

Jail Closure Implementation Team (JCIT)

Board of Supervisors Presentation - June 30, 2026

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Jail Closure Framework and Timeline

April 2026 Report: The Jail Closure Framework defines **key Required Actions**, responsible stakeholders, cost estimates, and time to implement

April 2025
Developed 4 Areas of Focus

April 2026
Identified Partial Set of Required Actions

Preventing New Inflow	Shortening Length of Stay	Enhancing Community-Based System of Care	Facilities
Required Action #1: Expand ODR-LEAD	Required Action #2: Expand PD-HEAL	Required Action #3: Expand SAPC-CENS Required Action #4: Sustain and expand JCOD-RDP Required Action #5: Sustain 200 JCOD-STOP Beds Required Action #6: Expand ODR Housing for P3s, P4s Required Action #7: Expand ODR Housing for P2s	<i>Coming in July 2026</i>

October 2025
Calculated Baseline Projection

5-Year Baseline Jail Projection: 14,500 if current conditions do not change

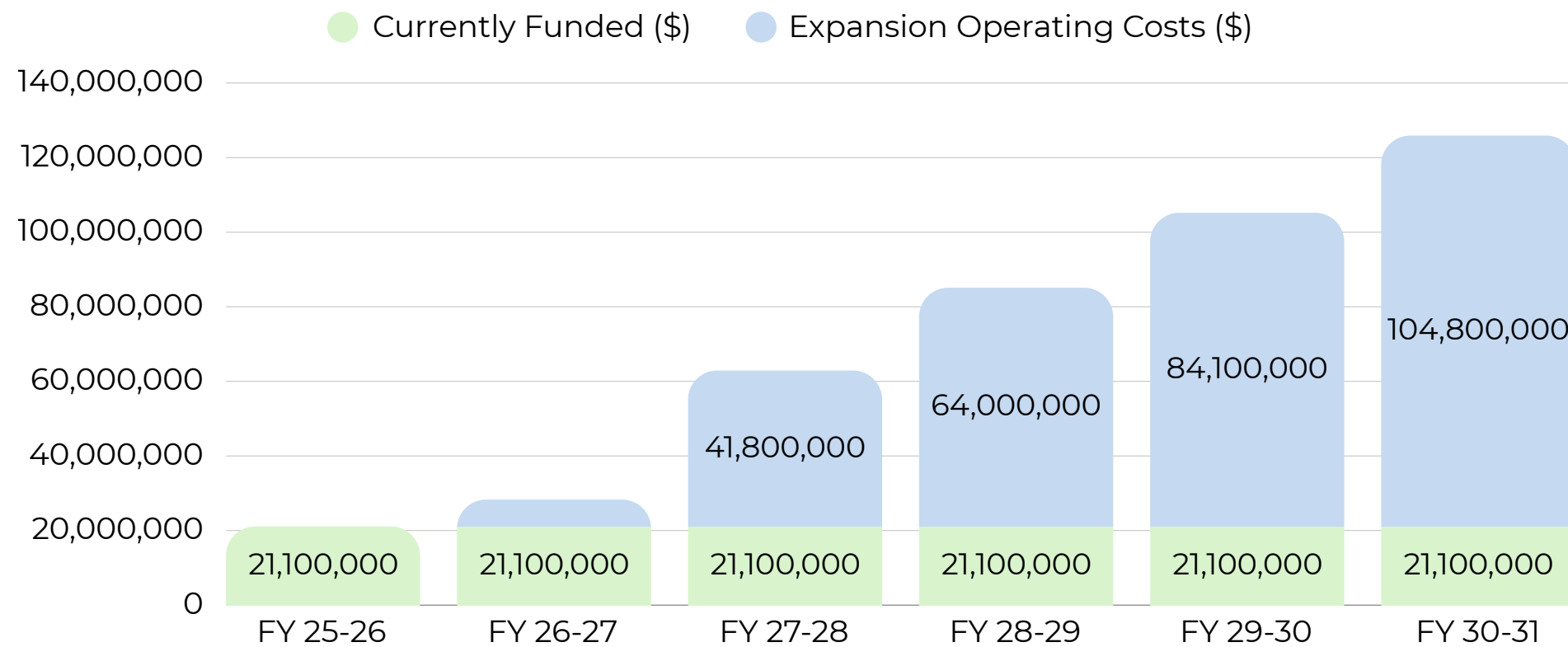
Coming in July 2026 Report:

- Full set of Required Actions; and
- 5-year Population Impact of Required Actions

Expand ODR-LEAD Program to more communities.

