Los Angeles County
Alternatives to Incarceration Work Group

Final Recommendations

December 27, 2019

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Intercept 0:
Holistic and Decentralized Community-Based System of Care—Prevention and Reentry
Recommendations

A. Restorative Behavioral Health and Primary Care Villages

1. Decentralize and develop cross-functional teams to coordinate behavioral health needs before booking, with an emphasis on warm handoffs when connecting clients to optimal services.
2. Create and expand decentralized, coordinated service hubs (ex: MLK Behavioral Health Center) in strategic locations across the 8 Service Planning Areas (especially SPA 1, 3, and 7) where people, their families, and support network can seek referral and/or immediate admission 24 hours a day to a spectrum of trauma-informed services that include but are not limited to mental health including Psychiatric Urgent Care Centers; supportive housing via a coordinated entry system; and substance use disorder services such as withdrawal management, medication-assisted treatment (MAT) and recovery intake centers (i.e., sobering centers).

B. Families and Support Network

3. Expand family reunification models and connect families to low-cost or no-cost parenting groups. Family reunification models and parenting groups should be evidence-informed and have demonstrated they are correlated with better outcomes for participants and their children. These resources should be provided by community organizations and there should be ready availability of resources tailored to the unique needs of cisgender women who identify as mothers as well as LGBQ+ and TGI parents.
4. Train families of people with clinical behavioral health disorders on how to support their loved ones, assess service needs, provide assistance through various stages of treatment, and follow prevention/treatment plans while incentivizing family/client involvement with compensation and certificates, etc.
5. Support meaningful exchange of information and clarity between provider, patient, and family/caregiver to improve patient care and health outcomes, including but not limited to modifying DMH's HIPAA policy for contractors.
6. Improve, enhance, and integrate case management opportunities and points of contact and engagement for Community Health Workers and peer support organizations to connect with clients and their families/loved ones outside of justice involvement and pre/post incarceration. Create robust community education—especially in impacted communities—about services tailored to people who identify as cisgender women, LGBQ+, or TGI so that incarceration is not the first point of contact for services. Give peer support organizations and Community Health Workers access to real-time data on treatment availability to streamline the referral process.

C. Restorative Justice and Trauma Prevention

7. Establish effective restorative justice programs for the adult justice-involved population by learning from existing County programs and other programs, especially those serving youth.
8. Create or expand crisis mediation and violence prevention work based on restorative justice principles, with a focus on programs specifically for people who identify as cisgender women, LGBQ+, or TGI and conduct community outreach to promote awareness of these options outside of the justice system.
9. Collaborate with the communities most impacted by incarceration to create outreach campaigns for families and support networks on affirming gender identity and queerness as well as community support options. This will help prevent trauma and promote stronger social support networks for LGBQ+ / TGI people.

D. Mental Health, Substance Use, and Co-Occurring Disorder

10. Advocate for changes to expand services and populations covered by Medi-Cal, MHSA, and/or to support integrated service delivery for system-involved individuals and their families, which could provide a source of sustainable funding to support ATI recommendations related to an integrated system of prevention and care.
11. Optimize and increase the appropriate use and process for mental health conservatorship and assisted outpatient treatment, and resource them accordingly.
12. Support and broaden implementation of community-based harm reduction strategies for individuals with mental health, substance use disorders, and/or individuals who use alcohol/drugs, including but not limited to, sustained prescribing of psychiatric medications and MAT.
13. Deliver integrated mental health and substance use disorder services, rather than parallel services, including building partnerships between DPH-SAPC and DMH for residential co-occurring disorder (COD) services.
14. Support parity between the mental health and substance use disorder systems and available services.
15. Remove time limits to service provisions that prevent access to long term health, mental health or substance use disorder treatment plans.
16. Reduce the adverse impact that the severity of substance use charges (e.g. possession of a controlled substance, DUI) have on people who identify as cisgender women, LGBQ+, and/or TGI. Assess and develop public health and urban planning interventions (e.g. access to subsidized public transportation, safe consumption sites) to mitigate the risks of these charges.
17. Create safe consumption sites that will act as service hubs and be a part of the decentralized system of care.

