

**NOTICE OF SPECIAL MEETING
AGENDA
COMMUNITY REVIEW COMMISSION
700 H STREET
BOARD CHAMBERS
SACRAMENTO, CA 95814
&
REMOTE TELECONFERENCE**

TUESDAY**MAY 30, 2023****6:00 PM**

Commissioners: John W. H. Stoller, District 1 Appointee; Paul Curtis, District 1 Appointee (Vice Chair); Bishop Chris Baker, District 2 Appointee; Michael Whiteside, District 2 Appointee; Darrel Lewis, District 3 Appointee; Khaim Morton, District 3 Appointee (Chair); Thomas Scott, District 4 Appointee; Michael Martel, District 4 Appointee; Odette Crawford, District 5 Appointee; Theresa Riviera, District 5 Appointee; Eric Jones, Ex-Officio, County Executive Appointee

PUBLIC COMMENT PROCEDURES

The Commission fosters public engagement during the meeting and encourages public participation, civility and use of courteous language. The Commission does not condone the use of profanity, vulgar language, gestures or other inappropriate behavior including personal attacks or threats directed towards any meeting participant.

Speaker time limits

In the interest of facilitating the conduct of the Commission's business, members of the public (speakers) who wish to make a public comment during the meeting will have specific time limits as enumerated below. Matters not on the posted agenda will be discussed in accordance with the order of the agenda. Speakers should not expect Commissioners to comment on or respond to comments directly during the meeting. The Commission may request county staff to follow up with a speaker or provide additional information after the meeting or at a later date.

The Chairperson, at their discretion, may increase or decrease the time allocation. Each speaker shall limit remarks to the specified time allotment as follows:

- Speakers will have 2-minutes total for each agenda item
- Speakers will have 2-minutes total for matters not on the posted agenda

IN-PERSON PUBLIC COMMENT

Speakers will be required to complete and submit a speaker request form to Clerk staff. The Chairperson will invite each individual to the podium to make a verbal comment.

TELEPHONIC PUBLIC COMMENTS

Dial (916) 875-2500 and follow the prompts to be placed in queue for a specific agenda item or off-agenda matter. The Clerk will transfer each caller into the meeting accordingly. Each caller will have an opportunity to make a comment until the public comment period is closed for each item.

WRITTEN COMMENT

Contact information is optional. Include meeting date and agenda item number or off-agenda item. Each comment will be distributed to Commissioners and filed in the record. Send comments as follows:

- By e-mail to BoardClerk@saccounty.gov
- By mail to Clerk of the Board at 700 H Street, Suite 2450, Sacramento, CA 95814

VIEW MEETING

The meeting is recorded and streamed live and accessible as follows:

- View online: <https://metro14live.saccounty.net/crc.html>

MEETING MATERIAL

The on-line version of the agenda and associated material is available at <http://sccob.saccounty.gov> (click "Public Meetings" and "Community Commission Review". Some documents may not be posted on-line because of size or format. To request printed copies of documents call (916) 874-5411.

ACCOMMODATIONS

If there is a need for an accommodation pursuant to Americans with Disabilities Act (ADA), medical reasons or other needs, please contact the Clerk of the Board by telephone at (916) 874-5411 (voice) and CA Relay Services 711 or email Boardclerk@saccounty.gov prior to the meeting.

ROLL CALL

Section I - Matters Not On The Posted Agenda

1. Public Comments Relating To Matters Not On The Posted Agenda

Section II – Discussion Matters

2. Update From The Office Of The Inspector General
(Francine Tournour)
3. Discussion Of Ad Hoc Committee Reports And Action To Determine
Recommendations To Submit To The Inspector General
(Laura Foster, Mike Whiteside, Odette Crawford)
4. Discussion Of CRC Annual Report
(Laura Foster)

Section III - Separate Matters

5. Staff Comments:
 - Commission Photo
 - General Update
6. Commissioner Comments, Reports And Announcements

COMMUNITY REVIEW COMMISSION

MEETING DATE:

TUESDAY, May 30, 2023

**Public Comments Relating To Matters Not
On The Posted Agenda**

NO MATERIAL

COMMUNITY REVIEW COMMISSION

MEETING DATE:

TUESDAY, May 30, 2023

**Update From The Office Of The
Inspector General**

NO MATERIAL

**COUNTY OF SACRAMENTO
CALIFORNIA**

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For the Agenda of:
May 30, 2023

To: Members of the Community Review Commission

From: Laura Foster, Management Analyst II, Public Safety and Justice Agency

Subject: Discussion Of Ad Hoc Committee Reports And Action To Determine Recommendations To Submit To The Inspector General

RECOMMENDED ACTIONS

Staff recommends the Commission:

1. Discuss the reports produced by the Community Review Commission's ad hoc committees;
2. Vote to determine which recommendations will be submitted to the Office of Inspector General for input and included in the Commission's upcoming 2022-23 Annual Report; and
3. Vote to determine whether to accept the recommendation from the CRC Ad Hoc Committee on Responses to Calls for Service Involving a Behavioral Health Component regarding a potential agenda item for the July 2023 Commission meeting.

BACKGROUND

In accordance with the establishing resolution and Rules and Regulations of the Community Review Commission ("CRC" or the "Commission"), the CRC is tasked with developing an annual review to the Board of Supervisors concerning complaints and public concerns received from the community related to Sacramento County Sheriff's Office ("SSO") operations, policies and procedures. The annual review report is due to the Board of Supervisors by June 30th each year. Furthermore, the CRC is tasked with reviewing, analyzing, and, where appropriate, soliciting community input to make recommendations to the Office of Inspector General ("OIG") on SSO operational policies and procedures that affect the community or make recommendations to create additional operational policies and procedures affecting the community. The CRC will include its recommendations in its annual review report.

In the fall of 2022, the CRC identified an initial goal of selecting one to three issues for greater review and analysis. The Commission then reviewed a list of the concerns, issues, and topics expressed by CRC members since the Commission began, as well as topics identified by community members through public comment. The list included a total of 19 items for

consideration. The Commission then voted to determine their priorities. The Commission's top two priorities as determined by the vote were:

- SSO patrol operations, policies, and procedures occurring in the field surrounding the response to calls for service involving individuals experiencing a mental or behavioral health crisis, including de-escalation and crisis intervention training, collaboration with Wellness Crisis Call Center and response program, and family member interactions; and
- SSO operations, policies, and procedures related to jail releases.

The Commission established an ad hoc committee to conduct its work related to each topic and determined each committee's membership. Both committees have completed their work and developed a report for the Commission's review. Each report contains a series of recommendations for the Commission to consider submitting to the OIG and include in its annual report. One committee also supplied an additional recommendation for the Commission's consideration that pertains to CRC business and would not be submitted to the OIG.

To ensure that any recommendations submitted to the OIG by the Commission reflect the intent and goals of the Commission as a body, staff compiled all the recommendations into a voting ballot. On the voting ballot, each Commission member will be asked to review each recommendation and vote to accept, reject, or abstain from voting on the recommendation. Only the recommendations that receive supporting votes from a majority of Commission members present where a quorum is present will be moved forward for inclusion in the Commission's annual review report and formally recommended to the OIG.

The ballot also includes the additional recommendation related to Commission business. This recommendation, if accepted, would not be submitted to the OIG, but would be used to determine an agenda item for a future CRC meeting. This distinctly is clearly noted on the voting ballot.

FINANCIAL ANALYSIS

There is no cost for this action.

Attachment(s):

ATT 1 – Report from the CRC Ad Hoc Committee on Jail Releases

ATT 2 – Report from the CRC Ad Hoc Committee on Responses to Calls for Service Involving a Behavioral Health Component

ATT 3 – Voting Ballot

Sacramento County Community Review Commission Ad Hoc Committee Report

Responses to Calls for Service involving a
Behavioral Health Component

Submitted for Consideration

May 30, 2023

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Executive Summary

The Community Review Commission's top priority for the 2022-23 year was to analyze and evaluate the Sacramento County Sheriff's Office operations, policies, and procedures related to calls for service involving a behavioral health component. Throughout the course of its work, the appointed Committee heard from and worked closely with community members, other County advisory bodies, behavioral health professionals, and both sworn and civilian Sheriff's Office staff. The Committee commends the County for continuing to make significant resource investments in programs, services, and staff to support individuals experiencing a behavioral health crisis and reduce negative impacts that could potentially arise during encounters with law enforcement. Even so, the Committee identified several opportunities for improvement including expanding the co-response model services and staffing, updating training plans for patrol deputies, increasing data collection and transparency, encouraging greater public awareness, and collaborating with County partners to ensure interoperability with alternative crisis response efforts.

History and Background

Area of Focus Selection

In accordance with the Rules and Regulations of the Community Review Commission ("CRC" or the "Commission"), the CRC is tasked with developing an annual review to the Board of Supervisors concerning complaints and public concerns received from the community related to Sacramento County Sheriff's Office ("SSO") operations, policies and procedures²². Furthermore, the CRC is tasked with reviewing, analyzing, and, where appropriate, soliciting community input to make recommendations to the Office of Inspector General ("OIG") on SSO operational policies and procedures that affect the community or make recommendations to create additional operational policies and procedures affecting the community²¹.

For the purpose of developing its annual review report and bringing forward recommendations for improvement, the 2022-23 CRC identified an initial goal of selecting one to three issues for greater review and analysis, with additional topics to be selected based on the Commission's capacity for further work within each CRC year timeframe.

In October 2022, the Commission reviewed a document compiled by staff that listed the concerns, issues, and topics expressed by CRC members since the Commission began, as well as topics identified by community members through public comment. The list included a total of 19 items for

consideration. The Commission then voted to determine their immediate priorities. The Commission's top priority as determined by the vote, was SSO patrol operations, policies, and procedures occurring in the field surrounding the response to calls for service involving individuals experiencing a mental or behavioral health crisis, including de-escalation and crisis intervention training, collaboration with Wellness Crisis Call Center and response program, and family member interactions.

Ad Hoc Committee Formation

An ad hoc committee (the "Committee") was subsequently established to analyze and evaluate the selected topic. District 2 Appointee Michael Whiteside was appointed and affirmed as the Committee's chairperson, and District 1 Appointee Paul Curtis, District 4 Appointee Michael Martel, and District 5 Appointee Theresa Riviera were added to the Committee's membership. Laura Foster, an analyst with the County's Public Safety and Justice Agency, provided staff support for the Committee.