New Funding (5 years)
\$301.9M

Projected Funding Required: \$428.5M



Population: Not in-custody. Complex behavioral health and social service needs, at high risk of incarceration.

Updates in July Report: Additional information on ODR-LEAD's projected five-year expansion, relevant existing program performance metrics, and additional metrics to monitor the impact of the program on reducing jail inflow.

Why it's in the framework:

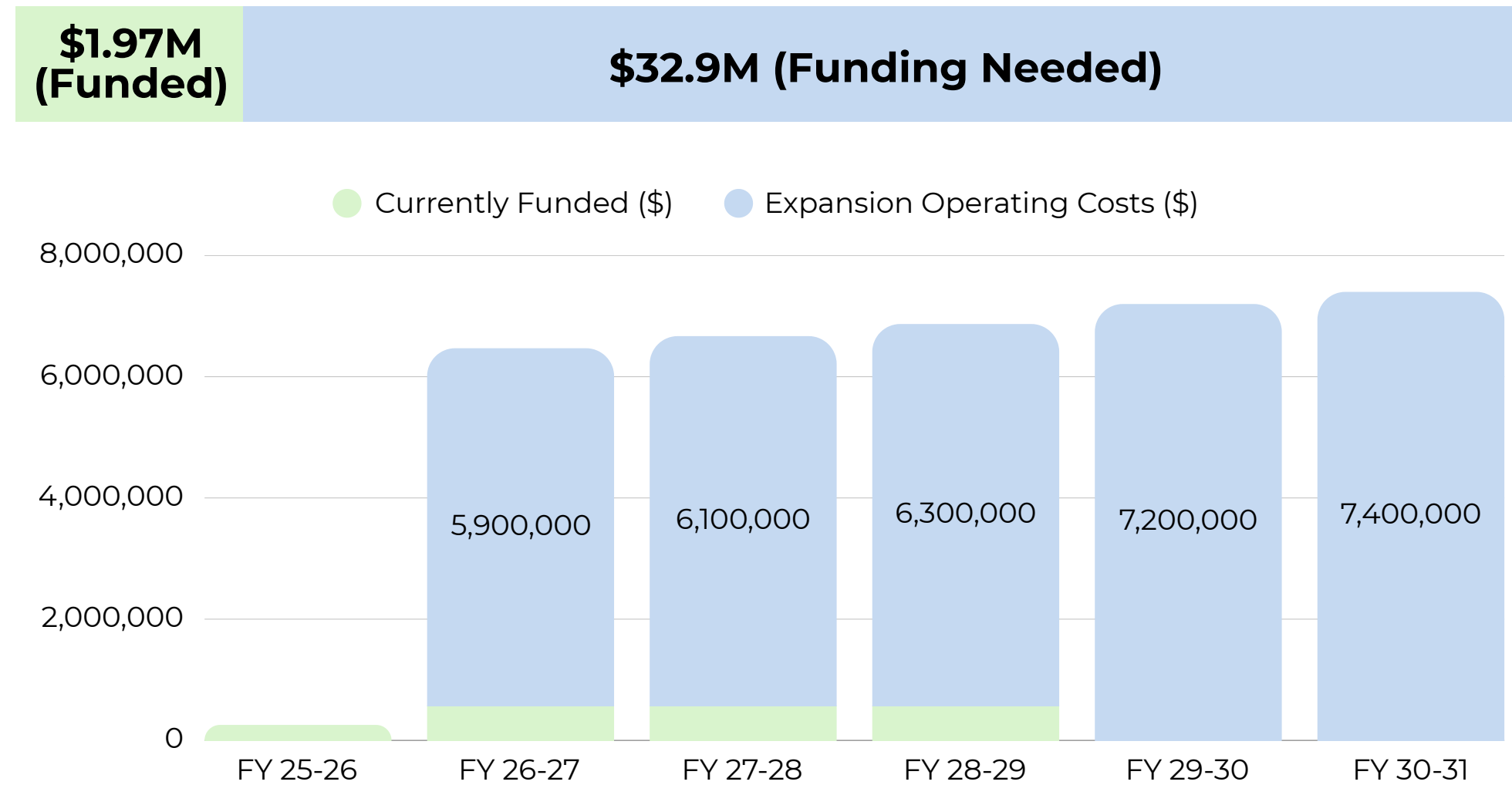
ODR-LEAD intervenes at the earliest stage of law enforcement contact and provides long-term field-based care to reduce justice system involvement, end homelessness, and promote stability among individuals experiencing complex behavioral health and social service needs.

