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June 30, 2025

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From: Wilford Pinkney Jr. 
Executive Director

**COMMUNITY SAFETY IMPLEMENTATION TEAM – FOURTH QUARTERLY
REPORT (ITEM NO. 12, AGENDA OF APRIL 9, 2024)**

On April 9, 2024, the Board of Supervisors (Board) directed the transfer of the Jail Closure Implementation Team (JCIT), now named the Community Safety Implementation Team (CSIT), back to the Chief Executive Office (CEO). Among other directives, the Board directed CSIT to report in writing every 90 days with updates describing the detailed substantive plans for the closure of Men's Central Jail (MCJ) that it has developed with County departments and stakeholders. This report provides CSIT status updates since the last report, dated April 9, 2024.

Progress Since Last Report

The report will speak to the progress CSIT has made in building consensus and producing a comprehensive framework that delineates the options, steps, and conditions needed for closure of MCJ in the shortest possible timeframe (identifying what needs to be done).

The framework will create the foundation for a jail closure implementation plan (determining how it would be done).



Jail Closure Framework *(Identify what needs to be done)*

The framework will be based on the following principles:

- Achieving closure of MCJ in the shortest timeframe possible.
- Determining the actions that, if acted on immediately, would ensure that any plan to close MCJ could not be undone by changes in County leadership.

To achieve the closure of Men's Central Jail in the shortest time frame possible, CSIT is exploring multiple paths forward.

These paths, which are outlined below, as well as their underlying strategies, are based on our analysis of presently available information and are subject to change as we continue our assessment.

For each potential path, CSIT is working to determine feasibility, projected costs, potential funding, implementation timelines, performance milestones, and necessary commitments from relevant partners.

Potential Paths to Closure			
A	The County reduces the jail population to a level that enables MCJ closure by reducing in-flow and length of stay; increasing outflow; and expanding community-based treatment and service capacity.		
B*	The County reduces the jail population to a level that enables MCJ closure by reducing in-flow and length of stay; increasing outflow; and expanding community-based treatment and service capacity.	and... The County modernizes unused facilities at Mira Loma and Pitchess Detention Center - East to rapidly increase its capacity to safely house people who are ineligible for release or are not yet released.	
C*	The County reduces the jail population to a level that enables MCJ closure by reducing in-flow and length of stay; increasing outflow; and expanding community-based treatment and service capacity.	and... The County modernizes unused facilities at Mira Loma and Pitchess Detention Center East to rapidly increase its capacity to safely house people who are ineligible for release or are not yet released.	and... The County adds capacity by building new county operated, non-law enforcement operated mental health treatment facilities.**
*Together, these strategies would need to reduce the county jail population to a level that enables MCJ closure.			
** This requires Court willingness to release people to these facilities, which can only hold people in locked settings consistent with applicable law and clinical standards.			
MCJ houses 27 functions and spaces support the countywide correctional system. The replacement of these facilities, which are identified in Attachment I, is necessary regardless of which strategy is selected.			

The determination of which path to take depends on the scale, scope, and speed at which the County can depopulate the jail system and enhance the community-based system of care.

As part of the framework, CSIT has centered its analysis on several areas of focus that will ultimately inform our recommendation on which path to implement.

The areas do not represent the full scope of our efforts but illustrate emerging opportunities based on gaps we have identified thus far, which are listed below.

While we describe them briefly below, we provide a more detailed summary in Attachment I.

Jail Population Modeling

CSIT is updating a base population projection model from a 2021 study in order to identify a realistic population that can be reached based on current depopulation strategies and the current characteristics of the jail population.

Enhancing the Community Based System of Care

CSIT is working to determine the capacity needs in the community across all levels of care to support increased diversions and connection to care. At present, Departments' data systems do not allow them to regularly and easily generate a report that identifies an individual's needs at the time of release from jail or what services they received after release. CSIT is working with Departments to identify ways to leverage existing data collection and reporting infrastructure to better identify the beds and services needed.

