



**Restoring People!  
Rebuilding Community!  
Reshaping the Nation!**

**LARRRP**  
THE  
LOS  
ANGELES  
REGIONAL  
REENTRY  
PARTNERSHIP

# **CCJBH June Council Meeting**

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**Looking at Racial Inequalities through a Health Lens:  
Behavioral Health and Justice Involved Populations**

**Pastor Troy F. Vaughn, DTh., EJD, MBA  
Co-Founder and Executive Director, LARRRP  
June 26, 2020**

# THE CONVERSATION





# MY STORY

**“In 1992, I was a homeless veteran, with a felony record, dealing with drug induced psychosis, sleeping in a cardboard box on Skid Row in downtown Los Angeles. Today, I’m a man of faith, husband, father, grandfather, pastor, teacher, educated successful black business owner, serving one of the largest reentry networks in the country. That’s why I’m so passionate about empowering people with lived-experience in helping to change the system of mass incarceration and racial inequities for people of color and justice-involved populations.”**



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**COMMITTEES** →

**ABOUT LARRP:**

LARRP is a network of public, community and faith-based agencies and advocates working together to ensure that our reentry system meets the needs of our agencies, communities, and the people we serve, both in terms of capacity and public policy.

Since 2011, LARRP has been building a locally rooted reentry movement to advance positive change for thousands of formerly incarcerated and convicted (FIC) Angelinos and build public will for greater equity in the criminal justice system. Since inception, LARRP has worked tirelessly to increase funding for housing, health, and social services for the FIC people and those who serve them.

