

Recommendations Regarding Behavioral Health Services Provided to Individuals Detained in Sacramento County Jails

Sacramento County Mental Health Board

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Summary of Recommendations

The Sacramento County Mental Health Board (SCMHB) recommends that Sacramento County commit to expanding community-based services that help prevent incarceration and stabilize people being released from jail. Sacramento County can break the cycle of revolving door admissions to the Sacramento County jails by decisively shifting budget priorities and expanding supportive pathways out of the jail system, which can divert people from incarceration and instead provide them with services they may need to overcome mental health treatment challenges, substance use disorders, and issues related to experiencing homelessness.

1. Approve a “Care First, Jails Last” policy resolution that values a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders rather than incarceration. A “Care First, Jails Last” policy is in alignment with the values of Sacramento County’s Mental Health Plan, which states that treatment should always be delivered in the most appropriate and least restrictive environment and level of care.¹
2. Invest in building and operating a 24-hour assessment and intervention service center in order for law enforcement and first responder partners to divert people with behavioral health and/or substance use needs from incarceration and emergency room visits. This center will serve as a crisis care center, a minor medical clinic, and a substance use public sobering unit where individuals in need are able to get connected to appropriate community-based services.
3. Increase the number of subacute care beds² in Sacramento County, with an appropriate number of beds being designated specifically for individuals involved in Mental Health Diversion programs, while also adding 100 substance abuse disorder (SUD) treatment beds specifically for Medi-Cal recipients.³
4. Prioritize and allocate robust and sustainable funding to build up and fortify a comprehensive behavioral health crisis continuum of care while also addressing foundational elements that reduce the need for crisis services. This includes a full spectrum of community-based behavioral health and substance use treatment and wraparound services, including housing and public benefits, in order to have a significant impact on reducing rates of relapse and recidivism.

¹ <https://dhs.sacounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/MHB-Reports-and-Workplans/RT-MHB-Performance-Report-2020.pdf>

² *Subacute care* is defined as 24/7 inpatient care that includes specialized programming in a controlled environment with a significant degree of supervision but with less-intensive medical monitoring and intervention than acute care

³ https://www.rand.org/pubs/research_reports/RRA1824-2.html

5. Collaboration, cooperation, and commitment from all system partners to properly utilize the services in place for individuals experiencing a behavioral health crisis to divert people with mental illness from the criminal legal system and interrupt the cycle of recidivism.

6. Behavioral Health Services staff should be encouraged and financially supported to conduct frequent community-based outreach and recruitment efforts for its most in-demand positions and compensation packages for the positions most currently in demand should be increased in order to attract and retain employees. By combating the significant understaffing of the county's behavioral health workforce, full and timely services can be provided to individuals involved in the criminal legal system with mental health needs.

Sacramento County Mental Health Board's Authority

Per Welfare and Institutions Code Section 5604.2⁴, the duties of the Sacramento Mental Health Board include, but are not limited to:

- (1) Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
- (2) Advise the governing Board of Supervisors and the local mental health director as to any aspect of the local mental health program.
- (3) It is the intent of the Legislature that, as part of its duties pursuant to subdivision the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

Sacramento County Mental Health Board's Purpose

The Sacramento County Mental Health Board is committed to championing the rights of those with mental illnesses in Sacramento County.

Sacramento County Mental Health Board's Mission

To enable children with serious emotional disturbances and adults with mental illness to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

Introduction

During the 11/23/2021 meeting of the Sacramento County Mental Health Board's Adult System of Care Committee, the goal of monitoring and making appropriate recommendations regarding behavioral health services provided to individuals detained in the Sacramento County jails was identified, and this goal was disseminated to the full Mental Health Board during its annual retreat on 1/22/2022. SCMHB's Adult System of Care Committee invested many months interviewing stakeholders, reviewing key documents, and examining the relationship between the community's mental health needs, services, and the jail system to inform these recommendations.

In fulfillment of our roles as advocates, the Sacramento County Mental Health Board (SCMHB) respectfully submits these recommendations regarding behavioral health services provided to individuals who are detained in Sacramento County Jails. SCMHB sends these recommendations to the County in support of further steps towards improving behavioral health outcomes by

⁴ https://www.calbhbc.org/uploads/5/8/5/3/58536227/best_practices_-_duties.pdf

investing in the programs and services that provide the best results for populations with criminal legal system involvement, particularly those with behavioral health needs.

