Sacramento County Correctional Facility Master Planning Services

Phase II Report: Projected Future Capacity Needs & Assessments of Existing Conditions

Appendix III - Population Analysis and Bed Space Projections Report

I. Introduction

Purpose and Scope

This appendix provides the technical documentation supporting the population analysis summarized in Section 3 of the Phase I/II report. Prepared as one component of the Comprehensive Correctional Facility Master Plan commissioned by the County of Sacramento, and scoped by the County's Request for Qualification #81752, the population analysis is a data-driven study of the Sacramento County jail system's needs over the next 10 to 20 years.

Data Availability and Limitations

The analyses in this report rest on a foundational assumption that the records transferred by the County accurately and completely represent the bookings, custody movements, service episodes, and case events they document. This assumption cannot be independently verified. The data originate in operational systems including the County's jail management system (ATIMS), mental health program and waitlist records, incompetent-to-stand-trial (IST) case data, and monthly population census reports, that are maintained to support day-to-day operations rather than integrated analytical use. Each system records events for its own purposes, on its own timeline, and with its own conventions. The findings presented in this report therefore reflect the best available interpretation of the data as received, and this section describes the principal limitations that a reader should carry throughout the remainder of the document.

Integrating these systems presented structural challenges. The data provided contained no persistent booking-level identifier shared across systems; linking a custody episode to its associated program, waitlist, and IST records required constructing composite keys from person identifiers and booking and release dates and linking IST case events to custody episodes required explicit temporal matching rules. Where a determination could not be linked to a custody episode with confidence, it was excluded from linked analyses rather than assigned by assumption. For individuals who were transferred out of the jail after their IST determination, their presence in the jail system was separately verified against the booking data. Similarly, the mental health service records identify individuals who were enrolled in or waitlisted for specialized programs; they do not comprehensively capture all mental health contacts, and they do not include admission and discharge dates for placements outside the jail. Where hospital stays occurred within a custody episode, time outside the jail was estimated from movement records and subtracted from jail bed-day figures, an adjustment that is conservative for jail capacity purposes but approximate by construction.

The data also contained artifacts that required correction before analysis. These included a recording artifact affecting records closed on a single date in the mental health data, which was identified and corrected in consultation with operational context; program episodes that had never been closed in the source system, producing artificial multi-year durations that were reviewed and bounded; a small number of records with release dates preceding booking dates, which were removed; and duplicate case entries, which were consolidated. Records for individuals still in custody at the end of the data period were treated with explicit censoring rules. In each case the correction was designed to improve the fidelity of the analytical dataset to the events it represents, and the direction of any remaining bias is noted where it affects interpretation[1].

Certain fields required reconstruction. In order to distinguish state parole holds from county probation and post-release community supervision (PRCS) violations, supervision type was classified from the Penal Code statute recorded as the primary booking charge, following California Department of Justice conventions. Analyses of booking-derived measures were validated against the County's census-based average daily reporting; where the two approaches diverge, census figures were treated as authoritative for population levels, and booking records were used for admission patterns and completed-stay durations.

Finally, each analysis in this report states its own observation window, and findings should be read within those windows. Rate and prevalence figures reflect the specific period analyzed; observation windows create right-censoring for measures such as returns to custody; and the most recent partial year data understate measures that accumulate with time. Where the underlying records could not support a reported figure without qualification, the qualification appears alongside the figure rather than in this section alone. None of these limitations is unique to Sacramento County; each is common to jurisdictions building analysis on operational justice system data, where custody, clinical, medical, and case-processing information is maintained in separate systems not designed for linkage or longitudinal use. None was avoidable within the data as provided, and information already recorded cannot be corrected retroactively at scale; they are stated here so that the reader can weigh the findings with the same information available to the analysts.

[1] E.g., estimated hospital-return dates likely understate jail bed-days for returning individuals.

II. Understanding the Jail Population

The population projections presented later in this report depend on a clear understanding of how the jail population is composed, how individuals move through it, and which forces shape its size. The analyses in this section are not intended to replicate the monitoring and program-level reporting regularly conducted by the County through its *Jail Population Reduction Plan* status reports, which document programmatic activity, measurement goals, and strategy-level progress in detail, nor do they replicate the data tracked and published through the *Jail Profile Survey*. Rather, this report takes a complementary approach by examining system-level population dynamics: the flow of individuals into and through the jail, the structural factors that determine how long they stay, and the jurisdictional boundaries that define which levers the County controls and which it does not. The goal is to ensure that the projections that follow are anchored in what the data show about how this jail operates, not in assumptions about how it should.

Reasonable measures were taken to ensure that only valid and complete records were carried into the analysis: anomalous values were reviewed manually; improbable outliers were examined and, where appropriate, removed; and ambiguous patterns were resolved in consultation with jail staff. These corrections were made to improve the fidelity of the analytical dataset to the events it represents. Notwithstanding these measures, the findings that follow should be interpreted with appropriate caution. This review can assess internal consistency and address identifiable anomalies, but it cannot verify independently the completeness and accuracy of the full body of source data, which originates in operational systems maintained by the County. The conclusions presented in this section therefore reflect the best available interpretation of the data as received, rather than statements of certainty about the underlying events.

A. Pretrial Population Dynamics: Length of Stay, Charge Composition, and Return Patterns

Purpose and Scope

This section examines the pretrial population in the Sacramento County jail system. The analysis is intended to complement the population trends and projections in this report by identifying the flow patterns that shape the jail's average daily population (ADP). In Sacramento County, the pretrial population represented approximately 78% of the total average daily jail population in 2025.

The analysis draws on 35,709 pretrial bookings recorded between January 1, 2024 and July 21, 2025, involving 24,786 unique individuals. Bookings associated with sentenced custody were excluded. Records were provided by the Sacramento County Sheriff's Office.

Charges were classified into ten categories based on legal code and statute: domestic violence, public order, property offenses, drug offenses, violent offenses, DUI/vehicle offenses, supervision violations (parole and probation holds), weapons offenses, sex offenses, and all others.

Table 1. Charge category definitions within the dataset

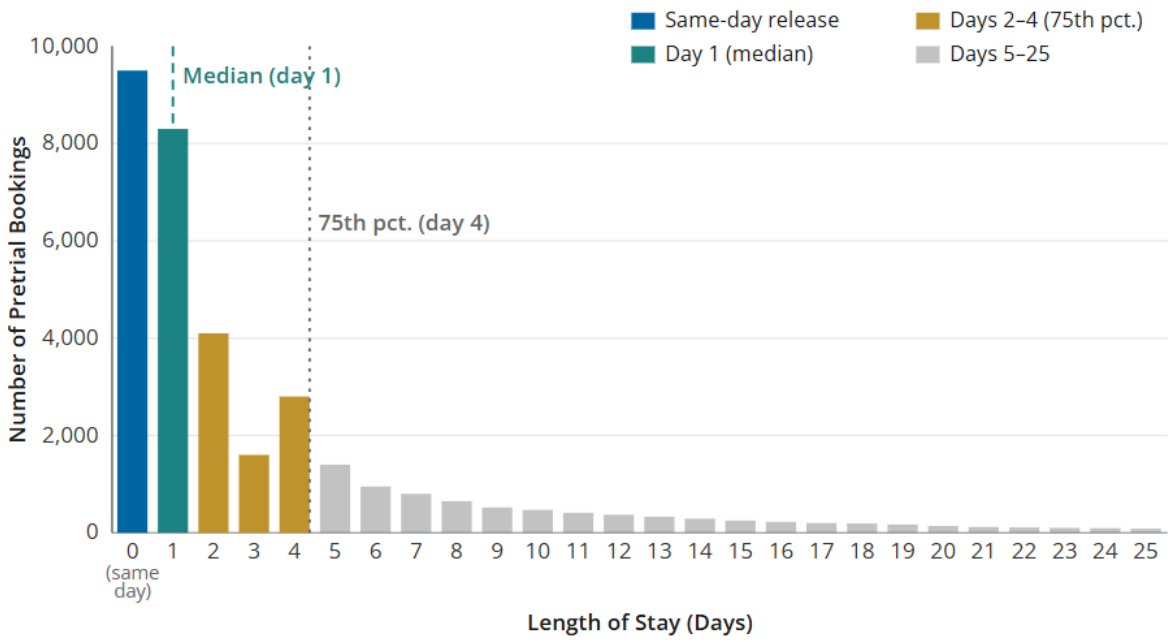
Each booking is assigned to one of ten mutually exclusive categories based on its primary charge, using the statute (code type and section) recorded at booking. Shares are of the windowed pretrial file (January 1, 2024 – July 21, 2025)

Category	What it captures	Pretrial share (N = 35,709)
Supervision	Violations and holds tied to community supervision — parole, Post-Release Community Supervision (PRCS), and probation — plus fugitive/out-of-state warrant holds and juvenile-supervision violations.	2,301 (6.4%)
Domestic Violence	Domestic and family violence: corporal injury to a spouse or partner, domestic battery, violation of a protective order, child abuse/endangerment, and stalking.	7,623 (21.4%)
Violent	Violent offenses against persons: homicide, robbery, carjacking, kidnapping, assault (including with a deadly weapon), battery causing injury, criminal threats, witness intimidation, and forcible resistance of officers. Forcible sexual assaults are grouped here (see notes).	4,432 (12.4%)
Sex Offenses	Sex offenses other than forcible rape: failure to register, sexual battery, lewd acts with a child, unlawful sex with a minor, sodomy/oral copulation, forcible penetration, child pornography, and indecent exposure.	553 (1.5%)
Weapons	Unlawful possession or carrying of weapons: firearms held by prohibited persons, concealed or loaded firearms, assault weapons, machine guns, large-capacity magazines, concealed knives, tear gas, and brandishing.	1,170 (3.3%)
Property	Property and financial crimes: burglary, theft (petty and grand), auto theft, receiving stolen property, forgery and fraudulent checks, embezzlement, extortion, identity theft/false personation, insurance fraud, and vandalism.	5,582 (15.6%)
Drug	Controlled-substance offenses — every Health & Safety Code charge (possession, possession for sale, transportation, or manufacture of controlled substances).	4,110 (11.5%)
DUI/Vehicle	Serious driving offenses: DUI and DUI causing injury, felony or repeat DUI, hit-and-run, evading or failing to yield to police, and reckless driving.	4,078 (11.4%)
Public Order	Public order and quality-of-life offenses: disorderly conduct, trespassing, resisting or obstructing an officer, disturbing the peace, contempt of court, public nuisance, unlawful assembly, and toxic-vapor inhalation. Includes all county/municipal ordinance charges.	3,456 (9.7%)
Other	Residual catch-all: bookings whose primary charge did not match any category above (unmatched or miscellaneous statutes and code types). This is the corrected default — the classification error had routed these bookings into Public Order.	2,404 (6.7%)

Pretrial Length of Stay

The pretrial length of stay (LOS) distribution is heavily concentrated at the short end. During the specified study period, nearly a third of pretrial bookings (31.6%) resulted in same-day release, and half of all bookings ended within one day. Three-quarters were resolved within four days. Only 9.8% of bookings resulted in stays of 21 days or more.

Figure 1. Distribution of pretrial bookings by length of stay
(Jan 2024 to Jul 2025)



Note. *Days 0-25 shown; tail extends to 554 days (99th percentile = 170 days). Sentenced individuals excluded. Data through July 21, 2025*

Table 2. Interpretation of length of stay distribution

Percentile	Length of Stay	Interpretation
25th	0 days	At least one in four individuals released the same day they are booked
50th (median)	1 day	Half of all pretrial bookings end within one day
75th	4 days	Three-quarters released within four days
90th	20 days	Nine in ten released within three weeks
95th	46 days	Five percent held longer than six weeks
99th	170 days	The longest one percent extend beyond five months

The County's semi-annual *Jail Population Reduction Plan* (JPRP) status reports indicate that the overall distribution of lengths of stay has not substantially changed between 2023 and 2025. However, the median LOS declined 22% from the 2023 baseline of 9 days to 7 days in 2025, and the proportion of bookings released within 24 hours declined from 24% to

22.2% in the second half of 2025.[2] The County reports that this latter reduction reflects, in part, the pre-arraignment magistrate review process implemented in December 2023, through which a magistrate reviews both public safety risk and ability to pay bail prior to arraignment.

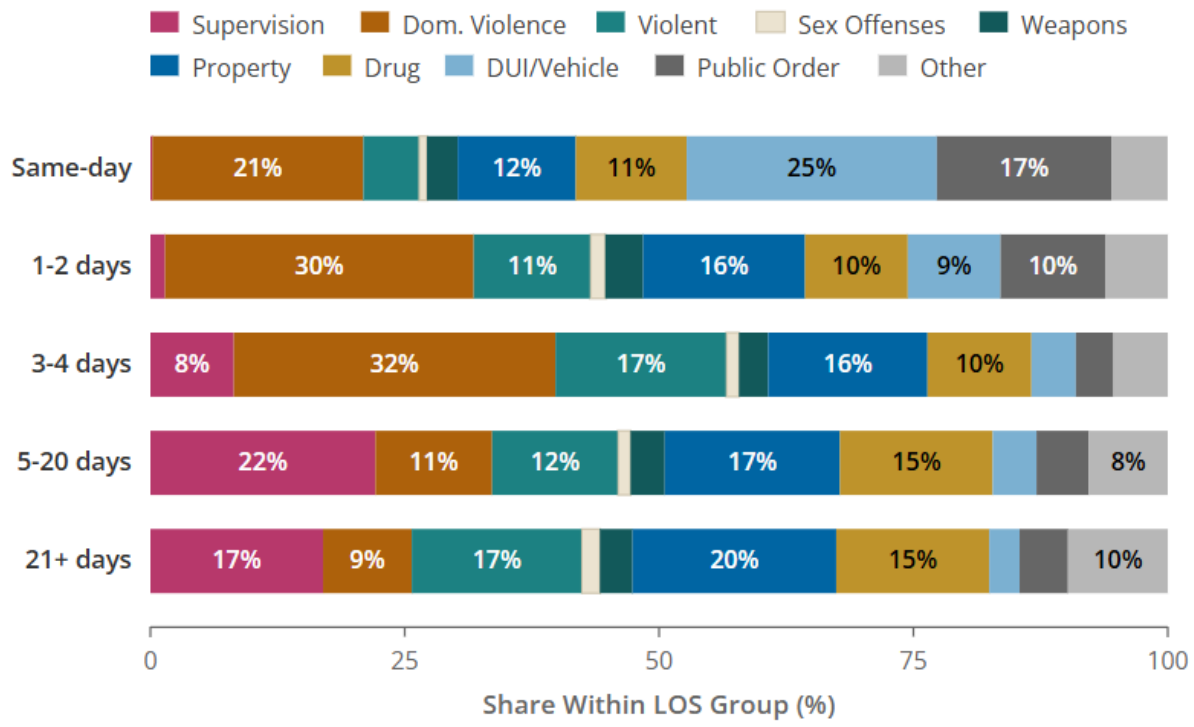
For purposes of this analysis, bookings were divided into five LOS groups corresponding to natural landmarks in the distribution: same-day release (0 days), short stay (1-2 days), medium stay (3-4 days), long stay (5-20 days), and extended stay (21+ days). Same-day releases and short stays together account for 62.2% of all pretrial bookings.

Charge Composition Across Length of Stay Groups

The mix of charges shifts substantially across groups of varying length of stay. Same-day releases are led by DUI/vehicle offenses (24.6%), domestic violence (20.7%), and public order charges (17.1%). DUI/vehicle and public order offenses — together roughly 42% of same-day bookings — are the categories most often resolved through citation release or release on own recognizance at or before first appearance; domestic violence, by contrast, concentrates in the longer short-stay tiers discussed below.

[2] Sacramento County Office of the County Executive, *Jail Population Reduction Plans Status Report (July–December 2025)*, (draft dated Mar. 20, 2026; provided to DLR Group by Sacramento County, on file with the author).

