



COUNTY OF LOS ANGELES COMMUNITY PREVENTION AND POPULATION HEALTH TASK FORCE

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The Honorable Board of Supervisors
County of Los Angeles
Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

ALTERNATIVES TO INCARCERATION RECOMMENDATIONS

Dear Supervisors,

In the spirit of the mandate set forth for the Community Prevention and Population Health Task Force (Task Force), it is our duty to: 1) Report to the Board of Supervisors with priority recommendations to promote health, equity, and community well-being in Los Angeles County with a focus on population health improvement; and 2) Make recommendations to the Board of Supervisors, the Health Agency, and DPH on public health priorities, initiatives and practices that will achieve health equity and healthy communities. To that end, the members of the Task Force are putting forward key recommendations to the Board of Supervisors which impact the most pressing public health crisis of our time, COVID 19, and address **health inequities and racial disparities** through the implementation of recommendations made in the [Care First, Jails Last Alternatives to Incarceration Workgroup \(ATI\) Final Report](#).

As a taskforce committed to effective, racially just and prevention-first approaches to improving community health, safety and wellbeing, we want to emphasize the critical importance of prioritizing County resources to provide the essentials of health in marginalized and under-resourced Black, Brown, Asian and Indigenous communities.

The Black, Brown, Asian and Indigenous communities hardest hit by COVID-19 and demonstrating the least favorable recovery outcomes are those that were most marginalized, under-resourced, over-policed, over-incarcerated and suffering before the pandemic hit Los Angeles County. Despite incomplete data, trends suggest that Black and Latino communities are experiencing more than 4.5 times the hospitalization rates compared to whites. For case fatality rates, African Americans and Indigenous Americans appear to be nearly two times higher than whites and Asian Americans. It is precisely the systematic neglect and longstanding inaction on the foundations for health--like safe and stable housing, decent opportunities to make a living, quality schooling, clean air and safe neighborhoods--that have disproportionately exposed non-white and non-wealthy Californians to harm, including at the hands of the carceral system.

Community Prevention and Population Health Task Force Members:

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The [Care First, Jails Last Alternatives to Incarceration Workgroup \(ATI\) Report](#) recommendations came about through the tireless effort and collaborative process between health, public health, and criminal justice experts nominated by the Board offices, in conjunction with community advocates and representatives from County departments such as CEO, Sheriff, Probation, Mental Health, Public Health, Public Defender, and more. Consensus was built over the course of dozens of gatherings with countless hours of shared insights along with the gathered testimony from hundreds of county residents that elevated a range of viewpoints. From this communal labor of creation, review, and refinement came more than 100 consensus Alternatives to Incarceration recommendations for Board consideration.

The Task Force has prioritized the fourteen key recommendations below for immediate action based on their alignment with the Board of Supervisor's leadership and recent motions to address COVID-19, racial justice and ATI:

Housing

- Expand housing models designed for justice-involved individuals with mental health and/or substance use disorder needs.
- Create a coordinated entry system for the Office of Diversion and Re-entry and expand the capacity for community-based organizations to scale their services
- Provide opportunities for justice-involved individuals to receive housing services

Mental Health and Substance Use Disorders

- Create and expand decentralized, coordinated service hubs and broadening community-based harm reduction strategies for individuals with mental health and substance use disorders
- Reduce discrimination or denial of service due to record of past convictions and ensure that everyone has the access to treatment that they need
- Significantly increase the number of Department of Mental Health Psychiatric Mobile Response Teams (PMRTs)
- Train 911 operators to conduct mental health screenings and direct calls to non-law enforcement crisis response teams such as PMRTs

Reduce the Jail Population

- Significantly expand pre-arrest and pre-booking diversion programs to ensure that people can get their needs met without entering into the jail system
- Connect those individuals to community-based systems of care that will help them to remain safely in the community where they can isolate as needed

Centering Community Expertise & Equity in Decision-Making and Investments

- Adequately resource robust public participation in all phases of and departments involved with the ATI process to ensure transparency and accountability; elevate the expertise and lived experiences of justice-impacted individuals (and ensure consistent representation of people with systemically marginalized identities) in decision-making through the integration of the Reentry Advisory Collaborative into the Initiative's programmatic planning.
- Employ data-driven tools, capacity building, and technical assistance to drive equitable resource and contract distribution to expand the community-based system of care. These processes should prioritize remedying racial and geographic disparities while also taking into account cultural, gender, sexual orientation, and special populations' needs and involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

The Opportunity

We are faced with the difficult task of confronting a pandemic that has taken the lives of nearly 200,000 people in the United States, and nearly 6,000 people in Los Angeles County. We know that, rightfully, the

vast amount of County resources must be redirected to a responsible COVID-19 response, and that due to a lackluster federal response, the burden of relief efforts falls greatly on local governments. We believe that there is a responsible way to both address the pandemic response efforts, while concurrently tackling another public health crisis in our county jails. These matters are intertwined, as we know that people cycle in and out of County jails, risking bringing the virus to County facilities and infecting people who are incarcerated and those working in the jails, and risking community spread upon exiting.