These recommendations are in line with recommendations by the American Psychiatric Association (APA) to: (1) improve access to treatment for all patients, with certain segments of the patient population at higher risk receiving greater attention; (2) improve access to inpatient psychiatric beds to alleviate the use of arrest of individuals with mental illness; (3) comprehensive discharge planning services where the individual with mental illness that is involved in the criminal legal system returns to the community with housing, entitlement benefits, and financial support cushioning the re-entry process and reducing the risk for relapse and recidivism, and (4) the application of a public health approach to our jail systems including case identification, primary intervention, and follow-up to ensure treatment to yield substantial improvements.⁵

These recommendations are also aligned with those by the American Public Health Association (APHA) to (1) urgently reduce incarcerated populations and (2) reduce carceral system funding and invest in social determinants of health, including housing and community services.⁶ Additionally, components of these recommendations are congruent with recommendations previously made to Sacramento County by its Alcohol and Drug Advisory Board as well as its Public Health Advisory Board.⁷

Background

People with mental illness are overrepresented in our nation's jails and prisons. About two in five people who are incarcerated have a history of mental illness (37% in state and federal prisons and 44% held in local jails). The percentage of jail inmates who meet the threshold for serious psychological distress (26%) is five times higher than the percentage of adults who meet the threshold for serious psychological distress in the total general U.S. population (5%) or those in the general population with no criminal involvement in the past year (4%).⁸

Given these rates, America's jails and prisons have become de-facto mental health providers, at great cost to the well-being of people with mental health conditions. People with mental illness often face challenges to navigating life in a jail or prison. Behaviors related to their symptoms can put them at risk for consequences of violating facility rules, such as solitary confinement or being barred from participating in programming.⁹

⁵ https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/task-force-reports/tfr2009_outpatient.pdf

⁶ <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/14/advancing-public-health-interventions-to-address-the-harms-of-the-carceral-system>

⁷ <https://dhs.saccounty.gov/PUB/Documents/Public-Health-Advisory-Board/PHAB-Meeting-Documents/2022/Letters/LetterAlternativestoIncarceration%203-2022.pdf>

⁸ <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>

⁹ <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-Treatment-While-Incarcerated>

Prevalence of Individuals with Mental Illness Inside Sacramento County Jails

Sacramento County is no different. Two factors primarily determine the number of people in jail: the number of admissions and the length of stay, meaning the amount of time a person spends incarcerated.¹⁰ Unfortunately, Sacramento County's jail admission rates are higher than almost all other counties in the state that have populations between 1.1 and 3.3 million.¹¹ Nearly 70% of the jail on a given day is made up of people who have been booked two or more times.

The mental health population enters the Sacramento County Jail more often for warrants as well as holds and violation as compared to the larger jail population. In 2021, 33% of jail bookings involved people with a Serious Mental Illness (SMI). Of those with SMI, 25% also screened as homeless. This means that there are significant portion of bookings with complex needs in the community involving housing and mental health services.¹²

According to data from the Sacramento County Sheriff's Office (SCSO), people with a mental health diagnosis who receive mental health services during incarceration comprise 63% (2,147) of the population detained in its jails, making the jail one of the largest behavioral health providers in the county – a service it is not designed to provide.¹³

¹⁰ Todd R. Clear & James Austin, Reducing Mass Incarceration: Implications of the Iron Law of Prison Populations, 3 HARV. L. & POL'Y REV. (2009).

¹¹ <https://dhs.saccounty.gov/PUB/Documents/Public-Health-Advisory-Board/PHAB-Meeting-Documents/2020/Handouts/November/Sacramento%20County%20Jail%20Report%20FINAL%20May%2029%202020.pdf>

¹² https://agendanet.saccounty.gov/BoardOfSupervisors/Documents/ViewDocument/ATT%203-%20O'Connell%20Sacramento%20Jail%20Study_final.pdf?meetingId=7624&documentType=Agenda&itemId=400420&publishId=1139018&isSection=false

¹³ https://www.dropbox.com/sh/pre9pq4sgjj3l6x/AAACXGc9Uxukjec8St8WBtkpa?dl=0&preview=_MH+Data+2022-7.pdf

MENTAL HEALTH SERVICES – Received mental health services while incarcerated

- 63% (2,147) of the population had a MH diagnosis and received mental health services during incarceration.
- Of the 2,147 patients with a MH diagnosis, 27% (952) had a Serious Mental Illness (SMI) and 36% (1,195) had a MH Non-SMI diagnosis.

