Developing Los Angeles County’s Plan for Justice-Impacted Women

Women in jail are the fastest growing correctional population in the country—increasing 14-fold between 1970 and 2014. But despite growing efforts to reduce the numbers of incarcerated people, there is surprisingly little research on why so many more women wind up in jail today.

Jurisdictions across the country are designing programs to divert people away from jail based on an understanding that it often fails to address the root causes that brought people into contact with the justice system. However, almost all of these alternative responses stem from research on men in jail.

A 2016 report by the Vera Institute for Justice found that like men in jail, women in jail are disproportionately people of color, overwhelmingly poor and low-income, survivors of violence and trauma, and have high rates of physical and mental illness and substance abuse.

Significant research has found that a woman’s risk of recidivism is better predicted by her unmet needs than by her criminal history. These needs commonly
include financial instability, lack of work opportunities, inadequate physical and mental healthcare, underdeveloped parenting skills, and unsafe personal relationships. Incarcerated women benefit from rehabilitation services that address the history of abuse and neglect that most have experienced. Researchers have known for decades that the majority of incarcerated women have severe and cumulative histories of physical and sexual abuse, many that started in childhood. The multiple mental and physical health needs that women experience require complex treatment that the limited mental health resources in jail are often unequipped to handle, risking further deterioration as a result of the volatile jail environment and separation from any community care or support. Cumulative trauma creates pathways to crime for victims, including crimes of poverty, crimes committed as a result of abuser coercion, crimes committed against abusers, and substance abuse crimes. Public safety is improved when women recover from abuse because it directly treats several pathways to crime.

Maintaining relationships with friends and family on the outside is challenging for incarcerated women, but having these relationships promotes rehabilitation. Incarcerated mothers who receive visits from their children are less likely to engage in violence and to recidivate. Further, most children of incarcerated mothers lived with their mother at the time of arrest, and as such maternal incarceration often disrupts a child’s home life and sense of security. Children of incarcerated mothers have better behavioral outcomes when they can visit their mothers in jail. And visitation is also associated with healthier outcomes, like higher scores for wellbeing.

For these reasons, jurisdictions including Brooklyn, New York, and Oklahoma City are, for example, creating family treatment centers as diversion centers for women
with children, so women are not incarcerated, and are able to receive treatment while maintaining their family unit. These programs, which are in proximity to their home communities, and allow frequent visitation, family stability, and family bonding, along with other gender-responsive initiatives, have shown very promising outcomes.

The Vera Institutes report also found that most women are jailed for low-level, nonviolent offenses. Notably, as documented in the report *Bias Behind Bars* by the Women’s Foundation of California, women are twice as likely to be incarcerated for petty theft and 63 percent more likely to be incarcerated for simple drug possession than men.

In fact, in Los Angeles County the five most common charges that women are facing are: possession of a controlled substance; driving on a suspended license or without insurance; theft, shoplifting, or larceny; failure to appear in court; or driving under the influence.

Studies have shown that the direct and collateral consequences of even a short stay in jail make incarceration even more difficult for women. And while time in jail or prison is destabilizing and traumatic for anyone, for many women the sheer impact of an arrest—let alone incarceration—can extend that instability and trauma to the children, communities, and entire family networks who rely on them.

Additionally, women are less likely than men to be able to find employment or stable housing upon release. However, successful reintegration of women into their communities is essential not only for them but also for their children and families. This even includes gender-responsive approaches to community supervision, including access to effective and tailored treatment.
Significantly, in the last several years, legislation from the State, as well as County efforts have impacted the jail population, and have the potential to decrease jail populations in the County. For instance, Proposition 47 and Proposition 64 allow for resentencing of certain offenses, and will likely lead to reductions in the jail population. Proposition 64 also includes millions of dollars dedicated to the development and capacity building for diversion from jail, reentry and supportive services for all ages that LA County has not accessed. Additionally, bill such as SB 180 the Repeal of Ineffective Sentencing Enhancements repealed a three year sentencing enhancement a person received for each prior drug conviction on their record.

Since March 2017, the County has been working on developing a comprehensive pretrial bail reform model that has the potential to decrease our pretrial jail population. The County’s model has yet to be fully developed and implemented. With over half of the population of women in Los Angeles' jails detained pre-trial, there is an opportunity to make significant reductions in the overall jail population through a public health approach to pretrial diversion that partners with community based organizations with experience serving people with justice-system involvement.

Additionally, since 2015, this Board has significantly increased the investment in the services and infrastructure that are needed to reduce the number of people that come into our jails through investment in permanent supportive housing, and the continuum of care along the spectrum of treatment necessary to impact the growing population of people with mental health needs in the jails; specifically substance use programming, mental health services, social services/case management and housing.
The County has also invested intentionally in programming to support diversion from jail, reentry, and rehabilitative services to reduce recidivism in the County. In 2015, this Board created the Office of Diversion and Reentry (ODR). The mission of ODR includes coordinating the community based and County resources necessary to maximize the capacity for needed services for justice involved individuals and people with mental health needs. The Office of Diversion and Re-Entry has since tested and implemented community partnerships and programs that demonstrate significant promise towards the County and the community’s vision of reducing the population in the jails. ODR’s efforts have resulted in the removal of almost 2,800 people with mental health needs from within the LA County jail system.

In August 2018, the Board passed a motion instructing ODR and other relevant County agencies to conduct a study and develop a plan to scale up diversion and reentry efforts for people with serious mental health and/or substance abuse clinical needs.

And in December of 2018, the Supervisors passed a motion instructing the county to allocate more resources towards diversion of pregnant women in CRDF to community based alternatives coupled with mental health and substance use treatment. The impact of these programs on the jail population as a whole, but most specifically the women’s jail population, has yet to be evaluated and optimized.

Given the dramatic changes that have taken place nationally, across the state, and most importantly, within Los Angeles County, we are long overdue for a targeted study of who these women are and what works to put them and their families on a path towards maintaining healthy, stable, and productive lives in their communities.
WE, THEREFORE, MOVE that the Board of Supervisors direct the Office of Diversion and Reentry’s (ODR’s), with consultation of the Los Angeles Sheriff’s Department, the Department of Mental Health, Department of Public Health, Department of Health Services, Department of Children and Family Services, Workforce Development, Aging, and Community Services, the Homeless Initiative, The Women and Girls Initiative, the Courts, Office of the Public Defender, Office of the Alternate Public Defender, the Probation Department, the District Attorney, the Chief Executive Office, County Counsel, the Center for Strategic Public-Private Partnerships, community-based service providers and community stakeholders, including those who have been impacted by these systems, and other relevant stakeholders, to

1. Report back to the Board in writing in 180 days and every 90 days thereafter, until completion, with study of the unique pathways that result in the arrest, prosecution, and incarceration of women.

   a. This analysis should include administrative data to shed light on drivers of admissions, length of stay, and the average daily jail population of women;

   b. And identify existing and needed holistic programming and services for women and their families based on best practices, and practical solutions to keep women out of the criminal justice system and out of jail, including an assessment of the number of women in our County jail system who could be served by diversion programs.

   c. This study should include particular analysis of disparities for women of color, LGBTQ and gender-nonconforming women.
d. This study should also center on the perspectives of women who have lived experience with the local justice system to identify the specific challenges women face in Los Angeles County’s criminal justice system and develop strategies and solutions to change the trajectory of their involvement from arrest to community supervision and reentry.

2. Authorize the Director of ODR, or his designee, to hire a consultant with relevant expertise to support ODR in the development of this study.

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