The Committee held its first meeting on November 16, 2022. The Committee continued to meet periodically over a six-month time span, meeting a total of 14 times before concluding its work on May 23, 2023. To ensure that the Commission remained informed about the Committee's progress, the Committee's chairperson provided monthly updates at each CRC meeting.

Scope of Work

In January 2023, the Committee adopted a descriptive statement, which refined the parameters of the Committee's work. The descriptive statement is as follows:

The ad hoc committee is dedicated to the analysis and evaluation of Sheriff's Office operations, policies, and procedures pertaining to the response to calls for service involving individuals experiencing a mental or behavioral health crisis, including de-escalation and Crisis Intervention Training, collaboration with the Wellness Crisis Call Center and Response Program, and interactions with family members including the practices, data, and procedures related to diversity, equity and inclusion such as language, gender and sexual identity, culture, and ethnicity.

Methodology

Desiring to develop a well-rounded perspective, the Committee sought to gather information pertaining to the selected topic from a wide variety of sources. The Committee's research and exploration efforts included meetings with SSO and County partners, interviews and discussions with community

stakeholders, outreach to other jurisdictions facing similar challenges, reviews of relevant publications, and tours of select SSO facilities. These resources are described below.

Meetings, Presentations, Interviews, and Tours

- An introductory meeting with representatives from SSO and Sacramento County Behavioral Health Services (“BHS”), including Captain Gail Vasquez, Lt. Shane Gregory, Sgt. Alice Murphy, Jennifer Reiman, and Christine Ruiz.
- Discussions with the County’s Mobile Crisis Support Teams (“MCST”) Mental Health Program Coordinator Jennifer Reiman. Jennifer Reiman and BHS Forensic Behavioral Health Division Manager Nina Acosta also provided the Commission with a presentation about MCST operations at its December 2022 meeting.
- Meetings with members of Family Advocates for Individuals with Serious Mental Illness (“FAISMI”), including Nancy Brynelson, Diana Burdick, Susan Goodman, and Elizabeth Kaino Hopper.
- Presentation on the Sacramento County Adult Sequential Intercept Model by Catherine York, Criminal Justice Cabinet Analyst, at the March 2023 CRC meeting.
- Presentation to and discussion with the Sacramento County Mental Health Board at its March 1, 2023 meeting and Mental Health Board Adult System of Care Committee at its March 28, 2023 meeting.
- Tour of SSO Communications Center and presentation, facilitated and led by Lt. Burk Stearns and Sheriff Communication Dispatchers Anthony Cathey and Gina Simonsma.
- Public comments provided by community members, including Essie and Leila Mohaddress, at Commission meetings. All Commission meetings are recorded and may be viewed [online](#).

Written Communications and Documentation

- Many articles and web-based resources, numbered and identified in Appendix A: Articles and Resources. References used throughout the Committee’s report are identified in superscript text. Some articles and resources listed in Appendix A are not directly referenced and are considered supplemental to and supportive of the Committee’s overall work.
- Communications with other jurisdictions provided by Committee members, including:
 - University of Memphis (Committee Chair Whiteside)
 - City of Sacramento, CA (Committee Member Martel)

- City of Fresno and Fresno County, CA (Committee Member Riviera)
- City of San Antonio and Bexar County, TX (Committee Member Curtis)
- Questions and recommendations submitted by FAISMI (Diana and Lorrin Burdick, Nancy and Wade Brynelson, Kaino and Marvin Hopper, Susan Goodman, Susan McCrea, Mary Ann Bernard, and Kathy Day).
- Questions submitted to and responses received from SSO Undersheriff Mike Ziegler through Lt. Dustin Silva.
- Email correspondence with Captain Matthew Tamayo.
- Email correspondence with Inspector General Francine Tournour.

Findings

Interest in the intersection of behavioral health and the justice system is steadily increasing, both for governmental agencies and the community as a whole. Research suggests the following:

- Nearly one in five individuals living in the United States are affected by mental illness in a given year¹.
- Only 41 percent of adults in the United States with a mental illness received services in the past year¹.
- Law enforcement officers are routinely the first responders to individuals living with mental illness¹.
- Up to ten percent of calls for service involve an individual with a serious mental illness¹.
- Calls for service involving a mental illness use 87 percent more resources than calls that do not¹.
- One in five individuals shot and killed by police have a mental illness².

Statistics such as these draw attention to the serious issues facing communities and local governments. There has also been intense public scrutiny around law enforcement officers' actions during both critical incidents and routine interactions, locally and nationwide. Crucial conversations and focused analysis on these issues can break down barriers between departments, support program and service delivery improvements, and build positive partnerships. As a law enforcement oversight body, the Community Review Commission is well-positioned to provide a thoughtful and in-depth analysis on the Sacramento County Sheriff's Office response to calls for service involving a behavioral health component.

Countywide Efforts

Over the past several years, the County has sought to improve outcomes for individuals experiencing a mental or behavioral health crisis or condition, particularly as they navigate contact with the justice system. The County has expressed support for the Stepping Up Initiative, developed and annually updates its Sequential Intercept Model (“SIM”)²³, and identified improvements in crisis responses as an opportunity to support the County’s efforts to reduce the average daily population of its jail facilities²⁵.

The SIM describes the flow between Intercept 0 (Crisis Care/Respite/Community Response) and Intercept 1 (Law Enforcement/Co-Response), which are both relevant to the Committee’s work²³. The SIM recognizes that there are many methods by which an individual may come to be involved with the County’s behavioral health and justice systems and describes the intersections at which people are brought into and, where possible, diverted from further justice system contact.

Divided Stakeholder Interests

Sacramento County’s has many passionate, engaged, and knowledgeable stakeholders interested in the topic of behavioral health. Many groups and departments are striving to make advances in improving outcomes for visitors and residents, using a variety of approaches. While there is consensus in many areas, the Committee’s independent research and its discussions with community members indicate that there is a large divide amongst stakeholder groups in two notable areas:

- The extent to which a law enforcement officer should be involved in responding to an individual experiencing a behavioral health crisis.
- The extent to which participation in behavioral health treatment and resources should be voluntary.

Role of Law Enforcement in Crisis Response

While there are opinions on both sides of these issues, the Committee recognizes that an individual’s state of crisis may, in some cases, be intermingled with a risk to public safety or other criminal activity that necessitates law enforcement involvement. There are also incidents where a person, as a result of a mental health disorder, is determined to pose a danger to themselves, others, or be gravely disabled. For those incidents, peace officers are among those who can authorize an involuntary 72 hold for crisis, evaluation, and crisis intervention (“5150 hold”).

It is further recognized that newer resources, such as the 988 Suicide and Crisis Lifeline, are not as well-known as traditional response outlets such as

911 or non-emergency lines operated by a law enforcement agency. Additionally, many calls to 911 or non-emergency lines operated by law enforcement are made by those who witness or observe a situation or behavior, rather than those who are experiencing a crisis themselves. Callers may lack the necessary knowledge or understanding to know which resource to contact. Similarly, callers may have difficulty discerning whether the situation or behavior rises to a public safety risk level requiring law enforcement intervention. Thus, the Committee accepts that 911 and non-emergency lines operated by law enforcement will continue to be contacted to resolve or respond to situations involving individuals experiencing a behavioral health crisis. Therefore, it is essential that law enforcement departments receive an appropriate level of training and are equipped with the necessary resources to respond to these situations in such a way that minimizes, and, where possible, avoids negative outcomes.

Crisis Intervention Training (CIT)

Crisis Intervention Training (“CIT”) is a valuable tool for improving outcomes for both law enforcement officers and those who may encounter law enforcement while experiencing a behavioral health crisis. Research indicates that law enforcement agencies requiring CIT are shown to improve officer attitudes and knowledge of mental illness and contribute to reduced officer injuries during mental health crisis calls¹¹. Furthermore, officers with CIT are less likely to use any level of force, more likely to use the lowest level of force, and significantly less likely to escalate to higher levels of force when compared to officers without CIT³⁶.

The Memphis Model is a first responder model for crisis response and considered a best practice in law enforcement³⁰. The Memphis Model uses a 40-hour training course centered around the themes of understanding behavioral health, developing empathy, navigating community resources, de-escalation skills, and practical application³⁰. The Memphis Model is a Police-Mental Health Collaboration (“PMHC”)³⁰. Other PMHC approaches include co-responder teams, mobile crisis teams, case management teams, and a tailored approach that blends elements of PMHC programs³⁰.

SSO offers a co-responder model for some service calls, while providing all its deputies with CIT training with the goal of improving outcomes for all interactions involving a behavioral health component. While adopting a 40-hour training model may be ideal, the Committee recognizes that SSO has resource constraints that may limit the feasibility of implementing such a robust training program for all deputies. The Committee further acknowledges that 40 hours of training cannot and should not be viewed as

a replacement for the extensive education and experience that a behavioral health professional can provide.

SSO CIT Offerings

SSO provided the Committee with a great deal of information about CIT and related training provided to SSO sworn staff. SB29 (2015) required increasing the instruction hours in Peace Officer Standards and Training (POST) certified academy Learning Domain 37 (People with Disabilities) from six hours to 15 hours. SSO currently teaches 16 hours of classroom instruction (LD 37), including scenarios and presentations from the public which include presentations from community members with mental and physical disabilities. After the 16 hours of classroom instruction, the recruits get an additional 10 hours of scenario (simulation-based) instruction. After the 26 hours of academy training, the recruits must pass a written test and a separate scenario test. At the conclusion of the academy, SSO graduates must complete an additional 24-hour CIT course prior to their new assignments. This means new SSO deputies receive 50 hours of CIT training prior to their first assignment. SSO contracts with the National Alliance on Mental Illness (NAMI) to enhance its training program. Additionally, CIT is interconnected with other topics taught in the academy, including arrest control, firearms, felony vehicle stops, pedestrian stops, etc.

SSO has a laudable history of supporting CIT. SSO started CIT-specific training in 2015 (8-hour course). SSO initially sent its staff to an outside law enforcement agency for CIT from 2015 through 2017. SSO began presenting POST certified CIT classes in 2017. Initially, SSO offered two options, an 8-hour or 24-hour course. SSO ceased teaching the 8-hour course in September 2020 and have since only offered the 24-hour course. This course is offered to lateral (previously employed at another agency) deputy sheriffs. The Committee commends the SSO for its progressive work in this area and appreciates SSO efforts to meet and exceed the requirements of PC 13515.28(a)(1), PC 13515.29(a), and PC 13515.295 which pertain to patrol units. Based on the information provided, the Committee has concluded that, despite strong efforts to provide additional training to newly hired employees, there remain some patrol deputies with fewer than 24 hours of CIT who would benefit from this training.