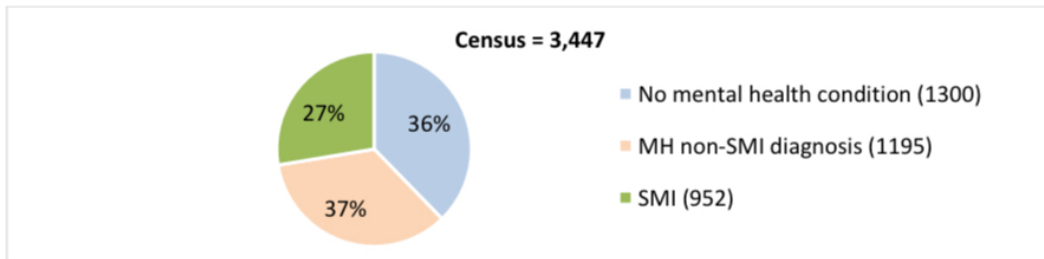


Figure 1. Sacramento County Department of Health Services - Adult Correctional Health. Jail Inmate Population: Mental Health. Report Date: 9/2/2022

Of the 2,147 patients with a mental health diagnosis, 27% (952) have a Serious Mental Illness (SMI), which includes a diagnosis of a Schizophrenia Spectrum and Other Psychotic Disorders, Borderline Personality Disorder, Post-Traumatic Stress Disorder, and/or Bipolar and Related Disorders.

Psychological Impact of Incarceration

Incarceration itself can perpetuate harm by creating and worsening symptoms of mental illness.¹⁴ Research shows that, while it varies from person to person, incarceration is linked to mood disorders including Major Depressive Disorder and Bipolar Disorder.¹⁵ The carceral environment can be inherently damaging to mental health by removing people from society and eliminating meaning and purpose from their lives. The conditions common in jails — such as overcrowding, solitary confinement, and routine exposure to violence — can have further negative effects.¹⁶ Overcrowding can often mean more time in cell, less privacy, less access to mental and physical healthcare, and fewer opportunities to participate in programming and work assignments. Being put in solitary confinement is especially harmful to mental health and can lead to permanent changes to people’s brains and personalities. Exposure to violence in prisons and jails can exacerbate existing mental health disorders or even lead to the development of post-traumatic stress symptoms like anxiety, depression, avoidance, hypersensitivity, hypervigilance, suicidality, flashbacks, and difficulty with emotional

¹⁴ <https://www.mhanational.org/issues/position-statement-56-mental-health-treatment-correctional-facilities>

¹⁵ Schnittker, J., Massoglia, M., & Uggen, C. (2012). Out and down: incarceration and psychiatric disorders. *Journal of Health and Social Behavior*, 53 (4), 448-64.

¹⁶ <https://aspe.hhs.gov/reports/psychological-impact-incarceration-implications-post-prison-adjustment-0>

regulation.¹⁷ Researchers have even theorized that incarceration can lead to “Post-Incarceration Syndrome,” a syndrome similar to Post-Traumatic Stress Disorder, meaning that even after serving their official sentences, many people continue to suffer the mental effects.¹⁸

Mays Consent Decree

Sacramento County is one among multiple counties throughout the state and country that have come under class action lawsuits challenging the adequacy of the mental health care and treatment inside their jails. Sacramento County was notified by advocates in 2014 about concerns regarding conditions of confinement related to medical care, mental health care, out of cell time, Americans with Disability Act (ADA) compliance, and Health Insurance Portability and Accountability Act (HIPAA) compliance in its jail facilities. Experts who inspected county jail facilities found unconstitutional conditions in custody. After years of negotiations, Class Counsel filed action in 2019. The matter was resolved and a court order, the *Mays Consent Decree*, was issued in January 2020.¹⁹ The Consent Decree requires Sacramento County to comply with a remedial plan²⁰ and provides for the Plaintiffs’ counsel and subject matter experts to issue ongoing monitoring reports about Sacramento County’s progress in compliance. A recent letter summarized the following inadequacies related to areas covered by the remedial plan noted in Consent Decree Monitoring Reports:²¹

- People incarcerated in the Jails lack sufficient access to basic medical care and mental health care. The Jails do not have sufficient health care staff to meet the needs of the current population. Health care appointments take place in settings that lack necessary confidentiality. Given chronic space deficiencies, patients routinely meet with health care staff at cell front and in areas where custody staff and other incarcerated persons can easily hear and observe the communications.
- The Jails subject people to prolonged, harmful solitary confinement, including people with serious mental illness, a direct violation of the Consent Decree.
- The Jails lack sufficient accessible housing for people with disabilities. As a result, people with disabilities are unable to access basic programs and services in the Jails.

¹⁷ <https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts/>

¹⁸ Piper, A., & Berle, D. (2019). The association between trauma experienced during incarceration and PTSD outcomes: a systematic review and meta-analysis. *Journal of Forensic Psychiatry & Psychology*, 30 (5), 854-875.

