

Public Health Departments in California and Criminal Justice System Reform: Successes, Barriers, and Recommendations for Action

Human Impact Partners
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Human Impact Partners (HIP) is a nonprofit organization whose mission is to transform the policies and places people need to live healthy lives by increasing the consideration of health and equity in decision making. For more information, please contact Kim Gilhuly at kim@humanimpact.org.

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Introduction

The numbers outlining what happens in the criminal justice system are well-known. The United States imprisons more people by far than any other nation. The criminal justice system in every state has disproportionate impacts on people of color. There is devastating consistency in how we criminalize these communities. The Supreme Court of the United States ruled that the State of California was violating the constitutional rights of people in prison through inadequate medical services and widespread prison overcrowding. The Court mandated that the State decrease its prison population.

Incarceration, criminalization, and all involvement with the criminal justice system is intricately tied to physical and mental health outcomes; health inequities by race; family unity; and social determinants such as the ability to access adequate housing, a job with sufficient income, and benefits and services. Improving health and health determinants is the mission of public health, yet it is an open question what role public health departments could and should play in reforming the criminal justice system in ways that improve health and decrease inequities.

To better understand this, Human Impact Partners had conversations with three local public health department collaboratives in California: San Joaquin Valley Public Health Consortium, Bay Area Regional Health Inequities Initiative, and Public Health Alliance of Southern California. The state health department also participated in one of these sessions. We discussed the successes public health departments have had in criminal justice system reform and the barriers they faced. We started the conversations by describing examples of criminal justice system reform work using research and the engagement of affected communities and their advocates – for example, related to Prop 47¹ and community-police relations. See Appendix I for the questions we used to guide the conversations with health departments. After sharing their successes, barriers, and observations, all of the collaboratives communicated a desire to overcome the barriers and start or continue their work on criminal justice system reform.

This report is the result of those conversations. It summarizes our findings and includes recommendations for ways that public health departments can get started to work on criminal justice system reform. All quotes in this report are from the conversations and do not necessarily represent health department policy.

“We can all agree that mass incarceration is a public health problem.”

- California Department of Public Health

A public health department in our focus groups across California agreed that the way the current criminal justice system operates, sometimes referred to as “mass incarceration”, is a public health problem. Even more pronounced, public health departments see that the criminal justice system is a major driver of health inequities, and that reforming the criminal justice system is a health equity issue of highest concern.

¹ Prop 47 was a 2014 California ballot initiative to reclassify certain low-level nonviolent crimes that were felonies to misdemeanors and funnel subsequent savings from not sending people to prison into mental health and substance abuse treatment, truancy prevention, and victims services.

“The criminal justice system shows who we punish and who we criminalize – and who we don’t. And how much attention we as a society place on equity, because we can see who the criminal justice system is rigged against.”

- San Mateo County Health Department

“The criminal justice system is the extreme incarnation of structural racism. It is the most direct throwback to racist history of our country’s story.”

- Alameda County Public Health Department

“Disparate incarceration rates and everything that drives them are a public health issue. The same structural and institutional racism that drives mass incarceration also drives health inequities.”

- California Department of Public Health

Additionally, public health departments understand the value and necessity of engaging in policy and systems change for the criminal justice system.

“Public health can be a strong proponent in those conversations because we sit in these systems. We also understand the social conditions. All the things we look at – social determinants of health – we know you can’t be healthy if... [criminalization affects] all these things. So we participate in conversations around violence prevention. Around housing. Around all of that. That’s what health looks like. So generally, we are systems approachers.”

- City of Long Beach Health Department

Some health departments in California are making inroads into changing criminal justice system practices, but as they told us, it is slow work. Many are facing obstacles to having those conversations and doing the work. Health departments have a stake in changing the conditions that create crime and violence, yet face barriers to speaking out. In our own work to reform the criminal justice system, Human Impact Partners has encountered difficulty engaging public health departments as partners and spokespeople for reform.

However, public health departments have power – they have data and resources, they are experts at collaboration, and they are often viewed as a trusted voice. If they applied this power and their health perspective to reform efforts, it could be a game-changer for vulnerable populations who are disparately impacted by the criminal justice system.

“Criminal justice [reform] work is pivotal in the work we need to do in health equity.”

- Alameda County Public Health Department

Successes

Health departments, in every California county, are involved at some level in the criminal justice system. However, most involvement is not through system reform efforts out of Public Health, but through provision of services through Behavioral Health or Health Services divisions. Even through these venues, however, health departments have been influencing reforms in a variety of ways. This section of the report provides a summary and some examples.

Successes fall under the following broad themes:

- Providing health, behavioral health, behavior change, and social services
- Being part of conversations and relationships
- Using public health skills
- Obtaining funding for prevention and creatively using funding with those who are justice system-involved
- Advocating for change
- Relationships with community organizations doing criminal justice reform work

Providing health, behavioral health, behavior change, and social services

Public health departments provide a variety of services to people who are involved in the criminal justice system or at risk of involvement. While we did not talk to Behavioral Health or Health Services representatives, it is clear that providing services is a key point of access to collaborative work to reform the criminal justice system.