Seven ODR-LEAD sites currently operate within limited defined geographic areas, with capacity to serve 780 clients. Expansion extends diversion to more communities where people in behavioral health crisis encounter law enforcement.

Expand PD-HEAL to the 10 remaining felony arraignment courts.

New Funding (5 years)
\$32.9M

Projected Funding Required: \$34.9M



Why it's in the framework:

HEAL embeds a licensed Psychiatric Social Worker in a felony arraignment courtroom to conduct clinical assessments at the earliest stage of court proceedings, paired with navigators who identify and secure treatment placements.

Obtaining court-ordered release to treatment currently adds a minimum of six to eight weeks to case timelines, and can add wait times of up to six to nine months. HEAL begins that process at arraignment.

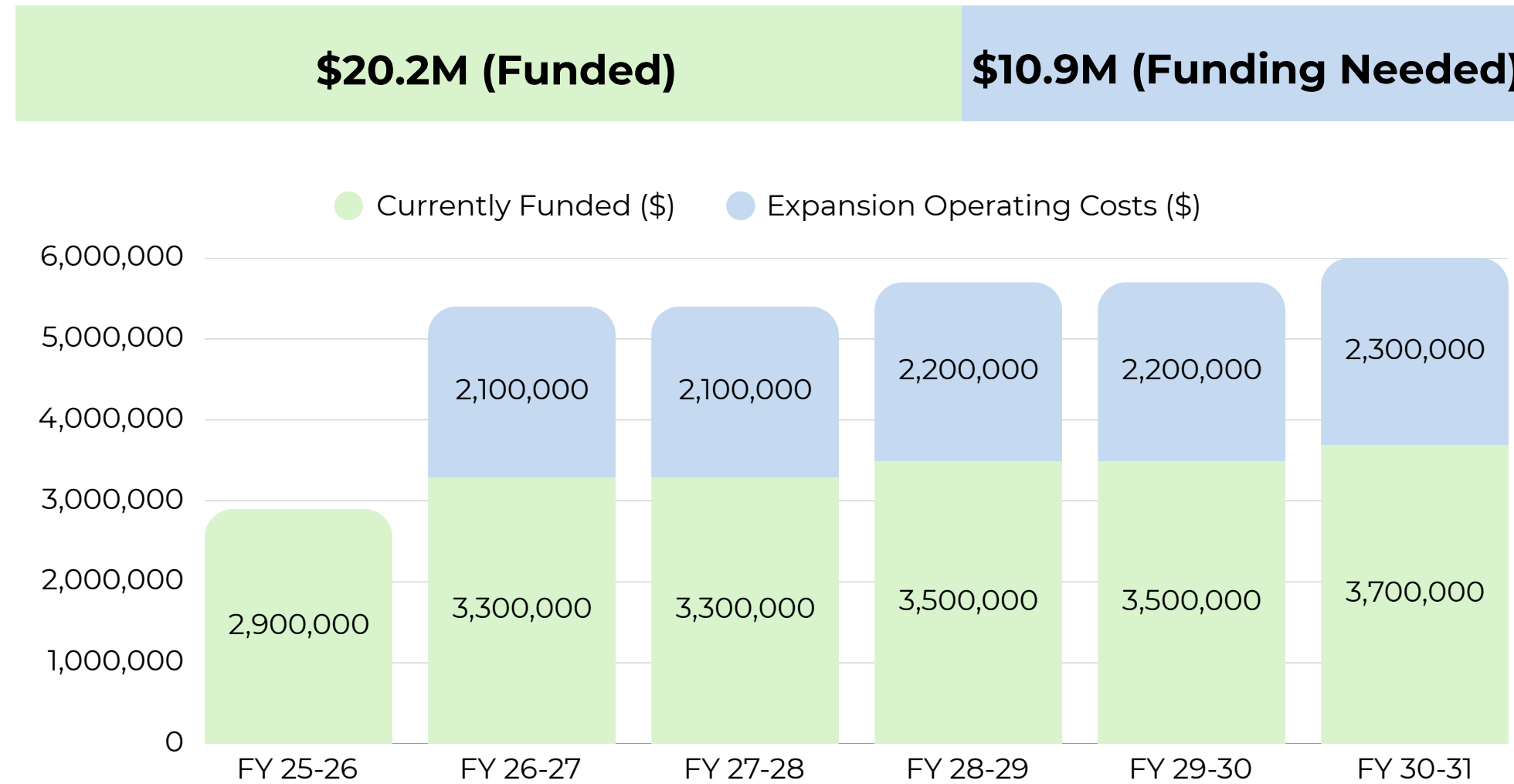
Population: In-custody individuals at felony arraignment with mental health or substance use needs, where court-ordered release to treatment can shorten length of stay.