Figure 2. Share pretrial bookings within each length of sentence (LOS) group, by charge category



At the medium-stay tier (3–4 days), domestic violence charges reach their highest share (31.6% of bookings in that group), consistent with mandatory hold periods that apply to certain domestic violence arrests under California law. DUI/vehicle offenses decline sharply from 24.6% of same-day releases to 4.4% of 3–4 day stays, consistent with their resolution through bail or citation processes.

At the long-stay tier (5–20 days), supervision violations become the single largest charge category, composing 22.1% of bookings in that group, up from 0.2% of same-day releases. Property, drug, and violent offenses also compose larger shares of this group.

At the extended-stay tier (21+ days), property offenses, supervision violations, violent offenses, and drug offenses each contribute substantial shares. The shift in composition at longer stays is consistent with factors such as higher bail amounts, case complexity, and repeat-offender status, though the data does not permit direct attribution to specific case-processing mechanisms.

The County reports that it has undertaken several initiatives relevant to case-processing timelines and length of stay. Since December 2023, a pre-arraignment magistrate review process has been in operation, through which reviews are expected to be completed within approximately 18 hours of booking. The population receiving pretrial monitoring services through the Probation Department has continued to grow, with 14,183 individuals released

to pretrial monitoring since the program began in October 2019.[3] According to the County, the proportion of individuals released on own recognizance, to pretrial monitoring, or on bond increased from 27% of releases in 2023 to 43% of releases in 2025. The County further reports that 80.5% of pretrial monitoring participants, as of December 2, 2025, had not incurred a new arrest.

It should be noted that pretrial release decisions, including bail amounts, own-recognizance release, and conditions of release, are under the authority of the Sacramento Superior Court, not the County Board of Supervisors. Similarly, the elimination of Night Court and transition to the new Tani Cantil-Sakauye Courthouse, are court-driven operational changes that may affect arraignment timeliness and release processing but are outside the County's direct operational control. Reinstating night or extended-hours court and expanding the use of virtual hearings are noted as actions for consideration by the County and the Court.

Return Patterns

Length of stay and charge composition describe the profile of a single booking. A complementary question concerns the dynamics of return: how frequently individuals re-enter the jail system, how quickly, and under which circumstances. The analysis that follows examines these patterns, with attention to the distinction between new criminal bookings and administrative or sentence-serving returns.

Prevalence of Multiple Bookings

Of the 24,786 unique individuals in the pretrial dataset, 53% had more than one pretrial booking on record across the full span of jail records available in the data. Among individuals whose next booking was observed in the 18.5-month study window, the median time between release and that booking was 91 days, and a quarter returned within 34 days.

These two measures rest on different bases and should not be read as describing a single group. The median return time figures are limited to subsequent bookings observed inside the 18.5-month window. Neither measure is directly comparable to standard recidivism measures, which typically use fixed follow-up periods and distinguish among types of return (e.g., new arrest, return to serve a sentence, or administrative revocation). Additionally, because individuals booked earlier in the observation period had longer windows in which to accumulate additional bookings than those booked later, these measures may understate returns and affect comparisons across charge categories (see Limitations).

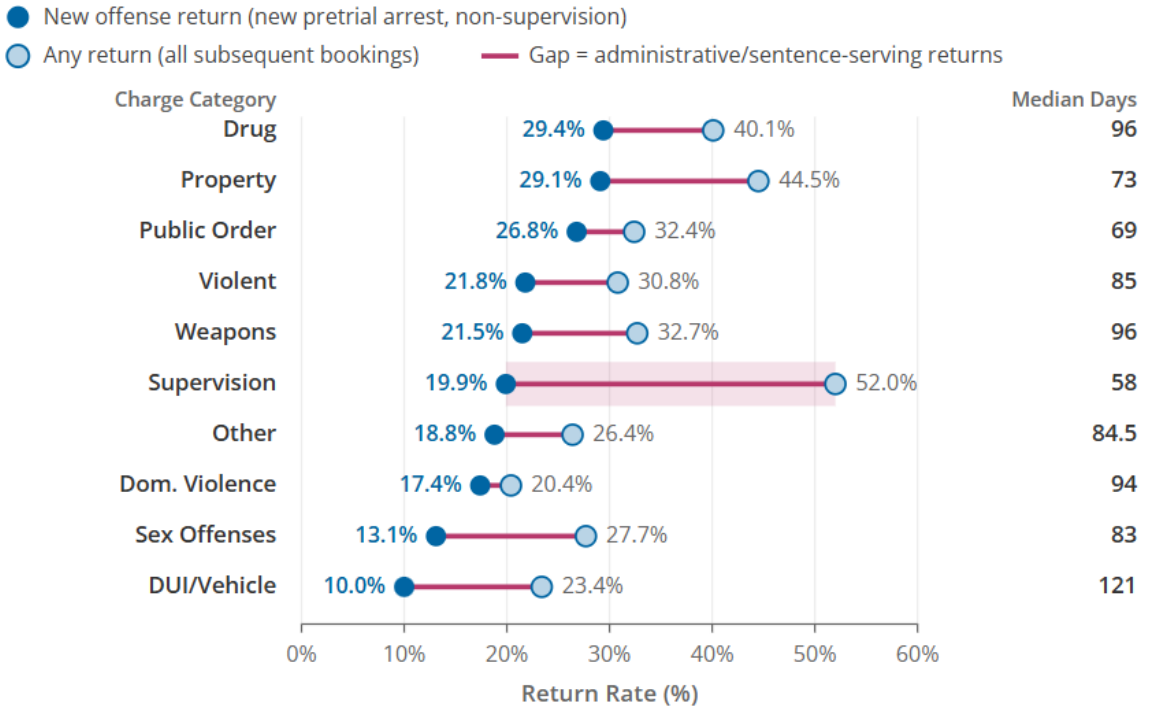
[3] Sacramento County Office of the County Executive, *Jail Population Reduction Plans Status Report (July–December 2025)*, (draft dated Mar. 20, 2026; provided to DLR Group by Sacramento County, on file with the author).

Distinguishing Return Types

A subsequent booking may represent a new pretrial arrest for a new offense, a return to serve a previously imposed sentence (most notably a DUI mandatory minimum), or an administrative return such as a supervision violation revocation. To separate these, three return-rate definitions were computed for each charge category: (1) any subsequent booking regardless of type; (2) any subsequent pretrial booking (i.e., a new arrest rather than sentence-serving); and (3) any subsequent pretrial booking on a charge category other than supervision violations (i.e., a new criminal offense rather than an administrative revocation).

The gap between the first and third measures reveals how much of the apparent return rate is attributable to administrative and sentencing processes rather than new criminal conduct. Applied to the study data, these definitions reveal substantial differences across charge categories:

Figure 3. Any subsequent booking vs. new offense booking, by initial charge



Note. *Categories sorted by new offense return rate (descending). "Any return" includes all subsequent bookings regardless of type; "new offense" restricts to subsequent pretrial bookings on non-supervision charges. The connecting segment represents the share of returns attributable to administrative or sentence-serving custody, rather than new criminal conduct.*

Property and drug offenses had the highest new offense return rates, at approximately 29% each. Of these two categories, those with a property offense returned fastest, with a median of 73 days to the next new-offense booking , compared with 96 days for drug offenses.

These categories are the primary drivers of what might be described as recidivism-related jail cycling within the pretrial population.

Public order offenses showed a comparable new-offense return rate (26.8%), third highest after property and drug, and the second-fastest median return overall (69 days). Because this category comprises lower-level offenses such as disorderly conduct and trespassing, its elevated return rate more plausibly reflects frequent, low-level cycling than the kind of serious reoffending the property and drug figures suggest, though the data do not permit direct attribution.

Supervision violations had the highest any-return rate (52.0%), but when returns are restricted to new criminal offenses, the rate drops to 19.9%, ranking sixth among the ten charge categories. The 32.1 percentage-point gap indicates that approximately 62% of returns among individuals initially booked on supervision violations were not new criminal arrests; rather, they were revocations, administrative holds, or other non-offense re-entries. This distinction is analytically significant because it suggests that the high contact rate for this population is substantially driven by the structural mechanics of supervised release rather than by new criminal conduct.

An important limitation of the current analysis however, is that the data do not distinguish between parole holds (which fall under the authority of the California Department of Corrections and Rehabilitation) and probation violations (which fall under County authority through the Probation Department).

DUI/vehicle offenses had the lowest new offense return rates at 10.0%, with sex offenses (13.1%) and domestic violence (17.4%) next lowest. For DUI, much of the gap between the any-return rate (23.4%) and new-offense rate reflects returns for sentence-serving (such as the 96-hour mandatory minimum) rather than new criminal conduct.

The County has reported several initiatives that may be relevant to return-to-custody patterns, although the recency of many of these programs limits the extent to which their effects can be assessed in the current data. These include the ROAR reentry program, established through an $8 million Proposition 47 grant awarded in October 2024, which provides care coordination, shelter, and transitional housing for justice-involved individuals with behavioral health needs.[4] From July through December 2025, 486 individuals enrolled in the program.[5]

The County has also reported expansion of behavioral health services, mental health diversion (with felony MHD decisions growing from 169 in 2022 to 1,392 in 2025), and

[4] California Board of State and Community Corrections (BSCC), ROAR Program Local Evaluation Plan (June 2025): bscc.ca.gov/wp-content/uploads/2025/06/Local-Evaluation-Plan-Sacramento-County.pdf

[5] Sacramento County Office of the County Executive, *Jail Population Reduction Plans Status Report (July–December 2025)*, (draft dated Mar. 20, 2026); corrected to 486 per the ROAR team

investments in community-based crisis response through the CWRT program. Whether these initiatives will produce measurable reductions in return rates for the charge categories identified in this analysis remains to be established.

Analytical Observations

The data presented in this section support several observations relevant to the broader population analysis.

1) *Booking volume and ADP are driven by different populations.* Same-day and short-stay bookings account for approximately 62% of all pretrial bookings but contribute minimally to the average daily population, as these individuals occupy beds for brief periods. Public order and DUI/vehicle offenses are the primary charge categories in this high-throughput, short-stay group. Conversely, approximately 25% of bookings with stays of five days or more account for a disproportionate share of bed-days and thus of ADP. This distinction is relevant to understanding which interventions affect booking counts (a measure of system throughput) versus which affect bed occupancy (a measure of population pressure).
   Reducing same-day and short-stay bookings through expanded citation practices, pre-arrest deflection, or behavioral health crisis response would reduce the number of individuals processed through the jail without substantially reducing the average number of beds occupied. The County reports that it has pursued efforts along these lines, including engagement with law enforcement agencies on citation policies and expansion of behavioral health crisis response through the CWRT program. However, citation and arrest decisions in the field are made by law enforcement agencies, many of which operate independently of the County Board of Supervisors. The County notes that achieving further reductions in short-stay bookings depends on voluntary adoption of expanded citation policies by law enforcement partners, an effort the County reports having pursued for an extended period.
2) *Extended stays concentrate among specific charge types and are influenced by actors beyond County control.* Supervision violations are the largest single charge type in the 5–20 day group, and property offenses lead the 21+ day group. Reducing ADP associated with extended stays depends on mechanisms such as bail determination, pretrial service availability, and case-processing timelines, levers that depend substantially on the Superior Court, the District Attorney, and defense counsel, rather than on the County alone. The County reports that it has expanded pretrial monitoring and release capacity since 2019, but notes that the decision to release an individual pretrial is under the sole discretion of the Superior Court. Similarly, the pace of case processing is shaped by court calendaring, prosecution and defense resources, and judicial caseloads, which are factors largely outside the County's direct operational authority.

3) *Return patterns vary by charge type and return definition.* Property and drug offenders have the highest new offense return rates and may benefit from targeted reentry interventions, though the effectiveness of specific program models would need to be assessed independently. Supervision violators have the highest total contact rate, but the majority of their returns are administrative rather than criminal. Reducing administrative returns for this population is associated with compliance supports within the supervision system, including housing, treatment, and case management resources, though it is not possible to assess the degree to which such investments would reduce returns without additional data on program capacity, implementation fidelity, and individual-level outcomes.

   The County's ability to address supervision-related returns is further limited by the parole-probation distinction. The County exercises authority over probation supervision through the Probation Department and reports having taken steps to reduce probation violation bookings. The County does not, however, control parole revocation decisions, which are made by CDCR. The data analyzed in this section do not distinguish between parole and probation holds, and thus the share of supervision-violation returns attributable to each system cannot be determined from the current dataset.

Limitations

The following limitations should be considered when interpreting the findings in this section:

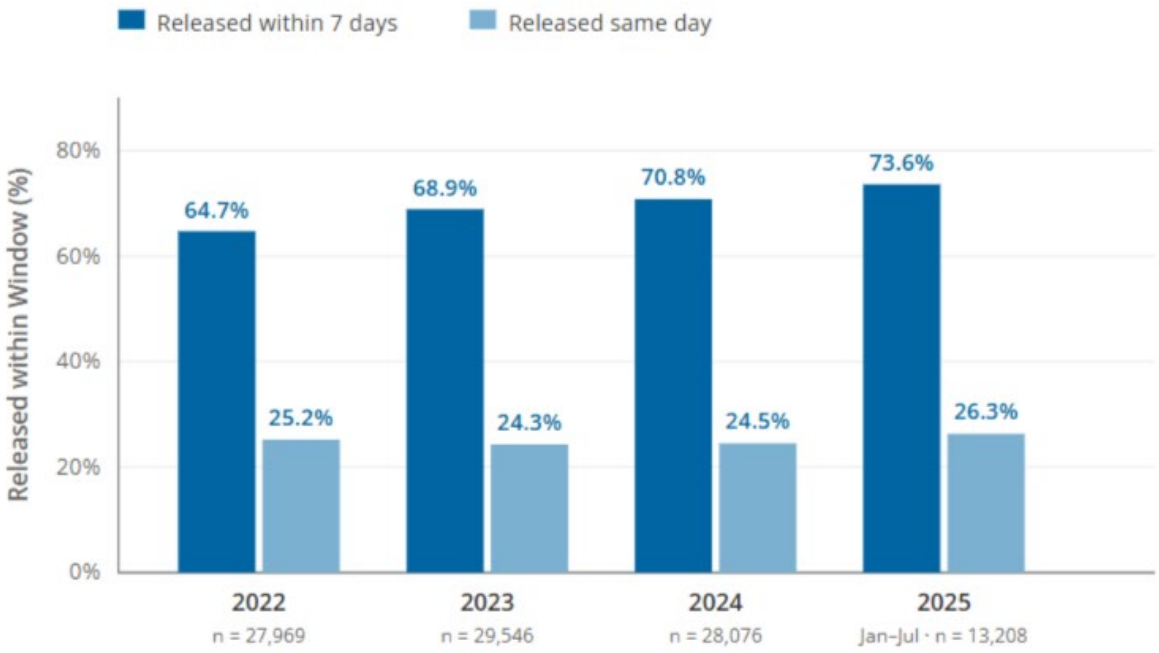
- *Observation window.* The study period for the above analyses covers January 1, 2024, through July 21, 2025 (approximately 18.5 months). Individuals booked later in this period had shorter windows in which a subsequent booking could be observed. This right-censoring means that measured return rates may understate the true rate of return, particularly for charge categories with longer median times to rebooking. Return rates reported here are not directly comparable to standardized recidivism measures that use fixed follow-up windows.
- *Charge classification.* Bookings were classified using the primary charge code. Where an individual was booked on multiple charges spanning different categories, classification was based on the primary charge on file. A subset of bookings (2,894 of 35,709, or 8.1%) lacked a valid length of stay value and were excluded from the length of stay tabulations.
- *Absence of individual-level covariates.* The analysis does not include individual-level information on risk scores, behavioral health status, housing status, or prior criminal history beyond what is reflected in the booking records. These factors are likely relevant to both length of stay and return patterns but are not available in the current dataset.