Health departments provide services in correctional institutions. Health departments are occasionally tasked with providing correctional health services, although some health departments express ambivalence about this. The California Department of Public Health, STD branch mentioned pilot programs of testing and treating women for sexually transmitted infections (STIs) at jails for women and juvenile halls. They also provide peer health education by employing incarcerated individuals as peer health educators within a prison, but none of these programs were large or sustained. As one person in the San Joaquin Valley Public Health Consortium stated, “All of these health departments are pretty involved in correctional health.”

Health departments provide reentry services. Many counties connect the reentry population with programming, such as registration for health insurance, accessing health services, and providing mental health and substance use disorder treatment. Occasionally health departments also connect the reentry population with job training and assistance, and even more rarely, with housing programs.

Health departments provide diversion programming or collaborate with law enforcement and probation departments to do so. Several health departments noted that they participate in some way in diversion programming. San Bernardino County, for example, has human service staff embedded in Day Report Centers (e.g., public health nurses, behavioral health practitioners, and transitional assistance). Other diversion programming in counties that were mentioned include: Community Assessment Teams that intervene when public school students are exhibiting troublesome behavior; drug courts; and a police policy that people can come into the

police department and ask for substance use or mental health disorder treatment and not get arrested. In these examples, it was not clear what the health department's role was.

Health departments provide services in schools. One health department talked about a program where public health nurses go into middle schools and help at-risk youth create "life plans." Other health departments are heavily involved in restorative justice programs. Some health departments fund restorative justice programs in schools, and others are helping to implement them.

Health departments provide primary prevention services. Several health departments mentioned that they have added public health nurses and behavioral health services in response to Prop 47's passage due to the resulting increase in homelessness and mental health traffic at hospitals. Orange County has revised their Mental Health and Substance Abuse (MHSA) services to have a "no wrong door" policy, so that a person will not have to choose what symptom to treat in order to get services, and can go into any program and be helped to find the right services.

Health departments provide access to health insurance. Several health departments mentioned partnering with Probation or Sheriff's departments on RFPs, for example, to provide access to health care insurance for people involved in the criminal justice system.

Being part of conversations and cross-agency relationships

Health departments initiate or have ongoing relationships with different law enforcement and criminal justice committees and agencies. There are a variety of standing collaborative committees, whether through ABI09, Reentry Councils, Community Corrections Partnerships, or other structures that have been set up to oversee county criminal justice funding and implementation of programming.

Many health departments participate in these committees. In some cases they are sitting at the table, but do not have a strong role. In other cases, they are leading. For example, in the City of Long Beach, the health department chairs the Safe Families Workgroup, part of the city's Violence Prevention Plan. The Safe Families Workgroup increases access to violence prevention services through existing community resource centers and works to reduce domestic violence, child and elder abuse. Los Angeles County just created an Office of Diversion and Reentry, run out of the Department of Health Services and co-convened by the District Attorney's office, and Public Health.

In some cases, Public Health has done interviews and assessment with criminal justice agencies as part of the Government Alliance on Race and Equity process (GARE), for Community Health Needs Assessments, or to learn more about Prop 47 implementation. In these cases, health departments are starting conversations with law enforcement agencies about equity, data collection, programming, and getting a lay of the land.

Participants recognized the value of the relationships. One person noted, "We have this relationship with probation through Behavioral Health. We can pick up the phone and ask for something, we don't have to spend days figuring out how to do it." They also recognized that building trust and relationships takes time. As one person said, "We are now getting the

Mayor's Task Force to say we can't just look at public safety, we must also look at health outcomes. It took us three years of the health department sitting in, but they are starting to see it's not just about arrest rates, but also about safety and health. It takes time and trust building."

In general, public health departments reported having good relationships with probation and sheriff's departments. Fewer health departments reported relationships with district attorneys, police, and the court system. One mentioned recently having a GARE (Government Alliance on Race and Equity) interview with their county public defenders.

Using public health skills

There were a variety of ways that health departments were using their core public health skills with the criminal justice system. Examples include:

- The Santa Barbara Public Health Department does an annual evaluation of all their jail and incarceration facilities with regard to the physical site, communicable disease, nutrition, and environmental health. Last year a jail notified the health department that they had changed their negative pressure rooms (rooms to isolate infectious prisoners) in response to the evaluation.
- The Santa Clara County Public Health Department published a gun violence prevention fact sheet, which was used by a gun violence prevention coalition to push for policy change in San Jose.
- The City of Long Beach completed an intercept-mapping project where they identified the five different places they may intercept people at risk and divert them from incarceration.
- The Orange County Public Health Department collects 150 health and social determinant of health indicators. They are doing trainings in the community and providing information on a website in order to democratize data, and feel that this information can be useful for criminal justice partners. In writing their health equity report, they established data sharing agreements to cultivate champions who see health as their issue, and they worked with the Probation and Sheriff departments. These agreements were good education opportunities to talk about why a health department might want the data.
- Fresno County Behavioral Health and Public Health Departments are in the early stages of developing, in collaboration with the Sheriff's and Probation Departments, a Transition Program for those released from jail to the community. The program connects released inmates to behavioral health, substance use disorder, and medical programs in the community and will assist with any barriers that prevent people from accessing appropriate programs.

