



Sacramento County Mental Health Board

November 11, 2020

Supervisor Phil Serna
700 H Street, Suite 2450
Sacramento, CA 95814

To: Sacramento County Board of Supervisors

Re: County Budget—Alternatives to Law Enforcement Response for Mental Health

Context

In fulfillment of our roles as advocates, we are respectfully submitting this overview and related recommendations to the Sacramento County Board of Supervisors based on 1) extensive community feedback shared directly with us, 2) research conducted by our Adult System of Care Committee, and 3) our lived experiences as consumers, family members, and advocates.

As stated in Welfare and Institutions Code Section 5604.2, the duties of the Sacramento County Mental Health Board (MHB) include, but are not limited to, the following:

- ***Review and evaluate*** the community's mental health needs, services, facilities, and special problems.
- ***Advise the Board of Supervisors and the local mental health director as to any aspect of the local mental health program.***

We're recommending that the \$1.5 million amount for the Alternatives to Law Enforcement proposal be closely scrutinized and significantly increased to ensure the needs of the entire county are met, and have provided data and suggestions for other components of the plan.

We actively seek to be advocates for those with mental disabilities, identifying culturally relevant needs, monitoring cost-effective strategies and making recommendations to the County Board of Supervisors.

At the outset of planning for this year, and our hopes to be as aligned with the priorities of Behavioral Health Services as possible—while still mindfully representing the top needs of our districts—we established the following goal: *Advise and collaborate with law enforcement first responder programs leading to better outcomes particularly for at risk communities and marginalized individuals.*

As we set out on our journey to build on our own experiences with input from the community, we did not predict the extent of national civil unrest that would come this year. It is clear to us, and to the communities that have elected you, that now is not the time for passive change, but rather **the bold action needed to heal, repair, and support those impacted by mental health crises in our county—most specifically those from marginalized communities.**

We ask that you review and take seriously the warning calls coming from almost every corner of our county, our Board included, to decriminalize our responses to mental health and challenges often linked to it, such as drug addiction and homelessness.

This letter is our request on behalf of those we represent, the community leaders, and families we've engaged over the last several months. Here are the MHB actions that inform this letter:

- Collected and reviewed written accounts from family members on mental-health, crisis-related interactions with law enforcement
- Researched and reviewed Crisis Intervention Training (CIT) and alternative crisis response programs
- Engaged and heard presentations from:
 - Bridgette Dean, Office of Community Response
 - Dr. Flojaune Cofer, Public Health Advocates
 - Melinda Avey, Alcohol and Drug Advisory Board, Criminal Justice Committee
 - Kelli Weaver, Behavioral Health Services, on Community Support Teams and Mobile Crisis Support Teams
 - Mental Health First
 - Decarcerate Sacramento

Overview

Though this letter was already tied to an annual 2020 priority for us, we've drafted it in partial response to Supervisor Kennedy's September proposal to move \$1.5 million from the Sheriff's Office to supporting a behavioral health response to mental health crisis calls.

Part I: Status of Community Trust in Law Enforcement, Particularly by Communities of Color

While many are becoming more aware this year of the challenges that plague interactions between law enforcement and Black and Latino/a/x communities—this is not news to these groups.

We can all agree that a foundation of trust is critical in de-escalating mental health crises, and our communities tell us over and over again such trust is seriously lacking. Our research also supports their concerns.

The results of a recent survey commissioned by the Sacramento Police Department show the community does not trust law enforcement to respond to mental health crises, with 43 percent of respondents stating the police deal poorly or very poorly with people with mental illness. Notably, 7 in 10 Black residents rated performance poor or very poor in dealing with people with mental illness.¹ This finding is important because of the overrepresentation of the Black population in arrests in Sacramento. According to publicly accessible data compiled by the Board of State and Community Corrections, while in 2015 the population of Sacramento County comprised approximately 9.9 percent Black individuals, the percentage of Black people arrested during the same time period was over 31.2 percent.²

Community trust in law enforcement, particularly with regard to the response to mental health crises, was found by the Sacramento County Grand Jury to be eroded by County decisions starting in 2009 to cut funding to crisis services, which shifted “the primary responsibility for crisis intervention to community hospitals and law enforcement.”³

Part II: Trauma in Experiences with Law Enforcement, Especially in Communities of Color in Sacramento

We must underscore how this disproportionately affects Black and Latino/a/x communities, who’ve already endured generational trauma for which we—as a nation—have not properly acknowledged, reconciled, or healed—making these groups even more at risk for serious impact on their mental health and well-being. Here’s the data on that.