- *Recency of reforms*. Several County initiatives described in this section (i.e., the ROAR reentry program, expanded CWRT operations, Prop 36 implementation, and the transition to the new courthouse) are recent or ongoing. Their effects may not yet be reflected in the data analyzed here, which covers a period ending in July 2025.

B. Short-Term Releases, Service Delivery Timing, and Disproportionate Capacity Drivers

The pretrial length of stay distribution described in the preceding section reflects data pooled across the study period. Examining the trend over time reveals that the concentration of short stays is not static but is intensifying.

Figure 4. Share of bookings released within seven days and on the same day, by year
(Jan 2022 – Jul 2025)



Between January 2022 and July 2025, the share of bookings resulting in release within seven days rose from 64.7% to 73.6%, an increase of approximately 3.2 percentage points per year. Same-day releases followed a parallel trajectory, rising from 25.2% of bookings in 2022 to 26.3% in the first half of 2025. Nearly one in four bookings in recent data results in a same-day release, and nearly three in four result in release within a week. Only 6.4% of bookings during this period resulted in stays longer than three months. This trend may suggest, on its surface, that the jail is moving people through custody more quickly and that the average daily population would correspondingly decline. However, the population data does not reflect this outcome. The County's monthly ADP has shown no sustained decline over this period; it has fluctuated without a downward trend, and has held within a narrow band of roughly 3,070 to 3,370 across the two most recent years examined (2024-2025). The reconciliation of these two facts: faster short-term releases alongside a stable or rising ADP points to a structural shift in the composition of the jail population.

The dynamics suggest that the jail is increasingly composed of two distinct populations. The first is a high-throughput, short-stay group that cycles through booking and release quickly, contributing to booking volume without substantially affecting the average daily population. This group is growing as a share of total bookings. The second is a smaller but persistent group of longer-stay individuals whose extended custody episodes consume a disproportionate share of bed-days. As the short-stay population accelerates its movement through the system, the relative weight of the long-stay population in determining ADP increases. The median length of stay may be declining, as the County's JPRP reports a reduction from 9 days (2023 baseline) to 7 days (2025). But if the individuals who remain in custody beyond the median are staying as long or longer than before, the average daily population will not decrease.

This bifurcation is consistent with several concurrent dynamics documented elsewhere in this report and in the County's JPRP. The expansion of pretrial release and the pre-arraignment magistrate review process are moving low-risk individuals out of custody faster, which increases the short-stay share. At the same time, felony case processing times remain elevated (the County reports felony ALOS of 58 days in 2025; approximately 92% of the ADP is held on felony-level charges), state parole holds are lasting longer than in prior years, and Proposition 36 is adding a new population of individuals held on drug and property charges who require judicial review before release.[6] The net effect is a jail that processes more people through its front door more quickly while the individuals who remain past the first week occupy beds for extended periods driven by factors largely outside the County's direct control.

Mental Health Service Delivery and Population Flow

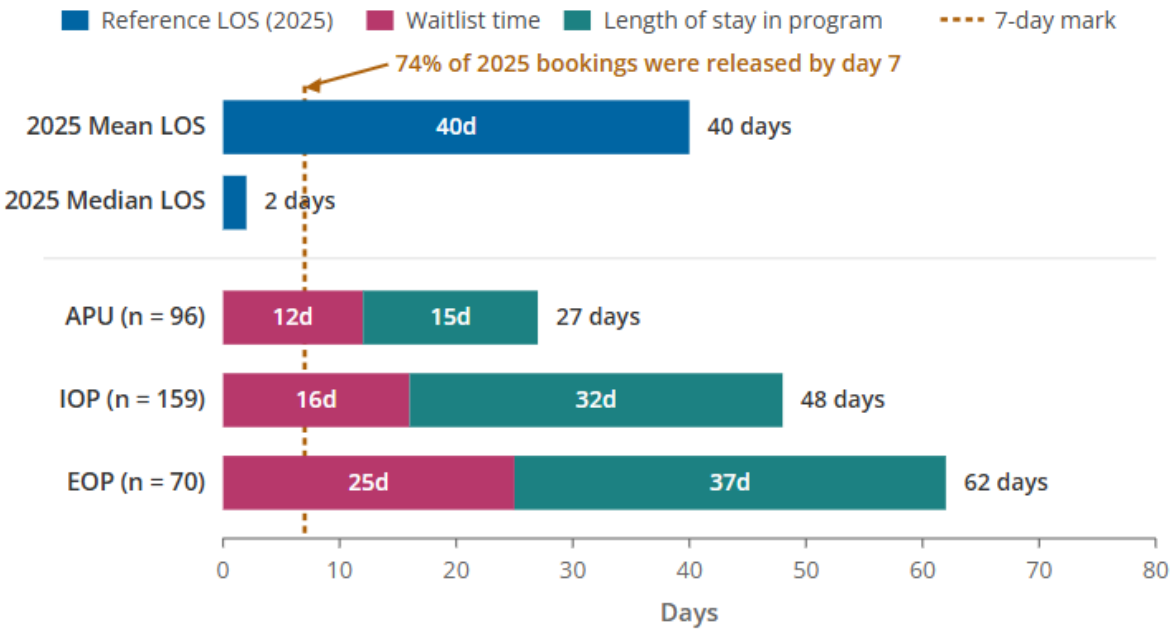
The bifurcation of the jail population has direct implications for the delivery of mental health services in custody. Mental health programming, including placement in specialized beds, requires time in custody for assessment, waitlist processing, program placement, and treatment delivery. When the majority of the jail population is released before these processes can be completed, the population eligible to receive sustained mental health treatment narrows substantially.

Between June 2024 and June 2025, 1,054 individuals were placed on a waitlist for specialized mental health programming. Of those, 793 (75.2%) were released from custody before being placed into a treatment program. Only 261 (24.8%) were transitioned into a program.

[6] Sacramento County Office of the County Executive, *Jail Population Reduction Plans Status Report (July–December 2025)*, (draft dated Mar. 20, 2026; provided to DLR Group by Sacramento County, on file with the author).

This attrition rate is not primarily a reflection of program capacity or operational failure. It instead is indicative of the mismatch between program timelines and population flow. In 2025, the facility-wide median length of stay was 2 days, and three-quarters of all individuals were released within 7 days. The mental health program waitlist times alone exceed the custody duration of the vast majority of individuals in the jail:

Figure 5. Median waitlist days + median program duration, by program
(Jun 2024 – Jun 2025)



For each of the service levels examined (see Figure 5), the combined waitlist and program duration exceeds the length of stay of at least 75% of the jail population. This reflects a structural reality in which the unsentenced population, which constitutes the majority of the jail, moves through custody on timelines driven by bail, arraignment, and case processing decisions that are largely independent of clinical programming schedules. Individuals identified as having mental health needs may be released on bail, through pretrial monitoring, or by court order before they are placed into the jail's specialized mental health programming.[7]

This does not diminish the importance of in-custody mental health services for the individuals who do remain long enough to receive them. It does, however, indicate that strategies to address the mental health needs of the jail population must extend increasingly beyond the facility walls, such as through pre-booking crisis response, pretrial

[7] This reflects programmatic placement, not the presence or absence of mental health contact generally, which may occur through intake screening or by other means outside this measure's scope.

service linkage, and reentry programming, because the majority of individuals with identified needs will not be in custody long enough to receive sustained treatment.

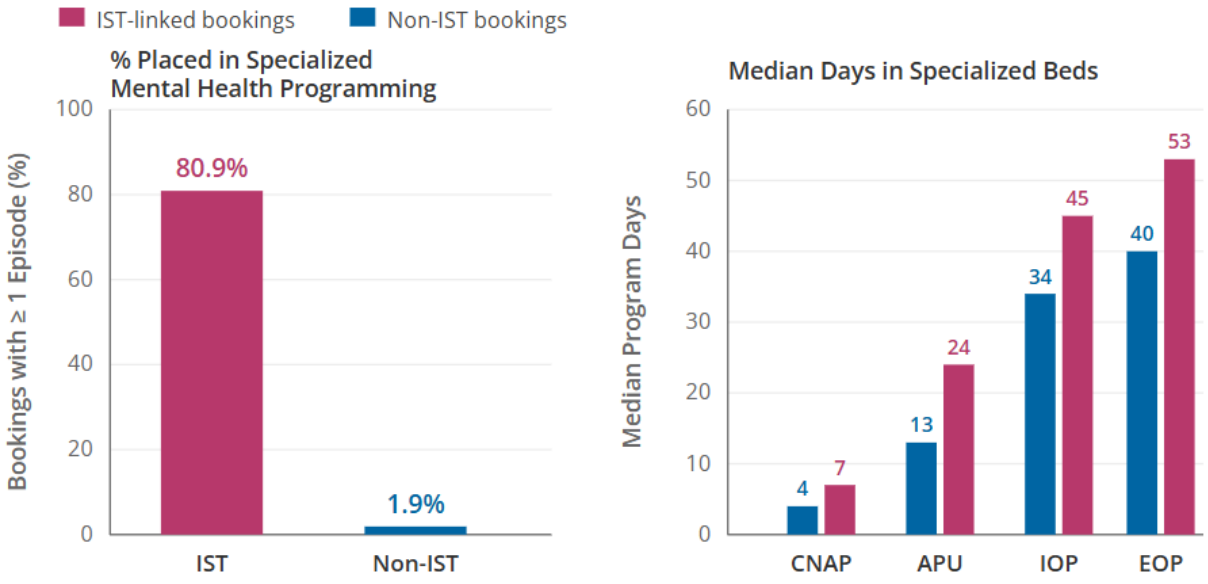
Incompetent to Stand Trial Determinations as a Disproportionate Capacity Driver

At the opposite end of the length of stay distribution from the short-stay majority is a small population that exerts a disproportionate effect on bed-day consumption: individuals with bookings involving a determination of incompetence to stand trial (IST).

Within the accessible data from January 2022 to July 2025, 366 bookings were linked to an IST determination, representing 0.3% of the 106,466 total bookings during this period. Despite their small share of bookings, these individuals had a median of 279 jail-bed days per custody episode, compared to a median of 3 days for all other bookings. A custody episode is a person's full period in custody from booking to final release; the 279-day figure counts only the time spent physically in county jail within it. Where movement records showed time at a state hospital or other outside facility, that time was subtracted (the unadjusted episode median was 374 days), making the figure deliberately conservative for jail-capacity purposes. This figure and the ~6-month figure reported in the 2022 O'Connell study measure different intervals: O'Connell's measures booking to case disposition, while the figure reported here covers the full custody episode from booking to release, including post-disposition restoration and case processing. The two are complementary rather than conflicting; O'Connell's Figure 25 (approximately 56% of IST individuals in custody 200 or more days) is consistent with the episode lengths reported here.

Mental health service utilization among IST-linked individuals is correspondingly high. Among bookings with at least one program episode, 80.9% of IST-linked bookings involved placement in a specialized mental health bed (CNAP, APU, IOP, or EOP), compared to 1.9% of non-IST bookings. Median days spent in specialized beds were higher for IST-linked individuals across every level of care, reflecting both their clinical acuity and their extended time in custody.

Figure 6. MH program utilization rate and median days in specialized beds, by IST status
Jan 2022 to Jul 2025



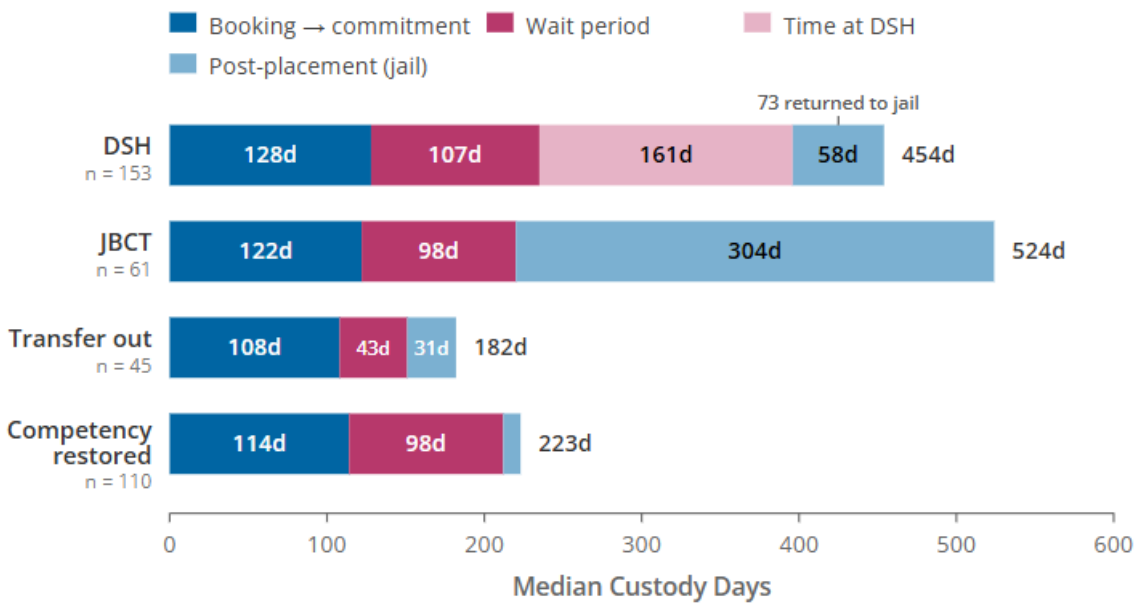
Note. *Figures are derived from caseload data for four specialized mental health programs: CNAP, APU, IOP, and EOP. The 1.9% rate among non-IST bookings reflects the share of those bookings appearing in these records. It should not be read to mean that the remaining individuals on non-IST bookings received no mental health care. Individuals may have been seen or evaluated through other channels without being enrolled in these programs, and such contacts would not appear in the data underlying these charts.*

Phases of the custody episode are reported separately in Figure 7, as medians for each disposition pathway (the route a case takes; for example, restoration in jail versus commitment to a state hospital). Because these are separate medians, they do not sum to the totals reported. A median of 108 to 128 days elapses between booking and the competency determination (commitment), depending on pathway.

For individuals committed to the Department of State Hospitals (DSH), the wait for a treatment bed is a median of 107 days, and the DSH stay itself is a median of 161 days. Nearly half of those who were committed returned to county jail afterward,[8] adding a median of 58 more days in custody. Even individuals whose competency was restored without any state-hospital placement had a median custody episode of 223 days. The pathway totals below are unadjusted episode lengths measured from booking to release; unlike the 279-day discussed above, they include time spent physically at a state hospital or other outside facility.

[8] Within the same booking

Figure 7. Median days per phase for IST-linked bookings, by disposition pathway
Jan 2022 to Jul 2025



Note. *Bars show median days per phase of the custody episode: each IST-determination was linked to exactly one booking, and all phase boundaries (commitment, placement, movement, release dates) were verified to fall within that episode. Medians are computed for each phase across bookings; stacked bar lengths represent the sum of phase medians and are illustrative. As medians are not additive, they differ slightly from the median total episode length reported in text.*

Individuals committed to the Department of State Hospitals (n = 153; 73 returned to jail after DSH). The median total custody episode was 454 days. This included a median of 128 days from booking to commitment (the evaluation and court processing phase), 107 days on the DSH waitlist awaiting a treatment bed, 161 days at DSH for restoration, and 58 days of post-placement time back in county jail. Of the 153 committed, nearly half returned to county jail after their DSH placement, adding a median of 58 additional days to their custody episode.

Individuals placed in Jail-Based Competency Treatment (JBCT) (n = 61). The median total custody episode was 524 days, the longest of any pathway. This included a median of 122 days from booking to program placement, and 304 days from recorded placement into the JBCT program to release from custody. Time in JBCT was not provided as discrete program records. Entry into JBCT is inferred from movement dates and notes identifying JBCT. No program exit date is recorded in the data provided, so the duration shown runs from JBCT placement to release from custody and may include custody time following participation. This figure therefore reflects custody time attributed to the JBCT phase of the custody episode, not clinically confirmed treatment duration and is not directly comparable to the program's design goal of restoration of transfer within approximately 90 days.

