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Sacramento County Jail Study

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DATA DRIVEN RECOVERY PROJECT (DDRP)

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SAC COUNTY

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[1] Innovation Incubator - MHSOAC. (2022). Retrieved 7 April 2022, from
https://mhsoac.ca.gov/initiatives/innovation-incubator/

The purpose of this report is to answer two separate questions. First, how much can the population of the County jails be reduced through diversion or early release programs? Second, what programs are reasonable to implement and are most likely to successfully reduce this population?

To answer these questions, one must first understand the profile of the average daily population (ADP) within the Sacramento County Jails. The ADP is a function of two variables: 1) who gets booked or admitted and, 2) how long they stay. Some individuals are brought to detention for a new crime and others enter detention for other reasons, such as a supervision violation, court commitments or a warrant. The severity of the crime can also point to how long an inmate stays in custody. The range and breadth of the reasons for incarceration in Sacramento County do not lend themselves to singular strategies to reduce the jail population.

The population of the Sacramento County jail is comprised overwhelmingly of individuals with felony charges and there is a high need for behavioral health services among those in custody. The population is also constantly changing due to short stays and high levels of returns to custody. These factors put tremendous strain on the system to both provide adequate services in custody, and successfully connect people to services after release.

BY THE NUMBERS

In fall 2021, 95% of the inmates in Sacramento County jails are in custody based upon underlying felony charges. This means that most individuals charged with and/or convicted of misdemeanor conduct have already been released from County jails. However, the term "underlying felony charge" does not mean that 95% of inmates in custody are there based on new felony allegations or convictions. This term means the reason the individual is in the criminal justice system currently was based on felony charges, but they may have re-entered for not complying with the terms of their release after sentencing. Others might be still in a pre-trail status but have been released from custody on bail, pretrial monitoring or on the own recognizance and now re-entering for pretrial misconduct.

Understanding this distinction is required to explain how it can also be true that 40% of people entering the jail are there for arrests related to breaking rules, instead of allegedly committing new crimes (60%). In other words, close to half of the ADP at any given time is made up of

individuals brought into custody for failure to appear in court, failing their terms of probation, or other conduct based upon rules imposed only because they are in the criminal justice system.

A further understanding of the ADP can be seen through the lens of these six overarching themes of Sacramento's current Jail population[2]:

1. Underlying Felony crime make up most of the Jail ADP	2. Pretrial Detention Drives the Jail Population	3. Most jail admissions results in short stays
• Felons make up 95% of the jail ADP • Felonies stay 56 days on average	• 75% of the ADP is unsentenced • Growing number of people found incompetent to stand trial while pretrial	• 20% of releases stay less than 1 day, • 55% released in less than 3 days
4. Stark Racial Disparities Persist for Black People	5. Behavioral Health Conditions are a large factor in the jail	6. Readmission is a key driver of the jail population
• 39% of the jail population is Black • Black people stay longer on average, but are also more likely to be booked for felonies	• 55% of the Jail population has a serious mental Illness, co-occurring disorder, or SUD • 50% of jail entries for SMI clients are not new crimes	• 60% of releases return to jail within 2 years • 70% of the jail population are recidivists

ALMOST 600 JAIL BEDS ON ANY GIVEN DAY CAN BE DIVERTED OR SAFELY RELEASED

The recommendations on jail reductions in this report are an effort to make explicit recommendations on ways to reduce the jail population, expressed in measurable ways, with enough programmatic detail to begin to look at implementation. These recommendations are meant to be feasible within a short time horizon but are by no means easy to implement or exhaustive. Based on the recommendations enumerated in the report and below, the County could reduce the jail population by approximately 600 people on any given day through a

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[2] COVID-19 continues to have multiple impacts to the administration of justice, treatment of clients in the community and in custody, and to the community.

combination of strategies that either avoid jail admissions, reduce length of stay, or reduce returns to custody. [3]

Strategy areas

Jail admissions
- Reduce the number of jail admissions to only book those into custody that pose a public safety risk

Length of Stay
- Reduce the length of stay in custody through specific policies, programs, and diversion

Returns to Custody
- Reduce the number of people returning to custody through appropriate levels of treatment and programming

Estimated Impacts

117 ADP Avoided

475 ADP Avoided

Considering

Race Equity

Behavioral Health Needs

Partnerships needed

Total Reduction Estimates

~592 ADP Reduction

ADP=Jail Average Daily Population

In the below box are the specific reduction strategies for reducing jail admissions and for reducing the length of incarcerations, with more detailed discussion of implementation in the report. The report also includes the detail to encourage more exploration and adjust risk levels.

JAIL ADMISSION REDUCTION	LENGTH OF STAY REDUCTION and REDUCING RETURNS TO CUSTODY	
1A) Deflect people with statutes or circumstances likely to be released the same day they enter	2A) Expand release of low-risk detainees staying up to arraignment	2E) reduce warrants around failures to appear for mental health clients
1B) Augment crisis Response to deflect more people not requiring jail admission who have behavioral health needs	2B) Expand use of custody alternatives for low risk sentenced inmates	2F) Expand the use of mental health diversion for Felonies for people at low risk of recidivism
1C) Cite in the field or develop alternative booking sites for people usually booked on non-violent misdemeanors or infractions	2C) Expand use of pretrial release for low-risk inmates staying past arraignment through pretrial monitoring or support	2G) Expand the use of Mental Health Treatment Courts for people at medium levels of risk of recidivism
	2D) Reduce length of stay for people booked on warrants alone	

There are no easy answers, but by providing a set of facts, this report's goal is to give the county the basis for moving forward in multiple ways.

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[3] These recommendations intentionally exclude treatment programs or specific programming since causal impact on recidivism depends on the target population as well as efficacy of implementation.

Over the past 10 years, Sacramento County has taken on several interconnected efforts to understand, address, and reduce the amount of contact people have with the jail. Across and within agencies, there have been concerted efforts to reduce the jail population safely through multiple partnerships and coordinated programs. Incarceration is one of the costliest "interventions" a community can make, and the costs aren't just borne of the county budget. It impacts everyone in the community with nearly 70% of the jail on a given day being made up of people who have been booked 2 times or more. 25% of jail entries are made from new crimes of violence, leaving a wide range of justice involvement that doesn't directly involve violence and which may open opportunities for partnerships and human service interventions. With nearly 40,000 annual jail admissions before COVID-19, it is important to analyze the systemic reasons people are being admitted and staying in jail, rather than examining individual cases to prove or disprove a policy. Like many jurisdictions, Sacramento County is venturing to understand past decisions and policy around incarceration in the context of current needs and community preferences.[4]

The varied programs to change behavior must be aligned with system changes in how the jail is used, with the goal of doing "what works" to provide treatment in accordance with the principles of effective interventions (e.g., risk, needs, responsivity)[5]. With nearly 95% of the jail population in custody for felony related crimes, there also needs to be a balance of ensuring public safety and justice per case. However, there is limited evidence of the deterrent effect of incarceration alone, and if anything, the criminogenic impacts of incarceration grow with every hour and day in custody.[6] Larger conversations around the country are taking place to try and form a new consensus regarding the meaning of justice for communities, as well as the role public safety agencies play in enhancing communities feeling of security.[7]

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[4] National Research Council 2014. The Growth of Incarceration in the United States: Exploring Causes and Consequences. Washington, DC: The National Academies Press. https://doi.org/10.17226/18613.

[5] Bonta, J., & Andrews, D. A. (2017). The psychology of criminal conduct (6th Ed.). New York: Routledge.

[6] Nagin, Daniel S., Francis T. Cullen and Cheryl Lero Johnson, "Imprisonment and Reoffending," Crime and Justice: A Review of Research, vol. 38, ed. Michael Tonry, Chicago: University of Chicago Press, 2009: 115-200.

[7] There are many efforts to reimagine and rethink justice policy at the national, state, and local levels, but one of note is the SquareOne project, offering excellent briefings on "changing the paradigm" around justice thinking,

Correctional interventions are also a touchpoint for multiple social service and treatment connections to avoid future jail readmission, evidenced by the partnerships between agencies and communities that continue to evolve to break the cycle of justice involvement in Sacramento County. Using expeditious methods for pretrial release, monitoring, support, and supervision can help to reduce the most damaging impacts of detention, while taking measured risks.[8] The proposed value of this report is not to provide all the answers, but rather lay out a roadmap for Sacramento County to continue to evolve, learn, and engage to come to a consensus on the purpose of jail confinement in Sacramento County.

Sacramento County is not alone in its effort to adjust to numerous fiscal, legal, and societal developments that are encouraging new approaches to law enforcement and justice—from arrest to the court process, to sentencing to re-entry. Over the last decade, the State of California has shifted responsibilities for more justice-involved people to counties.[9] A series of policy changes – some legislative and others adopted by voters – reduced sanctions for drug crimes and other offenses, and advanced alternatives to incarceration. In November 2020, voters overturned a legislative decision to eliminate bail in most cases, but new legislation and funding portend continued changes to pretrial justice. AB 1950 generally capped probation terms at 2 years, changing the dynamic of probation supervision and the dynamics of case management and case planning, as well as people's risk of violation of supervision. Under AB 1810 and SB 317, significant efforts to create pathways for mental health treatment for justice-involved people are underway to divert individuals with mental health needs out of the criminal justice system, as well as continue investments in community alternatives to state hospital commitments for felony defendant competency. Continued interest in reducing racial and ethnic disparities is requiring law enforcement agencies to reassess their response to community needs, and the implications throughout the justice system. Sacramento's commitment to reducing the number of people with behavioral health needs in jails signals the positive direction the county is taking to balance the needs of public safety with implementing effective alternatives to incarceration.

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incorporating several concepts, viewpoints and tradeoffs. The project's site is here: https://squareonejustice.org/executive-session/

[8] Lowenkamp, C. T., VanNostrand, M., & Holsinger, A. M. (2013). The hidden costs of pretrial detention. LJAF., and recently updated in 2022, accessed at https://craftmediabucket.s3.amazonaws.com/uploads/HiddenCosts.pdf:

[9] Judicial Council of California Realignment overview accessed at, https://www.courts.ca.gov/documents/infographic-Criminal-Justice-Realignment.pdf

COVID-19 continues to impact not only the jail's population itself, but also the court processes, supervision services, and treatment options available. COVID-19's impacts can't be understated, both in Sacramento County's communities, as well as in the justice context around various emergency orders, partnerships, and challenges it has created. Even now, 2 years after the emergency procedures went into place, there continue to be impacts that the county can't including admission to State Prisons and the Department of State Hospitals, types of crimes not being admitted to jail, or processes that have been reduced in their use such as court commitments. While it's clear COVID-19 has had some ongoing impacts, daily jail population numbers have return to pre-COVID rates. However, the most dramatic changes have come from, and continue to be, the impacts on the jail largely becoming a felony facility, with misdemeanors making up a much smaller amount.

These various factors help create the context for this review of how the jail is being used by the county, and the policy actions and programs that could help align that use with county goals and visions. This report aims to give county leadership a clear sense of how the jail gets used, both in who enters the facility and why, as well as who stays and for how long. It also provides a range of decision making and visual tools to assist in future discussions and decisions.

There are actions the county can take and strategies it can develop in partnership with cities and state agencies, but on its own the county has limited control regarding a singular path forward. The context and demands of the Mays Consent decree[10] to significantly expand its mental health services in custody, revamp its medical care system, implement improved suicide prevention measures, and ensure that people with disabilities have the accommodations they need offer stark tradeoffs to both improve the conditions of confinement and overcome the limits of the physical space. This analysis, while it does not answer all pertinent questions regarding the issues at hand, reveals opportunities that could be explored with additional analysis and focused deliberations within the county. This report also does not address specific clinical needs, legal issues about specific cases, or architectural and design issues of county facilities. This report's value lies in creating a portrait of the jail based on analysis and recommended pathways forward, which invite the county to continue to engage in partnerships between agencies, as well as with cities and communities.

There are three structural issues that underpin the jail population that this paper can't address in sufficient detail, and would need to be addressed as opportunities for other projects:

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[10] *Mays v. Cnty. of Sacramento*, Case No. 2:18-cv-02081 TLN KJN (E.D. Cal. Aug. 8, 2019)

1. ***The number of people who come in contact with law enforcement****:* There are more than 25 police and law enforcement agencies that book people into Sacramento County jails. This report can't speak to the underlying practice of policing or community dynamics, but the jail population is an inherent reflection of the norms and policing strategies of the communities within the county. The jail generally must take everyone brought to them if they meet certain health criteria. The Sheriff's office and county agencies are responsible for only a portion of jail admissions, around 28%. A larger, community-based engagement would be required to sufficiently address these underlying factors and create new opportunities for addressing crisis response as well as local alternatives to arrest and jail bookings.[11]

   > ✓ *The Sheriff's Office and county agencies are responsible for 30% of admissions.*

2. ***The pace of the court process***: The court process and the time to impart justice involve complex systems spread across numerous courtrooms, judicial officers, attorneys, practices, and courtroom cultures. This report can speak to the result of pretrial adjudication, and sentencing results, but doesn't address the charging decisions, hearings, court processing structure, and negotiations of individual justice. A relatively small number of cases end up in trial, so it is important to look at the pace of case clearances and pending backlogs coming out of COVID-19, not the trial calendar alone.[12]

3. ***Support social and community needs***: Each community has strengths and resources, as well as needs. Looking upstream at community health and well-being investments in education, employment, and opportunity can be an important consideration in reducing interactions with the justice system. Addressing community needs involving housing, primary healthcare, mental health and crisis response, and substance use all can help reduce the jail population, but in a way that targets the general population of the county, not necessarily only those that are justice-involved.[13]

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

[12] The annual Court statistics Report compiled by the Judicial Council of California is great resource for data on courts, and the work of the courts statewide across multiple case types: https://www.courts.ca.gov/13421.htm

[13] There are a number of excellent community data indicator projects, with Data Commons standing out as an excellent source data from multiple levels of government: https://datacommons.org/place/geoId/06067

Continued management of COVID-19-related impacts in the jail, justice system, and treatment community means no report is ever definitive, but reflective of a point in time. Projections of future needs around jail capacity are highly normative and can change with monumental effect based on changes in state policy, funding, and county priorities. With these limitations in mind, this report's sections aim to achieve the following goals:

✓   Section 1 offers a more nuanced view of the drivers of incarceration and jail usage in Sacramento County. This report can become a "factbook" for the county, cities, and communities to begin to find common ground on specific and data driven policy ideas. There is also a sizable appendix by county supervisorial district to give a sense geography.

✓   Section 2 offers specific policy ideas and notes where partnership and collaboration can support jail reduction. Each idea includes discussion of how it will change the jail population, impact race equity, and provide treatment connections in the community. This section also includes policy and practice recommendations that may not have a jail impact in the immediate term but can enhance the administration and policy development of the county, as well as direct future innovation and partnership.

✓   Section 3 provides a detailed data strategy for the county to help replicate the approaches used in this report to inform county policy and evaluation capacity, as well as help inform new systems coming online such as the county's technical response to CalAIM around its Social Health Information Exchange.

Developing a set of strategies to create lasting change in Sacramento's justice system takes a combination of steps, but some of the most challenging are about what, as a community and set of systems, does Sacramento believe to be the purpose of incarceration? The local vision of public safety and public order means that the jail can also become a place where some of the most vulnerable people end up, which is an issue that the county continues to address. However, people can be both in need of treatment and supportive services, as well as pose a public safety risk. Often, the jail becomes the default place because there is a lack of community alternatives to either divert jail admissions or safely reduce the length of stay. In Sacramento County, the varied and creative partnerships formed and operationalized in the last 5 years are worthy of note. COVID-19 added new challenges to justice and treatment systems and changed the dynamics of who is entering the jail in general.

 "Outside the box" thinking on justice issues often involves real concerns about the evolving role of public safety, reducing racial disparity, and meeting the behavioral health and human service needs of some of the county's most vulnerable people who concurrently come in

contact with law enforcement. Sacramento has made numerous investments to reduce the need or reliance on jail but is at a point where the physical space isn't adequate to meet treatment or capacity needs. The recommendations here purposefully omit programs that are specifically designed to offer people criminogenic interventions or meet behavioral health needs. The causal impacts of programming on the jail program vary, and reductions in recidivism impact both if they return to jail, as well as how many times.   Projecting jail reductions based on services is more complex since it needs to clarify the target population, as well as impact of a specific intervention.

THEMES THAT DRIVE THE JAIL POPULATION

COVID-19 made drastic changes to the jail population in 2020, even in 2021, the admissions and daily population are different than pre-COVID-19. Table 1 shows the relative change in the jail population between 2019 and 2021 for people booked on new crimes. These are an important guidepost since COVID-19 reduced the jail ADP for many types of bookings, but it remains to be seen if some of these population types will return.

Table 1: Summary of Changes in Jail Population- New Crimes

	Alcohol	Crimes Against Persons	Narcotics and Drugs	Property Offenses	All Others
Percent Change from 2019	-47%	9%	-46%	-38%	-18%
Net Change in Daily Population	(30)	91	(151)	(220)	(61)

Table 2 shows the change in jail composition for those entering not related to a new charge.

Table 2: Summary of Changes in Jail Population between 2019 and 2021- Non-New Crimes

	Court Commitment	Other Holds	Supervision Violations (No New Crime)	Warrant Only (All types)
Percent Change from 2019	-27%	7%	-51%	-2%
Net Change in Daily Population	(102)	20	(98)	(15)

These themes come in the context of COVID-19, and several justice system responses that changes the jail population in ways that should continue to be explored.

COVID-19 Related Mitigation Effort
1. Reduction/suspend failures to Appear Warrants
2. Use of virtual hearings
3. Reduction in misdemeanor/traffic arrests
4. Expanded use of early release/time served
5. Release of persons with "high" risk for COVID-19
6. Changes to bail/bond rules (Zero-dollar bail)
7. Expansion of pre-trial release
8. Rule changes for issuing warrants/violations
9. Court cases/hearings suspended or postponed

There are six overarching themes of Sacramento's current Jail population, both before and during COVID-19[14]:

1. Felony crime make up most of the Jail ADP	2. Pretrial Detention Drives the Jail Population	3. Most jail admissions results in short stays
•Felons make up 95% of the jail ADP •Felonies stay 56 days on average	•75% of the ADP is unsentenced •Growing number of people found incompetent to stand trial while pretrial	•20% of releases stay less than 1 day, •55% released in less than 3 days

4. Stark Racial Disparities Persist	5. Behavioral Health Conditions are a large factor in the jail	6. Readmission is a key driver of the jail population
•39% of the jail population is Black •Black people stay longer on average, but are also more likely to be booked for felonies	•55% of the Jail population has a serious mental Illness, Co-occurring Disorder, or SUD •50% of jail entries for SMI clients are not new crimes	•60% return to jail within 2 years •70% of the jail population are recidivists

Felonies represent the majority of the jail population: 95% of the jail is people being held on felony charges, either pre- or post-adjudication. Felony offenders stay, on average 56 days, which means the jail is largely made of people being held for more serious crimes. Even though misdemeanors make up most reasons for people booked into jail, most are released quickly, leaving felony defendants in the jail. Any effort to the reduce the jail population must look at the risk to public safety and appearing for court of people charged and going through the court process and look for alternatives to detention at sentencing unless public safety is a major consideration. Using validated risk assessment tools can help differentiate the level of risk to commit new crimes or to appear in court, as well as identify more

> ✓ *Any effort to the reduce the jail population must look at the risk to public safety and appearing for court, as well as human service needs*

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[14] COVID-19 continues to have multiple impacts to the administration of justice, treatment of clients in the community and in custody, and to the community.

people for release alternatives during the pending case. However, "risk" is a relative term for communities, and the concept of risk depends on what a community and system actors are comfortable with. Longer case dispositions times during COVID-19, as well as waits to transfer people to state prison added nearly 120 days to the average jail stay for those eventually released to state prison, with 60 of those added days coming after sentencing.

Pretrial detention drives the jail population: 70% of the jail population consists of people held before trial. The number of people incarcerated pretrial has grown over the past year due to significant case delays from COVID-19 disruptions. The average length of stay in jail during the pretrial phase has grown from 26 days in 2019 to nearly 37 days in 2021. Some of this is related to COVID-19, but it will be important to look at pretrial release options as well as ways to expedite court proceedings as court operations work through the court backlog. Of those not released within 3 days, but eventually released pretrial through bail or own recognizance, the average length of stay is 11 days.

Most people booked into jail are released within a few days: 55% of people who entered the jail in 2021 were released in 3 days or less. This goes for felonies and misdemeanors and covers a range of mechanisms for release. 20% of the people with short stays are released without being housed in less than 1 day, and the remaining 35% are released at or before arraignment (day 3 or so). Policies like zero-dollar bail during COVID-19 increased these release amounts slightly, but even before that there were large numbers released within 3 days, with 30% of these short stays related to warrants or technical probation violations.

Stark racial disparities persist: Black people represent 39% of the current jail population (up from 31% in 2016), but account for only 34% of those booked in 2021 and just 11% of the county's general population. Hispanic/Latinx people make up 22% of the jail population, whites 31%, and additional groups 8%. In contrast, White people comprise 63% of the county population and about 36% of jail admissions.

The jails increasingly house people with mental health conditions[15]: 27% of the people in jail received mental health services for a serious mental illness (SMI) diagnosis in 2021, up from 20% in 2019. An additional 37% were identified as having a non-SMI mental health diagnosis.

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[15] Serious Mental Illness is defined as Individuals with a diagnosis of a Schizophrenia Spectrum and Other Psychotic Disorders, Borderline Personality Disorder, PTSD, Major Depressive Disorder, and/or Bipolar and Related Disorders. Data includes patients served in all jail facilities including the Jail Based Competency Treatment (JBCT) program. In Sacramento, there are 4 levels of care in the jail, ranging from acute, subacute, intensive outpatient, and outpatient.

The largest driver of new crime entries for people with serious mental illness was crimes against persons, followed by warrants and property crimes. The average length of stay for this group expanded from 38 days in 2019 to 85 days in 2021, which is partly due to longer wait time for State Hospital beds.

Readmission to jail is a driver of the jail population. In the cohort of 30,000 unique individuals released from jail in calendar year 2016, 56% were readmitted to jail by 2020 on nearly 7000 new bookings over 4 years. Of individuals returning to jail, most re-bookings happened within 1 year of release from jail and those most likely to be readmitted were Black, male, and over 35 years old. 60% of the re-bookings were for felonies, but of those felonies 50% were for non-compliance around warrants and technical probation violations. On any given day, nearly 70% of the jail is made of people that have been in before, with nearly 500 people who have been admitted to Sacramento County jail more than 10 times since 2016.

RECOMMENDATIONS TO REDUCE THE JAIL POPULATION

While the Sheriff's Office is responsible for the running of the jail, the decision of who is booked and who stays is shared among several agencies.

A major goal of this report is to recommend several specific actions the county can take in the next 2-3 years with the understanding that any program or practice will take time to implement, staff, and ramp up as things come to equilibrium with the number of people in alternative programs and jail beds avoided.

> ✓ *The time to fully implement any program or suite of programs needs to be considered, as does the likelihood of full implementation.*

Forecasts of jail populations are often linked to population growth or arrests, but the reasons people are in jail vary and are linked to the response to crime and the available alternatives to jail. This approach is based on a methodology that gives staff clear parameters of the program outline, as well as providing leadership a baseline expectation in the following domains:

Jail admissions	Length of Stay	Returns to Custody
• Reduce the number of jail admissions to only book those into custody that pose a public safety risk	• Reduce the length of stay in custody through specific policies, programs, and diversion	• Reduce the number of people returning to custody through appropriate levels of treatment and programming

There should be community engagement and an understanding of how policies might address historical race inequity in their program design, impacts women differently than men, fill in community behavioral health opportunities or connections, as well as make long term stabilizing connections to human services such as housing or health care. It's also important to note there are very few options the county can take unilaterally, where there wouldn't need to be partnerships beyond the Sheriff and county agencies. These recommendations don't cover bed rentals or other financial relationships with other counties, the state, or federal government.

Race Equity	Behavioral Health	Partnerships
• How will the policy impact race equity?	• How will the policy impact access and engagement with treatment?	• Are there opportunities to "Make it stronger" through partnerships via inter-agency and community collaboration?

The ten jail reduction ideas are meant to be a starting point for programs or system changes that are viewed as possible within the constraint of current county agreement about the purpose of incarceration, policing practices, and pace of court processing. These estimates are also consciously conservative such that they only concern areas that could be reasonably and accurately measured. Although these strategies are meant to address multiple approaches that could reduce recidivism, reductions in recidivism for specific populations needs to be modeled with an expectation of causal impact, which is more involved than studying a population before and after a jail stay or intervention. This report also does not focus on community programming, mainly because of the considerable number of distinct programs and interventions, as well as agencies.

The graphic below summarizes the reductions coming from each strategy area of jail admissions, length of stay and reducing returns to custody. This does not include the likelihood of parts of the jail population that may increase because of COVID-19, or the continued evolution of the justice system which may take populations lower.

Strategy areas

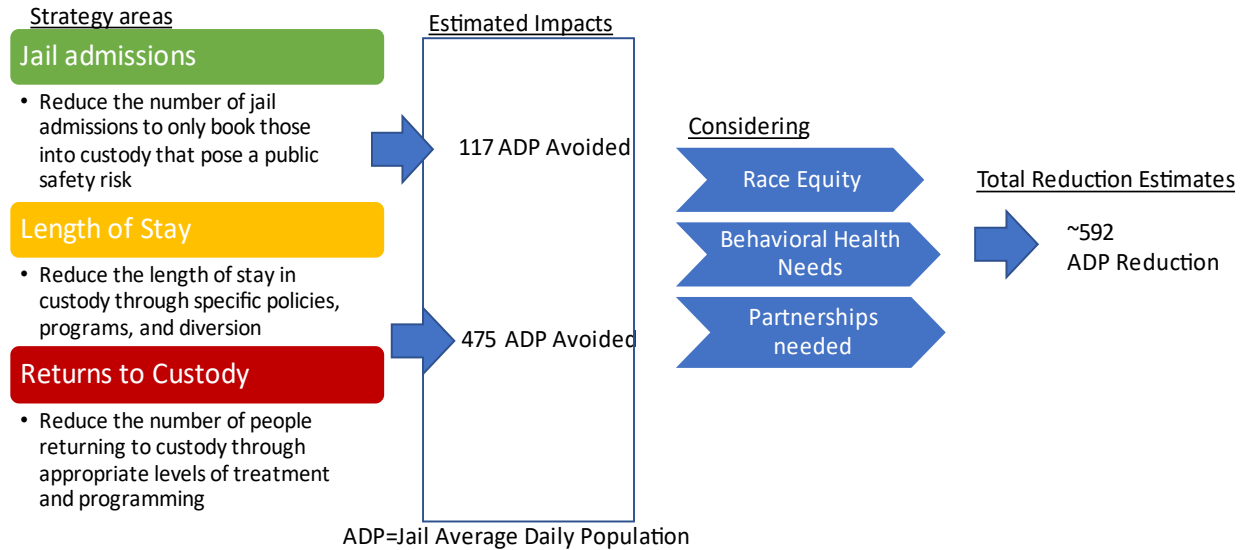**Jail admissions**

- Reduce the number of jail admissions to only book those into custody that pose a public safety risk

Length of Stay

- Reduce the length of stay in custody through specific policies, programs, and diversion

Returns to Custody

- Reduce the number of people returning to custody through appropriate levels of treatment and programming

Estimated Impacts

117 ADP Avoided

475 ADP Avoided

ADP=Jail Average Daily Population

Considering

Race Equity

Behavioral Health Needs

Partnerships needed

Total Reduction Estimates

~592 ADP Reduction

For the purposes of this document, "Low Risk" is considered someone with less than 30% change of returning. Increasing the risk tolerance to closer to 50% would have a far larger impact on reducing the jail population but would also mean more people would return to custody. Further, the impacts on people of color would need to be considered when using any kind of tool and ensure its uses are aligned with stakeholder perceptions and knowledge of how to use these tools effectively and equitably. Section 1.5 includes a fuller discussion of risk to re-offend and frames the benefits and challenges of using these kinds of tools.

The tables below summarize the jail reduction strategies, with more information available in section 2 about the target population, as well as programmatic parameters. The two policy areas below are meant to differentiate system responses around who enters the system and who stays, from services and treatment that effectively meet people's needs

JAIL ADMISSION REDUCTION	LENGTH OF STAY REDUCTION and REDUCING RETURNS TO CUSTODY	
1A) Deflect people with statutes or circumstances likely to be released the same day they enter	2A) Expand release of "Low Risk" detainees staying up to arraignment	2E) Reduce Warrants around FTAs for Mental health Clients
1B) Augment Crisis Response to deflect more people not requiring jail admission who have MH Needs	2B) Expand use of custody alternatives for low risk sentenced inmates	2F) Expand the use of Mental Health Diversion for Felonies

1C) Cite in the field people usually booked on non-violent misdemeanors or infractions	2C) Expand use of Pretrial for low-risk inmates staying past arraignment	2G) Expand the use of Mental Health Treatment Courts
	2D) Reduce Length of stay for people booked on warrants alone	

NEXT STEPS

County leaders will need to determine which areas to pursue going forward, and more detailed implementation timelines for immediate jail reduction strategies. Solutions may include policy and practice changes that can yield high impact at low cost, as well as cost-effective new programs and alternatives that are monitored to ensure good public safety outcomes. Whatever the local choices, installing a governance structure is recommended to provide ongoing cross-system oversight, guidance and planning to support future improvement efforts.

The purpose of this utilization study is to provide system leaders with a portrait of how Sacramento County Jail is currently used by examining recent data over a period, in this case, calendar year of 2021. COVID-19 poses numerous challenges in creating a narrative and baseline for this report, so where possible it notes full year estimates with COVID-19 caveats, or where COVID-19 responses are clearly impacting the jail system.

The daily jail population is a function of two variables—who gets booked or admitted and how long they stay. Some individuals are brought to detention for a new crime and others enter detention for other reasons, such as a supervision violation, court commitments or a warrant. The severity of the crime can also point to how long they stay, but for the most part this report leaves out specific discussion of personal attributes or programmatic success of specific programs and interventions. The range and breadth of interventions in Sacramento County don't lend themselves to singular answers, so this report attempts to be specific about programmatic impacts where possible.

This report focuses on the reason for booking, length of stay, average daily population, and release dynamics from January 1, 2016, through October 31, 2021. In places where is it necessary to capture the length of detention stays, this study looked at exits (releases) rather than entries (bookings) in 2021. Where feasible, the average daily population is estimated in a more precise way to show multi-year ADP trends by layering who is in the jail regardless of when they enter. There were a total of 21,855 exits or releases that were analyzed in 2021. To capture information about jail recurrence, as well as long term trends, additional data was collected from 2016 through 2021.

STUDY DESIGN: METHODS, DATA AND DEFINITIONS

The daily jail population is a simple function of who gets booked or admitted and how long they stay. While some individuals are booked into jail for a new crime, others arrive in jail for other reasons, such as warrants, based on some failure (failure to appear for court, failure to report to probation) related to pending or previously sentenced matters.

This analysis focuses on the reason for booking, length of stay, average daily population and release dynamics for inmates booked or released into Sacramento County jails between January 1, 2016, and October 1, 2021.

This approach provides a portrait of current jail usage and illuminates areas that are fertile for system improvement and help direct further examination that will lead to policy, procedure, or

program changes. This data will also provide baseline information that will help measure the impact of system changes going forward.

THE DATA

The initial dataset contained 224,134 unique bookings over a 6-year period from January 2016 to October 2021 involving 99,524 different individuals, according to the unique booking ID. This report primarily focuses on the most recent partial calendar year of 2021, and notes where data is projected. COVID-19 creates a changing environment, so more than ever it will be important to monitor changes in the population.

The analysis of bookings also includes individuals who were in jail less than one day, but not "housed" beyond a holding cell. This includes a significant number of individuals who are effectively released in the early decision point of booking, locally called "Quicks."

To summarize the bookings, the report used the attributes of the most serious charge within the booking mapped to the California Department of Justice's (CA DOJ) hierarchy table.[16] The data file contained over 9,000 distinct statute codes, which were matched to 4,500 standardized charges used in California for felonies and misdemeanors that assist analysts in automating the research process. This hierarchy was used to categorize each booking by using the most serious charge. Felonies are considered more serious than misdemeanors and within those groupings the top charge is based on severity. For example, if an offender has been booked for felony burglary (PC 459) and felony dissuading a witness (PC 136.1(B)(1), the burglary would be shown as the most serious crime in describing the booking event.

Throughout this document the terms "most serious charge" or "top charge" refer to this hierarchical approach. However, a booking charge does not reflect the final court charge or outcome. To simplify analyses, charges were grouped into crime categories based on norms set up by CA DOJ and are reflective of nationwide norms in reporting in terms of crime types. For example, if an individual was booked for a theft, it falls under a property offense. These groupings simplify the discussion of new crime bookings to focus on the most serious charge within a booking, and to the extent people enter jail for non-new crime related reasons, shows the underlying offense.

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[16] The project matched nearly 9,000 distinct charges to a standardized list, and this has been provided to a county workgroup to implement. At booking, charges reported by law enforcement must be recorded as indicated, thus creating variation in formatting and code designations.

To help organize the data into those with new crimes versus returning for violations of court orders, this report characterizes these major pathways to be more specific about the actions and causes of the jail population. Those entering jail for a new crime are referred to as "new crime" entries. Those who enter jail for factors other than a fresh arrest for a new crime are referred to as "non-new-crime" entries.

Non-new-crime entries include violations of probation and parole, warrants, and court commitments. If a booking includes a non-new crime violation and new charges or "Picked Up" charges, the case is categorized as a "new crime" entry. Non-new-crime entries include several categories:

- ✓ *Warrants*. These bookings can be for court-issued warrants for failure to appear in court, as well as for not appearing for probation supervision. Individuals can also be booked on warrants originating from other county or state agencies.

- ✓ *Court Commitments*. These bookings are instances when the court sends an offender to custody, either remanded at the pretrial stage of the court process or to serve a sentence.

- ✓ *Technical Supervision Violations*. In this report, violations are defined as allegedly breaking the rules, terms or conditions of probation or parole—not new alleged law violations. If a probation violator was arrested with a new crime, the new crime would be considered the top charge. Probation and Parole technical violations include parole under Penal Code section (PC) 3056; Probation and Mandatory Supervision under PC 1203.2; and Post Release Community Supervision parolees for a violation or flash incarceration under PC 3454. These supervision types are derived from several variables, such as crime statute and booking reason.

- ✓ *Holds and Other*. Offenders brought in for federal holds, as well as court orders to transport an offender to another agency, make up a group of booking types outside the normal groupings. This grouping also includes those being brought to the jail as defendants or witnesses in a trial or attending child custody hearings.

Together, new crime and non-new crime entries – new crimes, warrants, holds, and court commitments – provide a picture of who gets booked into jail.

To determine the length of jail stays and understand the daily population profile, it is necessary to know who gets into jail and when they are released, which this study will refer to as the exit reasons. By understanding who gets into jail through new crime and non-new crimes, and at what point they leave, it is possible to assess key characteristics of the daily population,

including the average length of stay and the aggregate jail "bed days" that are consumed in a year. The length of stay is determined by subtracting the release date from the admissions date for those released from custody. The bed days used in a year are calculated across all people in the jail at any point during the year, regardless of when they enter or exit.

This study includes some information on jail recurrence,[17] the "revolving" door. Four years of data were examined to get a sense of how many individuals had repeated jail stays during those years and how much jail was used, as well as exploring high utilizers.

Looking at high utilizers can come from a few different approaches, but the value can be to:

1. Identify people who have a high number of admissions into various systems, over the same period

2. Move to a people centric vs. system-centric approach to engaging people

3. Create targeted coordination of services across justice intercepts, as well as human services

4. Differentiate "chronic" high utilizers (high utilizer over many years) from "episodic" high utilizers (high utilizer in a single year)

5. Consider county values and philosophy around "good" utilization vs. missed connections

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[17] This report uses the term jail recurrence instead of recidivism because recidivism often denotes a new crime based on state definitions, whereas return to jail is not always due to, or associated with, a new crime.

Using cross system data allows a county to see how and where people touch different system

Justice Involvement
- *Jail bookings*

Behavioral Health
- Crisis Interventions
- Inpatient Admissions

Human Assistance
- Medi-Cal
- CalFresh,
- CalWORKs
- Homelessness Continuum Entry

Physical Health
- hospitals, including inpatient
- emergency department visits
- Health Expenditure
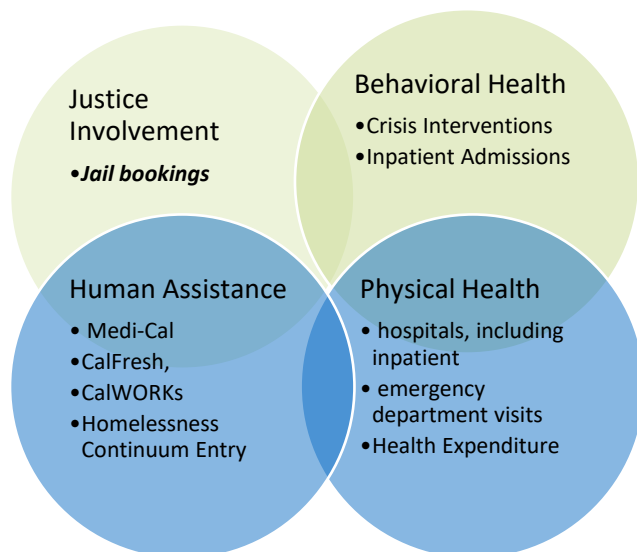
and is a key aspect of meeting primary care and behavioral health needs. Figure 1 shows the possible intersection of domains to look at people that high utilizers in 1 or multiple domains. A high utilizer has 1 standard deviation[18] more episodes/admissions than the average person in various domains over 12 months. This can be useful in identifying people who are high utilizers and seeing if certain people desist with and without interventions, as well as become high utilizers of different systems. However, approaches to address high utilization and some of the most complex cases often miss out on the people that are accelerating into high utilization, so its value could be in predicting future high utilization or better finding people to wraparound in services.

The data collected by Sacramento County through its jail management system is far more encompassing than the data and findings presented in this study, especially since it links to court cases as well as containing decades of information on people passing through the Sacramento County justice system through its XREF identifier system. This study distilled information to identify areas for system change and point to policy and practice choices that could be considered. These findings should be considered a starting point and should prompt more questions than answers. To fully understand opportunities for system improvement, the original data set may be revisited as a potential source to answer new questions. Additional work will also be required to dig deeper and triangulate quantitative and qualitative jail data with other sources, such as the courts, probation, and other service providers.

There also are limitations to the data analysis in this report. Some factors that can influence decisions to hold individuals in jail were not analyzed, most notably the full criminal record and

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[18] Standard deviation measures the dispersion of a dataset relative to its mean, so it's an adaptive metric.

information relating to all human service needs. Deeper analysis is needed to fully understand the range and viability of alternative policy options.

SACRAMENTO SYSTEM MAPPING AND INVENTORY OF PROGRAMS

System Mapping is valuable tool in understanding the range of programs, practices, and assessments used to guide services. The county adopted the Sequential Intercept Model (SIM) as an approach in 2019 to convey a growing and complex adult system of care. The purpose of a model like this lies in identifying gaps and barriers for people with behavioral health needs.

The SIM was first developed in the early 2000s with the goal of helping communities understand and improve the interactions between criminal justice systems and people with mental illness and substance use disorders, especially in creating diversion opportunities.[19]

The SIM has three main objectives:

1. Develop a comprehensive picture/map of how people with mental illness and co-occurring disorders flow through the Sacramento County criminal justice system
2. Identify gaps, resources, and opportunities at each intercept
3. Develop priorities to improve system and service level responses

In Sacramento County, this is an important planning document that can help to guide analysis and planning to align programming efforts, grant seeking, and operations to best meet the needs of people across agencies. The county's version, which has been updated several times includes details on the model itself, as well as program details where available.[20]

In general, a SIM is used to identify community resources and help plan for additional resources for people with mental and substance use disorders at each phase of interaction (intercept) with the justice system. The 6 intercepts are described below:

0. **Community Services:** This area focuses on process and programs offered to a general population that may or may not tie into law enforcement engagement. Examples: crisis response, 911 call centers, Continuum of Care planning, and early intervention/prevention.

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[19] Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. Psychiatric services, 57(4), 544-549.

[20] https://dce.saccounty.gov/Public-Safety-and-Justice/CriminalJusticeCabinet/Documents/SacramentoAdultSIM-WorkingDraft.pdf

1. **Law Enforcement Response:** This area focuses on how law enforcement entities engage at the point of first contact. Some of these interactions will results in an arrest, but others will not. Examples: 911 Dispatcher training, specialized police training, and specialized responses to high utilizers.
2. **Initial Detention and Initial Court Hearings:** This area covers the initial jail booking or detention, then the time and choices made leading up to and during arraignment. Examples: screening tools used at booking, Supervised Own Recognizance programs.
3. **Jails and Courts**: This area focuses on the time between arraignment and case disposition when the person is held in custody. This includes services offered while in jail, as well as through court processes. Examples: in-custody services, care coordination, counseling or therapies, mental health courts, drug courts, etc
4. **Reentry**: This area looks at the efforts to prepare a person for release to the community. This can come in the form of making connections with community providers, probation, or other ways of ensuring a transition to the community. Examples: Re-Entry Case Planning and care coordination, "warm handoffs" to the community, and Peer Navigators.
5. **Community Corrections:** This area looks at the role of community corrections agencies like probation or parole in keeping the person connected to services based on risk need responsivity, engagement with their probation officer, and other efforts to avoid future recidivism. Examples include Risk Needs Assessment, Graduated Rewards and Sanctions in response to violations, and Correctional Case planning.