Obtaining funding for prevention and creatively using funding with those who are involved in the justice system

Despite the fact that public health funding is categorical - and none of those categories are for criminal justice system reform - health departments mentioned several ways they have been able to creatively access different types of funding to work with those who are involved in the justice system:

- On AB 109 steering committees, health departments make an effort to steer the committee toward upstream prevention programs, ideally not through law enforcement

but instead to Health Services, Public Health, or to community-based organizations providing services.

- Some health departments have gotten US Department of Justice grants to connect the reentry population with mental health, substance use disorder, and tobacco prevention services.
- The California Department of Public Health, through its Office of Health Equity has used the state-level directive to incorporate Health in All Policies to develop an Action Plan to Promote Violence-Free and Resilient Communities. Much of the implementation will happen through CDPH's Safe and Active Communities unit.
- The newly created Office of Diversion and Reentry in LA County is run out of the health agency. The ODR budget is \$63.5 million of one-time funding and \$25 million of ongoing funding, and supports programming that diverts people out of jail and prison (community services, courts, clinics, schools, and probation), creation of permanent supportive housing and bridge housing, and evaluation.
- Because the gender and racial imbalance evident in incarceration has affected sexual networks, the STD division of the California Department of Public Health has been able to justify working with communities highly impacted by incarceration due to increased risk of sexually transmitted infections.
- One health department got AB 109 funding from the Probation Department to add questions about risky behaviors in data collection for the Community Health Needs Assessment.

Advocating for change

All of the health departments who mentioned doing advocacy work had focused on changing systems for youth to decrease contact with the criminal justice system. Examples include:

- Implementing and helping to fund restorative justice programs in schools.
- Creating a program where police come into schools and talk with Asian and Pacific Islander youth to decrease animosity between youth and police.
- Making sure that all youth and specifically youth inmates have an opportunity to get a high school education;
- Mobilizing to support state legislation that provides a tax incentive for businesses to hire at-risk youth.
- Working with the San Jose police to have a “no citation” practice in a zip code with a high amount of juvenile arrests.
- Working with the public defender’s office to track school suspensions and expulsions as part of the School Engagement and Suspension Alternatives program.
- Doing outreach in communities where youth have died from gang violence.
- Supporting policies and programs on AB 109 committees that are evidence-based and not “status-quo programs.” Health departments have also advocated for programs that result in good health, good data, and are more directed to upstream prevention.

Health departments felt that working with youth in the criminal justice system was an easier entry point into this work because elected officials and the public viewed youth as more amenable to change.

Relationships with community organizations doing criminal justice reform work

Public health departments have many relationships with community-based organizations, and many of the collaborations they are involved in work on criminal justice system reform issues. For example, several health departments mentioned their participation in The California Endowment's Building Healthy Communities (BHC) sites, and some had participated in Prop 47 trainings through the BHC sites. Others were part of large collaboratives, for example, the Kings Partnership for Prevention in Kings County, which has 265 organizations from schools, law enforcement, and other organizations. Some mentioned relationships with faith-based community organizers. Alameda County Public Health Department did outreach to criminal justice system reform groups several years ago as part of their Place Matters Initiative, but the criminal justice workgroup did not move forward strongly and the relationships are inactive.

Barriers

Public health departments face many barriers to getting involved in criminal justice system reform efforts. Barriers fall under the following broad themes:

- It has been hard for public health to get a seat at the criminal justice table
- Public health staff do not understand the criminal justice system very well, including the intervention points for change
- Public health has not cultivated relationships with community organizations that advocate for criminal justice reform
- Public health departments face political challenges to doing criminal justice reform work
- The data in the criminal justice system is difficult to access or does not exist
- Public perception and framing of public safety is not from a social determinants of health viewpoint
- Systems and funding are not aligned and coordinated to consider whole person health
- Public health departments are not set up for criminal justice reform work

It has been hard for public health to get a seat at the criminal justice table

Many health departments understand that building relationships with other agencies and with the people who are most impacted by the policies and practices of the criminal justice system is a key place to start reform work. However, most mention that getting a seat at the table has been a challenge.

People in the criminal justice system do not understand what “public health.” does. One participant stated, “When we talk with Probation and other law enforcement agencies, they don’t understand what public health or upstream approaches or social determinants of health are, and what we can do for them.” One staff has gone to several reentry solutions meetings in one county. “It’s always probation, sheriffs, DA, public defenders, CBOs. No public health ever. They don’t even know who public health is.”

Public health, as opposed to behavioral health, does not provide services. One person noted, “We don’t have a clinic system. Behavioral health is separate. So there’s nothing tangible to offer other than our upstream thinking. They are looking for ‘what can you give me today, what services can you give me today?’” Another participant mentioned that as part of the discussion around a new jail, voices from correctional health and behavioral health would be sought, but public health and prevention are not part of those discussions. One person stated, “If we aren’t directly involved, we don’t have leverage.”