Individuals transferred to outpatient programs or other facilities (n = 45). The median total custody episode was 182 days. This included 108 days from booking to commitment, 43 days of pre-transfer waitlist time and 31 days post-transfer.

Individuals with competency restored (n = 110). The median total custody episode was 223 days. This included 114 days from booking to restoration, with 98 days in post-restoration case processing.

Several features of these timelines are relevant to the jail population analysis. The waitlist for DSH beds (a median of 107 days) represents time during which the individual occupies a county jail bed while awaiting a state resource. This waitlist is governed by DSH capacity and prioritization decisions, and it accounts for nearly a quarter of the total custody episode for individuals committed to DSH. The JBCT pathway, while avoiding the DSH waitlist, results in even longer total custody episodes due to extended in-program treatment durations. In both cases, the booking-to-commitment phase (during which the individual is held in county jail while the competency evaluation and court processing are completed), adds a median of 108 to 128 days before commitment, after which a further waitlist period elapses before treatment begins.

The County's JPRP documents ongoing IST management efforts, including performance under the IST Growth Cap established by DSH, and collaborative stakeholder workgroup efforts to reduce IST-related bookings and lengths of stay. The County reports preliminary data suggesting a decline in returns to custody for the most recent IST cohorts and a reduction in Murphy conservatorship individuals held in jail custody to zero in recent months.

Despite these efforts, IST-linked bookings remain a disproportionate consumer of jail capacity. The 366 IST-linked bookings over the study period, while representing only 0.3% of total bookings, consumed an estimated bed-day volume equivalent to a substantially larger share of ADP due to their median stay of 279 days. Reducing the jail footprint of this population depends on factors that extend beyond County authority, including DSH bed availability, state hospital processing timelines, and court competency evaluation procedures. However, County-led programs such as JBCT, mental health diversion, and Early Access and Stabilization Services (EASS) represent efforts to manage the impact within available levers.

The preceding analysis identified supervision violations as the single largest charge category in the 5-20 day LOS group and the category with the highest of any return rate among pretrial bookings. However, the pretrial analysis treated supervision violations as a single category. This finding invites a further question: what is driving the high contact rate for this population, and which components of the supervision system are contributing to it? State parole (administered by CDCR) and county probation violations (Sacramento County

Probation Department) follow different legal processes, involve different decision-making authorities, and impose different demands on jail resources. The analysis that follows extends the supervision-violation findings by disaggregating this population by supervision type to assess the relative contribution of state and county supervision systems to jail bookings, length of stay, and average daily population.

C. Supervision Violations and Returns to Custody: Disaggregating State and County Supervision Populations

The 2022 O'Connell Jail Study identified readmission to custody as a central driver of the Sacramento County jail population. On any given day, approximately 70% of the jail population consisted of individuals who had been incarcerated previously. Of individuals released from custody in 2016 and tracked over four years, 56% were readmitted at least once, and 52% of those subsequent bookings were for non-new-crime reasons such as supervision violations and warrants rather than new criminal offenses. O'Connell concluded that a substantial share of jail utilization was driven not by new criminal conduct but by the structural mechanics of supervision, court compliance, and system reentry.

The O'Connell study did not, however, distinguish between state parole violations and county probation violations within the supervision population. This distinction has significant operational and jurisdictional implications. State parole is administered by the California Department of Corrections and Rehabilitation (CDCR) through the Division of Adult Parole Operations. Parole hold and revocation decisions are made by CDCR, and the County exercises no authority over which parolees are returned to county jail or how long they are held. County probation, by contrast, is administered by the Sacramento County Probation Department, which also supervises Post-Release Community Supervision (PRCS) and mandatory supervision populations under California's 2011 realignment. Booking and violation decisions for these populations are made by County probation officers, subject to court review.

The County's semi-annual Jail Population Reduction Plan (JPRP) status reports acknowledge this jurisdictional distinction in general terms. Strategy 5 of the JPRP specifically targets reductions in bookings from warrants and violations, including a measurement goal of reducing bookings for technical violations of probation among low-risk individuals by 5% from a 2023 baseline. The JPRP's supervision-related strategy (Strategy 5) identifies justice-system partners outside the County Board of Supervisors' authority and notes that reducing returns to custody depends in part on engagement with local parole offices and other entities outside County control. However, prior reporting has not quantified the relative contribution of state parole versus county supervision populations to jail bookings, length of stay, or average daily population.

This analysis addresses that gap by disaggregating the supervision-violation population in the Sacramento County jail into its component supervision types and estimating the jail resources consumed by each.

Data

The analysis draws on individual-level booking records from the Sacramento County jail system covering January 1, 2022, through June 30, 2025. This period covers the post-O'Connell window (the study's data collection ended October 2021) with the partial months of November-December 2021 and July 2025 excluded so that annualized rates are not distorted. The underlying data extract runs through July 21, 2025, and the point-in-time count of individuals still in custody (reported below) reflects custody status as of that extract date. The dataset contains booking-level records with each booking classified by its primary charge, identified using the California Department of Justice charge hierarchy.

Supervision-violation bookings were classified into five categories based on the Penal Code statute recorded as the primary charge:

- **State parole holds** (PC 3056 and subsections): individuals on state parole returned to county custody at CDCR's direction. Not under County operational authority.
- **PRCS flash incarcerations** (PC 3455 and subsections): short-term custodial sanctions imposed by the County Probation Department on individuals under Post-Release Community Supervision. Flash incarcerations are a graduated-sanctions tool, designed under statute as brief custody stays intended as swift, certain responses to supervision violations without initiating full revocation proceedings.
- **PRCS revocations** (PC 3454 and subsections): formal revocation proceedings for PRCS individuals, resulting in longer custodial sanctions. Initiated by the County Probation Department.
- **Traditional probation violations** (PC 1203.2 and subsections): revocation or modification of probation for individuals on county felony or misdemeanor probation. Initiated by the County Probation Department, adjudicated by the Superior Court.
- **Drug probation condition violations** (PC 1203.35 and subsections): violations of drug-treatment-related probation conditions. County-controlled, administered by the Probation Department.

This classification captures bookings where the supervision violation statute was recorded as the primary charge. Bookings where an individual under supervision was arrested on a new criminal offense are classified under the new offense charge, consistent with the O'Connell study's methodology and standard California DOJ conventions. The supervision-

violation counts reported here therefore represent bookings driven solely or primarily by the supervision process itself, not by new alleged criminal conduct.

Findings

Booking Volume by Supervision Type

Over the window examined, 5,650 bookings carried a supervision-violation statute as the primary charge. Their distribution across supervision types and years is shown below. The 2025 figures reflect January through June.

Table 3. Booking volume by supervision type, by year

Supervision Type	2022	2023	2024	2025 (Jan–Jun)	Total
State Parole (PC 3056)	595	652	584	301	2,132
PRCS Flash (PC 3455)	801	829	765	368	2,763
PRCS Revocation (PC 3454)	85	88	108	45	326
Probation Violation (PC 1203.2)	22	70	77	49	218
Probation – Drug Conditions (PC 1203.35)	3	59	76	73	211
Total	**1,506**	**1,698**	**1,610**	**836**	**5,650**

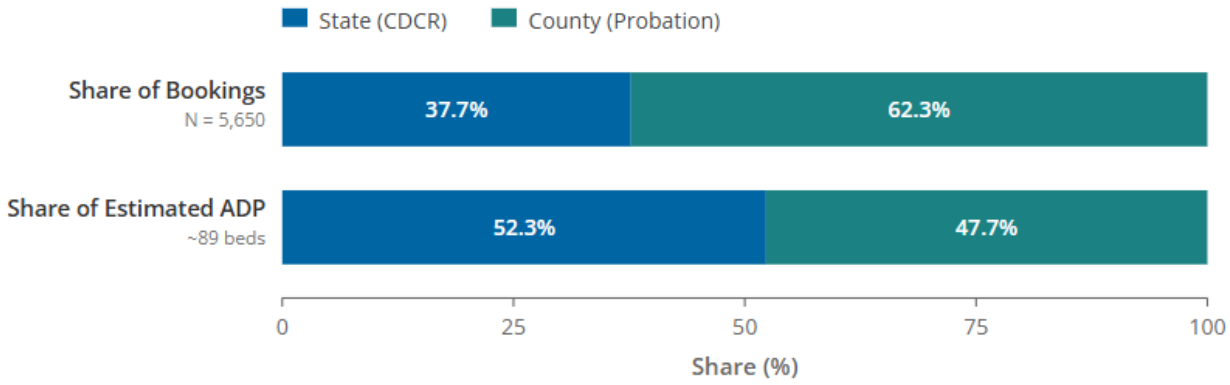
State parole holds and PRCS flash incarcerations together account for 87% of all supervision-violation bookings. Traditional probation violations (PC 1203.2) account for 3.9% of the total.

On a monthly basis over the period with complete data (calendar year 2022 through calendar year 2024), state parole holds averaged approximately 50 bookings per month with no discernible upward or downward trend. The monthly volume was consistent across the full period, fluctuating between 32 and 72 bookings per month without systematic change. PRCS flash incarcerations averaged approximately 67 per month with similar stability, ranging from 49 to 85. Traditional probation violations averaged about 5 per month, rising from ~2 in 2022 to ~6 in 2024.

Jurisdictional Distribution

When grouped by operational authority, the supervision-violation bookings divide as follows:

Figure 8. Share of bookings vs. share of estimated average daily population (ADP), by operational authority



The County-controlled share is numerically larger, but its composition is dominated by PRCS flash incarcerations, designed to impose brief custody stays. The implications for jail bed consumption differ substantially from the booking counts, as described below.

Length of Stay by Supervision Type

Length of stay analysis is restricted to bookings with completed custody episodes (that is, individuals who had been released by the end of the data period). Of the 5,650 supervision-violation bookings, 5,542 (98.1%) had completed stays.

Figure 9. Length of stay (days) for completed custody episodes – 25th percentile, median, 75th percentile, and mean

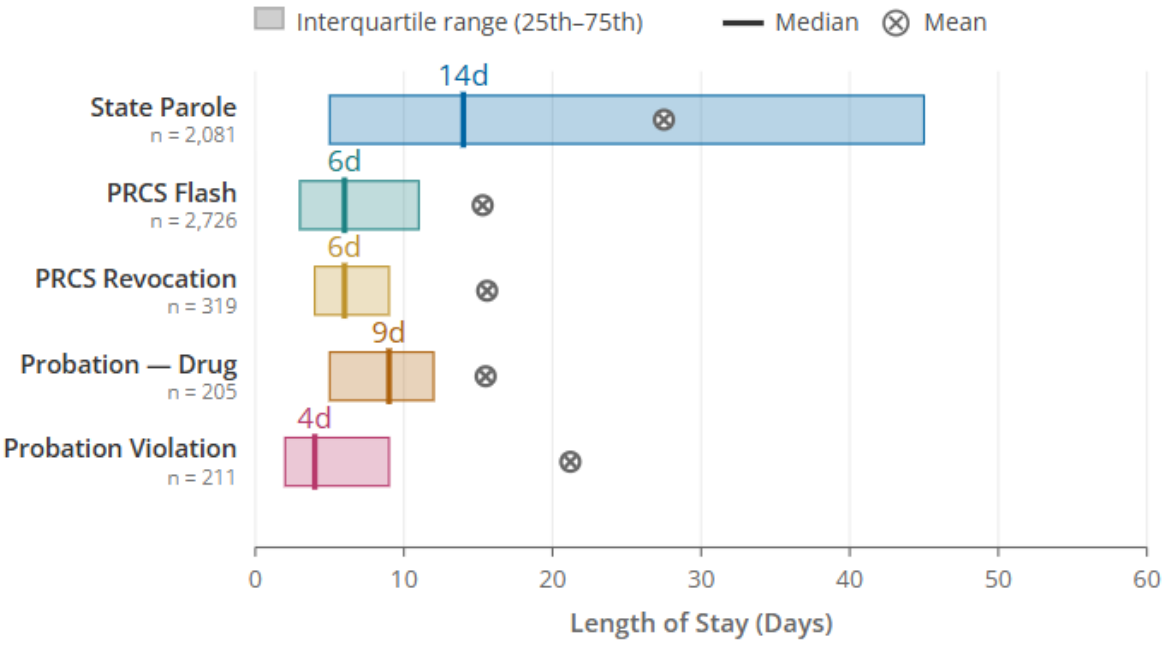


Table 4. Length of stay for completed custody episodes

Supervision Type	N (completed stays)	Mean LOS (days)	Median LOS (days)	25th Pctile	75th Pctile
State Parole	2,081	27.5	14	5	45
PRCS Flash	2,726	15.3	6	3	11
PRCS Revocation	319	15.6	6	4	9
Probation – Drug Conditions	205	15.5	9	5	9
Probation Violation	211	21.2	4	2	9

State parole holds have the longest median stay at 14 days and a 75th percentile of 45 days, indicating that a substantial share of parolees are held in county jail for over a month. Traditional probation violations have the shortest median stay at 4 days.

PRCS flash incarcerations have a median of 6 days, consistent with the statutory design of brief custodial sanctions. However, the mean of 15.3 days is elevated by a right tail of longer stays: 597 PRCS flash bookings (21.6%) resulted in stays exceeding 30 days, and 104 (3.8%) exceeded 60 days. These extended stays likely reflect cases where the initial flash

booking was followed by additional proceedings such as new charges filed, escalation to revocation, or concurrent holds, rather than genuine flash sanctions. The booking charge in these cases may no longer reflect the actual reason for continued custody. This pattern warrants further investigation but does not alter the central finding regarding the jurisdictional distribution of supervision-related jail use.

Estimated Average Daily Population by Supervision Type

Using the mean length of stay and average monthly booking volume for the period with complete calendar-year data (2022–2024), the estimated ADP contribution of each supervision type is reported in Figure 10 and Table 5.

Figure 10. Estimated jail beds consumed from 2022-2024 monthly booking volume x mean length of stay

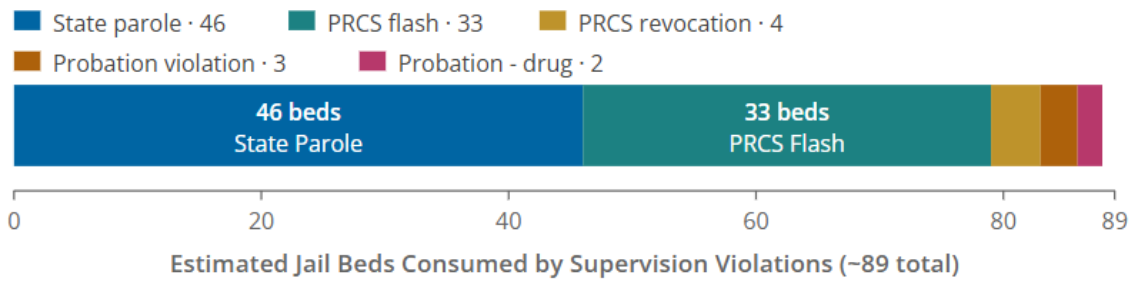


Table 5. Estimated jail beds consumed from 2022-2024 monthly booking volume x mean length of stay

Supervision Type	Avg. Monthly Bookings	Mean LOS (days)	Est. ADP Contribution
State Parole	~51	27.5	~46
PRCS Flash	~67	15.3	~33
PRCS Revocation	~8	15.6	~4
Probation Violation	~5	21.2	~3
Probation – Drug Conditions	~4	15.5	~2
Total	**~134**		**~89**

State parole holds, despite generating fewer bookings than PRCS flash incarcerations, consume more jail bed-days due to their substantially longer average stays. Parole holds account for an estimated 46 of the 89 ADP attributable to supervision violations.

County-controlled supervision categories collectively account for an estimated 43 ADP, but 33 of those beds are attributable to PRCS flash incarcerations. Traditional probation

violations contribute an estimated 3 ADP. For context, the County's total jail ADP during this period was approximately 3,168.