The SIM Map and [Inventory](#) is used in this document to refer to part of the justice process, and can be a useful tool in understanding where opportunities for diversion, assessment and service connection exist. The inventory contains more searchable details about implementation details, as well as service delivery.
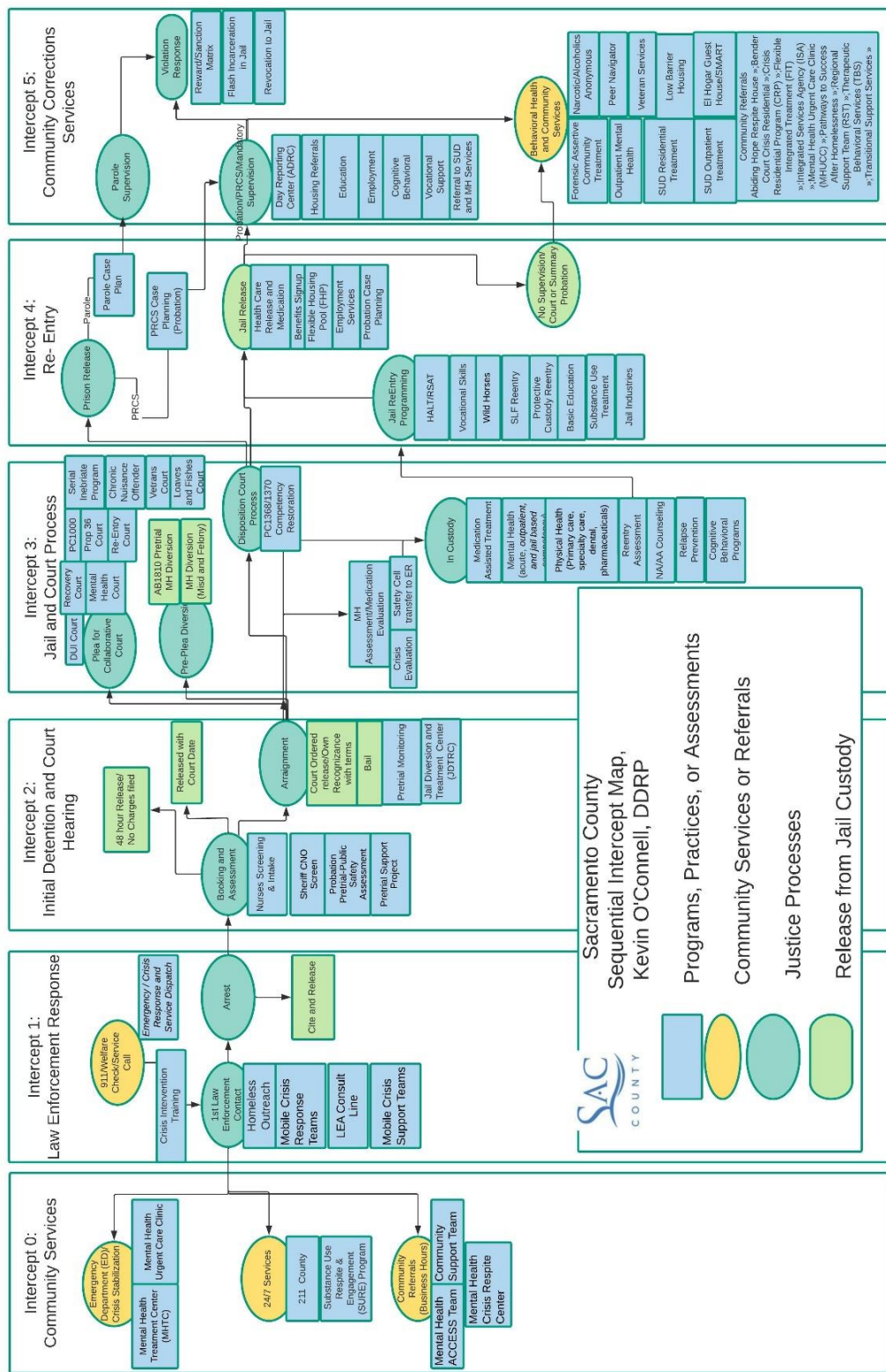
Figure 2: Sacramento County Sequential Intercept Model ([linked](#))

CRIME RATE OVER TIME

There isn't always a relationship between crime rates as reported by victims in the community and the jail population. This is

Sacramento Property and Violence Crime Amounts, by Year
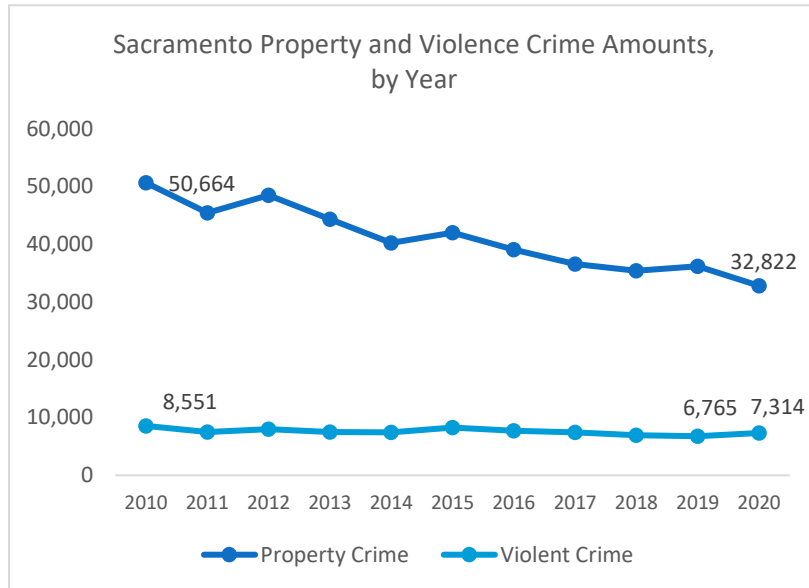
Figure 3: Sacramento Property and Violent Crime Amounts

> ✓ *COVID-19 had significant impact on the nature and types of crime*

partly because not all crimes result in an arrest, and many jail bookings are a result of behavior that isn't typically reported in crime statistics. Crimes may go unreported, which can hide certain types of crimes, as well as obscure victimization.[21] The commission of crime and resulting bookings into jail can happen in different time periods, creating a lag in the trends we see. Definitions of crime, both official and unofficial, can also change over time. The number of crimes reported in Sacramento County as measured by violent and property crimes has fallen dramatically in the last 10 years in real terms. There were 20,000 fewer property crimes reported to law enforcement, and 1,000 fewer violent crimes between 2010 and 2020. This represents a 40% and 15% decline respectively. However, 2020 represented an uptick in violent crimes, with 2021 data still unavailable. Explaining and understanding crime and justice trends during COVID-19 is an ongoing effort that will require ongoing monitoring and understanding of how COVID-19 policies as well as community responses shaped some of these trends.

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[21] The Nation's Two Crime Measures, 2011–2020. (2022). Retrieved 9 April 2022, from https://bjs.ojp.gov/library/publications/nations-two-crime-measures-2011-2020

When adjusted for population growth, of nearly 10% in the last decade[22], the changes in crime patterns are more pronounced, with the population adjusted crime rate for property crime falling over 40% and the violent crime rate falling 20%. Adjusting for population can better summarize larger countywide shifts, but there also needs to be an assessment of local crime patterns in cities and communities as these patterns aren't identical for all Sacramento County communities. Additionally, there's and understandable concern regarding the rise in homicides and gun violence over the last year, which impacts how communities feel about overall crime rates.[23]

Sacramento is part of a statewide[24] and national trend[25] of reduced crime rates over the last 10 years. When compared with other large California Counties in 2020, it places in the middle in terms of property and violent crimes. It is slightly above the state average in both rates as well, with 2071 property crimes reported for every 100,000 people, and 461 violent crimes per 100,000 people.

County	Population	Property Crimes per 100,000	Property Crimes per 100,000 Rank	Violent Crimes per 100,000	Violent Crimes per 100,000 Rank
Alameda	1,682,353	3,465	2	573	3
Fresno	1,008,654	2,440	3	589	1
Los Angeles	10,014,009	2,131	6	545	5
Orange	3,186,989	1,916	8	230	10
Riverside	2,418,185	2,183	5	300	9
Sacramento	*1,585,055*	*2,071*	*7*	*461*	*6*

[22] Demographics | Department of Finance. (2022). Retrieved 9 April 2022, from https://dof.ca.gov/forecasting/demographics/

[23] Gallup, I. (2020). Perceptions of Increased U.S. Crime at Highest Since 1993. Retrieved 9 April 2022, from https://news.gallup.com/poll/323996/perceptions-increased-crime-highest-1993.aspx

[24] Crime Trends in California. (2022). Retrieved 9 April 2022, from https://www.ppic.org/publication/crime-trends-in-california/

[25] What the data says (and doesn't say) about crime in the United States. (2020). Retrieved 9 April 2022, from https://www.pewresearch.org/fact-tank/2020/11/20/facts-about-crime-in-the-u-s/

San Bernardino	2,181,654	1,812	9	587	2
San Diego	3,298,634	1,500	10	349	7
San Francisco	873,965	4,509	1	563	4
Santa Clara	1,936,259	2,256	4	317	8

Table 4: 2020 Crime Rates and Ranking, 10 largest California Counties

ARRESTS [26]AND HISTORIC JAIL POPULATION[27]
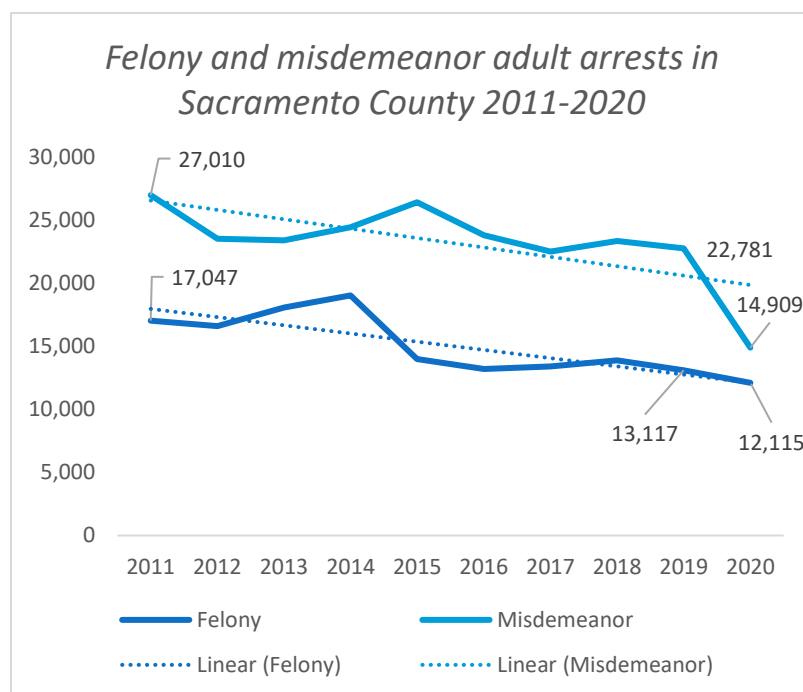
Figure 4: Felony and Misdemeanor Adult Arrests

For the 10-year period of 2011 through 2020, adult arrest rates have decreased in California. Misdemeanor arrests are down 30 percent and felonies are down 35 percent. Sacramento County also experienced an overall reduction in arrests over the 10-year period of 2011 and 2020, as illustrated in Figure 4. Misdemeanor arrests have decreased 45 percent in Sacramento and Felony arrests over the same period have decreased 29 percent. While both misdemeanor and felony arrests are down, the drop in felony arrests was more precipitous after the passage of Proposition 47 in 2014, which reduced certain felony drug and theft crimes to misdemeanors. Compared to the state, Sacramento had a larger decline in misdemeanors, but a smaller decline in felonies. COVID-19 artificially decreased arrest rates, especially for misdemeanors. Although there have been long term declines, the county should view 2021 and 2022 in context in terms

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[26] https://openjustice.doj.ca.gov/exploration/crime-statistics/arrests,

[27] BSCC Jail Profile Survey access 4/1/2022 from https://www.bscc.ca.gov/s_fsojailprofilesurvey/

of increases in misdemeanor arrests, as a possible return the historical trends, unless new efforts are undertaken to address drivers of justice involvement in the county.

Type II Facilities	2021 (2011) Sentenced ADP %	Average Daily Population in 2021(2011)
Main Jail	22% (10%)	1,856 (2,134)
Rio Consumes Correctional Center (RCCC)	42% (77%)	1,386 (1,909)
Total	30% (43%)	3,219 (4,044)

Table 5: Sacramento County jail facilities, Sentenced ADP and average daily population.

Sacramento County operates two Type II jail facilities. Type II jails are designed to hold individuals pending arraignment, awaiting trial, and serving a sentenced jail commitment. The Sacramento County main jail serves as the primary booking facility and a hub for healthcare for most of the people pending trial. The Rio Consumnes Correctional Center (RCCC) has a combination of pretrial and sentenced custody statuses, and more robust programming options due to its historic use as a post-adjudication facility. Table 5 lists the facilities percent of the population sentenced and the average daily population in the county and in parenthesis the 2011 numbers to show the changes in how the facilities have been used over the past decade.[28]
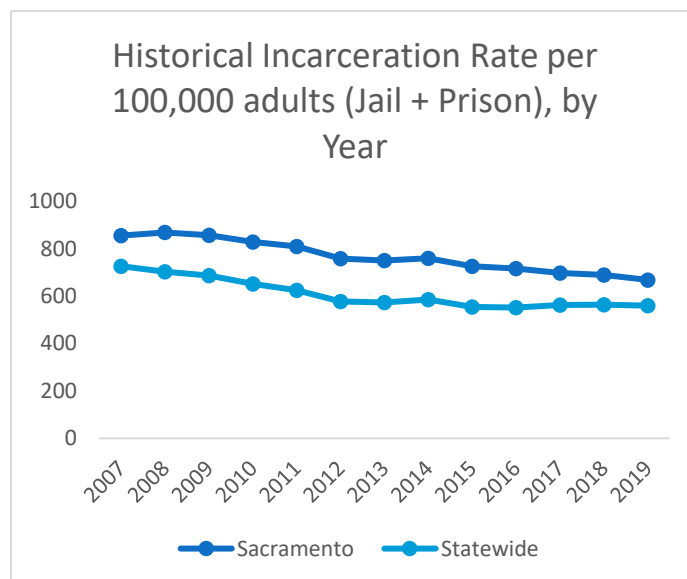
Figure 5: Historic Incarceration Rate per 100,000 Adults

Overall, the Sacramento's decline in incarceration has matched the statewide decline of 23% in jail or sentenced to prison from Sacramento. Its overall rate of incarceration is slightly higher than the state average, but this doesn't take into consideration types of arrests. This overall incarceration rate is an important consideration, since the local jail population is not the only location people are incarcerated.

Over time, Sacramento's Daily jail population has declined since 2002, and with it the ratio of people in jail as a

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[28] BSCC Facility Data

portion of the population. Looking at violent and property crime, as well as booking rates together show, even before 2020 and COVID-19, a general decline in all these factors, with jail bookings down the most on a population adjusted level. The relatively slower decline ADP is part because Jail ADP isn't only a response to new crimes.

Compared to other large California counties, Sacramento's ADP is higher than average, a trend that has continued for the last 20 years. While Sacramento has a relatively higher daily population for its jail population, as well as nearly 95% felony jail population, the level of booking is near average for the state. This would imply that there is likely a difference in the average length of stay that impacts the jail population coming from the large

Rates of Property Crime, Violent Crime, Jail ADP, and Jail Bookings, indexed to 2010
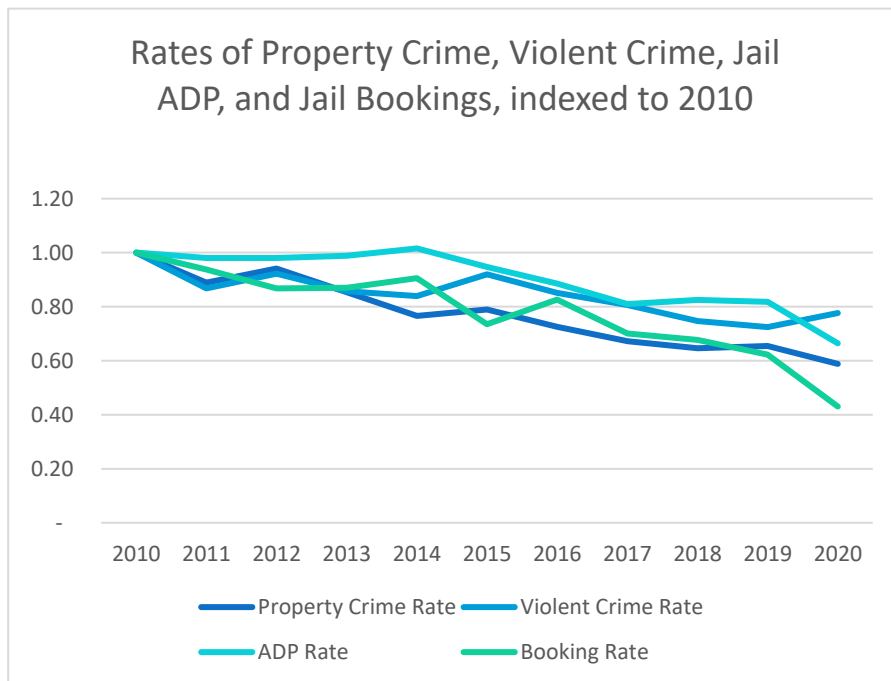
Figure 6: Changes in Justice Rates, compared to 2010 Index

number of felonies in the system. Sacramento also has a relatively lower percentage of people pending trial. There are lessons to be learned from other jurisdictions, but those must be taken in the context for what Sacramento County can prioritize and develop partnerships for, since the reality is felony level crime makes up most of the jail, and most of the felony defendants are pending trial. The following sections of the report lay out the distinct characteristics of Sacramento County's jail that allow it to go beyond simple comparison of cross-county rates. COVID-19 release and safety policies, pending litigation, shifts in community partnerships, and long-term changes in policing all play a role in a local jails composition. For more information on other counties, a dashboard was created based on publicly available data for jail populations and crime rates. [29]

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[29] https://public.tableau.com/app/profile/oconnellresearch/viz/JailPopulationOpenData/Overview

County	Avg. ADP per 100,000 adults	Avg. ADP Total	Avg. Bookings per Month per 100,000 Adults	Avg. Pretrial Percent	Avg. Felony ADP percent
Alameda	194	2,226	170	92%	93%
Los Angeles	203	14,750	60	58%	93%
Orange	140	3,120	137	75%	79%
Riverside	232	3,554	281	81%	97%
Sacramento	*311*	*3,219*	*213*	*70%*	*94%*
San Bernardino	380	5,335	331	81%	73%
San Diego	167	3,882	162	69%	97%

Table 6: Comparison of 2021 Jail Characteristics in Large California Counties

1. JAIL UTILIZATION ANALYSIS AND FINDINGS

Studying the jail population in more detail helps to assess and understand the drivers of the population, as well as reveal details regarding the specific crime types entering the jail, justice system responses, and the profile of demographic and behavioral health needs. The goal of this section is to expand and clarify the conversation about the jail population, and act as the basis for future collaboration. This section is divided into the following sections identified by the key driver of justice involvement based on the perspective.

- Bookings
- Daily Population
- Length of Stay
- Demographic and Behavioral Health Needs
- Re-Entry
- Jail Recurrence

SYSTEM HIGHLIGHTS

Overall, the Sacramento analysis reveals several takeaways in 2021:

- ✓ Felony and misdemeanor arrests have declined over the last decade, but the jail has become a mainly felony level facility, with only 6 percent of people held for misdemeanors.

- ✓ Over half – 55 percent – of the individuals booked into the county jail are released within three days.

- ✓ Nearly 32 percent of the individuals booked into jail for a new crime are arrested for drug- or alcohol-related crimes.

- ✓ 70 percent of new crimes bookings were for nonviolent offenses. Felony violence charges account for 24 percent of all bookings.

- ✓ 75 percent of the daily jail population is comprised of pretrial inmates, pending trial for a new charge or violation, not serving a sentence.

- ✓ 34 percent of the jail population is in custody for violating probation, parole, conditions of release, or warrants for failing to appear for court dates- not pending new charges.

- ✓ Individuals booked more than once in the last 6 years account for 70 percent of the daily population

- ✓ 52 percent of people re-entering the jail during the five-year study period were not booked for a new crime, but for probation violations and warrants.

- ✓ 55 percent of people in custody were being seen by correctional health for mental health concerns, with 28% having a serious mental illness. 11% have a co-occurring diagnosis combining SMI and Substance Use.

- ✓ 30% of people released from jail are possibly unhoused, meaning there are more than 10,000 releases per year where housing could be needed at release.

- ✓ 30% of bookings related to statutory violations of drug or alcohol laws, indicating substance use needs. On any given day 45% of the jail has some combination of substance use disorder and/or an SMI.

1.1 BOOKINGS: WHO ENTERED THE JAIL?

Who was booked into jail in 2021? What was the basis of those arrests? Who was held and who was released at the new crime? Who remained in custody after their initial court appearance?

In 2021, there were 21,749 bookings into jail through September 2021, a 4% increase over 2020 when projecting for the entire year, representing 16,775 unique people. Figure 8 shows that 2021 Felony bookings have returned to near historic levels, depending on the time of year. Misdemeanors have stayed well below historic levels throughout 2021 but continue to rise.
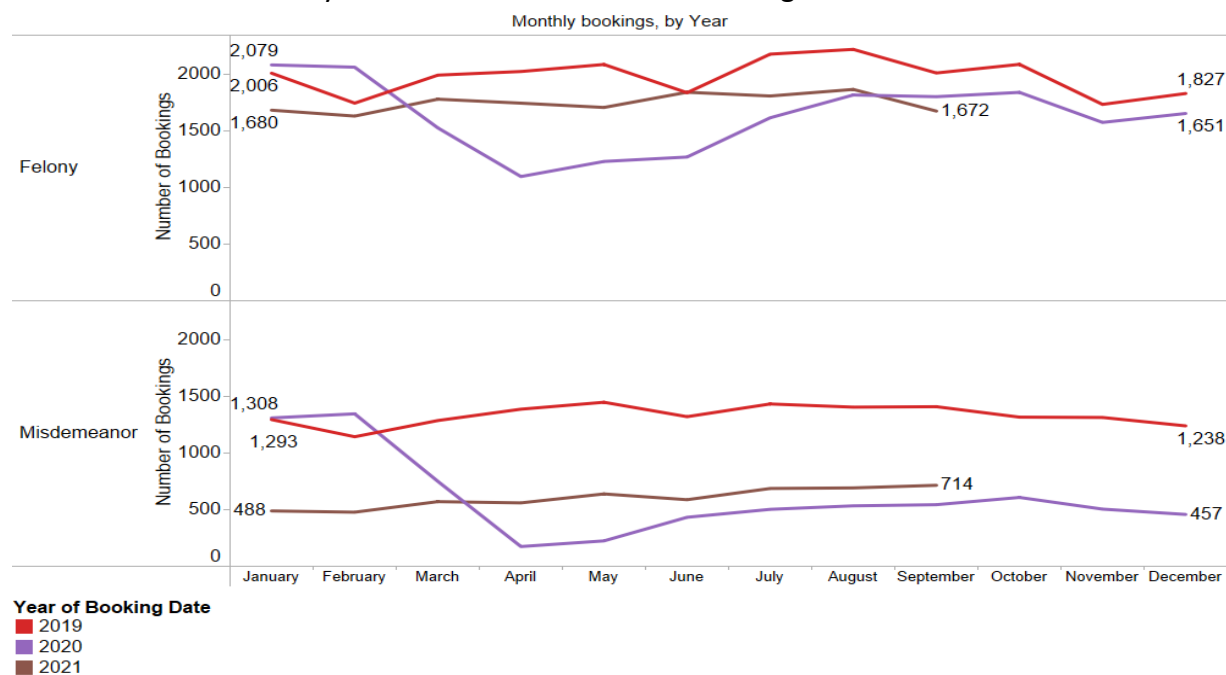
Figure 7: Monthly Bookings, by Severity and Year

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Figure 8 shows the bookings for the five years of the study by Crime type and charge severity level (felony vs misdemeanor). COVID-19 caused clear declines in all of these groupings except

felony new crimes. Felony crime rates, while seeing some decline during COVID-19, rose 20% above pre-COVID-19 levels. Although the increases in felony bookings are a tangible change, the reduced bookings related to non-new crimes and misdemeanors indicate continued adaptations to COVID-19 could raise the jail population further without active management and mitigation.

Figure 8: 2017-2021 Quarterly Jail Bookings by type

Forty percent of the jail bookings did not involve a new crime. These "non-new Crime" bookings were for violations, warrants, holds and court commitments and are distinguished from new crime bookings because jail admission was not based upon a new offense. During COVID-19, despite several mitigation strategies, non-new crime still constitutes nearly 40% of all new jail entries. (Figure 9) While new crimes are 60 percent of all bookings, only 40% of the total bookings in 2021 were for felony new crimes. New crimes bookings were largely composed of crimes against persons, making up 37 percent of all bookings based on a new crime charge, followed by charges for alcohol offenses at 21 percent (Figure 10). 16 percent were for property offenses and 11 percent of new crime charges were for narcotics and drugs. Together drug and alcohol offenses

Figure 9: Percentage of new crime and non-new Crime bookings

constitute nearly one third of the new crime charges. Drug and alcohol may also be a driver for

other crime and non-new crime categories. For many offenders, substance abuse is a driver and influence in property offenses, while alcohol is frequently a factor in person crimes. Additionally, substance abuse and dependency can play a role in many court failures to appear and probation violations that lead to warrants, such as failing to show for court appearances and probation appointments.

As seen in figure 10, COVID-19 changed the distribution of felony charges, as compared to 2019. In 2021 there were slightly more crimes against persons, as well as more bookings related to weapons charges (All others).

Felony New Crime Bookings, by type

■ 2019 ■ 2021
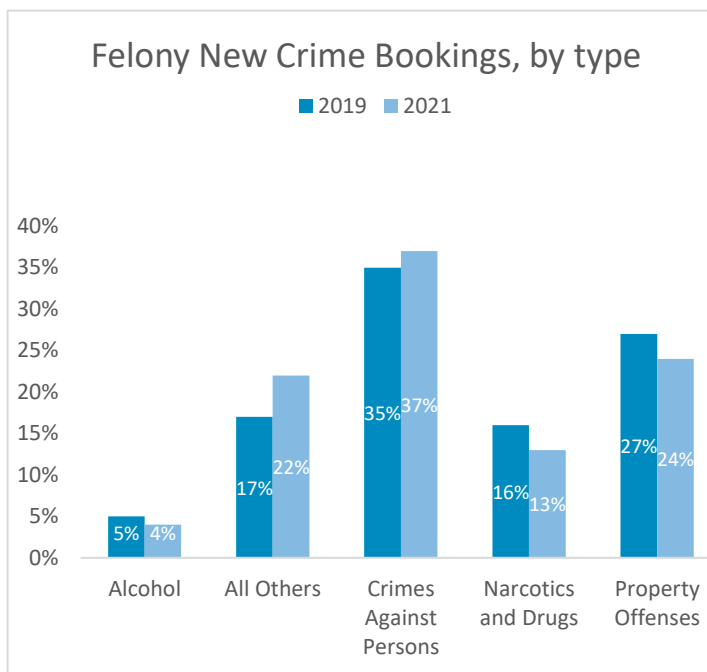
Figure 10: Felony New crime bookings by crime grouping

Misdemeanors also saw an increase in crimes against persons. This is likely a result of an increase in domestic violence bookings, causing all crimes against persons to increase to 20% of total misdemeanors in 2021. Alcohol related crimes made up a similar portion of bookings, but drug crimes as well as public order crimes (vandalism, trespassing, etc.) declined as well.

From a public safety perspective, crimes against persons are of high concern. They range widely from misdemeanor assaults to more serious felony assaults, to the most egregious crimes, including homicide.

Felony person crimes accounted for 14 percent of the total bookings, but 31% of all new crime bookings. This includes 10 the most serious crimes against persons including robbery, assault,

Misdemeanor New Crime Bookings, By Type

■ 2019 ■ 2021
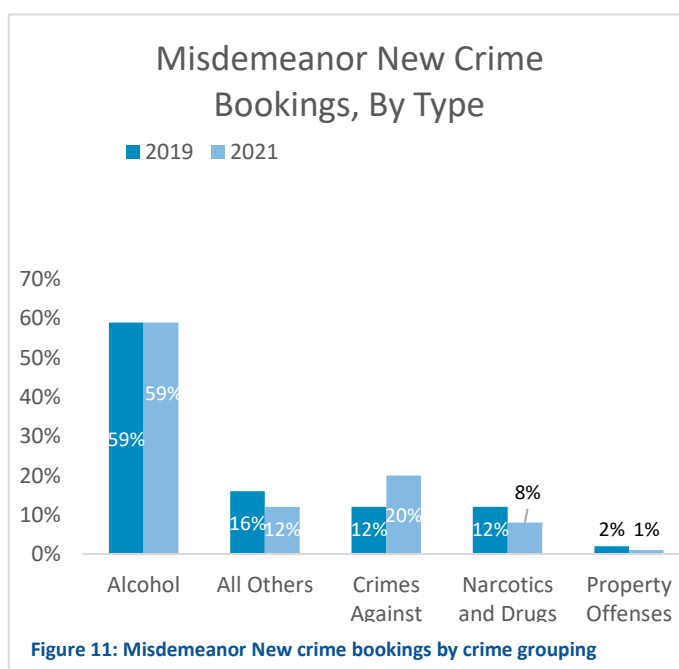
Figure 11: Misdemeanor New crime bookings by crime grouping

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homicide, kidnapping, forcible rape, sex offenses, which combined comprise 18.6 percent of all bookings (see Figure 12 below). As illustrated later in this document, while alleged person crimes are a small percentage of bookings, a significant portion of the daily jail population is comprised of individuals involved in violent crimes because of their longer custody times.

New Crime Bookings for Crimes Against Persons

Category	Percentage
Felony Assault	12.2%
Misd. Domestic Violence	2.8%
Robbery	1.5%
Misd. Assault and Battery	1.0%
Other Sex Crimes	0.5%
Homicide	0.2%
Kidnapping	0.2%
Hit and Run	0.1%
Rape	0.1%
Manslaughter	0.0%
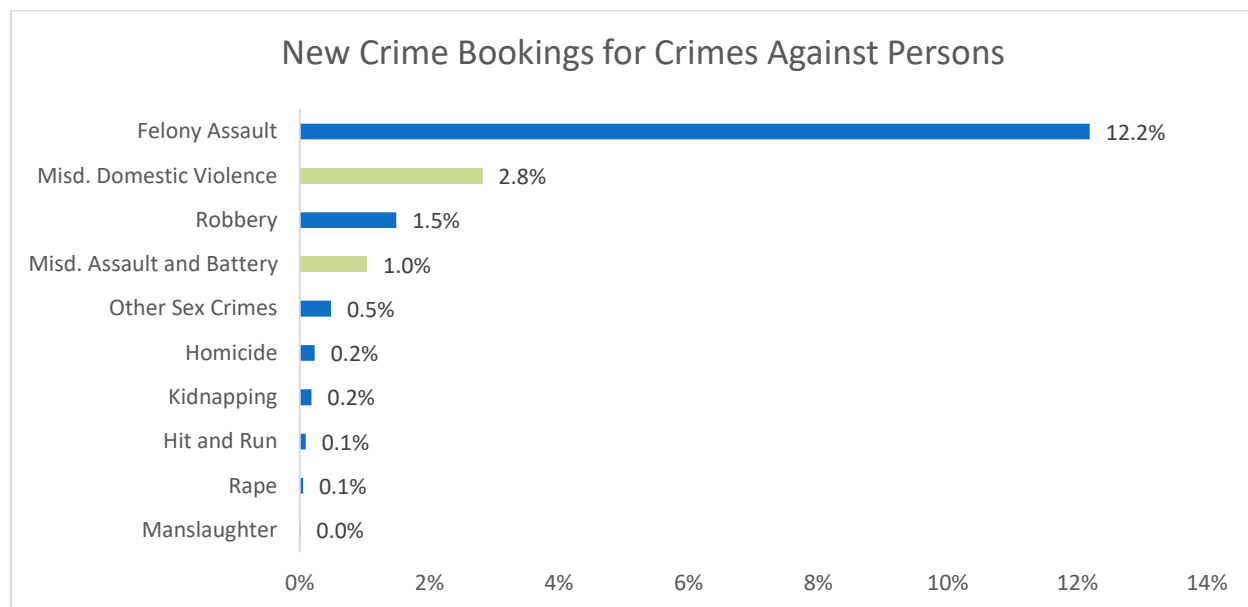
Figure 12: Crimes against persons as percentage of all bookings

The presence of domestic violence (DV) requires special attention. DV is usually entered as misdemeanors, but it's important to recognize that DV can occur through a number of other crimes, such as stalking and more violent assaults. The nature of the crimes considered DV aren't always clear in the initial charges but represents an important group to differentiate from other misdemeanor crimes. Although 2.8% of bookings are linked to statutes related to DV, attention should be paid in how to assess victim safety as well as the pretrial process for people that commit domestic violence offenses.

WARRANTS, VIOLATIONS, AND COMMITMENTS

As described earlier, non-new crime bookings are defined in this study as jail admissions that are not based on a new "fresh arrest" crime. Below are the categories of these booking:

> ✓ *40% percent of jail bookings do not involve a new crime*

- Warrant: bookings for court-issued warrants for failure to appear in court, not appearing for probation supervision. Individuals can also be booked on warrants originating from other county or state agencies.
- Violation: Bookings for allegedly breaking the rules, terms or conditions of probation or

parole—not new alleged law violations.

- Holds/Other: bookings for federal holds, as well as court orders to transport an offender to another agency. This grouping also includes those being brought to the jail as defendants or witnesses in a trial or attending child custody hearings.
- Court Commitment: remanded to jail by a judge in court while the court process proceeds, and out-of-custody individuals who are sentenced to report to jail as a sanction.

Figure 13 provides a breakdown of non-new Crime bookings. Over half of the felony non-new Crime entries in Sacramento County are for warrants. The second most non-new crimes admissions are for violations at 21%.

The type of warrant is an important piece, as people wanted on arrest warrants require different kind of processing than those for failing to appear in court. The number of people booked on misdemeanor warrants has dropped during COVID-19, going from over 2,000 per year, to under 700 the last 2 years. As for felonies, they now make up 95% of all warrant related bookings but have declined in number from nearly 7,500 before COVID-19 to 5000 in 2021. The underlying crimes for warrants are similar to fresh arrests, except for property crimes making up 17% of new crimes, but 31% of warrants. Warrants are also a major driver of incarceration for people with SMI, 36% of all warrants were attached to people with a SMI.

Felony Non-New Crime Bookings, by type

■ 2019 ■ 2021

Court Commitment	Other	Violation	Warrant
9% 7%	15% 15%	20% 21%	56% 57%
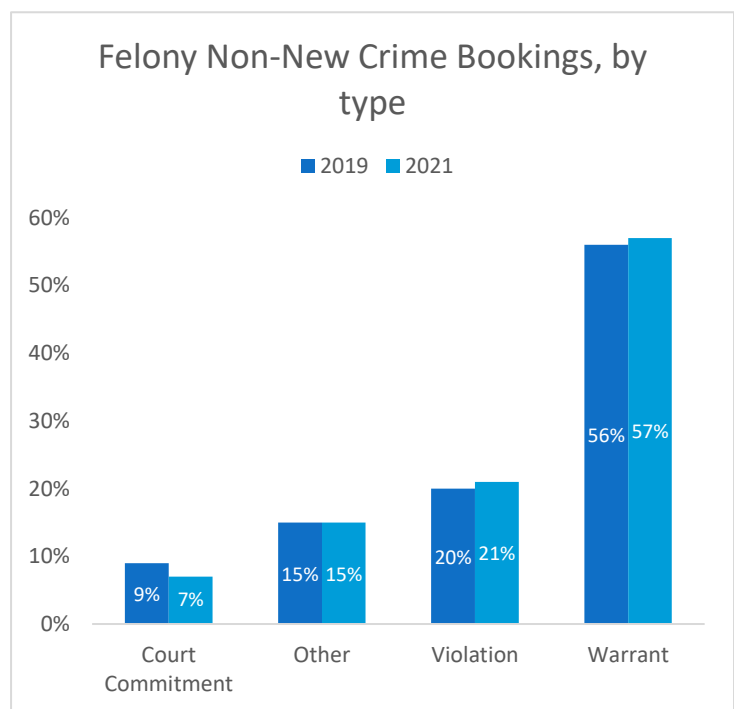
Figure 13: Felony Non-new Crime percentages by type

BOOKING AGENCIES

Ten city, county, and State agencies make up 90% of the jail bookings. The differences in the kind of bookings by each agency is important to understand the local context for the bookings. The two largest agencies, Sacramento Police and Sacramento County Sheriff make up 60% of the people booked but looking behind this shows differences in the circumstances of those bookings. Table 7 below shows the total projected 2021 bookings by agency, the percent of total bookings, and the difference compared to 2019.

Table 7: Bookings by Agency

	2021 Bookings (Full Year Projection)	% of Bookings	% Difference from 2019
Sacramento PD	9,832	35%	-28%
Sheriff	7,929	28%	-55%
CHP	2,372	8%	-43%
Citrus Heights PD	1,263	4%	-56%
Elk Grove PD	1,151	4%	-46%
Rancho Cordova PD	800	3%	-52%
Adult Probation	796	3%	-52%
Folsom PD	729	3%	-54%
Sacramento Parks and Rec, Rangers	432	2%	-58%
State Parole	431	2%	-55%
Others (68 Agencies)	2,447	9%	-56%

The nature of the bookings across agencies is also different, representing different geographical parts of the county, as well as jurisdiction over certain types of enforcement. For example, the CHP is confined to highways and roads, and state parole and County Probation is focused on people who are under their supervision. The sheriff's office is also responsible for carrying out various court orders, including warrants.[30] Table 8 shows the different booking types.

Table 8: Agency Bookings by booking reason and severity

	Felony		Misdemeanor	
	New Crimes	Non-New Crimes	New Crimes	Non-New Crimes
CHP	24%	7%	69%	1%
Citrus Heights PD	45%	29%	22%	3%
Elk Grove PD	49%	19%	27%	4%
Folsom PD	41%	28%	25%	6%
Rancho Cordova PD	44%	32%	22%	3%
Sacramento PD	47%	32%	15%	6%
Sheriff	36%	45%	10%	10%

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[30] For the purpose of this analysis, bookings initiated by jail staff are not included since is usually associated with a transportation and court commitment order.

A primary interest for this population was those booked with a diagnosed or known SMI. The circumstances of their bookings are different than those in the general population, and present different opportunities for addressing or reducing these bookings. In 2021, 33% of jail bookings involved people with a SMI. These people were at varying levels of acuity while in custody, but the situation underlies the scale of need for community alternatives to deflect and engage people in treatment while in the community. Of those with SMI, 25% also screened as homeless. This means that there are significant portion of bookings with complex needs in the community involving housing and mental health services. It is possible that this jail prevalence rate is an undercount of people entering the facility if they are in for a short time and never assessed.

The mental health population enters the jail more often for warrants as well as holds and violation, as compared to the larger jail population, and relatively less often for alcohol related crimes. However, since short stays may not be in custody long enough to receive a full assessment, there may be people that enter the jail with SMI but leave quickly, which will be revisited in Section 1.2 around length of stay.
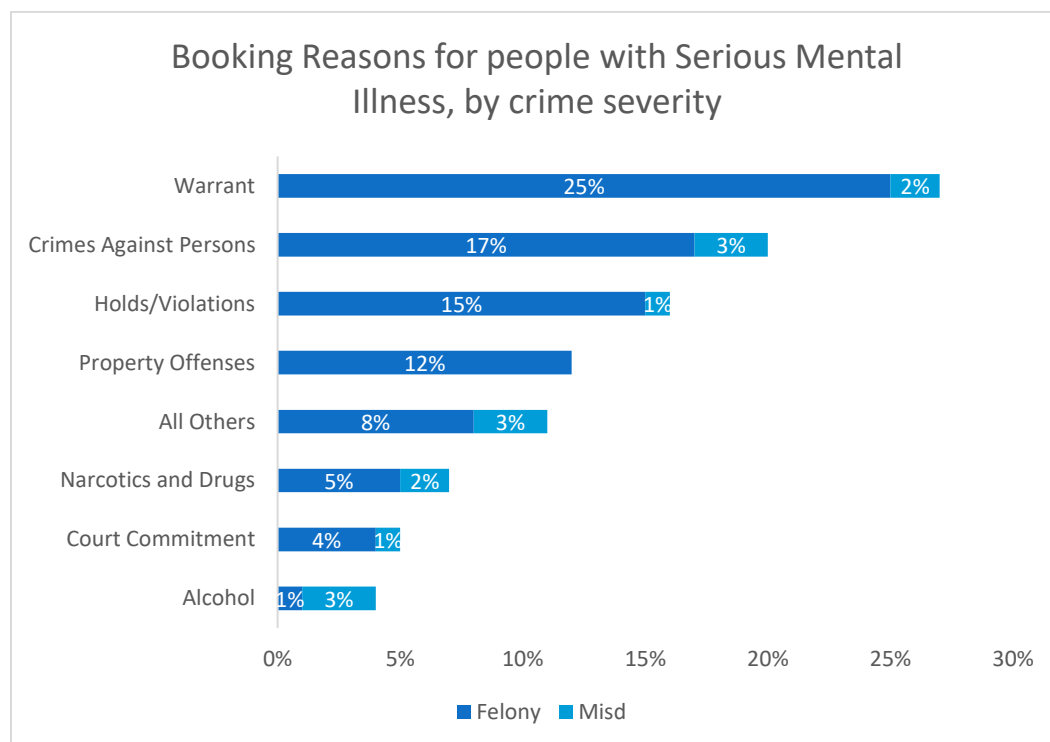
Figure 14: Percent of Jail Bookings with Serious Mental Illness
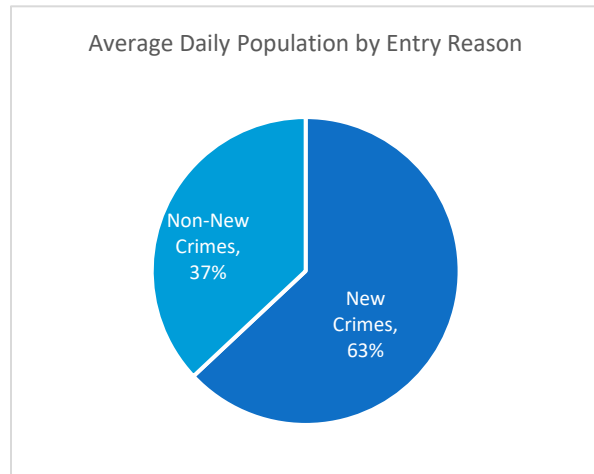
Figure 15: Non-new Crime and new crime percentages on an average daily population (ADP) basis (2021)

The Average Daily Population (ADP) in jail is a function of jail admissions and length of stay in jail. Since length of stay varies for different types of crime and is influenced by other factors, the characteristics of the ADP are not the same as the population at booking. For example, many alcohol-related crimes are released very quickly, so they may represent a large percentage of bookings, but do not greatly impact the average daily population. The ADP is calculated by using all people in the jail on a given day, so while it includes those booked and released in other years, but largely reflects 2021 entries and exits. The percentage of non-new Crimes in custody daily is 37 percent, with 63 percent in custody because of new crimes (both pre-trial and sentenced).

