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Via E-Mail

Mayor Ed Lee
City Hall,
Room 200
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Mayor Lee:

I write to respectfully urge you to discontinue plans to develop yet another detention facility in San Francisco and focus instead on a less expensive and more sensible plan that will improve mental health outcomes for inmates, reduce recidivism in the community, and improve public safety overall. While I appreciate the stated aims of relocating the inmates at the Hall of Justice from an unsafe facility, I believe strongly that there are better alternatives to the proposed plan.

I am a Distinguished Professor of Psychology, Director of the Legal Studies Program, and UC Presidential Chair, 2015-2018 at the University of California at Santa Cruz. I have a Ph.D. in psychology and J.D. degree, both awarded by Stanford University, I am the recipient of many academic honors and awards, and I am 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 am also 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 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 San Francisco's decision-makers 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 as some other California counties have, 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 abandon plans to build a new jail, plans first developed roughly a decade ago. A lot has changed in the past nine years, as San Francisco's in-custody needs have been reduced drastically, while the city's mental health treatment needs continue to rise. With your leadership San Francisco should develop a significant program of diversion for people with mental illness who are arrested and charged with non-violent offenses. Failing to do so would be a disservice to the progress made by San Francisco's criminal justice entities. Indeed, the most recent figures I am aware of indicate that as many as 40% of the individuals currently in-custody in San Francisco's jails have some degree of mental illness. Their very significant needs can be better addressed in community-based treatment programs.

In addition, the cost of building and operating a "treatment" or "mental health" jail will be far higher than community treatment and an aggressively pursued program of diversion.

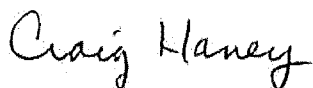
I recognize that many inmates with mental illness are not suitable candidates for diversion, and that the Board may need to consider some new construction of mental health beds for that population. But the number of new beds should be kept at an absolute minimum and only after a strong and effective diversion program has been implemented and expanded. New construction should be calculated as necessary only after the effects of an expanded program 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 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, Ph.D., J.D.
Distinguished Professor of Psychology,
Director, Program in Legal Studies,
and UC Presidential Chair, 2015-2018