A few others mentioned that even though they create and nurture relationships, law enforcement personnel change (e.g., police officer being reassigned) and departmental changes lead to them having to build those relationships all over again. Having elected leaders in the criminal justice system that change with elections may add to the challenge. The frustration is that the relationships did not exist between institutions, but between individuals.

Public health staff do not understand the criminal justice system very well, including the intervention points for change

One challenge participants mentioned was simply not understanding the way the criminal justice system operates, and where the points of intervention might be. “Where do you even start?” one person said. “I don’t know anything about the criminal justice system, about the policies. It’s difficult to figure out where to start. We need TA for this.” People mentioned needing to know not only how the system works, but also the roles people play, the language of criminal justice, and who has what authority. They also noted that even though the parts of the system work collectively, each entity has its own vision which requires understanding and navigation.

One health department dove a little deeper: “We have a steep learning curve when it comes to figuring out who the players are and how they work together. Certain institutions – police, public defender, district attorneys, the courts – have a huge role and discretion around sentencing, for example. Police chiefs meet regularly, and our DA routinely attends that meeting. And while the DA can’t set police policy, they do have some influence and they are sitting at the same tables together. But it’s a steep learning curve for us. Who hangs out with who, who works together, who has authority?.”

Public health has not cultivated relationships with community organizations that advocate for criminal justice reform

When asked about their relationships with organizations that are working on criminal justice system reform, most health departments had very few relationships and those that did were often through the Building Healthy Communities site. Some talked about organizations that had asked them to do different things, and some mentioned participating in larger collaborations. Very few mentioned working on a reform agenda in partnership with grassroots and advocacy organizations.

“Violence and crime are a key social determinant of health in our communities. The more we engage in this work and the more we are able to create those partnerships – especially in the most impacted communities – especially when I look at health equity and race equity – they are the communities that have the most disparate outcomes. These conversations have a big impact. There’s a real reason to be working on this issue.”

Public health departments face political challenges to doing criminal justice reform work

Look back at two of the quotes at the beginning of this report. Now look at the full quotes:

“Criminal justice work is pivotal in the work we need to do in health equity. But the issue is totally a hot potato. We’re allowed to do equity-oriented work on almost everything EXCEPT criminal justice. If the sheriffs or probation say it’s something that we can’t support, then we can’t get Supervisor support.”

“We can all agree that mass incarceration is a public health problem. But it’s not my role and I’m not high enough to set departmental objectives.”

It is clear that health departments feel the criminal justice system is a critical social determinant of health – this is not in question. What is in question is being “allowed” to do work on this major driver of poor health and health inequities. One participant said, “We were reached out to about the new jail, but we ... can’t speak out. Community partners asked us to speak out.” Many health department participants mentioned a very common theme – their Boards of Supervisors defer to the sheriff and the probation department about policies. One health department stated, “The sheriff, police department, DA, and courts work together. They are powerful and influential – extremely. They line up and lock things down – and they are very effective. They play on people’s fears – the ones that are elected especially.”

Several mentioned the political barrier of having some law enforcement representatives that are elected. One participant stated, “People who are guiding or funding police departments get elected based on their ability to feel like they are crime fighters. Their objectives are to stop or influence crime rather than think about good community outcomes.” Several people expressed that the status of being elected ends up affecting the public conversation about criminal justice because those individuals choose practices and policies to show they are “tough on crime.”

The data in the criminal justice system is difficult to access or does not exist

Participants noted the lack of good and consistent data, the difficulty in accessing data that does exist, and the occasional pushback that they experience when they have tried to collect data from criminal justice agencies: “There’s not a lot of data or evidence in criminal justice, and it’s hard to get at. It’s not easily accessible.” An epidemiologist said that in his county, it is hard to know how many people are in the county jail and their race and ethnicity is not in a standardized format. Another person shared their experience, “To get the data, it’s very indirect. I have to talk to someone, they talk with someone else. It’s a barrier.”

In one county, the District Attorney has been a convener of groups involved in providing programs, but the health department has struggled with them to understand data collection and the importance of an evaluation component when trying to scale programs. One participant said, “Even to assess the small programs we have, we need the data that we know is being collected. How do you get that? We’re not out to get you.”

However, several people stated that there is distrust in some criminal justice agencies with what a health department wants to do with data: “There’s fear of what’s going to happen with the data, fear of privacy and litigation” said one person. And another person summed up the data difficulties in this way, “Lack of data, or crazy data, or people not wanting others to collect data.”

Public perception and framing of public safety is not from a social determinants of health viewpoint

Participants often started the discussion of barriers by noting that there is a segment of the public that thinks: “these are bad people – take them off the street – and we don’t care what happens”, and stated that this “solution” ignores that people will return to communities from prison and jail. Many in all three focus groups mentioned this attitude, in particular in response to Prop 47, however this barrier came out more strongly in the San Joaquin Valley and Southern California focus groups. Several people noted that, “Whenever a crime story comes

out, without people getting the full story, they say, ‘It’s about Prop 47.’ You don’t hear the other side.” A Central Valley county health department representative mentioned that a Sheriff in their county involved in the Building Healthy Communities initiative said, “I’m escorting ‘them’ to the county line and running ‘them’ out of town.”