Viewing the average daily population reveals the composition of offenses that impact the jail on a typical day. For this study, the length of stay is defined as the days an individual is in physical jail at either Sacramento jail location, the Sacramento County Main Jail or Rio Consumnes Correctional Facility (RCCC). Average length of stay (ALOS) is defined as the average length of time all individuals stay in the jail system.
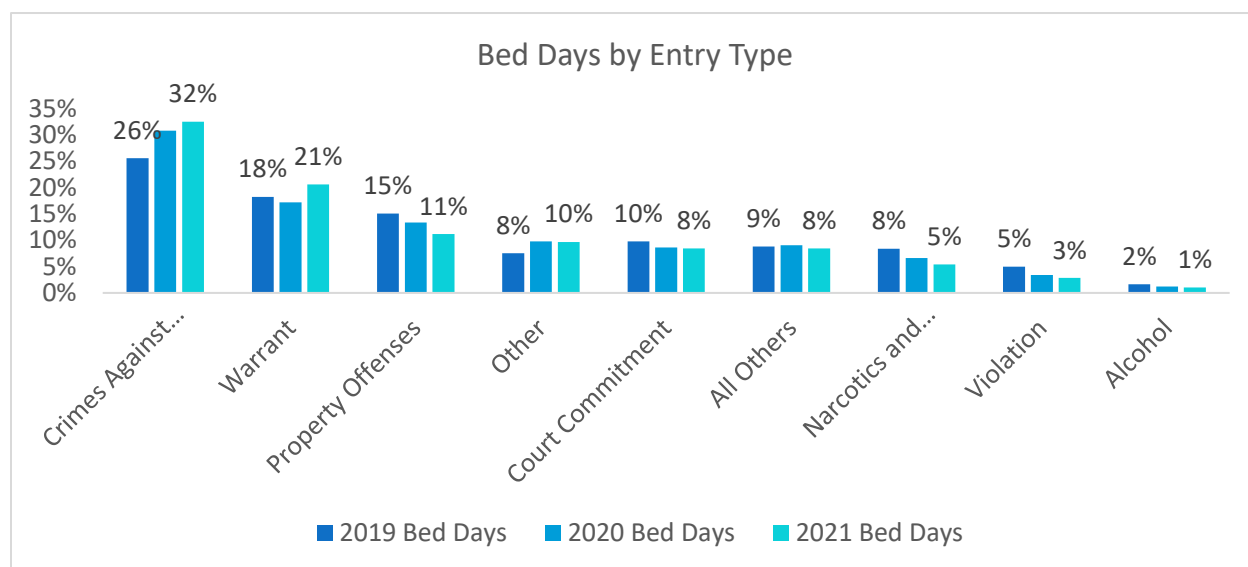
Figure 16: Percent of bed days, by entry Type 2019-2021

Warrants and crimes against person make up 50% of the jail on daily population basis. While misdemeanor new crimes constitute 25 percent of bookings, they only comprise 5 percent of the daily population since many of the misdemeanants are processed and released relatively quickly. This leaves nearly 95% of the jail as felony-level inmates. Additional analysis of the misdemeanor jail population may illuminate opportunities to find alternatives to incarceration for these lower-level crimes.

As expected, alcohol offenses represent 21 percent of new crime bookings, they make up 1 percent of the daily population held in custody based on a new crime. Most of these bookings involve drunk driving offenses, which are typically processed and released within hours after booking, unless it is a drunk driving case with injury or prior drunk driving convictions.

Person and property crimes represent a much greater share of the daily population as compared to the proportion of bookings for other crimes, due to the longer lengths of stay (46 percent in the booking data and 66 percent in the daily population based on new crimes). The proportion of drug offenders remains somewhat similar between booking (11 percent) and jail population ADP (8 percent).

Warrants and court commitments make up the largest non-new crime contributions by far. Together, they comprise 86 percent of daily population of individuals who are not in custody for a new crime, and about 29 percent of all inmates in custody daily. Holds make up 6 percent of the non-new Crime daily population, or about 2 percent of the total daily population.

> ✓ *21% of inmates are arrested for warrants*

A deeper look into violations, warrants and court commitments, including the factors leading to their issuance and the underlying crime and severity level, would provide helpful information in designing effective interventions that might help reduce jail usage – either by reducing their occurrence or determining alternatives to jail.

In terms of the daily population, nearly 70% of the people there have been there before (i.e., 2nd or more jail entry. 2500 people have been in custody before on any given day, and although this dropped during COVID-19 2020 emergencies, it returned to previous levels by December 2020. The dynamics of jail re-admission will be covered in Section 1.6 in more detail but looking at the amount of jail recurrence shows 30% of the jail has been in 2-4 times. Differentiating the jail population by readmissions can offer more release strategies and targeting of re-entry services.

Additional analysis may require case-level review to better understand the reasons and choices leading to incarceration and length of stay. Answering the following questions may lead to innovative and effective solutions to decrease the use and necessity of jail.

- What are the top reasons for warrants, court commitments and probation violations and what alternative sanctions to jail exist, how frequently are they used, and how successful are they?
- When are warrants issued and for what reason?
- What strategies could be put in place to avert warrants?
- What are the circumstances that lead to a pretrial court commitment?
- What are the considerations leading to post sentence court commitments and are there alternative community-based sanctions that may be appropriate for some of these commitments?

AVERAGE DAILY JAIL POPULATION OF THOSE WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDER

The population of those with SMI in the Sacramento County jail has grown over the years, partly because of unmet underlying needs in the community, but also due to improved screening and assessment. Over time, this amount has expanded since tracking began during COVID-19, as has those with a non-SMI related MH need has grown faster than the SMI population. On any given day 45% of the jail has some combination of substance use disorder and/or an SMI.
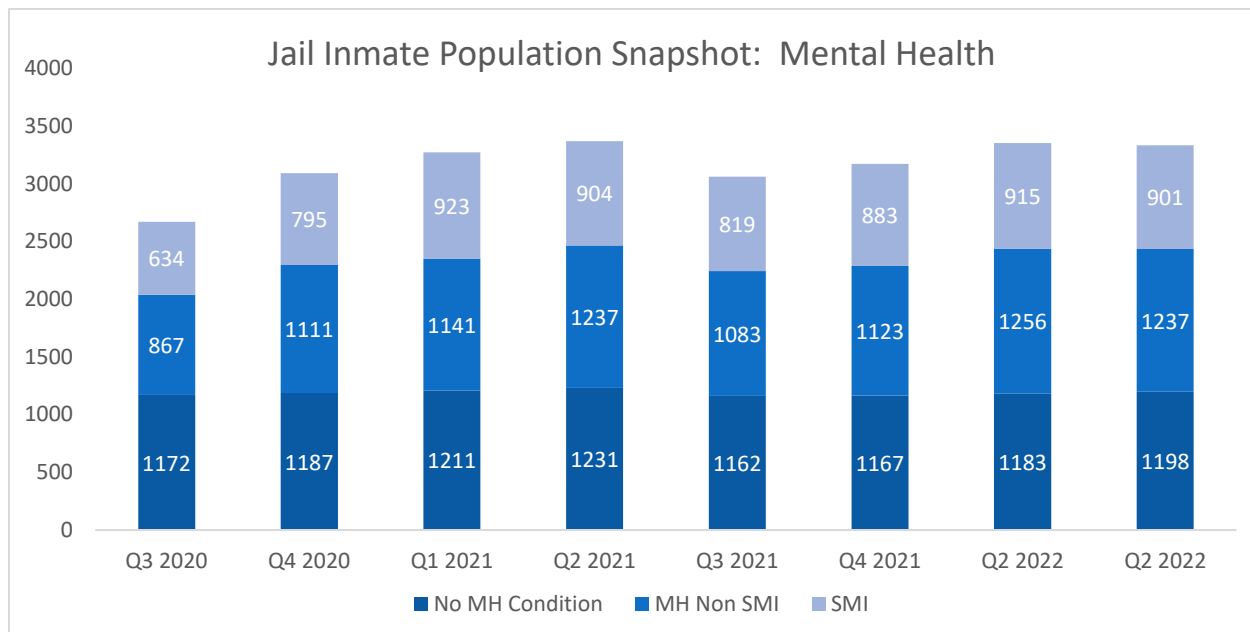
Figure 17: Jail Inmate Population Snapshot

Looking only at those with an SMI in jail on a given day (figure 18), most people in the jail are there from felony level crimes, similar to the rest of the jail. 33% of the people in the jail who have an SMI are there for felony level crimes of violence. The 24% of the population there for a warrant is an important population to note, as this implies the person was likely wanted in the commission of crime or failed to appear in court. Better understanding the nature of warrants can help differentiate people that serve a public safety risk due to their non-compliance from those who need more support in the community to stay connected to their court obligations.
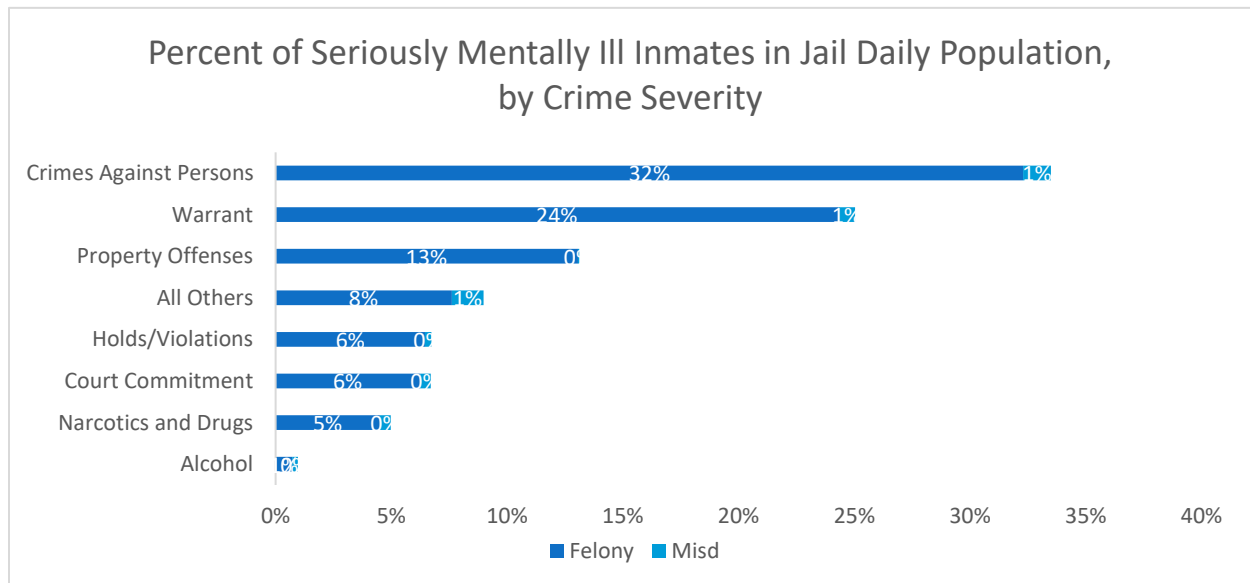
Figure 18: Percent of Seriously Mentally Ill Inmates, by crime type and severity

Jail Length of Stay, by Crime Severity
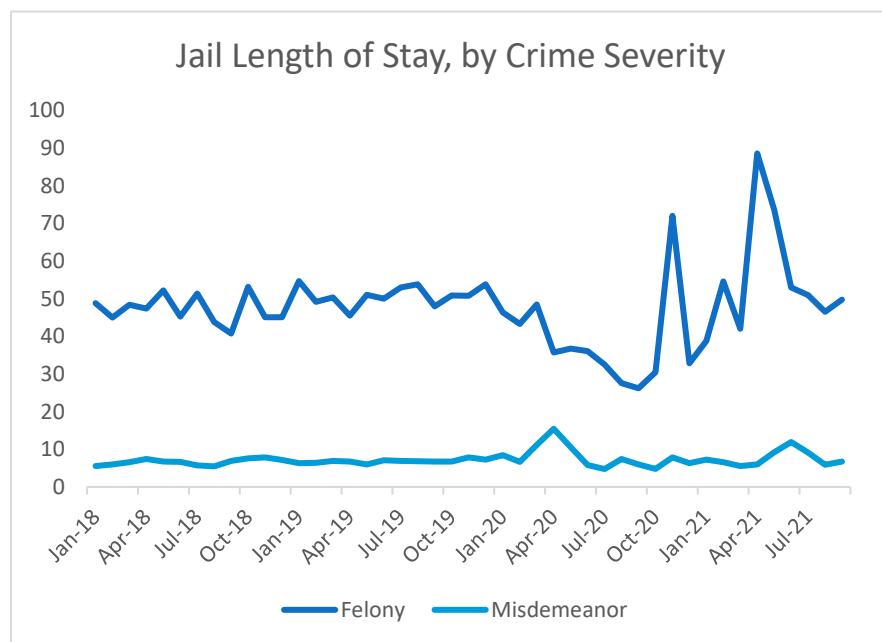
Figure 19: Jail Length of Stay, by severity

Since the length of stay can only be calculated after completion of a jail release, this report used releases in 2021 to calculate length of stay by crime category. The average length of stay for all releases in 2021 was 45.5 days, which is 10 days longer than historical rates (Figure 19). This is mainly a result of felony stays increasing in length overall, but with a significant volatility.

Misdemeanors stay about the same amount as they did pre-COVID-19.

Figure 20 below sorts by severity level, showing that felony crimes against persons had the longest length of stay for new crime bookings, while court commitments based on felony charge had the longest average length of stay for non-new Crime bookings. Felony alcohol offenses would include cases of multiple drunk driving offenses.
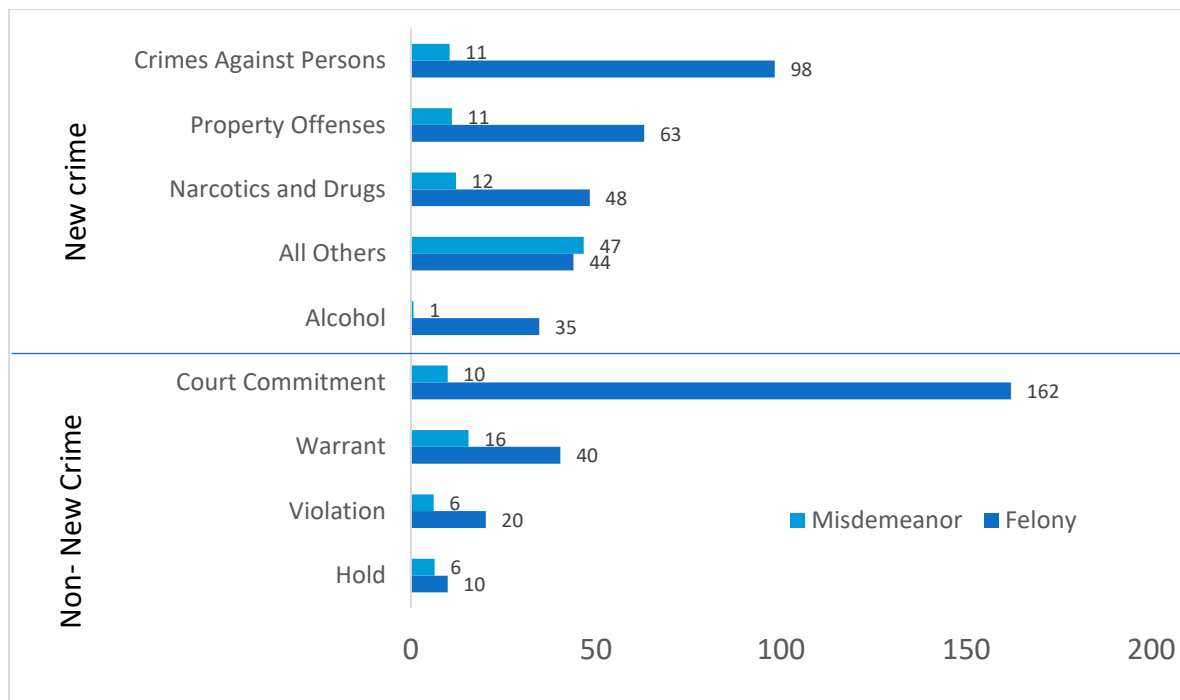
Figure 20: Average length of stay in 2021 by charge category and severity

The amount of time people spend in a pretrial status versus a sentenced status impacts the options for release as well as service options. For felonies (Figure 21), the longest lengths of stay involve people committed to jail by the court at sentencing, as well as those in continuous custody for crimes of violence and property offenses. These lengths of stay drive 95% of the jail population and represent opportunities if programs and services can be structured appropriately. Looking at ways to reduce lengths of stay during the pretrial phase would have high impact on reducing the jail population. However, the average length of stay obscures a distribution of stays that are generally much shorter, especially for misdemeanors which stay, on average 7 days, with almost of all of it spent pretrial.

2021 Felony Jail Average Length of Stay in days, by Entry Type

Entry Type	Pretrial Length of Stay	Sentenced Length of Stay
Court Commitment	133.2	47.7
Crimes Against Persons	92.7	20.5
Property Offenses	59.6	21.8
Narcotics and Drugs	46.1	22.4
All Others	36.7	9.4
Warrant	36.4	8.6
Alcohol	30.4	12.7
Violation	17.4	6.9
Hold	9.8	0.
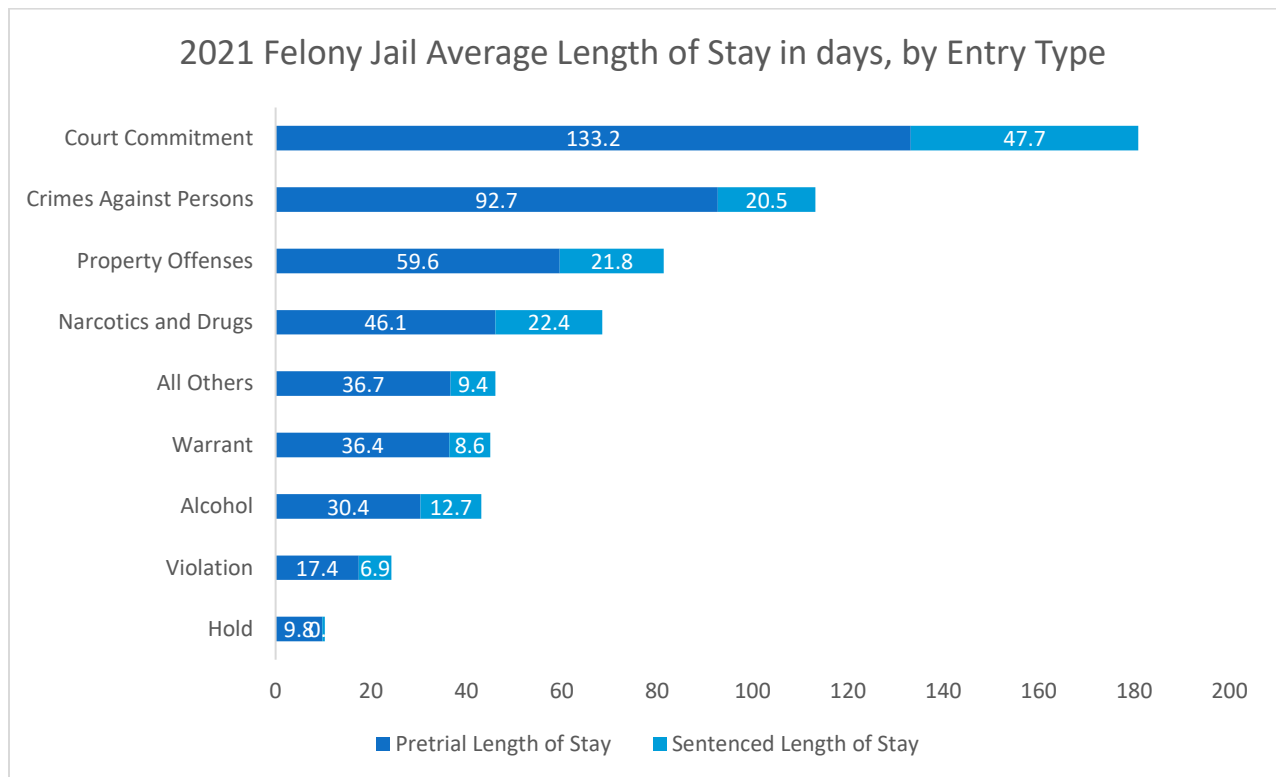
Figure 21: Felony Jail Average Length of Stay, by Entry Type

Another length of stay impact is short stays. 70% of jail stays end in 10 days or less. Before COVID-19, the number of people exiting jail quickly was named "Quicks" to identify those who were generally not housed and left the jail within 16 hours of booking. 2019 compared to 2021 is used in Figure 22 to illustrate the dynamic that a relatively small number of people drive most of the days in custody. However, when looking at short stays it is important to look at the circumstances surrounding such entries.
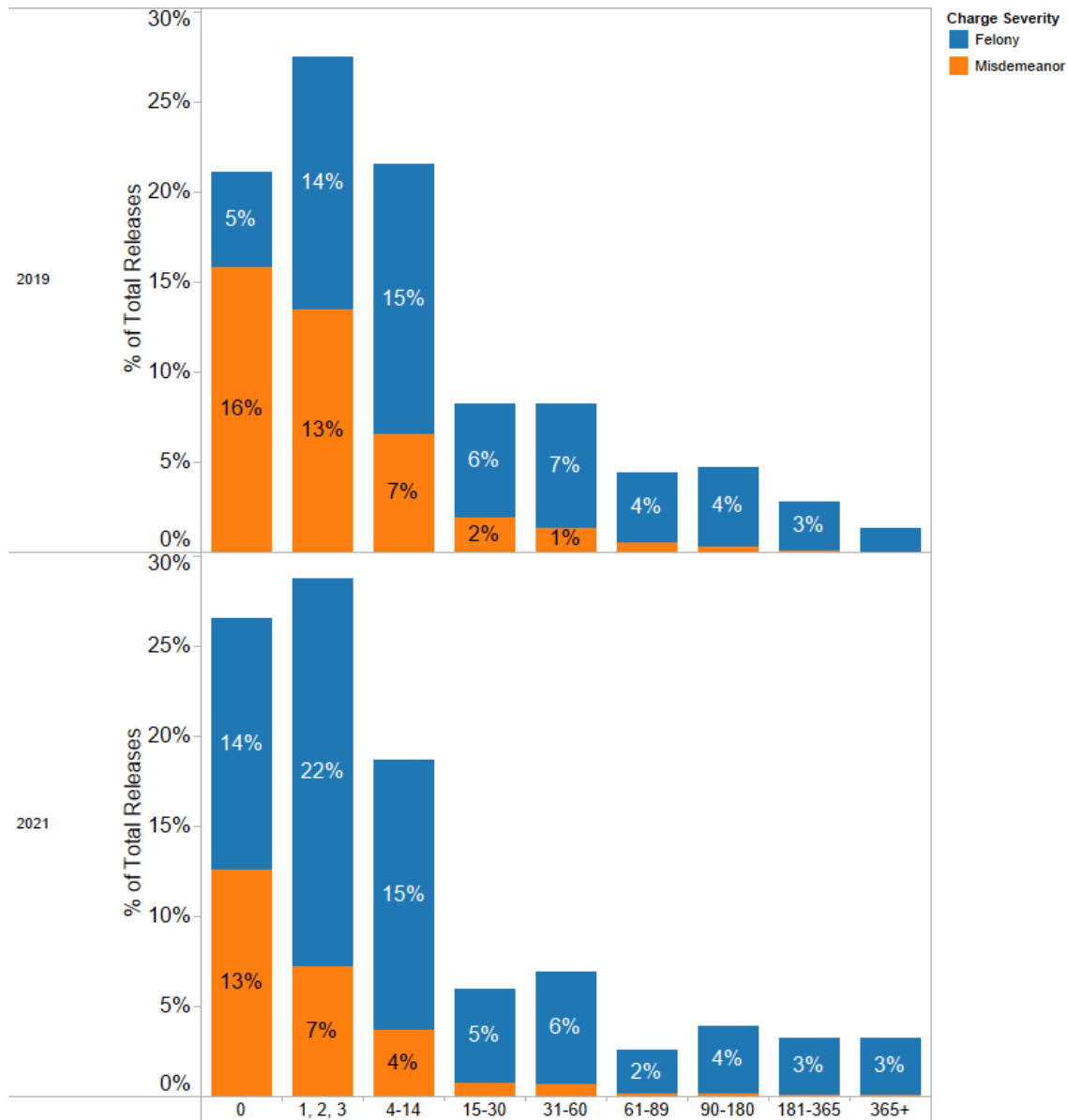
Figure 22: Jail Release Timing (2019)

Of the bookings that are designated as "Quicks"[31], 90% are cited and released, or no charges are filed. This tight release distribution is important to consider when looking at the need to have people booked into jail if they will likely be released quickly. These types of bookings look different than those staying longer and shows jail staff are actively looking for people to limit jail stays. However, these quick stays, without service linkage or attempts at offering service,

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[31] Quicks are identified by the Sherriff's Department and released pretrial. This designation means they are not housed.

can lead to more subsequent bookings. With 55% of Quicks involving alcohol, many these people likely need further assistance at release.

	Quick release	
	No	Yes
Alcohol	4%	55%
All Others	8%	9%
Crimes Against Persons	15%	5%
Narcotics and Drugs	7%	7%
Property Offenses	10%	2%
Court Commitment	9%	0%
Hold/Violation	9%	5%
Violation	9%	0%
Warrant	26%	16%

SERIOUS MENTAL ILLNESS AND LENGTH OF STAY

The length of stay of people with SMI entering the jail can be compounded without safe alternatives to custody. For the SMI population, the length of stay increased from 45 days on average in 2019 to 68 days in 2021. This large increase in Average Length of Stay could have been related to several factors, but even before COVID-19, people with SMI stayed 10 days longer on average than the general population for similar levels of crime (both felony and misdemeanors). During COVID-19, the State Hospital reduced or stopped admissions numerous times for the restoration of competency which had an impact. Further investigation into developing safety plans and linkages early in a jail stay could further reduce this disparity, as well as the pace of the court process.

Felony Average Length of Stay, Seriously Mentally Ill Inamtes

Crime	Year	Average Length of Stay
Alcohol	2019	36.25
	2021	70.51
All Others	2019	55.53
	2021	65.91
Crimes Against Persons	2019	70.73
	2021	119.40
Narcotics and Drugs	2019	56.83
	2021	58.91
Property Offenses	2019	72.76
	2021	83.78
Court Commitment	2019	56.35
	2021	117.13
Violation	2019	26.67
	2021	21.78
Warrant	2019	29.15
	2021	48.66

Figure 23: Felony Length of Stay, Seriously Mentally Ill Inmates

Misdemeanor Average Length of Stay, Seriously Mentally Ill Inamtes

Category	Year	Average Length of Stay
Alcohol	2019	3.70
	2021	3.27
All Others	2019	14.49
	2021	25.73
Crimes Against Persons	2019	21.08
	2021	21.77
Narcotics and Drugs	2019	14.09
	2021	22.65
Property Offenses	2019	13.19
	2021	6.92
Court Commitment	2019	25.66
	2021	20.64
Violation	2019	12.84
	2021	17.67
Warrant	2019	13.57
	2021	24.82
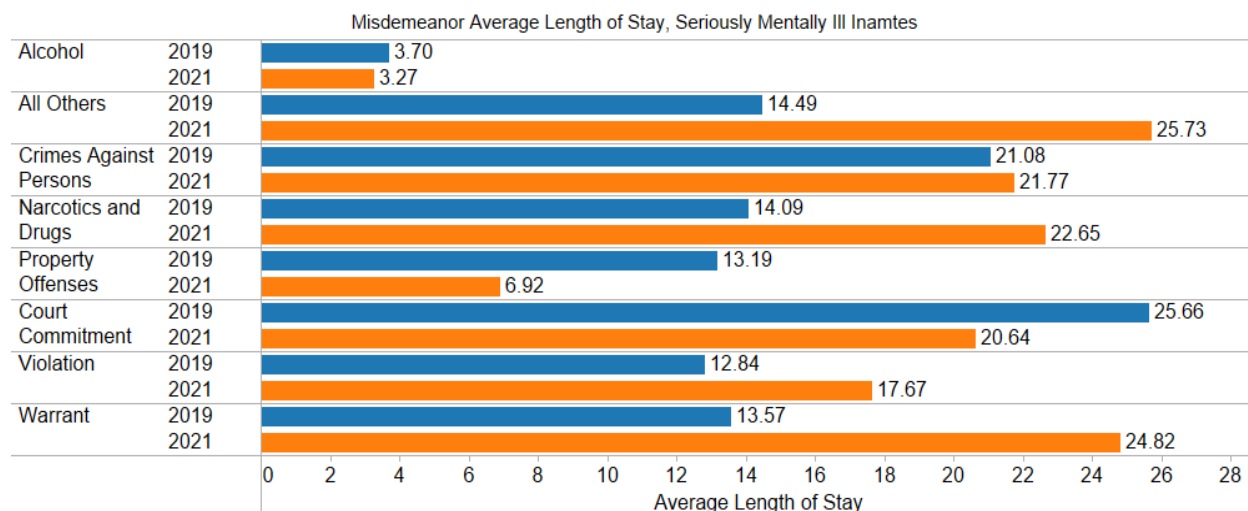
Figure 24: Misdemeanor Length of Stay, Seriously Mentally Ill Inmates

REVIEW OF INCOMPETENCY TO STAND TRIAL

A major factor in the incarceration of the seriously mentally ill is the situation created when individuals are found incompetent to stand trial (IST). When doubt regarding a defendant's competency is raised, they are often found in need of treatment to be restored to competency. Competency generally signifies that a defendant can understand the nature of the proceedings and assist the attorney in preparation of the case. When a person is found incompetent to stand trial, they are placed in a community or institutional setting where they can receive treatment and medication to be able to understand proceedings and be "restored" to competency within 3 years of placement.

Reviews of the competency process have shown that certain diagnosis, as well as social factors like isolation and unemployment, are more often associated with risk of IST than with things usually associated like crimes of violence, race, education level, and gender.[32] In Sacramento, clients were:

- 20% female
- 35% black, 40% white, and 15% Hispanic
- Median age of 40 years old
- 12th booking event in Sacramento Jail

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[32] Pirelli, G., Gottdiener, W. H., & Zapf, P. A. (2011). A meta-analytic review of competency to stand trial research. Psychology, Public Policy, and Law, 17(1), 1–53. https://doi.org/10.1037/a0021713

- 50% were found incompetent for crimes of violence, 30% for property, and 20% for others

Looking at the time spent in custody, the median defendant found incompetent spends nearly 6 months in custody between booking and case disposition, with large amounts of variability. Part of what drives this are things like the competency assessment process, awaiting placement, and once restored to competency, case disposition. Through its Mental Health Diversion Programs, the county has grown capacity to offer robust diversion programs, but this dynamic will continue to impact the jail with a severe shortage of capacity for restoration of competency. Once restored, people are placed on probation 45% of the time, with 10% conserved, and a further 10% accepted into mental health treatment court.

Figure 25: Distribution of Days in Custody for People Found incompetent to Stand Trial

1.4 DEMOGRAPHIC FACTORS

Demographics can offer an important view into the personal attributes of those entering jail. Differences between demographic categories can help identify program or system changes that could address or better understand these differences. As seen in Table 10, a significant number of bookings are released within a very short period, but this is often a source of disparity as to who is being brought to a facility. By the time of arraignment (roughly within three days of booking), 55 percent of those booked into jail were released, while other remained in custody for longer periods. Examining those chosen for release, and their demographics, can be helpful in determining not just at who is booked, but who stays.

Table 10: 2021 county demographics and jail bookings

	Sacramento Adult Population[33]	Adults booked in 2021 (full year projection)	Adults staying more than 3 days
Overall	1,214,152	27,749	11,961
Female	51%	21%	15%
Male	49%	79%	85%
Average Age	36	36	37
White	43%	36%	37%
Black	11%	34%	36%
Hispanic	24%	22%	20%
Other Groupings	22%	9%	7%

GENDER

Booked Charge Level, by Severity

	Felony	Misdemeanor
Female	69%	31%
Male	76%	24%
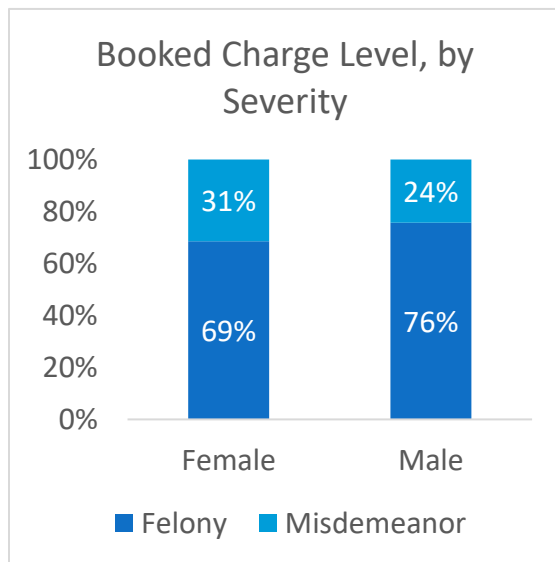
Figure 26: Booked Charge Level, by Gender

Examining changes over the past decade by gender, two different trends emerge. While the number of felony and misdemeanor arrests decline for males and females, misdemeanor arrests of males declined more than females. Meanwhile felony arrests of females declined more than for males. Proposition 47 re-codified several felony drug and property crimes to misdemeanors beginning in 2014, which helps explain the diverging paths of felony and misdemeanor arrests during that time. It is possible, if not likely, that a larger portion of female felony arrests prior to Proposition 47 were drug-related than for males, which may partially account for the more

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[33] https://www.census.gov/quickfacts/fact/table/sacramentocountycalifornia/PST045221

dramatic decrease in felonies and the less precipitous drop in misdemeanors for women, post Proposition 47.

Figure 26 shows a greater portion of bookings are based on misdemeanors for females as compared to males. Women are less likely to be in jail for violent offenses than males. Substance use-related and lower severity charges typically explain most of the female jail population.

		Female	Male
Felony	Alcohol	2%	2%
	All Others	5%	10%
	Court Commitment	1%	3%
	Crimes Against Persons	15%	14%
	Holds/Violations	10%	13%
	Narcotics and Drugs	4%	6%
	Property Offenses	11%	9%
	Warrant	21%	20%
Misdemeanor	Alcohol	16%	10%
	All Others	2%	2%
	Court Commitment	3%	2%
	Crimes Against Persons	4%	4%
	Holds/Violations	3%	2%
	Narcotics and Drugs	1%	2%
	Property Offenses	0%	0%
	Warrant	2%	1%

Table 11: Booked charges, by Gender

The types of crimes differ, which leads to different interpretations of what drives the underlying justice involvement. Table 11 shows the mix of crimes for women and men, with the major differences being lower rates for felony weapons charges for women, but higher rates of alcohol use, specifically driving under the influence.

> ✓ *A greater portion of female bookings and bed days are based on misdemeanors as compared to males*

RACE

Looking at racial disparities in the jail requires the lens of what drives incarceration overall, as well as what dynamics are specific to certain racial and ethnic groups. The goal of this section is not to explain these complex dynamics, but to start a conversation about what drives racial disparities in the jail.

Figure 27: Justice System Populations, by Race
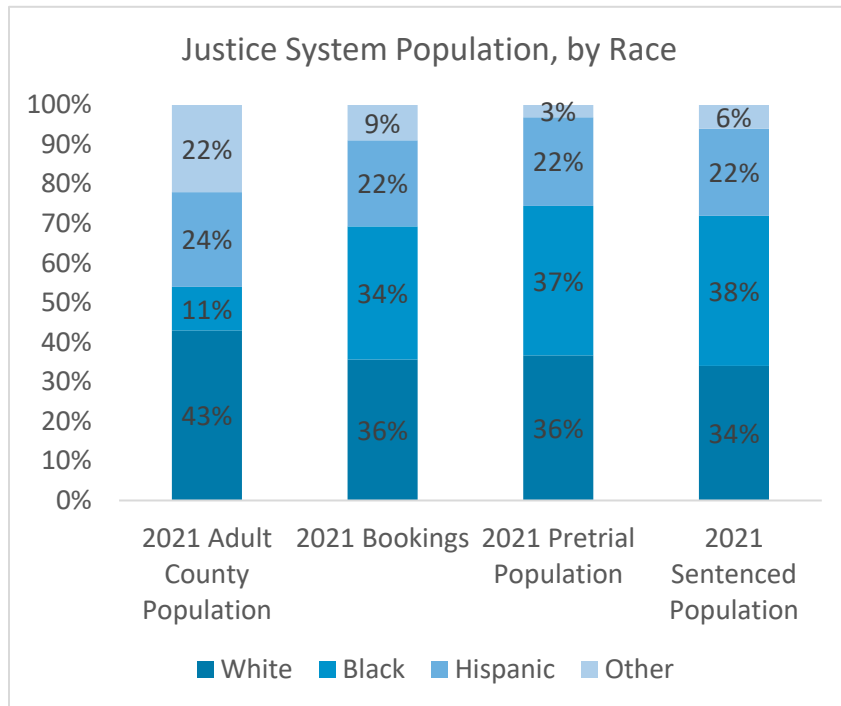
Looking at multiple decision points can help determine where in the system disparities exist and for what reasons. When looking at recommendations to reduce the jail population, it is important to take these disparities into account since a new policy, although well meaning, may increase disparity. Figure 27 shows the county adult population, and the proportion that each racial group represents. White people and a range of other racial groups are less represented in custody at each stage of disposition, meaning they are booked into custody less, and don't stay proportionally longer after that booking. White people make up 43% of the adult population in the county, but only 36% of those booked, down to 34% of those sentenced. The percentage of Sacramento County bookings for Hispanic/Latinx are consistent with the representation of Hispanic/Latinx in the county population. It's important to note the "Other" group is not meant to relegate some groups to footnotes, but the large number of racial/ethnic groups would need more community-based exploration since overall, this "other" group is "underrepresented" in the jail. Further dialogue could serve to better understand opportunities for sub-populations.

Bookings for Black adults are significantly overrepresented, those held pretrial, and sentences when compared to the general county population. Black individuals are not only overrepresented in jail bookings compared to their population in the county overall, but they also have the most felony bookings of all racial groupings. The fact that they are more likely to be booked for felonies is partially the reason they represent an increased amount of the jail population in both pretrial status as well as sentenced. Observing the booking circumstances for felonies shows the areas where Black people are most overrepresented are felony weapons charges, crimes and against persons, and violations of parole and probation.

	Black	Hispanic	Other	White
Alcohol	37%	30%	8%	26%
All Others	44%	22%	8%	27%
Court Commitment	39%	21%	8%	31%
Crimes Against Persons	40%	22%	8%	30%
Hold	38%	24%	9%	29%
Narcotics and Drugs	30%	21%	8%	41%
Property Offenses	30%	21%	8%	41%
Violation	39%	18%	5%	38%
Warrant	34%	18%	8%	41%

There are many systemic and institutional factors associated with racial overrepresentation, as well as community dynamics. A deeper examination of policies, practices and decision-making would help identify systemic factors that can be addressed to eliminate any disparities in practice that may exist.

AGE

Age plays an important role in understanding the jail population as the circumstances of younger people are such that they tend to "age out" of early justice involvement, but some people "age in" after years of substance use or unmet social needs. With this in mind, it is important to differentiate younger people from older when weighing strategies to engage and break the cycle of justice involvement.

Age of Jail Bookings by Severity

Age		
18 Under 25	10%	4%
25-34	27%	10%
35-44	22%	7%
45-54	10%	3%
55+	6%	2%
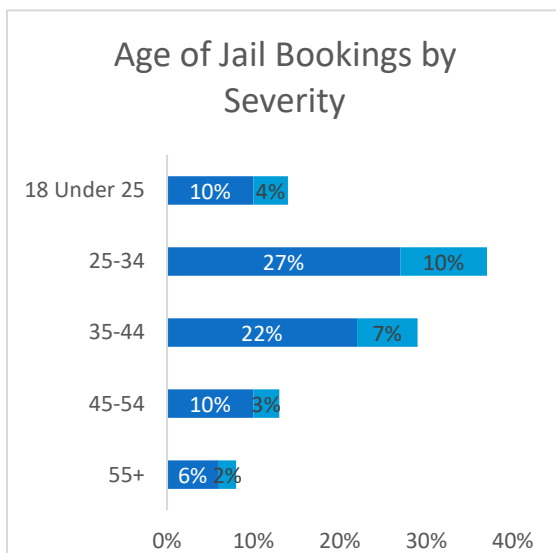
Figure 28: Age of Jail Bookings, by severity

17% of jail bookings are between the ages of 18-25, compared to 8% of the county population. This younger group tends to be booked more often for felonies and has longer lengths of stay than other groups. However, the 25-34 and 35-44 age groups constitute 66% of jail bookings, with a larger portion of repeat bookings, as would be expected as people age. Younger people will have fewer bookings, but if the cycle isn't broken, they age into continued system-involvement with fewer pathways out. As people age, their likelihood of

being rebooked declines as does the likelihood of having their first booking later in life. This dynamic makes the 20% of bookings of people over 45 an opportunity to create age-based solutions to offer incentives and services that target changing needs.

Bookings by age and crime Severity

			Felony
New Crimes	Alcohol	Under 35	1%
		Over 35	1%
	All Others	Under 35	7%
		Over 35	4%
	Crimes Against Persons	Under 35	10%
		Over 35	9%
	Narcotics and Drugs	Under 35	3%
		Over 35	4%
	Property Offenses	Under 35	7%
		Over 35	6%
Non-New Crimes	Court Commitment	Under 35	2%
		Over 35	1%
	Hold	Under 35	3%
		Over 35	3%
	Violation	Under 35	3%
		Over 35	6%
	Warrant	Under 35	13%
		Over 35	14%

% of Total Number of Records

Figure 29: Felony crime type bookings by age group, 2021

1.5 REENTRY: THE PATHWAY BACK TO COMMUNITY

The vast majority (95 percent) of individuals who are released from jail will return to the community immediately, and ultimately almost all individuals who serve prison sentences return after serving their prison term. The need for "re-entry" happens within a few days for most of all bookings. By pre-emptively planning for re-entry at booking and developing protocols to assist in situations where someone is released within a few hours of notice, an organized strategy can be put into place.

"Reentry" is the term used to describe the process of releasing individuals from prisons and jails back into their community. This process can take different forms based on:

- the sentence imposed by a judge,

- the resources of a local community, and

- the person's readiness to make life changes or engage in programs

This definition is also very broad, and as partnerships and funding have proliferated to support people, there is more need to define roles, responsibilities, and areas of expertise.

