Health Services
LOS ANGELES COUNTY

March 30, 2021

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"To advance the health of our patients and our communities by providing extraordinary care"

TO: Supervisor Hilda L. Solis, Chair
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Supervisor Sheila Kuehl
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Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D.
Director

SUBJECT: **DEVELOPING A PLAN FOR CLOSING MEN'S CENTRAL JAIL AS LOS ANGELES COUNTY REDUCES ITS RELIANCE ON INCARCERATION (ITEM #3 JULY 7, 2020 BOARD MEETING)**

On July 7, 2020, the Board of Supervisors (Board) directed the Office of Diversion and Reentry (ODR) and the Los Angeles County Sheriff's Department (LASD) to convene a Workgroup and work in consultation with the Correctional Health Services (CHS) division, relevant County departments, community-based stakeholders and service providers, to provide a plan to the Board describing how to close Men's Central Jail (MCJ) within one year, while continuing to ensure public safety and providing appropriate services for individuals released early or diverted from incarceration.

The Workgroup developed two committees –Services & Programs and Data & Facilities, as well as a Community Engagement and Racial Equity Advisory Group - to address the motion's deliverables. Attached is the MCJ Closure Workgroup's final report. The MCJ Closure Plan describes how to close the facility within 18-24 months considering three main components:

1) The Facilities Plan incorporates 6-month benchmarks to redistribute the existing population and high-level medical services among the remaining jail facilities as MCJ closes, incorporating overall population reductions.

2) The Community Plan details the expansion required to the community-based system of care to serve people with health vulnerabilities who are released or diverted from jail so that they are not repeatedly incarcerated.

3) The Diversion Plan describes how to divert approximately 4,500 individuals out of jail custody in order to achieve population reductions sufficient to close MCJ, many of whom have serious mental health, medical and/or substance use needs, relying on the ODR 500, RAND, and Alternatives to Incarceration (ATI) analyses. This plan estimates how many people currently in jail custody could be diverted or released into the community through existing legal mechanisms, identifying specific populations to target for diversion.

The plan described above will require significant resources, which has become even more challenging in the face of the unprecedented housing, health and budget crises exacerbated by the COVID-19 pandemic over the past year. Despite this, it should ultimately be a cost-effective investment for LA County over the long term. Further, dedicating the magnitude of funding that would be needed to build the community-based system of care sufficient to facilitate closure of MCJ may be facilitated by recent changes in the fiscal environment, including the passage of Measure J, funding made possible through the State support of community-based Felony Incompetent to Stand Trial (FIST) programs, AB109 reevaluation, and the potential of expanding services eligible for Medi-Cal funding under CalAIM. These changes, coupled with the Board's strong stated desire to support alternatives to incarceration and shift to a "Care First, Jail Last" approach to criminal justice reform, increase the feasibility that the County, if it desires, could make the ample investment needed to allow for closure of the MCJ facility along an 18-24 month timeline.

If you have any questions, you may contact me or your staff may contact Judge Peter Espinoza, Director of ODR, at (213) 418-3600 or by email at PEspinoza2@dhs.lacounty.gov.

CRG:amg

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Los Angeles County Sheriff's Department

MEN'S CENTRAL JAIL CLOSURE PLAN:

ACHIEVING A CARE FIRST VISION

DEPARTMENT OF HEALTH SERVICES, OFFICE OF DIVERSION & REENTRY
LOS ANGELES SHERIFF'S DEPARTMENT

LOS ANGELES COUNTY
MEN'S CENTRAL JAIL
CLOSURE WORKGROUP

FINAL REPORT
MARCH 30, 2021

MCJ Closure Workgroup Glossary of Terms

ADA: Americans with Disabilities Act, refers here to the legal requirement to provide accessible cells and housing units for individuals with disabilities who are in jail custody.

APD: Alternate Public Defender

ATI: Alternatives to Incarceration

CDCR: California Department of Corrections and Rehabilitation

CHS: Correctional Health Services, Los Angeles County Department of Health Services

CJAC: Central Jail Arraignment Courts

CRDF: Century Regional Detention Facility

DHS: Los Angeles County Department of Health Services

DMH: Los Angeles County Department of Mental Health

DPH-SAPC: Los Angeles County Department of Public Health, Substance Abuse Prevention and Control

EWG: Executive Work Group

FIST: Refers to people who have been charged with felonies and deemed legally not competent to stand trial

HFH: Housing for Health, Los Angeles County Department of Health Services

H Level: Refers to designation for people in jail with health needs. H levels range from H0-H4. H0 indicates no/mild impairment. H4 indicates significant/severe impairment.

HOH: High Observation Housing, refers to mental health housing in jail. It is the most intensive level of psychiatric care. Treatment is provided in a secure locked facility that is medically staffed with a multimodal approach for short-term episodes.

HOPE Dorm: A jail dorm in MCJ for those who display chronic suicidal ideation but are not actively suicidal. This small dorm allows people to live in a group with safety measures and have direct custody observation. They receive increased activities and do not have the risk of living in a celled setting.

JPRC: Jail Population Review Council

K- designation: A security designation for people who are highly vulnerable or those who may endanger others, for jail housing purposes (i.e., K6 or K10).

LAHSA: Los Angeles Homeless Services Authority

LASD: Los Angeles County Sheriff's Department

LGBQ+: Denotes people who identify as lesbian, gay, bisexual, and/or queer. This acronym is meant to be inclusive beyond the listed identities.

MCJ: Men's Central Jail

MHSA: Mental Health Services Act

MOH: Medium Observation Housing, refers to mental health housing designation in jail. MOH has short- and medium-term, unlocked housing and residential services which includes 24/7 mental health care and allows for greater client autonomy and integration into the surrounding community.

MOSH: Medical Outpatient Specialty Housing Units, refers to medical housing units in jail.

ODR: Office of Diversion and Reentry, Los Angeles County Department of Health Services

PD: Public Defender

PEH: People experiencing homelessness

P Level: Refers to designation for people in jail with mental health needs. P levels range from P0-P4. P0 indicates no or mild impairment. P4 indicates significant/severe impairment.

S&S Funding: An object of expense reflecting the purchase of goods and services.

SMH Population: People with Serious Mental Health needs

SUD: Substance use disorder

TGI: Denotes people who identify as transgender, gender-non-conforming, and/or intersex. This acronym is meant to be inclusive beyond the listed identities, accounting for Two Spirit community members and all other gender expansive identities.

WPC: Whole Person Care

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Executive Summary

On June 9, 2020, after witnessing the jail population decline by 5,000 individuals in response to the COVID-19 emergency, the Los Angeles County (LA County) Board of Supervisors (Board) directed the Office of Diversion and Reentry (ODR) and the Los Angeles Sheriff's Department (LASD) to convene a workgroup to memorialize how that historic reduction was accomplished. On July 7, 2020, the Board passed a motion, "Developing a Plan for Closing Men's Central Jail (MCJ) as Los Angeles County Reduces its Reliance on Incarceration," directing that workgroup to provide a plan to the Board describing how to close MCJ within one year while continuing to ensure public safety and providing appropriate services for individuals released early or diverted from incarceration. The Workgroup included two committees - Services & Programs and Data & Facilities, as well as a Community Engagement and Racial Equity Advisory Group - to address the motion's deliverables. This is the Workgroup's final report to the Board.

LA County has a historic opportunity to make the Board's Care First, Jails Last vision a reality and to take concrete steps to reduce racial and health disparities and make our communities safer by closing Men's Central Jail. MCJ is an unsafe, crowded, crumbling jail facility built in 1963 that is unsuitable for the individuals being detained and the employees working there. As documented in multiple lawsuits, the facility is inadequate for the provision of essential medical and mental health care and other services and programs to address the complex needs of the more than 4,000 individuals who end up there—who are overwhelmingly Latinx, Black, and other people of color. We believe decreasing the jail population steadily and safely by the goal outlined below is feasible. We have seen other large cities around the country—from New York City to Philadelphia, Santa Clara County, and Chicago—in recent years reduce their jail populations by at least 30 percent.

LASD has expressed concerns that the population reduction plan relies heavily on strategies which must first be adopted by our communities and other county partners before any timeline for closure can be set in motion. LASD notes that many assumptions concern system solutions which have not yet been implemented and borne out and that some have also not yet been endorsed by key stakeholders in the judicial process, who ultimately regulate who is remanded to county custody. LASD notes further that any viable relocation of current populations will also first require substantial infrastructure investment, as well as more detailed considerations for the new staffing and service models needed.

To achieve the Board's historic goal of closing MCJ, the Workgroup and its committees present the following main assumptions and routes to closure, on an 18-24 month timeline. While the plan will require significant resources, which has become even more challenging in the face of the unprecedented housing, health and budget crises exacerbated by the COVID-19 pandemic over the past year, it should ultimately be a cost-effective investment for the County in the long term. The County has not so far identified the funds available to build the community-based system of care that would allow a reduction in the jail population significant enough to close MCJ, but recent funding possibilities, including Measure J, the FIST state pilot project, AB 109 reevaluation, and others, are now available, making possible this opportunity for investment and concomitant closure of the MCJ facility. Table 1 illustrates the Workgroup's jail population reduction goals and assumptions in developing the closure plan.

Table 1. Overall Breakdown of Population in Los Angeles County Jails

Category	Estimate	Description
A. Current Total Population	15,000	• This is the estimated total number of people in Los Angeles County jails based on Fall 2020 data. This number fluctuates each day.
B. Population Awaiting State Transfer	2,300	• The current total population in Los Angeles County jails includes more than 3,000 people awaiting transfer to state facilities. It is estimated that at least 2,300 can be transferred to state facilities when COVID-19 conditions abate. Based on pre-pandemic data,

		approximately 700 people are typically awaiting transfer to state facilities at any given time.
C. Remaining Population	12,700	• This is the actual base number of people in Los Angeles County jails, excluding the population awaiting state transfer.
D. Reduction Goal	**4,500**	• The reduction goal of 4,500 people corresponds roughly with the number of people in MCJ. This is the minimum number of people who need to be diverted from the Los Angeles County jail system in order to close MCJ. • According to a RAND study, at least 61% of the mental health population in the Los Angeles County jails (n=6000) can be diverted out of the jail, or roughly 3,600. • Additional individuals need to be diverted from custody to achieve the reduction goal.
E. Final Total Population	**8,200-8,500**	• This is the maximum number of people in LA County jails after the reduction goal is achieved.

The **MCJ Closure Plan** describes how to close the facility within 18-24 months and achieve the jail population reduction goals in three main components:

1) **The Facilities Plan** incorporates 6-month benchmarks to redistribute the existing population and high-level medical services among the remaining jail facilities as MCJ closes, incorporating overall population reductions.

2) **The Community Plan** details the expansion required to the community-based system of care to serve people with health vulnerabilities who are released or diverted from jail (from MCJ or the other facilities) so that they are not repeatedly incarcerated. To do this, the County must invest significantly in adding beds and services to the community-based system of care, in line with previous reports.

3) **The Diversion Plan** describes how to divert approximately 4,500 individuals out of jail custody, many of whom have serious mental health, medical and/or substance use needs, relying on the ODR 500, RAND, and ATI analyses. This plan estimates how many people currently in jail custody could be diverted or released into the community through existing legal mechanisms, identifying specific populations to target for diversion.

Facilities Plan

Subject matter experts from CHS and LASD developed the following Facilities Plan, shared and vetted with the Services and Program Committee and reviewed by CHS and LASD leadership. The plan outlines 6-month benchmarks in order to close MCJ in 18-24 months, assuming projected population reductions have already occurred, and any needed relocation contingencies have been completed. The plan proposes closure of MCJ area by area throughout the course of 18-24 months as the population reduces and these recommended milestones are met. As the population declines, the plan calls for cohorting of the remaining populations so they can be moved to other facilities, allowing areas of MCJ to empty and close permanently to prevent backfilling. As previously mentioned, the COVID-19 pandemic has had a considerable impact and LASD notes that it may also disrupt this timeline. The precautions and measures taken by CHS and LASD regarding COVID-19 within custody (housing and movement) must remain in effect until vaccinations are standardly available to anyone entering the system, and additional distancing, quarantine and isolation measures are no longer routinely recommended or necessitated.

Table 2a: Facilities Plan, 0-6 Months

LASD	CHS	External Diversion[a]
Identify need and request Services & Supplies (S&S) funding to support the closure plan to collect/retrieve data, conduct movement, process records and releases.	Identify need and request S&S funding to support the closure plan to review, document and coordinate transfer of health care information internal/external.	Begin planned 3,600 bed expansion of mental health treatment beds (target 600 beds every 6 months).[b] Identify resources and funding to support video arraignment at police and station jails. Create a Diversion Team under JPRC with CHS, LASD, ODR, PD, APD, DA, and health agencies to identify target populations in custody and review cases for releases using existing diversion and release strategies, focusing initially on moderate to high acuity mental health and those in CRDF. Track impact of ATI, Court and other pre-booking diversion and pretrial release programs on the jail population.
Identify and transfer 70-90 (P2) mental health patients to North Facility.	Identify additional health care space/trailer rental and staffing resources to support transfer of patient population. Review medical records and clear for transfer.	Population decrease 500 MOH/HOH population to community-based programs.
Identify funding to address elevator repairs in CRDF East Tower. Identify K10 recreation, discipline, visiting and needs for male population for CRDF as well as transportation to and from DHS specialty clinic at LAC.	Review medical records to coordinate transfer of healthcare information to community-based programs. Identify clinic space and modification needs near CRDF East Tower.	Decrease CRDF "female"[c] population sufficient to depopulate East Tower focusing on mental health diversion. (JFA Institute estimates this is approximately 300.)
Identify sentenced state prison population not housed at MCJ. Assist CHS identification of MOSH patients who cannot be housed in dorm.	Identify MOSH patients in non-dormitory housing (K10, K6, etc.) who are not sentenced to state prison.	Work with the State to resolve the moratorium on transfers of individuals to the state prison and state hospital systems, involving alternatives for those who will remain sentenced to CDCR but may be eligible to stay in the County, such as resentencing and community-based placements,

[a] See Diversion Plan on page 63 for more detail.
[b] See Community Plan at page 53 for more detail.
[c] Female population in facilities plan refers to individuals that LASD has identified as female for housing purposes. LASD only collects binary gender data thus the female and male populations may include those who self-identify differently.

		and take advantage of opportunities for new funding from the State to provide "Felony Incompetent to Stand Trial" (FIST) treatment locally instead of relying on transfers to and from the state hospital system, which would likely reduce wait times for care and improve outcomes through community-based care. Assess impact of state prison related legislation on county population awaiting transfer.
	Total Population at 0 Mo.	12,700[d]
	Population Reduction 0-6 Mo.	-800
	Remaining Population 6 Mo.	**11,900**

Table 2b: Facilities Plan, 6-12 Months

LASD	CHS	External Diversion
Move non-state prison sentenced K10 population from MCJ to East Tower in CRDF after females have been released in sufficient number to cohort in West Tower. Move K10 state prison sentenced (except HOH) from other facilities to MCJ to back fill.	Review of medical records, clear for transfer and communicate healthcare needs.	Population decrease 1,250 including MOH, HOH, K6 and general population.
Move MOSH non-state prison sentenced non-dormitory patients to Tower II based on transfer of P2 patients to North. Move ADA patients in Twin Tower who are state prison sentenced to MCJ.	Coordinate healthcare needs of MOSH non-dormitory patients to Tower II. Includes review of medical records and clearance for transfer.	
Identify state prison sentenced general population (exception HOH) and move to MCJ cohort in building or modules when feasible.	Review of medical records, clear for transfer and communicate healthcare needs.	
	Total Population at 6 Mo.	11,900
	Population Reduction 6-12 Mo.	-1,250
	Remaining Population 12 Mo.	**10,650**

Table 2c: Facilities Plan, 12-18 Months

LASD	CHS	External Diversion or Other

[d] Total population at 0 months equal to 12,700 is based on assumption of 15,000 daily population average, minus approximately 2,300 people awaiting transfer to State facilities. See Table 1 on page 48.

Identify remaining non-state sentenced K6 population and move to CRDF East Tower including those who need single or double person cells. Identify single and double person cells in depopulated Tower I for non-state prison sentenced Admin Seg and move from MCJ.	Review of medical records, clear for transfer and communicate healthcare needs.	Population decrease 1,500 justice involved population including MOH, HOH, K6 and general population.
Track changes in population Consolidate MCJ modules/housing area and consolidate based on depopulation and cohorting of individuals sentenced to state prison.	Review of medical records, clear for transfer and communicate healthcare needs.	

Total Population at 12 Mo.	10,650
Population Reduction 12-18 Mo.	-1,500
Remaining Population 18 Mo.	**9,150**

Table 2d: Facilities Plan, 18-24 Months

LASD	CHS	External Diversion or Other
Identify remaining non-state sentenced HOPE dorm population and move from MCJ to an appropriately sized location in Twin Tower Complex.	Review of medical records, clear for transfer and communicate healthcare needs.	Population decrease 950 of all types justice involved population.
Identify and transfer custodial and identify and/or request resources needed for DHS specialty clinic transportation. Transfer remaining non-state prison sentenced dormitory MOSH (diabetic and ADA) to newly retrofitted ADA compliant housing area.	Identify and transfer staffing resources. Evaluate clinical space including physical therapy requirements and request modification and/or construction. Review of medical records, clear for transfer and communicate healthcare needs for transfer dormitory MOSH patient population.	MOSH/ADA dormitory housing renovation completed at Pitchess East or at another non-populated facility.

Total Population at 18 Mo.	9,150
Population Reduction 18-24 Mo.	-950
Remaining Population 24 Mo.	**8,200**

Table 2e: Facilities Plan, overlapping 12-24 Months

LASD	CHS	External Diversion or Other
Transfer/resentence/ release state prison sentenced population	Review of medical records, clear for transfer and communicate healthcare needs	As an area with state sentenced prisons is depopulated, MCJ will be systematically closed by module, then by floor, then by each tower of housing until it is vacant.

Identify space and modification of physical plant needed to support courtline process and courthouse (CJAC). No existing holding cells and bus bays outside of MCJ to manage volume of court transportation.		Funding source for physical plant changes. JPRC tracks bookings/releases and monitor overall population for reductions, identifying and addressing any upward trends in Field Operations, Court Processing, Legislative Reform, System of Care, or other committees.

Community Plan

Closing MCJ requires the investment of new dollars to purchase or access additional community services to meet the needs of people being released from jail. The Services & Programs (S&P) Committee strongly recommends that plans to release people from jail into community services employ a **non-displacement principle.** The County's system of care as it now stands is already stretched and overwhelmed. When MCJ closes, thousands of individuals who have been historically disenfranchised from services and over-incarcerated will be introduced to this system of care.

The Board-adopted Care First approach calls for enhanced care and supportive services for the County as a whole and the success of closing MCJ cannot depend on bumping other people out of line who are in need of the same services, which will only create problems elsewhere in our systems. Existing programs that have unused capacity and are an appropriate fit for an individual's needs may be used in release planning. However, as previous reports have noted time and again, the reality is that LA County providers currently have limited capacity to accept people released from jail but are ready to expand if the County can provide sufficient resources to do so.

Focus Populations for Services

The S&P Committee identified specific vulnerable populations that need the most critical, not just ideal, set of services upon release. These "Focus Populations" are: (1) people with Serious Mental Health Needs (the "SMH Population"); (2) people with Substance Use Disorders or Co-Occurring Mental Health and Substance Use Disorders (the "SUD Population"); (3) people who are Medically Vulnerable due to Other Health Challenges; and (4) People Experiencing Homelessness (the "PEH" population). While S&P has centered its work on these populations, it recommends that the County continue to invest in and implement a more comprehensive continuum of services for populations that are released who may not require the same critical infrastructure to achieve stability and support public safety and wellbeing in the community. The investment should draw on and reference recommendations from prior complementary initiatives, including efforts to keep the jail population down and the ATI Initiative.

Community Plan Recommendations

The committee identified several effective County programs that provide pathways to community placements for people exiting jails. **In order to close MCJ within the shortest time frame possible, the committee recommends the immediate increased investment in scaling up specific community pathways that have the capacity to expand quickly and have demonstrated successful outcomes with the justice-involved population.**

Recommendation 1: Invest funding sufficient to expand existing residential programs by 4,000 beds

within 18-24 months that serve justice-involved populations to increase service capacity in the community, prioritizing the mental health population, which would address significant racial disparities. To achieve this, it is recommended that the Board take advantage of new funding opportunities to move forward with the Executive Work Group's recommendation to expand the community-based system of care mental health beds to nearly 10,000 over three years, in line with the following ATI recommendations: #10 (advocate for changes to expand Medi-Cal, MHSA and/or support services for system-involved people and their families); #20 (expand/refine affordable housing models for justice-involved people with mental health and/or substance use needs); #21 (create/scale up innovative housing programs with wraparound services); #22 (develop partnerships to increase housing options and incentivize creation of housing options for people who identify as LGBQ+ and/or TGI); #23 and 24 (work with Housing State Funding and DHS Housing programs for people experiencing homelessness, mental health and/or substance use and people who identify as LGBQ+ and/or TGI); #31 (remove barriers to treatment, employment and housing due to record of past convictions); #88 (fund comprehensive mental health and substance use care, as well as transitional housing with wraparound services); and #92 (use County capacity building programs with equity analysis to expand the system of care).

Within 18-24 months, the Committee recommends adding 3,600 beds for community-based mental health care and approximately 400 beds for individuals with serious medical, SUD and/or housing needs. The total number should be expanded within 36 months in line with the Executive Work Group calculations to sustain the jail reduction and closure.

With the appropriate investments, these programs are ready to be scaled up immediately to serve individuals who could be diverted out of jail custody and have serious mental health, SUD and/or medical needs. The beds for individuals with serious mental health needs should be prioritized, in order to move people who are likely eligible for diversion out of the Twin Towers and CRDF jail facilities, key early components of the facility plan.[e]

Cost to divert and provide community-based housing and clinical care for 3,600 people in the SMH population = approximately $180 per person per day

Cost to incarcerate someone in High and Moderate Observation Housing (HOH & MOH) at Twin Towers = estimated at $654/day and at CRDF, $442.32, not including costs of care provided by CHS.[1]

Recommendation 2: Expand enhanced services that support people with mental health and substance use needs in housing sites. If the County diverts 4,000 people with clinical needs out of jail custody and into the community, the beds listed above will provide a portfolio of housing options that will meet the needs of most people who are released. However, many individuals in these programs also require additional field-based supportive services. In order to increase capacity in the community, this committee recommends the immediate expansion of field-based programs, which allow services to be provided to individuals in a location that is preferable and convenient, and which may encourage greater and more consistent participation. This recommendation is in line with the following ATI recommendations: #10 (advocate for changes to expand Medi-Cal, MHSA and/or support services for system-involved people and their families); #13 (deliver integrated mental health and substance use services; #14 (support parity between mental health and substance use systems); and #92 (use County capacity building programs with equity analysis to expand the system of care).

The immediate expansion of interim housing programs for the focus populations will solve the short-term need to provide safe residential placements for people leaving jail who have multiple complex behavioral health needs and require access to a high level of services upon release. Investment in these programs is

[e] See page 55 for description of the types of residential services proposed.

critical for closing MCJ in 18-24 months. However, most of these programs are designed as interim housing solutions with the intention to help people transition to permanent housing over time. In order to make this a viable exit strategy, the County must also continue to work toward resolving the local housing crisis, including investment in more permanent supportive housing options and increasing access to housing subsidies and other permanent support housing opportunities for people who are justice-involved as long-term solutions after interim housing. The current process for housing prioritization for permanent supportive housing should put these highly vulnerable populations first. This will help to ensure that people released from jail are not displacing tens of thousands of others waiting to be matched to permanent housing in Los Angeles, or otherwise end up homeless, themselves. These kinds of investments, in field-based services and permanent supportive housing, are key to solving the "system flow" issue that many providers are currently experiencing.

Diversion Plan

To close the notoriously inhumane MCJ facility, the County will need to take bold, decisive steps away from its historic reliance on incarceration and toward the 'care first' approach in order to decrease the jail population by approximately 4,500 people, including some strategic reductions to the mental health population and the number of people held at CRDF. This can and must be achieved through strong commitments from system actors to do things differently (many of whom have expressed that support as this plan was developed); increased community-based services to support the diversion of people with behavioral health needs; and an ongoing system for monitoring decarceration progress and accountability.

An Ad Hoc Team of the MCJ Closure Workgroup, supported by the Vera Institute and including county staff, system actors and community stakeholders, charted a path to closing MCJ by diverting many more from incarceration. Vera also conducted an analysis of jail population and release data to support the team's recommendations for diversion. The diversion estimates provided below are just a starting point and will need to be coupled with a commitment from stakeholders and a coordinated implementation plan, including for budget allocations, new programmatic and staffing needs, and investments in community-based services and care.

The Ad Hoc Team recommends that, as a general matter, there is a presumption of diversion/release from jail custody for the following target groups, unless there is a specific consideration to prevent it:

(1) People with serious mental health needs; (2) people charged with misdemeanors; (3) people charged with nonserious or nonviolent (NS/NV) felonies (according to the Penal Code); (4) people in the pretrial population with bail set; (5) people over the age of 50; and (6) cisgender women and LGBQ+/TGI people, particularly at CRDF and in the K6G units.[f]

The Vera Institute developed estimates, detailed in Table 3, for how LA County could use diversion to achieve the 4,500-person reduction necessary to close MCJ. The estimates are based on the priority groups identified by the Ad Hoc Team as well as the population of people charged with S/V felonies who have mental health conditions since there are already existing, effective strategies to divert this group, if scaled appropriately. The groups of people 'recommended for diversion' as a first matter by the team were used to filter a data set of 12,143 people incarcerated on August 19, 2020.[g]

[f] LBGQ+ denotes people who identify as lesbian, gay, bisexual and/or queer. This acronym is meant to be inclusive beyond the listed identities. TGI denotes people who identify as transgender, gender non-conforming and/or intersex. This acronym is meant to be inclusive beyond the listed identities, accounting for Two-Spirit community members and all other gender expansive identities.

[g] See page 63 for methodology notes.

Vera researchers highlighted three critical considerations as the County adopts a closure plan:

- First, to have the most impact on the jail population, the County will need to divert people spending more than 30 days in custody.
- Second, the County must include and expand diversion opportunities for people charged with S/V felonies—not just those with more minor charges—to decrease the jail population sufficiently.
- Finally, the County must proactively center racial equity to decrease the long-standing disparities in incarceration.

Table 3. Diversion Estimates Applied to August 19, 2020 LASD Data Set

Population	Total Number (% of jail population)	Men	Women
Total people in data set	12,143	10,989 (90.5%)	1,154 (9.5%)
ESTIMATES			
Pretrial Bail Set			
Misdemeanor	146 (1.2%)	114	32
Nonserious/Nonviolent Felony (NS/NVF)	642 (5.3%)	573	69
Serious/Violent Felony (S/VF) and P2-P4 (high mental health acuity levels)	909 (8.4%)	761	148
S/VF and P1 (mental health impairment that does not prevent daily functioning)	484 (4.1%)	402	82
Subtotal of Pretrial Bail Set groups	**2,181 (19%)**	1,850	271
Partially Sentenced Bail Set			
Misdemeanor	30 (0.2%)	27	3
NS/NVF	360 (2.9%)	326	34
S/VF and P2-P4	350 (2.9%)	304	46
Subtotal of Partially Sentenced Bail Set groups	**740 (6%)**	657	83
Sentenced			
Misdemeanor	134 (1.1%)	118	16
NS/NVF and P2-P4	327 (2.7%)	297	30
NS/NVF and P1	212 (1.7%)	166	46
NS/NVF and P0 (no persistent mental health impairment)	349 (2.9%)	308	41
Sentenced – NS/NVF and No P level (no mental health impairment)	721 (5.9%)	694	27
Subtotal of Sentenced groups	**1,743 (14.3%)**	1,583	160

Total	**4,664 (38.4% reduction of original jail population)**	4,090	574

In order to implement this policy, the team identified the following challenges that need to be addressed, followed by responses and solutions.

Summary of Implementation Challenges and Suggested Responses

Key Needs to Address in order to Shift to Presumption of Diversion

- Greater awareness of (a) racial equity; (b) root causes of behavior leading to system contact, and (c) harm reduction for all system stakeholders.
- Stakeholder culture shift toward presumption of release for target groups.
- Foster greater collaboration and joint training between prosecutors, public defenders, health and social service providers, and/or client support systems.
- Develop training, including that developed by people with lived experience, and consensus building with the bench.
- Implement comprehensive needs assessments of all defendants.
- Address specific charges/sentences: (a) gun charges/sentences; (b) sex registrants; (c) family/intimate partner violence with identifiable victims/survivors; (d) people charged with arson-related offenses and/or arson-related prior convictions; (d) mid-range jail sentences.
- Address people charged with serious/violent felonies.
- Legal stakeholder staffing shortages to implement increased diversion/release in all courthouses.
- Scale of diversion/alternative programs countywide.

Responses / Solutions

- Commitment to harm reduction model: Harm reduction models, typically aimed at minimizing the negative health, social and legal impacts of substance use, have been proven to be cost-effective, evidence-based and have a positive impact on individual and community health. Harm Reduction acknowledges that long lasting change is incremental and supports individuals as they move towards their goals which may or may not result in abstinence-based recovery or sobriety. The harm reduction model acknowledges and prepares for flexible outcomes with the ultimate goal of improving individual and community health. (See ATI Recommendations #12, 17, 89).
- Well-articulated alternatives and services, especially for more serious cases: We need to have a panoply of supports in place, as we build up the community-based system of care. Some people might need more restrictive/supportive arrangements, while others very minimal support (e.g., text reminders). We need a system with well-articulated alternatives, especially for the more serious cases.
- Services based on needs, not charges: This implies having an effective and comprehensive needs assessment process available for all defendants. (See ATI Recommendations on Pretrial Services System #53-57 #68 and recent CASA proposal).
- Ease of use/availability of assessment and programming: Assessments and diversion/release programming should be readily available and easy to access in all geographic regions of the County, particularly in the areas most impacted by incarceration. (See ATI Recommendations #54, 55, 60, 68, 60)
- Community-based services & supports as alternative responses for intimate partner and family violence. Create or expand violence prevention practices based on restorative justice principles to prevent or reduce justice system contact—to address trauma and conflict and the root causes of violent behavior. It is important to ensure that true community safety and interpersonal harm concerns are addressed effectively, in the community, and that victims/survivors are connected with essential resources. (See ATI Recommendations #7, 8.)

- Courtroom trust and collaboration, including consistent availability of diversion programming across courthouses, health, social service, and client support system (See ATI Recommendation #58, 62, 65, 66).
- Build on effective past/current practices and experiences with increased diversion, such as the early COVID releases. (See CERE Pretrial Memo on page 13).
- Education and training: Additional training should be provided to all justice system actors, including cross-training and individual training, particularly from the defense perspective, for filing prosecutors, line prosecutors, their immediate supervisors, and justice impacted individuals. (ATI Recommendations #99, 100, 101, 102, 103, 105)
- Leadership from justice actors: It will be critical for legal agency leaders to champion the jail population reduction goals, implement increased diversion and to monitor progress toward those goals.
- System accountability: Create a system of monitoring the impact of existing and new diversion programs and the jail population, with specific decarceration benchmarks in line with the one-year timeline. Track and implement a system of accountability for County stakeholders to meet these goals, in line with ATI Recommendations #84, 85, 86, 110-114, and the Jail Population Review Council's mandates for regular reporting through the Open Data Portal.[2]

Introduction

On June 9, 2020, after witnessing the jail population decline by 5,000 individuals in response to the COVID-19 emergency, the Los Angeles County (LA County) Board of Supervisors (Board) directed the Office of Diversion and Reentry (ODR) and the Los Angeles Sheriff's Department (LASD) to convene a workgroup to memorialize how that historic reduction was accomplished. On July 7, 2020, the Board passed a motion, "Developing a Plan for Closing Men's Central Jail (MCJ) as Los Angeles County Reduces its Reliance on Incarceration," directing that existing workgroup to provide regular reports to the Board on the issues and considerations that must be addressed in order for the County to close MCJ within one year while continuing to ensure public safety and providing appropriate services for individuals released early or diverted from incarceration. The Workgroup included two committees-Services & Programs and Data & Facilities, as well as a Community Engagement and Racial Equity Advisory Group-to address the motion's deliverables.

This is the third and final report from the MCJ Closure Workgroup. The first report was submitted to the Board on September 17, 2020 and the second report on November 4, 2020.

LA County has a historic opportunity to make the Board's Care First, Jails Last vision a reality and to take concrete steps to reduce racial and health disparities and make our communities safer by closing Men's Central Jail. As noted in the previous reports, MCJ is an unsafe, crowded, crumbling jail facility built in 1963 that is unsuitable for the individuals being detained and the employees working there. As documented in multiple lawsuits, the facility is inadequate for the provision of essential medical and mental health care and other services and programs to address the complex needs of the more than 4,000 individuals who end up there—who are overwhelmingly Latinx, Black, and other people of color.[3]

To make the MCJ facility closure possible, LA County must continue to safely reduce the number of people in jail, address racial disparities that plague the system, and create a plan that supports safety in the jails and access to critical services, like healthcare or reentry programming, for incarcerated people who need them. There is consensus within the MCJ Closure Workgroup that closing MCJ and maintaining a population below the Board of State and Community Corrections (BSCC)[4] rated capacity requires a significant additional decrease in the population. The Workgroup has set a target reduction goal of at least 4,500 individuals, which is approximately the number of individuals housed in MCJ.

Prior to the COVID-19 emergency, the average daily population across all seven jail facilities, for many years, hovered around 17,000. Systemic and structural racism affecting all facets of our communities and government systems for hundreds of years, along with the government's disinvestment in community, health and social services, led to that mass incarceration in LA County and across the nation.[5]

In 2020, the Los Angeles County jail system experienced historic population reductions—with a 30 percent decrease in two months at the onset of COVID-19 accompanied by continued lows in most types of crime.[6] The recent rise in gun violence across the country—in jurisdictions that have implemented justice reforms and those that have not—likely spurred by pandemic-related economic and emotional instability, must be addressed but should not be used to reverse recent reforms to address the root causes of violence and unmet behavioral health needs.[7] The COVID responses made clear that safely decreasing the daily jail population by 4,500 people is possible. While the jail population dropped under 12,000 in May 2020, it has steadily risen to over 15,000, with racial disparities persisting, particularly for Black people.

As the pandemic continued, many pre-COVID practices around law enforcement and Court operations returned and the jail population have correspondingly increased, including a growing number of individuals waiting for transfer to the state prison system because the California Department of Corrections & Rehabilitation has continued its moratorium on county transfers. Similarly, the Department of State Hospitals has not been accepting county transfers from the Felony Incompetent to Stand Trial, or "FIST",

population, which has led to a growing waitlist.

The number of individuals with serious mental health conditions in the jail was not reduced in response to COVID-19, and instead continues to rise in relation to the overall population, despite numerous studies, reports and workgroups over the last decade that have provided specific recommendations about how to reduce that population and build up a community-based system of care. In May 2020, when the overall jail population was at its lowest in response to the pandemic, there were 4,500 people in the **jail mental health population**, comprising 38 percent of the population. By March 2021, it was **over 6,000, around 40 percent of the overall population**. Nor did the overall reductions reduce the racial disparities that persist among those incarcerated.[8]

Throughout the ups and downs in the jail population in 2020, the largest group has remained people in jail pretrial, constituting 37.5 percent of people incarcerated in the Los Angeles County jail system on March 2, 2021. Similarly, the partially sentenced population—people sentenced on at least one matter and with at least one open case—dropped 28 percent at the onset of COVID but has increased by 26 percent since May. These two populations combined are 58 percent of the jail population and, to close Men's Central Jail, there will need to be a concerted effort by system actors to decrease the number of pretrial and partially sentenced people sitting in jail and the length of time they spend incarcerated.

In contrast, the number of people serving jail sentences has decreased throughout the year, largely due to a 72 percent reduction in the AB109 sentenced population. The reduction has been overshadowed though by the number of **people sentenced to state prison** who are still in jail because of limited transfers during the pandemic. While there were around 700 people awaiting transfer to prison on any given day pre-COVID, that number is now almost **4,000**, comprising around 25 percent of the jail population. As the pandemic still devastates LA County and California, this is a group to review for resentencing with a "care first" lens to both reduce the jail population and the heightened risks of transmission of COVID-19 in the jail and community.

The Board of Supervisors' bold Care First vision is detailed in the Alternatives to Incarceration (ATI), CEO's Executive Work Group and Jail Population Reduction Reports, which provided a comprehensive roadmap of how to reduce the jail population—primarily by building a community-based system of care that effectively addresses health and service needs in community settings—taking social and racial equity into account.[9] Newly elected District Attorney George Gascón has instituted a number of directives based on that vision that, if embraced by the Court and other law enforcement agencies, may move the County much closer toward realizing the Care First model.[10]

All population reduction efforts must focus on the over-representation of Black people within the jail population, including paying special attention to Black women and Black people with mental health needs. As all the previous reports recommended, the sizeable change in the population of people being served in the community, a significant percentage of whom have a high level of medical and/or mental health needs, will require significant investment of resources into the County's system of care.

Over the past several years, initiatives such as ODR, LA City and County mental health diversion, and more recently, the Superior Court's Pretrial Risk Evaluation Pilot, the launch of the ATI Initiative, and other early, pre-arrest and pre-booking diversion programs at the local city level, have demonstrated that we can safely divert thousands of individuals away from incarceration and into appropriate community-based and health-focused treatment and services, many of which require housing, ***if*** **we resource them appropriately**.

Structure & Process

ODR and LASD were lead agencies for the MCJ Closure Workgroup, which was first convened on July 30, 2020. The group is chaired by Assistant Sheriff Bruce Chase and ODR Director, Judge Peter Espinoza. The Workgroup is advised by the Community Engagement and Racial Equity Advisory Group (CERE), comprised of individuals in the Reentry Health Advisory Collaborative "RHAC", ATI community voting members, and those who led the racial equity analysis for the ATI Workgroup. This Advisory Group helps to maintain the committees' focus on racial equity and provide additional opportunities for community engagement in the process.

The Workgroup had two committees:

(1) *Data & Facilities*: to collect, analyze and share information describing the population and physical structures across all jail facilities, estimate how many people could be released or diverted into the community and the impact population redistribution would have on intake, release and transportation.

(2) *Services & Programs*: to identify a plan to redistribute the existing MCJ population among the remaining jail facilities (for those not eligible for diversion) such that the facilities do not exceed the BSCC-rated maximum capacity, and to refine pathways into the community for vulnerable populations to ensure critical needs are met. These "Focus Populations" are: (1) people with Serious Mental Health Needs (the "SMH Population"); (2) people with Substance Use Disorders or Co-Occurring Mental Health and Substance Use Disorders (the "SUD Population"); (3) people who are Medically Vulnerable due to Other Health Challenges; and (4) People Experiencing Homelessness (the "PEH" population). A Funding Subcommittee considered the costs required to fully build the community-based services needed for the diversion of vulnerable populations and provide clear guidance on realizing the Care First, Jail Last model that the Board has adopted.

