



## **Administration of Justice (AOJ) Policy Committee**

131<sup>st</sup> CSAC Annual Meeting

Tuesday, December 2, 2025 | 3:00-4:30 PM

San Jose McEnery Convention Center, LL 20B

150 W San Carlos Street, San Jose, CA 95113

### **AGENDA**

Supervisor Bruno Sabatier, Lake County, Chair

Supervisor Mary Sackett, Marin County, Co-Vice Chair

Supervisor Grant Carmon, Glenn County, Co-Vice Chair

**3:00-3:05 PM**

#### **Welcome**

*Supervisor Bruno Sabatier, Lake County, Chair*

*Supervisor Mary Sackett, Marin County, Co-Vice Chair*

*Supervisor Grant Carmon, Glenn County, Co-Vice Chair*

**3:05-3:30 PM**

#### **Jail Medical**

*Dr. Lisa Santora, MPH, Public Health Officer, Marin County*

*Scott Harrington, Captain, Detention Services Bureau, Marin County Sheriff's Office*

*Scott De Moss, County Administrative Officer, Glenn County*

**3:30-3:50 PM**

#### **California Opioid Settlements**

*Scott De Moss, County Administrative Officer, Glenn County*

*Elise Jones, Director, Lake County Behavioral Health Services*

*Wendy Mondfrans, Chief Probation Officer, Lake County*

**3:50-4:05 PM**

#### **Proposition 36 Implementation Update**

*Wendy Mondfrans, Chief Probation Officer, Lake County*

*Francine Byrne, Director, Criminal Justice Services, Judicial Council of California*

**4:05-4:15 PM**

#### **Questions**

**4:15-4:30 PM**

#### **Administration of Justice 2026 Advocacy Priorities**

*Ryan Morimune, CSAC Senior Legislative Advocate*



***Please scan the QR code to access conference materials***

**December 2, 2025**

To: CSAC Administration of Justice (AOJ) Policy Committee

From: Ryan Morimune, CSAC Senior Legislative Advocate  
Michaela Stone, CSAC Legislative Analyst**RE: Health Care in County Jails**

---

**Overview***Background*

California's correctional system is vast, comprised of state prisons, county jails, secure youth treatment facilities, juvenile correctional facilities, and camps. Significant policy shifts in recent years have impacted both state *and* local correctional systems, some of which were facilitated by monumental litigation against the state. Many changes were in response to the inadequate levels of health and mental health care to incarcerated individuals housed in state prisons. Notable cases include, but are not limited to, *Plata v. Brown* (2001), *Armstrong v. Wilson* (1994), and *Coleman v. Wilson* (1995). Ultimately, a federal three-judge panel determined that overcrowding in California's prisons had led to the insufficient provision of health care, and that the incarcerated population must be drastically reduced to properly provide for constitutionally adequate health care.<sup>1</sup> As such, the necessary decrease in California's prison population was accomplished in part via the transfer of thousands of individuals convicted of lower-level offenses from state prisons to county jails under legislation collectively known as 2011 Realignment.

In 2011, Governor Edmund "Jerry" Brown Jr. signed into law the legislation necessary to effectuate 2011 Public Safety Realignment (referred to interchangeably with "2011 Realignment"). The intended results were to quickly reduce the state's prison population, as summarized by the California Department of Corrections and Rehabilitation (CDCR) in 2013: "Under Realignment, newly-convicted low-level offenders without current or prior serious or violent offenses stay in county jail to serve their sentence; this has reduced the annual admissions to less than 36,000 a year. Prior to Realignment, there were approximately 55,000 to 65,000 new admissions from

---

<sup>1</sup> "Overview and Update on the Prison Receivership." The Legislative Analyst's Office. November 8, 2023. <https://lao.ca.gov/Publications/Report/4813#:~:text=At%20the%20time%20of%20the,limit%20established%20by%20the%20court.>

**CSAC Officers****President**  
Jeff Griffiths  
Inyo County**1<sup>st</sup> Vice President**  
Susan Ellenberg  
Santa Clara County**2<sup>nd</sup> Vice President**  
Luis Alejo  
Monterey County**Past President**  
Bruce Gibson  
San Luis Obispo County**CEO**  
Graham Knaus

## Administration of Justice Policy Committee

December 2, 2025

Page 2 of 5

county courts to state prison.”<sup>2</sup> A 2014 Public Policy Institute of California (PPIC) report<sup>3</sup> offered an additional perspective to consider with regards to local changes facilitated by 2011 Realignment: “...realignment has increased the sentenced and felony shares of California’s jail population and lengthened the amount of time an individual can serve in county jail. These changes may affect the underlying health status and needs of the jail population...” Essentially, as the state prison population experienced a decrease in population, county jails experienced an uptick in locally incarcerated populations. Despite this increase, counties are still required to provide supervision and health care for this population.

### *County Jails*

The PPIC notes that most of California’s counties operate “at least one” long-term facility (56 out of 58 counties), and that as of June 2024, the county jail population was approximately 56,800, comprised mainly of men (89%) with 78% awaiting “either arraignment, trial, or sentencing.”<sup>4</sup> Additionally, the total the number of incarcerated (in jails) individuals with mental health needs has risen in recent years: in 2010, the number equated to approximately 20%, whereas in 2019, it jumped to 37%, and then climbed to over 50%<sup>5</sup> by 2024.<sup>6</sup> To add to these challenges, the prevalence of substance use disorder (SUD) amongst the incarcerated population continues to rise, impacting the levels of care and costs required to meet the needs of incarcerated individuals.

The California Department of Health Care Services (DHCS) offers comparative percentages to help understand these trends: “incarcerated individuals in California jails with an active mental health case *rose* by 63 percent over the last decade” while “66 percent of Californians in jails or prisons have *moderate* or *high* need for substance use disorder treatment.”<sup>7</sup> Despite the evolving health

---

<sup>2</sup> 2011 Public Safety Realignment. Fact Sheet. California Department of Corrections and Rehabilitation (CDCR). December 19, 2013. Source: <https://oag.ca.gov/sites/all/files/agweb/pdfs/recidivism/realignment-factsheet.pdf>.

<sup>3</sup> McConville, Shannon, and Mia Bird. “Health Care for California’s Jail Population.” June 2014. Public Policy Institute of California. <https://www.ppic.org/publication/health-care-for-californias-jail-population/>

<sup>4</sup> Martin, Brandon, and Magnus Lofstrom. “California’s County Jails.” February 2025. Public Policy Institute of California. <https://www.ppic.org/publication/californias-county-jails/>

<sup>5</sup> “*Relating to the number reported by the agencies that reported mental health case data (accounting for 82% of the total jail population) was around 26,000.*” Martin, Brandon, and Magnus Lofstrom. “California’s County Jails.” February 2025. Public Policy Institute of California. <https://www.ppic.org/publication/californias-county-jails/>

<sup>6</sup> Martin, Brandon, and Magnus Lofstrom. “California’s County Jails.” February 2025. Public Policy Institute of California. <https://www.ppic.org/publication/californias-county-jails/>.

