



Alternatives to Incarceration - Community Comments

Date	Comment	Commenter Name
March 26, 2022	<p>i have read your initial report, there is so much missing from it. ` Why are we taking the same failed approach to reducing the population? Creating productive citizens is the answer let's create an controlled environment within the mind set of our communities to bring about change. ECONOMICS are not mentioned in your report. why??? Prehap's that elephant is still being placed in the room.</p>	Michel Mason
March 27, 2022	<p>It appears the problem is still being looked at, as it has been looked at, for the last 30 years. We have enough programs that could properly address the issues facing the United States (with exception, the severe mental health issue). We could greatly reduce the recidivism rate, the prison populations, and the number of people on probation; if we could just convince our communities to embrace, without prejudice, the men and women who have served their time, reconciled with others and themselves. Allowed forgiveness to enter into the equation and eliminate the stigma that the social and financial World's place on us/ex-cons. I believe, I can help in providing solutions to this problem; that has for years, been seen as a "one size fits all" solution.</p>	Michel Mason
March 29, 2022	<p>My husband Gerardo Zepeda is on george bailey detetion staff are rude theydont explain they treat people awful my husband got sick twice been trying to help him to get home detetion with probation it will be more safe thet keek bringing new inmate on facility wich is not okay i understand we all trying to work this out but just beacuse we did a mistake or a fenoly dosent me they should be treat like criminals</p>	Socorro Miranda

April 10, 2022	See 7-page memo that begins on page 13.	Jerry Hall
May 13, 2022	<p>Would it be possible to send this survey to various NextDoor neighborhoods in San Diego? I think it would garner more widespread support and opinions.</p> <p>Thank you!</p>	Catherine Mowbray-Lorenz
May 20, 2022	<p>I submit to this board of individuals again now in 2022 just as I submitted to SANDAG in 2019, that you cannot even begin a conversation about incarceration, or alternatives to incarceration, until this City has addressed and fixed the false crime statistics provided by SDPD and regurgitated by SANDAG.</p> <p>On a monthly basis Crime statistics, more specifically Crime statistics alleging a gang allegation, are accepted and distributed by SDPD prior to adjudication. Often prior to arraignment.</p> <p>A gang related crime does not exist until a judge states a crime was in fact the result of motivation to further a documented gang in a way that is more than reputational.</p> <p>Before you get to considering alternatives to incarceration, you can knock out a chunk of people off our City's list of incarcerated individuals by addressing false Gang Crime statistics in San Diego.</p> <p>SANDAG and all of its affiliates support and encourage over 30 years of racially bias excessive gang enhancements every time unproven crime statistics are released.</p> <p>When SANDAG stops distributing unproven Gang Crime statistics that are used for grant and funding requests to further abuse documented gang members, then SDPD and every other organization and individual who financial benefits from gang motivated crimes and crime statistics will stop feeling supported in their efforts to continue to make both public and published allegations of gang crime in this city.</p> <p>When it all unravels, nobody in this city will be offered immunity for their participation in conspiring against our City's most</p>	Jamie Wilson

	<p>economically disadvantaged black and brown youth. No matter how big or small of a part you play.</p> <p>I don't expect that much more than a receipt of acknowledgement will be produced as a result of my comment this year in 2022, when there has not been any change since my original public comment years ago. But because me, my family, and most of the people that I love, continue to suffer everyday because of money, politics, and gang enhancements, I'll continue to put the information into the hands of people that can impact one or more angles that Segway into the gang discrimination laws in existence, that are causing our pain.</p>	
May 23, 2022	<p>I found in all my work with homeless people there was 3 categories of homeless:</p> <ol style="list-style-type: none"> 1. Wanted to be homeless 2. Didn't want to be homeless 3. Homeless because of a mental condition; born with, drug use, accident. <p>All three categories would benefit from some type of mental services, like counseling, empowerment coaching, personal development. People need to be reminded who they really are and what they can still be. These services will only work if they choose it.</p>	Valley Coleman
June 22, 2022	<p>I am 66 and enjoy walking around by myself in older neighborhoods (not yet gentrified) and do take the trolley from time to time.</p> <p>In both cases, I am recently concerned about both random and targeted stabbing and shooting incidents- either potentially being a target unprovoked or caught in crossfire</p>	Rebecca Neary

	<p>I am not sure what can be done. This December I was in a fast food restaurant in downtown El Cajon standing in line and a retired marine also in line sort of "took charge" when he said two men ahead of us were exchanging words and the marine said one of them was clicking a switch blade in his pocket, I guess a marine might recognize this sound or gesture so I stood back as he recommended and the situation diffused- probably because the marine was a big guy.</p> <p>Incidents like this article below don't make us inclined to "go green" and take the trolley. https://www.google.com/amp/s/www.10news.com/news/local-news/miraculous-survival-after-brutal-attack-outside-el-cajon-trolley-stop%3f_amp=true</p> <p>I have no idea how to resolve these problems, maybe meth is the "root cause" in some cases but don't know to get people to get the treatment they need. Staying up for days can make anybody psychotic.</p> <p>Also what happened to Probation Honor Camps, are they still around? Particularly the ones that had fire fighting programs!</p>	
June 29, 2022	<p>If you're not already aware of this, please look into what the city of Houston has done to reduce their numbers of homeless people during the last decade. A New York Times article reported in January of this year that over 25,000 people have been moved directly into homes or apartments. The vast majority have remained housed after two years. Here is a link to the article. https://www.nytimes.com/2022/06/14/headway/houston-homeless-people.html?referringSource=articleShare</p>	Nancy Datte
July 3, 2022	<p>? HOW?</p> <p>ASK: WOULD YOU LIKE TO VOLUNTER?</p>	Unknown

	<p>IF YES, WONDERFUL!</p> <p>IF NO WE WILL DEMAND IT!</p> <p>NOT EVEN ELECTED INDIVIDUALS ARE STUPID ENOUGH TO THINK YOU CAN NOT ONLY LEAD A HORSE TO WATER BUT YOU CAN MAKE IT DRINK BUT ARE DUMB ENOUGH TO THINK MOST ADDICTS ARE STUPID ENOUGH TO NOT TAKE AN OPTION THAT BENEFITS THEM.</p>	
<p>July 7, 2022</p>	<p>Regarding the reduction of inappropriate incarcerations, perhaps the most significant gap in services is the inadequate availability of immediate and ongoing evidence-based services following 911, MCRT, PERT, and/or Crisis Stabilization unit contacts. The promise of countywide MCRTs will not be fulfilled unless BHS ensures that such services, staffed by well-qualified and well-paid professionals, are available immediately and for as long as a client needs them. Information systems that link law enforcement and behavioral health information systems will be essential to properly track vulnerable people from an initial contact to an ultimate outcome, which includes stable permanent housing, after all necessary services have been fully delivered.</p> <p>A related concern is the provision of appropriate services for homeless individuals with serious behavioral health challenges. All such individuals should be able to receive appropriate housing and services. Having worked in a locked in-patient psych hospital and in residential treatment for justice- and mental health-involved adolescents, I understand the dilemmas regarding court-ordered services. County staff should advocate that SB 1338 be amended to ensure that all counties not only</p>	<p>Tom Packard</p>

