



**Chief
Executive
Office.**

COUNTY OF LOS ANGELES

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ACTING CHIEF EXECUTIVE OFFICER

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January 16, 2026

To: Supervisor Hilda L. Solis, Chair
Supervisor Holly J. Mitchell, Chair Pro Tem.
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Wilford Pinkney Jr.
Executive Director

**COMMUNITY SAFETY IMPLEMENTATION TEAM – QUARTERLY REPORT NO. 6
(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 highlights CSIT's progress since the last report, dated October 7, 2025.

What to Expect from this Report

The following information is intended to be read in conjunction with prior report backs. It reflects information gathered to assess the potential impact of proposed strategies on reducing the jail population and advancing the closure of MCJ as part of CSIT's ongoing development and refinement of the Jail Closure Framework. Progress since the last report back in October 2025, along with key barriers affecting this work, is summarized below. This update is not intended to be a comprehensive account of all related activities, but rather a high-level overview.



This report contains three main parts:

- This memo provides a summary of the strategies we have identified as necessary for closing MCJ, barriers to implementation, the actions we have taken, and our next steps;
- Attachment I provides a visual summary of the memo and highlights some of these barriers and action steps; and
- Attachment II provides a more detailed account of CSIT's work to facilitate a deeper understanding of each reform, specific strategies, and potential impact on MCJ closure.

Progress to Date

As detailed in CSIT's fifth quarterly report, CSIT has identified certain conditions that are required to accomplish MCJ closure:

1. Increase opportunities for deflection and diversion;
2. Decrease unnecessary court appearances and increase early releases; and
3. Determine appropriate community capacity of beds and services, and improve post-release connections to care.

Over the last quarter, CSIT has continued advancing its Jail Closure Framework in cooperation with County partners.

Major highlights include:

- Focus on additional County deflection and diversion strategies related to Probation Post-Release Community Supervision (PRCS) and Coordinated Optimal Rehabilitative Effort (CORE) models, and the Justice, Care, and Opportunities Department (JCOD) Supportive Release Program (JSRP) Pre-Arrestment.
- Progress on strategies to shorten length of stay as described below, including:
 - Regular review of open, in-custody cases that are more than one year old.
 - Partnering with the PD's office to secure funding for and prepare for the launch of the Holistic Early Assessment and Linkage Program (HEAL) in the first quarter of 2026.
 - Launch of a pilot at the San Fernando Courthouse focused on early releases and dispositions.

- Progress in the work of the Chief Information Office (CIO) and the Los Angeles Superior Court to finalize a Data Use and Sharing Agreement (DUSA) that will provide critical court data to CSIT and other County entities. This DUSA is now in signature phase.
- Onboarded a new FUSE fellow focused on facilities and budget planning and tracking.
- Onboarded The City University of New York Institute for State & Local Governance to draft the Jail Closure Framework.
- Hosted a community meeting in Lancaster (Supervisory District 5). These are in addition to prior community meetings held in Willowbrook (Supervisory District 2) and East Los Angeles (Supervisory District 1).

Other next steps identified in CSIT's fifth quarterly report are still in progress as detailed below and in the attachments to this report. Accordingly, these next steps are also listed at the end of this report as items CSIT hopes to advance or complete by its next quarterly report.

The completed framework will outline specific actions, delineate stakeholder responsibilities, and provide estimates of associated costs and implementation timelines for proposed strategies aimed at achieving the conditions necessary to facilitate the closure of MCJ.

Jail Population Projection

In CSIT's prior report, CSIT outlined Component #1 of its jail population projection—an initial baseline population projection that if current conditions remained the same, estimated jail projection would grow to 14,500 by 2031.

CSIT continues to develop Component #2 — a projection to estimate the jail population if specific depopulation reforms are implemented. For expansions of existing efforts or new strategies, CSIT is working with departments to identify the specific populations in custody that each intervention would target and to estimate the resulting reduction in the jail population over a five-year period.

As described in CSIT's fifth quarterly report, CSIT expects that Component #2 will include the following proposed reforms that need to be implemented to close MCJ under the current directive:

- Expediting Case Processing
- Expanding Mental Health Beds and Services
- Expanding Alternatives to Incarceration (ATI) and Diversion programs
- Reducing of the Parole and Probation Violation Population

Preventing New Inflow

CSIT continues to work with County partners and other stakeholders to increase opportunities for deflection and diversion to reduce the number of individuals entering County jail custody and, where appropriate, linking them to community-based services:

Barrier	Updates and Next Steps
<p><i>Post-Release Community Supervision (PRCS):</i></p> <ul style="list-style-type: none"> • Individuals who fail to report within the first two days miss the critical window for meeting compliance, increasing their risk of absconding or committing technical violations. • Currently, there are no metrics in place that assess the reasons why individuals are absconding, leading to an opportunity to create a screening process to learn more about those reasons and how they impact program compliance. <p><i>Mandatory Supervision Model - Coordinated Optimal Rehabilitative Effort (CORE):</i></p> <ul style="list-style-type: none"> • Limited staffing reduces the capacity to provide meaningful interventions and service navigation, particularly for people with higher behavioral health needs and the overall efficacy of the efforts to support individuals' successful transition into their communities to prevent recidivism. • Transportation limitations and needs among individuals under mandatory supervision increases the risk of individuals absconding and committing technical violations. 	<p>Next Step: CSIT will continue working closely with Probation to develop a shared understanding of how to accurately identify and analyze the number of individuals with PRCS violations. From there, we will work together to determine if there is a need and opportunity to reduce PRCS violations.</p> <p>CSIT is also tracking and monitoring the development of a Memorandum of Understanding between Probation and JCOD to support consistent and improved utilization of the JCOD's Justice Connect Support Center (JCSC) program for individuals with appointment reminder and transportation needs.</p> <p>CSIT, JCOD, and Probation will jointly review workflow gaps, supervision practices, and service linkages to ensure individuals are appropriately connected to behavioral health, housing, and stabilization supports that can reduce the likelihood of returns to custody.</p>
<p><i>Los Angeles Superior Court's Pre-Arrestion Release Protocol (PARP):</i> Currently, Magistrates only receive information about an arrestee's current offense and past criminal history, which includes failures to appear in court and criminal convictions, to determine whether to</p>	<p>Next Steps: CSIT is working closely with JCOD to explore JSRP's reach and ability to serve more eligible individuals. JSRP pre-arrestion rollout was launched on January 5, 2026. CSIT will work with JCOD regularly to monitor the program's rollout. This will be done by monitoring the number of magistrate releases,</p>

<p>release or hold individuals.</p> <p>Based on data provided by JCOD and the Los Angeles Superior Court (LASC) PARP dashboard, about five percent of individuals reviewed by the Magistrate are released, which highlights an opportunity to support the pretrial release of more individuals who may not otherwise be released by Magistrates.</p>	<p>reviewing the referral and acceptance rates of the program, gathering details on the number of linkages made to community-based services, and determining the potential impact on the jail population to inform future recommendations about the program.</p> <p>CSIT will also monitor and document operational challenges, assess opportunities to improve workflow efficiency, and evaluate impact of JSRP on releases and its impact on reducing jail inflow.</p>
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Shortening Length of Stay

CSIT is working with partners to decrease the amount of time individuals spend in custody while litigating their criminal case, including develop strategies that will increase the number of cases resolved in less than one year and increase the number of releases up to and including the preliminary hearing stage.

Barrier	Updates and Next Steps
<p><i>Delays in expert appointments:</i> The process of appointing behavioral health experts adds significant time, with waitlists often stretching from several weeks to several months. This prolongs the length of cases for people in custody, especially those with potential behavioral health needs.</p>	<p>Update: The Professional Appointee Court Expenditure program (PACE) Workgroup concluded the initial task of assessing the current process for appointing and compensating expert witnesses.</p> <p>CSIT also partnered with the PD’s office to secure funding for the HEAL program, which will embed a licensed Psychiatric Social Worker (PSW) in a felony arraignment courtroom to conduct comprehensive clinical assessments at the earliest stage of court proceedings.</p> <p>Next Step: CEO will identify options for developing these recommendations, including potential funding sources for supporting this work.</p> <p>HEAL will launch in the downtown criminal courthouse (Clara Shortridge Foltz) in the first quarter of 2026. CSIT will continue to work with the Public Defender’s Office to refine performance targets that will guide implementation and report on progress.</p>

<p><i>Attorney access issues:</i> Defense attorneys face persistent challenges with accessing clients in custody due to jail lockdowns, staffing shortages, and unreliable video conferencing systems. This leads to extra court dates so attorneys can meet with clients in court, instead of in jail or by video.</p>	<p>Update: CSIT continues to monitor progress on efforts to improve attorney and professional jail visits via video, specifically using the Justice Video Conferencing Scheduling System (JVCSS).</p> <p>Next Step: The project to develop new scheduling software to improve reliability of attorney and professional video visiting appointments is underway and, per the Board-approved contract, is expected to be completed in 2027.</p>
<p><i>Service navigation gaps:</i> Attorneys must independently locate and coordinate treatment placements, often without adequate support staff. This process, often time-consuming, requires attorneys to request additional court dates, further delaying cases.</p>	<p>Update: As noted above, CSIT is supporting PD's HEAL, which also aims to fill the gap in supporting attorneys to identify and obtain appropriate treatment beds when cases can be resolved through diversion or other alternatives to incarceration.</p> <p>Next Step: As discussed, CSIT will continue to work with the PD's office to refine performance targets that will guide implementation and report on progress.</p>
<p><i>Electronic evidence:</i> The growing volume of digital discovery materials increases the time needed for case preparation and review. Cases often cannot proceed until this review is complete, resulting in lengthier cases and extra court dates.</p>	<p>Update: CSIT continues to work with justice partners to assess the impact of digital discovery on case timelines and explore ways to streamline review processes. No additional actions have been taken since the last report.</p> <p>Next Step: CSIT will partner with prosecution and defender agencies in the Case Processing Workgroup to develop strategies to maximize efficiency in sharing and reviewing electronic discovery materials.</p>
<p><i>Data Monitoring and Reporting:</i> Much of CSIT's work to-date has been to determine the major contributors that delay the resolution of criminal cases — particularly in the absence of centralized, automated methods of pulling and analyzing case-level data.</p>	<p>Update: The CEO and CIO are working closely with LASC to finalize a DUSA that will provide data to assist in shortening the length of stay for people in the jail. The DUSA is in the signature phase.</p> <p>Next Step: Once the DUSA is signed, CSIT will conduct an analysis of this data to better identify case processing trends, reasons for continuances, and the impacts of proposed case processing interventions.</p>
<p><i>Decrease the number of unsentenced individuals in custody for more than one year:</i> It is the normal, primary function of a jail to house individuals who cannot be safely released as they await trial. The vast majority of the</p>	<p>Update: Justice partners in the CSIT Case Processing Workgroup continue to meet and conduct regular reviews of open, in-custody cases that are more than one year old. While the effects of recently implemented case</p>

