summit, the first step toward creating a comprehensive mental health diversion plan for Los Angeles County. By then, the initial group of six individuals had expanded to 60 individuals representing a broad base of stakeholders.

From there, we documented existing resources and set priorities to increase the number of community-based beds and services to treat individuals with mental illness and keep them safe, healthy and out of the criminal justice system. Those findings and recommendations were published in August 2015 in the board’s first report, “A Blueprint for Change.”

Since then, we have implemented the report’s recommendations and through unprecedented collaboration have continued to explore and implement innovative approaches to helping keep individual experiencing a mental health crisis out of the criminal justice system. Our work has taken us to Sacramento to advocate for new laws and elsewhere in the United States and abroad to learn how others have responded to similar challenges.

Within my own office, I established the Mental Health Division to review and seek alternatives to incarceration for offenders with mental illness and provided free 16-hour training to more than 2,000 local police officers on how to recognize a person with mental illness and safely de-escalate encounters that too often ended in injury or death.

I want to thank personally the Board of Supervisors, leaders of other county departments and all of the individuals who participated in this critical criminal justice reform effort.

Jackie Lacey
STATEMENT OF PURPOSE

Los Angeles County operates the largest jail system in the world and its jails remain critically overcrowded. One of the main drivers of the local jail population is the incarceration of individuals with mental illness. In June 2019, 5,544 of the jail’s 17,204 inmates were either housed in mental health units or treated with psychotropic medications.

The Criminal Justice Mental Health Advisory Board was convened to safely divert justice-involved individuals living with mental illness out of the criminal justice system and into appropriate and safe community-based housing and treatment programs, while maintaining public safety.

This report documents the Advisory Board’s efforts over the past five years to seek new, innovative and humane approaches to realize these goals and continue to bring significant criminal justice reform to Los Angeles County.

COLLABORATION

Through unprecedented collaboration, the Criminal Justice Mental Health Advisory Board has steered a coordinated countywide effort to improve the way the criminal justice system interacts with individuals experiencing a mental health crisis.

The Advisory Board examined every step in the criminal justice process from seeking effective alternatives to arrests for nonviolent offenders to determining whether a person with mental illness may be safely placed in community-based restorative programs in lieu of jail.

This collaborative effort brought together criminal justice and mental health professionals with individuals who have experienced mental illness and their advocates to explore innovative and humane responses, which have led to meaningful systemic criminal justice reform.

The Advisory Board’s “A Blueprint for Change” created a thoughtful roadmap embraced by stakeholders who have navigated its 10 recommendations and gone beyond its pages to create critical long-term change that has far surpassed the board’s initial expectations.

Based on the report’s findings, the Board of Supervisors established the Office of Diversion and Reentry (ODR) within the Department of Health Services and committed an initial $120 million to enhance housing and other resources to assist individuals with mental illness as part of the county’s larger mission that puts: “Care First, Jail Last.”

The report marked the commencement of a coordinated countywide response to finding effective community-based alternatives to incarceration for nonviolent individuals in need of permanent housing and sustained mental health and substance abuse treatment in Los Angeles County.
OFFICE OF DIVERSION AND REENTRY (ODR)

The Board of Supervisors established the Office of Diversion and Reentry (ODR) within the Department of Health Services in 2015 to develop and implement countywide criminal justice diversion for individuals with mental and/or substance use disorders, provide reentry support services based on an individual's needs and reduce youth involvement with the justice system.

The office, led by retired Judge Peter Espinoza, collaborates with community-based agencies to leverage resources, improve systems and ultimately enhance the health and social outcomes of justice-involved populations.

These innovative collaborations have led to the opening of three new alternative sentencing courts, an award-winning housing program that connects detainees with services and improved efforts to divert low-level offenders out of the criminal justice system prior to arrest.

OFFICE OF DIVERSION AND REENTRY (ODR) COURTS

In August 2016, the Superior Court, in partnership with the Office of Diversion and Reentry (ODR), opened an alternative sentencing court in the Clara Shortridge Foltz Criminal Justice Center in downtown Los Angeles. The ODR Court was established to divert mentally ill, homeless inmates from jail into treatment, thereby reducing jail overcrowding and recidivism and improving health outcomes. It is open to in-custody defendants charged with a felony.

ODR clinical staff performs a psychiatric assessment to determine if the individual has a mental disorder and is willing to participate in the program. If the individual is deemed suitable for the program, the court, with defense counsel in agreement, may impose a felony probation sentence. The individual remains under the court’s jurisdiction and is monitored by both a probation officer and a service provider. Upon successful completion of probation, the individual may remain under the care of a service provider for his/her lifetime.

