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FESIA A. DAVENPORT
Chief Executive Officer

May 16, 2022

To: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Lesley Blacher, Acting Executive Director *LB*
Jail Closure Implementation Team

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Third District

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JAIL CLOSURE IMPLEMENTATION TEAM – SECOND QUATERLY REPORT (ITEM NO. 27, AGENDA OF JUNE 22, 2021)

In response to the Board of Supervisors (Board) approved motion to create the Jail Closure Implementation Team (JCIT) to depopulate and close the Men's Central Jail (MCJ), the Chief Executive Office (CEO) first reported to your Board on July 14, 2021, outlining the efforts to create JCIT. On November 16, 2021, 60 days after becoming operational, JCIT filed its first status report, and on February 11, 2022, JCIT filed its first quarterly report. As directed by your Board, JCIT is submitting this second quarterly report to provide updates on the status of the directives from your June 22, 2021, motion.

On March 1, 2021, your Board adopted a motion to create the Justice, Care and Opportunities Department (JCOD), and directed JCIT's jail depopulation efforts to continue within that structure. As JCOD develops and the plans for the department are finalized, JCIT will continue to provide quarterly updates.

The attached Supplemental Quarterly Report discusses JCIT's current activities and planning processes (see Attachment I). A separate document outlines JCIT's Priorities providing a high-level overview of the goals and strategies that will guide our work over the next several months, particularly as JCIT transitions to JCOD (see Attachment II). The last two attachments are communication materials discussing the current jail population and what is required to depopulate and eventually close MCJ (see Attachments III and IV). A few of the highlights from the quarterly report consist of the following:

Jail Population Reduction Strategies:

- JCIT is implementing a Custody Alternative Team (CAT) comprised of justice partners to target and recommend cases to the Court for release consisting of those detained on pretrial status, as well as post-sentenced individuals that could be better served and supervised in the community with the necessary services and supports.
- JCIT is committed to supporting the development and buildout of a robust system of care and exploring clinical referral pathways out of the jail to alternative settings, including both locked and community-based mental health care facilities that are clinically staffed to serve a broad continuum of mental health care needs.
- JCIT continues to work closely with the Gender Responsive Advisory Committee to enhance the quality of care and programming for those detained in jail and is in the process of procuring a consultant to conduct a population study of the Century Regional Detention Facility and the K6G units at MCJ to improve services and programming.

Reentry and Release Planning Through a Countywide System of Care Expansion:

- JCIT has committed two-years of Care First Community Investment funding to expand interim housing, substance use disorder (SUD), mental health services, and intensive case management services, resulting in 286 interim housing beds and supportive services and approximately 850 SUD encounters.

Administrative Infrastructure:

- JCIT will continue to support and direct legislative advocacy that impacts jail operations, depopulation, reentry planning and proposals consistent with the County's "Care First, Jails Last" priorities.
- JCIT has developed, in coordination with CEO Communications, information materials discussing jail closure efforts that define the roles and responsibilities of the important entities necessary to facilitate jail closure.

JCIT will continue to work with the Board Offices, County departments, Board-established initiatives, and community stakeholders to advance the activities discussed in the Supplemental Quarterly Report and supporting materials.

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The next status report will be provided in 90 days. Should you have any questions, please contact Lesley Blacher, Acting Director, Jail Closure Implementation Team at (213) 434-4270 or lblacher@ceo.lacounty.gov.

FAD:JMN:LB
GE:SM

Attachments

c: Executive Office, Board of Supervisors
 County Counsel
 District Attorney
 Sheriff
 Alternate Public Defender
 Health Services
 Internal Services
 Mental Health
 Probation
 Public Defender
 Public Health
 Public Works



SUPPLEMENTAL QUARTERLY REPORT

The Jail Closure Implementation Team (JCIT) submits the following additional information to supplement the second quarterly report to your Board of Supervisors (Board) and to provide specific details about recent jail depopulation efforts and JCIT's Priorities, which outline the goals and strategies that will direct JCIT's work during this interim phase before the Justice, Care and Opportunities Department (JCOD) is fully operational (see Attachment II).

Jail Population Reduction Strategies

The County's jail population has decreased by approximately 13 percent since JCIT began tracking custody data in September 2021. The population reduction can be largely attributed to reduced COVID-19 infections and the California Department of Corrections and Rehabilitation's resuming regular intake of people sentenced to State prison. As previously reported, JCIT facilitated discussions with State representatives to obtain a commitment to resume transfers out of local custody. While there has been some decrease in the pretrial and partially sentenced populations, there has been a considerable increase in the number of parole revocations¹ and people awaiting placement to a mental health hospital.² JCIT is meeting with County partners to explore available options to quickly resolve parole revocations. Due to the concerning increase in the number of people awaiting placement in a mental health hospital and the State's reported lack of available beds to support that population, it is becoming apparent that investment to support the local development of locked and secure mental health treatment facilities, as well as community-based mental health treatment, will be required to provide a continuum of mental health care necessary to support this population outside of the jail. JCIT will continue to monitor the jail population to better inform where to direct County efforts to achieve sustained population reductions.

	9/15/2021	5/11/2022	Number	Percentage
PRETRIAL INMATES (Sentence Status 1)	6,612	6,025	-587	-8.88%
PARTIALLY SENTENCED (Sentence Status 2)	3,102	2,879	-223	-7.19%
COUNTY SENTENCED INMATES (Sentence Status 3)	781	856	75	9.60%
N3 PARTIALLY SENTENCED (AB109)	68	75	7	10.29%
FULLY SENTENCED N3 (AB109)	757	870	113	14.93%
STATE PRISON INMATES (SP 1-4)	2,728	1,087	-1,641	-60.15%
PRCS REVOCATION 3455	272	344	72	26.47%
FLASH INCARCERATION 3454	0	3	3	100.00%
PAROLE REVOCATION 3000.08 FPC	144	197	53	36.81%

¹ At any time during a period of parole a person subject to parole supervision where there is probable cause to believe that a parolee is violating any term or condition of their parole, the agent or officer may, without a warrant or other process and at any time until the final disposition of the case, arrest the person and bring them before the court or the court may issue a warrant for their arrest. See Penal Code § 3000.08.