Re-entry planning begins when an individual is admitted to the facility and extends after their exit date. Re-entry encompasses a small component of the broader process and partnerships, and represent, for the purpose of this report, services and connections in custody, the moment of release, and the day or so after. However, the way the person is released impacts the options, strategies, and partnerships available. The Sequential Intercept Model (SIM) earlier in the report shows the options and services available in Intercept 4, but figure 30 shows the general flow of people in and out of custody depending on their sentenced status. The list below focuses on different legal statuses at release, but there are a range of programs in place across several agencies that aim to break down barriers, connect people to services, and assist in people's re-entry.
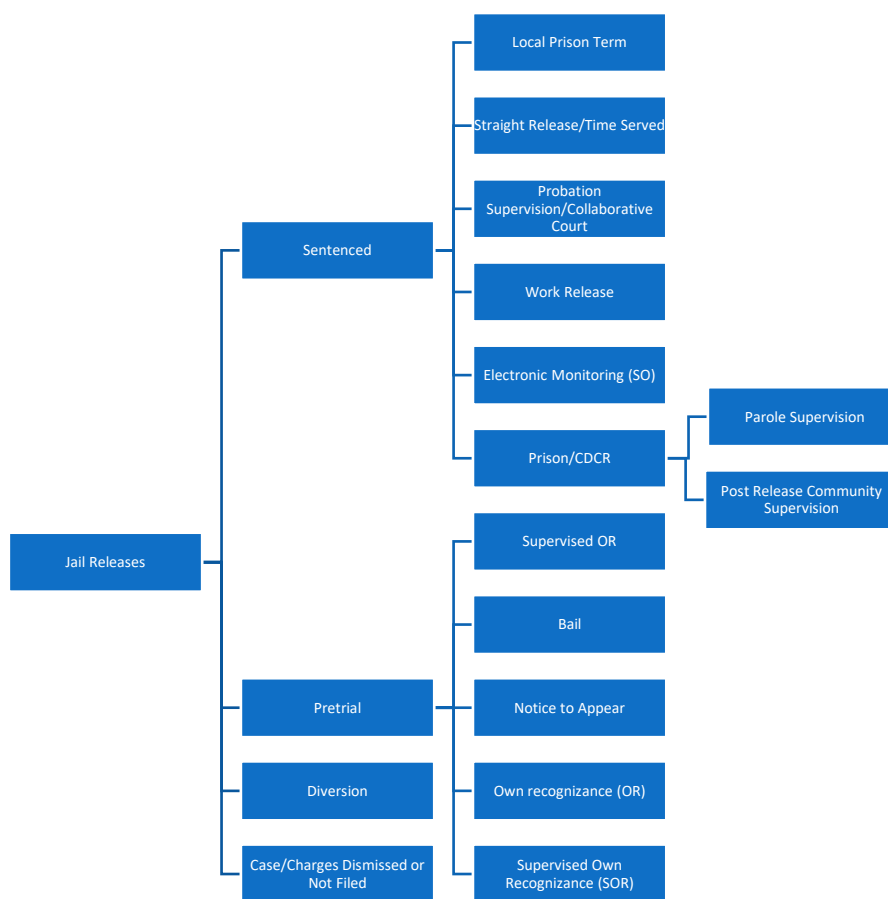
Figure 30: Generalized Re-Entry Model

Sacramento County agencies employ a range of options in addressing and linking people to services, at multiple points of the justice system. The Sequential Intercept Model in Figure 2

lists the range of services offered, which are substantial, so this section can't do it justice. Instead, Appendix 5 has a list of services at each Intercept, with a full list of Re-entry programs. Figure 31 below maps the numerous agencies and tools used, and how those assessments are generally utilized or shared. The assessment tools fall into several categories:

- Clinical and medical assessment
- Jail classification and housing
- Risk to Reoffend and criminogenic needs
- Screening for social service needs
- Pretrial Misconduct Risk
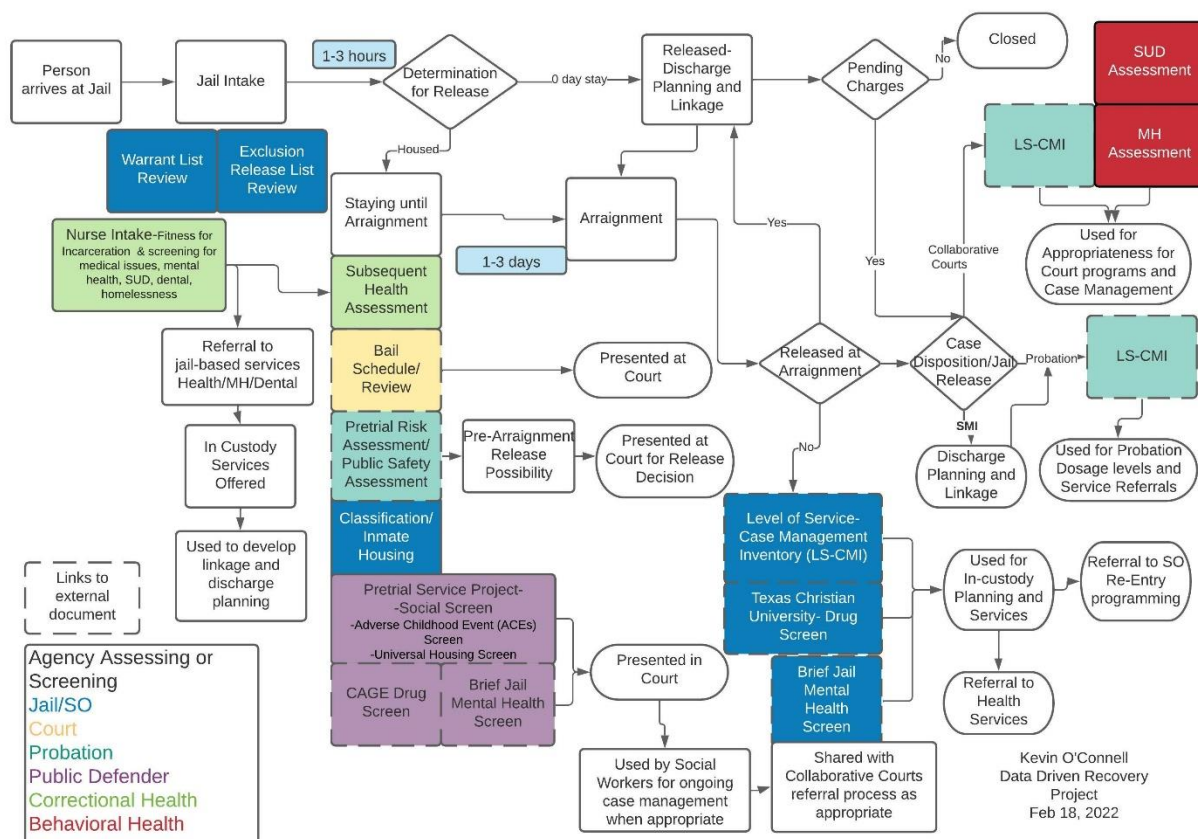
Figure 31: Map of Assessments and Services from Booking

Although the screenings are implemented within many agencies, none of these are truly universal, such that screening and assessment usually represents who stays in the jail, not necessarily everyone who enters. As more agencies offer re-entry and linkage services, assessment and screening become more important. As new efforts at ensuring warm handoffs expand, so does the need to be able to identify who needs a warm handoff early in a jail stay.

New re-entry opportunities like funding under CalAIM[34] for services up to 90 days before release will require working partnerships and alignment to ensure people exiting jail can access these services and clients understand the range of options offered. CalAIM's goal is to engage with people that meet specific clinical criteria and to stabilize their health, assess their health, social, and economic needs, and provide intensive care management to prepare for a successful re-entry into the community. In theory this would provide "warm handoffs" to receive what they need at release, as well as more intensive services like Enhanced Care Management or Community Supports (e.g., housing or food supports) available upon re-entry if offered by their managed care plan. This new entitlement for people covered under Medicaid offers a new set of funded options but needs to be interwoven into the current approaches and programs that also link and support people during re-entry. Since CalAIM is a system of care that extends beyond just justice involved people, it has the potential to fund services, workforce, and technology at countywide level, however it needs to be designed to work with existing justice processes and partnerships.

For example, the Public Defender office has developed the Pre-Trial Support Program (PTSP), which offers clients a range of assessments as well as in person interviews to advocate for pretrial release and link people to supportive services. The ongoing voluntary support offered through a social worker and PTSP can be a referral source for collaborative courts and assist people during the court process. This program is part of a new class of programs based on the concept of "holistic defense".[35] The idea being that the more that is known about people's human service needs, and the possible partnerships to support them in the community, the less time spent in custody, and better outcomes in court and the community. PTSP is different than other pre-release programs, but not inconsistent. By using a range of human service assessments, as well as a social interview, it may continue to grow as an avenue for release through voluntary participation in ongoing social worker support, as well as connector of services and linkage.

Figure 32 shows the relative timing of releases and the need to screen and assess many people at the frontend of the system, as nearly 19,000 releases happen in the first 3 days, or about 52 people per day. Another complication for quick stays is that many are released from custody

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[34] California Advancing and Innovating Medical-CalAIM Justice-Involved Initiative. (2022). Retrieved 12 May 2022, from https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx

[35] Anderson, J., Buenaventura, M., & Heaton, P. (2022). The Effects of Holistic Defense on Criminal Justice Outcomes. 132 Harvard Law Review 819 Retrieved 12 May 2022, from https://harvardlawreview.org/2019/01/the-effects-of-holistic-defense-on-criminal-justice-outcomes/

outside of business hours, leaving limited resources to support re-entry or return to their community. Nearly 50% of releases happen between 6pm and 8am, this provides barriers to getting assistance. The combination of court processing and then processing releases can cause this, increasing the likelihood of a return to custody after release.

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                          ┌─────────────────┐
                          │ 40,000 Releases │
                          │     (2019)      │
                          └─────────────────┘
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10,000 Quick Releases	9,000 Less than 3 days (not Quicks)	8,000 4-10 days	5,000 11-30 days	7,000 31-180 days	1,800 181+ days
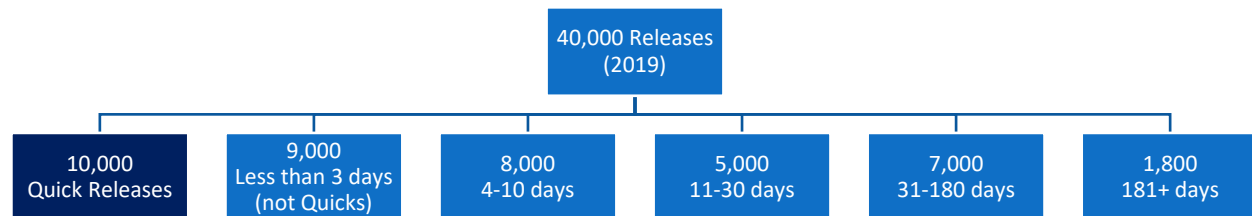
Figure 32: Release Timing, 2019

The need for warm handoffs and linkage for people leaving custody with SMI is of primary interest. In 2019, nearly 12,000 people with a serious mental illness were released from custody. Some were in custody long enough to be assessed and linked to services, but many weren't in custody long enough. In 2020 and 2021, there have been an average of 800 people a month released with a serious mental illness.

RISK AND NEEDS ASSESSMENT

There is a large body of research concerning the critical factors associated with the future risk of recidivism. These are often divided into the risk factors that change over time (dynamic) and those that do not (static).[36] The "risk principle" can help guide agency planning to reserve justice system involvement and related services for those likely to come back in contact with the justice system. Looking at people that score as "low risk" can add another layer of decision making to identify inmates that are candidates for release to alternatives, or to the community and services. Ultimately, this information further points to an approach that addresses needs but assumes low-risk clients need connections and services rather than higher levels of intervention and treatment dosage. The Probation department and Sheriff's re-entry staff use the Level of Service-Case Management Inventory (LS-CMI) to assess people for programming and services. This helps both agencies to target and match services and correctional resources to people most likely to return to custody. Developing specific treatment methods for low-risk

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[36] Bonta, J. and D.A. Andrews (2007). Risk-Need Responsivity Model for Offender Assessment and Rehabilitation. Ottawa: Public Safety Canada.

individuals can also avoid mixing low and high-risk populations, which can be detrimental to low-risk individuals engaged in an intervention.[37]

Using dynamic risk factors can help direct services to those with the most pressing needs, especially substance use and unmet mental health needs. Sometimes mental illness is seen as a responsivity issue. Mental illness alone is often not the cause of future criminal behavior, however it often precludes treatment engagement and happens alongside substance use.[38] Integrative interventions should be an extensive coordinated network of criminal justice responses and community services to hold people accountable for stopping violent and threatening behavior, while addressing the underlying needs with interventions. Matching the right programs at the right time for the individuals needs plays a vital role in behavior change. The ideas of general and specific responsivity state that interventions themselves need to be highly effective, including being targeted to characteristics of the person.[39]

General responsivity points to the kinds of programming that are effective at changing behavior and how people engage with probation and program staff. The dosage of probation, treatment needs, and treatment programming needs to be cohesive. Specific responsivity covers a range of issues, each with its own research base. The overarching idea is that changing behavior needs to acknowledge and engage people and enhance their motivation to change. Responsivity issues are usually seen as not contributing to or predictive of further justice involvement but are a barrier to effective treatment. Examples include, but are not limited to:

- Gender
- Ethnicity, Language, and Cultural Attributes
- Serious Mental Illness
- Homelessness

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[37] Lowenkamp, C. T., Latessa, E. J., & Holsinger, A. M. (2006). The Risk Principle in Action: What Have We Learned From 13,676 Offenders and 97 Correctional Programs? Crime & Delinquency, 52(1), 77–93. https://doi.org/10.1177/0011128705281747

[38] Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. Law and Human Behavior, 35(2), 110–126. https://doi.org/10.1007/s10979-010-9223-7

[39] Andrews, D. A., & Bonta, J. (2010). The psychology of criminal conduct (5th ed.). New Providence, NJ: LexisNexis Matthew Bender.

Using static risk tools[40] can assist in triaging people who might be eligible for release based on their likelihood of rebooking. The use of static risk, in the context of the jail population can continually identify people for safe release opportunities often early in the booking process. Static risk tools are also helpful in "pre-screening" people for subsequent assessments that are more time intensive. The proxy tool example used here is based on three items correlated with future recidivism (low age of first arrest, low current age, and high number of arrests) that are gathered from automated records and criminal histories. The projected recidivism rate by each risk score increases with the score or points from the three items noted above, such that a "2" would have 21% of people re-arrested, where an "8" would expect over 70% recidivism. Using levels 2 and 3 as "low" risk gives a different picture of the jail as it shows around 18% would be

relatively lower risk to recidivate, with fewer than 31% likely to recidivate, meaning 69% would likely be safe to release. When coupled with the kind of charges and reasons people are entering on (figure 33), this shows a mix of risk assessment and charge specific policies.

However, adding level 4 as low risk would significantly increase the number of people released, if the county was comfortable with considering the 48% recidivism rate as an

Figure 33: Percent of Felony Daily Population, by Risk to Recidivate Score

acceptable level of risk, possibly with enhance monitoring. Using Risk assessments deserves careful consideration about the policies and procedures for using assessment tools based on

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[40] Brad Bogue, William Woodward, Lore Joplin. (2006) Using a Proxy Score to Pre-screen Offenders for Risk to Reoffend

"static" factors. This kind of algorithm automation can create bias, not because of the questions asked, but because it is based on past justice involvement.[41] Figure 34 shows the distribution of risk scores, and how, while a risk-based strategy may identify more people for release overall, it would identify fewer at lower levels of risk who are people of color. 11% of black people assessed as "low risk" (using a score of 3 or below) while 20% of white people did, with 16% overall.

The analysis by The Center for Court Innovation states in a very concise way for counties to:

"Decide what they want to use a risk assessment for and then work to put in place policies and practices in support of those aims. If the goals are reducing incarceration and promoting racial fairness, then a more targeted use of risk assessments could be of particular benefit to the group that currently experiences the worst pretrial outcomes: defendants of color."
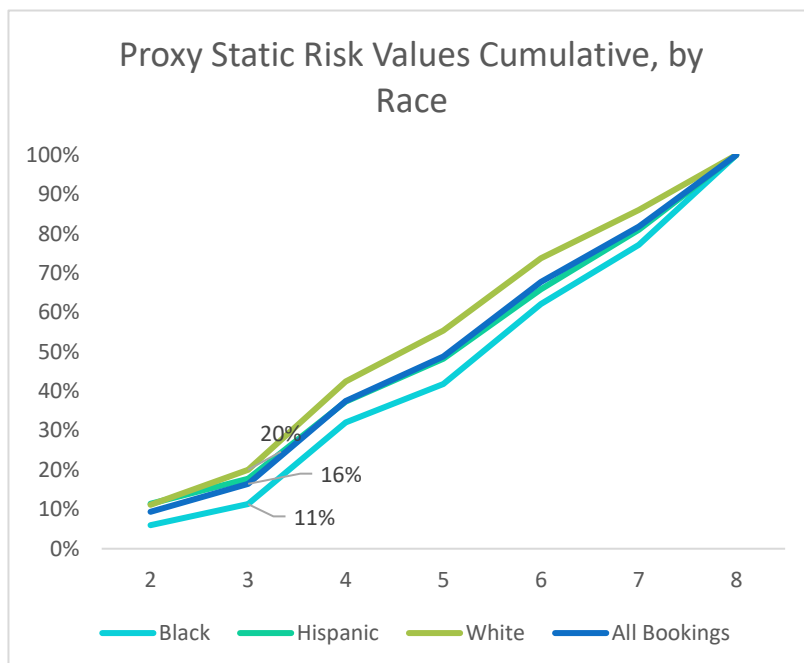
Figure 34: Proxy Risk Assessment, Cumulative Risk Score, by Race

Targeted use of Risk Assessment, along with indicators for behavioral health needs can assist in dedicating resources to people more likely to reoffend, and who are also in need supportive resources. 15% of those with a SMI have a low risk to recidivate using this approach. Using this approach could be a way to reduce days spent in custody, especially those where other release mechanisms aren't appropriate. This approach of adding a risk screening tool could also help in making referrals to other pretrial release programs, as well as enhance re-entry.

PRETRIAL ASSESSMENT AND MONITORING

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[41] Picard, S., Watkins, M., Rempel, M., & Kerodal, A. (2019). Beyond the Algorithm: Pretrial Reform, Risk Assessment, and Racial Fairness. Retrieved 26 April 2022, from https://www.courtinnovation.org/publications/beyond-algorithm

Pretrial risk assessment, in most instances is focused on offering risk-based release options for people early in their jail stay, with the focus on being crime free during their pending case as well as appearing for all court dates. Sacramento County has implemented 2 different pretrial release programs the last 10 years, one run by the Sheriff's Office and the other by the Probation Department.[42] The Probation program is currently using the Public Safety Assessment Tool (PSA) to screen nearly all people booked into the jail.[43] The PSA is an automated tool that doesn't require an interview, so can scale to more of the jail population to assist in writing pretrial reports to the court in recommended different types of release, as well as monitoring. The PSA uses a research-based algorithm to estimates the likelihood of a new arrest during pretrial as well as likelihood of failing to appear in court. It also estimates the likelihood of a new crime of violence. These scores are then compiled into service matrix to assist developing the appropriate level of monitoring, with an example matrix below.

Failure to Appear (FTA) Scaled Score	New Criminal Arrest (NCA) Scaled Score					
	1 91% Likely Arrest-Free	2 85% Likely Arrest-Free	3 78% Likely Arrest-Free	4 68% Likely Arrest-Free	5 55% Likely Arrest-Free	6 47% Likely Arrest-Free
1 89% Likely to Appear	Release Level 1	Release Level 1				
2 85% Likely to Appear	Release Level 1	Release Level 1	Release Level 1	Release Level 1	Release Level 2	
3 81% Likely to Appear		Release Level 1	Release Level 1	Release Level 1	Release Level 2	Release Level 3
4 73% Likely to Appear		Release Level 1	Release Level 1	Release Level 1	Release Level 2	Release Level 3
5 69% Likely to Appear		Release Level 2	Release Level 2	Release Level 2	Release Level 2	Release Level 3
6 65% Likely to Appear				Release Level 3	Release Level 3	Release Level 3

The release monitoring level, along with the recommendation, goes to court for a pretrial release decision. The level of concurrence between the assessment tools results, probation's recommendation and the court decision are helpful indicators of how this system works. Like

[42] https://saccoprobation.saccounty.gov/Pages/Pre-trial-Monitoring.aspx

[43] https://saccoprobation.saccounty.gov/Documents/Resources/Data/Pre-trial%20Monitoring/Public%20Safety%20Assessment%20Risk%20Factors%20and%20Formula.pdf?csf=1&e=Gzf3nk

most risk-based options, there needs to be an equilibrium between county partners tolerance for "risk", such that the county takes sufficient risk for pretrial misconduct around new arrests or failing to appear during the case.

SHERIFFS RE-ENTRY PROGRAM

Jails face many challenges that make it difficult to do more than simply incapacitate offenders. While Sacramento County jail can offer programs designed to reduce recidivism, many inmates are unable to participate because presentence facilities and housing units often lack adequate program space. In addition, since pretrial inmates have not pled or been found guilty, engaging defendants in programming proves difficult to reach the people that would benefit the most. Given that jail environments can be criminogenic, caution must be exercised when mixing low-risk individuals with high-risk individuals in delivering jail-based programs that address the root causes

Figure 35: Sheriff Re-Entry Program, by Needs

and risk factors that lead to criminal behavior. The Risk/Needs Assessment used by the Sheriff's Re-Entry program showed that the majority of people scored as high risk to recidivate and had significant needs involving employment and substance use. Since criminogenic risk factors change over time, it also shows that people engaging in the re-entry program lowered the risk factors associated with recidivism.

The Sheriff's re-entry program provides services to around 100 in-custody individuals at any given time. The program is designed to engage people while in-custody and meet criminogenic needs that will help people adjust and be successful in the community.
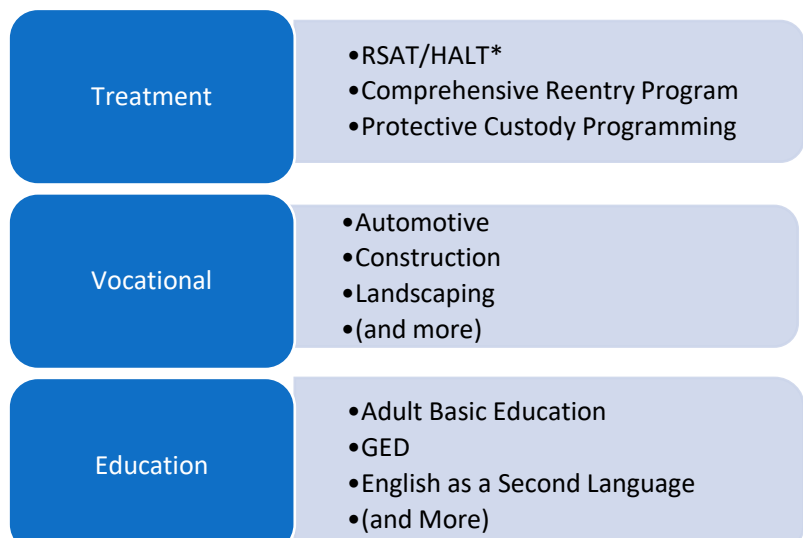
Figure 36: Sheriff Re-Entry Program Areas

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impacts on release from custody are substantial, as this program showed a 20% reduction in recidivism from a control group of similar releases. This kind of a reduction is an important piece of the in-custody re-entry program, along with other agencies working to connect people to outside services.

PROBATION POPULATIONS

Probation supervises nearly 15,000 people post-sentence, across 4 main case types[44]:

- Post Release Community Supervision-People released from State Prison, but supervised in the community
- Mandatory Supervision- People sentenced to serve their prison term locally, and then continue with supervision locally
- Adult Felony Probation- People sentenced to terms of supervision not longer than 2 years in most circumstances.[45]
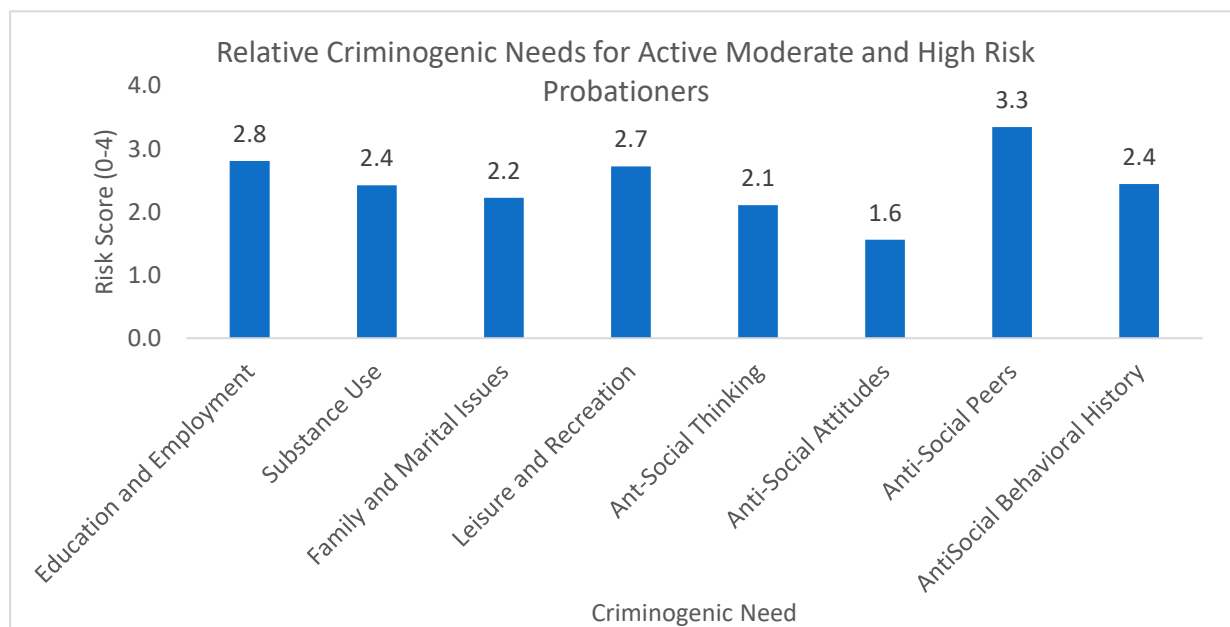
Figure 37: Probation Program Areas

Probation Supervision is part of a court ordered sentence where people are

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https://saccoprobation.saccounty.gov/Documents/Resources/Data/Populations%20Under%20Jurisdiction/Adult%20Population/Website%20-%20Adult%20Population%20-%202021.pdf

[45] AB1950 shorted the term of supervision to 2 years in most circumstances, as well as worked retroactively to terminate supervision for those who had already served 2 years.

supervised in the community based on their risk to re-offend, and referred to treatment and services, often in lieu of jail or prison time depending on their sentence.

Of the people on probation assessed for their risk to re-offend using the LS-CMI, patterns emerge around high needs for education and cognitive behavioral interventions, as well as anti-social peers. Looking at aggregate needs can help in planning for re-entry needs in general, as well as developing partnerships for the specialized needs of people on probation.

1.6 RETURNS TO CUSTODY

Jail is an essential resource to address serious chronic and violent crime. Unfortunately, a significant amount of jail resources is used by repeat offenders who often have complex needs that need a combination of services. On any given day, nearly 70% of the jail population has been in custody before, as shown in figure 36.
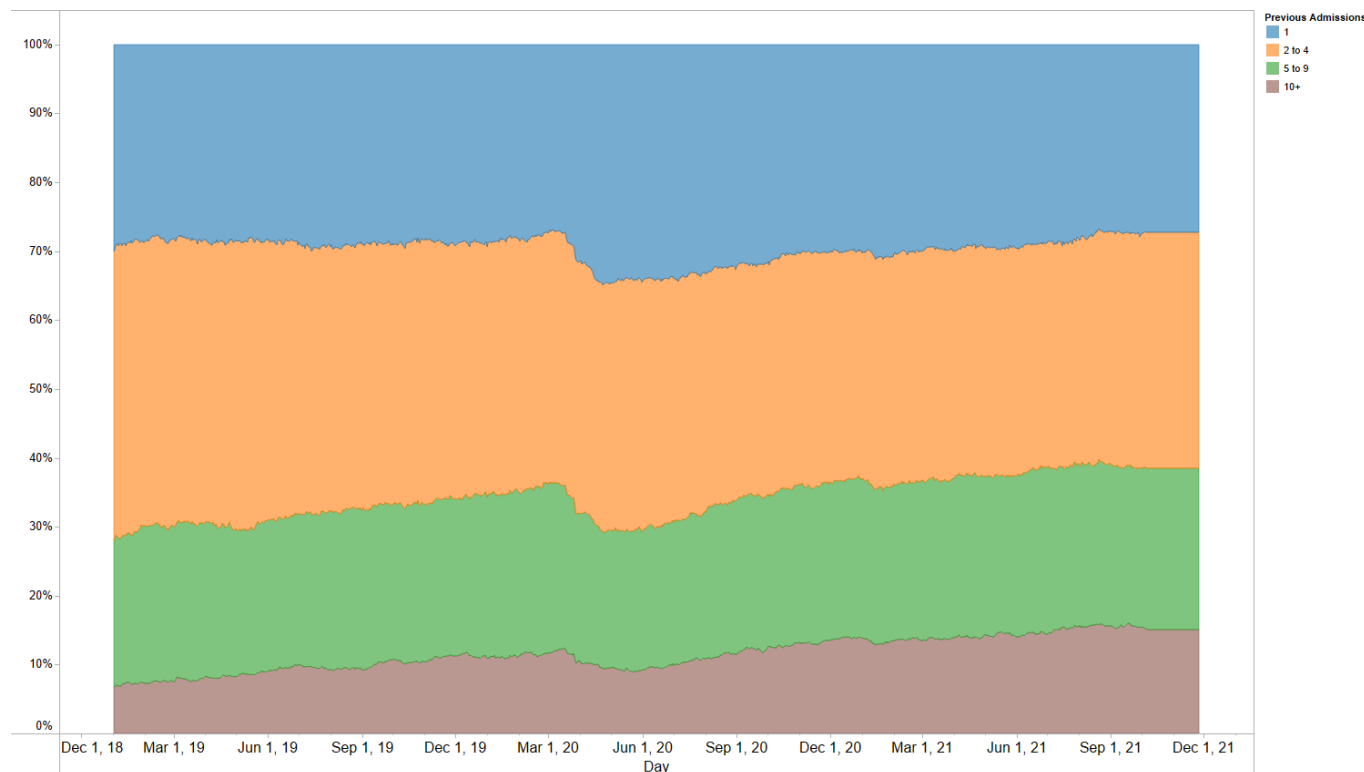
Figure 36: Percent of Average Daily Population, by number of Previous Admissions

To better understand the scale and impact of jail recurrence, an analysis of a release cohort of 2016 inmates shows the rate which people return to custody over time. Figure 38 below shows over the four-year period (2016-2020), a total of 30,483 unique individuals were released in 2016. Of those individuals, 13,399, or 44 percent, didn't return to custody after their initial

release in 2016. There were 17,084 individuals, or 56 percent, which were booked at least once. Those individuals entered custody again an average of 4 times. Those that returned to custody accounted for 65,807 subsequent bookings after their initial release during the study period.

Of those 65,807 returns to jail, 26% (16,696) of the bookings were for new crimes related to felonies with 22% (14,588) for misdemeanor new crimes. This leaves 52% related to non-new crimes like supervision violations and warrants.

Number of Subsequent Bookings by Booking Sequence
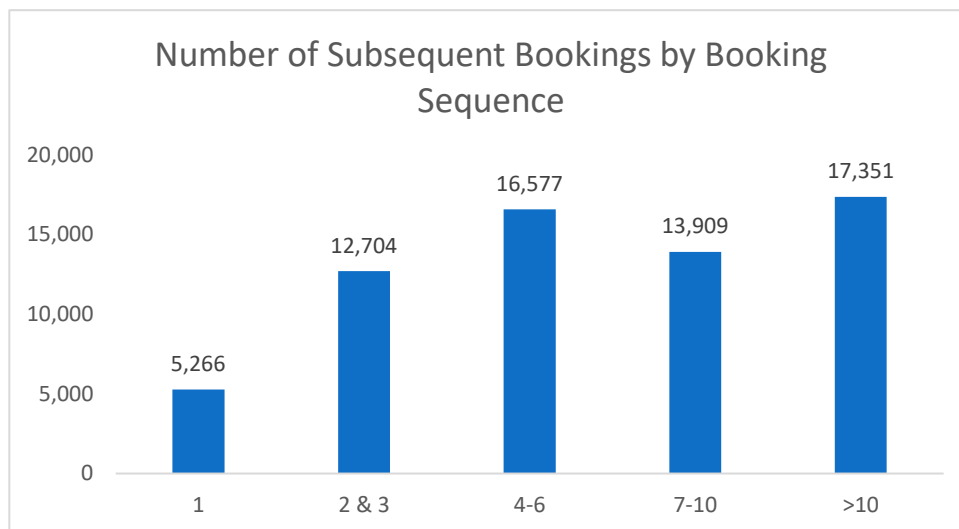
Figure 37: Subsequent Jail Bookings by 2016 Cohort

92% of the booking were for people rebooked multiple times during the cohort study period. 17,351 of the 65,807, or 27% of subsequent bookings occurred when individuals were being booked for at least their tenth time during the study period.

When examining the differences between bookings that occur earlier on in the sequence of recidivating events, a few things stand out. Most notably, as seen in figure 33 below, bookings that were an individuals' tenth or greater occurrence during the period were more likely to be alcohol related. Property offenses and crimes against persons were less likely to occur during these later sequenced bookings.
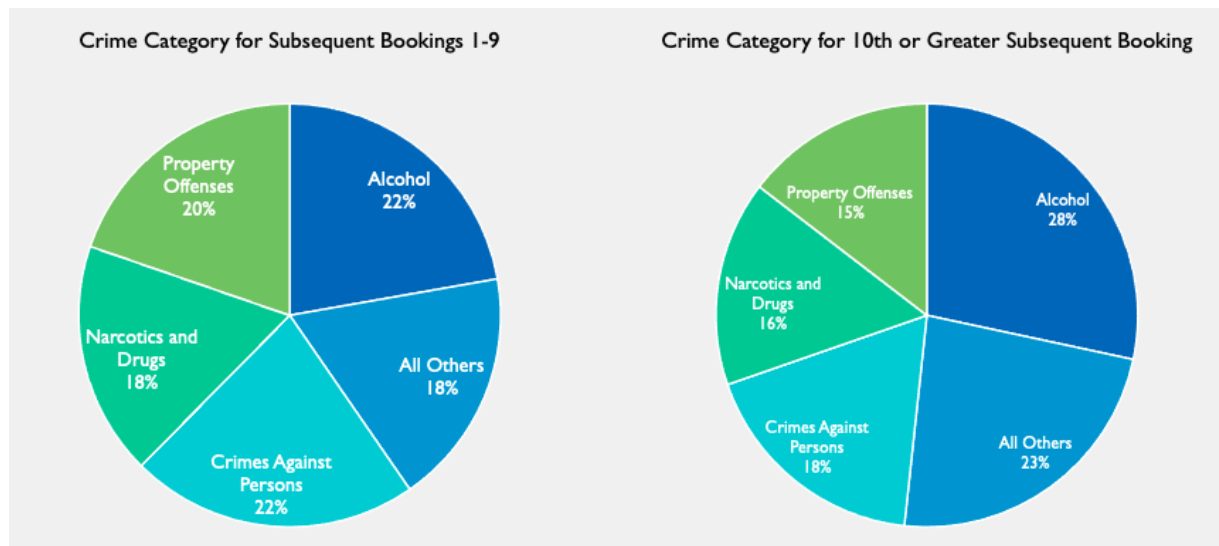
Figure 38: Types of crimes, by Booking Sequence

When comparing subsequent bookings that occurred earlier versus later in the booking sequence, there is also a notable difference in the severity level of crimes. Bookings that occurred after and individual's tenth subsequent booking or later were more likely to be a misdemeanor vs. a felony. Generally speaking, the more an individual is re-admitted to jail the more likely their later bookings are for lower-level crimes involving alcohol, and less likely to be felony offenses involving crimes against persons or property crimes.
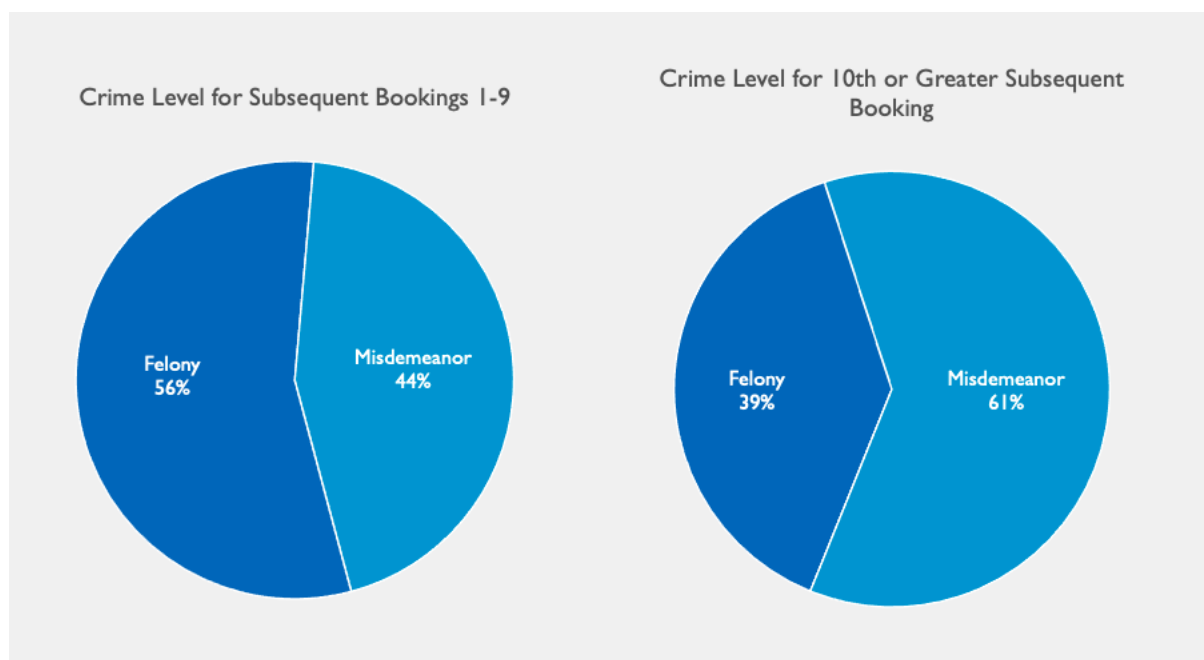
Figure 39: Level of Crime Severity, by booking Sequence

Some individuals who are booked into jail never return, while others have multiple returns and are often referred to as "frequent flyers" or high utilizers. "Frequent flyers" are often low-level offenders returning with unaddressed needs such as substance abuse, alcoholism, and mental health issues. These chronic low-level offenders create stress and liability for a jail operation that can do little to address the underlying issues. Cross-system collaborative efforts can provide multiple benefits, as these populations are also high users of other county systems like behavioral health, emergency rooms, and county public health. The key reasons to look at this population is to:

1. Identify people who have a high number of admissions into various systems, over the same period

2. Create targeted coordination of services across justice intercepts, as well as human services

3. Differentiate "chronic" high utilizers (high utilizer over many years) from "episodic" high utilizers (high utilizer in a single year)

For this discussion, a high utilizer has 1 standard deviation more episodes/admissions than the average person in various domains over 12 months (2020), which is 4+ Jail Admissions.[46] Figure 40 shows the distribution of people's stays during 2020. This was impacted by COVID-19, but the approach is to look at people who pass a certain threshold of bookings to then find alternative approaches. In 2020, 663 people met this criterion. Daily, 201 beds of the jail ADP

Figure 40: Number of people with a repeat booking in 2020

were people who are in a state of high utilization. They cumulatively re-entered the jail 3,176 times, with each person averaging 110 days in custody over the course of the year.

[46] Standard deviation measures the dispersion of a dataset relative to its mean, so it's a relative and adaptive metric.

- The high user racial makeup is slightly different than the general jail population (35% Black, 41% White, 17% Hispanic), with fewer Hispanic and more White people

- Average age of 36

- 88% Male compared to 80% of the jail population

- 13 people have been high utilizers since 2016 (e.g., chronic high utilizers)

This high concentration of jail rebooking is often lead by lower-level crimes and non-compliance issues, which for this segment of the jail population often meant returning for supervision violations and warrants. Nearly 50% of the high utilizers also had a SMI, and the majority of these people were also homeless. People that were homeless, SMI, and a high utilizer were even more likely to return for warrants and supervision violations.
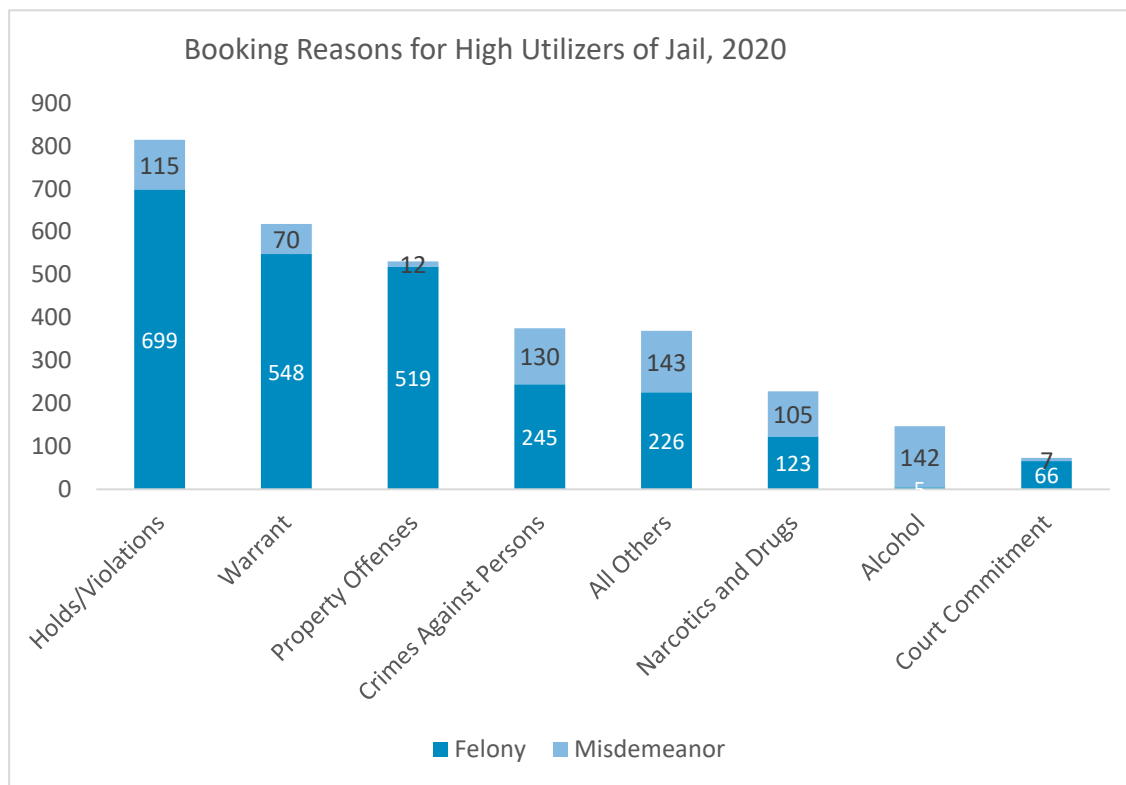
Figure 41: Booking Reasons for High Utilizers, 2020

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2. JUSTICE POLICY AND JAIL POPULATION REDUCTIONS RECOMMENDATIONS

The trends and analysis reveal areas for further study and opportunities to improve the effectiveness of the county's criminal justice system. Many of these opportunities involve practice and policy changes that can be quickly implemented with modest investments and will generate near term reductions in the jail population. This section is based on analysis of the jail population, as well as partnerships that could yield future reductions. The recommendations are divided into two sections:

1. Recommendations that could improve justice policymaking and implementation in the county, ranging from increasing access to care, to looking at court processing to increase policy and practice coordination.

2. Jail population reduction recommendations linked to specific target populations, along with a multi-year estimate of jail bed reductions as well as the program capacity needed for an alternative program.