<sup>7</sup> *Italics added for emphasis.* TRANSFORMATION OF MEDI-CAL: JUSTICE-INVOLVED. Department of Health Care Services. <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-JI-a11y.pdf>

needs of incarcerated populations, county jails continue to be on the front lines for providing health care.

### **Health Care Services for Incarcerated Individuals**

The variety of health care services provided in county jails is wide-ranging – and must be adequately provided for the diverse needs of those incarcerated. These services *may* include medical, dental, and behavioral health care; mental health services such as SUD counseling and emergency triage; and supportive services such as health education and individual or group therapy. While all counties must provide constitutionally mandated levels of care, counties also vary in the ways they provide the required health care in correctional setting

Counties utilize a mix of different service delivery models. For example, counties may opt to provide care to locally incarcerated individuals wholly through a county health agency or subdivision therein. In a large urban county, correctional health services are within the county-run health agency and provide a wide array of services, including but not limited to medical, dental, nursing, and infections control. Mental health services in this county include, but are also not limited to, 24-hour emergency triage and crisis intervention. Several mid-sized suburban counties provide health care services to the locally incarcerated population through a combination of providers. One county provides most services – include women’s health and pharmacy services – via a local provider. Another similarly sized county offers correctional healthcare with a combination of county staff, contracted providers, and local professionals. Another example of how correctional health care services are proved within a mid-sized suburban county includes a county that has opted to house the various teams – including detention health and jail mental health – under different county departments, with coordination present between the entities. Often, smaller and more rural counties provide their own health care staff to care for individuals in custody of the local detention facility. For example, one county provides correctional health care services in partnership with the county’s public health services department. In this example, care is coordinated between the county and local professional providers. Another small and rural county has opted to contract with third party providers for other medically necessary services, while county staff embedded within the facility provide additional care.

## Administration of Justice Policy Committee

December 2, 2025

Page 4 of 5

Approved in 2023 by a federal Medicaid 1115<sup>8</sup> demonstration waiver, the CalAIM Justice-Involved Initiative (CalAIM JI) aims to connect those eligible to community-based care, up to 90 days before their release. By aiming to ensure that care and support for incarcerated individuals reentering the community is coordinated, both inside and outside the correctional facility, CalAIM JI is a system-altering initiative that offers targeted and specified prerelease services to eligible, incarcerated adults and youth to improve the quality of care and health outcomes for Medi-Cal eligible individuals who so often cycle through the criminal justice system. DHCS estimates that 80-90% of individuals released from correctional facilities are eligible for Medi-Cal and notes that this same population faces higher rates of physical and behavioral health diagnoses.<sup>9</sup> Eligible for implementation in both county jails and youth correctional facilities, counties are deeply invested in the success of this initiative, working closely with state agencies and local system partners to effectuate the goals of the CalAIM JI.

### *Incompetent to Stand Trial (IST)*

Another example of state and local care coordination and a specialized set of services many counties offer increasingly within county correctional facilities is treatment for individuals deemed incompetent to stand trial (IST). An individual who is deemed IST lacks the mental competency *required* to participate in legal proceedings and may receive competency restoration treatment at the state or local level upon referral by a court-appointed alienist. After receiving a placement evaluation, they can be admitted to the Department of State Hospitals (DSH) or added to the department's felony IST waitlist; referred for local jail-based competency (JBCT) treatment, which mirrors DSH treatment; or receive early access to stabilization services (EASS) in participating counties, *while waiting for higher level treatment placements*. However, the DSH lacks capacity to provide for all individuals deemed IST and, accordingly, has made investments in programs that treat individuals *locally in county jails*, such as the above-described JBCT and EASS programs. This has shifted significant workload strains and pressure on various providers at the county level due to complex processes and ongoing changes to state law.

## Funding

Counties utilize many local, state, and federal resources to fund operations within their correctional facilities. State and federal grants, as well as county general fund dollars, amount to

---

<sup>8</sup> "Section 1115 demonstrations and waiver authorities in section 1915 of the Social Security Act are vehicles states can use to test new or existing ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program (CHIP)." Medicaid.gov. State Waivers List.

<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list>

<sup>9</sup> Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative. October 20, 2023. Page 14. <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf>

## **Administration of Justice Policy Committee**

December 2, 2025

Page **5** of **5**

a substantial portion of funding. In the correctional space and otherwise, counties often must creatively weave various funding streams together in order leverage existing resources or pursue additional funding opportunities.

State funding may be provided via the annual budget process, for upgrading existing county jail infrastructure<sup>10</sup> or to support program or policy implementation. Counties also receive funding from the state to support the various public safety-related responsibilities as referenced earlier through 2011 Realignment, or via federal grants. These grants, including the Edward Byrne Memorial Justice Assistance Grant (JAG), cover a broad variety of areas, including victim support services, law enforcement training, and substance abuse treatment. Locally, county general funds can also provide significant portions of local correctional budgets, funded by a local tax, similar to the statewide half-cent sales tax to support public safety per Proposition 172 (1993). Lastly, local governments can utilize more specific funding streams, like the California Opioid Settlements Fund (OSF), to support the local public safety continuum via opioid remediation activities. For example, one of the approved uses of OSF dollars is for the “[diversion] of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction.”<sup>11</sup> Please see additional information on the following memo: **California Opioid Settlements**.

### **State Agencies and Institutions**

Various state agencies are involved with the provision of health and mental health care services in county jails. For example, as the administrator of Medi-Cal, California’s Medicaid program, DHCS works directly with county providers in correctional settings, such as offering technical assistance throughout implementation of the federally approved CalAIM JI. As reference above, the DSH works alongside county providers in courtrooms, health care settings, and correctional facilities to ensure competency and continued care for the IST population, or those under an LPS conservatorship.

### **CSAC Staff Contacts**

- Ryan Morimune, CSAC Senior Legislative Advocate
- Michaela Stone, CSAC Legislative Analyst

---

<sup>10</sup> Martin, Brandon, and Magnus Lofstrom. California’s County Jails. February 2025. PPIC.  
<https://www.ppic.org/publication/californias-county-jails/>

<sup>11</sup> Allowable Expenditures. California Opioid Settlements. Department of Health Care Services.  
<https://www.dhcs.ca.gov/provgovpart/Pages/Allowable-Expenditures.aspx>

**December 2, 2025**

To: CSAC Administration of Justice (AOJ) Policy Committee

From: Ryan Morimune, CSAC Senior Legislative Advocate  
Michaela Stone, CSAC Legislative Analyst**RE: California Opioid Settlements**

---

**Overview**

In recent years, California and a multitude of other states joined national-level lawsuits against various manufacturers and distributors involved in aiding the opioid epidemic, including CVS, Kroger, and Walmart. The resulting financial judgements from these settlements and bankruptcies are provided to entities within California, as well as to the state of California, subject to specific agreements and plans. These funds are allocated to state and local governments have and will be critical for expanding essential services and programs that directly benefit the community. For the purposes of today's Administration of Justice Policy Committee meeting, this document details funds from national opioid *settlements*.

