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# Sacramento

## Introduction

**People Power for Public Health (PPPH) is a community-based initiative led by the California Pan-Ethnic Health Network (CPEHN), a statewide health advocacy organization dedicated to improving the health of communities of color in California.** PPPH researches how local advocacy can be utilized as a critical strategy to build community power and public health, especially for and with communities of color. In these briefs, we highlight the experiences of communities of color in five counties – Sacramento, Fresno, Kern, Orange, and San Diego – in accessing quality care. We uplift community solutions that must be funded and passed at the local and statewide level in order for communities of color to thrive and live in healthy communities.

In Sacramento County, CPEHN partnered with [Decarcerate Sacramento](#) and the Community Care First Coalition to gather input and feedback from community residents around key county health concerns and where county funding must be allocated to build healthier communities. The Community Care First coalition's mission is to shift public policy and budgets towards strengthening preventative care systems that create racial and health equity by centering impacted voices and eliminating systemic harms in Sacramento County.

### **The research was conducted via interviews and listening sessions:**

**Interviews:** One on one interviews were conducted with 86 community members who are unhoused, incarcerated (Rio Cosumnes Correctional Center and Sacramento County Main Jail), and/or on probation. All survey participants received a gift card or commissary payment in order to compensate them for their time.

**County Listening Session:** A county-wide listening session with 44 community residents, local non-profits, and community leaders. 14 facilitators and note takers from the Community Care First Sacramento Coalition and CPEHN. Many of the participants were affiliated with non-profits, advocacy organizations, grassroots groups, and service providers in Sacramento County. Many participants had personal experience or experience through their community work with issues around homelessness, criminalization, incarceration as well as immigration systems.

This report presents key themes from community residents as well as local policy recommendations to improve racial and health equity in Sacramento County.

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## 1 Access to Primary, Preventive, & Behavioral Health Care

- **Conduct an assessment of barriers to accessing services, and implement strategies to mitigate them.** Ensure there is a feedback loop to understand the challenges that people face in accessing services, and invest in the solutions that will help increase access to services.
- **Increase access to support from peers with lived experience of incarceration and homelessness** who can help formerly incarcerated and unhoused community members navigate complex systems of healthcare and housing. This includes coordinating housing discharge plans while people are incarcerated.
- **Invest in permanent, supportive and/or deeply affordable publicly-owned housing with units that include individualized wrap-around services, and include options that are designated for formerly incarcerated community members,** as they face stigma, restrictions, and other significant barriers to accessing jobs and housing. Quantify the housing and service needs of people currently incarcerated, and ensure there are sufficient Housing First programs operated by community based organizations and social service providers.
- **Invest in long-term and continuous medical care, behavioral health care, preventive care, and substance abuse treatment,** especially for formerly incarcerated members and unhoused community members.
- **Fund preventive care, primary care, and behavioral health services outside of jails,** such as alternative law-enforcement drop-off centers, community-based substance-use treatment and mental health care clinics, and permanent supportive and/or publicly-owned housing with wrap-around services.
- Provide services and programs to better support low income, unhoused, incarcerated, and formerly incarcerated residents in accessing medical and behavioral health care, such as **subsidized or free transportation to doctor's appointments.**
- Support efforts such as Cal Care and ensure primary, preventive, and behavioral healthcare are available regardless of status, income, and insurance.
- Invest in a continuum of medical care, behavioral health care, and treatment for those who are incarcerated and those who are released.

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## 2 Emergency and Crisis Response

- **Fund 24/7 decentralized drop-in resource centers** for mental health crises that can be accessed regardless of income, housing status, insurance coverage, or legal status. We also recommend centers to address issues such as roadside assistance, substance abuse, and community violence.
- **Expand services** such as mental health services, housing, food banks, and job training that is advertised directly to marginalized communities, such as unhoused and incarcerated community members.
- **Ensure sustained and consistent funding** for 24/7 non-law enforcement emergency and crisis response programs for mental health crises and quality of life issues.

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### 3 Community Connected Care

- Sustainably fund **community based organizations**, such as the Wellness & Recovery Center, Maryhouse, and Loaves and Fishes, who serve as trusted and effective providers in helping communities receive the resources and programs they need.
- Invest in **workforce development programs based within community based organizations** to hire and train community intervention workers in directing residents to find services.
- Develop and fund culturally and gender responsive training for community resource navigators.
- Ensure community resource navigators are assigned to the same resident for better and continuous care.
- Invest in **community outreach** to develop centralized ways for marginalized communities to find navigators with ease and consistency.
- Fund community based organizations as trusted service providers and safety nets for marginalized communities.
- Develop local grants that are accessible to all community organizations for community members to lead community events and gatherings.
- Fund centralized resource centers and walk in clinics for harm reduction services and resource navigation, especially for individuals being released from county jail

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### 4 Public Defense and Legal Support