² The court has made a determination that a person is incompetent to stand trial and found that placement in a mental health hospital was appropriate.

**JAIL CLOSURE IMPLEMENTATION TEAM
SUPPLEMENTAL QUARTERLY REPORT – ATTACHMENT I**

WAITING PLACEMENT TO MENTAL HEALTH HOSPITAL	433	641	208	48.04%
	14,897	12,977	-1,920	-12.89%

Custody Alternatives Team

The population review panel, newly renamed the Custody Alternatives Team (CAT), is developing an additional pathway to advance jail population reduction opportunities. In addition to engagement with other jurisdictions, JCIT is working with the Chief Information Office (CIO), Sheriff, Probation, Public Defender, Alternate Public Defender, District Attorney, and Correctional Health Services (CHS) to facilitate discussions to identify categories of cases where the CAT can build consensus around recommendations to present to the Court and evaluating ways for the CAT to secure regular access to the necessary data from partner agencies to facilitate case reviews. Unlike other jurisdictions that have automated access to custody data, the current County process is manual and will require dedicated staff and resources from several sources to conduct the reviews. The next step is for the CAT to develop the criteria for cases that will be available for the team's consideration. The CAT will need to ensure access to current custody data provided by all partner agencies, overlayed with mental health classifications to help identify any behavioral health needs and link to supportive services (substance use disorder (SUD), housing, and case management), will be available to begin case reviews by June 30, 2022.

Clinical Referral Pathways out of the Jail to Alternative Settings, including Locked and Secure Mental Health Facilities

JCIT is committed to support the development and buildout of a robust continuum of mental health care, SUD, case management services, and housing supports to care for the population diverted from jail, as well as those detained in jail that could be optimal candidates for release with the appropriate housing and supportive service provisions in place to address their needs. About half of the jail population has mental illness, and of those, roughly 80 percent have been diagnosed with a mild to moderate mental health impairment. Not all, but the majority of individuals designated with mild to moderate mental health needs do well in community-based settings. This component of the system of care to serve this segment of the mental health treatment continuum being diverted and released from jail should continue to expand.

A very different and uniquely challenging subset of those who present with mental illness, approximately 20 percent, are characterized as having significant to severe and debilitating mental illness. While mental health acuity levels are somewhat fluid and can fluctuate, this subset needs intense therapeutic care that is most appropriately delivered outside of a carceral setting and operated by clinicians and other medical personnel. The appropriate mental health care model and type of security employed at such a facility(ies) would have to be carefully explored to ensure that it is a therapeutic treatment environment aimed at promoting mental wellness and recovery when possible, and able to step-down individuals who can be maintained in lower levels of care as their mental

JAIL CLOSURE IMPLEMENTATION TEAM SUPPLEMENTAL QUARTERLY REPORT – ATTACHMENT I

health acuity levels stabilize and improve. The security implemented inside the facility(ies) would not be provided by law enforcement; further exploration of what the security model should look like requires a review of best practices and the most appropriate models implemented in similar facilities to advance clinical care and treatment modalities most conducive to deliver mental health care in a locked setting. This is a needed component in the continuum of mental health care, in which a range of services and treatment settings are available to address the needs and clinical diagnoses that define the mental health acuity levels of the P3³ and P4⁴ populations detained in the jails. There may be some exceptions across the continuum, but by and large, this segment of the mentally ill incarcerated population cannot be appropriately served in unlocked community settings.

The P3 and P4 population segment has continued to grow over the last several years and is currently close to 1,300. CHS has repeatedly indicated that it is very difficult to provide the needed clinical care and support to adequately address the population's treatment and recreational needs in the jails. The JFA Institute's report from October 2021 outlined the need for a dedicated mental health treatment facility to address this population and comply with the Department of Justice (DOJ) Consent Decree to better serve this segment of the acutely mentally ill population. Providing safe and secure clinical referral pathways out of the jail remains an important strategy to advance jail closure. It is becoming more apparent through conversations with CHS, Sheriff, and others involved in ensuring compliance with the DOJ Consent Decree that funding dedicated to developing a locked and secure mental health treatment facility(ies), as well as expanding community-based mental health treatment, is necessary to establish a continuum of care to appropriately support mentally ill people outside of custody.

Quality Care and Jail Classification

The County's ability to provide quality care and appropriate classification for the population that remains in custody will require close collaboration among County partners. JCIT facilitated meetings with CHS and the Sheriff to determine the charge and classification of people that remain in custody. Since the makeup of the custody population constantly changes, JCIT will continue to work with CHS and the Sheriff to review and evaluate custody data to determine where to focus jail depopulation efforts to have the most impact.

³ Significant impairment includes persistent danger of hurting self in less acute care setting, recurrent violence due to mental illness, inability to maintain minimal personal hygiene, gross impairment in communication, and cannot safely or adequately be treated in a setting that requires independent control of behavior.

⁴ Severe debilitating symptoms includes meeting LPS 5150 criteria for danger to self, others or grave disability; medication refusal and moderate to severe symptomatology; imminent risk of self-harm or harm to others secondary to mental illness; impairment in ability to care for self poses health risk; ongoing refusal to engage in any form of treatment or intervention; serious medical illness refusing treatment secondary to untreated mental illness; severely disorganized thinking and behavior; and displays symptomology that would require inpatient treatment in a community setting.

JAIL CLOSURE IMPLEMENTATION TEAM SUPPLEMENTAL QUARTERLY REPORT – ATTACHMENT I

JCIT has also continued to work closely with the CIO and Sheriff's Director of Gender Responsive Services to develop a statement of work, solicitation, and contract for a consultant to conduct a population study of the Century Regional Detention Facility and the K6G units at MCJ. The consultant will also assist JCIT with prioritizing recommendations from the Gender Responsive Advisory Committee's report, including how to address the conditions of people detained in jail and ways to improve programs and services for the custody population. The solicitation will be finalized by the next reporting period.