There are several funds in California that receive settlement dollars: the California State Fund, the California Abatement Accounts Fund, and the California Subdivision Fund. In summary, the State Fund receives 15% of settlement funds, which are dedicated to the state for future opioid remediation. These funds are subject to the annual state budgetary process and uses are limited to remediation activities detailed in the [National Opioid Settlement Agreements](#). Comparatively, the Abatement Accounts Fund provides funding for cities and counties ("Participating Subdivisions") for future remediation activities that emphasize prevention, intervention, harm reduction, treatment, and recovery services pursuant to Exhibit E of the National Opioid Settlement Agreements. This fund accounts for 70% of the settlements and requires recipients to expend no less than 50% of funding for specified "high impact abatement activities" (HIAA). Examples of HIAA include but are not limited to creating and expanding substance use disorder (SUD) treatment infrastructure, the diversion of people with SUD from the justice system into treatment, and interventions to prevent drug addiction in vulnerable youth.<sup>1</sup> Lastly, the California Subdivision Fund is dedicated to cities and counties ("Plaintiff Subdivisions") who were first to file

---

<sup>1</sup> BHIN No: 24-002. DHCS. January 4, 2024. <https://www.dhcs.ca.gov/Documents/CSD/BHIN-24-002-CA-Participating-Subdivision-Use-of-OSF-Allocated-from-the-CA-Abatement-Accounts-Fund.pdf>

**CSAC Officers****President**  
Jeff Griffiths  
Inyo County**1<sup>st</sup> Vice President**  
Susan Ellenberg  
Santa Clara County**2<sup>nd</sup> Vice President**  
Luis Alejo  
Monterey County**Past President**  
Bruce Gibson  
San Luis Obispo County**CEO**  
Graham Knaus

## **Administration of Justice Policy Committee**

December 2, 2025

Page **2** of **2**

(prior to October 2020) lawsuits and litigation against the national opioid defendants and is intended for future opioid remediation and related past reimbursements. This fund accounts for the remaining 15% of settlement funds. DHCS provides specified oversight and monitoring for many of the settlement funds in California. As noted above, the Abatement Accounts Fund and the Subdivision Fund receive allocations specific to cities and counties. Disbursements are annual and are pursuant to parameters outlined within the National Opioid Settlement Agreements. Depending on the settlement, payments may continue for up to 18 years.<sup>2</sup>

### *County Usage Examples*

Counties utilize their OSF allocations according to parameters referenced above as well as per local needs, capacity, and existing resources. Lake County<sup>3</sup> utilizes their allocation in a variety of ways, much of which will support the expansion of health and behavioral health care infrastructure locally. For example, the OSF will assist in the establishment of Day Treatment Intensive (DTI) services and the development of a new Adult Residential Facility (ARF) via the Sierra Pathways Initiative.<sup>4</sup> Lake County is also utilizing these funds to continue building an outpatient behavioral health clinic for individuals with SUD within the Behavioral Health Continuum Infrastructure Program (BHCIP) umbrella. Glenn County's Board of Supervisors adopted a plan that extends through 2027/2028. Approved use of their county's OSFs is focused on proven methods of prevention and treatment, such as expanding access to residential treatment, sober living, increased outreach, and training the public on the proper use of Narcan and ensuring it is readily available. Similar to Lake County, they are investing some settlement funds in a match for the BHCIP grant, with plans to build a new Children and Families Outpatient Behavioral Health Facility in the north region of the county, where studies have demonstrated that it is a prime location to invest in a service delivery site because it is comprised of the largest concentration of families with children in the county.

### **CSAC Staff Contacts**

- Ryan Morimune, CSAC Senior Legislative Advocate
- Michaela Stone, CSAC Legislative Analyst

---

<sup>2</sup> California Opioid Settlements. Department of Health Care Services.

<https://www.dhcs.ca.gov/provgovpart/Pages/California-Opioid-Settlements.aspx>

<sup>3</sup> Opioid Settlement Funds (OSF). Lake County. <https://www.lakecountycalifornia.gov/1797/Opioid-Settlement-Funds-OSF>

<sup>4</sup> Opioid Settlement Funds (OSF). Lake County. <https://www.lakecountycalifornia.gov/1797/Opioid-Settlement-Funds-OSF>



October 2025



# **Preliminary Proposition 36 Court Data**

(December 2024 to June 2025)



Judicial Council of California



# JUDICIAL COUNCIL of CALIFORNIA

455 Golden Gate Avenue  
San Francisco, CA 94102-3688  
Tel. 415-865-4200  
Fax 415-865-4205  
courts.ca.gov

**HON. PATRICIA GUERRERO**  
*Chief Justice of California*  
*Chair of the Judicial Council*

**HON. BRAD R. HILL**  
*Chair, Executive and Planning Committee*

**HON. STACY BOULWARE**  
**EURIE**  
*Chair, Legislation Committee*

**HON. JOAN K. IRION**  
*Chair, Rules Committee*

**HON. MARIA D. HERNANDEZ**  
*Chair, Technology Committee*

**HON. ANN C. MOORMAN**  
*Chair, Judicial Branch Budget Committee*  
*Chair, Litigation Management Committee*

*Hon. Maria Lucy Armendariz*  
*Hon. Bunmi O. Awoniyi*  
*Hon. Carol A. Corrigan*  
*Hon. Charles S. Crompton*  
*Hon. Judith K. Dulcich*  
*Hon. Maureen F. Hallahan*  
*Ms. Rachel W. Hill*  
*Hon. Ash Kalra*  
*Ms. Gretchen Nelson*  
*Hon. Ricardo R. Ocampo*  
*Mr. Craig M. Peters*  
*Hon. Michael Rhoads*  
*Ms. Dena Stone*  
*Hon. Thomas J. Umberg*  
*Hon. Tamara L. Wood*

**ADVISORY MEMBERS**  
*Ms. Kate Bieker*  
*Hon. Ryan Davis*  
*Mr. Charles Johnson*  
*Hon. Jeffrey C. Kauffman*  
*Hon. Patricia L. Kelly*  
*Mr. Darrel E. Parker*  
*Mr. David W. Slayton*

**MS. MICHELLE CURRAN**  
*Administrative Director*  
*Judicial Council*

Report title: *Preliminary Proposition 36 Court Data (December 2024 to June 2025)*

Statutory citation: Budget Act of 2025 (Stats. 2025, ch. 5)

Date of report: October 1, 2025

The Judicial Council has submitted a report to the Legislature in accordance with provision 19.5 of item 0250-101-0001 of the Budget Act of 2025.