**LARRP is a project of Community Partners.**



Housing



Education



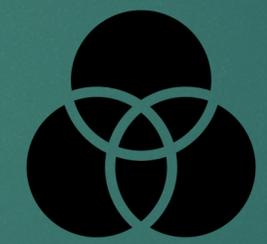
Employment



Integrated Health



Policy and Legal



Faith



Civic Engagement

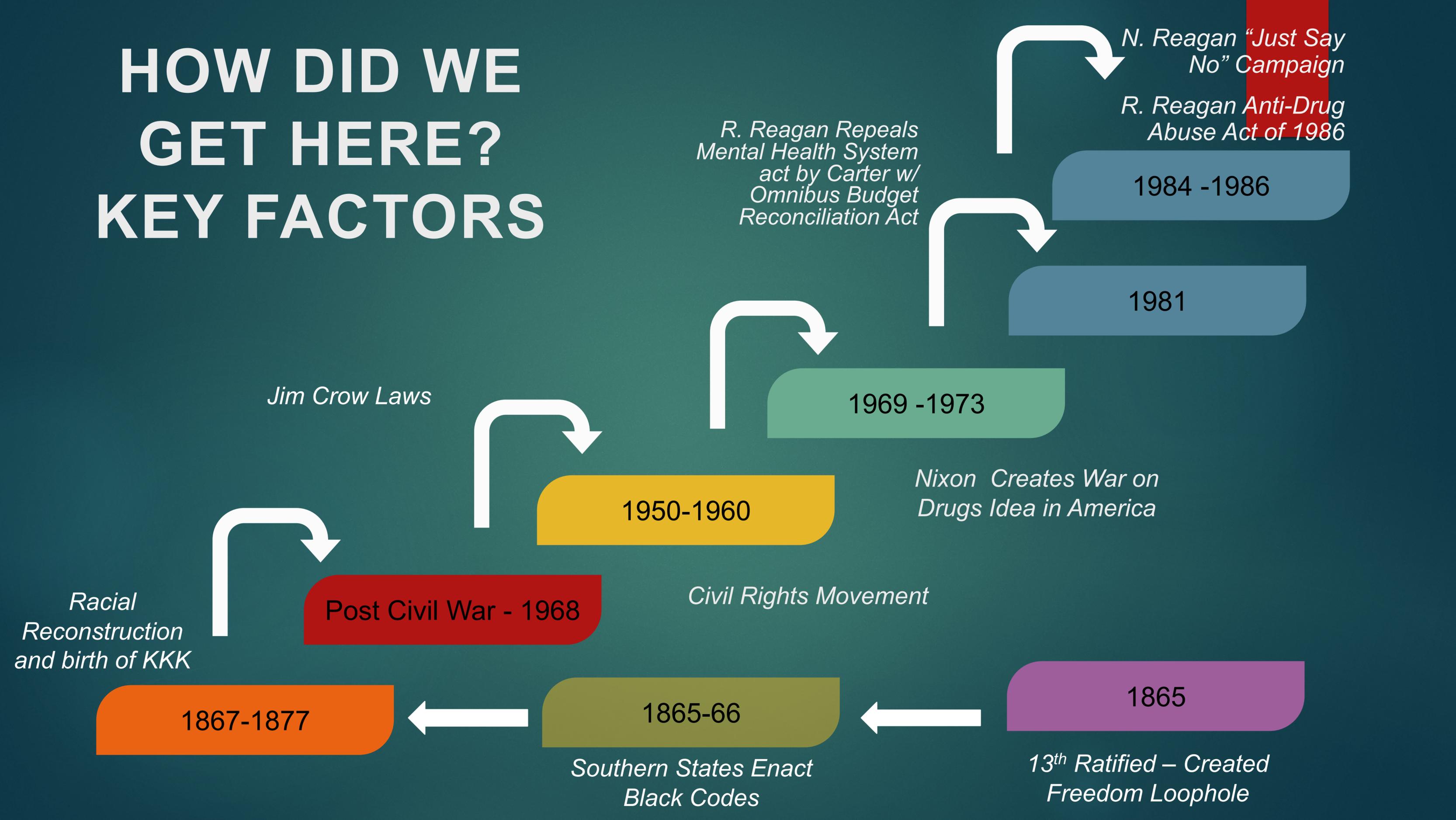


Regional

**The mission of the Los Angeles Regional Reentry Partnership (LARRP) is to “support the development and implementation of a comprehensive, culturally competent, and effective community reentry system, by providing a strong community voice in public policy and funding decisions; by serving as a convener of reentry service providers, advocates, and other stakeholders; and by building capacity across the county to meet the needs of the reentry community.”**