Standardizing Training Across Service Areas

Sacramento County is also subject to a consent decree aimed at improving conditions for individuals in custody. One of the consent decree requirements included the implementation of training curricula related to mental health. Specially, information provided by SSO staff notes a consent decree

requirement which states: "All jail custody staff shall receive formal training in mental health, which shall encompass mental health policies, critical incident response, crisis intervention techniques, recognizing different types of mental illness, interacting with prisoners with mental illness, appropriate referral practices, suicide and self-harm detection and preventions, relevant bias and cultural competency issues, and confidentiality standards. Training shall be received every two years, at minimum." Though activities in the jail fall outside the scope of the Committee's work, it is reasonable to the Committee that this same level of training should be applied across the SSO organization. SSO deputies in patrol units should be equipped, and regularly provided, with the same support and resources as the deputies serving in custodial settings. The identified training disciplines in the consent decree appear to be equally beneficial for improving outcomes for calls to service involving a behavioral health component.

Community Member Training Recommendations

The Committee met and conferred with FAISMI, a community group of dedicated advocates for individuals living with mental illness, who expressed support for training efforts to be expanded to help officers recognize when a person may be experiencing a psychotic episode, regardless of its cause (mental illness, substance use, or another source). FAISMI highlighted the benefits of using scenarios and simulations to practice de-escalation tactics involving an individual experiencing a psychotic episode. It was also important to FAISMI that training be provided specific to the implementation of 5150 holds and best practices surrounding same. The Committee found great value in hearing the experiences of individuals and families whose lives have been impacted by a law enforcement response to a call involving a behavioral health component. The Committee supports efforts for training related to behavioral health to continue to include voices with lived experience whenever possible. The Committee further sees this as having value for reducing stigma around mental illness; mental illness stigma is known to hinder the effectiveness of CIT³⁰. FAISMI's recommendations appeared to be consistent with CIT curriculum used by SSO²⁷.

Receiving and Responding to Calls for Service

For individuals experiencing a behavioral health crisis where a serious crime has not been committed and there is no significant risk to public safety, the Committee contends that optimal resolution of the call would not involve an individual being arrested and booked into Sacramento County jail facilities. The Committee recognizes that law enforcement agencies face multiple decision points throughout the response process that contribute to different call outcomes.

Resources for Call-Takers and Dispatchers

First, the initial call for service to 911 or to the non-emergency line operated by SSO uses the information provided by the caller to connect them to the most appropriate resource. In 2022, SSO Emergency Dispatchers indicated that it received over 830,000 calls, with more than 260,000 of those calls being placed to 911. SSO further shared that it dispatches approximately 30,000 calls each month.

2-1-1

Calls that are non-emergent in nature may be referred to 2-1-1, which offers community services and information on employment, healthcare, transportation, homelessness, and more¹². 2-1-1 Sacramento County, a program of Community Link Capital Region, is a free, confidential information and referral service that is available 24 hours a day, seven days a week¹².

988 and Community Wellness Response Team (CWRT)

According to BHS staff, SSO dispatchers have been provided with a list of questions to help identify whether an individual is experiencing a behavioral health crisis. The Committee could not determine the frequency with which this question list is used. The Committee recognizes that call-takers and dispatchers are frequently required to make quick decisions that rely on incomplete and potentially inaccurate information; these first responders must use their experiences and knowledge to make the best possible decision based on the information presently available. It is the Committee's understanding that, in situations where the call-taker's assessment indicates a possible behavioral health crisis without information suggesting that a crime has either been committed or is likely to be committed, callers can be referred to 988. The 988 Suicide and Crisis Lifeline became operational in July 2022 and is operated by Wellspace Health²³. 988 also can request the services of the Community Wellness Response Team ("CWRT"), formerly known as the Wellness Crisis Call Center and Response Team.

The CWRT is intended to be available 24 hours a day, seven days a week and uses clinicians and staff with lived experience to respond to locations throughout the County to provide immediate, crisis intervention and de-escalation services, assess needs and risks, and create safety plans. This includes identifying and leveraging individual strengths and natural supports; coordinating with existing Mental Health Plan and Substance Use Prevention and Treatment providers as appropriate; linking to services; voluntary transport to urgent/emergency resources and accessing alternate response teams or emergency responders when necessary¹⁶. The CWRT was soft

launched in March 2023 and currently has two teams operating Monday through Friday, 9 am to 3:30 pm²¹. This response schedule overlaps with SSO MCST scheduled hours, leaving weekends and late-night hours without any mobile crisis response options. It is the Committee's understanding that CWRT will expand to 24 hours a day as soon as it is feasible to do so.

It is the Committee's understanding that all 988 and CWRT services require voluntary participation. In developing the CWRT, extensive community engagement efforts were completed by BHS¹⁷. The input from community stakeholders was mixed regarding law enforcement's role. Overall, the feedback indicated that law enforcement presence should be limited, with many community members noting the importance of including and coordinating with local law enforcement in developing safety and deployment protocols and procedures, defining roles, and establishing coordination and communication protocols¹⁷.

A review of prior meeting minutes from the CWRT Advisory Committee indicated that BHS staff previously consulted with law enforcement at various points throughout the development process; however, the Committee was unable to determine SSO's role in these discussions²⁰. The review of CWRT documents also indicated that law enforcement, and individuals with a recent law enforcement employment history, should not be part of the CWRT Advisory Committee¹⁷. Additionally, the SSO sworn and civilian staff who spoke with the Committee indicated that SSO has not been involved with the development of the CWRT and neither included in, nor aware of, its implementation status. Correspondence from SSO indicated that the CWRT had not yet started; this was provided to the Committee after the CWRT's launch date.

It is the Committee's understanding that law enforcement cannot request the CWRT as a resource that can be dispatched to respond to a call for service. The Committee perceives the lack of SSO involvement with 988 and CWRT to be a missed opportunity to improve service outcomes and identify operational efficiencies. With coordinated planning, SSO communication center call takers and 988 staff will be able to determine and develop protocols for when it is appropriate to refer a caller from 911 to 988, and when it may be necessary to escalate a call from 988 to 911. It would also be beneficial for SSO and its staff to learn more about the CWRT and its role in crisis response, and to be able to request it as a resource when an MCST is unavailable.

Law Enforcement On-Scene Response

When a call-taker or dispatcher's assessment indicates that an SSO deputy should respond to the incident, a patrol unit or MCST may be requested. When MCSTs are unavailable, a patrol deputy will respond to the incident.

Mobile Crisis Support Teams (MCST)

According to its mission statement, MCSTs serve individuals of all ages and diversity in Sacramento County by providing a first response to emergency calls for timely crisis assessment and intervention to individuals experiencing a mental health crisis. MCSTs are collaborations between behavioral health clinicians and law enforcement officers to respond together to emergency calls for individuals experiencing a mental health crisis. Sacramento County has funding for 11 teams, with six currently operating due to a lack of clinicians. Four of the County's 11 authorized MCSTs include SSO deputies: two for the North Division, one for the South Division, and one reserved for the Rancho Cordova Police Department which contracts with SSO for services¹⁸. Efforts to engage and inform the public about MCSTs are limited to a 2022 brochure and 2020 presentation on the BHS website and a webpage from Rancho Cordova Police Department. The Committee could not locate any reference to MCSTs on the SSO website.

Co-Response Model

CIT programs such as MCSTs have been demonstrated to reduce arrests of individuals with mental illness while increasing the odds that those individuals will receive mental health services. An MCST helps by providing a licensed Mental Health Counselor and law enforcement officer partner to provide a ride-a-long, first response model to emergency calls involving a mental health crisis¹⁸. The MCST response to emergency calls involving a mental health crisis allows utilization of skills and expertise from both law enforcement and behavioral health to increase diversion of individuals from unnecessary incarceration or hospitalization¹⁸. Post mitigation of the immediate crisis, MCST utilizes Peer Specialists with lived experience and community resource expertise to provide follow-up engagement and navigation to ongoing mental health services¹⁸.

According to SSO staff, MCSTs assign themselves to calls for service, reading each call that comes into their assigned district and determining if the call has a behavioral health component. Other times, a call-taker or dispatcher will ask an MCST to copy a call to see if it would be beneficial for them to respond. MCST units self-dispatch to approximately 70% of calls, are requested to respond by dispatch 20% of the time, and requested by patrol officers 10% of the time.

Hours of Operation

SSO states that MCST units are on-duty during the time frame that experiences the highest volume for calls, identified in promotional resources as Monday through Friday, 9 am – 7 pm, with follow-up care being provided by BHS on Monday through Friday, 8 am – 5 pm¹⁸. However, BHS data from 2021 indicates that most calls for behavioral health services occur between noon to 8 pm, seven days a week¹⁹. The Committee further recognizes that calls for service involving a behavioral health component are received outside of both time windows, indicating a potential service gap.

Deputy Selection and Service Term

Deputies must apply and be selected to become a member of an MCST. Representatives from BHS are included in the selection process. MCST deputies are required to go through the 24-hour CIT POST class if they had not previously taken it. SSO deputies typically stay with an MCST for one to two years, and many have promoted after serving with an MCST. While the turnover rates can create challenges for training, the Committee observed that turnover increases the total number of deputies with at least 24-hours of CIT and contributes to a larger portion of the workforce developing a better understanding of the needs of and empathy toward those experiencing a behavioral health crisis.

SSO MCST Outcomes

SSO shared the following information with the Committee regarding outcomes of MCST calls:

- MCST deputies divert the people they encounter from jail or hospitals approximately 85% of the time.
- MCSTs refer approximately 90% of the people they encounter to BHS for services.
- MCST deputies rarely make an arrest for people that they encounter. Patrol handles any criminal element to the calls.

SSO also shared data regarding MCST calls that resulted in 5150 holds. The data reflects the time period from October to December 2022.

- Of the 5150 encounters, approximately 98% of them were taken to the emergency department.
- Of the MCST 5150 encounters, approximately 6% were admitted to the Mental Health Treatment Center's Intake Stabilization Unit.
- Of the 54 encounters where a 5150 application was initiated, only 2% were hospitalized.