MCJ Closure Workgroup Stakeholders, in alphabetical order

Alternate Public Defender (APD)	County Counsel	Los Angeles City Attorney	National Alliance on Mental Illness (NAMI) Greater Los Angeles County
ACLU of Southern California (ACLU So Cal)	Department of Mental Health (DMH)	Los Angeles County Board of Supervisors	Office of the Inspector General
Auditor Controller	Department of Public Health (DPH)	Los Angeles County Police Chiefs Association (LACPCA)	Probation Department
The Bail Project	Department of Public Health-Substance Abuse and Prevention Control (DPH-SAPC)	Los Angeles County Prosecutors Association (LACPA)	Public Defender (PD)
California Contract Cities Association	DHS/ Housing for Health	Los Angeles County Superior Court	Reentry Health Advisory Collaborative (RHAC)
Chief Executive Office (CEO)	DHS/ Office of Diversion and Reentry (ODR)	Los Angeles Homeless Services Authority (LAHSA)	Special Service for Groups (SSG)

Correctional Health Services (CHS)	DHS/Whole Person Care (WPC)	Los Angeles Police Department (LAPD)	The California Endowment
CHS/Addiction Medicine	District Attorney (DA)	Los Angeles Regional Reentry Partnership (LARRP)	UCLA Bunche Center
CHS/Care Transitions	InsideOUT Writers	Los Angeles Sheriff's Department (LASD)	UCLA Criminal Justice Center
Civilian Oversight Commission	JFA Institute	Million Dollar Hoods	Vera Institute of Justice
Community Health Project Los Angeles	La Defensx		

Report Format

This report begins with the contributions of the Community Engagement and Racial Equity Advisory Group, which includes recommendations on data collection methods, a racial equity analysis of COVID-related releases, and a framework for participatory budgeting processes. The Data section provides a description of the current jail population and trends, as well as the remaining data elements required by the MCJ Closure motion. The report then lays out the three main elements of the plan for the closure of MCJ—(1) the facility plan for how to move people and services out of MCJ; (2) the community plan involving the expansion and cost of community-based treatment beds necessary to divert individuals with serious mental health, medical and/or substance use needs, and (3) a diversion plan for how to achieve the 4,500 population reduction goal.

Community Engagement and Racial Equity Advisory Group Report

The Community Engagement and Racial Equity (CERE) Advisory Group is comprised of the Reentry Health Advisory Collaborative (RHAC), ATI Community Voting Members, the Racial Equity experts who supported the ATI Report development, and some of the non-profit organizations that supported the ATI community engagement process (See Appendix 7). To support an infrastructure of community care and systemic accountability, the CERE advises the Men's Central Jail Closure Work Group by focusing on activities that pertain to racial equity, community engagement and participatory budgeting. These activities can also impact the work happening to reassess AB109 funding, the Jail Population Review Council, Measure J and other opportunities. The group is rooted in the ATI Work Group values of: (1) equity and racial justice, (2) inclusion of many voices, and (3) human-first language.

Racial Equity Guidance and Analysis

The CERE Advisory Group, facilitated by the RHAC, has worked over the last several months to develop guidance on data collection methods and conduct an analysis on systemic disparities related to early release data and the implications for the Men's Central Jail Workgroup planning.

Data Collection Guidance

Throughout the Alternatives to Incarceration Workgroup, Jail Population Reduction Council, and many other related collaborative efforts, the importance of capturing reliable and valid data has been highlighted as a critical component in ensuring there is equity-centered release and service planning. The CERE Advisory Group has developed the following data collection guidance to inform the direction of the Workgroup:

- Developing a Data Request Process
  The Data and Facilities Committee developed a data request form that systematizes data requests and reporting for the MCJ Closure Workgroup. This form can serve as a model for developing data reporting processes across multiple departments including but not limited to CHS, ODR, Probation, and the Superior Court. The CERE Advisory Group is in strong support of this effort and has emphasized the importance of including racial equity data in every data request.

- Data Variables
  The CERE Advisory Group developed the following list of data variables that should be included in all data analyses to understand disparities and service needs.
  - Race
  - Gender
  - Sexual Orientation
  - Ethnicity
  - Nationality/Country of Origin
  - Neighborhood
  - Housing Status
  - Mental Health Diagnosis
  - Substance Use
  - Income and/or Employment Status
  - Parental Status
  - Medical Insurance Status

- Data Collection Processes and Methods
  The CERE Advisory Group recommends that the departments participating in the MCJ Closure

Workgroup, specifically the Sherriff's Department and Correctional Health, each explore best practices for collecting information from individuals, including understanding the appropriate timing and resources (i.e. community health workers or other peer workers with lived experience) that can facilitate more reliable reporting. This guidance can be connected to ATI recommendation #55, "Develop a strengths and needs-based system of pre-trial release through an independent, cross-functional entity, situated outside of law enforcement, to coordinate voluntary needs and strengths assessments expeditiously upon booking, and to provide relevant information to court officers to make informed release decisions."

Implementation of these data recommendations are instrumental for the collaborative work to permanently reduce the jail population, address disparities, and develop accountability systems. Further, as data collection and reporting processes are continuously improved, mechanisms to de-identify data should be prioritized so that it can be transparently shared with community stakeholders.

Covid-19 Early Release Data Analysis

The CERE Advisory Group conducted a COVID-19 early release data analysis to identify effective methods to reduce the jail population and to highlight the implications for Men's Central Jail closure and racial equity. In reviewing the data, the CERE Advisory Group identified court ordered releases for pretrial people (pre-trial, $0 bail, and stipulated release list subtypes) as a priority to reduce the jail population and advance racial equity.

Background

Since the onset of the pandemic in March 2020 through October 1, 2020, the LA County Superior Court and justice partners identified and released over 3,300 people early to decrease the jail census and minimize the spread of COVID-19 in custody. The Court, in collaboration with the Public Defender, Alternate Public Defender and District Attorney's offices, released 1,449 sentenced and pretrial people early through 67 early release court orders. Separately, LASD identified an additional 1,920 sentenced people[h] to release early under its own authority pursuant to the Penal Code. Combined, these two pathways led to the early release of 3,369 people through October 1, 2020, in addition to people who were bonded out or released on their anticipated release dates during this time.[i]

There were seven court ordered early release list subtypes, which were derived from emergency court orders. LASD generated two types of release lists during this time, with PC 4024.1 lists leading to the early releases of the most people (1,914). The most recent court ordered early release list which impacted sentenced people was generated on 2/19/2021; LASD-generated lists also impacting sentenced people continue to be developed weekly, with the most recent one sent on 3/8/2021.

With LASD continuing to release sentenced people early, the CERE Advisory Group identified court ordered early releases for pretrial people as a priority, through mechanisms such as stipulated release, emergency $0 bail and others.

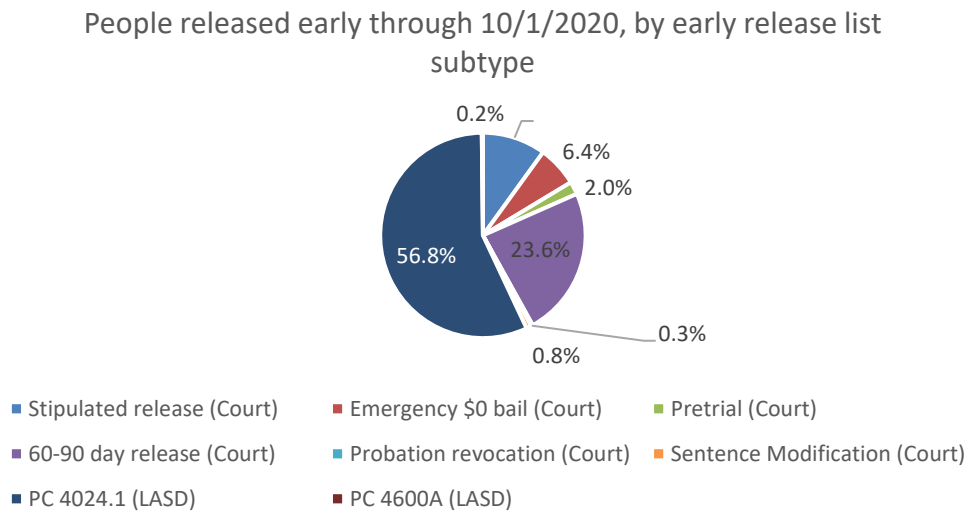
Analysis

Demographic & Health Characteristics of People Released Early

[h] Due to initial data availability, this figure does not include approximately 1,000 AB109 sentenced people released early by the Sheriff's Department in March-April 2020. Those individuals and their information have been included in a subsequent analysis done for the MCJ CERE Pretrial Memo.

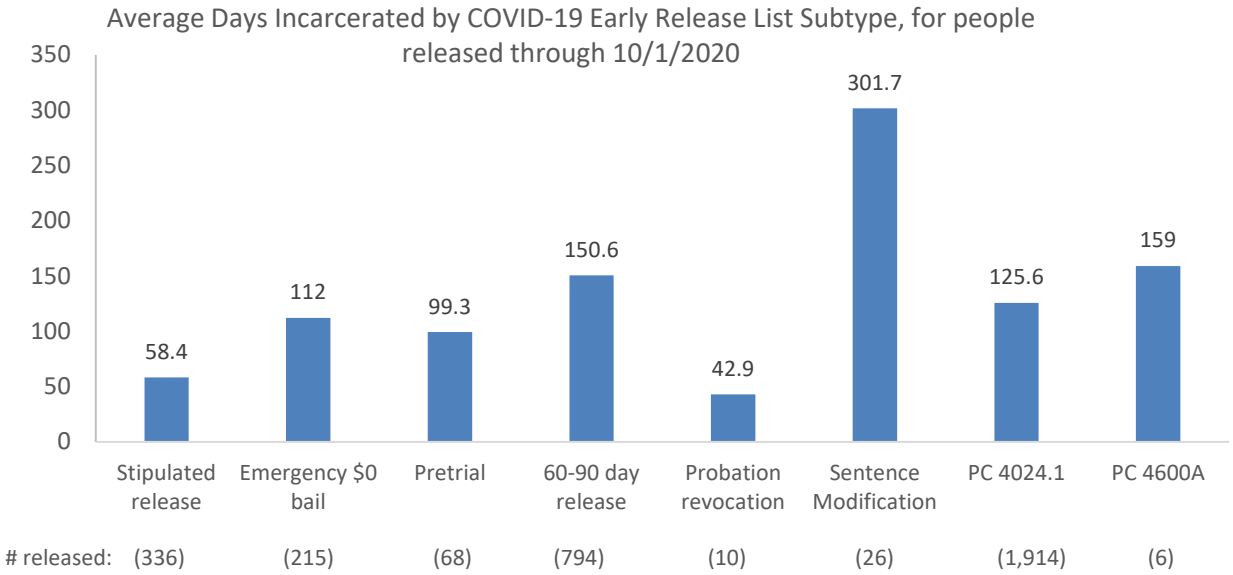
[i] The 3,369 figure does **not** include everyone released from county jails during this time period, only those who were **released early** due to COVID-19 considerations. This analysis does not include everyone identified in the early release lists, only those with a record of release through 10/1/2020. Some people on early release lists were not able to be released early due to holds in other counties/states and such.

- 3,369 people studied in this analysis, included people incarcerated at all LA County jails who were released early due to COVID-19, through October 1, 2020.
- Age
  - Mean 36.2 years, median 34 years
  - Youngest 19 years old, eldest 81 years old
- Days incarcerated
  - Mean 124.6 days, median 74 days
  - Shortest 3 days, longest 1540 days
- Gender
  - 11.4% (385) released early were women



List Subtype[j]	Count of people released early	% of people released early
Stipulated release (Court)	336	10.0%
Emergency $0 bail (Court)	215	6.4%
Pretrial (Court)	68	2.0%
60-90 day release (Court)	794	23.6%
Probation revocation (Court)	10	0.3%
Sentence Modification (Court)	26	0.8%
PC 4024.1 (LASD)	1,914	56.8%
PC 4600A (LASD)	6	0.2%
TOTAL	3,369	

[j] Stipulated release, emergency $0 bail, and pretrial list subtypes include only pretrial people. The other court ordered lists include sentenced people.

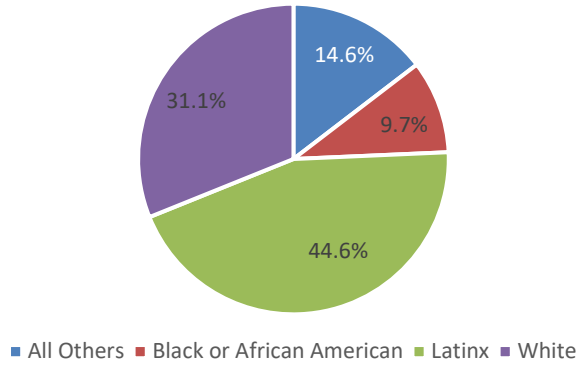


When examining the average days incarcerated by early release subtype,[k] people released early via stipulated release (58.4 days), pretrial (99.3) and emergency $0 bail (112) spent the fewest days in custody. Not only does the criminal justice system disproportionately incarcerate Black people (30.8% of jail census vs. 9.7% of general LA County population) and Latinx people (53.3% of jail census vs. 44.6% of general LA County population), but the early releases perpetuated these inequities further for Black people. Release rates proportional to the overall jail census would have led to 219 more Black people being released early, to reflect 30.8% of all early releases, instead of 24.3%.

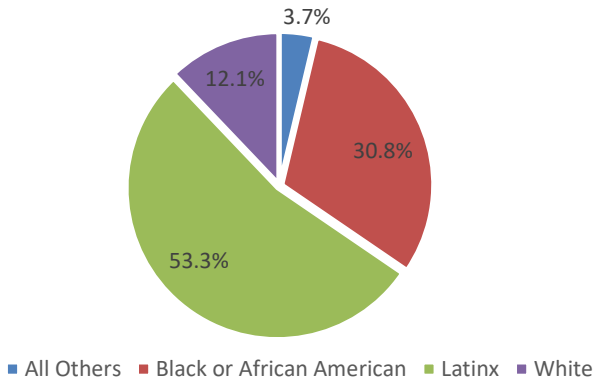
A race-based analysis of people released via pretrial list subtype shows the greatest inequity for Black people (16.2%), but more Latinx people being released early (64.7%) than the general jail census on August 19, 2020 (53.3%). Interestingly, the percentage of Black people being released early through the emergency $0 bail list subtype (31.6%) most closely mirrored that of the overall jail census (30.8%), but did not lead to proportional releases for Latinx people (40.5%, vs 53.3% of general jail census). White people were proportionally released at greater rates than their general jail census figures (12.1%) for all three court ordered list subtypes.[11]

[k] The analysis focused on list subtypes with more than 50 people, for sample size considerations.

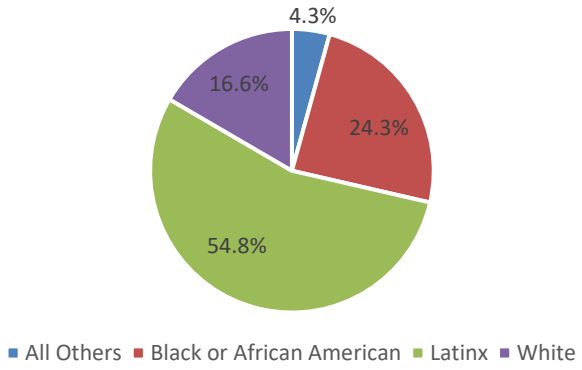
LA County Residents by Race (2000 Census)



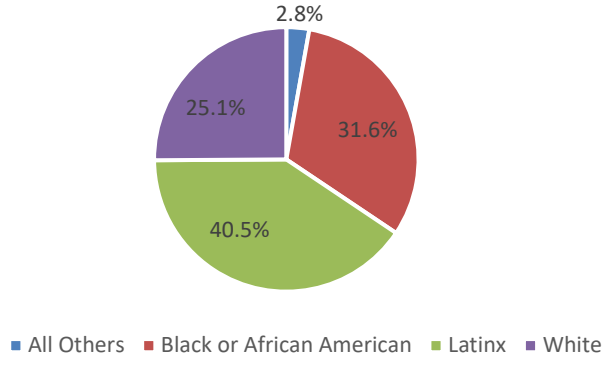
August 19, 2020 Jail Census by Race (n=13,018)



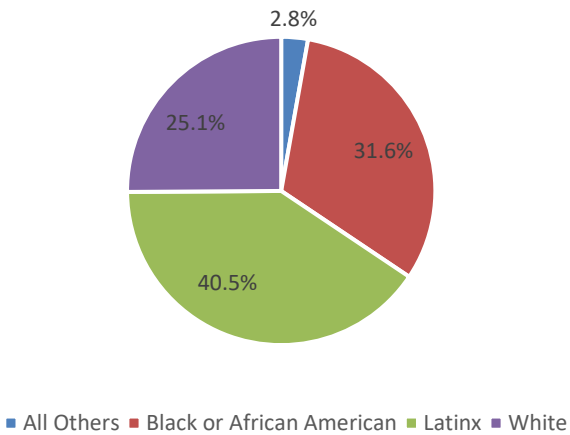
Covid-19 Early Released People by Race (n=3,369)



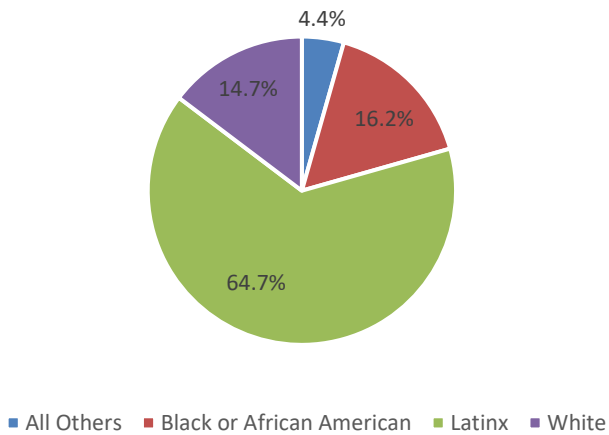
People Released via Emergency $0 Bail List Subtype, by Race (n=215)



People Released via Emergency $0 Bail List Subtype, by Race (n=215)



People Released via Other Pretrial List Subtype, by Race (n=68)



Participatory Budgeting Foundation and Process

The CERE Advisory Group participated in a series of sessions, facilitated by the Participatory Budgeting Project, to demonstrate its vision for Participatory Budgeting (PB), specifically articulating the goals, principles, roles, and a potential process that can be implemented through County and community collaboration.

Goals	Create and fund an infrastructure of community care and systemic accountability that prioritizes racial equity, community engagement, and participatory budgeting.
	Generate a participatory budgeting process to influence funding decisions as the County plans to close Men's Central Jail, reassess AB109 funding, implement Measure J and/or develop other ATI related activities.
	Connect broad efforts across LA that are jointly advancing visions for racial justice through participatory budgeting and other life-affirming policies and practices.
Principles	**Equity and Justice:** We aim for a process that is designed to intentionally address the historical inequities that communities of color face. Our process will intentionally shift power to community members most impacted by incarceration, neighborhoods most impacted by incarceration. It will be fair and just in how the process is carried out and the outcomes it yields.
	Transparency: We aim to create a process that allows participants to better understand how the budget works, providing a clear understanding of where funds come from, where they are invested, and how budgetary decisions are made. Peer and process leaders will ensure the process is accessible and open to community members, with defined expectations or engagement activities and timelines. Information used to inform the process will be readily available to all participants and community members.
	Representation and Inclusion: Our process will center the voices of community members most impacted by incarceration. It will include broad geographic participation from across the county and seek to result in investments in communities most impacted by incarceration. It will be accessible to a diversity of community members across age, sexual orientation, gender, race, ethnicity, immigration status, in addition to experience with economic hardship, substance use, mental or physical disability, and other relevant factors.

	Accountability: Our process will ensure that the outcomes are implemented in accordance with community decisions. Peer and process leaders will be accessible to community members to ensure they can be held accountable. Expectations will be set among all stakeholders including how projects are funded and implemented. A full account of funds will be provided in a manner that is timely and accessible to all.
	Just transition: Our process will ensure that community members that have been incarcerated, including at the Men's Central Jail, are provided resources needed to ensure transitions home that set them up for a lifetime of success.

Roles
 	
(Roles alluded to in the principles)
	• Community Members Most Impacted by Incarceration: Formerly incarcerated people and currently incarcerated people.
	• Communities Most Impacted: Family members, including chosen and non-traditional family members, of incarcerated people and communities that are highly impacted by incarceration as defined in the resources developed by Million Dollar Hoods and/or The Advancement Project JENI.
	• Participants/Community Members: All LA County community members.
	• Peer and process Leaders: County, community, consultant, and/or advisory groups that are responsible for facilitating the participatory budgeting process relating to funding decisions (MCJ Closure, AB109, and Measure J) with lived experience with the impacts of criminalization.
	  o PB Steering Committee: Proposed to be comprised of members of the RHAC; convened as an ad-hoc committee
	  o PB Budget Delegates: Regional community partners who will help transform ideas into concrete proposals that are fully vetted before they move to a ballot for a vote, comprised of community members familiar with specific community needs; convened as an ad-hoc committee
	  o PB Advisory Group: a support group for the Steering Committee to offer backbone support to holding overall facilitation for the process
	  o Private fiscal intermediary facilitator: to work as a bridge to a public-private partnership among the roles, working with Steering Committee, Budget Delegate and county partners as a convener to support in distributing funds and coordination of funding as a result of the process
	  o County liaisons: County staff in key departments that work with the Steering Committee, Budget Delegates and the PB Advisory group to answer questions about budget, data and other essential information in addition to collaborating regularly to also inform department budget planning, and informing other county departments about the PB process

Budget Cycle Process - What we can do to advance our work given the current budget cycle/process

County Process Month	Work	County Roles	PB Steps	PB Roles
FY1: May	State Releases May Budget Revise & County Budget Hearings Begin	CEO, BOS	Integration of Steering Committee into planned efforts, including time for onboarding and orientation to the county budget cycle and planned process elements and identifying Steering Committee member needs (Steering Committee members will be elected from the RHAC and function as an ad-hoc committee.) Community members most impacted are able to access information about PB and the process	Steering Committee, Community Participants
FY1: June	Final County Budget Deliberations/Adoption Public Hearing 10 days after Public Notice State Budget Passed	CEO, BOS, State Decision Makers	Once budget approved, PB Steering Committee (RHAC) and/or Community Members hold a meeting to build out a plan for specific decision-making outcomes within the county budget. These plans and related collateral are shared with community members most impacted.	PB Steering Committee, Community Participants, Peer and Process Leaders
FY1: July	Auditor Controller calculates expenditures/income for changes Incorporation of State Budget	Auditor Controller, State Decision Makers	PB Steering Committee (RHAC) and Community Members to advocate for inclusion of key recommendations into supplemental budget Needs identified through this process inform updated materials for community members most impacted and community partners are informed of learnings	PB Steering Committee, Community Participants, Peer and Process Leaders

FY1: August/Sept	County Recess in August Incorporation of State Budget	State Decision Makers		
FY1: Sep/Oct	Incorporation of State Budget Supplemental Budget Finalized/Presented	CEO	Peer and Process Leaders identify department budget needs that meet current recommendations to identify where departments can plan around implementation of key & relevant recommendations	Peer and Process Leaders
FY1: Nov/Dec	Departments Plan for Next Year's Budget	LA County Departments	Peer and Process Leaders advocate for department budget adoption of identified recommendations	Peer and Process Leaders
FY1: Jan	State Budget Released which impacts County Budgets	State Decision Makers	Analysis of State Budget Impacts Request for Local/Community Level Data especially around Racial Equity Updates on outcomes of department budget discussions shared with community partners impacted	Peer and Process Leaders
FY1: Feb/March	County Prepares Budget	CEO, LA County Departments	Request for Local/Community Level Data especially around Racial Equity Civic tech platforms considered for increased community engagement if necessary with community input Data requests and needs are shared with and confirmed with community	Peer and Process Leaders
FY1: April	CEO presents recommended budget to BOS	CEO, BOS	Analysis of Recommended County Budget	Peer and Process Leaders

	Public Hearings Scheduled		Elevation of Community Need from community engagement process to date Evaluation SOW created with and by Steering Committee and Advisory Committee Planning with community partners impacted to prepare for public hearings	
FY1: May	State Releases May Budget Revise & County Budget Hearings Begin	CEO, BOS	Attend Public Hearings to Support Community Needs Evaluator list finalized, pending approval of budget	Peer and Process Leaders, Community Participants
FY2: June	Final County Budget Deliberations/Adoption Public Hearing 10 days after Public Notice State Budget Passed	CEO, BOS, State Decision Makers	Once budget approved, PB Steering Committee (RHAC) and Community Members hold a meeting to build out a plan for specific decision-making outcomes within the county budget Evaluator contract finalized and onboarded	PB Steering Committee, Community Participants, Peer and Process Leaders
FY2: July	Auditor Controller calculates expenditures/income for changes Incorporation of State Budget	Auditor Controller, State Decision Makers	Demographic, geographic, racial equity data compiled and presented; as well as community engagement info to date Design & Rulebook Development Info sessions delivered	PB Steering Committee, Community Participants, Peer and Process Leaders
FY2: August	County Recess Incorporation of State Budget	State Decision Makers	Design & Rulebook finalization. Share with community members Specific recommendations gathered from community are highlighted in ongoing county processes	Peer and Process Leaders

			Budget delegates recruited	
FY2: Sept	Incorporation of State Budget Supplemental Budget Finalized/Presented		Idea Collection: community members come together at public meetings and online to brainstorm ideas to add to/update or deepen the existing community feedback information Budget delegates recruited	Peer and Process Leaders, Community Participants
FY2: Oct	Supplemental Budget Finalized/Presented		Idea collection wraps up [given work done to date, could be shorter] Budget delegates are onboarded Proposal Development launches: with the help of facilitators, community data and agency support, budget delegates examine submitted ideas and develop project proposals Steering Committee and impacted community members meet with county liaisons to identify needs and plans for future meetings	Peer and Process Leaders
FY2: Nov	Departments Plan for Next Year's Budget	County Departments	Meet with County Dept. Leaders including county liaisons Proposal Development continues Data, budget and community advisors support delegates in assessing and developing proposals	Peer and Process Leaders
FY2: Dec	Departments Plan for Next Year's Budget	County Departments	Meet with County Dept. Leaders	Peer and Process Leaders

			Proposal Development - first draft of proposals submitted to county by December; will build off of and refine existing proposals developed to date Vote promotion and outreach	
FY2: Jan	State Budget Released which impacts County Budgets		Proposal Development wrap-up County liaisons offer reflections from department meetings and outcomes that are shared broadly Finalize proposals - budget delegates completed proposals using agency feedback and everyone prepares for the vote Ballots created Vote promotion continues	Peer and Process Leaders
FY2: Feb	County Prepares Budget		VOTE: residents vote on the projects that will be funded and prioritized with current resources Assemblies and info sessions occur alongside the vote so voters can learn about the ballot items from other community members Advocacy plan for sustained PB shared with community members	Peer and Process Leaders, Community Participants, Community Members and Communities most impacted
FY2: March	County Prepares Budget		Vote continues and wraps up Budget for next PB cycle advocacy continues -	

			materials shared with broad stakeholders	
FY2: April	CEO presents recommended budget to BOS Public Hearings Scheduled	CEO	Selected projects are announced and funding plans initiated Following year's PB budget identified and confirmed	Peer and Process Leaders, Community Members and Communities most impacted, Community Participants
FY2: May & Beyond	State Releases May Budget Revise County Budget Hearings Begin	CEO, BOS, County Departments	Process evaluation: participants and implementers reflect on the process and discuss what can be improved in the next cycle. Evaluators analyze data and share report Implementation: winning projects are built/purchased/initiated Next year's cycle approved in the budget: the PB pot is secured AND implementation resources to invest in more community engagement, PB implementation support; evaluation etc.	Peer and Process Leaders

Community Engagement Overview and Phases

The community engagement work that many of the members of the CERE Advisory Group performed started from September to November 2019 through the ATI Community Engagement Ad Hoc Committee. That initial community engagement feedback process held seven workshops across LA County in the communities most impacted by incarceration, which were selected based on data from Million Dollar Hoods and The Advancement Project. The series of community engagement workshops were coordinated by one lead organization in each neighborhood: South LA (Community Coalition), East LA (Homeboy Industries), San Fernando Valley (San Fernando Valley Partnership), Lancaster (Paving the Way Foundation), El Monte (San Gabriel Valley Center), Long Beach (Ascent) and Pomona (Prototypes). The workshops included stipends for participants, language translation, childcare, counseling/healing services, and other resources to encourage the participation of over 450 people impacted by incarceration and the broader community. There were two workshops in the County jail and two in the juvenile hall. In September 2019, in close partnership with the Vera Institute of Justice, this strategy engaged additional justice-involved populations by developing the Gender and Sexual Orientation Ad Hoc Committee. In collaboration with A New Way of Life Reentry Project, TransLatin@ Coalition, and Young Women's Freedom Center, a series of ten community sessions were facilitated to engage individuals who were justice-involved and identified as cisgender women; LGBQ+; and TGI. The sessions brought together over 100 participants to identify key issues and experiences that lead to incarceration and provide community level feedback to the process.

This structure was replicated in August of 2020 to support a second round of community engagement in the seven most impacted communities where the first round of workshops was facilitated and in collaboration with the same seven community-based organizations mentioned above. Gender and sexual orientation needs were once again prioritized and a second round of community engagement was organized with two (Translatin@ Coalition and the Young Women's Freedom Center) of the three community-based organizations that were a part of the first round. Due to COVID-19, the second round of community engagement was held online only, with no in-person meetings. The check-ins focused on an update on justice related activities including requesting community feedback on the closure of Men's Central Jail. Qualitative data from the community feedback on the closure of Men's Central was gathered through an online format (https://padlet.com/dianazuniga11/hzzuq8b7hbqxnctz) and analyzed in previous reports (See Appendix 7). It also included a conversation about how participants and the justice involved community are being impacted by COVID-19 and the social uprisings. The organizations facilitated the online events and included stipends for participants, language translation, and other resources to encourage the participation of over 300 people impacted by incarceration and the broader community.

CERE Advisory Group Pretrial Memo

Executive Summary

This pretrial memo was developed by the MCJ Closure CERE Advisory Group to delve deeper into a critically important policy around pretrial releases, which will advance the closure of Men's Central Jail while providing the County an opportunity to meaningfully develop a Care First solution. In focusing on the release of pretrial people, the County has an opportunity to intentionally address historical racial disparities, which were only exacerbated by the global pandemic.

An analysis of people released early in 2020 due to COVID-19 found that despite a growing focus on releasing pretrial people, only 10% of early released people were pretrial; on the other hand, LASD early releases contributed to more than 75% of early releases, with this strategy impacting only sentenced people. And while LASD releases continued through the end of 2020, court-ordered releases of both sentenced and pretrial people peaked in April 2020, tapered off by late summer of 2020, and did not resume until early 2021, despite the dramatic rise in COVID-19 positive cases in the fall and winter. To meet the circumstantial challenges brought on by COVID-19, the courts and Sheriff's Department must share responsibility and collaborate to safely reduce the jail population; to significantly reduce the jail incarcerated population to meet MCJ closure requirements, the courts must focus on releasing more people awaiting trial.

Additionally, the race-neutral policies of pretrial early release exacerbated racial disparities wrought by existing systemic racism, with early releases benefiting white incarcerated people disproportionately. In other words, race-neutral policies did not address inequities disproportionately affecting Black people, but instead perpetuated them. This highlights the need for a better understanding on how data is collected, as referenced in the CERE Advisory Group portion of this report, as well as further analysis on who is arrested, what charges are brought, and how bail is set to understand the systemic racism inherent in Los Angeles County's judicial process.

Simultaneously, as the County works to address racial inequities and finds ways to incarcerate fewer people for shorter periods of time, we must continue to develop and strengthen holistic, decentralized community-based services to meet the needs of people awaiting trial, which is addressed through ATI recommendations 1, 48, 56, 57 and 59.[1] This type of community investment is foundational to the health and well-being of pretrial people, as well as the broader Care First, Jails Last model championed by community and County leaders.

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[1] Los Angeles County Alternatives to Incarceration Work Group, "Care First, Jails Last: Health and Racial Justice Strategies for Safer Communities." Accessed on March 8, 2021 at https://lacalternatives.org/wp-content/uploads/2020/03/ATI_Full_Report_single_pages.pdf

Recommendation 1. Decentralize and develop cross-functional teams to coordinate behavioral health needs before booking, with an emphasis on warm handoffs when connecting clients to optimal services.

Recommendation 48. Develop and expand pre-arrest and pre-booking diversion programs, using decentralized, cross-functional teams to coordinate behavioral health assessments and connections to community-based systems of care, for people whose justice system involvement is driven by unmet behavioral health needs, in coordination with law enforcement and community providers.

Recommendation 56. Institute a presumption of pre-trial release for all individuals, especially for people with behavioral health needs, whenever possible and appropriate, coupled with warm handoffs to community-based systems of care, to provide targeted services, if necessary, to help individuals remain safely in the community and support their return to court.

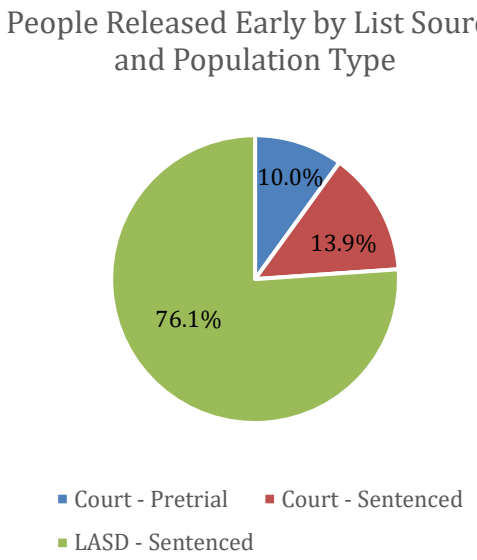
Recommendation 57. At the earliest point possible, connect individuals to a personal advocate or community member to assist them in navigating the justice system process and assist in advocating for diversion opportunities. These advocates, whenever possible, should include and be trained to provide tailored help/referrals to people who identify as LGBQ+, TGI and/or cisgender women.'

Recommendation 59. Create a robust AB 1810 Diversion scheme—PC 1001.36 and 1170(a)(1)(B) (iv) and 1370.01(a)(2)—to identify early on persons eligible for diversion and develop pathways countywide to connect individuals to appropriate mental health programs to accomplish the goals of pre-conviction diversion and respond to all other present and future diversion opportunities, including pre- and post-conviction.

COVID-19 Early Releases Overview

Since the onset of the pandemic in March 2020, justice partners have been identifying people for early release to reduce the jail population to minimize disease spread. An analysis of LASD and Court data by Correctional Health Services found that in 2020, 6,245 people were released early[m] through emergency court orders to release sentenced and pretrial people, as well as LASD-generated lists to release sentenced people early under various penal codes. Both court-ordered and LASD-generated lists for early release were determined by charge(s) and sentence length, without consideration of gender or race. Among the 6,245 released early, 4,752 (76.1%) were sentenced people identified by LASD for early release, while 1,493 (23.9%) were pretrial and sentenced people identified by the Public Defender, Alternate Public Defender and District Attorney's offices.

[m] This figure does not include all people released in 2020, just those identified for early release.



Jail Population Reduction and Subsequent Rise Through 2020: A look of releases over time shows while the Sheriff's Department has been consistently releasing sentenced people early through the year, court-ordered early releases peaked in April 2020, tapered off by September 2020, and did not resume despite the precipitous rise in new COVID-19 positive cases[n] in the community in November and December. This coincided with a steadily increasing jail population through the fall and winter of 2020, negating the significant reduction achievements of the spring.

Maria, age 31

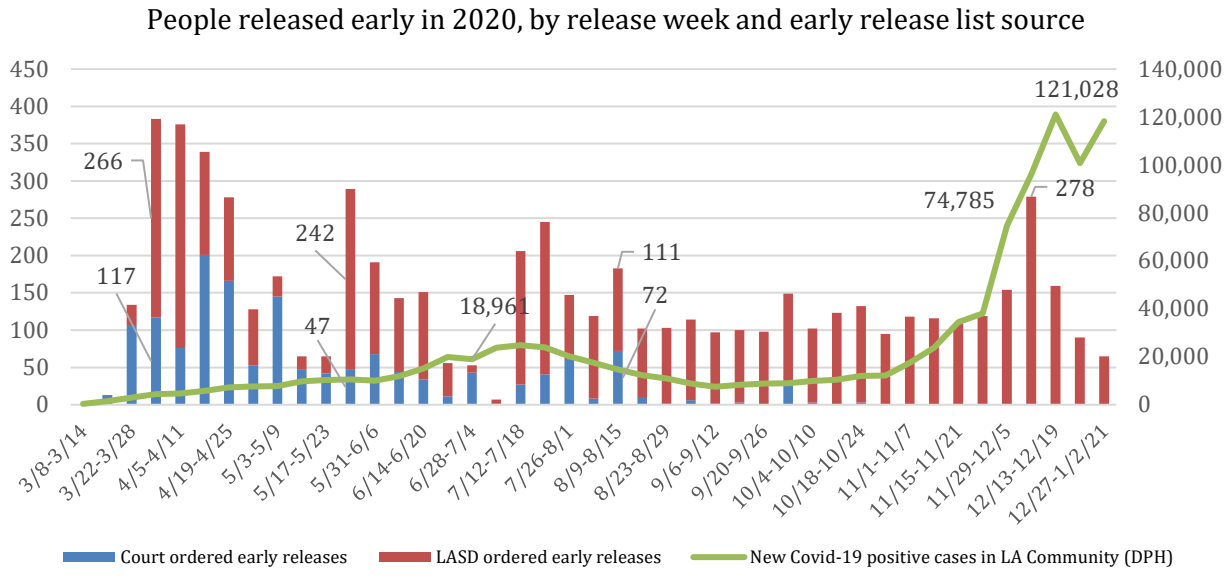
While COVID-19 ravaged our country, Maria and her partner struggled to find safe housing. Just months into the pandemic, Maria, a trans Latinx woman, and her partner were charged with burglary. Obtaining the bail amount, set at $7,500, was beyond the realm of possibilities for Maria.

For nearly four months, Maria and her partner could only take solace in the fact that they had one another in jail. They had no hope of being released on the bail they would never be able to afford. They had lost what little they had-clothing and sentimental items, when they were arrested. All they had was one another.

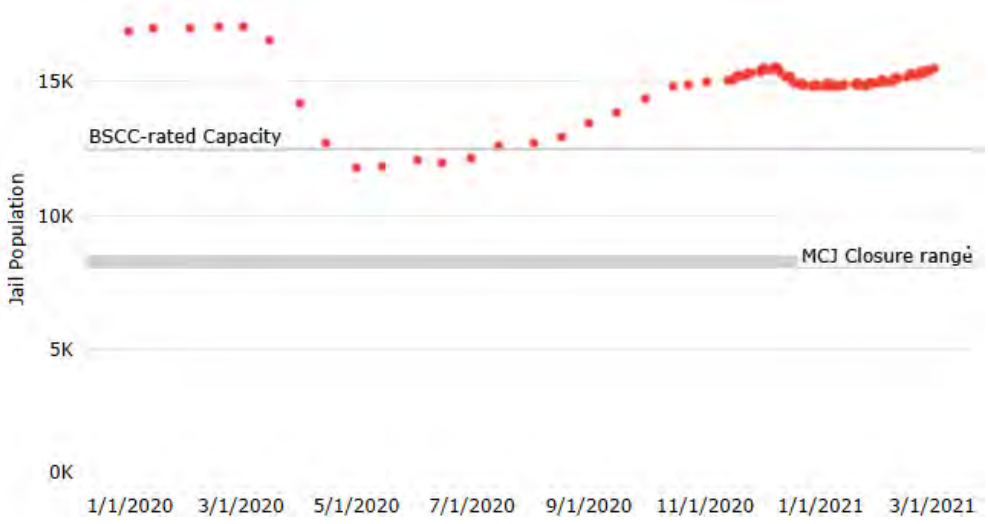
Maria, who took medication for ADHD, bipolar disorder, and autism was also taking hormones to aid in her transition prior to her arrest. Afraid of what not having access to adequate health care meant, she feared her health would begin to deteriorate.

The Bail Project was able to step in and secure Maria's freedom before that happened. Not only was The Bail Project able to post the $7,500 bond, but Maria was connected to People Assisting the Homeless: PATH, and from there connected to transitional housing through RUSS. With court reminders and transportation assistance to court dates and medical appointments. Maria found herself close to experiencing true freedom.

