PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA

MEMBERS OF THE BOARD

HILDA L. SOLIS
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LINDSEY P. HORVATH
JANICE HAHN
KATHRYN BARGER

Correspondence Received

			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
CS-2.		**Other**	Melissa Camacho	See attached PDF with letters opposing new jail
		Item Total	**1**	
Grand Total			**1**	

As of: 9/23/2026 9:00:04 AM

AMERICAN CIVIL LIBERTIES UNION FOUNDATION
Southern California

September 21, 2026

Via email
Honorable Members of the Board of Supervisors
Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Re: Items CS-1, CS-2, CS-3, CS-4: Opposing Sheriff Luna's Closed-Door Request for a New Jail and $2 Million in New Jail Consultant Funds

Honorable Members of the Board of Supervisors:

We have heard that Sheriff Luna plans to renew his pitch for a new jail, including more than $2 million dollars to pay a contractor to continue putting together a plan, during the closed session with the Board tomorrow. We urge you to reject the request outright.

The Board voted to close Men's Central Jail (MCJ) without a replacement. Sinking millions more into a plan that runs counter to the Board's previous motion undermines the public's confidence in your leadership and emboldens a Sheriff's Department that has proven over and over again that it is incapable of running **any** of the LA County Jails to constitutional standards. Since we last wrote on the topic, the United States Department of Justice initiated an investigation into conditions in MCJ. In a press release, the US DOJ shows its hand, making clear that they are limiting their investigation to "focus on the conditions of the facility itself and not the actions of the Los Angeles County Sheriff's Department deputies who staff it." An investigation focused on a decaying edifice must not push the Board off course.

MCJ is not the only failing jail in the LA County system: it is one of seven. In our role as Plaintiffs' counsel in three decades-long lawsuits against the County and LASD, including two that are the subject of closed session items on the

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September 22 agenda, we see LASD and CHS's failure to run jails to standards set by the US Constitution and the Board of State and Community Corrections across every single facility. People are suffering at Twin Towers Correctional Facility (TTCF), Pitchess North and South, North County Correctional Facility, Century Regional Detention Facility, and even the Inmate Reception Center. Food is moldy and people sleep in feces-smeared cells. Deputies fail to perform effective safety checks at TTCF and have been caught playing video games at IRC and watching movies at TTCF and CRDF instead of doing their jobs. It takes 1-3 months for CHS to respond to non-emergency health request forms in any facility.

The Department is also out of compliance with *Rosas* provisions related to use of force in TTCF and IRC, the North Facilities and CRDF, not just MCJ. Two egregious use of force incidents highlighted by the *Rosas* panel in its 17th Report took place at TTCF. In one, a deputy delivered four hammer fist punches to a man's head while he was fully restrained and pinned to the floor and then "ground his head onto the concrete floor, using his elbow and forearm, for over a minute. In the other, a deputy violently threw a handcuffed man against a cell window frame, breaking his neck and instantly paralyzing him. Despite numerous clear misstatements by the involved deputies in their use of force reports and the Monitors' conclusion that the force was out of policy and violated the relevant Roses provisions, the Department found the use of force in policy. *Rosas* Panel's Seventeenth Report at pp. 24-25 (attached). The MCJ building has nothing to do with these egregious acts of violence against people with mental illness.

Unfortunately, the problems in the jails extend far beyond the failures of the Sheriff's Department. For almost 25 years, Los Angeles County has been violating the rights of people with mental health disabilities in the County jails, as found by the United States Department of Justice. Many of those violations are attributable to the County health agencies alone, otherwise are attributable to the health agencies in conjunction with the Sheriff's Department. The catalogue of constitutional violations the United States Department of Justice found that caused it to seek a Memorandum of Agreement (MOA) with the County in 2002 -- and then later file a federal court lawsuit because the County had repeatedly failed to abide by the MOA -- is lengthy. It includes failure to properly diagnose mental health conditions, failure to provide proper mental health care, failure to take appropriate steps to prevent suicides, and failure to provide minimally adequate levels of unstructured and structured out of cell time for people with mental illness in medium and high observation housing units.

One longstanding example of the County's inability to provide adequate and appropriate care illustrates how a new physical facility, even one with a benign name like a "care campus," will utterly fail to address the systemic deficiencies in the County jails system. The DOJ consent decree requires the County to offer "therapeutically appropriate individual visits with a [qualified mental health provider" and "therapeutically appropriate group programming" to people in mental health housing. In Twin Towers and CRDF – two facilities that will continue to hold people, even if you build a new jail – at the time of the 20th Monitor's Report, the monitor found only 66% compliance with the individual visit provision for people in HOH and only 75% for MOH. The numbers are even worse for group programming. **Only 4% of people in MOH housing across TTCF, MCJ, CRDF, and Pitchess North received therapeutic group programming**. This is not a facility problem. More than 3,000 people in MOH housing in TTCF, 300 in CRDF, and 1,200 in Pitchess North suffer just as much as those in MCJ.