	<p>ensure that the rights of involved clients are protected but also that client choice is maximized and all essential services are immediately available and delivered in a competent, humane manner. This must include appropriate permanent housing and necessary support services.</p> <p>An overriding issue in the provision of behavioral health services by contract organizations is the recruitment and retention of qualified and committed staff. BHS staff should pay close attention to working conditions and turnover rates in all contract agencies to ensure appropriate, supportive organizational cultures and leadership and a high quality of working life in areas from salaries, benefits, and safety to diversity, equity, and inclusion considerations.</p> <p>Another service inadequacy, if not a gap, is in the provision of easily accessible behavioral health services for justice-involved individuals, including thorough assessment upon intake by licensed clinicians to potentially avoid incarceration and to ensure provision of appropriate services, and easily available clinical services for all incarcerated individuals. The excessive number of deaths in San Diego County jails is partly a result of improper treatment of inmates with behavioral health issues. Millions of dollars have been spent on lawsuit settlements regarding shamefully inadequate treatment of inmates. The County's Citizens' Law Enforcement Review Board should have expanded powers for oversight of sworn and civilian staff of the jails to identify system-level problems and ensure that they are adequately addressed.</p>	
July 7, 2022	Hospitals and emergency departments often become the default placement due to lack of sobering centers and as a means for law enforcement to avoid jail placements...Have also heard from PERT (Psychiatric Emergency Response Team) that due to the efforts to avoid incarceration/jails, they must often	Stephanie Phann

	<p>use hospitals as the default. This is a huge safety concern for all of those involved.</p> <p>We need more sobering services and more behavioral health services paired with housing. Given new CalAIM benefits including the possibility for Medi-Cal plans to expand sobering centers as a benefit along with housing, there may an opportunity to explore further.</p> <p>Given the aforementioned considerations, how will the ATI initiative support the local health care system not being the default placement?</p>	
July 7, 2022	<p>How are jails communicating to the County and health plans to make sure that justice-involved Medi-Cal beneficiaries can access needed health and mental health services (including medication) immediately after release? Hospitals often experience issues with eligibility holds for justice-involved individuals who have already been released, which greatly impacts access to critical healthcare and mental health services. Holds cause a delay in these services.</p>	Ivonne Velazquez
August 16, 2022	<p>RE: Preliminary takeaways: Ensuring that proven programs are implemented as designed and with fidelity will be essential; also essential will be adequate funding for those programs. RE: ways to better share data across systems, linking LE data on 911/988/ACL calls (including data for all criteria in the decision tree for each call) with follow up BH data will be essential to fully evaluate the MCRTs and PERT, and how those impact inappropriate incarceration.</p>	Tom Packard
August 16, 2022	<p>RE: Open end responses: those would be LOT more valuable if they were sorted into categories to look for major themes and emphasis, connecting them with quantitative findings for insights.</p>	Tom Packard
September 28, 2022	<p>Regarding 'The Geography of Mass Incarceration in CA' slide illustrating the rate per 100k population in California prisons.</p>	Jerry Hall

	<p>One observation is that the community of Pacific Beach is traditionally one of the top three with the highest rates of violent crime, yet is shown as having a significantly low level of incarceration rates.</p> <p>Seeing this slide without knowing what prosecution rates - e.g. the number of cases pursued by the District Attorney's office, how many are offered pleas, how many are offered diversionary opportunities into treatment or other non-incarcerate related programs and services, would be important to have if we are to consider if our practices are equitable or not.</p> <p>Also, without viewing and understanding police in-service time - or the number of officers in -service in each community, it is impossible to gauge if communities are 'over-policed.' Just because we are told a community has a high crime rate, it is impossible to gauge, without 9-1-1 dispatch and officer-initiated stop data illustrating just how many officers are patrolling in each community and division, to better understand rates of crime.</p> <p>Finally, I encourage you to consistently bake-in recommendations that identify and articulate what data from each agency would be best to collect, including data being made publicly available; so that the community can help hold our leadership and agencies accountable. Having a snapshot of their work and practices is one thing. Having a long-term window into ongoing practices is entirely another.</p>	
October 25, 2022	Thank you for your willingness to see improvements for people who residually show signs of an absence of supports and resources and are not able to identify or even express these needs.	Cheryl Canson

	<p>I would like to see peer supports to raise awareness in crisis stabilization at the court level. Both my sons demonstrated these needs in the courts before sentencing but because nothing was established to identify how to help them at this level, the status quo is to throw them away! There should be a process that researches ones need for mental health treatment before being sentenced by a judge. NAMI has actualized this info in a form called "Inmate Medical Information Form" to be faxed in to the court appointed facility highlighting the significance of this communication.</p> <p>I have attached the form. <i>(See form on page 20.)</i></p>	
January 19, 2023	<p>Below, please find feedback from Townspeople staff in follow up to the recent request from the County of San Diego on Alternatives to Incarceration. Thank you for the opportunity to participate in this important conversation.</p> <ul style="list-style-type: none"> • Ensuring individuals released from custody have access to services and housing to support their stability (e.g., creating a triage system similar to the Regional Task Force on Homelessness' Coordinated Entry System where individuals could track openings in and be connected to programs they are eligible for) • Ensuring there is sufficient shelter year-round and particularly during bouts of inclement weather could help reduce the number of individuals held in custody • Having a County funded team like the Homeless Outreach Team (aka HOT) that supports the re-entry population could be of great benefit to helping folks regain stability 	Melissa Peterman
January 25, 2023	<p>I put these items together after having watched the December meeting this past week. Per my emails my hope was to offer alternative or complimentary efforts from around the country</p>	Jerry Hall

	for you to consider as you wrap up this initial phase of the ATI work. <i>(See pages 22-36 for detailed list.)</i>	
January 25, 2023 (comment made during Community Listening Session)	We need a systemwide appetite (DA, Sheriff, Police, Public Defender, Courts, Behavioral Health, Public Health etc.) to *share data* that informs anyone interested in advocating to significantly change the intersections of our criminal-legal and behavioral health systems. It seems like we're stuck in an ivory-tower syndrome where anyone not in the system is mostly ignored.	Jerry Hall
January 25, 2023 (comment made during Community Listening Session)	This has been a remarkable feedback sessions, but no mention has been made of Juvenile Justice? It seems that gateway to the problem we have discussed, begs for consideration.	Christopher Glenn
January 26, 2023	<p>If I had a limited amount of funding to invest in a high-impact program, where would you invest it and why?</p> <p>As we know, housing is a significant need in the community. However, I would love to see a type of transitional housing program (like the historical program Centro at North County Lifeline around 2013-2014. A transitional housing program offers case management and skill building opportunities for clients to sustain housing for them and their families. Many formerly incarcerated individuals have never signed a lease, may have poor credit or find it overwhelming to navigate the housing application process. In a structured setting, professionals would be able to identify opportunities for clients who have unresolved mental illness or substance use to also get connected to services.</p> <p>Also, I think it would be helpful to not create new programs but rather enhance the programs that already exist. Such as current MH and substance use providers.</p> <p>Lastly, I am aware that there is a limited amount of substance use programs that will accept clients with a 290 history. This</p>	Perla Arroyo

	can be a high need population and to not offer them help (even virtually) is detrimental to the community.	
January 31, 2023 (comment made during Community Listening Session)	Service needs to start pre-release so the person is set up with all their services/housing/healthcare/employment by the time they walk out the door.	Debra Gonzales
January 31, 2023	<p>Leaving aside the punishment aspect of incarceration and diversion, the goal of criminal justice was always to be rehabilitation. That is how we reduce recidivism and keep our communities safe.</p> <p>As part of this study, do you include a component on how to conduct a comprehensive evaluation of the person that is at any of the intercept stages you mentioned and/or is being released into the community or being considered for diversion? Is there an evaluation that assesses to what level someone has been rehabilitated, considers support services the person needs and can get access to in order to be successful in the community, and looks at what personal and community supports the individual has/will have in place? A quick Google search turns up “criminogenic needs” and, I think, this is what I’m trying to get to here. Would each individual have a plan and would we evaluate if they have been successful at achieving that plan. If not, what do we do? That matters for incarcerated people as well as those in diversion.</p> <p>As your research points out, much of this issue is mental health/SUD. These are medical issues. Diversion would imply a large increase in facilities and personnel to meet their needs. We know already this is needed but would that be put in place prior to increasing diversion programs? Who would make sure that happens and how would it be measured? If the resources are not there to make diversion successful, what do we do?</p>	Bob Stonebrook