The outcome information shared strongly supports the value of MCSTs as a first response option for calls involving a behavioral health component. The Committee expects that similar outcomes could be anticipated if operational hours for MCSTs were extended. SSO was unable to provide the Committee with outcome data for patrol units.

Limitations and Challenges

As noted, Sacramento County has been unable to fill all its funded MCSTs, primarily due to a behavioral health workforce crisis. Sacramento County's Mental Health Board recently issued recommendations to the Board of Supervisors aimed at addressing the behavioral health workforce crisis, including increased compensation and flexible work schedules²⁸. SSO further notes that it is also unable to fill all its available deputy positions, citing a negative public impression of the law enforcement profession and difficulties for candidates in clearing background processes. The Committee recognizes that these recruitment challenges will take time, careful planning, and intentional outreach to fill the vacancies for behavioral health clinician and SSO deputy positions.

It is also clear to the Committee that MCSTs require skilled, passionate behavioral health professionals who are comfortable interacting with law enforcement to deliver optimal results. The Committee is aware that BHS falls outside of its scope to analyze SSO operations, policies, and procedures. However, given the uniqueness of the clinician role in MCSTs compared to other Senior Mental Health Counselor positions, the Committee suggests that it may be beneficial for BHS to consider whether a stand-alone job classification is appropriate, with its own compensation schedule. It was suggested to the Committee that SSO could consider hiring its own clinicians to support MCST operations. The Committee considers there to be significant benefits to SSO retaining its partnership with BHS operationally; this partnership provides co-responder teams with resources from both SSO and BHS and ensures cross-agency accountability by maintaining separate employment and supervisory structures. Thus, at this time, the Committee would not support hiring behavioral health specialists from within SSO without oversight from BHS.

The BHS MCST Coordinator also described the challenges associated with keeping all the law enforcement contacts from each jurisdiction up to date with changes in resource availability and other vital information. For SSO, as MCSTs are part of patrol operations, the BHS MCST Coordinator must regularly exchange information with the Lieutenants and Captains of each patrol division operating an MCST, which changes somewhat frequently due

to turnover from promotions and retirements. The BHS MCST Coordinator identified that operations would be simplified if SSO had a single leadership point of contact who could communicate with and support MCST units and ensure that all patrol units are apprised of new and changing resources.

[Resources for Responding Deputies](#)

For individuals experiencing a behavioral health crisis, there are several County resources that SSO patrol units can offer or provide. A summary of the primary resources is outlined below.

Law Enforcement Consult Line

The Law Enforcement Consult Line is a designated line available 24 hours a day, seven days a week for officers responding to 911 calls in the community on clients who may be experiencing a behavioral health crisis²³. The Law Enforcement Consult Line began in 2016 and was temporarily discontinued during the COVID-19 State of Emergency but has now reopened.

Sacramento County Mental Health Treatment Center (MHTC)

The MHTC provides short term comprehensive acute inpatient mental health services, 24 hours a day, seven days a week for adults 18 and older experiencing a mental health crisis and/or condition²³. The County's Intake Stabilization Unit (ISU), adjacent to the MHTC campus, provides up to 23-hour crisis stabilization and intensive services in a safe environment²³. The ISU responds to hospital emergency department staff and law enforcement calls, provides direct access from the MCSTs and SB82 triage navigator program, and receives adults and minors that have been medically cleared for crisis stabilization services²³. Law enforcement officers are encouraged to call the ISU through the Law Enforcement Consult Line to consult on these clients for resource assistance they might need to work with the client. Officers may bring clients directly from the community for mental health services and crisis stabilization to the ISU if the client meets Welfare & Institutions Code 5150 criteria of Danger to Self (DTS), Danger to Others (DTO) or Gravely Disabled (GD)²³. An individual with elevated medical needs may not be eligible for the MHTC and would instead be redirected to a local hospital network's emergency department. As of April 2023, 25 beds in the MHTC are reserved for involuntary 5150 holds. This is a recent development and a significant increase from the five beds previously reserved for these services. The expansion of access to the MHTC reflects the County's efforts to implement its County's Jail Population Reduction Plans, specifically Plan #2²⁵.

Crisis Receiving for Behavioral Health (CRBH)

Formerly known as the Substance Use Respite & Engagement (SURE) Program and operated by WellSpace Health, CRBH is available 24 hours a day, seven days a week at 631 H St., behind the Main Jail²³. CRBH provides short-term (4-12 hour) recovery, detox, and recuperation from effects of acute alcohol/drug intoxication or behavioral health crisis²³. CRBH is staffed by healthcare professionals to provide medical monitoring, substance use disorder counseling, and connections to supportive services and transportation to service partner or home after completion of short-term recovery²³. Clients are referred for services by partner agencies, including law enforcement partners²³. The capacity is currently 20, with a goal to expand to 40²³. The CRBH is part of the County's Jail Population Reduction Plans as Plan #1²⁵. Use of the CRBH requires voluntary participation.

Mental Health Urgent Care Clinic (MHUCC)

The MHUCC is a walk-in clinic at 2130 Stockton Boulevard, Building 300, in Sacramento for individuals experiencing a mental health and/or co-occurring substance abuse crisis, available 24 hours a day, seven days a week²². The MHUCC is a client-centered program that focuses on providing immediate relief to individuals and families in distress²³. The program intends to avert psychiatric emergency room visits and involuntary hospitalizations. The goal of MHUCC is to foster recovery for individuals and families through the promotion of hope and wellness²³. As a walk-in clinic, the MHUCC welcomes anyone experiencing mental health-distress regardless of age and ability to pay²². This program is funded by the Sacramento County Division of Behavioral Health Services through the voter-approved Proposition 63, Mental Health Services Act (MHSA)²³. It is designed to provide a safe space for individuals and families, peer support and on-the-spot counseling, crisis interventions, psychiatric evaluations and clinical assessments, referrals and linkages to community resources, and brief medication management services (excluding controlled substances)²³. The MHUCC is part of the County's Jail Population Reduction Plans as Plan #3²⁵. Use of the MHUCC requires voluntary participation.

Additional Resources

There are many additional County resources available to individuals experiencing a behavioral or mental health condition or crisis that are not initiated by law enforcement. These are described in the SIM inventory²³ and on the County's Mental Health Services webpage¹⁵.

Underutilization of Available Resources

Discussions with SSO and BHS staff indicated that recent changes in the availability and use of resources has created some confusion, and many deputies may be unaware of some or all available resources. SSO indicated that MCST deputies are aware of and make frequent use of resources, but resources are underutilized by patrol units. The Committee further recognizes that the CRBH and MHUCC may have lower utilization rates as participation is voluntary; when offered this option as an alternative to incarceration, some individuals may still decline services, resulting in a jail booking. The Committee was unable to determine the extent to which booking alternatives were offered and declined.

As part of its Jail Population Reduction Plans, the County has formed the Law Enforcement Coordination for Booking Alternatives Working Group (“Working Group”)²⁵. The Working Group includes representatives from the County’s Public Safety and Justice Agency, Social Services Agency, Probation Department, SSO, and Sacramento Police Department. The Working Group recently met with BHS partners to determine what types of webpages and documentation would be helpful to inform patrol units about new resources, and how best to notify law enforcement agencies when changes occur. As the Working Group is designed to be a temporary effort, it is unclear to the Committee how SSO will continue to partner with BHS long-term to remain apprised of resource changes and developments.

Availability of Data

The Committee found it difficult to obtain data on calls for service involving a behavioral health component. SSO informed the Commission that it uses a mental health flag in its records system, which can be added to the call record by the responding officer before it is closed out. The Committee was unable to determine whether the mental health flag is being applied consistently by all SSO staff. SSO also noted that mental health flags would not be found in historical data before the flagging system was implemented. The Committee could not determine whether, and to what extent, call data is being analyzed to realize organizational needs, identify potential service gaps, and implement data-informed decisions. As SSO did not provide data on call outcomes associated with patrol units as they did with MCST units, the Committee’s data analysis efforts were severely limited. Given the high interest levels among County partners and the community, expanded access to aggregated data surrounding these calls would be beneficial for developing plans to improve service levels and justifying associated funding needs.

Recommendations

Recommendations for the Office of Inspector General

Pursuant to the CRC's founding resolution and its rules and regulations, recommendations from the Commission are to be submitted to the OIG²². All recommendations by the Commission must include thorough analysis and documentation to support the recommendation. The Findings provided earlier in this report were developed to meet this requirement.

The Committee provided a preliminary draft of its recommendations to the Community Review Commission at its May 16, 2023 meeting. Based on feedback from the Commission and community members, the Committee conducted supplemental research and updated its recommendations accordingly. Additionally, a draft of the Committee's report was submitted to the OIG prior to publication; feedback received from the OIG was considered, accepted, and incorporated into the final version of this report.

Based on the aforementioned Findings, the Committee identified seven recommendations for the Commission to consider submitting to the OIG.

1. The Committee recommends the Inspector General provide the Community Review Commission with periodic updates on the status of all recommendations submitted to the Inspector General by the Commission. Updates should be shared at the December and June CRC meetings each year; any updates shared in June will be reflected in the Commission's annual report.
2. The Committee recommends the Sheriff's Office, working with the Department of Health Services, develop a plan to expand operation of Mobile Crisis Support Teams to 24 hours a day, 7 days a week.
3. The Committee recommends the Sheriff's Office establish a leadership position within the Sheriff's Office's to coordinate and support Mobile Crisis Support Teams. This position should:
 - a. Oversee deputies assigned to Mobile Crisis Support Teams to ensure consistency of operations;
 - b. Serve as the liaison to the Department of Health Services' Mental Health Program Coordinator; and
 - c. Regularly communicate with patrol units to ensure that all deputies are informed about available behavioral health resources and support services.
4. The Committee recommends the Sheriff's Office increase public visibility of Mobile Crisis Support Teams by developing and maintaining a dedicated page on the Sheriff's Office website. The Committee further recommends the Sheriff's Office consider other ways to improve visibility, such as placing identifying markers on vehicles used

by Mobile Crisis Support Teams, sharing information on social media, and distributing materials at community events.