Both the Sheriff and the County have failed to demonstrate an ability to run even one facility up to par. Why would you consider giving the Department $2.8 to $3.4 billion in construction costs, plus approximately $308-374 million in upfront bond financing costs and almost $3.0 billion in interest payments on a 30-year construction bond[1] to build a new jail? The total price tag runs to almost $6.8 billion for a jail that costs $3.4 billion to construct. In addition, the County would need to expend about $1.35 billion per year to operate it. (Numbers recently calculated by The Vera Institute of Justice and ACLU SoCal.) Yet the new jail and mental health treatment would still be provided by the very agencies that have failed in that mission in the County jails for decades.

Moreover, it is a pipe dream to believe that the construction of a new jail, which will house primarily people with mental illness, will solve the County's long-standing failures to provide constitutional treatment to people with mental illness. Forensic mental health professionals, including many who have served as experts in federal court lawsuits challenging the unconstitutional conditions for, and treatment of, people with mental illness in jails and prisons –including as experts for US DOJ -- have long opined that so-called mental health jails and prisons are doomed to failure. We urge you to read carefully the attached letters from Drs.

[1] Numbers based on a fixed annual interest rate of 4.2% and 11% up front costs to float the bond, but no upfront payment by the County. However, even if the County had funds in reserve such that it could to seek bond funding for less than $3.4 billion dollars, the interest payments and upfront costs would still dramatically increase the cost of the project. In other words, the construction cost is not a real reflection of the total cost County taxpayers will bear.

Craig Haney, Terry Kupers, Kenneth Minkoff, and Pablo Stewart, which illustrate the danger of relying on jail construction as a solution to a much larger problem, whose real solution lies in diversion, not construction.

Professor Haney summarized the problem as follows:

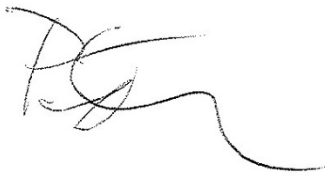
> My own view – based on many years of experience studying [the care and treatment of people with mental illness in jails and prisons] in California and elsewhere—and confirmed by every study I know of that has been done on the topic, is that it is extraordinarily difficult to provide even minimally adequate mental health treatment and care inside jails and prisons. Mentally ill prisoners are especially vulnerable to a wide range of potential harms in correctional facilities. Thus, they are more likely to incur disciplinary infractions, are more likely to be victimized by other prisoners, and are more likely to be the targets of use of force by correctional staff. In fact, they often find themselves mired in a vicious cycle in which their disciplinary infractions lead to sanctions that include isolation or solitary confinement, where their mental health further deteriorates and the likelihood of future infractions increases, and their psychiatric conditions continues to spiral downward.
>
> It is essential that the Board recognize that these intrinsic problems are not born of bricks and mortar, and the construction of a cleaner more modern and very expensive jail will ***not*** solve them.

If Sheriff Luna wants a plan, you should first demand he and Correctional Health Services leadership come up with a plan to stem the tide of in-custody deaths throughout the system and a plan to attain constitutional conditions of confinement and provision of medical and mental health care at every other jail under his command. The answer to MCJ is not to give Sheriff Luna billions more to build yet another jail that will fail to address the needs of the people incarcerated in it, particularly those with mental illness.

ACLU SoCal joined community partners to oppose the construction of a new jail in 2018-2019. The Board ultimately agreed that investing in the community mental health services was the right path forward for public safety in the County. While the County has made some investments, it has never reached the investment necessary to safely decarcerate the jails, and people with mental health needs continue to languish and suffer needlessly in the jails. To cite one example, the Office of Diversion and Reentry has been **closed** to P2s for almost five years even as MOH housing for P2s has continued to expand in MCJ, Pitchess North

and with plans to expand into Pitchess South. Supervisor Mitchell put a motion forward in 2022 to fix the under-investment in ODR and roll out thousands of beds needed to close MCJ. But the full board voted her down.

The Board has yet to make the necessary investments to close the jail, and you will not be able to make the necessary community mental health investments if you reverse course on your previous commitment to close MCJ without a replacement and greenlight Sheriff's Luna's plans to build a new jail. Please reject Sheriff Luna's proposal for a new jail, starting by refusing to provide millions to pay a contractor for a new jail that will inevitably cost the County billions of dollars and result in the continuation of the same pattern of constitutional violations that has plagued the County for decades -- only in a newer facility.



Thank you,

Peter Eliasberg
Chief Counsel

Melissa Camacho
Senior Staff Attorney

cc: Justice Deputies
Mental Health Deputies

Encs.