# HOW DID WE GET HERE? KEY FACTORS



N. Reagan "Just Say No" Campaign

R. Reagan Anti-Drug Abuse Act of 1986

1984 -1986

1981

R. Reagan Repeals Mental Health System act by Carter w/ Omnibus Budget Reconciliation Act

1969 -1973

Nixon Creates War on Drugs Idea in America

1950-1960

Civil Rights Movement

Post Civil War - 1968

Jim Crow Laws

Racial Reconstruction and birth of KKK

1867-1877

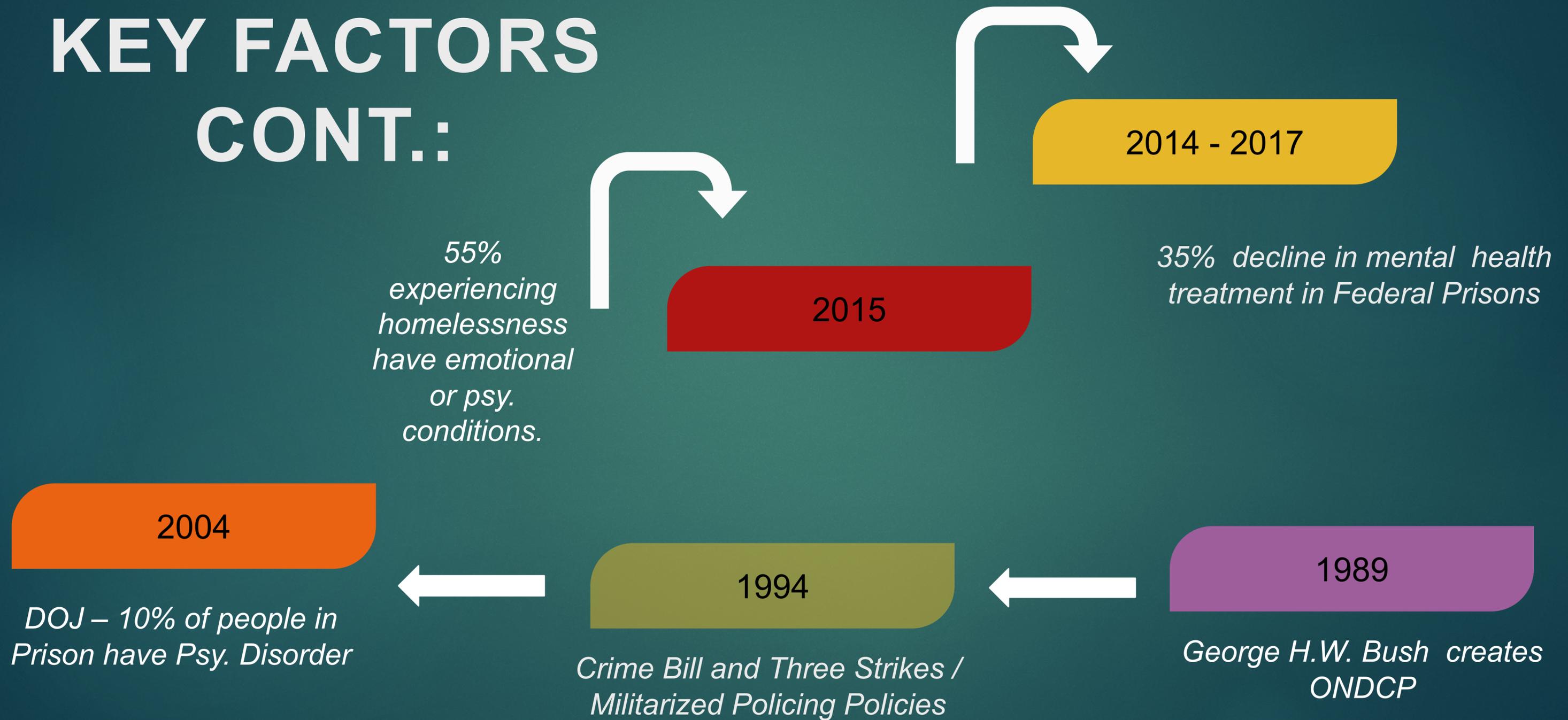
1865-66

Southern States Enact Black Codes

1865

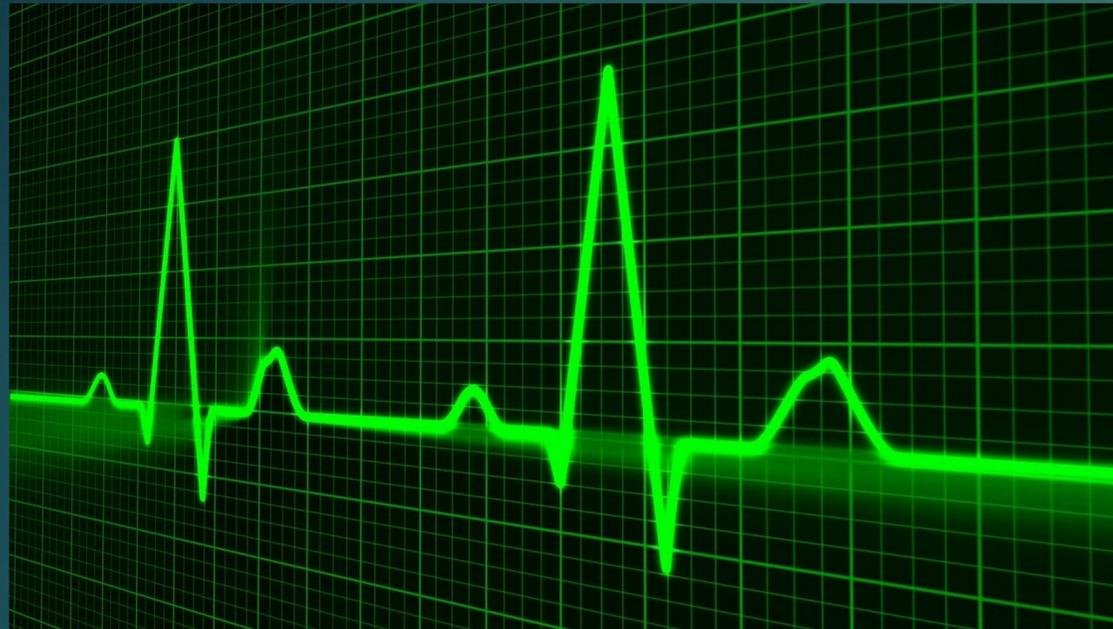
13<sup>th</sup> Ratified – Created Freedom Loophole

