

DECARCERATE SACRAMENTO

Wednesday, September 14th, 2022 @2pm

Show up in-person to show your opposition to a new jail!

The BOS won't be taking a vote at this meeting, but they will be officially revisiting the jail expansion project we already canceled in March of 2021.

Share this toolkit: tinyurl.com/914BoS

**PLEASE JOIN US IN-PERSON AT 700 H ST
& Wear your Yellow DS Shirt (or yellow in general)!**

We will be giving out DS T-shirts as well

Watch the meeting live: <http://metro14live.saccounty.net>

[Item #2](#) on the agenda

Or call-in during the meeting to make Public Comment: 916-875-2500 and dial 2#

And **Send Emails** before Wednesday to: BoardClerk@saccounty.net

Supervisor Don Nottoli: NottoliD@saccounty.net

Supervisor Phil Serna: SernaP@Saccounty.net

Supervisor Patrick Kennedy: KennedyP@saccounty.net

Supervisor Rich Desmond: Richdesmond@saccounty.net

Supervisor Sue Frost: SupervisorFrost@saccounty.net

Please sign our petition if you haven't already:

<https://actionnetwork.org/petitions/no-new-sac-jail>

Want some background info? Read our Op-Ed: <http://bit.ly/DSOp-Ed>

Or watch our community forum from 2021 that explains the background of how the Mays v. Sacramento lawsuit sparked this jail expansion plan: <https://bit.ly/2O2ukNJ>

What's in this toolkit?

1. [List of Questions you can ask in public comment Wednesday or via email](#)
2. [Central Talking Points](#)
3. [Links to and notes on the 3 Jail Studies the Board will be discussing Wednesday](#)
4. [Links to and notes on recent Mays monitoring reports](#)
5. [Stories of Failure to Provide Basic Medical Care in the Jail Booking Loop](#)
6. [Monitoring Report on Solitary Confinement \(Restrictive Housing\) Notes](#)
7. [Specific Examples of County programs the Board can invest in NOW to urgently reduce the jail population](#)

PICK YOUR FAV QUESTION TO ASK THE COUNTY SUPERVISORS:

1. Why is the same architecture firm that would profit from this project the one you chose to do a study to determine if a new jail building was needed?
2. What jail population reduction measures has the county actually, seriously tried? How is the county measuring the impact/outcomes/success of these programs?
3. Why has the County stopped allowing people with severe mental health needs to be transferred from the jail to the County's Mental Health Treatment Center?
4. Why is incarceration used as a tool for minor warrant and rule violations, which account for 40% of jail bookings?
5. Who is determining "risk" and what tools are being used to determine "risk" to public safety?
6. How many people are served by current jail diversion programs? Where are the gaps and real impacts of the county's current programs?
7. How long has the County known about possible solutions for jail population reduction? Why hasn't the County acted yet? Why has the County delayed any implementation of jail population reduction measures while thousands were forced into horrible jail conditions, with some even dying?
8. Why won't the County prioritize meeting the Mays consent decree without a new jail building?
9. What are the projected building costs for a new jail tower on I st? What would be the locked-in, ongoing costs to the county that are associated with the new tower, including custody staff and healthcare workers?
10. Even with a new building, how would the county remedy the continued violations at the Main Jail, particularly noting the new "expert" reports insistence that compliance is not possible there?

WE NEED TO STRESS:

- This isn't just about the jail expansion plan, but how decisions are being made in county government. Once again, the public has been lied to & the county is breaking promises made on March 10th, 2021 to explore solutions other than jail expansion.
- We cannot trust the opinion of the architecture firm that would profit from this project:
 - **The N&L study did not explore how the jail could be retrofitted if the population was reduced.**