	<p>Who (what position) would be responsible for the success or failure of diversion as measured by the decrease or increase in crime?</p> <p>I was surprised to hear from two speakers about how difficult it is to learn about services for people leaving incarceration. Would that not be the parole officer's responsibility to make sure that all available services are made available? Wouldn't that just be an extension of the "criminogenic needs" that should have been identified while the person was in custody? Isn't that an easy fix? Can we ask the person with lived experience who is supervising their release and ask that officer what was missed?</p>	
<p>February 11, 2023 (comment made in regard to January 25 Community Listening Session)</p>	<p>I'd like to address your question regarding the greatest service needs. I don't have enough current knowledge of the service delivery systems in this field to identify specific needs, but I want to share my general concerns about the types of data you will have for your final report. Based on my review of your findings to date, I have not found nearly enough information regarding specific services needed in particular communities. Your third interim report says you are awaiting the provision of BHS data from county-funded programs. I think such data, ideally augmented with key informant interviews from service providers regarding service usage, waiting lists, and frustrations about no appropriate programs available for referrals of their clients, will be needed to show service gaps. You will need these findings to make specific recommendations to the Board of Supervisors about what types of services are needed, in what amount, and in what geographic areas. Service providers could also identify their staffing challenges for qualified behavioral health workers, another high priority issue for the Board. These findings can be examined with the results of your best practices research, to ensure that your recommendations for additional funded services are based on most appropriate, evidence-based</p>	<p>Tom Packard</p>

	<p>service delivery models. I also think it would help immensely if all the qualitative data responses are collated to identify themes and better assess the extent of the problems and needs mentioned by respondents. As one specific need example, I can say that I have heard concerns about the extent of services available for MCRT and PERT referrals, from CSUs to ongoing treatment resources. I hope others can provide detail on those needs. Thanks for your attention.</p>	
--	--	--

Detailed Comment from Jerry Hall

Congratulations for being selected for this important role as Members of the SANDAG Alternatives to Incarceration (ATI) Advisory Group! I have the highest regard for this opportunity and your role in your duties outlined in the initial formation documents. I hope to contribute to this effort and in that spirit offer the following. Although some of these elements are peripheral to your immediate work, each may influence your current work and many may likely have a place in the long-term conversation and work.

A. SEQUENTIAL INTERCEPT MODEL (SIM)

I believe one key element you will use to identify and catalog various alternatives to incarceration (ATI) is by using the Sequential Intercept Model (SIM) toolkit. This kit places various potential interventions like collaborative courts or specialized treatment programs, into six swim lanes or various milestones in one's journey through our current crisis, criminal-legal, and behavioral health systems.

Considering the SIM as a foundational model, I urge you to also consider expanding this tool to include both pre-intercept and post-intercept swim lanes and other ideas described below.

B. PRE-INTERCEPT PERSPECTIVES

For pre-intercept perspectives we lose value evaluating someone in crisis and those who are potentially entering a complex criminal legal system. Excluding potentially influential factors

prevents us from identifying and developing programmatic solutions when we consider every individual's physical and environmental contributors are identical or closely similar to the other. That is, traditionally, criminal legal and behavioral health intersectionality practitioners do not programmatically factor:

a. Legacy Trauma: The science of epigenetics work is relatively new, and there is promising evidence of its value. One's legacy or familial trauma that may have originated and arguably transmitted intergenerationally, having been carried through one's altered DNA and transmitting stress effects, may be influencing those carrying often horrific legacy trauma experiences. One example is Black American descendants of slavery (ADOS) carrying genetic markers gained by previous generations as they experienced 240+ years of the horrors of slavery. Many other ethnic and cultural cohorts in our nation have experienced legacy trauma as well, including those harmed by our very own systems. Other examples include later generations of civilians and veterans of past wars. Others may include children in future generations of those we incarcerate today.

b. Education Discipline and Scores: We also typically do not consistently include one's K-12 school disciplinary or educational-achievement scores and other influences as they work their way through an oftentimes biased and unequal nation's educational system. Certainly one's educational level, and their oftentimes widely disproportionate educational experience, should factor in how we approach identifying interventions?

c. Social Determinants of Health (SDOH): We also do not typically consider one's social

determinants of health over their lifetime, which may include several moves into geographically and socially different communities throughout one's lifetime. Although many of us have lived in relatively stable communities and homes, many more, especially those that end up getting caught up in our crisis and criminal legal systems have not. Don't we lose value in identifying candidates and opportunities for diversion when they may have experienced multiple but, unidentified SDoH experiences?

C. POST-INTERCEPT PERSPECTIVES

For post-intercept perspectives we are not motivated or resourced to track challenges and successes of those reentering once they have exited their final parole, probation, or other mandated obligation to gain release or 'come off paper'.

Why do we stop learning about how the half of incarcerated population who eventually do not return to the system? Why aren't we identifying and replicating those successes more systematically? Why aren't we better identifying and closing roadblocks and pathways those who do return to the system experienced?

d. Civic, Cultural, Familial and other Reintegration efforts: For instance, we do not systematically consider one's steps to reintegrating into their community. Instead of returning to a life of crisis and crime and continuing destructive behaviors we might spend more effort looking at why our neighbors are returning to the criminal legal system. There are many pathways back into society including participating in

opportunities that grow one's civic, faith-based, cultural, education, employment, and family life experiences.

D. CURRENTLY INCARCERATED POPULATIONS

There are opportunities to identify and make recommendations based on current county successes that could be readily replicated.

e. Veteran's Court: Among the various existing Collaborative Court and related programs the county has been particularly successful with the Veterans Court. They have apparently reduced 'recidivism rates' (of unknown definition) of veterans to seven percent (7%), by all accounts, dramatically lower than our general population.

Here we have a program that is blazing trails and helping these men and women from returning. How can we learn from this program and replicate it systemwide?

E. INNOVATION OPPORTUNITIES

There are innovative approaches we could more systematically incorporate into our system. We could be including various opportunities instead of only typically focusing on punitive or treatment and programmatic participation levels. Some ideas include:

f. Evidence-Based Practices: Using the example above in respect to the successes of the Veteran's Court program, how can we as a county move to a more inviting, innovative, and evidence-based practices culture where we are quick to fail, learn and adapt, and

diligent in replicating successes?

g. Financial Incentives for program candidates: I encourage you to consider looking at financially incentivizing stakeholders, especially those we seek to help never enter or eventually successfully exit our criminal legal system. This approach has multiple benefits including a source of smaller amounts of revenue for participants, much deeper insight into one's behavior, practices, and achieved milestones as they follow their reentry plans and beyond.

h. Pay for Success opportunities: Program providers and other stakeholders could be financially incentivized for short- and long-term client success rates.

i. Financial impacts: A major contributor to the challenges for success is the siloed-effect of different institutional stakeholders, their funding sources and budgets, and their staffing levels.