- **Increased county funding for public defense focused on pre-conviction/plea, increased access to legal help for incarcerated and housing insecure people.**
  - **Expand funding for expungement opportunities** through the Public Defender's Office for individuals who qualify to have their criminal record expunged.
  - Support **increased tenant protections** including access to tenant legal counsel for eviction defense.
  - **Expand access to law libraries for incarcerated people** to learn more about the law and the court systems, which includes direct community education in impacted neighborhoods.
  - **Fund emergency legal services** through existing legal aid organizations and/or county attorneys who support tenant-side housing, immigration/detention-based, and employment law services.
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## 5 Social Determinants of Health

- **Fund and provide basic necessities**, such as items for personal hygiene and daily living needs, rain boots, showers, charging stations for technological devices, bathrooms, and clean water etc. for unhoused residents to easily access year-round.
- **Allocate local funding as well as relief funding, such as the American Rescue Plan Act, to develop public housing** through non-profit developers that are responsive to the needs of unhoused residents.
- **Make jail phone calls free** for those incarcerated in Sacramento County jails and Youth Detention Facilities.
- **Fund job training and education programs** to provide a sense of purpose and help residents gain employment, especially those who have been previously incarcerated.
- **Provide universal basic income and increase financial assistance**, such as the COVID stimulus funding to community residents, especially those who are unhoused, incarcerated, and formerly incarcerated. Scale the guaranteed income projects currently being done in the Sacramento and Stockton region.
- **Invest in dignified, safe, and quality housing infrastructure** that is accessible to individuals with a criminal record through partnerships with community based organizations in developing publicly owned housing.
- Ensure incarcerated individuals in Sacramento County receive Identification, TB tests, and other required documentation needed to access publicly available housing services post-release.
- **Develop opportunities for homeownership** especially for excluded and underserved communities.
- Invest in **increased capacity for criminal record expungement** through the Public Defender's Office.
- **Fund after school youth programs, trauma informed services, and tutors** to promote violence prevention and positive outcomes for youth.

## Participant Demographics

A total of 130 individuals participated in an interview or community listening session.

Race/Ethnicity	Percentage	Number (n=130)
Black or African American	35.4%	46
White or Caucasian	30.8%	40
Native/Indigenous	10.0%	13
Unknown	8.5%	11
Mixed Race	5.4%	7
Latino or Hispanic	4.6%	6
Asian	4.6%	6
Indian	0.8%	1

Gender Identity	Percentage	Number (n=130)
Female	47.7%	62
Male	43.8%	57
Non Binary, Gender Expansive, or Genderqueer	3.8%	5
Transgender	0.8%	1
Unknown	3.8%	5

*\*\*It is important to note that women, trans, and gender non-conforming (GNC) individuals are incarcerated at both of Sacramento County adult jails. Due to the short timeline of the interview project, limitations of out-of-cell time for women in the Main Jail, and many other factors, organizers were not able to hear from more women, or any individuals that identified as trans or GNC. This is a critical gap in data as women, trans, and GNC people have unique experiences of incarceration, and organizers have noted and will work to improve on this in future research projects.*

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## Findings

Leveraging existing relationships with those currently incarcerated in Sacramento County jails through Decarcerate Sacramento's network, individuals were invited to call organizers and complete a ten question survey about their experiences with Sacramento County-funded services and programs and their recommendations for future budget investments that promote public health.

### **Among those who were interviewed:**

- Thirty one (31) individuals were incarcerated in the Rio Cosumnes Correctional Center.
- Six (6) individuals were incarcerated in the Main Jail, including three women.
- Seventeen (17) individuals were released from the downtown Main Jail.
- Eight (8) individuals were interviewed in front of a Sacramento County Probation Day Reporting Center.
- Thirty-six (36) unhoused individuals were interviewed at encampments and at MaryHouse, a daytime drop-in center, in Sacramento County.

At locations other than jails, food, warm beverages, and other resources were provided by organizers while surveying participants and community at large.



# 1

## Access to Primary, Preventive, & Behavioral Health Care

Participants shared various challenges in accessing primary, preventive, and behavioral health care. These themes included:

### Jumping Through Hoops or Having to “Fail First” to Get Access to Services:

A majority of participants noted that in order to receive services ranging from medical care and employment to housing, they often had to wait a long time or go through a handful of providers. Participants often did not have the digital tools to access services, and felt that it was difficult to meet the criteria to qualify for services. They had to navigate through complicated bureaucratic processes and felt that they had to be on the brink of survival to gain access to critical programs. Even when participants were able to obtain a doctor’s appointment, they often had to navigate additional barriers such as expensive bus fares to travel to local clinics and lacking a residential address to receive medical paperwork.

Some participants also expressed having to “fail first” in order to get services. In other words, participants had to be in crisis mode, and/or have a severe sickness or mental health issue in order to meet the criteria to receive care. When participants did seek services in these situations, their limited options included reaching out to law enforcement, which they indicated were inappropriate service providers and a barrier for community members to access help.

