



Misaligned: California's Local Public Safety Funding Doesn't Meet Today's Needs

March 2024



Too many Californians with significant behavioral health needs find themselves languishing in our jails while their illness is left untreated. Counties report that **53 percent of people in county jails have an open mental health case**, a figure that has more than doubled since 2010. While state-level information on substance use disorder prevalence is limited, national estimates find that over 60 percent of incarcerated people have a substance use disorder. These figures likely underestimate the true prevalence of behavioral health conditions among incarcerated individuals due to a lack of standardization in data tracking and reporting.

Connecting these individuals with effective behavioral health care is essential to reduce needless human suffering, shorten incarceration stays, and improve public safety by preventing future offenses.

Public Safety Realignment: Funding Without a Focus

In 2011, the United States Supreme Court ruled in a class action lawsuit under *Brown v. Plata* that overcrowding in California state prisons deprived inmates of essential health and mental health care, blatantly violating constitutional protection from cruel and unusual punishment. In response, the state legislated Public Safety Realignment (AB 109), transferring responsibility for overseeing individuals convicted of low-level offenses from the state to county corrections, including jails and probation.

The change came with dedicated state funding for counties to meet this new responsibility and the goal of reducing recidivism by funding evidence-based interventions, such as behavioral health services. But there was no mandate that prioritized how these dollars were spent.

In 2023-24, this dedicated funding—from AB 109's Community Corrections Subaccount—is expected to be roughly \$2 billion. There has been significant growth in this funding over the past decade, as displayed in Figure 1. While this funding has grown over the past decade (and is projected to grow further in the future), the average daily population (ADP) in county jails has declined, as displayed in Figure 2 below. Notably, despite significant growth in funding, there has been no mandate to increase the share of funding for behavioral health services in light of the declining jail population.

Figure 1: AB 109 Public Safety Realignment Funding

by Fiscal Year and Funding Type

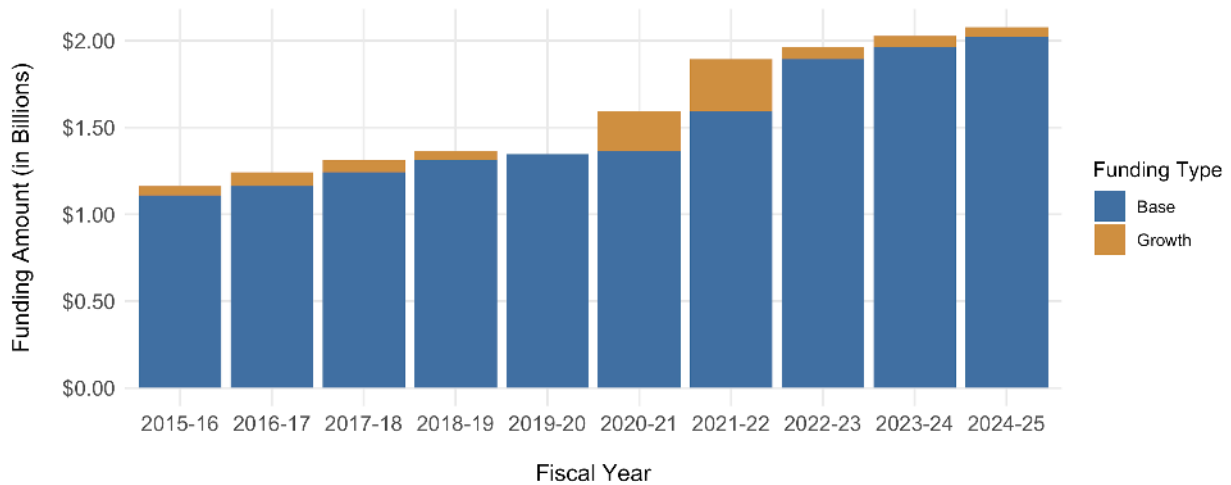
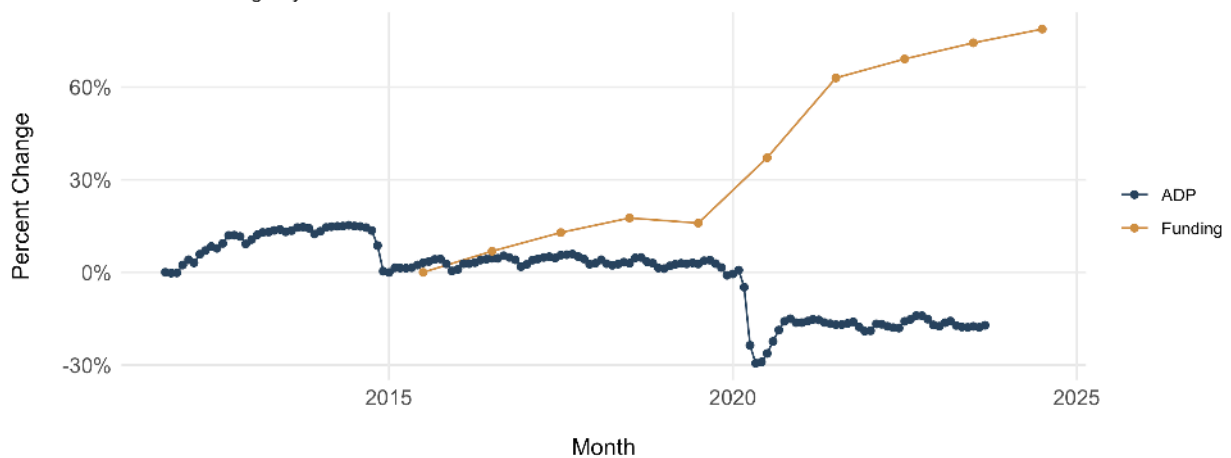