CSIT is also gathering data to determine estimates of the cost and effort required for expansion.

Shortening Length of Stay

Reducing the overall length of stay for those in the jail has the potential to substantially decrease the jail population. CSIT is working to decrease the amount of time it takes from case initiation to case disposition for individuals in custody by piloting systematic case reviews and increased access to mental health experts, among other strategies.

Facilities

Prior to the demolition of MCJ, the inmates housed there must be relocated, and replacement facilities to support and maintain continuous operation of Twin Towers Correctional Facility (TTCF), and the County's correctional system must be constructed.

CSIT is determining feasibility, cost estimates and effort required to ensure adequate and appropriate facilities to support the closure of MCJ, including the replacement of these Countywide jail functions and the modernization of unused facilities.

Review of County's Prior Jail Closure Efforts

Our mandate to close MCJ in the quickest timeframe possible compels us to synthesize previous recommendations to inform our closure plan. These recommendations were developed in collaboration with community and County stakeholders.

CSIT has completed its review of prior jail closure reports, with particular focus on four (4) reports: 1) Alternatives to Incarceration Workgroup Report, 2) JFA Institute Report, 3) Close MCJ Workgroup Report, and 4) Sequential Intercept Model Mapping Report.

Of the 246 recommendations that these reports provide collectively, CSIT identified approximately 60 recommendations that fall within CSIT's scope of work.

A more detailed summary of our review is included in Attachment I.

Policy Impacts

Recent and proposed policies present both challenges and opportunities for CSIT's work.

Proposition 36 continues to contribute to a rise in jail population, causing a 59 percent rise in individuals with Prop 36 related charges in the jail, straining defense resources, causing delays in case processing and further straining the ability of the County to provide needed mental health housing and services.

Senate Bill 43 (effective in Los Angeles County in Jan 2026) expands the definition of "gravely disabled" which may lead to increased involuntary detention (5150s), conservatorship referrals. As a result, DMH and DHS may see an increase in demand for already limited subacute behavioral health treatment beds and capacity impacts to acute psychiatric facilities. ODR reports it would limit their ability to expand services.

Proposition 1 (The Behavioral Health Services Act) will shift funds to housing interventions, such as rental subsidies, but does not include services. It will impact behavioral health prevention services by redirecting funding, which currently benefits individuals with mental health and/or substance use disorders.

AB 1231 (proposed) would allow diversion for certain low-level, non-violent felonies without requiring a mental health diagnosis, which could significantly lower the jail population but increase the need for social workers.

In addition, the potential loss of the **Medicaid Waiver 1115** would significantly impact Medicaid programs, jeopardize the County's safety net system, potentially lead to hospital and clinic closures and reduce revenue for pre-release programs and housing support.

In Attachment I, we have synthesized feedback from departments and our own analysis on these and other potential impacts.

Potential Constraints

CSIT's ability to quickly develop a framework for closure and confidently identify a clear path forward has been limited by delays in Departmental responses to our requests for information. These delays are largely due to competing Board priorities, staffing constraints and gaps in data maturity, infrastructure, and established processes.

- Departments have expressed that some of the data that CSIT needs to develop its recommendations is often located across disparate systems, requires significant manual effort to collect and analyze, and/or is typically captured in a context that is not aligned with depopulation needs (e.g. information does not specify whether someone came from jail or not; or is not collected at key decision-points in the criminal justice system process).
- CSIT data requests are also made alongside numerous other reporting requirements and requests from the Board and others, creating competing priorities and straining capacity.
- Some of the information sought by CSIT is not currently collected by departments as it has not been the primary focus of their reporting efforts.
- Additionally, in many cases, Department data needs to be combined with law enforcement or other outside data to aid the Departments in responding to our requests and CSIT in confidently identifying a clear path forward.
- Departments are also challenged by staffing constraints, as well as gaps in data infrastructure and, in some cases, the need to rely on numerous, contracted providers for the information that CSIT requests.