5. The Committee recommends the Sheriff's Office provide all patrol deputies and dispatchers with formal training in mental health, which shall encompass mental health policies, critical incident response, crisis intervention techniques, recognizing different types of mental illness, interacting with individuals with mental illness, appropriate referral practices, suicide and self-harm detection and preventions, relevant bias and cultural competency issues, and confidentiality standards. Training should be received every two years, at minimum. Initial training offerings should include at least 24 hours of Crisis Intervention Training. It is further recommended for training to include information and simulation exercises on how to recognize and respond to a person experiencing a psychotic episode, how and when to implement 5150 holds, and testimonies from individuals and/or family members with lived experience navigating a behavioral health crisis.
6. The Committee recommends the Sheriff's Office improve its public data sharing efforts regarding responses to calls involving a behavioral health component. Specifically, the Committee requests Sheriff's Office to annually provide, at minimum, the following information:
 - a. Number of total calls for service
 - b. Number of calls for service responded to by Sheriff's deputies ("responded calls")
 - c. Number of calls for service referred to 988
 - d. Number of responded calls identified as involving a possible behavioral health issue or concern ("flagged calls")
 - e. Number of responded calls resulting in uses of force
 - f. Number of flagged calls resulting in uses of force
 - g. Number of flagged calls resulting in an individual being transported to each of the following:
 - i. County jail facility
 - ii. Emergency department
 - iii. Sacramento County Mental Health Treatment Center
 - iv. Crisis Receiving for Behavioral Health
 - v. Mental Health Urgent Care Clinic
 - h. Number of Mobile Crisis Support Teams
 - i. Number of deputies assigned to Mobile Crisis Support Teams within the past year
 - j. Number of responded calls involving Mobile Crisis Support Teams
 - k. Average number of hours per week staffed with Mobile Crisis Support Teams
 - l. Percentage of sworn staff with at least 24 hours of Crisis Intervention Training

7. The Committee recommends that a representative from the Sheriff's Office meet with the Chair(s) and staff of the Community Wellness Response Team Program Advisory Committee on a quarterly basis to share resources and information, identify potential gaps in the County's mobile crisis response efforts, and discuss opportunities for collaboration where appropriate.

Recommendations for the Community Review Commission

The Committee recognizes that its work, while extensive, did not reach some of the intended areas identified in its descriptive statement. Specifically, the Committee was unable to explore the extent to which the SSO operations, policies, and procedures reflect a commitment and responsiveness to topics and concerns pertaining to diversity, equity and inclusion, and belonging (DEIB) in the areas of language, gender and sexual identity, culture, and ethnicity, among others. The Committee also recognizes that DEIB concerns are not exclusive to calls involving a behavioral health component and affect many other services provided by SSO staff. To encourage the Commission to undertake future work on this topic, the Committee respectfully offers an eighth recommendation for the Commission's consideration.

8. At the July 2023 Community Review Commission meeting, the Committee recommends the Commission discuss the potential formation of an ad hoc committee to conduct dedicated outreach to Sacramento County's diverse communities. The ad hoc committee should survey or otherwise engage in meaningful conversations with groups of Sacramento County residents representing a variety of backgrounds, cultures, ethnicities, and languages spoken. The committee's goals would be to develop a shared definition of diverse communities, identify each group's areas of concern involving the Sheriff's Office, assess the perception of the quality of services provided to each group by Sheriff's Office employees, and recommend ways for the Sheriff's Office to improve community relations with each group.

Acknowledgments

The Committee and its support staff would like to express their sincere gratitude for everyone who contributed to the Committee's efforts to analyze and evaluate this important topic. Without help from many community members, behavioral health professionals, and SSO deputies, dispatchers, and leadership, this report would not have been possible. Thank you for contributing to the conversation around the intersection of Sacramento County's behavioral health and justice systems and supporting the work of the Community Review Commission in its first complete year of service. The

Committee is confident that current and future collaborations will produce meaningful and positive outcomes for all.

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Sacramento County Community Review Commission Ad Hoc Committee Report

Jail Releases

Submitted for Consideration

May 30, 2023

Jail Releases Ad Hoc Committee

Membership:

- Odette Crawford, Chair, Dist. 5.
- Darrel Lewis, Dist. 3.
- John W. H. Stoller, Dist. 1.

Support provided by:

- Laura Foster, County Staff
- Eric Jones, Ex Officio Member

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Executive Summary

After a review of current operations and comparative counties, the Ad Hoc Committee recommends the Sacramento County Sheriff's Office develop and/or refine policies and procedures regarding (1) the timing of releases, (2) medications provided upon release, (3) clothing options provided upon release, (4) short-term housing options provided upon release, and (5) transportation options provided or otherwise made available to released persons.

Analysis & Findings

History & Background

The key question for this ad hoc committee was how the CRC could provide the Board of Supervisors with a meaningful supplement to the reports the Board already receives from subject matter experts. The Board already receives reports and opinions from subject matter experts working both independently and within working groups. Thus, the question became, "What can we do?"

The Committee also received numerous anecdotal accounts from stakeholder groups and community people about the conditions of release for persons leaving the Sacramento County Jail. These persons described dire stories of persons released in unsafe conditions, including:

- Numerous accounts of persons released between 1 am and 4 am without adequate clothing or transportation options;
- Accounts of persons being released without psychotropic medication they had been receiving while in custody;
- Accounts of persons released and left to wander the Downtown area due to the lack of transportation.

The ad hoc committee chose to focus solely on potential best practices in discharging people from confinement. While the Board receives a host of information regarding the big picture of jail population reduction, the reports do not always specifically examine daily or "micro-level" practices connected with releasing persons. The ad hoc committee hypothesized that basic needs should be at the top of the list. This includes policies and procedures describing release timing, medication upon release, transportation upon release, short-term housing options, and clothing needs. It is believed that implementing strategies targeted on the functional basics of release procedures, the county could help set up released persons for success and stifle re-arrest cycles. Because the County, SSO, inter-connected agencies, and stakeholder groups are all currently working on discharge planning, the

Committee will respectfully review these more “daily” issues rather than the broad subject of “discharge planning.”

Issues Presented

What are the best practices that should go into the actual release of a person for incarceration, including: time of day, medication supplies, clothing assistance, housing assistance, and transportation needs?

Methodology

The ad hoc committee began its work by discussing the issues presented by the booking loop in general. From there, the committee reached out to subject matter experts both in committee meetings and as individual commissioners. Commissioners individually discussed the issues with stakeholder group leaders, law enforcement leaders and professionals, and subject matter experts in the field. These conversations informed and helped refine the issue presented by this report. The Committee also reviewed the O’Connell Sacramento Jail Study and the December 2022 Jail Population Reduction Plans.

After taking in the data, listening to the community stakeholders, and assessing how to Committee can *actually* provide actionable recommendations that are still going unaddressed, the Committee chose to examine policies that relate to the following services upon release:

- Timing of releases;
- Location of releases;
- Access to services at time and location of release;
- Medications provided upon release; and
- Transportation options provided upon release.

The Committee then identified potential comparison counties. These included Fresno, Santa Clara, San Bernardino, and Alameda Counties.

The Committee members then split up the work for the identified comparison counties and attempted to learn each county’s discharge practices. The results of the comparative analysis failed to address the concerns previously identified, so the committee looked for out-of-state examples.

This report uses several abbreviations readers are likely already familiar with:

- SSO refers to the Sacramento County Sheriff’s Office.
- SD refers to a sheriff’s department.
- LEA / LEO refers to law enforcement agency / officer.

- ACH refers to Sacramento County’s Department of Health Services. Adult Correctional Health Division.
- SMI refers to a serious mental illness.
- CBO refers to Community Based Organization.
- The County refers to the County of Sacramento.
- The Committee refers to this ad hoc committee.

Sacramento County Release Operations

A. Relevant Intersections with the Mays Consent Decree and County Jail Population Reduction Plans

The *Mays* Consent Decree [hereinafter, the Decree] resolved class action litigation stemming from confinement conditions in the Sacramento County Jail System. The Decree requires the county to provide constitutionally adequate care and confinement conditions to inmates. It applies to both the Main Jail and the Rio Cosumnes Correction Center. It is monitored by a group of attorneys known collectively as “Class Counsel” as well as subject-matter experts in mental health care, medical care, and suicide prevention. The monitors inspect the jails and provide reports every six months to a federal court overseeing the Decree.

According to the O’Connell Sacramento Jail Study, there are **six overarching themes** that drive incarceration in Sacramento:

- 95% of the average daily population are charged or convicted of felony offenses;
- 75% of the average daily population is held in pretrial detention
- Most stays are short—55% are less than 3 days, 20% less than 1 day;
- Stark racial disparities;
- Behavior Health conditions; and
- Readmission.

On December 8, 2022, the Board of Supervisors approved the County’s Jail Population Reduction Plans to help address the needs of the Decree. Several of the reduction plans relate directly to the subject of this report.

Specifically:

- Plan 9: Booking Memos and Advisories;
- Plan 12: The development of an Integrated Resource Center;
- Plan 27: Improve connections to services and resources prior to and during jail discharge processes;
- Plan 28: Sheriff’s Reentry Services;

Other plans will indirectly impact the booking loop, such as plans that reduce incarceration for technical violations:

- Plan 8: Assisted Outpatient Treatment (AOT / Laura’s Law);
- Plan 10: Commit to Partnerships with other LEA’s within County to explore use of alternative booking sites for quick releases;
- Plan 11: Enhance citation and field release protocols;
- Plan 14: Establish team dedicated to risk assessments and screening protocols;
- Plan 15: Expand capacity for pretrial monitoring services provided by the Probation Department;
- Plan 16: Expand pretrial screening and support services provided by Indigent Defense;
- Plan 17: Expand Adult Day Reporting Center location and/or other jail alternatives;
- Plan 24: Implement an automated court reminder system;
- Plan 25: Expand warrant diversion efforts; and
- Plan 29: Forensic Full Service Partnership

Relevant for this report is the general recommendation for a “release playbook.” (O’Connell, at p. 75.) The Sacramento Jail Study recommends a playbook for persons released from custody that reflects needs that most released persons might have, including mental health needs, housing stabilization, substance use treatment, and the similar options.

B. Summary of Release Operations in Sacramento County

Records Reviewed

The Committee reviewed (1) SSO Operation Order, Releases (4-09), a chart obtained by County staff describing the timing of releases in 2022, (2) a BSCC Jail Profile Survey entitled “Late-Night Release Information,” (3) Filing of Sixth County Status Report Pursuant to Paragraph 12 of the Consent Decree for Case No. 2:18-cv-02081 TLN KJN, submitted to Hon. Kendall J. Newman of the United States District Court, Eastern District of California, Sacramento Division by County attorneys, (4) those reports that are accessible on the Sacramento Sheriff’s Office public-facing webpage, (4) a memo dated January 23, 2023 to SSO Release Officers, and (5) a memo dated May 19, 2023 to SSO Release Officers.