2.1 GENERAL RECOMMENDATIONS

EXPAND AND CONNECT CARE

1. **Broaden Data Analysis:** Continue to broaden the data analysis to better understand use of jail and to explore alternatives to incarceration for those with SMI, and the use of pretrial release and community-based services. This could specifically address how community-based services overlap, and how they can best work together. For example, overlaying jail interventions with community behavioral health can help develop "client journeys" to better understand how different programs overlap and identify program gaps or missed opportunities.
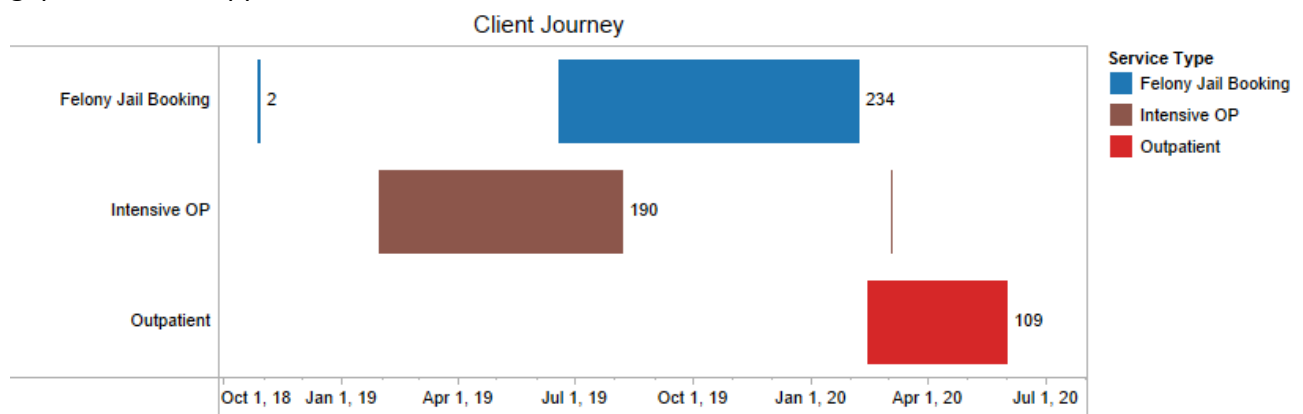
Figure 42: Client Journey Example

2. **Develop a "release playbook:"** Develop a playbook for people released from custody that reflects needs as well as release options so that for most people, a plan for release could be operationalized at booking, especially for mental health needs, substance use, and housing where stabilization at release is imperative. Based on data available at booking, the jail or correctional health could automate basic facts like whether the person is a high utilizer, at elevated risk or recidivism, has a substance-use related charge or screening, and/or a history of needing mental health services. [47]
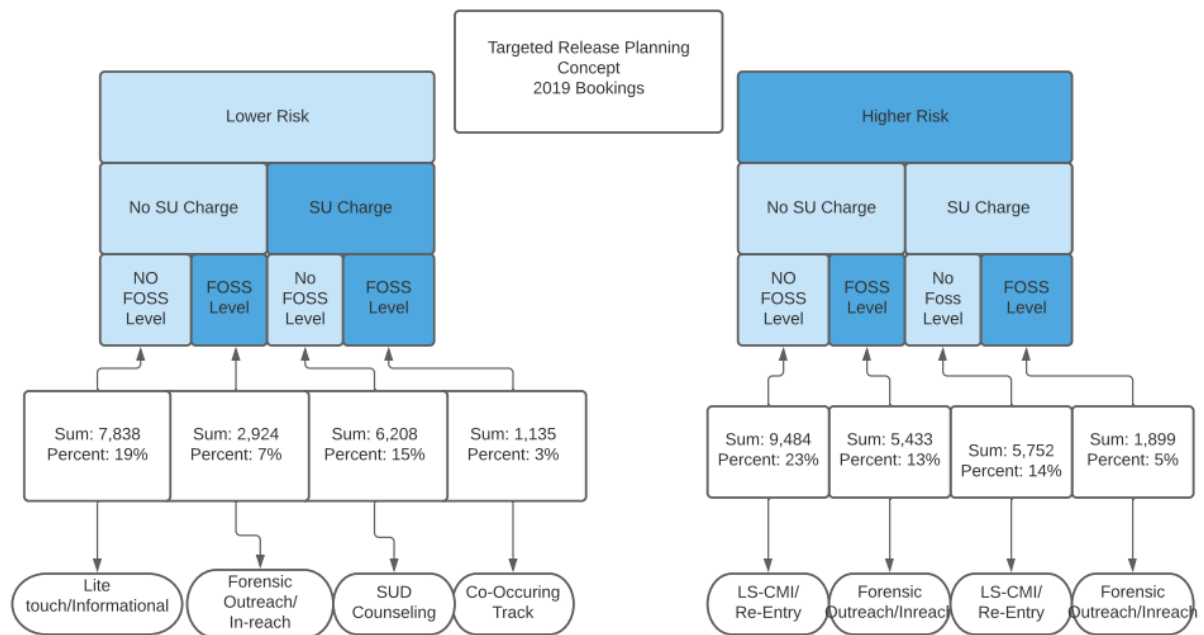
Figure 43: Targeted Release Planning Concept (2019 Bookings)

3. New initiatives by the state will change the face of healthcare and community stabilization after release from jail, but only if the county reimagines how, it shares information and plans for discharge "at booking". CalAIM[48] will create several new services that are available to people being released from jail, within 90 days of release.

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[47] This approach is based on one developed by the Council of State Governments to aid in balancing risk and needs of people exiting the jail. In this case, risk is used as a way to allocate resources not something to make release decisions

[48] California Advancing and Innovating Medical (CalAIM) is still evolving. This site has new guidance as things evolve: https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices, and this short summary of ECM is a useful primer https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf.

The challenge will lie in screening and assessing people in the most efficient way possible to enhance care coordination. The Enhanced Care Management (ECM) role will be new, so it is important to define the role, scope, and relationships to ensure this position has a clear operational place in the existing system of care. Planning for the role of ECM will also help to avoid duplication of effort and confusion involving division of responsibilities. Sacramento County is currently building a number of "warm handoff" and re-entry functions. It is vital to learn from these efforts so when ECM is available for jail releases in 2023, the process and systems are already in place. Figure 44 shows a possible way to plan for the screening and assessment needed to use the ECM role, since the shorter stays won't have the opportunity to for true assessment, nor enough time to develop a case plan.
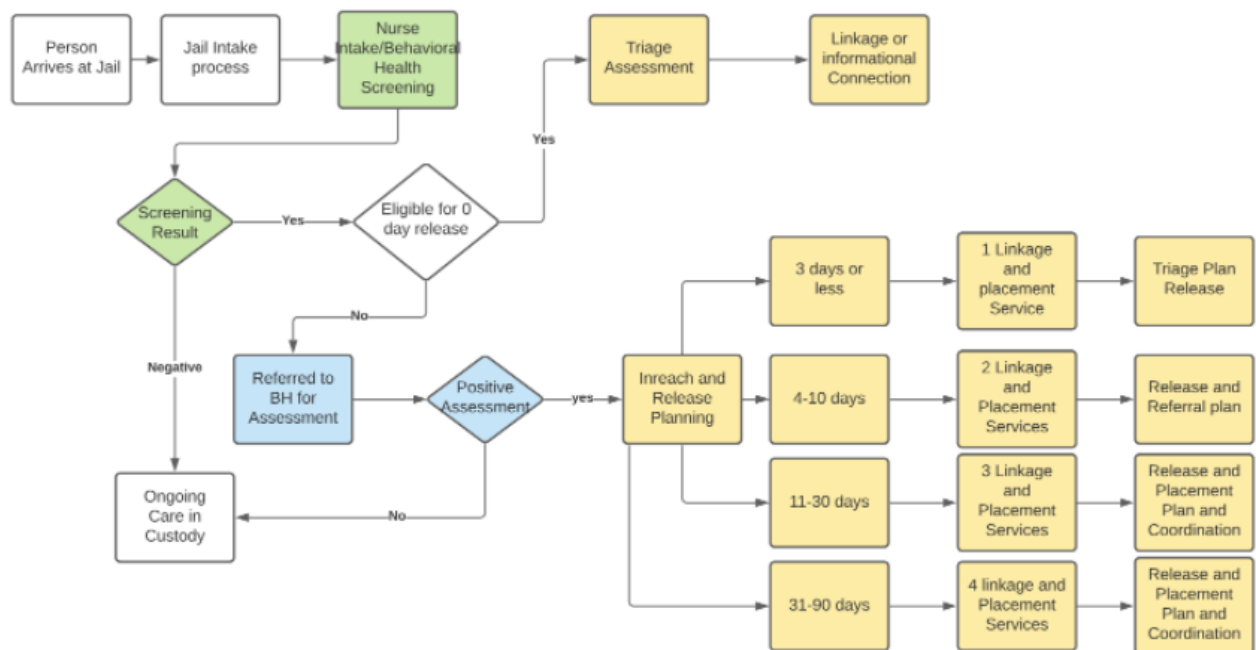
Figure 44: Screening and Assessment Concept to Support CalAIM/ECM

4. **Expand Alternative Courts:** Continue to expand the capacity of mental health diversion and mental health treatment courts to direct people to treatment in lieu of jail terms. In addition, the changing nature of Misdemeanor Competency and the possibility of CARE Court[49] means there will be a number of new avenues for courts to increase access to treatment and services. However, the new civil courts will need coordination and implementation support to assure people are able to navigate the new system, as well

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[49] https://www.chhs.ca.gov/care-court/

as effectively share information as appropriate. Historically, mental health diversion and mental health treatment courts reduced jail readmission, when compared to a comparison group, by 25-30% pre-COVID-19. With increases in referrals, there will need to be continued observation of the client population as well as their service needs. On the front end of the system, developing early ways to direct people to collaborative courts will be important, especially as more options and courts become available, with different approaches and missions.

5. **Increase Connections for Re-Entry Services:** Develop more connections between jail re-entry services and community options like the Adult Day Reporting Center to find opportunities for alternative custody options, overseen by probation in the field with a strong connection to services and programming. Specifically, services offered at the Day Reporting Center (DRC) that focus on cognitive behavioral therapy and educational attainment could meet some of the emerging needs of people exiting the jail. If there can be a way to expand this opportunity to pre-trial individuals, there could be additional reductions in the length of jail stays, and future reductions in recidivism longer term. Since both the jail and probation use the same risk/needs assessment tool, there is an opportunity to create incentives for inmates for alternative custody through milestone credits, as well as the continuation of services offered in the jail and community.

6. **Refine Qualifications for Use of Diversion Programs:** The county should develop a more coordinated approach for how and when to use Mental Health Diversion and Mental health Treatment Court. Sacramento County has developed a robust set of diversionary programs involving those with behavioral health needs, specifically pre-trial Mental Health Diversion (MHD) programs for individuals with mental health needs pre-adjudication, as well as post-adjudication programs like the Mental Health Treatment Court (MHTC). Expansion of these programs can further reduce the jail population of people with SMI but needs to be done in close collaboration with partners. More coordination at the front end of referrals could help in routing people to the most appropriate court, as well as move people between courts if they are found to be a better fit for the other court. This coordination could involve reducing wait times for hearings, as well as avoiding a second clinical assessment since the level of care is similar.

7. **Analyze Court Process and Investigate Delays:** A deeper analysis and discussion of the court process will help differentiate between delays that are a matter of justice, and unnecessary delays that are opportunities for improvement. In general, cases that take longer than established case processing standards are a function of the number of hearings and continuances, but it is important to scrutinize and understand these dynamics and work collaboratively on opportunities to reduce time to disposition. This analysis, led by the court with the involvement of other justice agencies, could identify opportunities to reduce unnecessary delays and continue to align with best practices put forward by national entities like the National Center for State Courts.[50] It should be noted that the Sacramento Superior Court, according to the judicial council's state workload model, is short 13 judgeships overall.[51] While court resources – including the number of courts and judicial officers– influence the pace of case processing, some issues can be addressed without additional resources. Historically, the court has developed a felony backlog, due to a clearance rate of less than 1 case disposed per filing over time. That means that more cases are being filed than are being adjudicated, which over time creates a growing amount of work on hand.[52] The age of active, pending cases, has likely grown during COVID-19 as more cases get calendared for trial. A reduction in case processing times for those remaining in jail pretrial could deliver substantial reductions in the average daily population. Expediting case processing will reduce the time they spend in jail but would require examination and cooperation regarding how to best accomplish this in balancing due process and speedy trial requirements. For cases involving mental health, including Mental Health Diversion, Mental health Treatment Court and proceeding around Competency, finding ways to streamline assessments and hearings would be beneficial to clients as well jail populations.

8. **Reduce the Time it Takes to Determine IST:** Continue to develop practices, approaches, and alternatives to custody for people at risk of IST, or where a doubt of competency has been raised. The average person who is found incompetent to stand trial is in custody 70 days before a doubt is raised, and then waits another 50 days for

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[50] https://www.ncsc.org/__data/assets/pdf_file/0032/69890/Timely-Justice-in-Criminal-Cases-What-the-Data-Tells-Us-v2.pdf

[51] https://www.courts.ca.gov/documents/2020_Update_of_the_Judicial_Needs_Assessment.pdf

[52] https://www.courts.ca.gov/documents/2021-Court-Statistics-Report.pdf

assessments and findings on the competency motion. The county has developed a robust IST diversion program, but further effort to reduce the time the IST process takes will improve outcomes. The county can't control the time it takes to place someone in state hospital (which is usually between 90-120 days), but it can work to make this process work as quickly as possible for the parts they control. Further, it can proactively work to keep people connected to the court process since after restoration, people return to the hearing process.

9. **Form a Cross Agency Team to Formalize Coordination of Assessments and Screenings**: Develop formalized coordination of assessments and screenings so that as more agencies work to assist people during pretrial, re-entry, and in the community, there is a common knowledge of the approaches and tools used. Figure 31 shows the range of screenings and assessment. By developing a standardized way to share and understand each agency's assessment tools, there can be more opportunities for cross training, sharing of legal information where possible, as well as avoidance of situations where assessments or screenings are used for cross-purposes. This could be operationalized by a cross-agency team that looks for opportunities to expedite release or make linkages for people that otherwise might be held until arraignment or longer. Cross-agency teams could augment what is already being done by jail staff, and also ensure consistency for clients. This can also be helpful in identifying people as early as possible for alternative court processing either while in custody, or in the community. Creating a clear "lead case planner" depending on rules will help navigate when one agency is leading certain parts of a person's care plan. Further, look to integrate assessments where possible into efforts around CalAIM and the county's plans for a Social Health Information Exchange.

10. **Utilize Lessons Learned During COVID-19 to Determine What can be Used to Reduce Jail Population Ongoing:** Review the range of COVID-19 efforts to reduce the jail population and determine which can be institutionalized as policy, which safely reduced the jail population, and which could be implemented through a more planned pilot. This could include a range of responses and mitigation efforts but should focus on areas where partners collaborated to ensure safe releases, possibly using risk assessments to identify "low risk" people for release.

11. **Work with Community Partners to Develop Strategies that Mitigate Issues Related to Warrants:** Develop specific warrant reduction strategies and partnerships where individuals can clear up their warrants and look at the open warrants that have reached

a certain age or case type that can be recalled. Also look at community-based organizations that can help avoid people going into warrant status as well as inform people at risk of or on warrant of how to get their case re-calendared or possibly avoid a jail booking. Community-based organizations can also assist justice partners in educating and informing people on how to clear up their warrant, as well as encourage engagement and communication to avoid failures to appear.

PLANNING AND ADMINSTRATION

12. **Increase Use of Evidence Based Information:** Increase cross-agency briefings and research-informed workgroups to grow awareness of practices and their target population, provide a better understanding of what assessment tools do and don't do, and develop consensus on the research foundation behind policies and programs. Further, the county should develop a definition of how and when evidence is used, from what sources, and what constitutes various levels of evidence. For example, the Pew Charitable Trusts maintain a database of evidence-based clearinghouse entries that includes justice, health, and child welfare programs rated as to the quality of evidence as well as the impact on outcomes. Using a standard reference source can help unpack concepts like "evidence based" in looking at complex research studies as well as a consistent source.[53] This kind of language can then be used to improve contracts, services, and budget discussions to start to disentangle the need to innovate with the need to base programs in "What works". Further, developing implementation focused workgroups can focus continuous improvement and fidelity to program designs and dosage, which can be under various approach such as implementation science[54], or business process reviews.

13. **Create a Shared Lens for Justice Decision- Making:** Ensure policymakers and agency heads have a standardized approach to looking at the impact of justice decision-making, considering impacts on the jail, race equity, and behavioral health. Developing a common planning toolkit across justice programs can help align services, as well as clarify the outcomes that the program is intended to have, and on which specific target

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[53] Results First Clearinghouse Database. (2021). Retrieved 7 May 2022, from https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database

[54] Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). Implementation Science. International Encyclopedia of the Social and Behavioral Sciences, 11, 695-702.

population. This toolkit can include basic estimates of jail impact as well as tools like logic models that can inform the activities, outputs, and intended long term outcomes, beyond just measuring recidivism or jail bed day reductions. The specific jail reduction strategies enumerated in this document follow a possible format, attached to a spreadsheet where assumption and scale can be adapted as implementation begins.   It is also relevant to define key outcomes and metrics and their uses.

14. **Continue to Use De-Identified Data to Inform the Community** Continue to develop de-identified data using approaches the county has already created using its Open data portal[55], to aid in public understanding of larger system dynamics and create oversight and accountability mechanisms to ensure successful and sustained jail population reduction, as well collaborative bodies that ensure victim input. A public data strategy could include data dashboards that provide a few clear metrics and demographics but can help stakeholders understand the dynamics that drive the jail population. This can also help to reduce the workload of responding to Public Requests for Information and streamline responses, so they are always queried consistently.

15. **Develop and Implement a Data Strategy:** Develop and implement a data strategy that allows for the merging of multiple datasets and agency data in a safe and secure way. The result of this could inform the development of a jail population management workgroup that looks to understand, and address jail population needs in a cross-system way. This could be linked to the Mental Health Workgroup or be a separate group that focuses on jail population. The strategy contained in section 3 of this report offers guidance on how to replicate the work of the Data Driven Recovery Project in the county, and align it with key analytic goals regarding evaluation, research, and transparency tools. This strategy can help inform new efforts involving data integration like CalAIM, as well as ongoing work to better inform policymakers using data using tools such as dashboards.

16. **Conduct Recurring SIM Workshops:** The county could host a recurring workshop using the Sequential Intercept Model (SIM) to create and drive priorities involving justice and mental health. Sacramento County has developed and regularly uses the Sequential Intercept Model in terms of mapping and inventorying programs. The SIM can also be an important collaborative planning tool for identifying gaps and prioritizing resources.

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[55] Sacramento County Open Data. (2022). Retrieved 1 May 2022, from https://data.saccounty.gov/

The output of this would be a prioritized list of actions, as well as gaps for the county to further refine and address as needed across different advisory groups. Since the county has already developed and promoted the system mapping component, using the tool drive community engagement and prioritization could add a collaborative layer to this work. This would serve the dual goal of giving people the chance to better understand each program and system, as well as give county leaders a more refined list of priorities. These workshops could be done in 2–3-hour sprints, with the results being presented to various oversight bodies.

A major goal of this report is the recommendation of several specific actions the county can take in the near-term. This work assumes the current state of policies and programs and jail population as of Winter 2021, not proposals or ideas that haven't been enacted, or come into place after this time.

While none of the recommendations are simple, they focus largely on developing the capacity to identify tangible target populations that require a clear set of implementation steps and partnerships. Since the goal is to estimate the jail reduction associated with each of these ideas, it limits "outside the box" recommendations which would take longer to form a consensus regarding how the jail is used.

The recommendations here purposefully omit programs that are specifically designed to offer people criminogenic interventions or meet behavioral health needs. The causal impacts of programs on the jail program vary, and reductions in recidivism impact both if they return to jail, as well as how many times. As a baseline, 54 percent of people who exit the jail return, and of those 54% that return they come back an average of 4 times.   In addition, implementation[56] needs to be taken into account for the programs or policy changes to understand how the programs actual get implemented, not simply the words or policy. Tracking, coordinating, and communicating will be a key aspect of a successful unified strategy for enacting these programs. Projecting jail reductions based on services is more complex since it needs to clarify the target population, as well as impact of a specific intervention, but as workgroups develop new ideas, the same methodology can be used to support "outside the box" thinking.

The timing of the recommendations also assumes some amount of time to "ramp up" implementation, so all projections are made assuming a 12-month window from the time the county starts implementing a policy or program to reach "full implementation". This does not include the time it may take to design, procure, or develop processes, for example, if it takes 6 months to prepare for a policy and develop resources, it will take an additional 12 months to reach full implementation, so a total of 18 months.

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[56] Fixsen, D., Naoom, S., Blase, K., Friedman, R., Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tamps, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.

Overall, the proposed options could reduce the average daily population of the jail by up to 600 beds through a combination of system changes and programs but could move higher with more referrals or acceptance rates. The graphic below summarizes the reductions coming from each strategy area of jail admissions, length of stay, and reduction of returns to custody. The programs will take time to implement and staff, so even with immediate action, it will take several years to achieve full implementation and realize ongoing reductions. These recommendations do not include recommendations for reducing bed rentals to other county, state or federal entities, and these populations are excluded from the specified projections.

Strategy areas

Jail admissions
- Reduce the number of jail admissions to only book those into custody that pose a public safety risk

Length of Stay
- Reduce the length of stay in custody through specific policies, programs, and diversion

Returns to Custody
- Reduce the number of people returning to custody through appropriate levels of treatment and programming

Estimated Impacts

117 ADP Avoided

475 ADP Avoided

Considering
Race Equity
Behavioral Health Needs
Partnerships needed

Total Reduction Estimates
~592 ADP Reduction

ADP=Jail Average Daily Population

The table below summarizes the jail reduction strategies in terms of their impact on ADP, and the possible level of complexity of implementation. The lower impact strategies, in terms of ADP, include efforts to reduce the presence of misdemeanors and some non-violent felonies in the jail and are more likely to reduce bookings in general. Since these people already stayed less than the average LOS, they will have outsized impact on bookings, but less of an impact on daily population.

	Low impact (Less than 20 ADP)	Medium Impact (20+ ADP)

Reduce Bookings	1A) Deflect all people with statutes or circumstances likely to be released the same day they enter	1B) Augment Crisis Response to deflect more people not requiring jail admission who have MH Needs 1C) Cite in the field people usually booked on non-violent misdemeanors or infractions
Reduce Length of Stay	2A) Expand release of "Low-Risk" detainees staying up to arraignment	2B) Expand use of custody alternatives for low-risk sentenced inmates 2C) Expand use of Pretrial for low-risk inmates staying past arraignment 2D) Reduce Length of stay for people booked on warrants alone 2E) Reduce Warrants around FTAs for MH Clients 2F) Expand the use of Mental Health Diversion Lower Risk Felonies 2G) Expand the use of Mental Health Treatment Court for Moderate Risk People

The following recommendations provide staff with clear parameters for program development and provide leadership with baselines expectations in the following domains:

Jail admissions	Length of Stay	Returns to Custody
•Reduce the number of jail admissions to only book those into custody that pose a public safety risk	•Reduce the length of stay in custody through specific policies, programs, and diversion	•Reduce the number of people returning to custody through appropriate levels of treatment and programming

Using these tangible options to reduce jail populations offers a way to plan for the future. Modeling and accurate baselines can be used to develop alternatives for targeted population with sustainable funding. These tools also provide valuable information for community input processes. As an essential part of the process, community engagement provides an opportunity to build a shared understanding of how policies can address historical racial disparities and community behavioral health opportunities.

Race Equity	Behavioral Health	Partnerships
• How will the policy impact race equity?	• How will the policy impact access and engagement with treatment?	• Are there opportunities to "Make it stronger" through partnerships via inter-agency and community collaboration?

Although these strategies are meant to address multiple approaches that could reduce recidivism, reductions for specific populations need to be modeled with a reasonable expectation of impact. These approaches are more involved than simply examining the mental and criminogenic states of individuals before and after a jail stay or intervention, since some people will still return to jail despite treatment, so the chance of recidivism must also be incorporated.

Lastly, the current jail population (2021) is lower in certain areas that historically were large contributor to the population, specifically warrants and supervision violations, and to some extent misdemeanors. It will be important for the county to monitor growth in specific areas of admissions that drive longer stays in jail, otherwise even with these new programs in place there won't be the intended impact overall on the jail's population.

INCORPORATING COSTS

This document uses caseloads and general reductions in jail ADP as proxies for cost, since a full analysis of cost impacts is outside the scope of this report. However, the county should be careful when comparing different types of costs, as it will make certain policy options attractive, even when they represent costs that cannot be recovered. The cost-benefit of any policy should consider operational costs whenever possible, but in the justice system

> ✓ *Take care when estimating costs, especially when comparing "average" cost to actual operating*

most costs grow in "steps" due to changes in workload/caseloads or opening/closing of housing units.

This approach assumes "budget savings" is not a reality in the short term, but a way to conceptualize tradeoffs between how competing services use existing resources or approaches that could slow cost growth over time. The shifting of costs can give the county a full view of change in policy or programs, but also have implications for shifting costs to a different budget area. [57] Appendix 4 contains suggestions about developing operating cost estimates, as well as approaches for looking at cost shifts and outcomes. If reasonable and conservative estimates can be developed, they can better guide near-term program development, budget creativity, and identification of new sustainable funding streams to shift costs to other payers through federal entitlements.

METHODOLOGY

Like any program, the impacts should be specific and measurable, but there are unknowns that would need ongoing monitoring, as well as overlaps in populations that could change the estimates. Recommendations of jail reductions should be taken with caution, especially in the era of COVID-19 with many unknowns. This dynamic has limited the options but considers several steps:

1. **Create a baseline:** The first step in the forecast method is to make specific assumptions about admissions and length of stay over time. This can be adapted to look at specific growth in admissions or length of stay, but for the purposes of this document they assume no growth. It is vital to look at specific target populations that may have different admissions or length of stay expectations. For the purposes of this report, looking at differences in race and behavioral health needs was a priority to ensure any innovations do not have negative impacts, or through innovation, can reduce these impacts. Fully understanding

> ✓ *COVID-19 makes many baselines inherently complex in understanding how things will*

the tradeoffs of the use of jail is a key part of building a baseline. There will always be subpopulations or qualities that cannot be identified through data, but these steps are a

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[57] For more information on developing cost analysis and understanding payer perspectives, refer to the guide created by the DDRP project linked here: https://oconnellresearch.files.wordpress.com/2022/04/caseload-and-cost-analysis-tools_ddrp.pdf

starting point for implementation. Also, efforts are taken to avoid the duplication of populations between recommendations to estimate total jail bed avoidance.

2. **Identify specific policy impacts:** To create a baseline, the process looks at key questions to inform the ongoing impact as well as timing of reductions, such as:
   - Will the effort be retroactive and impact people sentenced or currently in custody?
   - Does more work need to be done to be specific about the needs or definitions to meet various legal (like "non-violent"), clinical (SMI), and housing needs (unhoused/homeless)? This can be important in both developing funding strategies as well as operational details. If a population can't be defined and identified based on a criterion, a new strategy becomes more difficult to implement.
   - How does the policy overlap or conflict with other efforts?

3. **Work with stakeholders on implementation details:** Through a team or workgroup, develop the changes in procedures, budgets, or workloads to enact the policy. No recommendation or projection that operates at the policy or system level is ever 100% accurate, so the value comes from alignment and implementation. Stakeholders can also help reduce duplication of efforts and identify where policies might overlap. By collaborating with stakeholders across county and city agencies, as well as community advisory groups, the county can continually address and incorporate information and insight into its expectations for managing the jail in a way that aligns with the purpose of incarceration, while increasing access to treatment and reduce racial disparity.

The recommendations in this section are based on deflecting certain types of bookings from entering the jail. The theory of change is that by deflecting people from jail in ways that could support human service interactions for people not serving public safety risks, the county can better use its jail beds.

Recommendation	ADP Reduction Impact	Partnership Needed	Target population
1A) Deflect all people with statutes or circumstances likely to be released the same day they enter	17	Local facilities and operational partnerships with police departments	People booked as "Quicks", and likely to never leave the booking loop
1B) Augment Crisis Response to deflect more people not requiring jail admission who have MH Needs	26	Local Police and Behavioral Health Crisis Response Team	People arrested in the community who have MH concerns or are in crisis, but are booked for citable offenses or non-violent misdemeanors
1C) Cite in the field people usually booked on non-violent misdemeanors or infractions	74	Courts and local law enforcement agencies	Misdemeanor and Infractions not related to Mental health, who are not "Quicks", and don't have underlying warrants or violations related to violence

17 Jail Daily Population Reduction	34 Alternative Daily Program Slots Needed	9,600 Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

1A: Deflect most people with statutes or circumstances likely to be released the same day they enter the jail (Quicks)
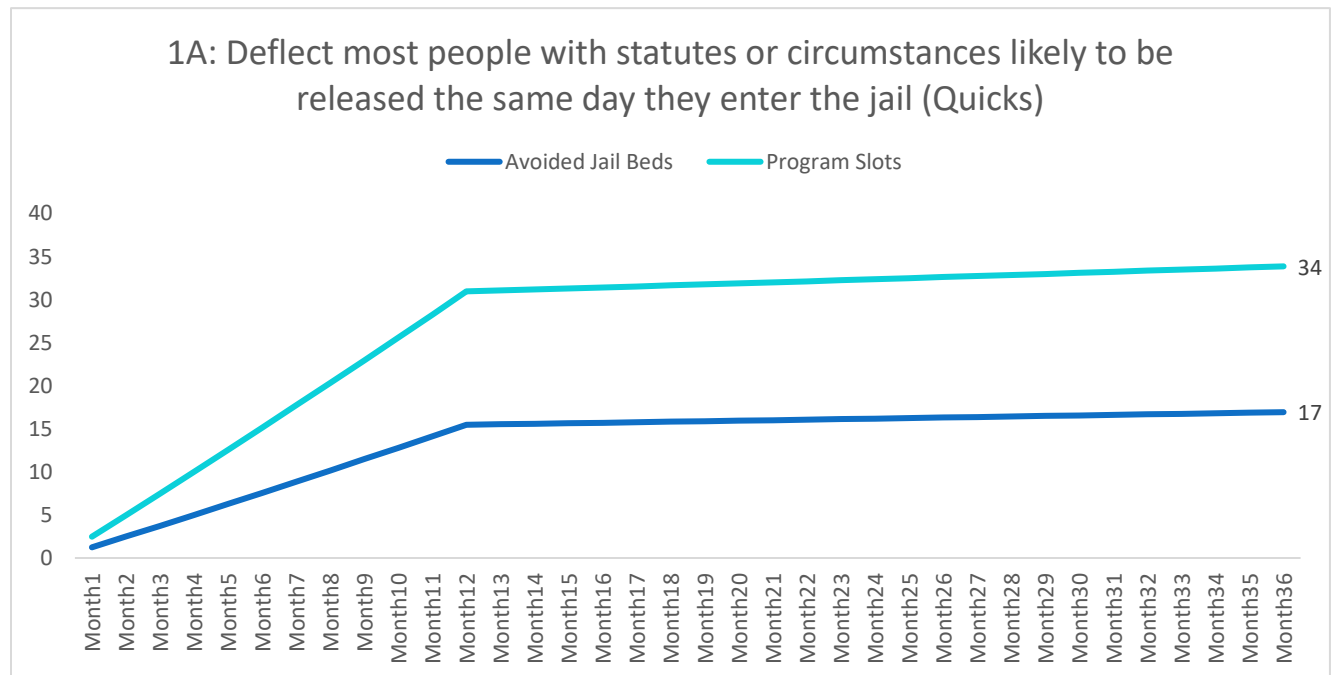
Avoided Jail Beds — Program Slots

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District

District 3	22%
District 1	18%
District 2	18%
Out of County/Missing	16%
District 4	13%
District 5	12%

% of Total Number of Bookings
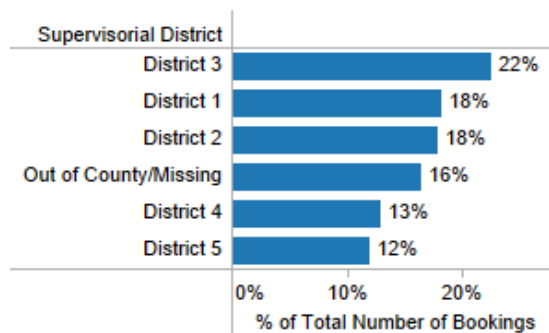
Parameter	Amount
Net Program entries per month	800
Time to phase in	12
Jail Length of Stay (Days)	0.5
Alternative Program Length of Stay (Days)	1
Program Acceptance	100%
Termination Rate and Timing (Months)	0% (x)

90

1A. Current State:

Nearly 10,000 people per year are released as "quicks", meaning they are never housed and generally leave the jail within 24 hours. The booked crimes are most often related to alcohol or substance use, quality of life, and compliance issues like misdemeanor warrants. In general, based on hours in custody, these 10,000 admissions make up 6,000 bed days, or about 1% of all bed days. However, these people make up 25% of all admissions. The geographical spread of these types of bookings means local sites/models could also be useful.

Impact Of The Policy Change On The Daily Population

By reducing admissions for these people likely to be released quickly, it would reduce the jail population by 17 beds on a daily basis, but create a need for 34 beds in a facility to support up to a 1 day stay for some clients, depending on the facilities.

Impact Of The Policy Change On Race Equity

36% of short stays are white, 30% black, and 25% Hispanic. This policy will slightly increase disparity since black and Hispanic people are less likely than white people to be released as quicks based on what they are booked in for.

Impact Of The Policy On Behavioral Health

• This program would substantially reduce clients entering the jail with behavioral health needs, reducing the 33% who enter intoxicated, as well as the 13% who enter for other reasons but have Mental Health concerns.

Implementation:

Work with local law enforcement to create an alternative non-custodial booking site, where people could be triaged for various human service needs, health, and court compliance issues. Near term, this site could make use of the Jail Diversion and Treatment Center to start to scale up efforts in order to avoid them being booked into the jail. If medical issues or intoxication play a role, then an "always open" crisis or voluntary detox location could better serve people than the jail, but not point to the hospital.

Partnerships:

Local Law Enforcement, health and human service agencies, and a facility to locate non-medical bookings. There may also be needs for transportation or human assistance.

Evidence And Existing Programs:

The Sacramento County SURE program has been operating on a voluntary basis for people to recover. In general, sobering centers have a stabilization and linkage strategy so long-term impacts on health and re-booking is still being researched.

Complexity And Funding:

This is high complexity due to setting up a new facility or alternative booking site, possibly in a number of locations, as well as adding to the existing crisis response continuum for a sobering center that takes voluntary admissions.

26 Jail Daily Population Reduction	1 Alternative Daily Program Slots Needed	420 Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

1B: Augment Crisis Response to deflect more people not requiring jail admission who have Mental Health Needs
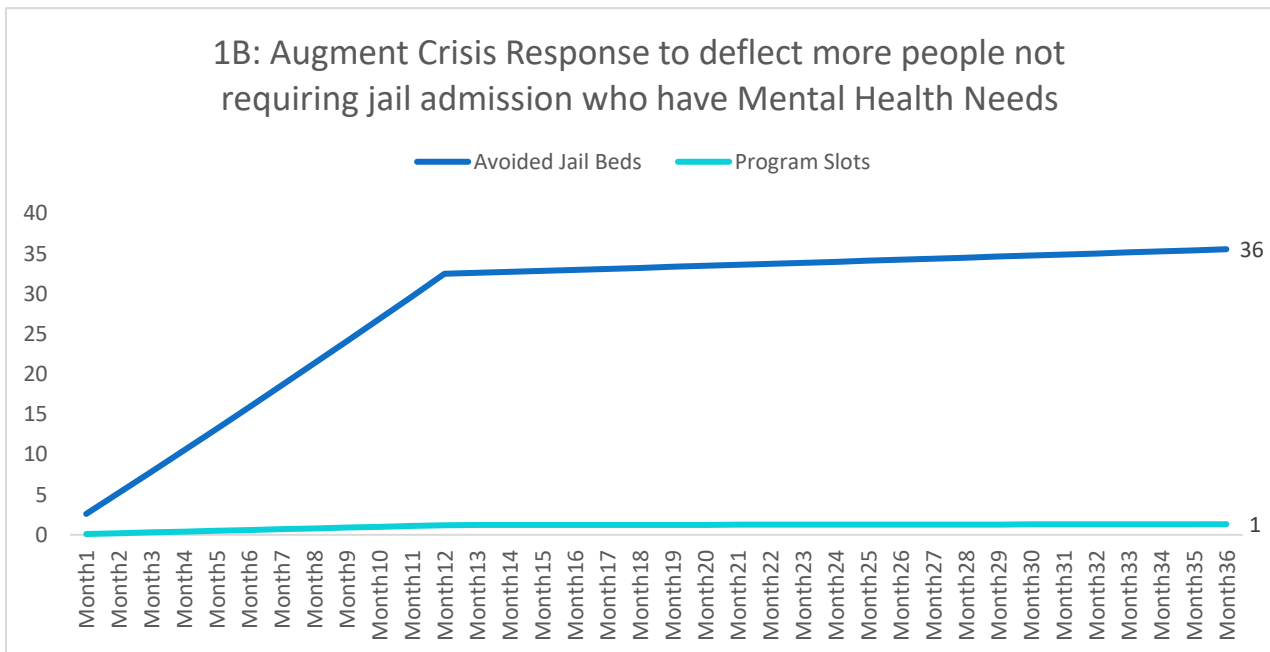
GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS
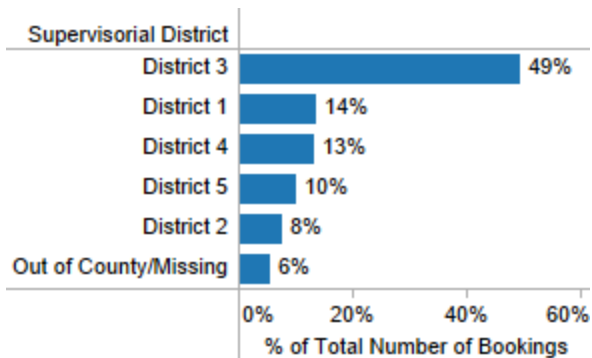
Parameter	Amount
Net Program entries per month	35
Time to phase in	12
Jail Length of Stay (Days)	27
Alternative Program Length of Stay (Days)	2
Program Acceptance	50%
Termination Rate and Timing (Months)	0% (x)

1B. Current State:

Annually, 400 people are booked into jail for non-violent misdemeanors related to a new crime, and also have a history of SMI. This *excludes* misdemeanor warrants and technical violations, as well as alcohol. Crisis response could be an alternative in certain situations and deflect the booking altogether. The general approach is to identify situations where a crisis response or co-responder team could have produced a different outcome.

Impact Of The Policy Change On The Daily Population

By reducing admissions for those possibly in crisis at the point of law enforcement contact, it would reduce the jail population by 25 beds on a daily basis, but create a need for 2 beds to support the portion of the population who can't be safely released. In theory, this alternative would be connected to the large crisis continuum or respite options.

Impact Of The Policy Change On Race Equity

41% of stays are white, 33% black, and 19% Hispanic. This policy will slightly increase disparity since black and Hispanic people enter the jail less often under these circumstances.

Impact Of The Policy On Behavioral Health

- This program would reduce seriously mentally ill clients entering the jail by 10% under non-violent circumstances and not involving court compliance issues.

Implementation:

Work with local law enforcement and health services to continue to staff and operationalize the Sacramento County crisis response strategy.

Partnerships:

Local Enforcement, health and human service agencies, and a facility to locate non-medical bookings

Evidence And Existing Programs:

Sacramento County has two parallel approaches being implemented, a Mobile Crisis Response team embedded with police, and a Mobile Crisis Support Team, staffed and dispatched by behavioral health. Mobile Crisis strategies have been found to be highly effective near term by avoiding jail entries as well as hospitalizations, compared to the usual law enforcement response, but requires linkage and treatment for lasting effects.

Complexity And Funding:

This is high complexity due to maintaining staffing of positions, as well as coordination with numerous local teams, cities, and agencies.

74 Jail Daily Population Reduction	256 Alternative Daily Program Slots Needed	1825 Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

1C. Cite in the field people usually booked on non-violent misdemeanors or infractions

— Avoided Jail Beds   — Program Slots

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District

District	% of Total Number of Bookings
District 3	27%
Out of County/Missing	17%
District 4	16%
District 1	14%
District 2	14%
District 5	13%

Parameter	Amount
Net Program entries per month	150
Time to phase in	12
Jail Length of Stay (Days)	13
Alternative Program Length of Stay (Days)	90
Program Acceptance Rate	50%
Termination Rate and Timing (Months)	0% (x)
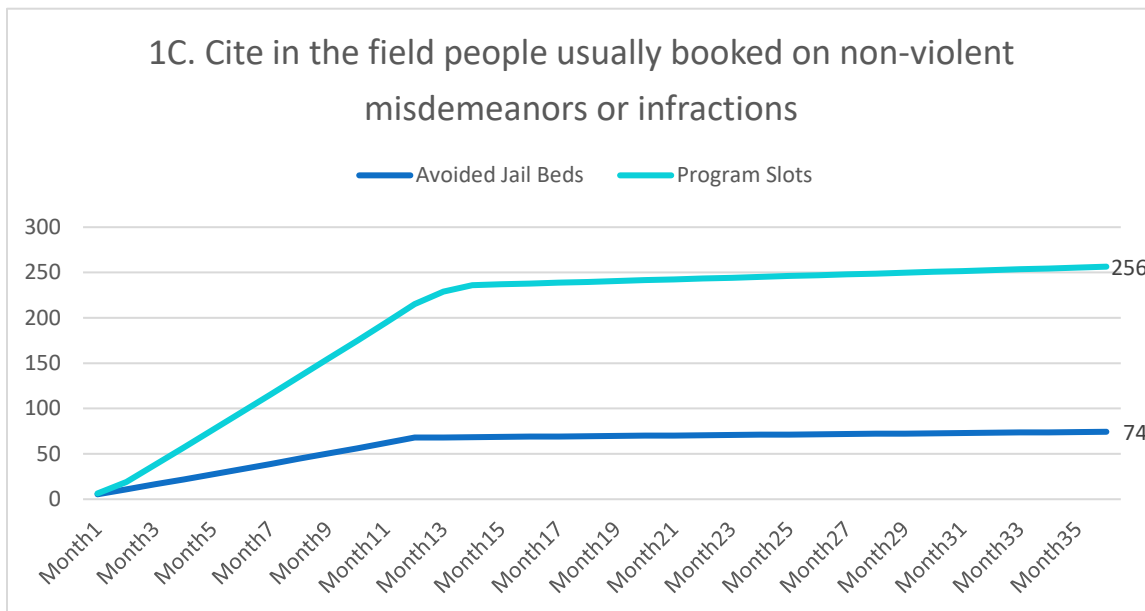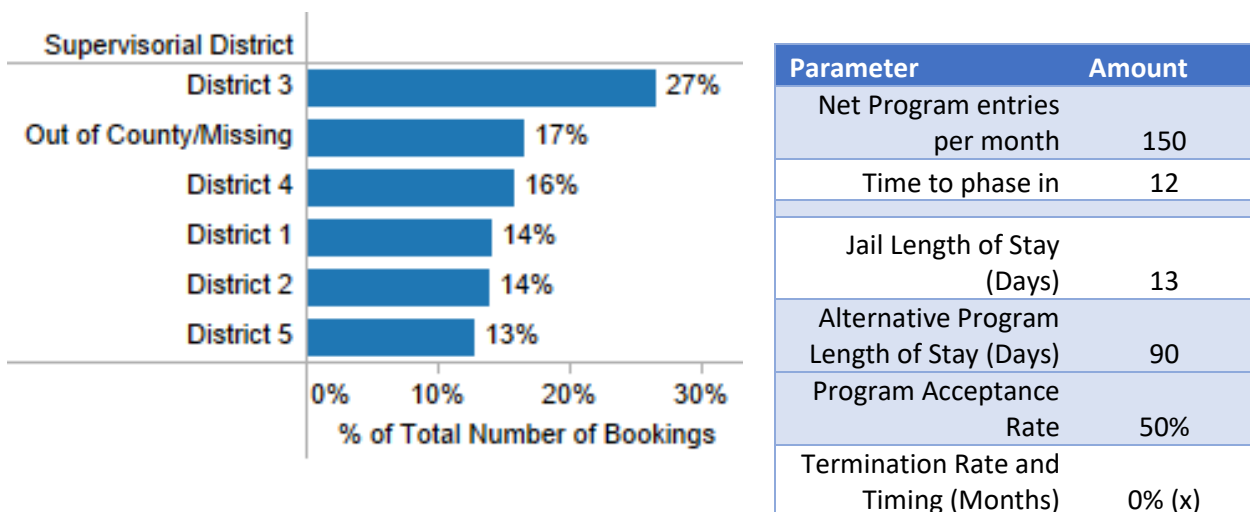
1C. Current State:

1800 people are booked into jail for non-violent misdemeanors, but appear to have no SMI. This includes people booked on misdemeanor warrants and supervision violations not related to crime of violence. This is the 1st jail booking for the majority of the people booked in. This group also excludes people booked in for misdemeanors related to domestic violence, even if the crime is non-violent in its interpretation (e.g. stalking or harassment).