E. Housing and Services

18. Create a system that contributes to and/or offsets the cost to family members and caregivers for housing loved ones within their home or in the community through options such as tax credits, stipends, vouchers, motel conversions, or partial pay options. Utilize this system to address the cost of family members caring for the child of an incarcerated loved one, including transportation assistance to support the child visiting their parent in jail, to maintain a strong relationship, and to support cisgender women, LGBQ+ people, and TGI people who act as caregivers of children, elderly family or loved ones.
19. Create an individualized/personalized master transition plan for displaced individuals.
20. Expand or refine affordable successful housing models designed for and tailored to justice-involved individuals with mental health and/or substance use disorder needs, specifically: (a) short-term treatment inclusive of acute inpatient, AB 109 and forensic inpatient (FIP) and IMD subacute beds; (b) interim housing inclusive of clubhouse living with supportive employment, recovery bridge housing and sober living; and (c) permanent subsidized housing inclusive of independent living and board and care facilities.
21. Create and scale up innovative programs that comprehensively provide housing, wraparound services, and career-track employment for justice-impacted individuals. Ensure the availability of programs that meet the needs of and are tailored to people who identify as cisgender women, LGBQ+, and/or TGI.
22. Develop partnerships with and between landlords, County departments, providers, and communities/neighborhoods that increase housing options and support residents in maintaining housing, including onsite management staff. Incentivize the creation and reservation of sufficient units for short- and long-term housing options for people who identify as LGBQ+ and/or TGI.
23. Work with Housing State Funding, DHS Housing Programs, and housing projects for people experiencing homelessness and mental health and/or substance use disorders.
24. Work with Housing State Funding, DHS Housing Programs, and housing projects for people who identify as LGBQ+ and/or TGI.

F. Training and Employment

25. Establish a partnership with the State Department of Occupational Rehabilitation and coordinate with other agencies, including but not limited to WDACS, regarding economic and employment opportunities. Develop partnerships to create opportunities specifically for people who identify as LGBQ+, TGI and/or cisgender women by incentivizing employers to participate.
26. Expand supported employment opportunities for persons with mental health, substance use, or co-occurring disorders, including flexible funds for basic client needs to find employment (e.g., birth certificates, etc.).

27. Expand supported employment opportunities for people who identify as LGBQ+, TGI and/or cisgender women, including flexible funds for basic client needs to find employment (e.g., birth certificates, identification consistent with gender identity, childcare, etc.).
28. Incubate new innovative employment programs for people with serious mental health disorders.
29. Incubate new and innovative employment programs for people who identify as LGBQ+, TGI and/or cisgender women.
30. Provide greater access and options for subsidized public transportation in order to reduce arrests and recidivism for common charges related to lack of transportation.

G. Reentry and Legal Services

31. Remove barriers to treatment, employment, and affordable housing, including recovery housing, based on stigmatization and discrimination due to record of past convictions through local and state legislative intervention or updating County policies.
32. Offer tailored services to people throughout the LA County Superior Court system, such as Family, Children's, Reentry, Criminal, and other Courts to address reunification with their children, housing, employment, fines/fees, and health needs to prevent crises that lead to involvement in the system. These services should be tailored to people who identify as cisgender women, LGBQ+, and TGI. Offer peer advocates described in Recommendation 6 to help navigate all court systems.
33. Facilitate individuals' ability to comply with court requirements and clear their record by providing financial assistance to individuals released to assist with costs associated with court requirements (e.g. restitution fees, mandated classes, etc.), creating a mechanism for people to get these costs waived due to financial hardship, and increasing access to legal services such as free expungement.
34. Provide comprehensive community-based reentry services across the County including but not limited to: job training and placement, specialized training to build a pipeline to employment in reentry programs (with career pathway options), advocacy to change rules that bar formerly incarcerated individuals from applying for certain professional certifications, assistance to find housing, temporary financial aid for basic needs (e.g., food, clothing, transportation), assistance to secure legal identification and to enroll in benefit programs (e.g., Medi-Cal, General Relief, SNAP), life skills classes (budgeting, etc.), and connections to mental health and substance use treatment services.

