BOARD OF SUPERVISORS | Hilda L. Solis, First District | Holly J. Mitchell, Second District | Lindsey P. Horvath, Third District | Janice Hahn, Fourth District | Kathryn Barger, Fifth District

Chief Executive Office.

COUNTY OF LOS ANGELES
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, CA 90012
(213) 974-1101 ceo.lacounty.gov

CHIEF EXECUTIVE OFFICER
Joseph M. Nicchitta

July 10, 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 – Jail Closure Implementation Team

JAIL CLOSURE IMPLEMENTATION TEAM – QUARTERLY REPORT NO. 8 (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) back to the Chief Executive Office (CEO). Among other directives, the Board directed JCIT 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 Los Angeles County (County) departments and stakeholders.

This report highlights JCIT's progress since the last report, dated April 17, 2026.

What to Expect from this Report:

JCIT's work is to develop a feasible, data-informed plan to depopulate the jail system to a level that would allow for the closure of MCJ without a replacement facility.

This work is grounded in the goal of achieving the smallest incarceration footprint possible while maintaining public safety and meeting people's needs. That goal should be understood as something that requires ongoing work to achieve and maintain, and a goal that requires continuous cross-departmental coordination and regular refinement as conditions and data evolve.

JCIT's April report presented seven Required Actions necessary to close MCJ within the next five years. A Required Action is advanced only when three conditions are met:

1. There is a data-informed rationale that the action is feasible and can meaningfully support closure.
2. The associated costs and operational requirements have been largely identified.
3. The relevant department(s) have committed to implementation.

This report does not introduce any new Required Actions. Instead, it updates the existing seven with revised five-year cost estimates. These updated figures incorporate additional operational and implementation costs identified by lead departments and their partners. Together, they more accurately reflect the level of investment needed to scale these actions to a level that can meaningfully reduce the jail population.

JCIT has identified approximately $1.5 billion in new investments over the next five years to expand programming associated with the seven Required Actions, bringing the total estimated investment to approximately $2.7 billion.

The $1.5 billion in new investments total above includes an additional $62 million in projected costs associated with the Required Actions. The overall five-year investment figure of $2.7 billion, which reflects both currently funded efforts and the required expansion funding, has been adjusted downward from the previous report. This change corrects an inadvertent overcount in which the Fiscal Year 2025-26 funding was mistakenly included in the prospective five-year total of current funding.

As noted previously, without further intervention, the County's jail population is projected to reach approximately 14,500 people by 2031.

The projected reduction to this baseline is as follows:

- Against this baseline, the combined Average Daily Population reduction projected from the seven Required Actions, along with additional jail depopulation strategies, would decrease the average daily jail population by approximately 836 people by 2031.
    - JCIT's analysis indicates that greater impact could be achieved if screening for programs that support diversion or court-ordered treatment occurred earlier in the case process. This need is being addressed through several efforts, including the required action to

expand the Public Defender's HEAL program and the broader case-processing improvement work.

This report also provides updated analysis of potential facility-driven renovation and relocation actions that would relocate people housed at MCJ to other existing facilities.

The projected impact of the relocation action is as follows:

- These facilities-driven renovation and relocation actions would allow the transfer of approximately 1,050 people from MCJ to other facilities. They do not reduce the number of individuals housed in the County jail system.

Taken together, the seven Required Actions, the additional case processing strategies, and the proposed facility-related changes are impactful but do not, on their own, reduce the jail population enough to allow closure of MCJ within five years without a replacement. That does not diminish their importance. The County should still fund and implement these actions because they are foundational to justice system reform and to any viable pathway to closure.

The finding underscores the importance of advancing implementation of the Required Actions while continuously developing additional strategies and actions. Enhancing access to services, strengthening systemwide coordination, and addressing barriers throughout the justice and health systems are all critical to reducing the custody footprint and building the infrastructure needed for a sustainable closure pathway.

To that end, JCIT continues to assess several areas that may provide additional population reductions. These include case-processing improvements to address delays and shorten length of incarceration; defining the necessary community-based capacity to ensure warm handoffs and reduce recidivism; and streamlining pathways to treatment for individuals with serious mental illness. As the analysis progresses, JCIT will determine whether these efforts warrant consideration as future Required Actions.

This report consists of the following attachments:

- Attachment I provide a visual summary of the report.
- Attachment II provides a detailed account of the required actions for closing MCJ, including an outline of two major facilities-driven actions that can support closure.

- Attachment III provides updates from the seventh quarterly report across JCIT's areas of focus, including timelines, identification of lead departments, and the steps JCIT is taking to assist, as requested in your Board's March 3, 2026, motion.
- Attachment IV provides details on efforts that are under analysis and may become Required Actions in the future.
- Attachment V provides details regarding the Gender Responsive Advisory Committee (GRAC) recommendations.
- Attachment VI provides an overview of the impact of budget curtailments and legislative and policy changes on JCIT's mission.
- Attachment VII provides a list of contracts, contracts in progress, and plans for future contracts, including information about the vendor, length of contract, cost, need, and status, as requested in the March 3, 2026, motion.
- Attachment VIII provides a list of acronyms used throughout this report.

Next Steps and Future Report Backs

With assistance from the Institute for State and Local Governance at the City University of New York (CUNY-ISLG), JCIT is preparing a detailed overarching report on the status of its Jail Closure work, that JCIT expects to release in September 2026. The format of this report will be different than JCIT's Quarterly Report Backs, including this one, and will take a more comprehensive look at what would be necessary to close MCJ and will include an assessment of additional system-wide opportunities for population reduction and their potential impact, and further recommendations for housing the remaining population necessary for MCJ closure and relocating systemwide functions. The report will draw on the best national practices and lessons learned from other jurisdictions, while considering the unique contextual factors present in the County, and how these might impact implementation and outcomes.

JCIT will also prepare its Ninth Quarterly Report Back in October 2026, in a format similar to this July 2026 Quarterly Report Back.

We plan to continue providing updates in the following areas:

- Complete and provide an updated Jail Population Projection.
- If relevant, describe any new required actions for jail closure.
- If necessary, refine any impact analysis showing the estimated effect of any required actions on the five-year Jail Population Projection.
- Refine facility scenarios for moving people among existing facilities and associated operational considerations.
- Provide an update on the Holistic Early Assessment and Linkage (HEAL) and San Fernando pilots.

- Provide any additional updates on impact of budget curtailments and legislative and policy changes on JCIT's mission.
- Provide update on how the GRAC recommendations may be incorporated into an MCJ closure plan.

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

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
Superior Court

ATTACHMENT I

Jail Closure Implementation Team (JCIT)

Eighth Quarterly Board Report Summary

Wilford Pinkney Jr.
Executive Director, JCIT

July 9, 2026

Update on Jail Closure Framework

July 2026 Report: This report updates the Jail Closure Framework by revising the cost estimates for the seven Required Actions identified in April and providing updated analysis on population impacts and facility-based options.

April 2025: 4 Areas of Focus

April 2026: 7 Required Actions

July 2026: Updated Costs and Facility-related Actions

Preventing New Inflow	Shortening Length of Stay	Enhancing Community-Based System of Care	Facilities
Required Action #1.1: Expand ODR LEAD	**Required Action #2.1:** Expand PD-HEAL	**Required Action #3.1:** Expand SAPC-CENS	**Facility-driven Actions:** Relocation of 1,050 people currently housed at MCJ to other existing facilities.
		Required Action #3.2: Sustain and expand JCOD RDP	
		Required Action #3.3: Sustain 200 JCOD STOP Beds	
		Required Action #3.4: Expand ODR Housing for P3s, P4s	
		Required Action #3.5: Expand ODR Housing for P2s	

Baseline 5-Year Population

14,500 if current conditions do not change.

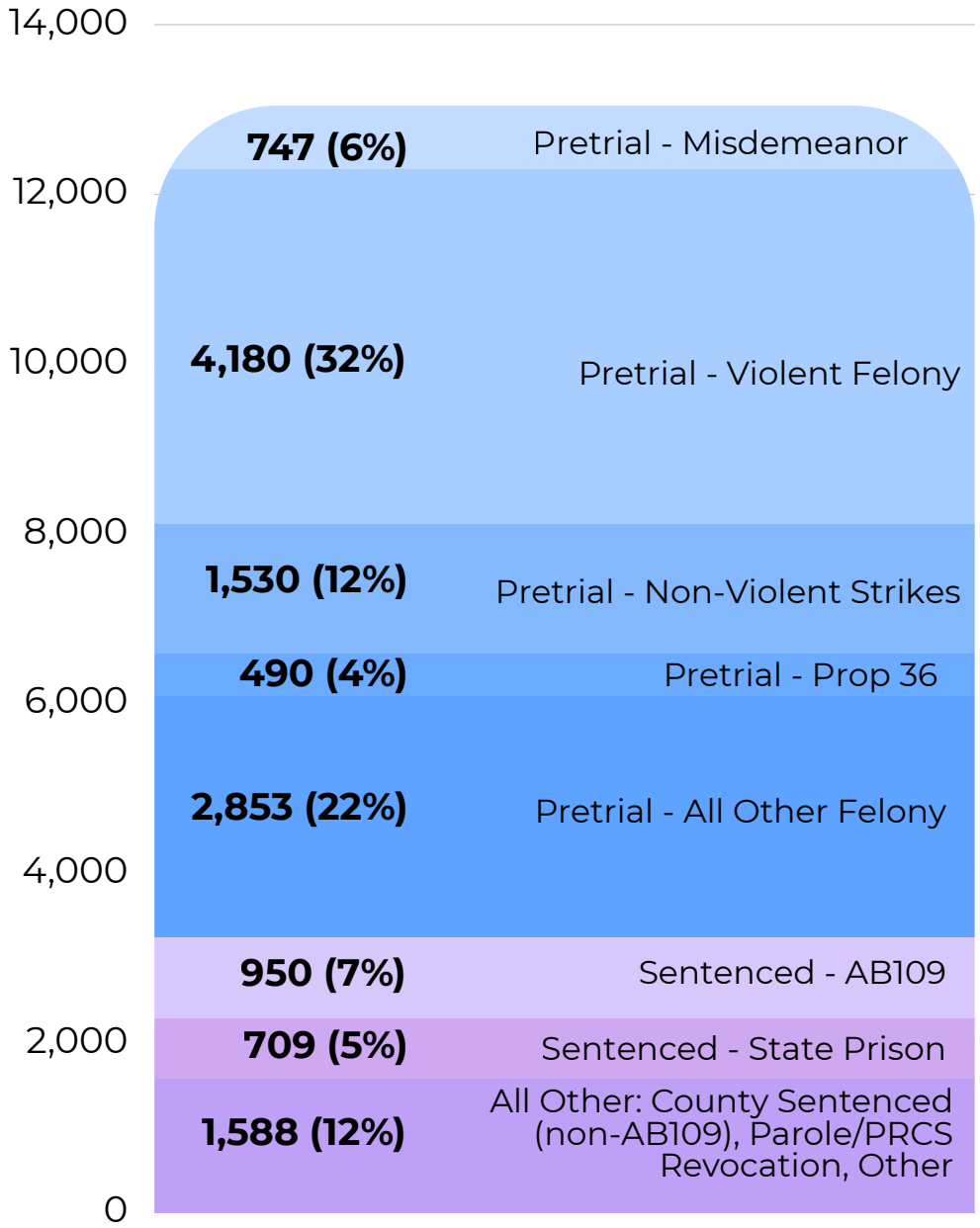
Impact on Jail Population

- The seven required actions and facility related changes detailed in the report are meaningful but not sufficient on their own to reduce the population enough to close MCJ within five years.
- Additional systemwide reforms and process improvements will be needed.

Coming in Oct. 2026: A more detailed report will assess additional opportunities to reduce the jail population, recommend housing options for the remaining population needed for MCJ closure, and outline options for relocating systemwide functions. It will also refine population projections.

Who's In Jail

Total Population: 13,047 (June 3, 2026)



Population Breakdown

This refined breakdown of the pretrial population allows for better identification of potential diversion and court-ordered release into treatment opportunities.

Violent Charges

- Analysis used **state statutory definitions** to classify violent offenses.

Prop 36

- Represents people who have a Prop 36 charge **as their most serious charge.**

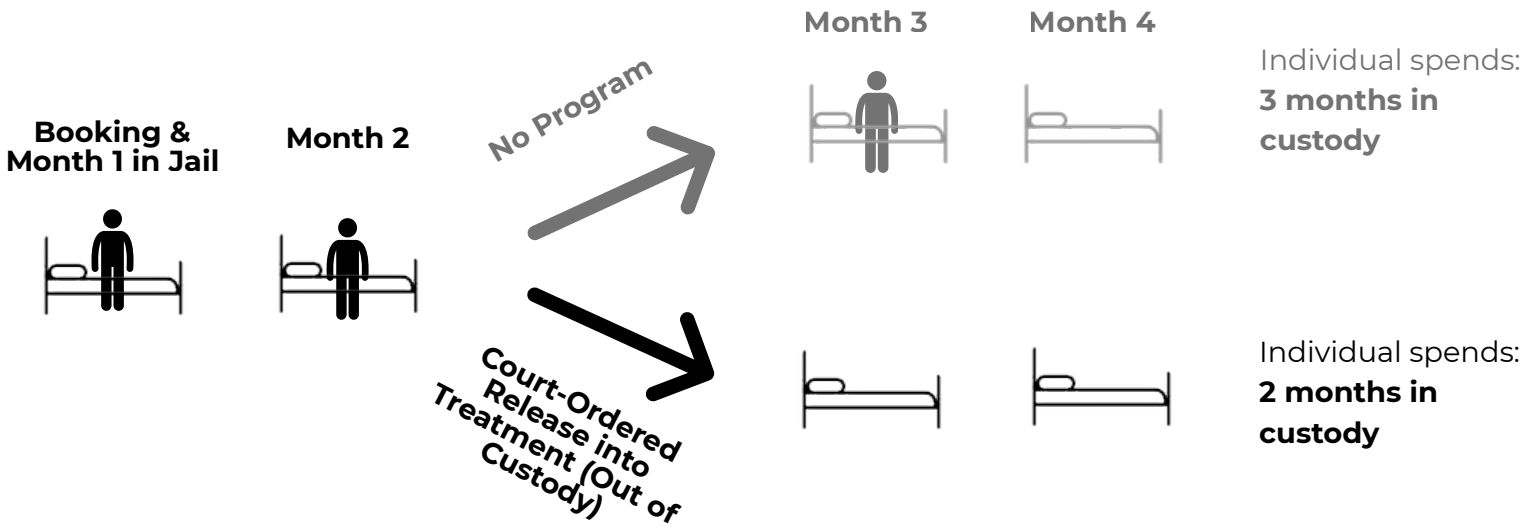
Recent Population Decline

- Jail population has continued to decline, with the largest drop since June.

Jail Population Impact Analysis

JCIT aims to reduce the Average Daily Population (ADP) of County jails by facilitating opportunities to deflect or divert people through programming and by reducing the time between the start and end of their case(s).

Overview of Average Daily Population (ADP)



ADP is a measure of the number of people in jail on any given day. Typically, programs reduce ADP by:

- **Serving more people:** If a diversion program grows from 50 to 100 people, it will have a greater impact on ADP; **and/or**

- **Getting people out of jail faster**: If a program reduces someone's jail stay by three months, it will have a greater impact on ADP than if it reduced their stay by three weeks. The ADP reduction will depend on how much more quickly the program gets them out of custody, compared to when they would have otherwise been released.