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PSYCHOLOGY DEPARTMENT

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May 4, 2014

Via E-Mail

Chairman Don Knabe and
Members of the Board of Supervisors
500 W Temple St, Room 866
Los Angeles, California 90012

Dear Chairman Knabe and Honorable Members of the Board:

I write to respectfully urge you to reject all five options proposed in the Vanir Jail Plan and focus instead on a less expensive and more sensible plan that will improve mental health outcomes, reduce recidivism, and improve public safety. While I appreciate the stated aims of the plan, including demolishing Men's Central Jail, reducing recidivism, improving the treatment of people with mental illness in the criminal justice system and resolving the issues in the County's Memorandum of Agreement with the Department of Justice (DOJ), I believe strongly that the proposed plan will fail to achieve the DOJ and recidivism reduction goals.

I am a Distinguished Professor of Psychology and Director of the Legal Studies Program at the University of California at Santa Cruz. I have a Ph.D. in psychology and J.D. degree, both awarded by Stanford University, am the recipient of many academic honors and awards, and the author of many articles and a book (Reforming Punishment: Psychological Limits to the Pains of Imprisonment, published by the American Psychological Association in 2006) on the psychology of imprisonment. I also am a member of the National Academy of Sciences Committee on the Causes and Consequences of High Rates of Incarceration in the United States and a co-

author of the Committee's recently-released report [The Growth of Incarceration in the United States: Causes and Consequences (2014)].

I have been studying the effects of various conditions of confinement for many decades and often have testified in state and federal courts in cases challenging the constitutionality of various prison conditions and practices, especially those that affect mentally ill inmates. My research and testimony has been cited by many courts, including the United States Supreme Court in the landmark case that required a significant reduction in the size of the overall California prison population [Brown v. Plata/Coleman, 131 S.Ct. 1910 (2011)] and precipitated the "realignment" of responsibilities between the state prisons and county jails.

With that background and experience in mind, I write as a long-time "veteran" of the attempt to provide constitutionally adequate mental health care to California jail inmates and state prisoners. Indeed, I began working on the Coleman case (that led to the ruling in Brown v. Plata/Coleman) more than **20** years ago, and I have I watched (and often participated in) the process by which the California Department of Corrections and Rehabilitation has struggled to address the myriad failures and flaws in its mental health care delivery system. Indeed, in part because of my early involvement in Coleman, I have studied this process in many other states as well. I have become very mindful of both the extraordinary expense involved and nearly insurmountable hurdles that prison and jail systems face when they try to effectively and humanely address the needs of this vulnerable population of prisoners inside the walls of a correctional institution.

Jails and prisons are fundamentally places of punishment and control, not treatment and caring. I intend this statement less as a criticism than an observation about their essential nature, design, and purpose. But it is an observation that is critically important for understanding why it is so difficult to create and maintain an effective system of mental health care inside a jail or prison. All of the momentum inside such institutions—from their architecture to ideology—presses in the opposite direction. Moreover, because of the way they are run and the assumptions by which they operate, ultimate decision-making authority is virtually always vested in the hands of correctional staff, not treatment personnel.

My own view—based on many years of experience studying these issues in California and elsewhere—and confirmed by every study I know of that has been done on the topic, is that it is extraordinarily difficult to provide even minimally adequate mental health treatment and care inside jails and prisons. Mentally ill prisoners are especially vulnerable to a wide range of potential harms in correctional facilities. Thus, they are more likely to incur disciplinary infractions, are more likely to be victimized by other prisoners, and are more likely to be the targets of use

of force by correctional staff. In fact, they often find themselves mired in a vicious cycle in which their disciplinary infractions lead to sanctions that include isolation or solitary confinement, where their mental health further deteriorates and the likelihood of future infractions increases, and their psychiatric condition continues to spiral downward.

It is essential that the Board recognize that these intrinsic problems are not born of bricks and mortar, and the construction of a cleaner, more modern and very expensive jail will *not* solve them.

The extraordinary expense and enormous hurdles involved in trying to surmount these myriad problems could not have been more clearly demonstrated than in the Coleman litigation itself, where hundreds of millions of dollars and two decades of hard work were still not sufficient to create a constitutionally adequate mental health delivery system for thousands of California prisoners. I urge you not to make the same mistake in Los Angeles County by trying to "build your way out of" the crisis of mental health care in the county's jails or assume that a massive new treatment jail, and an additional measure of training and influx of personnel (both of which can be salutary) will come close to solving the problem.