The overwhelming success of the first court led to the establishment of ODR Hub Courts in the Airport and Van Nuys Courthouses. As of April 2019, 1,742 individuals had been released from custody through these courts, which have a 90% retention rate.

OFFICE OF DIVERSION AND REENTRY (ODR) HOUSING PROGRAM

The Office of Diversion and Reentry (ODR) Housing Program is a permanent supportive housing program established in August 2016 to serve individuals who are homeless, have a serious mental health disorder and are incarcerated in the Los Angeles County Jail.
This program helps pretrial defendants resolve their cases early and provides them with the supportive services they need to improve their health. It also reduces recidivism and jail overcrowding and transfers the responsibility for caring for this population from law enforcement personnel to trained mental health professionals.

As of July 2020, the ODR Housing Program had provided permanent supportive housing to 2,910 homeless clients. The program also provides clients with medication and a lifelong service provider. Placements are made primarily through the county’s three ODR Courts.

MISDEMEANOR INCOMPETENT TO STAND TRIAL (MIST) COMMUNITY-BASED RESTORATION

The Misdemeanor Incompetent to Stand Trial (MIST) Community-Based Restoration Program was established in October 2016 as a vital community-based restoration program for individuals who have been deemed by a judge as incompetent to stand trial for a misdemeanor offense.

This program addresses inequality and injustice within the criminal justice system based solely on an individual's mental health. In the past, some individuals charged with misdemeanor crimes spent more time in jail awaiting trial than a healthy person convicted and sentenced for the same crime. Defendants found incompetent to stand trial were held in custody until their mental competency was restored or they served the maximum sentence for their crimes as charged.

As of July 2020, the MIST program had removed 2,224 individuals with mental illness from the jail while they received community-based mental health treatment to restore their competency. Under the law, defendants must be able to understand the charges filed against them and be able to assist their attorney in their defense.

These offenders are placed in appropriate recuperative settings that match their psychiatric needs with the level of structure and treatment needed while also ensuring they do not pose a threat to public safety. Many of these misdemeanor offenders are homeless.

The MIST program reduces county costs associated with incarceration and mental health treatment behind bars and makes available jail beds for serious and violent offenders.

In addition to the District Attorney’s Office, which prosecutes misdemeanor crimes in unincorporated Los Angeles County and in 78 out of 88 cities, the county's other 10 local prosecutorial offices in Los Angeles, Long Beach, Santa Monica, Pasadena, Torrance, Burbank, Inglewood, Hawthorne, Hermosa Beach and Redondo Beach participate in this program.

FELONY INCOMPETENT TO STAND TRIAL (FIST) COMMUNITY-BASED RESTORATION

Based on the success of the Misdemeanor Incompetent to Stand Trial (MIST) program, the concept was expanded to individuals charged with felony crimes in July 2018.
As of July 2020, the Felony Incompetent to Stand Trial (FIST) Community-Based Restoration Program removed a total of 507 individuals facing felony charges who were deemed by a judge as incompetent to stand trial into community-based settings to be restored to competency. The community-based settings, from acute inpatient to open residential, are tailored to meet the needs and clinical acuity of the offenders.

Like the MIST program, the FIST program reduces county costs associated with incarceration and mental health treatment behind bars and makes available jail beds for more serious and violent offenders.

**LAW ENFORCEMENT ASSISTED DIVERSION (LEAD)**

Law Enforcement Assisted Diversion (LEAD) was established in November 2017 as a pre-arrest community-based diversion model that diverts individuals with repeated low-level drug-related offenses at the earliest contact with law enforcement to harm-reduction-based case management and social services as an alternative to jail and prosecution.

The program began in collaboration with the Long Beach Police Department, the Long Beach City Prosecutor’s Office, the Sheriff’s Department and the District Attorney’s Office. As of March 2020, 318 clients had been referred to the program and 158 were enrolled. Of those, 84% were homeless.

Based on its overwhelming success, LEAD was expanded into Hollywood in May 2019. As of March 2020, 48 clients had been referred to the program and 37 were enrolled. All of them were homeless at the time of referral.

**DEPARTMENT OF STATE HOSPITALS DIVERSION**

Assembly Bill 1810 and Senate Bill 215 amended Penal Code Sections 1001.35-1001.36 to create a pathway for courts to authorize pretrial diversion. The Department of State Hospitals (DSH) Diversion is funded by the DSH to support the diversion of clients with serious mental illnesses who have the potential to be deemed incompetent to stand trial on felony charges. Since March 2019, the Office of Diversion and Reentry (ODR) has provided supportive housing, intensive case management and clinical services to participants and the Probation Department has provided pretrial supervision.