Impact of Jail Depopulation Strategies

Taken together, the seven Required Actions, the additional case processing strategies, and the proposed facility-related changes below are impactful but do not, on their own, reduce the jail population enough to allow closure of MCJ within five years.

That does not diminish their importance. The County should still fund and implement these actions because they are foundational to a functioning justice system and to any viable pathway to closure.

The projections below are approximations based on currently available data and are subject to change with changes to the underlying data or jail population trends.

Seven Required Actions

Approximate Population Reduction:
-462 people

ADP impact was estimated by comparing how much sooner participants were released than similar non-participants, scaled to the expanded enrollment projected under the actions.

Jail Depopulation Strategies

Population Reduction:
-374 people

Reducing length of incarceration for people in jail more than one year by 60 days.

Other Depopulation Strategies

Population Reduction:
TBD

JCIT is evaluating additional strategies to further reduce the jail population.

836 fewer people each day

Estimated reduction in the jail's **average daily population** by 2031

MCJ Facility Reduction

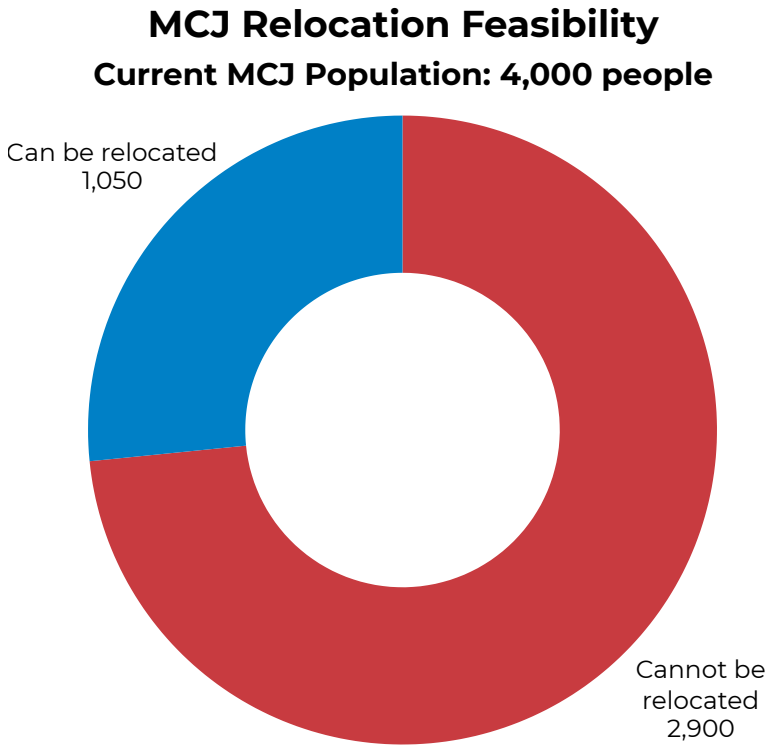
Approximate Population Reduction:
-1,050 people

An analysis of potential facility-driven actions that would allow the transfer of approximately 1,050 people from MCJ to other facilities, reducing reliance on MCJ.

-1,050 people at MCJ

These actions will not reduce the overall jail population, but will reduce reliance on the MCJ facility.

Impact of Facility Driven Actions



Approximately 4,000 People

Moderate Observation Housing (MOH) could be moved to PDC South

600 person reduction

Could be relocated if urgent care is located on-site

450 person reduction

Other speciality populations, those with high security levels, and those who require single cells

2,900+ that cannot be relocated

Jail Closure Framework

The actions necessary to close Men's Central Jail (MCJ) fall into four Areas of Focus:

1. Preventing In-Flow into County Jail (Lever 1)
2. Shortening Length of Incarceration (Lever 2)
3. Enhancing the Community-Based System of Care (Lever 3)
4. Facilities (Lever 4)

This report presents the Jail Closure Implementation Team's (JCIT) required actions across those categories.

JCIT classifies an item as a required action when it meets three conditions:

1. Data supports its potential to support jail closure;
2. There are projected associated costs and implementation effort; and
3. There is commitment from the relevant department(s) to advance the action.

While this report includes the required actions that JCIT has determined to date. Jail closure work is not finite. Keeping the incarceration footprint as small as possible, while ensuring public safety is an ongoing process. JCIT will continue to work with County departments and partners to review data and identify the actions necessary to reduce the incarceration footprint.

For each required action presented in this report, JCIT provides approximations of the following:

- Target population
- Estimated cost
- Implementation effort over a five-year period

This attachment also discusses cost estimates for a partial set of facilities components that may be required to close MCJ.

Jail Population Impact Analysis

JCIT aims to reduce the Average Daily Population (ADP) of County jails by facilitating opportunities to deflect or divert people through programming and by reducing the time between the start and end of their case(s).

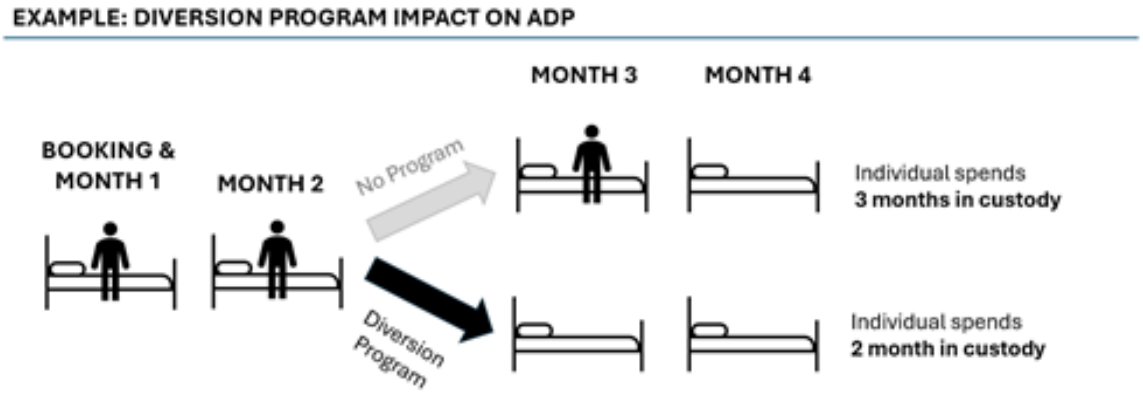
Overview of Average Daily Population (ADP)

Average Daily Population (ADP) is a measure of the number of people in jail on any given day.[1] Typically, programs reduce ADP by:

A. **Serving more people**: If a diversion program grows from 50 to 100 people, it will have a greater impact on ADP; and/or

B. **Getting people out of jail faster**: If a program reduces someone's jail stay by three months, it will have a greater impact on ADP than if it reduced their stay by three weeks.

The ADP reduction will depend on how much more quickly the program gets them out of custody, compared to when they would have otherwise been released.



JCIT worked to quantify each required action's impact on the county's ADP. JCIT compiled a roster of recent program participants to analyze their average Length of Incarceration (LoI) against a comparison group of similar non-participants, including individuals who were screened but did not enter the program. The resulting difference in LoI provides an estimated baseline for how much sooner participants were released, which was then paired with a program enrollment

[1] For additional explanation of ADP, the Appendix of NYC's "Smaller Safer Fairer" plan is a helpful resource.

forecast based on the proposed actions to approximate the associated reduction in the county jail's ADP.

Decisions regarding diversion, release, competency proceedings, and other case-specific matters are made by judicial officers based on the individual facts and circumstances of each case and the governing law. Neither the Court nor the County can predetermine or guarantee that particular individuals will be diverted or released.

As of June 2026, JCIT has completed initial ADP analyses for five of the seven programs with required actions. The results below approximate each program's potential impact based on the best available data.

ADP Reduction from JCIT Required Actions (Program Expansion) by FY 30-31	
Program	ADP Reduction (People)
ODR-LEAD (RA #1.1)	*Analysis not yet feasible.*
PD-HEAL (RA #2.1)	*Program launch too recent to evaluate.*
SAPC-CENS (RA #3.1)	15
JCOD-RDP (RA #3.2)	31
JCOD-STOP (RA #3.3)	43
DHS-ODR P3/P4 (RA #3.4)	124
DHS-ODR P2 (RA #3.5)	249
TOTAL	**462**

ADP Reduction from Additional Jail Depopulation Strategies and Programs by FY 30-31	
Program	ADP Reduction (People)
DMH Court Liaison Program	8
Case Processing Strategies	366
TOTAL	**374**

Updates to JCIT's Initial Set of Seven Required Actions

The seven required actions presented here will require new investment over the next five years of approximately $1.5 billion to achieve the expansions and the impacts described below. Combined with current allocated funding, the total cost of the actions included in this report is approximately $2.7 billion, as outlined in the tables below.

The tables below reflect revised cost figures for each required action. Where figures differ from JCIT's prior report, changes reflect updated estimates, reductions to new funding needed where sources have been identified and applied, and costs that partner departments will incur to support implementation. Details on all changes are included in the relevant Required Action sections below.

Summary - All Required Actions				
Program	**Currently Funded (5-Yr Total, $)**	**New Funding Needed (5-Yr Total, $)**	**Annual Ongoing (after FY 30-31, $)**	**5-Year Overall Total ($)**
ODR-LEAD (RA #1.1)	$105,500,000	$301,900,000	$125,900,000	$407,400,000
PD-HEAL (RA #2.1)	$2,878,000	$29,932,245	$7,009,068	$32,810,245
SAPC-CENS (RA #3.1)	$28,200,000	$14,100,959	$9,011,486	$42,300,959
JCOD RDP (RA #3.2)	$23,400,000	$147,296,650	$51,912,610	$170,696,650
JCOD STOP (RA #3.3)	$12,500,000	$34,500,000	$9,400,000	$47,000,000
ODR Housing P3/P4 (RA #3.4)	$989,000,000	$509,700,000	$390,300,000	$1,498,700,000
ODR Housing P2 (RA #3.5)	-	$512,500,000	$235,000,000	$512,500,000
Total All 7 Required Actions	**$1,161,478,000**	**$1,549,929,854**	**$828,533,164**	**$2,711,407,854**

Annual Operating Costs — All 7 Required Actions (by Fiscal Year)			
Fiscal Year (FY)	**Currently Funded ($)**	**New Funding Needed ($)**	**Total Operating Costs ($)**
FY 26-27	$243,893,000	$28,298,500	$272,191,500
FY 27-28	$232,397,000	$153,285,622	$385,682,622
FY 28-29	$229,503,000	$303,461,609	$532,964,609
FY 29-30	$227,639,000	$464,396,959	$692,035,959
FY 30-31	$228,046,000	$600,487,164	$828,533,164
5-Year Total	**$1,161,478,000**	**$1,549,929,854**	**$2,711,407,854**

These required actions build on existing County efforts and fall across JCIT's four areas of focus as discussed in more detail below.

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

Objective: Expand Existing Diversion/Deflection Strategies Focused on Individuals Experiencing Behavioral Health Crisis

Required Action #1.1 (UPDATED): Expand the Office of Diversion and Reentry Law Enforcement Assisted Diversion (ODR-LEAD) Program to more communities throughout the County

Lead Department: Department of Health Services (DHS)

Update: In the April board report, JCIT identified expansion of the ODR-LEAD Program as a Required Action and shared we would provide a plan for tracking the progress and impact of the proposed expansion. Since that report, JCIT has continued working with ODR to assess implementation considerations, expansion capacity, selection methodology, and performance measures to support future program growth.

This update provides additional information on ODR-LEAD's projected five-year expansion, relevant program performance metrics, and additional metrics to monitor the impact of the program on reducing jail inflow.

Projected Individuals Served Over a Five-Year Period: 3,555

Approximate Jail ADP Impact: An ADP analysis was not conducted for ODR-LEAD because the target population, that being individuals experiencing homelessness, behavioral health conditions, substance use disorders, having frequent law enforcement contact, cannot currently be reliably identified using existing jail custody data.

RA #1.1: Expand ODR-LEAD

Lead Department: DHS ODR

Expand ODR-LEAD to additional service areas. Add approximately 1,920 Intensive Case Management Services (ICMS) and 2,440 Permanent Supportive Housing (PSH) slots over five years. Ramp-up: approximately six months from funding availability.

Funding Needed for Expansion ODR-LEAD						
Fiscal Year (FY)	**Current Funded Slots**	**Current Funded Operating Costs**	**ICMS Capacity**	**Interim Housing (IH)/ Permanent Supportive Housing (PSH) Capacity**	**Total ICMS Slots Added (Cumulative)**	**Approximate New Funding Required**
FY 25-26	780	$21,100,000	780	260	-	-
FY 26-27	780	$21,100,000	1100	740	320	$7,200,000
FY 27-28	780	$21,100,000	1500	1500	720	$41,800,000
FY 28-29	780	$21,100,000	1900	1900	1,120	$64,000,000
FY 29-30	780	$21,100,000	2300	2300	1,520	$84,100,000
FY 30-31	780	$21,100,000	2700	2700	1,920	$104,800,000
5-Year Total		**$105,500,000**				**$301,900,000**
Annual Ongoing after FY 30-31						**$125,900,000**

Performance Measures: JCIT and ODR will track the following metrics to assess ODR-LEAD expansion outcomes:

Metric	Goal
Housing Retention	Measures the percentage of clients who successfully remain in permanent housing.
Linkage to Mainstream Benefits	Measures the percentage of enrolled clients who are linked to mainstream benefits (e.g., General Relief, Supplemental Security Income, Social Security Disability Insurance, Veteran's benefits, etc.)
Linkage to Primary Care Physician (PCP)	Measures the percentage of enrolled clients assigned to a PCP
Positive Exit from Interim Housing *(beginning FY 26-27)*	Measures percentage of Interim Housing clients who exit to a positive destination (e.g., Permanent Housing, Enhanced Care Facility, family reunification, etc.)

Expansion Requirements: ODR reports that the proposed expansion would require an estimated six-month ramp-up period from the date funding becomes

available to support staffing, operations and infrastructure development, and other expansion readiness supports needed for implementation.

A data-driven and stakeholder-informed methodology is used to identify future ODR-LEAD expansion sites. The site selection process incorporates analysis of the Justice Equity Needs Index (JENI), law enforcement arrest data, and input from key stakeholders, including law enforcement agencies, prosecutorial partners, offices of elected officials, and existing LEAD partners. Future resources are anticipated to support both expansion into new geographical service areas and increased capacity at existing LEAD sites where community needs exceed current program capacity and where there are disproportionate calls to law enforcement in response to individuals with unmet behavioral health needs.

This approach is intended to prioritize expansion into communities where increased diversion opportunities may have the greatest impact on reducing justice system involvement, improving access to community-based services, and supporting the County's broader jail closure objectives.

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

Objective: Conduct Behavioral Health Screenings as Early as Arraignment to Expedite Access to Treatment

Required Action #2.1 (UPDATED): Expand the Public Defender's (PD) Holistic Early Assessment and Linkage Program (HEAL) to All Felony Arraignment Courts

The County should expand the program to the 10 remaining felony arraignment branch courts: Lancaster, San Fernando, Van Nuys, Pasadena, Pomona, Norwalk, Airport, Compton, Long Beach, and Torrance.

Lead Department: PD

Update: JCIT's April 2026 report recommended the HEAL court expansion and included details on the staffing costs necessary for implementation. This report updates this recommendation to include costs related to additional staffing at the pilot courthouse, which is detailed below.