The following summary of the report is provided under the requirements of Government Code section 9795.

The report contains summary information about Health and Safety Code section 11395 cases (hereafter “cases”) between December 18, 2024, and June 30, 2025, as reported by trial courts. The report contains county-level totals for the following metrics:

- Number of cases filed;
- Number of cases in which the defendant agreed to complete a detailed treatment program;
- Number of cases in which the defendant was ordered into treatment;
- Number of cases in which the court subsequently dismissed the charge after the defendant successfully completed the treatment program; and
- Number of cases for which the judgment was imposed and the defendant sentenced due to unsatisfactory outcomes.

The full report can be accessed here: <https://courts.ca.gov/news-reference/reports-publications/reports-legislature>

A printed copy of the report may be obtained by calling 415-865-8994.

## **Introduction**

The Budget Act of 2025 provides funding for the courts to support the implementation of Proposition 36 (“The Homelessness, Drug Addiction, and Theft Reduction Act”). It appropriated \$20 million to the Judicial Council and the trial courts to support the increased workload and expanding or establishing collaborative courts for the implementation of the act. This report fulfills the requirement under item 0250-101-0001 of the Budget Act of 2025 (Stats. 2025, ch. 5) that the Judicial Council submit preliminary data pertaining to cases filed under Proposition 36.

## **Background**

Proposition 36 was passed by the voters in November 2024 and went into effect in California on December 18, 2024. It raised criminal penalties for some drug possession and theft convictions and created Health and Safety Code section 11395 and Penal Code section 666.1. Proposition 36 authorizes prosecutors, under certain conditions, to charge some drug and theft cases as felonies that would have previously been charged as misdemeanors. It allows defendants facing drug possession charges who have two or more prior drug possession convictions to participate in drug treatment in lieu of custody time. These cases are known as “treatment-mandated felonies.”

The Budget Act of 2025 provides the Judicial Branch with \$20 million to support the implementation of Proposition 36 over the next three years, of which \$19 million will be distributed to the trial courts. According to the Budget Act, the allocation shall be used to address increased workload and to expand or establish collaborative courts for the implementation of Proposition 36. The funding may be used on staffing, contracts to provide treatment or local supervision, data collection and reporting, training and other costs associated with the implementation of Proposition 36. The Judicial Council will use the funding to support data collection and reporting, research, training, technical assistance, and other administrative activities. Trial courts were required to transmit specified information to the Judicial Council to provide a preliminary data report to the Legislature by October 1, 2025.

## **Survey Details**

To collect the required statistical information, the Judicial Council issued a survey to the 58 California trial courts. The survey polled the courts on the required elements laid out in item 0250-101-0001, provision 19.5, subprovisions (a) through (e), of the Budget Act of 2025:

- (a) The number of cases filed that included a violation of a treatment-mandated felony under section 11395 of the Health and Safety Code;
- (b) The number of cases described in subprovision (a) in which the defendant elected treatment by pleading guilty or no contest to a violation and agreed to complete a detailed treatment program developed by a drug addiction expert and approved by the court, under Health and Safety Code section 11395(d)(1)(A);
- (c) The number of cases described in subprovision (a) in which the defendant was ordered into treatment;

- (d) The number of cases described in subprovision (a) in which the defendant successfully completed the treatment program and received the positive recommendation of the treatment program, and the court subsequently dismissed the charge under Health and Safety Code section 11395(d)(3); and
- (e) The number of cases described in subprovision (a) for which judgment was imposed and the defendant sentenced because the court found the defendant was performing unsatisfactorily in the program, was not benefiting from treatment, was not being amenable to treatment, was refusing treatment, or was convicted of a crime.

## Survey Results

Please note the following information about the data contained in Table 1.

- The counts contained in Table 1 reflect activity between December 18, 2024, and June 30, 2025. Data for courts denoted by a double asterisk reflect activity between December 18, 2024, and April 30, 2025.
- 57 trial courts (98 percent) provided data to the Judicial Council. These 57 courts represent 99.95 percent of the 2024 California population.
- Some courts noted that they were unable to provide the counts for subprovisions (b) through (e). These courts commonly reported counts of zero in these fields. In these cases, the listed count of zero is followed by an asterisk (\*).

**Table 1. Proposition 36 Health and Safety Code Section 11395 Cases,  
December 18, 2024, through June 30, 2025**

Court	Subprovision (a)	Subprovision (b)	Subprovision (c)	Subprovision (d)	Subprovision (e)
	Health & Saf. Code, § 11395 Cases	Elected Treatment	Ordered Into Treatment	Cases Dismissed	Judgment Imposed
<b>Statewide</b>	8,895	1,290	771	25	163
Alameda	13	0	0	0	0
Alpine	0**	0**	0**	0**	0**
Amador	32	0	0	0	0
Butte	18	5	5	0	0
Calaveras	3	0	0	0*	0*
Colusa	5	1	1	0	0
Contra Costa	34	1	1	0	4
Del Norte	6	1	1	3	1
El Dorado	44	5	5	0	0
Fresno	40	4	1	0	0
Glenn	5	2	2	0	0
Humboldt	37	11	6	0	0
Imperial	14**	0**	0**	0**	0**

Court	Subprovision (a)	Subprovision (b)	Subprovision (c)	Subprovision (d)	Subprovision (e)
	Health & Saf. Code, § 11395 Cases	Elected Treatment	Ordered Into Treatment	Cases Dismissed	Judgment Imposed
Inyo	0**	0**	0**	0**	0**
Kern	539	87	87	0	6
Kings	1	1	1	0	1
Lake	62	0*	0*	0*	0*
Lassen	8	0	0	0	0
Los Angeles	331	40	40	1	71
Madera	62	5	5	0	0
Marin	13	0	0	0	0
Mariposa	5	0	0	0	0
Mendocino	69	13	13	2	1
Merced	10	2	2	0	1
Modoc	4	0	0	0	0
Mono	4	0	0	0	0
Monterey	74	30	30	0	3
Napa	1	1	1	0	0
Nevada	8	4	4	0	0
Orange	2,395	144	144	0	8
Placer	241	20	20	0	3
Plumas	N/A	N/A	N/A	N/A	N/A
Riverside	856	47	47	0	0
Sacramento	296	0	0	0	0
San Benito	16**	0**	0**	0**	0**
San Bernardino	95	6	0	0	0
San Diego	1,109	427	0*	0*	0*
San Francisco	2	0	0	0	0
San Joaquin	78	22	22	3	1
San Luis Obispo	177	84	31	0	44
San Mateo	130**	0**	0**	0**	0**
Santa Barbara	92	31	31	0	0
Santa Clara	265	0	0	0	0
Santa Cruz	82	0*	0*	0*	0*
Shasta	125	28	28	1	0
Sierra	2**	0**	0**	0**	0**
Siskiyou	33	0	0	0	5
Solano	59	4	4	0	0
Sonoma	177	9	9	0	2
Stanislaus	473	77	77	0	0
Sutter	118	21	21	6	2

Court	Subprovision (a)	Subprovision (b)	Subprovision (c)	Subprovision (d)	Subprovision (e)
	Health & Saf. Code, § 11395 Cases	Elected Treatment	Ordered Into Treatment	Cases Dismissed	Judgment Imposed
Tehama	26	5	5	0	0
Trinity	14	4	4	6	1
Tulare	169	83	58	1	2
Tuolumne	40	14	14	0	6
Ventura	211	3	3	2	0*
Yolo	88	7	7	0	0
Yuba	84	41	41	0	1

N/A = Data not available.