- The lawyers representing the class-action Mays lawsuit stated in a letter to the Board that “while remediation of physical plant deficiencies is essential, **the Mays Consent Decree does not require the County to build additional jail beds or engage in any particular form of construction.** It requires the County to meet minimum conditions for the people it chooses to incarcerate. The County is free to determine the manner in which to comply with those legal obligations. **The court-appointed neutral experts and class counsel have repeatedly called for jail population reduction**, including in [reports](#) and [letters](#) regarding unacceptable conditions of confinement. **Significant and sensible reduction of the jail population is a critical step toward compliance with the Consent Decree and resolution of the Mays litigation.**”
- According to the O’Connell report: 40% of people entering the jail are there for arrests related to breaking rules (not laws), instead of allegedly committing new crimes (60%).
 - This number is aligned with the 44% named by N&L that the jail pop would have to be reduced by to meet the consent decree without a new jail annex...
 - We need to be asking: Why is incarceration used as a tool by Probation for minor rule violations? *The county could order the Probation department to stop this ineffective practice.*
- O’Connell’s assessment of the total estimate of approximately 600 people that could be diverted from the jail in relation to reducing jail bookings, reducing length of stay, and reducing returns to custody seem to be based on “risk assessments” used by law enforcement- the validity of which is questioned by many scholars and experts in the field.
 - We need to be asking: Who is determining “risk” and what tools are being used to determine “risk” to public safety?
- Since March of 2021, **some county staff have actually worked to worsen the problems in the jails to further justify their desire to build a new jail building.** County Counsel continues to cut off alternatives to incarceration for people with severe mental health needs:
 - Community observed during Court Watch in February 2022, County Counsel Rick Heyer tell a Judge that people on Murphey’s conservatorship are no longer allowed to be transferred to the County’s Mental Health Treatment Center, which has resulted in an increased of severely mentally ill individuals in the jail population.
 - This new policy allows county staff to further justify the need for the new jail building for “mental health treatment”
- The county continues to not have a plan on where to send people with severe mental health needs who need treatment outside of a jail setting.
- County Executive staff claim that “In each report, the experts and counsel have found that one of the primary obstacles to compliance is the physical limitations of the Main Jail.” *This is extremely misleading because the County has agreed that **jail population reduction would be the fastest, most effective remedy for physical building and staffing limitations.***
- Mays plaintiffs counsel has said that staffing issues in the jail are “endemic”- they will always be there! So building a new jail annex will not solve staffing shortages and therefore will not meet the consent decree.
- This jail expansion, if approved, will be the single largest draw of county resources in our generation. What kind of future do we want to build for our youth? One that paves the way for their incarceration or one that invests in programs that keep people out of the legal system?
- The total jail annex cost would be *at least* \$1.016 billion over 25 years
- The county cannot legally use American Rescue Plan Act (ARPA) funds for a new jail facility

- Sacramento county has shown that it is willing to invest hundreds of millions in long-term locked facilities (jails) but NOT long-term affordable housing.
 - 30% of people released from the jail are unhoused, meaning there are more than 10,000 releases per year where housing could be needed at release

The BOS won't be voting on 9/14, but they will be discussing [3 "studies"](#):

1. [Nacht and Lewis Main Jail Capacity Report](#)
2. [O'Connell Sacramento Jail Study](#)
3. [Still Sacramento County "Peer Review" Report](#)

1. Nacht and Lewis (Architecture firm) claims that approximately 1040 incarcerated people (44%) would have to be diverted from the Main Jail for the building to come close to compliance with the Consent Decree (without building the jail annex). Nacht and Lewis further determined that even removing or diverting that number of inmates still leaves many areas of noncompliance because of failure to meet ADA and HIPAA requirements. - *This does not mean the county has to build a new facility!*
 - a. Nacht & Lewis says: "it is important to recognize that there are many factors related the Main Jail's design and construction that, while they might allow remediation to meet a few of the consent decree's requirements, they make such interventions impractical and/or prohibitively expensive. These include structural limitations and the security and operational impacts that result from construction within a jail, especially one that must remain operational 24/7." - throughout their report, it's like they lost sight of the fact that the Consent decree is in place for the unconstitutional and unethical treatment of those incarcerated with mental illness.
 - b. Nacht & Lewis says: "Even with the bed reductions stated above, the Main Jail as-is cannot achieve substantial compliance with the consent decree. Acute Inpatient and IOP inmates can be housed in circumstances that allow them to receive their required group therapy and recreation time, but the plan still leaves 307 OPP males and 27 Medical Detox and/or Long-term Medical inmates unserved. Achieving this partial level of compliance is at the expense of losing 1,040 beds, reducing the maximum capacity of the Main Jail to 1,357 inmates."
 - c. **Of course Nacht & Lewis are going to recommend the construction of an addition to the jail to meet compliance - they're set to profit off of this project.**
 - i. Nacht & Lewis is recommending that we rely on carceral systems as behavioral health care and social service providers: "the inversion of the current criminal justice system from one that prioritizes incapacitation and punishment to one that recognizes the clinical and criminogenic need, works to meet those unmet needs, and upholds core pillars of treatment- centric design for restorative justice."
 - d. **The N&L study did not explore how the jail could be retrofitted if the population was reduced.**
2. [O'Connell Sacramento Jail Study](#)
 - a. **40% of people entering the jail are there for arrests related to breaking rules, instead of allegedly committing new crimes (60%).**