Intercept 1: *Community Response and Intervention Services*
Recommendations

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

Intercept 2: *Law Enforcement*
Recommendations

45. Substantially increase the number of co-response teams.
46. Train all law enforcement officers in Los Angeles County in a formal Crisis Intervention Team (CIT) curriculum, including information on appropriate responses to people who identify as TGI, LGBQ+ and/or cisgender women, and refresher courses, that incorporate connections and networking with neighborhood-specific community-based resources with a treatment-first, harm reduction approach. SMART/MET teams to receive substantially more specialized training.
47. Promote a practice where law enforcement officers, whenever possible and appropriate, release individuals with clinical behavioral health disorders at the time of contact and ensure a warm introduction to supportive services.
48. Develop and expand pre-arrest and pre-booking diversion programs, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health needs, in coordination with law enforcement and community providers.
49. Ensure that pregnancy, lactation and postpartum needs are distinguished as an indicator for pre-arrest and/or pre-booking diversion, promoting warm introductions to appropriate community-based services such as harm reduction strategies and parenting services.
50. Reassess law enforcement practices and policies on arrests/bookings for sex work, especially given the racial disparities with respect to Black women. Prioritize pre-arrest diversion of cisgender women, LGBQ+ people, and TGI people engaged in sex work with connection to job training and placement programs and peer outreach workers who can offer voluntary services rooted in harm reduction.
51. Ensure that the LA County Civilian Oversight Commission, the Office of the Inspector General, the LA County Probation Oversight Commission, and other related bodies have the consistent presence of people equipped to address the negative treatment of LGBQ+ / TGI people and cisgender women by law enforcement. Establish clear documentation and discipline processes when there are violations for homophobic, transphobic, and/or misogynistic harassment or assaults by law enforcement.
52. Decriminalize drug use, public intoxication, fare evasion, driving without a license, licensing suspensions, licensing revocation and/or other quality-of-life crimes and survival crimes. Until this is fully implemented, individuals should not be arrested, booked or prosecuted for these offenses but instead law enforcement should ensure individuals are connected to harm reduction services.

Intercept 3: *Booking and First Court Appearance*
Recommendations

53. Improve and expand return-to-court support services to reduce failures to appear.
54. Create a front-end system with behavioral health professionals that solicits information about unmet behavioral health needs so prosecutors can offer diversion instead of filing charges, or can file reduced charges, for individuals whose justice system involvement is driven by those needs.
55. Develop a strengths- and needs-based system of pretrial 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.
56. Institute a presumption of pretrial release for all individuals, especially for people with behavioral health needs, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.
57. At the earliest point possible, connect individuals to a personal advocate or community member to assist them in navigating the justice system process and assist in advocating for diversion opportunities. These advocates, whenever possible, should include and be trained to provide tailored help/referrals to people who identify as LGBQ+, TGI and/or cisgender women.