Instead, I would urge you to reject each of these five jail plan options proposed by Vanir and move forward with developing a significant program of diversion for people with mental illness who are arrested and charged with non-violent offenses. Indeed, the most recent study I am aware of by the Vera Institute of Justice concludes that the principal charges facing people with mental illness in the Los Angeles County jails are drug related offenses, which is unsurprising given the high level of co-occurring substance abuse among people with mental illness. The group incarcerated on drug charges or convictions makes up more than 25% of the inmates with mental illness according to Vera, and they are ideal candidates for diversion into community drug and mental health treatment.

In addition, the cost of building and operating a treatment jail will be far higher than community treatment and a much more modestly sized new jail.

I recognize that many inmates with mental illness are not suitable candidates for diversion, and that the Board may need to consider some new construction of mental health beds for that population. But, every one of the five options Vanir proposes provides for a very large – more than 4,000 beds -- "Consolidated Correctional Treatment Facility," with more than 3,200 mental health beds. As I understand it, that is the current population of inmates with mental illness. Thus none of these options advances a strong and effective diversion program. The Board

should approve new construction that is necessary after the effects of diversion are taken into account.

In a certain sense, diversion embodies the logic of "realignment" but extends it from the jail system into the surrounding community. That is, in the same way that realignment envisions local jails as places that are better able to anticipate and respond to the needs of local residents, and to draw on community resources in order to do so, the current Motion recognizes that community mental health agencies and programs are even better positioned to respond with even more sensitivity to the specialized needs, problems, and issues of local residents. In the same way that realignment was designed to alleviate prison overcrowding and ensure that it would no longer stand as an insurmountable barrier to the delivery of adequate mental health care in prison, diversion into community mental health agencies and programs alleviates overcrowding in the jails, thus allowing those jail inmates who cannot be placed in the community for safety-related reasons to receive adequate mental health care that is not impeded by serious levels of jail overcrowding. It also has the great advantage of providing those persons who can be more appropriately treated in the community with the opportunity to receive more appropriate, specialized treatment that is tailored to their individual needs. In addition, they can avoid the negative dynamics and effects of being housed in a harsh correctional setting, and be spared the kind of victimization that too often occurs there.

From my perspective, and for the aforementioned reasons, a community diversion and alternative community treatment model promises to be a far more cost-efficient and humane approach to addressing the longstanding problems identified by the Department of Justice and the needs of the mentally ill in the criminal justice system than the construction of a large "mental health jail." I sincerely hope that you will seriously consider the negative legal and humanitarian consequences that will almost invariably follow from the construction of an expensive "mental health jail."

Thank you for considering my comments.

Sincerely,

Craig Haney

Craig Haney, Ph.D., J.D.
Distinguished Professor of Psychology,
and Director, Program in Legal Studies

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January 11, 2019

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Honorable Members of the Board of Supervisors:

Re: Plans for a jail-based mental health facility

I have been a community psychiatrist since the beginning of my career in the 1970s and I have also served on multiple occasions as an expert witness in litigation regarding crowding, unsatisfactory conditions and inadequate mental health care at Los Angeles County Jail. I also have extensive knowledge about how mental health hospitals and community mental health placements work. I urge the County not to approve the current plans for a massive mental health jail (CCTF) because, as I explain below, a range of community placements, including in mental hospitals, will provide a far more cost-effective and humane way to address the needs of the large number of inmates with mental illness currently in the jail, while also protecting public safety. The County should instead remain committed to its plans to dramatically expand its diversion programs, which can include diversion to mental hospitals. And, if the County needs additional mental hospital beds, it should commit its resources to constructing such a hospital, not CCTF. At bottom, a mental hospital is fundamentally different from a mental health jail, because the former is run by mental health professionals who set the rules and direct on-site security personnel, while the latter is run by corrections staff, who set the rules, impose discipline and so forth.

I am Professor at The Wright Institute, a Distinguished Life Fellow of the American Psychiatric Association, a recipient of the Exemplary Psychiatrist Award from the National Alliance on Mental Illness (NAMI, 2005), and the author of five books on professional subjects, including Public Therapy: The Practice of Psychotherapy in the Public Mental Health Clinic; Prison Madness: The Mental Health Crisis Behind Bars and What we Must do About It; and Solitary: The Untold Story of Supermax Isolation. I have toured Los Angeles County Jail on multiple occasions, most recently on July 5, 2017, in preparation for expert testimony in a statewide class action lawsuit about the treatment of defendants deemed by a court incompetent to stand trial. And I am very familiar with the public mental health system in Los Angeles County, inside and outside of the jail.