¹⁹ <https://agendanet.saccounty.gov/BoardOfSupervisors/Documents/ViewDocument/BDL%20-%20Mays%20Consent%20Decree%20Workshop.doc.pdf?meetingId=7624&documentType=Agenda&itemId=400420&publishId=1139015&isSection=false>

²⁰ The remedial plan requires, among other provisions, Sacramento County to: "(a) expand its programs and services to meet the treatment needs of people with mental health needs, (b) provide constitutionally adequate medical care, (c) implement appropriate suicide prevention policies and procedures, (d) identify people with disabilities and ensure that they receive reasonable accommodations and can access programs and services in the Jails, (e) limit the use and duration of solitary confinement, including by curbing the placement of people with serious mental illness in solitary confinement; and (f) expand mental health input into the Jails’ disciplinary and use of force practice” per December 6, 2019 Mays et al v. County of Sacramento Joint Motion for Final Approval.

²¹ <https://agendanet.saccounty.gov/BoardOfSupervisors/Documents/ViewDocument/ATT%201-%20Class%20Counsel%20Ltr%20to%20BoS%20re%20Mays%20Consent%20Decree.pdf.pdf?meetingId=7624&documentType=Agenda&itemId=400420&publishId=1139016&isSection=false>

- The jail facilities are filthy and unsanitary.

Court-appointed experts have confirmed that expanding diversion programs for people with severe mental illness would be the best option for meeting the consent decree.²² Sacramento County’s budget for Fiscal Year 2019-20 allocated \$14 million towards increased staff, contracts and medical costs to improve conditions of confinement and inmate medical care.²³ Despite the extensive corrective efforts set forth by all departments involved, progress toward Consent Decree compliance has been limited and a sense of urgency has arisen.

Recommendations

Specifically, the SCMHB is recommending to the Board of Supervisors:

1. Approve a “Care First, Jails Last” policy resolution that values a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders rather than incarceration. This policy resolution calls for a just and equitable transformation of criminal legal, behavioral health, and wraparound services that reduces the number of people with mental illness, substance use, and co-occurring disorders in the Sacramento County Jails, and similar resolutions have been adopted by Los Angeles County²⁴ and Alameda County²⁵. A “Care First, Jails Last” policy is in alignment with the values of Sacramento County’s Mental Health Plan, which states that treatment should always be delivered in the most appropriate and least restrictive environment and level of care.²⁶
 - a. Los Angeles County created a Work Group on Alternatives to Incarceration (ATI), that was charged with developing a “road map, with an action-oriented framework and implementation plan, to scale alternatives to incarceration and diversion so care and services are provided first, and jail is a last resort.” They produced 114 recommendations for action, grounded in research-backed strategies and based on a modified version of the Sequential Intercept Model, that was shaped by both systems leaders as well as those who have experienced the shortcomings of the criminal legal system.²⁷

²² [Mays et al v Sacramento County, Case No. 2:18-cv-02081-TLN-KJN, Mental Health Expert’s Second Round Report of Findings, 9/21/2021, Mary Perrien, Ph.D.](#)

²³ <https://www.sacounty.gov/news/latest-news/Pages/County-Jail-Class-Action-Lawsuit-Agreement-Reached.aspx>

²⁴ https://lcalternatives.org/wp-content/uploads/2020/03/ATI_Full_Report_single_pages.pdf

²⁵ <https://alamedacountycfjltaskforce.org/wp-content/uploads/2022/03/Alameda-County-CFJL-2021-resolution.pdf>

²⁶ <https://dhs.sacounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/MHB-Reports-and-Workplans/RT-MHB-Performance-Report-2020.pdf>

²⁷ https://lcalternatives.org/wp-content/uploads/2020/03/ATI_Full_Report_single_pages.pdf