# HOW DID WE GET HERE? KEY FACTORS CONT.:





# Outcomes: Access / Insurance

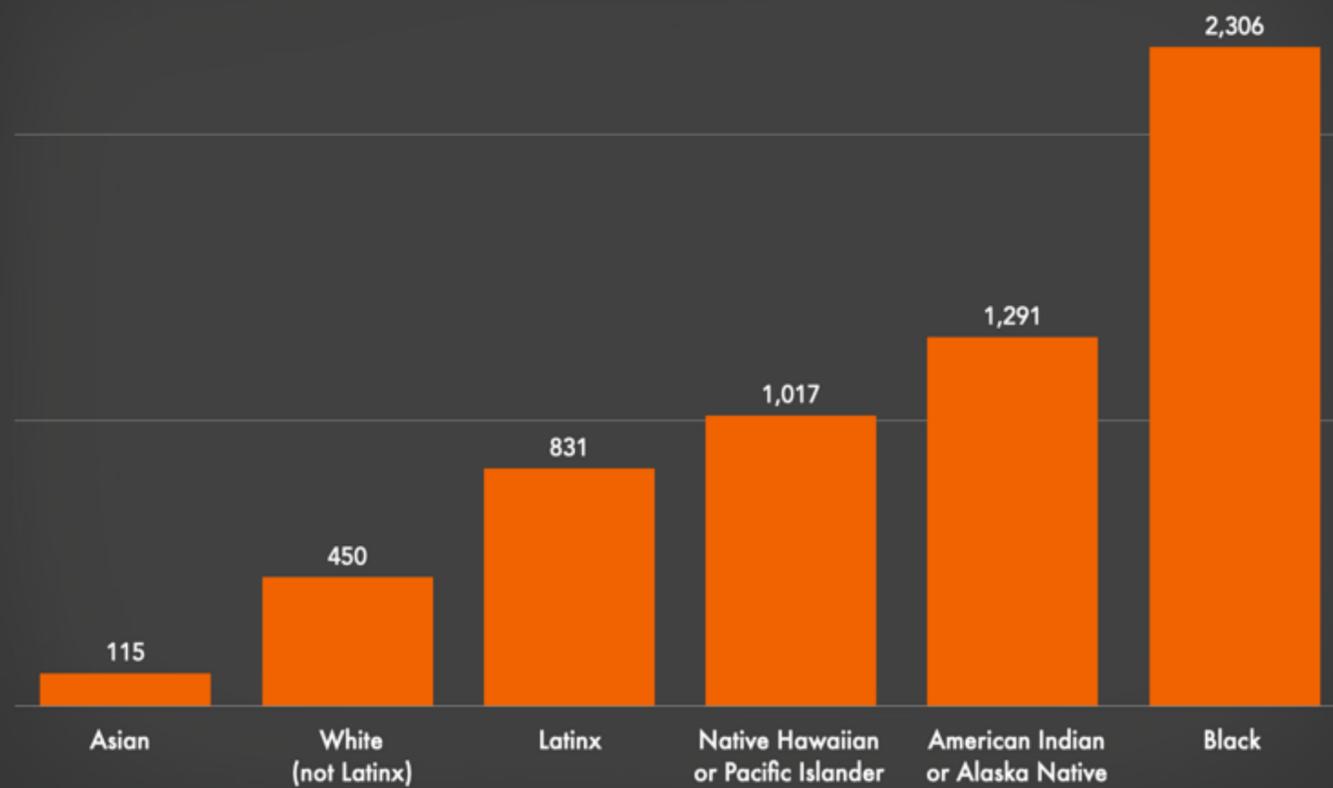


- ▶ While the implementation of the Affordable Care Act has helped to close the gap in uninsured individuals, **11.5 percent of Black and African Americans, versus 7.5 percent of White Americans, were still uninsured in 2018.**
- ▶ In 2018, **58.2 percent of Black and African American young adults 18-25 and 50.1 percent of adults 26-49 with serious mental illness did NOT receive treatment.**
- ▶ **Nearly 90 percent of Black and African American people over the age of 12 with a substance use disorder did NOT receive treatment.**
- ▶ In 2016, **12.3 percent of Black and African American adults who had a doctor's office or clinic visit over the past year had difficulty getting needed care, tests or treatment compared to 6.8 percent of white adults.**

# Outcomes: Impact of Arrest / Incarceration

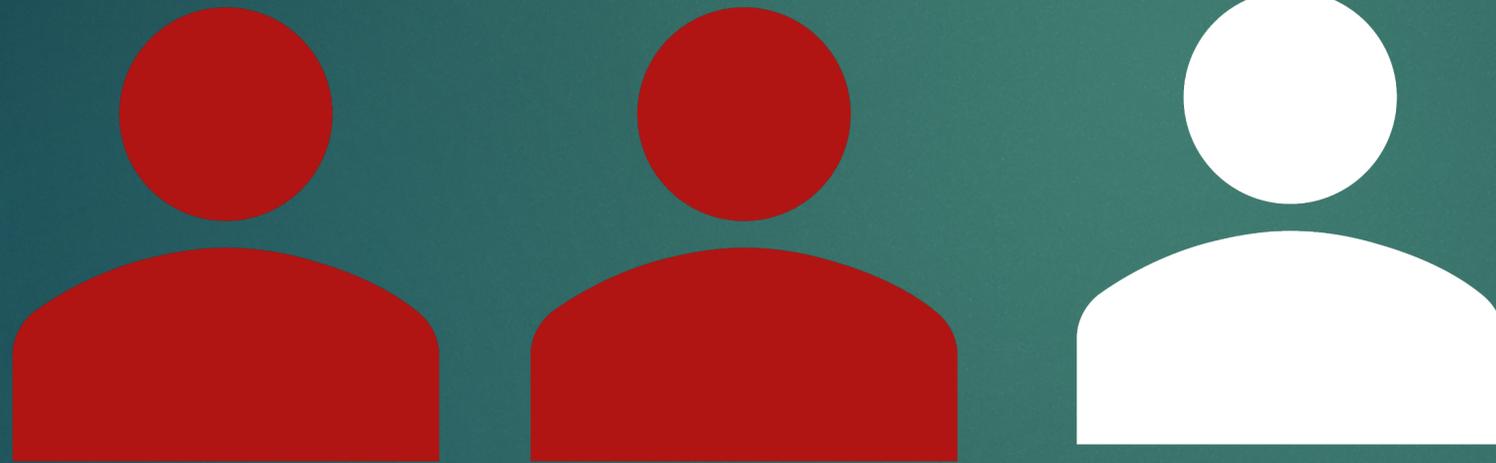
## U.S. incarceration rates by race and ethnicity, 2010

Number of people incarcerated per 100,000 people in each racial or ethnic category