Point-in-Time Incarcerated Supervision Population

As of the end of the data period (July 21, 2025), 159 individuals were held on supervision-violation statutes. This point-in-time census counts everyone in custody on that date, including long-stay individuals booked before the January 2022 analysis window. Their distribution further illustrates the jurisdictional imbalance:

Table 6. July 21, 2025 in-custody snapshot

Supervision Type	Count In Custody at Snapshot
State Parole	73
PRCS Flash	53
PRCS Revocation	10
Probation Violation	12
Probation – Drug Conditions	11
Total	**159**

State parole accounts for 46% of the supervision population currently occupying jail beds. The 53 individuals still in custody on a PRCS flash statute are not serving flash incarcerations; their extended custody reflects case evolution beyond the initial booking charge.

The 159 beds occupied by supervision-violation populations represent approximately 4.9% of the County's average daily population. Of those, 73 beds (2.2% of ADP) are held by individuals on state parole holds that the County cannot release.

Changes in Parole Hold Duration Over the Study Period

The length of stay for state parole holds changed substantially during the study period. In 2022, the median parole hold lasted 6.5 days and the mean was 21.7 days. In 2023, the median rose to 28 days and the mean to 30.9 days, representing an approximate quadrupling of the typical hold duration. The elevated duration persisted through 2024 (median 18 days, mean 29.4 days) and into the first half of 2025 (median 26.5 days, mean 27.9 days).

Figure 11. State parole holds (PC 3056) - median and mean length of stay, by year of booking

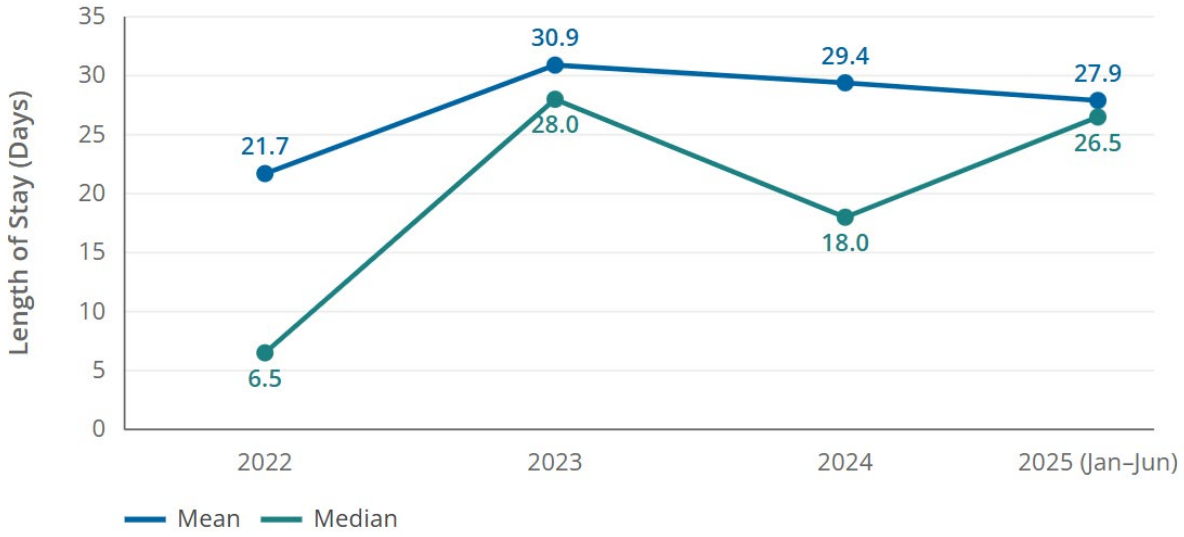


Table 7. State parole holds median and mean length of stay, by year of booking

Year	N (completed stays)	Mean LOS (days)	Median LOS (days)
2022	594	21.7	6.5
2023	652	30.9	28.0
2024	567	29.4	18.0
2025 (Jan–Jun)	268	27.9	26.5

This shift occurred without a corresponding increase in the monthly volume of parole bookings, which remained in the range of 32 to 72 per month across the study period (averaging roughly 50). The same number of parolees were being held in the county jail each month, but they were staying substantially longer.

The timing of this increase coincides with the expiration of California's COVID-19 state of emergency on February 28, 2023. During the emergency period, CDCR implemented expedited processing of parole violations as part of a broader set of COVID-era mitigation measures. The O'Connell study documented several of these measures, including rule changes for issuing warrants and violations, expanded use of early release, and changes to bail and bond rules. These policies had the effect of accelerating parole revocation processing, resulting in shorter hold durations in county jails statewide.

Under standard (non-emergency) procedures, parolees awaiting revocation hearings are held in county jail pursuant to Penal Code § 3056 and may be held for up to 180 days per

revocation.[9] The revocation process involves an initial review by CDCR within one working day of arrest, a written notice of the reasons for continued detention within three business days, and a subsequent hearing before the Board of Parole Hearings or a superior court hearing officer. Under normal operational timelines, the period from initial hold to hearing and disposition can extend to weeks or months. The shift from a median hold of 6.5 days in 2022 to 28 days in 2023 is consistent with a return from expedited emergency processing to standard revocation timelines.

An additional factor may have contributed to processing delays in 2023 and beyond. During the pandemic, CDCR released approximately 15,000 individuals on expedited parole.[10] Published reporting indicates that this population experienced higher-than-typical return-to-custody rates. By 2023, individuals released early during 2020 and 2021 who subsequently violated parole conditions would have been entering the revocation process, potentially increasing the volume and complexity of cases before the Board of Parole Hearings at the same time that expedited processing procedures were ending.

This analysis cannot establish a causal link between the end of the COVID emergency and the increase in parole hold duration. The available data is limited to jail booking and release records and does not include information on the timing of revocation hearings, CDCR processing decisions, or Board of Parole Hearings caseloads. However, the temporal alignment between the expiration of emergency measures and the sustained increase in hold duration is notable, and the mechanism (i.e., a return to standard processing timelines for a population held in county jail at state direction) is consistent with the observed pattern.

Implications

The implications for the County's jail population are direct and quantifiable. Using the mean length of stay and average monthly booking volume, the estimated ADP attributable to state parole holds increased from approximately 35 beds in 2022 to approximately 55 beds in 2023, driven primarily by longer hold durations rather than by a proportional increase in booking volume. This added bed demand originated in state-level changes to parole revocation processing over which the County exercises no operational authority.

This finding is relevant to the broader question of why the County's average daily population has not declined despite the expansion of pretrial release, mental health diversion, and other jail population reduction strategies documented in the JPRP. The increase in parole hold duration alone offset a portion of the ADP reductions that the County's programs may have achieved during this period. When combined with other external pressures including

[9] Penal Code §§ 3056 and 3000.08

[10] CDCR, *Statewide Recidivism Report for Individuals Released in Fiscal Year 2019–20* (Apr. 2025), https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2025/04/Statewide-Recidivism-Report-for-Individuals-Released-in-Fiscal-Year-2019-20.pdf.

the impact of state policy changes and continued growth in felony case processing times, the persistence of state-driven parole holds at elevated durations represents a sustained source of ADP growth that the County cannot address through its *Jail Population Reduction Plan.*

This analysis extends the O'Connell study's identification of supervision violations as a jail-population driver by separating the supervision population into its state and county components. The central finding is jurisdictional: although county-controlled categories generate the majority of supervision-violation bookings, roughly half of the resulting bed-days (52%) are attributable to state parole holds, which CDCR administers. The County-controlled share is concentrated in PRCS flash incarcerations, a graduated-sanctions tool that uses intentionally short custody stays as a swift response to supervision violations. The median flash stay of 6 days is consistent with this design. Traditional probation violations under PC 1203.2 contribute an estimated 4 beds per day to the County's ADP.

The jurisdictional distribution of supervision-violation ADP is relevant to evaluating the County's capacity to reduce the jail population through supervision reform. The County's *JPRP* reports that the Probation Department has undertaken targeted efforts to reduce custody returns for probation violations, and the data is consistent with low probation-violation booking volume throughout the study period.

State parole bookings averaged 50 per month from 2022 to 2024 with no downward trend over the study period. Reducing supervision-violation ADP further would require engaging CDCR on parole hold practices, which is outside the County's *Jail Population Reduction Plan.*

Caveats and Limitations

Classification method

The analysis classifies supervision type based on the Penal Code statute recorded as the primary booking charge. Bookings where a supervision violation was present alongside a new criminal charge are classified under the new charge and do not appear in the supervision violation counts. The analysis therefore captures only bookings where the supervision violation was the sole or primary reason for incarceration. This is consistent with standard methodology, but may understate the total number of supervised individuals in custody at any given time.

Traditional probation violations prior to 2023

The data show very few traditional probation violation bookings (PC 1203.2) before 2023: 22 in 2022, rising to 70 in 2023 and 77 in 2024. This pattern may reflect substantive factors including the residual effects of COVID-era policies that limited violation bookings and the retroactive application of AB 1950, which capped most probation terms at two years beginning in January 2021 and would have reduced the active probation population subject

to violation in subsequent years.[11] It may also reflect changes in booking coding practices. The analysis cannot determine whether the apparent increase from 2022 to 2023 represents a real change in violation bookings or a change in how violations were recorded. Trend comparisons involving traditional probation violations should be interpreted with this limitation in mind.

Drug probation condition violations

The PC 1203.35 category follows a similar pattern, with few bookings in 2022 (3), growing from 2023 onward (59 in 2023, 76 in 2024, 73 in the first half of 2025). The 2025 growth may be related to Proposition 36, which went into effect in December 2024 and channels more drug cases through probation with treatment conditions. Individuals failing those conditions would appear in this category. This potential connection warrants monitoring in future reporting periods as Prop 36 implementation matures.

PRCS flash incarceration length of stay

As noted, approximately 22% of bookings coded as PRCS flash incarcerations resulted in stays exceeding 30 days, which is inconsistent with the statutory design of this sanction. These cases likely reflect post-booking case developments not captured in the primary charge code. The mean LOS and corresponding ADP estimates for PRCS flash incarcerations are influenced by this tail. The median LOS of 6 days more accurately represents the typical flash incarceration experience.

ADP estimates are approximations

The ADP calculations use mean length of stay and average monthly booking volume as inputs. They are intended to illustrate relative magnitudes across supervision types, not to replace direct census-based ADP measurement. Actual ADP contribution will vary month to month with fluctuations in booking volume, hold durations, and concurrent custody events.

Taken together, the analyses in this section indicate that the Sacramento County jail population is shaped by a set of structurally distinct forces operating on different timescales and through different institutional actors: accelerating pretrial flow at the front end of the system, extended stays concentrated among specific charge types, IST-linked bookings governed by state processing timelines, mental health service delivery that is misaligned with typical custody duration, and supervision-violation ADP driven substantially by state parole holds outside County authority. That the County's average daily population has remained within a narrow band of approximately 3,100 to 3,300 in recent years reflects the offsetting nature of these forces rather than their absence. A defensible population projection for this system must therefore be grounded in the dynamics above and must

[11] For the corresponding effect on the supervision-violation population, see the discussion of AB 1950 in Section III.C (Caveats and Limitations)

recognize that observed stability in the aggregate does not imply mechanical continuity of the underlying components into the forecast horizon.

D. Implications for County Data Systems

The County's ability to monitor its own reduction strategies, to answer the questions raised in this report, and to support future planning cycles would be strengthened less by any new dataset than by more consistent recording practices and a more systematic approach to data quality across the systems it already maintains.

Several specific directions follow from the experience of this study. First, the analysis depended on associating custody, treatment, and case events for the same individual across systems; where the identifiers linking those systems were inconsistently applied or incorrectly recorded, some records could not be matched with confidence. Routine validation of these identifiers at the point of entry and, where feasible, consistent use of a common person-level key across the jail management, behavioral health, medical, and case-processing systems would reduce the largest single source of analytical uncertainty encountered here. Second, admission and discharge dates for placements outside the jail such as state hospital commitments, jail-based competency treatment entry and exit, and transfers to outpatient programs were not always recorded, or were recorded inconsistently, which required custody time, treatment time, and waiting time to be inferred from movement records rather than measured directly. Third, some records reflected service episodes that were not closed out at the time of exit, or contained values that cannot be correct on their face (e.g., a release date preceding a booking date). These are the kinds of discrepancies a routine data-quality-checking step would flag before the information is used analytically, and their presence accounts for much of the manual reconciliation this study required.

Two further points concern how information is represented rather than whether it is present. The supervision authority associated with a booking (state parole, county probation, post-release community supervision) was in many cases recoverable only by inference from statute codes; recording it explicitly would ease any analysis that turns on the state–county distinction so central to this report. And waitlist records would better support planning if they consistently distinguished identified need from service receipt and were updated as individuals change level of care, decline placement, or are released. None of these are proposals for new infrastructure; each is an incremental improvement to the consistency, validation, and integration of systems the County already operates.

III. Population Projections

A. Analytical Framework

Population projections serve as the quantitative foundation for facility planning decisions that will commit public resources over a multi-decade horizon. The methodology must therefore balance two competing demands: near-term accuracy, where recent trends and seasonal dynamics are informative, and long-term plausibility, where demographic structure and policy trajectories become the dominant drivers. No single statistical model satisfies both requirements. *Short-horizon time series models* capture momentum and cyclical patterns effectively but degrade as uncertainty compounds over extended forecast periods.[12] *Demographic models* sacrifice near-term precision for structural coherence over longer horizons.

The projection framework adopted for this analysis addresses this tension by employing a two-stage approach. The near-term forecast uses a seasonal time-series model (SARIMAX) fit to the County's monthly ADP history. The long-term projection applies age-specific incarceration rates (derived from the County's 2018-2025 booking data) to Sacramento County population projections by single year of age published by the California Department of Finance. The two stages are linked by anchoring the demographic projection to the near-term forecast, producing a single continuous trajectory across the forecast horizon.

The near-term model forecasts total ADP (including all population segments housed in the facility). This decision was made on the basis of out-of-sample validation performance, as described in Section C. Per request from the Jail System Planning/Compliance Oversight Committee, contract and state-funded bed counts are held constant (100 federal contract beds, 44 state contract beds) in the long-term projection, with adjustments applied only to the locally driven population segment. The forecast horizon was extended to 20 years – through 2045, per Jail System Planning/Compliance Oversight Committee discussion.

Sacramento County's projected population growth is concentrated disproportionately in cohorts aged 50 and older, whose incarceration rates (below 1.5 per 1,000) are a fraction of the peak-booking 25–34 age band (approximately 5.4–5.8 per 1,000). As a result, the 50+ share of jail ADP rises from 15.4% in 2025 to 17.3% by 2040, meaning that each additional resident added to the county contributes less marginal jail demand than the current average. A linear extrapolation of total population growth to ADP would overstate future jail needs by ignoring this compositional shift. The age-specific rate approach used here captures the dampening effect.

[12] In diagnostic testing conducted for this project, the statistical uncertainty band around a purely time-series forecast widened to roughly 98% of the point estimate by the third forecast year, rendering such a model unusable for a 20-year planning horizon.

Because the near-term model is fit to total ADP, the structural drivers documented in the earlier analyses of population dynamics enter the projection implicitly, embedded in the historical ADP series rather than modeled as separate, independently varying levers. Those levers include accelerating pretrial flow, extended stays concentrated among specific charge types, IST-linked custody governed by state processing timelines, mental health service delivery misaligned with typical custody duration, and supervision-violation demand driven substantially by state parole holds. The forecast therefore reflects the combined past behavior of these forces. What it cannot do, by construction, is isolate how a change in any single driver would shift future demand.