2. Invest in building and operating a 24-hour assessment and intervention service center in order for law enforcement and first responder partners to divert people with behavioral health and/or substance use needs from incarceration and emergency room visits. This center will serve as a crisis care center, a minor medical clinic, and a substance use public sobering unit where individuals in need are able to get connected to appropriate community-based services. This recommendation is aligned with the results from an August 2022 study conducted by the California Pan-Ethnic Health Network (CPEHN), which included a key component of respondents from Sacramento County.²⁸
 - a. The Restoration Center in San Antonio, Texas offers a crisis care center, a minor medical clinic, and a substance use public sobering unit where over 1,400 people are diverted and connected to quality care in an effort to reduce arrests and emergency room visits. Since its inception in 2008, it has diverted over 100,000 of their county residents from emergency rooms and jail cells into treatment programs, and this has saved their taxpayers over \$96 million.²⁹ Not only does this facility connect individuals with needed services without having to interact with the criminal legal system, it benefits law enforcement and first responder partners with a fast hand-off delivery so that they can get in and out and back into service quickly.
3. Increase the number of subacute care beds³⁰ in Sacramento County, with an appropriate number of beds being designated specifically for individuals involved in Mental Health Diversion programs, while also adding 100 substance abuse disorder (SUD) treatment beds specifically for Medi-Cal recipients.³¹ This recommendation is aligned with a “Care First, Jails Last” policy and is also congruent with recommendations previously made to Sacramento County by its Alcohol and Drug Advisory Board as well as its Public Health Advisory Board.
 - a. A critical factor making the shortage of acute care beds in Sacramento County worse is the even greater shortage of subacute beds. When no subacute beds are available for them, patients can languish in the acute care environment for many months and even a year or more. Meanwhile, these patients are not given the full program of care that they need to have a chance at recovery. This bottleneck also drains mental health treatment funds because acute care beds cost roughly twice as much as subacute ones.
 - i. Currently, 40-60% of the daily census at the Sacramento County Mental Health Treatment Center (SCMHTC) are on administrative holds,

²⁸ <https://cpehn.org/assets/uploads/2022/08/CPEHN.PeoplePowerForPublicHealthReport-FINAL.pdf>

²⁹ <https://chcsbc.org/get-help/adults/other-help-specialties/law-enforcement/>

³⁰ *Subacute care* is defined as 24/7 inpatient care that includes specialized programming in a controlled environment with a significant degree of supervision but with less-intensive medical monitoring and intervention than acute care

³¹ https://www.rand.org/pubs/research_reports/RRA1824-2.html

meaning they are stable and awaiting placement in a subacute facility. This means that on average 24 of SCMHTC's 50 acute psychiatric beds are taken up by individuals awaiting placement – leaving the psychiatric health facility only able to accommodate 24 incoming community members in crisis. By adding more subacute care beds, the acute care beds will be freed up for those meeting medical necessity.

- b. To expand the number of subacute adult beds, Sacramento County Behavioral Health Services was recently awarded \$24 million as a part of the Behavioral Health Continuum Infrastructure Program (BHCIP) to build a new 64-bed Mental Health Rehabilitation Center (MHRC). Given that the RAND study³² determined Sacramento County to have a shortage of 253 subacute adult beds, at least 189 additional subacute adult beds are needed.
 - i. It is also recommended that Sacramento County increase the number of its *community residential services*, which consist of nonhospital programs in which individuals live on the premises of a facility and are provided with consistent programming to promote interpersonal and independent living skills, with staff present 24/7, as well as to increase its available supportive housing options.
- c. It has been estimated that \$100 million in construction costs is needed to add a psychiatric wing to the main jail and an additional \$50 million annually to staff and secure it.³³ Instead of prioritizing funds to construct a treatment space for those individuals with behavioral health needs inside Sacramento County Jails, focus on constructing a freestanding mental health treatment facility that contains beds licensed at the psychiatric health facility (PHF) level and also offers a step-down program that accommodates beds licensed at the mental health rehabilitation center (MHRC) level.
- d. Sacramento County Behavioral Health Services should be provided with the funding to contract with additional vendors in order to increase capacity to provide residential substance use treatment bed.
 - i. Currently, an individual that identifies as male with substance use needs and is involved in the criminal legal system must wait 3-6 months for a residential treatment bed and an individual that identifies as female with substance use needs and is involved in the criminal legal system must wait 2-3 weeks for a residential treatment bed. Having to wait for an appropriate level of treatment has been identified as a

³² https://www.rand.org/pubs/research_reports/RRA1824-2.html

³³ <https://sacramento.newsreview.com/2020/10/19/more-people-are-trying-to-kill-themselves-inside-sacramento-jail/>

significant barrier by individuals with substance use challenges.³⁴ Typically, the longer someone with substance use issues has to wait to be admitted to treatment, the more likely they are to not follow through with treatment.³⁵