Updates in July Report: Updated cost figures related to staffing, results of case review to understand potential case processing impacts and jail population impact projection related to clients who receive court-ordered releases into treatment.

Expand SAPC-CENS to five remaining felony arraignment courts.

New Funding (5 years)
\$10.9M

Projected Funding Required: \$31.1M



Why it's in the framework:

CENS counselors provide SUD screening and referral, Medi-Cal enrollment assistance, and navigation into the SAPC system of care.

CENS serves as the primary pathway out of custody for individuals whose legal involvement is driven primarily by substance use. In March, 329 in-custody individuals eligible for CENS had cases heard at the five felony arraignment courthouses without a CENS navigator.

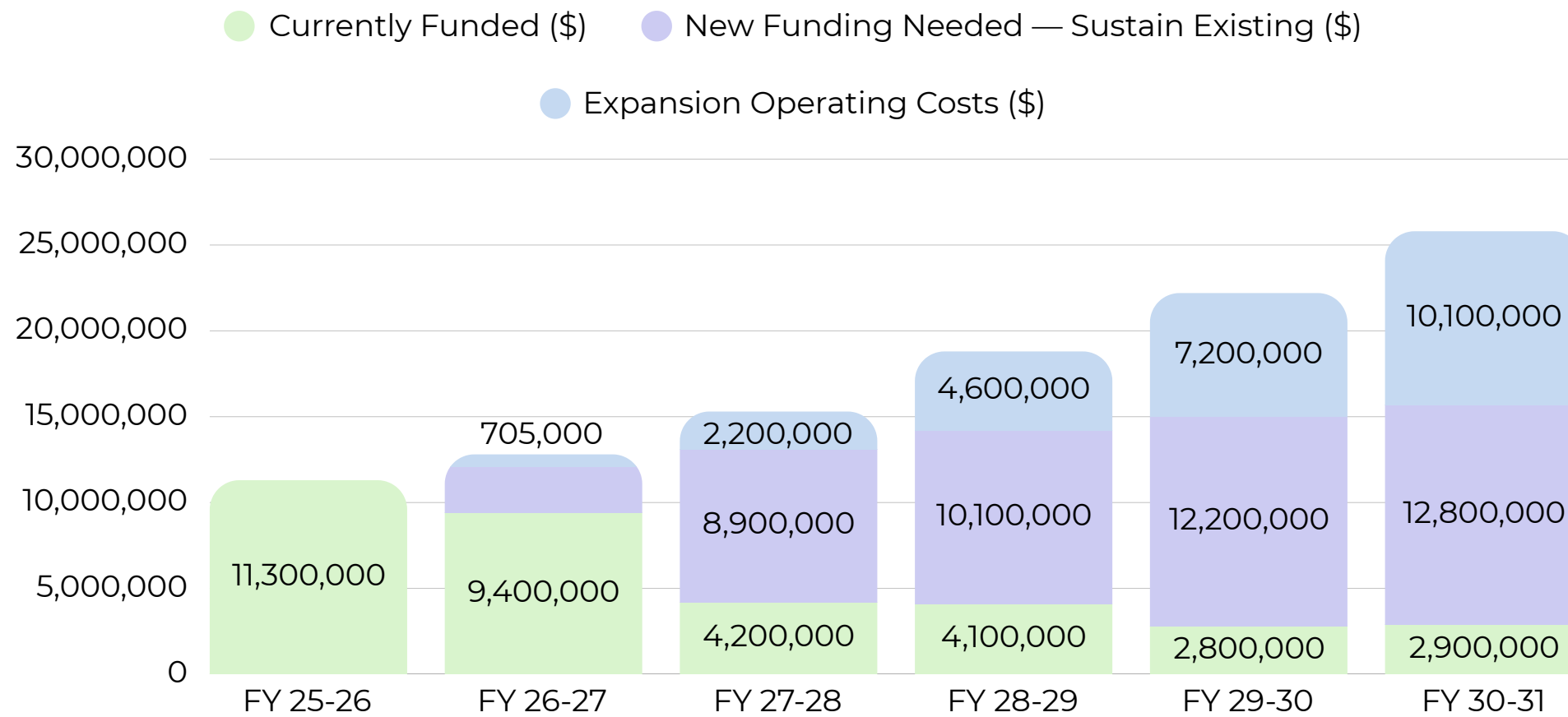
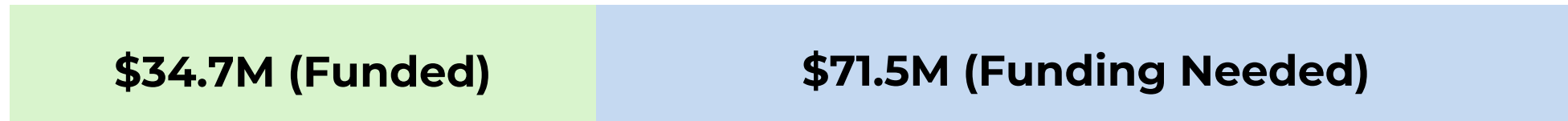
Population: In-custody individuals with lower-acuity mental health needs (P0–P2) whose legal involvement is driven primarily by substance use disorder.