“The history of negative interactions between police officers and mentally ill individuals hits close to home in Sacramento, and some experts say the risk is even higher for mentally ill people of color.”⁴ Family members and other loved ones are also impacted by traumatic

¹ Martinez, C., MacIntosh, R., Martin, J. P. D., Onesimo Sandoval, J. S. (2019). Sacramento Community Survey 2019: How residents view the Sacramento Police Department. Survey respondents were asked, “Please rate how well the Sacramento police deal with mentally ill people suspected of a crime?” : <https://www.cityofsacramento.org/-/media/Corporate/Files/Police/Transparency/Surveys/Sacramento-Community-Survey-2019-Final.pdf?la=en>

² Summarized information for Sacramento County compiled by the California Board of State and Community Corrections available at <https://www.bscc.ca.gov/wp-content/uploads/Sacramento.pdf>.

³ Sacramento County Grand Jury “Final Report 2015-2015.” 2015. <https://www.saccourt.ca.gov/grand-jury/docs/reports/14-15/2014-2015-Report-CF1.pdf>.

⁴ Caiola, Sammy. “Should Police Be Responding To Mental Health Calls? This Group Says No, And Offers An Alternative.” Capradio, Sacramento, 16 June 2020. <https://www.capradio.org/articles/2020/06/16/should-police-be-responding-to-mental-health-calls-this-group-says-no-and-offers-an-alternative/>

police responses to mental health crises, and these traumatic interactions also affect larger communities. For example, a 2018 study found that in states where a police officer had killed an unarmed Black person, the mental health of Black Americans living in those states was measurably harmed. The study found that the mental health of white Americans was not similarly affected and did not identify negative health effects related to police shootings of unarmed white people or armed Black people.⁵

Another recent study from 2019 focused on African American and Latino/a/x adolescents' exposure to traumatic interactions with individuals from their ethnic group and law enforcement, including images or viral videos of people being beaten, arrested, detained, or shot by a police officer. The viewing of these traumatic events online was found to have a significant association with both PTSD and depressive symptoms (more frequent experiences with traumatic events online were associated with higher levels of PTSD symptoms and depressive symptoms). Additionally, girls reported higher PTSD and depressive symptoms than boys.⁶

Experience with or knowledge of others' traumatic encounters with law enforcement during mental health crises may leave family members feeling unsafe and cause them to avoid calling 911 during subsequent crises.⁷ Since there are few other options during a crisis, people and their families are left with unmet needs.

Part III: The Criminalization of Mental Health

Those suffering mental health crises (or related afflictions) are more likely to become justice-involved when law enforcement are first responders to mental health crises.

The current system which calls on law enforcement to provide first response positions those most vulnerable in our communities to often be routed to jail, and this approach lacks the humane and ethical societal response required for successful treatment and/or rehabilitation. According to a report published earlier this year by the UC Davis Center for Healthcare Policy and Research, "Jail records provided by UC Davis Jail Psychiatric Services demonstrate a 97% increase in monthly caseloads for psychiatric services delivered to Sacramento County

⁵ Eligon, John. "Police Killings Have Harmed Mental Health in Black Communities, Study Finds." New York Times, 21 June 2018. <https://www.nytimes.com/2018/06/21/us/police-shootings-black-mental-health.html>

⁶ Tynes, B. M., Willis, H. A., Stewart, A. M., Hamilton, M. W. (2019). Race-Related Traumatic Events Online and Mental Health Among Adolescents of Color. *Journal of Adolescent Health* 65(3), 371-377. <https://doi.org/10.1016/j.jadohealth.2019.03.006>