Where possible, we are doing the following to address these challenges:

- CSIT is aligning requests with Departments' existing reporting to reduce duplicative reporting.
- CSIT is working with departments, Chief Information Office and Los Angeles Sheriff Department to create or amend data sharing agreements.

- CSIT is working with Departments to adjust data requests to fit within their existing capacities and, in other instances, is developing recommendations to increase capacity to respond to data requests.

Next Steps and Future Report Backs

Our goal is to make progress in the following areas by the next Report Back:

1. Finalize the Base Population Projection and the Depopulation Stack.
2. Begin working with justice partners to develop uniform service standards and a plan for oversight of all community-based services.
3. Set goals for short- and long-term strategies (e.g. resolving cases of people incarcerated more than two years, etc.
4. Incorporate final GRAC recommendations, which are expected late Summer 2025, in future CSIT Reports.
5. Report on the impact of the budget curtailments on efforts to close MCJ.
6. Continue to report on the impact of legislative and policy changes on CSIT's mission.

Should you have any questions regarding this matter, please contact me at (213) 262-8063 or wpinkneyjr@ceo.lacounty.gov.

FAD:JMN:JG
WP:CU:SSC:RF:sy

Attachment

c: Executive Office, Board of Supervisors
County Counsel
District Attorney
Sheriff
Alternate Public Defender
Health Services
Internal Services
Justice, Care and Opportunities
Medical Examiner
Mental Health
Probation
Public Defender
Public Health
Public Works

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 - c. Area of Focus: Shortening Length of Stay
 - d. Area of Focus: Facilities

2. *Review of Prior Jail Closure Reports*

3. *Policy Impacts*

Jail Closure Framework

This attachment outlines areas of focus and emerging priorities of CSIT's jail closure framework.

The framework will be based on the following principles:

- Achieving closure of Men Central Jail (MCJ) in the shortest timeframe possible.
- Determining the actions that, if acted on immediately, would ensure that any plan to close MCJ could not be undone by changes in County leadership.

While not exhaustive, the areas of focus below illustrate emerging opportunities and will ultimately inform our recommendations for jail closure.

These areas are based on our analysis of presently available information and are subject to change as we continue our assessment.

Base Population Projection

Base Population Projection Reflective of Current Realities

In a 2021 study, a model was used to provide a base population projection of the number of inmates the Los Angeles Sheriff Department jail system would need to be reduced to for safe closure of MCJ. CSIT has engaged a consultant to assist in updating several inputs into the model in addition to the timeline on which the new base population projection is estimated. The original base population projection included reforms that have been implemented and no longer impact the current jail population.

CSIT is updating the base population projection to determine a more realistic target number that considers the current policy changes, e.g., Proposition 36, and strategies that influence the jail population including court case timelines and mental health beds needed. This will ensure we identify a more accurate target number that will allow CSIT and its partners to effectuate the closure of MCJ without a replacement facility.

Our goal is to develop a five-year projection that will detail yearly population impacts to show what MCJ closure actions, that, if acted on immediately, would ensure that any plan to close MCJ could not be undone by changes in County leadership.

The base population projection must be grounded in accurate data that reflect current realities, especially as it relates to mental health beds. To accomplish this, we asked the departments below to determine the number of people currently in the jail, from a representative sample, that would qualify for their programs:

- Substance Abuse Prevention and Control (SAPC)
- Office of Diversion and Reentry (ODR)
- Department of Mental Health (DMH)

The table below is only for demonstration purposes and is not the current base population projection. Not all the actions listed in the table below will be a part of the updated projection, for example the *CDCR Intake Restrictions* have been eliminated for several years.