Updates in July Report: Update on funding secured for CENS courthouse expansion, updated funding needs related to increased service demand, and updates on securing court space for expansion. Approximate impact on the jail population over 5 years.

Stabilize and expand JCOD-RDP to 10 additional courthouses.

New Funding (5 years)
\$71.5M

Projected Funding Required: \$106.2M



Why it's in the framework:

RDP offers pre-plea diversion with linkage to mental health or SUD treatment, case management, and service linkage. It initiates screening in court as early as arraignment, allowing for immediate engagement at the onset of a case.

RDP currently operates at only eight criminal courthouses, leaving eligible individuals at other courthouses without access regardless of their suitability for diversion.

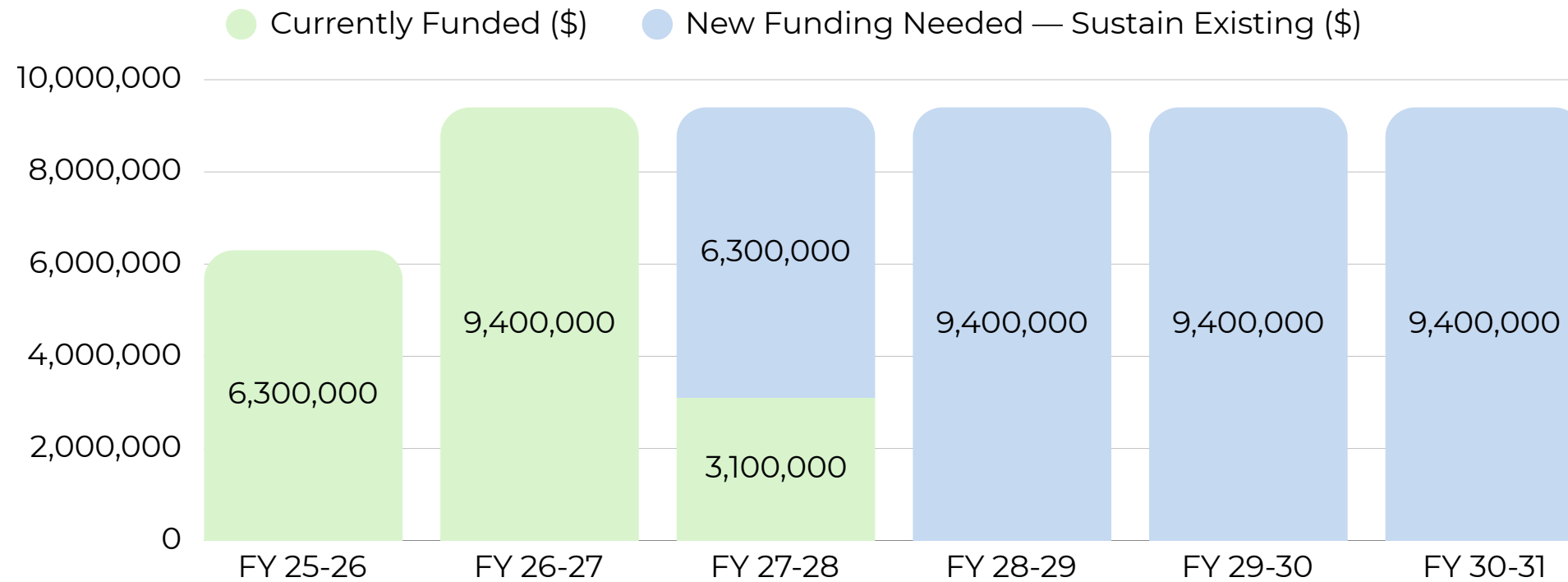
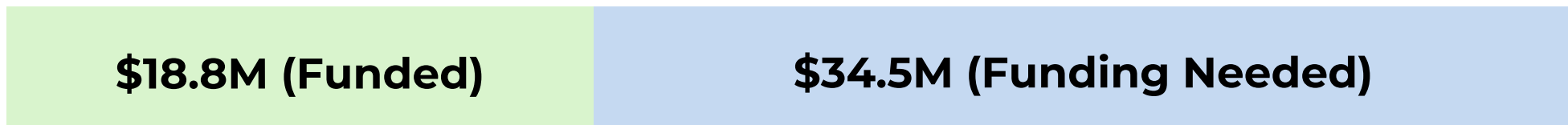
Population: In-custody individuals with lower-acuity mental health needs (P0–P2) eligible for pre-plea diversion to treatment and case management.