Reentry and Release Planning Through Countywide System of Care Expansion

Access to a comprehensive and coordinated network that will support the justice-impacted population offered as a pretrial alternative to incarceration or upon release from custody is a crucial component to safe and successful reentry to the community. Continued program development and investment in sustainable efforts that expand and enhance the County and community providers' capacity will create reliable options for the Court and justice partners to consider when making release determinations at any stage of a criminal proceeding. JCIT is collaborating with County and community partners to expand access to housing and services while ensuring public health and safety.

On October 5, 2021, through the Board's adopted Supplemental Budget Recommendations, \$42 million was included in the Fiscal Year 2021-2022 Care First Community Investment (CFCI) budget unit for the closure of MCJ and to divert people with mental health and SUD. Until future CFCI fiscal year allocations are established, JCIT has focused on committing two years of available funding to expand interim housing, SUD, mental health services, and intensive case management services administered through County departments' contract provider networks to augment the system of care necessary to eventually close MCJ.

Office of Diversion and Reentry-Maternal Health Program

JCIT continues its work with the Office of Diversion and Reentry (ODR) to expand their Maternal Health Program for pregnant women, which currently provides interim housing, employment, vocational training, rapid re-housing, and connection to intensive case management services. Beginning April 1, 2022, the ODR Maternal Health Program has a dedicated funding source to provide services to approximately 50 women over the next two years. This investment will provide more throughput for ODR's portfolio of housing services by assisting women who can step-down to interim housing, freeing up scarce permanent supportive housing resources. Program metrics will be routinely published to measure the program's success.

ODR-Interim Housing Portfolio Support and Expansion

JCIT committed CFCI funds to support 76 interim housing beds in the ODR housing portfolio that lacks a dedicated funding stream to sustain existing infrastructure and

JAIL CLOSURE IMPLEMENTATION TEAM SUPPLEMENTAL QUARTERLY REPORT – ATTACHMENT I

prevents loss of any existing resources while ODR pursues dedicated long-term funding. With CFCI funds, JCIT has committed to expanding the available housing portfolio by increasing ODR's capacity to support the justice-impacted population by an additional 32 beds, for a total of 108 beds, over the next two years.

Department of Public Health-Substance Abuse Prevention and Control-Community Treatment Program

The Substance Abuse Prevention and Control (SAPC) community treatment program provides an array of SUD treatment services, ranging from outpatient, intensive outpatient, residential, withdrawal management, opioid treatment services, and recovery support services, as well as residential room and board in recovery bridge housing. Investment of CFCI funds will support 850 encounters⁵ over the next two years.

Department of Health Services' Housing for Health-Interim Beds

The Department of Health Services' (DHS) Housing for Health Team has collaborated with JCIT to identify a location that will support 80 interim housing beds for two years. The program will link reentry clients that are transitioning from jail with interim housing, intensive case management services, benefits establishment, and other supportive services, including permanent supportive housing through the Los Angeles Homeless Services Authority's Coordinated Entry System, when appropriate.

Department of Mental Health-Interim Housing and Services

In collaboration with the Department of Mental Health (DMH), JCIT has committed CFCI funding to support the development of approximately 48 beds for the seriously mentally ill. Clinical services include individual and group behavioral health treatment, psychiatry, occupational therapy, family reunification, medication management, and recreational therapy. Case management and life skills services will assist with community re-entry, education/employment readiness, life skills management, interpersonal skills-building, benefits establishment, and linkage to permanent housing.

JCIT Interim Housing/Service Development Summary

DHS ODR Maternal Health – Interim Housing and Services	50 beds
DHS ODR Reentry – Interim Housing and Services	108 beds
DHS – Housing for Health Interim Housing and Services	80 beds
DMH – Seriously Mentally Ill Interim Housing and Services	48 beds
TOTAL	286 beds

SAPC – SUD Services and Recovery Bridge Housing	850 encounters
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⁵ Each service, in-person or telephonic visit, supportive housing, or action taken by DPH-SAPC or contract provider staff to support a person with SUD treatment and/or housing qualifies as an encounter.

JAIL CLOSURE IMPLEMENTATION TEAM SUPPLEMENTAL QUARTERLY REPORT – ATTACHMENT I

JCIT will continue to explore additional partnerships with County departments and community-based organizations to facilitate direct community investment that supports MCJ's closure. Successful jail depopulation will rely on ongoing collaboration and partnerships with the Court, justice partners, County departments, service providers, and community stakeholders.

Administrative Infrastructure

Legislative Advocacy

JCIT has continued to work with the CEO's Legislative Affairs and Intergovernmental Relations team to review, support, and direct legislative advocacy that impacts jail operations, depopulation, reentry planning, and proposals consistent with the County's "Care First, Jails Last" priorities.

Communication Strategy

JCIT has been working closely with communication consultants to ensure that jail depopulation strategies are easily accessible to your Board, County partners, and the public. JCIT has developed, in coordination with CEO Communications, information materials discussing jail closure efforts (see Attachments III-IV) that define the roles of all of the important entities involved in jail closure.

JCIT has continued to engage with County department leads and community-based organizations to focus on jail population reduction strategies. During this quarter JCIT met with representatives from various organizations, including the JFA Institute, MacArthur Safety and Justice Challenge, HealthRIGHT 360, Los Angeles Centers for Alcohol and Drug Abuse, Alhambra City Council, San Gabriel Valley Council of Governments, Essie Justice Group, American Civil Liberties Union, Dignity and Power Now, Justice LA, Amity Foundation, Anti-Recidivism Coalition, Homeboy Industries, and A New Way of Life. JCIT continues to prioritize feedback from County partners and community-based organizations in furtherance of the jail depopulation work. JCIT also made presentations at the April 14, 2022, Gender Responsive Advisory Committee and April 20, 2022, Jail Population Review Committee meetings to provide updates on JCIT efforts over the last few months.