<p>inmates in LA County Jail have at least one criminal case unresolved. However, under California State guidelines it should not take more than one year to resolve most types of criminal cases and there continue to be an excess number of individuals in custody with open cases more than a year old. Long stayers account for a disproportionately large portion of jail bed days.</p>	<p>reviews efforts cannot yet be measured and correlated to impact on the County jail population, regular reviews of people detained on felony cases have been cited as a method of reducing length of stay for people in jail.</p> <p>Next Step: CSIT will continue to work with partners to further these reviews and measure the impact of current efforts. Additionally, the signing of the DUSA, mentioned above, will assist with leveraging data to determine the impact of regular reviews on overall case processing times for in-custody felony cases.</p>
<p><i>Increase the number of early releases:</i> Most inmates released from LA County jail depart in under 3 months. If these releases could take place closer in time to the first court appearance, overall jail population would diminish.</p>	<p>Update: CSIT worked with justice partners to establish a pilot at the San Fernando Courthouse focused on early releases and dispositions.</p> <p>Next Step: CSIT will continue working with the partners to identify appropriate metrics to measure the impact of the pilot and begin collecting data to inform continued implementation.</p>

Enhancing the Community Based System of Care

CSIT continues to work with departments to determine the number of beds and services needed to safely reduce the jail population and to identify the timeline and cost for expanding that capacity. Expanding the beds and services available allows the County to meet the rising demand of those currently incarcerated and increases opportunities to divert people into community-based services.

Below we highlight some barriers and actions we are taking to address them:

Barrier	Next Step
<p><i>Determining appropriate community capacity:</i> Currently, there is no single report — or set of reports — that can be readily generated to identify an individual’s clinical needs at the time of their release, or the services that an individual receives after release from jail. To generate such a report would require considerable time and manual effort in order to identify trends in the level of care needed,</p>	<p>Update: CSIT continues to work with the Correctional Health Services (CHS), the Department of Mental Health (DMH), and the Department of Public Health-Substance Abuse Prevention and Control (DPH-SAPC) to conduct manual chart reviews to assess the total care and services required.</p>

<p>which prevents the ability to foster more community-based opportunities for diversion and release.</p>	<p>Next Step: After the clinical needs are identified, additional steps through data matching will be taken to understand the insurance eligibility (and thus financial responsibility), how to best connect these individuals to care, and special staffing/system of care considerations that might be needed.</p>
<p><i>Improving warm handoff and post-release connections to care:</i> Unpredictable release dates — except in conditional and coordinated releases — affect the ability to secure concrete, individualized follow-up, like treatment or appointments, limiting warm handoffs to community services, which are essential to decreasing recidivism and lowering the jail population.</p>	<p>Update: CSIT has started attending the CEO’s California Advancing and Innovating Medi-Cal (CalAIM) Implementation Team meetings to identify opportunities to improve post-release connections to care. As a result, CSIT has learned that JCOD is working to become a hub organization for Medi-Cal enhanced care management (ECM) services.</p> <p>CSIT has also had preliminary conversation with DMH and DPH-SAPC about potential opportunities to expand their engagement with individuals housed in the jail to support release planning.</p> <p>Next Steps: CSIT will meet weekly with JCOD to better understand their role as a hub organization for Medi-Cal ECM services, will continue discussions with DMH and DPH-SAPC about expanding their engagement, and will also work with the Los Angeles Sherrif Department (LASD) and LASC to on ways to automate communication of disposition and the time calculations that inform the determination of release dates.</p>
<p><i>Step-down treatment capacity:</i> Currently, there is no singular system to identify all the available treatment beds in real time. Improved coordination and additional system capacity would support timely transition to lower levels of care, minimizing time in custody once the legal process has identified an individual as ready for release.</p>	<p>Update: No Update</p> <p>Next Step: CSIT continues to partner with departments to better understand how wait times can be reported and used to guide ongoing efforts. This includes identifying the cause of delays in placement into appropriate care.</p>
<p><i>Expanding Office of Diversion and Reentry (ODR) Housing Program capacity:</i> Without additional funding for expansion, new admissions to the ODR Housing program could be limited to ~70/month, risking delays, fewer diversions, and growth in the number of</p>	<p>Update: ODR continues to pursue funding to continue expansion once the ODR Housing program reaches 3,615 beds/slots at the end of this fiscal year.</p>

<p>people in the jail with severe or acute mental illness.</p>	<p>Next Step: CSIT, in coordination with ODR, justice partners, and the courts, continues to evaluate options to address the capacity limit in slots/beds for the ODR Housing program.</p>
<p><i>Expanding Behavioral Health Diversion Opportunities:</i> Timely diversion is often hindered by operational and geographic challenges, especially for in-custody clients, due to staffing constraints, limited jail access, and courthouse coverage gaps.</p>	<p>Next Step: CSIT will collaborate with JCOD, DMH, ODR, and DPH to assess the impact of existing programs on jail depopulation and identify opportunities to expand access, improve coordination, and secure sustainable funding. This includes evaluating the feasibility of expansion and operational shifts, exploring long-term funding strategies, and enhancing infrastructure and staffing models to better serve in-custody clients.</p>

Facilities

CSIT is working with departments to assess the operational impacts of demolishing MCJ, including the relocation of individuals and systemwide functions, and the infrastructure needed to maintain continuous jail operations.

An information matrix has been developed to better understand the core functions tied to closing MCJ and the scope of potential impacts. This matrix will guide collaborative discussions around core and ancillary functions.

Since CSIT’s fifth quarterly report, CSIT has also identified the core functions that could be moved offsite (i.e. Medical Records Office, Correctional Technologies Unit, Custody Investigation Services Unit) and those that are required to stay (i.e. Boiler Plant, Admin. Offices, IRC Housing).

CSIT is also conducting a deeper review of operations across LA County jail facilities to benchmark against the information matrix and inform recommendations that support continuous jail operations.

Next Steps

CSIT will use the information matrix to work with LASD and other County agencies, to develop scenarios that estimate the cost of replacing MCJ’s core functions and identify how current facilities can support jail closure.

Data Resources

CSIT has been working to establish a data infrastructure that supports data informed decision making. We continue to work closely with CIO, LASD, LAPD, LASC, and County health departments to collect and store data that can be linked for analysis and reporting.

The following progress has been made since our last report.

- DPH-SAPC: The MOU has been signed and CSIT is working with CIO and SAPC to ensure the infrastructure is set up to share and receive the relevant data.
- LASD: CSIT is working with LASD and the CIO on automating the transfer of the data files we currently receive.
- CHS/DHS: CSIT and CIO are working to review data files provided by DHS/CHS to determine if all the data is present.
- LASC: The data-sharing agreement for case-associated data elements is in the signature phase.

Gender Responsive Advisory Committee

CSIT continues to monitor and attend Gender Responsive Advisory Committee (GRAC) meetings. Since our last report, CSIT joined the November 13th GRAC meeting virtually to remain in alignment and communication with GRAC leadership.

While the GRAC is managing many Board priorities, it continues efforts to develop recommendations aimed at strengthening gender-responsive and trauma-informed programs and services for justice-involved individuals in Men's Central Jail and across County's jail system, with a focus on cisgender women; two-spirit, lesbian, gay, bisexual, questioning, transgender, gender non-conforming and intersex (2S-LGBQ+TGI) individuals and other vulnerable populations.

GRAC anticipates having recommendations by the end of the first quarter of 2026, which will be provided to CSIT for consideration to incorporate into the MCJ closure plan.

Policy Impacts

Since criminal justice policy is dynamic and constantly in flux, CSIT continues to monitor current and proposed policies to determine potential challenges and opportunities for our work. Namely, changes at the local, state, and federal levels continue to shift the landscape — such as Proposition 1, Proposition 36, and Medi-Cal eligibility.

Potential policy impacts on jail closure include:

- Funding shifts from Proposition 1 will impact funding for lower levels of care, outpatient services, and eliminate funding for prevention services.
- Increases in the jail population due to Prop 36 charges will continue straining progress in reducing the existing jail population.
- Failure to secure or renew the Institute for Mental Disease (IMD) Waiver may result in a loss of eligibility for treatment beds, impacting the release of individuals transitioning from jail custody.
- Increased court system strain and already limited staffing based on the anticipated impact of Senate Bill 43 is likely to affect release planning for individuals in jail custody.

A more detailed overview is provided in Attachment I.

Next Steps and Future Report Backs

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

1. Gather data to complete Component #2 of the Base Population Projection.
2. Continue to gather feasibility data and model the projected impact of expanding deflection and diversion from jail custody.
3. Continue to analyze data and conduct criminal case reviews to support early release, case disposition, and service navigation, as well as monitor outcomes of HEAL pilot and San Fernando Court pilot.
4. Continue medical chart reviews and data integration to determine capacity needs and identify bottlenecks.
5. Continue to assess the impact of existing programs on jail depopulation and identify opportunities to expand access, improve coordination, and secure sustainable funding.
6. Work with LASD and other County agencies to develop scenarios that estimate the cost of replacing MCJ's core functions and identify how current facilities can support jail closure.
7. Continue to identify the impact of budget curtailments, as well as legislative and policy changes on CSIT's mission.
8. Incorporate final GRAC recommendations, which are expected in the first quarter of 2026, in future CSIT reports.
9. Host additional community meetings in the Sylmar (Supervisory District 3) and Long Beach (Supervisory District 4).

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

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

Attachments

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

Community Safety Implementation Team (CSIT)

Sixth Quarterly Board Report Summary

Conditions for Closure

CSIT has identified certain conditions that are required to accomplish MCJ closure, including:

1

Increase opportunities for deflection and diversion.

2

Decrease unnecessary court appearances and increase early releases, where appropriate.

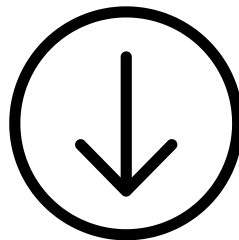
3

Determine appropriate community capacity of beds and services and improve post-release connections to care.