“ It takes a lot to get what you need and some people don’t have the time to jump through those hoops. Like me, I have mental issues. And I can’t write and there’s a lot of questions back and forth and I just want to get it down.”

– A currently unhoused person

“ It’s poor...For medical care, it’s like pulling teeth. You have to be bold, you have to speak up. Even with my doctor. If you don’t, they’re gonna treat you like crap...they’re not gonna give you anything. They’re not going to take care of you right.” – A currently unhoused person

“ [It’s] hard to get on a list and they have certain criteria... some you can’t have any income to get into the program.” – A person recently released from the downtown Main Jail

“ I’m thinking about my younger brother. He had a job. And the job didn’t offer health insurance benefits. And the cost of going through the exchange or the Covered California was so high that he wouldn’t be able to really have a whole lot of funds left over after his paycheck if you’ve signed up for that. And so he went without health insurance for a long time. Mind you, he was also taking methadone. And there would be times where he couldn’t afford to pay the methadone clinic to get what he needed so he wouldn’t get sick...you’ve got to really fail first in order to get any type of assistance. So when he lost his job, at the crush to his ego and self esteem and mood for being unemployed, not having that structure and that purpose, but it did get him on Medi-Cal. So where he’s able to then get the meds he needs and the treatment he needs. But just, it seems like it’s such a trap, folks have to really fail before they can get any type of assistance to try and keep their head above water.”



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## Limited continuous and permanent services:

Participants expressed that when they did receive the service they needed, it was often a short-term or a one-time fix. For example, unhoused participants raised that they were able to access food and health services more easily during the winter season when community organizations and churches led community events. After winter, these services would be limited and participants would have to find other programs to receive services. This was also seen with accessing shelters and wrap-around services where participants could only access services temporarily. Participants expressed the need to instead receive long-term and continuous services that can be accessed year round. The lack of longevity in the services provided is itself a barrier. Similarly, for those who relied on the jail system for services like medical treatment, once they were released, had no way of receiving the same services and were often left on their own to find medical services, substance abuse treatment, and other programs. Even while in the local jail system, adequate medical services, substance abuse treatment, and behavioral health services were often extremely difficult to access.

“ They don't care about your mental health. You know, [what] they do when you say you have something wrong with you, or you're stressed out? They prescribe you drugs that they don't even know what they do. They don't care about you.” – **A currently incarcerated person in RCCC**

“ Shelters are only temporary, because you are there for only 30 days or however many days. And so the shelters it's only temporary. Like I said, you only have 30 to 21 days, however many days. Then you're right back out on the street.” – **A currently unhoused person**

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## Failures of Governmental Services:

Participants had challenges accessing governmental services, such as motel vouchers or programs within county jails. Participants experienced long wait times for these services and were even unable to use the services offered. For instance, some unhoused participants found that the motel vouchers they were given were invalid for use once they arrived at the motel. For incarcerated respondents, jail conditions in Sacramento County were worse in comparison to jails in other counties due to the treatment by jail staff and having little to no access to health services and programs. Respondents shared that jails are inappropriate environments to obtain medical and rehabilitative care, and stressed that investment in community-based health treatment and prevention programs is needed in Sacramento County.

“ Actually, I was in the COVID hotels, actually, me and my girl. We were promised permanent housing after. We were in the Vagabond downtown. We were there for almost two years. And we missed one appointment, which we had, her daughter had just had a baby. And we were at the hospital and we had missed one appointment and they kicked us out. And that was devastating.” – **A currently incarcerated person in RCCC**

“ I'm trying to get back into society. I have kids. I really want to be a productive member of society. I've been really trying to rehabilitate myself since I've been incarcerated and they're not making it any easier.” – **A currently incarcerated person in the Sacramento Main Jail**



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## Barriers to Healthcare:

Participants shared how costly healthcare is, as well as discrimination in accessing medical services due to being undocumented. For instance, one participant shared paying \$400 for an MRI test that was not covered by Medi-Cal. For participants with tenuous legal statuses, they shared not being able to qualify for certain Medi-Cal benefits.

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## Lack of Resources and Support After Release from Incarceration:

For participants who were formerly incarcerated or who have incarcerated loved ones, they noted concerns and frustration in accessing continuous treatment and services after release. In order to receive care, like medications, people go into jails to receive them, and when they are released, they are not provided an adequate supply or left on their own to find the services they need. There are difficulties to returning to the community after release, including not only the lack of continuous treatment but also difficult to access education, housing and job opportunities. For instance, one participant noted a lack of support for incarcerated fire fighters, and overall, a lack of a job pipeline once people were released. This created a cycle of increased incarceration and lack of continuous care and ongoing support.