4. Prioritize and allocate robust and sustainable funding to build up and fortify a comprehensive behavioral health crisis continuum of care while also addressing foundational elements that reduce the need for crisis services. This includes a full spectrum of community-based behavioral health and substance use treatment and wraparound services, including housing and public benefits, in order to have a significant impact on reducing rates of relapse and recidivism, and thus the population of people with mental illness in the Sacramento County Jails. Some of these vital programs include, but are not limited to:
 - a. WellSpace Health’s Crisis Receiving Behavioral Health Center: provides short-term (4-12 hour) recovery, detoxification, and recuperation from the effects of acute alcohol or drug intoxication to anyone in need, many of whom also have co-occurring mental health conditions, and works to engage clients in support for any needs they have at that point.
 - b. HOPE Cooperative Mental Health Crisis Respite Center: staffed 24/7 and open to any individual in Sacramento County who is at least 18 years of age experiencing a mental health crisis but is not in immediate danger to self or others; “guests” are eligible to stay up to 23 hours in a stable and supportive environment.
 - c. The Exodus Project, an organization run by the Society of St. Vincent de Paul, Sacramento Diocesan Council and focuses on comprehensive re-entry services for individuals transitioning from incarceration back into the community.
 - d. Wellness Crisis Call Center and Response Program (WCCCRP): a program operated 24/7 by Sacramento County Behavioral Health Services, WCCCRP receives calls from community members requesting behavioral health services or when they are experiencing a mental health crisis. Clinicians and staff with lived experience can be dispatched to respond immediately to locations throughout the County to safely de-escalate crises and safely de-escalate and provide linkages to accessible culturally responsive behavioral health resources.
 - e. Holistic Defense Programs in the Sacramento County Office of the Public Defender (Pretrial Support Project, Mental Health Diversion, Juvenile Trauma Court, and Record Modification).

³⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2396562/#R16>

³⁵ Festinger DS, Lamb RJ, Kountz MR, Kirby KC, Marlowe D. Pretreatment dropout as a function of treatment delay and client variables. *Addictive Behaviors*. 1995;20(1):111–115

- i. The Office of the Public Defender’s PreTrial Support Project (PTSP) conducts assessments for individuals incarcerated and links them to services and specialty courts pre-arraignment. In 2022, 464 participants were linked to mental health services; 243 participants were linked to substance use and prevention treatment; 252 participants were linked to housing; and less than 2% recidivism rate).³⁶
 - f. The EMPOWER Program, currently operated by the Office of the Public Defender, is the County’s first dedicated forensic behavioral health outpatient program prioritizing services for those involved in the criminal legal system. This program serves the persons in the Jail with serious mental illness, those who are likely to be found incompetent to stand trial or who are found incompetent to stand trial, those charged with felonies, and those granted court ordered diversion. EMPOWER provides a “Full Service Partnership” Plus Program that offers a ‘whatever it takes’ approach to behavioral health. 80% of all services delivered to participants in the field to avoid any barriers to receiving treatment, transportation, medication, therapy, psychiatrist, case managers, peer support, and housing for each participant.³⁷ As of February 2022, this program had a waitlist of 113 individuals.
 - g. Community Justice Support Program, a Forensic Innovation Project operated by El Hogar: a Full Service Partnership (FSP) using a Multi System Team (MST) model to promote interagency and community collaboration to mental health services to individuals involved in the criminal legal system that are experiencing Serious Mental Illness.
 - h. Assisted Outpatient Treatment (AOT) is a program being implemented in Sacramento County that will provide intensive engagement and services to help stabilize active mental health or substance use disorder challenges to avoid, when possible, incarceration and/or involuntary psychiatric hospitalization or institutionalization. AOT utilizes the Assertive Community Treatment model and delivers services through a multidisciplinary team approach. Telecare has been selected as the contracted service provider for this program. Sacramento County Board of Supervisors voted unanimously for Sacramento County to implement AOT in May 2021; however, the program’s implementation has been delayed due to behavioral health workforce challenges.
5. Collaboration, cooperation, and commitment from all system partners to properly utilize the services in place for individuals experiencing a behavioral health crisis to divert

³⁶ https://www.counties.org/sites/main/files/file-attachments/sacramento_public_defender_pretrial_support_project.pdf

³⁷ <https://dhs.saccounty.gov/PUB/Documents/Public-Health-Advisory-Board/PHAB-Meeting-Documents/2022/Letters/LetterAlternativestoIncarceration%203-2022.pdf>

people with mental illness from the criminal legal system and interrupt the cycle of recidivism.