Intercept 4: *Jail Custody and Court Process*
Recommendations

58. Improve equal access to all treatment resources for justice-involved individuals, wherever they may be (in or out of custody) by: (a) directing health agencies to change eligibility criteria and increase capacity and funding to ensure behavioral health treatment facilities are available in all stages of the court process; (b) creating a more rapid referral and response process for mental health and co-occurring disorder placements at all levels; (c) developing a coherent strategy and connecting every qualifying individual to an appropriate court-based program at inception of diversion dialogue; (d) refining multiple points of entry within Intercept 3 for mental health and SUD services; (e) ensuring in-custody involvement of CBOs for services; and (e) expanding capacity and removing archaic barriers at all levels of care. Ensure consistent, culturally appropriate, and sufficient availability of the full range of services and court-based programs for people who identify as cisgender women, LGBQ+, and/or TGI so no one is left without care or diversion because of gender identity or sexual orientation.
59. Create a robust AB 1810 Diversion scheme—PC 1001.36 and 1170(a)(1)(B)(iv) and 1370.01(a)(2)—to identify early on persons eligible for diversion and develop pathways countywide to connect individuals to appropriate mental health programs to accomplish the goals of pre-conviction diversion and respond to all other present and future diversion opportunities, including pre- and post-conviction.
60. Increase 'staffing on the ground' across departments, including Public Defender/Alternate Public Defender, District Attorney/City Attorney, Department of Health Services/Office of Diversion and Reentry, Department of Mental Health/ Mental Health Court Linkage Program, County Counsel, Department of Public Health, and community-based organizations that work with departments to expand and integrate court-based services for as many individuals as possible.
61. Expand access and enhance substance use treatment programs in the County jails, e.g., the START program substance use disorder (SUD) treatment for currently incarcerated people with mental health needs and SUD and Medication-Assisted Treatment services in the jails to provide: (a) comprehensive withdrawal management; (b) full spectrum MAT for opiate use disorder; and (c) specialty MAT clinics to allow clients patient-centered, harm reduction services on-site.
62. Increase collaborative, non-adversarial processes in all courtrooms where diversion/alternate sentencing occurs, to enable better outcomes that are trauma-informed and respect individual care and rights.

63. Tailor the conditions and services required/offered in any alternatives to incarceration programming to the needs and strengths of people who identify as LGBQ+, TGI, and/or cisgender women. Create policies that address the challenges and barriers frequently faced in attempting to comply with mandates (e.g. childcare obligations as a single parent, lack of money for transportation, lack of money for program enrollment or completion, etc.) as well as how these programs can contribute positively to wellness rather than being grounded in negative sanctions (e.g. incarceration, probation extension, fees, loss of parental rights, etc.).

64. Review and update the existing LA County compassionate release program to facilitate and expedite the release of individuals whose medical needs are not adequately addressed in the jail, including but not limited to: individuals with terminal diagnoses, chronic diseases, disabilities and individuals who are pregnant, lactating and/or postpartum.

65. Create a simple and real-time map of diversion options and eligibility criteria to share with the public and all system actors so that people and their support networks can help identify eligibility for diversion. The map should note available options tailored to cisgender women, LGBQ+ people, and TGI people.

66. Hire peer navigators and direct service providers and lawyers focused on LGBQ+ and TGI clients at the public defenders' offices to maximize connections to alternatives to incarceration and diversion throughout the court process.

67. Identify drivers of license suspensions and create mechanisms, in collaboration with Traffic Court, to prevent LGBQ+ people, TGI people, and cisgender women from losing their licenses due to inability to pay tickets and from being arrested, booked or prosecuted for failures to appear related to unpaid tickets and license suspensions.
    a. Collaborate with system actors to reduce the number of arrests, bookings, and racial disparities that exist for driving with a suspended/revoked license.
    b. Create or expand community events, including childcare, to clear warrants for failures to appear without threat of arrest. These events can be in conjunction with existing expungement clinics. Create mechanisms to clear warrants for failures to appear via phone or internet to facilitate easy access for those who cannot attend in-person events.
    c. Build a unit at the public defenders' offices that helps people address warrants for failures to appear along with attendant consequences (e.g. removing license suspension, unpaid tickets, impounded cars, criminal case representation, etc.).

68. Conduct mental health assessments for all individuals as expeditiously as possible once they are incarcerated, offer individual counseling/therapy to all individuals in need, and for those who qualify for diversion, provide services to stabilize their mental health before linking them to community based-care.