Jail Closure Framework

To facilitate the closure of MCJ, the framework will identify the:

- Specific actions
- Responsibilities of the appropriate stakeholders
- Estimates of associated costs
- The time required for the implementation of proposed strategies



Board Approval

Once complete and approved by your Board, the framework will serve as the foundation for an actionable implementation plan.

Implementation Plan

The implementation plan will be a practical, action-oriented guide for the execution phase.

Jail Population Projection

Component #1

Initial baseline projection results:

14,500

Estimated jail population in 2031 if all current conditions remain the same.

12,700

2021 projection estimate in 2025.

As of 10/7, jail population without Prop 36 population is 12,570.

Component #2

Estimates the impact of proposed reforms on future jail populations.

Proposed Reforms



Case Processing Reforms



Expansion of ATIs and Diversion Programs



Expansion of Mental Health Beds and Services



Reduction of Parole and Probation Violation Populations

CEO. Preventing New Inflow

Goal: Reduce the number of individuals entering County jail custody and, where appropriate, link them to community-based services.

Deflection and Diversion

In this report, CSIT focuses on the following programs that connect or have the potential to connect individuals to services rather than returning to jail custody:

- **Probation Post-Release Community Supervision (PRCS):** A post-custody pathway that connects individuals to treatment, housing, and supportive services to reduce jail recidivism.
- **Coordinated Optimal Rehabilitative Effort (CORE):** Serves adults with split sentences, allowing part of their term to be served under community-based supervision instead of in custody.
- **JCOD Supportive Release Program (JSRP) Pre-Arrestment:** Supports additional pre-arrestment releases by magistrate judges by assessing needs at booking, and developing proposed release plans to link participants to care and services.

Barriers



PRCS Violations

No metrics to understand why individuals abscond or commit technical violations.



CORE Program Limitations

Staffing shortages and behavioral health needs limit service navigation and transition support.



Transportation Gaps

Lack of transportation increases risk of absconding for those under mandatory supervision..



PARP Data Limitations

Magistrates only receive limited data (offense history, convictions) when determining release conditions.

Updates and Next Steps

1

PRCS Violations

Work with Probation to identify violations and reasons for absconding to reduce PRCS failures.

2

CORE Program Limitations

Monitor MOU between Probation and JCOD to improve use of JCSC for reminders and transport.

3

JSRP Rollout

Work closely with JCOD to explore JSRP's reach and ability to serve more eligible individuals.

4

PARP & JSRP Analysis

Track JSRP rollout, referral rates, and linkages to assess impact on jail inflow.

CEO. Shortening Length of Stay

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

Case Processing Pilots

To reduce the amount of time people spend in custody, CSIT is supporting two pilot initiatives aimed at accelerating case resolution and improving access to treatment:

Holistic Early Assessment and Linkage Program (HEAL): In December 2025, CSIT partnered with the Office of the Public Defender to secure funding for HEAL. This program supports attorneys in identifying and securing treatment placements when cases can be resolved through diversion or alternatives to incarceration. HEAL will launch at the Clara Shortridge Foltz Courthouse in early 2026.

San Fernando Pilot: Launched in September 2025 in partnership with the District Attorney and Public Defender Offices, this pilot identifies appropriate cases at arraignment for early consideration of treatment, diversion, or disposition.

Barriers



Expert Witness Delays

Delays of weeks or months in appointing behavioral health experts extend case timelines for people in custody.



Attorney Access to Clients

Jail lockdowns, staffing shortages, and unreliable video systems limit attorney access, causing extra court dates for in-person meetings.



Service Navigation Gaps

Attorneys must independently locate and coordinate treatment placements, adding significant time and delaying case resolution.



Electronic Evidence

The growing volume of digital discovery forces longer review times, delaying cases and requiring additional court dates.

Updates and Next Steps

1

Expert Witness Delays

PACE Workgroup completed initial assessment. CEO will identify options and funding to support streamlined expert appointment and compensation.

2

Attorney Access to Clients

CSIT is monitoring improvements to the Justice Video Conferencing Scheduling System. New scheduling software is in development, expected in 2027.

3

Service Navigation Gaps

CSIT and the Public Defender secured funding for the HEAL program, launching at Clara Shortridge Foltz Courthouse in Q1 2026.

4

Electronic Evidence

CSIT will work with prosecution and defense agencies in the Case Processing Workgroup to develop strategies for efficient digital discovery sharing and review.

CEO. Enhancing Community-Based System of Care

Goal: Fostering more community-based opportunities for diversion and release is essential to safely depopulating the jail.

Pathways to Diversion

Los Angeles County offers multiple pathways for court-ordered release into behavioral health treatment, designed to serve individuals with mental health and substance use needs at different stages of the legal process.

- Mental health diversion under Penal Code §1001.36 allows eligible clients to have charges dismissed upon successful treatment, while other routes include expert evaluations through the 730 process or program-based clinical assessments by ODR and RDP.
- Additional options include probation with treatment conditions and pretrial release to care, allowing services to begin while cases proceed.

These pathways lead to programs that serve various acuity levels, but challenges remain, including geographic limitations, fragmented screening processes, and funding constraints.

Barriers



Community Capacity

There is no single report that can be readily generated to identify an individual's clinical needs at/shortly after release



Step-Down Capacity

No singular system to identify the availability of beds in real time.



Warm Handoffs

Unpredictable release dates affect the ability to secure individualized follow-up and treatment coordination.



Expanding Behavioral Health Diversion Opportunities

Operational and geographic challenges, lack of sustainable funding, staffing constraints, and limited jail access hinder timely diversion for in-custody clients.

Updates and Next Steps

1

Identifying Needed Community Capacity

CSIT continues manual chart reviews with CHS, DMH, and DPH-SAPC. Next, data matching will assess insurance eligibility, care connections, and staffing needs.

2

Step-Down Capacity

CSIT is partnering with departments to understand wait times and causes of placement delays, guiding future system improvements.

3

Enhancing Warm Handoffs

CSIT is participating in CalAIM Implementation Team meetings and engaging DMH and DPH-SAPC to expand jail-based release planning. CSIT will also work with LASD and LASC to automate disposition and release date calculations.

4

Behavioral Health Diversion Expansion

CSIT will collaborate with JCOD, DMH, ODR, and DPH to assess program impact, explore expansion feasibility, secure long-term funding, and improve infrastructure and staffing.

Facilities

Goal: Develop a current understanding operational considerations and impacts of demolishing Men's Central Jail

Facilities

- CSIT is working with departments to assess the operational impacts of demolishing Men's Central Jail (MCJ), including the relocation of individuals and systemwide functions, and the infrastructure needed to maintain continuous jail operations.
- A matrix has been developed to better understand the scope of potential impacts and guide collaborative discussions around core and ancillary functions.
- CSIT is also conducting a deeper review of operations across LA County jail facilities to benchmark against the matrix and inform recommendations that support continuous jail operations.

Next Steps

CSIT will use data collected from LASD and other County agencies, along with the matrix, to develop scenarios that estimate the cost of replacing MCJ's core functions and identify how current facilities can support jail closure.

Data Resources

Goal: CSIT is working closely with the Chief Information Office (CIO) to match data, e.g., jail, court, and behavioral health, to facilitate data-informed decision-making:

Pending

SAPC

The MOU is in the signature phase. CSIT is working with CIO and SAPC to ensure the infrastructure is set up to share and receive the data.

Pending

LASD

CSIT is working with LASD and the CIO on automating the transfer of the data files we currently receive.

Pending

CHS

CSIT, DHS/CHS and CIO are working to validate the necessary data elements and determine the way the data will be shared.

Pending

LASC

The data-sharing agreement for case-associated data elements is in the signature phase.

Next Steps

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

1

Gather data to complete Component #2 of the Base Population Projection

2

Continue to gather feasibility data and model the projected impact of expanding deflection and diversion from jail custody.

3

Continue to analyze data and conduct criminal case reviews to support early release, case disposition, and service navigation, as well as monitor outcomes of HEAL pilot and San Fernando Court pilot.

4

Continue medical chart reviews and data integration to determine capacity needs and identify bottlenecks.

5

Continue to assess the impact of existing programs on jail depopulation and identify opportunities to expand access, improve coordination, and secure sustainable funding.

6

Work with LASD and other County agencies to develop scenarios that estimate the cost of replacing MCJ's core functions and identify how current facilities can support jail closure.

7

Continue to identify the impact of budget curtailments, as well as legislative and policy changes on CSIT's mission.

8

Incorporate final GRAC recommendations, which are expected in the first quarter of 2026, in future CSIT Reports.

9

Host additional community meetings in the Sylmar (Supervisory District 3) and Long Beach (Supervisory District 4).

Contents (By Heading):

1. *What to Expect from This Attachment*
2. *Jail Closure Framework*
 - a. Base Population Projection
 - b. Area of Focus: Preventing New Inflow
 - c. Area of Focus: Shortening Length of Stay
 - d. Area of Focus: Enhancing Community Based System of Care
 - e. Area of Focus: Facilities
3. *Barriers*
4. *Policy Impacts*

1. What to Expect from This Attachment

The following information is intended to be read in conjunction with prior report backs. It reflects information gathered to assess the potential impact of proposed strategies on reducing the jail population and advancing the closure of Men's Central Jail as part of the Community Safety Implementation Team's (CSIT) ongoing development and refinement of the Jail Closure Framework.

Progress since the last report back in October 2025, along with key barriers affecting this work, is summarized below.

Sections of this attachment are organized using a common structure that distinguishes between current work toward the goal, identified barriers, and planned next steps.

- **What is happening:** Describes the work currently underway to advance the goal of the section.
- **Why it is happening:** Identifies the barriers, constraints, or conditions affecting progress toward that goal.
- **Next steps:** Outlines what CSIT aims to accomplish in that area prior to the next report back.

This update is not intended to be a comprehensive account of all related activities, but rather a high-level overview.

2. Jail Closure Framework

As a strategic document, the framework will identify what needs to be done, outline specific actions, assign responsibilities to the appropriate stakeholders, provide estimates of associated costs, and provide the time required for the implementation of proposed strategies.

Once complete and approved by your Board, the framework will serve as the foundation for an actionable implementation plan. The implementation plan will be a practical, action-oriented guide for the execution phase.

Jail Population Projection

As discussed in previous reports, CSIT is updating the County's 2021 jail population projection, which includes two components:

1. Baseline projection: estimates the size of the jail population over the next five years under current demographic trends and criminal justice policies; and
2. Population Projection: estimates the impact of proposed reforms implemented over the five-year period.

As detailed in CSIT's [Fifth Quarterly Report](#) in October, projecting the population five years into the future is critical to the development of a solid plan to close the Men's Central Jail (MCJ).

