

6th Assembly District, Sacramento County

AB 2882 – Community Corrections Accountability Act

SUMMARY

AB 2882 enhances existing planning and reporting processes in our community corrections system (county jails), delivering a safer California for all.

PROBLEM

California has successfully decreased its reliance on incarceration, with the combined jail and prison population decreasing by 41% since 2007.¹ However, those housed in county jails are increasingly in need of mental health care.

The share of incarcerated in California county jails with mental health needs has been steadily increasing in recent decades. Today, **53% of county inmates have mental health needs** – up from approximately 20% in 2010.²

Local budgets have not adjusted to meet the needs of the new jail population. **46 counties spend less than 15% of Public Safety Realignment funding on behavioral health**, according to analysis conducted by the Steinberg Institute. 36 counties spend less than 10% of funding on behavioral health.³

Research consistently demonstrates that addressing behavioral health needs of our justice-involved population reduces recidivism.⁴ If local budgets do not reflect the growing behavioral health needs of our jail population, we will not see improvement in reducing recidivism and our overreliance on incarceration.

BACKGROUND

In 2011, California shifted responsibility for lower-level felony convictions from state prison and parole to county jail and probation. This major policy shift, known as public safety realignment, tasked counties with reducing recidivism through evidence-based

programs, including behavioral health treatment. In exchange, counties received state funds – \$2 billion in FY 2022-23 – to carry out this work. Counties determine how annual public safety realignment funds are spent through a stakeholder process known as the Community Corrections Partnership (CCP). A subset of CCP members in each county vote on the final plan that guides how dollars are spent.

While CCP plans share high-level spending information with the state, there is no uniform statewide data collection on how those dollars are actually spent or if the dollars moved us closer to our statewide goals of reducing recidivism.

Since public safety realignment, the mental health needs of California’s jail population has sharply risen. At the same time, the state has undertaken major behavioral health reforms intended to support this population and make improvements to how behavioral health data is reported. The largest of these reforms include: (1) California Advancing and Innovating Medi-Cal (CalAIM) initiative, which includes criminal justice components, and (2) Proposition 1, which, if approved by voters on the March 2024 ballot, will include justice-involved people as one focus population for billions of dollars in behavioral health funding.

Currently, public safety realignment spending and outcomes data do not align with our behavioral health reforms, creating a knowledge gap that prevents California from leveraging every available dollar to meet our statewide goals of reducing recidivism and improving public safety. California now has the opportunity to leverage, expand, and coordinate services that will be invaluable for counties and, more importantly, clients.

¹ <https://shorturl.at/zMOT9>

² <https://shorturl.at/zMOT9>

⁴ schar.gmu.edu/news/2022-08/study-reduce-jail-populations-increase-mental-health-services-communities

SOLUTION

AB 2882 will improve transparency and accountability of how we spend our county public safety funding. Doing so will ensure we use every dollar to its fullest potential and reach our goals of reduced recidivism, by requiring:

1. **County-led goal-setting to maximize all available resources.** Counties would set goals for reductions in recidivism, daily jail population, jail bookings, and length of stay, as well as increasing connections to behavioral health care services. As part of annual goal setting, counties will be tasked with identifying additional funding sources, such as federal financial participation for Medi-Cal services that can be leveraged with public safety realignment dollars to increase the financial resources available to meet their goals.
2. **The incorporation of more behavioral health stakeholders into local planning.** Our jail population landscape is changing and significant parallel behavioral health policy shifts are underway. It is essential to have local behavioral health leaders at the table to ensure our efforts across public safety and behavioral health are aligned. This bill would add behavioral health service providers and Enhanced Care Management Plans that provide Medi-Cal services to the justice population to the CCP stakeholder process. This bill also gives each county department of social services, mental health, and substance use disorders a vote in approving the CCP plan. Currently, the board of supervisors appoints one of the three departments to receive only one vote.
3. **Enhanced statewide reporting to identify and spread best practices that maximize resources and deliver strong outcomes.** This bill would develop a public dashboard showing how counties spend their public safety dollars and outcomes for the justice population, including recidivism rates and outcomes. Specifically, this bill would align the public safety realignment spending data with Proposition 1 county behavioral health spending data and compare county outcomes to the goals they set in their CCP plan.

SUPPORT

Steinberg Institute, Sponsor
Californians for Safety and Justice, Sponsor

FOR MORE INFORMATION

Alyssa Lee
Alyssa.Lee@asm.ca.gov
(916) 319-2560