Figure 2: Average Daily Population in California Jails and Public Safety Realignment Funding

Percent Change by Month from 2012 to 2025



* Funding projections used for 2023-24 and 2024-25. We report Total ADP from the Board of State Community Corrections Jail Profile Survey. We did not adjust Total ADP for the average number of state, federal, or other county inmates held on a contract basis by the reporting county from the survey, so the total reported here may slightly overcount ADP specific to a county's justice population or local planning.

Review of County Fiscal Plans: Insufficient Allocations and Poor Statewide Financial Accounting

Counties Are Not Allocating Enough to Behavioral Health Care

The state collects information from each county Community Corrections Partnership (CCP) on the planned use of county corrections funding. We reviewed county allocations in the state's [2022 annual report](#) to assess how much goes toward behavioral health care. We also assessed how much is allocated to overall health care, as some counties may report funding for behavioral health within overall health-related funding categories.

In our review, we found that counties typically allocate a small fraction of realignment funding to behavioral health care, as displayed in Table 1. These estimates reflect allocations explicitly tagged for behavioral health-related county departments. (To access our estimates and methodology for compiling them, see the [Appendix](#) to this brief.) This was the case even amidst tremendous growth in the share of county jail inmates with open mental health cases and research, which found that prioritizing public safety realignment funding on services rather than incarceration reduces recidivism.

Table 1: County Allocations to Behavioral Health

Fiscal Years 2017-18 to 2021-22

| | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | Average |
|--|---------|---------|---------|---------|---------|------------|
| Counties Allocating 0% to BH | 40% | 48% | 47% | 53% | 53% | 48% |
| Counties Allocating Between 0% and 20% to BH | 52% | 43% | 43% | 40% | 40% | 43% |
| Counties Allocating At Least 20% to BH | 9% | 9% | 10% | 7% | 7% | 8% |

**Columns may not sum to 100% due to rounding.*

**Due to data limitations, we had to make a number of assumptions to guide our methods. Although these impact how precise our estimates are, we believe that the estimates are still useful in gaining insight into how counties allocate public safety realignment funding. These numbers are also demonstrative of the dearth of quality data available.*

Data Reported by Counties Is Difficult to Interpret

Data reporting inconsistency hinders our ability, and more importantly, the state’s ability to understand how these county resources are allocated. Furthermore, the dearth of quality data available also makes it difficult to make meaningful county by county comparisons of the use of funding. Counties report allocations of public safety realignment funding by agency, department, or program, but label these expenditures in a wide variety of ways that are inconsistent between counties. In addition, it is difficult to parse out what counties allocate to behavioral health services because these programs are funded through multiple departments and program names often don’t reveal the nature of services provided or specific service provider information.

Paths Forward: Improve Data and Better Leverage Available Resources

It is time to improve outcomes for people with behavioral health conditions in our criminal justice system by improving our understanding of how dollars are allocated and how they’re most effectively used. Policy options to achieve this goal include:

- Revamping and improving the tracking and reporting of fiscal data. Standardized definitions and funding categories would improve the ability to understand and compare statewide investments. The state should also consider ways to integrate the framework for tracking local criminal justice funding with the framework for tracking local behavioral health funding.
- Mandating a percentage of realignment funding to be allocated to behavioral health care. In light of the growing behavioral health needs of California’s incarcerated population and to align with the original intent of the legislation, counties should increase funding for behavioral health.

- Ensuring a more representative and equitable local planning process by diversifying the makeup of CCPs. This would require including providers of behavioral health, employment and housing services, health plans, and individuals with lived experiences as voting members.
- Requiring local workgroups to identify specific best practices for leveraging existing state behavioral health initiatives for additional funding. These could include using realignment funding as the non-federal share for Medi-Cal services or implementing CalAIM screening and reentry planning requirements as soon as possible upon booking to reach individuals with short jail stays.
- Prioritizing growth in realignment funding for behavioral health. This funding has generally grown year-over-year. After the baseline funding for county programs is met, the state should explore ways to use any year-to-year growth in funding to expand county programs that are effective at connecting individuals to behavioral health care.



Goal: Reduce the number of people with mental illness entering our criminal justice system by half

More than a third of people who make up the California prison population live with a mental health and/or substance use condition, and many of those individuals become involved in the justice system because of a lack of access to adequate community mental health care. The Steinberg Institute's research in this focus area will examine the mental illness-to-prison pipeline and identify effective diversion strategies. Read more about Vision 2030 at steinberginstitute.org/vision2030