Transition to JCOD

JCIT's Priorities (see Attachment II) are designed to reduce reliance on incarceration and identify opportunities to depopulate the County's jails that will facilitate MCJ's closure without building a new jail facility in LA County. The Priorities will continue to evolve and will be fully integrated with JCOD's goals and service delivery models as they are developed.

Jail Closure Implementation Team



PRIORITIES

MISSION: County jails are filled with people struggling with homelessness, poverty, mental illness, and addiction. The justice system is ill-equipped to respond to these human conditions, resulting in far too many people cycling in and out of jail, with no benefit to public safety, instead of getting the support they need to lead healthy and productive lives. Guided by the “Care First, Jail Last” vision, the Jail Closure Implementation Team’s (JCIT) mission is to safely and methodically depopulate and close Men’s Central Jail (MCJ) by implementing a custody alternatives team, collaborating, and directing County partners on alternatives to incarceration, and expansion of community-based services while ensuring public health and safety.

BACKGROUND: There have been a multitude of planning documents over the last two decades for MCJ recommending closure demolition, and in earlier County planning phases, a replacement jail facility. The COVID-19 pandemic and justice reform brought sweeping changes that ushered in the “Care First, Jail Last” vision adopted by the Board of Supervisors following the foundational recommendations in launching this work drafted by the Alternatives to Incarceration (ATI) Workgroup – the precursor to the CEO’s ATI Initiative. The ATI Workgroup drew from a diverse array of community advocates, service providers, and County departments to develop five overarching strategies and over 100 recommendations. This work created a paradigm shift for the County and accelerated efforts to develop plans to close MCJ while expanding a Countywide system of care to serve those diverted or released from incarceration. In March 2021, a subsequent plan drafted by the Office of Diversion and Reentry (ODR) and the Sheriff’s Department proposed a compressed two-year timeline to depopulate and close MCJ, coupled with a significant expansion of the community-based system of care and infusion of funds to fulfill this objective. As this work has evolved, concerns have been raised that the Court and justice partners (District Attorney, Public Defender, Alternate Public Defender, and Sheriff), who ultimately administer remands and releases from jail custody, must play a pivotal role in any County decarceration plan.

In October 2021, a subsequent report produced by the JFA Institute examined the cost savings from the closure of MCJ driven by jail population reduction projections that will facilitate the closure of MCJ and maintain a reduced jail population without building jail replacement facilities. The report examined two scenarios: 1) close MCJ by implementing jail reduction strategies and without building any new jail facilities, in which the existing jail population will still be higher than the desired operational capacity resulting in structural overcrowding and; 2) close MCJ while implementing jail reduction strategies and rehabilitate or select a new jail facility to cascade existing jail populations, in addition to developing a new medical/mental health facility to serve the mental health population ineligible for release.

In response to a June 2021 motion adopted by the Board of Supervisors, JCIT was established to consult and consider the previous plans and recommendations, and to coordinate and direct the activities of the County departments, Board-created workgroups, and councils to accomplish the proposed depopulation and closure of the antiquated MCJ facility. JCIT intends to continue expanding the system of care without creating a replacement jail facility and will seek the Court and justice partners’ commitment to help execute jail population reduction strategies.

JAIL CLOSURE IMPLEMENTATION TEAM PRIORITIES – ATTACHMENT II

Concrete timelines surrounding jail closure are likely longer than two years and will be guided by implementing a consolidated set of strategies that build upon the prior work in this arena. Any resulting timeline established must factor in the participation of the Court and justice partners. JCIT can only successfully decarcerate the County jail system through ongoing collaboration and sustained partnerships with these entities. As the County progresses toward reducing its reliance on incarceration, JCIT will work in partnership with the Court, justice partners, County departments, service providers, and community stakeholders to identify legislative, budgetary, mental health, substance use disorder, health, and supportive housing to facilitate reduction of the jail's population and to expand release opportunities supported by community-based systems of care. In addition, JCIT will be one of the entities housed in the new Justice, Care and Opportunities Department (JCOD). JCIT will work collaboratively with the ATI Initiative and other entities integrated into the new department to help implement justice reform, advance JCIT's mandate to depopulate and close MCJ through expansion of the Countywide system of care, and increase bed capacity to treat and support those released and/or diverted from jail to help them successfully reintegrate into their community.

FOCUS: JCIT's priorities consist of three major goals, of which, two are programmatic goals, align with the Sequential Intercept Model and ATI's strategic framework, particularly intercepts 3-5 (jail custody and the court process, reentry transition, and supervision in the community). The preceding Sequential Intercepts, which focus on primary and secondary prevention and diversion from the criminal justice system, will be the focus of ATI, ODR, and other units within JCOD.

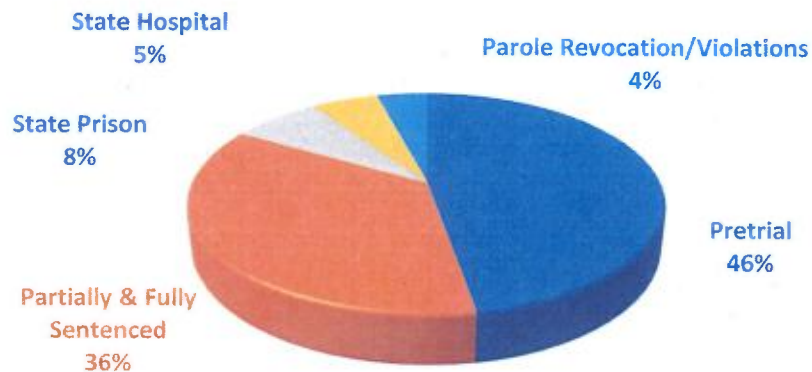
The last goal is an administrative infrastructure goal to support the first two programmatic goals. The goals are supported by underlying strategies and objectives to facilitate the advancement of the overall goals. Complicated or complex objectives that include multiple partners/stakeholders will require additional communication and planning to develop detailed work plans documenting these actions, along with the development of milestones and timelines for implementation. These priorities will continue to evolve and will be woven into a JCOD departmental strategic plan in the future. This is not an implementation plan, but rather a high-level overview of the strategies and objectives that will guide our work over the next several months, particularly as JCIT transitions into JCOD. These priorities will help to inform critical actions, milestones, and potential timelines to begin the phased work to depopulate the jail.