**OFFICE OF DIVERSION AND REENTRY (ODR) HOUSING MATERNAL HEALTH DIVERSION**

Under the directive of the Los Angeles County Board of Supervisors, the Office of Diversion and Reentry (ODR) has prioritized diverting pregnant women from the jails to the community with supportive services and housing provided by ODR since March 2018. A majority of pregnant women served by ODR reside in specialized interim housing settings that allow women to remain with their children until they can move into permanent supportive housing.
MENTALLY ILL OFFENDER CRIME REDUCTION (MIOCR) PROGRAM

The Mentally Ill Offender Crime Reduction (MIOCR) Program provides enhanced reentry services to individuals in jail facilities who were returning to the community with “tri-morbid” (chronic or complex medical condition, serious mental illness, substance use disorder) conditions. The District Attorney’s Office applied for and received the competitive grant of $1.8 million, which is administered by the Department of Mental Health.

MACARTHUR SAFETY AND JUSTICE GRANT

A MacArthur Safety and Justice Grant was awarded to the Public Defender’s Office to pilot a misdemeanor mental health diversion court, which became a successful venture with the Los Angeles City Attorney’s Office and the Department of Mental Health (DMH). The grant permitted the DMH to add social work, community health work and registered nurse staff to start two new Assembly Bill 1810 programs at the Van Nuys and Airport Courthouses.

MENTAL HEALTH COURTS

In November 2019, the Superior Court of Los Angeles County officially reopened the Hollywood Courthouse to serve as the only courthouse in California dedicated exclusively to handling mental health cases. For many years, mental health cases were heard at the former Mental Health Courthouse on San Fernando Road in Los Angeles until structural roof damage was discovered in 2016, at which time the Mental Health Courts were relocated temporarily to the Metropolitan Courthouse in downtown Los Angeles.

The Hollywood Courthouse handles cases involving individuals with a mental health condition who may require involuntary care, treatment and confinement, such as Lanterman-Petris-Short (LPS) Act conservatorships for individuals who cannot provide for their basic needs and judicial commitments for defendants convicted of violent crimes or sexually violent predators, as well as developmentally disabled persons who pose a danger to themselves or others. The court also provides judicial review for persons under involuntary treatment in psychiatric hospitals or in compulsory outpatient treatment, individuals petitioning to restore their rights to possess firearms and criminal defendants whose fitness to stand trial is contested.

At the Hollywood Courthouse, most hearings and trials are conducted by video from state hospitals, treatment facilities throughout the state and county jail to reduce transportation of individuals with mental illness during the pandemic. In fiscal year 2017-2018, 11,853 mental health cases were filed in Los Angeles County.

Prior to its reopening, the Hollywood Courthouse was upgraded to include space for numerous Los Angeles County departments, including the District Attorney’s Office. Renovations also included improved interview space for mental health evaluations and updated equipment to conduct video conference placement hearings and attorney interviews. Other renovations include Americans with Disabilities Act (ADA) improvements, increased holding facilities, new security systems and safety upgrades.
In January 2019, District Attorney Jackie Lacey established the Mental Health Division, the first unit of its kind in a prosecutor’s office in California, and possibly the nation, dedicated to reviewing and seeking alternatives to incarceration for offenders with mental illness.

Its mission is to remove as many individuals with mental illness from the criminal justice system as possible and place them in mental health treatment facilities or programs designed to address their specific mental health needs without jeopardizing public safety.

The goal is to protect the public and to assist individuals in getting the mental health treatment and other services they need to be healthy members of our community, while at the same time making sure that the jails are reserved for the most serious and violent offenders.

Within the division, there are several units, including: the Office of Diversion and Reentry (ODR) Courts at the Clara Shortridge Foltz Criminal Justice Center (CJC) and Airport Courthouse, the Alternative Sentencing Court at the CJC and the Mental Health Courts in the Hollywood Courthouse. Twenty attorneys and staff are assigned to the division.

Deputy district attorneys assigned to the division's Psychiatric Section staff the Mental Health Courts and handle cases in which a doubt has been declared as to the defendant’s competency to stand trial, writ trials, extension trials and other matters.

The office's Alternative Sentencing Court Coordinator and her staff review all pretrial mental health diversion motions pursuant to California Penal Code Section 1001.36 and determine whether or not the office should submit or object to the motion.

The division staff oversees the office's implementation of pretrial mental health diversion pursuant to Penal Code Section 1001.36 and District Attorney Lacey’s mental health directive that permits deputy district attorneys to consider a defendant's mental health when deciding whether or not the defendant should participate in a diversion program.