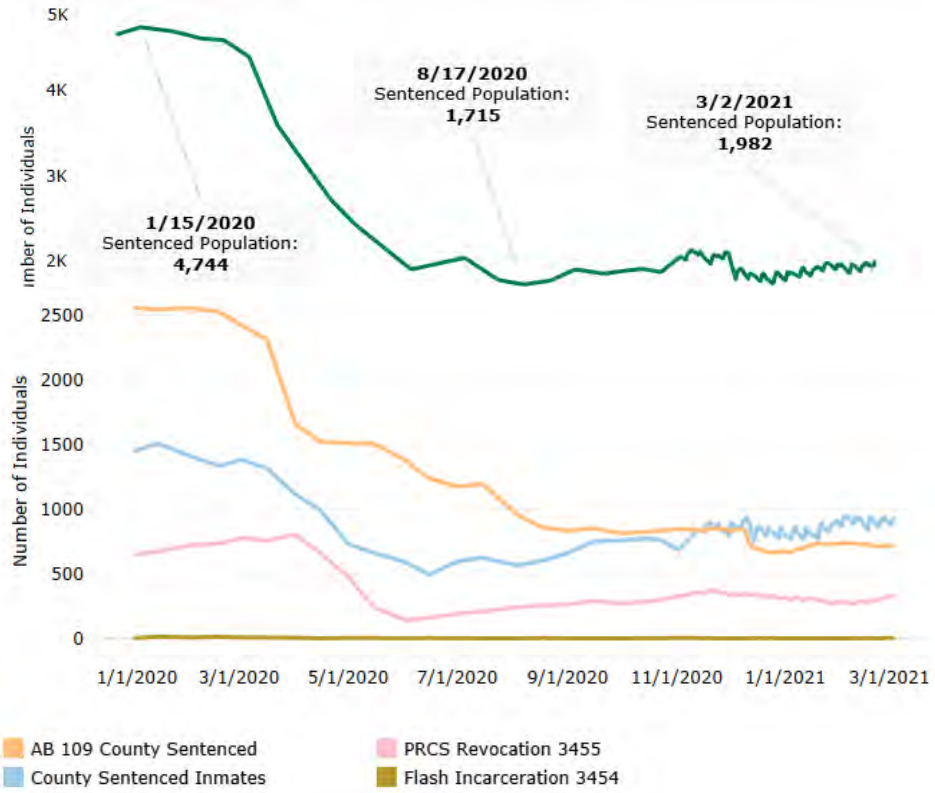
Today, what stands between Maria and true happiness is the fact that her partner is still incarcerated. Maria knows that the distance won't stretch on forever. She will soon be moving into her own apartment. She dreams of reuniting with her partner and of their future nuptials. She imagines a criminal justice system in which homelessness isn't criminalized and people are seen for who and what they can become if given a chance.



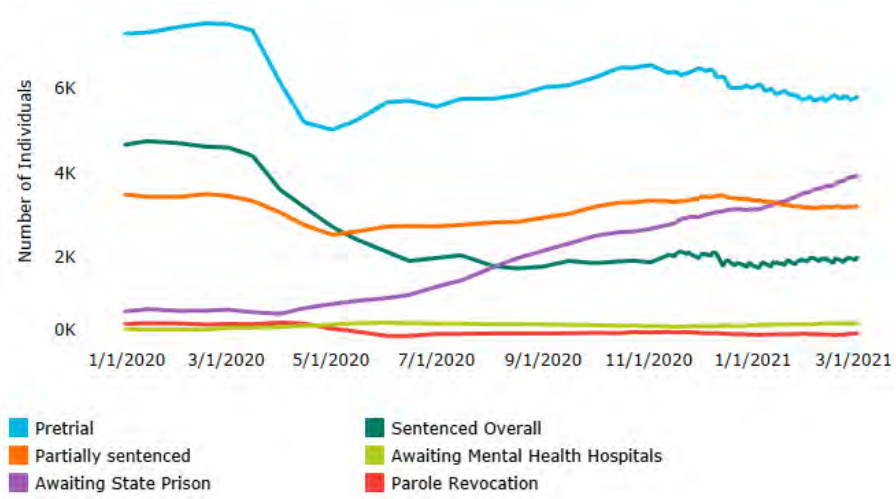
[n] LA Department of Public Health LA County COVID-19 Surveillance Dashboard, Cumulative and Daily Persons Tested by Date. Accessed on March 5, 2021 at http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/



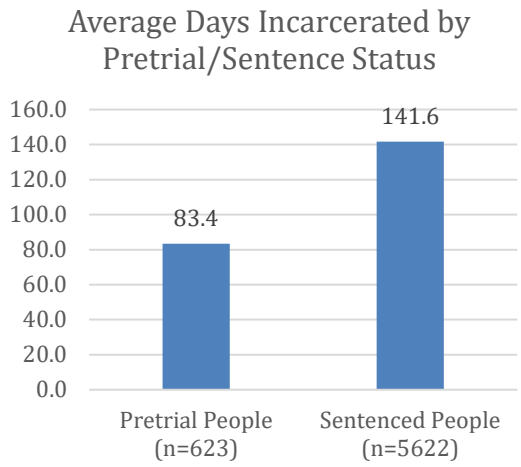
With both the court and LASD releasing sentenced people, the sentenced population has declined steadily. An analysis of LASD data by the Vera Institute of Justice showed the fully sentenced population at historic lows in early 2021, with AB109 sentenced people seeing the largest decreases among the sentenced population.



With these declines in fully and partially sentenced populations, the pretrial population persistently remains the largest incarcerated group in LA County jail custody. However, among those released early for COVID-19 considerations, only 623 (10.0%) were pretrial, while 5,622 were sentenced. In other words, only 1 out of 10 early released people were pretrial, despite pretrial people constituting the plurality of incarcerated people, often due to their inability to make bail. Since LASD does not have any jurisdiction to release pretrial people, in order to meaningfully reduce the county jail incarcerated population to meet MCJ closure BSCC ratings, the courts must focus on identifying significantly more pretrial people to be released.



Additionally, pretrial people released early spent, on average, 58 fewer days in jail custody than sentenced people released early. Releasing more pretrial people can lead to fewer people incarcerated for shorter periods of time, which decreases the total person-days of incarceration, and the need for more jail beds. Shorter incarceration lengths, in turn, can minimize the social, housing, economic and employment disruption for people awaiting trial and their families, reducing the need for additional reentry supportive services to undo the harms of incarceration.



2020 COVID-19 Early Release Race Equity Analysis
It is an unfortunate reality that Black and Latinx people are overincarcerated in LA County jails, compared to the overall LA County population. While Black people comprise 9.7% of the County population,[o] they are 30.8% of the incarcerated population in LA County. Similarly, but to a lesser extent, Latinx people are also overincarcerated (44.6% of County population but 53.3% of jail population). Conversely, white people make up almost a third of the County community but only 12% of the jail incarcerated population. There is limited data collected on people of other races, including Asian, Pacific Islander, and Indigenous/Native people.

[o] https://lacounty.gov/government/geography-statistics/statistics/

Julius, age 51

Julius grew up in Watts, California. With both parents addicted to substances, he and his siblings were forced to raise themselves. When his grandmother died in 1987, Julius felt truly alone and found community in the streets with much older men. Drugs, gangs, and guns quickly became his way of life. Calling entering into the world of drugs "the devil's playground," Julius didn't see a way out. Selling and using drugs would lead him to 10 years of incarceration.

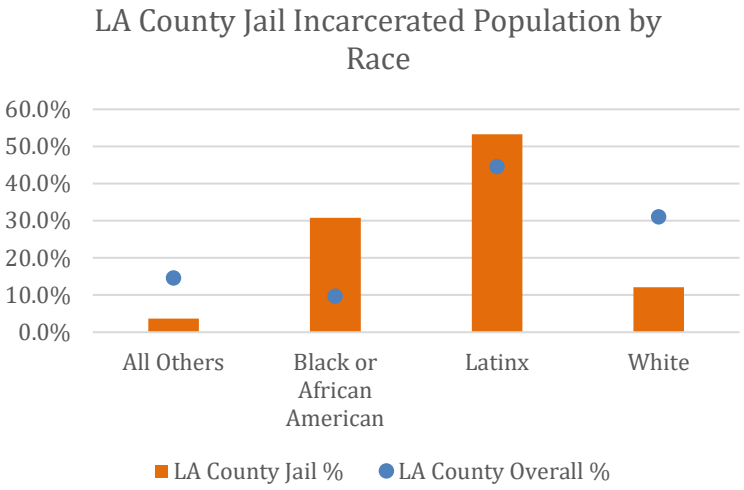
In 2009, when Julius was released from prison and returned to his California roots, he knew he was returning a changed man. He was no longer a victim of circumstance, but a man in charge of his own destiny. He learned he suffered from post-traumatic stress disorder from being the victim of gun violence. In constant fear of his life, he vowed to always protect himself.

In January 2020 while driving home, Julius was pulled over by police because of a broken tail light. He informed the officer he had a firearm and was immediately arrested. Held on a $3,000 bond, Julius had little hope he would gain his freedom. While in jail, memories of what incarceration does to the human spirit flooded him. All he stood to lose, the positive changes he had begun to make, just because he felt the need to protect himself? Julius was lost in the darkness of his cell.

The Bail Project was able to help. Paying his bond, and supporting him after his release with court reminders and transportation, Julius calls The Bail Project a gift. He is in treatment and calls his counselors some of his biggest supporters. He has gone through drug treatment and anger management, citing the program as a life saver.

Julius dreams of a world where the youth learn from the mistakes of their elders. He shares his experience of incarceration and substance use in the hope that he will deter young men from walking in his shoes. Ending gang violence is one of his biggest passions.

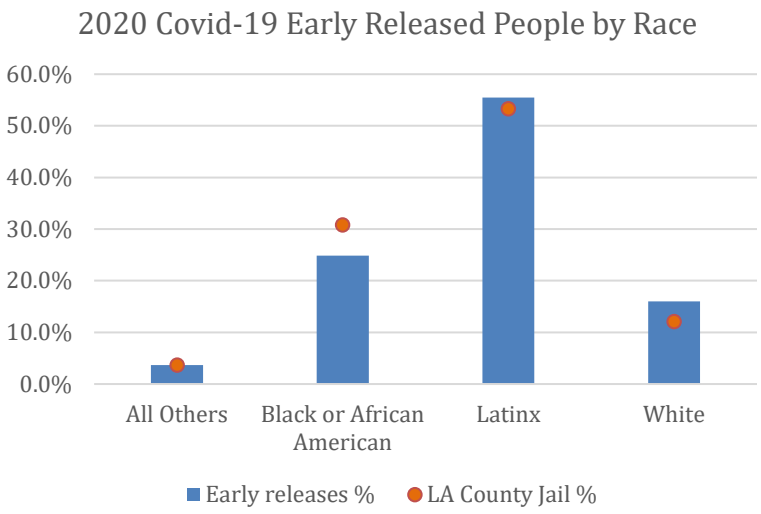
Aside from plans to open a community center, Julius also wants to open a comedy club saying, "Sometimes, all you need is a good laugh."



In addition to limited categories of racial data collected, race, ethnicity, and country of ancestral origin are not collected separately, which leads to an oversimplification if not outright erasure of incarcerated people's identities — potential solutions can be found in the CERE Advisory Group report. For example, the existing data system does not collect information on race for Latinx-identifying people (Indigenous, Black, white, multi-racial, etc.) and usually categorize them as Hispanic. Similar issues arise for Black individuals who may identify as American Descendants of Slavery, African American, or African; Asian peoples' identities and experiences also vary widely based on their country of ancestral origin and language(s) spoken. These generalizations and data limitations flatten the varied experiences and identities of incarcerated people, and limits the conclusions we can draw from the data.

However, even with these limitations, this race equity analysis reveals existing disparities were exacerbated by early releases - even when early release lists were generated in a race-neutral manner without any consideration of race. Black people, who are already overincarcerated to begin with, were not released at the same rates as their white counterparts, leading to a compounding effect of racial inequities.

While 30.8% of the jail population is Black, 24.9% of early released people were Black; if they were released at the same rate of their already-overincarcerated rate of 30.8%, 368 additional Black people would have been released early in 2020.



Anthon, age 19

Three weeks after his high school graduation, Anthon was arrested and accused of arson. He knew he wasn't guilty. His family knew he wasn't guilty. Yet and still, Anthon would spend nearly four months behind bars fighting for his freedom and missing his first year of college.

During those four months, held on $10,000 bail, Anthon worried the most about his family. He spoke to them frequently on the phone but due to Covid-19, was unable to visit with them. Having never been arrested or inside of a jail cell, Anthon was initially very afraid. Soon, though, he realized that the television depiction of incarceration wasn't the reality he was experiencing. He met good people in jail; people who saw he was scared and genuinely wanted to help him. But even with the love and support of his family, and the sense of community inside, no one had the ability to pay the unaffordable cash bail that had been set.

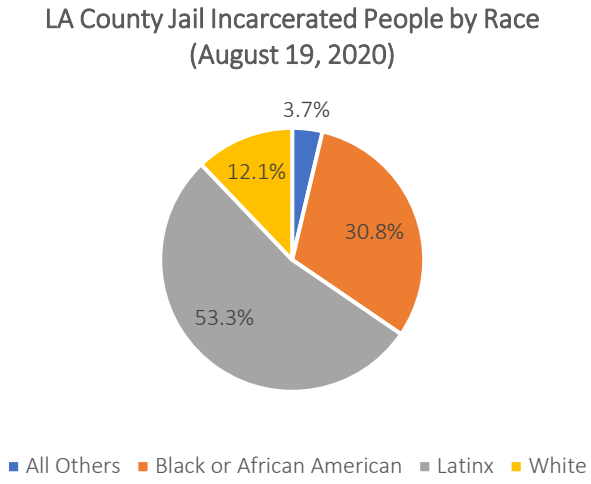
Visiting with his attorney one day, Anthon was told that The Bail Project would be working to secure his freedom. Four days later, on a warm October day, Anthon walked out of the jail and into the arms of his parents. The first thing they did was eat breakfast as a family.

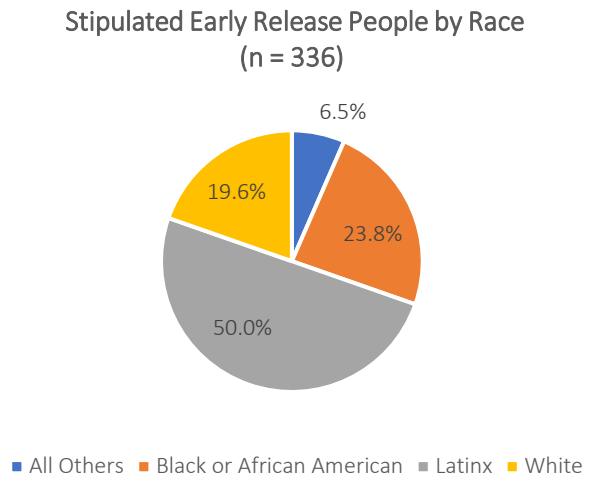
After his release, The Bail Project was able to give Anthon court reminders and transportation to and from court. Anthon searched for work and had hoped he'd be able to immediately start college but the semester was already in full swing.

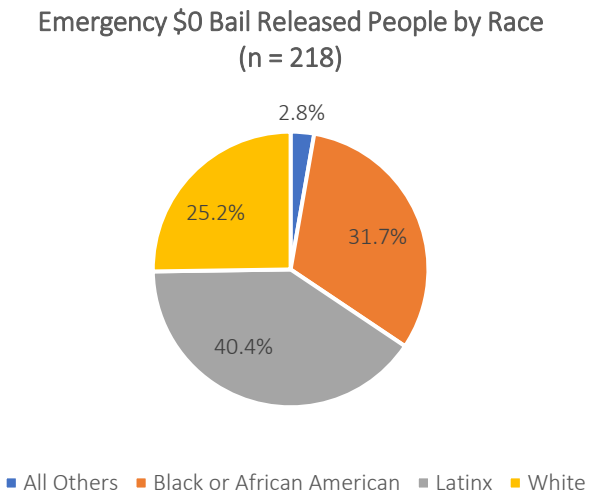
In late February, the charges against Anthon were dismissed. A week after his case came to a close, Anthon boarded a bus to move to Oregon with his sister in search of better opportunities. He says he knows the potential he has to be successful and his hope is that he can tap into that potential and start fresh in Oregon. He plans to start college in the fall and has plans to become an entrepreneur.

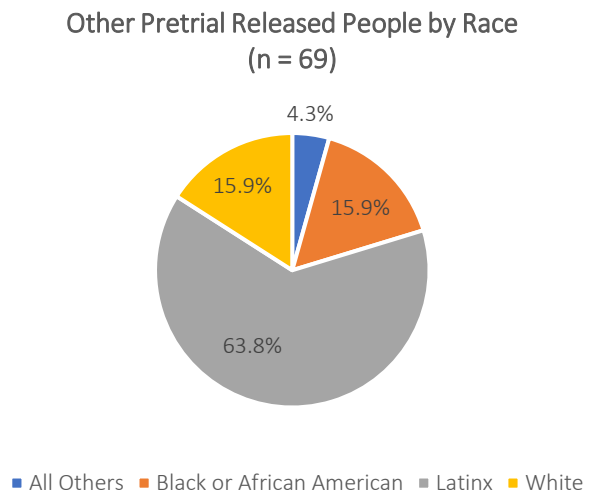
Pretrial COVID-19 Early Release Analysis

To better understand who was released pretrial, the three court-ordered pretrial list subtypes were examined more in depth: stipulated early release lists; emergency $0 bail lists; and other pretrial lists. These three list subtypes, like other list subtypes, did not take gender or race into consideration in determining who to release early, and led to the early release of 623 people.









Unlike any other list subtype, emergency $0 bail early releases appeared to release Black people at rates proportional to the county jail population (31.7% $0 bail releases compared to 30.8% of jail population), suggesting $0 bail policies may help reduce disparities against Black people. However, $0 bail releases did not lead to proportional releases for Latinx people (40.4% vs. 53.3% of jail population). The inverse was true for other pretrial lists, where Latinx people were released at greater rates than their county jail proportion (63.3% compared to 53.3%), while Black people were released at lower rates.

Interestingly, in each of the three pretrial list subtypes, despite race-neutral early release practices, white people were not underrepresented compared to their county jail percentage of 12%, comprising 19.6%, 25.2% and 15.9% of stipulated release, $0 bail, and other pretrial list subtypes, respectively. Put another way, pretrial white incarcerated people were released at disproportionately higher rates than their Black, Latinx and other race counterparts.

Pretrial Releases Going Forward

While the early release analysis of pretrial people shows disparities, this does not mean work to release more pretrial people should stop. If anything, it should be done more robustly, with better data collection to quantify how the nuances of the justice system contribute to and compound systemic racism. More pretrial people should be safely released, not less, as work to dismantle systemic racial disparities continues in Los Angeles County.

Moreover, all early release list subtypes were generated by charge and sentence length, without explicit consideration of race or gender, implying race-neutral release approaches do not promote equity but rather perpetuate systemic racism. More in-depth analyses of who is arrested, what charges are brought, and how bail is set for people of all races are critical to better understand and address these disparities.

Investment in Care First Jails Last Approach for Community Safety

By releasing more pretrial people early and reducing financial barriers to freedom, there is preliminary evidence that such efforts can start to reduce racial disparities built up over generations. The savings generated by preventing incarceration, as well as incarcerating fewer people for shorter lengths of time, must be redirected to meet community needs across the county.

These needs can be met by ensuring pretrial people have access to the services they need in their neighborhoods to prevent future arrests, reduce recidivism, promote recovery, repair generational harm to communities, and build a path for success. These processes should prioritize remedying racial and geographic disparities, while also taking into account cultural, gender, sexual orientation, and special populations' needs by involving County and impacted communities in equitably distributing and maintaining resources to sustain community health and the success of pretrial release. This type of meaningful investment in the Care First, Jails Last model championed by the community, broadly supported by County leaders, and baked into every ATI recommendation is required for healthier, safer and thriving Los Angeles communities.

Data: Fact Sheet & Remaining Data Deliverables

Vera Institute of Justice Fact Sheet on the Jail Population

- On January 2, 2020, the jail population was 16,791 people and remained steady until a sharp decline in March with the onset of the pandemic**. In just two months, the jail population decreased by 31 percent,** leading to an early May population of 11,765. However, since then, the jail population has increased, reaching 15,439 people on March 2, 2021. (See Figure 1.)

- **Most people (approximately 58 percent) in the jail pre-COVID and now are pretrial (37 percent) or partially sentenced (21 percent)** (i.e. sentenced on at least one case and have at least one open matter).

- **The pretrial population has consistently been the largest group of people in the jail, at between 38 and 48 percent of the entire jail population.**

- People who are fully sentenced comprise around 13 percent of the total jail population. **The overall sentenced population has decreased since January, largely driven by a 72 percent reduction in the AB109 sentenced population.** (See Figures 2 and 3.) The "county sentenced" population decreased 66 percent from January to June, dropping from ~1,500 people to ~500; it has since almost doubled, to 933 people but remains below pre-COVID numbers.

- The percentage of people incarcerated for supervision violations and people awaiting transfer to mental health hospitals have remained small—between 1 and 5 percent of the entire jail population—throughout the year. (See Figures 2 and 3.)

- The **racial disparities that existed before COVID-19 have persisted** throughout the fluctuations in jail populations. Black and Hispanic people are disproportionately incarcerated, with Black people represented in the jail population at a rate over three times that of their share of the Los Angeles County population. (See Figure 4.)

- While the female population decreased at the onset of COVID-19, it has been rising since May.[p] **Pre-COVID, the number of females incarcerated was 2,172. On May 1, 2020, it had dropped to 1,136 and has risen to 1,384 as of March 2, 2020.** (See Figure 5.)

[p] All references to "females" in this report are directly from documents provided by LASD. In the data provided, gender information is cataloged in a binary way (i.e. male and female) and does not specifically denote people who identify as transgender, gender-non-conforming, etc.

Figure 1. Los Angeles County Jail System Population, January 2020 – March 2021

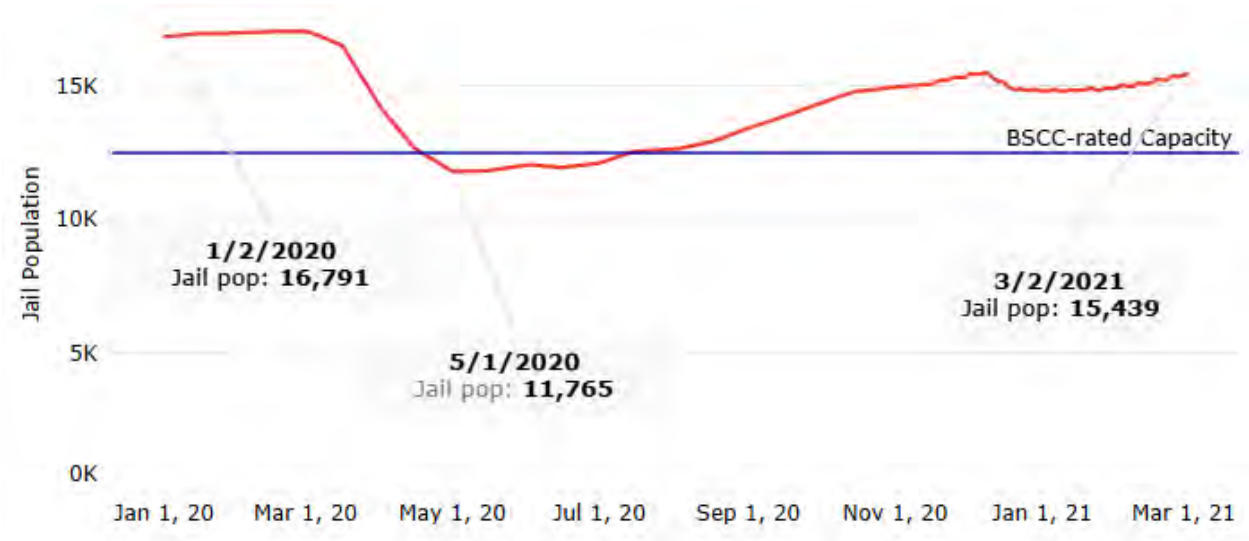


Figure 2. Percentage of People Incarcerated in Los Angeles County Jail, by Sentence Status

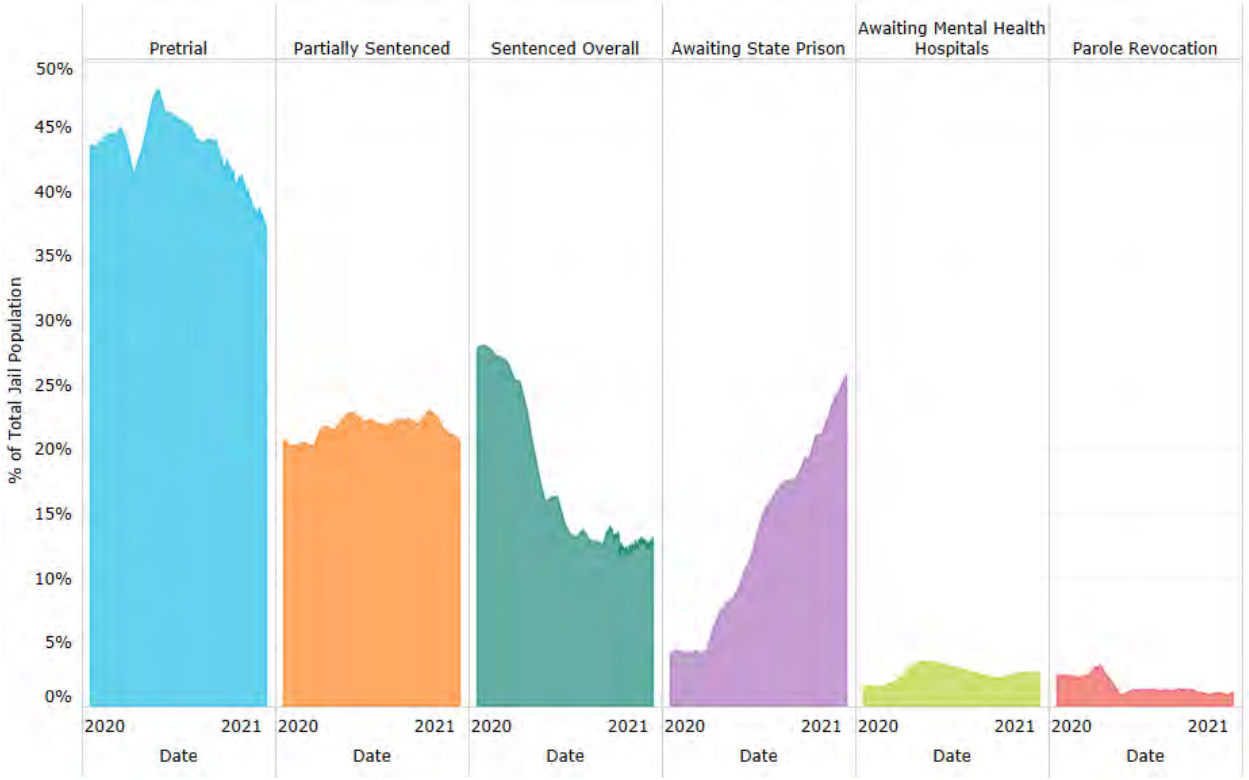


Figure 3. Number of People Incarcerated in Los Angeles County Jail, by Sentence Status

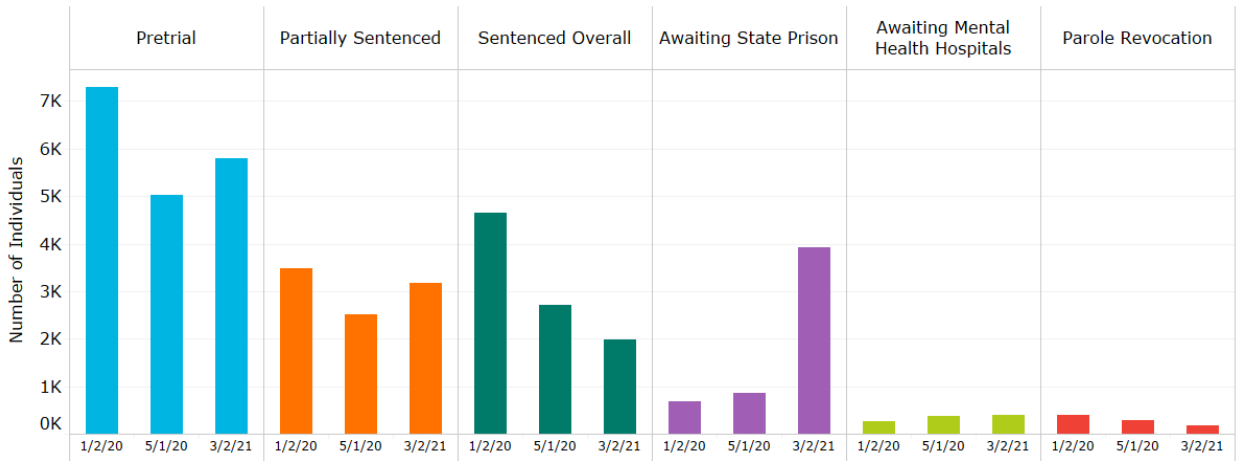


Figure 4. Percentage of People Incarcerated in Los Angeles County Jail, by Race/Ethnicity[q]

Race / Ethnicity	LA County Racial Demographics	January 2, 2020	May 1, 2020	March 2, 2021
Hispanic	49%	52%	53%	55%
Black	8%	29%	31%	30%
White	26%	15%	13%	12%
All Others	8%	3%	3%	3%

[q] All references to "Hispanic" are directly from the data provided by LASD. The report otherwise uses "Latinx".

Figure 5. Century Regional Detention Facility (CRDF) Population, January – December 2020

MCJ Closure Motion Data Elements

The Data & Facilities Committee, co-chaired by CHS, LASD and the Vera Institute of Justice, worked to collect, analyze and provide critical information about the jail population and logistical issues to be considered in the development of a plan to close MCJ. This data was necessary in order to estimate, across the full jail system, how many individuals may be diverted or released into community care, and how many or which groups of individuals would need to remain in jail custody. Information about medical, mental health, substance use disorder and other specific needs was critical to understand as the committees considered where certain services and programs can be provided to meet those needs, as MCJ closes. The committee paid close attention to racial equity in developing a plan to close this facility and to reduce the jail population. Previous MCJ Closure reports address transportation, infrastructure and other considerations in closing the facility.

The remaining data elements required by the motion are included in this report. Vera Institute fact sheets on specific target populations for diversion are available in Appendix 1:

1. Supervision Violations *See Vera Fact Sheet in Appendix 1 for more detail.*

   - People incarcerated for supervision violations comprise only 3-5 percent of the jail population but there are hundreds of them in jail daily. Thus, decreasing this daily population would contribute to MCJ closure decarceration goals but also would require diverting additional populations.
   - The average monthly number of violations by the Probation Department decreased at the onset of COVID-19. However, 76 percent of violations are technical, including during the pandemic. In general, and especially given the ongoing public health crisis, the County should stop incarcerating people for technical violations.
   - People incarcerated with supervision violations as their most serious charge tend to spend around a month in custody.
   - Black people are a higher percentage of this group than they are in the overall jail population.

2. People with Holds

The motion asks the Workgroup to determine how many people are not eligible for diversion or release because of legal holds. **Out of 12,143 people in the August 19, 2020 jail population snapshot data set, 1,166 (9.6 percent) have a hold.** Of the 1,116, 80 are at Century Regional Detention Facility (CRDF), the "female jail facility." The median days in custody for people with holds is 168 days. The average days in custody for people with holds is 272 days. Based on discussions within the MCJ Closure Workgroup, **holds may present additional hurdles to release or diversion but are not always a complete bar.** In some cases, defense attorneys have cleared warrants or holds for incarcerated clients to facilitate diversion, as described below:

Individuals in custody may be considered ineligible for release as a result of a court order to "hold" the person in jail pending a court determination. A "hold" may be predicated on the issuance of a bench warrant either in LA County or another judicial jurisdiction, by CDCR as a violation of parole, or the violation of a court-ordered term or condition of probation or other form of release previously granted the individual. The eligibility for release in these circumstances may change rapidly once the individual appears before the court for a hearing on the hold; the court may order a hold lifted, except those issued by another jurisdiction. When a person is ordered released by the LA County Superior Court and there is a hold which remains from another county, the Public Defender and the Alternate Public Defender employ various mechanisms to resolve the out-of-county holds to effectuate release from the LA County jail. When there is a CDCR hold, these offices often contact the parole agent to ask them to lift

the hold. When there is an out of county hold, the PD or APD defense attorney often works with other defense counsel and the court, to get those holds lifted. In some circumstances, where defense attorneys cannot get a hold lifted but have a resolution to a local case, they ask the local courts and DAs for an OR (Own Recognizance) release, and ask the client be ordered back for any future court dates while out of custody, once they have resolved the out of county or state hold. These strategies vary, depending on the case and the willingness of all the parties.

A "no bail" hold barring diversion or release may be placed on an individual who has been found by the court to be a danger to self or others. The court has the discretion to deny bail/release to a person charged with a felony involving violence on another person if there is evidence the release would result in great bodily harm to others, or the charge involves the threat of great bodily harm to another coupled with the substantial likelihood the accused would carry out the threat if released, or there are allegations of sexual assault.[r] These "no bail" determinations may also change, depending on the circumstances of the individual and case.

[r] See Penal Code section 667.5(b), 1192.7(c), Article 1 Section 12 of the California Constitution:
"A person shall be released on bail by sufficient sureties, **except for**: ….(b) Felony offenses involving acts of violence on another person, or felony sexual assault offenses on another person, when the facts are evident or the presumption great and the court finds based upon clear and convincing evidence that there is a substantial likelihood the person's release would result in great bodily harm to others, or (c) Felony offenses when the facts are evident or the presumption great and the court finds based on clear and convincing evidence that the person has threatened another with great bodily harm and that there is a substantial likelihood that the person would carry out the threat if released.

MCJ Closure Facility & Community Plans

Numerous County and community initiatives as well as several research studies have established the urgent need to reduce the jail population, identified key population needs, and recommended specific expansions to LA County's community-based system of care to serve the large number of individuals who could be released from jail custody with appropriate services. This section emphasizes and builds on that information and is also a simple restatement of the findings from these initiatives and studies. The Board of Supervisors and County justice partners have made their commitment to the Care First model clear in motions including canceling the Mira Loma jail plan, developing the ATI Workgroup and creating the ATI Initiative, canceling the Mental Health Treatment Center jail plan, forming a workgroup to analyze how to maintain a reduced jail population post-COVID, and creating the MCJ Closure Workgroup and Jail Population Review Council. The Board has formally invested in the Care First model by funding the ATI Initiative, committed to expansion of ODR Housing, requested re-evaluation of AB109 spending, and took leadership on Measure J to expand investment in community-based care.

To achieve the Board's ambitious and historic goal of closing MCJ, the Workgroup and its committees present their assumptions and routes to closure and recommend an 18-24-month timeline to phase in the community beds upon which much of the plan relies. The plan will require significant resources, which has become particularly challenging in the face of the unprecedented housing and budget crises exacerbated by the COVID-19 pandemic. The investments necessary to quickly build up LA County's system of care and lower the jail population are made much more complicated by the fact that the facility closure and the need to release thousands of individuals to supportive community services is occurring within the context of a global pandemic, the worst housing crisis ever seen and decades-long under-investments in safety net resources.

For the purpose of closing MCJ in the shortest timeframe possible the Workgroup recognized the need to reduce the jail population by 4,500 people. A RAND study published in January 2020 found that at least 61 percent of the jail mental health population might be appropriate candidates for diversion to community-based services operated by ODR.[12] During the COVID-19 pandemic, the number of people with serious mental health needs in the jail system has grown by almost 1,000 and is now at 6,000 people. With appropriate funding to scale up ODR housing, it is estimated that approximately 3,600 people (60% of the current mental health population) could be safely and effectively diverted from jail. This strategy leverages an existing diversion mechanism for people with serious mental health needs (the "SMH population") that has wide support among a range of stakeholders, including the Court, community advocates, LASD and County agencies.

Table 1 illustrates the assumptions of the Workgroup regarding the jail population and reduction goals in developing the closure plan. The following numbers are rough estimates to support the planning process.

Table 1. Overall Breakdown of Population in Los Angeles County Jails

Category	Estimate	Description
A. Current Total Population	15,000	• This is the estimated total number of people currently in the Los Angeles County jail, based on Fall 2020 data. This number fluctuates daily.
B. Population Awaiting State Transfer	2,300	• The current total population in the Los Angeles County jail includes more than 3,000 people awaiting transfer to state facilities. It is estimated that at least 2,300 can be transferred to state facilities when COVID-19 conditions abate. Based on pre-pandemic data, approximately 700 people are typically awaiting transfer to state facilities at any given time.

C. Remaining Population	12,700	• This is the actual base number of people in Los Angeles County jails, excluding the population awaiting state transfer.
D. Reduction Goal	**4,500**	• The reduction goal of 4,500 people corresponds with the number of people in MCJ. This is the minimum number of people who need to be diverted from the Los Angeles County jails in order to close MCJ. • According to a RAND study, 61% of the mental health population in the Los Angeles County jails (n=6,000) can be diverted out of the jail, or 3,660. • Additional individuals need to be diverted from custody to achieve the reduction goals.
E. Final Total Population	**8,200-8,500**	• This is the maximum number of people in the jail after the reduction goal is achieved.

It is important to note that the 4,500 figure needs to be a sustained population reduction, not a diversion number. Many more thousands of individuals are remanded to county custody by the courts each year under the current system, thus thousands will need to be continually and successfully diverted until the cycles of incarceration are broken. In order to meet or exceed the reduction goal of 4,500 people from LA County jails, the Workgroup identified additional individuals beyond the mental health population, such as those charged with certain offenses or those who may be affected by the new District Attorney's policy directives. An Ad Hoc team of the Workgroup supported by the Vera Institute developed policy recommendations and estimates to achieve a reduction of **4,664 individuals (38.4% reduction of original jail population)** (see Figure 4 at page 74).

Jail population reductions can be accomplished safely and more effectively than the status quo—and must occur alongside significant investment into building a decentralized community-based system of care. Both the ATI Report and the Jail Population Reduction Report provide a detailed road map for how to do this.[13] Further, the Chief Executive Office's (CEO) Executive Work Group (EWG) estimated that nearly 10,000 additional community-based treatment beds should be added over three years, to meet the needs of individuals who have serious mental health needs, to sustain the decreased jail population and serve this population in the long term.[14] This will likely reduce the substantial and ongoing costs to other County services down the line, such as emergency room visits, shelters, policing, jail and court.

The **MCJ Closure Plan** describes how to achieve the population reduction and close the facility in these three sections:

- **Facilities plan** that details plans, with 6-month benchmarks, for redistributing the existing population and high-level medical services among the remaining jail facilities as MCJ closes, relying on overall population reductions.

- **Community plan** that details the expansion required to the community-based system of care to serve people with health vulnerabilities who are released or diverted from jail and continue to serve people with unmet needs so that they are not repeatedly incarcerated.

- **Diversion plan** that estimates how many people currently in jail custody could be diverted or released into community care through legal mechanisms.

Facilities Plan

Subject matter experts from CHS and LASD developed the following Facilities Plan, shared with the

Services & Programs Committee and tentatively approved by CHS and LASD leadership. The plan outlines 6-month benchmarks in order to close MCJ in 18-24 months, assuming projected population reductions have already occurred and any needed relocation contingencies have been completed. The plan proposes that MCJ close area by area throughout the course of that time period as the population reduces and these recommended milestones are met. As the population is reduced, the plan calls for cohorting of the remaining populations so they can be moved to other facilities, allowing areas of MCJ to empty and close permanently to prevent backfilling. As previously mentioned, the COVID-19 pandemic has had a considerable impact and LASD notes that it may also disrupt this timeline. The precautions and measures taken by LASD regarding COVID-19 within custody (housing and movement) must remain in effect until vaccinations are standardly available to anyone entering the system, and additional distancing, quarantine and isolation measures are no longer routinely recommended or necessitated.