Action	Jail Population Reduction	Net Jail Population	BSCC Capacity	Operational Capacity	Bed Surplus/ Deficit	Operating Costs (millions)	Capital Costs (millions)
Current Status		15,000	11,478	10,330	-4,670		
1. Eliminate CDCR Intake Restrictions	-2,600	12,400	11,478	10,330	-2,100	\$0	\$0
2. Implement Case Processing Reforms	-2,000	10,400	11,478	10,330	-70	\$0	\$0
3. Expand MH Beds	-800	9,600	11,478	10,330	+730	\$54m	\$6m
4. Expand Alternatives to Incarceration	-1,100	8,500	11,478	10,330	+1,830	\$0	\$0
Adjust for Future Admission Increase	500	8,900	11,478	10,330	+1,430		
Adjustment for MCJ Closure		8,900	7,966	7,169	-1,731	-\$109m	
Grand Totals		8,900	7,966	7,169	-1,731	-\$55m	\$6m

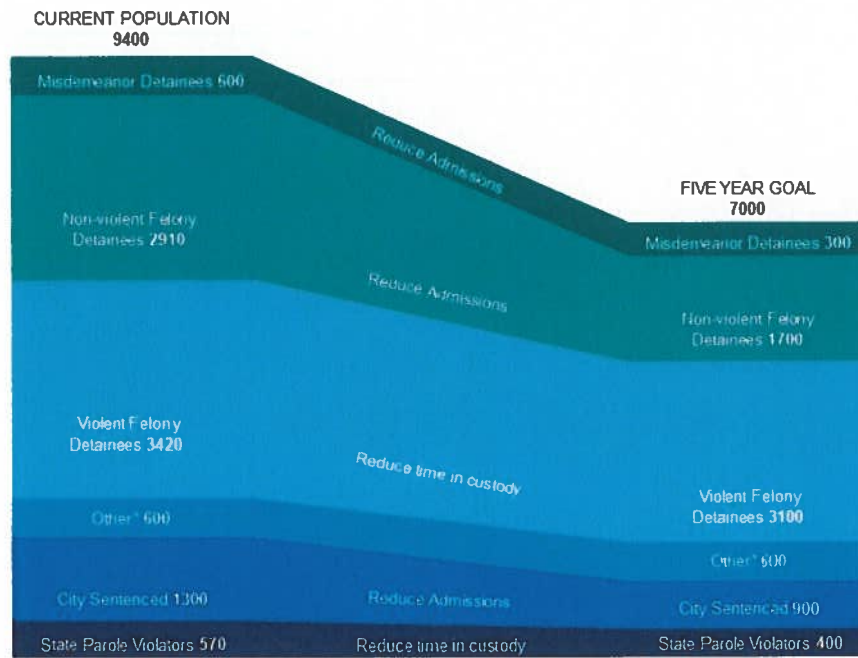
Depopulation Stack

A component of the base population projection update is to incorporate the “Grand Total” figure into the Depopulation Stack, seen below.

This was originally developed in 2016 for the Mayor’s Office of Criminal Justice in New York City and served as a visual summarizing the depopulation strategies and their projected effect on each segment of the jail population.

CSIT is adopting and updating the Depopulation Stack as part of our framework because it considers criminal charge categories of people in the jail.

This will provide a more accurate base population projection by assigning the updated “Grand Total” figure, from above, into the goal on the right-hand side of the stack as the “Five Year Goal.”



The stack above is for demonstration purposes and is not the final one that will be developed for LA County.

Area of Focus: Shortening Length of Stay (Lever 2)

Goal: Decrease the amount of time it takes from case initiation to case disposition for individuals in custody.

1. Case Review (Long Lengths of Stay)

What is happening:

As of May 12th, CSIT's review of jail data revealed that more than 17 percent (2,221) of the current jail population are in custody longer than one year, which is the standard timeframe for resolving felony cases in California.

Why is it happening:

CSIT's conversations with Departments and Justice partners have revealed that to date there appears to have been no regular, collective review in LA County of cases that have been pending in criminal court for more than two years to work towards mutually agreeable case resolutions.

One barrier to review excessively old criminal cases was the inability to quickly pull and analyze case-level data and determine roadblocks to reaching dispositions.