They serve as a resource to deputy district attorneys faced with questions about potential diversion cases and motions made under Assembly Bill 1810, the pretrial mental health diversion law; provide training to attorneys and first responders; advocate for more community-based mental health resources; and pursue legislation to enact meaningful criminal justice reform.
1. Crisis Intervention Training (CIT) for Law Enforcement Personnel

Expand training for local law enforcement personnel on de-escalation and other skills designed to reduce the risks associated with incidents involving individuals in a mental health crisis, improving both public and officer safety.

ACCOMPLISHMENTS:

- District Attorney Jackie Lacey hired Sandy Jo MacArthur, a retired assistant chief of the Los Angeles Police Department, in 2016 to serve as her Mental Health Training Coordinator. Her goal was to provide free de-escalation training to the 43 local police departments that did not have their own training on these vital skills.

With the newly created position, District Attorney Lacey committed her office's resources to designing and offering California's first 16-hour crisis intervention training certified by the California Commission on Peace Officer Standards and Training (POST). The course, titled “Mental Health Awareness: Crisis Intervention Tactics for First Responders,” has been taught 68 times.

Approximately 2,215 first responders from more than 60 local, state and federal agencies completed the training. In addition to local police officers and district attorney investigators, the office broadened its training audience to include jail personnel, dispatchers, park rangers and university police officers. These efforts are supported by the Los Angeles County Police Chiefs’ Association, the Department of Mental Health and the Burbank, Montebello and Monterey Park police departments.

- The Sheriff’s Department (LASD) has provided Crisis Intervention Training to 4,670 patrol personnel since December 2016. The 32-hour training was designed to reduce the use of force in the field and improve the linkage of persons with mental and substance use disorders to services rather than booking and incarceration.

- The Los Angeles Police Department (LAPD) has provided its 40-hour Mental Health Intervention Training (MHIT) to 3,646 officers since June 2014. As of Sept. 24, 2020, 4,054 students had completed the MHIT course. The overall 4,054 students trained include outside law enforcement agencies and all the countywide law enforcement/mental health co-responder teams. As a result of the LAPD's commitment to MHIT training, 80% of calls for service involving individuals with mental illness are handled by at least one MHIT-trained officer.

- The Department of Mental Health has played a critical role in the development of curriculum for all three programs and assisted with the on-site training. Approximately 20 clinicians have taken the American Instructor Certificate (AIC) training to be certified by the California Commission on Peace Officer Standards and Training (POST).
• The National Alliance on Mental Illness (NAMI) contracts with the District Attorney’s Office, LASD and LAPD to provide specially trained speakers with mental illness and family members to share their experiences in an effort to destigmatize the illness, and create culture change and empathy in first responders. The groundbreaking collaborations have resulted in NAMI Greater Los Angeles County developing a successful speaker training that has become a national model.

2. Mental Health Treatment Resource Expansion, Priority
Increase the number of crisis residential treatment programs and community-based beds to house and treat individuals with mental illness, particularly those with a criminal history, and establish urgent care centers, where individuals in a mental health crisis may be taken for immediate evaluation to determine what services they require in lieu of emergency rooms and jails.

ACCOMPLISHMENTS:

• Opened four Urgent Care Centers (UCC) since 2015, doubling the number of centers to eight. The facilities are designed to accept individuals who are experiencing a mental health crisis and need a temporary (up to 72 hours), medically safe location to recover. These centers offer law enforcement personnel an alternative to long waits at the few hospitals with psychiatric beds. Diverting individuals to a UCC also reserves psychiatric beds for the most serious patients. The UCC will transport clients if after 72 hours it is determined by a psychiatrist that a longer hospital stay is warranted. All but one UCC currently include walk-in medication clinics.

• Expanded the number of Crisis Residential Treatment Programs (CRTP) to seven, from three in 2015.

• Established 38 Forensic Full-Service Partnerships (FSP) that offer coordinated mental health and related services to individuals with criminal justice histories who are at risk of re-incarceration, institutionalization, homelessness or psychiatric inpatient services. There are 876 slots allocated to Forensic FSP with a 70.1% capacity, as of August 2020.

• Increased the number of clinicians by 16 to improve services to seriously mentally ill persons who are at substantial risk of deterioration and/or forced hospitalization as a direct result from poor psychiatric treatment compliance. They are assigned to the Assisted Outpatient Treatment (AOT) program, which was established in 2003 in response to California’s Assisted Outpatient Treatment Demonstration Project Act of 2002, also known as Laura’s Law.

Distribution of Referrals by Service Areas (SA)
Referrals were widely distributed among the Los Angeles County Service Areas (SA). The majority of referrals originated from SA4 (Metro Area). The least number of referrals came from SA1 (Antelope Valley). AOT staff continues to outreach to providers and families to increase awareness of the program and its services.
Increased by 26 the number of Psychiatric Mobile Response Teams (PMRT) for a total of 83 teams that perform psychiatric evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing or shelter as a result of a mental disorder, under Welfare and Institutions Code Sections 5150 and 5585.