HEAL launched as a pilot at Clara Shortridge Foltz Criminal Justice Center (CCB) on January 20, 2026. CCB is the County's largest and highest-volume felony arraignment courthouse.

Since its launch, HEAL has completed 197 assessments through May 27, 2026, with 101 clients released from custody as of May 28, 2026. Of the 96 clients who remain in custody, there are a variety of reasons for them not currently being placed into a treatment program (reasons may include legal impediments preventing release, coordination between HEAL and Mental Health Plan, etc.)

During the first four months of implementation at CCB, HEAL was staffed by one Psychiatric Social Worker (PSW). Court presence is essential to assess clients at arraignment, but the PSW must also travel to jail facilities for in-custody interviews and complete clinical reports. This has strained the capacity of the one PSW and signaled the need for another PSW at CCB. JCIT will fund a second PSW at CCB through JCIT CFCI funds.

PD does not presently anticipate requiring two PSWs per courthouse for the remaining 10 expansion courthouses.

Background: Without HEAL, obtaining a court-ordered release into treatment requires a mental health evaluation and a treatment placement secured independently by the attorney, a process that adds a minimum of six to eight weeks to case timelines and can stretch to six to nine months. HEAL addresses this directly by embedding a licensed PSW in a felony arraignment courtroom to assess

clients at the earliest stage of proceedings, connect them to diversion pathways, and in some cases provide the clinical evaluation required for diversion.

Approximate Number of People Served Over Five Years: 4,320

Approximate Jail ADP Impact: Not yet available.

Early observations by the PD, based on HEAL assessment, program referral, program screening, and release activity where applicable, highlight how the pilot is operating. These initial findings underscore HEAL's potential to reduce continuances and shorten the length of incarceration.

The PD's review indicates that HEAL has helped move cases forward by identifying appropriate programs early in the process and ruling out ineligible options more quickly. According to the PD, HEAL staff are also locating resources that would otherwise take attorneys significant time to find, surfacing mental health information that can support litigation or plea discussions earlier, and providing Judges with information that can support decisions about release, among other benefits.

Together, these early observations point to HEAL's growing role in shortening the period between key court events and reducing delays that contribute to longer stays in custody. We cannot say right now what the impact of HEAL is on the jail's average daily population.

One important piece of HEAL in relation to the Required Actions in this report is its expected contribution to reducing the time between arraignment and referral to programs.

Though HEAL is new, a JCIT analysis of early results indicates a higher share of cases being screened within the first week of booking compared to those before HEAL. With the data available, the review found that HEAL involvement helped move cases more quickly toward program screening by shortening the early steps in the process.

Rapid Diversion Program (RDP)

- Without HEAL, RDP felony cases at CCB were screened by RDP an average of forty-eight days after booking, with a median of thirty-two days. Of those, 14 percent were screened within a week of booking, and 16 percent were screened after more than 90 days.
- With HEAL, these same types of cases reached screening sooner. RDP screening occurred an average of 17 days after arraignment, with a median of one and a half days. When adding the typical three days between booking

and arraignment, the total time to screening with HEAL was about 20 days on average, with a median of four and a half days.

ODR Housing

- For ODR, cases are screened an average of 66 days after booking, with a median of 43 days.

- With HEAL, these same cases reached screening sooner: an average of 16 days after arraignment, or a median of 12 days. Adding the maximum allowable three days between booking and arraignment, the total time to ODR screening with HEAL was about 19 days on average, with a median of 15 days.

Early results have not yielded enough data to do a similar comparison for other programs discussed in this report.

Performance Measures: JCIT and PD will track the following metrics to assess HEAL expansion outcomes:

Metric	**Goal**
Number of HEAL Screenings	Measures the number of individuals who receive a HEAL screening.
Number of Full Mental Health Diversion Reports Completed by HEAL Clinician	Measures the number of clients who receive a mental health diversion report from a HEAL clinician.
Average Number of Days from Booking to HEAL Screening	Measures the time between booking and completion of the HEAL screening.
Average Number of Days from HEAL Screening to Program Referral (where Applicable	Measures the time between completion of the HEAL screening and the referral to a treatment program
Average Number Days from HEAL Screening to Disposition (where applicable)	Measures the time between completion of the HEAL screening and the disposition of the case.
Average Number of Court Dates from Arraignment to Release (where applicable)	Measures the number of court dates between arraignment and the client's release.
Case Disposition	Tracks the number of cases with each type of disposition.

Booking and release information are not currently available in the PD systems.

RA #2.1: Expand PD-HEAL to All Felony Arraignment Courts

Lead Department: PD

Expand HEAL to the 10 remaining felony arraignment branch courts: Lancaster, San Fernando, Van Nuys, Pasadena, Pomona, Norwalk, Airport, Compton, Long Beach, and Torrance.

Funding Needed for Expansion PD-HEAL			
Fiscal Year (FY)	**Funded Operating Costs**	**Approximate New Funding Required**	**Courthouses**
FY 25-26	$255,000		1
FY 26-27	$793,000	$5,331,000	11
FY 27-28	$797,000	$5,546,697	11
FY 28-29	$803,000	$5,754,498	11
FY 29-30	$239,000	$6,536,982	11
FY 30-31	$246,000	$6,763,068	11
5-Year Total	**$2,878,000**	**$29,932,245**	
Annual Ongoing after FY 30-31:			**$7,009,068**

Expansion Requirements

- Staffing: Two PSWs at CCB courthouse, one PSW at each remaining expansion courts and 30 Partners for Justice advocates.
- Timeline: Upon funding approval, hiring is estimated to take approximately three to four months, with training conducted on a rolling basis as staff are hired, allowing courts to come online sequentially.
- Facility access: A Los Angeles Sheriff's Department (LASD) agreement to provide PD PSWs with regular access to holding areas at each site will be needed to prioritize in-custody clients.

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

Objective: Expand Access to Diversion and Treatment for People with Low- to Moderate-Acuity and SUD Needs

Required Action #3.1 (UPDATE): Expand Client Engagement and Navigation Services (CENS) to Uncovered Felony Arraignment Courts

The County should expand CENS to the five felony arraignment courts currently without coverage and ensure that all active courthouse locations are adequately staffed to prioritize in-custody clients for screening.

Lead Department: DPH

Update: Since the April 2026 report, JCIT has agreed to fund the expansion of the Department of Public Health, Substance Abuse Prevention and Control Bureau Client Engagement and Navigation Services (CENS) program to the remaining felony arraignment courts with ongoing JCIT CFCI Funds. Those costs are now listed in the cost table below as funded operating costs.

Expanding to the five uncovered courthouses is estimated to connect an additional 1,500 clients per fiscal year to SUD treatment services, based on DPH-SAPC's analysis of jail release data. DPH-SAPC is working with the PD to identify spacing and the need for SUD services at the five recommended courthouses.

JCIT has also worked with DPH-SAPC to develop a fuller picture of expansion costs, including projected treatment costs for the additional clients who would be connected to SUD services at the five new courthouses.

DPH-SAPC estimates an average JCIT-funded treatment cost of approximately $1,500 per client per year, covering the roughly 22 percent of costs not reimbursable under Drug Medi-Cal, including room and board for residential treatment, recovery bridge housing, housing navigation, and full treatment costs for individuals ineligible for Medi-Cal, etc. Those cost estimates, which are not yet funded, are included in the table below.

JCIT currently provides DPH-SAPC $5 million for services for jail releases through JCIT's CFCI funds; the additional volume generated by expansion would require an additional $3.1 million by FY 30-31.

Background: CENS serves as one primary pathway out of custody for individuals whose legal involvement is driven primarily by substance use. Counselors provide SUD screening and referral, Medi-Cal enrollment assistance, and navigation into the DPH-SAPC system of care. The program currently operates at 10 courthouses across the County. Access is determined by courthouse geography rather than client eligibility.

Approximate People Served Over Five Years: Approximately 7,500 (Includes 2,500 in-custody and 5,000 out-of-custody individuals.)

Approximate Jail ADP Impact by Year Five: If implemented, the proposed expansion is projected to reduce the average daily jail population by 15 people.

Performance Measures: JCIT and DPH will track the following metrics to assess CENS expansion outcomes:

Metric	Goal
Appointment Show Rate	Tracks how often clients with a successful CENS referral and connection attend scheduled appointments.
Treatment Linkage Rate	Measures the rate at which clients with a successful CENS referral and connection enter treatment.
Treatment Effectiveness Assessment (TEA)	Assesses improvement in drug use, mental health, physical health, personal responsibility, and responsible community members using pre- and post-treatment scores.
Percent Stable/Permanent Housing at Discharge	Measures the percentage of people experiencing homelessness who secure stable or permanent housing at discharge.
Percent Treatment Engagement (30+ Days)	Tracks treatment engagement and compare housing attainment and TEA outcomes between engaged and non-engaged groups.
Percent Transition of Care	Measures transitions of care and compares housing attainment and TEA outcomes between those with transition of care and those with a single episode.

RA #3.1: Expand SAPC-CENS to Uncovered Felony Arraignment Courts

Lead Department: DPH-SAPC

Expand CENS to the five felony arraignment courts currently without coverage; adequately staff all active courthouse locations to prioritize in-custody clients.

Funding Needed for Expansion SAPC-CENS			
Fiscal Year (FY)	**Funded Operating Costs**	**Approximate New Funding Required**	**Courthouses**
FY 25-26	$2,900,000		10
FY 26-27	$5,400,000	$2,587,500	15
FY 27-28	$5,400,000	$2,747,925	15
FY 28-29	$5,700,000	$2,833,111	15
FY 29-30	$5,700,000	$2,920,937	15
FY 30-31	$6,000,000	$3,011,486	15
5-Year Total	**$28,200,000**	**$14,100,959**	

Annual Ongoing after FY 30-31:	**$9,011,486**

Expansion Requirements:
Co-location space at each new courthouse must be confirmed before launch. JCIT is working with DPH-SAPC, the PD, and LASC to identify available court space or other solutions at each site.

Objective: Appropriate ongoing funding and expanding access to behavioral health diversion programs

It is also important that programs like the Rapid Diversion Program (RDP) and JCOD Specialized Treatment for Optimized Programming (STOP), which are actively serving clients, have sustainable funding to operate. Expansion without a stable funding base simply shifts the problem forward; and gaps in ongoing funding risk losing the staff, referral relationships, and courthouse presence that take significant time and resources to build.

Programs like RDP and STOP connect lower-acuity individuals to services as an alternative to incarceration. However, the County's ability to sustain and expand this infrastructure is constrained by a lack of ongoing funding and State budget cuts.

- RDP faces steep State funding cuts that put multiple sites at risk of closure as soon as next year, and State funding for FY 27-28 has yet to be confirmed and remains subject to annual budget appropriations, which would require substantial programmatic reductions. Without action, the County risks losing what it has built before expansion to new courthouses is even possible.

- STOP is actively serving clients but relies entirely on one-time funding. Without a new ongoing funding commitment, STOP will cease accepting new clients in January 2027 and then begin winding down — eliminating the referral pathways and provider relationships built since the program launched in January 2024.

Required Action #3.2 (UPDATED): Stabilize and Expand RDP

The County should allocate ongoing funding to sustain all eight active RDP sites and expand the program to 10 additional courthouses, prioritizing those that oversee early criminal proceedings of felonies, ensuring that in-custody individuals have access to programs regardless of where their case is heard.

Lead Department: JCOD

Update: JCIT's April report identified the need to both stabilize existing RDP sites and expand the program's reach to 10 additional courthouses. This report provides a more detailed expansion model, including a specific launch cadence and the justice partner and court staffing costs that expansion would require of PD, APD,

DA, and LASC, which were identified in the last report as required but not yet projected.

Full expansion requires coordination and additional staffing from JCOD, the PD, the APD, the DA, and the LASC.

The budget projections assume a dedicated RDP courtroom for diversion hearings and progress reports, with an RDP clinician present at arraignment where the arraignment defense attorney and prosecutor can agree on RDP at that stage. Referrals are accepted from all courtrooms at each site.

JCIT recommends adding two new courthouse sites per year beginning in FY 26-27, growing the program from eight sites today to 18 sites by FY 30-31. Each new site can be brought online within approximately five months of funding confirmation.

Background: RDP connects lower-acuity individuals to behavioral health services as an alternative to incarceration. The program currently operates at eight criminal courthouses, leaving eligible individuals at other courthouses without access to diversion regardless of their suitability. RDP also faces a structural funding shortfall that threatens its existing operations at the same time the program needs to grow. Two sites operate on one-time CFCI funding with no ongoing source identified, and six sites operate on SB 129 funding that is being reduced in FY 26-27, creating a $2.87 million gap between contracted site costs and available funding. Funding for FY 27-28 has yet to be confirmed and remains subject to annual budget appropriations. Without a new ongoing funding source, the program risks losing the staff, referral relationships, and courthouse presence that take significant time and resources to build.

Approximate People Served Over five years: Approximately 7,450 (Includes 3,725 in-custody and 3,725 out-of-custody individuals.)

Approximate Jail ADP Impact by Year Five: If implemented, the proposed expansion is projected to reduce the average daily jail population by 31 people.

RA #3.2: Stabilize and Expand JCOD RDP

Lead Department: JCOD

Sustain all eight active RDP sites and expand to 10 additional courthouses (two per year for five years), prioritizing courts overseeing early criminal proceedings of felonies. Total expansion funding combines Sustain + Expansion streams.

Funding Needed for Sustain & Expansion JCOD RDP				
Fiscal Year (FY)	**Funded Operating Costs**	**Approximate New Funding Needed to Sustain Current Active Sites**	**Approximate New Funding Required**	**Courthouses**
FY 25-26	$11,300,000			-
FY 26-27	$9,400,000	$2,700,000	$705,000	10
FY 27-28	$4,200,000	$8,900,000	$2,200,000	12
FY 28-29	$4,100,000	$10,100,000	$4,600,000	14
FY 29-30	$2,800,000	$12,200,000	$7,200,000	16
FY 30-31	$2,900,000	$12,800,000	$10,100,000	18
5-Year Total	**$23,400,000**	**$46,700,000**	**$24,805,000**	
Annual Ongoing after FY 30-31:				**$25,800,000**

The table above reflects new funding required related to JCOD to implement the required action.

In addition, over five years, justice partners require an additional $75.7 million in funding to support the JCOD RDP expansion. That amount is reflected in the summary table on Page 4.

Potential Court Funding Required:

The fiscal impact on the Court, which is funded by the State rather than the County, is contingent upon caseload growth in existing courtrooms reaching a threshold that necessitates a dedicated or additional courtroom. The Court would need to assess capacity at the location before any commitment to expanded courtroom resources could be made.

If dedicated courtrooms were required at all 10 additional RDP sites, the estimated annual Court staffing impact would be approximately $5.2 million at full build out. This estimate is exclusive of one-time facility or operational startup costs.

Performance Measures: JCIT and JCOD will track the following metrics to assess RDP expansion outcomes:

Metric	**Goal**
Clinical approvals by custody status	Measures the percentage of in-custody clients that are found clinically appropriate for program.
Average weeks between assessment and diversion	Measures time between program assessment and granting of diversion. Assists in identifying operational challenges.