\* The court responded with a count of zero for the given column but also notified the Judicial Council it was unable to track the requested metric.

\*\* The court provided data spanning the period of December 2024 through April 2025. Counts of zero indicate the data for the given column was not available.

## Summary of Findings

During the initial six-and-a-half-months of implementation, the total number of reported felony Health and Safety Code section 11395 cases received in the 57 reporting trial courts was 8,895. These courts are in counties that contain 99.95 percent of the state's residential population. Using this information to extrapolate an annual estimate for a statewide number of felony Health and Safety Code section 11395 cases, the state may anticipate approximately 16,000 to 17,000 felony Health and Safety Code section 11395 cases.

Of the 8,895 total cases, courts reported that 1,290 defendants (15 percent) elected to participate in treatment. Of these defendants, 771 (60 percent) were ordered into treatment by the time the survey was due.<sup>1</sup> Of the participants who entered treatment, 25 cases (3 percent) were dismissed following the participants' successful completion of their assigned treatment program. Conversely, 163 cases (21 percent) had judgment imposed on the participant due to unsatisfactory outcomes of, or during, the treatment program.<sup>2</sup> The survey did not expressly

<sup>1</sup> San Diego County accounted for nearly one-third (427 of 1,290) of all cases in which defendants elected to participate in treatment. However, San Diego could not report how many defendants were ordered into treatment, completed treatment, or had their participation in treatment terminated, due to limitations of its case management system. Therefore, a substantial portion of the drop-off between the number of defendants who elected to participate in treatment statewide and the number of participants who were referred into treatment is attributable to missing data from this single county. Treatment providers and district attorneys may be able to track this information more accurately.

<sup>2</sup> Some counties reported a higher number of cases where defendants had their sentence imposed than cases where defendants were referred into treatment. The Judicial Council sought clarification as why this was. Multiple counties that responded to this inquiry interpreted this question of the survey to include cases from subprovision (a) where

request the number of defendants that were referred into treatment whose participation in treatment was still ongoing. However, a substantial portion of the remaining defendants that were referred to treatment, whose cases had not been dismissed and had not received a final judgment, were likely at various stages of the treatment process at the time of the survey.

## **Data Considerations**

Some of the responding trial courts provided additional contextual information that should inform the interpretation of the survey data:

- As displayed in the table, some courts did not respond to the survey, as indicated in the table with “N/A.” The case management systems at some courts were unable to extract all the required case characteristics data, such as whether a defendant elected to participate in a treatment program. Judicial Council staff is working with courts to improve data reporting capacity for future reports.
- A portion of the Health and Safety Code section 11395 cases were filed too recently for other actions, such as referrals, to occur prior to submission of the survey.
- Some cases initially charged under Health and Safety Code section 11395 result in pleas to a lesser or different charge. These cases contribute to the gap between the number of total cases and the defendants who elect for, and receive referrals to, treatment.
- Some Health and Safety Code section 11395 cases were charged in conjunction with more serious charges that precluded defendants from electing treatment.
- Some of the trial courts send participants through previously existing processes for diversion and treatment, rather than the new pathway under Proposition 36. One court noted that it sends participants who failed the preexisting process for mental health diversion through the Proposition 36 process.
- Other justice system stake holders, such as treatment providers, district attorneys, or public defenders, may be able to track the full trajectory of a case in ways that courts cannot do due to the limitations of their case management systems.
- Some courts reported having difficulty getting potential participants into treatment programs due to availability of services and resource constraints. The survey data collection period predates the allocation of state dollars to implement Proposition 36.
- It is not uncommon for treatment programs to take upward of a year to complete, so many cases simply have not had time to be resolved as of when the survey was issued. Therefore, the low number of successful completions so early into the implementation of Proposition 36 is expected.

---

the defendants had not first been referred to treatment. Accordingly, some of the defendants counted under subprovision (e) may have been sentenced on a case that included a violation of a treatment-mandated felony but were never referred into treatment prior to sentencing. Therefore, the number of defendants that were referred into treatment and had judgment imposed due to unsatisfactory outcomes of, or during, the treatment program is likely an overcount. The Judicial Council will address this area of ambiguity in future data collection efforts.

## **Looking Forward**

This is a preliminary report and will be issued only one time. This report covers the period from December 18, 2024, to June 30, 2025, of initial implementation of Prop 36. The Budget Act of 2025 also requires that the Judicial Council, in collaboration with the state Department of Health Care Services, develop a report that contains the subprovisions outlined in provision 20 of the Budget Act of 2025. These provisions outline more expansive data reporting on Proposition 36 implementation. The Judicial Council will submit a subsequent report to the Legislature by March 1, 2026, and annually until the funds are spent.



**December 2, 2025**

To: CSAC Administration of Justice (AOJ) Policy Committee

From: Ryan Morimune, CSAC Senior Legislative Advocate  
Michaela Stone, CSAC Legislative Analyst**RE: 2026 Administration of Justice (AOJ) Advocacy Priorities — ACTION ITEM**

---

**Summary:** Staff recommend the committee adopt the following advocacy priorities for the Administration of Justice team in 2026.

**Proposed 2026 Administration of Justice Advocacy Priorities*****Juvenile Justice***

On June 30, 2023, the state's Division of Juvenile Justice (DJJ) ceased operations and realigned the care of incarcerated youth to counties. Those previously adjudicated to DJJ had the most serious criminal backgrounds and intensive treatment needs. Since DJJ's closure, counties are required to provide wrap-around services, programming, specialized treatment, maintain and increase staffing where necessary, in addition to improving correctional design and creating additional space within existing facilities, all while facing continual changes via legislation and proposed Title 15 and Title 24 regulations through the Board of State and Community Corrections (BSCC). CSAC will continue its advocacy to ensure counties have the necessary funding, resources, and flexibility to meet the public safety needs of all communities, as well as all justice-involved youth and young adults under county care.