- i. *This number is aligned with the 44% named by N&L that the jail pop would have to be reduced by to meet the consent decree!*
- b. The report says that 95% of people in the jails are being held on felony charges, *but this includes past convictions and we know that people are worth more than their worst moment.*
 - i. “70% of new crime bookings were for nonviolent offenses. Felony violence charges account for 24% of all bookings”
- c. “Readmission is a key driver of the jail population”
 - i. “60% of releases return to jail within 2 years”
 - ii. “Individuals booked more than once in the last 6 years account for 70% of the daily population.”
- d. 70% of the jail population are “recidivists” - people who have been charged with previous crimes
- e. “30% of people released from the jail are possibly unhoused, meaning there are more than 10,000 releases per year where housing could be needed at release”
- f. “55% of the individuals booked into the county jail are released within three days.”
- g. Mr. O’Connell’s report states that “Sacramento’s commitment to reducing the number of people with behavioral health needs in jails signals the positive direction the county is taking to balance the needs of public safety with implementing effective alternatives to incarceration.” But Since March of 2021, some county staff have actually worked to worsen the problems in the jails to further justify their desire to build a new jail building.
 - i. County Counsel continues to cut off alternatives to incarceration for people with severe mental health needs like the County’s Mental Health Treatment Center, which increased the jail population with severe MH needs and allows them to further justify the need for the new jail building for “mental health treatment”.
- h. O’Connell’s assessment of the total estimate #s that could be diverted from the jail in relation to reducing jail bookings, reducing length of stay, and reducing returns to custody seem to be based on “risk assessments” used by law enforcement- the validity of which is questioned by many scholars and experts in the field.
- i. Mr. O’Connell recommended the county support social and community needs: “Each community has strengths and resources, as well as needs. Looking upstream at community health and well-being investments in education, employment, and opportunity can be an important consideration in reducing interactions with the justice system. Addressing community needs involving housing, primary healthcare, mental health and crisis response, and substance use all can help reduce the jail population, but in a way that targets the general population of the county, not necessarily only those that are justice-involved.” (p13)

3. Still Sacramento County Peer Review Report

- a. First, this is NOT a “Peer Review”:
 - i. This “review” is just a list of professional activities and “qualifications” of the individuals who performed the county’s two studies.
 - ii. Wendy Still does not address the specific Nacht and Lewis conflicts of interest that precipitated the requirement for her “peer review.”
 - iii. Has Wendy Still read all expert monitoring reports and documents related to the consent decree? Her experience is not relevant specifically to Sacramento County’s lawsuit and is slanted toward institutional bias. Therefore, her opinion confirming the validity of both reports feels more like a rubber stamp than an ethical review.
- b. Wendy Still wrote that: “The validity of any report is reliant upon having an experienced team composed of organizations and individuals that have the necessary experience to present reliable findings. Nacht and Lewis have over 50 years of justice experience and 38 years of