PMRT Daytime and After-Hours Field Visits
Fiscal Year 2015/2016 – 2018/2019

Table below provides data on the distribution of field visits conducted during daytime hours and during after-hours. Percentage of daytime field visits is consistently higher than the after-hours with the exception of fiscal year 2012-13, where this was the same for both daytime and after-hours (50%).

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Daytime</th>
<th>Percentage</th>
<th>After-Hours</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>7,613</td>
<td>64%</td>
<td>4,258</td>
<td>36%</td>
<td>11,871</td>
</tr>
<tr>
<td>2016-2017</td>
<td>10,406</td>
<td>57%</td>
<td>7,936</td>
<td>43%</td>
<td>18,343</td>
</tr>
<tr>
<td>2017-2018</td>
<td>11,438</td>
<td>56%</td>
<td>9,012</td>
<td>44%</td>
<td>20,450</td>
</tr>
<tr>
<td>2018-2019</td>
<td>10,874</td>
<td>53%</td>
<td>9,615</td>
<td>47%</td>
<td>20,489</td>
</tr>
</tbody>
</table>

Added 47 Institutions for Mental Diseases (IMD) beds for a total of 1,041.
• Maintained the Court Linkage Program, which is staffed by a team of 15 mental health clinicians who are co-located at 22 courthouses throughout Los Angeles County. Clinicians provide on-site courthouse outreach to defendants; individual service needs assessments; information to consumers and the court of appropriate treatment options; development of diversion, alternative sentencing and post-release plans that take into account best fit treatment alternatives and court stipulations; linking of consumers to treatment programs and expedition of mental health referrals; advocate for the mental health needs of defendants throughout the criminal proceedings; and provide support and assistance to defendants and their families in navigating the court system.

This recovery-based program serves adults with a mental or co-occurring disorder who are involved with the criminal justice system. The objectives of this program are to increase coordination and collaboration between the criminal justice and mental health systems, improve access to mental health services and support, and enhance continuity of care. Funding is provided by the Mental Health Services Act.

3. **Permanent Mental Health Diversion Planning Committee**

Create and maintain the Permanent Planning Committee.

**ACCOMPLISHMENTS:**

• In response to this report, the Office of Diversion and Reentry (ODR) established its Permanent Steering Committee (PSC), co-chaired by District Attorney Jackie Lacey and retired Judge Peter Espinoza, director of the ODR.

4. **Public Health/Health Services Treatment Resource Expansion**

Establish sobering centers and residential substance abuse treatment facilities and provide residential medical detoxification services.

**ACCOMPLISHMENTS:**

• Opened 85 substance use disorder (SUD) treatment facilities (outpatient, residential, withdrawal management), bringing the total number to 344 facilities, a 33% increase in these types of public health facilities in five years. Included are 27 residential and inpatient withdrawal management facilities, up from three in August 2015.

The Daniel L. Murphy Sobering Center, for example, opened in 2017 and staffed nearly 24,000 client visits in its first two years. This center allows law enforcement personnel to bring in individuals who are experiencing a co-occurring condition involving addiction/substance abuse, and possibly, a mental health crisis.

Individuals may volunteer to be admitted to a center, if they committed a misdemeanor and are nonviolent, in lieu of jail and prosecution. While at the center, they are under medical supervision and provided a safe environment to withdraw from the substance, at which time
they are evaluated to ensure they are not also experiencing mental illness prior to release. If it is discovered they are in need of psychiatric help, arrangements are made for transportation and treatment.

5. **Housing Services Enhancements**
Increase permanent supportive housing for individuals with mental illness, especially those individuals who have been involved in the criminal justice system.

**ACCOMPLISHMENTS:**

- The Flexible Housing Subsidy Pool provided rental subsidies for 4,444 clients housed in permanent supportive housing beds in 195 project-based sites and in market-rate apartments, as of July 31, 2020. Ninety percent of those clients have retained permanent housing for at least 12 months.

- The Flexible Housing Subsidy Pool provided rental subsidies for 216 clients in the Breaking Barriers rapid re-housing program, as of July 31, 2020. A total of approximately 1,700 clients were housed through rapid re-housing programs.

- Intensive case management services were provided to approximately 14,500 clients, as of July 31, 2020. Approximately 12,000 of those clients are housed in 195 project-based permanent housing sites and in market-rate apartments.