⁷ Torres, Stacy. "Why we won't call 911: Too Often Police Officers' Response to Mental Illness is Deadly." CalMatters, 13 October 2019. <https://calmatters.org/commentary/crisis-intervention-training/>

jail facilities between 2004 and 2018 (783 in 2004 and 1,543 in 2018) despite a 305% decrease in jail bookings during the same time period.”⁸

According to data collected by the Board of State and Community Corrections, in 2020 so far, two-thirds of the jail population were not sentenced, and in 2019, 60 percent on average were not sentenced.⁹

Part IV: Intersection of Mental Illness, Homelessness

We were already in the midst of managing rising housing costs and a homelessness crisis and now are fighting a global pandemic, all of which are inextricably co-mingled with the mental health needs locally and nationally.

According to Sacramento’s 2019 Point in Time Count, an estimated 5,570 individuals experienced homelessness throughout the county—which is the highest estimate of nightly homelessness reported for our community. This figure corresponds to 36 per 10,000 residents in the county experiencing homelessness each night. The 5,570 point in time figure is estimated to correspond to between 10,000 to 11,000 individuals in Sacramento County experiencing homelessness throughout the course of the year.¹⁰

Related, approximately 70 percent of individuals experiencing homelessness in the county are unsheltered. 21 percent of unsheltered individuals experiencing homelessness have a severe psychiatric condition (such as severe depression or schizophrenia), and this was more prevalent among veterans and older adults.

The Sheriff’s Department currently has a 14 member team dedicated to homelessness that “is guided by the Intelligence-Led Policing (ILP) model. ILP assembles data from patrol units, public reporting, digital records, and “Hot Spot” areas (specific areas with higher than average homeless-related calls for service as defined by statistical analysis) to provide officers with accurate, up-to-date information. HOT officers use the information provided to focus their attention on specific areas to generate the largest impact.”¹¹ This program is not

⁸ Melnikow J, Ritley D, Evans E, Baiocchi A, Ciuffetelli R, Loureiro S, Curry S. Integrating Care for People Experiencing Homelessness: A Focus on Sacramento County. University of California, Davis. Center for Healthcare Policy and Research. February 2020. <https://health.ucdavis.edu/chpr/reports/Files/Integrated-Care-for-People-Experiencing-Homelessness-FINAL.pdf>.

⁹ California Board of State and Community and Corrections. Jail Profile Survey data as of August 25, 2020, 2020 data through second quarter (January - June). 2020. <http://www.bscc.ca.gov/wp-content/uploads/Jail-Pop-Trends-Through-Q2-2020.pdf>.

¹⁰ Baiocchi, A., Curry, S., Williams, S., Argüello, T., Price Wolf, J., Morris, J. (2019, June). Homelessness in Sacramento County: Results from the 2019 Point-in-Time Count. Sacramento, CA: Institute for Social Research and Sacramento Steps Forward. <https://sacramentostepsforward.org/wp-content/uploads/2019/06/2019-Final-PIT-Report-1.pdf>.

¹¹ Sacramento County Sheriff’s Department. Homeless Outreach Team: HOT Program Overview. No date. <https://www.sacsheriff.com/documents/SSD%20HOT%20-%20Program%20Overview.pdf>.

supported by local homeless advocates. The Sacramento Regional Coalition to End Homelessness, which is a member of the Sacramento Services Not Sweeps Coalition, requests that the Board of Supervisors “reallocate those funds to non-law enforcement, community-based organizations that can form an interdisciplinary outreach team of experts in public health, mental health, and substance use - to build trust and engage our unhoused neighbors in services and affordable housing.”¹²

Part V: Law Enforcement Training

Some may argue that the funds should remain within the Sheriff Department and be allocated to additional training. Respectfully, we’d ask the Board of Supervisors to consider the lack of efficacy of past training models in having significant impact in protecting the most vulnerable.