The plan assumes that, for now, all other MCJ support functions and spaces including transportation, power plant, kitchen, administrative offices, and court line remain open, but the custody portion of the building would be completely gutted. Tables 2a-2e detail the facility plan. Refer to the Glossary at the beginning of the report for definition of terms.

Table 2a: Facilities Plan, 0-6 Months

LASD	CHS	External Diversion[s]
Identify need and request S & S funding to support the closure plan to collect/retrieve data, conduct movement, process records and releases.	Identify need and request S & S funding to support the closure plan to review, document and coordinate transfer of health care information internal/external.	Begin planned 3,600 bed expansion of mental health treatment beds (target 600 beds every 6 months).[t] Identify resources and funding to support video arraignment at police and station jails. Create a Diversion Team under JPRC with CHS, LASD, ODR, PD, APD, DA, and the health agencies to identify target populations in custody and review cases for releases using existing diversion and release strategies, focusing initially on moderate to high acuity mental health and those in CRDF. Track impact of ATI, Court and other pre-booking diversion and pretrial release programs on the jail population.
Identify and transfer 70-90 (P2) mental health patients to North Facility.	Identify additional health care space/trailer rental and staffing resources to support transfer of patient population. Review medical records and clear for transfer.	Population decrease 500 MOH/HOH population to community-based programs.

[s] See Diversion Plan on page 63 for more detail.
[t] See Community Plan at page 51 for more detail.

Identify funding to address elevator repairs in CRDF East Tower. Identify K10 recreation, discipline, visiting and needs for male population for CRDF as well as transportation to and from DHS specialty clinic at LAC.	Review medical records to coordinate transfer of healthcare information to community-based programs. Identify clinic space and modification needs near CRDF East Tower.	Decrease CRDF "female"[u] population sufficient to depopulate East Tower focusing on mental health diversion. (JFA Institute estimates this is approximately 300.)
Identify sentenced state prison population not housed at MCJ. Assist CHS identification of MOSH patients who cannot be housed in dorm.	Identify MOSH patients in non-dormitory housing (K10, K6, etc.) who are not sentenced to state prison.	Work with the State to resolve the moratorium on transfers of individuals to the state prison and state hospital systems, involving alternatives for those who will remain sentenced to CDCR but may be eligible to stay in the County, such as resentencing and community-based placements, and take advantage of opportunities for new funding from the State to provide "Felony Incompetent to Stand Trial" (FIST) treatment locally instead of relying on transfers to and from the state hospital system, which would likely reduce wait times for care and improve outcomes through community-based care. Assess impact of state prison related legislation on county population awaiting transfer.
	Total Population at 0 Mo.	12,700[v]
	Population Reduction 0-6 Mo.	-800
	Remaining Population 6 Mo.	**11,900**

Table 2b: Facilities Plan, 6-12 Months

LASD	CHS	External Diversion
Move non-state prison sentenced K10 population from MCJ to East Tower in CRDF after females have been released in sufficient number to cohort in West Tower. Move K10 state prison sentenced (except HOH) from other facilities to MCJ to back fill.	Review of medical records, clear for transfer and communicate healthcare needs.	Population decrease 1,250 including MOH, HOH, K6 and general population.

[u] Female population in facilities plan refers to individuals that LASD has identified as female for housing purposes. LASD only collects binary gender data thus the female and male populations may include those who self-identify differently.
[v] Total population at 0 months equal to 12,700 is based on assumption of 15,000 daily population average, minus approximately 2,300 people awaiting transfer to State facilities. See Table 1 on page 48.

Move MOSH non-state prison sentenced non-dormitory patients to Tower II based on transfer of P2 patients to North. Move ADA patients in Twin Tower who are state prison sentenced to MCJ.	Coordinate healthcare needs of MOSH non-dormitory patients to Tower II. Includes review of medical records and clearance for transfer.	
Identify state prison sentenced general population (exception HOH) and move to MCJ cohort in building or modules when feasible.	Review of medical records, clear for transfer and communicate healthcare needs.	
	Total Population at 9 Mo.	11,900
	Population Reduction 9-12 Mo.	-1,250
	Remaining Population 12 Mo.	**10,650**

Table 2c: Facilities Plan, 12-18 Months

LASD	CHS	External Diversion or Other
Identify remaining non-state sentenced K6 population and move to CRDF East Tower including those who need single or double person cells. Identify single and double person cells in depopulated Tower I for non-state prison sentenced Admin Seg and move from MCJ.	Review of medical records, clear for transfer and communicate healthcare needs.	Population decrease 1,500 justice involved population including MOH, HOH, K6 and general population.
Track changes in population Consolidate MCJ modules/housing area and consolidate based on depopulation and cohorting of individuals sentenced to state prison.	Review of medical records, clear for transfer and communicate healthcare needs.	
	Total Population at 12 Mo.	10,650
	Population Reduction 12-18 Mo.	-1,500
	Remaining Population 18 Mo.	**9,150**

Table 2d: Facilities Plan, 18-24 Months

LASD	CHS	External Diversion or Other
Identify remaining non-state sentenced HOPE dorm population and move from MCJ to an appropriately sized location in Twin Tower Complex.	Review of medical records, clear for transfer and communicate healthcare needs.	Population decrease 950 of all types justice involved population.
Identify and transfer custodial and identify and/or request resources needed for DHS specialty clinic transportation. Transfer remaining non-state prison sentenced dormitory MOSH (diabetic and ADA) to newly retrofitted ADA compliant housing area.	Identify and transfer staffing resources. Evaluate clinical space including physical therapy requirements and request modification and/or construction. Review of medical records, clear for transfer and communicate healthcare needs for transfer dormitory MOSH patient population.	MOSH/ADA dormitory housing renovation completed at Pitchess East or at another non-populated facility.

Total Population at 18 Mo.	9,150
Population Reduction 18-24 Mo.	-950
Remaining Population 24 Mo.	**8,200**

Table 2e: Facilities Plan, overlapping 12-24 Months

LASD	CHS	External Diversion or Other
Transfer/resentence/ release state prison sentenced population	Review of medical records, clear for transfer and communicate healthcare needs	As an area with state sentenced prisons is depopulated, MCJ will be systematically closed by module, then by floor, then by each tower of housing until it is vacant.
Identify space and modification of physical plant needed to support courtline process and courthouse (CJAC). No existing holding cells and bus bays outside of MCJ to manage volume of court transportation.		Funding source for physical plant changes. JPRC tracks bookings/releases and monitor overall population for reductions, identifying and addressing any upward trends in Field Operations, Court Processing, Legislative Reform, System of Care, or other committees.

Assumptions for MCJ Closure: The JFA Institute, contracted by the CEO/Auditor-Controller to analyze cost savings and the security classification system for the MCJ Closure effort, provided input on the plan, estimates of facility reductions available in Appendix 6, and proposed that the number of single cells necessary for the jail system is less than half the current number in use. JFA will present this information in its forthcoming report to the Board.

Redeployment of community-based services: CHS confirmed that it will provide the level of existing services and programs to serve the in-custody population wherever they are moved within the network of jail facilities. CHS will continue programs and services for the Gay and Transgender Housing, Senior Mobility Care housing, and other special security units that are relocated from MCJ to other jail facilities. LASD confirmed that educational and programs provided by community-based organizations, likewise, will move with in-custody populations that are relocated out of MCJ.

Community Plan

The County has not so far had the funds available to build the community-based system of care that would allow a reduction in the jail population significant enough to close MCJ, but recent funding possibilities, including Measure J, the FIST state pilot project, AB 109 reevaluation, and others, have now become available that make this bold opportunity for investment and concomitant closure of the MCJ facility possible.

The Services & Programs Committee strongly recommends that plans to release people from jail into community services employ a **non-displacement principle.** The County's system of care as it now stands is already stretched and overwhelmed. The Board's Care First approach calls for enhanced care and supportive services for the County as a whole and the success of closing MCJ cannot depend on bumping other people out of line who are in need of the same services, which will only create other problems elsewhere in our systems. Existing programs that have unused capacity and are an appropriate fit for an

individual's needs may be used in release planning. However, as previous reports have noted time and again, the reality is that LA County providers currently do not have sufficient resources to expand their capacity to accept people released from jail. Therefore, this committee is advocating for investment of new dollars to purchase or access additional community services that are needed to meet the needs of people being released from jail.

Focus Populations for Services

The S&P Committee identified specific vulnerable populations that need the most critical, not just ideal, set of services upon release. These "Focus Populations" are: (1) people with Serious Mental Health Needs (the "SMH Population"); (2) people with Substance Use Disorders or Co-Occurring Mental Health and Substance Use Disorders (the "SUD Population"); (3) people who are Medically Vulnerable due to Other Health Challenges; and (4) People Experiencing Homelessness (the "PEH" population). While S&P has centered its work on these populations, it recommends that the County continue to invest in and implement a more comprehensive continuum of services for populations that are released who may not require the same critical infrastructure to achieve stability and support public safety and wellbeing in the community. It is important to note that many individuals would do well merely returning home and do not need a community placement at all. The COVID releases demonstrated that many people can just return home without any alternative placement. The investment should draw on and reference recommendations from prior complementary initiatives, including efforts to keep the jail population down and the ATI Initiative.

The S&P Committee identified these vulnerable populations because they *require* services upon release, and in some cases, they may only be released once linkage to such services occurs. Report #2 provided an initial landscape analysis about how the County currently supports people exiting the jail with serious mental health needs and those with substance use disorder or co-occurring mental health and substance use disorders.

In this response, the S&P committee conducted a preliminary landscape analysis related to the two additional populations, People with Medical Vulnerabilities and People Experiencing Homelessness, and then provides estimates for how many individuals in all four, or across groups, require residential services upon release from jail custody. This work recognizes the intersectional needs that many people in the LA County jail system have. Those who are vulnerable to the point of requiring linkage to services prior to release are frequently vulnerable in multiple ways. For example, an individual with SMH may also struggle with substance use and be experiencing homelessness; a person who is experiencing homelessness may be very independent but require a housing site that can transport to a specialty care provider several times a week. Yet the public system of care currently available to people leaving jail in LA County is generally experienced as siloed, fragmented, and ill-suited to address complex needs across various psychological, health and social domains.

Community Plan Recommendations

The committee identified several effective County programs that provide pathways to community placements for people exiting jails. **In order to close MCJ within the shortest time frame possible, the committee recommends as a first step, the immediate increased investment in scaling up specific community pathways that have the capacity to expand quickly and have demonstrated successful outcomes with the justice-involved population.**

Recommendation 1: Invest funding sufficient to expand existing residential programs by 4,000 beds within 18-24 months that serve justice-involved populations to increase service capacity in the community, prioritizing the mental health population. which would address significant racial

disparities. To achieve this, it is recommended that the Board take advantage of new funding opportunities to move forward with the Executive Work Group's recommendation to expand the community-based system of care beds, prioritizing mental health beds, in line with the following ATI recommendations: #10 (advocate for changes to expand Medi-Cal, MHSA and/or support services for system-involved people and their families); #20 (expand/refine affordable housing models for justice-involved people with mental health and/or substance use needs); #21 (create/scale up innovative housing programs with wraparound services); #22 (develop partnerships to increase housing options and incentivize creation of housing options for people who identify as LGBQ+ and/or TGI); #23 and 24 (work with Housing State Funding and DHS Housing programs for people experiencing homelessness, mental health and/or substance use and people who identify as LGBQ+ and/or TGI); #31 (remove barriers to treatment, employment and housing due to record of past convictions); #88 (fund comprehensive mental health and substance use care, as well as transitional housing with wraparound services); and #92 (use County capacity building programs with equity analysis to expand the system of care).

Within 18-24 months, the Committee recommends adding 3,600 beds for community-based mental health care and approximately 400 beds for individuals with serious medical, SUD and/or housing needs. The total number should be expanded within 36 months in line with the Executive Work Group calculations to sustain the jail reduction and closure.

With the appropriate investments, these programs are ready to be scaled up immediately to serve individuals who could be diverted out of jail custody and have serious mental health, SUD and/or medical needs. The beds for individuals with serious mental health needs should be prioritized, in order to move people who are likely eligible for diversion out of the Twin Towers jail facility.

These are the type of residential programs that are effective at providing the appropriate services to the focus populations:

DHS Office of Diversion and Reentry: ODR court-based diversion programs for people with mental illness provide interim housing for as long as the person needs it, with intensive case management, on-site nursing and medication management, and psychiatric support. ODR provides permanent supportive housing for individuals who are able to live independently.

DHS Housing for Health: Housing for Health provides interim housing for people experiencing homelessness who also have health needs. The HFH portfolio also includes access to higher levels of medical care placements, such as medical recuperative care and enriched residential care (similar to board and care). Services include intensive case management that supports people with accessing and transitioning to permanent supportive housing. Crisis housing and sobering center beds are also available. CHS Care Transitions team reported that Housing for Health is the most used resource for vulnerable people leaving jail.

DMH Justice-Involved Mental Health Beds: DMH has various types of interim housing and permanent housing for clients. As previously reported, DMH anticipates adding capacity to its current network of care over the next 0-36 months, across urgent care centers, crisis residential treatment programs, mental health rehabilitation center, skilled nursing facilities/special treatment program, psychiatric health facility, as well as permanent supportive and interim housing units.

LAHSA: B7 beds reference the 2016 Homeless Initiative Action Plan which comprised 4 dozen interlocking strategies. Strategy B7 directed LAHSA to work with County partners to develop and implement a plan to increase Interim/Bridge Housing for those exiting institutions. LAHSA is currently utilizing some beds designated for people experiencing homelessness who are exiting an institution, such as jail, prison, hospitals.

DPH-SAPC: DPH-SAPC provides recovery bridge hosing (RBH) for up to 180 days for adults 18 and over who are leaving an inpatient substance use disorder (SUD) program, who are homeless or unstably housed, and are concurrently enrolled in SUD treatment (e.g., outpatient treatment, intensive outpatient treatment, opioid treatment or outpatient withdrawal management). Currently, RBH is contracted under the Supportive and/or Housing Services Master Agreement which affords the County the opportunity to increase beds for RBH.

Recommendation 2: Expand enhanced services that support people with mental health and substance use needs in housing sites. If the County diverts 4,000 people with clinical needs out of jail custody and into the community, the beds listed above will provide a portfolio of housing options that will meet the needs of most people who are released. However, many individuals in these programs also require additional field-based supportive services to address mental health and substance use needs. Field-based services that provide crucial support to the focus populations also have little to no existing capacity. In order to increase capacity in the community, this committee recommends the immediate expansion of field-based programs, which allow services to be provided to individuals in a location that is preferable and convenient, and which may encourage greater and more consistent participation. This recommendation is in line with the following ATI recommendations: #10 (advocate for changes to expand Medi-Cal, MHSA and/or support services for system-involved people and their families); #13 (deliver integrated mental health and substance use services); #14 (support parity between mental health and substance use systems); and #92 (use County capacity building programs with equity analysis to expand the system of care).

The immediate expansion of interim housing programs for the focus populations will solve the short-term need to provide safe residential placements for people leaving jail who have multiple complex behavioral health needs and require access to a high level of services upon release. Investment in these programs is critical for closing MCJ quickly. However, most of these programs are designed as interim housing solutions with the intention to help people transition to permanent housing over time. Currently, this is not a viable exit strategy as there is not enough subsidized permanent supportive housing to support everyone in the County who needs it. The County must also continue to work toward resolving the local housing crisis, including investment in more permanent supportive housing options and increasing access to housing subsidies and other permanent support housing opportunities for people who are justice-involved in order to have successful pathways out of interim housing. The current process for housing prioritization for permanent supportive housing does not give precedence to these highly vulnerable populations. Investing in new permanent supportive housing will help to ensure that people released from jail are not displacing tens of thousands of others waiting to be matched to permanent housing in Los Angeles, or otherwise end up homeless, themselves. Investments in field-based services and permanent supportive housing, are key to solving the "system flow" issue that many providers are currently experiencing.

Community-Based Care Cost and Funding Source Analysis

Given the committee's recommendations for residential treatment expansion, a funding subcommittee conducted an analysis to identify the actual costs of these recommended beds, describe existing funding sources and identify potentially available federal and non-federal sources (e.g. MediCal, housing and state enhancements). The group focused the analysis on mental health beds for 3,600 people in the SMH population who are prioritized for diversion because this population makes up the majority of those being released who require community services and the cost analysis for this population is the most complicated.

The cost analysis concluded that, on average, the cost to divert and provide community-based housing and clinical care for 3,600 people in the SMH population was approximately $180 per person per day. In fiscal year 2017-2018, it was estimated to cost $654/day to incarcerate someone in High Observation and Moderate Observation Housing (MOH & HOH) at Twin Towers and $443.32 at CRDF, a figure that does not include costs of care provided by CHS.[15]

Community-Based Treatment and Housing Cost of Care: A detailed cost estimate for treatment services and housing for the targeted SMH population (N=3,600) was conducted and assembled in a detailed Cost Analysis. See Appendix 8. Table 3 is a composite summary of the key cost elements contained in that report.

Table 3: Community-based Treatment Cost for First 3,600 People Diverted – Year One

P & H Levels	**Enriched Residential Services (ERS) ODR/DMH Acute/Subacute** *P4/P3 & H3/H2*	**Intensive Clinical Services & Housing ODR/DMH/HFH SMH Chronic** *P3/P2 & H3/H2*	**Outpatient Care Services/ Rapid Rehousing ODR/DMH/HFH Moderate/Outpatient** *P2/P1 & H2/H1*	**Combined Totals**
Clinical and ICMS Services	$21,168,000	$60,912,000	$15,030,000	$97,110,000
Housing (DHS-HFH/DMH Flex Funds)	$24,637,500	$82,782,000	$31,207,500	$138,627,000
Housing Cost per night	$125	$105	$95	
Diversion Program Infrastructure (ODR)				$1,896,132
Clinical, ICMS, ODR and Housing Combined Total	**$45,805,500**	**$143,694,000**	**$46,237,500**	**$237,633,132**
Proposed number of people per year	540	2160	900	3,600
Average cost per person per day	$232.40	$182.26	$140.75	$180.85
Average Annual cost per person	$84,825	$66,525	$51,375	$66,009

*Of 3,600 people diverted, assumption is that 15% require ERS level of care, 60% require Intensive ODR Housing/FSP, and 25% require Outpatient Care Services/Rapid Rehousing.

Cost Estimate Methodology: These cost estimates are based on a 5-year actual cost experience of one provider, Special Service for Groups (SSG), currently under contract with DMH, ODR and DHS to provide clinical and housing services to the justice involved population. Estimates are based on a sample of over 5,000 individuals who have been diverted. The line items of services noted in the estimate aligns precisely with clinical services and housing reimbursements specified in the county contracts from all three county departments. Importantly, the services that are detailed in the Funding Analysis (see Appendix 8) reflect the standard of care for individuals eligible for community-based services in the County's public system of mental health care. This unquestionably includes the eligibility of the individuals being proposed to be diverted from MCJ.

SMH Population by Acuity: The funding subcommittee identified three levels of care in the community that corresponded to acuity information for the SMH population in custody (based on information provided by CHS) in order to estimate beds needed at appropriate levels of care in the community for the diversion of 3,600 people from the SMH population. Community levels of care were categorized into three groups: (1) Enriched Residential Services, Acute/Subacute (15% of SMH population), (2) Intensive Clinical Services and Housing, SMH Chronic (60% of SMH population), (3) Outpatient Care/Rapid Rehousing, Moderate SMH (25% of SMH population). The required clinical services and housing costs for each of

these subpopulations are also detailed in the Funding Analysis report in Appendix 8.

Estimated Cost of Care for Services and Housing: As can be seen the total estimate for the community-based treatment and housing costs for the proposed SMH population to be diverted (N=3600) is $237,633,132 or an average per person cost per year of $63,683 and an average per person per day cost of $180. This includes the Diversion Program Infrastructure oversight provided by ODR ($1,896,132). The differences in costs across these three categories is due to the differences in the acuity and needs for varying levels of treatment and housing structure at different levels of care. For people in the Enriched Residential and Intensive Clinical Service, the cost of services and housing is notably higher given the need for specialized residential treatment where housing and treatment typically occur on site and there is 24/7 coverage. All housing costs are considered interim and inclusive of a one-year duration that parallels the duration of treatment. As individuals are successfully served and move to lower levels of care and lower treatment costs the housing costs (i.e. permanent supportive) decrease significantly (25%) as well.

Funding Sources Analysis: Current and New Opportunities

MediCal Eligibility: An analysis is provided in the Funding Analysis (see Appendix 8) that identifies existing sources the County uses to fund community-based mental health treatment e.g., MHSA, as well as potentially new funding sources that the County can leverage to finance the proposed diversion. Notable among these is the Medi-Cal eligibility for justice involved populations. Many, if not most, incarcerated individuals will be eligible for Medi-Cal and therefore between 50% and 90% of the full scope of their mental health and substance use treatment provided in the community-based system of care is potentially reimbursable through Medicaid.

Funding Source Opportunities: While funding sources for a significant proportion of the total cost of mental health treatment and housing has yet to be determined, there are significant State and Federal funding proposals on the horizon that may support community-based mental health and substance use treatment and housing for justice involved populations. There are also existing sources that the County uses now for justice involved individuals who experience homelessness, have serious mental health needs, and/or use substances (e.g., AB109, Measure H, and Measure J). Chief among new policy initiatives is the California Advancing and Innovating MediCal (CalAIM) Initiative that includes California's Medicaid Section and 1115 and 1915(b) waivers. CalAIM as currently proposed, raises the potential of expanding MediCal coverage of a variety of medical and behavioral health, including potential new resources for housing related services and enhanced care coordination for justice involved individuals who experience homelessness, have serious mental health needs and/or use substances. Additionally, there are a host of federal, state and local sources that can be harnessed to support the diversion effort. The array of sources is outlined in Table 4.

Table 4: Funding Opportunities

	Behavioral Health	Medical/ Health	Enhanced Care Management	Housing/ Facilities	Other
MediCal	X	X			
CalAIM	X	X	X	X	X
Other State Funding	X	X	X		
Department of State Hospitals	X	X	X	X	
AB109	X	X	X	X	X
SB678	X	X	X	X	X
Measure H				X	
HUD/COS				X	
LACDA/Housing Authority				X	

Estimate of Residential Service Needs at Release for Focus Populations

In order to estimate what kind of services are needed in the community and how much capacity should be added to the current system of care, this group assessed the needs of the four focus populations in custody. Many individuals have intersecting needs and may need to access various care networks (i.e., medical, mental health, substance use, housing) at different points in time.

People with Serious Mental Health Needs
As described earlier in the report, the EWG report calculated that over the next three years, there is a need for approximately 10,000 additional SMH beds to sustain a significant reduction in the jail mental health population. For this MCJ closure plan, we recommend an initial expansion of 3,600 beds in response to the RAND study that found 61% of the jail population with serious mental health needs (currently 6,000 people) can safely be diverted to the effective and trusted ODR Housing program, in addition to the number of beds that DMH, SAPC and LAHSA can stand up within 18-24 months. See Funding Analysis in Appendix 8 for details on services and costs for this bed expansion.

People Experiencing Homelessness
Of those who need linkage to community resources on release from jail, we estimate a minority (approximately 10%) strictly need housing without other care, such as mental health, substance use or medical services.[16] This is based on an analysis of CHS Whole Person Care data. These individuals would likely be appropriate for linkage to LAHSA B7 beds or other interim housing that supports the general reentry population.

The Committee convened experts from LAHSA, Housing for Health, ODR, DMH, SAPC, WPC, SSG and LARRP to discuss the needs of PEH who are released from jail. According to LASD data that collects self-reported homelessness status on intake, 20% of all people in custody report that they are homeless.[17] However, the Whole Person Care (WPC) program analyzed data for participants in its program who were enrolled and released January through December 2020 and found that **79% (2,742 out of 3,465) of WPC participants reported experiencing homelessness or being at risk of homelessness at the time of release from jail.** Of these 2,742 individuals, only 270 (9.8%) reported no SMH, SUD, or medical conditions (See Appendix 2).[18] While this data is not generalizable to the entire population of people in custody, it is one way to look more closely at the needs of people in jail who are medically vulnerable, many with co-morbidities, who have experienced or are at risk of homelessness on community reentry.

Among the WPC population queried for this report, the highest rates of risk or experience of homelessness were among American Indian/Alaska Native and Asian (87%), Native Hawaiian or Other Pacific Islander (85%), mixed race (84%), and Black or African American and white (82%) participants. Latinx/Hispanic participants reported the lowest risk or experience of homelessness (76%). **Of the 2,742 participants who reported risk or experience of homelessness, the most affected group is TGI (transgender, gender nonconforming, and intersex) individuals, 94% of whom reported they would be homeless or at risk of homelessness at release.** Eighty percent (80%) of cisgender men reported risk or experience of homelessness, which is less than TGI individuals, but more than cisgender women (77%). WPC participants between 26-35 years of age were most likely to report risk or experience of homelessness, regardless of gender.

Overall, **41.9% of WPC enrolled participants who are at risk or experiencing homelessness also reported experiencing serious mental health needs and 68.1% reported a chronic mental health condition** (most frequently anxiety, depression, and PTSD). More than half of American Indian/Alaska Native and Black or African American participants reported experiencing serious mental health needs. By

gender, serious mental health needs were most commonly reported by cisgender women (46%) and chronic mental health conditions were most frequently cited by both cisgender women (82%) and TGI individuals (81%).

Additional barriers in release planning:

1. Per HUD definition of homelessness, individuals who are incarcerated for 90 days or more are not homeless. In order to qualify for some programs serving PEH using the HUD definition of homelessness, individuals have to spend one night unhoused on release. This can limit opportunities for linkage to programs directly from jail.
2. Longer term housing is difficult for justice-involved people as criminal history is a barrier for those seeking Section 8 vouchers. Further, people who are able to obtain Section 8 vouchers find that they are not competitive in the Los Angeles market and landlords discriminate against those with criminal histories.

People with Medical Vulnerabilities due to Other Health Conditions

There are currently over 2,100 individuals in jail custody who have medical conditions requiring a treatment plan for release (see Appendix 3). According to the CHS Care Transitions Team, few people who require linkage to community services upon release present with only medical needs. Rather, many people with medical needs also have needs related to mental health and substance use. This is also reflected in the analysis of Whole Person Care participant data (see Appendix 2) in which chronic health conditions were concerns least cited by participants (37% of participants), especially compared to mental health and substance use.

Those with medical conditions would require, at a minimum, individual assessments to ensure they have housing and linkage to community services and in some cases transportation to and from appointments, i.e. dialysis, chemotherapy etc. The types of services needed include skilled nursing care, home health services, primary care or specialty care linkage.

Subject matter experts within the S&P Committee, such as the CHS Care Transitions Team and CHS medical staff, provided valuable information about the needs of people who are released from jail with medical vulnerabilities. This group identified DHS's Housing for Health Interim Housing portfolio, including access to Enriched Residential Care (ERC), as one of the main housing resources for this population, as Housing for Health can work with people with mild mental health and substance use needs who also have medical needs. Linkage to appropriate community services requires triage, assessment and prioritization of presenting needs. For example, if someone with medical needs also wants substance use treatment it can be difficult to find an SUD treatment provider who can provide both services.

Barriers in release planning:

1. Housing that will accept medical needs with outpatient supports: Housing providers are sometimes reluctant to take people coming from jail with medical needs, even when these clients do not require higher levels of medical care and can be safely placed in community housing.
2. People needing dialysis: The CHS Care Transitions team attempts to place individuals on dialysis near a clinic that can serve them. However, not all housing providers are willing to transport the person to dialysis several times per week, and transportation through the health plans or Access can take time to set up after release.
3. Board and Care facilities: Many Board and Care facilities require an individual to pay their entire benefit amount (i.e., SSI income) to the facility, so many individuals refuse these facilities. Also, Board and Cares which do not have arrangements with the County typically will not accept people coming directly from jail.
4. Skilled Nursing Facilities: the CHS Care Transitions team reports challenges in linking people to Skilled Nursing Facilities directly from jail. These facilities require active insurance, which is a

barrier for people leaving jail as it can take a few days to get Medi-Cal reactivated. Skilled Nursing Facilities generally serve older patients and are hesitant to admit those who are younger and are coming from jail who may be seen as a risk to other patients. Patients needing skilled nursing placement are generally released first to LAC+USC Medical Center where they are admitted. Social workers then try to place them from the hospital into a skilled nursing facility. This results in greater overall costs to the system.

5. Finally, this group highlighted that individuals with developmental disabilities present a unique challenge for linkage to appropriate community services. Depending on the individual's diagnoses, either the Department of Mental Health or a Regional Center may be responsible for finding or approving the placement, and at times the agencies have different views about which is responsible.

People with Substance Use Disorder or Co-Occurring Substance Use Disorder and Mental Health Needs

The Committee estimates that a majority of people who are released from jail and also require linkage to community services will need housing and SUD treatment. A majority (72%) of WPC participants who were experiencing homelessness or were at risk of homelessness reported an "active problem with alcohol or any drugs". This aligns with national data that suggests that 65% of incarcerated individuals meet criteria for a substance use disorder and another 20% who did not meet the official criteria for an SUD, but were under the influence of drugs or alcohol at the time of their arrest.[19] In a small study of people in the Los Angeles County jail in 2013, the Vera Institute of Justice found high levels of substance use needs based on a screen—60 percent of the sample, which was nearly twice the number of people who identified substance use as their reentry priority.[20]

Numerous studies have shown that opioid overdose was the leading cause of death among formerly incarcerated individuals and was most common in the first two-four weeks immediately following release.[21] LA County had been losing 400-600 people a year for the past 20 or more years with statistically significant increases in 2018-2019. However, since the COVID-19 pandemic began in March 2020, A County has seen a 58 percent increase in fatal opioid overdoses which has disproportionately impacted the reentry population.[22]

CHS provided medical and mental health intake assessment data related to self-reported substance use to this committee, attached in Appendix 3. Based on the CHS intake questionnaire, the number of people who self-report substance use (30%) and alcohol use (19%) is significant. Of the people who reported using substances, 48% reported they were unhoused. This data did not discern whether people who reported alcohol or substance use were interested in treatment or whether reported use would meet ASAM criteria for a substance use disorder or SUD treatment.

Harm reduction programs, as recommended in the ATI and Jail Population Reduction Reports, provide connection and life-saving low-threshold public health and wellness services for People Who Use Drugs (PWUD.) Harm Reduction programs include syringe access, overdose prevention including naloxone distribution, safer consumption and overdose prevention sites and others. These programs have been historically under-resourced and are in need of larger dedicated funding streams to support services for PWUD outside of the traditional SUD treatment network. As a result, harm reduction programs provide services to fewer people than those in need. Additionally, due to stigma and the criminalization of drug use, harm reduction programs have developed separately from substance use treatment, mental health, housing and healthcare systems and as a result rarely have direct access to these other critical services for when participants are ready to engage in care beyond the harm reduction program.

Los Angeles County's harm reduction diversion programs, aimed at supporting people involved in the justice system who use drugs, are voluntary, participant-led and do not require sobriety as a condition of

diversion. Expanding existing harm reduction diversion programs and developing new harm reduction initiatives will help reduce the number of people with substance use challenges entering and cycling through our jails, many who die upon release, who could greatly benefit from being connected with programs post incarceration.

Barriers in release planning:

1. DPH-SAPC programs require Drug MediCal insurance for people to participate in programs. Individuals without MediCal may be eligible to access SUD services through MyHealthLA, which covers undocumented immigrants as well as others ineligible for MediCal.
2. SUD treatment providers often request screening individuals prior to accepting them into the program. This can cause delays in linkage within time frame of planned release, especially during COVID-19, when the ability to communicate with or assess people in custody is extremely limited.
3. The SUD network of care has limited capacity to accept individuals with serious mental health needs, co-occurring disorders, registered sex offenders and arsonists.
4. Harm reduction system capacity is too limited to reach the number of PWUD exiting jail as a result of MCJ closure. Harm Reduction programs should be scaled up significantly. Additionally, harm reduction programs need closer connections with health, mental health, substance use, housing services to connect program participants when they are ready to engage in services beyond those provided by a harm reduction program.

Diversion Plan

The Data & Facilities Committee was assigned the task, contained in the Board motion, of providing 'a breakdown of those recommended for diversion versus those who would remain in custody' to achieve the population reduction goal of 4,500 individuals across the jail—a reduction that will address the root causes leading to system involvement and ultimately make our communities healthier and safer—to implement the Alternatives to Incarceration Workgroup's vision. An Ad Hoc Team of the Committee, supported by the Vera Institute and including county staff, system actors and community stakeholders, charted a path to closing MCJ by estimating the impact of diversion of specific target groups from incarceration. Vera also conducted an analysis of jail population and release data to support the team's recommendations.

The Ad Hoc Team recommends that, as a general matter, there is a presumption of diversion/release from jail custody for the following target groups, unless there is a specific consideration to prevent it:

(1) People with serious mental health needs; (2) people charged with misdemeanors; (3) people charged with nonserious or nonviolent (NS/NV) felonies (as defined by the Penal Code); (4) people in the pretrial population with bail set; (5) people over the age of 50; and (6) cisgender women and LGBQ+/TGI people, particularly at CRDF and in the K6G units.

A description of the team's process and important considerations that need to be addressed in order to implement this policy follows.

Process

The team agreed upon an approach to reviewing subpopulations with an eye to reducing the flow into the jail and the length of time people spend incarcerated while centering the County's "care first" vision. To start, the team requested information on people with misdemeanor or nonserious/nonviolent felony charges and reviewed some groups of people with serious/violent felonies as a second phase. Vera provided data analysis on demographic information, sentence status, health and mental health acuity, common booking and filing charges, and days in custody.

The team discussed the drivers of the jail population, policy efforts, experiences and data associated with COVID-19 jail releases, snapshot jail population data set (August 19, 2021), and District Attorney Gascón's recent policy directives. A key recommendation was to approach the 'breakdown' task identifying specific target groups, rather than specific individuals, and by proposing a policy (or policies) for that target group that would contribute to the jail population reduction goal. A target group refers to an aggregate of individuals defined by a specific charge or charges (e.g., misdemeanors, nonserious/nonviolent felonies), a specific population demographic (e.g., women, people over 50 years old, etc.), or a combination of both.

An example of a target group is the mental health population in the jails. A recent RAND study showed that at least 61% of the mental health population in the Los Angeles County jails (n=6000) could potentially be diverted out of the jail, or 3,660 people.[23] Another study by the Office of Diversion and Reentry arrived at a similar finding.[24] Based on a review of data and other County efforts and initiatives, the team settled on five additional target groups. Some of these target groups were based on charges while others were based on population demographics. There is an inherent overlap among all six populations. *See Vera Institute Fact Sheets on Target Populations in Appendix 1.*

1. Mental Health: People with serious mental health needs (approximately 6,000);

2. Misdemeanors: People charged with misdemeanor(s) (approximately 326);

3. Non-Serious/Non-Violent Felonies: People charged with non-serious, non-violent (NS/NV) felonies (as defined by the Penal Code): (approximately 3,230);

4. Pretrial-Bail Set: Individuals for whom bail is set and have no holds which bar release (approx. 5,881);

5. Age 50+: Individuals who are 50 years and over (approx. 1,633); and

6. Cisgender Women/LGBQ+/TGI: Individuals who are classified as women or LGBQ+/TGI (1,154 in CRDF, 382 K6G (none of whom are in CRDF), total of 1,536 CRDF + K6G).

After agreeing on the target groups, the team reviewed: a profile of the target group based on the snapshot data; a draft policy for that target group; identification of challenges associated with the implementation of that proposed policy; sharing of case stories by prosecutors and defense attorneys; and a listing of potential solutions to these challenges.

Description of Key Target Populations and Charges, including Public Defender Client Scenarios

1. Serious Mental Health: The ATI, Executive Work Group, JPRC and many years of research and advocacy have highlighted the growing number of individuals with serious mental health and/or co-occurring disorders, disproportionately Black, who end up in jail—often for long periods—because of unmet needs. It has been well proven that ODR and DMH programs can serve this population more cheaply and effectively in the community—a comparison of roughly $445-$650/day in jail to $180/day in community care. (See page 55 for community cost detail.) The State is also incentivizing counties to provide local Felony Incompetent to Stand Trial (FIST) treatment instead of relying on state hospital transfers. Diversion of a significant part of this population would also free up the limited number of single and double cells in the jail system outside of MCJ, key to the closure facility plan.

   A large number of individuals with mental illness are in the jail charged with a crime for behavior in which their mental illness was a significant factor. Although many of the allegations can be serious charges they face, including assaults, robberies, attempts, and criminal threats, it is generally apparent the illness as the root cause of the conduct. For example, an assault may occur when a person is suffering from a delusion that they are being directly threatened or are acting under a belief that they are being chased or attacked and they hurt or even just push someone trying to get away. There are many cases where a person is unable to conform to a restraining order or is acting under a belief that a loved one is being harmed. Other criminal cases, including robbery, involve a person with mental illness taking property of another because the person genuinely believes the property belongs to them, or voices tell them to take it, or they resist the attempt by another to recover the property.

2. Ciswomen and LGBQ+/TGI: There are many efforts nationally and in LA County to significantly reduce or end the incarceration of ciswomen and people who identify as LGBQ+/TGI, in the Gender Responsive Advisory Council, the Public Defender's Get Them Out campaign, and for girls in the youth justice context, recognizing that people who identify as women and LGBQ+/TGI typically encounter the criminal system because of unmet trauma and behavioral health needs. During the ATI process, the Vera Institute supported the work of the Gender & Sexual Orientation Ad Hoc

Committee to develop, with people directly impacted by incarceration, a series of memos describing those experiences and recommending reforms.[25]

Cisgender women housed in CRDF are typically highly traumatized, often suffering from physical, emotional and sexual abuse as small children and similar abuse including domestic violence as adults. Many have been trafficked. Many suffer from PTSD and other mental illnesses and have developed substance use disorder as a result of multiple Adverse Childhood Experiences. Many are mothers.

This common background profile is manifest in the circumstances of the criminal allegations against this population. For example, a case of a woman charged with a robbery often involves a man or men with some level of control over her; or is frequently a result of a theft where force is alleged during an attempted recovery of property such as a shoplifting with resistance to detention. A typical assault can include cases where a woman is mentally unstable and seemingly inexplicably attacks a stranger or overreacts to a situation because of PTSD. Many of these incidents result in no physical injuries. Burglaries can include breaking into vacant but occupied homes for food, shelter or theft fueled by substance use disorder. Some burglaries include breaking into mailrooms in apartments and entering attached garages to apartments or homes. These are all serious "strike" offenses that can dramatically increase prison sentences.

3. Age 50+: This population was targeted in line with research demonstrating a significant decline in recidivism for older adults (studies show that the recidivism rate of individuals over 50 drops to between 3 and 13 percent.[26]), COVID-related vulnerabilities, ATI Recommendation #64 proposing an expansion to LA County's compassionate release program to facilitate and expedite the release of individuals whose medical needs are not adequately addressed in the jail, and the JPRC legislative proposals around early diversion for people suffering from cognitive diseases.

   Older adults who engage in behavior which culminates in an arrest often have early or later onset Alzheimer's or other forms of dementia or cognitive confusion. Many older adults have suffered from SUD and serious mental health disorders for decades and have lost touch with their families. Severe instances of paranoia and delusion as a result of improper mental health care can lead to irrational conduct focused on landlords or caretakers. Older adults are often without a steady source of income, homeless, and mentally ill or have SUD and the involvement with criminal justice system is a direct result of these conditions and living circumstances. Many in this age population are not yet old enough to or do not qualify for social security or SSI; others have not received assistance in securing benefits to which they are eligible. The criminal charges facing those 50 and over may range from theft to assault, including, for example, what is termed "Estes robberies" where an individual takes an item from a store, and pushes past the security guard when running from the premises, for example.

