



Alternatives to Incarceration - Community Comments

Date	Comment	Commenter Name
March 26, 2022	<p>i have read your initial report, there is so much missing from it. ` Why are we taking the same failed approach to reducing the population? Creating productive citizens is the answer let's create an controlled environment within the mind set of our communities to bring about change. ECONOMICS are not mentioned in your report. why??? Prehap's that elephant is still being placed in the room.</p>	Michel Mason
March 27, 2022	<p>It appears the problem is still being looked at, as it has been looked at, for the last 30 years. We have enough programs that could properly address the issues facing the United States (with exception, the severe mental health issue). We could greatly reduce the recidivism rate, the prison populations, and the number of people on probation; if we could just convince our communities to embrace, without prejudice, the men and women who have served their time, reconciled with others and themselves. Allowed forgiveness to enter into the equation and eliminate the stigma that the social and financial World's place on us/ex-cons. I believe, I can help in providing solutions to this problem; that has for years, been seen as a "one size fits all" solution.</p>	Michel Mason
March 29, 2022	<p>My husband Gerardo Zepeda is on george bailey detetion staff are rude theydont explain they treat people awful my husband got sick twice been trying to help him to get home detetion with probation it will be more safe thet keek bringing new inmate on facility wich is not okay i understand we all trying to work this out but just beacuse we did a mistake or a fenoly dosent me they should be treat like criminals</p>	Socorro Miranda
April 10, 2022	<p>See 4-page memo that begins on page 8.</p>	Jerry Hall
May 13, 2022	<p>Would it be possible to send this survey to various NextDoor neighborhoods in San Diego? I think it would garner more widespread support and opinions.</p>	Catherine Mowbray-Lorenz

	Thank you!	
May 20, 2022	<p>I submit to this board of individuals again now in 2022 just as I submitted to SANDAG in 2019, that you cannot even begin a conversation about incarceration, or alternatives to incarceration, until this City has addressed and fixed the false crime statistics provided by SDPD and regurgitated by SANDAG.</p> <p>On a monthly basis Crime statistics, more specifically Crime statistics alleging a gang allegation, are accepted and distributed by SDPD prior to adjudication. Often prior to arraignment.</p> <p>A gang related crime does not exist until a judge states a crime was in fact the result of motivation to further a documented gang in a way that is more than reputational.</p> <p>Before you get to considering alternatives to incarceration, you can knock out a chunk of people off our City's list of incarcerated individuals by addressing false Gang Crime statistics in San Diego. SANDAG and all of its affiliates support and encourage over 30 years of racially bias excessive gang enhancements every time unproven crime statistics are released.</p> <p>When SANDAG stops distributing unproven Gang Crime statistics that are used for grant and funding requests to further abuse documented gang members, then SDPD and every other organization and individual who financial benefits from gang motivated crimes and crime statistics will stop feeling supported in their efforts to continue to make both public and published allegations of gang crime in this city.</p> <p>When it all unravels, nobody in this city will be offered immunity for their participation in conspiring against our City's most economically disadvantaged black and brown youth. No matter how big or small of a part you play.</p> <p>I don't expect that much more than a receipt of acknowledgement will be produced as a result of my comment this year in 2022, when there has not been any change since my original public comment years ago. But because me, my family, and most of the people that I love, continue to suffer everyday because of money, politics, and gang enhancements, I'll continue to put the information into the hands of people that can impact one or more angles that Segway into the gang discrimination laws in existence, that are causing our pain.</p>	Jamie Wilson

<p>May 23, 2022</p>	<p>I found in all my work with homeless people there was 3 categories of homeless:</p> <ol style="list-style-type: none"> 1. Wanted to be homeless 2. Didn't want to be homeless 3. Homeless because of a mental condition; born with, drug use, accident. <p>All three categories would benefit from some type of mental services, like counseling, empowerment coaching, personal development. People need to be reminded who they really are and what they can still be. These services will only work if they choose it.</p>	<p>Valley Coleman</p>
<p>June 22, 2022</p>	<p>I am 66 and enjoy walking around by myself in older neighborhoods (not yet gentrified) and do take the trolley from time to time.</p> <p>In both cases, I am recently concerned about both random and targeted stabbing and shooting incidents- either potentially being a target unprovoked or caught in crossfire</p> <p>I am not sure what can be done. This December I was in a fast food restaurant in downtown El Cajon standing in line and a retired marine also in line sort of "took charge" when he said two men ahead of us were exchanging words and the marine said one of them was clicking a switch blade in his pocket, I guess a marine might recognize this sound or gesture so I stood back as he recommended and the situation diffused- probably because the marine was a big guy.</p> <p>Incidents like this article below don't make us inclined to "go green" and take the trolley. https://www.google.com/amp/s/www.10news.com/news/local-news/miraculous-survival-after-brutal-attack-outside-el-cajon-trolley-stop%3f_amp=true</p>	<p>Rebecca Neary</p>

