

To the Board of Supervisors

The Public Health Advisory Board (PHAB) has formed a Working Committee focused on the health impacts of our County's systems of incarceration. Over the past several months we have reviewed numerous documents, met with multiple experts and stakeholders, and held extensive meetings to synthesize our findings and formulate recommendations. Our objective has been to distill the most critical priorities in this complex space, recognize current efforts, and highlight solutions that are both feasible and have high potential for restorative impact.

Acknowledging the high costs¹ and harmful mental, social, and economic effects of incarceration that impact individuals and broader communities, the scope of this Working Committee is not limited to the services that are delivered within the confines of Sacramento's two jails. Instead, we recognize that the challenges and potential solutions cut across a broad range of sectors and institutions, including the Board of Supervisors, Adult Correctional Health, Office of the Public Defender, and Sheriff's Office.

Our Committee shares the concerns raised by the Mays Consent Decree, including crowded conditions, poor health outcomes, high rates of in-custody death, non-compliance with HIPAA and ADA, and overall lack of transparency and accountability within the system. Despite the extensive corrective efforts set forth by Adult Correctional Health, progress toward Consent Decree Compliance has been limited,² and the jail conditions remain illegal and unsafe. This is largely attributable to excessive per capita incarceration rates and inadequate staff and facilities for this bloated census. Despite calls for jail population reduction, the census has continued to grow; the system has been consistently incapable of providing safe and effective services at this capacity. These deficits have been magnified by the challenges of the COVID pandemic, and our sense of urgency is underscored by the stark findings of the most recent round of Mays Consent Decree [monitoring reports](#), yet another COVID outbreak in late October 2021, and multiple recent deaths inside the jail.

We are inspired by the County's declaration that racism is a public health crisis, and feel it is imperative to translate this into action by addressing the public health inequities associated with the criminal legal system – in which people of color are disproportionately impacted. Incarceration unequivocally exacerbates cycles of poverty, mental illness, substance dependence, and poor health outcomes. In addition to the importance of improving conditions within our jails, a more holistic health equity lens demands that we invest substantially in prevention of and alternatives to incarceration. We recommend that every effort be taken to address our excess incarceration rates and ensure a substantial and sustained reduction in census, with an emphasis on the large proportion of people who experience mental health crises and those who are held pre-trial.

In addition to recommending the foremost priority as immediate and sustained jail population reduction, we would like to provide the following recommendations for immediate consideration and actions.

Transparency and Accountability: Monitoring for the Consent Decree is extensive, but [reports](#) are lengthy and complex. After our investigation we have concluded that additional steps should be

¹ Statewide and locally, it costs \$81,000 per year to incarcerate someone with a mental health illness compared to \$32,000 per year for permanent supportive housing in the community, or \$3,000 to \$10,000 a year for an outpatient behavioral health program. American Addiction Centers, Oxford Treatment Center (2021). Cost Difference between Inpatient & Outpatient Treatment. <https://oxfordtreatment.com/addiction-treatment/paying-for-treatment/inpatient-outpatient-costdifference/>.

² Per the most recent round of [Mays Consent Decree monitoring reports](#) released in October 2021, 0% of items in mental health are in substantial compliance; 40% (14) are not in compliance. For medical care, 19% (12) items are in substantial compliance, whereas 49% (37) are not in compliance.

made to ensure that the Board of Supervisors, the public, and other concerned institutions have access to summarized information, an opportunity to engage on the topic, and the ability to track implementation of corrective measures. To accomplish this aim, we recommend:

- 1) Public hearings regarding the Consent Decree and the Remedial Plan progress to date and updated action plans regarding both interim solutions focused on immediate safety and long-term planning for compliance. Public hearings should include testimony by court-appointed experts and may be timed to follow the twice-annual release of detailed [monitoring reports](#).
- 2) The development of a publicly accessible, summary dashboard with key metrics regarding the jail's population, health services, and progress against the Consent Decree. This Dashboard should:
 - a. Summarize components that are completed, on track, or non-compliant with the Consent Decree and Remedial Plan.
 - b. Include key indicators such as citizen complaints, in-custody deaths, mental health waitlist, cell-side treatment time, response to health service requests, medical transfers, staffing shortages, and additional relevant metrics.
 - c. Be designed and implemented by a taskforce comprised of court-appointed monitors, people impacted by incarceration, concerned agencies, and advisory groups with expertise in this space (e.g. CRC, PHAB, MHAB, etc).
- 3) With regards to the consultants who have been hired by the County to examine (i) alternatives to incarceration and (ii) space solutions in the jail, we recommend that these findings be shared publicly.

PSJA: We understand that the newly formed Public Safety and Justice Agency (PSJA) is intended to implement and monitor key initiatives, including alternatives to incarceration and remedial plans related to the Mays Consent Decree. We encourage the Board of Supervisors to continue to maintain its active engagement on these issues, and to utilize the new agency to push progress in areas that have stagnated. We hope that this Agency's efforts will be informed by evidence and community input, that it will be grounded in a praxis of health equity, and will have effective influence and a practical mandate, not hindered by intransigence or political conflicts. With respect to these goals, we recommend:

- 1) The new Deputy CEO should not have a law-enforcement affiliation. Given the expectation of neutrality and the broad scope of this position, it is important that the Agency has a public health orientation, and that its leader has a demonstrated track record of developing and implementing primary prevention initiatives that address the social determinants at the intersections of health and the carceral system.
- 2) The Agency's efforts be informed by contributors with expertise in public health, mental and behavioral health, specialists in substance use disorders, specialists in trauma informed care, members of the Community Review Commission, and community members impacted by incarceration.

In-Custody Death: Sacramento County has a startling rate of in-custody death, relative to our population and national averages.^{3,4} In line with national best practices and Inspector General reports, we recommend:

- 1) All in-custody deaths should be immediately reported to the public, and investigations thereof should be thorough, timely, and transparent.

³ In 2019, the death rate for the Sacramento County Main Jail was 3.62 per 1,000--more than twice that of the national average of 1.46 per 1,000. Reuters, "Dying Inside: The Data Behind Jail Deaths in America."

⁴ This year in California, only Los Angeles and Orange Counties had slightly higher numbers of deaths than Sacramento--but both have significantly higher populations in their jails and their communities. "People are dying in Sacramento County jails. The Sheriff isn't telling the public." Jason Pohl, *The Sacramento Bee*. August 17, 2021.

- 2) The decedent's loved ones should also be promptly notified and provided with additional information as it becomes available.
- 3) Root cause analysis should be performed and action plans implemented to mitigate future harm.
- 4) A summary report of in-custody deaths should be published quarterly, and should include outlines of investigations, corrective actions taken, and mortality statistics benchmarked against other California counties and national averages.

We intend to monitor this situation and provide updates to the Board on a regular basis, and/or upon request. We would also like to respectfully request the opportunity to present our findings, priorities, and recommendations to the Board in an upcoming agenda.

Many of the recommendations contained in this letter have already been proposed by experts and advocates. By elevating, responding to, and acting upon these recommendations as part of a broader equity strategy, the Board of Supervisors, County Executive, Sacramento Sheriff's Office, and other county agencies have the opportunity to move our County forward toward our shared goal of achieving health equity. We would like to support county leaders and agencies in their efforts to address the challenges ahead, and we welcome discussion, questions and requests for clarification. We offer our expertise and gained knowledge in an effort to see these aspirations to fruition.

We are grateful for your engagement and willingness to consider our recommendations on these issues pertaining to public health. We look forward to progress made towards a healthier, safer, and more equitable Sacramento County.