In 2008, I wrote an extensive report about the mistreatment of inmates with mental illness in the Los Angeles County jails. I am familiar with the Department of Justice investigation of the jails,

and DOJ's letter to the County in September 2013 supports my belief that most of the problems I observed in 2008 remain. I previously, on May 2, 2014, wrote a letter to the Board of Supervisors regarding the discussion of a "mental health jail." It is clear that the overcrowded and dilapidated "Men's Central Jail" must be torn down, but the big question is what will be built to replace it. Los Angeles County has made much progress since 2014 addressing the issue of mental health care. An Office of Diversion and Reentry has been created and the Board of Supervisors commissioned a study to determine how many people with mental illness are in the jails who are appropriate candidates for diversion and a five and ten-year roadmap of how the County can serve the population that the study concludes are appropriate for diversion. It is very clear that the Board of Supervisors is committed to improving the care provided to people with mental illness who are caught up in the criminal justice system.

The longstanding problems with poor treatment of inmates with mental illness at Los Angeles County Jail, the significant level of overcrowding (which is known to be correlated with high rates of violence and psychiatric breakdown), and the decision that Men's Central Jail must be demolished, presents you with an important – even historic – choice to make between two very different approaches.

One approach is to build a large treatment jail, with most or all of the beds to be used by inmates with mental illness. This is the basic approach that was proposed in the Vanir Jail Plan. While the plan included five different options, all five were similar in proposing building thousands of beds in a large "treatment" jail, more than 3,000 then, and I understand current discussion involves a "Consolidated Correctional Treatment Facility" envisioned to contain 3,885 beds for inmates with mental illness. The other approach is to "divert" a significant number of individuals with serious mental illness away from jail and into treatment and rehabilitation programs in the community, including but certainly not limited to inpatient psychiatric hospital beds, with only the most serious or violent pretrial or sentenced individuals with mental illness to be housed in the jails.

All parties to the discussion agree that a large proportion of inmates in the county jail suffer with serious mental illness, and that more treatment beds are needed. The historic choice right now is whether to provide the much-needed treatment beds inside correctional facilities or in a hospital and in the community. If they are provided in a jail setting, custodial officers would have primary responsibility for their management, and if they are provided in a community mental health treatment or recovery (substance abuse treatment) setting in the community or in hospital, the mental health staff would have primary responsibility for their management. I am cheered that Sheriff Villanueva has expressed concerns about the plan to build a "mental health jail," and said that mentally ill inmates should be placed in a hospital setting. <https://laist.com/2019/01/09/how_sheriff_villanuevas_election_may_have_doomed_las_new_womens_jail.php>

A jail is very different from a psychiatric hospital. In general, in jail correction officers are in charge whereas in mental health treatment facilities, hospitals as well as residential and outpatient treatment facilities in the community, the mental health staff is in charge. Of course, in either setting mental health staff can count on officers of the law to intervene as needed. But the emphasis on rules and punishments in jail is quite contrary to what is needed to create a treatment milieu for individuals suffering from mental illness. In order to illustrate the difference, I will

jump straight away to the example of a patient who is so depressed that he does not want to leave his bed and come out of his room to take part in treatment or recreational programs. I have toured well over a dozen jails in California counties as well as other states in recent years, and in every facility, the Sheriff or the Assistant Sheriff in charge of the jail has told me that when an inmate is known to suffer from mental illness and opts to remain in his cell even when he is permitted out to go to the public area inside his pod or the recreation area, the Sheriff leaves him to stay in his cell, figuring that as long as he is in his cell he will not be victimized by other inmates nor will he cause trouble. In fact, the jail administrators have confided that, when given a choice, they place inmates with mental illness in a cell by themselves. Thus, if a depressed or psychotic inmate opts to remain in his single jail cell all the time for weeks or months on end – a kind of isolation and inactivity that will almost certainly worsen the mental illness – they leave him be, figuring that is best for the security and smooth-running of the jail. Switching to the psychiatric hospital and community-based treatment facilities – and I have worked in and toured quite a few – the staff universally tell me that if a patient opts to stay in his room while scheduled activities or even unscheduled social activities in the dayroom take place, a member of the staff will visit that patient in his room and try to persuade him to come out of his room and join in the ward activities. The difference is night and day. Self-imposed isolation is a serious symptom of depression and some forms of psychosis, and the individual with serious mental illness who stays in his room will most likely not benefit from the treatment program while the patient in the state hospital or community program who is encouraged to leave his room and take part in treatment as well as social events on the ward will benefit maximally from the treatment provided.

And the issue of isolation in a room is merely one of many issues that distinguish jail-based treatment from that based in a hospital or facility in the community such as a halfway house or a residential Recovery program. Another critical issue involves the way staff intervene when residents break rules and become assaultive. In a correctional setting, including "mental health jails" where custody staff are in command, there is likely to be "use of force," officers will subdue the misbehaving inmate, usually by physically taking him down and placing him in handcuffs and, all too often, a segregation cell. But in mental health treatment settings, it is the mental health staff, as a "team," that manages the misbehavior, and the intervention they choose in very many cases is to assign a staff member "one-on-one" to talk to the errant patient and help him conform his behavior to the rules and needs of the house or ward.