“ I literally know people who will go to jail just to get a readjustment on meds, because they feel like they don't know, they don't have any other place that they can go. And then, when they get out of jail... they think they're healed...but they're not. And then they end up back in similar situations and back in jail, and it's not like they're criminals or anything, it's just that they're they're looking for...a specific resource, whatever it may be. And so by the time that you get whatever resource that you have, it's not going to be very much anyway. And then they [these resources] don't really transfer back out into your life, that you're going to be living outside of this jail where you might need your medication, where you might need housing...they don't set those things up. And those are the things that keep people coming back”

“ My son participated in those fire lines, he was an incarcerated individual who worked on the fire lines, and he can't get a job with CalFire. He can't approach any of these fire agencies and look for real employment. But he has certificates that said he did a really good job.”

## Policy Recommendations

“ Everybody's got a drug issue, and they resort to crime to feed that issue. And it's more of a sickness and mental health type of thing as opposed to a criminal thing. If the county and the state would recognize that a little bit more as...[a mental health] issue as far as a criminal issue, there'll be a lot less people in jail.” – **A currently incarcerated person in RCCC**

- **Conduct an assessment of barriers to accessing services, and implement strategies to mitigate them.** Ensure there is a feedback loop to understand the challenges that people face in accessing services, and invest in the solutions that will help increase access to services.
- **Increase access to support from peers with lived experience of incarceration and homelessness** who can help formerly incarcerated and unhoused community members

navigate complex systems of healthcare and housing. This includes coordinating housing discharge plans while people are incarcerated.

- **Invest in permanent, supportive and/or deeply affordable publicly-owned housing with wrap-around services, and include options that are designated for formerly incarcerated community members**, as they face stigma, restrictions, and other significant barriers to accessing housing. Quantify the housing and service needs of people currently incarcerated, and ensure there are sufficient Housing First programs operated by community based organizations and social service providers.
- **Invest in long-term and continuous medical care, behavioral health care, preventive care, and substance abuse treatment**, especially for formerly incarcerated members and unhoused community members.
- **Fund preventive care, primary care, and behavioral health services outside of jails**, such as alternative law-enforcement drop-off centers, community-based substance-use treatment and mental health care clinics, and permanent supportive and/or publicly-owned housing with wrap-around services.

“ Even though I haven’t been to the doctors in a while. The only reason why I haven’t been to the doctors is because I’m not stable. I don’t have a stable place. And then in order for my transportation to come pick me up to my doctor’s appointment, I have to have a stable place. ”  
– A currently unhoused person

“ Transportation could get you to a doctor’s appointment or job interview when you don’t have bus fare and then it takes away from your rent money and it’s a spiral.”  
– A currently unhoused person

- Provide services and programs to better support low income, unhoused, incarcerated, and formerly incarcerated residents in accessing medical and behavioral health care, such as **subsidized or free transportation to doctor’s appointments**.
- Support efforts such as Cal Care and ensure primary, preventive, and behavioral healthcare are available regardless of status, income, and insurance.

“ With a younger brother struggling with opioid addiction, and had been in jail out of jail,... we’re hoping for change with access to treatment access and medicated assisted treatment for opiate use disorder and other use disorders. But without access to Narcan, leaving the jail, folks are at increased risk of overdose and death.”

- Invest in a continuum of medical care, behavioral health care, and treatment for those who are incarcerated and those who are released.

“ I have seen a lot of people struggle with being able to afford their medication. Especially for folks with diabetes, getting that insulin, that’s super expensive. I know that we’ve had a lot of folks that are undocumented, that have reached out about getting chemotherapy and all that treatment and not being able to afford it because, they just don’t have the health insurance nor the money. So, I think this is why Cal Care is really important, and it should be accessible to everybody. So I think that’s something that even at the local level, they could help folks purchase the insulin, whatever medication they need, in order to stay healthy, and be able to be active community members.”

## 2 Emergency and Crisis Response

“ [There are] no drop in centers for people with mental issues around here.”  
– A person recently released from the downtown Main Jail

Related to the challenges of accessing primary, preventive, and behavioral health care, many respondents shared the difficulties of living with mental health issues and accessing counseling and crisis support. Many had difficult experiences receiving consistent health care and were unaware of what services existed and how to access them. Residents expressed a need for a central resource guide or a center to find real time information. Even when residents were given a number to call, such as the 311 system, they were told that the phone number was no longer in service or were navigating in circles to find an updated number. Participants shared that the limited ways they could receive a timely response, especially in a crisis, was primarily through law enforcement and/or if they were in a situation where it was life or death. These limited options proved problematic for local residents particularly because of histories of and continued experiences of racial and gendered violence with law enforcement and because Sacramento County residents are in need of preventative services and support before they are in a life or death situation.

“ We are having a very hard time, especially around mental health. We just don't have the services. They're just leaving people to try to figure this out...Navigating the 211 system is so hard when you know that's the constant go to...it's not accessible. We just don't have the wraparound services and housing available at this point.”