4. Pretrial-Bail Set: This target group defines people for whom paying bail is the *only* barrier to release back to the community. LA County is aligned with the California Judicial Council, state and national efforts to address the damaging long-term impacts and racial disparities of pretrial detention for those who have not been convicted of any offense, and is engaged in efforts to revamp pretrial assessment, services and releases. (See the CERE section on page 33 for descriptions of pretrial detention shared by people directed impacted by it.)

After the Ad Hoc Team discussions, the planning team held one-on-one conversations with defenders and prosecutors to review implementation challenges and potential solutions and to gain a deeper understanding of what it would take to make this policy viable for these key legal stakeholders during the implementation phase. Below we summarize the team's identification of key challenges and potential solutions, identifying

the relevant ATI recommendations and other efforts to address these challenges with a Care First approach.

Important Considerations & Rationale
A key outcome at the end of the Ad Hoc Team discussions was the following policy statement for all target groups:

"As a general matter, there is a presumption of diversion/release from jail custody for the target groups, unless there is a specific consideration to prevent it."

The rationale for this policy included two important points. First, presumption is key. On the one hand, presumption generates an active pressure to divert groups, not one person at a time. On the other, presumption still allows a prosecutor to argue for an exemption to being diverted. Second, policy is key, too. This is because there is a broader interest not only to reduce the jail population on a one-time basis, but also to keep the jail population from rising afterwards. The team aimed to develop an ambitious and realistic plan, acknowledging the key concerns to implementation followed by a discussion on research on viable alternatives not only in this plan, but in other efforts. We expect that programs being implemented now, which were all created to reduce reliance on jails, such as ATI, Alternative Crisis Response, the Superior Court's Pretrial Pilot, DA Gascon's directives, the Bail Project, the Jail Population Review Council, AB109 Reassessment, Measure J, and Measure R will also reduce the number of people being booked into jail and the population overall.

Underlying this rationale is a shared commitment to stop relying on jails to address root causes that lead people to jail in the first place and to use more humane, dignified, and effective alternatives for individuals with unresolved trauma that, if properly addressed, leads to less recidivism. The team agreed on the urgent need to incorporate the harm reduction, person-centered strategies that have been proven to be effective. For some individuals, a return home is enough. Some need an acute residential treatment facility. For others, it can be an outpatient setting and a secure place to live. For those who are sentenced, a local residential reentry center, including substance use treatment, might be more effective. For some people, including victims and survivors of crime, community-based restorative justice practices can be very effective.

Summary of Implementation Challenges and Suggested Responses

Key Needs to Address in order to Shift to Presumption of Diversion

- Greater awareness of (a) racial equity; (b) root causes of behavior leading to system contact, and (c) harm reduction for all system stakeholders.
- Stakeholder culture shift toward presumption of release for target groups.
- Foster greater collaboration and joint training between prosecutors, public defenders, health and social service providers, and/or client support systems.
- Development of training, including that developed by people with lived experience, and consensus building with the bench.
- Implement comprehensive needs assessments of all defendants.
- Addressing specific charges/sentences: (a) gun possession; (b) sex registrants; (c) family/intimate partner violence with identifiable victims/survivors; (d) people charged with arson-related offenses and/or arson-related prior convictions; (d) mid-range jail sentences.
- Addressing people charged with serious/violent felonies.
- Legal stakeholder staffing shortages to implement increased diversion/release in all courthouses.

- Scale of diversion/alternative programs countywide.

Responses / Solutions

- Commitment to harm reduction model: Harm reduction models, typically aimed at minimizing the negative health, social and legal impacts of substance use, have been proven to be cost-effective, evidence-based and have a positive impact on individual and community health. Harm Reduction acknowledges that long lasting change is incremental and supports individuals as they move towards their goals which may or may not result in abstinence-based recovery or sobriety. The harm reduction model acknowledges and prepares for flexible outcomes with the ultimate goal of improving individual and community health. (See ATI Recommendations #12, 17, 89).

- Well-articulated alternatives and services, especially for more serious cases: We need to have a panoply of supports in place, as we build up the community-based system of care. Some people might need more restrictive/supportive arrangements, while others very minimal support (e.g., text reminders). We need a system with well-articulated alternatives, especially for the more serious cases.

- Services based on needs, not charges: This implies having an effective and comprehensive needs assessment process available for all defendants. (See ATI Recommendations on Pretrial Services System #53-57 #68 and recent CASA proposal).

- Ease of use/availability of assessment and programming.: Assessments and diversion/release programming should be readily available and easy to access in all geographic regions of the County, particularly in the areas most impacted by incarceration. (See ATI Recommendations #54, 55, 60, 68, 60).

- Community-based services & supports as alternative responses for intimate partner and family violence. Create or expand violence prevention practices based on restorative justice principles to prevent or reduce justice system contact—to address trauma and conflict and the root causes of violent behavior. It is important to ensure that true community safety and interpersonal harm concerns are addressed effectively, in the community, and that victims/survivors are connected with essential resources. (See ATI Recommendations #7, 8)

- Courtroom trust and collaboration, including consistent availability of diversion programming across courthouses, health, social service, and client support system (See ATI Recommendation #58, 62, 65, 66).

- Build on effective past/current practices and experiences with increased diversion, such as the early COVID releases.) (See CERE Pretrial Memo at page 33).

- Education and training: Additional training should be provided to all justice system actors, including cross-training and individual training, particularly from the defense perspective, for filing prosecutors, line prosecutors, their immediate supervisors, and justice impacted individuals. (ATI Recommendations #99, 100, 101, 102, 103, 105).

- Leadership from justice actors: It will be critical for legal agency leaders to champion the jail population reduction goals, implement increased diversion and to monitor progress toward those goals.

- System accountability: Create a system of monitoring the impact of existing and new diversion programs and the jail population, with specific decarceration benchmarks in line with the one-year timeline. Track and implement a system of accountability for County stakeholders to meet these goals, in line with ATI Recommendations #84, 85, 86, 110-114, and the Jail Population Review Council's mandates for regular reporting on the Open Data Portal.[27]

Key Challenges—Serious and Violent Charges

To implement this recommendation, there are many issues of violence and harm identified in the team discussions that must be addressed, including recent changes in crime, responses to family or intimate partner violence, harm reduction approaches to addiction, ensuring effective accountability for those who have caused harm, and implementing policies that actually reduce racial disparities, especially for Black people. We must acknowledge that the vast majority of individuals in the jail are charged with serious and/or violent offenses, as defined by the Penal Code, many of whom the legal stakeholders believe can be safely diverted given comprehensive assessments and viable community-based alternatives that address the harm caused by taking survivor and victim safety and healing into account. Some of these alternatives are already in place and functioning well, particularly in the mental health context, but need significantly more investment and expansion. Others will need to be created. They all must address the experiences of structural racism, trauma, mental health and substance use disorders as root causes that lead to justice system contact and these types of serious charges for so many individuals from Black and Latinx communities, and to offer support and treatment for those underlying health and social impacts in order to make our communities healthier and safer.

Key Challenge – Gun Possession/Violence

Over the course of the pandemic, we have seen gun violence and homicides rise across the nation—consistently in jurisdictions that have implemented reforms and those that have not—in communities that have long suffered from lack of economic opportunity, high quality schooling, healthcare and basic infrastructure. This follows years of continued and sustained drops in violent crime. This rise in specific types of violent crimes has been called a cry for help, reflecting economic and emotional devastation kicked into high gear by the loss of life, jobs, housing, and support systems caused by the pandemic, which has primarily impacted low-income communities of color.[28] While there is not yet any conclusive analysis explaining this change in specific crime, there are some promising responses involving proven violence prevention efforts, such as community peacekeeping and other community-based safety initiatives, such as the Department of Public Health's Office of Violence Prevention as well as increased government support and investment for individuals and small businesses. Work in the youth development space is also focusing on alternative responses and diversion for gun charges, as that is an area where we continue to see large racial disparities.

Key Challenge - Intimate Partner Violence

Family and intimate partner, or domestic, violence, is also a real challenge to implementing the diversion recommendation. Intimate partner violence (IPV) is a complex issue that affects entire communities, not just the person(s) being harmed and the person causing harm. The safety of survivors must be addressed, but the current model of incarceration and the focus on "Batterers Intervention Programs" (BIP) as treatment do not address the root causes that perpetuate the interpersonal violence and instead tend to act as reactive punitive measures.[29] A person responsible for inflicting violence on others often has unresolved and untreated trauma, sometimes passed down through generations. If this trauma is never addressed, that behavior is likely to continue.

Particularly in cases of misdemeanor domestic violence charges, incarceration is not an effective solution in stemming IPV. These cases often result in a 24-to-48-hour hold, and subsequently the person who has perpetrated the violence returns home to the person(s) affected. Traditional court ordered DV programs have not been shown to be significantly effective in reducing attitudes, beliefs, or behaviors that point to

future incidence of IPV or arrests for IPV.[30,31] Incarceration and other criminal justice interventions disproportionately impact communities of color, specifically cisgender women, LGBQ, and TGI individuals, and can lead to involvement in other systems, such as the child welfare system, in which children of color are overrepresented. A generalized lack of trust in law enforcement often leads to underreporting IPV and other instances of interpersonal violence. This can stem from personal knowledge and experiences that 48 hours in jail combined with BIP will not interrupt the cycle of violence in their lives, and in the case of LGBQ and TGI individuals, reporting IPV can result in structural violence, discrimination, or denial of services from state actors or CBO staff.[32]

Research on transformative justice (TJ) and restorative justice (RJ) interventions show promise in reducing IPV and healing cycles of trauma. These interventions are based in and informed by community rather than strictly governed by law enforcement. RJ models do not focus solely on an isolated instance of violence between two people and seek to holistically address the social harms and inequities that ultimately contribute to IPV. TJ similarly addresses these harms but looks to transform the persons involved for the better, not just to restore them, and ultimately transform the system that has perpetuated the harms. These group interventions, called circles and modeled from indigenous practices, may include both the individuals who experienced and who committed the violence, support people for these individuals, family, community members, and/or trained mediators. The intention of these groups is to repair the harm done to the survivor, the person responsible for the harm, their families, and the community at large while supporting all involved parties.[33] This may be reconciliatory but could also result in a separation; the resolution is dependent on a collaborative, reflexive process to determine and address the needs and responsibilities of all affected to collaboratively create agreements to repair the harm. Regardless of the outcome of TJ and RJ interventions, many participants say it produces a sense of closure and often deemed successful. Within the County, the ATI Initiative's Community Cabinet is working to develop responses to family violence in the pretrial services context, and the Probation Oversight Commission is interested in creating alternatives to justice system involvement in family violence situations.

There is precedence for integrating TJ and RJ interventions for misdemeanor domestic violence charges. Courts in Nogales, AZ implemented an intervention based in Indigenous practices called Circulos de Paz/Circles of Peace. Current discourse on DV cases says that survivors and perpetrators must be separated either for a time, or indefinitely; cases in Nogales defied popular belief of what is necessary to protect survivors. Evaluators found that no harm was caused to survivors of violence by participating in treatment with the people who inflicted violence on them, with 62% of survivors voluntarily participating in conferences with the individuals that inflicted the harm.[34] Safety of survivors is continually centered in TJ and RJ models and sometimes framed as "safety conferencing," shifting the responsibility to the group, as opposed to survivors largely shouldering the burden for their own safety. This invites collaboration and consulting the survivor about whether the person that inflicted the harm should participate at all, use of protective orders, involvement of law enforcement, and keeping safety plans confidential.[35] A 2019 NSF-funded study found that both misdemeanor DV arrests and severity of crimes of any type decreased by more than half over a two-year period when RJ interventions were used.[36] Establishing RJ programs for justice-involved adults is recommended in the final ATI report (#7) and in the work currently being done on developing a comprehensive and independent pretrial services system, and with a push to shift resources from the County back into the community, TJ interventions that address structural challenges and violence are critical.

Many of these challenges are being addressed in County, State and community efforts, including the ATI Initiative, JPRC, Measure J, Youth Development and Diversion, Probation Oversight Commission, Measure R, GRAC, expansion of CalAIM and MediCal, revisions to the Penal Code, and many other local city and community initiatives. The County can meet the ambitious goal of closing MCJ and sustainably reducing the jail population if these many efforts—which share the common goal of developing effective alternatives to incarceration and improving the long-term health, racial equity and safety of our

communities—effectively coordinate their work, maintain transparency, identify the financial resources necessary and hold themselves accountable.

Vera Institute Final Report for MCJ Closure Workgroup[37]

To close the notoriously inhumane Men's Central Jail (MCJ) facility, Los Angeles County will need to take bold, decisive steps away from its historic reliance on incarceration and toward the 'care first' approach. Specifically, the jail population will need to decrease by approximately 4,500 people, including some strategic reductions to the mental health population and the number of people held at Century Regional Detention Facility (CRDF). This can and must be achieved through strong commitments from system actors to do things differently; increased community-based services to support the diversion of people with behavioral health needs; and an ongoing system for monitoring decarceration progress and accountability.

Below is an initial step to realizing the plan to close MCJ: a set of estimates for how to achieve sufficient population reduction through diversion. (The Vera Institute worked with an ad hoc team of the MCJ Closure Workgroup—including county staff, system actors and community stakeholders—to chart a path to closing MCJ by diverting many more from incarceration. Vera also conducted an analysis of jail population and release data to support the Workgroup's recommendations for diversion.) While several additional groups can and should be safely diverted from incarceration, Vera's initial set of analyses focused on five overlapping priority groups 'recommended for diversion' by the ad hoc team to achieve the goal of closing MCJ within the one-year timeline: (1) people in the pretrial population with bail set; (2) people charged with misdemeanors; (3) people charged with nonserious or nonviolent (NS/NV) felonies; (4) women and LGBTQ+ people, particularly at CRDF and in the K6G units; and (5) people over the age of 50. The ad hoc team additionally identified the importance of decreasing the mental health population, including through existing strategies that support successful diversion for people charged with serious or violent (S/V) felonies.

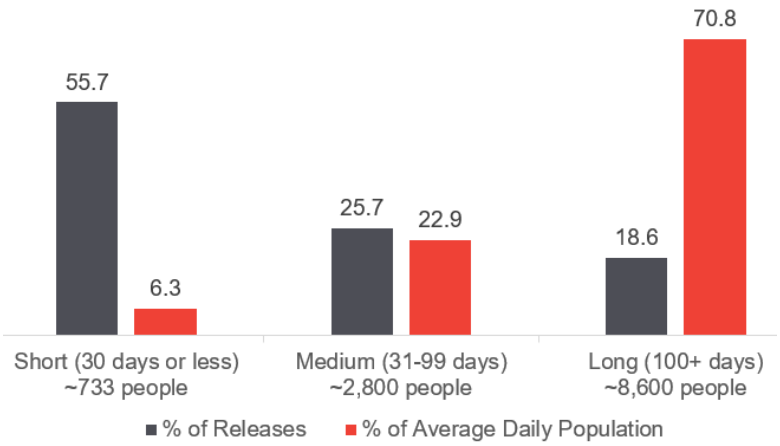
Decreasing the jail population steadily and safely by 4,500 is feasible to do immediately, even with existing strategies. We have seen other large cities around the country—from New York City to Philadelphia, Santa Clara, and Chicago—in recent years reduce their jail populations by at least 30 percent. The estimates below are just a starting point, though, and will need to be coupled with commitment from stakeholders and a coordinated implementation plan, including for budget allocations, new programmatic and staffing needs, and investments in community-based services and care. We stand ready with our colleagues from this Workgroup to make specific implementation recommendations and achieve the goal of finally closing Men's Central Jail.

Important Notes about Decreasing the Jail Population

While some jurisdictions across the country have tried tackling reforms by tepidly tinkering with policies and piloting programs for only the most minor charges, closing MCJ will require Los Angeles County to be bolder and change the status quo, including for felony cases. Below are three critical considerations as the county adopts a plan:

First, to have the most impact on the jail population, the county will need to divert people spending more than 30 days in custody. Most people going in and out of the jail system spend 30 days or less in custody, but they occupy a small percentage (6 percent) of the average daily jail population. See Figure 1. By contrast, people who spend more than 100 days in custody—most of whom have serious felony cases—fill 71 percent of the jail beds daily. See Figure 1. To close MCJ, the county will need to decrease the jail population by at least 30 percent and thus must divert and/or decrease the time in custody for people spending longer than 30 days in jail.

Figure 1. People Released from Los Angeles County Jail System between January 2019 and May 2020, by Length of Stay in Jail



Second, the county must include and expand diversion opportunities for people charged with S/V felonies—not just those with more minor charges—to decrease the jail population sufficiently. Diverting only people with misdemeanors and/or NS/NV felonies would leave the county shy of its goal to decrease the jail population by 4,500 people. See Figure 2. Safely diverting people with S/V charges is achievable. For example, the Office of Diversion and Reentry (ODR) has several successful programs with court buy-in to divert people with serious mental health conditions from jail, including many charged with S/V felonies. Other jurisdictions, like New York City, have decreased their overall jail populations, including people charged with S/V felonies, by building robust alternative to incarceration systems—both pretrial and post-conviction—that effectively support people with community-based care. Los Angeles is taking steps toward this but needs to go further to realize that a true 'care first' vision can work for many different jail populations, including those facing serious charges.

Figure 2. People Incarcerated in the Los Angeles County Jail System on August 19, 2020, by Sentence Status and Charge Level

People of all sentence statuses (e.g. pretrial, sentenced)	**People in the pretrial population with bail set**
Total people in data set: 12,143 - Misdemeanor: 326 - NS/NV Felony: 3,230 - S/V Felony: 8,443 - "Other" charge level: 144 Diverting only people with misdemeanor or NS/NV felonies would leave the county 944 people short of its goal.	**Total pretrial with bail set:** 4,042 - Misdemeanor: 146 - NS/NV Felony: 664 - S/V Felony: 3,232 Diverting only people with misdemeanors or NS/NV felonies in this group would leave the county 3,690 people short of its goal.

Finally, the county must proactively center racial equity to decrease the long-standing disparities in incarceration. As is well known, there are significant racial disparities in who is incarcerated in Los

Angeles County, with Black people and especially Black women suffering disproportionate rates. Black people are 8 percent of people in Los Angeles County and 30 percent of people in the jail system. See Figure 3. Latinx people are 49 percent of Los Angeles County and, as of March 2, 2021, people identified as Hispanic by the Los Angeles County Sheriff's Department (LASD) are 55 percent of the jail population, a percentage that has grown over the course of the COVID-19 pandemic. See Figure 3.

The county has seen the unintended impacts of decarceration without specific attention to racial justice—worsening disparities. At the onset of the COVID-19 pandemic in March 2020, the county and system actors took several important steps to reduce the jail population. While the overall jail population declined from around 17,000 to under 12,000, racial disparities worsened for Black and Hispanic/Latinx people. See Figure 3. As county workgroups looked closer, Black women were spending the longest days in custody and Black people with mental health needs were released at significantly lower rates than their white counterparts. See Los Angeles County *Maintaining a Reduced Jail Population Post-COVID-19* report (August 9, 2020). We must heed this cautionary tale and more deliberately incorporate racial equity into decarceration strategies.

Figure 3. Race/Ethnicity of People in Los Angeles County and Los Angeles County Jail System, on January 2, 2020; May 1, 2020; and March 2, 2021

Race / Ethnicity	LA County Racial Demographics	January 2, 2020	May 1, 2020	March 2, 2021
Hispanic	49%	52%	53%	55%
Black	8%	29%	31%	30%
White	26%	15%	13%	12%
All Others	8%	3%	3%	3%

Diversion Estimates for a 4,500-Person Jail Population Reduction

The following is a chart estimating how Los Angeles County could use diversion to achieve the 4,500-person reduction necessary to close MCJ. See Figure 4. The estimates are based on the priority groups identified by the MCJ Closure diversion ad hoc team as well as the population of people charged with S/V felonies who have mental health conditions since there are already existing, effective strategies to divert this group, if scaled appropriately. The groups of people 'recommended for diversion' as a first matter by the ad hoc team were used to filter a data set of 12,143 people incarcerated on August 19, 2020. Some methodological notes about the estimates:

- The release estimates exclude people in the data set with 'CO RET' charges or a 'CO RET' flag created by LASD, as those individuals are serving prison sentences and only temporarily brought to Los Angeles County jail system for limited court appearances, including in matters like Family Court cases.
- The pretrial population with bail set does not include people with holds or 'no bail.' It captures the number of people for whom paying bail is the only barrier to release back to the community. Similarly, the partially sentenced population with bail set does not include people with holds or 'no bail.' For this group, once any sentence is complete, paying bail on the open criminal case(s) is the only barrier to release. Holds and 'no bail' can create additional, time-consuming challenges but ultimately are not immutable, complete barriers to diversion. The county may, in implementation, consider tailored diversion strategies for these groups and expand the pool of people 'recommended for diversion.'

- The P levels referenced below are mental health acuity levels assigned by Correctional Health Services while people are incarcerated in the jail system. The higher the P level, the higher the severity of mental health needs. See the Appendix 1 for a guide to the different P levels.
- The diversion ad hoc team discussed common charges and case examples for the priority groups embedded within these estimates—assessing some practical challenges with the current system and how people with serious charges can be appropriate for diversion opportunities, particularly when the drivers of contact with the criminal legal system are related to unmet behavioral health needs. The final MCJ Closure Workgroup report explains some of these discussions in the section above, which may be particularly salient for the development of implementation plans.

Figure 4. Diversion Estimates Applied to August 19, 2020 LASD Data Set

Population	Total Number (% of jail population)	Men	Women
Total people in data set	12,143	10,989 (90.5%)	1,154 (9.5%)
ESTIMATES			
Pretrial Bail Set			
Misdemeanor	146 (1.2%)	114	32
Nonserious/Nonviolent Felony (NS/NVF)	642 (5.3%)	573	69
Serious/Violent felony (S/VF) and P2-P4 (high mental health acuity levels)[w]	909 (8.4%)	761	148
S/VF and P1 (mental health impairment that does not prevent daily functioning)	484 (4.1%)	402	82
Subtotal of Pretrial Bail Set groups	**2,181 (19%)**	1,850	271
Partially Sentenced Bail Set			
Misdemeanor	30 (0.2%)	27	3
NS/NVF	360 (2.9%)	326	34
S/VF and P2-P4	350 (2.9%)	304	46
Subtotal of Partially Sentenced Bail Set groups	**740 (6%)**	657	83
Sentenced			
Misdemeanor	134 (1.1%)	118	16
NS/NVF and P2-P4	327 (2.7%)	297	30
NS/NVF and P1	212 (1.7%)	166	46

[w] See Appendix 1for P-level description.

NS/NVF and P0 (no persistent mental health impairment)	349 (2.9%)	308	41
Sentenced – NS/NVF and No P level (no mental health impairment)	721 (5.9%)	694	27
Subtotal of Sentenced groups	**1,743 (14.3%)**	1,583	160
Total	**4,664 (38.4% reduction of original jail population)**	4,090	574

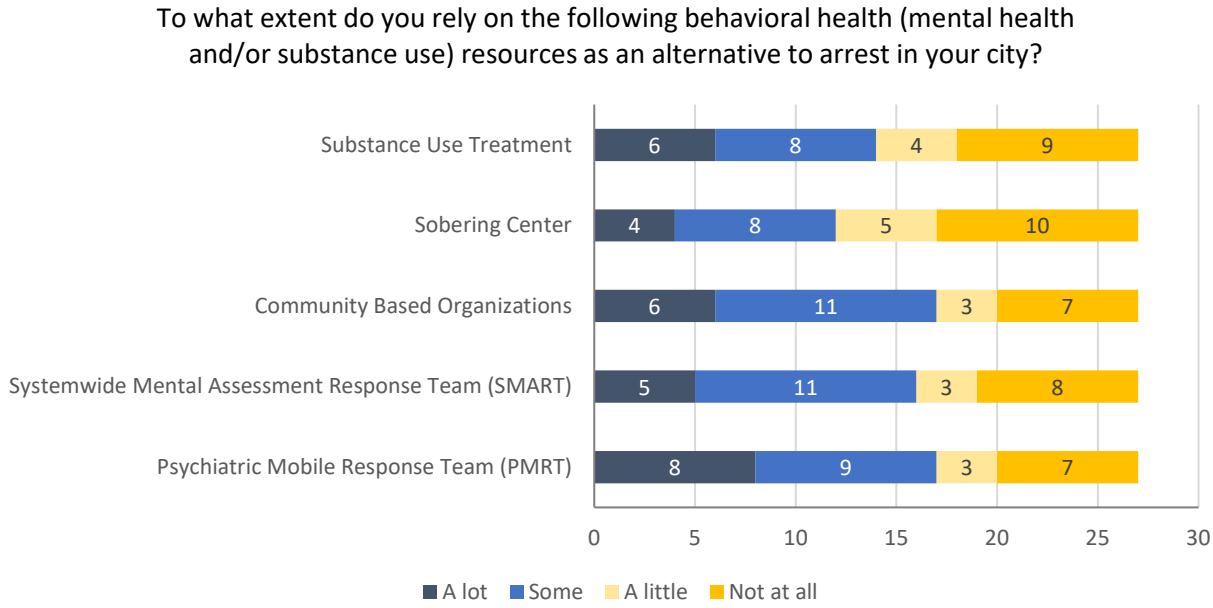
Input from Police Chiefs and Contract Cities

The Los Angeles County Police Chiefs Association (LACPCA) and the California Contract Cities Association were invited to workgroup meetings and provided with all workgroup materials. Additionally, the Workgroup sent two different surveys to the LACPCA and the California Contract Cities Association to obtain feedback on local capacity and interest in increased diversion and alternatives to incarceration from their members. The results of this survey are described below.

California Contract Cities: We received a response from 27 of the 42 cities that contract with the Los Angeles County Sheriff's Department, a response rate of 64%.

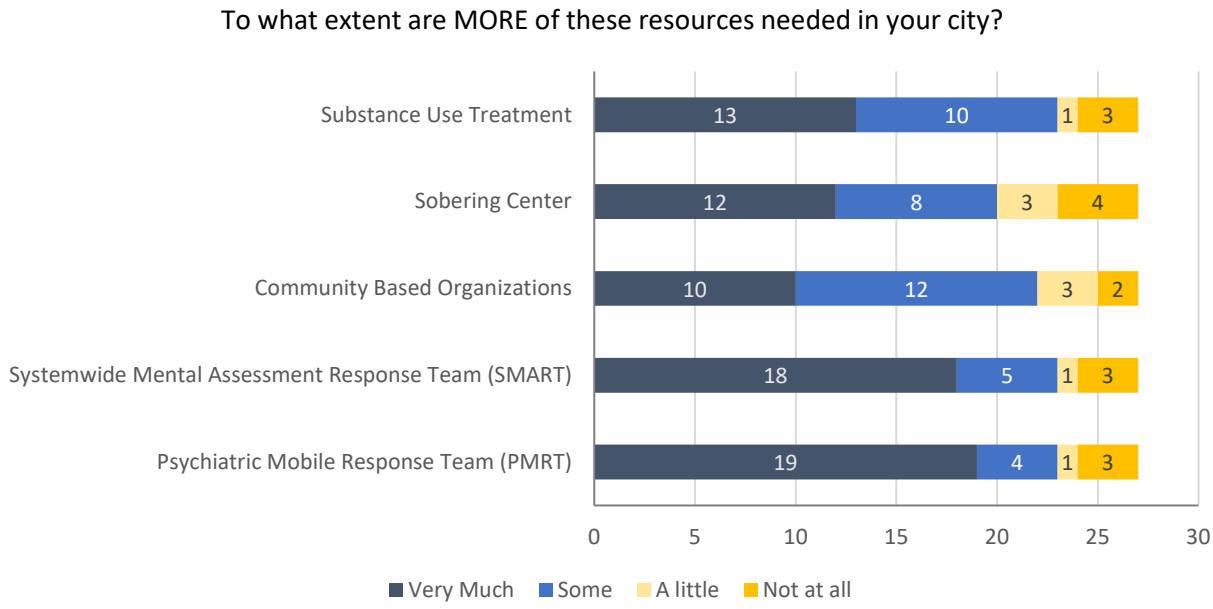
Asked the extent to which they rely on behavioral health resources as an alternative to arrest in their city:

- 63% (17) relied on community-based organizations "a lot" or "some"
- 63% (17) relied on Psychiatric Mobile Response Teams (PMRT) "a lot" or "some"
- 59% (16) relied on Systemwide Mental Assessment Response Team (SMART) "a lot" or "some"

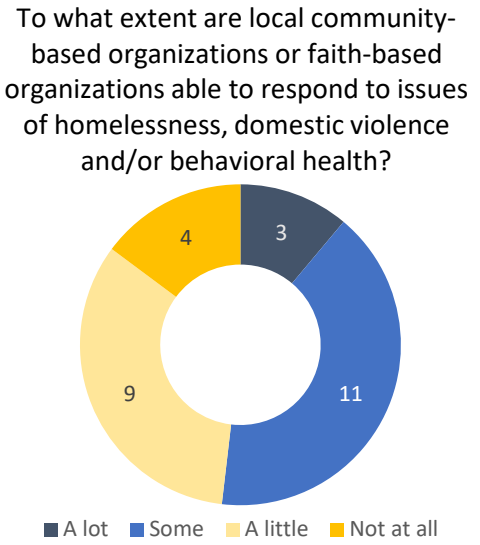


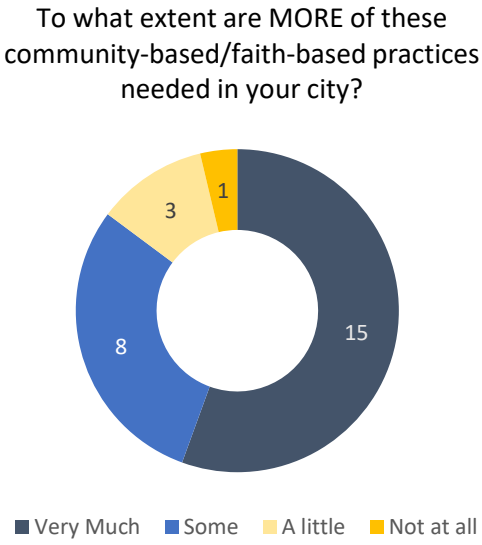
Asked which behavioral health resources were needed more in their city:

- 85% (23) stated more Psychiatric Mobile Response Teams (PMRT) were needed "very much" or "some"
- 85% (23) stated more Systemwide Mental Assessment Response Team (SMART) were needed "a lot" or "some"
- 85% (23) stated more substance use treatment was needed "a lot" or "some"
- 81% (22) stated more community-based organizations were needed "a lot" or "some"



About half of those surveyed (52%, 14) stated that community-based organizations and faith-based organizations were able to respond to issues of homelessness, domestic violence and/or behavioral health "a lot" or "some". However, 85% (23) reported that more community organizations and faith-based practices were needed in their cities.

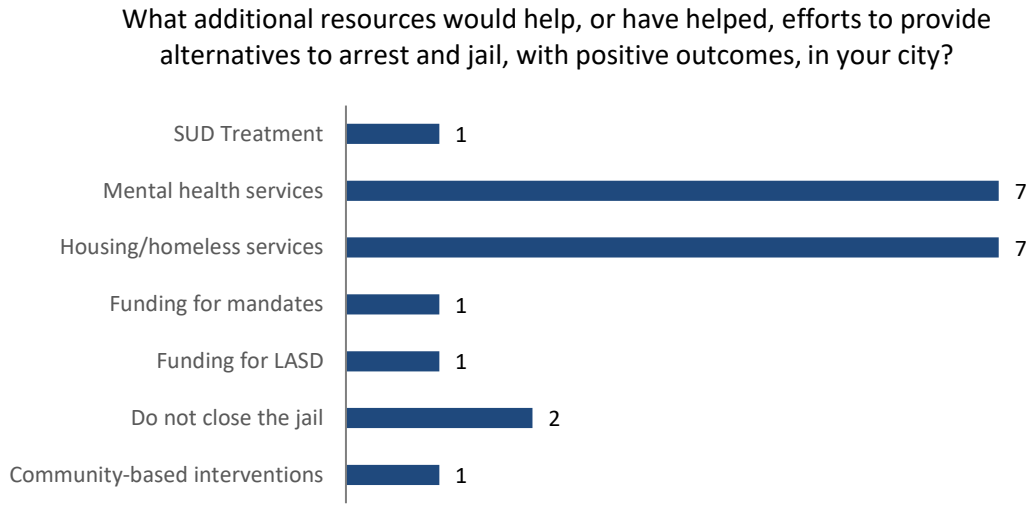




When asked what additional resources would help provide alternatives to arrest and jail with positive outcomes, mental health services and housing/homelessness services were the most frequently cited (7 each). Example responses include:

- *"Mental Health Professionals. Many of these people need help, not to be arrested."*
- *"Resources for regional homeless shelters that cities could contract with for bed space, in order to help those experiencing homelessness off the streets."*

- *"Weekend mental health staffing and round the clock mental health resources to respond in a reasonable time frame."*
- *"The City would welcome a response team comprised of mental health professionals who could assist individuals experiencing significant emotional problems within public spaces. Additional resources to assist homeless community members would also be welcome."*



Los Angeles County Police Chiefs Association (LACPCA): We received a response from 3 of 4 regions represented by LACPCA, which in total comprise 32 of 45 total law enforcement agencies under the association's purview, a response rate of 71%.

LACPCA member agencies were asked about current usage of alternatives to arrest and diversion programs. Two of the regions shared statistics for related data points. One region responded to survey questions. Since the approaches taken by the regions differed, data should be seen as a representation of that region only and not compared to other regions.

South Bay Police Departments (Culver City, El Segundo, Manhattan Beach, Hermosa Beach, Redondo Beach, Palos Verdes, Torrance, Gardena, Inglewood, Hawthorne) reported the following:

- Alternative to Arrest - Referral or Placement using Behavioral Health Services 90-day sample: In the last 90 days, the region received approximately 1050 calls involving delusional or potentially violent persons. Out of those, the region placed approximately 153 individuals on a 72-hour hold or provided outreach services. Approximately 475 incidents were cleared where there was no arrest or report. An example of this would be the individual left the location voluntarily or officers deemed the person was not in danger or involved in a crime. Less than 2% of the contacts involving delusional or potentially violent persons resulted in an arrest.
- Alternative to Arrest - Citations, Field Release, Warnings, etc. 90-day sample: Cities in this region do not have this statistic readily available. As a whole, there are fewer arrests than before due to changes in legislation (such as Proposition 47), and COVID (zero bail). As a rough estimate, more than 75% of all subjects arrested are issued a citation and released.
- Alternative to Arrest – Jail Diversion: Although Departments participate in Juvenile Youth Diversion programs, we currently do not have adult arrest diversion programs to refer individuals. Any other diversion agreements are done in court on a case-by-case basis with the City Attorney and the individual's attorney. Comments: *"Police/Sheriff's departments must answer to all of our*

stakeholders in our community. This includes residents, schools, businesses, etc. They expect us to help keep them safe and to do whatever we can to solve problems. In some cases, an arrest is the only alternative that Officers/Deputies have to solve the problem. We need more alternatives that we can use in order to fulfill our mission of safe communities. As an example, it would help if we had access to facilities for the mentally ill that will provide for medical and psychiatric care, detox, proper medication compliance, counseling, housing, (assisted living), family reunification, etc. These facilities should be designed to securely hold mentally ill patients for a period of months, a year or longer, if necessary."

- This region did see a need for more behavioral health resources, community-based resources, field alternatives to arrest or jail diversion in their jurisdiction.

San Gabriel Valley Police Departments reported the following based on a 90-day assessment:

- 2,375 calls for service involving delusional or potentially violent persons (7 agencies)
- 6,300 calls for service involving suspected homeless persons (7 agencies)
- 3,100 incidents handled by the Homeless Outreach and Psychological Evaluation team (7 agencies)
- 650 persons detained on a WIC 5150 hold; 104 over the past 90 days (7agencies)
- 637 unduplicated people claiming homelessness arrested for 917 crimes (3 agencies)
- Outreach Response Team responsible for navigating 170 clients with 54 in case management, 46 persons successfully housed and 54 persons in rehab or other services (3 agencies)
- Experimental police initiatives show that approximately 1 call per hour can be diverted to unarmed outreach workers equaling approximately 8,760 diversions per year (1 agency)
- This region did see a need for more behavioral health resources, community-based resources, field alternatives to arrest or jail diversion in their jurisdiction.

South East LA County Municipal Police Departments (Downey, Bell, Bell Gardens, Long Beach, Vernon, Huntington Park, Signal Hill) reported the following:

- Approximately 8% of law enforcement calls used alternatives to station or county jail booking by referring or connecting people to behavioral health resources (such as PMRT, MET, DMH, community-based organizations, sobering center, and/or addiction treatment) in the last 30 days.
- Approximately 5% of law enforcement calls used arrest alternatives to prevent arrest in the field (warnings/education in the field, field release from custody, administrative citation enforcement, domestic abuse response team, or other mechanisms) in the last 30 days.
- Less than 1% of law enforcement calls used jail diversion to prevent incarceration (prebooking diversion at station or county jails, law enforcement assisted diversion) in the last 30 days.
- This region did not see a need for more behavioral health resources, community-based resources, field alternatives to arrest or jail diversion in their jurisdiction.

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Appendix

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Final Report for the Los Angeles County Men's Central Jail (MCJ) Closure Workgroup

March 2021

Contact: Michelle Parris, program director, Vera California

To close the notoriously inhumane Men's Central Jail (MCJ) facility, Los Angeles County will need to take bold, decisive steps away from its historic reliance on incarceration and toward the 'care first' approach. Specifically, the jail population will need to decrease by approximately 4,500 people, including some strategic reductions to the mental health population and the number of people held at Century Regional Detention Facility (CRDF). This can and must be achieved through strong commitments from system actors to do things differently; increased community-based services to support the diversion of people with behavioral health needs; and an ongoing system for monitoring decarceration progress and accountability.

Below is an initial step to realizing the plan to close MCJ: a set of estimates for how to achieve sufficient population reduction through diversion. The Vera Institute worked with an ad hoc team of the MCJ Closure Workgroup—including county staff, system actors and community stakeholders—to chart a path to closing MCJ by diverting many more from incarceration. Vera also conducted an analysis of jail population and release data to support the Workgroup's recommendations for diversion. While several additional groups can and should be safely diverted from incarceration, Vera's initial set of analyses focused on five overlapping priority groups 'recommended for diversion' by the ad hoc team to achieve the goal of closing MCJ within the one-year timeline: (1) people in the pretrial population with bail set; (2) people charged with misdemeanors; (3) people charged with nonserious or nonviolent (NS/NV) felonies; (4) women and LGBTQ+ people, particularly at CRDF and in the K6G units; and (5) people over the age of 50. The ad hoc team additionally identified the importance of decreasing the mental health population, including through existing strategies that support successful diversion for people charged with serious or violent (S/V) felonies.

Decreasing the jail population steadily and safely by 4,500 is feasible to do immediately, even with existing strategies. We have seen other large cities around the country—from New York City to Philadelphia, Santa Clara, and Chicago—in recent years reduce their jail populations by at least 30 percent. The estimates below are just a starting point, though, and will need to be coupled with commitment from stakeholders and a coordinated implementation plan, including for budget allocations, new programmatic and staffing needs, and investments in community-based services and care. We stand ready with our colleagues from this Workgroup to make specific

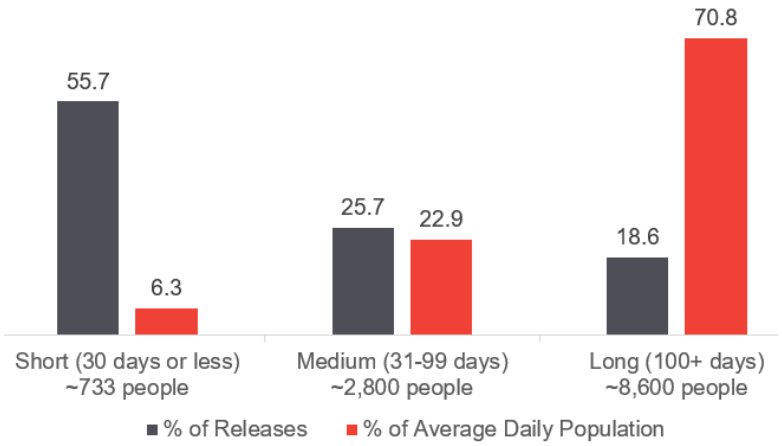
implementation recommendations and achieve the goal of finally closing Men's Central Jail.