- a. There are more than 25 police and law enforcement agencies that book people into Sacramento County jails, and the Sacramento Sheriff's office and county agencies are responsible for only a portion of jail admissions, around 28%.³⁸ A large, community-based engagement is required to sufficiently address the norms and policing strategies of the communities within the county in order to create new opportunities for addressing crisis response as well as local alternatives to arrest and jail bookings for individuals with mental illness.³⁹
 - i. For example, SCMHTC only receives on average 1-2 referrals from Law Enforcement per month to its Intake Stabilization Unit, despite coordination and drop-off time being condensed to a 25-minute process.
 - b. While Sacramento County is rich in services that could potentially be offered to its residents with mental illness, many of these services are uncoordinated and siloed, making it extremely challenging for individuals with serious mental illness who are also involved in the criminal legal system, as well as their loved ones, to navigate in order to get the care they need. Additionally, uncoordinated service delivery leads to underutilization and improper utilization of existing community-based services, facilities, and programs which then leads to overutilization of local hospital emergency departments and the Sacramento County jails.
6. By combating the significant understaffing of the county's behavioral health workforce, full and timely services can be provided to individuals involved in the criminal legal system with mental health needs while they reside in community. For example, individuals detained in the Sacramento County jails currently face a wait-time of 4-6 weeks in order to receive an assessment from Behavioral Health Services to determine their eligibility for Mental Health Diversion services. This backlog contributes to individuals with mental illness languishing in the carceral environment without receiving an appropriate level of treatment and programming.
- a. Comprehensive compensation packages⁴⁰ that are attractive and competitive with the private sector should be provided for those behavioral health positions

³⁸ https://dce.saccounty.gov/Public-Safety-and-Justice/Documents/Reports_Resources/O%27Connell_SacramentoJailStudy.pdf

³⁹ The State of California's Department of Justice produces and collects numerous data sources on the administration of justice around crimes and policing: <https://openjustice.doj.ca.gov/data-stories>

⁴⁰ Comprehensive compensation packages include, but are not limited to 1) Salary; 2) Signing Bonuses; 3) Paid time off (holidays and vacation and sick days); 4) Medical, dental and vision insurance; 5) 401(k) or another retirement

that are most in-demand (i.e., Master's level clinicians and LVN/Licensed Psych Tech/RNs) in order to improve the functioning of the County's behavioral health service delivery system to those individuals who are involved in the criminal legal system and experience mental illness.

- i. According to the County of Sacramento's job opportunities webpage, a sheriff deputy recruit's starting annual salary is \$74,771.28 and the only employment qualifications are graduation from high school (or successful completion of General Education Development test) and successful completion of the Peace Officer Standards and Training (POST) Entry-Level Law Enforcement Test Battery (PELLETB).⁴¹ However, the starting annual salary for a Senior Behavioral Health Peer Specialist is in the range of 47,188.80 - \$52,032.96 and they must be a consumer of, or a parent/family member/caregiver of a consumer of, behavioral health services and have two years of full-time paid or volunteer experience as a peer counselor or advocate for children/youth or adults receiving behavioral health services or for their families or caregivers.⁴² The senior behavioral health peer specialist is currently compensated \$24,000 less annually than the sheriff deputy recruit.

Likewise, a deputy sheriff at the journey level has a starting annual salary of \$83,958.48 - \$112,501.44 and employment qualifications are graduation from high school (or successful completion of General Education Development test) and successful completion of the Peace Officer Standards and Training (POST) Entry-Level Law Enforcement Test Battery (PELLETB).⁴³ This is compared to the starting annual salary for a Senior Mental Health Counselor that is in the range of \$95,442.48 - \$105,235.20 and they must have a Master's degree from an accredited four-year college or university in a mental health related field such as psychology, counseling, social work, or psychiatric nursing & two years of post-degree experience.⁴⁴ Although the difference in annual salaries is just a few thousand dollars between a deputy sheriff at the journey level and a senior mental health counselor, the student

savings plan; 6) Childcare, including off-site options; 7) Flexible work hours; 8) Subsidized training or education; 9) Student loan repayment benefits. <https://www.kbibenefits.com/comprehensive-benefits-package>

⁴¹ <https://www.governmentjobs.com/careers/sacramento/jobs/3362209/deputy-sheriff-recruit?keywords=deputy&pagetype=jobOpportunitiesJobs>

⁴² <https://www.governmentjobs.com/careers/sacramento/jobs/2979607/senior-behavioral-health-peer-specialist?keywords=Senior%20Behavioral%20Health%20Peer%20Specialist%20is%20&pagetype=jobOpportunitiesJobs>

⁴³ <https://www.governmentjobs.com/careers/sacramento/jobs/2796432/deputy-sheriff?keywords=deputy%20journey&pagetype=jobOpportunitiesJobs>

⁴⁴ <https://www.governmentjobs.com/careers/sacramento/jobs/1184113/senior-mental-health-counselor?keywords=senior%20mental%20health%20counselor&pagetype=jobOpportunitiesJobs>

loan debt for someone with a master's degree in social work or a related field is on average between \$68,000- \$76,000.⁴⁵

- b. In addition, Behavioral Health Services staff should be encouraged and financially supported to conduct frequent community-based outreach and recruitment efforts, such as the in-person hiring and career fair recently held on 9/15/2022 and 9/16/2022, for vacant employment positions within the Behavioral Health Services department including, but not limited to, those most currently in demand.