### Policy Recommendations

- **Fund 24/7 decentralized drop-in resource centers** for mental health crises that can be accessed regardless of income, housing status, insurance coverage, or legal status. We also recommend centers to address issues such as roadside assistance, substance abuse, and community violence.
- **Expand services** such as mental health services, housing, food banks, and job training that is advertised directly to marginalized communities, such as unhoused and incarcerated community members.
- **Ensure sustained and consistent funding** for 24/7 emergency and crisis response programs (non-law enforcement) for mental health crises and quality of life issues.
- Invest in culturally competent community-led first response and crisis response programs as well as follow-up and wrap around services for residents after a crisis to ensure there is a continuum of care.

“ [We need] more healthcare. I help people navigate treatment and have found that if people can access low barrier treatment for opiate withdrawal and opiate use, then it allows them to stabilize and focus on other things like housing.”

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## Community Connected Care

Survey participants expressed poor experiences with finding the programs and services they need. Often, they learned about programs through word of mouth in encampments or from other community members, and expressed the need for more outreach and advertising of local services in Sacramento County. When it came to community resource navigators — otherwise known as workers that are supposed to act as the main point of reference to connect people with access and knowledge to community resources — participants found that navigators were often a barrier to accessing the services they needed due to lack of cohesiveness and communication among the navigators. There was very little consistency in the quality of care provided by resource navigators, and often, participants were told to “do the work themselves” to get out of a crisis, or otherwise, re-assigned to new navigators. There was also no centralized way to find navigators which left respondents to navigate services on their own.

“ They intimidate us, they bully us. They don’t protect and serve out here. Although that’s you know, the white shirt officers are supposed to be homeless service officers & navigators. Anytime I’ve stopped one, they either ignore the fact that I’m flagging them down or they just keep on going.”  
– A currently unhoused person

“ Then you get kicked out of the program...and the navigators don’t come around anymore. The people that feed [us] and get us clothed, so they don’t actually give us anything like that.”  
– A currently unhoused person

Although resource navigators and governmental programs fell short, participants found that community based organizations were trusted providers for key services such as food assistance, counseling, and even access to laundry and showers. Participants mentioned local organizations like Maryhouse, Loaves and Fishes, and the Wellness & Recovery Center were important safety nets and they desired to see more programs, like after school programs and harm reduction services, in their community. Participants noted how organizations did critical outreach to unhoused community members, youth, and incarcerated residents to help connect them with the services they needed, whether it be harm reduction services or going with residents to their hospital appointments. Although community organizations serve as a crucial safety net, they are often underfunded by the county. Sacramento County should dedicate sustained and significant funding to community-based organizations that provide health services.

“ I felt when I was younger, I had a lot of kid programs, after school programs to help with tutoring, just activities and not run a street. I like to go to Hope Academy, it was a community center with basketball trips and a little game room with pool tables and stuff. You know trouble’s right outside, but they had some stuff and try to keep you out of trouble.” – A currently incarcerated person in RCCC

“ We have the Wellness Center here. And that’s been great. Because you know, that [means a] shower, laundry charge, whatever the case.” – A person currently on probation.

“ The community has the ideas, we’re not funded, but we get it done. I think that instead of the continual recreating of the wheel, they [the county] should stop and listen for a while.”

## Policy Recommendations

“ We’re talking about a lot of our organizations working with community members, and having ideas for things to really move the needle on quality of life. If the county or the city is able to invest in us, in our programs, as community based organizations, maybe we’d be able to do quite a bit more than they’re able to do with these bigger, high contract, low accountability programs. These neighborhood focused efforts could be a nice model.”

“ Outreach workers who did outreach with the community, and would help connect people into care and come in with their visits and go to their pharmacy with them. Harm reduction services, like a buprenorphine treatment navigator, who will get people into Suboxone or substance use disorder care. They come with them to their appointments and get them back and forth. So these little interventions make huge improvements.”

- Sustainably fund **community based organizations**, such as the Wellness & Recovery Centers, Maryhouse, and Loaves and Fishes, who serve as trusted and effective providers in helping communities receive the resources and programs they need.
- Develop local grants that are accessible to all community organizations for community members to lead community events and gatherings.
- Fund centralized resource centers and walk in clinics for harm reduction services and resource navigation, especially for individuals being released from county jail
- Invest in **workforce development programs based within community based organizations** to hire and train community intervention workers in directing residents to find services.
- Develop and fund **culturally and gender responsive training** for community resource navigators.
- **Ensure community resource navigators are assigned to the same resident** for better and continuous care.
- Invest in **community outreach** to develop centralized ways for marginalized communities to find navigators with ease and consistency.

