

Barriers & Gaps identified throughout our SIM Process:

1. Transitional Housing (throughout the Intercepts) preventing the Defendant shuffle from jail to hospital back to L.E. during Intercept 1 and w/ limited MH facility space (i.e. Torrance) when needed Housing during Intercepts 2 thru 5
2. Sex offender Housing
3. MHIDD Forensic Case management for Court and Jail (similar to D&A coverage we currently have) providing a case manager instead of relying on defendant self-engagement without direction
4. Cross Systems Data – compiled, de-identified and usable
5. Open up referral process for jail inmates (MH or D/A) – Jason pointed out that no one can make these referrals from within the CJS except court or probation.
6. Pre-trial LSCMIs and D&A Assessments to assist with case disposition and programming alignment throughout case flow through the intercepts. Front loaded communication with flow to the Court and Jail in uniform manner, to include previous or current programming/BH assessment outcomes and continuity of care/programming.
7. Early identification of veterans and possible VA diversion services and program
8. 24 hr. CIT response center – for diversion
9. Treatment Programming Enhancements and related Alternatives /Diversion within the jail to include possible use of Partial Hospitalization, enhanced Sex Offender Treatment and NOVIS
10. Support Services for Youthful offenders between ages of 18-21, i.e. Independent Living, Mental Health, Education, Housing, and health Insurance
11. Defining and Identifying Recidivism (throughout our system and specifically within juvenile offender transition to adult offenders)
12. Pre-trial Mental Health diversion similar to FMHP but pre-trial
13. Re-entry and Initial Program Provider Communication – to get defendant's needs aligned and set-up with appropriate treatment provider in the community
14. Lack of Mental Health Evaluations within the jail
15. Re-evaluate ADP Program
16. Updated Behavioral Health referral Guide