GUIDING PRINCIPLES: JCIT's guiding principles seek to ensure that: 1) connections to services and transitions from jail back to the community should have a personal contact and warm hand-off to facilitate service linkage; 2) provide safe and appropriate alternatives to incarceration for those awaiting trial proceedings or those that have been sentenced, but could safely serve their remaining time in the community with a rich array of tailored supportive services and housing; 3) All programs track and report on designated metrics and include client feedback to determine impact of existing programs; and 4) all collected data and final reports are posted to a public-facing website.

JAIL CLOSURE IMPLEMENTATION TEAM PRIORITIES

JAIL COMPOSITION AND REDUCTION TARGETS: The jail census over the last few months has roughly hovered between 13,000-14,000. A breakdown of the current jail population as of May 11, 2022, consists of the following categories: 46% pretrial; 36% partially and fully sentenced; 8% state prison transfers; 5% state mental health hospital transfers; and 4% parole revocations/violations (Figure 1). The total jail census across all jail facilities reached 12,977.

Figure 1: Jail Census



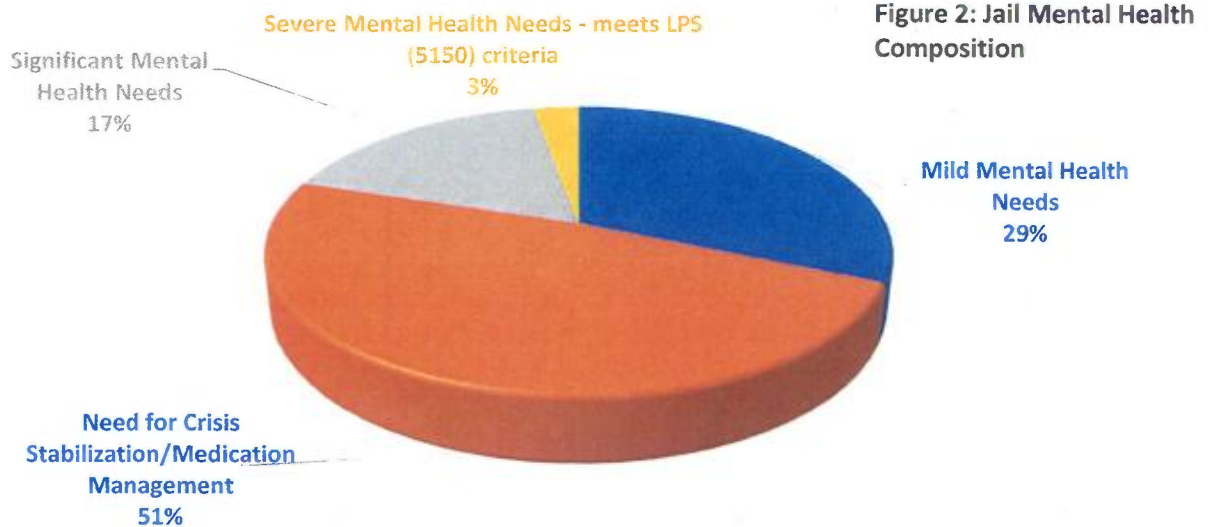
As discussed in previous depopulation reports produced by ODR and the Sheriff and the JFA Institute, in order to close MCJ the jail census needs to be reduced by approximately 4,000-5,550 (based on the current census) to comply with the Board of State and Community Corrections mandated operating levels (lower range depopulation target). The JFA Institute Report advocated a higher range target will be necessary to enhance overall operational efficiency and to avoid overcrowding issues and jail violence throughout the jail facilities.

As provided by Correctional Health Services, about half of the individuals detained across the Los Angeles County jail system, approximately 6,421, have some form of mental illness ranging from mild to severe and debilitating mental illness. Mental health acuity levels are somewhat fluid and can fluctuate, so an individual with a mild mental health impairment that doesn't prevent daily functioning can decompensate and require medication intervention and/or crisis stabilization to mitigate psychotic episodes. A subset, roughly 20% of the mental health population is characterized as having significant to severe and debilitating mental illness, with a third of the population presenting with mild mental health impairments, and the remaining half of the population requiring medication management and ongoing mental health treatment to manage their mental illness (Figure 2).

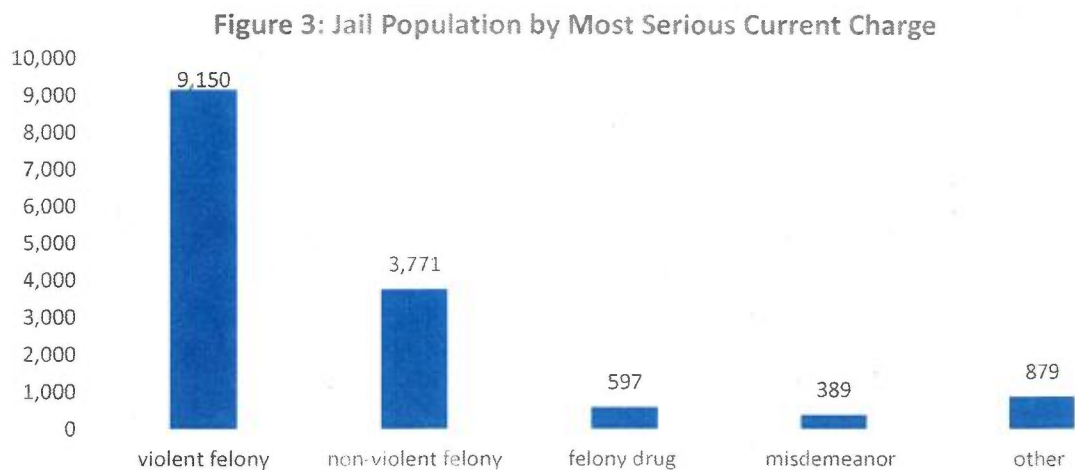
Over the last couple of years, bail reform efforts such as bail deviation and the emergency bail schedule (EBS) implemented as a public health response to the pandemic to reduce jail overcrowding and transmission of COVID-19 in jail facilities has resulted in the diversion and release of thousands of people charged with misdemeanors and low-level felonies.