“ Maryhouse is a godsend because without these ladies here, they don’t get enough credit for what they do. Without these ladies here, we’d have nothing...the churches help us on the holidays but they’re here everyday for us. Every morning, they take our showers and give us clothes, they don’t get enough credit for what they do. They’re godsend, they really are.”  
– A currently unhoused person

“ There needs to be [resource] tables set up to help with Social Security, like it used to be. They just have big tables that come at least once a month...more tables for housing. More tables for medical [care] so that we can check for STDs or infections of any kind. Yeah, they do blood tests, STDs, you know stuff like that. And the needle exchange cluster harm reduction is one of the best things I’ve ever seen.” – A currently unhoused person

## 4 Public Defense and Legal Support

“ They’re already judging you before you’ve been convicted of anything. Yeah...you’re definitely guilty until proven innocent here.” – **A currently incarcerated person in RCCC**

“ It feels like they’re really railroading people here. The attorneys don’t fight for you at all. They don’t. That’s why they got the biggest conviction rate here. Because there’s no way you can win here and trial and the courts. They just like a big game, they play with you. When you are fighting your case, the attorneys are not corresponding with you. They don’t call you, they don’t come see you.” – **A currently incarcerated person in RCCC**

“ I would love to get inside the Law Library. But, they don’t really give you information when they can, when they want to. Can’t even get access to law information, or some type of school. But that’s it, I just have to wait till they open it up or even offer it. But they don’t offer it.” – **A currently incarcerated person in RCCC**

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### Limited Legal Support and Protections:

82% of Sacramento County jails are pretrial and legally innocent. The limited legal support and protections contribute to participants’ health conditions such as additional physical and mental stress. Many incarcerated participants shared the experience of feeling “railroaded”, where their sentence gets increased or they are purposely not being allowed to go to their court proceedings.

### Policy Recommendations

- **Increase county funding for public defense and basic access to legal help for incarcerated people.**
- **Expand funding for expungement opportunities** through the Public Defender’s Office for individuals who qualify to have their criminal record expunged.
- Support **increased tenant protections** including access to tenant legal counsel.
- **Expand access to law libraries for incarcerated people** to learn more about the law and the court systems.
- Fund emergency legal services through existing legal aid organizations and/or county attorneys who support tenant-side housing, immigration/detention-based, and employment law services.

## 5 Social Determinants of Health

Beyond access to healthcare, respondents mentioned how social determinants of health, or the conditions in which people live and work, have affected their overall health and well being:

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### Lack of Affordable Housing & Poor Living Conditions:

Unhoused participants and incarcerated participants shared the poor living conditions they were living in, from freezing cold conditions in encampments to the inhumane and unsanitary conditions of the county jails. The need for affordable, safe, and quality housing as well as accessing basic assistance and needs for survival was an important theme throughout the interviews and a key demand from participants to live a healthy life.

Participants across all breakout groups also discussed how Sacramento County's high living costs are displacing residents out of the area. As one participant mentioned, Sacramento County is not only in a housing crisis, but in a "tenant's rights" crisis. Participants noted difficulty finding resources and a lack of resources and protections in general, including tenant friendly lawyers. This crisis has impacted increasing housing instability, displacement, and homelessness. In addition, participants noted the lack of quality, safe, and dignified affordable housing and difficulties in accessing home ownership.

“ Not only are rents high, there's also an astonishing lack of resources for tenants that have issues with their landlords and the court system. ”

“ We would have loved to have known more about some of the resources that are available. More recently, as rents have gone up, people have become more aware of these issues. And of course, had to deal with these issues firsthand. I think now there's much more awareness about those resources, but I wouldn't have known where to start at that time in my life.”

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### Violence and Harassment:

Throughout the interviews, violence and harassment from law enforcement, CPS, and CalTrans was experienced multiple times. Participants noted law enforcement harassment towards activists, advocates, community based organizations, service providers, and the unhoused community. For those who are incarcerated, it is a common occurrence to experience harassment from staff inside the jails. Incarcerated interviewees often had privileges removed arbitrarily and saw a lack of COVID protocols followed. They shared how jail system administrators lie about COVID in jails and collaboration with ICE. For unhoused participants, they experienced violence through CalTrans and police harassment while living in encampments.

“ I often feel that law enforcement is put in a position to do a job that they are not trained to do. Law enforcement is often put into situations of social service versus doing the law enforcement element of it.”



“ The issue of folks who are Muslim within our carceral system, and not having access to their needs being met. There were times where he [participant’s son who is incarcerated] sent multiple messages and complaints with respects to his diet with respect to time for prayer, because he’s a Muslim. So all of these issues are so connected to one another when it comes to that inhumane treatment of individuals who are [incarcerated.]”

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## Law Enforcement and Criminalization as a Barrier to Care:

Participants shared difficulties accessing services and housing stability because of their experiences with law enforcement and carceral systems, like jails and prisons. One participant noted that because of their interaction with law enforcement, they had trouble securing housing and other basic necessities. Participants noted that law enforcement have been a barrier for community based organizations to provide services

“ I am the mother of six boys and two of my boys in particular have had interactions with law enforcement. As an activist, I have had interaction with law enforcement. And so when I think about trying to achieve stability, and housing, health care, mental health, and any other life needs, I know, in particular, those who either have been put in compromising situations when they lose those things, it is so much harder to gain those things back. So if you lose housing, how much harder it is to re-establish yourself to secure and sustainable housing, it can be a challenge for folks who have experienced these touches in interactions with law enforcement.”