Updates in July Report: Additional details on RDP expansion model, update on justice partner and court staffing costs related to expansion. Approximate impact on the jail population over 5 years.

Secure ongoing funding for JCOD STOP to sustain 200 beds.

New Funding (5 years)
\$34.5M

Projected Funding Required: \$53.3M



Why it's in the framework:

STOP provides structured treatment and support services for lower-acuity individuals, accessed as part of diversion efforts or as a court-ordered sentence.

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

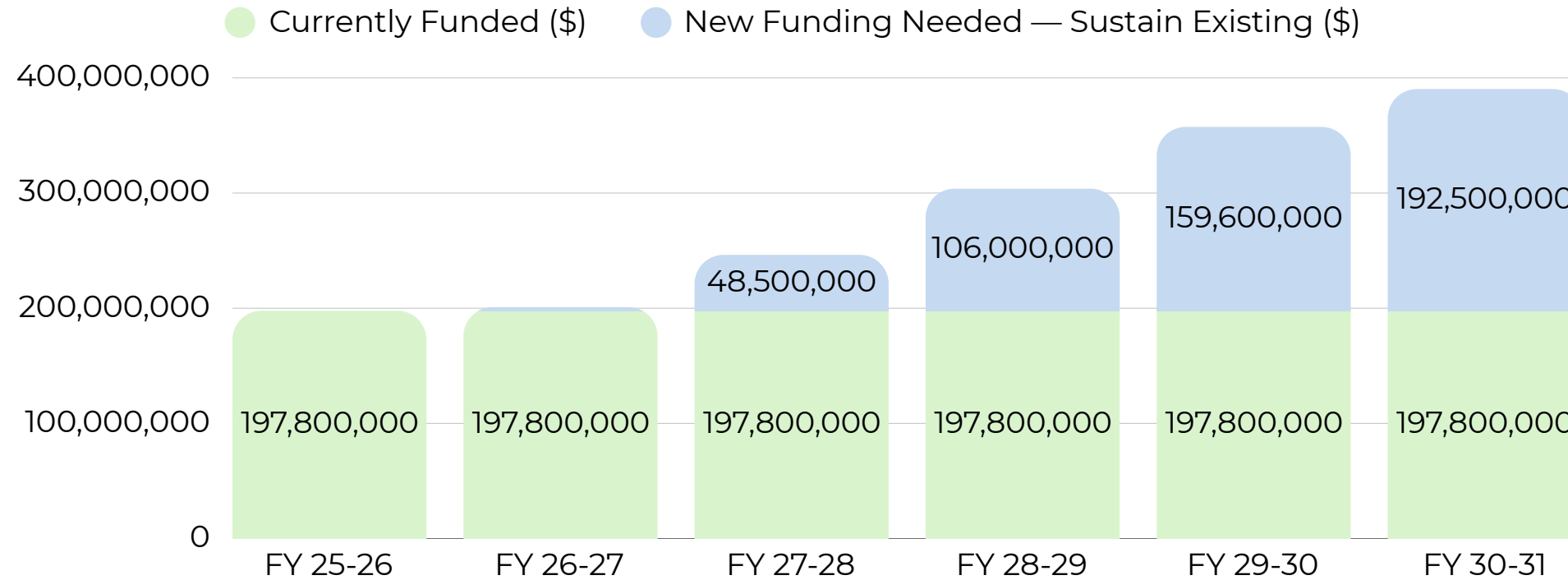
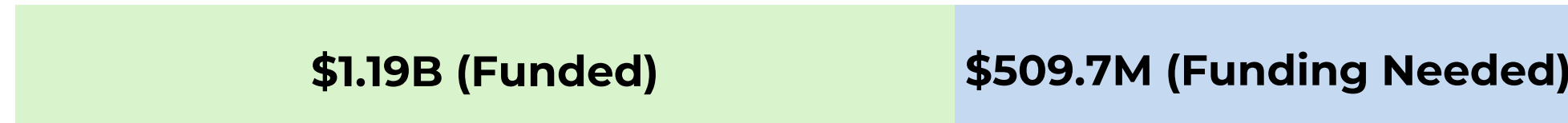
Population: Lower-acuity individuals (P2 and below) eligible for court-ordered release as part of diversion or a sentence.