JAIL CLOSURE IMPLEMENTATION TEAM PRIORITIES – ATTACHMENT II

Accordingly, the jail census significantly dropped during the first year of the pandemic and has remained low over the duration of the pandemic in comparison to the pre-pandemic jail census, which fluctuated between 15,000 and 17,000 in the five years preceding the pandemic¹.



The improvements capitalized on over the last several years to divert more misdemeanants and low-level offenders from the criminal justice system, in addition to a reduced flow of individuals coming into the jail during the peak of the pandemic in 2020, due to reduced crime rates, has resulted in a detained population that is largely incarcerated for committing more serious and violent offenses (Figure 3).



¹ "Los Angeles County Jail System by the Numbers." Los Angeles Almanac. 1998-2022. [Los Angeles County Jail System by the Numbers \(laalmanac.com\)](https://www.laalmanac.com/jail/)

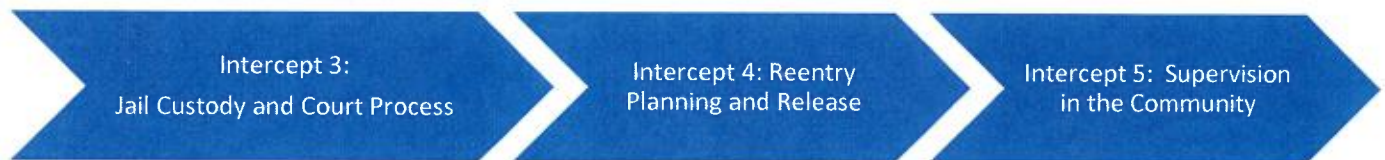
JAIL CLOSURE IMPLEMENTATION TEAM PRIORITIES – ATTACHMENT II

From January 2021, the breakdown of the jail population by most serious current charge consists of the following²:

- 62% violent felonies;
- 25% non-violent felonies;
- 4% felony drug;
- 3% misdemeanors; and
- 6% other

As previously discussed, the Court and justice partners are critical to jail decarceration efforts and must be committed partners in the process. No single entity or organization can achieve jail depopulation independently. The complexity of the current jail population, of which the majority are in custody for serious and/or violent offenses and roughly half struggle with mental illness, illustrates there is no quick fix or panacea to jail reduction. There needs to be care and thoughtful deliberation in executing jail release strategies that are balanced with public health and safety. There have been positive strides in jail decarceration over the last couple of years, as previously mentioned, bail deviation and EBS have accelerated the diversion and release of many charged with lower-level offenses, leaving a population that is much more challenging to address and will require significant investments to build a robust system of care that can manage the complex mental health needs of the jail population.

SEQUENTIAL INTERCEPTS:



All of JCIT's goals, strategies, and objectives are aligned across Sequential Intercepts 3-5, focused on those detained in jail through community release and supervision. Portions of ATI and ODR are focused on the preceding intercepts, aimed at preempting those from contact with the criminal justice system and when that contact occurs and is practical, employing law enforcement diversion strategies. When criminal charges are filed and an individual is incarcerated, the consolidated list of goals and strategies outlined below are the focused interventions proposed to advance jail depopulation efforts. This is not an implementation plan, but rather a starting point from which to focus efforts to reduce the jail census. Implementation plans will be informed and developed as the work evolves.

² JFA Institute (2021)" Estimated Cost Savings from a Reduced Jail Population and Closure of Men's Central Jail and Jail Population Projections," p.38.

JAIL CLOSURE IMPLEMENTATION TEAM PRIORITIES – ATTACHMENT II

GOAL I: Effective jail depopulation strategies, alternatives to incarceration, and carceral system improvements: Sequential Intercept 3

Strategy 1: Safely and appropriately through custody alternative teams target those detained on pretrial status in lieu of bail that can be better served in the community with targeted supportive services and supervision until their case is dispositioned, as well as post-sentenced individuals with minimal time remaining on their sentence that could be served and supervised in the community to complete their sentences and reintegrate more effectively back into returning communities with the necessary supports.

Objective I: Seek authority to develop parallel programs to evaluate and determine safe and appropriate pretrial and sentenced release options for those in custody that could be released to the community with oversight and supportive services provided by a community-based organization (CBO).

Objective II: Create a custody alternative team to evaluate and recommend safe and supportive release from custody for both the pretrial and sentenced populations.

Objective III: Work closely with the justice partners/ATI on bail reform and prioritize the use of a risk and needs assessment to screen eligible candidates.

Objective IV: Positively incentivize attendance at court hearings (i.e., text reminders, linkages to CBOs to help provide service supports and advocacy) for those released either on pretrial or sentenced statuses.

Objective V: Explore the use of video arraignment in the jail, particularly for the pretrial population to maximize jail diversion.

Objective VI: Fund, monitor, and report on successful release programs.

Objective VII: Support the implementation of a consolidated pretrial services agency in Los Angeles County.

Strategy 2: Support safe and appropriate clinical referral pathways out of the jail to alternative settings, including locked and secure mental health facilities, that are clinically staffed and better equipped to serve the seriously mentally ill population in therapeutic non-carceral settings.