- ▶ **Black and African American people are over-represented in our jails and prisons. Black and African American people make up 13 percent of the general U.S. population, but nearly 40 percent of the prison population.**
- ▶ **In 2016, the imprisonment rate for Black and African American men (2,417 per 100,000 Black male residents) was more than 6 times greater than that for white men (401 per 100,000 white male residents) and the imprisonment rate for Black and African American women (97 per 100,000 Black and African American female residents) was almost double that for white women (49 per 100,000 white female residents).**
- ▶ **Black and African American people with mental health conditions, specifically those involving psychosis, are more likely to be in jail or prison than people of other races.**

# THE FACTS

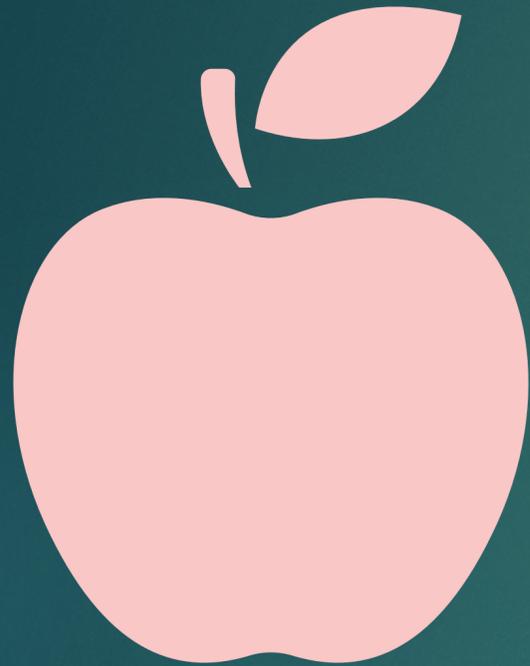


**2 of 3**

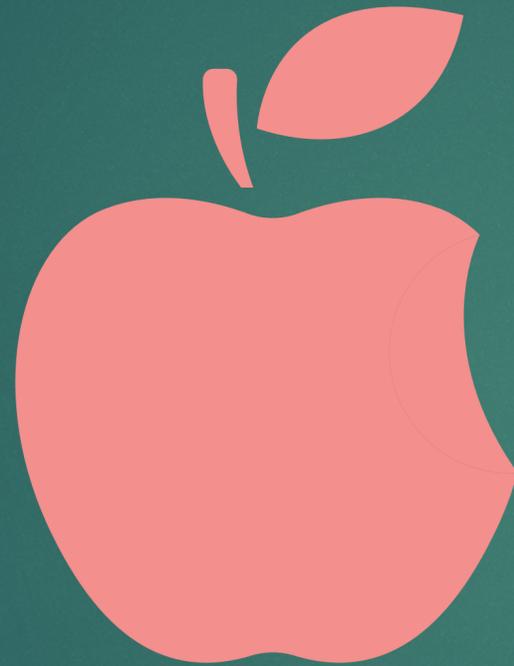
**People serving time  
have a substance  
use disorder**