Important Notes about Decreasing the Jail Population

While some jurisdictions across the country have tried tackling reforms by tepidly tinkering with policies and piloting programs for only the most minor charges, closing MCJ will require Los Angeles County to be bolder and change the status quo, including for felony cases. Below are three critical considerations as the county adopts a plan:

First, to have the most impact on the jail population, the county will need to divert people spending more than 30 days in custody. Most people going in and out of the jail system spend 30 days or less in custody, but they occupy a small percentage (6 percent) of the average daily jail population. See Figure 1. By contrast, people who spend more than 100 days in custody—most of whom have serious felony cases—fill 71 percent of the jail beds daily. See Figure 1. To close MCJ, the county will need to decrease the jail population by at least 30 percent and thus must divert and/or decrease the time in custody for people spending longer than 30 days in jail.

Figure 1. People Released from Los Angeles County Jail System between January 2019 and May 2020, by Length of Stay in Jail



Second, the county must include and expand diversion opportunities for people charged with S/V felonies—not just those with more minor charges—to decrease the jail population sufficiently. Diverting only people with misdemeanors and/or NS/NV felonies would leave the county shy of its goal to decrease the jail population by 4,500 people. See Figure 2. Safely diverting people with S/V charges is

achievable. For example, the Office of Diversion and Reentry (ODR) has several successful programs with court buy-in to divert people with serious mental health conditions from jail, including many charged with S/V felonies. Other jurisdictions, like New York City, have decreased their overall jail populations, including people charged with S/V felonies, by building robust alternative to incarceration systems—both pretrial and post-conviction—that effectively support people with community-based care. Los Angeles is taking steps toward this but needs to go further to realize that a true 'care first' vision can work for many different jail populations, including those facing serious charges.

Figure 2. People Incarcerated in the Los Angeles County Jail System on August 19, 2020, by Sentence Status and Charge Level

People of all sentence statuses (e.g. pretrial, sentenced)	**People in the pretrial population with bail set**
Total people in data set: 12,143 - Misdemeanor: 326 - NS/NV Felony: 3,230 - S/V Felony: 8,443 - "Other" charge level: 144 Diverting only people with misdemeanor or NS/NV felonies would leave the county 944 people short of its goal.	**Total pretrial with bail set:** 4,042 - Misdemeanor: 146 - NS/NV Felony: 664 - S/V Felony: 3,232 Diverting only people with misdemeanors or NS/NV felonies in this group would leave the county 3,690 people short of its goal.

Finally, the county must proactively center racial equity to decrease the long-standing disparities in incarceration. As is well known, there are significant racial disparities in who is incarcerated in Los Angeles County, with Black people and especially Black women suffering disproportionate rates. Black people are 8 percent of people in Los Angeles County and 30 percent of people in the jail system. See Figure 3. Latinx people are 49 percent of Los Angeles County and, as of March 2, 2021, people identified as Hispanic by the Los Angeles County Sheriff's Department (LASD) are 55 percent of the jail population, a percentage that has grown over the course of the COVID-19 pandemic. See Figure 3.

The county has seen the unintended impacts of decarceration without specific attention to racial justice—worsening disparities. At the onset of the COVID-19 pandemic in March 2020, the county and system actors took several important steps to reduce the

jail population. While the overall jail population declined from around 17,000 to under 12,000, racial disparities worsened for Black and Hispanic/Latinx people. See Figure 3. As county workgroups looked closer, Black women were spending the longest days in custody and Black people with mental health needs were released at significantly lower rates than their white counterparts. See Los Angeles County *Maintaining a Reduced Jail Population Post-COVID-19* report (August 9, 2020). We must heed this cautionary tale and more deliberately incorporate racial equity into decarceration strategies.

Figure 3. Race/Ethnicity of People in Los Angeles County and Los Angeles County Jail System, on January 2, 2020; May 1, 2020; and March 2, 2021

Race / Ethnicity	LA County Racial Demographics	January 2, 2020	May 1, 2020	March 2, 2021
Hispanic	49%	52%	53%	55%
Black	8%	29%	31%	30%
White	26%	15%	13%	12%
All Others	8%	3%	3%	3%

Diversion Estimates for a 4,500-Person Jail Population Reduction

The following is a chart estimating how Los Angeles County could use diversion to achieve the 4,500-person reduction necessary to close MCJ. See Figure 4. The estimates are based on the priority groups identified by the MCJ Closure diversion ad hoc team as well as the population of people charged with S/V felonies who have mental health conditions since there are already existing, effective strategies to divert this group, if scaled appropriately. The groups of people 'recommended for diversion' as a first matter by the ad hoc team were used to filter a data set of 12,143 people incarcerated on August 19, 2020. Some methodological notes about the estimates:

- The release estimates exclude people in the data set with 'CO RET' charges or a 'CO RET' flag created by LASD, as those individuals are serving prison sentences and only temporarily brought to Los Angeles County jail system for limited court appearances, including in matters like Family Court cases.
- The pretrial population with bail set does not include people with holds or 'no bail.' It captures the number of people for whom paying bail is the only barrier to release back to the community. Similarly, the partially sentenced population with bail set does not include people with holds or 'no bail.' For this group, once any sentence is complete, paying bail on the open criminal case(s) is the only barrier

to release. Holds and 'no bail' can create additional, time-consuming challenges but ultimately are not immutable, complete barriers to diversion. The county may, in implementation, consider tailored diversion strategies for these groups and expand the pool of people 'recommended for diversion.'

- The P levels referenced below are mental health acuity levels assigned by Correctional Health Services while people are incarcerated in the jail system. The higher the P level, the higher the severity of mental health needs. See the Appendix for a guide to the different P levels.
- The diversion ad hoc team discussed common charges and case examples for the priority groups embedded within these estimates—assessing some practical challenges with the current system and how people with serious charges can be appropriate for diversion opportunities, particularly when the drivers of contact with the criminal legal system are related to unmet behavioral health needs. The final MCJ Closure Workgroup report will explain some of these discussions, which may be particularly salient for the development of implementation plans.

Figure 4. Diversion Estimates Applied to August 19, 2020 LASD Data Set

Population	Total Number (% of jail population)	Men	Women
Total people in data set	12,143	10,989 (90.5%)	1,154 (9.5%)
ESTIMATES			
Pretrial Bail Set			
Misdemeanor	146 (1.2%)	114	32
Nonserious/Nonviolent Felony (NS/NVF)	642 (5.3%)	573	69
Serious/Violent felony (S/VF) and P2-P4 (high mental health acuity levels)	909 (8.4%)	761	148
S/VF and P1 (mental health impairment that does not prevent daily functioning)	484 (4.1%)	402	82
Subtotal of Pretrial Bail Set groups	**2,181 (19%)**	1,850	271
Partially Sentenced Bail Set			
Misdemeanor	30 (0.2%)	27	3
NS/NVF	360 (2.9%)	326	34
S/VF and P2-P4	350 (2.9%)	304	46
Subtotal of Partially Sentenced Bail Set groups	**740 (6%)**	657	83
Sentenced			
Misdemeanor	134 (1.1%)	118	16
NS/NVF and P2-P4	327 (2.7%)	297	30
NS/NVF and P1	212 (1.7%)	166	46
NS/NVF and P0 (no persistent mental health impairment)	349 (2.9%)	308	41
Sentenced – NS/NVF and No P level (no mental health impairment)	721 (5.9%)	694	27
Subtotal of Sentenced groups	**1,743 (14.3%)**	1,583	160
Total	**4,664 (38.4% reduction of original jail population)**	4,090	574

Appendix
Mental Health Acuity (P) Levels

Correctional Health Services assigns P-levels according to incarcerated people's mental health needs.

P Level	Description
No P-Level	No referral to Correctional Health Services for mental health care during period of incarceration; No mental health needs identified at intake or during period of incarceration, suggesting no serious or imminent mental health needs; and/or not part of jail mental health population
P0	No persistent impairment
P1	Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; Not at significant risk of self-harm
P2	Recurrent episodes of mood instability; Psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services
P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Severe debilitating symptoms; Meets LPS 5150 criteria for danger to self, others, or grave disability

Men's Central Jail (MCJ) Closure Workgroup
Analysis of the 50+ Years Old (50+) Population

Contact: Michelle Parris, program director, Vera California

Takeaways:

1. As with the overall jail population, most people (69 percent) in this group have serious or violent (S/V) felony charges. Other jurisdictions have successfully released people charged with S/V felonies and reduced their share of the jail population. Los Angeles County also has existing strategies for effectively releasing people who have mental health conditions and S/V charges.
2. The racial disparities in the incarceration of Black people are exacerbated for this group. Black people are 8 percent of Los Angeles County; 30 percent of the total jail population; and 41 percent of people ages 50 and older in the jail.
3. This group has a much higher proportion of people with a medium (P2) mental health acuity level (see Appendix for P-level guide) than the general jail population, suggesting the importance of treatment referrals to support releases.

SUMMARY FROM AUGUST 19, 2020 LASD SNAPSHOT DATA

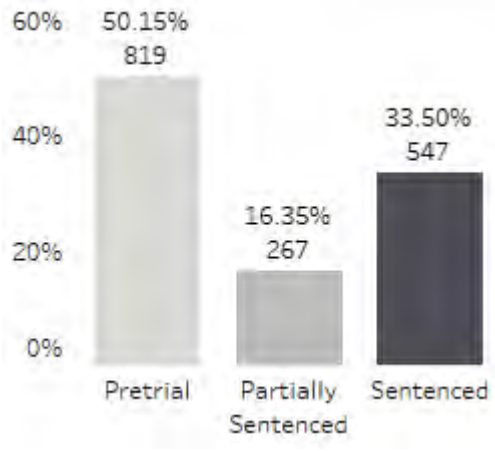
Total jail population in data set: 12,143

Total 50+ population: 1,633
- This is 14% of the total jail population.
- 803 have bail set and no holds.
- 126 are at CRDF.

50+ population days in custody:
Median: 162 days
Average: 254 days

SENTENCE STATUS

50 percent of the 50+ population is pretrial.



Partially Sentenced people are sentenced on at least one case and have at least one case open.

CHARGES

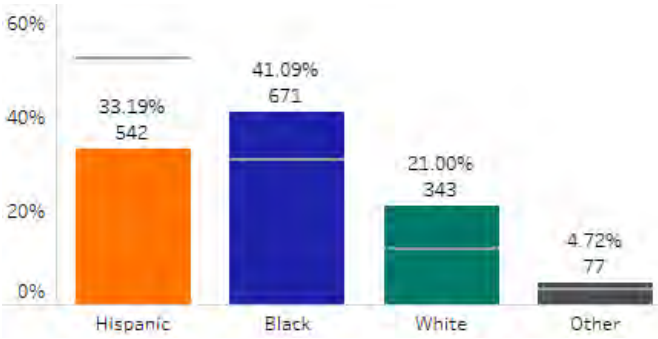
As with the overall jail population, most people in this group are charged with serious or violent felonies. Other jurisdictions and even existing strategies in Los Angeles County have shown that people from all charge groups can successfully be released.

Charge levels of the 1,633 50+ people:

- **Misdemeanor:** 40 (median days in custody: 15d)
- **Nonserious/Nonviolent Felony:** 433 (median days in custody: 61d)
- **Serious/Violent Felony:** 1,128 (median days in custody: 196d)

RACE/ETHNICITY

Racial disparities in incarceration for Black people are exacerbated in this group. Black people are 8 percent of the county; 30 percent of the jail population; and 41 percent of incarcerated people ages 50 and older.

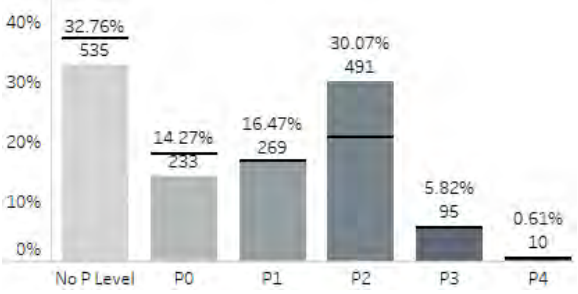


Gray horizontal lines represent the overall jail population percentages.

HEALTH ACUITY LEVELS (See Appendix for guide to P- and H-levels.)

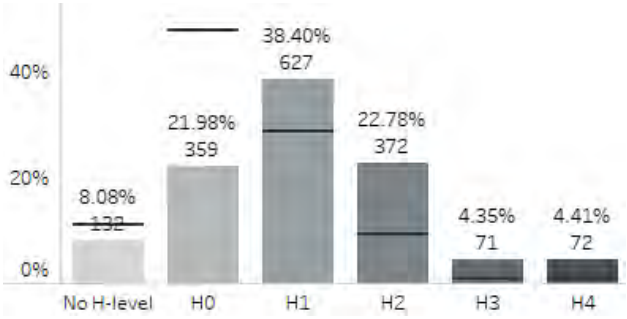
People ages 50 and older are a disproportionate percentage of people with medium (P2) mental health acuity levels and people with medical needs due to chronic conditions.

P levels (mental health acuity)



Black horizontal lines represent the overall jail population percentages.

H levels (medical health acuity)



Black horizontal lines represent the overall jail population percentages.

Appendix
Health Acuity Levels

Correctional Health Services assigns P-levels and H-levels to people in custody in accordance with their mental health and medical needs, respectively.

P-Levels
Mental Health

P Level	Description
No P-Level	No mental health needs identified at intake; No referral for mental health care during period of incarceration, suggesting no serious or imminent mental health needs; Not part of jail mental health population
P0	No persistent impairment
P1	Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; Not at significant risk of self-harm
P2	Recurrent episodes of mood instability; Psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services
P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Severe debilitating symptoms; Meets LPS 5150 criteria for danger to self, others, or grave disability

H-Levels
Medical

H Level	Description
No H-Level	No significant or imminent medical needs identified
H0	Healthy: Chronic conditions managed in nurse clinics and/or with commissary items OR no current chronic medical conditions
H1	Low complexity: 1-3 well-controlled chronic condition(s)
H2	Moderate complexity: 4+ well-controlled chronic conditions AND/OR 1-3 poorly controlled chronic condition(s)
H3	High complexity: 4+ poorly controlled chronic conditions AND/OR $\geq$ decompensated chronic conditions
H4	Requires impatient level of care due to poorly controlled chronic illness; would require inpatient hospitalization in the community

Men's Central Jail (MCJ) Closure Workgroup
Analysis of the CRDF Population

Contact: Michelle Parris, program director, Vera California

Takeaways:

1. As with the overall jail population, most people (67 percent) in this group have serious or violent (S/V) felony charges. Other jurisdictions have successfully released people charged with S/V felonies and reduced their share of the jail population. Los Angeles County also has existing strategies for effectively releasing people who have serious mental health conditions and such charges.
2. Racial disparities in incarceration for Black people are exacerbated in this group. Previous studies during the pandemic have shown that Black women have the longest lengths of stay compared to their counterparts in the jail and that there have been racial disparities in releases during COVID-19. The county must proactively address racial equity in decarceration strategies.
3. People at CRDF have higher mental health needs than the overall population. Around 70 percent of people at CRDF have a mental health condition that causes persistent impairment.

SUMMARY FROM AUGUST 19, 2020 LASD SNAPSHOT DATA

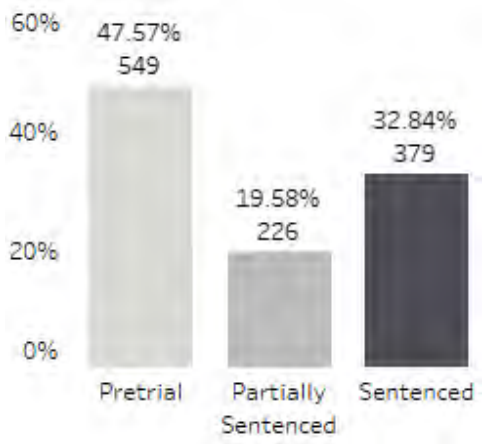
Total jail population in data set: 12,143

Total CRDF population: 1,154
- This is 10% of the total jail population.
- 573 have bail set and no holds.

CRDF population days in custody:
Median: 107 days
Average: 210 day

SENTENCE STATUS

48 percent of the CRDF population is pretrial.



Partially Sentenced people are sentenced on at least one case and have at least one case open.

CHARGES

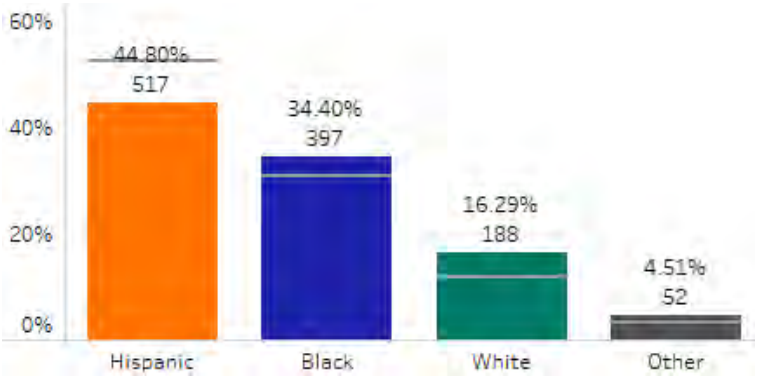
As with the overall jail population, most people in this group are charged with serious or violent felonies. Other jurisdictions and even existing strategies in Los Angeles County have shown that people from all charge groups can successfully be released.

Charge levels of the 1,154 people in CRDF:

- **Misdemeanor:** 54 (median days in custody: 23d)
- **Nonserious/Nonviolent Felony:** 303 (median days in custody: 69d)
- **Serious/Violent Felony:** 788 (median days in custody: 131d)

RACE/ETHNICITY

Racial disparities in incarceration for Black people are exacerbated in this group. Black people are 8 percent of the county; 30 percent of the jail population; and 34 percent of incarcerated people at CRDF.

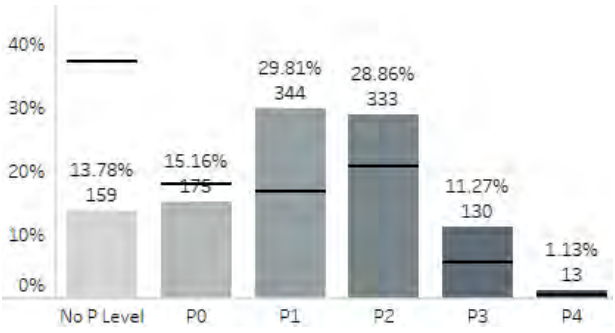


Gray horizontal lines represent the overall jail population percentages.

HEALTH ACUITY LEVELS (See Appendix for guide to P- and H-levels.)

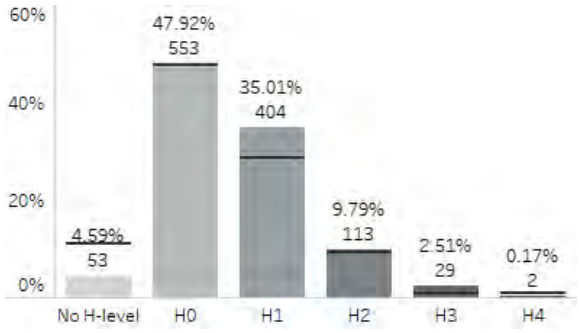
People at CRDF have higher mental health needs than the overall population.

P levels (mental health acuity)



Black horizontal lines represent the overall jail population percentages.

H levels (medical health acuity)



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Health Acuity Levels

Correctional Health Services assigns P-levels and H-levels to people in custody in accordance with their mental health and medical needs, respectively.

P-Levels
Mental Health

P Level	Description
No P-Level	No mental health needs identified at intake; No referral for mental health care during period of incarceration, suggesting no serious or imminent mental health needs; Not part of jail mental health population
P0	No persistent impairment
P1	Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; Not at significant risk of self-harm
P2	Recurrent episodes of mood instability; Psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services
P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Severe debilitating symptoms; Meets LPS 5150 criteria for danger to self, others, or grave disability

H-Levels
Medical

H Level	Description
No H-Level	No significant or imminent medical needs identified
H0	Healthy: Chronic conditions managed in nurse clinics and/or with commissary items OR no current chronic medical conditions
H1	Low complexity: 1-3 well-controlled chronic condition(s)
H2	Moderate complexity: 4+ well-controlled chronic conditions AND/OR 1-3 poorly controlled chronic condition(s)
H3	High complexity: 4+ poorly controlled chronic conditions AND/OR $\geq$ decompensated chronic conditions
H4	Requires impatient level of care due to poorly controlled chronic illness; would require inpatient hospitalization in the community

Men's Central Jail (MCJ) Closure Workgroup
Analysis of the K6G (LGBT Unit) Population

Contact: Michelle Parris, program director, Vera California

Takeaways:

1. There are two LGBT units in the Los Angeles County jail system. 310 of the 382 people in this group are in the LGBT unit at MCJ.
2. As with the overall jail population, most people (72 percent) in this group have serious or violent (S/V) felony charges. Other jurisdictions have successfully released people charged with S/V felonies and reduced their share of the jail population. Los Angeles County also has existing strategies for effectively releasing people who have serious mental health conditions and such charges.
3. Nearly half (45 percent) in this group are pretrial.
4. Most people (60 percent) in this group have a mental health condition but are not in the high acuity groups (P3/P4), suggesting that many in this group can be released safely without the most intensive mental health treatment services. *See the Appendix for a guide to P levels.*
5. The disproportionate incarceration of Black people that exists systemwide is exacerbated for this group.

SUMMARY FROM AUGUST 19, 2020 LASD SNAPSHOT DATA

Total jail population in data set: 12,143

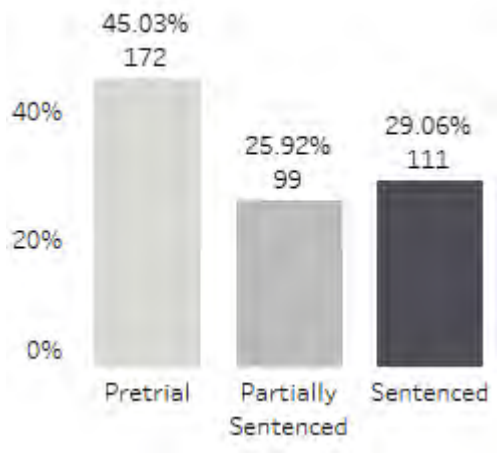
Total K6G/LGBT population: 382

- This is 3% of the total jail population.
- 188 have bail set and no holds.

K6G/LGBT population days in custody:
Median: 102 days
Average: 178 days

SENTENCE STATUS

45 percent of the K6G/LGBT population is pretrial.



Partially Sentenced people are sentenced on at least one case and have at least one case open.

CHARGES

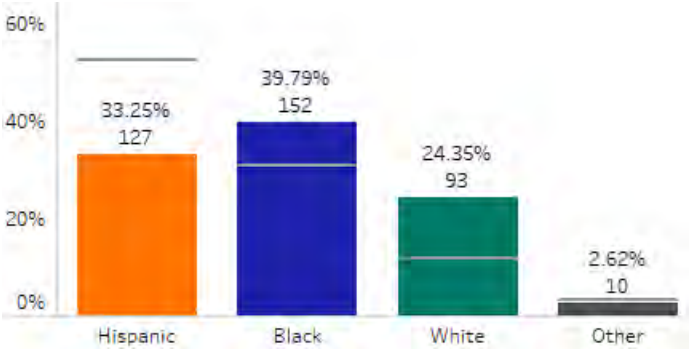
As with the overall jail population, most people in this group are charged with serious or violent felonies. Other jurisdictions and even existing strategies in Los Angeles County have shown that people from all charge groups can successfully be released.

Charge levels of the 382 people in the K6G/LGBT units:

- **Misdemeanor:** 6 (median days in custody: 32d)
- **Nonserious/Nonviolent Felony:** 99 (median days in custody: 48d)
- **Serious/Violent Felony:** 276 (median days in custody: 133d)

RACE/ETHNICITY

Racial disparities in incarceration for Black people are exacerbated in this group. Black people are 8 percent of the county; 30 percent of the jail population; and 40 percent of incarcerated people in the K6G/LGBT units.

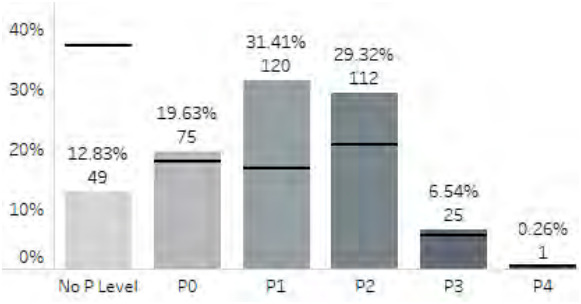


Gray horizontal lines represent the overall jail population percentages.

HEALTH ACUITY LEVELS (See Appendix for guide to P- and H-levels.)

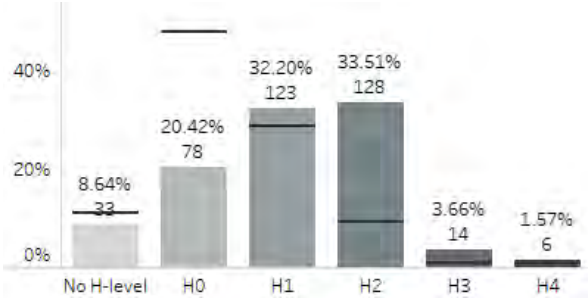
There are disproportionately high percentages of people in the K6G/LGBT units with low- or medium- mental health acuity levels.

P levels (mental health acuity)



Black horizontal lines represent the overall jail population percentages.

H levels (medical health acuity)



Black horizontal lines represent the overall jail population percentages.

Appendix
Health Acuity Levels

Correctional Health Services assigns P-levels and H-levels to people in custody in accordance with their mental health and medical needs, respectively.

P-Levels
Mental Health

P Level	Description
No P-Level	No mental health needs identified at intake; No referral for mental health care during period of incarceration, suggesting no serious or imminent mental health needs; Not part of jail mental health population
P0	No persistent impairment
P1	Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; Not at significant risk of self-harm
P2	Recurrent episodes of mood instability; Psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services
P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Severe debilitating symptoms; Meets LPS 5150 criteria for danger to self, others, or grave disability

H-Levels
Medical

H Level	Description
No H-Level	No significant or imminent medical needs identified
H0	Healthy: Chronic conditions managed in nurse clinics and/or with commissary items OR no current chronic medical conditions
H1	Low complexity: 1-3 well-controlled chronic condition(s)
H2	Moderate complexity: 4+ well-controlled chronic conditions AND/OR 1-3 poorly controlled chronic condition(s)
H3	High complexity: 4+ poorly controlled chronic conditions AND/OR $\geq$ decompensated chronic conditions
H4	Requires impatient level of care due to poorly controlled chronic illness; would require inpatient hospitalization in the community

Men's Central Jail (MCJ) Closure Workgroup
Analysis of the Misdemeanor Population

Contact: Michelle Parris, program director, Vera California

Takeaways:

1. People with misdemeanors as their most serious charge(s) are a very small proportion of the jail population (326 people or 2.7 percent). They should be diverted along with other populations to meet MCJ closure decarceration goals.
2. People with misdemeanor charges tend to spend short periods of time in jail.
3. People whose top charge is a misdemeanor have higher mental health needs than the jail population overall, suggesting some service referrals can help facilitate successful release.
4. Racial disparities in Hispanic/Latinx incarceration are exacerbated for this group.

SUMMARY FROM AUGUST 19, 2020 LASD SNAPSHOT DATA

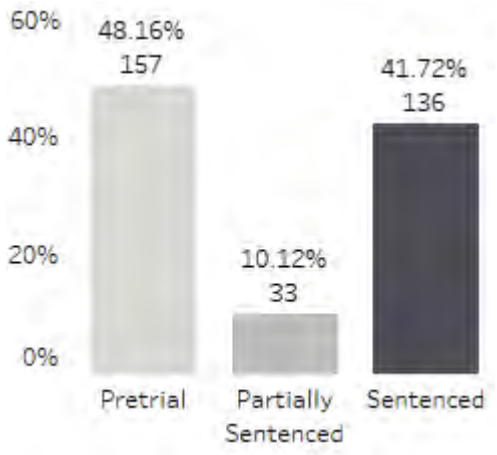
Total jail population in data set: 12,143

Total misdemeanor population: 326 people
- This is 2.7% of the total jail population.
- 178 have bail set and no holds.
- 54 are at CRDF.

Misdemeanor population days in custody:
Median: 23 days
Average: 58 days

SENTENCE STATUS

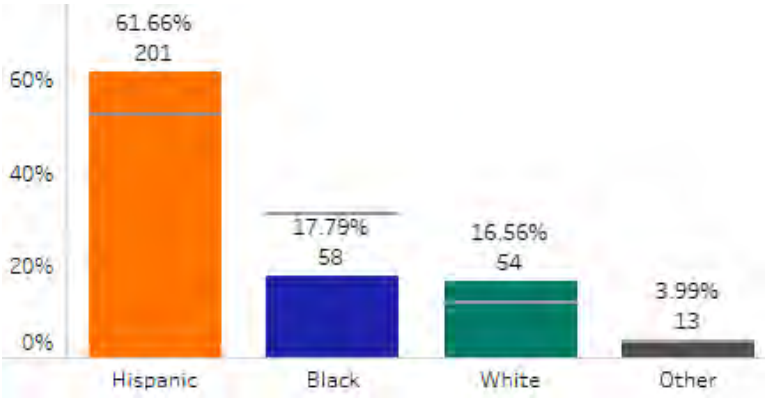
48 percent of the people charged with misdemeanors as their most serious charge are pretrial. 42 percent are in jail serving a sentence.



Partially Sentenced people are sentenced on at least one case and have at least one case open.

RACE/ETHNICITY

Racial disparities in Latinx incarceration are exacerbated for this group.

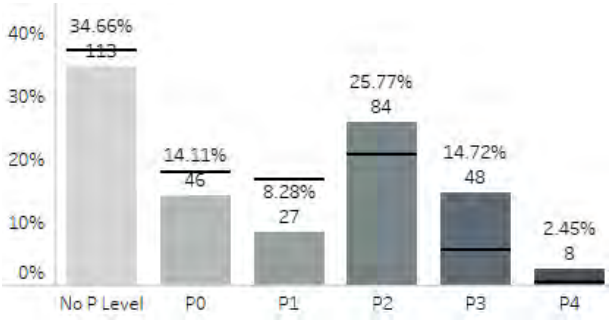


Gray horizontal lines represent the overall jail population percentages.

HEALTH ACUITY LEVELS (See Appendix for guide to P- and H-levels.)

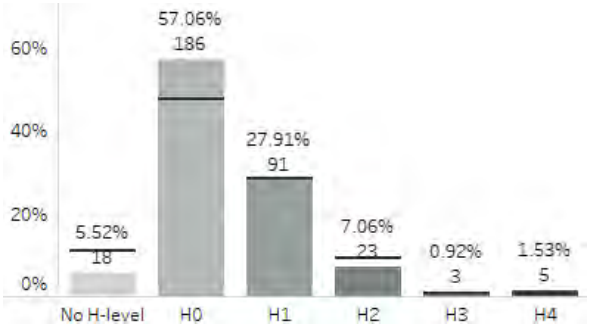
This population has a higher percentage of people with medium and high mental health needs (P2-P4) than the jail population overall.

P levels (mental health acuity)



Black horizontal lines represent the overall jail population percentages

H levels (medical health acuity)



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Health Acuity Levels

Correctional Health Services assigns P-levels and H-levels to people in custody in accordance with their mental health and medical needs, respectively.

P-Levels
Mental Health

P Level	Description
No P-Level	No mental health needs identified at intake; No referral for mental health care during period of incarceration, suggesting no serious or imminent mental health needs; Not part of jail mental health population
P0	No persistent impairment
P1	Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; Not at significant risk of self-harm
P2	Recurrent episodes of mood instability; Psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services
P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Severe debilitating symptoms; Meets LPS 5150 criteria for danger to self, others, or grave disability

H-Levels
Medical

H Level	Description
No H-Level	No significant or imminent medical needs identified
H0	Healthy: Chronic conditions managed in nurse clinics and/or with commissary items OR no current chronic medical conditions
H1	Low complexity: 1-3 well-controlled chronic condition(s)
H2	Moderate complexity: 4+ well-controlled chronic conditions AND/OR 1-3 poorly controlled chronic condition(s)
H3	High complexity: 4+ poorly controlled chronic conditions AND/OR $\geq$ decompensated chronic conditions
H4	Requires impatient level of care due to poorly controlled chronic illness; would require inpatient hospitalization in the community

Men's Central Jail (MCJ) Closure Workgroup
Analysis of the Nonserious / Nonviolent Felony (NS/NV) Population

Contact: Michelle Parris, program director, Vera California

Takeaways:

1. There are 3,230 people whose most serious charge is a nonserious/nonviolent (NS/NV) felony. Diverting this group would have a significant impact on the goal to reduce the jail population by 4,500 people to close MCJ.
2. The racial disparities in the incarceration of Hispanic/Latinx people are exacerbated for this group. Hispanic/Latinx people are 49 percent of people in Los Angeles County; 55 percent of the total jail population; and 56 percent of people charged with NS/NV felonies. There is a smaller percentage of Black people in this group than in the overall jail population.
3. This group has lower mental health needs than the jail population overall and thus strengthening supports like court date notifications and outpatient service referrals may be sufficient to facilitate successful releases.

SUMMARY FROM AUGUST 19, 2020 LASD SNAPSHOT DATA

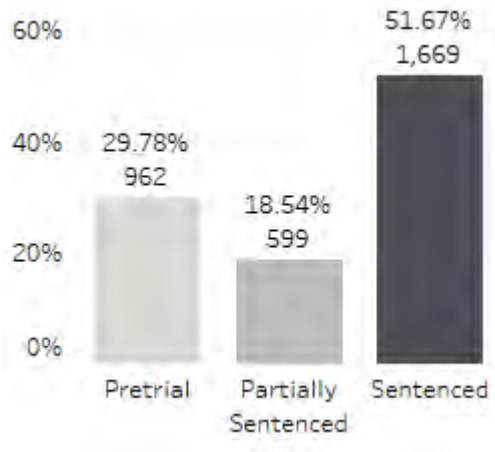
Total jail population in data set: 12,143

Total NS/NV population: 3,230 people
- This is 27% of the total jail population.
- 1,026 have bail set and no holds.
- 303 are at CRDF.

NS/NV population days in custody:
Median: 61 days
Average: 136 days

SENTENCE STATUS

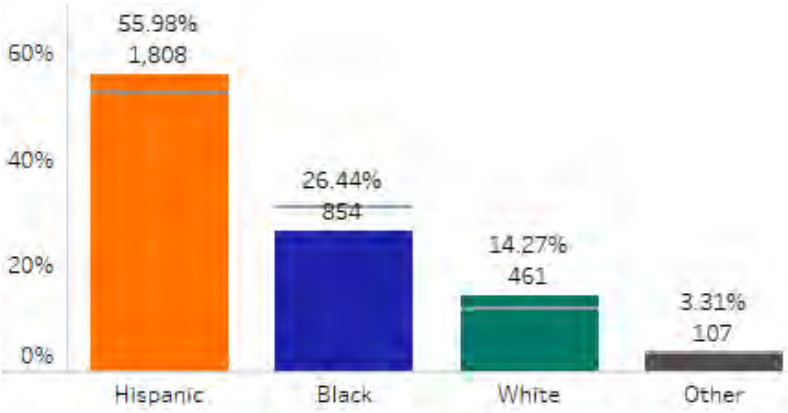
Most people with NS/NV felony charges are in the jail serving sentences. 30 percent are pretrial.



Partially Sentenced people are sentenced on at least one case and have at least one case open.

RACE/ETHNICITY

Racial disparities in Hispanic/Latinx incarceration are exacerbated for this group.
Hispanic people are overrepresented and Black people underrepresented compared to their percentage in the overall jail population.

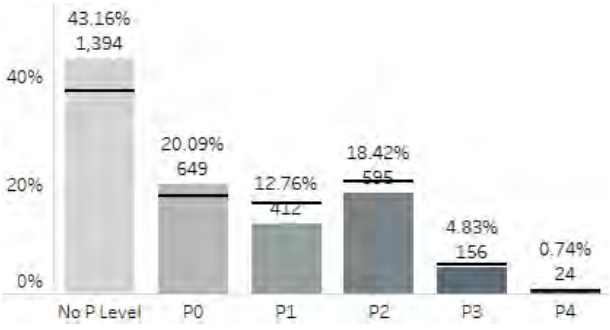


Gray horizontal lines represent the overall jail population percentages.

HEALTH ACUITY LEVELS (See Appendix for guide to P- and H-levels.)

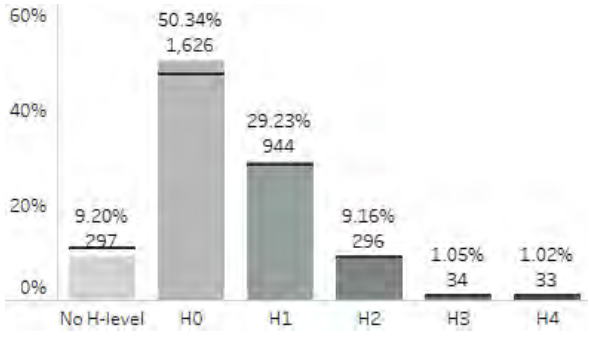
This population has lower mental health needs than the jail population overall.

P levels (mental health acuity)



Black horizontal lines represent the overall jail population percentages.

H levels (medical health acuity)



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Mental Health

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No P-Level	No mental health needs identified at intake; No referral for mental health care during period of incarceration, suggesting no serious or imminent mental health needs; Not part of jail mental health population
P0	No persistent impairment
P1	Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; Not at significant risk of self-harm
P2	Recurrent episodes of mood instability; Psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services
P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Severe debilitating symptoms; Meets LPS 5150 criteria for danger to self, others, or grave disability

H-Levels
Medical

H Level	Description
No H-Level	No significant or imminent medical needs identified
H0	Healthy: Chronic conditions managed in nurse clinics and/or with commissary items OR no current chronic medical conditions
H1	Low complexity: 1-3 well-controlled chronic condition(s)
H2	Moderate complexity: 4+ well-controlled chronic conditions AND/OR 1-3 poorly controlled chronic condition(s)
H3	High complexity: 4+ poorly controlled chronic conditions AND/OR $\geq$ decompensated chronic conditions
H4	Requires impatient level of care due to poorly controlled chronic illness; would require inpatient hospitalization in the community

Men's Central Jail (MCJ) Closure Workgroup
Analysis of the Pretrial Bail Set Population

Contact: Michelle Parris, program director, Vera California

Takeaways:

1. The pretrial population with bail set does not include people with holds or 'no bail.' It captures the number of people for whom paying bail is the only barrier to release back to the community.
2. 4,042 people (33 percent of the jail population) are pretrial with bail set. Decreasing this population would contribute significantly to MCJ closure decarceration goals.
3. People who are pretrial with bail set tend to spend between three and six months in jail.
4. There are over 1,500 people with no P-level (no significant mental health needs) and almost 1,300 from P2-P4 (significant mental health needs). *See the Appendix for P-level guide.* So, this group can be decreased through a combination of strategies, some of which may require mental health services and some that may involve simple investment in court date notification support or referrals to community-based services.

SUMMARY FROM AUGUST 19, 2020 LASD SNAPSHOT DATA

Total jail population in data set: 12,143

Pretrial Bail Set population: 4,042
- This is 33% of the total jail population.
- 413 are at CRDF.