Intercept 5: *Pre-Release and Release*
Recommendations

69. Incentivize community treatment facilities to accept patients from jail who have clinical mental health needs, substance use disorders, and/or co-occurring disorders.
70. Change release time for men to match those of women from CRDF to avoid overnight release without direct link to programs, interim housing, safe place, or transportation. Increase coordinated releases for clients exiting directly to a program and provide funding to expand CBO intake hours. If not exiting directly to a program, notify family members of a person's release (with that person's permission) with enough time for family to pick them up, and increase use of coordinated releases to family.
71. Develop and fund a transition shelter within a few blocks from all county jail facilities from which people are released, operated by community-based organizations with safe, welcoming overnight stays for people released after hours with a range of support. Create transition shelter beds for people who identify as LGBQ+, TGI, and/or cisgender women so they do not have to remain incarcerated for a safe transition to the community.
72. Begin release planning for everyone as soon as possible after being booked into jail, using a reentry provider. Pre-release planning should include an assessment of health/medication needs, family/loved ones in the region, custodial responsibilities, employment status, and individuals' reentry goals. Ensure all people who identify as cisgender women, LGBQ+ and/or TGI have a plan tailored to the unique barriers they may face upon release, especially with respect to housing.
73. Improve, where possible, care coordination, information sharing and release planning for: (a) people returning to Los Angeles County from CDCR prisons, inclusive of cisgender women, LGBQ+, and TGI people; and (b) people transferring from LA County jails to CDCR prisons, inclusive of cisgender women, LGBQ+, and TGI people.
74. Without any delay of release, ensure that all individuals before they are released from County Jail are offered services to obtain their California ID, Social Security card, birth certificate, and other documentation needed for obtaining healthcare, employment, housing, government benefits, etc., and inform them how to receive fee waivers.

Intercept 6: *Supervision in the Community*
Recommendations

A. Improve Partnerships with CBOs

75. Establish a "Supervision in the Community" task force to analyze and recommend alternative forms of community supervision, which may or may not include the LA County Probation Department, distinguishing in the process developing alternative models which will meet the specific and unique supervision needs of the most vulnerable populations, including individuals with behavioral health disorders.

76. Create sustainably funded community engagement work groups within the ATI Initiative, with consistent representation of people and their family members with lived experience of detention, incarceration, and/or supervision, including cisgender women, TGI and LGBQ+, young people 18-25, community members, advocates, community-based service providers, supervision entity representatives and stakeholders with expertise in working with people with serious mental illness, substance use disorders, and/or co-occurring disorders to allow for consistent feedback on implementing a "care first" culture change within community supervision entities.

77. Promote and incentivize a culture change among Probation Officers to encourage greater support for people on supervision and increase collaboration among Probation Officers, relevant County departments, and community-based providers to increase referrals to community-based services for people on probation and their families. Develop probation outcome measures that focus on the quality of engagement between Probation Officers and clients and the application of community input, evidence-based and/or promising practices in addition to traditional probation outcome measures involving successful reentry.

B. Reduce Supervision Violations

78. Improve quantitative and qualitative data collection and sharing practices around community supervision, for Probation and/or the appropriate designated community supervision entity, in collaboration with external and internal research entities to understand how supervision violations lead to jail time, especially for people with serious mental illness, substance use disorders, co-occurring disorders, and young people 18-25. Data collection should identify the reason for the violation, length of stay in jail, and what services they are connected to through Probation and/or the appropriate community supervision entity; and it should also align with best practices for data collection for cisgender women, TGI, and LGBQ+ individuals as well as capture data on race, ethnicity, geography, and charges to reduce disparities and include community-focused participatory research best practices. Aggregated data reports should be shared publicly and analyzed regularly to improve practices.