If we agree that current siloed funding and governmental control systems are effectively significant barriers to timely progress, we could identify the barriers as such, and ideally work on innovative solutions to overcome that challenge.

For instance, perhaps you will consider researching a model where all related funding sources (MHSA, CDCR, DOJ, Sheriff, DA, Courts et. al) are pooled locally, potentially also

including an authority over the planning and control, so that county practitioners could be more effective without so many unnecessary evident systemic barriers.

By understanding more about our resident-clients, helping them achieve higher levels of success (especially not recidivating) rates, and incentivizing them and our providers, we are effectively saving multiple governmental institutions significant amounts of money. How that risk and reward is divided among the various stakeholders is a prime area for exploration.

F. NOMENCLATURE & TERMINOLOGY

We should be more calculating in developing recommendations by encouraging a consistent nomenclature and terminology in our conversations, meeting presentations, and reports. Words matter. For instance, when one reports their program resulted in x% recidivism rate that word can have many definitions. Why did the person return - was it a technical violation or, did they reoffend?, if reoffending, when did they reoffend? Was it during a program period or months after going off paper? We cannot expect stakeholders, especially clients we are seeking to be successful, to progress in this effort when we use cryptic, coded, or vague communications in our planning, reporting, and outcome evaluation processes.

G. DATA POLICIES

At the heart of every idea, question, and success or failure – is data. At issue is that such data is often quite difficult to obtain, understand, and utilize to develop and test hypotheses. There are naturally protections providing one's data, health or legal system, is not used for exploitation.

However, we should find ways that more and better data, and the tools to query and analyze that data, be made available to various stakeholders on a timely, consistent, and reliable basis.

H. PLANNING, IDENTIFYING NEED VS DEMAND, CAPACITY BUILDING, & OUTCOMES

It is difficult for the common community stakeholder to understand the county's evaluations of prior programs and outcomes, how we identify need vs. market demand, our current and potential participant capacity, and outcomes for current efforts.

Without identifying an authentic level of demand of willing participants seeking to, or likely to given the chance, move out of the cycle of crisis and legal system involvement, we are effectively denying such potential.

When groups planning related programs and services deny the ability for stakeholders to become meaningfully educated on such demand, potential interventions, and how to evaluate their work – they are effectively denying the potential for informed contributions, especially those with lived experience, many using that very experience to keep themselves out of trouble. I understand there is a lot of information presented here, and surely you will be considering far more. However, this is a monumental project and my hope is these ideas contribute to our collective overall success. This is very much a 'we' thing and to that end I would urge you to reach out to the community, especially to those with lived experience, as you do this work. The value to all involved stakeholders is gold.

INMATE MEDICAL INFORMATION FORM

INMATE INFORMATION

FULL LEGAL NAME OF INMATE: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
DOB: _____ BOOKING #: _____
JAIL LOCATION: FACILITY: _____ HOUSING UNIT: _____

FAMILY CONTACT INFORMATION

FAMILY CONTACT NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
DAYTIME PHONE: _____ EVENING PHONE: _____
CONTACT SIGNATURE: _____

PSYCHIATRIST/TREATMENT FACILITY INFORMATION

PSYCHIATRIST/LAST TREATMENT FACILITY: _____ DATE LAST TREATED: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____

MEDICAL INFORMATION

DIAGNOSIS:
DAYTIME MEDICATIONS:
NIGHTTIME MEDICATIONS:
PRIOR ADVERSE MEDICATION EFFECTS (i.e., side effects, allergies, poor efficacy):
IS SUICIDE A CONCERN? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHY?:
OTHER MEDICAL CONCERNS:

MEDICAL DOCTOR'S NAME: _____ OFFICE PHONE: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Facility	Fax Number
San Diego Central Jail	(619) 615-2450
Las Colinas Detention Facility	(619) 258-3222
Descanso Detention Facility	(619) 659-5549
East Mesa Detention Facility	(619) 661-2722
George Bailey Detention Facility	(619) 661-2797
South Bay Detention Facility	(619) 691-4449
Vista Detention Facility	(760) 940-4533

Second Detailed Comment from Jerry Hall

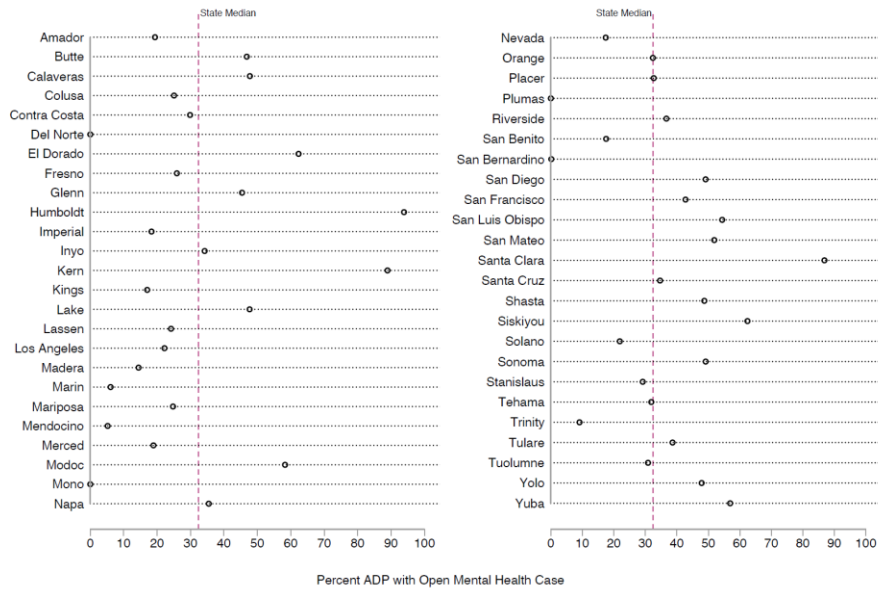
Here's what I've found so far:

1. June 2020. Pew. Small but Growing Group Incarcerated For a Month or More Has Kept Jail Populations High. The Pew analysis showed that the 21% of those released after serving a month or more took up almost 85% of jail space. Those in jail between a week and a month (17% of those released) accounted for 11% of the population. And the 62% incarcerated for less than a week used just 4% of jail space.
2. March 2013. Center for Court Innovation. Testing the Cost Savings of Judicial Diversion. Summary. 'Judicial diversion in New York will yield a projected net benefit of \$5,144 per offender over five years, resulting in cost-benefit ratio of 1 to 2. That is, for every taxpayer dollar invested in the program, there will be a \$2 return in the form of criminal justice resources saved after 5 years. When victimization costs are included—representing the cost to crime victims whenever there is a property or violent crime—the net benefit is \$13,284 per offender, and the cost-benefit ratio increases to a return of \$3.56 per dollar spent.'