Updates in July Report: Approximate impact on the jail population over 5 years.

Stabilize and expand ODR Housing to serve all suitable P3/P4 clients.

New Funding (5 years)
\$509.7M

Projected Funding Required: \$1.70B



Population: In-custody individuals with severe or acute mental illness (P3 and P4) eligible for court-ordered release to community-based treatment and housing.

Updates in July Report: Update on justice partner and court staffing costs related to expansion. Approximate impact on the jail population over 5 years.

Why it's in the framework:

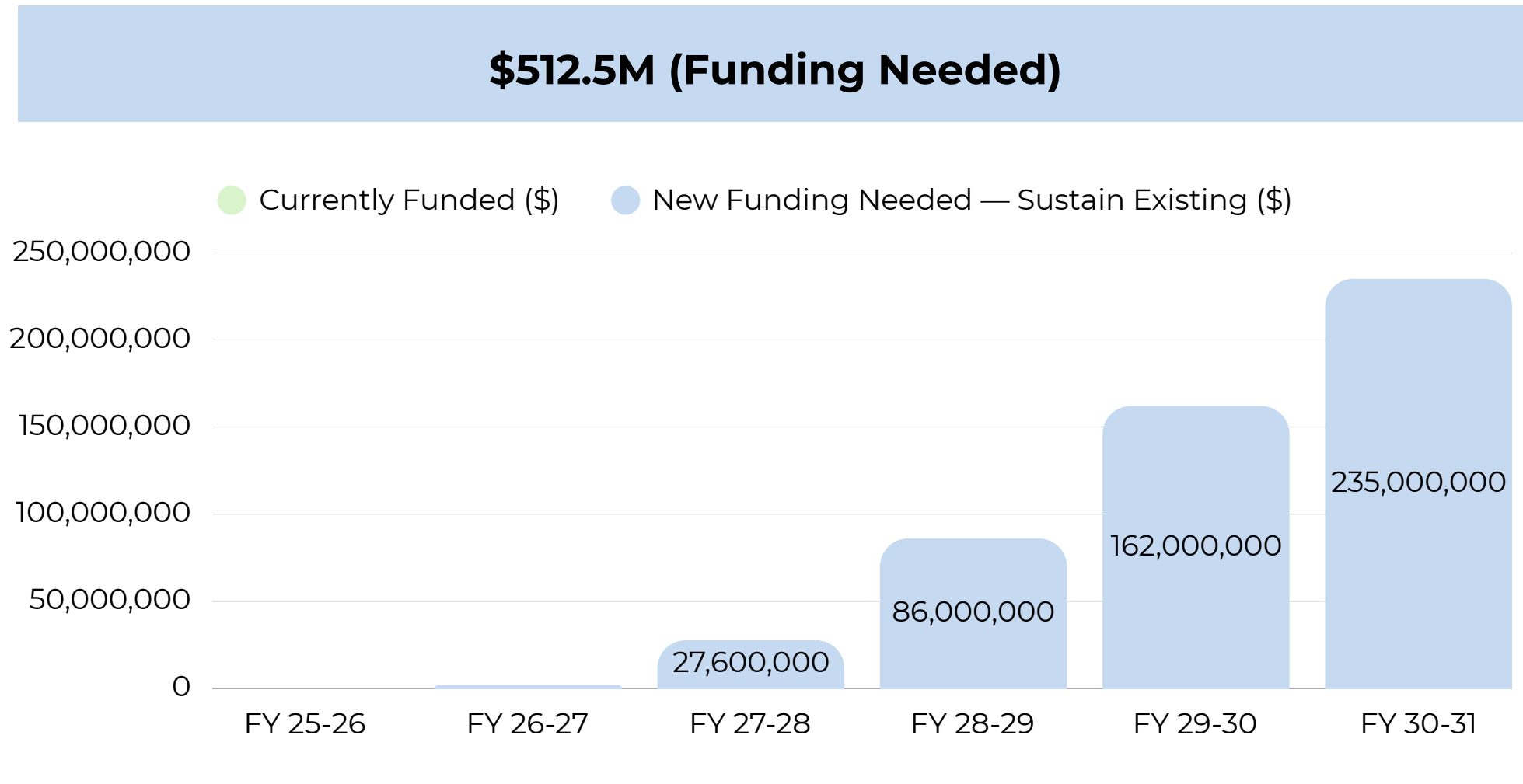
ODR Housing provides court-ordered treatment and housing as an alternative to custody. ODR clinicians conduct mental health evaluations and prepare affidavits to support conditional release to community-based care.