Pretrial Bail Set population days in custody:
Median: 91 days
Average: 191 days

CHARGES

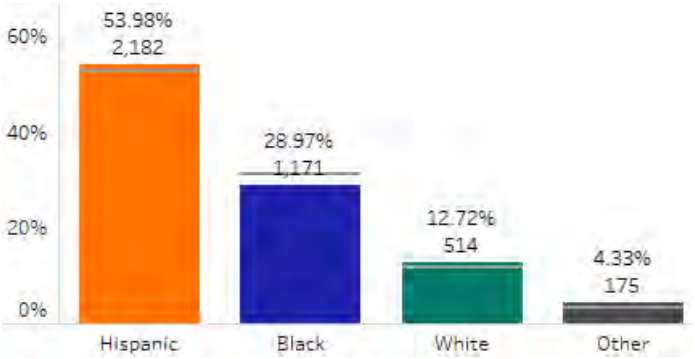
Diverting only people in this group charged with misdemeanors or nonserious/nonviolent felonies would leave the county 3,690 people short of its goal to reduce the jail population by 4,500 people. Other jurisdictions and even existing strategies in Los Angeles County have shown that people from all charge groups can successfully be released.

Charge levels of the pretrial people with bail set:

- **Misdemeanor:** 146 (median days in custody: 19d)
- **Nonserious/Nonviolent Felony:** 664 (median days in custody: 30d)
- **Serious/Violent Felony:** 3,232 (median days in custody: 123d)

RACE/ETHNICITY

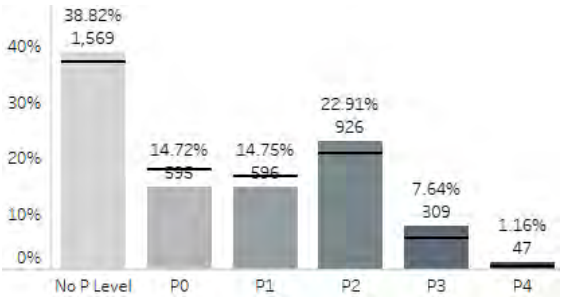
The racial disparities of the pretrial bail set population largely mirror those in the overall jail population.



Gray horizontal lines represent the overall jail population percentages.

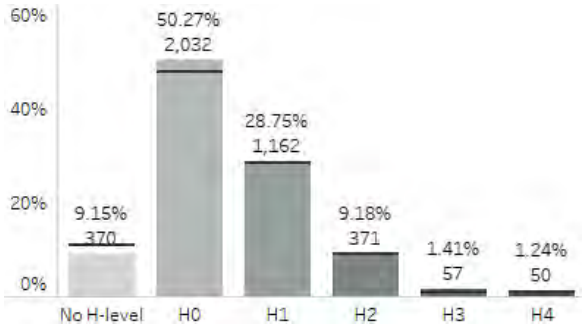
HEALTH ACUITY LEVELS (See Appendix for guide to P- and H-levels.)

P levels (mental health acuity)



Black horizontal lines represent the overall jail population percentages.

H levels (medical health acuity)



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P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Severe debilitating symptoms; Meets LPS 5150 criteria for danger to self, others, or grave disability

H-Levels
Medical

H Level	Description
No H-Level	No significant or imminent medical needs identified
H0	Healthy: Chronic conditions managed in nurse clinics and/or with commissary items OR no current chronic medical conditions
H1	Low complexity: 1-3 well-controlled chronic condition(s)
H2	Moderate complexity: 4+ well-controlled chronic conditions AND/OR 1-3 poorly controlled chronic condition(s)
H3	High complexity: 4+ poorly controlled chronic conditions AND/OR $\geq$ decompensated chronic conditions
H4	Requires impatient level of care due to poorly controlled chronic illness; would require inpatient hospitalization in the community

Men's Central Jail (MCJ) Closure Workgroup
Analysis of the Supervision Violations Population

Contact: Michelle Parris, program director, Vera California

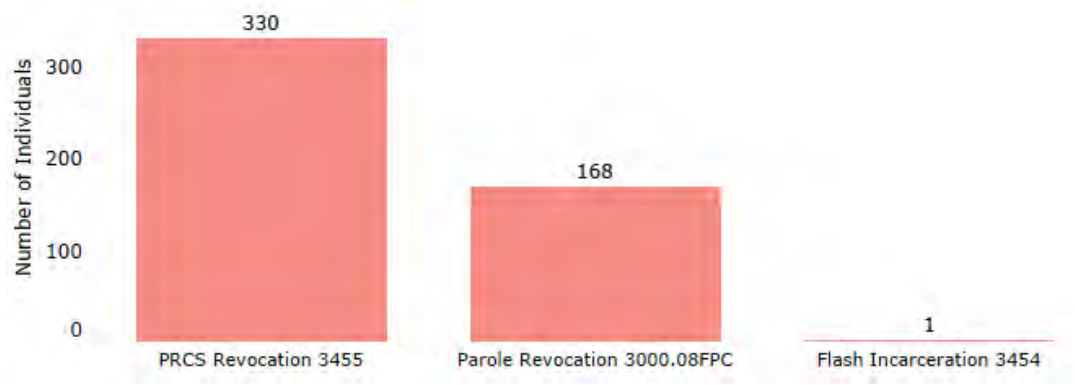
Takeaways:

1. People incarcerated for supervision violations comprise only 3-5 percent of the jail population but there are hundreds of them in jail daily. Thus, decreasing this daily population would contribute to MCJ closure decarceration goals but also would require diverting additional populations.
2. The average monthly number of violations by the Department of Probation decreased at the onset of COVID-19. However, 76 percent of violations are technical, including during the pandemic. In general, and especially given the ongoing public health crisis, the county should stop incarcerating people for technical violations.
3. People incarcerated with supervision violations as their most serious charge tend to spend around a month in custody.
4. Black people are a higher percentage of this group than they are in the overall jail population.

SUMMARY FROM MARCH 2, 2021 LASD CUSTODY DAILY BRIEFING SNAPSHOT

Total jail population: 15,439

499 people (3 percent of the total jail population) were incarcerated due to a Post-Release Community Supervision (PRCS) revocation, a parole revocation, or flash incarceration.



SUMMARY FROM AUGUST 19, 2020 LASD SNAPSHOT DATA

Total jail population in data set: 12,143

632 people (5 percent of the jail population) had a supervision violation as their most serious charge, including:

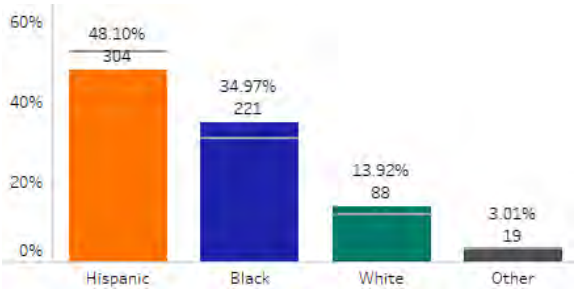
- 257 for a parole revocation/violation (PC 3000.08(c), PC 3000.08(f), or PC 3056); and
- 375 for a Post-Release Community Supervision violation (PC 3455(a) or PC 3455(b)(1)).
- 136 have bail set and no holds.
- 29 are at CRDF.

DAYS IN CUSTODY

People incarcerated with supervision violations as their most serious charge tend to spend around a month in custody.

RACE/ETHNICITY

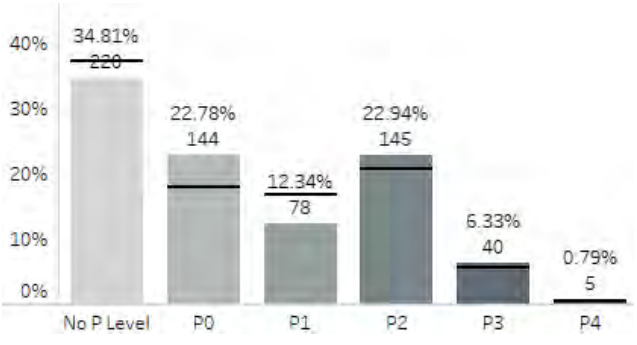
Racial disparities in the incarceration of Black people are exacerbated for this group.



Gray horizontal lines represent the overall jail population percentages.

MENTAL HEALTH ACUITY LEVELS

(See Appendix for guide to P levels)



Black horizontal bars represent the overall jail population percentages.

SUMMARY OF LOS ANGELES COUNTY PROBATION DEPARTMENT DATA ON VIOLATIONS FROM JANUARY 1 – DECEMBER 7, 2020

The average number of violations per month decreased starting in March 2020. Despite these decreases, pre-COVID and throughout the pandemic, 76 percent of violations have been technical.

Number of violations issued during the 11-month period: 3,581
- Monthly average: 325 violations (11 violations per day)

VIOLATION TYPES

While the number of violations per month decreased during the pandemic, the types of violations remained constant.

	Jan - Mar	Apr - Dec 7
# violations per month:	688/mo.	245/mo.
Technical:	**76%**	**76%**
New Arrest:	14%	14%
Both:	10%	10%

Post-Release Community Supervision (PRCS):
- 2,073 people (58% of violations)
- 71% of these violations were technical.

Formal Probation:
- 1,454 people (41% of violations)
- 84% of these violations were technical.

PROBATION VIOLATIONS OF PEOPLE WHO ARE HOMELESS

24 percent of all violations involved people who were homeless. This percentage rose during the pandemic — it was 20% between January and March 2020 (pre-COVID) compared to 26% from April to December 2020.

TIME IN CUSTODY

Between 40 and 63 percent of supervision violations resulted in time in custody due to the violation. These percentages largely have not changed, even during the pandemic.

Appendix
Mental Health Acuity (P) Levels

Correctional Health Services assigns P-levels (mental health acuity levels) to people in custody in accordance with their mental health needs.

P-Levels

P Level	Description
No P-Level	No mental health needs identified at intake; No referral for mental health care during period of incarceration, suggesting no serious or imminent mental health needs; Not part of jail mental health population
P0	No persistent impairment
P1	Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; Not at significant risk of self-harm
P2	Recurrent episodes of mood instability; Psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services
P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Severe debilitating symptoms; Meets LPS 5150 criteria for danger to self, others, or grave disability

Appendix 2: Whole Person Care (WPC) People Experiencing Homelessness (PEH) Data

Whole Person Care Los Angeles Reentry Pre-Release Program:

Recently released persons experiencing homelessness with SMI, SUD, and chronic physical conditions.

Whole Person Care (WPC) is an 1115 Medicaid waiver program, which allows Los Angeles County Department of Health Services to serve 5 vulnerable populations, including individuals being released from LA County jails (Reentry). The WPC Reentry program is operated by Care Transitions, a division within Correctional Health Services, and on average enrolls approximately 700-750 people from all LA County jail facilities per month. Upon release, these individuals are paired with a Community Health Worker who has lived experience for peer support and systems navigation/linkage with an emphasis on primary care, mental health and SUD treatment, benefits enrollment, and other necessities.

Utilizing data from WPC's case management platform, CHAMP, reentry data for individuals enrolled and released in 2020 was analyzed to project the need for housing, given different groups' needs. WPC is designed to serve the County's most vulnerable populations and focuses heavily on enrolling individuals experiencing homelessness, serious mental illness (SMI), substance use disorder (SUD)/co-occurring disorders (COD), and chronic and serious physical conditions. By examining summary statistics of WPC participants by race, gender, age, SMI, SUD, and physical health needs, we can begin to understand the need for different types of beds across the County when individuals are released at the closure of Men's Central Jail (MCJ).

Methodology

- WPC Enrollments between January 1, 2020 and December 8, 2020 were analyzed using participants' self-reported answers to demographic and eligibility questions on the CHAMP Full Screen Assessment.
    - The enrollments were then matched to LASD release records and narrowed to those who had also been released during this time frame (n=3465).
    - Further analysis was done for individuals who answered "Yes" to the question, "Are you either homeless, at risk of homelessness, or currently housed through Housing for Health?" (n=2742).
- Demographic categories were collapsed.
    - Latinx identities are not included in the Race category, but instead the Ethnicity category (Hispanic/Latino or Non-Hispanic/Latino). For purposes of this analysis, the Race and Ethnicity categories were collapsed to a Revised Race category that includes Latinx identities as either their own category, or as integrated into the More than 1 Race category.
    - To avoid sample sizes under 5 in a given categorical variable, a new gender category was created (TGI, or Trans, Gender Nonconforming, and Intersex) to combine counts of transgender women, transgender men, nonbinary, and intersex individuals.

People Experiencing Homelessness

- Given the focus on homelessness as one criterion for WPC enrollment, the percentage of participants who self-report risk or experience of homelessness is much higher than the overall jail population, but also cannot be directly compared to LASD quarterly reports, as that only asks about homelessness, not risk at release.
    - 79% of WPC participants who were enrolled and released between January 1 - December 8, 2020 reported risk or experience of homelessness.
    - LASD's Q2 Custody Division Population report (April – June 2020) shows 20% of individuals reported to be homeless.

Limitations

Due to the specialized focus of WPC, the population data is not representative of the LA County jail system as a whole, or even of MCJ. For this reason, the rates of individuals experiencing or at risk of homelessness are skewed higher than the general population. The data is entirely self-report; a Medical Case Worker or Social Worker assesses the client in person, often in a public space such as a hallway or dorm and sometimes with uniformed deputies nearby. Given that many of the questions are sensitive in nature, some individuals may not answer honestly if they believe others could potentially overhear. Lastly, this is a simplified summary analysis that does not account for COD or other overlap in participants' circumstances. SUD, mental illness, and physical illness are not mutually exclusive and further analysis needs to be done in order to accurately depict any comorbidity within this population.

Demographics

Of 3,465 individuals who were both enrolled in WPC and released from jail between January 1 – December 8, 2020, 2,742 reported that they were either at risk of homelessness at release or were experiencing homelessness prior to arrest and would be homeless again at release. This includes if the individual was housed through Housing for Health, as it is not guaranteed that the housing placement would be available to the individual at release, depending on length of time in custody.

Figure 1

WPC participants who have been enrolled and released in 2020 (n=3,465)

	Gender								
	Female		Male		TGI		Total		Experiencing or at Risk of Homelessness
Race	n	**%**	n	**%**	n	**%**	n	**%**	
American Indian or Alaska Native	4	0.5%	12	0.4%	0	0.0%	16	0.5%	87%
Asian	9	1.2%	38	1.4%	0	0.0%	47	1.4%	87%
Black or African American	214	29.4%	810	30.0%	18	54.5%	1042	30.1%	82%
Data not collected	8	1.1%	21	0.8%	0	0.0%	29	0.8%	76%
Latinx/Hispanic	347	47.6%	1317	48.7%	9	27.3%	1673	48.3%	76%
More than 1 of above races	21	2.9%	34	1.3%	0	0.0%	55	1.6%	84%
Native Hawaiian or Other Pacific Islander	3	0.4%	10	0.4%	0	0.0%	13	0.4%	85%
White	123	16.9%	461	17.1%	6	18.2%	590	17.0%	82%
Total	729	21.0%	2703	78.0%	33	1.0%	3465	100.0%	79%

Figure 2

WPC Participants at Risk of or Experiencing Homelessness

	Gender							
	Female, n=559		Male, n=2,152		TGI, n=31		Total, n=2,742	
Race	n	**%**	n	**%**	n	**%**	n	**%**
American Indian or Alaska Native	3	1%	11	0.5%	0	0%	14	0.5%
Asian	7	1%	34	1.6%	0	0%	41	1.5%
Black or African American	164	29%	669	31.1%	18	58%	851	31.0%
Data not collected	8	1%	14	0.7%	0	0%	22	0.8%
Latinx/Hispanic	253	45%	1014	47.1%	8	26%	1275	46.5%
More than 1 race	19	3%	27	1.3%	0	0%	46	1.7%
Native Hawaiian or Other Pacific Islander	3	1%	8	0.4%	0	0%	11	0.4%
White	102	18%	375	17%	5	16%	482	17.6%
Total	559	100%	2152	100%	31	100%	2742	100.0%

Figure 3

WPC Participants at Risk of or Experiencing Homelessness

Gender

	Female, n=559		Male, n=2,152		TGI, n=31		Total, n=2,742	
Race	n	%	n	%	n	%	Total	%
American Indian or Alaska Native	82	14.7%	209	9.7%	7	22.6%	298	10.9%
Asian	247	44.2%	800	37.2%	15	48.4%	1062	38.7%
Black or African American	164	29.3%	678	31.5%	6	19.4%	851	31.0%
Data not collected	62	11.1%	371	17.2%	2	6.5%	435	15.9%
Latinx/Hispanic	253	45.2%	1036	48.1%	8	25.8%	1297	47.3%
More than 1 race	19	3.4%	27	1.3%	0	0.0%	46	1.7%
Native Hawaiian or Other Pacific Islander	3	0.5%	8	0.4%	0	0.0%	11	0.4%
White	102	18.2%	375	17.4%	5	16.1%	482	17.6%
Total	559	100.0%	2152	100.0%	31	100.0%	2742	100.0%
Age (as of 12/8/2020)	n	%	n	%	n	%	Total	%
18-25	82	14.7%	209	9.7%	7	22.6%	298	10.9%
26-35	247	44.2%	800	37.2%	15	48.4%	1062	38.7%
36-45	164	29.3%	678	31.5%	6	19.4%	851	31.0%
46-55	62	11.1%	371	17.2%	2	6.5%	435	15.9%
56-69	23	4.2%	93	4.3%	1	3.2%	117	4.3%
70+	1	0.2%	1	0.0%	0	0.0%	2	0.1%
Total	559	100.0%	2152	100.0%	31	100.0%	2742	100.0%
Service Planning Area	n	%	n	%	n	%	Total	%
SPA 1 (Antelope Valley)	64	11.4%	112	5.2%	1	3.2%	177	6.5%
SPA 2 (San Fernando Valley)	82	14.7%	281	13.1%	2	6.5%	365	13.3%
SPA 3 (San Gabriel Valley)	82	14.7%	202	9.4%	7	22.6%	298	10.9%
SPA 4 (Metro)	247	44.2%	800	37.2%	15	48.4%	1062	38.7%
SPA 5 (West)	139	24.9%	572	26.6%	6	19.4%	717	26.1%
SPA 6 (South)	103	18.4%	371	17.2%	2	6.5%	476	17.4%
SPA 7 (East)	57	10.2%	196	9.1%	1	3.2%	254	9.3%
SPA 8 (South Bay)	74	13.2%	270	12.5%	0	0.0%	344	12.5%
Total	559	100.0%	2152	100.0%	31	100.0%	2742	100.0%

Race

Black individuals are disproportionately incarcerated and overrepresented in both the LA County jail population and as a result, in WPC enrollments. Comprising only 9% of the LA County populace, 31% of incarcerated people in the LA County jails are Black[1] and 30.1% of WPC participants (See Figure 1). Comparatively, Latinx/Hispanic people are 49% of LA County's population, 53% of incarcerated people in the LA County jails[1], and 48.3% of WPC participants (See Figure 1). White people comprise 26% of the County population, 13% of the LA County jail population[1], and 17% of WPC participants (See Figure 1).

Across all groups, this comprised 79% of participants and by race, the highest rates of risk or experience of homelessness were among American Indian/Alaska Native and Asian (87%), Native Hawaiian or Other Pacific Islander (85%), mixed race (84%), and Black or African American and White (82%) participants. Latinx/Hispanic participants reported the lowest risk or experience of homelessness (76%) (See Figure 1).

Of WPC participants reporting risk or experience of homelessness, 46.5% are Latinx/Hispanic participants, while 31% of Black or African American participants reported the same (See Figure 2).

Gender

Women: 559, Men: 2,152, TGI individuals: 33

Of the 2,742 participants who reported risk or experience of homelessness, the most affected group is TGI individuals, 94% of whom reported they would be homeless or at risk of homelessness at release. One note about this group is that while WPC has trained staff to ask participants how they identify their own gender identity and are able to code it as such in the database, there are cases of TGI participants' gender being coded incorrectly.

As it is in the overall jail population, cisgender men are overrepresented, comprising 90%[1] of the jail population and 78% of WPC participants during this timeframe (see Figure 1). Eighty percent of this group of men reported

[1] https://lasd.org/wp-content/uploads/2020/11/Transparency_Custody_Division_Population_2020_Q2.pdf

risk or experience of homelessness, which is less than TGI individuals, but more than cisgender women (77%) (see Figure 2).

Age

Mean 37.3, median 35; range 18-81 years

Analyzed for age, WPC participants between 26-35 years of age are most likely to report risk or experience of homelessness, regardless of gender. Among TGI individuals, 48.4% were in this age range, followed by 44.2% of cisgender women (see Figure 3).

Service Planning Area

Many WPC participants report returning to SPA 4 (Central LA, 27.8%) upon release, followed by SPA 6 (South LA, 14.8%), SPA 2 (San Fernando Valley, 13.3%), and SPA 8 (Long Beach/South Bay, 12.8%) (see Figure 3).

Mental Health, SUD, Chronic Physical Conditions

Figure 4

Experiencing or at Risk of Homelessness: Age and MH, SUD, Medical Conditions				
Age	*SMI*	*Other chronic MH condition*	*SUD*	*Chronic Physical Condition*
18-25 (n=298)	34%	64%	68%	25%
26-35 (n=1,062)	40%	66%	75%	31%
36-45 (n=721)	43%	70%	74%	35%
46-55 (n=435)	49%	72%	71%	51%
55-69 (n=216)	45%	67%	66%	67%
70+ (n=10)	60%	40%	50%	70%

By age, the older a participant is, the more likely they are to report SMI or chronic physical condition(s). Other chronic mental health conditions and SUD tended to be highest in the 26-55 age groups (see figure 4).

Mental Health

Overall, 41.9% of WPC enrolled participants who are at risk or experiencing homelessness also reported experiencing SMI and 68.1% reported a chronic mental health condition (most frequently anxiety, depression, and PTSD) (see figures 5 and 6). More than half of American Indian/Alaska Native and Black or African American participants reported experiencing SMI. By gender, SMI was most commonly reported by cisgender women (46%) and chronic mental health conditions were most frequently cited by both cisgender women (82%) and TGI individuals (81%).

Figure 5

Experiencing or at Risk of Homelessness and SMI								
	Gender							
	Female, n=559		Male, n=2,152		TGI, n=31		Total, n=2,742	
Race	n	**%**	n	**%**	n	**%**	n	**%**
American Indian or Alaska Native	3	38%	5	63%	0	0%	8	57.1%
Asian	3	18%	14	82%	0	0%	17	40.5%
Black or African American	89	19%	367	79%	8	2%	464	54.5%
Data not collected	5	45%	6	55%	0	0%	11	50.0%
Latinx/Hispanic	96	24%	297	75%	1	0%	394	30.9%
More than 1 race	12	52%	11	48%	0	0%	23	50.0%
Native Hawaiian or Other Pacific Islander	0	0%	2	100%	0	0%	2	18.2%
White	48	21%	181	78%	2	1%	231	47.9%
Total	256	46%	883	41%	11	35%	1150	41.9%

*** Total percentage in each Gender column represents percentage of the group who reported both experience/risk of homelessness and SMI.**

**** Total percentage in each Race row represents percentage of the group who reported both experience/risk of homelessness and SMI.**

For every group by both race and gender, chronic mental health conditions were reported at a much higher rate. Latinx/Hispanic individuals reported one of the lowest rates of chronic mental health conditions (58.4%), but if controlling for gender and looking at Latinx/Hispanic cisgender men, the rate increases to nearly 3 in 4 participants (see Figure 6).

Figure 6

Experiencing or at Risk of Homelessness and Chronic MH condition								
	Gender							
	Female, n=559		Male, n=2,152		TGI, n=31		Total, n=2,742	
Race	n	**%**	n	**%**	n	**%**	n	**%**
American Indian or Alaska Native	3	23%	10	77%	0	0%	13	92.9%
Asian	6	18%	27	82%	0	0%	33	78.6%
Black or African American	137	21%	493	76%	16	2%	646	75.9%
Data not collected	8	50%	8	50%	0	0%	16	72.7%
Latinx/Hispanic	198	27%	542	73%	5	1%	745	58.4%
More than 1 race	18	49%	19	51%	0	0%	37	80.4%
Native Hawaiian or Other Pacific Islander	1	25%	3	75%	0	0%	4	36.4%
White	89	24%	279	75%	4	1%	372	77.2%
Total	460	82%	1381	64%	25	81%	1866	68.1%

*** Total percentage in each Gender column represents percentage of the group who reported both experience/risk of homelessness and chronic MH condition(s).**

**** Total percentage in each Race row represents percentage of the group who reported both experience/risk of homelessness and chronic MH condition(s).**

Substance Use

1,985 (72.4%) of WPC participants who are at risk of or experiencing homelessness also reported an "active problem with alcohol or any drugs" (see figure 7). American Indian or Alaska Native individuals were more likely than average to report SUD symptoms, followed by participants who identify as multiracial.

Figure 7

Experiencing or at Risk of Homelessness and SUD								
	Gender							
	Female, n=559		Male, n=2,152		TGI, n=31		Total, n=2,742	
Race	n	%	n	%	n	%	n	%
American Indian or Alaska Native	2	17%	10	83%	0	0%	12	85.7%
Asian	5	19%	22	81%	0	0%	27	64.3%
Black or African American	96	18%	429	80%	11	2%	536	63.0%
Data not collected	5	31%	11	69%	0	0%	16	72.7%
Latinx/Hispanic	197	20%	770	79%	6	1%	973	76.3%
More than 1 race	15	41%	22	59%	0	0%	37	80.4%
Native Hawaiian or Other Pacific Islander	0	0%	5	100%	0	0%	5	45.5%
White	82	22%	293	77%	4	1%	379	78.6%
Total	402	72%	1562	73%	21	68%	1985	72.4%

*** Total percentage in each Gender column represents percentage of the group who reported both experience/risk of homelessness and SUD.**

**** Total percentage in each Race row represents percentage of the group who reported both experience/risk of homelessness and chronic MH condition(s).**

Medical/Physical Health

Chronic physical conditions were the least cited by participants, as compared to SUD and mental health conditions. As stated above, age was more a determining factor in the likelihood of a participant reporting chronic physical conditions, increasing with age (see figure 3). TGI individuals (52%) were more likely than cisgender men (37%) or women (38%) and more than half of American Indian or Alaska Native (64.3%) and Native Hawaiian or Other Pacific Islander (54.5%) reporting chronic physical conditions or illnesses (see Figure 8).

Figure 8

Experiencing or at Risk of Homelessness and Chronic Medical Condition								
	Gender							
	Female, n=559		Male, n=2,152		TGI, n=31		Total, n=2,742	
Race	n	%	n	%	n	%	n	%
American Indian or Alaska Native	1	11%	8	89%	0	0%	9	64.3%
Asian	1	8%	12	92%	0	0%	13	31.0%
Black or African American	84	21%	299	76%	12	3%	395	46.4%
Data not collected	2	50%	2	50%	0	0%	4	18.2%
Latinx/Hispanic	73	19%	318	81%	2	1%	393	30.8%
More than 1 race	8	40%	12	60%	0	0%	20	43.5%
Native Hawaiian or Other Pacific Islander	2	33%	4	67%	0	0%	6	54.5%
White	44	24%	140	75%	2	1%	186	38.6%
Total	215	38%	795	37%	16	52%	1026	37%

*** Total percentage in each Gender column represents percentage of the group who reported both experience/risk of homelessness and chronic physical condition(s).**

**** Total percentage in each Race row represents percentage of the group who reported both experience/risk of homelessness and chronic MH condition(s).**

Further Analysis to be Done

There is room for much more analysis and currently there are separate WPC evaluation efforts to determine ED and overnight hospital utilization data, along with complex analyses using the CHAMP Full Screen Assessment.

Appendix 3: Correctional Health Services (CHS) Substance & Alcohol Use Data

Characteristics of unique individuals booked at LACJ between July 1, 2020 and September 30, 2020. (N=12901)

		N	%
Race			
	American Indian/Alaskan Native	11	0.1%
	Asian	65	0.5%
	Black	3546	27.5%
	Latinx	6979	54.1%
	Native Hawaiian/Pacific Islander	13	0.1%
	White	1927	14.9%
	Other	360	2.8%
Age			
	18-25	2530	19.6%
	26-35	5080	39.4%
	36-45	2963	23.0%
	46-55	1468	11.4%
	56-69	795	6.2%
	70+	65	0.5%
Sex			
	Male	11115	86.2%
	Female	1786	13.8%
H-levels*			
	H0	7658	59.4%
	H1	3960	30.7%
	H2	1140	8.8%
	H3	125	1.0%
	H4	12	0.1%
P-levels			
	P0	1125	8.7%
	P1	904	7.0%
	P2	1544	12.0%
	P3	1755	13.6%
	P4	53	0.4%
Housing Status			
	Houseless	4310	33.4%
	Non-Houseless	8591	66.6%
Alcohol Use			
	Reported	2462	19.1%
	Not Reported	10439	80.9%
Substance use			
	Reported	3835	29.7%
	Not Reported	9066	70.3%
Opioid Use* **		858	6.7%
Benzo Use**		110	0.9%
Stimulant use**		2240	17.4%
Other use**		1571	12.2%

*Percentages may not add up 100% due to not every individual being assigned an H-level

**Unique individuals may have reported using more than one substance

***Opioid use includes MAT

Characteristics of unique individuals booked at LACJ between July 1, 2020 and September 30, 2020 who reported substance abuse. (N=3835)		
	N	**%**
Race		
American Indian/Alaskan Native	2	0.1%
Asian	18	0.5%
Black	854	22.3%
Latinx	2127	55.5%
Native Hawaiian/Pacific Islander	2	0.1%
White	91	2.4%
Other	741	19.3%
Age		
18-25	751	19.6%
26-35	1644	42.9%
36-45	878	22.9%
46-55	399	10.4%
56-69	161	4.2%
70+	2	0.1%
Sex		
Male	3301	86.1%
Female	534	13.9%
H-levels*		
H0	1976	51.5%
H1	1373	35.8%
H2	438	11.4%
H3	43	1.1%
H4	5	0.1%
P-levels		
P0	454	11.8%
P1	360	9.4%
P2	500	13.0%
P3	575	15.0%
P4	14	0.4%
Housing Status		
Housless	1851	48.3%
Non-Houseless	1984	51.7%
Alcohol Use		
Reported	1235	32.2%
Not Reported	2600	67.8%
Opioid Use* **	858	22.4%
Benzo Use **	110	2.9%
Stimulant use **	2240	58.4%
Other use **	1571	41.0%

*Percentages may not add up 100% due to not every individual
**Unique individuals may have reported using more than one
***Opioid use includes MAT

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use distributed by race and sex. (N=3835)

Male		**N**	**%**
	American Indian or Alaska Native	2	100.0%
	Asian	18	100.0%
	Black	729	85.4%
	Latinx	1843	86.6%
	Native Hawaiian or Pacific Islander	1	50.0%
	Other	80	87.9%
	White	628	84.8%
Female			
	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	125	14.6%
	Latinx	284	13.4%
	Native Hawaiian or Pacific Islander	1	50.0%
	Other	11	12.1%
	White	113	15.2%

Percentage = number of individuals of a sex and certain ethnicity/ all individuals of both sexes)of that ethnicity who reported substance use

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use distributed by race, sex, and H-Levels.

	H0	N	%
Male			
	American Indian or Alaska Native	1	50.0%
	Asian	10	55.6%
	Black	324	44.4%
	Latinx	1056	57.3%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	45	56.3%
	White	258	41.1%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	58	46.4%
	Latinx	169	59.5%
	Native Hawaiian or Pacific Islander	1	100.0%
	Other	8	72.7%
	White	46	40.7%
	H1		
Male			
	American Indian or Alaska Native	1	50.0%
	Asian	6	33.3%
	Black	316	43.3%
	Latinx	584	31.7%
	Native Hawaiian or Pacific Islander	1	100.0%
	Other	28	35.0%
	White	270	43.0%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	38	30.4%
	Latinx	82	28.9%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	3	27.3%
	White	44	38.9%
	H2		
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	2	11.1%
	Black	85	11.7%
	Latinx	192	10.4%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	6	7.5%
	White	97	15.4%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	16	12.8%
	Latinx	21	7.4%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	19	16.8%
	H3		
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	4	0.5%
	Latinx	9	0.5%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	1	1.3%
	White	2	0.3%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	11	8.8%
	Latinx	12	4.2%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	4	3.5%
	H4		
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	0	0.0%
	Latinx	2	0.1%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	1	0.2%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	2	1.6%
	Latinx	0	0.0%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	0	0.0%

Percentage = number of individuals of a sex and certain ethnicity with a certain H-level/all individuals of that sex and ethnicity who reported substance use

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use distributed by race, sex, and P-Levels.

	P0	N	%
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	3	16.7%
	Black	92	12.6%
	Latinx	210	11.4%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	11	13.8%
	White	88	14.0%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	10	8.0%
	Latinx	27	9.5%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	1	9.1%
	White	2	1.8%
	P1		
Male			
	American Indian or Alaska Native	1	50.0%
	Asian	1	5.6%
	Black	90	12.3%
	Latinx	115	6.2%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	7	8.8%
	White	68	10.8%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	16	12.8%
	Latinx	15	5.3%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	11	9.7%
	P2		
Male			
	American Indian or Alaska Native	1	0.0%
	Asian	2	11.1%
	Black	138	18.9%
	Latinx	179	9.7%
	Native Hawaiian or Pacific Islander	1	0.0%
	Other	11	13.8%
	White	105	16.7%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	13	10.4%
	Latinx	26	9.2%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	2	0.0%
	White	22	19.5%
	P3		
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	4	0.0%
	Black	121	16.6%
	Latinx	205	11.1%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	18	22.5%
	White	93	0.3%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	46	36.8%
	Latinx	54	19.0%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	3	27.3%
	White	31	27.4%
	P4		
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	3	0.4%
	Latinx	6	0.3%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	2	0.3%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	0	0.0%
	Latinx	1	0.0%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	2	1.8%

Percentage = number of individuals of a sex and certain ethnicity with a certain P-level/all individuals of that sex and ethnicity who reported substance use

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use distributed by race, sex, and specified H and P-Level overlaps*.

	H1P4	N	%
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	2	0.3%
	Latinx	4	0.2%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	1	0.2%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	0	0.0%
	Latinx	1	0.4%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	0	0.0%

*No individuals had an H3P4 overlap

Percentage = number of individuals of a sex and certain ethnicity with a certain and P-level overlap/all individuals of that sex and ethnicity who reported substance use

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use distributed by race, sex, and alcohol use.

	Alcohol Use	N	%
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	5	27.8%
	Black	259	35.5%
	Latinx	580	31.5%
	Native Hawaiian or Pacific Islander	1	100.0%
	Other	22	27.5%
	White	204	32.5%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	42	33.6%
	Latinx	84	29.6%
	Native Hawaiian or Pacific Islander	1	100.0%
	Other	5	45.5%
	White	32	28.3%

Percentage = number of individuals of a sex and certain ethnicity who reported alcohol use/all individuals of that sex and ethnicity who reported substance use

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use distributed by race, sex, and housing status.

	Unhoused	N	%
Male			
	American Indian or Alaska Native	1	50.0%
	Asian	6	33.3%
	Black	393	53.9%
	Latinx	826	44.8%
	Native Hawaiian or Pacific Islander	1	100.0%
	Other	41	51.3%
	White	342	54.5%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	56	44.8%
	Latinx	124	43.7%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	4	36.4%
	White	57	50.4%

Percentage = number of individuals of a sex and certain ethnicity with an unhoused status/all individuals of that sex and ethnicity who reported substance use

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use distributed by race, sex, and substance.

	Opioids	N	%
Male			
	American Indian or Alaska Native	1	50.0%
	Asian	4	22.2%
	Black	69	9.5%
	Latinx	411	22.3%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	28	35.0%
	White	259	41.2%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	6	4.8%
	Latinx	44	15.5%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	1	9.1%
	White	35	31.0%
	Benzos		
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	10	1.4%
	Latinx	49	2.7%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	6	7.5%
	White	40	6.4%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	1	0.8%
	Latinx	2	0.7%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	0	0.0%
	White	2	1.8%
	Stimulants		
Male			
	American Indian or Alaska Native	2	0.0%
	Asian	10	55.6%
	Black	380	52.1%
	Latinx	1132	61.4%
	Native Hawaiian or Pacific Islander	1	0.0%
	Other	47	58.8%
	White	357	56.8%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	55	44.0%
	Latinx	177	62.3%
	Native Hawaiian or Pacific Islander	1	0.0%
	Other	6	0.0%
	White	72	63.7%
	Other		
Male			
	American Indian or Alaska Native	0	0.0%
	Asian	8	0.0%
	Black	416	57.1%
	Latinx	689	37.4%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	25	31.3%
	White	195	0.3%
Female	American Indian or Alaska Native	0	0.0%
	Asian	0	0.0%
	Black	74	59.2%
	Latinx	113	39.8%
	Native Hawaiian or Pacific Islander	0	0.0%
	Other	6	54.5%
	White	45	39.8%

Percentage = number of individuals of a sex and certain ethnicity with reported type of substance use/all individuals of that sex and ethnicity who reported substance use.

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use and are unhoused distributed by P-level.

*H-Levels	Houseless	%
H0	885	47.8%
H1	707	38.2%
H2	238	12.9%
H3	17	0.9%
H4	4	0.2%

Percentage = number of individuals with self-reported substance use at each H-level who are houseless/total number of individuals with self-reported substance use who are houseless.

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use and are unhoused distributed by P-level.

*P-Levels	Houseless	%
P0	231	12.5%
P1	176	9.5%
P2	314	17.0%
P3	340	18.4%
P4	9	0.5%

Percentage = number of individuals with self-reported substance use at each P-level who are houseless/total number of individuals with self-reported substance use who are houseless.

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported alcohol use and being unhoused.

	Unhoused	%
Alcohol use		
Reported	639	34.5%

Percentage = number of individuals with self-reported substance use who reported alcohol use and are houseless/total number of individuals with self-reported substance use who are houseless.

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use and being unhoused distributed by substance type.

	Unhoused	%
Substance		
Opioid Use	442	23.9%
Benzo Use	41	2.2%
Stimulant use	1253	67.7%
Other use	662	35.8%

Percentage = number of individuals with self-reported substance use who are houseless by substance types/total number of individuals with self-reported substance use who are houseless.

Unique individuals booked into the LACJ system between July 1, 2020-September 30, 2020 who self-reported substance use and being unhoused.