In obtaining records, the Committee also worked with County staff and SSO officials to secure copies of relevant orders, policies, and procedures.

Summary of Findings

Timing: County staff worked with the SSO to obtain data on the timing of releases. The data indicates that a large amount of releases are occurring at a times where it access to necessary services is difficult. Only **52%** of all releases in 2022 occurred between “business hours” of 6 am to 5 pm.

Unfortunately, **27%** of all releases in 2022 occurred between 11 pm and 6 am. That is **6,778 persons** released to the streets, overnight, an average **565 persons** a month. This is more than double the percentages of similar releases in counties examined in the BSCC JPS Survey. For instance, the Survey found that in September 2021, Alameda has **12%** of its releases occur in the same hour. Contra Costa had **7%** of its releases in this hour.

SSO reported all time-served persons are processed and released in the morning between 6 am and 12 pm. Internal research on releases during a six-month period found that a majority of after-hours releases occur as a result of afternoon and night court sessions. Individuals charged with offenses related to public intoxication and driving under the influence may also be released during late hours; SSO estimates this impacts between six and eight persons per month.

Since the beginning of this report, SSO has amended its late night release policy to limit late night releases that occur between midnight and 6 am. Specifically, unless required to be released by court order or similar, no late night releases will occur going forward as a general rule. Where a released person has secured transportation they may be released. For persons where release is required to occur, they will be given the option to wait until 6 am until being released. Released persons will also be advised to use a free telephone in the booking area. Notably, the memo requires night shift officers to release persons who do elect to stay, seemingly ensuring that these persons do not remain within the jail long past 6 am.

Medications: According to the Sixth County Status Report, sentenced and court-ordered persons are released with a 30-day supply of essential medication. As of January 2023, ACH reported that discharge medications were provided to approximately 70% of eligible sentenced and court-ordered patients upon release. ACH staff are coordinating with SSO to obtain more accurate lists of potential release candidates in order to increase medications delivered at release. Persons who are released from jail facilities whose cases have not yet been resolved may obtain a prescription for a 30-day supply of medication at the County Primary Care Pharmacy. ACH reports that less than five percent of patients pick up their medications from the Primary Care Pharmacy. ACH began piloting a discharge medication program for

individuals pending full case resolution in January 2023. The pilot initially included patients with SMI and comorbid diseases and was expanded to include patients with Type I Diabetes, Hepatitis C, HIV, and patients receiving antibiotics.

Clothing: The Operation Order, Releases does not require the releasing officers to ensure the individual has adequate and weather-appropriate clothing.

Housing: The Operation Order, Releases does not require the releasing officers to ensure the individual has a short-term housing plan.

Transportation: The Operation Order, Releases does not require the releasing officers to ensure the individual has transportation.

[In-State Comparisons](#)

In many respects, the comparison counties are in similar situations as Sacramento—subject to lawsuits and in a state of development and change.

[A. Fresno County](#)

[Records Reviewed](#)

Commissioners reviewed the Policies and Procedures made available to the public on the Fresno County Sheriff's Department website, including the 2022 Inmate Orientation Handbook and "Fresno County Sheriff's Office, Jail Division Policies and Procedures, No. C-210, Inmate Release from Custody."

In *Cruz v. County of Fresno*, case number, 1:93-cv-05070 began in March of 1993. In the past thirty years, it resulted in numerous orders, updates, and consent decrees. It is still technically "open" because of a permanent injunction against the Fresno County Jail.

[Summary of Findings](#)

Timing: According to the Inmate Handbook, releases occur between **8 am and 10 am**. Individuals have access to make free phone calls from a pre-release area.

Medications: Fresno SD provides a minimum 7-day supply of essential medications, including psychiatric medications, fillable at a nearby pharmacy.

Clothing: No information on clothing could be obtained.

Housing: There is no indication that Fresno SD provides or aids in obtaining short term emergency housing for released person.

Transportation: There is no indication that Fresno SD provides or aids in obtaining transportation for released person.

B. San Bernardino County

Records Reviewed

The committee obtained the 2018 San Bernardino Remedial Plan connected to federal litigation (*Briggs*) as well as the San Bernardino Master Sheriff Manual.

Summary of Findings

In *Briggs et al v. County of San Bernardino et al*, case number 5:18-cv-00355, plaintiffs alleged that San Bernardino County jails violated the constitutional rights of confined persons by subjecting them to inhumane conditions, inadequate medical care, and excessive force by staff. In 2020, the county entered into a settlement which created a remedial plan to address the issues raised in the lawsuit. The committee obtained and reviewed a copy of the remedial plan. It includes several measures aimed at improving conditions in the county's jails, such as:

- Improving medical and mental health care: The county agreed to implement several measures to improve the quality of medical and mental health care provided to inmates, including increasing staffing levels, improving the process for providing medication, and providing more comprehensive mental health services.
- Addressing overcrowding: The county agreed to reduce overcrowding in its jails by implementing various measures, such as increasing the use of electronic monitoring and home confinement for low-risk offenders and expanding alternatives to incarceration programs.
- Improving use of force policies: The county agreed to revise its use of force policies and provide additional training to correctional staff to reduce the use of force and ensure that any use of force is necessary and proportional to the threat posed.
- Enhancing staff training and supervision: The county agreed to provide additional training to correctional staff on various topics, such as mental health, de-escalation, and crisis intervention. The county also agreed to improve its system for monitoring and disciplining staff who engage in misconduct.

The remedial plan is subject to ongoing oversight by the court and the parties to the lawsuit to ensure that the county is complying with its obligations under the settlement agreement.

The committee then reached out to plaintiff's counsel in *Briggs* and inquired about discharge planning. The most recent information provided requires the following to be done by the San Bernardino County Sheriff's Department:

- SBCSD shall ensure that SMI inmates in specialized mental health units prescribed psychiatric medications have access to transitional prescription(s) immediately upon release from jail.
- Inmates with SMI on specialized mental health units will receive enhanced discharge planning as defined by policy and include at a minimum documented assistance with housing, individualized treatment plan driven after care appointments and services, health insurance applications, other benefit services and hospitalization, if clinically indicated via a 5150.
- Inmates on the mental health caseload in general population shall receive an initial discharge needs assessment and plan at the time of their initial comprehensive assessment. All community resources shall be listed in the inmate orientation materials on the electronic kiosks so that all inmates can determine which services they wish to access. Inmates should be informed via orientation materials that they can request assistance from a social worker through the normal request for service process should they need additional advice regarding discharge preparations.

Specific details on releases could not be obtained.

C. Santa Clara County

Records reviewed:

The committee reviewed the remedial plan stemming from federal litigation and relevant updates. The Committee also obtained the Santa Clara Department of Corrections Manual and Inmate Rulebook. The Committee also reviewed the resources provided by the Diversion and Reentry Services for the County of Santa Clara and spoke with staff therein.

Summary of Findings:

Santa Clara County is subject to a number of lawsuits relating to treatment of confined persons in its jails, including *Plata v. County of Santa Clara*. In *Plata*, was filed in 2012 and alleged that the conditions in the county's jails violated the constitutional rights of inmates. In 2015, the court issued an order finding that the county's jails were overcrowded and ordered the county to implement a remedial plan to address these issues. As relevant to this committee's report, the settlement includes provisions related to discharge planning for inmates leaving the Santa Clara County jails.

Under the terms of the settlement, the county is required to provide discharge planning services to inmates who have been identified as having an SMI or a serious medical condition. The discharge planning services are designed to help these inmates transition from jail back into the community and to ensure that they have access to appropriate medical and mental health care upon their release.

The discharge planning services may include developing a post-release plan, arranging for follow-up medical or mental health appointments, providing medications, and coordinating with community providers to ensure continuity of care. The county is also required to provide discharge planning services to inmates who are homeless or at risk of becoming homeless upon release.

- **Reentry Planning:** The Santa Clara County Sheriff's Office has a Reentry Services Unit that works with individuals to develop a plan for reentry into the community. The unit provides information and referrals to a range of services, including employment and training programs, housing assistance, and substance abuse treatment.
- **Medical and Mental Health Care:** Santa Clara Valley Medical Center provides medical and mental health care services to individuals who are released from custody and who have identified health care needs. These services may include follow-up care, medication management, and referrals to community providers.
- **Housing Assistance:** The county provides a range of housing assistance services to individuals who are released from custody and who are homeless or at risk of becoming homeless. These services may include rental assistance, temporary shelter, and supportive housing programs.
- **Employment and Training Programs:** The county offers employment and training programs to help individuals transition back into the community and obtain employment. These programs may include job placement services, vocational training, and educational programs.
- **Substance Abuse Treatment:** The county provides a range of substance abuse treatment services, including detoxification, residential treatment, and outpatient treatment programs, to individuals who are released from custody and who have substance abuse issues.

With that background in mind, the Committee recognized that many of the areas it wished to examine were likely in flux. Thus, the below summary should be considered provisional-only.

Timing: Per the Inmate Handbook, persons are “released after 8 am on the morning of your release.”

Medications: Santa Clara County does provide medication refills to eligible inmates upon their release from custody. To be eligible for medication refills, inmates must have a verified prescription from a Santa Clara Valley Medical Center (SCVMC) provider and must meet certain other criteria, such as having a verified destination and being released during SCVMC's normal operating hours. Inmates who are eligible for medication refills will receive a 30-day supply of their medication upon their release.

Clothing: No information could be obtained.

Housing: Santa Clara County does provide some housing assistance programs for eligible individuals upon their release from custody, but it's unclear whether the county provides specific housing vouchers for inmates.

One program that the county offers is the Community Re-Entry Services (CRES) program, which provides transitional housing assistance and other supportive services to eligible individuals who are re-entering the community after incarceration. The program is designed to help individuals secure stable housing, employment, and other services to support successful reentry and reduce recidivism.

Transportation: Santa Clara County provides eligible inmates with a one-way bus pass upon their release from custody. The bus pass is provided to eligible inmates at no cost and is valid for travel on VTA (Santa Clara Valley Transportation Authority) buses and light rail lines. To be eligible for a bus pass, inmates must meet certain criteria, such as having a verified destination and being released during the VTA's normal operating hours. Inmates who are not eligible for a bus pass may be provided with information about other transportation options, such as ride-sharing services or taxi vouchers, depending on their circumstances.