ODR Housing is the only dedicated pathway to community-based treatment for most people with a P3 or P4 designation in the jail. It is on track to reach its enrollment capacity of 3,615 housing slots by July 2026.

Expand ODR Housing to serve all suitable P2 clients.

New Funding (5 years)
\$512.5M

Projected Funding Required: \$512.5M



Why it's in the framework:

ODR projects that serving all suitable candidates in the P2 population would require 4,797 new slots over five years, distinct from and in addition to the P3/P4 expansion.

People with a P2 designation represent the largest mental health housing group in the jail and currently have no dedicated ODR pathway.

Population: In-custody individuals with a P2 designation — the largest mental health housing group in the jail, currently without a dedicated ODR pathway.

Updates in July Report: Update on justice partner and court staffing costs related to expansion. Approximate impact on the jail population over 5 years.

Tentative Framework Budget

Partial Set of Required Actions

\$1.39B (Funded)

\$1.47B (Funding Needed)

The initial set of seven required actions will require new investment over the next five years or approximately \$1.5 billion. Combined with current funding, the total cost of the actions included in this report is approximately \$2.8 billion, as outlined in the table below.

Fiscal Year (FY)	Currently Funded (\$)	New Funding Needed — Expansion (\$)	Total Operating Costs (\$) (All Actions)
FY 2025-26	\$239,655,000	-	\$239,655,000
FY 2026-27	\$241,570,000	\$23,605,000	\$265,175,000
FY 2027-28	\$230,070,000	\$143,500,000	\$373,570,000
FY 2028-29	\$227,070,000	\$288,600,000	\$515,670,000
FY 2029-30	\$225,200,000	\$443,900,000	\$669,100,000
FY 2030-31	\$225,500,000	\$574,300,000	\$799,800,000
Total	\$1,389,065,000	\$1,473,905,000	\$2,862,970,000

Other Updates in July Report

Preventing New Inflow

The next report will provide updates on early JCOD JSRP implementation and the broader JCOD pretrial services model, as well as ongoing analysis of behavioral-health crisis response expansions that could reduce new jail bookings.

Shortening Length of Incarceration

The next report will highlight progress on addressing key drivers of case-processing delays, including expert appointments, electronic discovery, court-data access, and early-resolution pilots, with additional strategies under development.

Enhancing the Community-Based System of Care

The next report will provide updated treatment-capacity forecasting, progress post-release connection analyses, and progress on Medi-Cal enrollment and ECM implementation, along with continued review of diversion pathways and treatment capacity

Questions?