# Addressing Behavioral Health Racial Inequalities

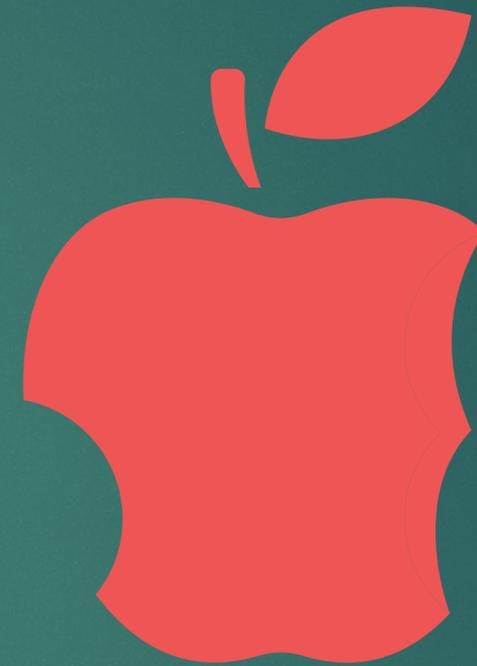
**“One Bite At A Time”**



The Institutions



The Judicial & Legal System

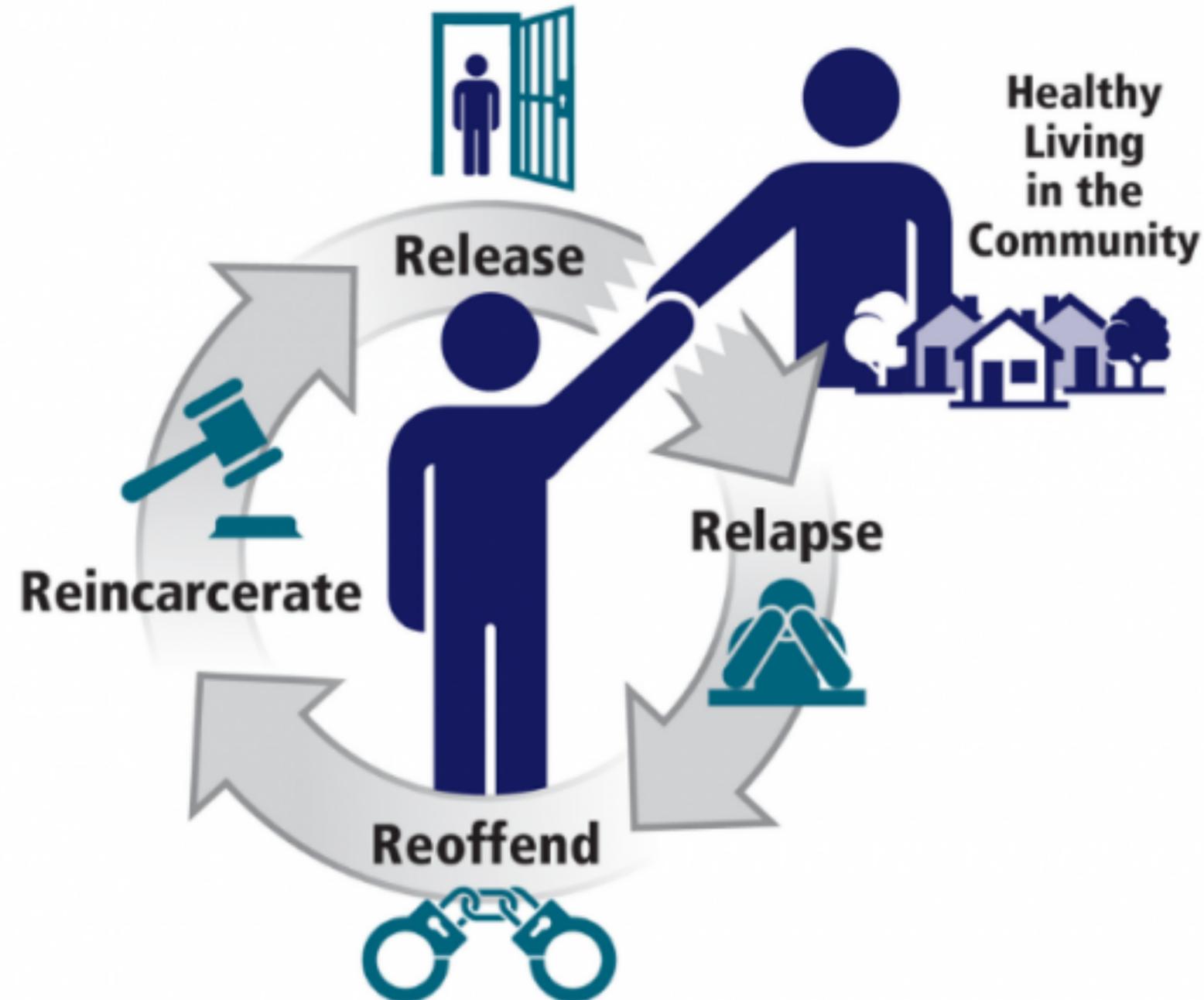


Collateral Consequences



Community Partnerships

# Creating Healthy Community-Based Restoration Models To Break the Cycle



# WHAT WORKS

**Data exchange** to promptly identify when someone is leaving jail or prison so that a plan or provider is prepared for them when released to the community.



Use of a **peer support specialist** who has been incarcerated to help the beneficiary navigate health care and related social service resources.

**Jail or prison “in-reach”** to help people incarcerated even before release, establish a relationship with a primary care provider, identify health conditions, transition medical records, and set up community-based care.

**“Expanded Naloxone Access**

*Good Samaritan Laws*

**Increased Harm Reduction Approaches and Safe Consumption Sites.”**

Strategies for **addressing housing issues and other social determinants of health in the days and weeks after release**; these are the major concern of many leaving jail or prison, regardless of the severity of their health conditions.

Primary care providers and specialists with training and expertise working with **individuals who have been incarcerated**, including behavioral health staff who can address mental health issues and substance use disorders.

# MAT IN AN INSTITUTION SETTING

Jail Reform is a Key to Ending Mass Incarceration of People that Suffer From MH and SUD

Measure R – Expansion of the Sheriff Civilian Oversight Commission.

Jails have been forced to function as de facto mental health facilities. LA County is looking for alternatives i.e. MIST, EBI, WISP, WPC – Reentry Project etc.

New Jail construction may have consequences for the effort to reduce mass incarceration, it all depends on how we respond to the phasing-out of our old facilities.

In LA County, roughly 40% of our jail inmates are not convicted of a crime, but are awaiting trial in jail because they cannot afford bail.