79. Explore ways to 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.

80. The community supervision entity, in collaboration with the Courts, should work more intensely to reduce the length and intensity of supervision terms through regular reviews of supervised cases, to assess the effectiveness of supervision terms on people's successful reentry, positively motivate compliance, and reduce caseloads.

81. Los Angeles County should assess probation terms, conditions, and length of supervision to assess effectiveness in promoting public safety and successful re-entry. The assessment should create recommendations to align probation terms, conditions, and length of supervision with evidence-based practices and promote harm reduction strategies and referral to culturally humble services.

C. Create Specialized Caseloads for Vulnerable Populations

82. Use specialized supervision caseloads (such as in ODR housing) and multi-disciplinary case conferencing teams, including mental health providers, substance use counselors, and social workers, to tailor services and supervision for those with severe mental illness and co-occurring disorders. Specialized supervision caseloads should have a focus on engagement with services and treatment, be smaller, provide more intensive services, and be supervised by officers who receive advanced training in behavioral health treatment services. The community supervision entity should continue to collaborate with health and community-based agencies to develop best practices for screening and assessing individuals for behavioral health needs through evidence-based tools to identify SMI, SUD, and COD.

D. Eliminate Fines and Fees

83. Discontinue collection of fees assessed for justice-involved adults, which should include:
    a. Ending supervision-related fees;
    b. Forgiving outstanding Probation-related debt (public and private attempts to collect past debt);
    c. Collaboration among justice partners (such as LASD, Probation, and the Courts) and relevant County agencies to eliminate justice-related fines and fees, including fees for classes and services and identifying permanent alternative funding sources for classes and services; and
    d. Advocating with state officials to end the imposition and collection of fees and fines at the state level, including but not limited to supporting SB 144 (Mitchell) and to identifying permanent alternative funding sources for classes and services.

Infrastructure:
Cross-Cutting Recommendations

A. Public Communication and Accountability

84. Increase, ensure, and fund public collaboration in all phases of Alternatives to Incarceration planning, implementation, evaluation, and system oversight and across relevant County, Court, justice, health and social service systems. This collaboration can be piloted via the ATI Community Engagement Workshops and the Ad Hoc Committee structure, which includes work on gender, sexual orientation, and racial equity, by instituting quarterly stakeholder meetings to communicate updated ATI progress, discuss service and communication gaps, and highlight best practices. Fund and staff post-ATI final report, i.e., the initiative should host recurring implementation meetings across the County and with relevant County departments to discuss policy impacts, resolve policy conflicts, monitor fiscal impacts, assess eligibility barriers, and develop evaluation metrics of success.
85. Establish online mechanisms for the public to get information, locate services to prevent incarceration and recidivism, and promote recovery. This tool should track identified problems and response progress through an accessible dashboard, and should align with existing tools such as One Degree, etc.
86. Create, staff, and fund an Advisory Collaborative of Impacted People to ensure there is continuous feedback and accountability to the prioritized communities and LA County at large in the implementation of the comprehensive roadmap. Ensure consistent representation of people who identify as cisgender women, LGBQ+, and TGI, including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration, on the Advisory Collaborative.

B. Equitable Resource Distribution

87. Utilize data-driven tools (e.g., Race Forward's Community Benefits Agreement and Racial Impact Tool, or Advancement Project's JENI/JESI, etc.) to create processes for equitable resource and contract distribution with program offices across health and social service departments. These processes should prioritize remedying racial and geographic disparities while also taking into account cultural, gender, sexual orientation, and special populations' needs. Involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

88. Fund comprehensive rehabilitative, evidence-based mental health and substance use care, as well as transitional housing with wraparound services, gender-affirming primary care, violence prevention, gang intervention, art therapy, family reunification, occupational therapy, and other programs in lieu of incarceration, i.e., interventions should take a holistic, whole person (or even family-centered) approach as their model in serving individuals while utilizing justice funds saved by decreased incarceration. This programming should be inclusive of and tailored to people who identify as women, TGI, and LGBQ+ people including the most marginalized racial, ethnic and cultural groups in the geographic areas most impacted by incarceration.