Others mentioned that this is not only a public perception, but prevalent at the health department as well. For example, some health department staff have the impression they need a “stick” to get people into treatment, stating: “When you’re Probation you can force people into programs, but when you’re health, or public health, there is no way to force people to go and remain in programs.” While it is unclear whether such a ‘stick’ is actually necessary to engage people in treatment, health departments and health services providers are unsure of their ability to successfully enroll people in treatment without the threat of arrest or conviction.

“A barrier is convincing people who hold the purse strings - I reviewed the Vision from your *National Criminal Justice and Public Health Convening*. So amazing! I struggle with presenting things in a compelling way to my boss, my supervisor. She says, ‘show me the data and tell me why we should be involved in it’.”

Systems and funding are not aligned and coordinated to consider whole person health

Health departments lamented that in addition to lack of funding, systems are not in place to help people. One participant noted that with the relatively short amount of time that people spend in jail, it is difficult to identify people’s issues, work with community based organizations, and get people enrolled in different services so they can transition well. Participants decried the lack of funding to set up new structures to not only get people enrolled in programs if needed but also help people get their records changed (through Prop 47) and get legal needs met. Health departments are feeling budget crunches – several mentioned drastic reductions (“requests for \$17 million in enhancements and available funding is for \$4 million”, “we had 55 staff several years ago and now we are only able to fund 37”, “we have shrunk, and are not even able to fund the programs we currently have”) – and feel that while they are advocating for more funding to deliver programs and services for those most in need, the “pot is small” and inhibited their ability to actually meet whole people’s needs.

Concerns with lack of coordination and alignment of Prop 47 systems and funding were extensive. Health department leaders noted that there is money, but that the “money isn’t where it needs to be.” In a city in Los Angeles County, health department staff said that the County has many services but they do not land in a coordinated way for people who need it in that city. The participant felt that statewide leaders had implemented Prop 47 without proper planning and consideration for local mental health facilitates, hospitals, and even police departments that are feeling the brunt of people with health needs being released. One leader offered, “There could have been advance funding to say that we know there are going to be savings (from releasing and not sending people to prison), and we will recapture the funding at that time, but we want to make sure that we’re not leaving the local entities in trouble for two years.” The participant pointed out that from the policy’s passage and implementation in late 2014 until the time when funds will actually be available – likely by 2017 – it would be 2.5 years.

“Where does the funding arise, and how do you best coordinate services and a system around a person? In some places public health owns mental health and substance abuse, and in other places it does not. What does a coordinated effort look like when you are looking at all of this, including your data support – everything it takes to track – and engagement for people coming out whether it be through Prop 47 or anything else? How do we get people into services and make sure they are participating in things to make sure that we are getting the impacts around best practices that we know are possible? There has to be a well-coordinated system for that to happen, [a higher] level of services, a specific set of services, and the continuum of care. So what does it look like to really be our best? It would require such a high level of collaboration as well as resources, and that collaboration takes time as well.”

In discussing county-level impacts of Prop 47, several health departments pointed out that: “the positive benefits at the state level were perceived as rolling downhill to the county level – but without the resources – without the services – [so that] the impacts were more negative than anticipated.” The negative impacts that many reported, particularly those from Southern California and the Central Valley, included seeing: “more people on the street and not in the treatment they need”, “increases in property crime due to increases in drug use”, and “a huge increase in inpatient placement in our mental health hospitals.” One staff person went to a meeting of the Board of State and Community Corrections (BSCC), the agency tasked by Prop 47 with administering Prop 47 mental health and substance use disorder treatment funds. She stated that the BSCC “Prop 47 road show” that she attended, designed to hear from the community about how the funding should be spent, felt like it was “a bit of a dog and pony show” and it appeared that the “real” discussion had already taken place in private meetings. No other health department reported being approached by the BSCC or attending the BSCC presentations.

Public health departments are not set up for criminal justice reform work

Public health departments lack specific funding for criminal justice system reform work and also experience a lack of coordination between their categorically funded programs that could engage in criminal justice reform work. People pointed out that the funding streams dictate the work that they do, and that their current funding streams are not dedicated to working on criminal justice system reform. Health departments universally noted that different parts of state and county health systems (e.g., public health, health services delivery, behavioral health, sexually transmitted disease divisions) each have their own set of programming, and the lack of coordination and even conversation is a barrier to participating in criminal justice system reform work.

Many public health department participants commented that Behavioral Health is often involved with Probation or the Sheriff’s departments by providing services and sitting on committees, but it is less common for the public health side of the agency. While Behavioral Health provides much-needed services, they may or may not be discussing the same types of upstream prevention issues and policy reforms that the public health staff would.

One health department has administered AB 109 funding to community-based organizations, with the intent of providing some services but also more upstream programming around employment, housing, and legal help. However, the participant stated that even that program –

Innovations to Reentry in Alameda County – is more connected to Behavioral Health than Public Health. A staff person from the STD division of a health department stated, “We are a very siloed part of a huge department. We haven’t been doing much with corrections. The interest is there, but because of who we are and what we are funded to do, there hasn’t been much of an opening.”