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## Gendered Violence:

For some of the female interviewees, they shared experiencing gendered violence, such as sexual violence and violence around their birth control with participants having a lack of access to proper reproductive care while inside the jails.

“ There’s not many places that help single women. There’s not many places that help single women, period. And single women need some type of place that’s going to help us with housing, whatever type of resources we need. We need help with it. We are single women out here by ourselves.” – **A currently unhoused person**

“ I have an IUD and I’m not gonna let them take it out here.” - **A currently incarcerated person in the Sacramento Main Jail**

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## Social Isolation:

Participants also shared the stress of being separated from their loved ones. Housing facilities often are separated by gender, contributing family separation. Some shelters do not allow pets, so unhoused members are forced to leave their pets behind to access short-term shelter. For those who are incarcerated, long-term separation from their families makes reentry even more challenging, in addition to the psychological and emotional stress of being separated from their family and loved ones.

“ They tried to separate me and my husband and I didn't feel safe alone.”  
– A currently unhoused person

“ Help me be able to deal with not knowing my children after being gone for so long, because I have children that grew up while I was incarcerated.” – A currently incarcerated person in RCCC

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## Limited Financial and Job Assistance:

Participants throughout the interviews stressed the need for workforce development and job training as a way to receive gainful employment to support their loved ones. For incarcerated and formerly incarcerated members, their record has been a barrier to receiving stable employment. Additionally, unhoused participants shared how helpful stimulus funds have been to access basic necessities and expressed the need for increased financial assistance to support residents in getting back on their feet.

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## Generational Poverty:

A key theme throughout the focus group was intergenerational poverty where families and their loved ones were in cycles of being excluded from services and care and these cycles then affected their children.

“ I think something that has been hard is generational poverty. **It's really easy for families to lose wealth and never accumulate wealth.** And it's very hard for families to gain wealth, even now, my family has been poor for so long that my dad is living outside at this juncture, after all these years and all this struggle, and we've like [been] in and out and of you know, different ways of trying to stay stable.”

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## Lack of Community Engagement:

Residents during the listening session noted concerns around Sacramento County and its mismanagement of COVID-19 relief funding and a lack of transparency over public dollars. Participants desired for increased accountability and community participation of local policy and budget making to ensure that governmental dollars were used to fund public health and community services.

## Policy Recommendations

“ I think that everybody here has about zero ability to do anything other than to basically find a place to sleep at night...**This is what we worry about: where our food is for today, where our blanket is for tonight, where we are sleeping tonight,** and where we're getting our cigarettes and things like this. So basic needs is what people are exerting all of their energy into.” – A currently unhoused person

“ A healthy Sacramento is...getting the help that we need. Getting the help that we deserve... even though we're inmates, we're still human, we still have needs... **a lot of this stuff is due to us not being able to have stable housing, then we go back to what we know.** And that's burglaries, selling drugs, robbery, stuff like petty thefts to get into like shoplifting, anything to help us get through the day.” – A currently incarcerated person in RCCC

**“** We should be looking at homeownership and providing funding so that people could buy housing, not giving the money to developers to build housing. Again, we already are giving them the money from our taxes to have them build these affordable housing. **[We need to] provide low interest, zero interest loans, to be able to purchase houses.”**

**“** I just believe in housing first as far as people getting access to anything that they need, having people be housed first in environments that have dignity involved in them. There's some housing projects where they're like housing multiple people to a room. And that's, that's thought of as 're-housing' somebody, but I feel like by building and providing or transforming current housing into more affordable housing is what's gonna pop the bubble and allow people to access being able to live.”

- **Fund and provide basic necessities**, such as items for personal hygiene and daily living needs, including rain boots, showers, charging stations for technological devices, bathrooms, etc., for unhoused residents to easily access.
- **Allocate local funding as well as relief funding, such as the American Rescue Plan Act, to develop public housing** through non-profit developers that are responsive to the needs of unhoused residents.
- **Invest in dignified, safe, and quality housing infrastructure that is accessible to individuals with a criminal record** through partnerships with community based organizations in developing publicly owned housing
- Develop opportunities for homeownership especially for excluded and underserved communities.
- Ensure incarcerated individuals in Sacramento County receive Identification, TB tests, and other required documentation needed to access publicly available housing services post-release.