	<p>I have no idea how to resolve these problems, maybe meth is the "root cause" in some cases but don't know to get people to get the treatment they need. Staying up for days can make anybody psychotic.</p> <p>Also what happened to Probation Honor Camps, are they still around? Particularly the ones that had fire fighting programs!</p>	
June 29, 2022	<p>If you're not already aware of this, please look into what the city of Houston has done to reduce their numbers of homeless people during the last decade. A New York Times article reported in January of this year that over 25,000 people have been moved directly into homes or apartments. The vast majority have remained housed after two years. Here is a link to the article.</p> <p>https://www.nytimes.com/2022/06/14/headway/houston-homeless-people.html?referringSource=articleShare</p>	Nancy Datte
July 3, 2022	<p>? HOW?</p> <p>ASK: WOULD YOU LIKE TO VOLUNTER?</p> <p>IF YES, WONDERFUL!</p> <p>IF NO WE WILL DEMAND IT!</p> <p>NOT EVEN ELECTED INDIVIDUALS ARE STUPID ENOUGH TO THINK YOU CAN NOT ONLY LEAD A HORSE TO WATER BUT YOU CAN MAKE IT DRINK BUT ARE DUMB ENOUGH TO THINK MOST ADDICTS ARE STUPID ENOUGH TO NOT TAKE AN OPTION THAT BENEFITS THEM.</p>	Unknown
July 7, 2022	<p>Regarding the reduction of inappropriate incarcerations, perhaps the most significant gap in services is the inadequate availability of immediate and ongoing evidence-based services following 911, MCRT, PERT, and/or Crisis Stabilization unit contacts. The promise of countywide MCRTs will not be fulfilled unless BHS ensures that such services, staffed by well-qualified</p>	Tom Packard

	<p>and well-paid professionals, are available immediately and for as long as a client needs them. Information systems that link law enforcement and behavioral health information systems will be essential to properly track vulnerable people from an initial contact to an ultimate outcome, which includes stable permanent housing, after all necessary services have been fully delivered.</p> <p>A related concern is the provision of appropriate services for homeless individuals with serious behavioral health challenges. All such individuals should be able to receive appropriate housing and services. Having worked in a locked in-patient psych hospital and in residential treatment for justice- and mental health-involved adolescents, I understand the dilemmas regarding court-ordered services. County staff should advocate that SB 1338 be amended to ensure that all counties not only ensure that the rights of involved clients are protected but also that client choice is maximized and all essential services are immediately available and delivered in a competent, humane manner. This must include appropriate permanent housing and necessary support services.</p> <p>An overriding issue in the provision of behavioral health services by contract organizations is the recruitment and retention of qualified and committed staff. BHS staff should pay close attention to working conditions and turnover rates in all contract agencies to ensure appropriate, supportive organizational cultures and leadership and a high quality of working life in areas from salaries, benefits, and safety to diversity, equity, and inclusion considerations.</p> <p>Another service inadequacy, if not a gap, is in the provision of easily accessible behavioral health services for justice-involved individuals, including thorough assessment upon intake by</p>	
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	<p>licensed clinicians to potentially avoid incarceration and to ensure provision of appropriate services, and easily available clinical services for all incarcerated individuals. The excessive number of deaths in San Diego County jails is partly a result of improper treatment of inmates with behavioral health issues. Millions of dollars have been spent on lawsuit settlements regarding shamefully inadequate treatment of inmates. The County's Citizens' Law Enforcement Review Board should have expanded powers for oversight of sworn and civilian staff of the jails to identify system-level problems and ensure that they are adequately addressed.</p>	
July 7, 2022	<p>Hospitals and emergency departments often become the default placement due to lack of sobering centers and as a means for law enforcement to avoid jail placements...Have also heard from PERT (Psychiatric Emergency Response Team) that due to the efforts to avoid incarceration/jails, they must often use hospitals as the default. This is a huge safety concern for all of those involved.</p> <p>We need more sobering services and more behavioral health services paired with housing. Given new CalAIM benefits including the possibility for Medi-Cal plans to expand sobering centers as a benefit along with housing, there may an opportunity to explore further.</p> <p>Given the aforementioned considerations, how will the ATI initiative support the local health care system not being the default placement?</p>	Stephanie Phann
July 7, 2022	<p>How are jails communicating to the County and health plans to make sure that justice-involved Medi-Cal beneficiaries can access needed health and mental health services (including medication) immediately after release? Hospitals often experience issues with eligibility holds for justice-involved individuals who have already been released, which greatly</p>	Ivonne Velazquez