A study by the Treatment Advocacy Center found that at least one out of four fatal law enforcement encounters involves an individual with serious mental illness in the United States.¹³ A recent report prepared by the California Attorney General¹⁴ found that in 60 percent of cases where less-lethal force¹⁵ was used by the Sacramento Police Department, officers perceived the individual to be experiencing some type of altered mental state. In addition, the review found multiple instances where force was used when individuals did not comply with officers’ orders, “but did not otherwise pose any danger to the responding officers or others. In most of these cases, the subject was agitated, under the influence, or experiencing a behavioral or mental health crisis that was or should have been apparent to the responding officers.” These officers have already received CIT Training, which should have mitigated these adverse results. Additional training does not seem to be the answer.

Recommendations & Conclusion

Comparable Program Costs

The Eugene, Oregon CAHOOTS¹⁶ program is funded out of the local law enforcement budget. This program responds to a range of crises, including conflict resolution, welfare checks, substance abuse, suicide threats, and non-emergent medical crises. They use

¹² Change.org petition with more information is available here: <https://www.change.org/p/sacramento-board-of-supervisors-defund-sacramento-sheriff-s-homeless-outreach-team-hot>.

¹³ Treatment Advocacy Center “Overlooked and Undercounted: the Role of Mental Illness in Fatal Law Enforcement Encounters.” December 2015. <https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf>.

¹⁴ California Attorney General “Review of Sacramento Police Department Report and Recommendations Phase II.” 2020. https://oag.ca.gov/system/files/attachments/press-docs/SPD%20Report%20Phase%20II_0.pdf.

¹⁵ Includes restraint holds, projectiles, Tasers, and chemical irritants.

¹⁶ <https://whitebirdclinic.org/category/cahoots/>

trauma-informed de-escalation and harm reduction techniques. They do not carry weapons and requested police backup in less than one percent of their 24,000 responses last year.

We must consider:

- The annual budget is \$2.1 million, and the program is estimated to **save law enforcement \$8.5 million annually**. The program funding compares to the combined city budgets of Springfield and Eugene of \$90 million (about 2.3 percent).
- The population of Eugene is approximately 172,000. The population of Sacramento County is approximately 1.5 million, with about 500,000 in the City of Sacramento. Therefore, \$1.5 million is not adequate to fund an appropriate and sufficient alternative crisis response program that is needed in our community.

As mental health advocates, we deeply value and respect Supervisor Kennedy's proposal, and those who support a dire shift in thinking around mental health crisis response. We stand in solidarity with this direction. We support the process being led by Behavioral Health Services to develop a behavioral health response to mental health crisis calls. This response should also include substance abuse and homelessness calls. The response should be staffed by a mental health clinician and a peer provider. No law enforcement personnel should be involved in the staffing. We also support the community input process that Behavioral Health Services has undertaken in developing its proposal, including to determine whether or not the ultimate program needs to be county-operated.

At the same time, given our research and the well-documented needs of the community, **we're recommending that the \$1.5 million amount for the proposal be closely scrutinized and significantly increased to ensure the needs of the entire county are met. For example—as a frame of reference—the costs in the Eugene program are \$12 per capita.** Given the data above regarding comparable program costs *and* savings to law enforcement of the Eugene Oregon CAHOOTS program, our recommendation is still conservative but would allow for greater program success. These funds could be moved from either the Sheriff Department or from cost savings from other county departments resulting from implementation of this proposal in the 2021 budget.

Our other recommendations include:

- **Assembling a Community Advisory Board for the project.** Its membership should include at least one peer service provider, consumer and family members with experience in mental health crisis response, homeless peer advocates, and/or homelessness activists. There should also be a diverse representation across perspectives, race, gender, etc.
- **Significant investment** in community-led crisis response with organizations like Mental Health First.
- **A new, dedicated three digit access number for the project.** All other county numbers should refer to it: 911, 211, 311, the Police non-Emergency number.

We must give the alternative programs every opportunity to be successful, and this means ensuring they aren't underfunded at the outset.

We appreciate your time and consideration.

Sincerely,

A handwritten signature in blue ink that reads "Ann Arneill".

Ann Arneill, Chairperson
Sacramento County Mental Health Board

cc: Ryan Quist, Deputy Director
Behavioral Health Services

Bruce Wagstaff, Deputy County Executive
Social Services