And, 'offenders sent to treatment spent significantly fewer days than the comparison group on probation or jail sentences stemming from the initial criminal case and—due to reductions in re-offending over a three-year follow-up period—also spent fewer days serving prison sentences that stemmed from future criminal cases.'

3. February 2020. California Health Policy Strategies, LLC. The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019

Figure 3a. *Percent of Jail Population with Active Mental Health Case in 2019*



4. March 2021. Page 40-41. [Practical Advice on Jail Diversion](#). Presents a Jail Diversion Cost Simulation Model.
5. April 2018. Center for Court Innovation. [NIJ's Multisite Evaluation of Prosecutor-Led Diversion Programs](#). Strategies, Impacts, and Cost-Effectiveness. Table includes two Chicago-area and one San Francisco programs. See chart below:

Table 6.1. Summary Cost Findings, Typical Case (in dollars)

	Chittenden County RICC	Cook County Misdemeanor Deferred Prosecution	Cook County Felony Drug School	San Francisco Neighborhood Court
Cost Estimate Per Case				
Investment Costs for Diversion Cases*	366 (271-483)	1,154 (661-1,784)	1,081 (765-1,563)	758 (493-1,136)
Prosecutor's Office	325 (236-439)	283 (158-472)	523 (370-705)	460 (281-685)
Public Defender's Office	22 (15-24)	268 (178-418)	236 (177-431)	152 (70-298)
Court	20	603 (324-893)	322 (218-427)	146 (142-153)
Investment Costs for Comparison Cases	893 (648-1,057)	2,132 (1,449-3,327)	1,749 (1,341-2,376)	4,277 (2,718-6,291)
Prosecutor's Office	651 (443-803)	377 (221-633)	847 (698-1,112)	2,378 (1,397-3,359)
Public Defender's Office	127 (90-139)	525 (353-980)	342 (259-528)	1,039 (461-2,072)
Court	115	1,230 (875-1,714)	560 (384-736)	860
Output Costs				
For Diversion Cases*	519 (282-1,213)	130	296	.
For Comparison Cases	594 (393-735)	168 (55-365)	1,888 (212-3,563)	.
Estimated Cost Differential Per Case				
Investment cost differential	527 (377-574)	978 (788-1,543)	668 (576-813)	3,519 (2,225-5,155)
Output cost differential	75 (111-479)	38	1,591	.
Total cost differential	602 (488-95)	1,016	2,259	.
Estimated Cost Differential Per Year	223,590	1,082,040	674,830	.

Notes: Positive value indicates the program costs less than the alternative. Low and high estimates in parentheses. Where missing, no low or high estimates available. Red text indicates negative value.
N/A- not applicable because cannot divide into zero.
* Takes into account failure rate and cost of case returning to docket (i.e. cost of comparison case).

Promising Impacts in part include:

- a. Prosecutor-led diversion appears highly successful in reducing exposure to a conviction.
 - b. Diversion also appears highly successful in freeing up resources for criminal justice agencies—especially pre-filing programs.
6. 2011. Urban Institute. Multi-Site Evaluation Demonstrates Effectiveness of Drug Courts. Review quotes:
- a. 'The consensus reflected in three recent reviews of more than 60 recidivism studies is that adult drug courts reduce recidivism by an average of 8 to 13 percentage points.'
 - b. '...drug court participants reported significantly lower probabilities of any crimes (40 percent vs. 53 percent) and, more dramatically, reported committing less than half as many crimes (43) in total than the comparisons (88).'

7. June 2020. Federal Probation. The Prevalence of Local Criminal Justice Practices. National scan of over four dozen local justice practices utilized by criminal legal systems across the US.
8. (2012) The Cost of Incarceration: A Descriptive Analysis of Low-income Mentally Ill Misdemeanor Offenders in DeKalb County, Georgia Includes days of detainment in and movement among jail housing and forensic hospital units for those with moderate and severe illness. The costs of incarcerating offenders with mental illness, relative to those without, were calculated.
9. Average Cost of Drug Rehab. National Center for Drug Abuse Statistics. A wide range of costs for a variety of drug treatments.
10. March 2013. The impact on taxpayer costs of a jail diversion program for people with serious mental illness. 'Diversion was associated with approximately \$2800 lower taxpayer costs per person 2 years after the point of diversion.'
11. 2018. Harris County (TX). Diversion in the Criminal Justice System. Reports '...first causal estimates on the popular, cost-saving practice of diversion in the criminal justice system.' Diversion results in 'Recidivism and employment rates improve by around 50 percent.' And 'those at the highest risk of recidivism gain the most from diversion. These individuals are typically young, black men...'
12. February 2014. The Cost of Implementing a jail diversion program for people with mental illness in San Antonio, Texas. '... 90% of resources needed are borne by the community mental health agency. Thus, if the program were to place greater emphasis on pre-booking diversion, any additional resources provided should be directed toward the community mental health provider.'
13. Incarceration Costs Significantly More than Supervision. United States Courts. 'In fiscal year 2016, detaining an offender before trial and then incarcerating him post-conviction was roughly eight times more costly than supervising an offender in the community. Placing an offender in a residential reentry center was about seven times more costly than supervision.' See graphic:



14. California Drug Court Cost Analysis Study

- a. Research Summary includes (in 2000-2004 dollars):
 - i. Outcome benefits varied widely among sites, ranging from about \$3,200 to over \$15,000 saved per participant.
 - ii. The average net savings from positive outcomes (including savings due to less victimization¹) was \$11,000 per participant.
- b. Final Report: California Drug Courts: A Methodology for Determining Costs and Benefits

15. 2014. Comparative Effectiveness of California’s Proposition 36 and Drug Court Programs Before and After Propensity Score Matching. A review of differences between the Prop 36 Drug Treatment programs vs. Drug Courts.

16. Arrests (2021 San Diego County)

- a. This is used to give you an idea of the number of potential diversion candidates that might be included in a countywide diversion initiative. The assumption being that violent and sex-related felony charges would render one ineligible. Therefore,

‘Eligible Felonies’ includes all felonies that are not violent or sex offenses. The remaining felony and all misdemeanor offenses would be eligible for diversion programs.

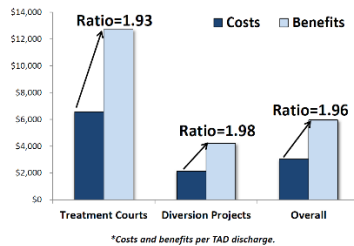
This table represents, that in 2021, San Diego County had a potential 31,731 diversion candidates. Source: DOJ OpenJustice. 2021 Arrests Data: Arrests, Disposition, Readme

Row Labels	Sum of All	Sum of ALL Felonies	Sum of Eligible Felonies	Sum of All Misdemeanors	Sum of All Eligible
Female	6685	1535	1255	5150	6405
Black	884	251	206	633	839
Hispanic	2165	534	431	1631	2062
Other	420	85	75	335	410
White	3216	665	543	2551	3094
Male	26678	7554	6202	19124	25326
Black	4136	1592	1268	2544	3812
Hispanic	11111	3117	2561	7994	10555
Other	1307	382	329	925	1254
White	10124	2463	2044	7661	9705
Grand Total	33363	9089	7457	24274	31731

17. May 2022. A Survey of the [National Diversion Landscape: Continuum of Behavioral Health Diversions](#) | Survey Report.
18. May 2015. Vera. [The Price of Jails. Survey](#) of several jails and cost-per-day calculations. Typical costs are often overlooked. Vera ‘...discovered that the untallied cost of jail can be sizable. More than 20 percent of jail costs were outside the jail budget in nearly a quarter of the surveyed jurisdictions.’ ‘The annual cost, per incarcerated individual, averaged \$47,057 in the 35 jurisdictions that responded to Vera’s survey.’
19. July 2014. Presentation. Wisconsin Legislature. [2014 Participant Outcomes and Cost-Benefit Report](#). Prepared for the Legislative Council Study Committee on Problem-Solving Courts, Alternatives, and Diversions. Findings include:

Updated TAD Benefit-Cost Ratios

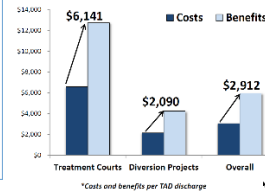
TAD treatment courts yield benefits of \$1.93 for every \$1.00 invested.
TAD diversion projects yield benefits of \$1.98 for every \$1.00 invested.



