



# COUNTY OF LOS ANGELES COMMUNITY PREVENTION AND POPULATION HEALTH TASK FORCE

**COMMUNITY PREVENTION AND  
POPULATION HEALTH TASK FORCE**  
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## TASK FORCE CO-CHAIRS

**Damon Nagami, JD**

**Lauren Nakano, EML**

September 30, 2021

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

## RECOMMENDATIONS ON THE PLAN FOR CLOSING MEN'S CENTRAL JAIL

Dear Supervisors:

The Community Prevention and Population Health Task Force applauds your decision to explore the closure of Men's Central Jail (MCJ). As we shared in our letter on September 21, 2020, we stand firmly alongside you in your commitment to invest in Alternatives To Incarceration (ATI). We believe that investing in prevention and care over cages--and opportunities over oppression--is not only fiscally sound but is the only socially just option to remedy past harms related to the criminalization of low income, Black, Indigenous and People of Color in Los Angeles County.

A natural extension to ATI, is the closure of jails without the promise of newly constructed facilities. We know that to achieve our vision of health equity, our budget needs to reflect our values. By closing MCJ, we have an opportunity to invest in publicly available resources, create fair and equitable opportunities, and redirect people and dollars to community-based services that address upstream determinants of health. By addressing these determinants, we are creating opportunities for equity, and for Angelenos to thrive. We know when people have their basic needs met, their chances of a successful and healthy life dramatically increase. To this end, the Task Force reaffirms our prioritization of nine key recommendations below for immediate action based on their alignment with the Board of Supervisors' leadership and recent motions to address COVID-19, racial justice, ATI and the closure of MCJ.

### Community Prevention and Population Health Task Force Members:

Sonya Young Aadam · Manal Aboelata · Everardo Alvizo · Tamika Butler · Betzabel Estudillo · Dahlia Ferlito  
Michelle Fluke · Cathy Friedman · Nancy Halpern Ibrahim · Anisha Hingorani · Nomsa Khalfani · Jim Mangia  
Margaret Martinez · Chad Monk · Damon Nagami · Lauren Nakano · Elisa Nicholas · Theresa "Missy" Nitescu  
Maryjane Puffer · Cori Racela · Margaret Smith · Amanda Staples · Benjamin Torres · Sonya Vasquez · Albert Young

### Housing

- Expand housing models designed for justice-involved individuals with mental health and/or substance use disorder needs
- Create a coordinated entry system
- Provide opportunities for justice-involved individuals to receive housing services

### Mental Health and Substance Use Disorders

- Create and expand decentralized, coordinated service hubs and broaden community-based harm reduction strategies for individuals with mental health and substance use disorders
- End the discrimination or denial of service due to record of past convictions and ensure that everyone has the access to treatment that they need
- Significantly increase the number of Department of Mental Health Psychiatric Mobile Response Teams (PMRTs)
- Train 911 operators to conduct mental health screenings and direct calls to non-law enforcement crisis response teams such as PMRTs

### Reduce the Jail Population

- Significantly expand pre-arrest and pre-booking diversion programs to ensure that people can get their needs met without entering into the jail system
- Connect those individuals to community-based systems of care that will help them to remain safely in the community where they can isolate as needed

As stated in the [community engagement](#) process, when asked “What would you want built instead of a jail” a variety of holistic suggestions were offered that included housing, education, vocational training, green space, recreational opportunities, and behavioral health. Access to these resources improve the health, wellbeing, and overall quality of life for everyone. The community response aligns with the Task Force’s Principles of Equity for Los Angeles County which remind us that “*Every person living in LA County should have an equal opportunity to live a long, healthy life. Gaps in health outcomes - based on race, income, zip code, gender expression, sexual orientation, physical ability, and/or immigration status – must be eliminated through intentional resource allocation and targeted interventions to repair and prevent the impact of poorer health outcomes experienced by marginalized communities. This also includes people with complex health challenges, severe mental health concerns, disabilities and those experiencing homelessness, while we improve the overall health of County residents and prevent illness and injury.*” We want to lift up a few key components of the [Task Force’s Principles of Equity](#) particularly relevant to the closure of MCJ: Health In All Policies and Inclusion. We are advocating that the Board of Supervisors adhere to the principle of *Health In All Policies* by meeting the urgent moment to reduce the jail population of those currently incarcerated and the flow of people into jails, while also eliminating jails without building new ones. As we have heard from community members, you can’t get well in a cell. Therefore, the very nature of incarceration is antithetical to public health policy.