designing correctional environments such as new county jails, juvenile halls and California State Prison medical and mental health facilities providing professional planning and architectural design services. Nacht and Lewis' experience working with Sacramento County on Correctional Design Services began in 1980 working on various new facility and renovation at the Rio Cosumnes Correctional facility and later in partnership with HOK on the design of the downtown Sacramento Main Jail. Nacht and Lewis is a respected organization having successfully completed many correctional design related projects in the State of California and Nevada in over fourteen correctional jurisdictions. The Nacht and Lewis team was supported by Jay Farbstein & Associates also experts in adult and juvenile correctional facility planning and Falcon, Inc a nationwide consulting and management firm with expertise in designing and implementing custom programs to meet complex mental health needs. The Nacht and Lewis team is well-qualified to conduct the Main Jail Capacity to Meet the Consent Decree Study and Report."

- i. **The "validity" of any report is also reliant on removing conflicts of interest!**
- ii. Wendy Still's logic that their findings are valid based on the firm's experience with building jails is flawed. Nacht and Lewis built the Main Jail, the conditions of which brought on the lawsuit and they themselves admit that the violations inherent to the building cannot be remedied. Their history and experience is that of creating violations, not remedying them.

Mays Class Counsel has said: **"At the core of this crisis is the oversized jail population, which the County has failed to manage in a humane or lawful manner."**

Recent Mays monitoring documents:

- [Third Suicide Prevention Expert Report \(Hayes\) – 8/23/22 \(pdf\)](#)
 - County is arguing in response to Provision G) 1. Inpatient Placement (that individuals who require psychiatric inpatient care as clinically indicated are placed in the 2P unit within 24 hours of identification) that more space is needed and this issue would be solved with the additional space proposed in the Jail Annex project.
 - This makes no sense when the current facility is already severely understaffed (e.g., 49% of individuals placed in safety cells were not seen within 4 hours due to insufficient mental health staff).
- [Second Monitoring Report re Restrictive Housing, Discipline, Classification - 07/19/22 \(pdf\)](#)
 - Documents the **widespread, long-standing, and unlawful use of solitary confinement for people with serious mental illness.**
 - "With no meaningful exclusion of people with serious mental illness from solitary confinement and no systematic input from mental health staff into the disciplinary process, people in the Jails are still placed into disciplinary housing and restrictive housing for behavior that stems from mental illness. This contributes to the concentration of people with serious mental illness in the Jails' restrictive housing units. It also represents a missed opportunity for alternative, clinically-driven interventions for people with unmet mental health needs."

- "Staffing shortages are endemic and prevent mental health staff from providing adequate input into the disciplinary process, providing adequate individual or group mental health treatment, or having confidential interactions with patients. **(It is important to note that staffing shortages are simply a reflection of jail population. At a smaller population level, existing staff could provide more extensive and less superficial treatment.)"**
- [Class Counsel Letter to County Deputy CEO Eric Jones on Restrictive Housing Report – 7/29/22 \(pdf\)](#)
- [Environment of Care in Sacramento County Jail Facilities Expert Report – 08/18/22 \(pdf\)](#)
 - **This report shows how a new building would quickly become just as hazardous if they continue with no routine cleaning procedures.**
 - The main recommendation is for cleaning and sanitation plans/policies and procedures to be put into place to ensure routine cleaning is happening, along with proper training. *(NOTE: the jail uses unpaid or barely paid labor of incarcerated people for cleaning, and most often does not provide cleaning supplies to people in the jails who desperately want to clean, but simply do not have the means to.)*
 - Because of the lack of cleaning and sanitizing procedures, routine cleaning is not taking place, which is exacerbating the amount of safety hazards throughout the buildings.
 - The SCS Office demonstrates to be incapable of maintaining basic standards of cleanliness and sanitation, regardless of the jail population or the amount or size of the buildings.
 - **"Neither the Facility Sanitation and Cleanliness Operations Order nor the Housing Unit Cell/Floor Cleaning Protocol Post Order clearly delineates all of the areas of responsibility assigned to the prisoner work crews, custody staff, or General Services Department; other than stating that housing unit staff are responsible for cleaning the control rooms and that every capable prisoner is responsible for the daily cleaning of his or her immediate living area."**
 - "Ensure compliance with the Consent Decree, IV. Mental Health Care, F. Placement, Conditions, Privileges, and Programming, 3. Conditions stating, 'staff shall provide prisoners in Designated Mental Health Units with the opportunity to maintain cell cleanliness and the opportunity to meet their hygiene needs. Custody and clinical staff shall provide assistance to prisoners on these matters, as appropriate to individual patient needs.'"
- [Memorandum of Agreement: Mental Health and Suicide Prevention Remedial Measures Implementation – 06/03/22 \(pdf\)](#)