Net Benefits of TAD Projects

Benefit-cost ratios are a relative measure of an investment's benefits and cost. Valid analysis techniques endorse also considering "net benefits" (program benefits minus program costs) to provide a more complete picture of the relationship between costs and benefits, and are often more informative for decision-making.

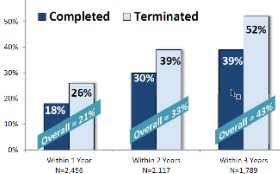
TAD treatment courts had higher project costs than diversion projects due to their longer length, greater treatment intensity, higher rates of drug testing, and more intensive participant monitoring. Although TAD treatment courts cost more to operate, they yield potentially larger treatment success rates and long-term benefits, and result in larger net benefits to the criminal justice system than diversion projects.



TAD participation successfully impacts subsequent criminal convictions

Overall, 21% of TAD discharges committed a new offense within one year after their program discharge for which they were later convicted, 33% within two years, and 43% within three years.

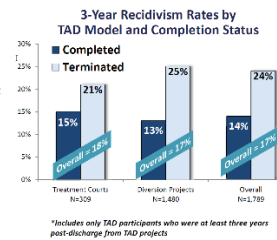
TAD completers were less likely than those terminated to be convicted of a new offense within 3 years after program discharge.



TAD Participation Successfully Impacts 3-Year Recidivism Rates

Defined as a new offense within 3 years of TAD discharge that resulted in a sentence of either DOC probation or prison, 83% of TAD participants did not recidivate within 3 years.

Overall, TAD three-year recidivism rates are lower than state and county-level recidivism averages for prison release and community supervision populations.



20. 2013. Criminal Justice and Behavior. Meta Analytic Review. The Effect of Youth Diversion Programs on Recidivism. 'The recidivism rates for all diverted youth had an average base rate of 31.5 percent while the recidivism rate for the traditionally processed youth was 41.3 percent. The cautioned youth had an average base rate of 26.8 percent, and the respective comparison group had an average recidivism rate of 39.5 percent.' Source.

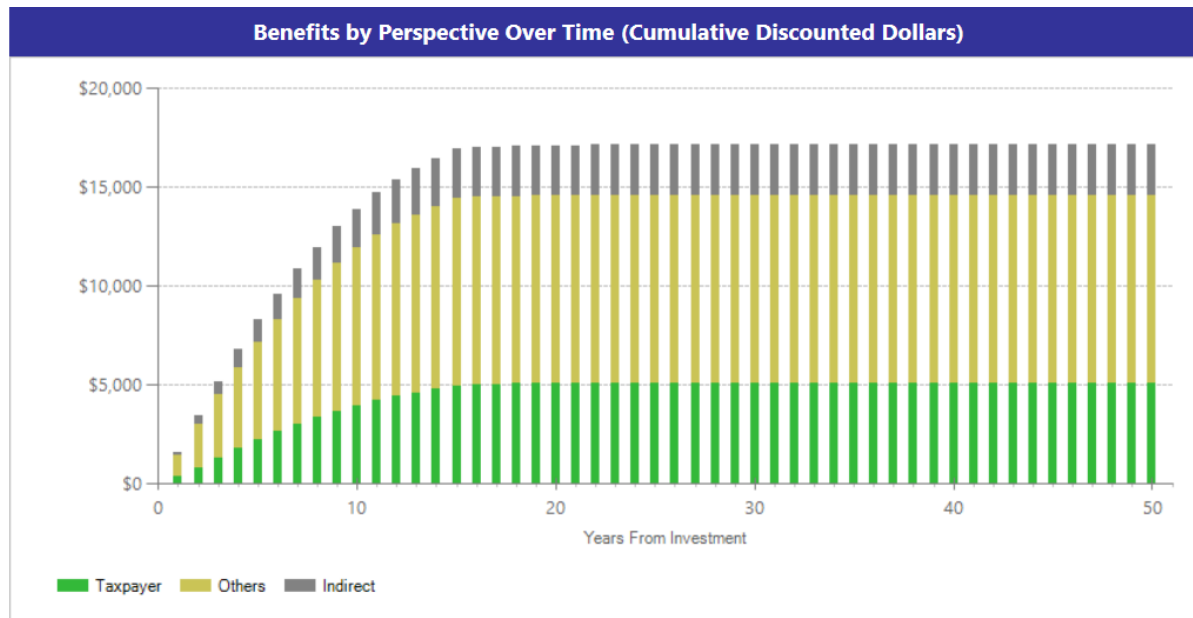
21. December 2019. Website. Washington State Institute for Public Policy. Drug Courts. Adult Criminal Justice. Benefit-Cost analysis by participant level. See this WSIPP's Benefit Cost Model Guide. See graphics below:



Benefit-Cost Summary Statistics Per Participant			
Benefits to:			
Taxpayers	\$5,132	Benefits minus costs	\$9,438
Participants	\$0	Benefit to cost ratio	\$2.82
Others	\$9,513	Chance the program will produce	
Indirect	(\$25)	benefits greater than the costs	100 %
Total benefits	\$14,620		
Net program cost	(\$5,182)		
Benefits minus cost	\$9,438		

Detailed Monetary Benefit Estimates Per Participant						
Affected outcome:	Resulting benefits: ¹	Benefits accrue to:				
		Taxpayers	Participants	Others ²	Indirect ³	Total
Crime	Criminal justice system	\$5,132	\$0	\$9,513	\$2,566	\$17,211
Program cost	Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$2,591)	(\$2,591)
Totals		\$5,132	\$0	\$9,513	(\$25)	\$14,620

Detailed Annual Cost Estimates Per Participant				
Annual cost	Year dollars		Summary	
Program costs	\$11,227	2003	Present value of net program costs (in 2018 dollars)	
Comparison costs	\$7,335	2003	Cost range (+ or -)	
				30 %