***Felony Incompetent to Stand Trial (IST) Growth Cap & Penalty Program***

Over the past few years, CSAC, alongside county affiliates and partners, have advocated for substantial changes to the California Department of State Hospitals' (DSH) IST growth cap and penalty program. While our advocacy efforts spurred changes with regards to how county penalties are calculated, the number of counties exceeding their growth cap has increased. Additionally, the existing tiered penalty rate structure, which sunsets in 2026-27, will inevitably result in higher penalty amounts for many counties. Given these ongoing concerns with the program and its impact on counties statewide, CSAC will continue to advocate for changes that will better equip counties to serve this population prior to criminal justice involvement. We will

---

**CSAC Officers****President**  
Jeff Griffiths  
Inyo County**1<sup>st</sup> Vice President**  
Susan Ellenberg  
Santa Clara County**2<sup>nd</sup> Vice President**  
Luis Alejo  
Monterey County**Past President**  
Bruce Gibson  
San Luis Obispo County**CEO**  
Graham Knaus

## **Administration of Justice Policy Committee**

December 2, 2025

Page **2** of **3**

also continue to be engaged with any legislation and budget items that affect local systems and the IST population that are served by counties.

### ***Victims of Crime Act (VOCA)***

The California 2025 Budget Act included \$100 million General Fund one-time to supplement the federal Victims of Crime Act (VOCA), with \$97 million allocated for grants and \$3 million allocated for grant administration administered by the California Office of Emergency Services (CalOES). This built upon the previous year's efforts to secure \$103 million General Fund one-time funding for crime victims across California. In both years, CSAC, in collaboration with a broad coalition of over 250 victims' rights groups and direct service providers, advocated for this critical funding to be ongoing, rather than one-time, due to the consistent decline in federal revenues for VOCA through the Crime Victims Fund. In addition to state advocacy, CSAC also focused on federal efforts, joining Congressional coalition letters calling for the distribution of VOCA grants and the sustained maintenance of VOCA funding through the annual appropriations bills. CSAC will continue to drive similar state and federal advocacy efforts in 2026.

### ***Proposition 36 (2024) Implementation***

Counties are implementing Proposition 36 (2024), which looks different across counties based on local capacity needs, regional crime trends, and prosecutorial action. While some counties have seen higher levels of theft offenses charged under the proposition, other counties have seen higher levels of drug offenses charged. The 2025 Budget Act included \$100 million one-time General Fund that may be used for the implementation of Proposition 36. However, CSAC has made it clear that only \$70 million is directly tied to Proposition 36-related services, \$50 million of which is for county behavioral health departments and not other county impacted departments. Ultimately, successful implementation to meet the will of the voters is dependent on consistent coordination amongst stakeholders, funding stability, and tracking consistent data, all of which will be a focus in 2026.

### ***Indigent Defense***

All defendants are guaranteed the right to legal counsel per the 6<sup>th</sup> Amendment to the U.S. Constitution, and in California, counties have a unique responsibility to provide indigent defense. In 33 counties, this is provided by an institutional county public defender's office, whereas other counties utilize alternative models, such as contract systems. Counties establish a method of defense service provision that best suits their local resources and capacity. The State Legislature,

## **Administration of Justice Policy Committee**

December 2, 2025

Page **3** of **3**

advocacy organizations, research bureaus, and other arms of government have increasingly focused on this subject in recent years. We anticipate this will continue, presenting challenges for counties with little to no state financial support. CSAC will continue to advocate for county authority and flexibility and urge the state to allocate necessary funding for counties to uphold their constitutional mandate and improve the quality of defense, regardless of the county and indigent defense system in place.

### ***California Advancing and Innovating Medi-Cal Justice-Involved Initiative (CalAIM JI)***

In January 2023, California became the first state in the nation to receive approval of the Section 1115 waiver to begin providing specified Medicaid services in adult and youth correctional facilities. This multi-pronged initiative endeavors to facilitate the continuous provision of healthcare services to individuals transitioning out of correctional settings; extensive readiness assessments and cross-departmental coordination are required to be approved prior to implementation. As counties continue to implement this program alongside various system stakeholders, CSAC will continue to provide ongoing updates and guidance from the state, convene counties for vital information sharing and learning opportunities, and advocate for adequate, long-term funding necessary for successful implementation of the CalAIM JI initiative. Notably, this waiver is in effect through December 2026. Due to unprecedented federal uncertainty, CSAC will keep counties updated with funding opportunities and as waiver renewal discussions continue. Other waivers will remain in place through their effective dates.

**December 2, 2025**

To: CSAC Administration of Justice Policy Committee

From: Ryan Morimune, CSAC Senior Legislative Advocate  
Michaela Stone, CSAC Legislative Analyst**RE: Administration of Justice (AOJ) 2025 Legislative Year In Review – INFORMATIONAL  
ITEM**

---

**AB 690 (Schultz) – OPPOSE / 2-YEAR BILL**

**Criminal procedure: indigent defense compensation.** AB 690 would make a number of changes to how counties contract for the provision of constitutionally mandated public defense services. As currently drafted, new requirements would include but are not limited to a blanket prohibition on flat fee contracts, a requirement to adhere to standards created by the Office of the State Public Defender, and other expansive changes that must be included in all contractual agreements for indigent defense providers. CSAC, alongside the Urban Counties of California (UCC) and the Rural County Representatives of California (RCRC), opposed this measure throughout the legislative session, arguing increased costs and overall infeasibility, especially for smaller, under resourced communities.

**SB 485 (Reyes) – VETOED**

**County public defender: appointment.** CSAC opposed this measure alongside the Urban Counties of California (UCC) and Rural County Representatives of California (RCRC) as it would have set a new precedent for appointed department leaders by changing the employment status for appointed county public defenders from “at-will” to “good cause” removal by the board of supervisors with a 3/5 vote for neglect of duty, malfeasance or misconduct, or other good cause. Absent further safeguards, this bill could have resulted in a perpetual appointment for public defenders, without an oversight or review process in place. Read the county coalition Senate Floor Alert [here](#).

**AB 1108 (Hart) (Chapter 389, Statutes of 2025)**

**County officers: coroners: in-custody deaths.** Prohibits a county that has a combined Sheriff-Coroner office from conducting cause of death determinations for in-custody deaths and would instead require that it be referred to an independent county coroner, a medical examiner, or a third-party provider for medical examination services.

---

**CSAC Officers****President**  
Jeff Griffiths  
Inyo County**1<sup>st</sup> Vice President**  
Susan Ellenberg  
Santa Clara County**2<sup>nd</sup> Vice President**  
Luis Alejo  
Monterey County**Past President**  
Bruce Gibson  
San Luis Obispo County**CEO**  
Graham Knaus

## Administration of Justice Policy Committee

December 2, 2025

Page 2 of 5

### **SB 27 (Umberg) (Chapter 528, Statutes of 2025)**

**Community Assistance, Recovery, and Empowerment (CARE) Court Program.** This bill makes several changes to the existing Community Assistance, Recovery, and Empowerment (CARE) Court Program, including but not limited to referrals. It also expands eligibility criteria from solely applying to the *schizophrenia spectrum and other psychotic disorders* under current law to also now include *bipolar I disorder with psychotic features*, except psychosis related to current intoxication.