“A lot of it is the way we’re funded. That’s a systematic barrier – we’re funded to do very separate things, and there’s not a lot of thought or strategic planning in having things more upstream. Criminal justice and equity work is not traditionally what we’ve done – we do our areas of communicable disease, chronic disease. We aren’t connecting why people are at disproportionate risk for all of these things – ‘oh it’s because [of] these social determinants.’”

A participant stated that it would take a departmental objective to do this work. She said, “We can all agree that mass incarceration is a public health problem. But it’s not my role and I’m not high enough to set departmental objectives.” A health department in another part of the state said, “We do not have a dedicated staff person [to do criminal justice reform work]. We are siloed, so it’s hard to. But even if you were to have a dedicated staff person, there’s not much prioritization to working on these issues.”

Relatedly, another health department noted that despite having many conversations about equity, health departments are still not at the point of action. “We are participating in GARE [Government Alliance on Race and Equity] and trying to promote health equity, but we’ve not done a good job on that at all.”

Recommendations for Action

Based on the barriers people identified and successes health departments have had in criminal justice system involvement and reform, we recommend the following:

- 1. Make criminal justice system reform a departmental objective in Public Health Departments' strategic planning, and create an intra-agency committee to focus on it.**
- 2. Educate public health staff about the criminal justice landscape.**
- 3. Prioritize building relationships and collaborating with community and advocacy organizations working on criminal justice reform.**
- 4. Build relationships and trust with other public agencies by inviting them to participate in reform efforts, and by bringing public health skills and resources to their efforts.**
- 5. Develop an advocacy agenda and advocate for a healthier and more equitable criminal justice system.**

See below for specifics about each of these recommendations. After the recommendations we provide an example of how an agency can start implementing them, focused on Prop 47.

Across all of this work:

- Reframe the dominant criminal justice narrative towards one that is more health-promoting, humane, inclusive, and respects that we are talking about people. For example, eliminate the use of words like: offenders, convicts, ex-offenders, ex-convicts, prisoners, felons. Reframe the reasons why people are in contact with the criminal justice system – for example focusing on the inequitable distribution of resources, or about the criminalization of substance use disorders and mental health issues as the underlying reasons for justice-system involvement.
- Cultivate “inside/outside” strategies, where you provide the agency relationships and data and community partners provide the grassroots advocacy and the voice of those most impacted.
- Institutionalize relationships across public health and criminal justice agencies to allow for continued work.
- Consider the power of working as regional public health collaboratives. Collaboratives can provide cover to activities that would be difficult for any one department to conduct on its own. They can also create resources useful across the region, such as repositories that highlight examples of health department engagement around criminal justice system reform or guides for accessing existing criminal justice data.

I. Make criminal justice system reform a departmental objective in Public Health Departments' strategic planning, and create an intra-agency committee to focus on it.

Virtually all agencies we spoke with recognized that mass incarceration was a determinant of health and a driver of health inequities. Furthermore, they voiced that there was a need for better coordination amongst the various offices and bureaus within their departments that interacted with the criminal justice system.

To that end, our primary recommendation is that **public health departments should make criminal justice system reform an objective in their department's strategic plan and should establish better systems to coordinate agency-wide work around those efforts.** As part of that planning, the Department should identify a set of strategic objectives and activities – for example, around education, advocacy, relationship-building, research – that would concretely advance reform efforts and partnerships.

An intra-agency coordinating body would help ensure that these efforts were aligned and evaluated, and would also be able to provide technical assistance to others within the agency to better consider the health impacts of the criminal justice system in their work. For example, the New York City Department of Health and Mental Hygiene recently created a unit dedicated to health equity for “justice-involved individuals.”

The subsequent recommendations illustrate the body of work that could be built out to represent a Health Department's commitment to advancing criminal justice system reforms.

2. Educate public health staff about the criminal justice landscape.

Learn about how the criminal justice system works – from policing to reentry – and identify opportunities where the health department could engage.

- **Prioritize understanding how the county budgeting process – in relation to corrections, police and other law enforcement expenditures – works.** While the general belief is that there are limited funds for public health and prevention, it is also clear that law enforcement is getting a large portion of the budget, in many cases to fund programs and services. A more comprehensive picture of county budgeting might help identify ways to get engaged in new collaborations and areas of work.
- *For example, Human Impact Partners has looked at how county criminal justice dollars are being spent in the context of health and equity. That could be a good place to start to understand the budgeting process.*
- **Explicitly seek out the history of how policing, criminal justice policies, and mass incarceration have been and continue to be examples of structural racism.**

Understand the landscape of criminal justice advocacy and research – including the work of: Public Policy Institute of California, American Civil Liberties Union, Center for Juvenile and Criminal Justice, California Budget and Policy Center, Californians for Safety and Justice, Stanford Criminal Justice Center, Human Impact Partners and others.

3. Prioritize building relationships and collaborating with community and advocacy organizations working on criminal justice reform.

Create relationships with community organizing and advocacy groups working on criminal justice system reform. Go to their meetings. Invite them to yours. Invite them to educate you about the impacts incarceration and criminalization has had on the lives of community members. Understand the reform priorities of these groups and use that information to inform the health department's criminal justice priorities.