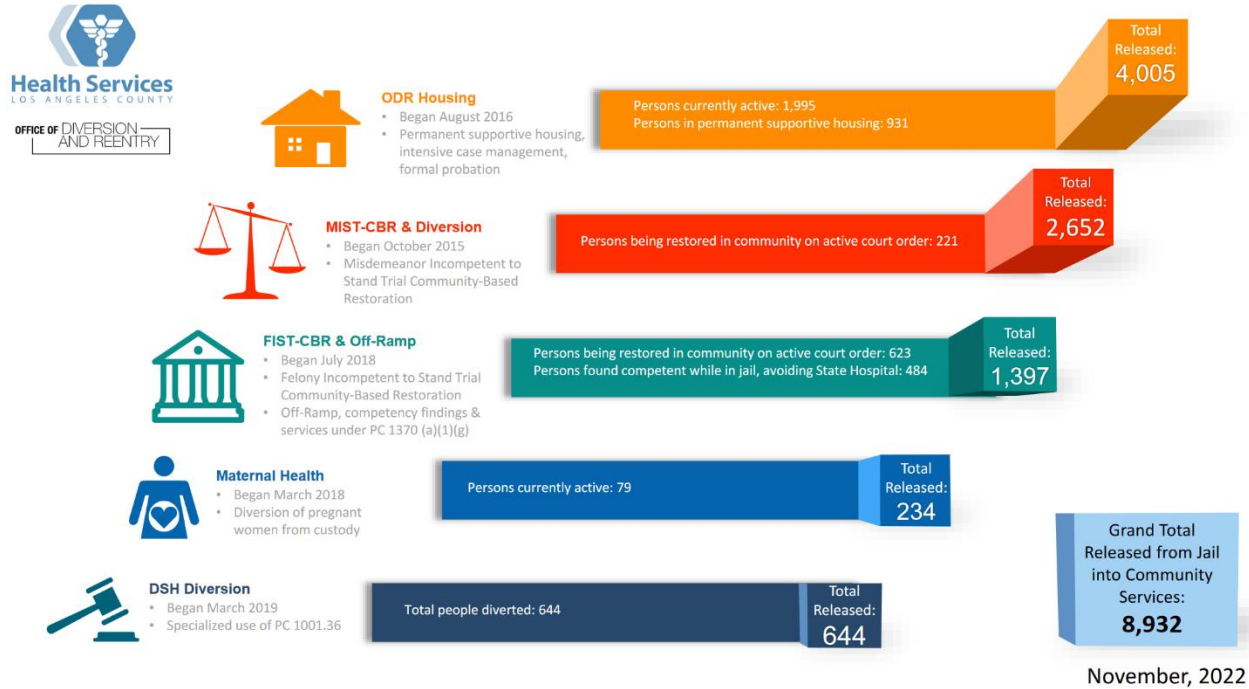


a. See Also:

- i. **Diversion with services (vs. simple release)**. Juvenile Justice. 2019.
- ii. **Diversion with services (vs. traditional juvenile court processing)**. 2019.
- iii. **Diversion, no services (vs. traditional juvenile court processing)**. 2019.
- iv. **Teen Courts (vs. diversion, no services)**. 2019.
- v. **Adolescent Diversion Project (ADP) (vs. simple release)**. 2019.
- vi. **Adolescent Diversion Project (ADP) (vs. traditional juvenile court)**. 2019.
- vii. **Police diversion for individuals with mental illness (pre-arrest)**. Adult. 2017.
- viii. **Jail diversion for individuals with mental illness (post-arrest)**. Adult. 2019.
- ix. **Police diversion for low-severity offenses (pre-arrest)**. 2019.

22. Rand Corporation. 2020. Research Brief. **Los Angeles County Jails Could Divert More Individuals to Community-Based Mental Health Services**. Of the 5,544 individuals' jail mental health population an estimated 61% could be considered appropriate candidates for diversion, 7% potentially appropriate, and 32% not appropriate. See the report: **Estimating the Size of the Los Angeles County Jail Mental Health Population Appropriate for Release into Community Services**.

23. Health Services Los Angeles, Office of Diversion and Reentry. **Dashboard**. November 2022.

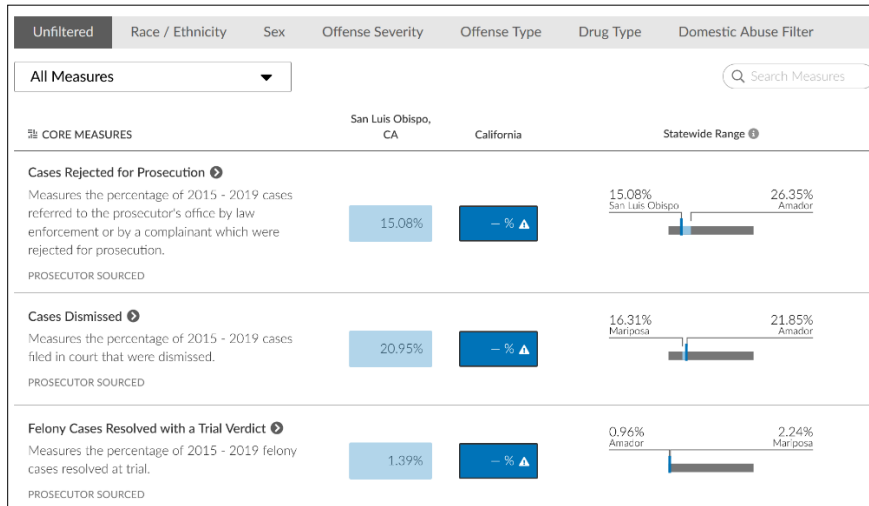


24. 2019. US Department of HHS. **APPROACHES TO EARLY JAIL DIVERSION: COLLABORATIONS AND INNOVATIONS.**

25. **Measures for Justice.** Platform to collect and display criminal-legal system data that enables all stakeholders, including the public, better understand how cases are handled on an aggregate level. The **Commons** is a co-created, by both criminal-legal system stakeholders and an advisory group of public stakeholders, that reflects data in an understandable and meaningful way. See the MFJ report: **The Power and Problem of Criminal Justice Data.**

Example data portal functions include:

Primary portal with a range of data including county and state metrics, and visualizations to help put data into context.



Measures to help understand the context of the county vs. the overall state numbers:

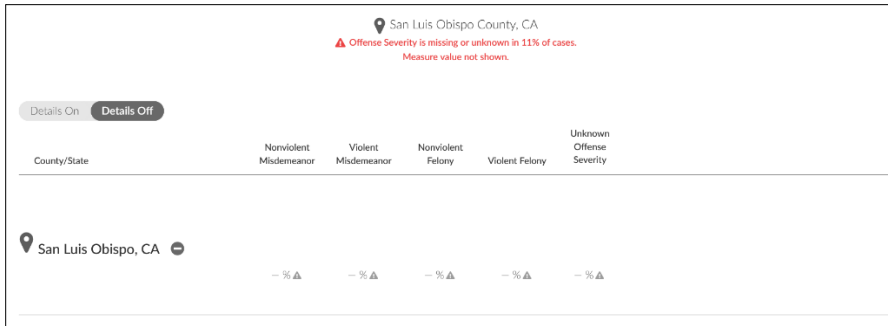
Contextual Measures

Contextual Measures provide additional information about each county with data sourced from the U.S. Census Bureau, American Community Survey, U.S. Bureau of Justice Statistics and other sources.

Population	Population	Urban	Rural	Young Males
San Luis Obispo, CA	282,165	83.40%	16.60%	9.78%
California	39,283,497	94.95%	5.05%	6.95%

Race / Ethnicity	White	African American	Hispanic or Latino	Native American/Alaskan	Asian or Pacific Islander	Other Race
San Luis Obispo, CA	68.89%	1.74%	22.52%	0.54%	3.53%	2.79%
California	37.18%	5.52%	39.02%	0.36%	14.28%	3.64%

Indicators of missing data:



Multiple filters by state, county, offense, race, year, and more:

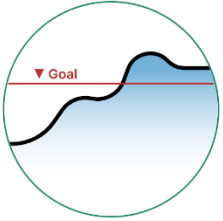


Commons portal to help share and communicate policies, findings, and the data itself:

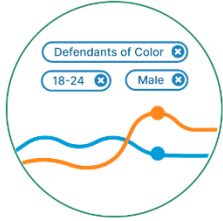
TRUST & TRANSPARENCY

Ongoing access to Yolo County's criminal justice data.