6. **Co-Response Teams**
Expanded specially trained co-response teams known as Mental Evaluation Teams (MET) by the Los Angeles Sheriff’s Department and other police departments and the Systemwide Mental Assessment Response Team (SMART) by the Los Angeles Police Department. These specially trained co-response teams partner patrol deputies/officers with licensed mental health clinicians from the Department of Mental Health to provide mental health support, crisis intervention/stabilization and appropriate psychiatric placement. The goals are to reduce use of force in the field and improve linkage to services in lieu of booking and incarceration, prevent unnecessary hospitalization, provide alternate care in the least restrictive environment through a coordinated and comprehensive systems approach, prevent the duplication of mental health services, and allow police patrols to return to service as soon as possible.

**ACCOMPLISHMENTS:**

- The Sheriff’s Department, in collaboration with the Department of Mental Health, increased the number of Mental Evaluation Teams (MET) to 33 to respond to 911-level mental health crises within its patrol jurisdiction.

MET responded to 14,311 total calls involving persons with mental illness reported as a factor (includes patrol, transit and specialized units) in fiscal year 2019-2020. MET surpassed its goal in 2019 by responding to 5,697 of the 10,425 patrol calls or 55% of calls involving individuals in crisis with mental illness or who are cognitively impaired.
In addition, the Department of Mental Health reported a 181% increase in field visits by its personnel assigned to the Sheriff’s MET program.

- The Los Angeles Police Department (LAPD), in collaboration with the Los Angeles County Department of Mental Health, deploys approximately 14-15 Systemwide Mental Assessment Response Team (SMART) units 24 hours a day/seven days a week among three primary watches. The goal is to deploy two SMART units per geographic bureau, per watch.

In 2019, the LAPD responded to more than 20,758 calls for service involving persons experiencing a mental health crisis. SMART responded to and handled 7,871 of those calls. Of those calls for service handled by SMART, approximately 6,281 resulted in a Welfare and Institutions Code Section 5150 involuntary hold.

In 2019, 1,510 cases were referred to the Case Assessment Management Program for evaluation and intensive case management, resulting in 764 weapons seized citywide per Welfare and Institutions Code Section 8102.

- The county’s 46 other municipal police departments are served by 34 MET teams with the goal of covering approximately 10 hours a day for 365 days a year. Municipal police departments moved from a co-response model to a mutual aid model in some parts of the county. Mutual aid was implemented to share clinicians among cities and to cross-jurisdictions, if necessary. This model has proven to be effective, particularly in cities in which the volume of calls is minimal because they may be industrial areas with few residents. Los Angeles County is the first in the nation to implement this model.

Table below illustrates the number of incidents by law enforcement programs.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>MET</th>
<th>Sheriff’s MET</th>
<th>SMART</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>2,249</td>
<td>432</td>
<td>2,588</td>
<td>5,269</td>
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<tr>
<td>2016-2017</td>
<td>4,865</td>
<td>823</td>
<td>6,249</td>
<td>11,937</td>
</tr>
<tr>
<td>2017-2018</td>
<td>5,335</td>
<td>2,581</td>
<td>6,556</td>
<td>14,472</td>
</tr>
<tr>
<td>2018-2019</td>
<td>4,673</td>
<td>4,039</td>
<td>6,107</td>
<td>14,819</td>
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</table>

7. Data Improvements
Develop interdepartmental data sharing solutions to facilitate the transparent exchange of clinical information between agencies.

ACCOMPLISHMENTS:

- The Office of Diversion and Reentry launched an electronic portal to aid client referrals and keep track of statistics.
8. **Public Defender Jail Mental Health Teams**

Hire psychiatric social workers and supervisors to staff jails and Public Defender branch offices to provide defense counsel with immediate information on which to make informed decisions about how best to effectuate a care-first outcome for the client.

**ACCOMPLISHMENTS:**

- For the first time, the Public Defender’s Office had 11 psychiatric social workers to assist attorneys and their clients.

The Public Defender’s Jail Mental Health Liaison Program placed two grant-funded psychiatric social workers in the jail at Twin Towers, in collaboration with the Sheriff’s Department and the Department of Health Services, to provide important, immediate information conveyed to attorneys who can make informed decisions about how best to effectuate a care-first outcome for the client.

To assist individuals with behavioral/mental health issues who are incarcerated for parole violations, the Public Defender has two psychiatric social workers on staff at Central Arraignment Court.

Psychiatric social workers employed by the Public Defender’s Office also work closely with Department of Mental Health Court Linkage personnel, who evaluate and link to service out-of-custody individuals found incompetent to stand trial.

9. **Additional Mental Health Treatment Resource Expansion**

Establish the Men’s Integrated Reentry Services and Education Center to provide services to individuals with co-occurring mental health and substance abuse disorders being released from Men’s Central Jail or Twin Towers Correctional Facility and co-deploy mental health personnel at Probation offices.