### **SB 627 (Wiener) (Chapter 125, Statutes of 2025)**

**Law enforcement: masks.** Prohibits the use of facial coverings by local, state, and federal law enforcement agencies (LEAs) operating in the state and requires these LEAs to adopt a publicly accessible policy regarding facial coverings, amongst other provisions.

### **SB 805 (Pérez) (Chapter 126, Statutes of 2025)**

**Crimes.** Similar to the aim of the aforementioned SB 627, this measure prohibits the impersonation of a law enforcement officer and requires officers not in uniform to display visible identification, including their agency, when performing enforcement related duties.

### **AB 1376 (Bonta) (Chapter 575, Statutes of 2025)**

**Wards: probation.** Limits probation terms of youth to 12 months, subject to specific exclusions, including a ward who is serving a custodial commitment. The applicable probation agency is authorized to request the probation duration be extended at a court hearing and requires both the ward and prosecutor to have access to all relevant evidence. However, only by a preponderance of evidence may a court continue an order of probation.

### **AB 1071 (Kalra) (Chapter 721, Statutes of 2025)**

**Criminal procedure: discrimination.** Related to the existing Racial Justice Act (RJA), which prohibits the state from seeking, obtaining, or imposing a criminal conviction or sentence on the basis of race, ethnicity, or national origin; this bill further authorizes defendants to file a motion for disclosure of all applicable and relevant evidence in a proceeding alleging a potential RJA violation, and authorizes judges to apply adequate legal remedies, amongst other provisions.

### **AB 247 (Bryan) (Chapter 681, Statutes of 2025)**

**Incarcerated individual hand crew members: wages.** Requires incarcerated individual hand crew members to earn \$7.25 per hour while assigned to an active fire incident; youth placed at the Pine Grove Conservation Camp are also entitled to this pay rate.

### **AB 248 (Bryan) (Chapter 252, Statutes of 2025)**

**County jails: wages.** Authorizes a county Board of Supervisors to credit locally incarcerated

## **Administration of Justice Policy Committee**

December 2, 2025

Page 3 of 5

individuals with an amount determined by the board; existing law authorizes county board of supervisors to credit incarcerated individuals confined in a county jail up to \$2 for every eight hours of work.

### **AB 1269 (Bryan) (Chapter 726, Statutes of 2025)**

**County and city jails: incarcerated person contacts.** Requires county and city jails to notify all individuals included on medical release of information and next of kin forms within 24-hours of a death of an incarcerated individual. Existing law requires state prisons to follow the same notification procedure; this aligns city and county jails with state practice.

### **AB 651 (Bryan) (Chapter 274, Statutes of 2025)**

**Juveniles: dependency: incarcerated parent.** Authorizes the ability for incarcerated parents to be physically present at specific dependency hearings for their child, including by remote technology. The measure extends these provisions for nonminor dependents.

### **SB 820 (Stern) (Chapter 330, Statutes of 2025)**

**Inmates: mental health.** Authorizes the involuntary administration of antipsychotic medication to individuals charged with a misdemeanor and deemed incompetent to stand trial without prior informed consent in emergency situations. The provisions in this bill sunset on January 1, 2030.

### **AB 572 (Kalra) (Chapter 697, Statutes of 2025)**

**Criminal procedure: interrogations.** Existing law requires certain individuals, such as a prosecuting attorney or an investigator, to disclose their identity and affiliated agency prior to interviewing a victim or witness. This bill changes existing statute relating to peace officers and others by expanding the criteria required prior to any initial formal, in-person interview with an immediate family member of a person who has been killed or seriously injured by a peace officer.

### **SB 524 (Arreguín) (Chapter 587, Statutes of 2025)**

**Law enforcement agencies: artificial intelligence.** Requires law enforcement agencies that utilize artificial intelligence (AI) to create reports to include specific information, including a disclosure of partial or full use of AI and the signature of the officer who prepared the report.

### **SB 635 (Durazo) (Chapter 463, Statutes of 2025)**

**Food vendors and facilities: enforcement activities.** Prohibits local agencies that regulate street vendors from access to personally identifiable information of any sidewalk vendors without a subpoena or judicial warrant. Additionally, if a local agency inquired about or collected information on an individual's citizenship status or related information, such as place of birth, all related records must be destroyed, except where required by law to be retained.

## **Administration of Justice Policy Committee**

December 2, 2025

Page 4 of 5

### **AB 451 (Petrie-Norris) (Chapter 693, Statutes of 2025)**

**Law enforcement policies: restraining orders.** Requires specified law enforcement agencies to develop and implement policies relating to restraining orders that include firearm access restrictions, including but not limited to criminal protective orders and domestic violence restraining orders. Concurrently, law enforcement agencies are also required to update policies for responding to domestic violence incidents.

### **SB 733 (Wahab) (Chapter 783, Statutes of 2025)**

**Sexual assault forensic evidence: testing.** Authorizes victims of sexual assault aged 18 years and older to request that medical evidence not be tested under specified circumstances, amongst other provisions.

### **AB 1036 (Schultz) (Chapter 444, Statutes of 2025)**

**Criminal procedure: postconviction discovery.** Authorizes reasonable access, except as specified, to postconviction discovery materials for felony sentences resulting in incarceration in a state prison, amongst other provisions.

### **AB 1178 (Pacheco) (Chapter 635, Statutes of 2025)**

**Peace officers: confidentiality of records.** Existing law authorizes the exemption of peace officer records, generally, from Public Record Act requests; this bill requires a court to consider whether compelling disclosure in certain legal actions would pose a significant danger to the officer in question, with consideration given to undercover officers.

### **AB 847 (Sharp-Collins) (Chapter 383, Statutes of 2025)**

**Peace officers: confidentiality of records.** Grants access to confidential personnel records of law enforcement – including both peace officers and custodial officers – to oversight entities, as specified. Subject to certain exceptions, this statute also authorizes oversight entities to review confidential records in closed session.

### **AB 1388 (Bryan) (Chapter 729, Statutes of 2025)**

**Law enforcement: settlement agreements.** Existing law authorizes the exemption of peace officer records, generally, from Public Record Act requests; this bill exempts any agreement between an employing entity and a peace officer that requires the agency to destroy, remove, or conceal a record of a misconduct investigation.

### **AB 992 (Irwin) (Chapter 175, Statutes of 2025)**

**Peace officers.** Beginning in 2031, this measure requires peace officers obtain a specified degree or certificate within 36 months of certification by the Commission on Peace Officer

## **Administration of Justice Policy Committee**

December 2, 2025

Page 5 of 5

Standards and Training (POST). Additional provisions are included to determine the educational equivalency of overseas degrees or related professional experience.