The bus tokens are provided by a number of different organizations and entities. The Santa Clara County Sheriff's Office provides some as do Community Based Organizations partnering with the sheriff. At two locations, a CBO sets up a table for released persons and provides them these tokens, daily.

D. Alameda County

Records Reviewed

The Committee had identified Alameda County as another potential comparison. Committee members spoke with law enforcement officials

within the Alameda County Sheriff's Office and utilized a questionnaire to obtain similar information. Unfortunately, written policies could not be obtained before completion of this report.

Summary of Findings

Timing: Releases occur at the Santa Rita Jail. Nothing is in place to prevent a late night release.

Medication: This information could not be obtained.

Clothing: No clothing is provided. Release deputies will utilize a Community Based Organization to provide clothing should a released person request it.

Housing: There does not appear to be an official policy on housing, although it seems likely that the Alameda County Sheriff's Office is exploring CBO partnerships to deliver housing-related information. For instance, "Roots" maintains a large trailer in the jail parking lot to assist with re-entry services. These services include a ride to the BART station, food, water, and information on housing, employment, and other services.

Transportation: The Alameda County Sheriff's Office provides indigent released inmates (defined as those persons with less than \$6.90 on their "books") with a \$2 bus pass upon release. Released persons with less than \$1.90 are provided both a bus pass and a BART ticket worth \$6.90.

E. Other Comparisons

Records Reviewed

The Committee also reviewed data from the Board of State and Community Corrections (BSCC). BSCC regularly obtains self-reported data from carceral institutions. One such data service is the **Jail Profile Survey**, which include information such as **Late-Night Release Data**, a population trends dashboard, and a **Jail Population Trends Report**, dated March 27, 2023. At the time of writing this report, the survey query tool was having technical issues. Nevertheless, the Committee did obtain and review relevant results reports, including one on Late-Night Release Date (LNR Report).

Summary of Findings

The LNR Report provided numerous helpful data points. For instance:

- Butte County schedules releases to occur between 8 am and 10 am, daily. The County maintains a 24 hour-a-day accessible lobby equipped with a cell phone charging station. Individuals are offered a bus pass upon return.
- Contra Costa County releases persons from three locations. Releases occur during hours when public transportation is in operation unless

the individual has secured their own transportation. Persons released from the “Marsh Creek Detention Facility” are driven to a local public transportation terminal.

- Riverside County processes releases between 6 am and 6 pm. Regardless of hour, individuals are offered transportation. The County maintains a public lobby accessible 24 hour a day.
- San Joaquin County does not release individuals between midnight and daylight unless there is a vehicle waiting for them. The County operates a 24-hour lobby to notify the released person that transportation has arrived.
- Santa Cruz County does not release female persons during late-night hours when avoidable or transportation is not available. The sheriff has an agreement with a third-party agency to provide short-term emergency housing, transportation, and other services to female persons released from custody.

ATIMS – Data Collaboration Between Criminal Justice Partners

During this term of the Commission, the SSO released a new inmate management system, “ATIMS.” This management system was designed to streamline releases and better aid SSO’s response to critical needs of confined persons. Unfortunately, the system went “live” and the other justice partners were unprepared. Internal systems within the Sacramento Superior Court failed to communicate with the SSO system. This led to community complaints regarding the late release of inmates, sometimes for a day or more based on anecdotal accounts heard in public meetings. While these type of late releases present unnecessary financial costs for the county, they also carry a moral cost. When learning of the problems, many commissioners were outraged by the idea of keeping people incarcerated longer than their sentence or beyond a pretrial release order.

Since learning of the issue, the Commission was apprised of the remedial efforts made by the criminal justice partners and their technology departments. The partners are to be commended for rapid escalation and prioritization of the issue. That said, problems like these should not happen in the future and could be easily avoided with proper communication between the criminal justice partners. The Committee believes that it can be a resource to the criminal justice partners by being a “notice board” of sorts. Specifically, had the ATIMS program been discussed in a public meeting with the Commission before deployment, commissioners (which include lawyers, judges, community leaders, and law enforcement professionals) would more than likely have asked what coordination was being done between agencies.

It appears to this Committee that by working in isolation, likely for expedience, the SSO also isolated itself from critical feedback and expertise.

Considerations & Recommendations Relating to the Sheriff's Office

Not all of the areas examined result in a specific recommendation. Nevertheless, for consistency, each area is discussed below. The Committee respectfully puts forward the following recommendations to improve a recently released person's transition out of confinement. The Inspector General should work with the SSO in order to accomplish the intent of the various specified recommendations.

Timing: Jail releases should *rarely* occur during the hours of 11 pm and 6 am. The Sacramento Sheriff's Office should amend policy to make sure that releases in this time slot are an exception. Additionally, SSO should coordinate efforts with County criminal justice partners, including the County's Public Safety and Justice Agency and Sacramento County Superior Court, to determine the feasibility of adjusting arraignment calendars to reduce the likelihood of late-night releases for individuals with cases pending resolution.

Notably, Sheriff Cooper and his administration are taking efforts to reduce late night releases, as demonstrated by the two memos in 2023. However, the Committee is concerned that the policies outlined may end up backfiring, a worry also contemplated in the May 2023 memorandum. Specifically, it is conceivable that persons may end up spending more time than necessary in the county jail. This issue will require close monitoring to ensure late night releases do not subvert the Sheriff's laudable goal.

Limitations: A further note should be made regarding the other factors at play with release timing. Internal data from the SSO suggests that the high share of late releases is due to the hour of arraignment court. If this is accurate, then a large share of 11p-6a releases must be persons arraigned earlier that day (or the day prior) and ordered released. If this is true, then it raises collateral concerns previously brought to the Commission's awareness. Specifically, the county bail schedule, arrest decisions, and filing decisions.

In examining the intersection of these justice partners, the Board must keep in mind a couple of facts. One, that arraignment is supposed to occur within two days of arrest for a person held in custody. We shall call this event an "in-custody arraignment." Persons arrested and released with a citation to

appear need not be arraigned for quite some time. Often, weeks or a month beyond the date the officer issued a citation.

Second, a person held in custody for an in-custody arraignment is someone the officer determined is a public safety risk in some vein. As the Board knows, the officer does this through the chosen arrest reason.

Third, once in custody, the person can post bail before that arraignment. And this is where the county wide bail schedule comes into play. Currently, the county wide bail schedule has a substantial jump between misdemeanors and felonies in the bond amounts necessary to post bail and secure release.

Fourth, while being held for arraignment, the DA then prepares a complaint for filing. The DA prioritizes complaints for in-custody persons to comply with due process. At this stage, the DA makes the actual filing decision that will be the subject of the arraignment for most offenses prosecuted in Sacramento County.

Fifth, the person is then arraigned. At this time, the arraiging court can make orders relevant to a defendant's release.

And so, the Board can observe several inflection points that suggest arrest and filing decisions are not good indicators of public safety interests. If it is true that many persons are being released in the arraignment courts to such a degree as to explain the wide deviation in this county from other counties, then it stands to reason something is happening in the arraignment courts that contradicts the decisions made earlier.

This is in line with other data describing Sacramento County. There is data maintained by the Department of Justice that suggests Sacramento County has the third highest per capita rate of felony filings. There is also data obtained from the Sacramento County District Attorney's Office that suggests that, in the years 2017 and 2018, many offenses charged at the felony level resolved at the misdemeanor level. Specifically, 43 per cent of all cases in 2017 and 2018 were wobblers. 82 per cent of these cases resulted in a conviction, but only about 25% resulted in a felony conviction.

For instance, of 541 wobbler-level theft charges occurring in the data set, 511 were filed as felonies—94.5%. Of those 511 cases, only 313 actually resulted in a felony conviction—61.2%. This demonstrates a steep drop-off from the initial filing decision. Or consider burglary. Of 1,046 wobbler-level burglary charges, 984 (94%) started as felonies. Only 714 (72.5%) of those cases resulted in a felony conviction. Or consider driving a stolen vehicle. Of 1,1513 total wobbler-level offenses, 1,500 (99.1%) began as a felony. Only

934 (62.3%) resulted in a felony conviction. Why is there such a disparity between charging decision and result?

It seems to this Ad Hoc Committee that the SSO needs assistance from other criminal justice partners if the County is to seriously address pretrial confinement. Immediate steps seem to include (1) re-evaluation of the countywide bail schedule and (2) a close examination of the validity of felony charging decisions. Potential solutions could be a county-wide bail schedule that adopts misdemeanor bail amounts for wobbler offenses unless the arresting officer complies with the procedures set forth in Penal Code section 1269c.

Recommendation 1: The Inspector General should request regular reports and data from the SSO to monitor late night releases. Specifically, the Inspector General should monitor data such as:

- The reason a person is released late at night;
- Whether persons are indeed electing to remain in the Main Jail until 6 am;
- Compliance with the May 19, 2023 memo, specifically, the number of times where a person elects to remain in custody, but is released after 6 am; and
- Strain on custodial staff with the additional workload.

Medication: In this area, SSO is ahead of other counties. It appears to offer the longest period of medication-support for released persons. SSO should be commended for its efforts in this regard and should continue to coordinate with ACH to provide information regarding anticipated release dates for inmates with prescribed medication. That said, SSO should also ensure this practice is conformed to written policy, and to support expansions to the ACH pilot to discharge medication to released individuals with cases pending resolution.

Recommendation 2: The Inspector General should work with SSO to ensure the medication policy is put into writing.

Clothing: In this area, SSO is typical. Very few counties appear to have a set policy ensuring that a released person has access to weather-appropriate clothing and footwear. SSO should explore policies and procedures such as a clothing closet or similar to ensure people are not released in dangerous conditions.

Recommendation 3: The Inspector General should work with the SSO, this Commission, criminal justice partners, and CBOs to provide a clothes closet.

Housing: It is premature to provide a recommendation in this area. Sheriff Cooper has made it clear that he wants to prioritize the intersection of homelessness and criminal justice. To that end, the Board of Supervisors and related entities and stakeholders are receiving a host of information from persons more knowledgeable than this Committee.