Objective I: Collaborate with the County's health departments and CBOs to fund housing and supportive services to support the seriously mentally ill in non-carceral settings through the development of more locked mental health facilities, as well as creating more project-based housing sites with onsite mental health and service linkage to serve lower-acuity mental health populations leaving the jail.

Strategy 3: Provide quality care and appropriate classification for those remaining in custody via jail operations.

Objective I: Collaborate closely with the Sheriff, Correctional Health Services (CHS), and the Gender Responsive Advisory Committee (GRAC) to improve programs and services for cisgender-women and LGBTQ+ populations housed at Century Regional Detention Facility and in the K-6G units at MCJ.

Objective II: Partner with the Sheriff and CHS to identify a classification tool that mitigates gender and racially biased classification results in carceral settings.

JAIL CLOSURE IMPLEMENTATION TEAM PRIORITIES – ATTACHMENT II

Objective III: Monitor and assist where needed in the County's compliance with the provisions of the Department of Justice Consent Decree and apply best practices and lessons learned to improve conditions in the jail and relieve overcrowding.

Goal II: Reentry planning and release to a countywide system of care to facilitate successful community reintegration: Sequential Intercepts 4-5

Strategy 1: Provide sufficient and adequate housing alternatives for reentry populations.

Objective I: Coordinate with the Homeless Initiative, Los Angeles Housing Services Authority (LAHSA), and ATI to prioritize shelter-based care and interim housing placements for those leaving jail via pretrial or post-sentence custody alternative teams.

Objective II: Collaborate with ATI, the Chief Executive Office's Real Estate and Asset Management Division, County departments, and community partners to identify and map County decommissioned buildings and large plots of land where interim housing sites and large-scale clinical care settings could be sited, developed, and procured to build a robust clinical system of care that can address an array of mild to severe mental health and supportive housing needs.

Strategy 2: Promote efficient utilization of housing resources by exploring the development of a coordinated entry system and utilization management.

Objective I: Review classification systems/levels of care that align with CHS' assessments to inform appropriate housing placements and levels of care for those leaving jail.

Objective II: Explore the development of a coordinated entry system for clients transitioning from jail or state prisons back into the community that includes service hubs to assess, screen, and link clients to clinical care and supportive housing services.

Objective III: Develop utilization management review criteria for clients who can transition to a lower level of clinical care and supportive housing.

GOAL III: Administrative Infrastructure to support Goals 1-2

Strategy 1: Support Care-First, Jails Last initiatives through legislative advocacy/tracking.

Objective I: Support and direct legislative advocacy related to jail operations, depopulation, and reentry planning, including advocacy for housing as part of Medi-Cal benefit, pursuing exemptions to the Institutes for Mental Disease (IMD) exclusion rule, and exploring other legislative proposals to advance Care-First, Jails Last programming.

JAIL CLOSURE IMPLEMENTATION TEAM PRIORITIES – ATTACHMENT II

Strategy 2: Monitor the impact of the collective strategies and provide transparency and accountability.

Objective I: Track and monitor the jail population categories: state prison; state hospital; parole revocation/violation; partially and fully sentenced; and pretrial to address system bottlenecks/issues and facilitate transfers to state facilities.

Objective II: In coordination with ATI and the Chief Information Office, develop a public-facing dashboard depicting data trends and utilization of resources inclusive of geo-mapping of pretrial and post-sentence reentry releases and associated service linkage.

Objective III: Engage targeted County departments responsible for client service delivery to develop data tracking and performance management goals that address the justice-impacted/incarcerated populations.

Strategy 3: Maximize revenue for justice populations.

Objective I: Leverage federal, state, and local funding streams.

Objective II: Support the County's health departments to access and leverage the California Advancing and Innovating Medi-Cal (CalAIM) revenue stream and support Reentry State Workgroup efforts to ensure that the Department of Public Social Services, CHS, managed care health plans, and service providers facilitate automated Medi-Cal reinstatement for individuals leaving jail in accordance with Enhanced Care Management (ECM) under CalAIM.



Closing Men's Central Jail (MCJ) FAQ

May 5, 2022

What has been done to date in support of closing Men's Central Jail?

Successful closure of Men's Central Jail (MCJ) will require a reduction of the jail population to 7,160 to 8,900 people or a decrease of roughly 30-45% from current levels.

Since early 2020, the population has been reduced by approximately 4,000 people, driven by priorities that the Jail Closure Implementation Team (JCIT) is continuing to support, including:

- The issuance of citations instead of detention for misdemeanor, non-violent and non-serious charges
- Aggressive pretrial release of individuals who were primarily charged with non-violent felonies
- Increased access to diversion programs

Who remains detained in jail?

Roughly 62% of those who now remain jailed are charged with or sentenced for committing serious or violent felonies. The number charged with felony drug or misdemeanor offenses is each less than 5%. It is estimated that half of the jail population has a mental health need, with 20% diagnosed with a serious mental illness. Approximately 5% of the custody population is awaiting placement to a mental health facility.

While approximately 45% of the jail population is being held prior to trial, most of these individuals are charged with serious and violent felonies. The Court is unlikely to release these individuals into the community, particularly those in need of mental health treatment that pose a grave danger to themselves or others. Other individuals may be incarcerated based on holds from other jurisdictions or due to multiple charges, complicating the potential for release.

The majority of those detained are men; women comprise roughly 10% of the jail census. Roughly 54% are Hispanic, 29% are Black, 13% are white and the remaining 4% identify with other racial and ethnic designations.

What efforts can be made to further reduce the jail population?

JCIT has identified several methods to reduce the jail population, including:

- Creation and implementation of a Custody Alternatives Team to recommend release, when appropriate
- Expedited court case processing to reduce the length of stays
- Consolidation and expansion of available pretrial services
- Acceleration of transfers to state hospitals and state prisons
- An increase in the number of available secure local mental health facilities



However, the Board of Supervisors and the CEO do not have authority over the Court or other entities that can directly influence jail release or other court processes. The options above will take time as they depend upon building a track record of success and establishing partnerships among the Court, justice partners (e.g., District Attorney, Public Defender, Alternate Public Defender and Sheriff), community-based organizations, and County programs available to support people outside of custody.