Even before the COVID-19 outbreak, our prisons and jails have been environments that perpetuate mental illness, physical illness, violence, and spiritual harm. Substandard meals, overcrowding, violence and sexual assault, and solitary confinement are just some of the factors that create unhealthy and inhumane conditions.¹ Furthermore, due to COVID health protocols, people who are currently incarcerated are further isolated from contact with their families and loved ones as jails are on lock down. Current jail and prison conditions make it impossible to follow public health guidelines, such as hand hygiene, social distancing, adequate testing protocols, isolation of those who are sick, and [appropriate medical care for those in need](#). Furthermore, there is a large and growing elderly population in the system, and people who are incarcerated disproportionately have the underlying health conditions that predict the worst outcomes from COVID-19.

We applaud the decision of the Board to take bold and visionary steps toward reducing mass incarceration in Los Angeles County, the largest jailer in the world. The level of incarceration that we have seen in Los Angeles County and around the country did not happen overnight. This decades old problem stems from racist drug policies that have criminalized Black, Indigenous, and other people of color, as well as poor people, at alarming rates. Issues that should have been addressed with care and public health interventions, such as homelessness, addiction, and mental health disorders, became proxies for criminalization. Because of your leadership, we have an opportunity to reverse decades of pain and harm in our communities. Not only does incarceration harm the individual, but there is a community cost--in the form of lost wages, absent parents and other family members, trauma, and the use of violent systems that punish people who are largely suffering from existing trauma, addiction, mental health disorders, disabilities, and other issues. Where incarceration stripped communities of their loved ones, exacerbated existing public health crises, violence, and trauma, there is now an opening for something different.

We are aware of and support multiple Board of Supervisor motions carried out over the last several months to address ATI, COVID, and racial justice:

- The creation of an ATI reserve fund (Kuehl)
- Maintain a reduced jail population after the COVID-19 crisis ends (Hahn/Ridley-Thomas)
- Develop a plan for closing the dangerous and dilapidated Men's Central Jail and provide services to those diverted from jail (Solis/Kuehl)
- Expand the Office of Diversion and Re-entry which creates a non-jail option with supportive community-based services. This is an especially effective intervention, with an over 80% success rate, compared to more than 90% recidivism rate for those who do not enter ODR services. (Ridley-Thomas/Kuehl)
- The creation of an alternative emergency response team without law enforcement (Hahn)
- Address the COVID-19 emergency housing crisis (Kuehl/Ridley-Thomas)
- Motion to Address Anti-Black Racism in our County (Ridley-Thomas)
- Data Collection & Transparency in Justice (Kuehl/Ridley-Thomas)

Recommendations

The above motions align with key ATI recommendations that we are recommending to the Board of Supervisors to address issues of incarceration now and simultaneously tackling COVID response and

¹ Acker J, Braveman P, Arkin E, Leviton L, Parsons J, Hobor G. Mass Incarceration Threatens Health Equity in America. Executive Summary. Princeton, NJ: Robert Wood Johnson Foundation, 2019.

health equity. When the driver of incarceration is the criminalization of poverty it is our duty to intervene, as a body that has been bestowed with the responsibility of addressing health equity in the County. As such, we put forward support for the immediate implementation of fourteen recommendations from the ATI report (recommendation numbers cited below specifically correspond to those listed in the ATI report.) By doing so, we have the ability to course correct on decades old policies, specifically the “War on Drug” policies that criminalize drug use and possession, “quality of life” infractions criminalizing people who are homeless, as well as the deinstitutionalization of people with mental health issues without an adequate network of community care. These policies harm those who are most vulnerable in our communities and end filling jails with Black and Brown people--who we know are simultaneously suffering the most from COVID-19.

Housing

Housing First² is a model that has taken shape around the country. Housing advocates and public health experts agree that when we can get people into permanent supportive housing, we have a real opportunity to stabilize other health and mental health conditions, including increasing the likelihood that someone who is HIV positive will adhere to treatment and achieve viral load suppression. In Los Angeles County, we continue to see increases in people experiencing homelessness each year. In 2020, there was a 12.7% increase from last year’s point-in-time count.³ With housing as a key indicator of health, we recommend the immediate implementation of:

- **Recommendation 20** to expand housing models designed for justice-involved individuals with mental health and/or substance use disorder needs. In the time of the pandemic, this would provide adequate support for quarantine, isolation, and social distancing.
- **Recommendation 2** would create a coordinated entry system for the Office of Diversion and Re-entry, while expanding the capacity for community-based organizations to scale their programs; and
- **Recommendation 31** would allow opportunities for justice-involved individuals to receive housing services.