	Unhoused	%
Substance use		
Reported	1851	48.3%

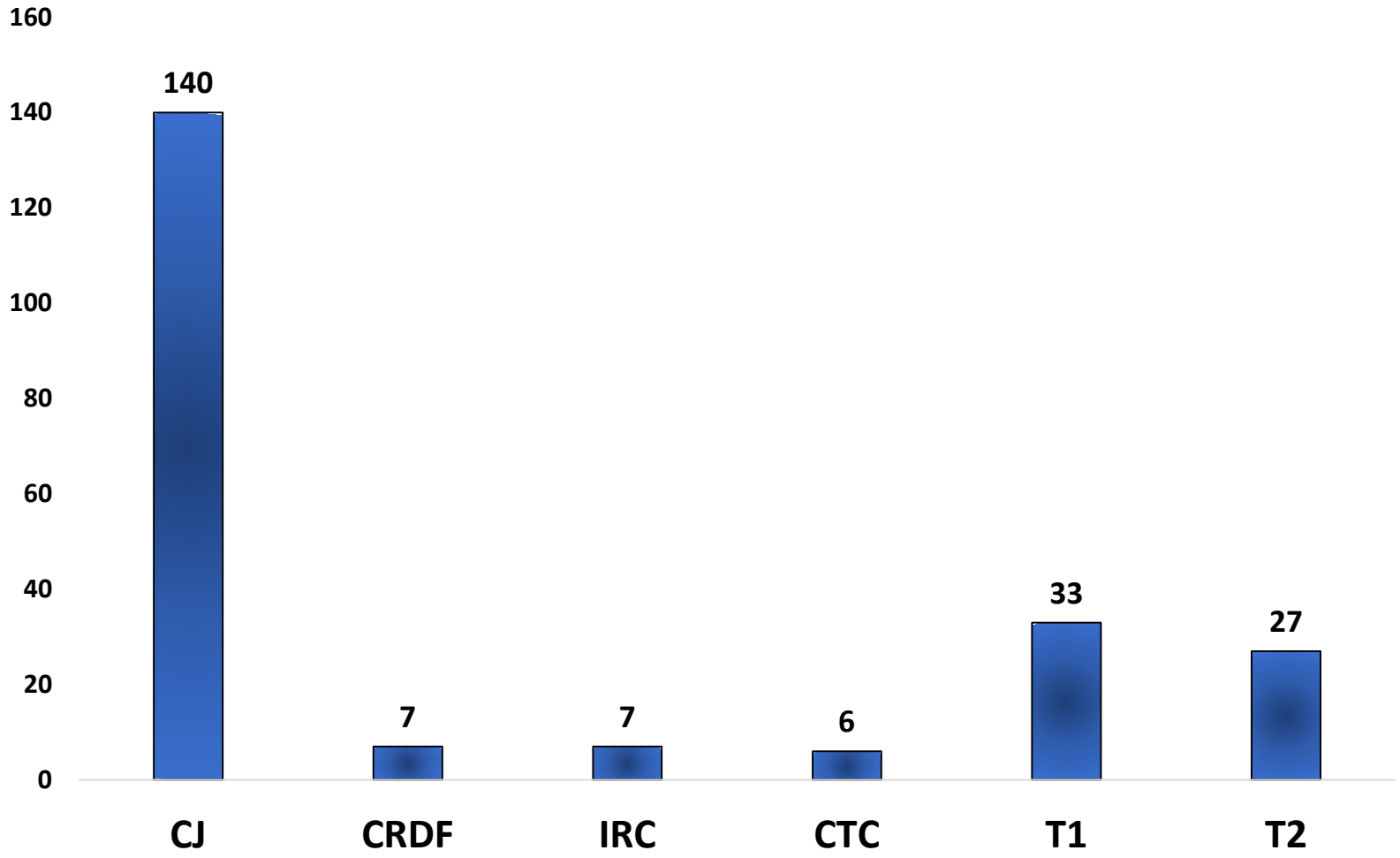
Percentage = number of individuals with self-reported substance use who are houseless/total number of individuals with self-reported substance use

Vulnerable CHS Patient List August 31, 2020 (N=1517 unique individuals)

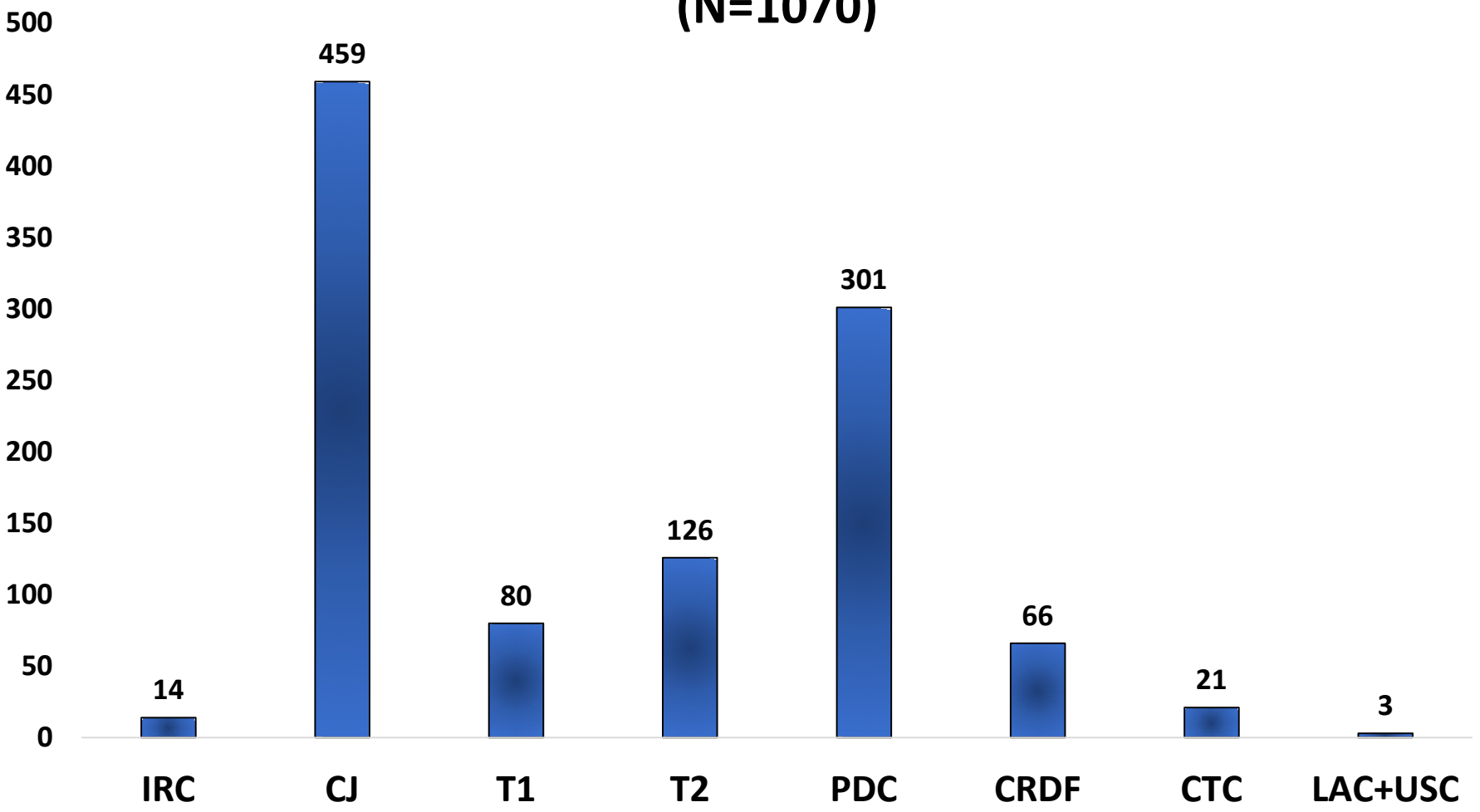
Vulnerable Category	N	Total population (N=13422)
Age ≥ 65	196	1.5%
Immunocompromised§	52	0.4%
AFIB†	29	0.2%
CHF†	83	0.6%
Mechanical Valve†	7	0.1%
Thalassemia†	4	0.03%
Moderate to Severe Asthma‡	380	2.8%
Cancer	20	0.1%
Sickle cell†	23	0.2%
CKD*	81	0.6%
CAD†	68	0.5%
COPD†	98	0.7%
Transplant†	6	0.04%
Cirrhosis†	50	0.4%
Dialysis	11	0.1%
CTC LOS > 14 days	30	0.2%
Pregnant**	19	0.1%
DM Type II†	672	5.0%
DM Type I†	54	0.4%
Cardiomyopathy†	13	0.1%
Total	1896	14.1%

*Based on laboratory results
†Based on diagnosis codes
‡Based on diagnosis codes + medication orders
§Based on laboratory levels and medications
**Based on H-Level

HIV-Positive Individuals by Location September 1, 2020 (N=220)



Hepatitis-C-Positive Individuals by Location September 1, 2020 (N=1070)



Appendix 5: Los Angeles Sheriff's Department (LASD) COVID Early Release Strategies

Overview of Early Release Strategies Utilized by the Sheriff's Department to Reduce Jail Population during the COVID-19 Pandemic

The Los Angeles County Sheriff's Department (LASD) has engaged in energetic and ongoing efforts --- using every tool at its disposal and working closely with its justice partners and the Superior Court--- to safely reduce the jail population during the COVID-19 pandemic (COVID). LASD processed 119,432 people through the County jails system, accepting 56,651 and releasing 62,781 of them in 2020. These numbers do not include those who spent time at local police or station jails; just those who arrived at the Inmate Reception Center (IRC) or Century Regional Detention Facility (CRDF).

For pre-trial inmates, the LASD does not have the discretion to release them because a judge has set bail, or other conditions, that they have not yet met, or has denied bail. As discussed more fully below, LASD's justice partners have enthusiastically looked at these cases throughout the pandemic, stipulating to releases where appropriate. These efforts continue to this day. There are presently very few pre-trial inmates incarcerated on non-serious, non-violent, non-sexual charges.

The federal court "Rutherford" orders of the 1980s and 1990s are the mechanism by which the LASD has traditionally been able to release sentenced people early because of overcrowding. Before COVID, because of overcrowding, LASD would only release people early who had been sentenced directly to the County jail on misdemeanors (those doing "County time"). Historically, depending on the overall population and facility capacities, individuals sentenced to County time for misdemeanor crimes would serve anywhere between 10-100% of their sentences; because of COVID considerations, this is currently set to 10%. Those sentenced for felonies under AB109 would previously complete 100% of their sentences. AB109 is the California Public Safety Realignment Act of 2011. It resulted in people serving their time in the County jail for non-serious/non-violent/non-sexual felonies (as defined in the Penal Code) where they previously would have done their time in state prison. For the first time ever and solely because of COVID, LASD expanded the "Rutherford" releases to those sentenced for AB109 crimes who were within a year of release and had completed at least 70% of their sentences. In addition to using the compassionate release process where appropriate, LASD also released medically vulnerable AB109 inmates who had completed at least 10% of their sentences.

Using its "Rutherford" authority, and solely because of COVID, LASD also increased the "shorts" (inmates sentenced to small amounts of time) from 180 days to 240 days. Previously, LASD would automatically release an inmate sentenced on a misdemeanor crime to 180 days or less in County jail when they arrived to serve their sentence. Because of COVID, and for the duration of the pandemic, LASD has and will automatically release those sentenced on misdemeanor crimes to 240 days or less.

Additionally, LASD has been using the procedure under Penal Code §4024.1 which allows the release of sentenced prisoners to relieve overcrowding with permission of the Superior Court. The Superior Court renews authority to the Sheriff pursuant to this statute every 30 days. Using its combined authority under "Rutherford" and Penal Code §4024.1, LASD is also releasing qualifying inmates who have served 10% of their sentence with up to 30 days remaining to serve.

LASD has historically released on citations to appear most pre-trial inmates arrested on misdemeanors (other than those prohibited by statute - misdemeanor sex and domestic violence crimes, etc.). Pursuant to Penal Code §853.85, a judge must issue an order to release those arrested for felonies because cite releases are not authorized for felony offenses. Before the statewide emergency bail schedule, the Superior Court had worked with LASD and other justice partners to create a system for bail deviation hearings so that pre-trial felons being held on non-serious, non-violent, non-sexual charges could be released on a citation. LASD delivered lists of qualified inmates to the District Attorney's Office/Public Defender's Office for vetting and bail deviation hearings took place. The first list delivered in March 2020 by LASD included those qualified inmates who were age 60 and over. The total on the lists exceeded 2,400 people before they were done. The Superior Court held hearings with the Public Defender's Office/Alternate Public Defender's Office and District Attorney's Office, stipulating to a release where possible, and then sending a release order to LASD with a date on which the person was to return to court. LASD then processed the release, providing the person with a notice to appear. The statewide emergency bail orders and the subsequent countywide emergency bail orders have largely made this process moot as most people charged with non-serious, non-violent, non-sexual charges are being released on citations in the field or at station jails.

Once the statewide emergency bail schedule went into effect on April 13, 2020, LASD scoured its records to locate any pre-trial inmates incarcerated on qualifying felonies who had not yet been arraigned that LASD could release on its own authority. They did not find any. For those who had already been arraigned, individual judges were required to adjust the bail to $0 for qualifying felonies.

Early in the pandemic, LASD also increased the maximum aggregate bail amount on misdemeanor offenses and warrants for initial admission to the jail (excluding misdemeanor sex crimes, domestic violence and select others) from $25K to $50K. LASD Custody executives have also worked with the Probation Department to restrict incarceration for technical violations during COVID. Early in the pandemic, the Presiding Judge of the Superior Court, Criminal Division, signed an order releasing all inmates sentenced only on technical probation violations.

Additionally, LASD stopped accepting out-of-county arrests on Los Angeles County warrants unless the charge was for a serious or violent felony. LASD requested that the out-of-county agency that made the arrest release the person on a new citation instead of transferring them to the LA County jail.

Finally, it is worth noting that on March 24, 2020, Governor Gavin Newsom issued an executive order directing the California Department of Corrections and Rehabilitation (CDCR) Secretary to temporarily halt the intake and/or transfer of inmates into the state's 35 prisons. Although intake has temporarily opened again at times, the order has remained largely in effect throughout the pandemic. At the time the order was issued, LASD had 568 state sentenced inmates in custody. As of January 20, 2021, that number had grown to 3,334. Subtracting the difference in these numbers from the total population shows that the ongoing efforts made by the LASD and its justice partners to safely depopulate the jail have worked and continue to be effective.

NEW BOOKINGS AND RELEASES FOR 2020

JANUARY THRU DECEMBER

NEW BOOKINGS			
MONTH	MALE	FEMALE	TOTAL
JAN	7,068	1,424	**8,492**
FEB	6,347	1,202	**7,549**
MAR	4,843	861	**5,704**
APR	2,471	383	**2,854**
MAY	3,017	477	**3,494**
JUN	2,854	519	**3,373**
JUL	3,403	556	**3,959**
AUG	3,750	571	**4,321**
SEPT	3,807	633	**4,440**
OCT	4,124	695	**4,819**
NOV	3,399	569	**3,968**
DEC	3,205	473	**3,678**
TOTALS	**48,288**	**8,363**	**56,651**

RELEASES					
	IRC / CRDF		COURT		
MONTH	MALE	FEMALE	MALE	FEMALE	TOTAL
JAN	6,327	1,238	1,022	282	**8,869**
FEB	5,903	1,136	945	234	**8,218**
MAR	6,311	1,245	1,189	290	**9,035**
APR	3,837	736	778	150	**5,501**
MAY	2,633	366	375	72	**3,446**
JUN	2,370	440	511	114	**3,435**
JUL	2,675	439	436	65	**3,615**
AUG	2,855	449	468	67	**3,839**
SEPT	2,682	506	586	105	**3,879**
OCT	3,316	614	524	72	**4,526**
NOV	2,880	462	433	80	**3,855**
DEC	3,436	513	562	52	**4,563**
TOTALS	**45,225**	**8,144**	**7,829**	**1,583**	**62,781**

Average Monthly Bookings

Males	**4,024**
Females	**697**
Total	**4,721**

Average Monthly Releases

Males	**4,421**
Females	**811**
Total	**5,232**

Appendix 6: JFA Institute Facility Scenario

JFA Institute Summary of Pre and Post Reform Facility Populations and Bed Capacities: Provided to the MCJ Closure Workgroup

Facility	Sub-Detail	Current Population	Ending Population	Ending LASD Capacity	Ending BSCC Capacity	Over BSCC. Capacity
MCJ	Old Side	1,982	0	0	0	0
	New Side	1,945	0	0	0	0
	MOSH	400	0	0	0	0
TT		3,046	3,046	4,274	2,432	614
CRDF	East	509 females	411 males	514	514	-103
	West	858 females	498 females	1,478	848	-350
PDC North		1,427	830	1,536	830	0
PDC South		882	782	1,525	782	0
PDC East		20	20	20	20	0
NCCF		3,374	2,336	4,334	2,214	122
IRC		180	180	0	0	0
Outpatient		153	153	0	0	0
USCM		23	23	0	0	0
Totals		14,799	8,279	13,681	7,640	283

Key Assumptions for Phased Closure of MCJ:

1. CDCR reduces the SP4 backlog by 2,200 over the 12 month period;
2. Courts change current pretrial and sentencing policies to divert and reduce current lengths of stay (LOS) for the majority of people now being admitted and released from jail system (currently about 4,000 per month) to reduce current jail population by another 4,400 over next 12 months;
3. Law enforcement agencies continue to restrict arrests and bookings (Figure 1);
4. LASD continues to immediately release people with sentences of 240 days or less;
5. Female population at CRDF is reduced by 300 to depopulate CRDF East Side in first 3 months;
6. All patients in the MOSH (about 400) are relocated to Twin Towers and/or to the partially renovated PDC-East over 12 months;
7. All male K-10-20s (currently about 330) in CJ are relocated to CRDF East by month 6 and are single celled (reduces CRDF capacity);
8. All other male Keep Aways (currently about 700) are relocated to either NCCF or Twin Towers over 12 months, and, are double celled or placed in specialized dorms;.
9. PDC-East remains partially closed until extensive renovations are completed (estimated three years at $100 million); and,
10. All other MCJ support functions and spaces (transportation, power plant, kitchen, administrative offices, court line) remain open.

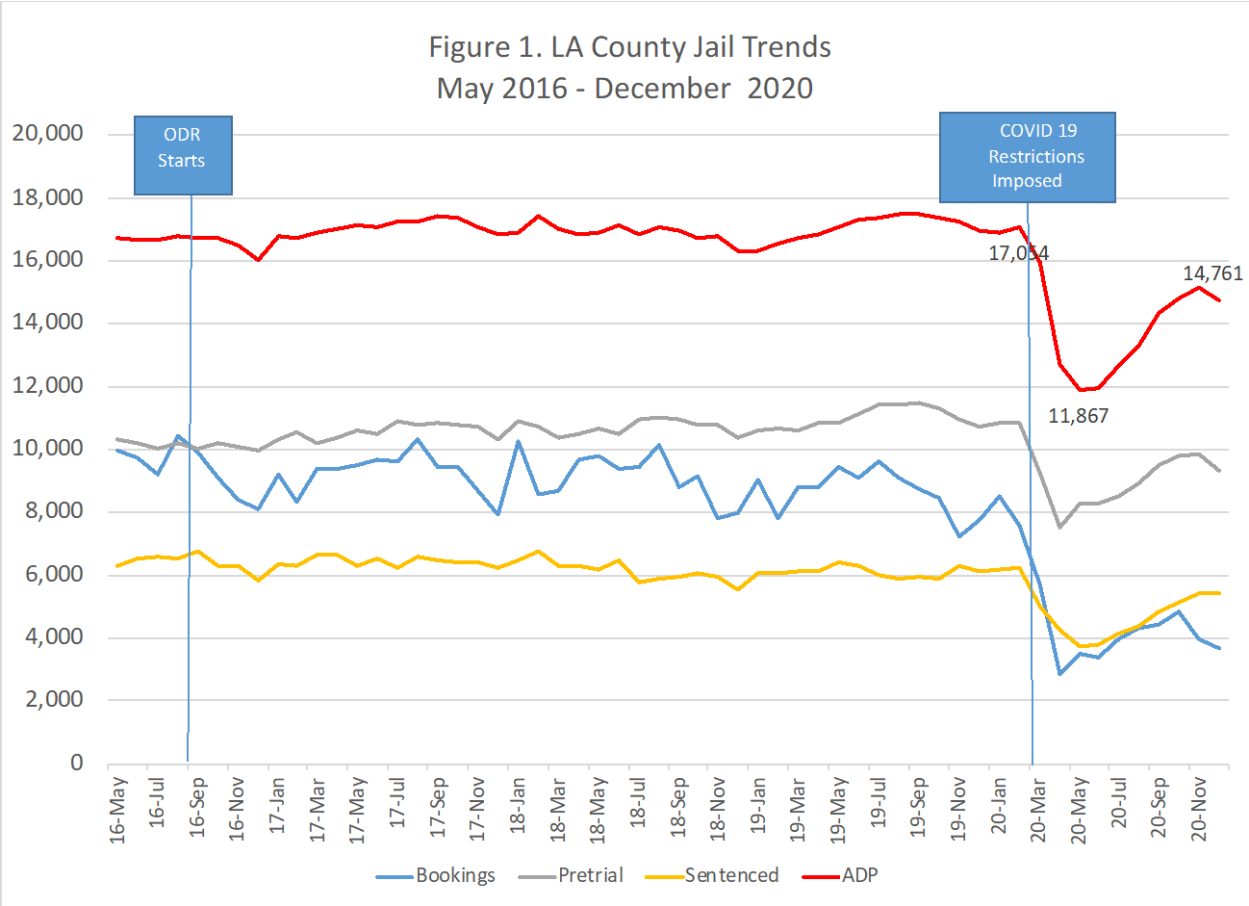


Figure 1. LA County Jail Trends
May 2016 - December 2020
ODR Starts
COVID 19 Restrictions Imposed
17,054
14,761
11,867
20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
16-May
16-Jul
16-Sep
16-Nov
17-Jan
17-Mar
17-May
17-Jul
17-Sep
17-Nov
18-Jan
18-Mar
18-May
18-Jul
18-Sep
18-Nov
19-Jan
19-Mar
19-May
19-Jul
19-Sep
19-Nov
20-Jan
20-Mar
20-May
20-Jul
20-Sep
20-Nov
Bookings
Pretrial
Sentenced
ADP

CERE Appendix

Organizations who participated in the CERE Advisory Group:

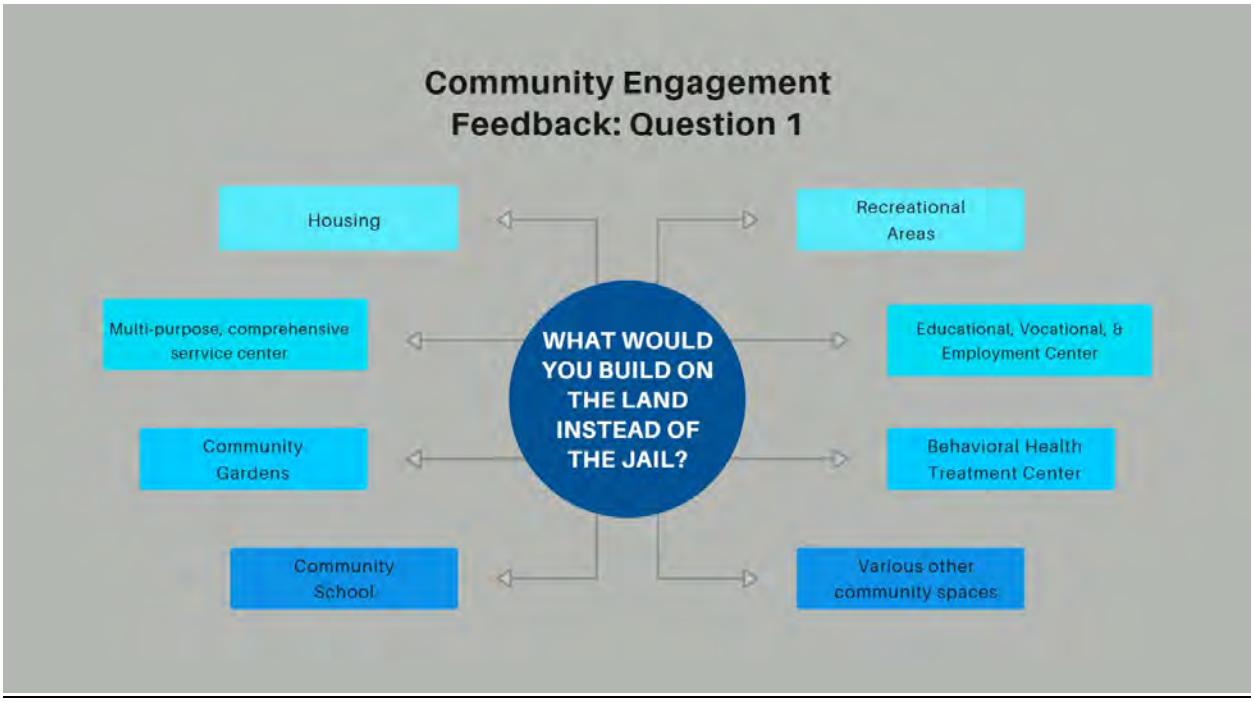
ACLU of Southern California, Advancement Project, Californians for Safety and Justice, Community Coalition, Dignity and Power Now, Drug Policy Alliance, Frontline Wellness Network, InsideOUT Writers, LA County Department of Health Services, LA County Public Defender's Office, La Defensx, Million Dollar Hoods, NAMI Greater Los Angeles County, Participatory Budgeting Project, Paving the Way Foundation, Reentry Health Advisory Collaborative, Special Services for Groups, St. John's Well Child and Family Center, The Bail Project, The California Endowment, Timelist Group, Translatin@ Coalition, UCLA Bunche Center and Vera Institute of Justice.

Community Engagement Feedback Phase II:

The following are the key themes that reflect the feedback gathered from two out of the three questions posed about closing Men's Central Jail. The majority of participants provided feedback that focused on physical and service-based infrastructure that was led by the community and did not involve law enforcement. Participants named that this community based infrastructure should be geared towards servicing these communities: Black, Indigenous, Latinx, People of Color, American Descendants of Slaves, Reentry, Currently Incarcerated People, Trans and Gender Non-Conforming People, LGBQ+, Women, Intergenerational Groups, Young People, Families with Children, Teens and Teen Parents, Low Income People, Houseless People, Survivors of Intimate Partner Violence, Veterans, People in Gangs, the Elderly, Differently Abled People, Survivors of Human Trafficking, Undocumented People, and the Disenfranchised.

"What would you build on the land instead of the jail?"

The key themes for question 1, the breakdown of the number and percentage of respondents that responded to each theme, and the descriptive components for each theme are shown below.



Theme	Number of Responses	Percentage of Respondents
Housing	76	29.40%
Multi-purpose, Comprehensive Service Center	62	24%
Recreational Areas	28	10.80%
Behavioral Health Treatment Center	23	8.90%
Educational, Vocational and Employment Center	22	8.50%
Community Gardens	20	7.80%
Community School	15	5.80%
Various Other Community Spaces	12	4.70%
TOTAL	258	99.90%

- Housing
    - Descriptive Components:
        - Affordable Housing
        - Transitional Housing
        - Shelters
        - Permanent Housing
        - Permanent Supportive Housing
        - Emergency Housing
        - Independent Living
        - Co-op or Eco-Village
- Multi-Purpose, Holistic, Comprehensive Service Center
    - Descriptive Components:
        - Green Space
        - Community Led
        - A Space to Heal, Grow, and Prosper
        - A Safe Place
        - Free Wifi and Technology
        - Co-working Space and Community Gathering Rooms
        - Transportation Support
        - Housing on Site
        - Mentoring and Learning Space
- Community Gardens
    - Descriptive Components:
        - Grocery Store (i.e. fresh food, healthy choices)
        - Pantry
        - Community Fridges
- Community School
    - Descriptive Components:
        - Free
        - Social Justice and Ethnic Studies
        - Tutoring Center
- Educational, Vocational and Employment Center
    - Descriptive Components:

        - Self Help Center
        - Small Business Startup Center
- Recreational Areas
    - Descriptive Components:
        - No Fences
        - Parks with intergenerational amenities/programs and a playground
        - Recreational Center, Athletic Field and/or Gym
        - Youth Center
        - Community Theatre or Open-Air Performance Center
        - Meditation Center
        - Library
        - Pool or Artificial Lake
- Behavioral Health Treatment Center
    - Descriptive Components:
        - Residential Beds
        - Acute Care Residential Beds
        - Mental Health Care Facility or Hospital
        - Safe Consumption Site
        - Harm Reduction Center
        - Free Mental Health Services

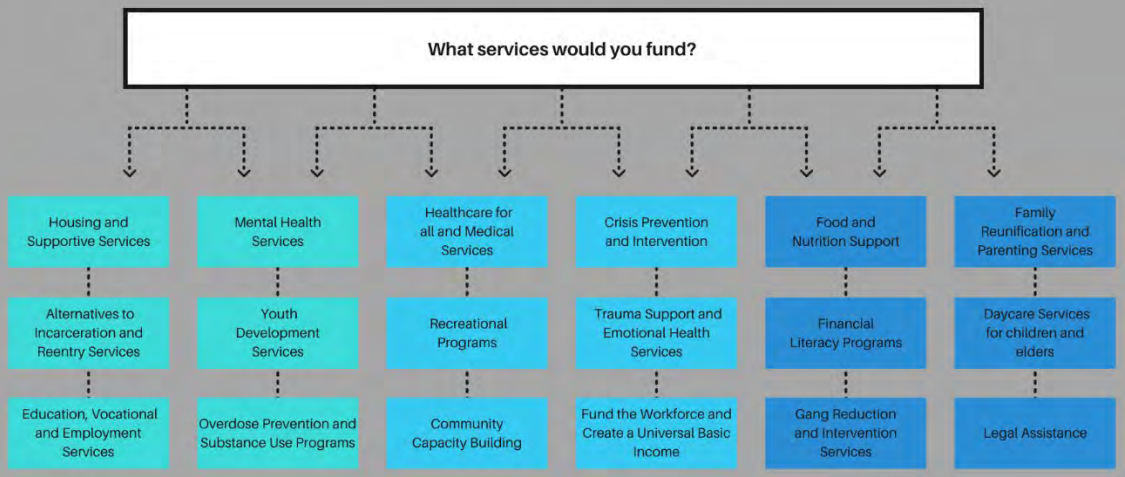
Other less consistent ideas included giving the land back to the Tongva Tribe, Alternative Dispute Resolution Center, Public Health Clinic, Trauma Recovery Center, Entertainment Center, Parking Lots and Special Courts.

"What services would you fund?"

Question 2 responses were also woven into question 1 responses so only the qualitative analysis of these responses is shown below. An additional engagement activity would have to be performed to assess the number and percentage of the community that would prioritize the themes shared below.

COMMUNITY ENGAGEMENT

Question 2



MCJ Closure - Mental Health Community Pathway

	LOCKED			UNLOCKED				
Level of Care	**STATE HOSPITAL**	**MENTAL HEALTH HOSPTIAL/ACUTE PSYCHIATRIC HOSPITAL**	**MENTAL HEALTH SUBACUTE**	**COMMUNITY RESIDENTIAL**		**OUTPATIENT**		
Description	24/7 care for longer-term stays (mostly subacute)	24/7 acute care for short-term stays	24/7 subacute (but still locked) care for longer-term stays	24/7 residential (unlocked) care for both short- and longer-term stays		Field and/or Clinic-based Mental Health Services		Field-based Mental Health and Intensive Case Management Services with Housing
Facility or Program Name	METRO, PATTON, NAPA, ATASCADERO, COALINGA	OLIVE VIEW-UCLA, HARBOR-UCLA; LAC+USC; DEL AMO	LACASA; GATEWAYS, IMDs	DMH - Enriched Residential Services (ERS)	ODR - DSH Diversion; FIST-CBR; Some ODR Housing Interim Sites	DMH - Full Service Partnership (FSP) & Assisted Outpatient Treatment (AOT)	DMH - OCS, PEI, Wellness	ODR - ODR Housing
Summary	California Department of State Hospitals (DSH) - State Hospitals serve individuals with the most serious long-term needs.	Includes County and Private LPS designated hospitals for individuals placed on involuntary holds.	These are locked settings designed to provide longer-term 24/7 mental health care to individuals with long-term intensive mental health needs. Most are licensed as Skilled Nursing Facilities with Special Treatment Programs (SNF/STP), though a few are licensed as a Mental Health Rehabilitation Centers (MHRC).	Unlocked settings which are designed to provide longer-term 24/7 mental health care to individuals with chronic mental health needs, but in a less secure facility that allows for greater client autonomy and integration into the surrounding community.	Unlocked settings which are designed to provide 24/7 on-site, wrap-around services. Housing and services provider by same provider. mental health care to individuals with chronic mental health needs, but in a less secure facility that allows for greater client autonomy and integration into the surrounding community.	Field-based, wraparound services for high-need clients. Services only - housing is not directly provided.	Field and/or Clinic-based Mental Health Services. Services only - housing is not directly provided.	Field-based services, combined with interim housing and permanent supportive housing (PSH). PSH includes scattered site, project-based, and congregate facilities like Board and Cares, Assisted Living.
Population Characteristics	Mostly serve those who have been placed there via court order, such as individuals deemed Incompetent to Stand Trial (IST), Not Guilty by Reason of Insanity (NGRI), or a Mentally Disordered Offender (MDO). But also serves LPS/Gravely Disabled individuals.	Serves individuals placed on involuntary psychiatric holds.	LPS Conserved for Grave Disability	SMI, in need of on-site, wrap-around services	SMI, in need of on-site, wrap-around services. Felony cases, court-supervised.	SMI, significant functional impairments, recent jail and/or psychiatric hospital episodes, high-need.	Generally not SMI and/or have minimal functional impairments.	SMI, significant functional impairments, currently homeless, high-need. Court diversion or matriculation from other ODR programs like FIST or DSH graduates.
Eligibility Criteria	Court-ordered or LPS conserved	Must meet criteria for an involuntary hold	LPS Conserved for Grave Disability	SMI, must be routed through DMH. Provider has discretion to accept/decline. Generally want clients that show 'motivation'.	SMI, different legal and clinical criteria per program	SMI, significant functional impairments, recent jail and/or psychiatric hospital episodes, high-need.	Generally not SMI and/or have minimal functional impairments.	SMI, significant functional impairments, currently homeless, high-need
Housing	Treatment + Inpatient/Temporary Bed	Treatment + Inpatient/Temporary Bed	Treatment + Inpatient/Temporary Bed	Treatment + Community/Home-like bed (not permanent)	Treatment + Community/Home-like bed (not permanent)	Independently Housed; living with family; Board + Care; Permanent Supportive Housing; Interim Housing (shelter/bridge); unsheltered	Independently Housed; living with family; Board + Care; Permanent Supportive Housing; Interim Housing (shelter/bridge); unsheltered	Interim and Permanent Supportive Housing
Funding Characteristics	State/DSH					MHSA; Client Supportive Services (CSS)/"flex funds" for client needs	Very limited CSS/flex funds. Not meant to pay for housing	Housing and ICMS funded by ODR. When possible, FSP services are utilized.
Barriers from Jail	Waitlist; Limited LPS capacity due to high forensic population	Limited availability from jail (ODR-Olive View unit, 18 beds).	Waitlist; Limited availability	Provider discretion, preference for motivation, can exclude high-need or high-barrier people. Not available to registered sex offenders.		FSP TRANSFORMATION IN PROGRESS! Referral and linkage process is time-consuming, paper-heavy, and complicated. Provider tasked with finding housing for clients when needed which creates delays in getting people into FSP from locked settings.	Limited amount of flex funds and subsidized housing is a barrier. Clinically some clients do not need FSP level of care, but they need housing. This can lead to 'watering down' of FSP.	Community-initiated conservatorship would assist in keeping people out of locked settings and may help those in need but not "holdable" to access public guardian services. Lack of facilities that can effectively provide residential treatment for SMI, substance users.
Corresponding Mental Health Levels of Care in LAC Jails (P-Levels)	P2, P3 or P4 (awaiting state hospital transfer/FIST) = approx. 300	P4 or P3 (approx. 260)	P3 (approx. 700)	P2 (% of 2,545)	P2 (% of 2,545)	P2 (% of 2,545)	P1 (approx. 2,060)	P2 (% of 2,545)
Housing - Number of Homeless Individuals and Specific Needs	N/A	N/A	N/A	Based on WPC approx. 70%	Based on WPC approx. 70%	Based on WPC approx. 70%	Based on WPC approx. 70%	Based on WPC approx. 70%
Opportunities/Potential Community Pathway	FIST program expansion	Expansion of forensic inpatient beds designated for transfers from jail.	Alternate placements for conserved individuals not needing subacute/locked setting? If conservatorship could initiated in the community, outside of a LPS facility or jail, it would free up some acute and subacute beds, and potentially jail as well.	Expand ERS capacity for special populations; use a 'screen-in' approach rather than a 'screen-out' approach. Facilitate easier access for providers to screen individuals in custody (i.e. video conference)	Expansion/increase funding	Improve referral and FSP linkage process especially from the jail. Provide more options or assistance for locating housing. More AOT capacity needed - waitlist - and threshold is high. Implement/increase fidelity with Forensic Assertive Community Treatment (integrate probation/parole into team and have explicit goal to decrease law enforcement contact).		Expansion/increased funding.
Questions Per LOC	Of the current people waitlist for state hospital transfer, how many are FIST? With more CBR capacity could they be diverted or are they legally inappropriate/deemed dangerous?	Do '5150 releases get taken to Psychiatric E.R.s?	What is the current count of people in the process of being conserved in the LAC jails?					
General Recommendations	*Increase number of psychiatrists/prescribers in the jails. Access to medication support should be faster, but staffing needs to increase.*	*Greatly increase the use of video conferencing from the jails for court appearances (would decrease court transportation needs) and for community providers to provide pre-release planning.*	*Improve coordinated release process to more closely resemble conditional releases. Increase use of conditional releases where possible.*	*Balance timely release from custody with need for coordination of community services, particularly for vulnerable populations.*				

COMMUNITY BASED TREATMENT COST FOR FIRST 3600 DIVERTIBLES- YEAR ONE

	ENRICHED RESIDENTIAL SERVICES (ERS) (ODR/DMH)			INTENSIVE CLINICAL SERVICES & HOUSING (ODR/DMH/HFH)			OUTPATIENT CARE SERVICES/RAPID REHOUSING (ODR/DMH/HFH)			TOTAL ALL SERVICES
Services	Board & Care-daily interaction from treatment team-Mental Health Counseling; Individual Therapy; Group Therapy; Med Support: LVN/RN; Targeted Case Management-ratio 1:10			Mental Health Counseling; Individual Therapy; Group Therapy; Med Support: Targeted Case Management-typical interaction 4x/wk ratio 1:10			Weekly or bi-weekly -Mental Health Counseling; Individual Therapy; Group Therapy; Med Support: Targeted Case Management-ratio 1:20			
Impairment Levels	P4/P3&H3/ H4			P3/P2 &H3/H2			P2/P1 & H2/H1			
Proposed Number of Clients*	540			2,160			900			3,600
	Monthly per Client	**Yearly per Client**	**Annual/540 Clients**	**Monthly per Client**	**Yearly per Client**	**Annual/2,160 Clients**	**Monthly per Client**	**Yearly per Client**	**Annual/900 Clients**	**Annual 3,600 Clients**
Clinical Services	$ 2,667	$ 32,000	$ 17,280,000	$ 1,750	$ 21,000	$ 45,360,000	$ 792	$ 9,500	$ 8,550,000	$71,190,000
Intensive Case Management Services	600	7,200	3,888,000	600	7,200	15,552,000	600	7,200	6,480,000	25,920,000
Housing (DHS/DMH-FLEX FUNDS)	3,802	45,625	24,637,500	3,194	38,325	82,782,000	2,890	34,675	31,207,500	138,627,000
Total Costs of Services	$ 7,069	$ 84,825	$ 45,805,500	$ 5,544	$ 66,525	$ 143,694,000	$ 4,281	$ 51,375	$ 46,237,500	$ 235,737,000

Annual costs for services	**$235,737,000**
Annual cost for Diversion Program Infrastructure	**1,896,132**
Total Annual Costs	**$237,633,132**
Average cost per client /per year	**$ 66,009**
Average cost per client /per day	**$ 181**

*Of 3600 divertibles, assuming 15% are ERS level; 60% are INTENSIVE ODR HOUSING/FSP level and 25% are OCS/RAPID REHOUSING level

Interim Housing Capacity Development: Given the two year implementation plan for diversion the plan for developing the necessary interim housing capacity beds relies simultaneously on enhancing and expanding the community based residential housing infrastructure that currently exists. This includes sites that have reasonable conversion potential to be brought on line. The approach of procuring or contracting with community based housing vendors for this type of interim housing has been successfully used by DHS/ODR. Specifically, DHS utilizes existing contracting mechanisms through Brilliant Corners to develop agreements with interim housing providers in the community. During the budget negotiation process, DHS may offer start- up costs (i.e. renovations, furniture and equipment) which can range between $25,000 to $75,0000 depending on the need and extent of the work needed. Our housing cost proposal includes rates that are known to be competitive in the marketplace and given the security to a vendor of a long term contract with the County we think this procurement strategy can be effective.