Mental health diversion, where a court adjudicates an alternative placement of a defendant with mental illness into a community program or hospital designed for his or her particular problem (possibly a mental health clinic, a substance abuse treatment program, a halfway house, etc.), is a well-proven effective strategy, the result in very many cases being that a defendant with mental illness, possibly a substance abuse problem, and likely homeless, will successfully navigate the court-ordered treatment and rehabilitation program and will end up, at the conclusion of the program, adherent with prescribed mental health treatment (the biggest problem we have in community mental health is non-adherence combined with substance abuse, so this would constitute a major leap forward), clean and sober, and, one hopes, off the streets and living in some kind of supported housing and participating in meaningful work, school or rehab program.

Diversion does not mean "a slap on the wrist." Rather, very rigorous and well-targeted treatment and rehabilitation programs require conscientious effort on the part of participants while

addressing the problems that put individuals at risk of being arrested. And diversion is safe. There are locked residential units and mechanical devices such as monitoring ankle bracelets for the minority of individuals who need close supervision in the community. There is quite a lot of expertise in the mental health and criminal justice communities on designing diversion strategies that provide the needed treatment while maintaining safety in the community.

I will mention one very successful community program. On July 5, 2017, I visited a residential treatment program in South Central Los Angeles, Halfway 360, run by the MIST CBR program (Misdemeanor Incompetent to Stand Trial – Community Based Rehabilitation). The MIST CBR program accepts referrals from the Sheriff's Department and the Courts of individuals who are currently incompetent to stand trial. Department 95 in Los Angeles plays a big role, referring incompetent defendants to MIST CBR instead of consigning them to jail (in other words they are "diverted"). The house has 19 beds, there are staff present all the time, and individual treatment plans and frequent staff meetings guide each resident's management and treatment. The staff take a "harm reduction" approach to substance abuse, they do not test their residents for alcohol or drugs, and they are reportedly very successful at providing rehabilitation to this population.

When I asked the staff how they work with the residents, they reported that they form therapeutic relationships and foster trust. For example, they try to impress on residents the importance of following rules such as the rule to keep the house clean. I asked how they handle violence in the program, and the staff responded with a very effective plan, including the need to see in advance the dissatisfaction and anger, before they mount to where a physical altercation would occur, and the assignment of experienced staff to work "one-on-one" with the potentially assaultive residents. Their focus is on housing. They have organized an incremental progression from the jail to a residential program, and then on to more permanent supported housing or, in very successful cases, to independent living. Their feeling is that the more "settled" a person feels in a supported living situation, the more amenable he or she is to treatment for mental illness and recovery programs for addictions. The program director and the staff of the house report they have "diverted" (approximately, kept out of jail) 419 individuals.

Jail facilities dedicated to the treatment of inmates with mental illness offer a much bleaker picture. Because of the focus on strict rules and punishment in jail, and because of the institutional dynamics themselves, and with likely future budget shortfalls and staffing shortages, "mental health jails" tend to become holding facilities for inmates with mental illness who remain in their cells or dormitories, with all the harmful effects that isolation produces for most inmates with mental illness. They frequently become the targets of use of force or harmful discipline by correction staff because they are perceived to be violating rules they often do not understand. Many also take high doses of medications, which on average, tends to stifle their initiative. All these factors make inmates with mental illness likely to continue their treatment non-adherence and possibly criminal activity after they are released.

As a general matter, investments in new jails are unlikely to significantly improve the treatment of inmates with mental illness or reduce the prevalence of substance abuse and resistance to treatment, even if they are designed to house inmates with mental illness, include space for treatment, etc. Given the fundamental problems of achieving good mental health outcomes in jails

– even if the jail is designed for inmates with mental illness, -- and the long and troubled history of poor treatment and abuse of mentally ill inmates in the Los Angeles County jails, it is even more likely that the County will not achieve the benefits promised for the proposed new treatment jail – for example, lower rates of recidivism.

I strongly recommend that you choose not to build jail-based mental health beds, but rather put the funds and resources into community based mental health treatment facilities. The commitment of funds certainly can include construction of a mental hospital, as the Sheriff has suggested, if the road map produced as a result of the August 2018 diversion motion concludes that such a mental hospital is needed. This process will enable the County to save money in both the short and long term. Short run savings will result from not making an enormous capital investment, or at least cutting it significantly. Diversion saves a great deal of money in the long run because a defendant with mental illness diverted into effective community treatment is much more likely to successfully address his or her mental health and/or substance abuse issues, whereas the individual who has been simply medicated in a large, overcrowded jail is more likely to recidivate, and have a worse long-term prognosis. In addition, state and federal dollars can cover the costs of treatment through Medicaid, which is not the case for mental health care in the jails because Medicaid does not cover the costs of mental health or medical care in jail or prison.