*“Each of us is worth more than the worst thing that we’ve ever done.”*

# COMMUNITY SOLUTIONS TO PROMOTE HEALTH EQUITY



# ADDRESSING SOCIAL DETERMINANTS OF HEALTH FOR RETURNING CITIZENS

1

4,800 Collateral Consequences in CA strips people of certain rights and locks them out of opportunities for housing, education, employment, social services, and other necessities, such as substance use or mental health treatment.

2

The “ban the box” movement continues to open up job, education, and housing opportunities.

3

Voting rights restoration for people with felony convictions gains momentum in California and Los Angeles County

4

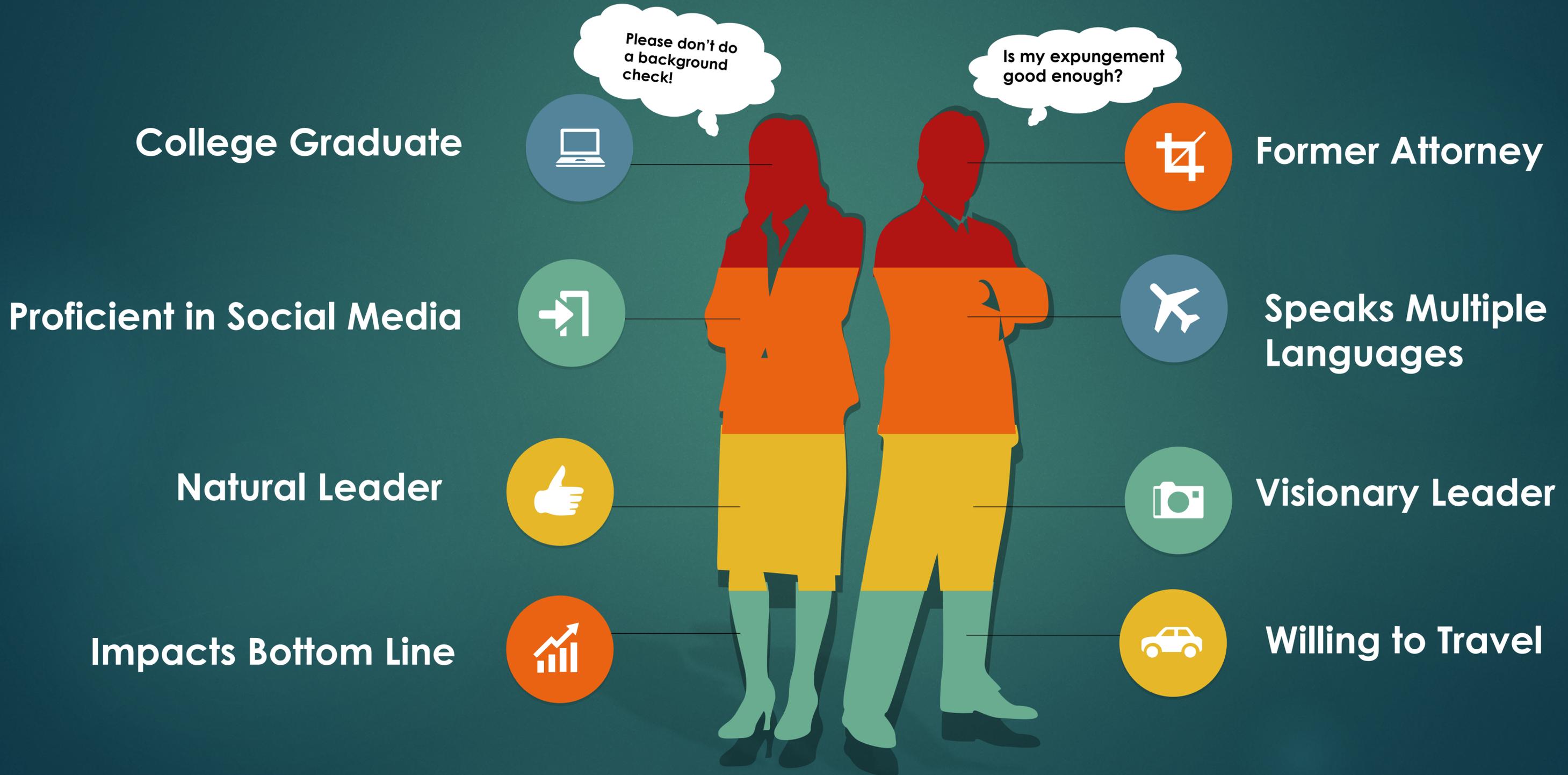
“Clean Slate” laws allow people to have their criminal records sealed.



# The Value of Lived-Experience

*"People closest to the problem are closer to the solution, furthest from power and resources" –*

*Glenn E. Martin, Founder JLUSA*



# PLUGGING INTO PROMISING PRACTICES



## Department of Health Services (DHS)

Office of Diversion and Reentry, Housing for Health, ICMS, Whole Person Care, MIST, FIST, LEAD, Youth Diversion etc.