In alignment with our principle of *inclusion*, we ask that you listen to the guidance of those who are most harmed by incarceration who demand an alternative to meet the needs of their communities.

**We believe that in order to achieve the vision of health equity, we must reroute funds from incarceration, to community pretrial services and other services aligned with the Alternatives to Incarceration Roadmap. We know that incarceration serves as a drain on the county's budget, without producing health-affirming outcomes. In fact, as you are aware, incarceration--even for short amounts of time--can substantially increase the risk of losing housing, employment, connection to family, and services. Therefore, it is a barrier to our mission of equal opportunity to live a long, healthy life, and contributes significantly to poor health outcomes based on race, income, zip code, etc. As a body dedicated to health and racial equity, it concerns us that there is a disproportionate impact of incarceration on Black, Brown, Indigenous and People of Color. Policies have led to divestment in communities of color, effectively depriving people of what is needed to maintain healthy communities. In doing so, using criminalization has not and will not work to address public health issues such as homelessness, substance use, and mental health disorders.**

In the midst of a pandemic, it is disheartening that the positive steps toward releasing some people with certain charges from jail back into our communities has largely stalled. What's more, the Vera Institute report on the impact of the \$0 bail order leading to release of eligible people demonstrated that decarcerating based on this policy change was not applied proportionately across racial categories, leaving Black people, particularly Black women, who are currently in our County Jail system little benefit from the \$0 bail policy shift. In the FY 2021-22 recommended budget, the Sheriff's Department released data that projected the incarcerated population would increase to pre-pandemic levels. During the height of the COVID-19 pandemic the Sheriff's data, shared through the [Maintaining a Reduced Jail Population Work Group](#), concluded they were able to drop the jail population to approximately 12,000 people. Yet, for this fiscal year, the Department projects holding populations of around 16,700 --an increase of 4,700 people.

The Task Force supports policies and practices that will lead to releasing vulnerable people right now and keeping people out of jail in the future by providing equitable access to resources and opportunities, and holistic services that actively address the root causes of harm in our communities. In order to get there, common sense approaches can be applied to vastly reduce the jail population without a risk to public safety.

First, we urge you to consider swift action to release all people who are languishing in LA County Jails only because they cannot afford bail. These individuals, nearly half of people who are currently incarcerated, are legally innocent pending their trial outcome and deserve freedom.

Next, the RAND report stated that several thousand people are currently incarcerated who are eligible for diversion through the Office of Diversion and Re-entry. Investing continuous dollars in the ODR, by way of the Measure J dollars and funds originally earmarked for jail construction, would increase capacity to release people into services immediately.

The Task Force strongly condemns the findings in the *JFA Institute Report on the Estimated Cost Savings from a Reduced Jail Population and Closure of Men's Central Jail*. The JFA Report's recommendations set us back in the ongoing work to invest in alternatives to incarceration. We advocate for public health solutions to public health issues and constructing two new jails is incongruent with the Board's *care first* directive and fails to incorporate

decarceration policies that have been developed and vetted by County workgroups and supported by the Board of Supervisors.

Lastly, consider releasing those who are above the age of 50, and people with chronic health conditions. Not only are they less likely to pose a significant risk upon release, they are the most likely to suffer from severe COVID infection, and they are more costly to incarcerate due to additional medical needs. Although the percentage of people who could leave jails from these two changes is unavailable, one can speculate that well over 50% of the jail population could be released.

In the interest of public health, it is of utmost importance that we get people out of jail, and we need to continuously invest in community resources, equitable opportunities, high quality programs and culturally appropriate services that uplift our communities. LA County spends \$65,000 a year to incarcerate one person with mental health disabilities versus between \$20,000 and \$25,000 a year for permanent supportive housing in the community. We are confident that decarcerating eligible individuals swiftly will hasten the closure of MCJ. Men's Central Jail is a cost-savings benefit to taxpayers, while being the only humane means to keeping our communities safe and whole.

Sincerely,



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Task Force Co-Chair



Lauren Nakano, EML  
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c: Executive Office, Board of Supervisors