Pre-Diversion Rejections	Measures the percentage of rejections of those clinically approved three to six months ago; rejections by reason for felonies and rejections by reason for misdemeanors. Identifies clinical reasons for rejection, prosecutor rejections, AWOLs, or if the client opted for other legal options etc.
Post-Diversion Termination Rate	Measures client terminations by reason, including Absent Without Official Leave (AWOLs), graduations, rearrests, etc.
Linkage	Measures time between program assessment and enrollment into services. Enrollment/intake date represents the date the RDP participant was successfully linked to mental health, substance use treatment, and/or housing if relevant.
Success Rates	Tracks active clients, those pending diversion, and graduates by felony/misdemeanor and courthouse. Includes the total number of clients who are graduated or still active, and measures success rates for those diverted after 12 months and 24-months.

Required Action #3.3 (UPDATED): Secure Ongoing Funding for JCOD STOP

The County should secure ongoing annual funding for JCOD's STOP program to maintain capacity of 200 slots. A funding commitment is needed before January 2027 to prevent the loss of active referral pathways and provider relationships.

Lead Department: JCOD

Update: JCIT's April report identified securing ongoing funding for JCOD STOP to avoid a winding down of the program. LASD identifies candidates for STOP through a screening and risk assessment of the sentenced population in the jail and refers eligible individuals to JCOD for further screening. The LASD pathway grew in FY 25-26: LASD referred 39 individuals through June 9, compared to 16 referrals in all of FY 24-25. The LASD referral pathway remains a secondary source of referrals relative to referrals ordered by courts as part of a diversion or sentencing process.

For court referrals, three program staff currently conduct all STOP screenings across the County, either traveling to the jail facility or conducting remote screenings via LASD's Inmate Video Visitation System (IVVS) where a referred individual is in custody.

Background: STOP provides structured treatment and support services for lower-acuity individuals (people designated P2s and below) as an alternative to incarceration, accessible through conditional release or as a court-ordered

sentence. Referrals come primarily through the courts, with LASD and Probation serving as secondary pathways.

STOP operates entirely on one-time funding, with no ongoing funding source identified. Without a new commitment, the program will be forced to wind down by June 2027.

Approximate Number of People Served Over Five Years: 2,100

Approximate Jail ADP Impact by Year Five: If implemented, the proposed expansion is projected to reduce the average daily jail population by 43 people.

RA #3.3: Secure Ongoing Funding for JCOD STOP

Lead Department: JCOD

Secure ongoing annual funding to maintain 200-slot capacity. Funding commitment needed before January 2027 to prevent loss of active referral pathways and provider relationships.

Funding Needed for Sustaining JCOD STOP (200 Slots)

Fiscal Year (FY)	Funded Operating Costs	Approximate New Funding Needed to Sustain Capacity at 200 Slots	Total Slots
FY 25-26	$6,300,000	-	
FY 26-27	$9,400,000	-	200
FY 27-28	$3,100,000	6,300,000	200
FY 28-29	-	9,400,000	200
FY 29-30	-	9,400,000	200
FY 30-31	-	9,400,000	200
5-Year Total	**$12,500,000**	**$34,500,000**	
Annual Ongoing after FY 30-31:			**$9,400,000**

Performance Measures: JCIT and JCOD will track the following metrics to assess STOP outcomes:

Metric	Goal
Number of days to resolve referral	Measures time between referral date and referral resolution (e.g., cancelled, enrolled).
Number of days to assessment from referral	Measures time between referral and program assessment.
Assessment by outcome	Measures the program acceptance rate.
Enrollments and exits	Tracks new enrollments, new unique clients, and active clients. Includes counts of clients who complete mandatory requirements, clients who completed requirements and are voluntarily still participating, active clients on track to complete court requirements, and exits by reason.
Services	Tracks the number of clients linked to housing and the number of clients linked to SUD services.

Objective: Expand Community-Based Treatment Capacity for People with Serious Mental Illness

Required Action #3.4 (UPDATED): Stabilize and Expand ODR Housing for P3 and P4 Clients

The County should expand ODR Housing to serve all suitable P3 and P4 clients over a five-year period, at approximately 140 new clients per month.

Lead Department: DHS

Update: JCIT's last report identified the need to act before ODR reaches its enrollment ceiling in July 2026 and to expand the program's reach to serve all divertible P3 and P4 clients over five years. ODR put forth a FY 26-27 Unmet Needs request for $30.4 million in funding for 672 slots and staffing but as of July 9, this funding has not yet been secured. Without these resources, ODR would be forced to reduce its processing of referrals by approximately 50 percent, slowing the pace of releases and delaying the proposed JCIT expansion, should it be funded.

This report adds the justice partner and court staffing costs that expansion would require of PD, APD, DA, and LASC, which were identified in the last report as required but not yet projected. This is still a work in progress.

Each additional ODR suitability hearing day secured with LASC requires commensurate staffing capacity from defender and prosecutor offices. Also required is support from LASD and Superior Court staff to ensure that courtroom lockup and transportation capacity is optimized to support the expansion. Slot growth without additional court and attorney capacity will not optimize program impact or the speed of releases from jail. ODR and DMH are also evaluating the

potential costs to DMH associated with the proposed ODR expansion, including the costs of transitioning clients from ODR to DMH-funded care.

Background: ODR Housing has secured court-ordered releases for thousands of individuals with severe or acute mental illness who would otherwise remain in custody, and it is the only dedicated pathway to community-based treatment for most people with a P3 or P4 designation in the jail. The program currently operates at 3,615 housing slots and is on track to reach enrollment capacity by July 2026. At that point, without new funding, new admissions will be limited to approximately 70 per month, the rate at which existing clients cycle out. (The County reported in April 2026 that in the First Quarter of 2026, 416 clients were released to the ODR Housing program, an average of 139 per month.) If slot capacity is reached, the program will not stop operating, but it will effectively stop growing at a moment when the need to reduce jail population continues to increase.

ODR Housing currently projects, based on the current percentage of P3s and P4s in the total jail population, that with the capacity to release approximately 140 clients per month, most P3 and P4 individuals likely to be diverted could be served. To reach that level, ODR would need an additional 4,169 slots over five years, bringing the total from 3,615 to 7,784. Under the current program structure, in which clients often remain with ODR beyond their two-year court order, those additional slots would cost an estimated $509.7 million over five years.

Approximate People Served Over Five Years: 7,577

Approximate Jail ADP Impact by Year Five: If implemented, the proposed expansion is projected to reduce the average daily jail population by 124 people.

RA #3.4: Stabilize and Expand ODR Housing for P3 and P4 Clients

Lead Department: DHS (ODR)

Expand ODR Housing to serve all suitable P3 and P4 clients over five years at approximately 140 new clients per month. Six-month ramp-up, then another three to six months to achieve consistent release rate.

Funding Needed for Expansion ODR Housing (P3/P4)					
Fiscal Year (FY)	**Current Funded Slots**	**Current Funded Operating Costs**	**New Slots Added (per year)**	**Total Slots Added (Cumulative)**	**Approximate New Funding Required**
FY 25-26	3,615	$197,800,000	-	-	-
FY 26-27	3,615	$197,800,000	315	315	$3,100,000
FY 27-28	3,615	$197,800,000	1,144	1,459	$48,500,000
FY 28-29	3,615	$197,800,000	1,014	2,473	$106,000,000
FY 29-30	3,615	$197,800,000	899	3,372	$159,600,000
FY 30-31	3,615	$197,800,000	797	4,169	$192,500,000
5-Year Total		**$989,000,000**	**4,169**		**$509,700,000**
Annual Ongoing after FY 30-31:					**$390,300,000**

The table above reflects new funding required related to DHS-ODR to implement the required action.

In addition, JCIT is working to determine the additional funding required for justice partners to implement the required action.

Potential Court Funding Required: The fiscal impact on the Court, which is funded by the State rather than the County, is contingent upon caseload growth in existing courtrooms reaching a threshold that necessitates a dedicated or additional courtroom. The Court would need to assess capacity at the location before any commitment to expanded courtroom resources could be made.

If caseload levels were to require dedicated ODR courtrooms, the estimated annual Court staffing cost would be approximately $834,151 per courtroom.

Metrics: ODR Housing Performance Measures

Metric	**Goal**
Housing Retention	Measures the percentage of clients who successfully remain in permanent housing.
Linkage to Mainstream Benefits	Measures the percentage of enrolled clients who are linked to mainstream benefits (e.g., General Relief, Supplemental Security Income, Social Security Disability Insurance, Veteran's benefits, etc.).
Linkage to Primary Care Physician (PCP)	Measures the percentage of enrolled clients assigned to a PCP.

Metric	Goal
Positive Exit from Interim Housing	Measures percentage of Interim Housing clients who exit to a positive destination (e.g., Permanent Housing, Enhanced Care Facility, family reunification, etc.).
Housing Retention	Measures the percentage of clients that successfully remain in permanent housing.

Required Action #3.5 (UPDATE): Expand ODR Housing for P2 Clients with Higher Mental Health Needs

The County should expand ODR Housing to serve all suitable P2 clients over a five-year period, starting at approximately 140 new clients per month. This should be done in parallel with the P3/P4 expansion described above.

Lead Department: DHS

Update: JCIT's last report included the P2 expansion as a parallel track to the P3/P4 expansion, requiring a new court hub for ODR Housing to reach full operating capacity that would enable them to maintain the focus on P3s and P4s while also expanding to serve more P2s. This report adds the justice partner and court staffing costs that the P2 expansion would impose, which were identified in Report No. 7 as required but not yet projected. This is a work in progress. Because substantial additional court capacity would be required, ODR estimates it would take 18 to 24 months to match the court capacity currently available for P3 and P4 programming, at which point ODR could consistently achieve an additional 140 P2 releases per month.

Background: People with a P2 designation represent the largest mental health housing group in the jail, but they currently are not the focus of the ODR Housing program. ODR Housing currently focuses on P3 and P4 individuals—and is the one County diversion program that serves severely and acutely mentally ill individuals at scale — but ODR Housing also serves P2s and below who were previously ODR clients, who stabilized to a lower level of acuity, or who are in specialized P2 Enriched Mental Health housing within the jails. This required action proposes that ODR Housing maintain its focus on all eligible P3 and P4 clients, while also expanding to serve more P2s.

ODR projects that maintaining its focus on all eligible P3s and P4s while also expanding to serve all suitable P2 candidates would require 4,797 new slots over five years, distinct from and in addition to those in Required Action #3.4. Under the ODR housing model, in which clients often remain with ODR beyond their two-year court order, expansion would cost an estimated $512.5 million over five years.

Approximate People Served Over Five Years: 6,030

Approximate Jail ADP Impact by Year Five: If implemented, the proposed expansion is projected to reduce the average daily jail population by 249 people.

RA #3.5: Expand ODR Housing for P2 Clients with Higher Mental Health Needs

Lead Department: DHS (ODR)

Expand ODR Housing to serve all suitable P2 clients over five years, starting at approximately 140 new clients per month, while maintaining focus on and in addition to the P3/P4 expansion.

Funding Needed for Expansion ODR Housing (P2)					
Fiscal Year (FY)	**Current Funded Slots**	**Current Funded Operating Costs**	**New Slots Added (per year)**	**Total Slots Added (Cumulative)**	**Approximate New Funding Required**
FY 25-26	-	-	-	-	-
FY 26-27	-	-	147	147	$1,900,000
FY 27-28	-	-	814	961	$27,600,000
FY 28-29	-	-	1,325	2,286	$86,000,000
FY 29-30	-	-	1,330	3,616	$162,000,000
FY 30-31	-	-	1,180	4,796	$235,000,000
5-Year Total		**-**	**4,796**		**$512,500,000**
Annual Ongoing after FY 30-31:					**$235,000,000**

The table above reflects new funding required related to DHS-ODR to implement the required action, while maintaining the focus on and in addition to the ODR P3/P4 expansion.

In addition, JCIT is working to determine the additional funding required for justice partners and the Court to implement the required action.

Potential Court Funding Required: The fiscal impact on the Court, which is funded by the State rather than the County, is contingent upon caseload growth in existing courtrooms reaching a threshold that necessitates a dedicated or additional courtroom. The Court would need to assess capacity at the location before any commitment to expanded courtroom resources could be made.

If caseload levels were to require dedicated ODR courtrooms, the estimated annual Court staffing cost would be approximately $834,151 per courtroom.

Metrics: ODR Housing Performance Measures

Metric	**Goal**
Housing Retention	Measures the percentage of clients who successfully remain in permanent housing.
Linkage to Mainstream Benefits	Measures the percentage of enrolled clients who are linked to mainstream benefits (e.g., General Relief, Supplemental

Metric	Goal
	Security Income, Social Security Disability Insurance, Veteran's benefits, etc.).
Linkage to Primary Care Physician (PCP)	Measures the percentage of enrolled clients assigned to a PCP.
Positive Exit from Interim Housing	Measures percentage of Interim Housing clients who exit to a positive destination (e.g., Permanent Housing, Enhanced Care Facility, family reunification, etc.).
Housing Retention	Measures the percentage of clients that successfully remain in permanent housing.

Area of Focus: Facilities

Facilities

Over the past few months, JCIT has been working closely with LASD and Correctional Health Services (CHS) to identify potential actions to methodically depopulate MCJ. Potential areas of opportunity include:

- Relocating individuals currently in custody to other facilities within the County's existing jail system, including by leveraging the project already in the design and preconstruction phase to renovate the Pitchess Detention Center (PDC) South facility to assist with compliance with the settlement agreement in United States v. County (the USDOJ Settlement Agreement).

Potential Action: Relocate Individuals from MCJ to Other Facilities in the Existing Jail Footprint

In collaboration with JCIT, LASD's Population Management Bureau conducted a strategic preliminary assessment of how to close MCJ by relocating currently detained individuals to other jail facilities within the County's existing footprint. The proposed assessment is to close and deactivate the 9000 Floor in MCJ. The proposal would vacate all five of the component dorms on the 9000 floor (9100 - 9500) to close approximately 570 MCJ beds, assuming that population levels do not substantially rise above current levels.

The following actions would need to take place to close the 9000 Floor:

1. Relocate approximately 600 people from the MCJ 5000 Floor to the Pitchess PDC South Renovation Project. The South Renovation Project is underway and aims to convert 600 existing general population beds for use as 600 moderate observation housing (MOH) beds. This project, which would create new MOH housing spaces and expand the clinical footprint, among other changes to the facility, is currently in the design and preconstruction phase as approved by your Board.[2] It is scheduled for completion by 2029 or earlier.

[2] Board Letter for Construction Manager at Risk (CMAR) for the proposed Pitchess Detention Center South Renovation Project, Capital Project 8A133 (October 21, 2025): https://file.lacounty.gov/SDSInter/bos/supdocs/208285.pdf

Board Letter to establish a capital project for the proposed Pitchess Detention Center South Renovation Project, Capital Project 8A133, October 21, 2025: https://file.lacounty.gov/SDSInter/bos/supdocs/208285.pdf

2. Transfer approximately 450 people to the North County Correctional Facility (NCCF) Building 800. Currently, there are approximately 792 available beds within NCCF's Housing Unit 800. LASD's preliminary assessment determined this space to be suitable for approximately 450 specialty population individuals who currently are housed on MCJ's 9000 floor. To make this move from MCJ to NCCF possible a high-priority, standalone PDC Urgent Care unit would need to be built on the Pitchess campus to manage clinical triage before depopulating the 9000 floor. This would allow for immediate treatment of non-emergency medical conditions that require prompt attention while cutting down on visits to the Medical Outpatient Specialty Housing at MCJ or to outside hospitals.