Since criminal justice policy is dynamic and constantly in flux, projections are limited to five-years only. A further timeline and horizon would involve too many unknowns, require too many assumptions, thereby degrading the value of the forecast. Policy changes like Proposition 36, and events like COVID 19, make it impossible to accurately predict the future jail population.

CSIT's initial baseline projection estimated the jail population will rise to approximately 14,500 people by year 2031 if all current conditions remain the same. The projection is based on an analysis of the three key factors driving jail admissions (demographics, reported crime, and adult arrests).

CSIT continues to develop a projection to estimate the jail population if specific depopulation reforms are implemented. For expansions of existing efforts or new strategies, CSIT is working with departments to identify the specific populations in custody that each intervention would target and to estimate the resulting reduction in the jail population over a five-year period.

As described in CSIT's fifth quarterly report, CSIT expects that Component #2 will include the following proposed reforms that need to be implemented to close MCJ under the current directive:

- Expediting Case Processing
- Expanding Mental Health Beds and Services
- Expanding Alternatives to Incarceration (ATI) and Diversion programs
- Reducing the Parole and Probation Violation Population

Area of Focus: Preventing In-flow into the County Jail (Lever 1)

Goal: Reducing the number of individuals entering County jail custody and, where appropriate, linking them to community-based services.

To achieve that goal, we are working to:

Increase opportunities for deflection and diversion for people with low-level offenses and substance-use disorder (SUD) (e.g., Office of Diversion and Reentry (ODR) Law Enforcement Assisted Diversion (LEAD); Long Beach LEAD; Justice, Care, and Opportunities (JCOD) JCOD Supportive Release Program (JSRP) Pre-Arrestment, Los Angeles County Sheriff's Department (LASD) Intake Booking Diversion, the Probation's Post-Release Community Supervision (PRCS), and the Coordinated Optimal Rehabilitative Effort (CORE) Mandatory Supervision models.

CSIT continues to work with the relevant Departments to evaluate opportunities to increase deflection and diversion as described in our last Board report back. The last report provided information regarding programs that focused on deflecting people experiencing substance use disorder and an LASD diversion pilot during booking. In this report, we place concentration on the following programs that play a vital role in connecting individuals to services, or have potential to do so, rather than returning to jail custody:

- Supervised Community Release (Probation PRCS and CORE models); and
- JCOD JSRP-Pre-Arrestment

Supervised Community Release Options

What is happening (How people are being linked to services to prevent recidivism and rebooking):

CSIT's initial review of LASD snapshot data indicated that approximately 1,277 individuals were in custody on PRCS violations, which include violations of terms under which people are released from state prison custody. However, in subsequent conversations with the Probation Department PRCS Team, and upon review of regularly analyzed LASD data, CSIT discovered that the number of people in custody on any given day may be a significantly lower number (in the hundreds not thousands).

CSIT is reviewing Probation data and an LASD analysis to reconcile the data and determine a methodology that governs data pulls regarding this population and assessing effective ways to determine whether opportunities exist to reduce in-flow of this group of individuals.

Probation administers two types of supervised released programs that serve as responses to this population: the PRCS model and the CORE model.

Post-Release Community Supervision Program

Between October 2024 and October 2025, data from the Probation Department showed that an average of 84 people per month under PRCS failed to report to the department as required, leading them to be listed as absconding and in violation of their supervised release, which resulted in their return to jails custody.

PRCS is a program under AB-109 that applies to offenders who have received a state prison sentence for a qualifying non-serious, non-violent, non-sexual offense, and are released from state prison under Probation's supervision for a minimum period of six months to a period of 36 months. This program further serves as a post-custody pathway to reduce and prevent individuals returning to custody and getting individuals connected to treatment, housing, and other supportive services to reduce recidivism.

How PRCS Works:

The California Department of Corrections and Rehabilitation (CDCR) initiates the PRCS process by sending a pre-release packet to the County's Alhambra Pre-Release Center. At the center, co-located staff from Probation, the Department of Mental Health (DMH), and the Department of Health Services (DHS), conduct early screening and planning. They confirm eligibility, develop supervision conditions, and perform key screenings for mental health, substance use disorders, and medical needs. Based on each person's residence, staff assign them to the appropriate HUB Office. There, co-program staff—including Client Engagement and Navigation Services (CENS) navigators from Department of Public Health-Substance Abuse Prevention and Control (DPH-SAPC), DMH, and HealthRIGHT 360—work to connect individuals with housing, treatment, and social service benefits.

Upon release, individuals receive \$200 in supportive funds known as "gate money" and must report to their assigned HUB within two business days. At the HUB, staff conduct orientation, behavioral health screenings, Level of Service/Case Management Inventory (LS/CMI) risk assessments, and immediately connect individuals to emergency services such as housing, transportation, or identification documents. Probation continues supervision through regular check-ins, monitoring of conditions, linking individuals to services, and reviewing eligibility for earned discharge at six and 12 months.

When individuals fail to comply with PRCS guidelines, Probation utilizes response models that include non-custodial sanctions and custodial sanctions, such as flash incarceration or petitions for revocation. PRCS plays a role in reducing how many people enter (or re-enter) the County jail by providing service connections, identifying needs, and offering alternatives to punitive sanctions.

Mandatory Supervision

Mandatory Supervision under AB-109 applies to individuals receiving split sentences of incarceration followed by a period of mandatory supervision. If an individual violates the

terms of supervision, they are subject to revocation and a maximum custodial term in county jail of up to 180 days.

How Mandatory Supervision Works:

The Court set the terms and conditions of supervision at sentencing. Based on the Court's notification, Probation prepares for the individual's release, may attempt jail in reach to connect to transitional services, and initial reporting requirements. Upon release, individuals must report by the Court-assigned deadline to one of four HUBs: Antelope Valley, South Los Angeles, San Fernando Valley, Pomona Valley, or at the Community Transition Unit (CTU). At the HUB or the CTU, staff conduct orientation, perform LS/CMI assessments, and connect individuals to mental health services, substance use disorder treatment, housing resources, and other benefits as needed. Staff also complete a behavioral health screening to inform the development of each individual's case plan. Out of the four HUBS, JCOD is co-located at the South Los Angeles Area Office and provides transportation services to Probation clients.

Service providers staff the HUB(s), including HealthRIGHT 360 for housing assistance, DPH-SAPC and DMH for treatment linkages, and Department of Public Social Services for benefits such as General Relief, CalFresh, Supplemental Security Income, (SSI), and California ID cards.

JCOD is expanding its presence at all four HUBs to improve access and transportation support for participants. When individuals modify or violate supervised conditions, the Court reviews the case, and DMH and DPH-SAPC provide recommendations for treatment-focused alternatives.

After completing HUB orientation and screening, Probation assigns a Deputy Probation Officer (DPO) to supervise the individual. During the intake meeting, the DPO reviews mandatory supervision guidelines and expectations, verifies service engagement, creates a case plan, integrates two Carey Guides, and provides referrals to service providers. Once the DPO and individual complete the intake process, the individual begins formal mandatory supervision and case management continues.

If individuals comply without violations, supervision continues until expiration or may end early with Court approval. If violations occur, Probation files the violation, and the Court determines the appropriate response:

1. Admonishment or non-custodial sanction
2. Modified terms with continued supervision
3. Custody with continued supervision upon release; and

4. Custody completion to finish the sentence. Completion of Mandatory Supervision depends on expiration, termination, or the absence of further violation

Coordinated Optimal Rehabilitative Effort (CORE)

Between November 2024 and October 2025, data from the Probation Department showed that an average of 186 people per month, under adult CORE, were in custody due to a violation of their formal Probation supervision.

The adult CORE model applies to individuals that have been granted formal probation supervision by the Court as an alternative to incarceration. Probation supervision under CORE provides an offender with the benefit of supervision in the community by a Probation Officer.

How CORE works:

After receiving a felony conviction, offenders are given court-ordered terms and conditions of Probation to follow for a specified period of supervision, and once the individual accepts the terms, they must report to the nearest probation office. There, individuals receive a risk assessment, are provided with an orientation, and review the court's orders. A risk assessment is completed to determine the type of caseload the probationer will be assigned, then the probationer is given referrals for any required programs, such as drug treatment, community service, domestic violence courses, or sex-offender treatment. Low-risk individuals will utilize the kiosk reporting system on a monthly basis, while others are scheduled to meet with a probation officer. The probationer is responsible for complying with all court orders and probation instructions and, at any point during supervision, may be sent back to court for a progress report, notice of arrest, violation, desertion, or early termination. If they fail to appear, the court may issue a bench warrant. At the end of the probation term, the probationer may or may not be required to return to court for case closure.

Why it is happening (Barriers to preventing recidivism and rebooking):

There are factors that limit the PRCS system's capacity to reduce violations and affect individuals' compliance, which can result in a PRCS violation. Below are some of our observations:

- Individuals who fail to report within the first two days miss the critical window for meeting compliance, increasing their risk of absconding, or committing technical violations. Probation advises that individuals abscond for a variety of reasons that include but are not limited to declining to engage in offered social services, substance use and mental health needs.
- Currently, there are no metrics in place that assess the reasons why individuals are absconding, leading to an opportunity to create a screening process to learn more about those reasons and how they impact program compliance.

There are also factors that limit the mandatory supervision system capacity to reduce violations and affect individuals' compliance. These factors may result in a violation and impact a successful transition back into the community.

- Limited staffing reduces the capacity to provide meaningful interventions and service navigation, particularly for people with higher behavioral health needs and overall efficacy of the operations to support individuals successful transition into their communities to prevent recidivism.
- Transportation limitations and lack of participation in services made available by Probation and collaborative partners, under Probation or PRCS supervision, increase the risk of technical violations.

What we'll do next:

CSIT will continue working closely with Probation to develop a shared understanding of how to accurately identify and analyze the number of individuals with PRCS violations. From there, we will work together to determine if there is a need and opportunity to reduce PRCS violations.

CSIT is also tracking and monitoring the development of a Memorandum of Understanding between Probation and JCOD to support consistent and improved utilization of the JCOD's Justice Connect Support Center (JCSC) for individuals with appointment reminders and transportation needs.

CSIT and Probation will jointly review workflow gaps, supervision practices, and service linkages to ensure individuals are appropriately connected to behavioral health, housing, and stabilization supports that can reduce the likelihood of returns to custody.

JCOD Supportive Release Program (JSRP)

What is happening (How people are being deflected from jail custody prior to arraignment):

Based on the LASC's Pre-Arrest Release Protocol (PARP)¹ and associated bail schedule, an individual who has been arrested may be referred to a Magistrate to determine whether to release or hold that individual prior to arraignment based on a review of information provided.