**ACCOMPLISHMENTS:**

- Based on the successful Women’s Community Reintegration Services and Education Center, the Department of Mental Health is developing the Men’s Reintegration Center to provide jail in-reach in the form of release planning groups and one-on-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.

- The Probation Department has mental health professionals co-located at seven adult offices, including the Reentry Opportunity Center. The department also is planning to open additional Community Reentry Centers to provide appropriate space for collocating mental health professionals and other reentry service providers. These centers are welcoming, noninstitutional spaces that encourage engagement in local community-based treatment and service providers. Their approach aligns with the department’s focus on fostering relationships with community members under supervision that assist with reentry, rehabilitation and restoration to the community.
10. Los Angeles County Sheriff’s Department Mental Health Bureau
Establish a Mental Health Bureau within the Sheriff’s Department.

**ACCOMPLISHMENTS:**

- The new Mental Health Bureau will bring together the 156 personnel assigned to the department’s Mental Evaluation Teams, Crisis Intervention Training (CIT) and Crisis Negotiations Teams (CNT) under the direct command of a captain, with additional oversight by the commander and chief of Countywide Services Division.

The reorganization of all related mental health crisis response and training units, slated for 2020, will improve and coordinate the department’s efforts to improve response to calls involving individuals with mental illness and those who are incarcerated. This holistic cadre of mental health services replicates the nationwide “best practices” model also in use by the Los Angeles Police Department.
Members of the Los Angeles County Criminal Justice Mental Health Advisory Board actively participated in the legislative process by drafting, sponsoring and supporting new laws to address how the criminal justice system interacts with individuals with mental illness. Together, they have helped California advance the development of a more fair and equitable criminal justice system.

Most significantly, in 2018, then-Gov. Edmund G. “Jerry” Brown Jr. signed into law Assembly Bill 1810, which authorized pretrial diversion for individuals with mental illness. The law empowered judges and other local officials to move individuals with mental illness out of the criminal justice system and into more appropriate mental health care programs.

Other vital legislation authorized funding for housing and new mental health services and amended existing laws to eliminate unnecessary barriers to offering community-based services in lieu of incarceration for criminal justice-involved individuals with mental illness.

They also enhanced public safety by removing violent offenders from court-based mental health diversion programs and providing eligible individuals with psychiatric conservatorships while in custody, so they have the support they need when they return to the community.

The following four bills, all authored by Senator Robert Hertzberg, were sponsored by the District Attorney’s Office and enacted into law:

- **Senate Bill 238** authorized law enforcement personnel to transport a person to a mental health treatment facility, an emergency room or other treatment center specializing in co-occurring substance use disorder detoxification treatment services in lieu of jail.

- **Senate Bill 389** allowed individuals who are subject to probation, parole, diversion and other forms of supervision to receive community-based treatment funded by the Mental Health Services Act, approved by California voters in 2004.

- **Senate Bill 621** authorized the Board of State and Community Corrections to award Mentally Ill Offender Crime Reduction (MIOCR) grants to counties to fund diversion programs that offer appropriate mental health treatment and services.

- **Senate Bill 931** amended the state conservatorship law to remove custody status as a reason to postpone the psychiatric conservatorship evaluation process.

In addition, these eight bills providing housing and critical services to individuals with mental illness and addressing related issues also were signed into law:

- **Assembly Bill 210 (Santiago)** permitted a county to establish a homeless adult, child and family multidisciplinary personnel team to expedite the identification, assessment and linkage of homeless individuals to housing and supportive services.
• **Assembly Bill 727 (Nazarian)** clarified that counties may spend Mental Health Services Act funds on housing assistance for individuals in the target population as defined by the Act.

• **Assembly Bill 1315 (Mullin)** established the Early Psychosis Intervention Competitive Selection Process Plus Program and an advisory committee to the Mental Health Services Oversight and Accountability Commission to encompass early psychosis and mood disorder detection and intervention.

• **Assembly Bill 1968 (Low)** required that individuals who have been taken into custody, assessed and admitted to a designated facility because they are a danger to themselves or others as a result of a mental health disorder are ineligible to possess a firearm for life.

• **Senate Bill 215 (Beall)** excluded individuals charged with murder, manslaughter, rape and other sex offenses from eligibility for mental health diversion. It also requires courts, upon request, to conduct a hearing to determine if restitution is owed to any victim as a result of the diverted offense.

• **Senate Bill 565 (Portantino)** required a mental health facility, prior to a certification review hearing, to make reasonable attempts to notify family members or any other person designated by the patient of the exact time and place of the hearing at least 36 hours prior to the hearing.