3. Recruit or reassign supplemental staffing to PDC South and NCCF to meet additional workload and patient needs associated with increasing the population of individuals detained in North County. To meet additional workload and patient needs, supplemental staffing would need to be recruited or reassigned to PDC South and NCCF, both of which are located in Castaic, California on the PDC complex that also includes two other separate jail facilities—PDC North, which includes MOH housing, and PDC East, which currently has a very limited population and is the County's oldest jail facility.

These actions would result in approximately1,050 people being relocated from MCJ. This represents approximately 25 percent of the current MCJ population (approximately 4,000 people).

At current population levels, this would be sufficient to depopulate and close the 9000 Floor. However, should the overall jail population increase and necessitate re-occupancy of the 9000 Floor, closure of the MCJ 9000 floor cannot be guaranteed with the proposed scenario.

Renovating 600 Beds At PDC South for Moderate Observation Housing

In 2025, your Board established a Capital Project for the renovation of PDC South to convert 600 underutilized low-security General Population beds to much needed Moderate Observation Housing for those at a P2 level of care. The goal is to invest in renovating more housing in non-MCJ facilities to be appropriate for MOH to reduce or eliminate the need to use MCJ for MOH housing. This need is critical for compliance with USDOJ Settlement Agreement on mental health in the jails and will result in safer and more appropriate MOH housing options for those currently housed in MOH housing at MCJ.

The Capital Project currently has $10 million in funding for design and pre-construction work, which is currently underway. Board approval for the construction phase will be sought once the design work has been completed and a guaranteed maximum price has been calculated.

Once complete, the goal would be to move a total of 600 low-security MOH individuals to PDC South from either MCJ or to free up space at PDC North, with individuals in MOH housing at MCJ flowing either to PDC South or to the vacancies created at PDC North.

Creating Additional Medical Treatment Capacity at the Pitchess Detention Center Campus To Fully Utilize Vacant Space at NCCF

More individuals could flow from MCJ to vacant space at another Castaic facility, NCCF, if there was sufficient medical treatment capacity there to care for an increased, higher-needs population.

Based on previous County planning efforts and recent discussions with CHS, there is currently a need for urgent care services to serve people in-custody at the Pitchess Detention Center campus. Establishing an on-site CHS Urgent Care Center would meet that need and make it easier to utilize existing facilities in Castaic to relocate some individuals who would otherwise have to be housed at MCJ.

The concept of establishing an on-site Urgent Care Center has previously been evaluated by Los Angeles County in a 2013 Vanir Report. In 2014, the *Journal of Correctional Health Care* published a study that examined the impact of implementing full service on-site urgent care services at the Los Angeles County Jail.[3] The 2014 study found that implementing on-site urgent care staffed by emergency physicians led to reductions in the average number of patients transferred to LAC+USC Hospital, the average number of monthly closure hours, and the average days per month when closure to transfer occurred, and a cost savings of some $2 million, primarily in personnel costs. It was also found that the addition of on-site urgent care services reduced transfers to outside emergency departments and decreased emergency department diversion hours.

Currently, there is still a need for treatment space, diagnostic imaging capabilities, and dedicated medical staffing to serve the north campus facilities. LASD and CHS anticipate that moving more individuals to both PDC South and NCCF would mean increased healthcare needs at those facilities. Although a full analysis and detailed scoping would be required to estimate the full costs and benefits of the new urgent care component, prior studies indicate that an On-Site Urgent Care would bring some cost efficiencies that not only support MCJ closure but enhance the overall operations at the PDC campus.[4]

---

[3] Reduction in Jail Emergency Department Visits and Closure After Implementation of On-Site Urgent Care - Erick Eiting, Carrie S. Korn, Erin Wilkes, Glenn Ault, Sean O. Henderson, 2017,

[4] This strategy is being included as part of this Required Action although it has not yet been fully scoped and costed because closing the 9000 Floor of MCJ and maximizing the use of other existing facilities in the jail footprint is necessary for MCJ closure.

Preliminary JCIT Assessment of Transportation Cost Savings

Based on information provided by LASD, a JCIT analysis found that roughly $9 million in annual expenditures went to LASD staffing costs focused on transporting individuals to/from various facility es (see table below). Approximately 75 percent of the transports were for medical or related issues.

Car Runs Average 2025-2026

	Monthly	**Annual**
NCCF	$261,950	$3,143,394
PDC North	$415,353	$4,984,236
PDC South	$75,278	$903,330
Total	$752,580	$9,030,960

Accordingly, there could be some cost offsets to the cost of an expanded urgent care footprint at PDC. The figures listed above are a conservative, baseline estimate. They only include basic costs and do not account for variables in data collection or operational expenses. Because of this, actual total costs are expected to be higher once all figures are fully validated.

The development of an Urgent Care Center PDC would support the County's long-term operations planning efforts by increasing access to healthcare services, reducing transportation requirements and costs, and facilitating future closure of MCJ.

A deeper analysis of the overall construction cost, equipment needs and operating cost of the comprehensive medical facility will be occurring in the coming months.

Strategic and Financial Challenges

Although JCIT believes at this time that it is necessary, implementing this scenario to fully close the 9000 Floor by renovating, realigning, and relocating individuals as described above introduces significant operational challenges, primarily driven by an increase of the clinical footprint as centralized mental health cohorts are decentralized across multiple facilities. This shift creates substantial personnel and overtime pressures, which is further complicated by the difficulty of predicting how the higher-need MOH population might grow in future years.

In addition, this scenario will be costly and will demand significant additional personnel across NCCF, PDC South, and CHS, with the total cost impacts dependent on finalized staffing ratios and the to-be-determined construction costs of the critical PDC Urgent Care unit and the not-to-exceed cost of the PDC South renovations. Based on early feedback from LASD and CHS, it is likely that staffing

reductions from closing the MCJ 9000 Floor may not immediately translate to cost savings because LASD and CHS staff would be reallocated within MCJ to fill vacancies and to minimize overtime.

Area of Focus: Preventing New Inflow (Lever 1)

Justice, Care and Opportunities Department (JCOD) Supportive Release Program (JSRP) and Independent Pretrial Services

Update since last report included in Attachment IV – Additional Jail Closure Strategies

Department of Mental Health Alternative Crisis Response (ACR)

Update since last report included in Attachment IV – Additional Jail Closure Strategies

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

Expert Appointment Delays: Professional Appointee Court Expenditure (PACE)

Update since last report included in Attachment IV – Additional Jail Closure Strategies

Attorney Access to Clients: Justice Video Conferencing Scheduling System

Lead Department: Los Angeles County Information Systems Advisory Board (ISAB)

No new update. ISAB continues to partner with a contractor, cFive Solutions, to develop an improved scheduling system for attorney video visitation in the jail. This effort remains on track for completion around June 2027.

Electronic Evidence

Lead Departments: District Attorney (DA), Public Defender (PD), Alternate Public Defender (APD), Independent Defense Counsel Office (IDCO)

Since the last report, the Jail Closure Implementation Team (JCIT) has collected data from PD regarding the amount of electronic video discovery PD receives, confirming anecdotal accounts of the substantial volume of video evidence that must be retrieved and reviewed. For example, between January 1, 2026, and May 14, 2026, PD received 14,414 hours of electronic video discovery (approximately 600 days of continuous video footage). This figure is likely a significant undercount, as it accounts only for footage received by PD on the Axon evidence.com electronic discovery platform and does not include video files received by other methods that some attorneys still employ (e.g., through download links or on flash drives). The recent proliferation of video evidence is due largely to the widespread adoption of body-worn video cameras by law enforcement, resulting in greatly increased volume of video evidence relative to 10-15 years ago.

JCIT's Case Processing Workgroup obtained detailed feedback from PD, APD, and IDCO regarding common causes of delay related to electronic discovery, which fall into two broad categories: delays in receiving electronic discovery, and delays associated with reviewing video discovery, primarily body-worn video.

Subsequently, in June 2026, the Case Processing Workgroup met to discuss these issues and identified challenges including varying levels of access to tools (i.e., DA, PD, and APD each have differing levels of access to the Axon electronic discovery platform). As a result, attorneys, especially defense attorneys, need additional time to review body-worn video and prepare cases for resolution or trial.

The Workgroup Departments are gathering additional information to develop potential solutions (including specifying the levels of access and differences in

features for each Department and attempting to quantify how much the current video evidence processes affect case processing times). The DA, PD, and APD have identified the representatives from their departments that lead their digital discovery efforts and, next, this group will meet to discuss current access levels and potential options to pursue.

In our October report, JCIT expects to provide further strategies informed by this smaller, focused group.

Data Monitoring and Reporting Los Angeles Superior Court (LASC) Data Use and Sharing Agreement (DUSA)

Lead Department(s): Chief Executive Office (CEO) and LASC.

Since the last report, JCIT's Case Processing Workgroup developed an initial set of research questions to inform how the Workgroup uses court data to better understand the drivers of case processing times, including the following key areas of focus:

- **Case dispositions**: The time it takes to resolve felony cases for in-custody individuals;
- **Continuances**: The reasons for the gap between current case disposition timelines and state timeline standards;
- **Mental health court proceedings**: The impact of competency to stand trial proceedings (Penal Code 1368) on Length of Incarceration (LoI) for unsentenced individuals; and
- **Geographic variation**, if any: How these patterns vary by courthouse.

To enable CEO's Chief Information Office (CIO) to perform this analysis, CIO collaborated with JCIT's Case Processing Workgroup to establish a data sub-group in April 2026. The sub-group helped CIO develop an automated tool to clean and standardize some of the court data received from the LASC. JCIT can now access this information through the Countywide Information Hub (CWIH), which the CIO maintains, and work towards the goal of providing the Case Processing Workgroup and the partner departments with regular, timely data on case processing speeds, particularly data disaggregated by custody status and courthouse. This would allow JCIT and the partner departments to monitor case processing times for in-custody cases at the courthouse level and facilitate specific case flow management strategies.

Unsentenced Individuals in Custody More Than One Year

Lead Departments: DA, PD, APD, IDCO

As reported in JCIT's Fifth Quarterly Report, reducing LoI for people in jail more than one year by 60 days through case processing reforms can reduce the Average Daily Population (ADP) of that group by approximately 366 people, but it will take time to achieve that result. The number of individuals litigating cases in custody for

more than one year increased 3.1 percent, from 1,963 in August 2025 to 2,024 in May 2026. The number of individuals litigating cases in custody for more than two years decreased slightly over the same period, from 920 in August 2025 to 913 in May 2026.

In March 2025, JCIT convened a Case Processing Shared Vision meeting with top leadership from the DA, PD, APD, IDCO, CEO-Department of Justice (DOJ) Compliance, and CIO to align on a shared commitment to adhere to established state standards for resolving criminal cases as a guiding benchmark for in-custody felony cases, while recognizing applicable exceptions. Under California standards, felony cases should be resolved within one year of first arraignment.

Leadership across the justice stakeholder departments expressed alignment with the need to address structural barriers contributing to case delays and extended lengths of stay for individuals in custody, which may affect the County's ability to meet state standards. While JCIT's Case Processing Workgroup is focused on addressing these structural barriers, JCIT is also convening leaders of the departments with the goal of committing to actionable implementation steps and to monitoring performance countywide. The next meeting is scheduled for July 2026, and JCIT will report on progress in the next report.

Additionally, JCIT is assisting by working with LASC to provide data on how many in-custody felony cases have been pending for more than one year in each courthouse. Next, JCIT is working with LASC to develop a regular reporting cadence of this data to guide implementation and monitoring efforts at the courthouse level going forward.

Increase Early Releases and Dispositions (San Fernando Pilot)

Lead Departments: DA, PD, APD, IDCO

In September 2025, the DA and PD offices, in collaboration with JCIT, established the San Fernando Courthouse pilot to increase early releases and dispositions. As reported previously, early results suggested the pilot was mitigating the impact of increased felony filings by expanding early case resolution and release where appropriate. Since the last report, JCIT has collaborated with DA, PD, APD, and IDCO to develop and collect more detailed metrics to assess the effect of the pilot. These metrics include:

- **Early resolution of cases.** Since the pilot began, the percentage of San Fernando felony cases that resolve before preliminary hearing has remained roughly steady (68 percent before the pilot vs. 64 percent after).
- **Caseload.** JCIT intends to use an adjusted caseload measure to assess the impact of the pilot: felony caseloads adjusted for the number of felony filings. This method will control for changes in the volume of filings, which would otherwise make caseload data an ineffective tool to assess the impact of the pilot. At this time, however, the available data are insufficient to

capture this metric reliably. JCIT is working with CIO to obtain and analyze hearing-level court data to address this metric prior to JCIT's October report.

- **Length of incarceration.** Data shows a 29 percent drop in LoI over the eight-month period prior to the start of the pilot. Over the course of the pilot, from October 2025 to May 2026, the average LoI for San Fernando felony defendants remained flat at 134 days, despite a mid-pilot peak of 174 days in January 2026. The spike in late 2025 and early 2026 may reflect pre-pilot factors, while the subsequent decline may be more representative of the pilot's actual impact.
- **Case speed.** This data is not yet available. JCIT is working with CIO to obtain and analyze hearing-level court data to address this metric prior to JCIT's October report.

Overall, the metrics currently available are inconclusive as to whether the pilot has resulted in more early releases and dispositions. JCIT will continue to monitor and develop data regarding the pilot for a more complete assessment in its October report.

In addition, JCIT has had meetings with DA, PD, APD, and IDCO leadership at the Pomona Courthouse regarding expansion of the Courthouse Pilot program to Pomona as a second location.

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

Determining Appropriate Treatment Capacity

Lead Department: DMH, Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC)

Since the last report, JCIT has worked with DMH and DPH-SAPC partners to determine capacity and improve post-release connections to care. These efforts focused on chart reviews to understand levels of care needed at the time of release, and jail cohort analyses to baseline what treatment services individuals are connected to following release. This information will be used to inform DMH and DPH-SAPC forecasting of service needs and resource planning to support the development of a plan to close Men's Central Jail (MCJ). It should be noted that this exercise and any resulting forecasting will not move people out of jail faster. However, increasing linkages to appropriate mental health and substance use disorder (SUD) treatment services could reduce recidivism and in turn reduce the overall population at MCJ.

Chart Review Analysis

JCIT completed 807 Correctional Health Services (CHS) chart reviews of individuals with moderate to severe mental health needs (P2-P4) released from Los Angeles County Jail in August 2025. The purpose of conducting these reviews was to examine the distribution of behavioral health treatment needs across levels of care, and the rates at which individuals were successfully connected with care upon release from jail.

JCIT's analysis of the chart reviews showed that many individuals in P2-P4 settings who did not qualify for involuntary treatment do not connect with voluntary care upon their release.

DMH completed its validation of the JCIT chart reviews, reviewing all available mental health and substance use documentation for the full sample of 807 individuals to determine the most appropriate level of care at the time of release from custody.

DMH highlighted a substantial overlap between mental health needs and SUD treatment needs, suggesting that SUD treatment capacity, particularly residential treatment capable of serving individuals with co-occurring psychiatric symptoms, may be a more significant system need than previously recognized. Of the 747 voluntary clients, 568 (roughly 76 percent) met criteria for residential substance use treatment. Of the 179 voluntary clients without co-occurring residential substance use treatment needs, only 40 clients (22 percent of 179) met criteria for residential mental health care, while 139 (78 percent of 179) were appropriate for community-based or outpatient mental health services.

The DMH findings suggest that future forecasting efforts should carefully consider both the mental health treatment needs and SUD treatment needs. Along this line, the departments will explore the development of integrated co-occurring disorder treatment programs capable of serving individuals with both mental health and SUD needs beyond their current networks capabilties.