### **SB 276 (Wiener) (Chapter 406, Statutes of 2025)**

**City and County of San Francisco: merchandising sales.** Authorizes the City and County of San Francisco, until 2031, to adopt an ordinance requiring a permit to sell merchandise on public property that the city and county has determined is a common target of retail theft, and requires specified evidence included in the ordinance.

### **SB 7 (McNerney) – VETOED**

**Employment: automated decision systems.** This bill would have established requirements governing the use of automated decision systems (ADS) to make or help make employment-related decisions in the workplace and provide workers with anti-retaliation protections for exercising their rights under this measure. CSAC's Government Finance & Administration team opposed this legislation, citing the bill as yet another, unfunded mandate. The broad scope of the language included in the bill also potentially impacts law enforcement agencies that utilize ADS.

### **AB 1210 (Lackey) – VETOED**

**Postrelease community supervision.** This measure would have required the California Department of Corrections and Rehabilitation (CDCR) to coordinate with county probation departments along timelines relating to the release of inmates, as well as requiring care coordination for CalAIM services.

### **AB 400 (Pacheco) – VETOED**

**Commission on Peace Officer Standards and Training: police canines.** This bill would have required POST to issue recommendations to the California Legislature by July 2028 on the use of canines by law enforcement.

### **SB 274 (Cervantes) – VETOED**

**Automated license plate recognition systems.** This measure would have regulated the sharing, use by law enforcement, and retention of certain data or information captured within automated license plate recognition (ALPR) systems.



**December 2, 2025**

To: CSAC Administration of Justice Policy Committee

From: Ryan Morimune, CSAC Senior Legislative Advocate  
Michaela Stone, CSAC Legislative Analyst

**RE: Administration of Justice Policy Committee Speaker Biographies**

---



**Dr. Lisa Santora**  
***Public Health Officer, Marin County***

Lisa M. Santora, MD, MPH, is the Public Health Officer for Marin County. In this position she provides clinical oversight for Public Health Emergency Preparedness (PHEP), Communicable Disease Prevention and Control (CDPC), and Detention Health.

Prior to this role, she was the Chief Medical Officer for the Beach Cities Health District (BCHD). Dr. Santora has worked in federally-qualified health centers across the country. She is a graduate of Rutgers-New Jersey Medical School and completed residencies in preventive medicine and family medicine in Buffalo and Miami.

---

**CSAC Officers**

**President**  
Jeff Griffiths  
Inyo County

**1<sup>st</sup> Vice President**  
Susan Ellenberg  
Santa Clara County

**2<sup>nd</sup> Vice President**  
Luis Alejo  
Monterey County

**Past President**  
Bruce Gibson  
San Luis Obispo County

**CEO**  
Graham Knaus

## **Administration of Justice Policy Committee**

December 2, 2025

### **Captain Scott Harrington**

***Detention Bureau Commander, Marin County Sheriff's Office***

Captain Harrington joined the Marin County Sheriff's Office in December 2002. Since his hiring, he has served in the Patrol and Custody Divisions in addition to working as a narcotics detective with the Marin County Major Crimes Task Force. Captain Harrington has worked as a supervisor in the Patrol Division, the Custody Division, the Professional Standards Unit, and the Court Services Division. Between 2002 and 2019, he served in multiple Divisions, achieving every Merit System classification (Deputy Sheriff, Sergeant, Lieutenant, and Captain). In March 2016, Captain Harrington was selected to be the Station Commander for the Sheriff's Office's Southern Marin Station.

In September 2019, Scott was promoted to the rank of Captain, commanding the Administrative and Support Services Bureau, which includes the Marin County Communications Dispatch Center, the Coroners Division, the Fiscal Services Division, the Technology Services Unit, the Documentary Services Unit, the Professional Standards Unit, and the social media team. In September 2024, Scott transferred to the Detention Services Bureau, serving as the Bureau Commander, overseeing the Marin County Jail and the management of the security and operations of the Marin Superior Court.



## **Administration of Justice Policy Committee**

December 2, 2025

### **Scott De Moss**

***County Administrative Officer, Glenn County***



Scott De Moss was appointed by the Glenn County Board of Supervisors on April 16, 2019, as the County Administrative Officer (CAO). The CAO is responsible for the coordination of county programs, departmental budgets, and the oversight of the overall operations of county business.

CAO De Moss attended California State University, Fresno., earning a B.S. in Business Administration with a concentration in Human Resource Management/Organizational Management, as well as the University of Phoenix, where CAO De Moss obtained a Master of Management – Public Administration degree. Prior to joining Glenn County, CAO De Moss held a variety of positions in Merced County located in the central San Joaquin Valley.

## **Administration of Justice Policy Committee**

December 2, 2025



### **Elise Jones**

***Director, Behavioral Health Services, Lake County***

Elise Jones is Director of Lake County Behavioral Health Services, leading the County Mental Health Plan and the Drug Medi-Cal Organized Delivery System across crisis, treatment, and recovery. A small-county systems builder, she serves on CalMHSA's Board of Directors and Executive Committee as the Superior (Northern) Area Representative and is Co-Chair of CBHDA's Frontier & Small Counties Committee. Elise partners with justice, public health, and private sector leaders to braid funding and deliver measurable outcomes.

She has guided Lake County's opioid-settlement strategy—advancing MOUD access, youth prevention, recovery housing, provider training, and capital capacity—while strengthening data-sharing and rural workforce pipelines. She also teaches psychology at Mendocino College, integrating trauma-informed and equity-grounded practice. Elise holds an M.A. in Psychology and is committed to pragmatic, data-driven solutions that improve community health, safety, and well-being.

### **Wendy Mondfrans**

***Chief Probation Officer, Lake County***

Wendy Mondfrans was appointed as Chief Probation Officer in 2023. Ms. Mondfrans first filled the position on an interim basis when her predecessor, Rob Howe, was appointed Sheriff.

Ms. Mondfrans has worked for Probation since 2010, and has held several positions including Deputy Probation Officer, Senior, Chief Deputy





## **Administration of Justice Policy Committee**

December 2, 2025

Probation Officer, and most recently Assistant Chief Probation Officer. As Assistant Chief Probation Officer Ms. Mondfrans has experience in managing all divisions and functions within the Probation Department. Prior to her work with Probation, Ms. Mondfrans was a practicing attorney.

### **Francine Byrne**

***Director, Criminal Justice Services, Judicial Council of California***



Francine Byrne is the Director of the Criminal Justice Services (CJS) office at the Judicial Council of California. In this role she leads a team of attorneys, researchers, and analysts who conduct a variety of activities to support the courts and justice system partners to implement criminal justice related legislation. Her office portfolio includes collaborative courts, pretrial detention reform, the ability-to-pay project, and issues at the intersection of criminal justice and behavioral health.

She has been conducting criminal justice research for over 20 years. She represents California on the Council of State Treatment Court Coordinators and is a member of the Public Policy Institute of California's Criminal Justice Steering Committee.