The JSRP process begins at the point of arrest and booking, and it is essential to diversion and reducing jail admissions. The goal of JSRP is to encourage releases of individuals held in booking stations who may not otherwise be released by magistrate judges by creating seamless linkage to immediate and long-term services that magistrate judges could require as a condition of release, as well as to create opportunities for individuals being released from custody to enroll voluntarily in services.

¹ More information about the Pre-Arrest Release Protocol (PARP) and statistics regarding the outcomes of the program are available here: [Superior Court of Los Angeles County | Pre-Arrest Release Protocol \(PARP\) Dashboard](#)

Currently pilots are being implemented at the Lancaster Sheriff's Station and the Los Angeles Police Department's (LAPD's) Metropolitan Detention Center (MDC). At the onset, law enforcement arrests individuals who are then taken into custody and booked. From there, JCOD will engage potential participants in two primary ways: direct engagement at a participating booking station or through the JSRP direct phone line.

Upon contact, a JCOD representative will review and confirm whether an individual has been booked for a Magistrate Review (MR) offense using the LASC Pretrial Risk Evaluation Program (PREP)² portal. Magistrates review an individual's case with eligible charges within four hours after they are booked to determine if the individual can be released prior to arraignment and under what conditions.

After the JCOD representative reviews the PREP portal, the individual, if agreeable, will then undergo a screening process. The screenings may include any combination of determining the individual's need for emergency housing, substance use treatment, care management and phone check-ins with JCOD. Based on the screening results, a JCOD representative will complete a release plan and discuss the proposed plan with the individual, then determine if the individual would like to participate. If an individual agrees to participate and agrees with the release plan, the JCOD representative will submit an electronic copy of the release plan into the PREP portal for the Magistrate's consideration.

The Magistrate will then review the release plan and all relevant information, and will release the person with no or minimal conditions, release with supplemental conditions, or will deny release. When release is granted, JCOD will connect with the client to provide program orientation and instructions, and coordinate referrals and services as indicated on the release order.

Following the release, the JCOD representative will provide ongoing support, including service coordination³, court hearing reminders, and progress or non-compliance reports to the court as required or when requested.

Data made available by JCOD on the average of overall bookings, the number of individuals under Magistrate Review (MR) and the number of individuals released after MR shows an opportunity to increase pre-arraignment releases. On average between 10/1/2023 and 6/16/2025, MDC recorded 522 monthly bookings, with 48 people designated as MR and 13 being released, while Lancaster Station recorded 162 monthly bookings, with 31 people designated MR and 2 being released.

² The Los Angeles Superior Court PREP Portal is a software platform that allows a magistrate to remotely review information that that might be relevant to the magistrate's decision on whether to hold or release the individual. This information includes the arrest report, risk score, and additional information regarding an individual, which is provided by the arresting law enforcement officer.

³ Services include assessment and care management support, emergency housing, and transportation if applicable.

Why it is happening (Barriers to increasing the number of people deflected from custody prior to arraignment):

Currently, Magistrates only receive information about an arrestee's current offense and past criminal history, which includes failures to appear in court and criminal convictions, to determine whether to release or hold individuals.

Based on data provided by JCOD and LASC PARP dashboard, about five percent of individuals reviewed by the Magistrate are released Countywide, which highlights an opportunity to support the pretrial release of more individuals who may not otherwise be released by Magistrates.

By screening individuals under MR and submitting release plans for magistrate judges' consideration, JCOD JSRP seeks to increase the number of individuals released from custody, thereby stemming the flow of individuals into County jail.

What we'll do next:

CSIT is working closely with JCOD to explore JSRP's reach and ability to serve more eligible individuals. JSRP pre-arraignment rollout was launched on January 5, 2026. CSIT will work with JCOD regularly to monitor the program's rollout. This will be done by monitoring the number of magistrate releases, reviewing the referral and acceptance rates of the program, gathering details on the number of linkages made to community-based services, and determining the potential impact on the jail population to inform future recommendations about the program.

CSIT will also monitor and document operational challenges, assess opportunities to improve workflow efficiency, and evaluate impact of JSRP on releases and its impact on reducing jail inflow.

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

Goal: Decrease the amount of time individuals spend in custody while litigating their criminal case.

To achieve that goal, we are working to:

1. Resolve cases in a shorter timeframe
2. Decrease the number of unsentenced individuals in custody for more than one year
3. Increase the number of early releases

CSIT continues to work with the relevant Departments to evaluate opportunities to shorten the length of stay as described in our last Board report back. Our last report provided information on delays in expert appointments, attorney access issues, service navigation gaps and challenges with electronic evidence. In this report, we summarize the progress made in the targeted actions to reduce the time to resolve pending criminal cases.

1. Resolve cases in a shorter timeframe

Data Monitoring and Reporting

Much of CSIT's work to-date has been to determine the major contributors that delay the resolution of criminal cases — particularly in the absence of centralized, automated methods of pulling and analyzing case-level data. As of December 2025, the CEO and CIO are working closely with LASC to finalize a Data Use and Sharing Agreement (DUSA). The DUSA will provide access to data on the volume of continuances in the court system, trends in continuances across case types, the volume of diversions requested versus those granted, and the relationship between number of continuances and case outcomes. Analysis of this data will allow us to better identify case processing trends, reasons for continuances, and the impacts of proposed case processing interventions. The DUSA is in the signature phase.

Conducting Attorney and Professional Jail Visits via Video

CSIT continues to monitor progress on efforts to improve attorney and professional jail visits via video — specifically, the Justice Video Conferencing Scheduling System (JVCSS). The project to develop new scheduling software to improve reliability of attorney and professional video visiting appointments is underway and, per the Board-approved contract, is expected to be completed in 2027.

Appointment of Behavioral Health Experts

CEO concluded the initial task of the Professional Appointee Court Expenditure program (PACE) Workgroup. The PACE Workgroup assessed the current process for appointing and compensating expert witnesses retained by indigent defenders and recommended that the County develop specific recommendations for a new model to streamline the process, reduce wait times, improve case processing times, and better align fiscal and case management oversight (led by the LA Superior Court) with the legal representation function (led by the defenders). CEO is collaborating with impacted stakeholders to explore options for developing these recommendations. Additionally, CSIT is partnering with the Public Defender's Office on a model of facilitating behavioral health treatment placements through their Holistic Early Assessment and Linkage (HEAL) program. HEAL is described further below.

Locating and Accessing Treatment Beds and Services for Disposition of Legal Cases

Currently, defenders are tasked with identifying, securing, and managing the placement of their client into treatment. In effect, these duties become part of defense attorneys' workloads even though they require a skill set outside of traditional legal training. This non-legal work leads to months of delays, according to attorneys. From a case processing perspective, this lengthy process often results in additional court dates.

In December 2025, CSIT partnered with the Office of the Public Defender (PD) to secure \$1,428,000 in Care First Community Investment Funding (CFCI) for a program to speed up the handling of cases that are appropriate for mental health diversion or treatment dispositions. Developed by the PD's Office, the HEAL program aims to mitigate the delays associated with appointing expert witnesses and completing diversion reports that provide the basis of diversion, as well as to fill the gap in supporting attorneys to identify and obtain appropriate treatment beds when cases can be resolved through diversion or other alternatives to incarceration.

How HEAL Works:

- HEAL will embed a licensed Psychiatric Social Worker (PSW) in a felony arraignment courtroom to conduct comprehensive clinical assessments at the earliest stage of court proceedings.
- The PSW will interview clients in jail custody and evaluate whether they are appropriate for a referral to the ODR, JCOD's Rapid Diversion Program (RDP), or whether another alternative should be pursued. This structure ensures that mental health or substance use issues that may make the client appropriate for alternatives to incarceration are identified at the earliest opportunity and trial attorneys need not request a continuance to investigate this need. The embedded PSW can also determine at the earliest possible stage whether there are additional medical records that should be requested in support of the client's litigation strategy and initiate that process. While these are functions that are performed

by court-appointed experts, they are completed sooner through an embedded PSW.

- Two service navigators will work with the PSW to identify services quickly. The navigators will be from Partners for Justice but will also be embedded in the Public Defender's Office. They will manage the full scope of navigation and placement logistics, including identifying appropriate programs, confirming availability, coordinating referrals and screenings, and assisting with documentation and follow-up. If substance use disorder (SUD) is the primary diagnosis, the navigators will engage CENS for potential placement into DPH-SAPC's treatment provider network.
- This model is designed to shorten the time from arraignment to diversion, increase early case resolutions, and shorten jail stays by relieving attorneys of the administrative and clinical steps that currently delay treatment-based outcomes.

What we'll do next:

HEAL will launch in the downtown criminal courthouse (Clara Shortridge Folz) in the first quarter of 2026. CSIT will continue to work with the Public Defender's Office to refine performance targets that will guide implementation and report on progress.

2. Decrease the number of unsentenced individuals in custody for more than one year

Regular Review of Old Cases

Justice partners in the CSIT Case Processing Workgroup continue to meet and conduct regular reviews of open, in-custody cases that are more than one year old. While the effects of recently implemented case reviews efforts cannot yet be measured and correlated to impact on the County jail population, regular reviews of people detained on felony cases have been cited as a method of reducing length of stay for people in jail. For example, Buncombe County, North Carolina reduced their average length of stay for less serious felony cases by approximately 46 percent – from 125 to 67 days by conducting similar reviews.⁴

What we'll do next:

CSIT will continue to work with partners to further these reviews and measure the impact of current efforts. Additionally, the signing of the DUSA, mentioned above, will assist with leveraging data to determine the impact of regular reviews on overall case processing times for in-custody felony cases.

⁴ More information on Buncombe County's population management efforts are available here: [buncombecounty.org/common/Commissioners/20231107/Pre Safety %26 Justice Strategies and Grant Update ppt.pdf](https://www.buncombecounty.org/common/Commissioners/20231107/Pre_Safety_%26_Justice_Strategies_and_Grant_Update_ppt.pdf)

3. Increase the number of early releases

Pilot to Facilitate Early Release and Disposition

As noted in CSIT's last report back, CSIT worked with justice partners to establish a pilot focused on early releases and dispositions. In September 2025, the District Attorney (DA) and Public Defender Offices launched this effort at the San Fernando Courthouse.