[Notes on past Mays v. Sacramento Monitoring Reports here](#)

Examples of Failure to Provide Basic Medical Care inside the Jail Booking Loop:

People in the booking loop holding cells are not receiving necessary medical or mental health care, regardless of their repeated requests. This dangerous situation is the consequence of serious health care staffing deficits that have become even more acute recently, the lack of minimally adequate space in the booking loop to deliver basic health care, and the overcrowding-driven bottleneck that keeps people in the booking loop for many days at a time.

In one case, a man with serious mental health needs reported that he asked custody staff “at least ten times a day” if he could see mental health staff. He repeatedly informed them that he needed medication to treat his psychiatric condition. Rather than facilitate access to care, custody staff in the booking loop reportedly told him that it was not their job to schedule mental health appointments for him.

In another instance, confirmed by the Jail’s own medical records, a woman reported to jail officials at the time of booking that she had significant quantities of heroin and methamphetamines in her system. The intake nurse informed her that she would be monitored and would receive intake medications within 24-48 hours. Instead, the woman was placed into a holding cell in the booking loop for three days. During that time, she was sweating, vomiting, and defecating constantly. She reports that her bones were aching and she wanted to crawl out of her skin. Medical records confirm her report that she did not see a nurse or other health care staff once during that period of time. Instead, she went through severe withdrawal with no medical attention.

The stakes of these failures are profound. A man in his late thirties died earlier this month in the Main Jail booking loop. While the official cause of death has yet to be determined, medical records indicate that he reported a significant ongoing alcohol substance use disorder at the time of intake. Despite knowledge of this condition, no health care staff member documented any assessment of the patient for days. He remained in the booking loop without any documented medical attention until he died two days later in a holding cell, under circumstances consistent with untreated alcohol withdrawal.

Even before the recent overcrowding-driven reliance on the booking loop for housing, the court-appointed medical experts in this case reported that the County is failing to adequately monitor or treat people going through substance use withdrawal. They noted that “untreated or inadequately treated substance abuse withdrawal predictably results in preventable suffering, and patients are at risk of hospitalizations and death.” Madeleine LaMarre & Karen Saylor, Monitoring Report of the Medical Consent Decree (Oct. 4, 2021), ECF No. 149-1 at 11. They criticized the use of the booking loop for monitoring substance use withdrawal, noting that it is “completely unacceptable,” “dirty,” and “dehumanizing.” *Id.* at 18. The failure to adequately treat this high-risk population is patently unlawful. See Consent Decree, Sec. VI.A, C, N (requiring sufficient healthcare staffing, ready access to health care, regular nursing assessments for people experiencing detoxification in the first five days, and the provision of medication interventions to treat withdrawal syndromes). It is difficult to imagine a more dangerous situation. Staffing deficits and population challenges do not justify the failure to provide basic, life-saving care to people who are in an exceptionally high-risk state.

Immediate Action is Necessary

The County must act to remedy these conditions immediately. In particular, the County must take the corrective actions outlined below. Medical Care for Persons at Risk of Withdrawal from Alcohol, Benzodiazepines, and Opiates With respect to the severe deficits in the provision of care to people experiencing withdrawal from substances, Plaintiffs’ counsel demands the following:

- (1) The County must provide 24/7 nursing staffing to the booking loop. Nurses must make regular rounds of all holding cells in which people are being held and must be readily available to people who need care. If the current staffing resources available to the Jail are not sufficient to meet this nursing demand, the County must redeploy resources immediately.
- (2) Because the County has demonstrated its inability to comply with basic protocols regarding monitoring people who are experiencing detox, it must revise its policies to initiate the detoxification regimen for all patients with alcohol, benzodiazepine, and opiate substance use disorder, independent of CIWA and COWS score at intake. A first dose of medication should be administered while the patient is in booking. Nurses must conduct a CIWA and/or COWS assessment within 6 hours of intake.
- (3) A medical provider must evaluate all persons with substance use disorder within 24 hours of arrival at the Jail.
- (4) Nurses must monitor persons with substance abuse disorder according to the severity of withdrawal and in accordance with the Standardized Nursing Procedure.
- (5) Nurses must identify and use dedicated space in the booking loop or elsewhere in the jail to do assessments of people who are experiencing detox.
- (6) The County must produce within 90 days a plan to expeditiously establish a dedicated detox monitoring unit in the Main Jail.
- (7) The County must develop a quality assurance system to review its practices with respect to detoxification, including through sampling medical charts of patients who are identified as having substance use disorder at intake. The County must generate a monthly report on its findings, to be provided to Plaintiffs' counsel and the court appointed medical experts.
- (8) The County must produce a monthly report of all people who are identified as: (a) having substance use disorder, and/or (b) experiencing detox at the time of intake so that Plaintiffs' counsel and the court-appointed medical experts can independently monitor compliance with detoxification protocols.

The dangerous situation in the Jail is a direct result of unacceptably high population levels. As of February 25, 2022, the overall census of the Sacramento County Jail was 3,399. This stands in contrast to the total population of 2,500 in the summer of 2020. With the ongoing need to maintain quarantine and isolation units to protect people from transmission of COVID-19 and significant, persistent staff shortages in custody and health care, the Jail simply cannot safely and humanely house a population of this magnitude.

July 19th, 2022 Consent Decree Monitoring Report on Restrictive Housing:

- “The SSO also fails to meet its obligation to provide appropriate alternative housing for LGBTI people. **Transgender and intersex people are systematically housed in conditions that amount to restrictive housing, solely on account of their identity.”**

- **“At the core of this crisis is the oversized jail population, which the County has failed to manage in a humane or lawful manner.”**
- **“The County has failed to provide sufficient mental health resources to meet the needs of the population it chooses to incarcerate, relying instead on solitary confinement to manage people with unmet mental health needs.”**
- “The primary finding of this report is that the County remains in noncompliance with most of the key components of the restrictive housing provisions of the Remedial Plan. Conditions in the Jails’ restrictive housing units amount to prolonged solitary confinement for many. Dozens of people spend almost every hour of the day locked in small, dark cells. People go weeks or even months without any access to fresh air. Even when they are permitted to go to outdoor recreation, they are confined to another grim concrete space, with no grass, no exercise equipment, and dark tarps that block any view of the outside world.”
- “The County also has not yet met its legal obligation to incorporate comprehensive mental health input into the disciplinary process in order **to ensure that people are not punished for behaviors that are manifestations of their mental illness or subjected to punitive measures that exacerbate their mental illness.**”
- “The Sheriff’s Office has not demonstrated the leadership or oversight necessary to bring its classification practices in line with the requirements of the Remedial Plan. **People continue to be placed and retained in restrictive housing in violation of the Remedial Plan, reflecting an excessive reliance on solitary confinement** and a failure to set and implement new norms with respect to its use.”
- Classification staff fail to meaningfully consider mental health staff’s clinical input before placing the patient in restrictive housing:
- Two and a half years since the approval of the Consent Decree, the SSO and ACMH have not fully implemented this critical safeguard. Chronic staffing shortages have prevented ACMH from providing input into the disciplinary process. As of June 2022, ACMH was conducting mental health reviews of rule violations on only a limited basis, for people in the following mental health programs: Intensive Outpatient Program (IOP), the acute mental health unit (and associated waitlist), and the Enhanced Outpatient (EOP) caseload. Mental health input into disciplinary action is also occurring on a limited basis in Administrative Segregation units. As a result, no mental health input is provided for disciplinary action involving many people in the Jails who have mental health needs.¹¹
- The consequences of this deficiency are profound. **With no meaningful exclusion of people with serious mental illness from solitary confinement and no systematic input from mental health staff into the disciplinary process, people in the Jails are still placed into disciplinary housing and restrictive housing for behavior that stems from mental illness. This contributes to the concentration of people with serious mental illness in the Jails’ restrictive housing units. It also represents a missed opportunity for alternative, clinically-driven interventions for people with unmet mental health needs.**