However, justice partners have begun to employ advanced case management systems, and the LA Superior Court has transitioned to the Odyssey system, making it possible to generate lists of cases that are exceptionally delayed in a more efficient manner.

What we'll do next:

CSIT has begun to collaborate with partners in the Los Angeles Superior Court, the Office of the District Attorney, the Public Defender, Alternate Public Defender, and Independent Defense Counsel Office to systematically identify cases that have been pending more than two years. Each partner department will independently review these cases with an eye toward swiftly reaching an appropriate case resolution. CSIT will continue to monitor jail data follow up regularly with each of the partners to gauge progress on diminishing the list of individuals awaiting disposition more than two years in custody.

2. Case Review (Short Lengths of Stay)

What is happening:

CSIT's review of jail data revealed the largest group of inmates in LA County Jail, about 23 percent (2,998) as of May 12th, 2025, are in custody fewer than 30 days.

Additionally, since 2024 less than one third of releases from LA County jail have been transfers to state prison. Two thirds of the individuals released from LA County Jail are

returning to our community (freely, upon completion of a sentence, on probation, or via treatment). Of those, about 64 percent (32,865), are released after serving fewer than 30 days.

Why is it happening:

While CSIT's conversations with Departments and Justice partners have revealed that there appears to be no regular, collective review in LA County of cases in the first 30 days that have been pending in criminal court; however, the exact reasons for these trends are unknown.

What we'll do next:

CSIT has begun to develop a process with justice partners (District Attorney, Public Defender, Alternate Public Defender, and Independent Defense Counsel Office) to meet regularly to review cases early on where an individual in custody is not likely to go to prison and explore release options early on. These reviews will also shed light on factors contributing to these trends. The partners will begin with a single pilot location (for example a single courthouse) to develop an efficient and effective approach in the coming months.

3. Expert Appointments

What is happening:

CSIT's conversations with Departments and Justice partners has revealed that the expert appointment process contributes to delays in case resolution for individuals with mental health conditions seeking legal diversion.

Specifically, justice partners have estimated that obtaining an expert opinion regarding a mental health condition adds a minimum of six to eight weeks of delay into the criminal case process for individuals who are in custody.

Why is it happening:

Some of the factors leading to the delay include the following:

- There are not enough experts on the "approved" expert list to handle the case volume;
- The experts available for court appointments carry large caseloads, lengthening the time people spend awaiting evaluations;
- The experts who are available for appointment experience difficulty with facilitating interviews (both in-person and via video) with the incarcerated individuals seeking evaluation; and
- Experts often have long waiting lists of clients and typically indicate that it will take six to nine months to complete a report.

What we'll do next:

Next, CSIT will work with public defender offices to develop potential solutions to speed up mental health evaluations. CSIT will also determine the costs of immediate solutions and identify sources of funding to support potential pilots to increase public defender offices' access to mental health experts for criminal cases involving incarcerated people.

CSIT will continue to collaborate with justice partners to identify barriers and challenges in the expert appointment and evaluation process in the coming months.

Area of Focus: Enhancing Community Based System of Care (Lever 3)

Goal: Fostering more community-based opportunities for diversion and release is essential to safely depopulating the jail. Our goal is to identify the services provided to those housed in the jail in order to determine the capacity needs in the community across all levels of care so individuals can receive the appropriate services based on their needs.

This includes increasing the number of community-based housing and treatment beds and services to a level that aligns with the needs of the jail population, improves coordination, and ensures safe and timely outflow from the jail.

1. Determining Appropriate Community Capacity

What is happening:

Currently, CSIT is not yet able to confidently make recommendations on the specific type of bed and services needed and at what level.

Why this is happening:

At present, Departments' data systems do not allow them to regularly and easily generate a report that identifies an individual's needs at the time of release from jail or what services they received after release. These needs include both clinical services and housing services, CSIT's review of ORCHID documentation revealed that the discharge destination and referrals made are most often stored in narrative form, which requires a considerable time and manual effort to identify trends in the level of care that is needed.