The San Fernando Courthouse pilot "the pilot" is now underway and identifies appropriate cases at arraignment for early consideration of treatment or diversion, or disposition. Main components of the pilot include the following:

- Prosecutors and defenders begin plea discussions earlier, with leadership at each courthouse coordinating to expedite review of appropriate release options.
- In cases where there is no objection to mental health diversion, defense teams are locating appropriate treatment placements earlier in the case.
- When appropriate, individuals are released from jail directly to community-based programs — potentially within the first 30 days of the case — while their diversion motions proceed in court.
- For cases where there is agreement to resolve the case, each party agrees to proceed along that route. If the litigant chooses, they can "waive time" — in other words, pause the speedy trial clock — for a short period that is generally ten days or less to set a court date to conclude the case.
- If a litigant does not want an early disposition, they proceed along the customary route of having a preliminary hearing and do not waive time.

While these are all steps that can occur in any case, the key feature here is that the pilot conducts them much earlier than they typically occur later in the litigation process. For people who are in-custody, this means accessing these outcomes at the first one - two court appearances instead of later court dates.

Additionally, the Rapid Diversion Program (RDP), which is already active in seven other courthouses, expanded to the San Fernando courthouse in December 2025. As such, the prosecutors and defenders can now factor in the option of RDP for cases they review in San Fernando Courthouse. More specifically, as part of the San Fernando Courthouse pilot described above, the DA and PD representatives can now refer cases to RDP where individuals have mental health needs that may be eligible for community-based treatment or to other existing county services such as the DPH Substance Abuse Prevention and Control (SAPC) navigators—as early as arraignment, the first court appearance. As mentioned in our last report, the DA and PD Offices are currently partnering on the San Fernando pilot described above, with the aim of Alternate Public Defender and public defense offices joining the pilot as it grows.

Finally, as part of the pilot, the arraignment attorneys from the DA and PD offices have been trained to spot cases that are suitable for early resolution or diversion options, pairing these alternatives to incarceration with the earliest opportunity to refer in-custody people to them in court.

What we'll do next:

CSIT has initiated discussions with the justice partners to identify appropriate metrics to measure the impact of the pilot. CSIT will continue working with the partners to begin collecting data to inform continued implementation.

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

Goal: Increase community-based opportunities for diversion and release to treatment.

To achieve that goal, we are working to:

1. Determining Appropriate Community Capacity
2. Improving Warm Handoff and Post-Release Connections to Care
3. Expanding Behavioral Health Release Opportunities
4. Increase Step-Down Treatment Capacity

CSIT continues to work with the relevant Departments to evaluate opportunities to increase releases to treatment as described in our last Board report back. That report focused on identifying the number of treatment beds and services at each level of care that align with the needs of the jail population, strengthening warm handoffs to community-based services, and expanding ODR services for individuals at P3 and P4 levels, with consideration of expansion to P2s.

In this report, we focus on updates to this work, including efforts to determine appropriate community capacity to serve individuals in custody, improve post-release connections to care, and highlight barriers to releasing individuals experiencing mental illness or substance use disorder to treatment.

1. Determining Appropriate Community Capacity

What is happening (How we identify an individual's treatment needs at time of release):

To address the barriers identified in our last report, CSIT has been working with Correctional Health Services (CHS)/DHS, DPH-SAPC and DMH to review the information available in ORCHID, the County's electronic health record system, based on CHS/DHS documentation that identifies an individual's clinical history and needs at time of release. The goal is to understand what mental health and substance use disorder services are most clinically appropriate for the individual at the time of release.

Based on this information, CSIT has developed a rubric based on DPH-SAPC and DMH criteria for each level of care and the information available in ORCHID to identify the clinical needs of individuals leaving custody. CSIT is currently reviewing two months of data for the P2 and P3 populations, which refer to people in the jail with moderate and severe mental illness, respectively, to understand the overall clinical needs of this population. The clinical needs of the P4 population, people in the jail with acute mental illness, are available through other DMH and CHS data and does not require chart review.

The people designated P1 and those with no assigned P level would be served by outpatient non-specialty mental health services, outpatient SUD services, and primary care services, as applicable, and thus are not part of this chart review.

Why is it happening (Barriers to better identifying a person's needs at time of release):

The challenge continues to be the lack of a single report — or set of reports — that can be readily generated based on existing CHS, DHS, DMH, DPH-SAPC, and community-partner workflows to identify an individual's clinical and/or housing needs at the time of release, or those services that an individual receives after release.

CSIT continues to work with CIO and the departments to identify and integrate the available data on justice-involved across departments to better characterize, to the extent possible, the overall care that individuals are receiving through the system of care when they leave custody and re-enter the community.

What we'll do next:

This manual chart reviews of two months of cases and will help characterize the total amount of care or services needed and the cost of these services to support the closure of Men's Central Jail. While the chart review provides a picture of the clinical need, this information needs to be put into the context of the current system of care. After the clinical needs are identified, additional steps through data matching will be taken to understand the insurance eligibility (and thus financial responsibility) for these individuals, how to best connect these individuals to care (see release planning section), and special staffing/system of care considerations that might be needed to best serve those who are justice-involved. This is important to provide a clear picture of both the capacity and type of service that is needed to care for individuals transitioning from custody.

2. Improving Warm Handoff and Post-Release Connections to Care

What is happening (How people are connecting to care at the time of release):

CSIT has started attending the CEO's California Advancing and Innovating Medi-Cal (CalAIM JI) Implementation Team meetings to identify opportunities to improve post-release connections to care.

As a result, we have learned JCOD has executed a contract with HealthNet, with other Medi-Cal managed care plans (MCPs) soon to follow, to become a hub organization for Medi-Cal enhanced care management (ECM) services for adults leaving jail custody. This means for individuals who are eligible for the ECM benefit, JCOD will connect individuals who are eligible for the ECM benefit with a participating hub provider to provide them with ECM services. JCOD is launching this hub ECM service as a new option within its existing JCOD Care Management (JCM) program (formerly known as Reentry Intensive Case Management Services or RICMS). For adults leaving jail custody who are not eligible for ECM but are otherwise a good fit for care management, JCOD can arrange for these individuals to receive standard (non-ECM) care management services via its

JCM program. These care management services help ensure individuals can connect to the clinical care and social services that they need to reduce their likelihood of experiencing negative health and recidivistic outcomes. JCOD's JCM providers are best suited to provide care management to individuals with no P level or individuals who have a P1 designation, although some individuals at the P2 level may also be appropriate. Those with higher P levels are best served by other ECM providers who have specialization in working with individuals with serious mental health needs.

CSIT has also had preliminary conversation with DMH and DPH-SAPC about potential opportunities to expand engagement with individuals housed in the jail to support release planning.

Why is it happening (Barriers to connecting people to care at time of release):

The issue of unpredictable release dates continues to negatively impact the ability to secure concrete, individualized follow up (such as placement and/or an outpatient appointment) and thus, a subsequent warm handoff.

CSIT has learned that one of the reasons for unpredictable release dates is the fact that communication of disposition from the courts is a paper process. We are looking at ways to automate that process to reduce the problem, although it is not yet clear what impact this will have on the predictability of release dates.

What we'll do next:

CSIT will meet weekly with JCOD to better understand their role as a hub organization for Medi-Cal ECM service.

CSIT will continue discussions with DMH and DPH-SAPC about potential opportunities to expand their engagement with individuals housed in the jail to support release planning.

CSIT will work with LASD and LASC on ways to automate communication of disposition and the time calculations that inform the determination of release dates.

3. Expanding Behavioral Health Release Opportunities

What is Happening (How people experiencing mental illness or substance use disorder can be released to treatment)

Pathways to Release from Custody to Treatment

The three primary pathways to court-ordered release into behavioral health treatment, which include services for people with a mental health and substance use disorder, are below:

1. **Mental Health Diversion:** To be eligible for mental health diversion under Penal Code §1001.36, a Court must find that an individual suffers from a mental disorder that is included under the statute, and that the disorder was a significant factor in the commission of the charged offense. That determination can be established and presented to the Court in different ways and the selected route is driven by legal strategy. If a client receives mental health diversion and completes the corresponding treatment, their case is dismissed.
 - **Expert Appointment:** Defenders may request court approval to retain a court-appointed mental health expert to evaluate an individual's mental health condition as part of the legal case disposition and arrange a placement into a program or treatment. This could result in mental health diversion, or other case dispositions, including non-clinical diversion or probation with a treatment obligation, which are detailed below. Defense attorneys have reported that the mental health expert appointment process, known as the 730 process, results in significant delays for approved professionals on the PACE list, with some wait times stretching from six to nine months.
 - **Program Clinical Assessment:** For clients who ultimately receive court-ordered release into the care of a County program, the mental health evaluation can be completed by clinicians from the program, as in the case of ODR and JCOD's Rapid Diversion Program (RDP). These programs provide the evaluation required for mental health diversion, which is accepted by the Court in lieu of a 730-expert evaluation.
2. **Sentenced to Probation:** A client may be sentenced to a term of probation with one of the conditions being treatment. Other clients with substance use disorders, who do not have a mental health diagnosis included in Penal Code §1001.36, may be referred to programs, like JCOD Specialized Treatment for Optimized Programming (STOP), or SUD services, provided by DPH-SAPC treatment provider network. When a client's case is resolved with a sentence of probation and treatment is included as a condition, failure to comply with that treatment can result in a probation violation.

3. **Pretrial Release to treatment:** A client may be released into treatment while their case is still pending. This pathway allows individuals to leave jail custody and begin receiving services while awaiting the disposition of their case. It does not require an expert opinion and does not resolve the individual's case. This option can be initiated early in the legal process, including at arraignment or preliminary hearing. Individuals entering treatment through this pathway may not have a qualifying diagnosis, and mental health may not be the primary factor driving their involvement in the criminal legal system.

Behavioral Health Release Treatment Programs

Los Angeles County operates a range of behavioral health diversion programs that serve as alternatives to incarceration for individuals with mental health and substance use needs. These programs intervene at various points in the legal process, including pretrial, sentencing, and post-sentencing stages, and offer a range of treatment, housing and supervision options in lieu of custody.

The program a person is referred to begins with a determination by their counsel based on their behavioral health acuity (mental health and/or SUD needs), their charge eligibility and facts of their case.

Below are programs that provide diversion opportunities for people through the pathways detailed above:

DHS ODR Housing: The program, which receives ongoing funding, serves individuals in jail with severe or acute mental illness (typically people designated P3s and P4s). It provides court-ordered treatment and housing as an alternative to custody. ODR clinicians conduct mental health evaluations and prepare affidavits to support conditional release to community-based care. CSIT highlighted in its last report that ODR Housing is projected to reach full capacity in this fiscal year without additional funding. ODR Housing, which conducts screenings in jail, typically requires approximately nine days from referral to completion of the mental health evaluation used in court.