Identify appropriate and politically feasible research, advocacy, and capacity-building opportunities where the health department can help advance the reforms groups seek.

- *For example, one health department was asked by a local community organization to weigh in against a jail expansion, and found that politically they could not. However, they found there was no room for health care services at the jail, so they could weigh in on that.*

Coordinate with advocacy groups (e.g., ACLU, Californians for Safety and Justice, and others who have the statewide perspective) **to elevate case studies of promising practices from around the state.**

4. Build relationships and trust with other public agencies by inviting them to participate in reform efforts, and by bringing public health skills and resources to their efforts.

Engage agencies external to the health department in implementation of the public health department’s criminal justice reform efforts.

- *For example, as part of its Health In All Policies Task Force, the California Department of Public Health has created an Action Plan to Promote Violence-Free and Resilient Communities. The plan was created in collaboration with the California Departments of Justice, Corrections and Rehabilitation, School District, Education, Social Services, and Emergency Services.*

Educate others in government – in particular criminal justice agencies and elected officials – about the social determinants of health, how the criminal justice system is a major social contributor to health and health inequities, and how these relationships call for the involvement of public health agencies. Use their language when possible to increase understanding; “criminogenic” and “social determinants of health” are similar concepts, for example. Conduct some of this education in combination with formerly incarcerated people and their families to highlight the human health impacts.

- *As one participant in our health department conversations stated, “In the past, we struggled to connect the dots with planning and the built environment. It used to be that planning departments would say, why is Health here? We have to do the same thing with law enforcement. They don’t see us as an obvious ally. We need to connect those dots more strongly.”*
- *Another stated, “I’m [at the table] more about the services in the jail, and I use the opportunity to talk about what happens when people get out.”*

Actively participate in inter-agency criminal justice committees (e.g., AB 109, Reentry Committees) and offer to provide public health skills and resources so that criminal justice agencies understand what public health can provide (e.g., data collection and analysis, surveillance, assessment, evaluation). Public health departments are experts at convening, facilitation, and collaboration. If opportunities arise out of these larger committees, volunteer to lead workgroups or new collaborative efforts to address joint challenges.

- *One focus group participant stated, “We have to build trust with our department colleagues. Criminal justice and juvenile justice. That’s what I’ve found to be the most useful. Sitting on these collaboratives and spending the time to feel their pain, as much as they need to feel our pain. In some cases they want more help. It just takes time and trust.”*

Work with criminal justice system agencies in setting up data collection systems, potentially including health measures, and help with analysis and reporting of data.

- *For example, Santa Barbara County PHD does an annual evaluation of their county jails and incarceration facilities. The opportunity to extend evaluation indicators beyond environmental health factors (such as mental health outcomes or access to substance use disorder treatment) can result in transparency and change.*

Conduct research to understand best and promising practices in programs that meet health, safety, and equity goals. Share this research with criminal justice agencies and advocates to highlight opportunities for new ways of approaching their work.

- *For example, when LA County faced the closing of a program to help women with families who were incarcerated for violent crimes because state funding was cut, the health department conducted an HIA to assess the impact of the program on health. The report was then used to help secure county funds to keep the program open.*

Offer to conduct or support evaluations of criminal justice policy and program implementation.

Evaluate the long-term outcomes of any public health work focused around criminal justice (e.g., restorative justice in schools) to be able to share evidence and the value of a public health approach publicly.

5. Develop an advocacy agenda and advocate for a healthier and more equitable criminal justice system.

Based on Recommendations 1 – 4, **develop an agenda for criminal justice system policy reforms that you feel your agency is able to advance.** Advocacy could be for more funding for prevention and treatment – for example for repairing the social safety net and for programs and services that keep people out of the criminal justice system – as well as policy and practice change.

Advocate for more funding for prevention and treatment. Specifically:

- County budgeting that decreases contact with the criminal justice system. Analyze the budget – is the criminal justice system is being funded to do health-related work?
- Prop 47. Focus on if Prop 47 has been implemented in a way that will improve health and equity and how treatment funding should be distributed at the state and local levels.
- With other local health departments and the state health department, asking the Board of State and Community Corrections (BSCC) to: 1) spend more Prop 47 funding on treatment programs outside the criminal justice system, e.g., at health departments or community organizations; and 2) reach out much more to agencies and organizations that could be recipients of the funds.
- At the national level, to increase funding for upstream work on criminal justice system reform. For example, connect with the CDC's Violence Prevention Division to advocate for an RFP for Health Departments to use data for change; with the Big Cities Health Coalition (NACCHO) to strategize.

Advocate for policy and practice change. Specifically:

- Provide evidence that excessive incarceration is not good for the health of all of the community, and provide evidence of better outcomes with a different, prevention-oriented approach. Provide this evidence in targeted campaigns for policy change.
- Either as a local public health department or as a regional public health collaborative, conduct a research project on a common policy or practice.
 - *Example policies that were mentioned in focus groups include jail expansion and bail reform.*
- Regional public health collaboratives can come together to work on advancing a statewide policy change, for example, related to:
 - Funding for mental health and substance use disorder treatment, job training, housing programs, and other services to reduce people’s risk of getting into the criminal justice system.
 - Reducing tobacco purchase by minors from a misdemeanor to an infraction.