Because of these factors, there is not a good understanding of what capacity is needed at each level of care to achieve the goal of closing Men's Central Jail. This lack of understanding makes it difficult to plan and resource for the correct capacity in order to serve all individuals and ensure that there are no gaps.

What we'll do next:

CSIT is working with Departments to identify ways to leverage existing data collection and reporting infrastructure to better identify the services that people are accessing upon release—and determine the improvements needed to report out more systematically going forward.

2. Expanding ODR Services

What is happening:

Currently, the Office of Diversion and Reentry (ODR) does not serve individuals receiving mental health services in our ODR Housing program who have a P2 designation at the time of referral to ODR, unless they were previously under ODR's care. People with

the P2 designation are the largest group inmates housed in mental health housing, and a population that ODR served previously.

Why is it happening:

In the ODR Housing program, ODR is currently focused on serving individuals with a P3 or P4 designation at the time of referral to ODR.

ODR's prioritization in serving the P3/P4 population is driven by the goal of decreasing the number of individuals in high observation housing in support of DOJ compliance goals. ODR has been expanding rapidly and is on track to meet its current ramp up goals as early as January of 2026. ODR will serve approximately 4,900 individuals released from the jails at any given time once it reaches targets based on current funding, across all ODR jail-based diversion programs. With additional funding, ODR will have capacity to serve more individuals with P3, P4, and ultimately P2 designations. A significant portion of the approximately 3,500 people with the P2 designation would be eligible for diversion through ODR Housing. Anticipated ODR Court expansion this year will significantly increase capacity for mental health diversion.

What we'll do next:

We are reviewing jail data with ODR to determine the total number of individuals with a P2 designation eligible for diversion.

CSIT is reviewing cost estimates related to ODR expansion, including ODR funding needs, and staffing costs for ODR and justice partners, including public defenders, prosecutors and the Court, to serve individuals with a P2 designation in addition to their current work with people designated P3/P4.

CSIT will assess existing programs for potential expansion and explore pilot programs to serve the P2 population.

3. Step-Down Treatment Capacity

What is happening:

Improved coordination and additional system capacity would support timely transition to lower levels of care.

The 2019 LA Health Agency Countywide Mental Health and Substance Use Disorder Needs Assessment stated the County lacked sufficient acute care hospital, subacute, and Enriched Residential Services (ERS) beds but did not analyze the need for Enriched Residential Care (ERC) beds, Full-Service Partnership (FSP) slots, residential treatment for those with co-occurring disorders and other levels of care. There have been several other reports that have since looked at beds and the current 2024 HMA Mental Health Resources Planning (Tables 14-16) report takes these into consideration and lays out an

estimated number of subacute, ERS, ERC, and housing beds needed across the continuum of care.

Our conversations with departments also support the need for more Full Service Partnerships (FSP) capacity. The implementation of the Behavioral Health Services Act will provide opportunities to expand FSP capacity including programs targeted for individuals with forensic backgrounds.

With the continued expansion of the County's continuum of care, people will more easily move to the least restrictive placement that is clinically appropriate to meet their needs.

Why is it happening:

There has been an increase in demand for behavioral health services and housing at all levels. This is due, in part, to legislation to expand diversion opportunities that has required the county to expand programs providing mental health services to those eligible for diversion.

What we'll do next:

Departments that operate treatment beds and behavioral health supportive housing operate networks of providers and forecast their needs based on their individual obligations. CSIT will coordinate with applicable departments to produce aggregate totals for the county's need across the levels of care.

Area of Focus: Facilities

Goal: Ensuring adequate and appropriate facilities to support the closure of MCJ.

1. Replacing Countywide Jail Functions

What is happening:

CSIT learned through conversations that the existing MCJ site consists of many spaces that include functions that support not only MCJ, but also the Twin Towers Correctional Facility (TTCF) and the larger County correctional system.