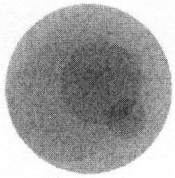
As I noted above, certain defendants with mental illness may be charged with such violent offenses that diversion is not possible. But, an effective diversion program can prevent many other people with mental illness who enter the criminal justice system from becoming so violent that they would eventually be unsuitable for diversion, this by reducing the number of times an individual with a mental illness cycles in out of the jail system (where they are so often under-treated or mistreated, and decompensate as a result).

A plan to address the current unacceptable housing and treatment of inmates with mental illness that relies primarily on building a new "mental health jail" is doomed to failure, no matter how well-intentioned it may be. I urge the Board instead to take the time to properly re-examine and assess the current state of affairs. There are experts in jail population management and correctional mental health, and they could be asked to address what is going wrong in the jails, and to look seriously at the options available for safely slashing the size of the mentally ill inmate population and diverting individuals with mental illness into treatment and rehabilitation programs in the community, including in a mental hospital. Thank you very much for considering my comments.

Sincerely yours,

Terry A. Kupers/sig

Terry A. Kupers, M.D., M.S.P.



ZIA
PARTNERS

Kenneth Minkoff, MD
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February 6, 2019

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

To: Honorable Members of the Board of Supervisors:

Re: Plans for a jail-based mental health facility

I am writing this letter to recommend AGAINST approval of a funding commitment to construct the currently planned mental health jail facility (CCTF) for Los Angeles County, which is scheduled for vote on February 12, 2019.

I am an experienced community psychiatrist on faculty at Harvard Medical School who has worked for decades providing consultation all over the United States, Canada, and other countries to work with large state and county systems (including over 13 California counties) to help develop comprehensive continuous integrated systems of care for individuals with complex behavioral health and human service needs. I was the co-chair (with Fred Osher, MD of the Council for State Governments and the National Stepping Up Initiative) of the Group for Advancement of Psychiatry (GAP) Committee on Psychiatry and the Community publication (2016) entitled: People with Mental Illness in the Criminal Justice System: Answering a Cry for Help, which was a manual describing how to make changes on a practice, program, and systems level to improve outcomes for people with both BH needs and CJ involvement. I also currently serve as one of the 14 "public" members (and one of two psychiatrists) on the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) which is mandated by Congress to improve federal interdepartmental coordination to improve the system of care nationally for people with SMI and SED, including for those involved with the justice system.

Based on my experience in implementing successful systems of care, I strongly agree with the recommendations you have received from Dr. Stewart, Dr, Kupers, and NAMI. Los Angeles County should be commended for the work that has been initiated to improve the overall ability of the system to successfully divert and treat individuals with serious mental illnesses and substance use disorders who have justice system involvement, as well as for the willingness to commit substantial public resources to overall improvement of care. There are many building blocks already present that form a foundation for success. However, to commit your limited public resources to the construction of a large MH jail facility is a strategic mistake, that will lead to poorer outcomes and higher costs. You have a clear opportunity to take an alternative course. This course requires you to build on your initial investment in developing a strategic plan for system wide diversion, and then take the more difficult step of committing resources to implementation of that plan.

Based on my considerable experience helping complex systems such as Los Angeles County to implement such plans, your county will likely need to invest more resources in getting the help you need to be successful with your implementation than you would initially realize, but that investment of resources – and the concomitant investments in community based treatment alternatives including psychiatric crisis response centers, as well as in targeted improvements to BH care settings within the jail – will be more cost effective in the long run that what is currently being proposed.

In short, I recommend that you table the current motion, reconsider what you are proposing to do, and then take the time to propose an investment in best practice community wide strategic planning, consultation, implementation and resource investment that is more accurately targeted to the needs of the population with serious behavioral health issues who come in contact with the justice system.

Thank you very much for your consideration of my input.

Sincerely,

Kenneth Minkoff, MD
VP and Chief Operating Officer, ZiaPartners
Part-Time Assistant Professor of Psychiatry
Harvard Medical School

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January 24, 2019

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Re: Opposition to Approval of Consolidated Correctional Treatment Facility Contract

Honorable Members of the Board of Supervisors:

I strongly oppose the construction of the proposed 3,885 bed Consolidated Correctional Treatment Facility (CCTF), as it is not the most effective way to address the current and future population of inmates with mental illness. The Los Angeles community would be better served by an increase in community and hospital mental health beds and the construction of a much smaller jail to house only the small subset of people who suffer from mental illness and are too dangerous to be housed in either community placements or even a locked portion of a mental hospital.