Impact Of The Policy Change On The Daily Population

By reducing admissions for those with non-violent misdemeanors it would reduce the jail population by 75 beds on a daily basis, but create a need for a more robust support system for people pending trial. Since this group also includes DUIs, the alternative would need some kind of voluntary sobering location where a person is unable to access their vehicle. This assumes 50% of the people identified would take part in the alternative support program, depending on the needs.

Impact Of The Policy Change On Race Equity

39% of stays are white, 28% black, and 23% Hispanic. This policy will slightly increase disparity since black and Hispanic people enter the jail less often under these circumstances.

Impact Of The Policy On Behavioral Health

• This program would reduce clients entering the jail who are new to the system, and appear to lack identified SMI (as different from crisis response). Many in this group are DUIs, as well as drug possession, so this would have larger influence on substance use than mental health.

Implementation:

Work with local law enforcement on the protocols for the cite and release policy specifics, as well as instruction on how someone can take advantage of the support program to avoid failures to appear, or deeper system involvement.

Partnerships:

Local Enforcement, health and human service agencies, and possibly legal aid or public defender services offered in the field or through referral for those seeking legal advice or pretrial support.

Evidence And Existing Programs:

This approach is largely centered on the risk principle in that lower risk people should avoid as much contact with the justice system as possible. Even short jail stays can be traumatic and risk people losing stability, leading to deeper system involvement. The support program should be focused on human service needs and court reminders. Sacramento county also partnered during certain phases of COVID to enact field citations, so looking at ways to create policy agreement would lead to clearer implementation.

Complexity And Funding:

This is low complexity in creating policies around the kind of misdemeanors eligible to be cited in the field, based on COVID response. DUI's represent some complexity due to impaired drivers, but this would also need to fund a support network to avoid people missing court dates, etc.

Reductions in length of stay specifically address people that would enter the jail, and there is unlikely to be a way to "deflect" their entry given the seriousness of the arrest. This set of recommendations focuses on programs or system changes that would reduce the time spent in custody once they have entered through various release and monitoring options, as well as expedited court and diversion processing. Please see section 1.5 for a discussion about risk to re-offend. For the purposes of this discussion, "Low Risk" is considered someone with less than 30% change of returning. Increasing the risk tolerance to closer to 50% would have a far larger impact on reducing the jail population but would also mean more people would return to custody.

Recommendation	ADP Impact	Partnership Needed	Target population
2A) Expand release of "Low-Risk" detainees staying up to arraignment	16	Sherriff's Jail Staff, and Court	Using a Proxy risk assessment, identify people that are low risk for follow-up as to pretrial release
2B) Expand use of custody alternatives for low-risk sentenced inmates	101	Sherriff's office Jail Staff and Probation	Sentenced people risk assessed as 'Low," which would be appropriate for Electronic Monitoring
2C) Expand use of Pretrial for low-risk inmates staying past arraignment	131	Court, Probation/Pretrial Team, Public Defender	Defendants staying past arraignment who are low risk to recidivate
2D) Reduce Length of stay for people booked on warrants alone	30	Jail, court, attorneys, support program	People booked on open warrants
2E) Reduce Warrants around FTAs for MH Clients	39	Custody Health, Courts Behavioral Health, Community providers, Probation	People with identified Mental Health Needs with open warrants and history of failures to appear
2F) Expand the use of Mental Health Diversion Lower Risk Felonies	81	Jail, court, attorneys, support program, probation	People with identified SMI needs, and Low risk to reoffend with a current non-violent felony offense
2G) Expand the use of Mental Health Treatment Court for Moderate Risk People	77	Custody Health, Courts Behavioral Health, Community providers, Probation	People with identified SMI needs, and moderate Risk to reoffend with a current non-violent felony offense

16 Jail Daily Population Reduction	1 Alternative Daily Program Slots Needed	2080 Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

Deflect people from jail with Mental Health Needs where jail is not needed

— Avoided Jail Beds   — Program Slots

(Chart: X-axis Month1 through Month36; Y-axis 0 to 18. Avoided Jail Beds line rises to 15 by Month12 then to 16 by Month36. Program Slots line rises to 6 by Month12 then to 7 by Month36.)

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District — % of Total Number of Bookings

Supervisorial District	% of Total Number of Bookings
District 3	26%
Out of County/Missing	17%
District 1	17%
District 2	15%
District 4	14%
District 5	10%
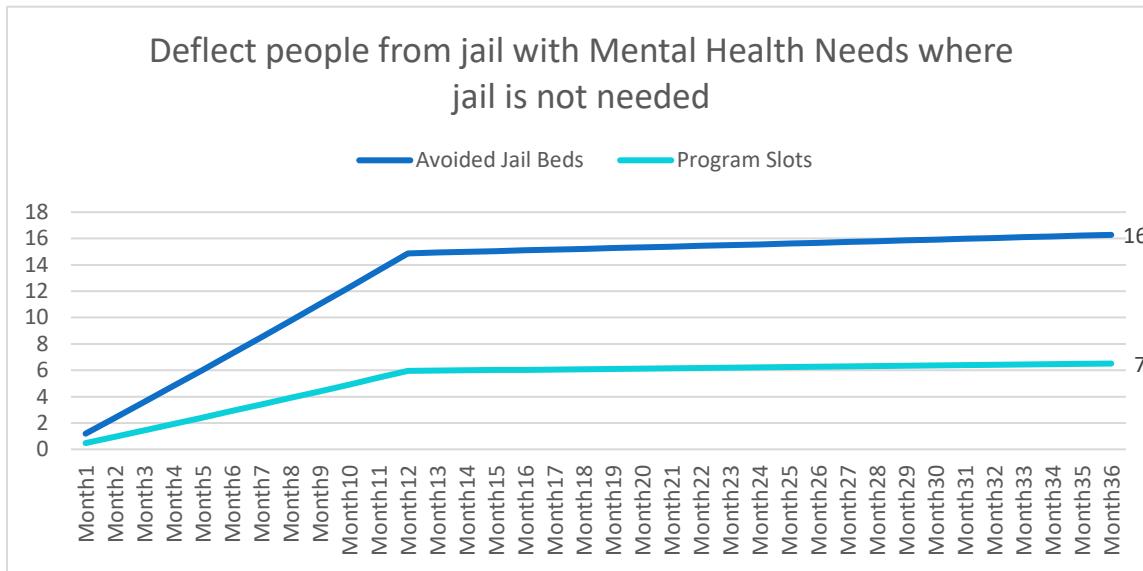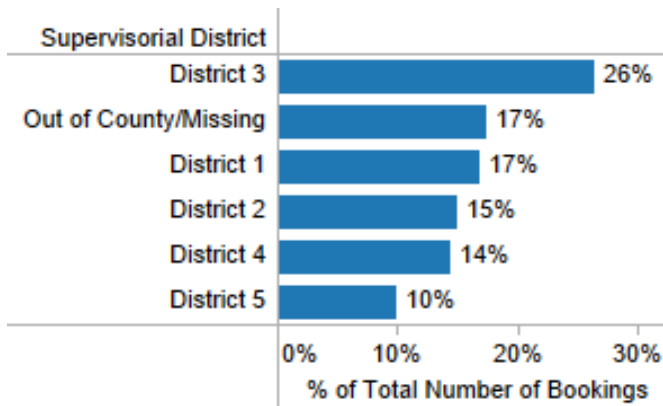
Parameter	Amount
Net Program entries per month	175
Time to phase in	12
Jail Length of Stay (Days)	3
Alternative Program Length of Stay (Days)	1
Program Acceptance Rate	100%
Termination Rate and Timing (Months)	0% (x)

97

2A. Current State:

Currently, 2000 people are released at arraignment for felony level charges after spending 3 days in jail and are a "Low risk to recidivate" based on a proxy risk tool. This group excludes people booked for felony level crimes of violence.

Impact Of The Policy Change On The Daily Population

Reducing length of stay for those with non-violent felonies who are already likely to be released at arraignment would reduce the jail population by 15 beds on a daily basis. There would also be the need for a support program, but this is likely to only be at the point of release.

Impact Of The Policy Change On Race Equity

40% of stays are white, 31% black, and 18% Hispanic.

Impact Of The Policy On Behavioral Health

• This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge.

Implementation:

Develop risk screening protocols that identify people for possible release. Tools like this are not intended to be used to make detention decisions, only broaden release options. For example, the risk score calculated using a proxy tool is available at booking so it could be automated to aid in the speedy identification of possible release candidates. This is different than a full risk /needs assessment, as well as the pretrial screening tool used by probation.

Partnerships:

Partnerships include jail staff with safe release and re-entry options for these short stays.

Evidence And Existing Programs:

Validated risk tools can be used to systematically, based on an algorithm, look for additional detainees that can be released. Risk assessment only looks at factors associated with recidivism, so it won't give enough information about individual needs, but since it can be automated, will reach people who otherwise will have to wait until arraignment. Since evidence has shown that every day and every hour in custody is criminogenic, especially for low risk people, this change would be another front-end option to link people to services as quickly as possible.

Complexity And Funding:

This is low complexity in creating policies regarding the way risk assessment could be included in jail release protocols, both technically and policywise. This would take process redesign since this is attempting to reduce a few days for many people in a short time frame.

101 Jail Daily Population Reduction	**280** Alternative Daily Program Slots Needed	**0** Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

2b. Expand the Use of Custody Alternatives for Sentenced Inmates

Avoided Jail Beds — Program Slots

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District

District	% of Total Number of Bookings
District 3	26%
Out of County/Missing	17%
District 1	16%
District 4	15%
District 2	15%
District 5	11%
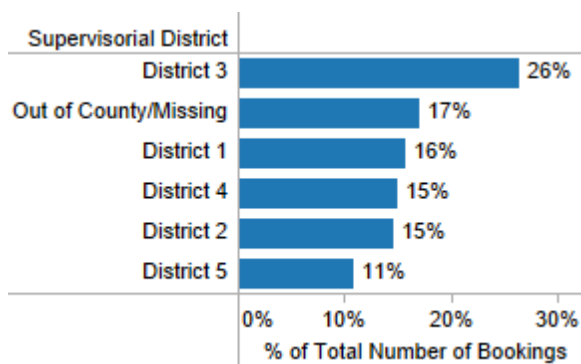
Parameter	Amount
Net Program entries per month	105
Time to phase in	12
Jail Length of Stay (Days)	74
Alternative Program Length of Stay (Days)	180
Program Acceptance Rate	50%
Early Termination Rate and Timing (Days)	31% (60)

2b. Current State:

With nearly 25% of the jail population in a sentenced status, there are nearly 1000 releases of people after sentencing who are at low risk to reoffend. These people stay 75 days in a sentenced status on average, of a total of 211 days total when combining pretrial and sentenced time.

Impact Of The Policy Change On The Daily Population

By reducing the sentenced length of stay for 50% of the people in a sentenced status (assumes some people won't want to participate), the jail would avoid 83 people in custody on a daily basis. This would create the need for a robust community option requiring 453 people to be on some kind of electronic monitoring program, probation supervision, or work release depending on the circumstances, assuming people had on average 180 days remaining on their sentence.

Impact Of The Policy Change On Race Equity

43% of stays are white, 33% black, and 17% Hispanic.

Impact Of The Policy On Behavioral Health

• This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge or during re-entry planning since these people stay 211 days, on average.

Implementation:

Develop risk screening protocols that identify people for possible release after sentencing, then develop resources in the community either overseen by the sheriff, probation, or community based organizations. If the jail performs a full risk/needs assessment, this can be used to guide re-entry planning and partnerships. The use of electronic monitoring could be used for people where there is some elevated concern about public safety, despite the low risk level, as well as work release for people with a limited amount of time remaining on their sentence.

Partnerships:

Partnerships include jail staff community release options, with possibilities including probation as well as community based organizations

Evidence And Existing Programs:

Validated risk tools can be used to systematically, based on an algorithm, look for additional detainees that can be released. Electronic monitoring and work release have been found to be highly effective in the near term of limited returns to custody, but their impact ends with the program. This means that re-entry services and connections are important elements in addressing the factors that influence recidivism.
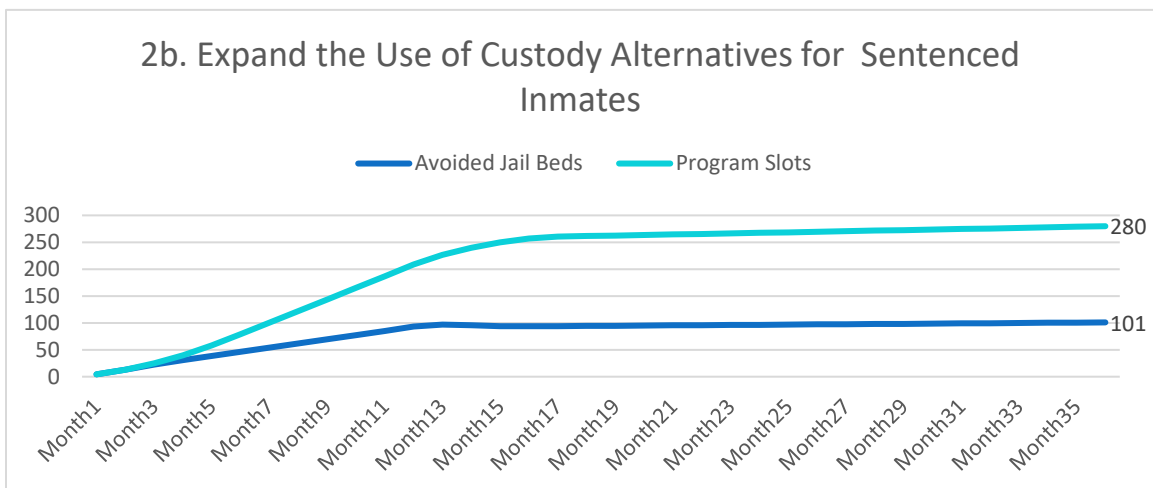
Complexity And Funding:

This is low complexity in creating policies affecting the way risk assessment could be included in jail release protocols as well as procuring electronic monitoring bracelets and training staff.

2C. EXPAND USE OF PRETRIAL RELEASE, THROUGH PROBATION MONITORING, THE PUBLIC DEFENDERS PRETRIAL SUPPORT PROGRAM (PTSP), OR OTHER APPROPRIATE RELEASE PROGRAMS.

131 Jail Daily Population Reduction	513 Alternative Daily Program Slots Needed	0 Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

2c. Expand the Use of Pretrial Release

— Avoided Jail Beds — Program Slots

513

131

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District

District	% of Total Number of Bookings
District 3	29%
District 1	19%
District 2	16%
Out of County/Missing	14%
District 4	13%
District 5	10%

% of Total Number of Bookings

Parameter	Amount
Net Program entries per month	103
Time to phase in	12
Jail Length of Stay (Days)	49
Alternative Program Length of Stay (Days)	180
Program Acceptance Rate	100%
Early Termination Rate and Timing (Days)	33% (x)

2C. Current State:

With nearly 75% of the jail population awaiting trial, there are around 2600 people pending court. During COVID, the average stay increased by 10 days for people staying in custody after arraignment to 47 days on average before they are sentenced. The group staying past arraignment for new crimes numbers nearly 4,000 releases, or 515 people on a given day.

Impact Of The Policy Change On The Daily Population

By identifying people at lower risk of pretrial release using a proxy tool and not in custody for crimes of violence, warrants, or violations, it would reduce the jail population by 127 beds on a daily basis if these people were released pending their case. There would also be the need for ongoing monitoring, as well as possible support in the community. Using a proxy risk tool would allow for additional screening, especially for those staying past arraignment, and the creation of a release plan.

Impact Of The Policy Change On Race Equity

40% of stays are white, 33% black, and 17% Hispanic. Since relatively more white people are "low risk" using actuarial tools, this would not result in dramatic improvements in race equity. However, adding more levels of pretrial risk would have more of an impact.

Impact Of The Policy On Behavioral Health

• This population is 47% SMI, which means implementing it with this population would have significant impact on people who are SMI in the jail.

Implementation:

Develop risk screening protocols that identify people for possible release. Tools like this are not intended to be used to make detention decisions, only broaden release options. There would need to be way to connect people to either the PTSP or pretrial monitoring depending on the circumstances.

Partnerships:

Partnerships include jail staff in developing and implementing a proxy risk tool that could be offered for anyone staying past arraignment, as well as ways to refer people for further pretrial release suitability to the public defender's Pretrial program or probation monitoring.
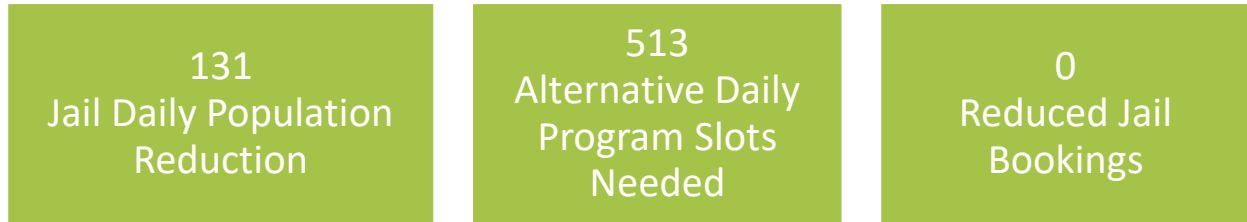
Evidence And Existing Programs:

Validated risk tools can be used to systematically, based on an algorithm, to look for additional detainees that can be released. Risk assessment only looks at factors associated with recidivism so they won't give enough information about individual needs, but since it can be automated, it can identify lower risk people for follow up or else they would remain in custody.

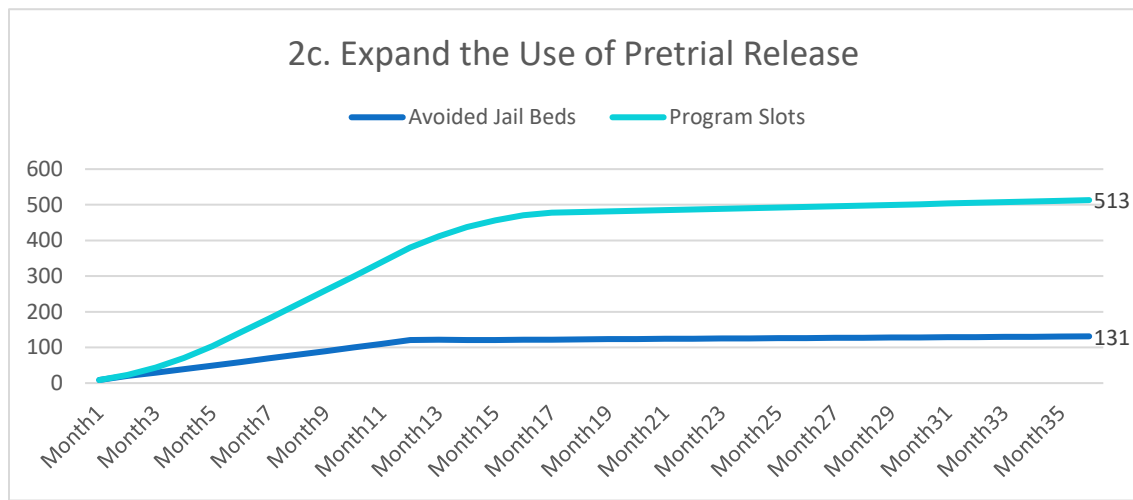## Complexity And Funding:

This is low complexity in creating a policies around the way risk assessment could be included in jail release protocols, both technically and policywise. This would require process redesign to ensure the reassessment for release, as well as coordination with pretrial release support.

30 Jail Daily Population Reduction	149 Alternative Daily Program Slots Needed	0 Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

2d. Reduce Length of Stay for people Booked for Warrants Alone

Avoided Jail Beds ——— Program Slots

93

30

Month1 ... Month36

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District

District	% of Total Number of Bookings
District 3	29%
District 1	19%
District 2	16%
Out of County/Missing	14%
District 4	13%
District 5	10%
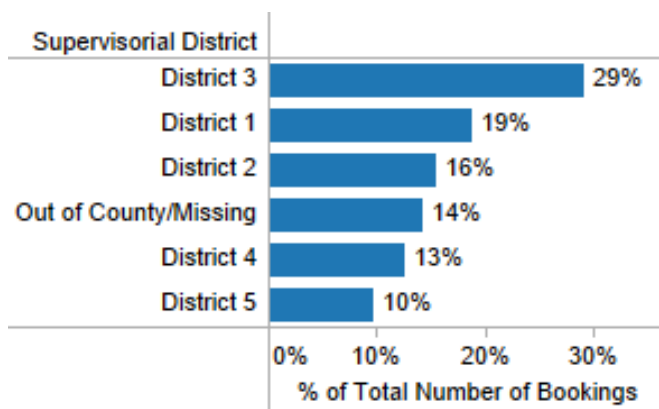
Parameter	Amount
Net Program entries per month	40
Time to phase in	12
Jail Length of Stay (Days)	65
Alternative Program Length of Stay (Days)	180
Program Acceptance Rate	70%
Early Termination Rate and Timing (Days)	31% (60)

2D. Current State:

There are currently 4500 releases per year for people entering on warrants alone. When eliminating warrants related to underlying crimes of violence, the total number is 1223. These people stay in custody, on average, for 65 days.

Impact Of The Policy Change On The Daily Population

By reducing length of stay for those with non-violent warrants, especially those are "low risk" for recidivism, the policy could release 306 people sooner to some kind of support program to better assure they appear for future court dates. Focusing on low risk people who don't have serious mental illness, this would save 30 beds on the average day.

Impact Of The Policy Change On Race Equity

35% of stays are white, 38% black, and 18% Hispanic. This policy would have improve race equity since relatively more black people enter the jail for warrants alone.

Impact Of The Policy On Behavioral Health

• This program would be set up mainly for people without serious mental illness, but may have other behavioral health needs. Although a large number of people with SMI enter the jail for warrants, program 2e is targeted at those programs.

Implementation:

Develop risk-screening protocols that identify people for possible release. Tools like this are not intended to be used to make detention decisions, only broaden release options. For example, the risk score available using a proxy tool is available at booking so it could be automated to aid in the speedy identification of possible release candidates. This is different than a full risk /needs assessment, as well as the pretrial screening tool used by probation. This program could be augmented through active warrant recall programs.

Partnerships:

Partnerships include jail staff, court, district attorney, and probation staff to identify people for release and continued support

Evidence And Existing Programs:

Validated risk tools can be used to systematically, based on an algorithm, look for additional detainees that can be released. Risk assessment only looks at factors associated with recidivism, so it so won't give enough information about individual needs, but since it can be automated, will reach people who otherwise will have to wait until arraignment. Since evidence has shown that every day and every hour in custody is criminogenic, especially for low risk people, this change would be another front end option to link people to services as quickly as possible.
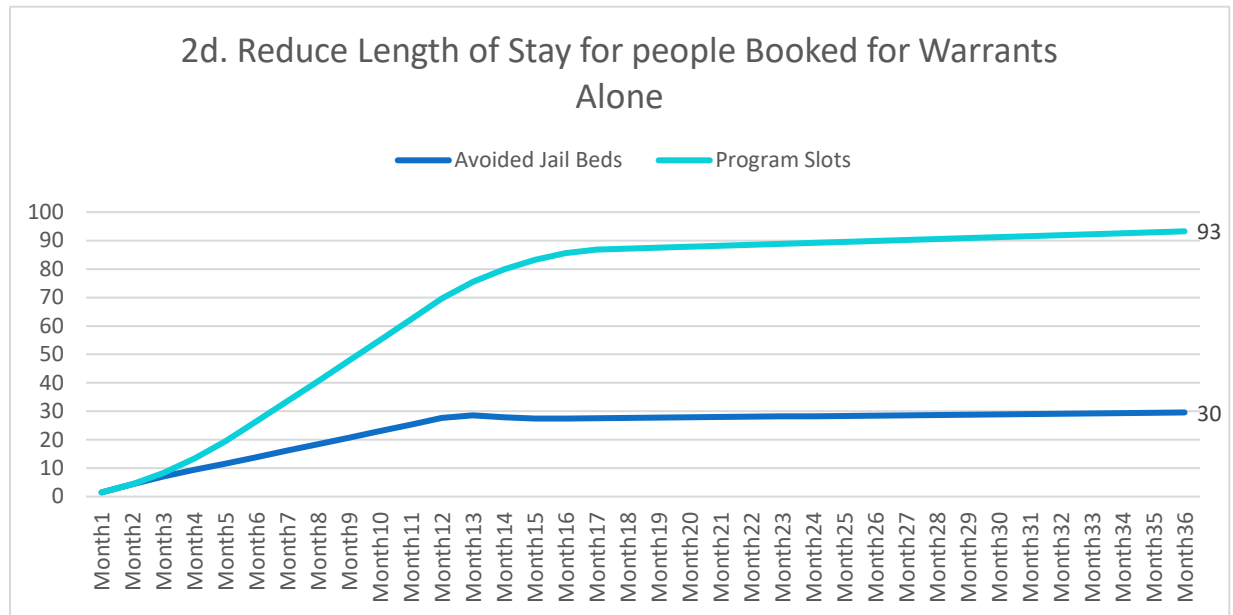
Complexity And Funding:

This is low complexity in creating a policies around the way risk assessment could be included in jail release protocols, both technically and policy wise. This would take process redesign since this is attempting to reduce a few days for many people in a short time frame.

39 Jail Daily Population Reduction	164 Alternative Daily Program Slots Needed	372 Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

2E. Reduce Warrants and Failures to Appear for people with SMI

— Avoided Jail Beds — Program Slots

164

39

Month1, Month3, Month5, Month7, Month9, Month11, Month13, Month15, Month17, Month19, Month21, Month23, Month25, Month27, Month29, Month31, Month33, Month35

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District

District	% of Total Number of Bookings
District 3	28%
District 1	19%
District 2	17%
District 4	13%
Out of County/Missing	12%
District 5	10%

% of Total Number of Bookings

Parameter	Amount
Net Program referrals per month	61
Time to phase in	12
Jail Length of Stay (Days)	48
Alternative Program Length of Stay (Days)	180
Program Acceptance Rate	50%
Early Termination Rate and Timing (Days)	30% (60)

105

2E . Current State:

People with SMI are booked into the jail for warrants 732 times per year, staying on average 48 days. They re-enter the jail at a high rate, often through warrants again. Looking at people with only 2-4 bookings, these people have not developed a history of non-compliance with court orders.

Impact Of The Policy Change On The Daily Population

By supporting people in the community with Serious Mental Illness through case management and monitoring or support, there is a better chance they will avoid warrants in the future and avoid 39 bed days on average for subsequent bookings. Since this recommendation seeks to avoid the next booking for a warrant, it assumes that offering services and connections will have a positive impact on the person's ability to comply with court orders. This could be done in concert with reduced length of stay for warrants where possible.

Impact Of The Policy Change On Race Equity

45% of stays are white, 31% black, and 18% Hispanic. Since relatively more people with an SMI are white, this policy wouldn't have an impact on race equity

Impact Of The Policy On Behavioral Health

• This program would not intentionally address behavioral health, but screening and assessment could help to proactively address needs at discharge.

Implementation:

Develop risk screening protocols that identify people for possible release. Tools like this are not intended to be used to make a detention decision, only broaden release options. For example, the risk score available using a proxy tool is available at booking so could be automated to aid in the speedy identification of possible release candidates. This is different than a full risk /needs assessment, as well as the pretrial screening tool used by probation.

Partnerships:

Partnerships include community behavioral health, correctional health in making warm handoffs, and possibly pretrial monitoring or pretrial support depending on the client's needs and risk.

Evidence And Existing Programs:

There are currently efforts to link people to behavioral health at discharge, as well as pretrial monitoring by probation and pretrial support from the public defender's office. Some combination of supportive services could help bridge the gaps and assist people in reducing future warrants.

Complexity And Funding:

This is low complexity in creating a policy around how people with SMI's would be supported in the community, and the protocols for who is assisting and in what way, as well as community partners than can advise or assist people in avoiding future warrants.
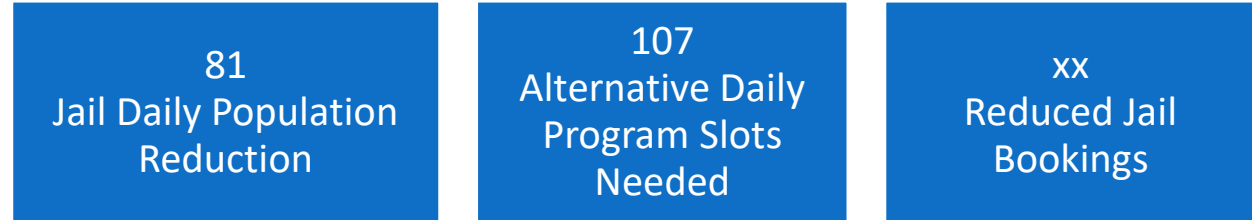
81 Jail Daily Population Reduction	107 Alternative Daily Program Slots Needed	XX Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

2F. Expand the Use of Mental Health Diversion for Lower Risk Felonies

— Avoided Jail Beds — Program Slots

107

81

Month1 Month2 Month3 Month4 Month5 Month6 Month7 Month8 Month9 Month10 Month11 Month12 Month13 Month14 Month15 Month16 Month17 Month18 Month19 Month20 Month21 Month22 Month23 Month24 Month25 Month26 Month27 Month28 Month29 Month30 Month31 Month32 Month33 Month34 Month35 Month36

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District

District	% of Total Number of Bookings
District 3	28%
Out of County/Missing	19%
District 1	19%
District 2	13%
District 4	11%
District 5	9%
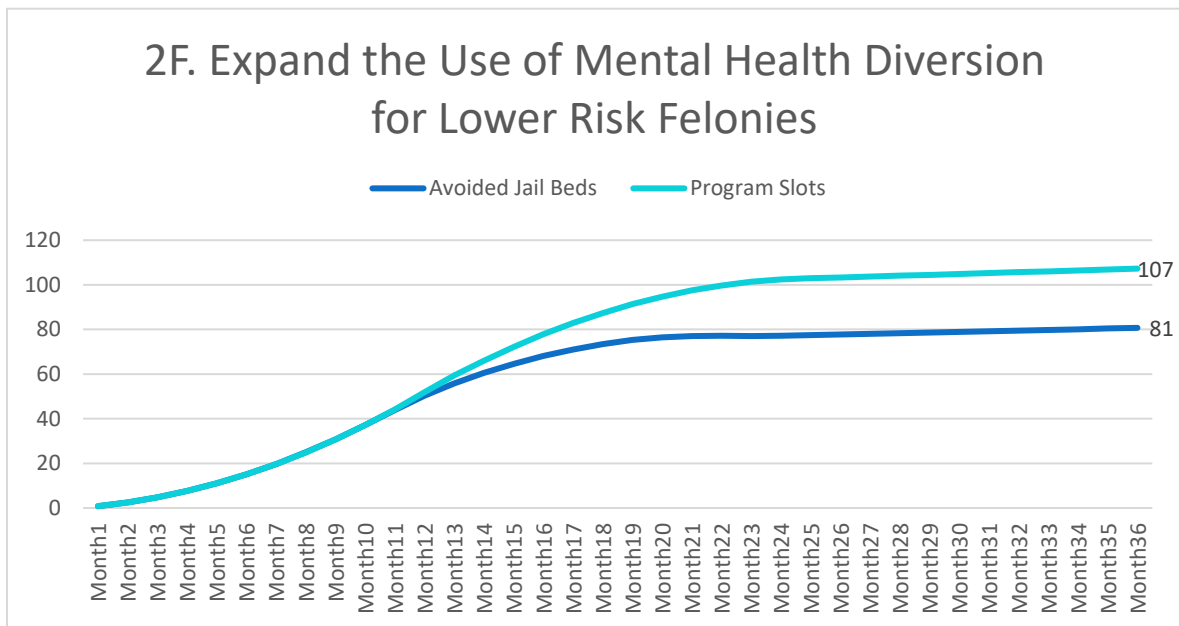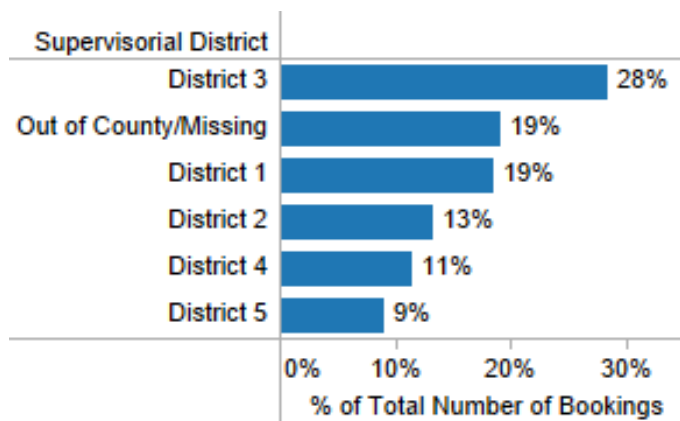
Parameter	Amount
Net Program referrals per month	20
Time to phase in	12
Jail Length of Stay (Days)	320
Alternative Program Length of Stay (Days)	400
Program Acceptance Rate	50%
Early Termination Rate and Timing (Days)	32% (60)

2F . Current State:

People with SMI at a low risk of recidivism and in jail for non-violent new crimes total 250 releases per year. Mental Health Diversion is a program designed to move more people from the traditional court process to a diversion program that requires their completion of a treatment plan. If completed successfully, the person has their case dismissed. This court has been in operation since 2018, with annual referrals of nearly 300 motions, the majority of which are misdemeanors.

Impact Of The Policy Change On The Daily Population

By supporting people in the community with SMI through Mental Health Diversion, the program would reduce the number of people in the justice system by 82 on a daily basis and keep people connected and accountable to completing their treatment plan. Currently, felonies are often contested, so with a focus on people that are lower risk of recidivism, there could be more of a chance that if the person met criteria, the person would be accepted into the diversion program. Further, using risk assessment may help in deciding who is appropriate for diversion versus other court settings.

Impact Of The Policy Change On Race Equity

51% of people are white, 26% black, and 14% Hispanic. Since relatively more people are white, this policy wouldn't have an impact on race equity.

Impact Of The Policy On Behavioral Health

- This program will target people with SMI and possible Co-Occurring disorders, so there would be a sizable impact.

Implementation:

Court partners should convene to better define the role of diversion in the context of other court options. Diversion, since it dismisses the court record, and has lower levels of monitoring, needs to be in congruence with the levels of risk partners are willing to take. Further, MH diversion is more dependent on client motivation and engagement, meaning adding a monitoring or support function may increase trust among partners about compliance.

Partnerships:

Partnerships include the Court, District Attorney, defense attorney, and treatment provider. Adding probation, where resources are available, could assist in monitoring and providing assessment on the front end.

Evidence And Existing Programs:

Mental Health Diversion is relatively new to California, but Sacramento has operated a program since 2018, about when AB1810 was passed. The county also runs a diversion effort for people at risk or found IST, thereby diverting them from a lengthy restoration process.

Complexity And Funding:

Since this is an existing program, the main challenge will be norming expanding comfort with people with felony levels of crime, as well as creating more funded treatment positions. A growing caseload would need to support attorneys as well as possibly more support in the community for monitoring compliance in certain cases.
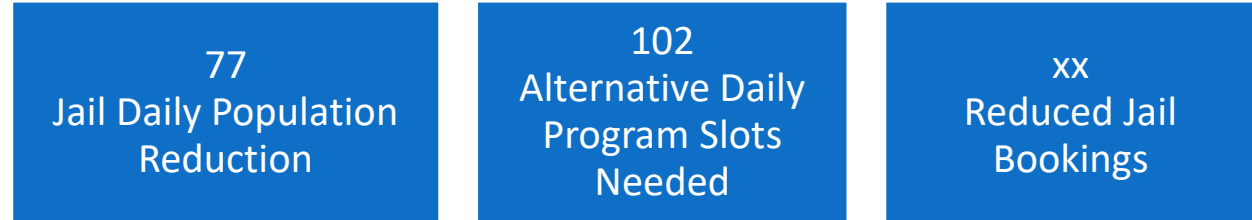
77 Jail Daily Population Reduction	102 Alternative Daily Program Slots Needed	XX Reduced Jail Bookings

PROJECTED JAIL IMPACTS AND ALTERNATIVE PROGRAM NEEDS

2G. Expand the use of Mental Health Treatment Court for Moderate Risk People

—Avoided Jail Beds —Program Slots

102

77

Month1 ... Month36

GEOGRAPHIC SPREAD OF TARGET POPULATION, AND FORECAST PARAMETERS

Supervisorial District — % of Total Number of Bookings

District	%
District 3	28%
Out of County/Missing	20%
District 1	16%
District 2	14%
District 4	13%
District 5	9%
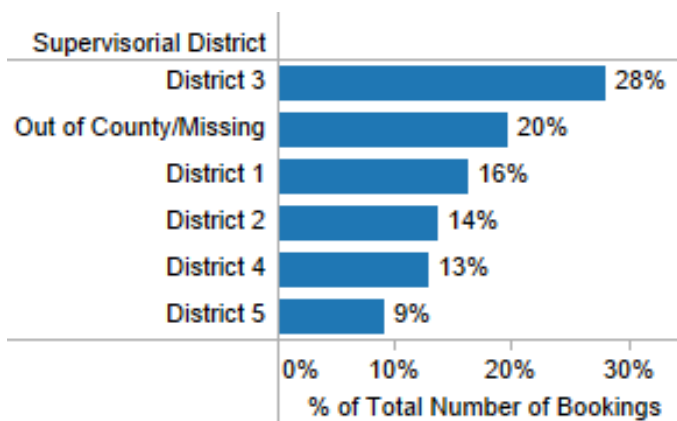
Parameter	Amount
Net Program referrals per month	20
Time to phase in	12
Jail Length of Stay (Days)	320
Alternative Program Length of Stay (Days)	400
Program Acceptance Rate	50%
Early Termination Rate and Timing (Days)	35% (60)

2G . Current State:

People with SMI at a moderate risk of recidivism and in jail for non-violent new felonies total 773 releases per year. The Mental Health Treatment Court (MHTC) is a collaboration to provide treatment and accountability to those with a documented mental health diagnosis voluntarily and post-adjudication. Upon completion of the program, suspended jail time is lifted, probation may be terminated, and the case may be dismissed. There are currently 175 people in the court and 240 referrals per year.

Impact Of The Policy Change On The Daily Population

By exapnding the treatment support for people with SMI through the MHTC's 3 levels of Care, the program would reduce an additional 124 people in the jail system on a daily basis but keep people connected and accountable to completing their treatment plan with dedicated treatment resources. This would increase the size of the court as well as the team to support it, bringing the total caseload to 275 people.

Impact Of The Policy Change On Race Equity

37% of people are white, 38% black, and 16% Hispanic. This would have a reduce race disparity due to a higher number of people that are black relative to the general jail population.

Impact Of The Policy On Behavioral Health

• This program will target people with SMI and possible Co-occurring disorders, so there would be a sizable impact.

Implementation:

Court partners should convene to better define the role of diversion in the context of the Mental Health treatment Court. Since MHTC is post-adjudication, it serves a different but related role to Mental Health diversion. Since the program is existing, the main implementation areas would alignment with other court programs

Partnerships:

Partnerships include the Court, District Attorney, defense attorney, probation and treatment provider.

Evidence And Existing Programs:

The MHTC has existing for 15 years and has a caseload of approximately 175 people. Using a comparison group of people that met critera but declined to enter the program showed a 20% reduction in jail recurrance over 3 year period. This is similar to other rigorous studies showing a long term positive impact of the program, not just during participation.
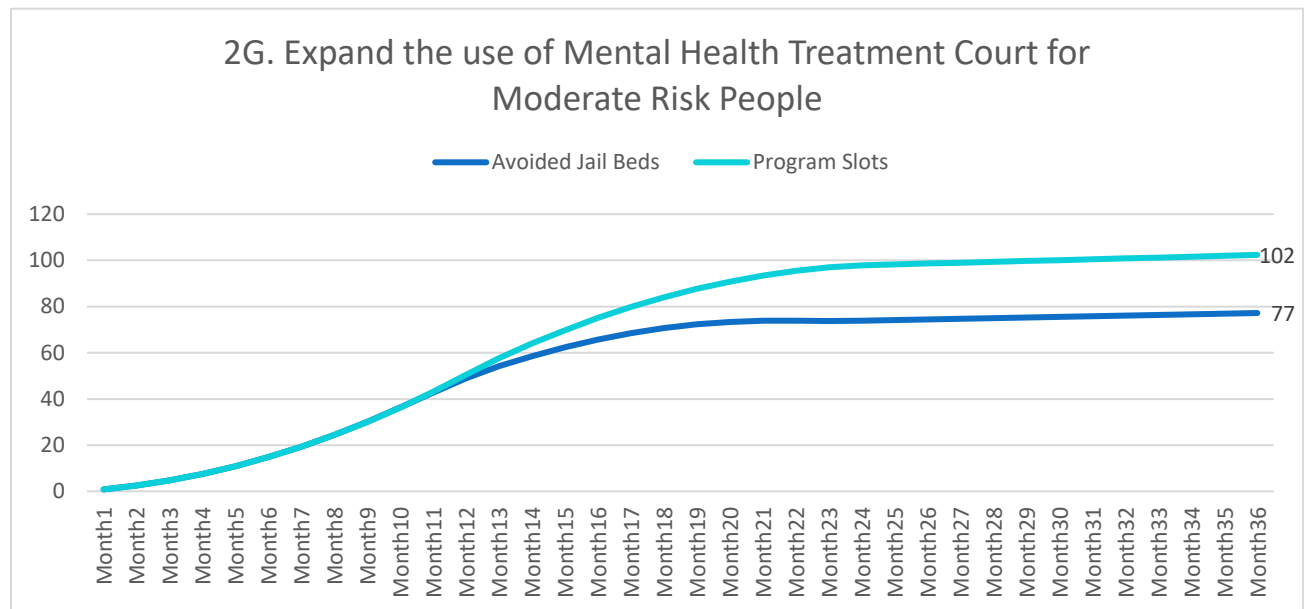
Complexity And Funding:

Since this is an existing program, the main challenge will be norming comfort levels with taking on more people with felony levels of crime, as well as creating more funded treatment positions. A growing caseload would need to support attorneys as well as probation.