Mental Health and Substance Use Disorders

Incarceration only serves to exacerbate existing mental health and substance use disorders. It is unsettling to know that the Los Angeles County Jail system operates the world’s largest mental health system. This, from a public health perspective, will not serve our community’s needs to address the root causes of mental health and substance use disorders. Not only is this inhumane, but it is not good public health practice, nor does it align with the County’s mission to address public health issues with the lens of health equity. By jailing those with mental health and substance use disorders, we are effectively denying them adequate treatment while putting people at greater risk for more substantial mental health and substance use disorders and contracting COVID-19. The Rand Corporation [report](#) found that more than 5,500 people in the Los Angeles County jail system had mental health issues and 61% qualified for diversion through ODR, yet most are still incarcerated. While the Board request \$30 million in additional funding for the ODR, the CEO has only stated that \$17 million was available. We ask that you to fully fund the ODR to have the capacity to release people with mental health needs into quality community care. We urge the Board to implement the following recommendations:

- **Recommendations 2 and 12:** Both will assist in creating and expanding decentralized, coordinated service hubs and broadening community-based harm reduction strategies for individuals with mental health and substance use disorders. Service hubs will release the need for using hospitals for emergency mental health treatment, thus reducing exposure to COVID 19 and ensuring greater access to hospital services for other health conditions.; and
- **Recommendation 31** can support the work of 2 and 12 by reducing discrimination or denial of service due to record of past convictions and ensure that everyone has the access to treatment that they need.

² <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

³ <https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results&ref=hc>

- **Recommendation 35:** Significantly increasing the number of Department of Mental Health Psychiatric Mobile Response Teams (PMRTs) must be recognized as a COVID-19 response. Reducing law enforcement interaction with the community will reduce their risk of getting arrested and going into the jails where we know there is a COVID-19 outbreak.; and
- **Recommendation 43:** The Board must implement 43 with 35, which will train 911 operators to conduct mental health screenings and direct calls to non-law enforcement crisis response teams such as PMRTs.

Reducing the Jail Population

We urge the Board of Supervisors to continue the current trajectory of reducing the jail population in Los Angeles County and diverting individuals to community-based services prior to booking. Reducing the jail population has already occurred concurrently with a 40% drop in crime. The continued decarceration of people from our jails will reduce the likelihood of transmission of COVID-19 to people who are incarcerated as well as to those who are responsible for staffing the jails in the County. What we do know is that incarceration, particularly in local jails, operates effectively as a “revolving door” whereas individuals enter and exit the jails with high frequency, which poses a public health risk of COVID-19 community spread from those who enter the jails and those who exit. In order to reduce this risk, as well as provide our most vulnerable with access to the care and services they need, we support the following ATI recommendations:

- **Recommendation 48:** Significantly expanding pre-arrest and pre-booking diversion programs ensures that people are able to get their needs met without entering into the jail system; and
- **Recommendation 56:** Connect those individuals to community-based systems of care that will help them to remain safely in the community where they can isolate as needed, follow other COVID-19 related protocols, and safely return to court.

Centering Community Expertise & Equity in Decision-Making and Investments

We encourage the Board to continue the engagement of directly impacted communities in ATI implementation and funding decisions.

- **Recommendations 84 and 86** Adequately resource robust public participation in all phases of and departments involved with the ATI process to ensure transparency and accountability; elevate the expertise and lived experiences of justice-impacted individuals (and ensure consistent representation of people with systemically marginalized identities) in decision-making through the integration of the Reentry Advisory Collaborative into the Initiative’s programmatic planning.
- **Recommendations 87 and 92:** Employ data-driven tools, capacity building, and technical assistance to drive equitable resource and contract distribution to expand the community-based system of care. These processes should prioritize remedying racial and geographic disparities while also taking into account cultural, gender, sexual orientation, and special populations’ needs and involve County and impacted communities in equitably distributing and leveraging resources to sustain community health.

Thank you for your leadership in this unprecedented moment and seizing the opportunity to meaningfully address racial injustice and public health inequities in Los Angeles County. As a prevention-centered Task Force, we advocate for the integration of and investment in community-defined and community-led practices in all aspects of the implementation of the Board’s motions and the recommendations proposed. In 2017 this Task Force developed health equity principles to center race and public health in all that we do. In this moment, we are deeply committed to doing the work, ready to mobilize the communities we represent and are prepared to leverage the opportunities and momentum of this important social justice movement. We welcome the opportunity to support the adoption and implementation of the key recommendations above, meet regularly with your office to align around common priorities, and specifically support your effort in the passing of your recent motion to align state legislative advocacy to the Care First initiative. This County directive should be fully leveraged to ensure that the implementation

of the above recommendations are both fully funded and legally possible. We are available to discuss this matter further and pleased to provide additional information as requested.

Sincerely,



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c: Executive Office, Board of Supervisors