B. Data Sources and Period Covered

The projection models draw on two primary data sources. The near-term time-series model is trained on monthly average daily population (ADP) data for the Sacramento County jail system. The primary training dataset spans January 2022 through December 2025 (48 months). This window captures the full post-pandemic recovery trajectory and the stabilization of jail operations under current booking and release dynamics. The long-term demographic projection is anchored to county-level population projections published by the California Department of Finance, which provides the structural basis for the 2045 horizon.

AB 1950 (2021) capped most felony probation terms at two years, accelerating the discharge of supervised individuals and reducing the pool of probationers subject to violation-based booking. Because the statute took effect within the COVID exclusion window used in the SARIMAX estimation, its impact on local ADP is embedded in the post-COVID baseline rather than separately identified, reinforcing the caveat that the model's post-exclusion anchor reflects not only pandemic recovery but also concurrent policy changes whose individual effects cannot be disaggregated from the available data.

C. Model Selection and Validation

The projection approach used in this report was selected after evaluating several alternative model structures against the specific demands of long-horizon jail-capacity planning. The objective throughout was a method that is accurate enough to be credible in the near term, structurally coherent over a twenty-year horizon, and transparent in its assumptions. Earlier development stages tested more elaborate specifications and set them aside on methodological grounds rather than preference. Specifications incorporating county crime rates and related exogenous predictors were not retained, because those predictors moved together closely enough to destabilize estimation and did not improve out-of-sample accuracy. A multi-segment structure that forecast separate sub-populations independently was likewise set aside: it added complexity without a demonstrable gain in accuracy, and its disaggregated components could not be validated as reliably as a single consolidated series. Models trained on the full pre-pandemic history performed poorly when validated against

recent data, because criminal-justice dynamics during 2020–2022 differed structurally from both the period before and the period after. These results pointed consistently toward a simpler, more robust structure.

To test the near-term model, the most recent twelve months of data were withheld, the model was asked to predict them without having seen them, and its predictions were compared against what actually occurred. Across those twelve months, the model's monthly estimate differed from the actual population by an average of 2.74 percent (about 84 individuals against a population of roughly 3,040). Put plainly, in a typical month the model's prediction landed within about 84 people of the true count. This measure (the mean absolute percentage error, or MAPE) describes how closely the model tracks the population over the coming year.

Two standard tests were applied to the model's residuals: the gaps between its fitted values and the observed data. The first examined whether those gaps still contain a predictable pattern. It found none, which indicates that the model is not systematically running ahead of or behind the data and has captured the meaningful structure in the series, leaving only unpatterned variation. The second test examined the distribution of the errors and found that they depart somewhat from a normal bell curve, reflecting a small number of unusually large month-to-month movements, which is a common feature of jail-population data. This second result does not bias the model's central forecast, but indicates that the confidence range around the forecast should be read as approximate, and may understate how wide the range of outcomes could be in unusual months.

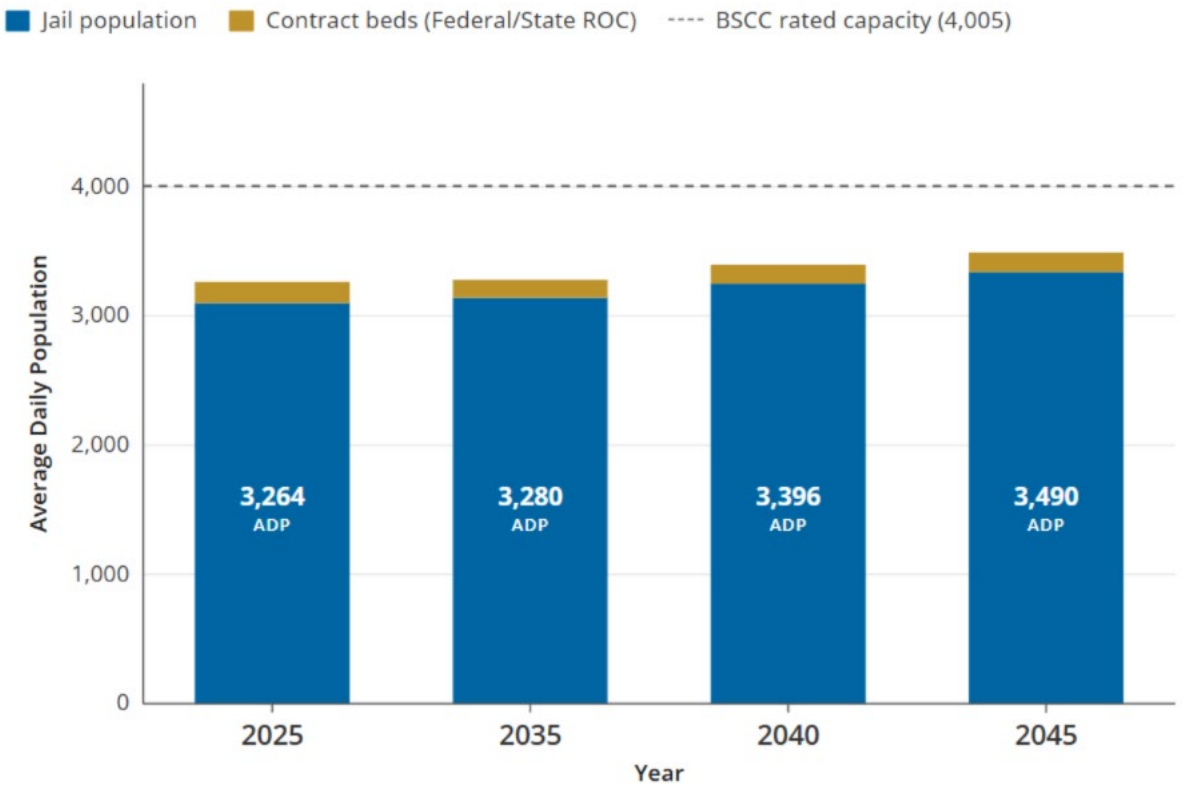
As a result, the projection uses a two-stage structure rather than extending the time-series model across the full horizon. A model of this kind is well suited to the near term, where recent momentum is informative, but its uncertainty compounds quickly: by roughly two years out, the model's 95 percent confidence range already spans about a third of the projected value, and it continues to widen thereafter. Beyond the near term those intervals become too wide to support facility planning. The time-series model is therefore used only to anchor the first years of the forecast, after which the demographic-rate method is used, which rests on the county's age structure and population projections rather than on recent momentum.

D. Results

Overall ADP Projections

The projection framework described produces estimated jail average daily population (ADP) for Sacramento County extending through 2045.

Figure 12. Sacramento County Jail - Projected Average Daily Population, 2025-2045



Note. *Contract beds were held constant at 100 federal beds and 44 state contract beds.*

Total projected ADP increases from approximately 3,264 in 2025 to 3,490 by 2045, 6.9% over the 20-year horizon (approximately 0.34% per year). The trajectory is essentially flat through the first decade of the projection (3,280 ADP in 2035, a 0.5% increase from 2025) before rising more visibly between 2035 and 2045 (3,396 in 2040; 3,490 in 2045). This rate of jail-population growth is below the projected rate of total county population growth over the same period. The mechanism is the demographic composition shift described in earlier sections: the working-age population segments from which the jail draws the large majority of its bookings are projected to grow more slowly than the county overall, while the older-age segments, which book at substantially lower rates, are projected to grow faster.

E. Bed Space Capacity: Peaking and Operational Buffer Factors

Average daily population is, by definition, an average; it does not reveal the higher daily counts the facility must accommodate within a given period, and so does not by itself describe the number of beds a facility must hold. Translating projected ADP into a design-capacity requirement therefore requires a composite multiplier that accounts for two distinct operational realities: short-term peaks above the monthly average, and the share of rated beds that cannot be occupied by the general population at any given time. Following the framework in the National Institute of Corrections (NIC) *Jail Capacity Planning Guide*, the

composite multiplier is the product of a **peaking factor** and an **operational (classification) buffer**.

Peaking Factor

The peaking factor absorbs normal daily fluctuation around the monthly average so that the facility does not approach forced-release conditions during ordinary peaks. Analysis of the County's historical data indicates that this component is modest. Daily population varies around its monthly mean by an average of roughly 2.6 percent (mean peak-to-average ratio of 1.026), with a 95th percentile of approximately 6 percent (1.063) and a 99th percentile of approximately 10 percent (1.105). The maximum observed ratio, about 13 percent (1.133), reflects two identifiable episodes of volatility: the COVID-19 period in 2020 and the flood-related closure of a housing unit (R3C) in 2023, rather than ordinary operating variation. Annual peak-to-average ratios were otherwise stable across years, in the range of 1.02 to 1.05. A peaking allowance on the order of 6 percent (the 95th percentile) is therefore sufficient to cover routine peaks.

Operational (Classification) Buffer

The larger share of the buffer reflects beds that exist but cannot be used for the general population at a given moment. Custody classification requires that beds be held available by sex, custody level, and level of care; additional beds are unavailable due to administrative holds, legal status, routine maintenance, and intake turnover, and a margin is appropriate for policy-driven shifts (such as Proposition 36) that may raise population above the demographic baseline. This component is elevated under current facility conditions: the existing bed inventory does not fully match the classification and level-of-care distribution of the custody population, so the gap between the physical bed count and the operationally usable bed count is larger than it would be in a facility whose housing mix were aligned with the population it holds.

NIC does not prescribe a single operating percentage. Its methodology derives the appropriate reserve from a jurisdiction's own peaking pattern and classification requirements — the principle the Guide describes as planning so that capacity is not consumed fully (beds set aside for classification and for peak periods). A frequently cited planning rule of thumb is that jails operate at roughly 80 to 85 percent of rated capacity, but this is a range that varies by facility configuration and population composition, not a uniform standard. The figures used here are derived from the County's data rather than adopted from a fixed benchmark.

Three Scenarios

Buffers in this analysis are applied as a markup on projected ADP, so that *Design Capacity = ADP × (1 + buffer)*. Equivalently, a facility built to a given buffer operates at roughly 1 ÷ (1 + buffer) of its design capacity. Three scenarios are carried forward:

- **Low (+18 percent).** Operating at about 85 percent of capacity — the less-conservative edge of the commonly cited operating range. Appropriate for a facility whose bed inventory is well aligned with its population composition; provides margin for specialized-housing needs.
- **Base (+23 percent).** Operating at about 81 percent of capacity, within commonly cited practice. This case incorporates a margin above the low case for the elevated operational buffer described above and for routine contingencies, and is the planning basis adopted at the direction of the County's executive stakeholders.
- **High (+30 percent).** Operating at about 77 percent of capacity — more conservative than commonly cited practice. This case reflects an explicit allowance for rare adverse conditions, including historical flood events and the possibility of a future public-health emergency with operational effects similar to those observed during the COVID-19 period. It represents an upper bound driven by current operational constraints rather than an estimate of expected need.

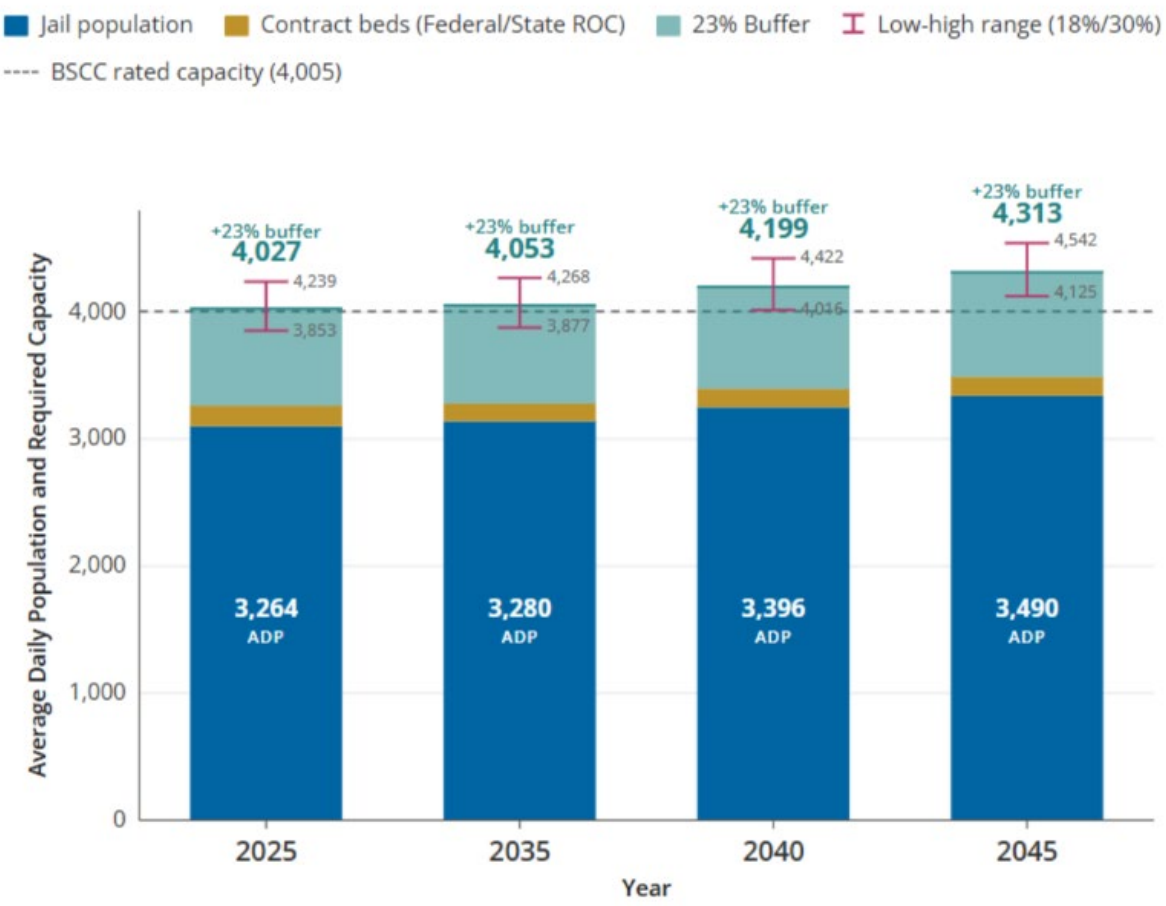
The percentages shown (+18%, +23%, +30%) are composite multipliers, rather than single-step markups. Each combines a peak-to-average factor with an operational buffer. The percentages in text are rounded to the nearest whole percentage for readability. The portion of each buffer above ordinary peaking is a function of the facility's present configuration, not a fixed property of the jail system. The existing bed inventory does not align fully with the classification and level of care distribution of the custody population: certain housing unit types are undersupplied relative to the population segments requiring them, and the discrepancy between physical bed count and operationally usable beds is larger than would be expected in a facility whose bed mix were fully aligned with the population it houses. This condition elevates the share of rated capacity that must be held in reserve to accommodate classification moves, transfers, and segregation requirements.

If the facility's bed mix were brought into closer alignment with the population it houses (i.e., if housing unit types that are currently undersupplied were added in appropriate proportion, and those of overrepresented types were reduced), the operational-buffer component would decline and the industry standard of ~18% would likely be adequate for normal planning purposes. The higher buffer figures carried forward in this report therefore reflect as-is facility conditions rather than a structural feature of the Sacramento County jail system that cannot be addressed through facility design. This distinction is consistent with the Mays framework's emphasis on population management and the efficient use of existing capacity, and it has been discussed with County stakeholders as part of the planning process.

Per direction of the Jail System Planning/Compliance Oversight Committee, the +23 percent case was adopted as a conservative planning case rather than as a point estimate of expected buffer requirements. The buffer is applied to the population housed by

classification through the facility (the locally driven population, the realignment-related populations, and the 100 federal contract inmates) while the 44 dedicated state contract (JBCT) beds are added separately rather than buffered: *Design Capacity = (local + 100 federal) × (1 + buffer) + 44*. When the +23 agreed-upon percentage is applied to the projected ADP, the forecast demand shows a need of 4,313 beds by 2045.