Bookings by Type, 2021 Felony

Door	Grouping	District 1	District 2	District 3	District 4	District 5	Out of County/ Missing
New Crimes	Alcohol	2%	4%	1%	2%	2%	3%
	All Others	12%	13%	10%	11%	10%	13%
	Crimes Against Persons	19%	21%	19%	19%	28%	14%
	Narcotics and Drugs	7%	7%	6%	7%	6%	7%
	Property Offenses	10%	11%	15%	14%	11%	14%
	Total	51%	56%	51%	54%	58%	51%
Non-New Crimes	Court Commitment	3%	4%	2%	4%	3%	4%
	Other	11%	8%	4%	5%	4%	12%
	Violation	10%	10%	12%	8%	9%	4%
	Warrant	24%	22%	30%	29%	25%	29%
	Total	49%	44%	49%	46%	42%	49%

Bookings by Type, 2021 Misd

Door	Grouping	District 1	District 2	District 3	District 4	District 5	Out of County/ Missing
New Crimes	Alcohol	41%	49%	33%	49%	48%	57%
	All Others	9%	6%	16%	6%	8%	6%
	Crimes Against Persons	15%	15%	20%	14%	19%	10%
	Narcotics and Drugs	4%	5%	9%	7%	5%	5%
	Property Offenses	1%	1%	1%	1%	1%	0%
	Total	70%	74%	78%	76%	81%	78%
Non-New Crimes	Court Commitment	9%	8%	5%	10%	10%	9%
	Other	17%	12%	6%	6%	4%	8%
	Violation	1%	0%	0%	0%	0%	
	Warrant	4%	5%	10%	7%	5%	4%
	Total	30%	26%	22%	24%	19%	22%

Average Length of Stay (Days) by Type, 2021 Felony

Door	Grouping	District 1	District 2	District 3	District 4	District 5	Out of County/ Missing
New Crimes	Alcohol	20.9	33.1	61.3	32.0	15.8	34.1
	All Others	37.3	27.0	47.9	48.1	32.4	36.9
	Crimes Against Persons	100.0	104.4	101.7	109.6	74.5	85.1
	Narcotics and Drugs	70.7	40.3	47.6	43.8	43.6	30.1
	Property Offenses	60.0	61.4	64.5	64.4	67.6	57.0
	Total	69.2	65.3	72.1	73.3	60.0	55.5
Non-New Crimes	Court Commitment	196.6	139.0	164.4	132.6	139.3	168.1
	Other	10.3	5.3	14.0	8.7	7.6	53.7
	Violation	18.4	16.4	14.8	18.1	26.6	71.3
	Warrant	41.6	54.8	31.9	42.4	46.2	41.1
	Total	42.9	44.6	33.8	42.2	45.2	56.8

Average Length of Stay (Days) by Type, 2021 Misd

Door	Grouping	District 1	District 2	District 3	District 4	District 5	Out of County/ Missing
New Crimes	Alcohol	0.8	0.7	0.7	0.9	0.4	0.7
	All Others	14.6	69.8	34.6	29.3	10.8	35.5
	Crimes Against Persons	9.1	5.9	9.6	24.7	11.6	4.5
	Narcotics and Drugs	22.7	10.6	17.8	6.9	6.4	2.5
	Property Offenses	11.2	16.8	14.5	3.3	5.6	11.0
	Total	5.6	7.6	12.1	8.0	4.5	4.0
Non-New Crimes	Court Commitment	8.7	9.2	13.9	10.4	9.3	8.6
	Other	1.8	1.6	4.5	3.4	4.8	12.3
	Violation	3.8	10.5	2.0	5.0	29.0	
	Warrant	8.6	13.5	21.3	17.4	7.8	10.0
	Total	4.7	6.5	14.4	10.3	8.0	10.3

Number of Returns to Custody by Type from 2016-2021, 2021 Felony

Door	Grouping	District 1	District 2	District 3	District 4	District 5	Out of County/ Missing
New Crimes	Alcohol	2.8	2.7	3.3	2.5	2.2	2.3
	All Others	3.5	3.4	5.8	4.5	4.1	1.8
	Crimes Against Persons	3.7	2.9	4.4	3.4	3.2	2.2
	Narcotics and Drugs	5.0	3.7	6.1	5.1	5.5	2.9
	Property Offenses	5.3	5.1	6.3	6.0	6.1	2.7
	Total	4.1	3.6	5.4	4.5	4.2	2.3
Non-New Crimes	Court Commitment	6.0	4.2	7.3	5.4	5.0	3.3
	Other	2.5	2.5	4.1	2.8	2.2	1.3
	Violation	9.4	6.8	11.8	8.5	8.9	6.2
	Warrant	5.5	4.8	6.8	5.8	5.2	3.1
	Total	5.7	4.7	7.8	5.9	5.7	2.9

Number of Returns to Custody by Type from 2016-2021, 2021 Misd

Door	Grouping	District 1	District 2	District 3	District 4	District 5	Out of County/ Missing
New Crimes	Alcohol	1.9	2.1	2.9	1.8	1.7	2.1
	All Others	4.8	4.3	6.7	4.8	6.4	6.1
	Crimes Against Persons	4.5	2.8	4.8	3.9	3.3	2.0
	Narcotics and Drugs	4.7	4.9	8.3	6.0	4.2	2.6
	Property Offenses	13.3	2.8	4.1	18.0	3.1	1.5
	Total	3.1	2.6	4.8	2.9	2.7	2.5
Non-New Crimes	Court Commitment	3.0	3.4	3.5	2.9	3.4	2.4
	Other	2.3	2.1	4.6	3.8	2.7	4.3
	Violation	4.6	2.5	2.3	3.0	3.0	
	Warrant	5.2	3.9	6.7	4.1	4.2	1.9
	Total	2.9	2.9	5.3	3.5	3.5	3.1

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APPENDIX 4: COST ANALYSIS AND OUTCOME OVERVIEW

Having a basic understanding of what drives agency costs for various parts of the system can bring a better understanding of how justice and human service agencies can work together to divert or refer clients to programs and services best situated and funded to meet the volume of clients. Building out this approach requires data from fiscal perspectives as well as operations, to ensure cost estimates have both a basis in budget reality and are attributed to the right operational aspect of a system of care. The outline overview includes the following:

- *Cost Analysis:* This compendium of costs lays out an approach tabulating costs across justice, behavioral health, and homeless services and applies them to the proper resource.
- *Payer Perspective and Revenue Sources:* Revenue can come from several sources. Ideally, costs are shifted or avoided to revenue sources most able to sustain a program. Changing policy can shift costs between levels of government as well as within budgets.

COST ANALYSIS

Costs need to be broken down by those that are fixed, versus those that vary based on the number of people served. The simplest approach is like an average cost, but this could overstate the impacts of certain types of resources since these includes many kinds of costs. This piece is among the more challenging since costs vary in how they are put into practice. Costs can change in several ways:

- Average Costs: The total cost of a resource, divided by the output as measured by the appropriate unit (e.g., Average population, Bed days, referrals, etc)
- Fixed Costs: Theses are costs that do not change in response to output, such as insurance premiums or debt service. Many management positions, as well as IT costs could also be grouped here.
- Step-Fixed Costs: A cost that remains constant up until a threshold is reached, and capacity must be added/deducted. The constant can be related to legal standards or staffing, but as workloads change, these will respond slower than true variable costs.
- Short Term Operating Costs: The cost that is impacted as soon as the output changes. This could be looked at as "For every 1 unit change in workload X, the demand for Y changes by Z%". These are true marginal costs and are areas where true cost savings can take place.
- Long Term Operating Costs: The combination of short-term operating costs and Step fixed costs such that changes in output would take longer to respond.

Together, these are the key pieces of using data and forecasting tools to look at changes in cost from multiple perspectives. The approach used in this document is based on the top-down costing method which takes a single resource and breaks it down into its component parts or cost areas so the components can be aligned to a service or resource required to staff or operate a program. [58] Usually these would include "Long term Operating Costs", noted above, but could be adapted to a decision. Since this uses aggregated costs, the total amount of various line items of cost drivers is compared to the output of the resource. This could be done at the program or location level, or the county level. For example, if a community wants to add a new treatment facility and it knows the operating costs will cost $X to add Y capacity, it can divide X by Y to get at the cost estimate to deliver a service that would be responsive to other system changes.

With multiple agencies and approaches, developing cost drivers is a key step in developing a consistent approach for assessing the impact of a program from a fiscal perspective. The list below details common expenses that make up the costs of the resource, broken out by law enforcement and custody, courts and probation, and behavioral health costs.

JUSTICE COSTS- ARREST AND CUSTODY

	Arrest	Jail
Unit of Output	Per Arrest	Per Bed Day
Types of Unit Costs	- Wages and Salaries of Front-Line Law Enforcement and average time spent on calls resulting in arrest. - Gas and car maintenance - Booking Fees into jail - Investigations or evidence teams	- Wages/Benefits of Jail Direct Service staff - Training - Travel (in county and out of county) - Food - Laundry - Clothing/Personal Items - Supplies - Pharmacy - Medical/Dental Services - Mental Health Services such as crisis beds, inpatient beds, and outpatient - Jail Transportation to Court

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[58] Cost Estimating and Assessment Guide: Best Practices for Developing and Managing Program Costs. (2021). Retrieved 21 April 2021, from https://www.gao.gov/products/gao-20-195g

	Probation	Dispositional Court Process	Treatment Courts	State Hospital
Unit of Output	Per Probationer Day	Per filing or per disposition	Per Client	Per Bed Day
Types of Unit Costs	• Wages/Benefits of case carrying officers • Training • Travel (in county and out of county) • Supervisory Supplies (testing, etc.) • Duplicating/Printing • Professional Services (Mental Health and Substance Abuse, or Counseling/Therapy etc.)	• Wages/Benefits of Judges/Courtroom Staff • District Attorney Assigned to Criminal or Court Calendars, and case investigators. • Public Defenders office • Training • Travel (in county and out of county) • Supplies/Duplication • Bailiffs/Court Security • Interpreters • Court Funded Investigation • Psychiatric Assessment	• Time spent by collaborative court team (Judge, DA, PD, Treatment, etc) on the treatment Court Calendar. • Differential Treatment Costs • Referral Assessments for eligibility	• Clinical Staff • Front line Security Staff • Training • Travel (in county and out of county) • Food • Laundry • Clothing/Personal Items • Supplies • Other marginal costs • Pharmacy • Medical/Dental Services • Court Reports

HEALTH AND BEHAVIORAL HEALTH

	Outpatient	Inpatient/Residential/Psychiatric Hospital	Crisis Stabilization Costs
Unit of Output	Per Bed days	Per bed day	Per bed day
Types of Unit Costs	• Evaluation/assessments • Crisis services • Case management/care coordination • Counseling • Medication management	• Evaluation/assessments • Crisis services • Case management/care coordination • Counseling • Medication management	• Evaluation/assessments • Crisis services • Counseling

Ideally, a strategy does not just shift costs, but represents a better long-term strategy for funding for both the client as well as the county. By assigning the relative cost to each level of government, the strategies used for shifting costs from one funding stream or resource is clearer. By understanding cost shifts (and making them transparent), the various parties have a shared understanding of who, when and how much, different parties benefit or are burdened by cost shifts. If partners are really working together, they will help find ways to reallocate some of their own dollars to improve outcomes and lower overall costs. i.e., both jails and hospitals can financially benefit by shifting to a more sustainable option in the community and should help find ways to finance the long-term shift.

This shift will not always be cost savings, but represents a change in resource allocation, or move to more stable funding streams:

- *City:* The proportion of a cost that is born by city general fund. This can come from revenue sources like taxes, grants, or allocations from state and federal governments.
- *County:* The proportion of costs that are born by the county-controlled funds, be it the general fund or allocations such as various Realignment Funds.
- *State:* The proportion of funds controlled by the State, through spending bills determined every year or other state level allocations. Examples include MHSA funds, or services paid for by the state general fund.
- *Federal:* The proportion of funds controlled by the federal government, either through spending or through reimbursement. Examples include Medicaid, Housing, and other entitlement programs.

Calculating these perspectives can vary by program or context, with the key consideration being the baseline or normal share across the population served. The more accurate these calculations, the more accurate the shift in resource allocation when applied to different programs. When considering how to allocate the correct percentage, the easiest way to think about this is to look at who controls the actual funds and how they are spent. For example, even though the state allocates 2011 realignment funds, how that money is spent is a county decision. The perspective is important in both estimating the cost of the program or intervention, as well as the various system inputs.

One consideration for these amounts can also be reimbursement rates, and how to account for the actual cost of an intervention, versus what can be collected from various billing. Another consideration is the role of one-time funds or grants in looking at the long-term funds for a

project. Since many grants can start a project, when the grants end, there needs to be sustainable plans for continuing a program.

Although measuring changes in caseloads based on tradeoffs between two resources is one way to look at program impacts and their monetary value, a more important way is to look at how a program impacted or changes outcomes we care about. Importantly, as the sophistication of analysis increases regarding outcomes, so does the explanatory power. For impact analysis, there are several ways to measure impacts and contextualize the methods. The kinds of outcomes of interest that we care about may be different from the ones that can be monetized. The list below presents key outcome measures that are commonly used in justice and behavioral health and can be monetized in straightforward way.

Area	Outcome	Definition	Preferred Direction
Justice	Arrest	The number of times a client was taken into custody and booked into jail	Down
Justice	Jail days	The number of bed days spent in a jail	Down
Justice	Court filings	The number of new court filings in criminal court	Down
Justice	Probation days	The number of days under probation supervision	Varies
Justice	Psychiatric Assessment	The number of psychiatric assessments ordered and completed	Varies
Housing	Shelter	The number of nights spent in a homeless shelter bed	Down
Housing	Supportive Housing	The number of nights spent	Up
BH	Outpatient Services	The number days or service hours in treatment	Up
BH	Inpatient BH Services	The number of days in a residential or inpatient treatment setting	Down
BH	Crisis Stabilization	The number of days in a crisis stabilization unit	Down
BH	Psychiatric Hospital	The number of days in a psychiatric hospital	Down
BH	State Hospital	The number of days in a state hospital facility	Down
Health	Emergency Room	The number admission into an emergency room	Down

3. SACRAMENTO COUNTY BEHAVIORAL HEALTH AND JUSTICE DATA STRATEGY

Sacramento County has made it a priority to improve outcomes for individuals with behavioral health issues who interact with the justice system. Starting with a Stepping Up resolution in 2019, the county has committed to better informing its strategies around this shared population. Sacramento County has made numerous investments in programming, planning, and ongoing program resources to strategically implement improvements.

This document, the *Sacramento County Behavioral Health, and Justice Data Strategy*, is intended to lay out a framework for supporting technical issues in merging client data across agencies and identifying potential data usages to support decision-making and improve outcomes. This document seeks to provide structure for a sustainable approach for sharing data and building the county's capacity to update and analyze data on an ongoing basis, as well as design ideas for real time data exchanges and other innovations.

	Section	Audience	Purpose
1	Sequential Intercept Model	Elected Officials, Executive Leadership and Staff	This section provides an overview of how to use the Sequential Intercept Model and data to inform policy decisions and educate the community at large.
2	Data Governance	Elected Officials, Executive Leadership and Staff	This section describes the role and elements of an effective data governance plan. Criminal justice, behavioral health, and contracted service providers may be contributing data owners and should read this section.
3	Data Analysis and Monitoring	Elected Officials, Executive Leadership and Staff	This provides recommendations about the structure and ongoing monitoring of a criminal justice/behavioral health data warehouse. Criminal justice, behavioral health, and contracted service providers may be contributing data owners and should read this section.

4	Data Warehouse Creation	Technical Staff	This provides specific recommendations for technical staff involved in infrastructure decisions and data flows.
5	Key Metrics	Technical Staff	This provides specific measures that link to the Sequential Intercept model, and the data fields needed to build a useful model.
6	Data Dictionaries	Technical Staff	This provides specific fields and data tables from Sacramento County's current data warehouse model.

Sacramento County will be able to explore the extent to which individuals with mental illness and/or substance use are engaging in treatment, as well as who among these individuals is contacting the justice system and what their outcomes are. Notably, this will provide the county an opportunity to use data to further the county's objectives to:

1. Reduce the number of people booked in the jail with behavioral health disorders.

2. Reduce the length of time people with mental illnesses stay in jail.

3. Increase connections to community-based services and supports.
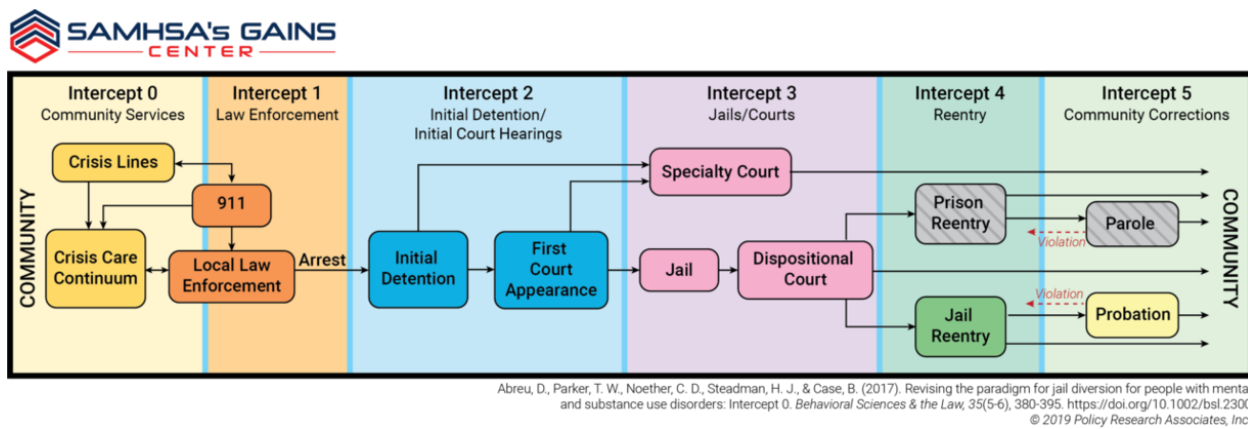
4. Reduce the number of people returning to jail.

USING THE SEQUENTIAL INTERCEPT MODEL IN DATA DESIGN (SIM)

The Sequential Intercept Model (SIM) was introduced in the early 2000s with the goal of helping communities understand and improve the interactions between criminal justice systems and people with mental illness and substance use disorders. Sacramento County developed the following localized interpretation in 2018 as well as ongoing updates.

The SIM has three main objectives:

- Develop a comprehensive picture/map of how people with mental illness and co-occurring disorders flow through the Sacramento County criminal justice system
- Identify gaps, resources, and opportunities at each intercept
- Develop priorities to improve system and service-level responses

In Sacramento County, this is an important planning document that can help to guide analysis and planning to align programming efforts, grant seeking, and operations to best meet the needs of people across agencies. Figure 1 below shows the high-level interpretation of the SIM.

Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35*(5-6), 380-395. https://doi.org/10.1002/bsl.2300
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In general, a SIM is used to identify community resources and help plan for additional resources for people with mental and substance use disorders at each phase of interaction (intercept) with the justice system. The six intercepts are described below:

0. **Community Services:** This area focuses on process and programs offered to a general population that may or may not tie into law enforcement engagement. Examples: crisis response, 911 call centers, Continuum of Care planning, and early intervention/prevention.
1. **Law Enforcement Response:** This area focuses on how law enforcement entities engage at the point of first contact. Some of these interactions will results in an arrest, but others will not. Examples: 911 Dispatcher training, specialized police training, and specialized responses to high utilizers.

2. **Initial Detention and Initial Court Hearings:** This area covers the initial jail booking or detention, then the time and choices made leading up to and during arraignment. Examples: screening tools used at booking, Supervised Own Recognizance programs.
3. **Jails and Courts**: This area focuses on the time between arraignment and case disposition when the person is held in custody. This includes services offered while in jail, as well as through court processes. Examples: in-custody services, care coordination, counseling or therapies, mental health courts, drug courts, etc.
4. **Reentry**: This area looks at the efforts to prepare a person for release to the community. This can come in the form of making connections with community providers, probation, or other ways of ensuring a warm handoff to the community. Examples: Re-Entry Case Planning and care coordination, "warm handoffs" to the community, and Peer Navigators.
5. **Community Corrections:** This area looks at the role of community corrections agencies like probation or parole in keeping the person connected to services based on risk/need responsivity, engagement with their probation officer, and other efforts to avoid future recidivism. Examples include Risk Needs Assessment, Graduated Rewards and Sanctions in response to violations, and Correctional Case planning.

Appendix A has a detailed list of metrics for each intercept. This was created to allow for more tracking and monitoring of specific programs and practices at each intercept. Sacramento County now can look at more nuanced and detailed measures of how the system is working.

SYSTEM MAP

This map shows how different treatment, law enforcement, court, and corrections process overlap and flow to and from one another. The intent is to show a medium level of detail and provide a window into opportunities at each intercept. One can see where treatment options or pathways are present, as well as where services or processes could be augmented. The following is a summary of what each intercepts represents, with the map that follows the specific policies and programs Sacramento County employs.

This link includes a larger scale version of programming, as well as this listing of current programs in the inventory in more detail. This list is constantly evolving and being updated but using digital versions can enhance the details and interactivity.
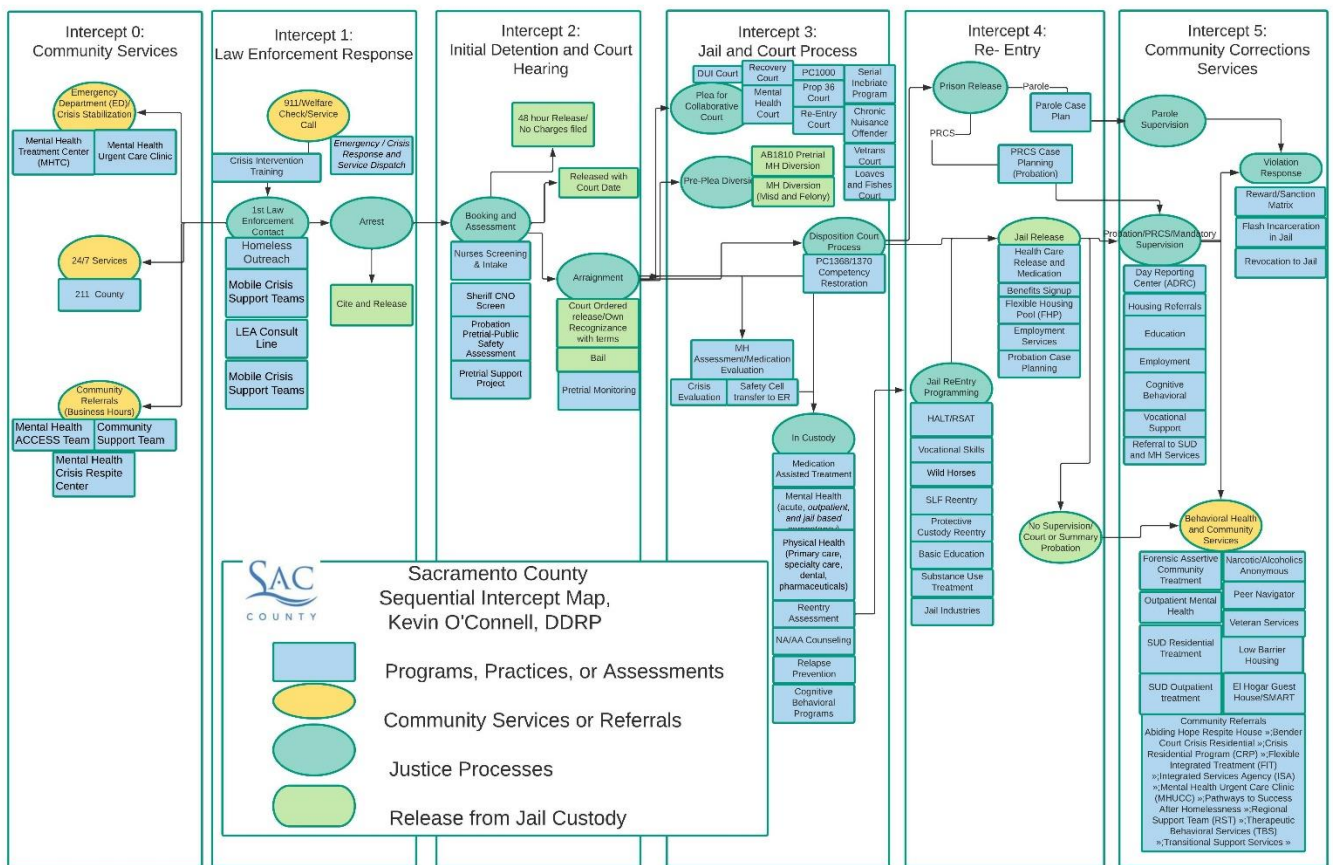
Sacramento County Sequential Intercept Model (linked)

DEVELOPMENT OF THE DATA GOVERNANCE PLAN

Data governance is an evolving set of functions for integrating behavioral health and justice data. Any aggregation requires expertise and vision on where to take the data, a process for setting priorities on adding or defining data elements, advising on the uses of collected data, and deciding on quality control methods across agencies. The gathering and management of behavioral health and justice data into a single warehouse requires an improvement in technical infrastructure as well as coordination to guarantee availability, usability, integrity, and messaging. The human infrastructure includes a forum to coordinate efforts and ensure a shared understanding of the analysis produced. A data governance program includes:

1) a governing body (CCP, CJC or other Leadership Group),
2) a defined set of procedures and activities,
3) a plan to execute the procedures, and
4) a workgroup to conduct activities.

The varying standards of health and justice require clearly defined needs and uses of agency data. Any analysis should work to avoid the risk of re-identification using best practices and standards.

Data governance can be planned, managed, and implemented through a two-level structure, ensuring a county-defined mix of executive level support and sponsorship, as well as subject matter experts.

In Sacramento County, existing executive-level support could be maintained through the Stepping Up framework with the CJC or the CCP. To conduct the vision, a subgroup tasked with overseeing the use of the data would need to be created. Below, a two-level structure is described:

1) A Leadership Workgroup should provide strategic direction and ensure data governance efforts address all relevant analytic demands and link these to larger strategic planning efforts.

2) A Research and Development Workgroup manages data governance as an integrated program rather than a set of unconnected projects. Its strategic goals are to prioritize analysis efforts coming from the leadership group, communicate with or represent county data owners, and direct long term improvements in collection and integration. This group could also be tasked with making use of the data and vetting shared data analysis.

The warehousing effort will require ongoing cooperation from several different stakeholders, and a lack of participation presents a major risk for the success of the data warehouse. The governing board should provide a voice for stakeholders to meet their continuing (and changing) needs and incentivize continued participation.

Relevant stakeholders include any entity that is feeding data into the system, this may include, the Probation Department, the Court, the Sheriff's Office, Health Services, and Human Assistance. Other stakeholders include external users of the data. No external researchers are described in this document, but it is possible that in the future Sacramento County will have continuing relationships with other entities who may make use of the data.

This data warehouse requires that the data owners provide accurate, regular data feeds into the system. Expansion of the analytics questions that the system can address will rely on

further adjustments by the data providers to begin providing new data. This work will either require automation, a one-time investment with minimal maintenance costs, or an ongoing operational effort to provide data manually each month. These costs are not trivial, and the data providers may need to be incentivized to participate in the system. Likely this would consist of sharing the analysis that results from this system and extending the planned analysis to provide additional value by addressing questions of interest to the data providers.

DATA USE AGREEMENT

The data providers may have data use agreements (DUAs) or other policies in place that limit the use of data in their own systems, and they will want to establish new DUAs before sharing data into the system. The governance structure should provide a forum for discussing restrictions on use of data, and for suggesting changes to the DUAs. It is also recommended that the agency hosting the data warehouse implement its own restrictions in its DUAs with both data providers and researchers, making explicit that these entities are not permitted to use the data in this system in any way other than aggregated analysis.

ANALYSIS AND MONITORING

Data plays a fundamental role when it comes to analysis and monitoring. Having integrated data for the purposes of research provides leaders, analysts, and programmatic staff a rich base to understand a person's journey through different services, not just through a single system. These can play out in the following areas:

DESCRIPTIVE OVERVIEWS

To meet the county's objectives, it is imperative to understand who and how large the justice-involved population with mental illness and/or substance use issues is. This first step requires utilizing data outlined in Appendix B to run basic descriptive statistics across systems to identify individuals who 1) have been served by the County Behavioral Health system, and 2) are justice-involved, whether they have been arrested, booked into custody, diverted, convicted of a criminal offense, and/or placed on probation.

After identifying the population, the County can learn more about these individuals by identifying their demographic, criminal justice, and behavioral health profiles. Data outlined in Appendix B will also allow the county to identify the extent to which justice-involved individuals with identified mental illness and/or substance use are engaging in appropriate treatment, as well as where they are making justice system contact. This would require running basic descriptive statistics (counts, proportions, means) to identify where the population is entering the behavioral health system, as well as where and for what individuals are being arrested (i.e., arresting agency, booking reason), how often and for how long they are booked into custody,

(i.e., bookings, average length of stay, % of jail population), and the number who are under probation supervision. This information would allow the county to identify high utilizers of multiple systems and allow the county to research further what can be done to better support this population.
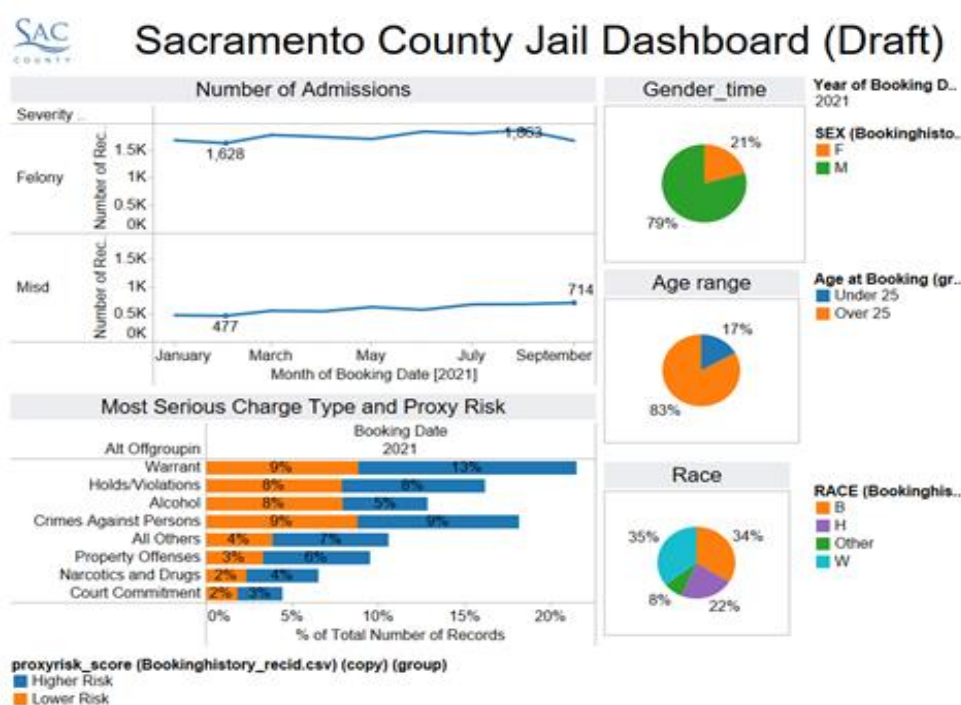
After learning more about the population and where they are touching the system, Sacramento County has an opportunity to utilize the data outlined in Appendix B to make applied policy decisions. This could include determining whether, and through what mechanism, to formally process individuals with behavioral health issues who make justice system contact, and to determine which treatment options are most appropriate for them. Given that the county has already undertaken an assessment of their criminal justice and behavioral health system utilizing the Sequential Intercept Model, the county is in an ideal place to further this analysis.

A first step would be to assess the justice system and program capacity at each intercept, as well as the need. An initial way to determine need would be to assess the extent to which current capacity meets the County's needs based on enrollment numbers and wait times (i.e., are people who need all services able to enroll in them, how long are people waiting, sometimes in jail, to enroll in programs). A more data-driven approach for determining the need at each intercept is to learn more about the intersection of mental health, substance use, and criminogenic needs and risk factors of the justice involved population with mental health and/or substance use issues. The group of people with mental health and/or substance use disorders who become involved with the justice system have a variety of mental health, substance use, and criminogenic needs and risk factors, and these factors should inform how and when to divert (pre-arrest, pre-plea, post-plea) people from the criminal justice system, as well as whether to process them formally through a specialty court or through traditional channels. These factors should also determine appropriate treatment options.

Taking this approach, Sacramento County can project the size of future populations appropriate for diversion opportunities and specific types of mental health programming, as well as jail and probation population, and invest resources in the areas where there are the greatest needs. Doing so would allow the county to explore options such as where, if appropriate, to integrate additional Mobile Crisis Response Teams, or where to add new pre-arrest and/or pre-plea mental health or substance use diversion programming. This approach would also allow the county to identify the number of residents who might benefit from various court diversion programs, and what additional programming would need to be implemented to support this population.

DASHBOARDS AND MONITORING

The data as it is currently available also gives the county the ability to use and develop monitoring strategies like dashboards and standard reports. A dashboard allows for a consistent presentation of key data, as well as exploration and filtering. Based on the data strategy noted above, there is currently a Tableau[59] based dashboard used for workgroup meetings, but the platform is less important than the scalability and accessibility across wide numbers of people in agencies. Sacramento County could use this design to create its own dashboard approach, even if it chooses a different platform. Dashboards can also be used for varying purposes, so the design and logic need to match the users' expectations. For example, a simple jail population monitoring dashboard can help inform single questions, as well as allow for more "self-service" across agencies and the public without risking client identification.

Or, for more analytical purposes, dashboards can answer complex questions regarding recidivism and related qualities. Much of this kind of data can be from a single source, and be adapted to the need, interests, and knowledge of the user. For example, recidivism is a complex topic, but of great interest to people. As such, it would require follow-up and detail to help people understand the complexity in the data, as well as the implications.

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[59] https://www.tableau.com/

Dashboards can also be designed to focus on specific programs, such that they give insight into the work being done and who is served and can start to point to whether people are better off as a result. This example from the Public Defender's Pretrial Support Program is an example where staff can both see workload over time, but also filter by different assessments and screens to better understand the people they serve.
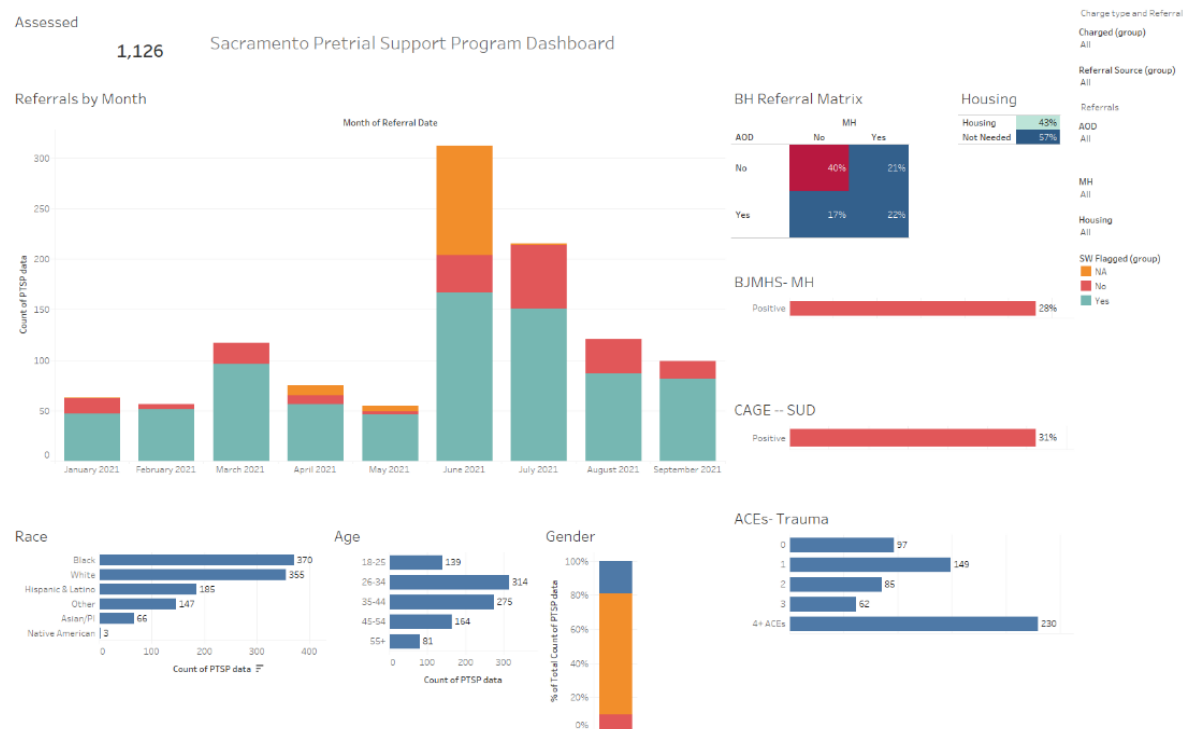
The steps in dashboard development can be replicated across multiple audiences, but generally follows a consistent formula that ensures positive and rapid adoption by users:

Phase 1. Designing a data dashboard

- Determine your audience(s)
- Identify the key questions you would like to address
- Identify the key variables you would like to examine
- Identify the key relationships between variables you would like to examine
- Determine the time period your dashboard will capture
- Select the types of visualizations to be included in your dashboard

Phase 2. Building out a data dashboard

- Identify the data sources you will need to access

- Extract and clean data • Link data (if necessary)
- Select the dashboard software (e.g., Tableau, Power BI) that is the best fit for your team
- Build a summary file with key variables and relationships to export to software
- Implement dashboard design

Phase 3. Publishing a data dashboard

- Determine the level of detail audiences will have access to (internal, external, etc.)
- Provide dashboard codebook that defines terms and acknowledges any limitations
- Determine the level of frequency for updating
- Consider presenting the dashboard to key audiences or providing training
- Integrate dashboard into operational and reporting practices

ADVANCED ANALYTICS AND EVALUATION

In addition to using the data and metrics outlined in Appendices A and B to describe individuals involved with the criminal justice system, this data will also allow researchers to determine the efficacy of current programming and services, including how they impact the county jail and probation populations. Because the data warehouse hosts a repository of historical data on all individuals who touch behavioral health and criminal justice systems, researchers can determine program efficacy by utilizing pre-test/post-test research designs, as well as through creating matched comparison groups who are similar across characteristics associated with mental health, substance use, and criminal justice outcomes.

Also included here should be strategies and protocols for developing research datasets to make internal sharing easier for commonly used files. Doing so will ease collaboration between research entities and partners. This can be done by looking at past research requests and designing the 5-10 common data structures. This speeds the process data cleaning and specification.

CREATION OF BEHAVIORAL HEALTH AND JUSTICE DATA WAREHOUSE

The recommended approach here is to develop a data warehouse which is flexible enough to add datasets from cross-system partners over time, so new county partners can be added, that is also compatible with state-level databases as well. The data warehouse and recommended approach would aggregate data from various sources, create a secure database cluster, and then transform the data for analyses.

Recommended Approach

Develop a data warehouse that uses extracted data from data owners and compiles them into a single resource where access and uses are determined by a governance committee.

Pros

- Architecture and approach have already been developed through an existing project
- Creates a federated data model where data owners only export data, and all transformations happen subsequently
- Stable person-level translation table of people across systems, allowing for various types of analyses
- Flexible structure allows for adding other excel based data or databases
- Supports multiple analysis approaches and dashboard development while retaining client confidentiality

Cons

- Requires technical and analytic capacity within a single entity that can be challenging to staff
- Demands continuous engagement around governance of shared data resources
- Can become unstable during case management changeovers

There are currently no common identifiers across behavioral health and justice agencies, making statistical analysis unreliable regarding the shared population. As the county begins to look at policy and practice options for clients across agencies, the need to merge select data fields is a fundamental first step to create baselines and develop a longer-term research and

analysis strategy. Since this data is being used retrospectively, there will be no data passed between entities for service provision. Personally Identifiable Information (PII) is only needed for the initial matching of records and will be deleted or de-linked early in the data processing. The goal is for the initial data request for the data warehouse to be intentional about what is shared by each data owner, merging the minimum number of fields from each data owner to reduce query and merging complexity, but still provide value in answering questions of interest.

Sacramento County would need to identify funding or internal resources to develop this approach, so it's important to note alternative approaches, and the pros and cons associated with them.

Alternate Approach 1	Alternative Approach 2	Alternative Approach 3 (DDRP)
Leverage existing databases and have one agency be the "hub" for all case management and assessment data	Use an assessment platform that integrates and shares assessments across agencies	Semi-Routine updates using current database and codebase from contracted third party.
Pros • Less resources since it is an existing system, but with added data files from other entities linked • May take less time to develop as long as the software is flexible	**Pros** • Consolidates assessment forms used to drive multiple decisions in sharable database • Creates a process-specific approach for filling out and automating the movement of assessments • Can work alongside larger data infrastructure but would help with a rules-based approach for sharing data for operational reasons and research.	**Pros** • No up-front cost • Minimally disruptive to operations of agencies • Trusted third party with flexibility in data acquisition

Cons	Cons	Cons
• Creates significant dependency on one agency's software model • Less reliable governance model since all entities would need to trust agency to hold raw, identifiable data as well as processed data	• Requires new platform and training for staff • Would require more process management to ensure assessments generate a cohesive set of actions and processes • May require ongoing maintenance costs depending on assessments	• Not a stable solution given grant funding ends in Dec 2022 • Does not address data storage needs of the county • Lack of secure data exchange for more than semi-routine data transfers • County doesn't benefit from capacity building

Given the goal of meeting the complex needs of people across multiple systems, it is proposed that Sacramento County develop a single data warehouse to meet the evolving needs of their stakeholders, possibly in the model of a Social Health Exchange.[60] Policy and funding initiatives through CalAIM, as well as lessons learned from Whole Person Care could further the understanding of workflows in addressing client needs, and the challenges of identity management.

Each agency will retain its own case management systems, so a federated approach where the source data comes from each county system on routine interval is recommended. This would transfer data to a server maintained by a centralized entity. The data of interest comes from both client management/records systems, as well as from specialized assessments. This means that any centralized efforts could look to both merge existing case management data, as well as create single platforms where data on assessments can be shared more readily. The raw data would be transferred, with personal information protected, where a series of code and automation would allow these disparate data sets to be merged and prepared, and then have personal identifiers deleted once a "translation table" has been created. This translation table allows people to be identified across systems with a high degree of accuracy, even without a

[60] Nguyen, O. K., Chan, C. V., Makam, A., Stieglitz, H., & Amarasingham, R. (2015). Envisioning a social-health information exchange as a platform to support a patient-centered medical neighborhood: a feasibility study. Journal of general internal medicine, 30(1), 60–67. https://doi.org/10.1007/s11606-014-2969-8

common identifier. The process transforms the raw data into normalized data files and links records across different systems. Once linked, this data can be used for a variety of analysis, reporting, and evaluation purposes.