## Workforce Development Aging and Community Services (WDACS)

Job Creation



## Department of Mental Health (DMH)

Housing and Mental Health Services, FSP etc.

## Department of Public Health (DPH)

SAPC, Drug Medical etc.



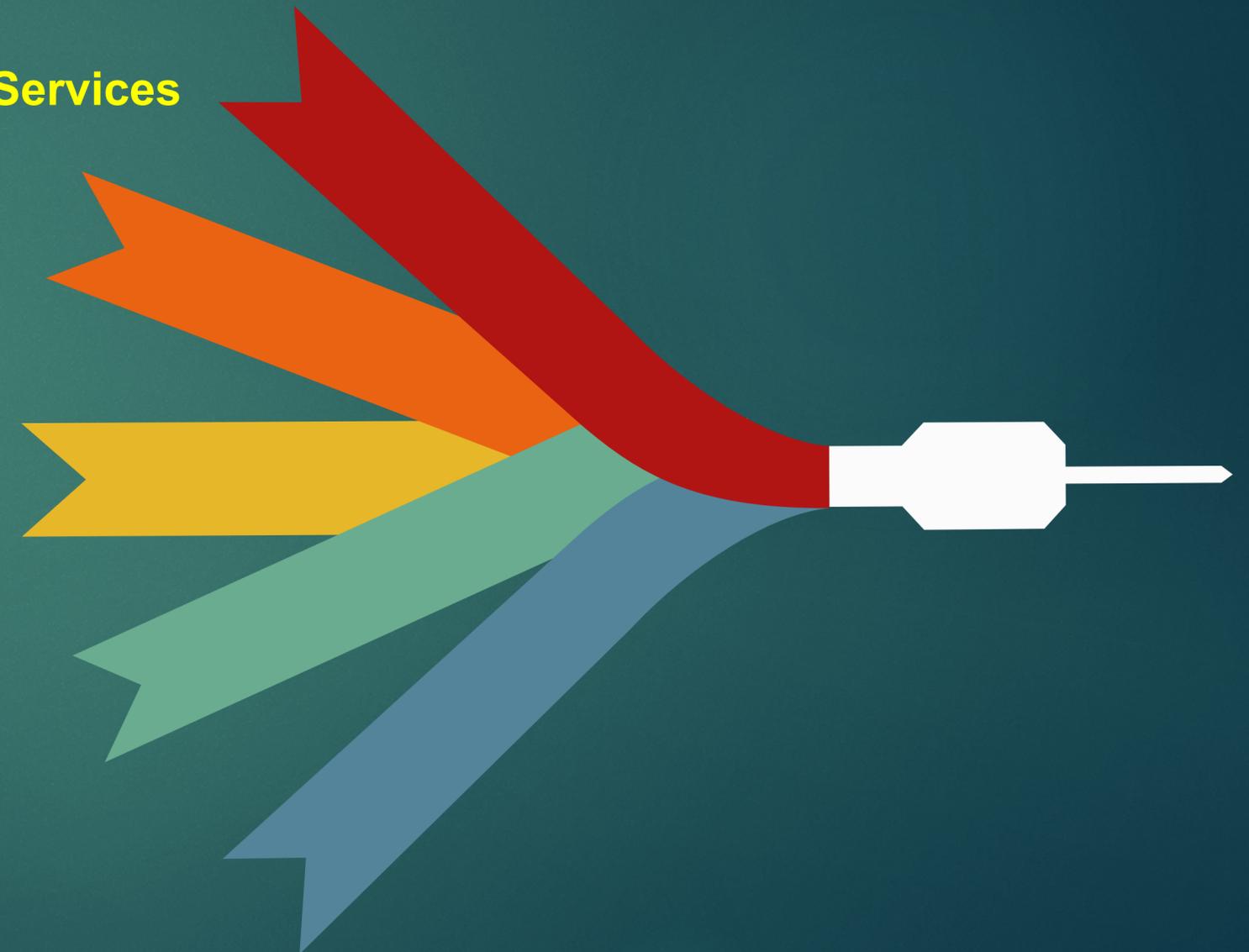
## CDCR and CCJBH

STOP, Lived-Experience Project etc.



## CEO and LAHSA

Homeless Initiative, Housing, Capacitation etc.



# KEEPING THE MOMENTUM



# RUNNING TOWARD HEALTHCARE REFORM



**No One Can Do It Alone**



**We Are All Affected (Directly or Indirectly)**



**I'm My Brother's Keeper**



# REALIZING THE FINISH LINE OF REFORM



## On the Mark

Anchoring ourselves in the belief that we can run and finish the race.



## Get Set

Making our mind up that we will not turn back until we accomplish our goal.



## GO

Move onward and upward, despite the challenges, and stay in the lanes that we have been given.



## Victory

The end result will be us completing our goal (the sprint and the marathon).

# THANK YOU!

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