Prior to the demolition of MCJ, the inmates housed there must be relocated, and replacement facilities to support and maintain continuous operation of TTCF, and the County's correctional system must be constructed.

Additionally, since MCJ housed the only single cells in the system, it will be necessary to construct single cells prior to the demolition of MCJ.

What we'll do next:

CSIT is working with partner departments on developing an initial high-level estimate of the cost and effort required to relocate and replace the facilities to support and maintain continuous operations of the County's correctional system.

The estimate will be based on information collected from previous reports focused on the demolition of MCJ. Cost estimates will include cost per bed, cost per square foot based on head count, demolition costs, etc.

The Inmate Reception Center (IRC), located within the Twin Towers Correctional Facility, serves a critical systemwide role as the intake and release center of people entering and exiting the jail system. It relies on a transportation hub and holding cells that are part of the MCJ footprint. As a result, cost estimates will assume that the IRC, transportation hub and holding cells will not be demolished.

CSIT is working to determine the feasibility of rebuilding some of the core functions in the footprint of the current MCJ site.

2. Modernizing Unused Facilities

What is happening:

Given the challenges discussed earlier in this document related to shortening the length of stay and expanding the system of care, CSIT has been exploring the capacity of existing jail facilities.

The 2021 Board motion that created JCIT discussed using the wealth of existing, thoughtful, and relevant recommendations to take decisive action to close MCJ.

The MCJ Closure Workgroup made recommendations on how the jail population could be redistributed amongst the remaining jail facilities, over time, with the goal of closing MCJ through attrition.

The redistribution, if needed, in addition to the expansion of the system of care, will allow for the closure of MCJ in the shortest time possible.

What we'll do next:

CSIT will work with partner departments to determine the feasibility of modernizing the facilities, as well as estimates of the cost and effort required.

Review of Prior Jail Closure Reports

Our mandate to close MCJ in the quickest timeframe possible compels us to synthesize previous recommendations to inform our closure plan. These recommendations were developed in collaboration with community and County stakeholders.

In April 2025, CSIT completed its synthesis of prior jail closure reports, which placed particular emphasis on four (4) reports: 1) Alternatives to Incarceration Workgroup Report, 2) JFA Institute Report, 3) Close MCJ Workgroup Report, and 4) Sequential Intercept Model Mapping Report.

Of the 246 recommendations that these reports provide collectively, CSIT identified approximately 60 recommendations that fall within CSIT's scope of depopulating Men's Central Jail and enhancing the community-based system of care. The recommendations span across nine categories: Case Processing, Community Engagement, Diversion, Facilities, Policy, Pretrial Services, Release Planning, Service Navigation, and Treatment.

Next steps include determining which recommendations have been acted upon and what progress has been made. Of those that have not, CSIT is working to determine what action is needed and which is the appropriate department to carry it out.

Policy Impacts

We continue to monitor the impact of the new legislation on our mission and have worked to gather potential impacts from our County Department partners.

Proposition 1

Feedback from Departments centered on concerns over the negative impacts expected of eliminating funding for prevention services, which could increase incarceration risks and limit efforts to reduce recidivism and lower the jail population.

The Behavioral Health Services Act will shift funds to housing interventions, such as rental subsidies, but does not include services. It will impact behavioral health prevention services by redirecting funding, which currently benefits individuals with mental health and/or substance use disorders.

The removal of funding for some behavioral health services could negatively impact on those at risk of incarceration.

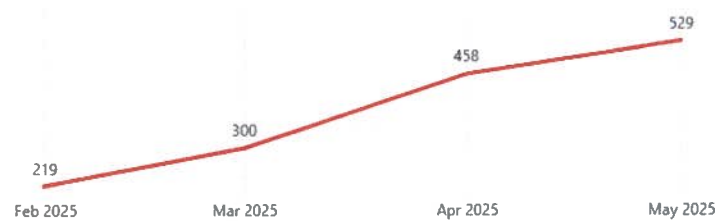
Proposition 36

Proposition 36 turns certain misdemeanors into felonies, requires magistrate review for pretrial release of additional arrestees, increases felony sentencing for theft and property damage, and creates a new court process for felony mandated treatment.