DMH Court Linkage Program: The program supports individuals with severe mental illness (some people designated P3s and P2s) who qualify for specialty mental health care. It connects clients to medically necessary services such as Full-Service Partnership (FSP) slots, Enriched Residential Services (ERS), and to the Community Reintegration Program (CRP), which refers to residential facilities.

Rapid Diversion Program (RDP): A JCOD program for individuals with lower-acuity mental health needs (P2s and below). It offers linkage to mental health and/or SUD treatment, case management, and service linkage through pre-plea diversion. RDP initiates screening in court as early as arraignment, allowing for immediate engagement at the onset of a case. RDP has diverted over 3,700 cases, with more than 1,100 cases dismissed since the program started in June 2019. In FY 25-26, as of October, the program diverted 815 cases.

However, the program operates in eight of 23 criminal courthouses — Clara Shortridge Foltz, Airport, Van Nuys, Long Beach, Compton, Lancaster, Pasadena, and San Fernando, leaving otherwise eligible clients with cases in the other fifteen courthouses in custody due to lack of access.

JCOD STOP: A JCOD initiative for lower-acuity individuals (people designated P2s and below). STOP provides structured treatment and support services that can be accessed as part of diversion efforts, or a court ordered sentence. STOP has the potential capacity to serve up to 400 individuals at a time; however, it currently lacks sustainable funding to operate at full capacity. Since its launch in January 2024, the STOP program has received 603 referrals, successfully placed 284 individuals, and as of December 2025, has 109 active participants. Currently, three program staff are responsible for conducting screenings across the County, traveling to the jail facility or courthouse where each referral is located, which requires up to ten days to complete its initial screening.

JCOD Supportive Release Program (JSRP): A program available for lower-acuity clients (people designated P2s and lower) pre-arraignment. JSRP offers linkage to substance use treatment, emergency housing, check-ins and case management services as a condition of release.

DPH-SAPC Client Engagement and Navigation Services (CENS) Navigators: Serves individuals with SUD (people designated P2s or lower). CENS Navigators assist with screening and placement into appropriate SAPC treatment programs. CENS navigator's provide SUD screening, referral, and navigation to DPH-SAPC's treatment provider network, and are currently co-located at 11 courthouses across Los Angeles County. Staffing levels at each site range from one to three counselors, depending on court volume. However, these locations do not cover all felony arraignment courts, where most in-custody clients are processed. The distribution of CENS sites is determined in part by departmental priorities and funding requirements, including a focus on coverage at DUI courts and those handling AB 109 cases. CENS can conduct screenings on the same day a referral is received.

Once referred to a particular program or department, individuals undergo a screening for potential admission to that program or treatment setting.

For in custody clients, these screenings can take place either in jail or in the courthouse lock-up.

Referrals to treatment programs can happen at different points in the legal process. Often, a referral is made before a motion is filed for diversion or release to treatment. Other times, a judge has already approved release into a specific type of treatment that the defender office must then locate.

Whichever order these steps occur, once both the referral and judicial approval are complete, the individual is released from custody and placed in the care of the department or agency that operates the designated program or treatment setting.

Programs begin engagement only after receiving a referral from counsel, which typically happens one to two months into a case. Once the referral is made, the program screening and admission process, which can take several weeks or even months, must be done prior to release.

Why is it Happening (Barriers to people experiencing mental illness or substance use disorder being released to treatment):

Screening Timeliness

Screening timelines and access vary across programs and, for in-custody clients, are impacted by operational and geographic limitations, including access to in-custody clients, courthouse coverage, program capacity, staffing limitations and funding constraints.

Jail Access

Some programs do not have jail access and must screen potential clients in court, which requires aligning with a court hearing. If a hearing does not align with an available screening opportunity, the person may have to wait in custody until their next hearing, typically scheduled 30 days apart, or an additional hearing may need to be scheduled. Both contributes to delays in the process.

Program Access

Some programs are only available at certain courthouses. For example, people do not have access to CENS if their case is being heard at a courthouse where CENS navigators are not co-located. Similarly, RDP is available only at eight of 23 courthouses, which leaves potential clients, who otherwise may be found suitable, accepted into the program and released from custody, remaining in jail due to lack of access.

Capacity, Staffing and Funding Constraints

Several programs are operating at or near capacity or rely on one-time funding with no current access to sustainable funding.

DMH CRP utilizes Olive Vista, a secure treatment setting, and River Community, a treatment setting serving people with co-occurring mental health and substance use disorder. The average wait time for Olive Vista is three to four months due to screening timelines and capacity issues. River Community is not currently accepting new referrals due to staff shortages, as a result of recruitment challenges. River Community, when accepting new referrals, is 60–90 days from

referral to entry. DMH is continuing to make efforts across their continuum of care to ensure that individuals are treated in the least restrictive appropriate placement that can meet their client's needs.

The JCOD STOP program operates on one-time funding, which has limited its ability to reach its potential capacity of 400 beds. STOP currently has three program staff who are responsible for conducting screenings across the County, traveling to the jail facility or courthouse where each referral is located. This limited staffing model, combined with the need to coordinate schedules across multiple courthouses and jails, contributes to delays in completing assessments.

JCOD Court JSRP, which receives ongoing funding, will eventually operate at three courthouses as part of JCOD's broader Pretrial Services initiative. It aims to provide structured, court-integrated alternatives to pretrial detention. However, despite its potential to reduce unnecessary jail stays, the program's limited availability due to lack of additional funding restricts access for many eligible individuals across the county.

CENS, which receives ongoing funding, provides SUD screening, referral, and navigation to DPH-SAPC services, and is currently co-located at 11 courthouses across the County. Staffing levels at each site range from one to three counselors, depending on court volume. However, these locations do not cover all felony arraignment courts, where most in-custody clients are processed. The distribution of CENS sites is influenced in part by departmental priorities and funding requirements, including a focus on coverage at DUI courts and those handling AB 109 cases.

What We'll Do Next

JCOD Rapid Diversion Program:

- CSIT, in collaboration with JCOD, is assessing the current impact of RDP on depopulation, as well as the feasibility and potential impact of expansion of RDP to additional courthouses, including high-volume felony arraignment courts, with a focus on locations that have high in-custody rates.
 - Expansion of RDP to additional courthouses has been limited by the lack of ongoing funding. Based on current estimates, expanding RDP to a new courthouse would require approximately \$2.78 million over three years, with Year one costs at \$575,000, Year two at \$920,000, and an ongoing cost at Year three of \$1,288,000.
- Since January 2025, 62 percent of RDP clients who were in custody at the time of assessment were found suitable for the program. CSIT is working with JCOD to identify strategies to increase jail releases into the program.

JCOD Specialized Treatment for Optimized Programming:

- STOP is currently operating under a one-time \$11 million allocation. Without new, ongoing funding, STOP will only be able to ramp up and serve up to 250 people a month until May 2026, at which point they would need to stop accepting new clients and wind down the program by December 2026.
- CSIT, in collaboration with JCOD, will explore ongoing funding opportunities to support the program continuing beyond December 2026, when current one-time funding is anticipated to conclude.
- CSIT, in collaboration with JCOD, is assessing the current impact of STOP on depopulation, as well as the feasibility and potential impact on the jail population of expanding to its potential capacity of 400 beds.

DMH - CRP

- CSIT, in collaboration with DMH, is assessing the current impact of CRP on depopulation, as well as the feasibility and potential impact of expanding contracts with additional facilities like Olive Vista.
- CSIT, in collaboration with DMH, is also assessing the feasibility and potential impact of expanding contracts with additional facilities like River Community, as well as identifying solutions to current staffing issues.

JCOD Supportive Release Program (JSRP)

- CSIT, in collaboration with JCOD, is assessing the impact of JSRP on the jail population.

DPH-SAPC CENS

- CSIT, in collaboration with DPH-SAPC, will assess the feasibility of adding or adjusting staffing models to include felony arraignment courts to increase access to in-custody clients.

Area of Focus: Facilities

Goal: Replacing Countywide Jail Functions and Renovating Unused Facilities

CSIT continues to work with the Los Angeles Sheriff Department (LASD) and other County agencies to determine feasibility, cost estimates and effort required to ensure adequate and appropriate facilities to support the closure of MCJ (see [Fifth Quarterly Report](#)) including the following:

1. Relocation and replacement of jail functions currently housed at MCJ that support operations of the County's correctional system. Renovation of unused facilities to supplement depopulation strategies and support closure of MCJ.

Over the past several months CSIT has also gained a better understanding of the core functions tied to closing MCJ, including developing an information matrix of the systemwide functions needed to maintain continuous jail operations. The information gathered for the matrix is based on previous reports focused on the closure and demolition of MCJ. CSIT has also identified the core functions that could be moved offsite (i.e. Medical Records Office, Correctional Technologies Unit, Custody Investigation Services Unit), and those that are required to stay (i.e. Boiler Plant, Admin Offices, IRC Housing)

This information in the matrix provides a high-level overview of the potential costs associated with both the replacement of the systemwide functions and the potential renovation of unused facilities. These estimates incorporate projected construction costs based on current market conditions.

Additionally, the information matrix also allows us to better understand how the various facilities in LA County may be utilized to meet the pathways for closure of MCJ, as identified in the [Fifth Quarterly Report](#).

Determining the final costs for replacing the systemwide functions and renovations of any unused facilities will require partnering with Public Works to initiate a contracting process for architectural and engineering services.

Next Steps:

Our next steps involve using the data collected from the LASD and various County agencies, along with information from the matrix, to develop scenarios. Each scenario will include estimated cost replacement of core functions housed at MCJ and ways current facilities can support jail closure.

3. Data Resource Barriers

CSIT has been working to establish a data infrastructure that supports data informed decision making.

We continue to work closely with CIO, LASD, LAPD, LASCT, and County health departments to collect and store data that can be linked for analysis and reporting.

The following progress has been made since our last report:

- **DPH-SAPC:** The MOU has been signed and CSIT is working with CIO and DPH-SAPC to ensure the infrastructure is set up to share and receive the relevant data.
- **LASD:** CSIT is working with LASD and the CIO on automating the transfer of the data files we currently receive.
- **CHS/DHS:** CSIT and CIO are working to review data files provided by DHS/CHS to determine if all the data is present.
- **LASC:** The data-sharing agreement for case-associated data elements is in the signature phase.

4. Policy Impacts

CSIT continues to monitor the impact of new legislation on our mission. Additional impacts reported since our last update are summarized below, including CalAIM, Measure A, and Measure H.