To further validate the preliminary findings from the first month of data, DMH will conduct an additional month of review. DMH aims to provide the results from this additional chart review in JCIT's next (October 2026) report. If the review is not fully complete, DMH will still provide a preliminary review and update at the next report.

DPH-SAPC reviewed a sample of the same charts to assess SUD service needs. Approximately half of those identified as needing residential SUD care through the JCIT chart reviews would be appropriately served at non-residential care settings (along with housing support if the client was experiencing homelessness). DPH-SAPC will provide a forecast of required service capacity in JCIT's next (October 2026) report.

Separate from the JCIT chart reviews, DPH-SAPC reviewed data describing the placement of people in custody into DPH-SAPC treatment. Of the individuals identified as needing residential SUD services on screening, and who were admitted to SUD care, approximately 50 percent are admitted to residential locations of care, and approximately 50 percent are served in non-residential settings.

Both departments noted that client motivation for services is a key consideration for placement.

DMH Jail Release Cohort Analysis

Using two months of jail release data (April and August 2025) provided by JCIT, DMH analyzed how many individuals in each cohort connected with mental health services within two months of release (aka post-release).

A look at two months of release data from P2 through P4 revealed that about 75 percent of the people in the identified cohorts have received some type of contact with DMH in their lifetime. Of those released, about 25 percent received some type of DMH service within two months post-release and of those, about 75 percent received ongoing treatment.

DMH has an existing pathway established for the CHS team to make the referrals as they work on discharge planning. All referrals go into the health plan through the Universal Entry Referral portal, and DMH does the work to connect to the level of care. All care through this pathway is voluntary. As CalAIM JI rolls out, DMH hopes that there will be an increase in connections by the CHS team to the services available to the members.

DPH-SAPC Jail Release Cohort Analysis

JCIT also worked with DPH-SAPC to conduct a similar analysis using 12 months of jail release records (July 2024 - June 2025). DPH-SAPC flagged individuals who were referred to them for services.

Overall DPH-SAPC Cohort	
Type of Service	**July 2024 - June 2025**
Total number of released individuals during time frame	68,259
Admitted to treatment	9,637
Admitted to treatment within 30 days post-release	5,641

A subset of these individuals had contact through the Client Engagement and Navigation Services (CENS) program while in custody (3,728). Other individuals started treatment after release via a pathway other than CENS.

Volume of CENS Services	
Type of Service	**July 2024 - June 2025**
Screened	3,728
Admitted to treatment	1,369
Admitted to treatment within 30 days post-release	1,172

Additionally, DPH-SAPC identified 3,238 Proposition 36 individuals released from jail between July 2024 and January 2026. Of those, 811 were admitted to DPH-SAPC SUD treatment services; 556 of whom were admitted within 30 days of their release.

Volume of Services Provided to Proposition 36 Individuals	
Type of Service	**July 2024 – January 2026**
Individuals released during timeframe with Proposition 36 charges	3,238
Admitted to DPH-SAPC services	811
Admitted to DPH-SAPC SUD Treatment Services within 30 days post-release	556

JCIT has now established a monthly data exchange process with DPH-SAPC and plans to collaborate on future release cohort analyses, leveraging this baseline data to better understand care linkages and areas for improvement.

Next Steps

JCIT will work with DMH and DPH-SAPC on future chart review and release cohort analyses in JCIT's next (October 2026) report.

Warm Handoff and Post-Release Connections to Care

Lead Departments: JCOD and Department of Public Social Services (DPSS)

Providing an immediate handoff to post-release care is essential for individuals leaving custody to access housing, behavioral health, employment, and other stabilization resources, especially for those who need these services, but who do not need residential mental health care or residential SUD treatment.

Post-Release Reentry: JCOD Warm Landing Place Care Continuum

As the primary exit point for male individuals released from the Los Angeles County Jail system, the Inmate Reception Center (IRC) Release Area is a critical venue for connecting justice-impacted individuals to community-based care. Approximately 150 to 200 individuals exit through the IRC daily. Based on local and national trends, an estimated 30 to 40 percent have immediate housing needs, and 40 to 60 percent require mental health or SUD services. Without immediate connection to care, these individuals face high risks of homelessness, health crises, and recidivism.[1]

Since June 10, 2024, JCOD Warm Landing Place provider staff have engaged 12,687 individuals immediately upon release from the IRC. They provided transportation and connected the individuals to services including housing, care management, benefits navigation, and community referrals. In May of 2026 staff conducted 442 interactions and provided 38 connections to services. Maintaining current staffing levels over the next five years is projected to yield 20,000 to 25,000 interactions and 2,750 service and housing connections.

On March 3, 2026,[2] the County Board of Supervisors approved the Warm Landing Place project, with final Department of Public Works (DPW) approval anticipated in January 2027. Located directly across from MCJ and Twin Towers campus, this permanent brick-and-mortar facility will serve as the County's first dedicated post-release navigation center designed specifically to support individuals exiting incarceration. The Warm Landing Place will contain private interview and assessment rooms, and provide a safe, welcoming, and trauma-informed environment where individuals can receive immediate stabilization services and coordinated support during the critical hours and days following release.

---

[1] See RAND Report Breaking Barriers Rapid Rehousing Program for Justice Involved Individuals in Los Angeles County, April 2026

[2] See New Warm Landing Place Facility Project Board of Supervisors Motion, March 3, 2026

On April 22, 2026, JCOD launched an on-site mobile engagement trailer[3] outside the IRC to enable private intakes, assessments, care coordination, transportation planning, housing navigation, benefits establishment, and behavioral health referrals. By acting as an immediate post-custody checkpoint, the trailer helps to engage individuals who might otherwise leave the downtown jail campus without accessing services.

The addition of dedicated service space, enhanced staffing, expanded operating capacity, and on-site supportive services will allow JCOD to move a greater number of individuals from initial engagement to successful service connection. As a result, the Warm Landing Place is expected to improve conversion rates and long-term participant outcomes rather than substantially increase the volume of initial engagements. Accordingly, the opening of the permanent Warm Landing Place does not increase JCOD's five-year projections of 20,000 to 25,000 interactions but does increase five-year service and housing connections from 2,750 to 5,000.

In line with a January 2023 Memorandum of Understanding (MOU), JCOD coordinates the Warm Landing Place program with County health departments and convenes an Advisory Committee with representatives from multiple County agencies. This collaborative forum strengthens service pathways, including housing, health care, benefits, and workforce services, for justice-impacted individuals. As the program matures, JCOD and its partners are refining operational roles and updating agreements to prepare for the future permanent facility and improve reentry outcomes.

Currently, JCOD Warm Landing operates at 75 percent overall capacity using $4,191,893 in Care First Community Investment (CFCI) funds. While interim housing is fully staffed, the IRC table and mobile trailer operate at 50 percent capacity due to shared staffing. The current outreach budget is $936,000 annually, funding two staff per shift across two daily shifts (seven days a week, 8:00 a.m. to 10:00 p.m.). Reaching full capacity requires nearly doubling outreach staff to cover both locations simultaneously. This necessitates an additional $400,000 annually to maximize immediate reentry connections, reduce wait times, and improve service accessibility.

Upon launching the permanent facility, total CFCI commitments will reach $7,986,536 (comprising $2,610,286 existing and $5,376,250 additional funds). JCOD is currently finalizing this integrated staffing structure. Beyond programmatic funding, long-term sustainability and oversight require expanding the core County administrative team, which currently relies on only two dedicated employees.

Pre-Release Medi-Cal JI Enrollment: DPSS Enabling Coverage Continuity

Health insurance coverage can enable the sustainable provision of critical care necessary for post-release success. This includes in-jail stabilization, community care planning, and post-release behavioral health treatment. Under the state's

[3] See JCOD Quarterly Update on Warm Landing Place Implementation, April 2025

California Advancing and Innovating Medi-Cal (CalAIM) transformation, counties must implement pre-release application processes. These allow eligible individuals to receive Medi-Cal Justice-Involved (JI) Initiative services 90 days before release and quickly regain full coverage upon discharge. This new framework allows Medi-Cal billing for pre-release services including medication-assisted treatment for SUD.

Los Angeles County departments successfully launched a limited CalAIM JI 90-Day Services Program go-live on July 1, 2026, targeting the P2 adult jail population (individuals diagnosed with moderate mental illness). JCIT continues to track these efforts through Chief Executive Office (CEO) CalAIM JI Implementation Team meetings. Additionally, the County is working with labor to develop a plan for the most effective assignment of co-located DPSS eligibility workers, which will ensure that those eligible get enrolled in Medi-Cal, where applicable.

Post-Release Medi-Cal ECM Enrollment: JCOD's Hub-and-Spoke Model

Following release from custody, CalAIM's new Enhanced Care Management (ECM)[4] benefit in Medi-Cal provides a structured approach to connect eligible individuals with co-existing physical and behavioral health needs to care management services in the community up to one year following their release from LA County Jails. By some estimates, up to 80 percent of individuals exiting the jail may be eligible for this important new Medi-Cal benefit.

Successful post-release ECM relies on data-sharing between LASD (jail release), DPSS (Medi-Cal reactivation), CHS, Medi-Cal Managed Care Plans (MCPs), community ECM providers, and the Los Angeles Network for Enhanced Services (LANES) Health Information Exchange (HIE). During the 90-day pre-release window, LANES will transmit CHS clinical records to MCPs. MCPs will validate eligibility and assign an ECM provider, who deploys a Lead Care Manager (LCM), such as a community health worker or peer specialist with lived experience.

In alignment with the Board of Supervisors' November 26, 2024, motion to cultivate a diverse 'Care First' ECM provider network,[5] JCOD developed a "hub-and-spoke" model to serve as an MCP-contracted ECM provider for justice-involved populations. JCOD acts as the "hub" to absorb billing and compliance overhead, allowing "spoke" Community-Based Organizations (CBOs) to deliver services sustainably.

This model restructures the existing JCOD Care Management (JCM) program, formerly Reentry Intensive Case Management Services (RICMS), which serves roughly 6,000 new individuals annually (3,000 concurrently) for an average six-month enrollment. JCM now operates in two service tiers aligned with State ECM

[4] See State ECM Policy Guide for more details on this benefit
[5] See November 26, 2024, BOS Statement of Proceedings for the motion "Cultivating a Care First, Inclusive, and Diverse Network of Providers Offering Enhanced Care Management Services to Justice-Impacted Individuals" which includes a link to the motion and a link to JCOD's reports back to date

standards, an "ECM Tier" for ECM-eligible individuals, funded sustainably by Medi-Cal revenue, and a "Standard Tier" for ECM-ineligible individuals, funded by limited alternate sources.

Since the last report, JCOD has continued to build the partnerships and capabilities required to launch its hub-and-spoke ECM service as a component of its new JCM/ECM program model. Key implementation milestones include:

- **MCP Contracting:** JCOD executed a contract with HealthNet in September 2025. It is resolving pre-authorization and billing workflow issues to officially begin services. Parallel contract negotiations are underway with L.A. Care and Molina.

- **HIE Integration:** JCOD is finalizing an agreement with LANES to facilitate warm handoffs between jails, MCPs, and community providers.

- **Service Provider Contracts:** JCOD executed pilot contracts with three CBOs earlier this year to test workflows and document services. A full network re-solicitation was concluded on July 1, 2026, kicking off a structured network onboarding process.

- **Infrastructure Development:** JCOD is continuously testing its core hub infrastructure, including its Care Management information technology (IT) system for claims and reporting, contracting with a healthcare clearinghouse, and establishing quality assurance training.

JCOD is also transitioning other programs, like the Rapid Diversion Program (RDP), to the JCM structure. Utilizing ECM revenue for RDP community care management will free up original RDP funding to further scale in-court diversion work. Given the complexity, JCOD estimates it will take three years (until July 2029) to reach full capacity.

JCM Outcome Measures	
Metric	**Goal**
Care plan completion	Measures the percentage of enrolled participants who complete an individualized care plan that identifies their physical health, behavioral health, and social service needs and outlines goals and coordinated actions to address them.
Successful connection to health & social services	Measures the percentage of participants who successfully establish or re-establish services with identified health care, behavioral health, housing, benefits, or other community-based providers identified in their care plan. This metric reflects JCM's effectiveness in coordinating cross-system care and reducing barriers to accessing critical services following release from incarceration.
Housing status change	Measures changes in participants' housing stability from program enrollment through program exit, including movement

JCM Outcome Measures	
Metric	**Goal**
	from homelessness or unstable living situations into interim, transitional, permanent supportive, or permanent housing. Stable housing is a critical social determinant of health and is associated with improved health outcomes, increased engagement in care, reduced justice system involvement, and long-term community reintegration.
Employment status change	Measures changes in participants' employment status from program enrollment to program exit, including obtaining employment or increased participation in workforce or vocational activities. This metric reflects participants' progress toward economic stability, self-sufficiency, and successful long-term reintegration into the community.

These data are reported in various places accessible to both JCOD staff and JCM service providers, and these reports will continue to be refined over time as the new program model fully rolls out. All of these data are is and will continue to be used for ongoing quality assurance in the spirit of continuous quality improvement.

Further, thanks to JCOD's partnership with the CEO's CIO as a participant in the InfoHub data sharing agreement, JCOD will also seek to measure and report periodically on health and criminal justice system outcomes for JCM program participants utilizing matched InfoHub data from other department data systems.

Next Steps

JCIT will work with DPSS to track the implementation and impact of Medi-Cal enrollment and participation in CalAIM JI benefits. JCIT will work with JCOD to track the implementation and impact of the warm landing place and ECM hub-and-spoke model.

Area of Focus: Preventing New Inflow (Lever 1)

Justice, Care and Opportunities Department (JCOD) Supportive Release Program (JSRP) and Independent Pretrial Services

Lead Department: Justice, Care and Opportunities Department (JCOD)

The Jail Closure Implementation Team (JCIT) continues to evaluate opportunities to strengthen the County's pretrial services continuum as part of our Lever 1 strategy.

JCOD Supportive Release Program (JSRP) Pre-Arraignment Pilot

In the April 2026 JCIT Quarterly Report No. 7, we provided a brief overview of JCOD's Supportive Release Program (JSRP) Pre-Arraignment, which enables judicial officers to review eligible individuals held subject to the court's magistrate review process. In that report, we indicated that our monitoring efforts would continue with assessing JSRP's workflow efficiency.

Since the launch and implementation of the JSRP program in January 2026, relying on existing staff and provider capacity, the program has screened and assessed 73 individuals for potential release across its Los Angeles County Sheriff Department's (LASD) Lancaster Station site, the Los Angeles Police Department's (LAPD) Metropolitan Detention Center (MDC) site, and the JCOD Pretrial Services Direct Line. Of these individuals, 54 were screened at the Lancaster site and 19 were screened at the MDC. Additionally, 56 calls were received through the Pretrial Services Direct Line with two individuals being eligible for screening. To date, the program has facilitated five successful releases from custody, with three releases at the Lancaster site, one release at the MDC, and one release through the Pretrial Services Direct Line.

Our review illustrates that while successful release outcomes have been limited since implementation, the program presents opportunities to secure the release of people who would otherwise enter the county jail because it enables the identification of individuals who may be appropriate for release consideration and connects them to supportive services before their first court appearance. Additionally, other factors, if present, can position this program to lessen in-flow into the jail:

- Adequate staffing, including the addition of temporary personnel to enhance coverage and support JSRP Pre-Arraignment program operations.
- Secure access to all necessary Court data and information to support individuals awaiting magistrate review.