Commons is a data platform co-created by the public and their public servants that makes criminal justice data transparent & shared policy goals public.



TRACK POLICY GOAL

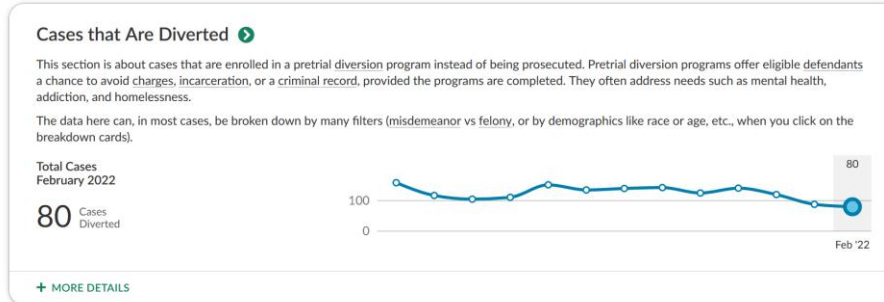


EXPLORE DATA

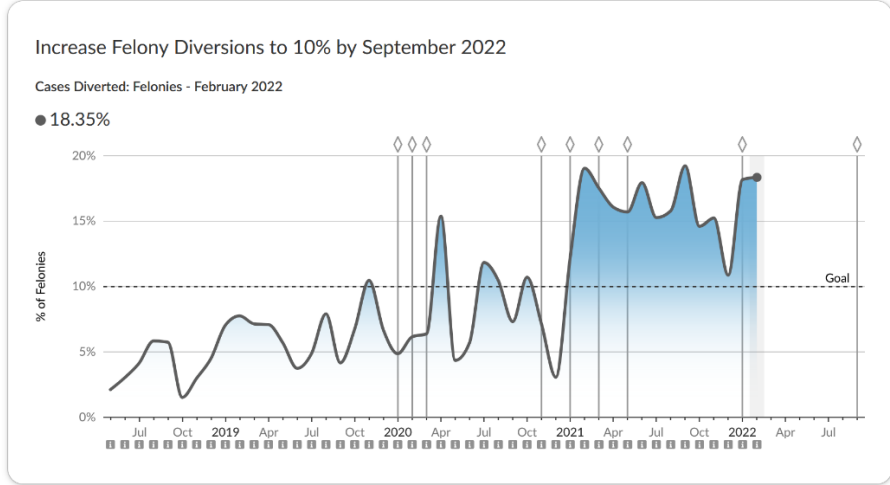


SHARE FINDINGS

Storytelling, data, and visualizations expressing trends over time:



Individual policies, using Increasing Felony Diversions as an example, help everyone understand the bigger picture:



Cases Diverted: Felonies

	Jul '21	Aug '21	Sep '21	Oct '21	Nov '21	Dec '21	Jan '22	Feb '22
% of Felonies	15.3%	15.8%	19.2%	14.6%	15.2%	10.9%	18.2%	18.3%
Felony Diversions	20	24	30	20	16	10	18	20
Felonies Reviewed	of 131	of 152	of 156	of 137	of 105	of 92	of 99	of 109
Unknown Diversion Participation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unknown inclusion criteria ^[1]	13.9%	13.9%	13.9%	13.9%	13.9%	13.9%	13.9%	13.9%

Downloadable data for stakeholders to test hypothesis or create custom reports:

1	A	B	C	D	E	F	G
2	Date	% of Felonies	Error / Warning	Felony Diversions	Felonies Reviewed	Unknown Diversion Participation	Unknown inclusion criteria [145]
3	May '18	2.10%	Missing > 10%	3	142	0.00%	13.90%
4	Jun '18	3.00%	Missing > 10%	4	132	0.00%	13.90%
5	Jul '18	4.10%	Missing > 10%	7	169	0.00%	13.90%
6	Aug '18	5.80%	Missing > 10%	8	137	0.00%	13.90%
7	Sep '18	5.70%	Missing > 10%	7	122	0.00%	13.90%
8	Oct '18	1.50%	Missing > 10%	2	132	0.00%	13.90%
9	Nov '18	3.00%	Missing > 10%	4	134	0.00%	13.90%
10	Dec '18	4.50%	Missing > 10%	5	111	0.00%	13.90%
11	Jan '19	7.00%	Missing > 10%	10	142	0.00%	13.90%
12	Feb '19	7.80%	Missing > 10%	10	129	0.00%	13.90%
13	Mar '19	7.10%	Missing > 10%	11	154	0.00%	13.90%
14	Apr '19	7.10%	Missing > 10%	9	127	0.00%	13.90%
15	May '19	5.70%	Missing > 10%	7	123	0.00%	13.90%
16	Jun '19	3.70%	Missing > 10%	4	107	0.00%	13.90%
17	Jul '19	4.90%	Missing > 10%	6	123	0.00%	13.90%
18	Aug '19	7.90%	Missing > 10%	11	139	0.00%	13.90%
19	Sep '19	4.20%	Missing > 10%	5	120	0.00%	13.90%
20	Oct '19	6.70%	Missing > 10%	11	163	0.00%	13.90%
21	Nov '19	10.50%	Missing > 10%	11	105	0.00%	13.90%
22	Dec '19	6.70%	Missing > 10%	7	105	0.00%	13.90%
23	Jan '20	4.90%	Missing > 10%	7	144	0.00%	13.90%
24	Feb '20	6.20%	Missing > 10%	8	130	0.00%	13.90%
25	Mar '20	6.40%	Missing > 10%	6	94	0.00%	13.90%

26. Other diversion program models and reports include:

- a. 2021. San Francisco Pretrial Diversion Project.
 - i. [2021 Annual Impact Report](#). 2019-20 Fiscal Year [Infographic](#).
 - ii. 2021. California Policy Lab. [The Impact of Felony Diversions in San Francisco](#).
- b. 2020. Alabama Appleseed. Report. [In Trouble](#). How the promise of diversion clashes with the reality of poverty, addiction, and structural racism in Alabama’s justice system.
- c. 2015. Mental Health Jail Diversion Project. Multnomah County. [Executive Summary](#). [Report](#).
- d. 2021. Website. CrimeSolutions.com. [Milwaukee County, WI Diversion Program](#). ‘At the 2-year follow-up, 17 percent of the treatment group had a rearrest for any offense, compared with 28 percent of the comparison group. The difference was statistically significant.’
- e. 2022. Juvenile. [Detention Diversion Advocacy Program \(DDAP\) Evaluation](#). Diverting youths from detention.

2022. Juvenile. [Early Intervention Diversion Program \(EIDP\)](#). Los Angeles. ‘Within the 6-month follow-up period, Mercado, Kaufman, and Espinoza (2019) found that youths in the Early Intervention Diversion Program treatment group had 73 percent fewer rearrests than youths in the comparison group who did not participate in the program.’