C. Public Awareness and Education

89. Develop a public education and communications campaign to build awareness of a treatment-first model, not incarceration and punishment. This campaign should stress use of the DMH ACCESS line, CBO network, SASH helpline, suicide prevention hotline (rather than 911) for behavioral crises, available non-law enforcement resources, and different types of community-based solutions.

D. Organizational Capacity Building and Contracting

90. Create contract language that supports effective models that are servicing people 24/7, with appropriate specialization, intensity, staffing, language/culture, quality, and staff with lived experience, etc.
91. Institute payment reform to prioritize performance-based contracts (instead of fee-for-service) with flexible service delivery rules to ensure providers can deliver treatment and support all clients' needs concurrently.
92. Utilize County capacity-building programs, in conjunction with equity analysis, to expand the community-based system of care by: (a) finding and supporting smaller organizations in different SPAs to qualify for and access funds while providing seed funding (i.e. philanthropic partnerships, business loans, flexible government funding, pay for success models, and/or zone area investments, etc.); including those organizations with a history of serving system-involved people who identify as cisgender women, LGBQ+ and/or TGI; (b) promoting existing providers as potential incubators; and (c) supporting training and TA to become service providers accessing Medi-Cal Fee Waiver, County and State funding, and organizational coaching as well as training in evidence-informed practice in serving TGI/LGBQ+ people.
93. Dedicate funding to long-term, sustainable infrastructure and professional development support for community-based systems of care beyond service delivery, and connect contractors to new and existing capacity-building resources.
94. Conduct a comprehensive assessment of existing contracting practices (including but not limited to actively gathering anonymous feedback from service providers contracted and not contracted with the County) to ensure transparency in understanding participatory hurdles and identify

innovative solutions to make a positive impact, while conducting an audit of current spending and investments to identify impacted geographic communities.
95. Standardize a simplified, more accessible contracting process across agencies and departments and outreach to service providers who might benefit from such reforms.
96. Create/enforce anti-LGBQ+ and/or TGI-discrimination policies for all general housing and service options with meaningful accountability processes, including through the CA Department of Fair Employment and Housing. Create easy ways for LGBQ+ and/or TGI people to report violations and receive tailored services upon reporting.
97. Train all law enforcement officers and first responders, including LAFD, DCFS, and 911 dispatchers regularly on respectful practices and communication with people who identify as LGBQ+, TGI and cisgender women, grounded in a care-first, trauma-informed approach. Ensure that accountability measures for discrimination on these grounds are enforced.
98. Require that mental health clinicians, behavioral health and primary care physicians complete trainings on serving people who identify as cisgender women, LGBQ+, and/or TGI to improve culturally and medically appropriate service provision by clinicians that affirms sexual orientation and gender identify.

E. Workforce Hiring and Training

99. Train all law enforcement officers along with 911 dispatchers and desk personnel in LA County in a formal CIT curriculum to aid in understanding alternatives to 911, arrest, and jailing.
100. Design and implement training curricula for justice partners and all workforce that interacts with the justice-involved population in partnership with justice-impacted individuals and their families. The trainings about people who identify as cisgender women, LGBQ+, and/or TGI should be developed and conducted by community-based organizations serving people with these identities – especially people of color and those with system involvement – to center the voices of those directly impacted.
101. Train bench officers and the court-based workforce, and conduct educational seminars, in partnership with service providers and incarcerated persons' social support networks to address the continuum of needs of incarcerated persons (e.g. mental health, substance use disorder, treatment) and increase awareness and utilization of behavioral health resources (e.g.: Mental Health Court Programs, real-time resource mapping) to change the culture of the criminal justice system towards treatment first, not incarceration and punishment. Train the court-based workforce to create individualized plans that are culturally competent**,** responsive to all gender identities, and include those not eligible for community-based diversion (i.e., violent felony charges).
102. Require that mental health clinicians complete trainings that build their capacity to provide integrated Substance Use Disorder care with psychiatric treatment, including cross training.