- Ability to qualify as a criminal justice agency, because this will enable JCOD to access criminal justice information systems to perform core pretrial service functions such as pretrial assessments, release monitoring, and reporting functions.

Independent Pretrial Services

Currently, JCIT has expanded its review to include assessing the complete JCOD pretrial services model. Robust pretrial services can have meaningful impacts on jail populations by reducing the number of people detained pretrial and by increasing connections to services and supports that can both improve pretrial outcomes and reduce recidivism. Prior to arraignment, pretrial services conduct assessments, make release recommendations, and provide contextual information to the court, which can increase the likelihood of judges granting release, particularly for non-violent cases. Pretrial services that provide supervised release have been demonstrated to meaningfully reduce pretrial detention, while increasing court appearance rates and successful outcomes.

For defendants granted release, pretrial services can provide a range of services for both individuals released on their own recognizance and on supervision. Court notifications are particularly important for reducing failures to appear, while transportation services can increase both court appearances and connections to programming. Pretrial services can also provide referrals to a host of social, mental, and behavioral health services that can increase stability and adherence to conditions of release and reduce future recidivism. These supports and services can be particularly effective when they are provided in the context of supervised release alongside a dedicated pretrial services case manager.

JCOD's Independent Pretrial Services Agency (IPSA) is an independent and centralized pretrial services model that includes various JCOD program components.[1] The JSRP Pre-Arraignment program is one of the components within JCOD's IPSA model. This model also includes the Justice Connect Support Center, a navigation hub that connects to supportive services, Court Navigation Program that provides service navigation to justice involved individuals inside the Court, Prefiling Diversion Program, Pretrial Release Evaluation Program, Rapid Diversion Program, and Specialized Treatment for Optimized Programming.

These IPSA programs and services work to connect pretrial individuals, either voluntarily or via diversion, or supportive release, to JCOD's community-based care network, including referrals to other partner departments like the Department of Mental Health (DMH), where appropriate. The JCOD network includes services like JCOD Care Management (JCM), which provides peer-based intensive care coordination to address the clinical and non-clinical service needs of participating

clients, as well as housing, workforce and education, and other supportive services for justice-involved individuals. JCOD has also worked to integrate the Medi-Cal Enhanced Care Management (ECM) benefit into its JCM program to help fund and expand the program with Medi-Cal revenue, as further detailed later in this report. JCOD's JSRP assists the court by developing individualized release plans and connecting eligible individuals to a navigator and community-based services designed to address barriers and support successful pretrial release.

Supervised pretrial release has been found to decrease detention and/or reduce failures to appear (FTA) in jurisdictions nationwide including Washington D.C.; Orange County, CA; Multnomah, OR; Philadelphia, PA; and Milwaukee, WI.

An evaluation of supervised pretrial release in New York City found decreases in detention at arraignment and bail set in every borough, most notably in Manhattan where the odds of detention at arraignment were 61.8 percentage points lower and odds of bail set were 64.4 percentage points lower (Skemer et al., 2020).

Consistent with the Board of Supervisors' direction to JCOD to assume all County pretrial functions, the vision of the JCOD IPSA is to empower and restore communities by providing accessible, personalized resources and transformative opportunities for justice-involved individuals, creating a safer Los Angeles County consistent with the Care First vision. Long-term, JCOD's IPSA will provide pretrial and diversion programs and supportive services across all criminal courthouses and law enforcement booking locations throughout the County.

JCOD's IPSA framework is intended to create a coordinated continuum of care across justice system partners, health agencies, and community-based organizations. By increasing collaboration across these systems and expanding access to supportive release opportunities, the model further seeks to improve outcomes that help reduce custody detentions.

The IPSA programs and supportive services available through JCOD programming can support County jail closure efforts by reducing unnecessary detention, increasing connections to care, improving court participation outcomes, and reducing future justice system involvement.

Consistent with JCOD's IPSA target operating model, outcomes of JCOD's pretrial services are measured through indicators including:

Metric	**Goal**
Release Rates	Measure the percentage of individuals who are granted release at arraignment.

Court Appearance Rates	Measure the percentage of individuals who successfully attend their scheduled court hearing appointments.
Supportive Services Engagement Rates	Measure the percentage of individuals who complete engagement with supportive services.
Court Compliance Rates	Measure the percentage of individuals who successfully comply with court-ordered conditions.
Pretrial Diversion and Supportive Release Program Completion Rates	Measure the percentage of individuals who successfully complete supportive release and diversion programs.
New Criminal Activity Rates	Measure the percentage of individuals who remain arrest-free and are not charged or convicted with a new offense after program and service connection.
Health and Social Outcomes	Measure the percentage of individuals who have improved physical and/or behavioral health outcomes, as well as improved outcomes in social determinants of health (e.g., employment and housing), because of participation in JCOD's pretrial services and community-based care services.

Next Steps

JCIT will continue evaluating opportunities to expand pretrial services to additional locations and increase coordination among justice partners, community-based organizations, and County departments and provide an update on progress in the October Board Report Back.

Department of Mental Health Alternative Crisis Response (ACR)

Lead Department(s): Department of Mental Health (DMH)

The Los Angeles County Department of Mental Health's (DMH) Alternative Crisis Response (ACR) initiative creates a continuum of behavioral health crisis response services designed to connect individuals experiencing a behavioral health crisis with timely intervention and treatment. The ACR continuum is comprised of various programs that include the 988 Suicide and Crisis Lifeline, the DMH 24/7 Help Line, Mobile Crisis Intervention Teams (including DMH's Psychiatric Mobile Response Teams (PMRT)), Urgent Care Centers (UCCs), Crisis Stabilization Units (CSUs), and Follow-Up Services.

DMH's ACR initiative complements its law-enforcement co-response partnerships, including LASD's Mental Evaluation Team (MET) and the Los Angeles Police Department Mental Evaluation Unit/Systemwide Mental Assessment Response Team (MEU/SMART). Together these programs play a critical role in connecting

individuals experiencing behavioral health crises to treatment, crisis stabilization, and supportive services.

In 2025, these programs, collectively, responded to more than 30,000 mental health related calls for service and facilitated over 16,000 psychiatric holds, demonstrating the demand for crisis intervention services and the importance of providing pathways to care instead of jail custody. We are working with DMH to evaluate opportunities to expand deflection and diversion pathways for individuals experiencing behavioral health crises. However, our discussions with LASD and LAPD indicate that operational and staffing constraints limit the expansion of the MET and MEU/SMART co-responder teams. Based on these findings, JCIT is evaluating whether additional non-law enforcement crisis response capacity, like PMRT, could help strengthen the County's behavioral health response continuum.

Individuals experiencing behavioral health crisis often come into contact with law enforcement and, depending on the circumstances, may be arrested for low-level offenses associated with a diagnosed or undiagnosed behavioral health condition. However, mobile crisis intervention teams provide an opportunity to instead connect individuals to treatment, stabilization services, and community-based supports, while reducing the likelihood that a behavioral health crisis results in arrest, booking, and jail custody. Additionally, these resources could provide additional relief to the 911 emergency response system by diverting appropriate behavioral health-related calls from law enforcement response when public safety concerns are not present.

Between 2023 and 2025, the number of calls to the DMH Help Line requiring an in-person mobile crisis response increased by 32 percent, from 23,461 to 30,922 calls. During this same period, DMH expanded mobile crisis service to 24/7 coverage and more than doubled the number of operating crisis response teams. These trends suggest that access to community-based behavioral health crisis services must be expanded as the public's demand for support in behavioral health-related incidents shifts away from traditional law enforcement response pathways.

DMH estimates the volume of calls requiring an in-person crisis response could increase by approximately 4,000 calls per year, reaching approximately 42,500 calls annually by 2028. To meet this projected demand, DMH estimates that approximately 113 mobile crisis response teams would be required, including the addition of approximately 30 teams by 2029. DMH suggests that this estimate is generally consistent with prior countywide crisis system planning. DMH's current operating budget already incorporates the ability to add 30 teams over the next three fiscal years and, as such, this expansion can be accomplished without incurring significant additional costs. As a part of ACR's regular review and reporting to the Board, ACR will evaluate this number annually, based on actual call volume, response times, staffing capacity, operational improvements, and overall system performance.

Next Steps

In our October report, DMH will provide updated findings from this analysis, identify any associated opportunities and challenges with potential expansion strategies, and outline any additional actions that may warrant departmental consideration.

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

Expert Appointment Delays: Professional Appointee Court Expenditure (PACE)

Lead Department: Chief Executive Office (CEO)

In May 2026, CEO Budget transitioned facilitation of the PACE Workgroup to JCIT. While JCIT's mandate relates specifically to improving expert appointments in criminal cases to reduce jail stays, the Workgroup's scope is significantly broader, encompassing juvenile, civil, and family court matters. The Workgroup is now seeking approval to hire a consultant to evaluate the above questions, including whether administrative responsibility for PACE should shift from the Courts to the County.

The expert appointment process is a significant cause of delay in case processing, not only because experts necessarily take time to complete their work, but also because the expert panels are reportedly insufficient to meet demand. Attorneys report that many of the experts on the panel lists are not reliably available, and those experts who are available often have backlogs and waitlists. In June 2026, County Counsel completed its opinion to advise on the permissible scope of the County's role in administering the PACE program.

Going forward, the PACE Workgroup — which includes representatives from the Los Angeles Superior Court, District Attorney, Public Defender (PD), Alternate Public Defender (APD), and the Independent Defense Counsel Office — will continue to examine two core issues, in accordance with Counsel's guidance:

- Where the administrative functions of the PACE program (such as rate setting and payments) should reside; and
- How the expert appointment process can operate more efficiently regardless of its administrative home.

Next Steps

JCIT is on track to have recommendations on next steps and funding sources for potential PACE program improvements in the third quarter of 2026. Additionally, JCIT will continue to work with programs such as the Holistic Early Assessment and Linkage program pilot, Rapid Diversion Program, and the Office of Diversion and Reentry (ODR), which aim to reduce reliance on court-appointed experts by providing pathways for Mental Health Diversion outside the expert appointment

process. Updates on these efforts going forward will appear in the corresponding area of focus: Enhancing the Community-Based System of Care (Lever 3).

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

DMH Court Linkage Program

DMH generally does not operate large standalone mental health diversion programs in which a court may order an individual out of jail custody into treatment.

Rather, DMH, as the County's Mental Health Plan (MHP), provides contracts for the provision of Specialty Mental Health Services (SMHS) to Medi-Cal members in the County for those who meet criteria for covered specialty mental health services. When a Medi-Cal member needs mild to moderate mental health services (this is care at a lower level than specialty mental health services), then that member is transitioned back to the Managed Care Plans (MCPs).

Clients of other County diversion programs can receive services through DMH. For example, specialty mental health care is available within ODR to DMH Medi-Cal members who qualify and DMH is assisting ODR with becoming a SMHS provider which will allow ODR to bill Medi-Cal for medically necessary services as long as they are under contract with the MHP. Medi-Cal members who are assigned to ODR still have access to their full suite of entitled services through DMH even if ODR cannot provide them.

DMH does, however, operates the DMH Court Linkage Program, which includes two primary components: The Court Liaison Program, which places in-custody people with serious mental illness into DMH services: and the Community Reintegration Program, which connects clients to residential treatment, including Olive Vista, a secure treatment setting, and River Community, which serves people with co-occurring mental health and substance use disorders.

Court Liaison Program

The Court Liaison Program, which has clinical staff in courthouses across the County is the primary pathway in which an in-custody person can receive a court-ordered release into DMH treatment.

Referrals originate almost entirely from defense counsel, primarily the PD, APD, and private counsel.

Upon receiving a referral, the liaison, if available, conducts a same-day interview in lockup, screens for disqualifying charges, and administers a mental health screening. If the liaison is not available or on site that day, the screening is scheduled for the individual's next court date, which could be weeks later.

Once the initial assessment is completed, the matter is then continued for approximately two to three weeks to allow the liaison to complete records review, review case discovery, probation reports, and medical and clinical records to produce a level-of-care determination.

That determination is matched to one of five placement tracks:

- Outpatient Services
- Intensive Outpatient Services
- Crisis Services
- Residential Treatment
- Subacute/Long Term Care

The client is then referred to a provider within DMH, which may, depending on the level of care, begin additional assessments and/or health plan authorization. Once a placement is secured, it may be approved by the Court.

A JCIT analysis found that the Court Liaison Program, as it currently operates, may reduce the daily jail population by approximately eight (8) people. However, additional data is required to project the impact with more certainty.

DMH has begun discussion on process changes that may accelerate processing of referrals of in-custody clients. DMH has also initiated regular meetings with justice partners and peer departments to identify opportunities to streamline referral and screening activities at courthouses so that those who can be safely diverted are connected to appropriate/medically necessary treatment and housing (when needed).

Community Reintegration Program

DMH's Community Reintegration Program (CRP) places individuals with felony charges and serious mental illness into Olive Vista, a secure subacute treatment facility in Pomona, as its primary placement setting. Olive Vista is a skilled nursing facility providing the court-ordered secure subacute placement that judges and district attorneys frequently request for this population.

The average wait for an Olive Vista placement runs three to four months, driven by screening timelines and limited capacity.

Determining the full scope of secure subacute capacity needed to address both the existing waitlist and the size of the potentially eligible population is part of the chart review analysis described in Attachment III.

Next Steps

JCIT will continue working with DMH and justice partners on strategies to accelerate referral and screening workflows and assess capacity needs across court-based treatment pathways. JCIT will report back with any recommended process improvements and associated resource requirements on our October report.

Gender Responsive Advisory Committee (GRAC) Recommendations

In the April 2026 Board report, we reported on recommendations submitted by the Gender Responsive Advisory Committee (GRAC) intended to address service gaps that impact gender-marginalized populations within the Los Angeles County (County) jail system. Since then, the Jail Closure Implementation Team (JCIT) has continued assessing GRAC's proposed initiatives and working with the GRAC, and the Los Angeles County Sheriff's Department (LASD) Gender Responsive Service (GRS) partners to better understand each program's intended outcomes, implementation considerations, and how the programs support JCIT's jail depopulation efforts.

These programs include the Bonding, Empowering, and Reuniting Families (BEAR) Program, which was redesigned and expanded in 2025 and focuses on strengthening family connectedness, reunification, and reentry support services; Getting Out by Going In (GOGI), an evidence-based rehabilitative and social-emotional competency program that has operated nationally for more than 25 years and was relaunched in 2025 to address trauma, substance use, and criminogenic risk factors; the Gender Expansive Academic and Rehabilitation (GEAR) Program, launched in April 2026 to provide specialized rehabilitative and supportive services for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual (LGBTQ+) and gender-expansive individuals to promote personal growth, stability, wellness, and community reentry; and the Twinning Project, launched in 2023 through a partnership with Angel City Football Club and designed to promote rehabilitation through athletic engagement, mentorship, leadership development, and life-skills training.

Collectively, these programs are intended to improve rehabilitation outcomes, strengthen family and community connections, increase access to supportive services, and address barriers that contribute to prolonged incarceration, unsuccessful community reintegration, and repeat justice-system involvement. These programs provide opportunities for participants to earn milestone credits and other custody credits that can reduce sentence lengths of stay while promoting successful reentry outcomes.

JCIT's review found that these initiatives address identified service gaps for specific populations, including LGBTQ+ and gender-expansive individuals, incarcerated parents and families, and individuals with histories of trauma, substance use, and behavioral health challenges. By increasing access to rehabilitative programming, case management, life-skills development, family reunification services, and reentry supports, these programs aim to support reduced lengths of stay, improved release readiness, and lower rates of recidivism.