Conclusion

These recommendations are the result of considerable research and consultation. Their intent is to prevent incarceration of individuals with mental illness and reduce the jail population, taking a public health approach that prioritizes addressing root causes and treatment over incarceration while being in alignment with this Board's mission and this County's Mental Health Plan's values: To enable individuals with mental illness to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings. We appreciate the Board of Supervisors' deep consideration of the aforementioned recommendations and welcome the opportunity to further investigate, collaborate and provide actionable steps to improve behavioral health service delivery to all Sacramento County residents.

⁴⁵ <https://www.socialworkers.org/LinkClick.aspx?fileticket=MAStKYsEIMs%3D&portalid=0>

Appendix - Meetings Attended, Documents Reviewed, and Site Visits Conducted by SCMHB's Adult System of Care Committee to Inform These Recommendations:

- Presentation by Public Health Advisory Board's Correctional Health Committee on Behavioral Health Services Provided to Criminal Justice-Involved Individuals in Sacramento County jails at the Mental Health Board Adult System of Care Committee meeting on 1/25/2022
- Met with the Los Angeles County Reentry Health Advisory Collaborative via Zoom on 2/24/2022
- Presentation by Sacramento County's Public Defender's Office on Holistic Defense Programs (Pretrial Support Project, Mental Health Diversion, Juvenile Trauma Court, and Record Modification) for Criminal Justice-Involved Individuals at the Mental Health Board Adult System of Care Committee meeting on 2/22/2022
- Met with Amy Barnhorst, Vice Chair for Community Mental Health at the UC Davis Department of Psychiatry along with members of the Public Health Advisory Board via Zoom on 3/07/22
- Reviewed Sacramento County Public Health Advisory Board's Recommendations of Investments Needed to Promote Sustainable Reductions in Sacramento County Jail Population, dated 3/11/2022
- Presentation provided by Andrea Javist, LCSW – MH Manager on Adult Correctional Health, Mental Health Services Provided Within the Jail Facilities at the Mental Health Board Adult System of Care Committee meeting on 3/22/2022
- Reviewed Alcohol and Drug Advisory Board Recommendations to Reduce Sacramento County Jail Population, dated 4/08/2022
- Presentation provided by Genelle Cazares, LCSW – El Hogar, CEO & Allison Williams, Sacramento County Behavioral Health Services Health Program Manager on the Forensic Innovation Project "Community Justice Support Program" at the Mental Health Board Adult System of Care Committee meeting on 4/26/2022
- Presentation by Dr. Ryan Quist, Sacramento County Behavioral Health Services Director, on Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California—2021 based on the 2022 RAND Corporation report at the 5/04/2022 general Public Health Advisory Board meeting
- Community Input regarding Behavioral Health Services Provided to Individuals who have experienced incarceration in Sacramento County jails, heard at 5/24/2022 Mental Health Board's Adult System of Care Committee meeting
- Mental Health Board Site Visit of HOPE Cooperative Crisis Respite Center on 6/13/2022
- Sacramento County Department of Health Services Public Forum on "Psychiatric and Substance Use Disorder Beds – What Are Sacramento's Needs?" RAND's Behavioral Health Continuum Assessment Presentation on 6/22/2022

- Presentation on Sacramento County Behavioral Health Services Wellness Crisis Call Center and Response Program (WCCCRP) by Rob Kesselring, LPCC and Alondra Thompson, LCSW, heard at 7/06/22 Mental Health Board General Meeting
- Mental Health Board Site Visit of Psynergy Programs, Inc. Nueva Vista Sacramento Campus on 7/11/2022
- Mental Health Board Site Visit of Sacramento Mental Health Urgent Care Clinic on 8/08/2022
- Presentation on Sacramento County's Behavioral Health Services Mobile Crisis Support Team (MCST) by Jennifer Reiman, LCSW and Sacramento Sheriff's Department Central Division Deputy Bryan Spencer, heard at 9/07/2022 Mental Health Board General Meeting
- Sacramento County Board of Supervisors Community Mays Consent Decree Workshop Expert Reports, Criminal Justice Issues, and Reforms on 9/14/2022
- Attended the 9/20/2022 Sacramento County Community Review Commission meeting
- Mental Health Board Site Visit of Sacramento County Mental Health Treatment Center on 9/26/2022
- Attended the 10/18/2022 Sacramento County Community Review Commission meeting
- Mental Health Board Site Visit of Sacramento Superior Court – Mental Health Treatment Court on 10/19/2022