Figure 13. Sacramento County Jail Projected ADP with Buffers (Beds Required) 2025-2045



Note: *Design capacity is calculated as (Total ADP – State ROC) x (peak factor x operational buffer) + State ROC. State ROC contract beds (44) represent a fixed contractual capacity for the JBCT program and are added at contract value rather than buffered.*

The methodological implication is that facility planning decisions can be framed against two distinct paths. The first is to expand rated capacity to meet buffer-adjusted requirements under as-is configuration conditions, in which case the +23% Base and +30% High scenarios indicate the scale of additional capacity that would be required. The second is to reconfigure existing capacity: adjusting the mix of housing unit types to better align with the classification distribution of the population would lower the operational buffer component toward the +18% range, under which projected demand remains within current rated capacity through approximately 2040

F. Disaggregating the Medical and Mental Health Special Needs Populations

A critical component of planning for the future is understanding the impact of future population need on the medical and mental health populations, which are two of the five core issues of the Mays Consent Decree.

The Medical and Mental Health Bed Needs were analyzed by first establishing a baseline for need based on the current ADP and then applying the calculated relationship to the agreed projection of the probable or possible future population. This effort was complicated by the developing definitions of levels of care and the lack of historic data related to the changing levels of care. Current capacity needs were based on estimates from ACMH, population analysis completed by the Planning Team as part of the base projections presented in Workshop 3, and an analysis of waiting lists to remove duplicate entries. In effect the entire cohort of the mental health population was included in the analysis of current need to project future capacity requirements over and beyond the limited capacity requirements stipulated by Mays.

The overall approach and results of the analysis of the current population to disaggregate special needs mental health and medical bed needs is described in Section 3.0 of the Phase I/II report. This appendix provides a summary of the results and the data analysis that led to the findings as presented.

Table 8 (overleaf) summarizes the current and projected capacity needs by cohort for planning. **A total of 1,295 beds is anticipated as needed to address diagnosed mental health treatment needs**. Only 48 of these beds planned for APU are considered as non-rated beds. All other beds would be considered part of the rated capacity of the system.

Of these, 163 beds are projected for acute care and 193 beds for sub-acute care. As described above, in terms of best practices for mental health treatment housing, this indicates a need for construction of a total of 356 new beds planned and designed specifically to reflect a treatment-oriented environment – single level, smaller housing units, a mix of single and double cells.

A total of 939 beds are anticipated in the general population to accommodate the Enhanced Outpatient Program (EOP) and Mental Health Treatment – General Population levels of care in existing housing.

As part of further detailed programming, housing units especially for acute and sub-acute bed needs will be planned to allow flexibility in utilization as the population ebbs and flows over time. Planning should also consider co-locating the EOP population with smaller housing groupings to support classification requirements.

Table 9 illustrates the information that was used to reach these findings. Limited historic data on the utilization of special needs beds by cohort was available to support a detailed,

analytical analysis of historic and current needs. Additionally, changes to the defined levels of care from the cohorts identified in Mays, to an expanded number of cohorts at the beginning of the analysis, to the final levels of care developed in concert with the SMEs as finally agreed to by all parties – County , ACMH, SMEs and Class Counsel, complicated the analysis.

Data from all available sources was used to create a picture of current "blended" utilization. This resulted in the data related to current need or utilization based on the 2025 ADP as illustrated in Table 9 Special Needs Mental Health Beds, Calculated Utilization & Projected Need, column titled "Adjusted Historic Utilization & % of 2025 ADP; M/F Distribution".

These percentages were then applied to the 2045 ADP projection as determined by the Jail System Planning / Compliance Oversight Committee to arrive at the projected special needs mental health ADP by category for the year 2045. This number in turn was increased by a factor of 15% to accommodate peaking and/or variations in levels of care numbers. A factor of 15% is an appropriate peaking factor for the population as the recommended best practices for single celling and smaller unit will allow SSO and ACMH to accommodate different classifications and difference in treatment needs without a larger buffer. To mitigate future variations in numbers by cohort or changes to level of care, as part of developing a future housing plan and program for alternative approaches analysis and master planning, acute and subacute housing units will be standardized to the greatest extent possible for future flexibility as needs change.

It should be noted that the referenced Table 9 for projections of future need was based on the levels of care in practice at the time of the analysis – that is with EOP subdivided into three levels of care. The Planning Team reviewed the current need/utilization analysis with ACMH and it was determined that for planning, the cohort defined as EOP 1 should be considered to be the revised level of care cohort EOP Enhanced and that EOP levels 2 and 3 as analyzed should be considered to be MH-GP. Additionally, the initial analysis assumed that IOP and EOP 1 Beds would be split between specialized subacute beds (30%) and treatment based general population beds (70%) for both cohorts. Based on the revised levels of care this was also adjusted to place all IOP beds in the subacute category and all EOP beds – both EOP Enhanced and MH-GP in treatment based general population beds.

Following the table is a summary tied to each cell, identified by column and row identifying the source of the information or the basis for the calculations.

Table 8. Recommended Scenario
Acute Care Mental Health Beds, Subacute Mental Health Beds, Treatment Beds in the General Population

Program / Level of Care	Current - 2025 Need (Blended ADP)	Current - 2025 Capacity	Projected - 2045 Need (2045 ADP x 2025%)	Projected - 2045 Capacity (ADP + 15%)
Total Capacity – All Beds				
Average Daily Population	3,264	—	3,490	—
BSCC Rated Capacity	—	4,005	—	4,313
SSO Operational Capacity (actual number of beds)	—	4,901	—	4,313
Non-Rated Beds, Med / Psych (excluding temporary holding)	—	77	—	96
Psychiatric / Mental Health / Special Needs Beds				
Acute Care Beds				
Acute Psychiatric Unit (Non-Rated) LPS Designated & Licensed	39	41	42	48
Suicidal Inmate Temporary Housing Unit	16	28	17	20
Critical Needs Assessment Program	32	20	34	39
Early Access Stabilization Services	10	10	10	12[1]
Jail Based Competency Treatment	44	44	44	44
Subtotal – Acute Care Beds	**141**	**129**	**147**	**163**
Subacute Care Beds				
Intensive Outpatient Program[2]	145	167	156	179
Developmentally Disabled	11	15	12	14
Subtotal – Subacute Care Beds	**156**	**182**	**168**	**193**
Treatment Beds – OPP and General Population				
Enhanced Outpatient Program (EOP1[3]) – EOP Intensive (Revised LOC)	160	467 Shared OPP roster	171	197
Enhanced Outpatient Program (EOP2[4]) - MH GP (Revised LOC)	390		417	479
Enhanced Outpatient Program (EOP3[5]) - MH GP (Revised LOC)	214	GP	229	263
Subtotal – Treatment Beds, EOP & MH GP	**764**	**467**	**817**	**939**
TOTAL – Psychiatric / MH / Special Needs Beds	**1,061**	**778**	**1,131**	**1,295**

1. Assumes DSH contract renewal at 12 beds, reflecting a two-bed planning margin for anticipated caseload growth.
2. **Intensive Outpatient Program.** Blended ADP: DLR Group Population Analysis Workshop 3 (historic utilization + waitlist); Capacity: 2nd MOA actual confirmed by DGS. Figure is rated capacity; functional capacity is limited due to need for single celling – actual functional capacity at publication was 136 beds
3. **EOP1 (EOP Intensive, revised LOC – OPP).** Blended ADP: email ACMH 1-22, 160 patients meeting criteria; Capacity: OPP Roster 1-22 indicated 467 beds.

4. **EOP2 (MH GP, revised LOC).** Blended ADP: email ACMH 1-22, 390 patients meeting criteria; Capacity: OPP Roster 1-22 indicated 467 beds.
5. **EOP3 (MH GP, revised LOC).** Blended ADP: DLR group total waiting list, Workshop 3, less EOP 1&2. Capacity: OPP Roster 1-22 indicated 467 beds. Per revised levels of care, this population may be housed in GP unless OPP placement is clinically indicated

Table 9. Special Needs Mental Health Beds Calculated Utilization & Projected Need

			Mays Anticipated Capacity			Current Operational Capacity			DLR Population Analysis wrkrshp #3 & 1/22 EOP Follow-up			Follow-up data from ACMH 1-22			Adjusted Historic Utilization & % of 2025 ADP; M/F Distribution					Projected Need 2045 % Distribution + 15%		
			Male	Female	Total	Male	Female	Total	Census	Waiting List	Total				Blended Total	% 2025 ADP	% Male	% Female	Total	Male	Female
						Male	Female	Total	Census	List	Total					3,264			3,490		
Acute Care Beds												Male	Female	Total							
APU	Acute Psychiatric Unit		Not specifically Addressed			Varies	Varies	41	14	11	25	9	5	14		33	1.01%	64%	36%	41	26	15
GD	Gravely Disabled		Not specifically Addressed			Varies	Varies	6	1	0	1					6	0.18%	64%	36%	7	5	2
SITHU	Suicidal Inmate Temporary Housing Unit		Not specifically Addressed			24	4	28	4	0	4					16	0.49%	86%	14%	20	17	3
									Male	Female	Total											
EASS	Early Access Stabilization Services		Not specifically Addressed			10	0	10	16	???	16			3		10	0.31%	87%	13%	12	12	0
JBCT	Jail Based Competency Treatment		Not specifically Addressed			32	12	44	29	???	29			29		44	1.35%	73%	27%	44	32	12
Subtotal APU/Acute						Varies	Varies	129	19	11	30	9	5	14		109	3.34%			124	92	32
Subacute Care Beds												census	Waiting List	Total	Total	30%						
IOP	Intensive Outpatient Program Projected Need 30% Step-Up/StepDown		No breakdown for Male/Female Included in Mays Capacities		85-120	IOP Capacity 167; Current IOP Beds are General Population as no beds are specific to step-up/step-down therefore counted below as subacute GP;			113	32	145	124	43	167	145	44	1.35%	74%	26%	54	40	14
EOP-1	Enhanced Outpatient Program - Intensive (SMI Vulnerable) Projected Need 30% Step-Up/StepDown		Included as OPP; Post Mays Treatment Level; No breakdown for Male/Female Included in Mays Capacities			Included Below for all EOP Classifications as Beds Classified as OPP for all EOP Patients			60			138	22	160	160	48	1.47%	87%	13%	59	51	8
CNAP	Critical Needs Assessment Program		Not specifically Addressed			17	3	20	Varies	Varies	32					32	0.98%	86%	14%	39	33	6
	Developmently Disabled		Not specifically Addressed			Varies	Varies	15	6	0	6					11	0.34%	64%	36%	14	9	5
Subtotal Subacute			0	0	120	17	3	35	179	32	183	N/A	N/A	327		135	4%			166	133	33
TOTAL ACUTE & SUBACUTE POPULATION					120	Varies	Varies	164	198	43	213	N/A	N/A	341		244				290		
Treatment Based General Population Beds															Total	70%						
IOP	Intensive Outpatient Program Projected Need 70% General Population		No breakdown for Male/Female Included in Mays Capacities		85-120	124	43	167	113	32	145	124	43	167	145	102	3.13%	74%	26%	125	93	32
EOP-1	Enhanced Outpatient Program - Intensive (SMI Vulnerable) Projected Need 70% General Population		Included as OPP; Post Mays Treatment Level; No breakdown for Male/Female Included in Mays Capacities			Included above			60			138	22	160	160	112	3.43%	87%	13%	138	120	18
EOP-2	Enhanced Outpatient Program - Moderate Intense Step Down		Included as OPP; Post Mays Treatment Level; No breakdown for Male/Female								Incl. Below	121	16	137		137	4.20%	87%	13%	168	146	22
EOP-2	Enhanced Outpatient Program - Moderate		Included as OPP; Post Mays Treatment Level; No breakdown for Male/Female		200	304	96	400			355	224	29	253		253	7.75%	87%	13%	311	271	40
EOP-3	Enhanced Outpatient Program - GP		Included as OPP; Post Mays Treatment Level; No breakdown for Male/Female								49					214	6.56%	87%	13%	263	229	34
TOTAL GENERAL POPULATION TREATMENT					200	428	139	567	60		449	483	67	550		818				1,005		
TOTAL MENTAL HEALTH BEDS					320			731						891		1,062				1,295		

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Data Sources & Basis for Calculations

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3W 300 Male 10 Beds SITHU/CNAP Flex (Excluded assumed to be covered in Peaking factor for planning)
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3W 200 Male 12 SITHU; 17 CNAP
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DLR Group
Comment: 08/20 Agreement with DHS 32 Male & 12 female beds DLR Group email 02/04
2/4/2026 3:59 PM

Cell: L17
DLR Group
Comment: 08/20 Agreement with DHS 32 Male & 12 female beds DLR Group email 02/04
2/4/2026 3:58 PM
Cell: AA24
DLR Group
Comment: Based on ACMH 1-22 Input; Total number; 30% for step up/step down
2/4/2026 3:28 PM

Cell: AB24
DLR Group
Comment: 30% of total planned for step-up/stepdown subacute
3/4/2026 9:18 AM

Cell: AD24
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: AE24
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Data Sources & Basis for Calculations
(cont'd.)

Cell: K25
DLR Group
Comment: Source HUP 10.02; DLR Group Updated Table
3W 200 Male 12 SITHU; 17 CNAP
3W 300 Male 10 Beds SITHU/CNAP Flex (Excluded assumed to be covered in Peaking factor for planning)
12 SITHU & 17 CNAP May be impacted by current renovation 300 West
2/4/2026 10:13 AM

Cell: L25
DLR Group
Comment: Source HUP 10.02; DLR Group Updated Table
3W 100 Female 4 SITHU & 3 CNAP
2/4/2026 10:15 AM

Cell: M25
DLR Group
Comment: Source HUP 10.02; DLR Group Updated Table
3W 100 Female 4 SITHU & 3 CNAP
3W 200 Male 12 SITHU; 17 CNAP
3W 300 Male 10 Beds SITHU/CNAP Flex (Excluded)
12 SITHU & 17 CNAP May be impacted by current renovation 200 West
2/4/2026 10:07 AM

Cell: Q25
DLR Group
Comment: DLR Population Analysis Workshop 3 Monthly Average 10-2024 to 09 2025
2/4/2026 10:16 AM

Cell: AB25
DLR Group
Comment: Used Historic ADP
2/4/2026 3:13 PM

Cell: AD25
DLR Group
Comment: Based on SITHU Distribution
2/4/2026 3:33 PM

Cell: AE25
DLR Group
Comment: Based on SITHU Distribution
2/4/2026 3:33 PM

Cell: M26
DLR Group
Comment: Source HUP 10.02; DLR Group Updated Table
3E 200 5 Beds
3W 300 Male 10 Beds
2/4/2026 10:51 AM

Cell: O26
DLR Group
Comment: DLR Census DLR Group 1/27
2/4/2026 11:05 AM

Cell: P26
DLR Group
Comment: DLR Census DLR Group 1/27
2/4/2026 11:06 AM

Cell: Q26
DLR Group
Comment: DLR Census DLR Group 1/27
2/4/2026 10:16 AM

Data Sources & Basis for Calculations
(cont'd.)

Cell: AB26
DLR Group
Comment: 3-21 Adjusted to based on average of current updated capacity numbers & Census
2/4/2026 3:35 PM

Cell: AD26
DLR Group
Comment: Based on APU Distribution
2/4/2026 3:46 PM

Cell: AE26
DLR Group
Comment: Based on APU Distribution
2/4/2026 3:46 PM

Cell: K34
DLR Group
Comment: Source MOA #2; Email DGS 1/30
2/4/2026 10:33 AM

Cell: L34
DLR Group
Comment: Source MOA #2; Email DGS 1/30
2/4/2026 10:33 AM

Cell: M34
DLR Group
Comment: Source MOA #2; Email DGS 1/30
2/4/2026 10:33 AM

Cell: O34
DLR Group
Comment: DLR Workshop #3
2/4/2026 11:03 AM

Cell: P34
DLR Group
Comment: DLR Workshop #3
2/4/2026 11:03 AM

Cell: Q34
DLR Group
Comment: DLR Workshop #3
2/4/2026 11:03 AM

Cell: S34
DLR Group
Comment: Source MOA #2; Email DGS 1/30; Used Current capacity absent current data from ACMH
2/4/2026 10:33 AM

Cell: T34
DLR Group
Comment: Source MOA #2; Email DGS 1/30; Used Current capacity absent current data from ACMH
2/4/2026 10:33 AM

Cell: U34
DLR Group
Comment: Source MOA #2; Email DGS 1/30; Used Current capacity absent current data from ACMH
2/4/2026 10:33 AM

Cell: AA34
DLR Group
Comment: Based on DLR Population analysis of Historic Utilization + Waitlist; Total number; 70% for general population
2/4/2026 3:25 PM

Data Sources & Basis for Calculations
(cont'd.)