	impacts access to critical healthcare and mental health services. Holds cause a delay in these services.	
August 16, 2022	RE: Preliminary takeaways: Ensuring that proven programs are implemented as designed and with fidelity will be essential; also essential will be adequate funding for those programs. RE: ways to better share data across systems, linking LE data on 911/988/ACL calls (including data for all criteria in the decision tree for each call) with follow up BH data will be essential to fully evaluate the MCRTs and PERT, and how those impact inappropriate incarceration.	Tom Packard
August 16, 2022	RE: Open end responses: those would be LOT more valuable if they were sorted into categories to look for major themes and emphasis, connecting them with quantitative findings for insights.	Tom Packard
September 28, 2022	<p>Regarding 'The Geography of Mass Incarceration in CA' slide illustrating the rate per 100k population in California prisons. One observation is that the community of Pacific Beach is traditionally one of the top three with the highest rates of violent crime, yet is shown as having a significantly low level of incarceration rates.</p> <p>Seeing this slide without knowing what prosecution rates - e.g. the number of cases pursued by the District Attorney's office, how many are offered pleas, how many are offered diversionary opportunities into treatment or other non-incarcerate related programs and services, would be important to have if we are to consider if our practices are equitable or not.</p> <p>Also, without viewing and understanding police in-service time - or the number of officers in -service in each community, it is impossible to gauge if communities are 'over-policed.' Just because we are told a community has a high crime rate, it is impossible to gauge, without 9-1-1 dispatch and officer-initiated stop data illustrating just how many officers are patrolling in</p>	Jerry Hall

	<p>each community and division, to better understand rates of crime.</p> <p>Finally, I encourage you to consistently bake-in recommendations that identify and articulate what data from each agency would be best to collect, including data being made publicly available; so that the community can help hold our leadership and agencies accountable. Having a snapshot of their work and practices is one thing. Having a long-term window into ongoing practices is entirely another.</p>	
October 25, 2022	<p>Thank you for your willingness to see improvements for people who residually show signs of an absence of supports and resources and are not able to identify or even express these needs.</p> <p>I would like to see peer supports to raise awareness in crisis stabilization at the court level. Both my sons demonstrated these needs in the courts before sentencing but because nothing was established to identify how to help them at this level, the status quo is to throw them away! There should be a process that researches ones need for mental health treatment before being sentenced by a judge. NAMI has actualized this info in a form called "Inmate Medical Information Form" to be faxed in to the court appointed facility highlighting the significance of this communication. I have attached the form.</p>	Cheryl Canson

Detailed Comment from Jerry Hall

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

A. SEQUENTIAL INTERCEPT MODEL (SIM)

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

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

B. PRE-INTERCEPT PERSPECTIVES

For pre-intercept perspectives we lose value evaluating someone in crisis and those who are potentially entering a complex criminal legal system. Excluding potentially influential factors prevents us from identifying and developing programmatic solutions when we consider every individual's physical and environmental contributors are identical or closely similar to the other.

That is, traditionally, criminal legal and behavioral health intersectionality practitioners do not programmatically factor:

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

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

c. Social Determinants of Health (SDOH): We also do not typically consider one's social determinants of health over their lifetime, which may include several moves into

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

C. POST-INTERCEPT PERSPECTIVES

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

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

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

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

D. CURRENTLY INCARCERATED POPULATIONS

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

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

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

E. INNOVATION OPPORTUNITIES

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

f. Evidence-Based Practices: Using the example above in respect to the successes of the Veteran's Court program, how can we as a county move to a more inviting, innovative,

and evidence-based practices culture where we are quick to fail, learn and adapt, and diligent in replicating successes?

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

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

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

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

For instance, perhaps you will consider researching a model where all related funding sources (MHSA, CDCR, DOJ, Sheriff, DA, Courts et. al) are pooled locally, potentially also including an authority over the planning and control, so that county practitioners could be more effective without so many unnecessary evident systemic barriers.

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

F. NOMENCLATURE & TERMINOLOGY

We should be more calculating in developing recommendations by encouraging a consistent nomenclature and terminology in our conversations, meeting presentations, and reports.

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

G. DATA POLICIES

At the heart of every idea, question, and success or failure – is data. At issue is that such data is often quite difficult to obtain, understand, and utilize to develop and test hypotheses. There are naturally protections providing one's data, health or legal system, is not used for exploitation. However, we should find ways that more and better data, and the tools to query and analyze that data, be made available to various stakeholders on a timely, consistent, and reliable basis.

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

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

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

When groups planning related programs and services deny the ability for stakeholders to become meaningfully educated on such demand, potential interventions, and how to evaluate their work – they are effectively denying the potential for informed contributions, especially those with lived experience, many using that very experience to keep themselves out of trouble.

I understand there is a lot of information presented here, and surely you will be considering far more. However, this is a monumental project and my hope is these ideas contribute to our collective overall

success. This is very much a 'we' thing and to that end I would urge you to reach out to the community, especially to those with lived experience, as you do this work. The value to all involved stakeholders is gold.

INMATE MEDICAL INFORMATION FORM

INMATE INFORMATION

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

FAMILY CONTACT INFORMATION

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

PSYCHIATRIST/TREATMENT FACILITY INFORMATION

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

MEDICAL INFORMATION

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

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

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