Specific Examples of What the County can invest in to decrease jail populations and ensure that people with mental illness can receive the care they need:

1. EMPOWER: A Department of State Hospitals Mental Health Diversion Grant.

EMPOWER is the county's first dedicated forensic behavioral health outpatient program prioritizing services for those involved in the criminal legal system. A critical success factor for this program is the participation of professionals with specific training in understanding factors that can lead to criminal behavior and the needs of impacted clients.

This program, currently implemented by the county's Office of the Public Defender (SCPD), serves the populations most overrepresented in the jails: persons with serious mental illness, those who are likely to be found incompetent to stand trial, those charged with felonies, and those with court ordered diversion. Three key components define the success of this program.

- Offers a full service partnership
- Involves a professional forensic mental health specialist who assesses participants to ensure they can be safely treated in the community
- It is implemented by the single office in the county's criminal justice system that is most aligned with decarceration

Persons suffering from mental illness are offered a full service partnership (FSP). [FSP](#) programs are considered the gold standard in outpatient mental health care. This behavioral health model uses intensive case management and [treatment with a multidisciplinary team](#). It puts the client's needs at the center of the treatment plan and uses data informed strategies and a "whatever it takes" approach to meet those needs. Continuity of care is recognized as one of the most important features of this model because the client builds a relationship with their assigned care and skills team. No other program in the county centers the individual's need regardless of the level of fluctuating psychiatric status. The program includes a comprehensive needs assessment, 24/7 crisis intervention care, intensive mental health treatment, medical care, and job and life skills support. Currently, the [Los Angeles Office of Diversion and Recovery](#) has delivered astounding success incorporating the FSP model in decreasing homelessness and psychiatric hospitalizations while increasing independent living and employment.

Impact: This is a 3-year grant ending June 2023 and totaling \$4.5 million (partially matching). It serves 50 individuals, but is currently being expanded to 100 individuals. The program is easily scalable such that it could continue to reduce the jail population thereby lowering criminogenic risks, increasing economic productivity and housing opportunities, and restoring families.

2. SCMHTC (pronounced "Schmick"), Sacramento County Mental Health Treatment Center.

This is the county's inpatient psychiatric hospital. Following budget reductions in 2008, the county reduced SCMHTC's structure to two parts. The initial service was a 100 bed inpatient psychiatric facility. This structural change reduced the inpatient part to 50 beds. The new part became an urgent care facility (known as Urgent Care). This urgent care facility limits intake services to weekdays between 8 a.m. and 5 p.m. The 24/7 stabilization unit closed and the inpatient 50 beds no longer remain.

The other 50% inpatient bed capacity remains.

SCMHTC provides discharge planning from inpatient care and directly coordinates with outpatient providers. The county could serve 100 patients in the existing facility while complying with HIPAA, ADA, and other relevant standards; the capacity is limited only by the program budget. SCMHTC is an underutilized resource that could add tremendous value as a restorative alternative to jail, helping the county address diversion and depopulation challenges by returning to its original structure and intention. It can also be considered for fixed structure and program scaling.

As our untreated mentally impacted population grows, so do the community's needs associated with mental illness. Treatment needs include responses to trauma, delusions, and their related outcomes including domestic violence, physical harm to self and others, theft, and the condition of being unhoused.

When a person with acute mental health needs is arrested, the arresting agent determines where to take the impacted person. The options are SCMHTC, emergency rooms, and the jail. Agents are likely to be unsuccessful with a SCMHTC placement due to insufficient capacity. Emergency rooms require the agent to remain present until the patient is treated, thus imposing costs to law enforcement in paid time and time away from patrol. This leaves one viable option from the perspective of the arresting agent: a jail.