DATA ARCHITECTURE

Using the federated model described above would require unification and transfer protocols to be developed. There has been recent development and planning of an integrated data system for Social Health, so it would only be a starting point for more complex efforts. The key pieces of architecture would be:

- Servers with access to a Secure File Transfer Protocol (SFTP) to securely move data from the owning agency to the centralized entity.
- A set of protocols to Extract, Transform, and Load (ETL) data to pull information from the SFTP server to then populate a relational database that could be hosted locally or in a cloud-based cluster; and
- Support database clusters with the original data input files, and a second file with the data files that have been processed for analysis. These two databases should be administered separately since one would contain identifying information from the source data, and the other would only retain the merged, but de-identified data.

DATA FLOW

Currently, data providers send data to a pilot approach that securely transfers, merges, and analyzes data. This process was started in early 2020 and has been operational since. DDRP supported analysis allowed for the development of code to merge data, as well as develop ongoing briefings and information. The basic data flow is depicted in Figure 45 below.
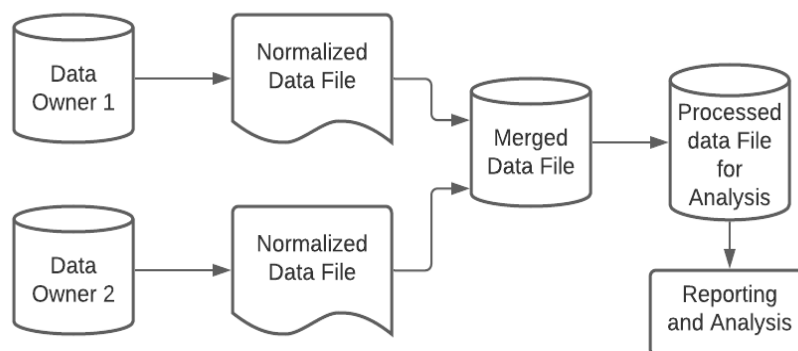

Figure 45: Proposed Data Flow

For each data owner, once the files have been transferred, centralized staff will need to implement a loading code which will be unique for each data provider. DDRP has already operationalized these, so the only change would be localizing them to Sacramento County's system preferences. The set of automations will pull the file from the SFTP, and ensure the file is in the expected format and range of dates. This will then be stored in one of the database clusters as raw data. The data automation can either do a full refresh of all data rows and records or append new data. The script would then delete the file from the SFTP so that only the copy on the secure server remains.

The completion of all the raw data transfers will then enable a main code to run that normalizes the inputs and transform the datasets into usable processed data as appropriate. This will then create two files: a raw data file from the previous transfers, and a processed data file. The raw data file would be kept on an encrypted drive only used for quality control. The processed database would only contain numerical identifiers that are no longer personally identifying.

The processed dataset would contain a data schema that allowed for flexible uses and analysis, where the data is in a more useful and accessible format. Since each data owner has its own operational needs and approaches, it is important that the data have a clear approach to how records are stored and what uniquely identifies a record. This allows the processed data to be rich enough to answer complex questions, but clear enough to be easily edited for analysis with common software applications like Microsoft Excel. Since the initial goal is analysis, the schema should support this goal. However, this does not close the door to operational uses if they are allowed through the data use agreements.

As a baseline, the schema should include:

- A translation table of unique individuals, linking all identifiers used across the input data sets and adding a new unique identifier. XREF provides some of this, but it is important to identify different formats and spreadsheets that staff track data in outside of the major databases.
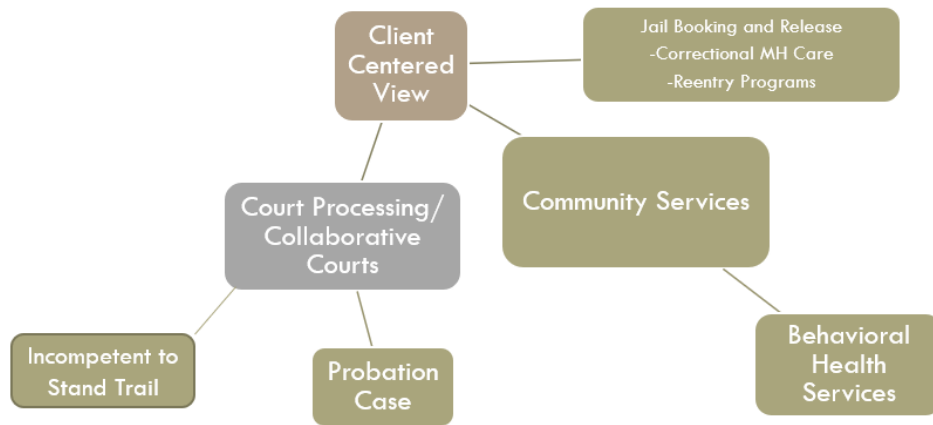
Figure 46: Data Map from various justice and service intercepts

- All justice and programming touchpoints, including health services, arrests, charges, court hearings, and probation start and end dates within a process or program
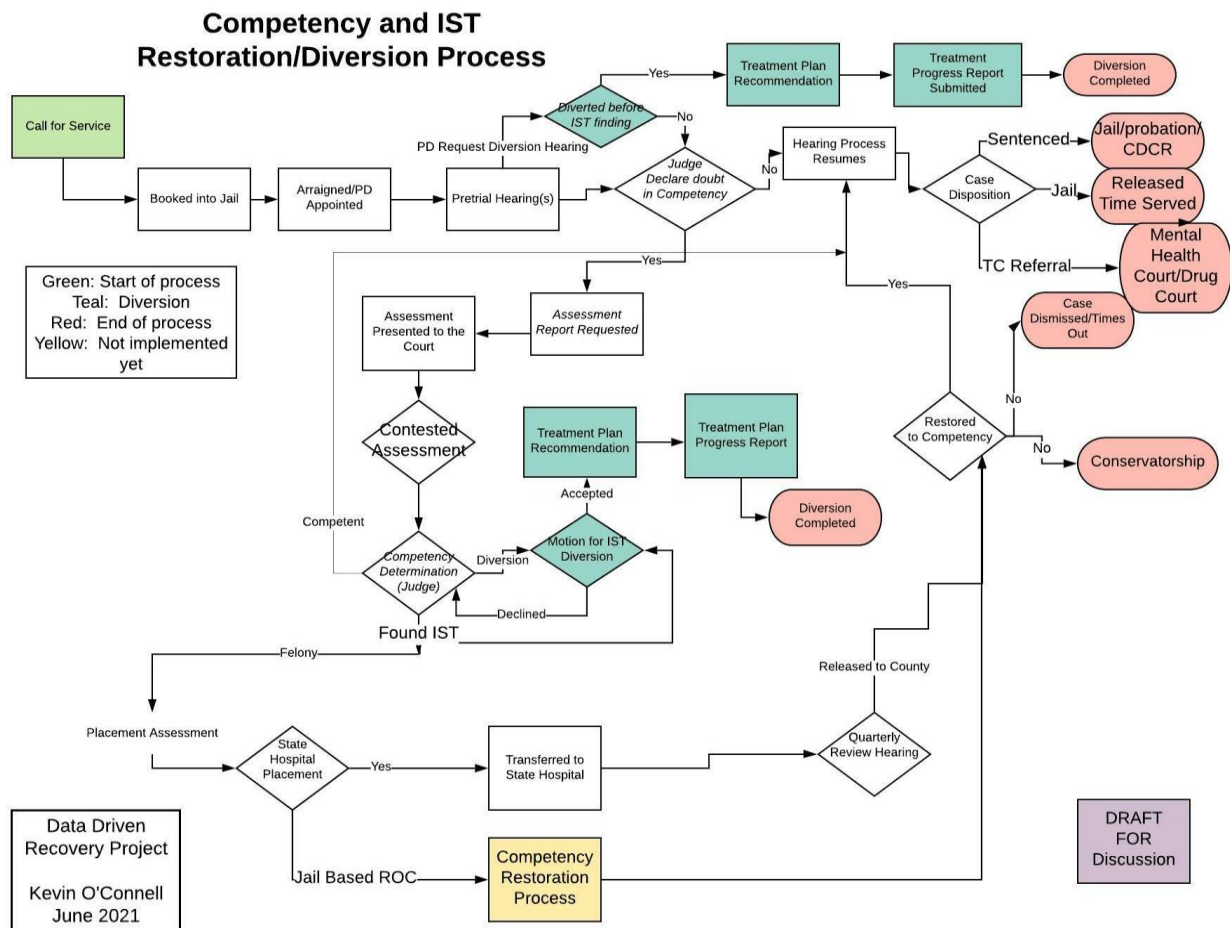
Figure 47: Example Process Map for IST to illustrate need for coordinated service and analysis

- Various assessment tools and the decisions they connect to across justice intercept points. Understanding how assessments and screenings work together is instrumental in using the data to understanding service delivery and care coordination. The more unified the assessment platform, the better chance useful information can be shared and integrated appropriately.
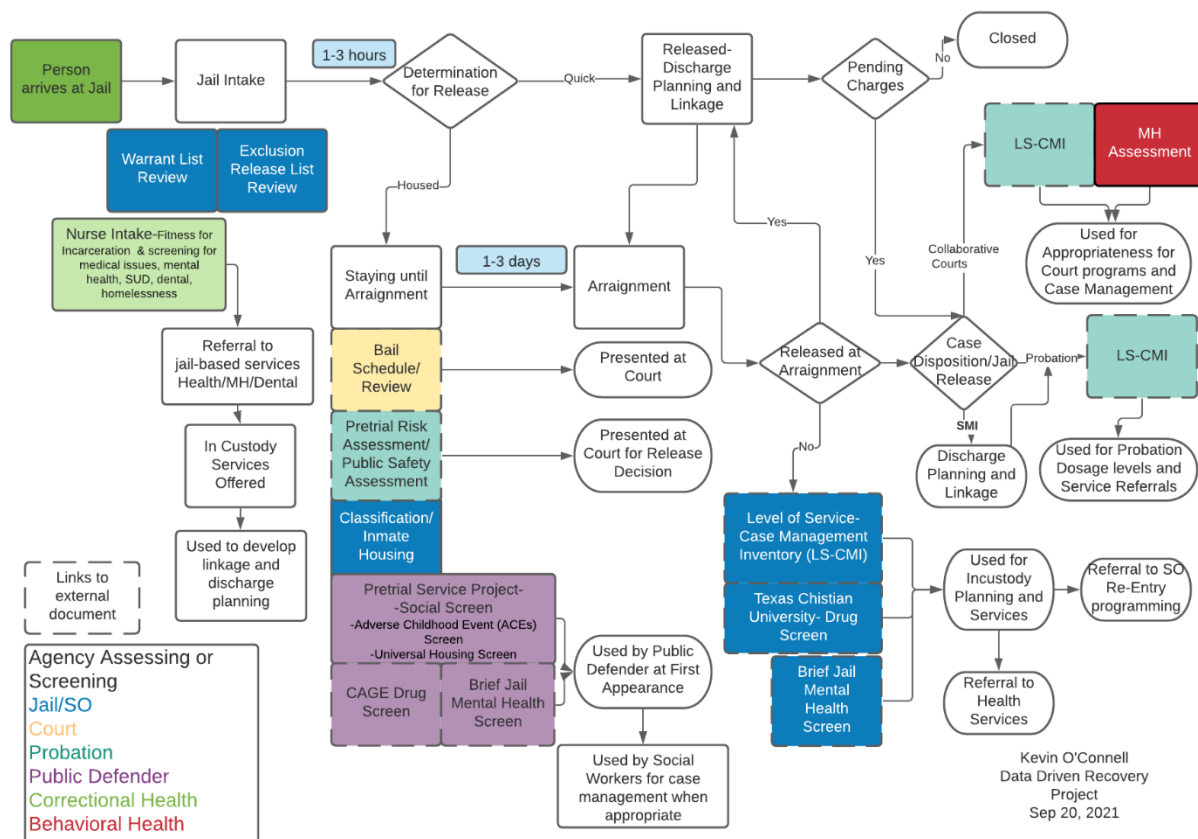
Figure 48: Example of Linked Assessments across justice and Health Processes

PERSONAL IDENTIFIERS

Both Criminal Offender Record Information (CORI) and Health Insurance Portability and Accountability Act (HIPAA) offer exceptions for the use of Personal Identifiable Information (PII) for research and internal planning. The use of the data in the current proposal is internal to Sacramento County, not a release of information to a third party. This initial project plan lays out a strategy for merging data across agencies

Behavioral Health IDs of people and Events
- Social Security Number
- Name
- Date of Birth
- Client ID
- Health Agency ID, Episode or Referral ID

Justice IDs of people and Events
- Criminal Identifying Information (CII)
- Name
- Date of Birth
- Agency Person Identifiers (Jail, Probation, etc)
- Court Case or Docket Number
- Jail Booking Identifier
- Probation Referral Identifier

Figure 1: Example PII used in data merge

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where California Penal Code § 13202[61] grants analytic/research provisions as does HIPAA under 45 CFR 164.501 and 42 CFR § 2.52[62]. However, both require the removal of PII. The PII envisioned for merging is listed in Figure 1, with priority given to common numerical identifiers and then direct identifiers like name and date of birth.

Using an intermediary step that merges PII to build a main list of people in behavioral health and justice systems can then avoid explicitly sharing PII. Merging of PIIs and transformation would happen in a protected environment, where then only de-identified data would be used for analysis. The merging of PII would occur using the SOUNDEX function, used to match names based on phonetic spelling, paired with the date of birth.[63]

The merge of behavioral health and justice PII would then be "pseudonymized[64]" to make it identifiable only to a certain subset of database administrators on the "backend" of the system or deleted entirely. Merged data would not be passed back to the original data owner so no new data or identifiers would be added to the original data owners' submissions or data flow. The transformed data would be loaded into a data warehouse containing identifiers as pseudonyms, as well as selected fields from each data owner. The merged dataset would also anonymize any record locator or case file ID. Pseudonymization does not remove all identifying information from the dataset, but merely reduces the clear relationship of a dataset with the original identity of an individual. The produced data warehouse resources would then be

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[61] Notwithstanding subdivision (g) of Section 11105 and subdivision (a) of Section 13305 , every public agency or bona fide research body immediately concerned with the prevention or control of crime, the quality of criminal justice, or the custody or correction of offenders may be provided with such criminal offender record information as is required for the performance of its duties, provided that any material identifying individuals is not transferred, revealed, or used for other than research or statistical activities and reports or publications derived therefrom do not identify specific individuals, and provided that such agency or body pays the cost of the processing of such data as determined by the Attorney General.

[62] The HIPAA Privacy Rule establishes the conditions under which protected health information may be used or disclosed by covered entities for research purposes. Research is defined in the Privacy Rule as, "a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge." See 45 CFR 164.501 and 42 CFR § 2.52. A covered entity may use or disclose for research purposes health information which has been de-identified (in accordance with 45 CFR 164.502(d), and 164.514(a)-(c) of the Rule) and 42 CFR § 2.52 (b)(3).

[63] https://www.archives.gov/research/census/soundex.html

[64] To pseudonymize a data set, the additional information must be kept separately and subject to technical and organizational measures to ensure non-attribution to an identified or identifiable person.

managed by workgroups/teams formed through the data governance process, working across agencies. Figure 49 shows how the initial loading of PII creates a universe of people common to all data owners, which is then merged with event and episode identifiers, after which PII is given a pseudonym, such that the final dataset contains no PII. The use of an XREF system makes this easier for the organizations on XREF, but still requires intensive identify management and merging of health data, and housing data (HMIS) if possible, as separate parts of a social profile.
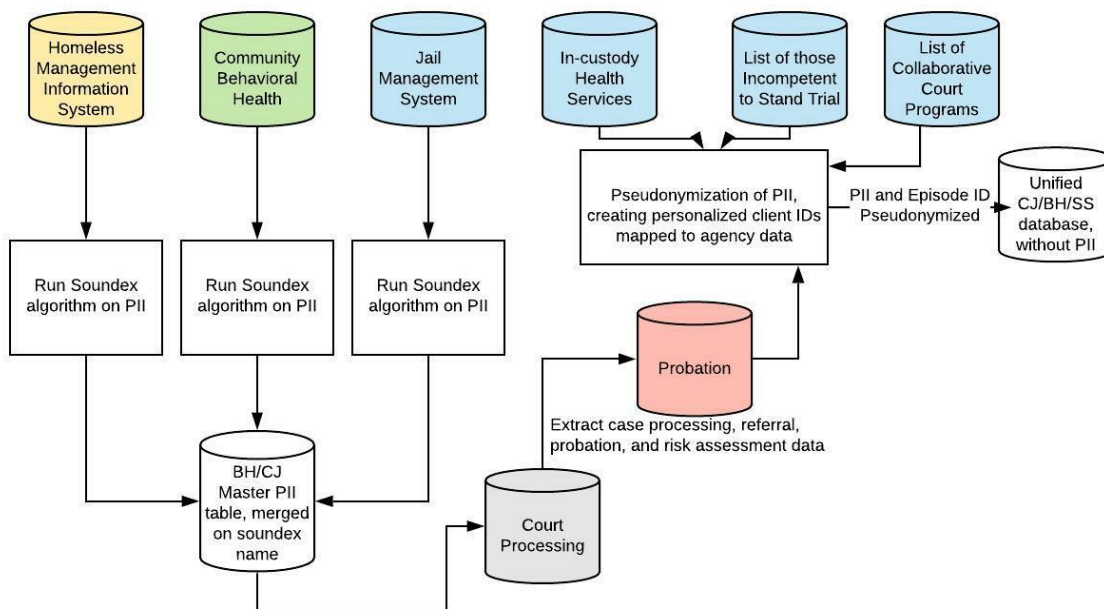

Figure 49: Flow Chart of Data exchange, transformation, and loading of Data Warehouse

Once a common identifier is established, with PII removed as noted above, a limited set of fields would be extracted from the following databases to create a single data warehouse where analysis could look across agencies at shared clients, but not pass any PII. Since each data owner has unique workflows and data structures, the initial data extraction would attempt to create the basic flow of people through each system over time, then carefully build out common baselines and analysis. A number of these fields are considered "indirect identifiers"[65]; these would need to be used with caution when time to report or aggregate to mitigate the risk

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[65] Examples of indirect identifiers are one's age or date of birth, race, salary, educational attainment, occupation, marital status and zip code. The more indirect factors that are combined or overly specific, the higher the risk of reidentification when used for analysis.

of "re-identification." It is assumed the jail's demographics facts would be used, mainly because the use of live scan/fingerprints may be better than self-reported information elsewhere. Appendix B notes the fields of interest as well as a more detailed log of the data currently extracted.

CURRENT DATA RESOURCES

The Department of Health Services maintains the Avatar Electronic Health Record[66]. The specialty court referral ID is tracked through a spreadsheet, maintained by the DHS.

File	Description of data model	Key fields
Episodes and Programs	One record per program Entrances	Episode ID and Person ID

Correctional Health maintains data on encounters as well as a screening tool for those booked into custody.

File	Description of data model	Key fields
Mental Health Encounters in Custody	One record per Mental Health Assessment resulting in ongoing MH Care	XREF and date of Mental Health assessment

The Sheriff's Office maintains the Jail Management System (new system will be ATIMS),

File	Description of data model	Key fields
Bookings and Release File	One record per booked charge	Booking ID and XREF

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[66] https://www.ntst.com/Offerings/myAvatar-MSO

Probation uses systems for various kinds of case management, of both sentenced and pretrial clients. Probation uses the Level of Service Case Management Inventory for developing case plans and assessing risk to reoffend.

File	Description of data model	Key fields
Probation Case	One record per case	Case number
Probation Charges	One record per charge	Case Number
Risk Assessment	One record per assessment for static Risk	Assessment ID and XREF

The network of collaborative courts uses a single access database to track referrals and case engagement for a range of collaborative courts.

File	Description of data model	Key fields
Collaborative Court Database	One record per referral	Referral ID and XREF

Felony defendants who have a doubt of competency raised, are found Incompetent to Stand Trial (IST) and ordered to the State Hospital are entered into a spreadsheet maintained by the Sherriff's Office.

File	Description of data model	Key fields
Competency to Stand Trial Spreadsheet	One record per referral	Referral ID and XREF

ONGOING MAINTENANCE

NEW ANALYTICS QUESTIONS

The new data system will be built to address a certain subset of analytics questions. Over time, other system stakeholders may determine that they are interested in answering additional questions. If these questions are possible to answer using the data already being stored, it will be straightforward to add new analysis to the quarterly reporting. If the new questions require new data to be gathered from the source system, Sacramento County will need to make several adjustments. First, the data providers will need to adjust the schema of the data transfer. Second, the county will need to adjust the schema of the "raw" database and the "processed" database. Third, the county will need to adjust the ETL scripts to include the new data that is being stored. Finally, the county may desire to backfill the new data fields from previous time periods in the input systems rather than only collecting the new fields moving forward. It is also possible that Sacramento County will recommend that relevant partners begin collecting and reporting new data.

ADDING NEW INPUT SYSTEMS

Sacramento County may determine that they want to add data from new providers into their system. To do this, they will need to define schemas for the new transfer, add tables to the "raw database", and adjust the ETL scripts to account for this.

OWNERSHIP AND MAINTENANCE

Given the wide mandate for working across county entities to improve justice outcomes and address behavioral health needs, the recommended approach will provide users a unique position for maintaining and operating a new shared platform. This means that there will need to be relevant resources assigned in-house, and/or some work that will need to be contracted out for building and maintaining this system.

USERS AND STAFFING

The system design addresses several groups of users who will interact with the system.

1. For each data owner, a technical staff will need to extract data from the predefined structure and transmit this via SFTP. Since the pilot program is already doing this step operationally, it would just need to continue the work and ensure ongoing export relationships.

2. There will need to be technical employees who execute the periodic import process. There will also be upfront costs in developing scripts for the ETL process, but once

developed these should become routine. Ongoing users will need to be able to troubleshoot and debug any issues that arise during the ingestion or reporting process.

3. Internal or external analysts and researchers working with the data will need to specify their required data and be provided with data exports that do not contain PII. Since the data files can be exported once developed, the issue will be the creation of comparison groups to assure high quality research as well as consistent data access over time with minimal technical upkeep.

A rules-based permission system, across agencies should be developed based on predefined cross-agency needs, as well as agencies access to their own data. Since the software platform choice will define how detailed these permissions can be, it will be important to continue to develop use cases to support the types of roles needed. The current focus on baseline analysis and knowledge development across the Stepping Up workgroup has not required overly detailed use cases because the grant funded consultant can fill a general role, but as work progresses and governance activities begin, defining several roles and use cases will be imperative.

Intercept 1 includes an initial interaction with law enforcement and resulting entry into the criminal justice system. This may occur through a 911 call that summons a law enforcement officer and/or through an arrest. Because this is intercept represents an initial entry into the criminal justice system, it also contains many opportunities for early interventions and diversion efforts. Understanding this point in the process, including who experiences what type of interaction within this intercept and what their outcomes are, can help in designing and targeting interventions and diversion opportunities that can result in fewer individuals entering the criminal justice system. For example, offering services and diversion programs in this intercept, at the instance of a 911 call or an interaction that can lead to an arrest, can potentially lead individuals into services and prevention rather than detention and custody. To design effective interventions, it is important to first understand the quantity of people passing through this intercept, as well as details about the interactions that occur there.

Example Question to Ask at Intercept 1

- What are the reasons for arrests and do these differ by arresting agency?
- Given the arrest charges, can custodial arrests be diverted to citations or other diversions?
- When are most arrests occurring (by day of week and time of day) and does this differ by arresting agency?
- Are the agencies with the most arrests/citations for mental illness and substance abuse-related instances staffed with officers trained in CIT?
- Do agencies with high proportions of incidents requiring CIT responses have appropriate proportions of officers trained in CIT?
- What other specialized responses are being required, by agency, and what can be done to meet these needs?

DISPATCH

Metric to Collect	Date Fields Needed	Data Source	Currently Available
1. **# of calls within a time frame for each line**	• Name of line • Number of calls within a set time frame	• 911/Crisis line	N

2. **# of calls within a time frame by line and type of call (type of caller, type of service requested, etc.)**	• Call ID • Name of line • Type of caller (family member, law enforcement, etc) • Day of week and time of call • Type of service requested • Location of caller	• 911/Crisis Line	N
3. **# of calls within a time frame by outcome and disposition**	• Call ID • Name of line • Type of service requested • Call outcome (referred to service provider, dispatched to EMS, law enforcement, fire department, etc) • Disposition of call (stabilized in community, transferred to hospital, referred to services, etc)	• Call agencies	N

POINT OF ARREST

Metric to Collect	Date Fields Needed	Data Source	Currently Available
4. **# of total custodial arrests by agency, type of charge, and day/time of arrest**	• Arrest ID • Arresting agency • Arrest day and time • Arrest charge	• Police Departments • Other law enforcement agencies (e.g., CHP) • Sheriff	Y

5. **# and % of officers who are CIT trained, by agency**	• Agency name • # of officers in the field • # of officers trained in CIT	• Police Departments • Other law enforcement agencies (e.g., transit police) • Sheriff	N
6. **# and % of incidents that involve a specialized response, by agency**	• Incident ID • Agency name • Specialized response required	• Police Departments • Other law enforcement agencies (e.g., transit police) • Sheriff	N

INTERCEPT 2: JAIL BOOKING AND INITIAL COURT HEARING

Intercept 2 includes the initial jail booking or detention and the time leading up to and during arraignment. This intercept can last zero to three days. In this intercept, individuals are booked into custody and have their first court appearance regarding their case, potentially resulting in a probation, jail, and/or a prison sentence. In the absence of intentional effort to identify and divert individuals with behavioral health or substance abuse needs prior to arrest, it is in this intercept that individuals may get funneled into the criminal justice system, spending time pre- and post- adjudication, when they could be better served by receiving targeted treatment and interventions based on their unique needs. Understanding how many individuals pass through this intercept, how many have mental health and/or substance use service needs, and how many are being sentenced versus diverted to services will help identify opportunities for serving this population in more beneficial ways than incarceration. Knowing whether and when during the events in this intercept an individual is assessed for these needs, and whether and when they are offered services, may point to areas that need more resources to identify and reach the population in need.

Example Question to Ask at Intercept 2

- How big is the population being detained?
- What are people being booked for most often?
- How often are new bookings due to new crimes, holds, supervision violations, etc.?
- What proportion of detainees have behavioral health needs?
- Does the proportion of detainees with behavioral health needs vary by booking reason?
- Do those with identified mental health and/or substance use needs have different court hearing outcomes than those who do not?

Metric to collect	Data fields needed	Where data comes from	Currently Available
7. # of bookings per day, and booking reason	• Booking ID • Booking date • Booking reason	• Sheriff	Y
8. # of releases per day, and reason for release	• Booking ID • Release date • Release reason	• Sheriff	Y
9. Average days in custody by booking type and release type	• Booking ID • Booking date • Booking reason • Release date • Release reason	• Sheriff	Y
10. Mental health screening conducted, type and timing	• Booking ID • Booking date • Booking reason • Mental health screening date	• Sheriff • In custody behavioral health provider	Y
11. # and % screening positive for mental health need and referred for further assessment	• Booking ID • Booking date • Booking reason • Mental health screening score • Referral Status	• Sheriff • In custody behavioral health provider	N
12. # and % of veterans booked into custody with mental illness and/or substance use needs who are referred to services	• Booking ID • Booking date • Booking reason • Substance use screening outcome / score • Mental health screening score • Veteran's status • Service referral type(s)	• Sheriff • In custody behavioral health provider	N

Metric to collect	Data fields needed	Where data comes from	Currently Available
	• Service referral date(s)		
13. # and % of individuals booked who have no fixed address or are homeless	• Booking ID • Booking date • Booking reason • Address at booking • Homeless status at booking	• Sheriff	N
14. # and % of homeless individuals booked who have mental health needs	• Booking ID • Booking date • Booking reason • Mental health screening outcome / score • Secondary assessment date • Secondary assessment outcome / score • Veteran's status • Homeless status at booking	• Sheriff • In custody behavioral health provider	N
15. # and % of veterans booked who are homeless or have no fixed address	• Booking ID • Booking date • Booking reason • Veteran's status • Address at booking • Homeless status at booking	• Sheriff • In custody behavioral health provider	N

INITIAL COURT HEARING

Metric to collect	Data fields needed	Where data comes from	Currently Available
16. # of bookings that result in a court hearing	• Booking ID • Booking date • Booking reason • Court hearing date	• Sheriff • Court	Y

17. # and % of court hearing outcomes of those with identified mental illness and/or substance use needs	• Booking ID • Booking date • Booking reason • Court hearing date • Court hearing outcome • Substance use screening outcome / score • Mental health screening outcome / score	• Sheriff • Court • In custody behavioral health provider	Y

INTERCEPT 3: COURT PROCESS AND JAIL CUSTODY

Intercept 3 occurs after the initial court hearing and arraignment, when the defendant is either detained in jail while awaiting their dispositional court processing or is diverted to a collaborative court. During this intercept, the individual may receive services while in custody or through the collaborative court. This intercept offers another opportunity to keep those in need of mental health and/or substance use treatment out of custody and to divert them into treatment through the collaborative court process. Even if the individual remains in custody through this intercept and is not diverted to a collaborative court, there is opportunity to address treatment needs in custody during this intercept. Understanding who moves through this intercept and what paths they take, for example traditional sentencing to jail/prison or diversion to collaborative court processes, and what services they receive in each path, may help identify opportunities for better serving this population. It may also illuminate where resources can be better spent, for example on treatment through a collaborative court rather than on costly custody time. Understanding the time spent in this intercept, particularly the time spent in custody, can provide important information on where resources are flowing and how well those resources are serving individuals with mental health and/or substance use issues.

Example Questions to Ask at Intercept 3

- Are certain case types/charges taking longer than average and can be opportunities to target diversion efforts?
- How many people are being referred for competency to stand trial?

- How long, on average, are defendants waiting between their case being filed and being referred for an evaluation?
- What are those who get re-convicted convicted for (felony, misdemeanor), and does this vary by completion reason, court, crime type, or charge?
- Does this vary from the amount of time those without behavioral health or substance use disorders spend before being referred to services?

DISPOSITIONAL COURT PROCESSING

Metric to collect	Data fields needed	Where data comes from	Currently Available
18. **Case processing rate, by case type**	• Case ID • Case filing date • Case disposition date • Case type (felony, misdemeanor) • Case charge at filing (i.e., murder, burglary, etc.)	• Court	N
19. **# and % of individuals referred for evaluation and evaluated for competency to stand trial**	• Case ID • Case type • Case filing date • Case filing charge • Referral to competency evaluation (Y/N) • Referral date	• Court	Y
20. **# and % of individuals found to be incompetent to stand trial**	• Case ID • Case type • Case filing date • Case filing charge • Referral to competency evaluation (Y/N) • Referral date • Evaluation date • Evaluation outcome	• Court	Y
21. **# referred to collaborative**	• Case ID • Case filing date	• Court	Y

and/or treatment courts	• Case filing charge • Referral to treatment/collaborative court • Treatment/collaborative court referred to		
22. Outcomes of treatment / collaborative courts	• Case ID • Case filing date • Case filing charge • Referral to treatment/collaborative court • Treatment/collaborative court referred to • Treatment/collaborative court acceptance (Y/N) • If denied acceptance, reason • Date of acceptance/denial into treatment/collaborative court • Treatment/collaborative court case closure reason • Treatment/collaborative court case closure date	• Court	N
23. Rates of recidivism after treatment / collaborative court completion	• Case ID • Referral to treatment/collaborative court • Treatment/collaborative court referred to • Treatment/collaborative court acceptance (Y/N)	• Court	N

	• If denied acceptance, reason • Date of acceptance/denial into treatment/collaborative court • Treatment/collaborative court case closure reason • Treatment/collaborative court case closure date • New conviction date • New conviction crime type		
24. **Case processing rate, by case type**	• Case ID • Case filing date • Case disposition date • Case type (felony, misdemeanor) • Case charge at filing (i.e.. murder, burglary, etc.)	• Court	Y

JAIL CUSTODY

Metric to collect	Data fields needed	Where data comes from	Currently Available
25. **# and % of those incarcerated with mental illness or substance use disorder**	• Booking ID • Booking date • Mental illness or substance use disorder identified • Identification type (self-identified, assessment, etc)	• Sheriff • In custody behavioral health care provider	N

26. **Average length of incarceration for those with mental illness or substance use disorder compared to the general jail population**	• Booking ID • Booking date • Mental illness or substance use disorder identified • Release Date	• Sheriff • In custody behavioral health care provider	N
27. **# and % of those incarcerated with an identified mental illness or substance use disorder who are referred to programming or services in custody**	• Booking ID • Booking date • Mental illness or substance use disorder identified • Program or service referral type	• Sheriff • In custody behavioral health care provider	N
28. **Amount of time spent in custody before being referred to a program or service**	• Booking ID • Booking date • Mental illness or substance use disorder identified • Program or service referral type • Program or service referral date	• Sheriff • In custody behavioral health care provider •	N
29. **# and % of individuals incarcerated who receive facility-based mental health treatment and/or see a psychiatrist**	• Booking ID • Booking date • Mental illness or substance use disorder identified • Engagement with behavioral treatment • Engagement with psychiatrist	• Sheriff • In custody behavioral health care provider	N
30. **# of suicide watches and # of days the**	• Booking ID • Suicide watch initiated	• Sheriff	N

facility is on suicide watch, annually	• Date of initiation of suicide watch • End date of suicide watch		
31. # of individuals incarcerated who receive psychotropic medications	• Booking ID • Booking date • Behavioral health or substance use disorder identified • Engagement with behavioral treatment • Engagement with psychiatrist • Prescribed psychotropic medication	• Sheriff • In custody behavioral health care provider • In custody medical provider	N

INTERCEPT 4: REENTRY

Intercept 4 contains the process of preparing an individual for release into the community, also known as the pre-release or reentry planning process. During this intercept, the detainee may be connected to their community supervision (i.e., probation or parole) officer and/or to community treatment providers. A reentry plan may be created during this intercept, outlining the treatment, services, and supervision requirements for the individual upon release. This plan may be based on an assessment of the individual's risk and needs. Understanding this intercept can help illuminate how well individuals are directed to appropriate services in the community, where this process can be improved, and how well this process is working particularly for those with mental health and/or substance use treatment needs. It also can illuminate if those released from custody for different reasons or release types (e.g., released to community supervision, released for sentence completion, released to residential treatment) receive different types and amounts of reentry planning services. Having a reentry plan in place prior to release from custody can have a significant impact on an individual's reentry success. Therefore, ensuring resources are targeted appropriately for those moving through this intercept is vital for helping those leaving custody to successfully return to their homes and communities and to not return to custody, particularly those with high risk of returning and high service needs.

Example Question to Ask at Intercept 4

- What proportion of the population being released from custody has identified mental health and/or substance abuse needs?
- Do the release reasons for these populations vary significantly from the released population as a whole?
- How long, on average, are people released with identified mental health and/or substance use needs spending in custody prior to release?

JAIL REENTRY

Metric to collect	Data fields needed	Where data comes from	Currently Available
32. **# and % of persons being released from custody with identified mental health and/or substance use needs**	• Booking ID • Booking date • Mental illness or substance use disorder identified • Release date • Release type	• Sheriff • In custody behavioral health care provider	N
33. **# of days between release and contact with prescribing treatment provider, for those receiving referral in reentry process**	• Booking ID • Booking date • Referral made to prescribing community-based treatment provider • Name of provider referred to • Date of initial contact with treatment provider •	• Sheriff • Probation • Community-based treatment providers	N
34. **# and % of persons released from custody without stable residence**	• Booking ID • Booking date • Release date • Release type	• Sheriff	N

	• Release address type (shelter, homeless, residence, etc.)		
35. # and % of persons with identified mental illness and/or substance use disorders who are released from custody without stable residence	• Booking ID • Booking date • Mental illness or substance use disorder identified • Release date • Release type • Release address type (shelter, homeless, residence, etc.)	• Sheriff • In custody behavioral health care provider	N
36. Rate of linkage to reentry services, by mental health and/or substance use need	• Booking ID • Booking date • Mental illness or substance use disorder identified • Release date • Release type • Reentry treatment and service referral type • Reentry treatment and service engagement date	• Sheriff • Probation • Community-based service and treatment providers	N

Intercept 5 includes the time the individual spends on community supervision. In this interval, the role of the individual's community supervision officer is key to connecting them with services and treatment in the community and helping them stay engaged with these programs. The probation or parole officer may be guided in their supervision and service referral activities by the client's reentry or case plan and/or their risk and needs assessment. The goals underlying the activities and interventions in this intercept are to assist the client in successfully reentering the community and reduce the likelihood that they will recidivate. Understanding what happens during this interval, what interventions and services are offered and to whom, and what clients' outcomes are, can help illuminate what is working and what is not in the jurisdiction's community supervision practices, particularly for those identified as high risk and/or as having behavioral and/or substance use needs.

Example Questions to Ask at Intercept 5

- What proportion of the probation population have a completed risk and needs assessment?
- What proportion of the assessed probation population has identified mental health and/or substance use needs?
- Are individuals with identified mental health and/or substance use needs being supervised by specialized caseloads?
- What is the successful completion rate for those with identified mental health and/or substance use needs?

PROBATION SUPERVISION

Metric to collect	Data fields needed	Where data comes from	Currently Available
37. # and % of individuals served by probation who have received a risk and needs assessment	• Individual ID • Probation start date • Supervision Type (Probation, PRCS, MS) • Assessment performed	• Probation	Y
38. # and % of individuals served by probation with identified mental	• Individual ID • Probation start date • Supervision Type (Probation, PRCS, MS)	• Probation	Y

health and/or substance use needs	• Assessment performed • Criminogenic Needs		
39. # and % of individual supervised with identified mental health and/or substance use needs who are supervised in specialized caseloads	• Individual ID • Probation start date • Supervision Type (Probation, PRCS, MS) • Assessment performed • Criminogenic Needs Assigned caseload • Assigned caseload type	• Probation	Y
40. Successful probation completion rate among individuals with identified mental health and/or substance use needs	• Individual ID • Supervision type • Behavioral health assessment score • Substance use assessment score • Completion date • Completion reason	• Probation	N
41. Revocation rate among individuals with identified mental health and/or substance use needs	• Individual ID • Supervision type • Behavioral health assessment score • Substance use assessment score • Revocation date • Revocation reason	• Probation	Y

APPENDIX B: DATA DICTIONARY

DEPARTMENT OF BEHAVIORAL HEALTH

EPISODES

Variable Name
PATID
EPISODE_NUMBER
program_code
program_value
preadmit_admission_date
date_of_discharge
Provider Type
Population Served

SHERIFF'S' OFFICE

SACRAMENTO BOOKING DETAIL

Variable Name
Xref
InTheDoor
OutTheDoor

RegistryNumber

RegistrySubNumber

BookingCode

ViolationSeverity

CodeSection

CodeDescription

ReleaseCode

ReleaseComment

ChargeDate

ChargeReleaseDate

ChargeDurationHours

CourtFile

Court

Docket

isOTDLine

SentenceDate

ViolationCount

SACRAMENTO JAIL ARREST HISTORY

Variable Name
Xref
ArrestDateTime
BookingDateTime
ArrestNumber
RegistryNumber
LEANumber
LEADescription

SACRAMENTO JAIL BOOKING MAIN

Variable Name
Xref
RegistryNumber
ArrestDateTime
ITD
OTD
CustHours
IntakeLocation
LastHousing

Variable Name
CurrentHousing
PrjRelease
IsPRCS
IsMS
IsAProb
IsJProb
ArrestingLEA

SACRAMENTO JAIL REENTRY PROGRAMS

Variable Name
Row
XREF
Startdate
Enddate
Program

SACRAMENTO JAIL IST

Variable Name
INMATE
XREF

Case #
CHARGES
Charge
Total Prior Fresh Arrests
Total Prior Bookings
Booking Date
Jail Release Date
Days In Custody
Date Found IST
DATE COMMITTED
PACKET RCVD (Court Papers Rec'd)
Movement DATE
Time/Days from Commit Date to Movement Date
MOVEMENT DATE/LOCATION
Date Returned to Jail
Time in Placement/DSH
Restored

Date Found Competent
Dys from IST Finding to Competent
Court Dispo
Probation
ROC
Conservatorship Referral
Conservetype

CUSTODY HEALTH JAIL PSYCHIATRIC SERVICES

Variable Name
XREF
RN Intake Date
MH Assessment Date
Foss Level
Housing Need

PROBATION

PERSON AND CASE DATA

Variable Name

Xref
ProbationCase
ReferralDate
SentenceDate
ExpirationDate
CurrentProbationCaseStatus
ProbLength
ProbationType
CaseTypeDesc
CategoryDesc
CaseOwnerID
CaseOwnerDivision
CaseOwnerUnit
DocketNum
ExtractDate

STATIC AND DYNAMIC RISK DATA

Variable Name
AssessmentID

Xref

FirstName

LastName

AssessmentGender

AssessmentAge

AssessmentDate

Interviewer

InterviewerSystemsUserID

InterviewerAgencyID

InterviewerJobNo

Rater

CriminalHistory_RawScore

CriminalHistory_RiskLevel

CriminalHistory_Strength

EducationEmpl_RawScore

EducationEmpl_RiskLevel

EducationEmpl_Strength

FamilyMarital_RawScore

FamilyMarital_RiskLevel

FamilyMarital_Strength

LeisureRecreation_RawScore

LeisureRecreation_RiskLevel

LeisureRecreation_Strength

Companions_RawScore

Companions_RiskLevel

Companions_Strength

AlcoholDrugProblem_RawScore

AlcoholDrugProblem_RiskLevel

AlcoholDrugProblem_Strength

AAlcoholDrugProblem_StrengthNote

ProcriminalAttitude_RawScore

ProcriminalAttitude_RiskLevel

ProcriminalAttitude_Strength

AntisocialPattern_RawScore

AntisocialPattern_RiskLevel

AntisocialPattern_Strength

Total_RawScore

Total_RiskLevel

Variable Name
ADRCDate
ADRCStatus

MENTAL HEALTH DIVERSION AND TREATMENT COURT

Variable Name
ID
Xref
Last Name
First Name
Colab Court
Cases
Status
Enter Date
Exit Date
Exit Reason
Months in Program
Susp Time (days)
Susp Time
Gender

168

R/E
DOB
Age at Enter
Charges
Referral Date
First Date
Decision Date
Days
Diagnosis
Case Type
Offense Code Type
Warrant Date
Grad Date
Dept
Contested?

SACRAMENTO COLLABORATIVE COURT- DRUG COURT

Variable Name
Name
Xreference #

| Docket # |
| Referral Date |
| Referred By |
| Reviewing Probation Officer |
| Denied Date |
| Denial Reason |
| Probation Approval Date |
| Next Court Date |
| Drug Court Acceptance Date |
| Suspended Sentence |