Transportation: SSO appears to be behind other counties in ensuring persons have adequate access to transportation upon release. While it is true that the Main Jail location is near local transportation hubs, there is no indication that SSO takes steps done by other counties, particularly for individuals released during hours where public transportation options are not available. The Committee recommends that SSO develop policies and procedures that:

- Ensure releases coincide with public transportation options;
- Provide transportation vouchers; and
- Provide space for released persons to wait for transportation or otherwise secure it.

Recommendation 4: The Inspector General should work with the SSO, criminal justice partners, and CBOs to provide transportation options for released persons. This could be in the form of funding for bus passes, taxis, or ride share credits. It could also be partnerships with CBOs.

Systemic Changes: While it is clear that SSO was attempting to update its system with expedience, more collaboration could have prevented the issues seen with ATIMS. The SSO should adopt a policy that it will advise the CRC of important changes to policy and procedure like ATIMS. As a potential rubric for what type of changes ought to require public comment, the Committee respectfully suggests that the SSO notify the Commission at least six months in advance of a change that has system-wide impact. This could be done with a simple letter to the CRC that is included in the agenda, part of an annual update, or through comment at a public meeting.

Recommendation 5: The Inspector General should be kept abreast of all systemic changes intended to be made by the SSO within one year of their occurrence or soon as otherwise practicable. The Inspector General should report that information to this Commission.

Release Playbook: The O’Connell Report’s suggestion of a “Release Playbook” would be critical for released persons leaving the Sacramento County Jail System. While the County and the Department are paying significant attention to a host of services such as diversion and re-entry courts, these programs are not available to all released persons. The development of a Release Playbook that both (1) provides relevant resources for persons who would not qualify for the various treatment courts and (2) aids those persons in planning for release could be a strong step forward in improving the conditions in which a person is released.

Recommendation 6: The Committee understands that the County is in the process of producing an updated resource guide for released persons. The Committee recommends the Community Review Commission be granted the opportunity to review and provide feedback on these materials prior to publication and distribution. The Inspector General should be kept abreast of these developments and work with the Commission in addressing community concerns as they arise.

Suggestions for the Board of Supervisors

Two of the above areas may also require intervention or assistance from the Board of Supervisors.

1. Require Public Notification of Systemic Changes. This Commission already receives reports from the SSO on new policies and procedures. A systemic change such as “ATIMS” should be discussed in a public meeting. To the extent necessary to secure compliance, the BOS should take steps necessary to ensure new programs that have such wholesale impact are publicly discussed. The Inspector General should report these developments to the BOS in the same time frames as it does the Commission.

2. Advisory Group for Release Playbook. The Committee is aware that there are many organizations that would want to assist in crafting a Release Playbook. This includes permanent public service agencies such as SSO, the Public Defender, the District Attorney, Probation, the Department of Health and Human Services, and others. It also includes CBOs such as the NAACP, Decarcerate Sacramento, the ACLU-Northern California, Youth Forward, CAIR Sacramento Valley - CAIR SVCC, Justice to Jobs Coalition, and many other community-based groups that advocate for justice involved persons. The Committee respectfully suggests that the BOS assign some sort of entity to hear from all stakeholders in crafting the playbook. It could be the subject of the Commission itself and the topic for a future report. It could also be a special board similar to the report from the Commission on Status of Women and Girls.

Respectfully submitted,

Ad Hoc Committee on Jail Releases

Odette Crawford, Chair. Members: Stoller, J., Lewis, D.

Acknowledgments

The Ad Hoc Committee wishes to extend gratitude to the various law enforcement officials, county employees, and stakeholder representatives who provided critical assistance in the development of this report.

The Ad Hoc Committee extends very warm gratitude to **Laura Foster** who diligently aided the Committee in its work. Ms. Foster was an invaluable resource for the Ad Hoc Committee, helping to obtain critical records, keeping the Committee organized, and, above all, being a cheerful presence.

Sacramento County Community Review Commission

Voting Ballot to Determine Recommendations To Submit To The Inspector General

Member Name: _____

Instructions: For each recommendation listed below, please clearly indicate your selection to support, reject, or abstain from voting. Only the recommendations that receive support from a majority of Commission members present where a quorum is present will be moved forward.

#	Recommendation	Support	Reject	Abstain
Recommendations from the Ad Hoc Committee on Responses to Calls for Service Involving a Behavioral Health Component				
1	The Committee recommends the Inspector General provide the Community Review Commission with periodic updates on the status of all recommendations submitted to the Inspector General by the Commission. Updates should be shared at the December and June CRC meetings each year; any updates shared in June will be reflected in the Commission’s annual report.			
2	The Committee recommends the Sheriff’s Office, working with the Department of Health Services, develop a plan to expand operation of Mobile Crisis Support Teams to 24 hours a day, 7 days a week.			
3	The Committee recommends the Sheriff’s Office establish a leadership position within the Sheriff’s Office’s to coordinate and support Mobile Crisis Support Teams. This position should: <ul style="list-style-type: none"> a. Oversee deputies assigned to Mobile Crisis Support Teams to ensure consistency of operations; b. Serve as the liaison to the Department of Health Services’ Mental Health Program Coordinator; and c. Regularly communicate with patrol units to ensure that all deputies are informed 			

	about available behavioral health resources and support services.			
#	Recommendation	Support	Reject	Abstain
4	The Committee recommends the Sheriff’s Office increase public visibility of Mobile Crisis Support Teams by developing and maintaining a dedicated page on the Sheriff’s Office website. The Committee further recommends the Sheriff’s Office consider other ways to improve visibility, such as placing identifying markers on vehicles used by Mobile Crisis Support Teams, sharing information on social media, and distributing materials at community events.			
5	The Committee recommends the Sheriff’s Office to provide all patrol deputies and dispatchers with formal training in mental health, which shall encompass mental health policies, critical incident response, crisis intervention techniques, recognizing different types of mental illness, interacting with individuals with mental illness, appropriate referral practices, suicide and self-harm detection and preventions, relevant bias and cultural competency issues, and confidentiality standards. Training should be received every two years, at minimum. Initial training offerings should include at least 24 hours of Crisis Intervention Training. It is further recommended for training to include information and simulation exercises on how to recognize and respond to a person experiencing a psychotic episode, how and when to implement 5150 holds, and testimonies from individuals and/or family members with lived experience navigating a behavioral health crisis.			

#	Recommendation	Support	Reject	Abstain
6	<p>The Committee recommends the Sheriff’s Office improve its public data sharing efforts regarding responses to calls involving a behavioral health component. Specifically, the Committee requests Sheriff’s Office to annually provide, at minimum, the following information:</p> <ul style="list-style-type: none"> a) Number of total calls for service b) Number of calls for service responded to by Sheriff’s deputies (“responded calls”) c) Number of calls for service referred to 988 d) Number of responded calls identified as involving a possible behavioral health issue or concern (“flagged calls”) e) Number of responded calls resulting in uses of force f) Number of flagged calls resulting in uses of force g) Number of flagged calls resulting in an individual being transported to each of the following: <ul style="list-style-type: none"> i. County jail facility ii. Emergency department iii. Sacramento County Mental Health Treatment Center iv. Crisis Receiving for Behavioral Health v. Mental Health Urgent Care Clinic h) Number of Mobile Crisis Support Teams i) Number of deputies assigned to Mobile Crisis Support Teams within the past year j) Number of responded calls involving Mobile Crisis Support Teams k) Average number of hours per week staffed with Mobile Crisis Support Teams l) Percentage of sworn staff with at least 24 hours of Crisis Intervention Training 			

#	Recommendation	Support	Reject	Abstain
7	The Committee recommends that a representative from the Sheriff’s Office meet with the Chair(s) and staff of the Community Wellness Response Team Program Advisory Committee on a quarterly basis to share resources and information, identify potential gaps in the County’s mobile crisis response efforts, and discuss opportunities for collaboration where appropriate.			
Recommendations from the Ad Hoc Committee on Jail Releases				
8	<p>The Inspector General should request regular reports and data from the SSO to monitor late night releases. Specifically, the Inspector General should monitor data such as:</p> <ul style="list-style-type: none"> • The reason a person is released late at night; • Whether persons are indeed electing to remain in the Main Jail until 6 am; • Compliance with the May 19, 2023 memo, specifically, the number of times where a person elects to remain in custody, but is released after 6 am; and • Strain on custodial staff with the additional workload. 			
9	The Inspector General should work with SSO to ensure the medication policy is put into writing.			
10	The Inspector General should work with the SSO, this Commission, criminal justice partners, and CBOs to provide a clothes closet.			
11	The Inspector General should work with the SSO, criminal justice partners, and CBOs to provide transportation options for released persons. This could be in the form of funding for bus passes, taxis, or ride share credits. It could also be partnerships with CBOs.			

#	Recommendation	Support	Reject	Abstain
12	The Inspector General should be kept abreast of all systemic changes intended to be made by the SSO within one year of their occurrence or soon as otherwise practicable. The Inspector General should report that information to this Commission.			
13	The Committee understands that the County is in the process of producing an updated resource guide for released persons. The Committee recommends the Community Review Commission be granted the opportunity to review and provide feedback on these materials prior to publication and distribution. The Inspector General should be kept abreast of these developments and work with the Commission in addressing community concerns as they arise.			

*If supported, the following recommendation from the Committee on Responses to Calls for Service Involving a Behavioral Health Component would **not** be submitted to the OIG, but would contribute to future CRC business and agenda-setting.*

#	Recommendation	Support	Reject	Abstain
14	At the July 2023 Community Review Commission meeting, the Committee recommends the Commission discuss the potential formation of an ad hoc committee to conduct dedicated outreach to Sacramento County's diverse communities. The ad hoc committee should survey or otherwise engage in meaningful conversations with groups of Sacramento County residents representing a variety of backgrounds, cultures, ethnicities, and languages spoken. The committee's goals would be to develop a shared definition of diverse communities, identify each group's areas of concern involving the Sheriff's Office, assess the perception of the quality of services provided to each group by Sheriff's Office employees, and recommend ways for the Sheriff's Office to improve community relations with each group.			

COMMUNITY REVIEW COMMISSION

MEETING DATE:

TUESDAY, May 30, 2023

Discussion Of CRC Annual Report

NO MATERIAL

COMMUNITY REVIEW COMMISSION

MEETING DATE:

TUESDAY, May 30, 2023

Staff Comments

NO MATERIAL

COMMUNITY REVIEW COMMISSION

MEETING DATE:

TUESDAY, May 30, 2023

**Commissioner Comments
Reports And Announcements**

NO MATERIAL