As of May 12, 2025, 529 individuals are in custody on Prop 36 related charges, which represents a 59 percent increase year-to-date from 219 earlier in the year. These are individuals who are being held in jail where prior to Prop 36 they would have faced lower-level felony or misdemeanor charges.

The biggest increase was seen between March and April of this year with a 35 percent increase.

Prop 36 Over Time



Month	N	Percent increase
February	219	-
March	300	27%
April	458	35%
May	529	13%

In May, an average of 26 individuals are admitted into custody on Prop 36 related charges on a weekly basis.

Generally, feedback from Departments suggests that the rapid increase in cases could strain the County’s ability to provide the needed mental health housing and services, complicating efforts to close down MCJ.

Justice partners, including the Public Defender, the Alternate Public Defender, and the Independent Defense Counsel, report a sharp rise in felony caseloads and more clients with prolonged pretrial custody. This is due to the needed additional case preparation, need for mental health evaluations, and delays related to securing an expert to do so.

Senate Bill 43

Please note that SB 43 is not operational in LA County until January 1, 2026. SB 43 expands the definition of "gravely disabled" to include individuals unable to manage their personal safety and medical care due to having severe substance use disorders or co-occurring mental health disorders.

The expanded definition now allows for involuntary psychiatric holds and conservatorships for those who are gravely disabled under the new expanded definition.

Feedback from Department highlights the anticipated increase in the number of involuntary detention (5150s) because of the expanded definition, a potential impact to acute psychiatric facilities, emergency rooms and inpatient units and, a potential increase in the number of individuals referred to conservatorship. As a result, DMH and DHS may see an increase in demand for already limited subacute behavioral health

treatment beds and capacity impacts to acute psychiatric facilities. ODR reports it would limit their ability to expand services.

In addition, there is currently no reportable inventory of locked beds for substance use disorders, and to do so may require new community-based bed capacity.

Assembly Bill 1231

AB 1231 proposes to allow Courts to grant pretrial diversion for specific low-level, non-violent felonies, subject to certain conditions. Individuals charged with certain offenses could avoid incarceration by completing rehabilitative and diversion programs.

Department feedback highlights that a successful passage of AB 1231 would provide a welcomed alternative to incarceration for low-level, non-violent felonies without requiring a mental health diagnosis, which could significantly lower the County jail population.

There may, however, be a need for additional resources to assist justice partners develop diversion plans for eligible people.

Institute for Mental Disease (IMD) Exclusion / Medicaid Waiver 1115

The IMD Exclusion is a federal Medicaid policy that restrict federal funding for facilities providing mental health or substance use disorder treatment if they have more than 16 beds.

Medicaid Waiver 1115 allows Medi-Cal to cover specific and time-limited services in IMDs and allows people incarcerated in the County jail to apply for Medicaid up to 90 days before their release. It aims to enhance access to behavioral health and to support successful transitions to community-based care and housing.

Department feedback highlights how the IMD exclusion limits the County's ability to access Medicaid funding across the care continuum, limits mental health treatment capacity and increases Department reliance on direct County funding.

Department feedback on Medicaid Waiver 1115 centered around the impacts if the waiver were removed, which would significantly impact Medicaid programs, jeopardize the County's safety net system, potentially lead to hospital and clinic closures, and reduce revenue for pre-release programs and housing supports.

For instance, approximately 95 percent of DPH-SAPC beds in facilities are usually ineligible for federal funding due to sizing limitation, and reimbursement cuts could reduce service availability, affecting individuals transitioning from institutions.

The 90-day pre-release services in LA County jails under the CalAIM JI, part of Medicaid Waiver 1115, are expected to increase referrals to substance use disorder treatment providers once launched.