In order to ensure increased access to programming and fully identify the impacts, it is important to address the challenges in identifying LGBTQ+ populations within the jails, collect reliable data on the number of individuals served, and conduct a comprehensive assessment of funding needs and gaps for each program.

Identification of LGBTQ+ and gender-expansive individuals within the jail system is primarily based on self-disclosure. As a result, accurate identification depends on an individual's willingness to provide personal information regarding their sexual orientation, gender identity, and/or gender expression during the intake and classification process. Some individuals may choose not to disclose this information due to privacy concerns, fear of stigma, safety considerations, and/or lack of trust in the system.

LASD has enhanced its screening and classification processes in recent years to improve identification and service linkage for LGBTQ+ and gender-expansive individuals. However, challenges remain, and ongoing efforts are underway in collaboration with various County entities, the LGBTQ+ Commission, community-based organizations, and other stakeholders to further strengthen screening practices, data collection, and access to gender-responsive and affirming services.

Capturing reliable and comprehensive program participation data requires improvements to existing data collection, management, and reporting systems. Currently, LASD relies on a combination of paper-based records, spreadsheets, and multiple independent databases that were not designed to support integrated program tracking or outcome measurement. These are maintained by various County entities and external partners, all of whom have different policies and practices regarding information sharing.

Additional investments in technology infrastructure, data integration, and reporting capabilities would improve the County's ability to consistently collect, analyze, and report participation and outcome data across programs. Challenges also exist because multiple stakeholders, including LASD, other County departments, contracted providers, and community-based organizations/volunteers, often maintain separate systems with differing reporting requirements and limited interoperability. Funding investments in infrastructure and continued collaboration among stakeholders will be necessary to establish standardized data collection practices and improve information sharing while maintaining appropriate privacy protections.

The direct annual program cost of $680,000 provided in our previous report does not account for indirect costs, including staffing, training, facility space, supplies, administrative support, data collection and reporting activities, volunteer coordination, and other operational expenses that support program delivery. Because these costs are distributed across multiple units, departments, contracted

providers, and community partners, additional time and coordination are needed to compile a complete accounting of both direct and indirect program expenditures for each initiative. Additionally, there has been no comprehensive assessment of funding needs and funding gaps for each program.

Next Steps

As part of the ongoing collaborative work with the GRAC, LASD GRS, as well as other stakeholders like the LGBTQ+ Commission, JCIT will provide your Board with an update in our October Board report outlining the progress, findings, and recommendations related to improving the identification of the LGBTQ+ population, enhancing data collection, assessing funding considerations, and developing additional outcome measures to better understand how GRAC's future recommendations may support the County's broader jail depopulation efforts and Men's Central Jail closure objectives.

Policy and Budget Impacts

Policy Impacts

The Jail Closure Implementation Team (JCIT) continues to monitor current, pending, and emerging legislation that may affect Los Angeles County's (County) efforts to reduce jail populations, expand diversion opportunities, improve behavioral health services, and support the closure of Men's Central Jail (MCJ). A summary of key policy impacts is provided below.

Proposition 36

Proposition 36 turns certain misdemeanors into felonies, increases felony sentencing for theft and property damage offenses, and establishes a new court process for felony-mandated treatment. The legislation did not initially provide funding for implementation. The Department of Public Health (DPH) Substance Abuse Prevention and Control (DPH-SAPC) reports that the 2025-26 California State Budget provides $110 million in one-time General Fund support for counties implementing services for individuals charged under Proposition 36. The State has allocated approximately $8.46 million to the County to support the development of assessment, court coordination, and treatment infrastructure for the Proposition 36 population, all of which is necessary to support JCIT's strategic approach in a closure of MCJ. DPH-SAPC has submitted responses to the State's requests for information (RFI), and it is currently in the process of reviewing the Proposition 36 Service Agreement between the State and the County. DPH-SAPC anticipates the agreement being executed by August 2026.

Senate Bill 43

Senate Bill 43 expands the definition of "gravely disabled" to include individuals unable to provide for their basic needs due to severe Substance Use Disorders (SUD) or co-occurring mental health disorders and authorizes involuntary psychiatric holds and conservatorships for individuals meeting the statutory criteria. DPH-SAPC reports that it continues its efforts to expand the availability of voluntary SUD treatment services and strengthen the behavioral health workforce to better serve individuals experiencing co-occurring substance use and serious mental health conditions, including those within jail custody.

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

The Institute for Mental Disease (IMD) Exclusion is a federal Medicaid policy that limits federal reimbursement for services provided in certain behavioral health treatment facilities, while the Medicaid Waiver 1115 allows Medi-Cal to cover specific and time-limited services in IMDs and permits individuals incarcerated in County jail to apply for Medicaid up to 90 days before release. Together, these policies are intended to improve access to behavioral health treatment and support successful transitions to community-based care and housing. The Department of Mental Health (DMH) continues to note that Behavioral Health-Connect (BH Connect) offers and IMD waiver opt-in allowing for 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 has evaluated the restrictions and requirements of the waiver and is developing an implementation plan and timeline for opt in. JCIT continues to monitor federal Medicaid Waiver and IMD exclusion policies that may affect the County's behavioral health treatment continuum, residential treatment capacity, and access to community-based services for justice-involved individuals.

CalAIM Justice-Involved (CalAIM JI)

The California Advancing and Innovating Medi-Cal Justice-Involved (CalAIM JI) Initiative is a statewide effort designed to improve care coordination and service delivery for justice-involved individuals through the integration of medical, behavioral health, and social services. The initiative provides an opportunity for departments to bill for eligible services during the 90-day period prior to release from custody. It is also expected to strengthen care coordination and support more effective transitions to community-based treatment and services upon release. County departments completed a limited CalAIM JI 90-Day Services Program launch on July 1, 2026, targeting the P2 adult jail population (individuals diagnosed with moderate mental illness).

Measure A

Measure A, approved by County voters in November 2024, provides funding for homelessness services, affordable housing, housing preservation, and homelessness prevention efforts, replacing Measure H with a larger countywide sales tax. The PD reports that Measure A funding supporting the Department's Homeless Mobile Team will sunset at the end of the fiscal year, leaving only the Care First Community Investment (CFCI)-funded Greater Avenues for Independence (GAIN) Expungement Program through the Department of Public Social Services Record Clearing to support mobile record-clearing services. The Probation Department reports that continued efforts to reduce homelessness could reduce the time and resources needed to address supervision violations associated with housing instability among individuals under supervision. Successfully placing individuals in appropriate housing that is safe and secure can serve as a stabilizing force for individuals to be compliant with supervision requirements, obtain employment, reunite with family members, participate in required services such as behavioral health treatment. In turn, returns to jail or prison for technical violations and/or criminal activity are reduced and probation officers are able to focus limited resources on supporting additional clients' success as opposed to devoting time and effort to locate individuals, prepare violation reports, and attend judicial violation proceedings.

Assembly Bill 46

Assembly Bill 46 (Nguyen), which was signed by the Governor in June, tightens eligibility and suitability standards for mental health pretrial diversion by requiring a recent diagnosis, revising the public safety standard, requiring additional clinical support for diversion, and requiring courts to explain any denial of diversion on the

record. This law could negatively affect Los Angeles County's efforts to expand community-based systems of care and support the closure of MCJ. Requiring a mental health diagnosis within five years of arrest and revising the public safety standard for diversion eligibility could reduce diversion opportunities for individuals with serious mental illness whose diagnoses fall outside that timeframe or who would otherwise previously qualify. ODR and DMH report that the changes could increase the number of individuals remaining incarcerated rather than receiving treatment through diversion programs. The County took an oppose position on this bill.

Senate Bill 1373

Senate Bill 1373 is also moving through the State Legislature and, if enacted, could negatively affect ODR enrollment and the County's efforts to reduce incarceration and expand community-based care. Similar to AB 46, this bill would narrow eligibility and suitability standards for pretrial mental health diversion by requiring a qualifying diagnosis within five years of the current offense and expanding the list of exclusionary offenses. ODR and DMH anticipate that fewer individuals with serious mental illness would qualify for diversion, including individuals whose diagnoses occurred more than five years before the current offense, or whose mental illness is not identified until after arrest and incarceration. Policies that reduce access to diversion are likely to result in more individuals with mental illness remaining incarcerated rather than receiving treatment through diversion programs, which will slow the progress of JCIT's MCJ closure efforts. The County has taken an oppose position on this bill.

Budget Impacts

JCIT continues to monitor federal, state, and local budget actions that may affect the County’s efforts to reduce jail populations, expand diversion opportunities, improve health services, and support the closure of MCJ. Funding changes across all levels of government may affect the implementation and sustainability of justice, behavioral health, housing, and supportive service initiatives. A summary of impacts is provided below.

Crisis Response and Treatment Impacts

DMH received an initial allocation of $30.0 million in one-time AB 109 funding in FY 22-23 for Alternative Crisis Response (ACR), of which $9.8 million was available in FY 25-26. The funding continues to support ACR positions and ambulance dispatch services. When this one-time funding is exhausted, DMH will need to identify alternative funding sources or reduce services.

Pretrial Services, Diversion Program, and Case Processing Impacts

Reductions in State Senate Bill 129 funding supporting pretrial services are expected to impact service delivery across several diversion and pretrial programs, including the Justice, Care and Opportunities Department (JCOD) Pre-Filing Diversion Program, Rapid Diversion Program, and the Pretrial Release Evaluation Program. JCOD reports that in FY 25-26, Senate Bill 129 funding that supports pretrial services was reduced by $1.05 million. Funding reductions may also impact JCOD's transportation services for justice-involved individuals.

Health Coverage and Access to Treatment

DMH reports that the implementation of H.R. 1 and changes to the State-funded Medi-Cal program for residents with unsatisfactory immigration status are expected to significantly reduce the number of County residents eligible for full-scope Medi-Cal, resulting in a higher volume of uninsured residents and additional unreimbursed costs for specialty mental health services. DMH reports these changes are expected to reduce access to care, increase demand for specialty mental health services, and result in thousands of residents with serious mental illness losing Medi-Cal coverage. DPH-SAPC reports that the proposed federal changes are expected to reduce access to SUD treatment services, result in significant losses in federal funding, and decrease the number of clients served due to changes in Medi-Cal eligibility, coverage, work requirements, and eligibility redeterminations. DPH-SAPC estimates a 15 percent reduction in service utilization (approximately 5,000 clients) due to changes in Medi-Cal eligibility, coverage, work requirements, and redeterminations, resulting in a $127.5 million reduction in DPH-SAPC Drug Medi-Cal revenue. Additionally, DPH-SAPC reports that the reduction in Measure A (the 0.5 percent sales tax for homelessness) funding from its sunsetting on June 30, 2026, will impact onsite SUD services at Permanent Supportive Housing sites, reducing service availability for justice-involved individuals and other residents requiring ongoing treatment and recovery services.

Contracts

On March 3, 2026, the Board of Supervisors (Board) directed the Jail Closure Implementation Team (JCIT) to include in its Seventh Quarterly Report to the Board—and subsequent reports—a list of all the contracts, as allowed, it has entered since its existence, contracts in progress, and plans for future contracts, and include information about, but not limited to, the vendor, length of contract, cost, need, and status.

Below are the updates since the last report, which entail one new contract and one amendment as described below:

No.	Contractor (Contract Number)	Maximum Amount of Contract	Contract Start Date	Contract Expiration Date	Description / Need
1	Lauren Buller (AO-24-023)	$240,500	12/02/2024	12/31/2026	**Amended on June 3, 2026, to adjust initial projection of hours.** The contractor conducts data analysis, data reporting, and long-term data planning efforts for JCIT and the DOJ Compliance Office.
2	JFA Institute (AO-26-006)	$48,000	06/18/2026	10/31/2027	The contractor will provide critical jail population projections and training for JCIT and the Chief Information Office

Appendix: Acronyms

ACR - Alternative Crisis Response
ADP – Average Daily Population
AJIS – Automated Justice Information System
APD – Alternate Public Defender
ATI - Alternatives to Incarceration
AWOLS – Absent Without Official Leaves
BEAR - Bonding Empowering and Reuniting Families
BHSA - Behavioral Health Services Act
Board – Boad of Supervisors
CalAIM – California Advancing and Innovating Medi-Cal
CBOs – Community-Based Organizations
CCB – Clara Shortridge Foltz Criminal Justice Center
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
CRP – Community Reintegration Program
CSIT – Community Safety Implementation Team
CSU – Crisis Stabilization Unit
CTU - Community Transition Unit
CWIH – Countywide Information Hub
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
DPSS – Department of Public Social Services
DPW – Department of Public works
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
GEAR – Gender Expansive Academic and Rehabilitation
GOGI – Getting out by Going In
GRAC – Gender Responsive Advisory Committee
GRS – Gender Responsive Services
HAI – Health Access and Integration
HEAL - Holistic Early Assessment and Linkage
HIE – Health Information Exchange
HMA – Health Management Associates
HOH - High Observation Housing
HSH – Homeless Services and Housing
IBD – Intake Booking Diversion
ICMS – Intensive Care Managed Services
IDCO - Independent Defense Counsel Office
IH – Interim Housing
IMD - Institute for Mental Disease
IPSA – Independent Pretrial Services Agency
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
IVVS – Inmate Video Visitation System
JCIT - Jail Closure Implementation Team
JCM - JCOD Care Management
JCOD - Justice, Care, and Opportunities
JCSC - Justice Connect Support Center
JENI – Justice Equity Needs Index
JI – Justice Involved
JSRP - JCOD Supportive Release Program
JVCSS - Justice Video Conferencing Scheduling System
LANES – Los Angeles Network for Enhanced Services
LAPD - Los Angeles Police Department
LASC - Los Angeles Superior Court
LASD - Los Angeles Sherrif Department
LCM – Lead Care Manager
LEAD – Law Enforcement Assisted Diversion
LOS – Length of Stay
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
MET – Mental Evaluation Team

MEU – Mental Evaluation Unit
MHP – Mental Health Plan
MOH - Moderate Observation Housing
MOSH – Medical Outpatient Specialty Housing
MOU – Memorandum of Understanding
MR - Magistrate Review
NCCF – North County Correctional Facility
ODR - Office of Diversion and Reentry
PACE - Professional Appointee Court Expenditure program
PARP - Pre-Arraignment Release Protocols
PCD – Pitchess Detention Center
PCP – Primary Care Physician
PD – Public Defender
PFJ - Partners for Justice
PMRT – Psychiatric Mobil Response Teams
PRCM - Patient Reentry Case Management
PRCS - Post Release Community Supervision
PRD - Predicted Release Dates
PREP - Pretrial Risk Evaluation Program
PSH – Permanent Supportive Housing
PSW - Psychiatric Social Worker
RBH - Recovery Bridge Housing
RDP - Rapid Diversion Program
RICMS – Reentry Intensive Case Management Services
SAPC – Substance Abuse, Prevention and Control
SBAT – Service Bed Availability Tool
SMART – Systemwide Mental Assessment Response Team
SMHS – Specialty Mental Health Services
SRTS – Service Request Tracking System
STOP - Specialized Treatment for Optimized Programming
SUD - Substance Use Disorder
TEA – Treatment Effectiveness Assessment
TTCF – Twin Towers Correctional Facility
UCC – Urgent Care Centers
USDOJ – United States Department of Justice