Cell: AB34
DLR Group
Comment: 70% of total planned for treatment in the General Population
3/4/2026 9:18 AM

Cell: AD34
DLR Group
Comment: Based on Current Operational Capacity
2/4/2026 3:27 PM

Cell: AE34
DLR Group
Comment: Based on Current Operational Capacity
2/4/2026 3:27 PM

Cell: O35
DLR Group
Comment: Source: DLR Group Email 1-22 Athena Data 9/24-9/25 Median ADP
2/4/2026 11:05 AM

Cell: S35
DLR Group
Comment: Email ACMH 1-22
2/4/2026 12:37 PM

Cell: T35
DLR Group
Comment: Email ACMH 1-22
2/4/2026 12:38 PM

Cell: U35
DLR Group
Comment: Email ACMH 1-22
2/4/2026 12:38 PM

Cell: AA35
DLR Group
Comment: Based on ACMH 1-22 Input; Total number; 70% for general population
2/4/2026 3:28 PM

Cell: AB35
DLR Group
Comment: 70% of total planned for treatment in the General Population
3/4/2026 9:18 AM

Cell: AD35
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: AE35
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: K36
DLR Group
Comment: Bed utilization analysis Workshop 3
3/22/2026 12:16 PM

Cell: L36
DLR Group
Comment: Bed utilization analysis Workshop 3
3/22/2026 12:16 PM

Cell: M36
DLR Group
Comment: Bed utilization analysis Workshop 3
3/22/2026 12:16 PM

Data Sources & Basis for Calculations
(cont'd.)

Cell: Q36
DLR Group
Comment: Source: DLR Group Email 1-22 Athena Data 9/24-9/25 Median ADP
2/4/2026 11:02 AM

Cell: S36
DLR Group
Comment: Email ACMH 1-22 45 assigned to EOP-2; follow-up email Kitchell 35% of EOP-2 need special needs housing
2/4/2026 12:40 PM

Cell: T36
DLR Group
Comment: Email ACMH 1-22 45 assigned to EOP-2; follow-up email Kitchell 35% of EOP-2 need special needs housing
2/4/2026 12:40 PM

Cell: U36
DLR Group
Comment: Email ACMH 1-22 45 assigned to EOP-2; follow-up email Kitchell 35% of EOP-2 need special needs housing
2/4/2026 12:40 PM

Cell: AB36
DLR Group
Comment: Follow up data from ACMH; Email ACMH 1-22 45 assigned to EOP-2; follow-up email Kitchell 35% of EOP-2 need special needs housing
2/4/2026 4:55 PM

Cell: AD36
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: AE36
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: Q37
DLR Group
Comment: Source: DLR Group Email 1-22 Athena Data 9/24-9/25 Median ADP
2/4/2026 11:02 AM

Cell: S37
DLR Group
Comment: Email ACMH 1-22 45 assigned to EOP-2; follow-up email Kitchell 35% of EOP-2 need special needs housing; 65% GP
2/4/2026 12:41 PM

Cell: T37
DLR Group
Comment: Email ACMH 1-22 45 assigned to EOP-2; follow-up email Kitchell 35% of EOP-2 need special needs housing; 65% GP
2/4/2026 12:41 PM

Cell: U:37
DLR Group
Comment: Email ACMH 1-22 45 assigned to EOP-2; follow-up email Kitchell 35% of EOP-2 need special needs housing; 65% GP
2/4/2026 12:41 PM

Cell: AB37
DLR Group
Comment: Follow up data from ACMH; Email ACMH 1-22 45 assigned to EOP-2; follow-up email Kitchell 35% of EOP-2 need special needs housing
2/4/2026 4:55 PM

Data Sources & Basis for Calculations
(cont'd.)

Cell: AD37
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: AE37
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: Q38
DLR Group
Comment: Source: DLR group Email 1-22 Athena Data 9/24-9/25 Median ADP
2/4/2026 11:02 AM

Cell: AB38
DLR Group
Comment: DLR Data Analysis from Workshop 3 764 less EOP 1 & 2 above
2/4/2026 4:56 PM

Cell: AD38
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: AE38
DLR Group
Comment: Based on Opp Roster 1/22
2/4/2026 3:30 PM

Cell: S40
DLR Group
Comment: Includes EOP for Comparison as currently all EOP are OPP housed
2/5/2026 11:30 AM

Cell: T40
DLR Group
Comment: Includes EOP for Comparison as currently all EOP are OPP housed
2/5/2026 11:30 AM

Cell: U40
DLR Group
Comment: Includes EOP for Comparison as currently all EOP are OPP housed
2/5/2026 11:30 AM

Special Needs – Medical Bed Capacity Projections

While Mays addressed a portion of the Mental Health bed needs with specific capacities, medical needs were addressed primarily based on standard of care and performance metrics, with no specific capacity requirements. A similar analysis was undertaken to quantify the projected need for medical beds. The following cohorts were identified as the basis for planning medical bed capacity needs for the future:

Cohort	Comments
Infirmary	Inpatient Treatment and/or Recovery (non-rated beds)
Chronic Medical/Long-Term Care	General Population Beds, rated capacity
Medically Assisted Treatment (MAT)	Short-term General Population Beds, rated capacity
Geriatric Population	General Population Beds, rated capacity

Projected need for medical beds was developed using the same methodology as applied to mental health beds. First, data was compiled on current utilization and capacity, which was then applied to the base projections of year 2045 ADP to determine future medical bed needs. Table 10 summarizes the projected need for medical beds. As indicated, **a total of 48 beds are projected for acute medical/infirmary care, including 8 negative pressure rooms.** *These beds are not part of the rated capacity as projected as they are not intended to be occupied as a housing assignment.*

Chronic medical capacity is projected at 55 beds, and MAT capacity is projected at 79 beds based on the most recent experience. Note that the analysis of the MAT cohort was revised to increase capacity after review with the stakeholders at Workshop 3. Finally, 76 beds are projected for the geriatric in-custody population.

Table 11 summarizes the data and sources used to develop the analysis. Following the table is a summary tied to each cell, identified by column and row identifying the source of the information or the basis for the calculations.

Table 10. Recommended Scenario - Medical Beds

	Current Need	Current Capacity	Projected Capacity 2045
TOTAL CAPACITY			
Average Daily Population	3,264		
BSCC Rated Capacity		4,005	4,313
SSO Operational Capacity (Actual number of Beds)		4,901	4,313
Non-Rated Beds Med/Psych (excl. Temp Holding)		77	96
Medical Beds			
Infirmary (Non Rated)		34	40
Isolation/Negative Pressure (Non Rated)		2	8
Chronic Medical/Long Term Care		32	55
Detox/Medically Assisted Treatment (MAT)		73	79
TOTAL Medical Care Beds		**141**	**182**
Geriatric/Medically Fragile Housing			**76**

Table 11. Medical Beds - Calculated Utilization & Projected Need

			Mays Anticipated Capacity			Baseline Information								Analysis of Current Capacity/Utilization; Benchmarks for Planning				Projected Need 2045 % Distribution + 15%			
						Current Operational Capacity				DLR Housing Utilization Plan/Population Analysis											
			Male	Female	Total	Male	Female	(Neg	Total	Male	Female	(Neg	Total	Blended Total	% 2025 ADP	% Male	% Female	Total	Male	Female	Isolation (Neg Pressure)
															3,264			3,490			
Medical Beds																					
AM	Acute Medical/ Infirmary		Not specifically Addressed			Varies	Varies	2	36	14	0	0	14	31	0.95%	-	-	48	32	11	8
	Main Jail					Varies	Varies	2	15	6	0	0	6	26	0.80%	70%	30%	38	27	11	6
	Isolation Cells							2				0						8			
	RCCC					Varies	Main Jail	0	21	8	0	0	8	5	0.15%	100%	0.00%	2	5	0	2
CrM	Chronic Medical/ Long Term Care					32	0	-	32			-		45	1.38%	70%	30%	55	39	17	-
	Main Jail					32	-	-	32	27	-	-		45	1.38%	70%	30%	55	39	17	-
	RCCC					0	0	-	0	4	0	-	4	-	-	-	-	-	-	-	-
DeTox/ MAT	Detox/Medically Assisted Treatment					64	9	-	73	60	12	-	72	64	1.96%	67%	33%	79	53	26	-
	Main Jail					64	9	-	73	60	12	-	72	64	1.96%	67%	33%	79	53	26	-
	RCCC					0	0	-	0	0	0	-	0	-	-	-	-				-
TOTAL MEDICAL CARE BEDS									141				86	140	4.29%			182	5.21%		8
Ger	Geriatric Population													62	1.90%	100%		76	76		
Ger	Geriatric Population					Total ADP (2025) Over 65 / %ADP				88	2.70%										
						Total ADP (2025) Over 70 / %ADP				24	0.74%										
						Total ADP (2025) Over 75 / %ADP				9	0.28%										

Data Sources & Basis for Calculations

Cell: U14
DLR Group
Comment: Historic Utilization overall indicates that at times all beds occupied; Utilization data is limited due to current capacity; Assume that larger central capacity as recommended in IHSF will assist in reducing transport; Total capacity of 1% +/- in line with other large jail programs surveyed
- NYC 56 Beds/4160 Cap = 1.3%
- Cook County 54/6177 = 0.84%
- LA CCTF Program 120/8244 = 1.3%
- Riverside HUB Jail Program 88/7584 =1.1%
2/8/2026 12:24 PM

Cell: U15
DLR Group
Comment: Historic Utilization overall indicates that at times all beds occupied; Utilization data is limited due to current capacity; Assume that larger central capacity as recommended in IHSF will assist in reducing transport; Total capacity of 1% +/- in line with other large jail programs surveyed
- NYC 56 Beds/4160 Cap = 1.3%
- Cook County 54/6177 = 0.84%
- LA CCTF Program 120/8244 = 1.3%
- Riverside HUB Jail Program 88/7584 =1.1%
2/5/2026 4:03 PM

Cell: V14
DLR Group
Comment: Historic Utilization overall indicates that at times all beds occupied; Utilization data is limited due to current capacity; Assume that larger central capacity as recommended in IHSF will assist in reducing transport; Total capacity of 1% +/- in line with other large jail programs surveyed
- NYC 56 Beds/4160 Cap = 1.3%
- Cook County 54/6177 = 0.84%
- LA CCTF Program 120/8244 = 1.3%
- Riverside HUB Jail Program 88/7584 =1.1%
2/8/2026 12:24 PM

Cell: V15
DLR Group
Comment: Historic Utilization overall indicates that at times all beds occupied; Utilization data is limited due to current capacity; Assume that larger central capacity as recommended in IHSF will assist in reducing transport; Total capacity of 1% +/- in line with other large jail programs surveyed
- NYC 56 Beds/4160 Cap = 1.3%
- Cook County 54/6177 = 0.84%
- LA CCTF Program 120/8244 = 1.3%
- Riverside HUB Jail Program 88/7584 =1.1%
2/5/2026 4:39 PM

Cell: W15
DLR Group
Comment: Based on IHSF Distribution, Rounded up
2/5/2026 4:04 PM

Data Sources & Basis for Calculations
(cont'd.)

Cell: X15
DLR Group
Comment: Based on IHSF Distribution; Rounded
2/5/2026 4:41 PM

Cell: U17
DLR Group
Comment: Assumes that inpatient Medical consolidated at Main Jail Annex - Short term Chronic Care only @ RCCC
2/5/2026 4:46 PM

Cell: V17
DLR Group
Comment: Assumes that inpatient Medical consolidated at Main Jail Annex - Short term Chronic Care only @ RCCC
2/8/2026 12:25 PM

Cell: K18
DLR Group
Comment: Rated Capacity 64 with double bunking, operationally used as single bunking for Chronic Care
2/5/2026 3:33 PM

Cell: K19
DLR Group
Comment: "Allowable" Rated capacity is 64 based on double celling; Double celling requires upper bunk; Assumed single celling for Subacute Medical for Planning
3/22/2026 1:12 PM

Cell: Q19
DLR Group
Comment: Included Below; Single Unit used for Detox/MAT & Overflow assumed to include long-term medical
2/5/2026 3:21 PM

Cell: U19
DLR Group
Comment: Based on 32 Males - current capacity/utilization at 70% of the total
2/5/2026 4:53 PM

Cell: K20
DLR Group
Comment: Dorm M - Housed medical beds at one time - now workers housing & ADA
2/5/2026 4:37 PM

Cell: P20
DLR Group
Comment: Utilization as surveyed 39 Mixed Population; Most are workers; Assumed 10% Medical
2/5/2026 4:07 PM

Cell: K22
DLR Group
Comment: Rated capacity with double celling 128 - single cell capacity assumed for operational use; also reported that generally only lower tier is used - 32 cells - also 64 if doubled so 64 is consistent baseline capacity
Current Capacity based on size of units - not population
2/5/2026 5:20 PM

Data Sources & Basis for Calculations
(cont'd.)

Cell: L22
DLR Group
Comment: Single Unit used for Detox/MAT & GP/OPP/PC/CIVIL/ADS1/ADS2
Rated capacity with double celling 60 - single cell capacity at 30% assumed for operational use for Detox/MAT
2/5/2026 3:31 PM

Cell: P22
DLR Group
Comment: Updated based on comments to reflect peak population 03/2026 per Workshop 4 comment M/F based on historic ratio per HUP 1/27
3/22/2026 1:28 PM

Cell: Q22
DLR Group
Comment: Updated based on comments to reflect peak population 03/2026 per Workshop 4 comment M/F based on historic ratio per HUP 1/27
2/5/2026 3:42 PM

Cell: S22
DLR Group
Comment: Updated based on comments to reflect peak population 03/2026 per Workshop 4 comment M/F based on historic ratio per HUP 1/27
3/22/2026 1:30 PM

Cell: U22
DLR Group
Comment: Based on historic utilization data, adopted IHSF recommendations
2/5/2026 5:22 PM

Cell: W22
DLR Group
Comment: Based on IHSF Distribution
2/5/2026 5:23 PM

Cell: X22
DLR Group
Comment: Based on IHSF Distribution
2/5/2026 5:28 PM

Cell: K23
DLR Group
Comment: Dorm M - Housed medical beds at one time - now workers housing & ADA
2/5/2026 4:37 PM

Cell: P23
DLR Group
Comment: Dorm M - Housed medical beds at one time - now workers housing & ADA
2/5/2026 4:37 PM

Cell: U25
DLR Group
Comment: Based on 1/3 of the over 65 population - + all over 70 numbers
2/8/2026 12:14 PM

G. Limitations and Caveats

Like any long-horizon forecast, the projections presented in this report are subject to structural uncertainty that exceeds what can be captured by statistical confidence intervals. The forecast does not and cannot account for future legislative or judicial action, consent decree modifications or compliance orders, changes in federal immigration policy affecting the contract populations, county budget constraints that may alter operational capacity or programming, economic shocks, labor market shifts, changes in mental health treatment capacity or diversion eligibility, modifications to the realignment framework, and demographic shifts not captured in the county population projections (migration, displacement events, or other disruptions). The forecast should be interpreted accordingly as a conditional projection under current institutional and policy arrangements, rather than as an unconditional prediction.