Proposition 1

DMH reports having significant impacts. DMH reports the 30 percent funding shift to housing supports will impact funding for lower levels of care, outpatient services, eliminate funding for prevention services, and the department anticipates curtailments that will impact other programs. DHS-ODR reports that they will need to make operational adjustments for MHSA/BHSA funded programs.

Proposition 36

County departments report notable operational and fiscal impacts associated with the increased jail population.

The PD reports that as of November 13, 2025, there were 1,013 people incarcerated in County jail on Prop 36 charges, reflecting the increase in the jail population since the passage of Prop 36.

CHS reports that the jail population increase due to Prop 36 has led to higher costs for services and medical supplies.

ODR reports that a greater number of people with low-level offenses are in custody resulting in an increased number of referrals from the jail population.

DPH-SAPC reports that the 2025–2026 California State Budget provides \$100 million in one-time general funds, but no clear direction on fund utilization and availability has been provided, nor whether the funds will support behavioral health needs or other expenses.

JCOD reports that it is continuing to evaluate the overall impact of Prop 36 to determine if they've received a rise in referrals due to the increased number of individuals in custody in combination with the new treatment mandates for the new felony charges.

Senate Bill 43

With SB43 becoming operational on January 1, 2026, County departments report a number of anticipated operational impacts.

The PD anticipates a substantial increase to Lanterman-Petris-Short (LPS) Act conservatorships petitions, which will impact an already overwhelmed Mental Health Court. The influx of petitions may result in the inability to shift existing staff from the trial courts to Mental Health Court to accommodate the increase.

The LASD reports the need for training of field personnel (first responders) on the revised, expanded definition of “gravely disabled” and the identification of observable conditions that warrant one being detained/held.

Assembly Bill 1231

AB 1231 is currently pending in the California State Assembly and may be re-considered as early as January 2026.

The CHS reports that this bill has the potential to have a positive impact on the CHS budget.

The PD reports that the bill could reduce length of stay by assisting with case processing, as low-level felonies would be eligible for diversion without the requirement of a mental health evaluation.

JCOD has been working with CEO-Legislative Affairs and Intergovernmental Relations (LAIR), your Board, the Department of Economic Opportunity (DEO), and others to better understand how JCOD can be supportive by provide these services through various JCOD programs.

SAPC reports that AB 1231 may require additional workload and staff time to support an increase in utilization of diversion programs.

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

DMH continues to note that BH-CONNECT offers an IMD waiver opt-in that would allow federal Medicaid dollars to cover specific and time-limited services in IMDs. This presents a new opportunity for DMH, which currently must fund services delivered in IMD settings to eligible members regardless of ability to get reimbursed. DMH is evaluating the restrictions and requirements of the waiver.

DPH-SAPC approximates 95 percent of its residential SUD treatment beds are in IMD facilities and currently are eligible for Medicaid reimbursement under the Drug Medi-Cal Organized Delivery System (DMC-ODS) IMD Exclusion waiver, which expires December 2026. If not renewed, these beds would lose eligibility, putting an estimated \$189 million in Medicaid reimbursement at risk and significantly impacting individuals transitioning from institutions.

DPH-SAPC has an established a process for transitioning individuals on release from custody to SUD treatment as part of the CalAIM Justice-Involved Initiative. When LA County correctional facilities go live with in-facility Medi-Cal covered services provided to individuals within 90 days of release (also part of the CalAIM Justice-Involved Initiative), SAPC will work with CHS to facilitate the delivery of in-facility SUD services.

The CHS reports that the IMD Exclusion prevents the County from recouping fees for services provided in the jail. If modified to allow federal funding, this could have a significant positive impact on the CHS budget.

CalAIM JI

California Advancing and Innovating Medi-Cal Justice-Involved (CalAIM JI) Initiative is a Statewide initiative to modernize and improve services for the justice-involved population. It focuses on care by integrating medical, behavioral, and social services, particularly for individuals with complex needs. The program aims to improve coordination and prevention and to promote equity in healthcare across the State.

The County has received CalAIM JI PATH funding and DHS/CHS will be going live on or before September 30, 2026. CalAIM JI PATH funding will support initial implementation; however, additional resources will be required for implementation going forward.

County health departments have spent the last two years preparing to implement CalAIM JI this fiscal year. This program provides an opportunity to bill for 90-day pre-release services. This will allow Departments to bill for services provided in custody before release and build stronger warm hand-off connections to treatment upon release.

DPH-SAPC reports that the CalAIM JI Initiative will provide behavioral health linkages to individuals leaving the State prison and County jail systems. DPH-SAPC's treatment network will receive and process virtually all post-release SUD requests from correctional facilities statewide and locally, once the LA County jails implement CalAIM JI 90-day pre-release services, for individuals returning to the County.

DPH-SAPC reports that the implementation of CalAIM JI 90-day pre-release services will lead to increased referrals to DPH-SAPC's SUD provider network. Currently, only a portion of incarcerated individuals in the jails are referred to SUD services. The non-renewal of the CalAIM Section 1115 Waiver would significantly impact CalAIM programs, jeopardize the County's safety net system, impact hospital and clinic operations, potentially lead to closures, and reduce revenue for pre-release programs and housing support.

Measure A

Measure A, a countywide half-cent sales tax approved in November 2024, funds homelessness services, affordable housing production and preservation, and prevention efforts for people experiencing or at risk of homelessness. It replaces Measure H with a larger half-cent sales tax, aimed at sustaining and increasing the funding needed to continue the programs Measure H initiated.

In FY 2026–27, DMH anticipates a loss of approximately \$5.5 million in Measure A funding, affecting 24 positions and support for various homeless services programs. While one-time MHSA/BHSA funds may temporarily backfill this gap, DMH must prioritize funding for entitlement programs and services mandated by settlement agreements.

As DMH's revenues are relatively static, the department anticipates having to use temporarily use one-time reserves to address ongoing needs. The expected impact on discretionary programs may not be avoidable in the long term.

DPH-SAPC reports that Measure A currently funds 550 Recovery Bridge Housing (RBH) beds and other supportive services for people experiencing homelessness who are exiting institutions, including jails, hospitals, SUD residential treatment, etc. RBH is a peer-supported recovery-oriented interim housing where individuals can stay up to 12 months while concurrently enrolled in outpatient SUD treatment. People exiting the jail are eligible for the Measure A funded RBH beds.

However, the most recent draft Measure A spending plan eliminates CENS funding for FY 26-27, which would lead to a reduction of supportive services for justice-involved individuals in permanent supportive housing sites.

CSH reports that any efforts to reduce homelessness can have a positive financial impact on CHS by reducing jail population and the need for services to be provided in the jail.

JCOD notes that expanding housing options that provide off-ramps from incarceration is critical in supporting people involved in the criminal legal system and essential to their success once released.

Measure H

Measure H is a quarter-cent sales tax approved by Los Angeles County voters in March 2017, dedicated to funding countywide homelessness strategies, including housing, outreach, behavioral health services, and supportive programs for people experiencing homelessness. This measure is set to expire in 2027.

PD reports a substantial reduction of positions for criminal record-clearing under Measure H, with a third of the positions eliminated.

Appendix: Acronyms

ACR - Alternative Crisis Response
ACR - Alternative Crisis Response
AJIS – Automated Justice Information System
APD – Alternate Public Defender
ATI - Alternatives to Incarceration
BHSA - Behavioral Health Services Act
CalAIM – California Advancing and Innovating Medi-Cal
CDCR - California Department of Corrections and Rehabilitation
CENS - Client Engagement and Navigation Services
CEO – Chief Executive Office
CEO-LAIR - Chief Executive Office-Legislative Affairs and Intergovernmental Relations
CFCI - Care First Community Investment Funding
CHS - Correctional Health Services
CIO - Chief Information Office
CORE - Coordinated Optimal Rehabilitative Effort
CR - Cite and Release
CRP – Comprehensive Release Plan
CSIT – Community Safety Implementation Team
CTU - Community Transition Unit
DA – District Attorney
DEO - Department of Economic Opportunity
DHS – Department of Health Services
DMC – Drug Medi-Cal
DMC-ODS - Drug Medi-Cal Organized Delivery System
DMH – Department of Mental Health
DOJ – Department of Justice
DPH – Department of Public Health
DPH-SAPC - Department of Public Health-Substance Abuse Prevention and Control
DPO - Deputy Probation Officer
DUSA - Data Use and Sharing Agreement
ECM - Enhanced Care Management
EDP - Early Disposition Program
ERC – Enriched Residential Care
ERS - Enriched Residential Services
FSP - Full-Service Partnership
GRAC – Gender Responsive Advisory Committee
HEAL - Holistic Early Assessment and Linkage
HMA – Health Management Associates
HOH - High Observation Housing

IBD – Intake Booking Diversion
IDCO - Independent Defense Counsel Office
IMD - Institute for Mental Disease
IRC - Inmate Reception Center
IRP – Initial Release Plan
ISAB – Information Systems Advisory Board
ISLG – Institute for State and Local Governance
IST – Incompetent to Stand Trial
JCM - JCOD Care Management
JCOD - Justice, Care, and Opportunities
JCSC - Justice Connect Support Center
JSRP - JCOD Supportive Release Program
JVCSS - Justice Video Conferencing Scheduling System
LAPD - Los Angeles Police Department
LASC - Los Angeles Superior Court
LASD - Los Angeles Sherrif Department
LPS - Lanterman-Petris-Short (Act)
LS/CMI - Level of Service/Case Management Inventory
MCJ – Men’s Central Jail
MCOT - Mobile Crisis Outreach Team
MCPs - Medi-Cal managed care plans
MDC - Metropolitan Detention Center
MOH - Moderate Observation Housing
MOU – Memorandum of Understanding
MR - Magistrate Review
ODR - Office of Diversion and Reentry
PACE - Professional Appointee Court Expenditure program
PARP - Pre-Arrestment Release Protocols
PD – Public Defender
PFJ - Partners for Justice
PRCM - Patient Reentry Case Management
PRCS - Post Release Community Supervision
PRD - Predicted Release Dates
PREP - Pretrial Risk Evaluation Program
PSW - Psychiatric Social Worker
RBH - Recovery Bridge Housing
RDP - Rapid Diversion Program
SAPC – Substance Abuse, Prevention and Control
SBAT – Service Bed Availability Tool
SRTS – Service Request Tracking System
STOP - Specialized Treatment for Optimized Programming

SUD - Substance Use Disorder
USDOJ – United States Department of Justice