What are the limits to pretrial release?

Decreasing the jail population by 45% is roughly equivalent to the release of 100% of the individuals currently being held pretrial. While the Court is ultimately responsible for making release decisions, it is unlikely to release large numbers of individuals held on serious or violent felony charges—which includes the majority of people currently held in the County jail system—without significant investment and expansion of the infrastructure available to support a person if released.

The County can provide options to support Court release from custody by offering diversion programming and establishing a Custody Alternatives Team (CAT). A CAT would allow justice partners to build consensus around cases to present to the Court for release consideration.

Based on reasonable case review workloads,¹ and the probability of release,² the County could expect the release of 40-120 individuals per year through a CAT, though this number could increase with dedicated staff and additional resources. This represents incremental gains against the goal of reducing the jail population by roughly 4,100-5,840 people in total.

What else can be done to expedite MCJ closure?

Additional progress could be made by expediting court processing, reducing court continuances, and swiftly dispositioning backlogged cases. The 2021 JFA Institute report estimated this could result in a reduction of about 2,000 jail beds. This work is outside the County's control and relies on the Court.

Rapid transfers to both state prisons and state hospitals are critical to maintaining a lower population. State prison transfers have resumed, while the number of people awaiting transfer to state hospitals has grown by more than half since September 2021. Currently, nearly 700 individuals await state hospital transfer.

¹ 5-15 cases per week based on other jurisdictions' experience

² 15% based on the rates achieved in the Rapid Diversion Program from 2019-2021



What is the alternative to incarceration for those with serious mental health issues?

About 20% of the jail population has significant to severely debilitating mental health needs that would require treatment in secure mental health facilities if they were to qualify for release.

To fund these beds, the County will need to rely on Medi-Cal funding that cannot be used for facilities with more than 16 beds without receiving the appropriate waiver. Absent a change to federal Medicaid regulations (which would require an act of Congress) or support to build a locked, County-operated mental health treatment facility, it is estimated that between 80-100 such small facilities would need to be built to accommodate this population. Based on the County's experience in other similar projects, securing locations to establish such facilities could be sensitive and require significant time, community and stakeholder engagement and education, as well as financial investment.

What can the County do to close Men's Central Jail as quickly as possible?

To fulfill the County's goal of safely depopulating and closing MCJ as soon as possible, it will be necessary to:

- Continue facilitation of state prison and state hospital transfers
- Work with the Court and justice partners to persuade them to expedite criminal case processing
- Implement a CAT to build consensus around recommendations for release
- Build locked and secured mental health treatment facilities run by clinicians
- Lobby to have the Medicaid Institutions for Mental Disease exclusion waived
- Facilitate transfers between existing County jail facilities with suitable vacant space
- Continue development of a consolidated pretrial services agency to increase access to available reentry services, including expansion of pre-plea and rapid diversion programs and increased workforce development support

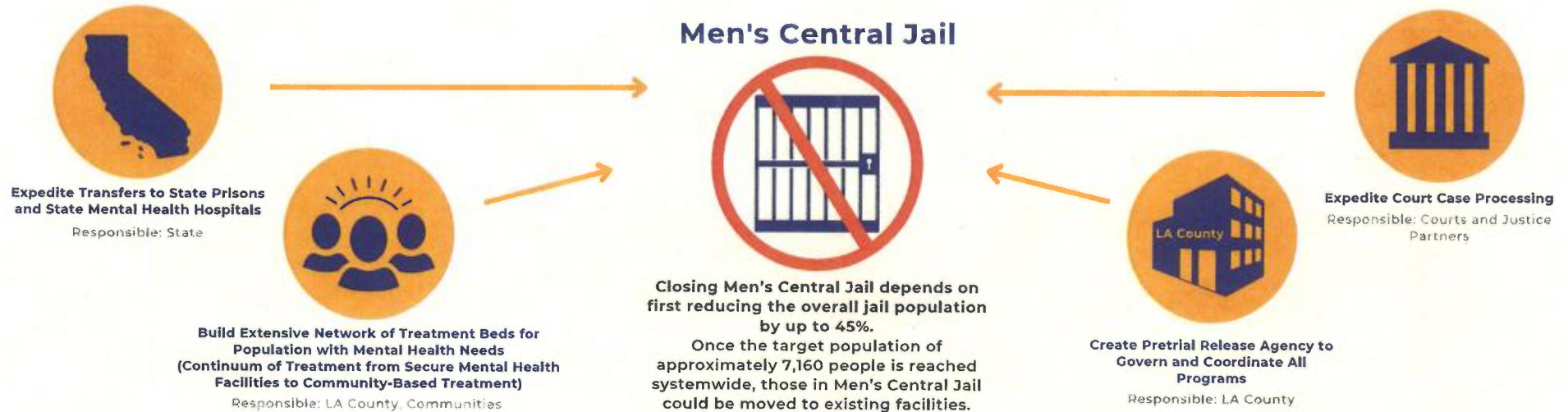
As the County continues to make progress in the efforts identified above, a more reasonable and accurate timeline to safely accomplish MCJ closure will develop.



Closing Men's Central Jail

Closing Men's Central Jail (MCJ) requires multiple actions at multiple levels of government. LA County does not have the unilateral authority to reduce the jail population by releasing or transferring people who are incarcerated; court and justice partners decide who is remanded to custody as well as who is released. Close cross-sector collaboration among the County, the State and the Court is underway and will be essential to achieving our goal.

Preparing for Closure: Four Key Steps



Outstanding Questions

What infrastructure and mental health supports can be developed for people diagnosed with serious mental illness and/or charged with serious and violent offenses who must remain in custody?

- Locked and secure mental health treatment facilities run by clinicians

How can the County better support people diagnosed with mild to moderate mental health and substance use disorders?

- Continue expansion of community-based mental health treatment sites