Re-investing in SCMHTC to restore its pre-2008 capacity would be a relatively cost-effective and sustainable way to reduce jail population by 50 individuals with significant mental health needs, thereby alleviating several of the facility-related consent decree issues.

Also notable is the potential for SCMHTC to be part of the alternative 911 proposal currently under consideration with the Board of Supervisors. As a non-carceral intervention, SCMHTC could further advance the county's public safety interests along with the objectives of the consent decree.

Impact: Restoring SCMHTC would provide treatment capacity for 50 individuals with significant mental health needs, decrease the jail population by 50, and avoid substantial costs related to building a new carceral facility. It would lower criminogenic risks, increase the community's economic viability, lower the unhoused population, and contribute to restoring the impacted individuals, families, and communities.

[3. Pretrial Support Project: A Bureau of Justice Assistance/Justice and Mental Health Collaboration Program Grant.](#)

The Office of the Public Defender (SCPD) operates a Pretrial Support Project (PTSP) funded by a three-year, \$750,000 federal grant that expires in 2023. (This is distinct from the Probation Department's pretrial assessment and supervision program that depends on [\\$9.5 million](#) in state funding.)

PTSP responds to four key challenges the county faces with a client-centered program based on a holistic defense approach:

- Jail overcrowding and the resulting exposure to inhumane conditions
- Growth in the number of incarcerated individuals with mental health needs
- Longer time in jail for those with mental health and/or substance abuse treatment needs
- Lack of coordination with criminal court and jail discharge planning

Unlike Probation's Pretrial Services, under the PTSP, skilled personnel (including trained law and social work student interns) contact detained individuals within 24 hours of booking and complete a comprehensive needs assessment. Based on the assessment, personnel make a recommendation to the attorney for social worker follow up, case navigation toward collaborative/diversion courts, and/or advocacy for release from custody based on needs, COVID concerns, and compliance with a recent California Supreme Court ruling requiring the least restrictive monitoring for pretrial individuals. When social worker follow-up is recommended, a PTSP social worker coordinates jail discharge, provides links to services, conducts further clinical assessments, and provides service coordination and case management. The program also assists families with navigating the process of recovering property held at the jail, appearing at Zoom court hearings, and finding an individual's court dates. Services address the underlying needs that may have contributed to an individual's engagement in unlawful conduct, thereby interrupting the recurring cycle of criminalization for individuals with mental health needs.

By contrast, in the county's carceral system where most criminally charged individuals with mental health needs are held, these same challenges are routinely met with punitive responses, which has led to further trauma-based impacts such as becoming unhoused which adds to a revolving door at the jail and its attendant costs in human, legal, and budgetary terms.

Although the PTSP program is in its infancy, the current needs assessments determine that 79% of persons who engage with the program are in need of mental health and forensic social worker support. This evidence overshadows the Department of Correctional Health's representation at 58%. This is problematic for several reasons:

- Underprojected needs impact budget decisions.
- The May's consent decree is being used as a ceiling for implementation of lawful conditions. If the conditions, which include mental health needs, are not assessed well, the remedy will be inadequate, therefore not meet the consent decree.
- Approaches to gathering data may be different. The standard should be to know the real needs based on information that comes directly from the client. Ascribing needs from the perspective of personnel without corroboration of someone who can speak on behalf of the client is insufficient. These insufficiencies will impact restorative health and criminalization outcomes.
- Most importantly, there are real people behind the numbers. If the lowest projected number is used, there will continue to be racial and class disparities--real people who need mental health support.

Impact: This program meets many of the federal consent decree requirements while significantly lowering immediate and long-term costs for the county. The program is flexible, relies on personnel rather than facilities, is sustainable, and could be scaled to many times its current capacity while remaining cost effective. The program takes a

restorative approach to persons impacted by poverty, health disparities, racism, and criminalization. Additionally, and perhaps most notably, this program can preserve employment for arrested individuals by mitigating their length of stay, thereby diminishing reliance on other public supports and preserving personal and family economic stability.