103. Train social/health service workforce to address the continuum of need and to ensure that individuals' care plans are culturally sensitive and include those not eligible for community-based diversion (i.e., violent felony charges). Require training on serving people who identify as cisgender women, LGBQ+, and/or TGI to improve culturally appropriate service provision by a social and health service workforce that affirms sexual orientation and gender identify.
104. Provide paid training and employment to increase the number of justice-system-impacted individuals working as the technologists behind data collection and analysis.
105. Design and implement curricula for all workforce trainings recommended herein by partnering with justice-impacted individuals and their families. The trainings on people who identify as cisgender women, LGBQ+, and/or TGI should be developed and conducted by community-based organizations serving people with these identities – especially people of color and those with system involvement – to center the voices of those directly impacted.
106. Attract and develop a social/health service workforce capable of delivering integrated health, mental health, and substance use treatment; as well as tailored care to people who identify as cisgender women, LGBQ+, and/or TGI; and livable wages in partnership with justice-impacted individuals and their families. Recruit and fund partnerships with LGBQ+ / TGI / people of color (POC) therapists who have a harm reduction approach. These therapists should be members of and/or have experience working in an affirming manner with communities most impacted by criminalization to maximize positive engagement with therapy.
107. Conduct intensive and extensive outreach to medical schools, schools of social work, professional organizations, and local educational institutions for qualified forensic mental health professionals–particularly those who identify as LGBQ+ / TGI–and community health workers, while providing incentive bonuses for bilingual experts and developing certification or credential programs for CHWs with educational partners.
108. Increase employment and retention of Community Health Workers (CHWs) to expand service capacity, cultural competency, and client/provider trust, by: (a) hiring, training and professionally advancing CHWs with lived experience of the justice system and/or who identify as LGBQ+, TGI, and/or cisgender women; (b) creating pathways for CHWs to move up to full-time, salaried County jobs with benefits; and (c) including continual evaluation and improvements made to ensure the CHW program is effective in building this innovative workforce.
109. Train transitional housing providers about LGBQ+ / TGI needs and discriminatory experiences, particularly those who run mixed-housing sites, so that people are not excluded from housing because of gender identity or sexual orientation. Create process for consumers to provide anonymous feedback to evaluate success of trainings and services.

F. Data Collection and Service Coordination

110. Expand and coordinate data tracking/collection across all relevant County justice and health/social service entities to retrieve data necessary for services, programming, preventive measures, and alternatives to incarceration. Align this data collection with existing County data tools/portals such as One Degree, CHAMP, LANES, CES, etc. to inform a uniform client database.
111. Develop a uniform client database across all relevant County services and justice entities to follow and support the justice-involved individual (longitudinally & latitudinally) regardless of system access point, with the following database features: (a) interface capabilities linking services providers as well as tracking service availability among LA County's considerable resources; (b) alignment with existing tools such as One Degree, CHAMP, LANES, CES, etc. to improve patient referral processes as well as to assist in performance tracking and accountability as individuals move between systems and services; (c) capacity for family and service provider feedback to track problems and response progress; and (d) protection of privacy rights and interests of justice-involved individuals.
112. Provide real-time Full-Service Partnership (FSP) availability throughout all service areas, keep a real-time database, track FSP successes and failures, and report these to DMH.
113. Track and make public all relevant County service and incarceration spending both for those incarcerated and those reentering the community.
114. Design a process that enables a public university (or universities) to collect detailed data, including gender (including non-binary) and sexual orientation demographics under conditions of voluntary and safe disclosure. Collaborate with university data scientists and researchers on statistically valid methods. The goal is to produce data that can inform future efforts to develop alternatives to incarceration and evaluate which programs and interventions are operating as intended and which have a disparate impact.