Choose an easy entry point. Specifically:

- Preventing youth from entering the criminal justice system through advocacy on school discipline policies, or work on juvenile justice system reform may be a palatable entry point as it targets youth.
- If the health department is working on other social determinants of health, elevate the criminal justice implications of that work. For example, if your health department is working on:
 - Education, consider working on truancy prevention, access to college education for those in prison or jail, or other educational issues.
 - Affordable housing, consider working on decreasing barriers to housing for people exiting jail or prison.
 - Employment and income, consider working on access to jobs for those at risk of justice system involvement, Ban the Box, funding for employment programs for people exiting prison or jail, or other employment issues.

Many health departments are in the position of mainly responding to current events such as an incident of excessive use of force by police. **Tie these reactive projects to a strategic department objective to address criminalization of health issues and decrease mass incarceration.**

Example of how to implement these recommendations: Public Health Department engagement in Prop 47 implementation

- 1.** Create a departmental objective to address the criminal justice system as a social determinant of health, and identify three individuals from different divisions to oversee projects agency-wide. For example, the individuals may come from the 1) Injury Prevention; 2) Community Health and Promotion; and 3) Policy and Planning divisions. (Recommendation 1)
- 2.** Make the decision to focus on Prop 47 as the first policy on your agenda because of the immediate need, but continue to think through and discuss with others the longer-term agenda for the department as well. (Recommendation 5)
- 3.** In response to current news stories about Prop 47 being the cause of an increase in crime, conduct an analysis on Prop 47 implementation. Look at the health and equity impacts of current implementation, including impacts on homelessness, use of emergency mental health facilities, and crime. Have the Policy and Planning division lead the project, working with an internal team of an epidemiologist, a policy analyst, and a community engagement specialist. Collect secondary data, conduct focus groups with those who committed a Prop 47 crime, conduct interviews with health and social service providers, and analyze the county budget. (Recommendation 5)
- 4.** Invite Californians for Safety and Justice, California Calls (a state-wide grassroots organizing group), and a local community group to make in-person presentations to the team and to any other interested health department staff about sentencing, Prop 47, and its implementation. Talk with the probation department, sheriff, public defenders and prosecutors about how Prop 47 has been rolled out. Inquire as to whether any data would be useful to organizations or agencies. Use *The New Jim Crow* by Michelle Alexander as a brown bag lunch topic to give further background on structural racism in the criminal justice system. (Recommendation 2)
- 5.** Ask Californians for Safety and Justice to connect you with local organizers working on Prop 47 implementation. Request to attend a local community meeting to hear about activities that have been taking place, and to see how the health department analysis might supply data or the health voice to activities. Share preliminary information about your Prop 47 health and equity analysis, and make a plan for how to co-disseminate the findings. (Recommendation 3)
- 6.** Have a staff person from the team attend meetings of the County Corrections Partnership, the committee that oversees AB109 implementation and has been tasked with overseeing Prop 47 implementation. Collaborate with other agencies (such as Probation) as well as community groups in advocating for funding to go to programs and interventions that decrease contact with the criminal justice system for those most impacted. (Recommendation 4)
- 7.** Disseminate your findings among the County Board of Supervisors and all partners. Work with all of the partners with whom you have collaborated to make sure that the findings and recommendations are heard. (Recommendation 5)

Appendix I

Discussion Guide: Public Health Department Involvement in Criminal Justice Policy and Practice Reform

Questions

1. What types of criminal justice related policies, programs, and practices does your health department currently engage in? Please talk about the behavioral health, reentry, and transitional programs as well as public decision-making around policy and practice change.
2. For those of you working on policy and practice change via public decisions that are being debated, what has been successful and satisfying about that work? What has been challenging?
3. For those working on criminal justice program/service work, what has been successful and satisfying about that work? What has been challenging?
4. To what extent is your health department interested in working more on justice system reform as a policy, systems and environmental change – i.e., as a social determinant of health?
5. To what extent does your health department have relationships with organizations focused on criminal justice reform? What groups? In what ways have you collaborated? Have they asked for thing you have been unable to provide?
6. What barriers does your health department face in getting involved in criminal justice policy reform?
 - a. *Probes (only if needed): leadership is not aware of this issue as a priority; leadership is opposed to doing this work; line staff is not aware of this issue as a priority; our department does not know what entry point would work for us; we do not know about policies that are targets for system change; limited resources and skills to engage; no one asks us; the Board of Supervisors would be opposed to our involvement, etc.*
7. What would help your health department overcome those barriers?
 - a. *Probes (only if needed): community organizations asking for us to be involved; political will from Board of Supervisors; the “right” policy that would not be too controversial to start with; convincing department leadership to spend resources on this; etc.*
8. If you are interested in working on CJ policy, systems, and environmental change more, what skills, resources, knowledge, and capacities would you need to overcome any barriers you face? If you are not interested, why not and what could be done to change that?
9. Are there any other things you would like to share that I haven't asked about?