I am a psychiatrist who has been working with incarcerated populations and other vulnerable populations including veterans, and people suffering from substance abuse and mental health crises, and since the 1980s. I have extensive experience working with people with mental illness in jails and prisons. Among other things, I was the Director of Forensic Psychiatric Services for the City and County of San Francisco where my duties included direct clinical and administrative responsibility for the Jail Psychiatric Services and the Forensic Unit at San Francisco General Hospital. I also was hired by the Federal Bureau of Prisons to conduct a year-long review and assessment of the quality of mental health services in the segregated housing units in its prisons and have served as a court-appointed monitor and/or a psychiatric expert in court cases involving the provision of constitutionally adequate mental health care to inmates in California, Illinois, New Mexico, and Arizona.

Presently, I am a clinical professor in the Department of Psychiatry at the University of Hawaii, John A. Burns School of Medicine. I also work as a psychiatric consultant to governmental and private agencies on a variety of psychiatric, forensic, substance abuse, and organizational issues. Outside of the jail context, I have extensive knowledge of mental health hospitals and community mental health placements from my work in community mental health crisis centers and veterans affairs homeless and medical centers.

I urge the County to reject the current plans to construct CCTF, a massive and costly 3,885 bed mental health jail, and instead "divert" a significant number of individuals with serious mental illness away from jail and into treatment and rehabilitation programs in the community, with only the most dangerous or violent individuals to be housed in the jails. This approach will be a far more cost-effective and humane way to address the needs of the majority of inmates with mental illness. It will also protect public safety by reducing recidivism among people with mental illness, who generally have extraordinarily high recidivism rates upon release from jail.

Although not impossible, it is extremely difficult to provide high-quality mental health treatment to people with mental illness in a jail setting, even if the jail is ostensibly designed as a treatment jail. Jails and prisons are built to serve the purposes of punishment, security, and control, not treatment and caretaking. Power and authority are ultimately vested in correctional staff who set the rules, impose discipline, and prioritize security needs first and foremost. Conversely, community treatment centers and psychiatric hospitals are run by mental health professionals who set the rules, prioritize individual mental health needs, and direct on-site security personnel and outside law enforcement to intervene only as needed.

People with mental illness in a correctional setting are often perceived to be violating rules they do not understand. When custody staff believe an inmate has disobeyed an order, broken a rule, become violent, or behaved in a way that is out of the ordinary, they will often respond with harsh discipline, use of excessive force, and transfers to segregated cells, sometimes for indeterminate periods, thereby exacerbating the inmate's mental illness. Whereas in a mental health treatment facility, mental health professionals will recognize this behavior may be the result of the inmate's mental illness and respond in a more calm and measured manner that addresses the underlying issue without these same negative reactions and harmful consequences. This is one of the many reasons why a community-based facility run by mental health professionals, as opposed to a jail run by law enforcement, is a far better way to provide effective mental health treatment to people with mental illness.

Additionally, it is far more expensive to provide mental health services in a jail setting than in a community setting where Medicaid is available to cover the cost of treatment. Diversion is also more cost-effective in the long term because a defendant with mental illness diverted into effective community treatment is much more likely to successfully address his or her mental health and/or substance abuse issues. By contrast, a defendant with mental illness housed in a jail is more likely to recidivate and return to custody. Well-implemented mental health diversion programs have proven successful in other jurisdictions and have safely and effectively kept people with mental illness out of jails. At the conclusion of a successful diversion program, many defendants find themselves clean and sober, medication compliant, living in public housing, and gainfully employed or enrolled in school.

I acknowledge that there will always be a subset of the population of people with mental illness who get involved in the criminal justice system whose alleged or convicted crimes and/or level of dangerousness require them to be in a jail setting. But, the percentage of people who fall into that subset is relatively small. Thus, a jail to house such individuals should be much smaller than the 3,885-bed jail currently planned, even in a county as large as Los Angeles.

There is another important reason Los Angeles should not build a massive mental health jail to house 3,885 people. Doing so would encourage police, prosecutors, defense attorneys, and community mental health professionals to over utilize admissions of people with mental illness to the jail due to the putative availability of mental health services, rather than treating them in vastly preferential settings outside of custody.

As I noted above, certain defendants with mental illness may be charged with or convicted of such violent offenses that diversion is not possible, but they are a relatively small subset of the population of people with mental illness who get involved in the criminal justice system. I urge the Board to take the time to properly examine all current circumstances and develop a plan to address treatment of individuals with mental illness that does not rely primarily on building a new, massive mental health jail, and instead focuses on diversion into community hospitals and treatment programs, including development of those community resources if they are currently insufficient. Thank you for considering my comments.

Sincerely yours,

*Pablo Stewart/*sig

Pablo Stewart, M.D.