• **Senate Bill 1045 (Stern and Wiener)** established a five-year pilot program (until January 1, 2024) authorizing Los Angeles, San Francisco and San Diego Counties to create a new conservatorship focused on providing critical services and housing to residents with mental health and substance abuse issues who cannot care for themselves.

• **Senate Bill 1187 (Beall)** reduced the maximum term of commitment for purposes of restoring a defendant's mental competency to two years and authorized a person committed to a facility pending the restoration of mental competence to earn credits.

These seven mental health-related bills also were considered by lawmakers and failed passage:

• **Assembly Bill 820 (Gipson)** would have authorized an emergency medical services agency to transport certain patients to community care facilities in lieu of a general acute care hospital.

• **Assembly Bill 1372 (Levine)** would have permitted a certified crisis stabilization unit to provide medically necessary crisis stabilization services to individuals beyond 24 hours in cases in which an individual needed inpatient psychiatric care or outpatient care and an inpatient psychiatric bed or outpatient services were not reasonably available.

• **Assembly Bill 1795 (Gipson)** would have allowed specially trained paramedics to transport an individual to a designated behavioral health facility or sobering center in lieu of a hospital emergency department.

• **Assembly Bill 2054 (Kamlager)** would have established the Community Response Initiative to Strengthen Emergency Systems (CRISES) Act which would have required the California Office
of Emergency Services to establish and administer the CRISES grant program. It would have awarded three-year grants to community-based organizations to provide emergency responses for specified vulnerable populations, such as individuals experiencing a mental health crisis, in lieu of deploying law enforcement personnel in those instances.

- **Senate Bill 42 (Skinner)** would have required sheriffs to offer a person scheduled to be released from custody after 5 p.m. or sundown, whichever is later, and before 8 a.m. the option to stay voluntarily in jail for up to 16 hours or until normal business hours, whichever is shorter, in order to offer the person the ability to be discharged during daytime hours. Sheriffs also would have had to provide a safe place for someone to wait for transportation, upon leaving jail.

- **Senate Bill 142 (Beall)** would have provided that, upon request of the defendant, the probation officer shall include in his or her pre-sentencing report whether the defendant currently is or ever was eligible for public mental health services due to a serious mental health illness or eligible for Social Security Disability Insurance due to diagnosed mental illness.

- **Senate Bill 665 (Umberg)** permitted Mental Health Services Act funds to be used to provide services to persons incarcerated in county jails or subject to mandatory supervision, except for those convicted of a felony.
2015 National Alliance on Mental Illness (NAMI) Sam Cochran Criminal Justice Award to District Attorney Jackie Lacey in recognition of her work in the field of criminal justice that has advanced the fair and humane treatment of individuals with mental illness

2015 James B. Strait Visionary Leadership Award from MILES (Mental Illness and Law Enforcement Systems) to District Attorney Jackie Lacey for her work with the Los Angeles County Criminal Justice Mental Health Advisory Board

2015 Peace Officers Association of Los Angeles County Centurion Award for Excellence in Community Policing to the Crisis Teams

2016 California Council on Mentally Ill Offenders Best Practice Award for “A Blueprint for Change” report

2016 Forensic Mental Health Association of California Paradigm Award for County Champion to District Attorney Jackie Lacey for her leadership on mental health issues

2017 Los Angeles County Quality and Productivity Commission Silver Eagle Award for the Public Defender’s Jail Mental Health Liaison Program

2017 National Association of Counties Achievement Award to the District Attorney’s “Mental Health Awareness: Crisis Intervention Tactics for First Responders”

2017 Peace Officers Association of Los Angeles County Centurion Award for Excellence in Community Policing to the Southeast Mental Evaluation Team

2017 Peace Officers Association of Los Angeles County Centurion Award for Excellence in Community Policing to the Gardena/Hawthorne Mental Evaluation Team

2018 Los Angeles County Quality and Productivity Commission Top 10 Award for the District Attorney’s “Mental Health Awareness: Crisis Intervention Tactics for First Responders”

2018 Extra MILES Award to Sandy Jo MacArthur for the District Attorney’s “Mental Health Awareness: Crisis Intervention Tactics for First Responders”

2018 Forensic Mental Health Association of California Paradigm Award for Judicial Champion to Judge James Bianco for chairing the Misdemeanor Incompetent to Stand Trial (MIST) workgroup and helping create the MIST Community-Based Restoration Program

2019 Los Angeles County Quality and Productivity Commission Special Merit Award for collaborative work on the Office of Diversion and Reentry Housing Program

2020 Peace Officers Association of Los Angeles County Joe Ares Award for Excellence in Training to the District Attorney’s “Mental Health Awareness: Crisis Intervention Tactics for First Responders”