

LA County PCS Implementation

- State law required counties to establish a Community Corrections Partnership (CCP)
- The Board of Supervisors designated the Probation Department as the lead agency
- In Los Angeles County, the Director of Mental Health is a member of the CCP Executive Committee

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DMH Services

- Program developed by DMH is called the Community Reintegration Program (CRP)
- CRP is managed by Countywide Resource Management (CRM) Division
- CRP includes both directly operated and contracted programs

DMH Role in PCS DMH staff is co-located with the Department Probation to assist with: pre-release eligibility screening identification of parolees with mental health or co-occurring mental health and substance abuse disorders at the HUBS request medical records from prisons DMH Role Continued DMH staff at 7 HUBS: Assess current status of client Provide crisis counseling as needed Determine level of services required Work with client to engage recommended

treatment option

DMH Role Continued DMH provides services to clients who agree to treatment and who have a mental health disorder or co-occurring mental health and substance abuse disorders. Department of Public Health (DPH) refers clients who have substance abuse disorders

Condition of Supervision

Treatment is voluntary (Condition of Supervision)
 Refer client to contracted service provider



CRP Services

- ❖CRM-CRP staff refer clients based on:
 - Level of treatment required
 - Community where the client will live
 - Availability of funding in the contract for additional CRP services
- ❖Level of Treatment:
 - Clients are recommended for a level of treatment by CRM-CRP staff
 - Provider to independently verify and assess treatment level

CRP Data as of 1/31/13

Activity	PSPs / N3s in jail	
◆Prescreened	2,206 PSPs	
❖ Assessed	2,744 PSPs	
❖ Accepted treatment referrals	1,675* PSPs	
❖ Refused treatment	441 PSPs	
 Engaged in treatment 	49% of the PSPs who	
• Engaged in treatment	accepted referrals	
❖ Provided Treatment	859 PSPs & N3s in jail	
❖Referred for Treatment	270 N3s in jail	

^{*1,362} for co-occurring disorders and 313 for mental health services only



AB109 Challenges to Address

- Timely notification by CDCR of early releases from prisons, jails, and courts including "split sentences" per PC 1170(h);
 Increased severity of mental illness of individuals requiring higher levels of care and conservatorship;

- Information-sharing between agencies;
 Lack of housing and treatment resources as the population increases;
 Difficulty in procuring financial benefits;
 Staffing and maintaining monitoring of treatment progress and compliance; and
- Maintaining public safety with the return to the community of inmates with histories of behaviors that present a danger to the public.

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AB109 Successes

- Mr. A: Experienced depression, hopelessness, hypomania and high risk activities. Did not want to engage in treatment. Telecare Atlas continued to engage and support Mr. A with GR, obtaining healthcare, identification, and compliance with probation. Found work and registered for classes at Long Beach City College and reached goals he never thought he could.
- Mr. B: Diagnosed with Bipolar Disorder and Polysubstance Dependence with multiple arrests for possession. Following a two year prison sentence, he arrived at SSG Project 180 wearing the same clothes that he was released in, his only clothes and only possessions. He was highly anxious about the re-entry process Project 180 provided housing, clothing and hygiene products to help with his immediate basic needs and put together a five day per week treatment program Since his enrollment, Mr. B. has found part time employment as a cook.



Countywide Resource Management LAC-DMH

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IMD Administration/ Long Term Care Program/
FSP - Interim Fund Program/SHP/AOT Program/CDCR Referral:

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(323) 226-4448 (323) 226-4447 Residential and Bridging Program /County Hospital Adult Linkage Program: (323) 226-4800 (323) 226-4805 Project 50 (323) 226-4448

MSH - Continuing Care Unit (800) 801-7886

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