**“** ...have more trade oriented programs that will be helpful outside.”  
– A currently incarcerated person in RCCC

**“** ...the re-entry program we have here, I don't want to hate on it, it does not have the money or the resources it needs. Basically make the whole thing a program to help people get back on their feet and change their lives.” – A currently incarcerated person in RCCC

- **Fund job training and education programs** to provide a sense of purpose and help residents gain employment, especially those who have been previously incarcerated.
- **Allocate funding and expand expungement opportunities** through the Public Defender's Office for individuals who qualify to have their criminal record expunged.
- **Make jail phone calls free** for those incarcerated in Sacramento County jails and Youth Detention Facilities.

**“** *I'm SSI and I'm already broke. The deadline passed and I had bills...I had to take the bulk of my money and buy a generator so I can have some electricity so I can charge my phone. ...And they think that because they gave us a \$100 raise that that's doing something. No. **How about giving us a \$500 raise or something that's gonna make a difference?**” – A currently unhoused person*

- **Provide universal basic income and increase financial assistance, such as the COVID stimulus funding to community residents, especially those who are unhoused, incarcerated, and formerly incarcerated.** Scale the guaranteed income projects currently being done in the Sacramento and Stockton region.

**“** *We need to invest in our youth in a way that is trauma informed, that makes sure that it addresses birth and circumstance, that they won't when they become adults... have to heal from the traumas that these systems and adults put on them.”*

**“** *After school care is beneficial for a lot of kids whose parents have to work really late at night, who need that extra help with homework, who do not have access to the internet or computers at home. And I think that that aspect needs to be funded more. And include nurses and social workers, counselors, etc. When I taught high schoolers, a lot of my students didn't have those services. And it was very hard for them to navigate through a school system and, and through life, because their parents were incarcerated or on drugs”*

- Fund after school youth programs, trauma informed services, and tutors to promote violence prevention and positive outcomes for youth.

**“** *I would recommend [the community] coming up with a percentage of the budget, not absolute amounts, and look at all the line items, and then say what percent of total spending should go to each category... If you step back and you look at the percentages for the different categories, that seems to me like the best way to get a sort of balanced approach that can be more durable, from a policy basis, because you can use it every year.”*

- **Develop accountability measures for county budget processes** to be transparent and understandable to the public, such as translating budget documents in non-English languages and working with community based organizations to support residents in understanding the county budget.
- **Establish annual budget priorities that center community care needs over law enforcement and economic interests** to ensure county staff will allocate sufficient funding towards health services and other social determinants of health, such as housing, education, youth services, mental health care, etc and prevent budget decreases from these critical services.
- **Establish a participatory budgeting system** as a first step to creating a new system where all county residents can meaningfully shape how public money is spent and to increase transparency, knowledge, and civic engagement in the county budget process.

In conjunction with the policy recommendations shared during the listening session, it is also important to note existing advocacy and demands developed by the Community Care First Sacramento Coalition and other resources such as the People's Budget Sacramento who have also implemented participatory budgeting practices locally.

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## Appendix A.

### Interview Survey Questions

Name: \_\_\_\_\_ Where in the County do you live/stay?

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender Identity/Pronouns: \_\_\_\_\_

Have you been incarcerated in Sac County Jail? Has a loved one?  
Which jail? How many times? How long?

What has been (if any) your experience with law enforcement in Sacramento County?  
(This can include Probation, Sheriff, local police including Sacramento/Rancho Cordova/  
Elk Grove/Citrus Heights/Folsom, ICE, CPS, etc.)

Have you ever been unhoused (or homeless) or housing unstable (this can include  
eviction/foreclosure/unable to pay rent/mortgage)? Has a loved one? For how long?  
Where was your last stable housing? Date/Year?

Are there programs that have been helpful to you and/or your loved ones? Are there  
programs that have not been helpful?

What has been your experience in accessing SERVICES OR PROGRAMS in Sacramento  
County that would have helped you? (This can include HOUSING, MENTAL HEALTH  
CARE, MEDICAL CARE) (On a scale of 0 - 5, 0 being impossible and 5 being easy—for  
both inside and outside the jail)

- HOUSING (Scale of 0-5)
- MENTAL HEALTH CARE (Scale of 0-5)
- MEDICAL CARE (including drug treatment) (Scale of 0-5)

What does a healthy Sacramento County/Community look and feel like to you? (This  
can be what jobs you would like to see, changes to your schools and neighborhoods, or  
even policies you'd liked to see passed.)

What resources do you wish you had? What about your loved ones/community?

What services or programs do you need right now? What about your loved ones/  
community?

What resources should our County fund? (This can include things like housing,  
parks, youth, etc.)

Would you like to get involved in our advocacy and organizing work to shift the county  
budget?

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## Appendix B.

### Countywide Listening Session Questions

Our goals for the county-wide listening session were to identify and understand barriers to care and resources, and develop demands around community investments.

We asked the following questions:

- What has been your experience in trying to achieve stability in housing, healthcare, mental healthcare, or any other life need you may have? What has been successful or what barriers have you faced?
- What has been your experience with law enforcement here in Sacramento County, whether inside the jail or outside in the community? (This can include Probation, Sheriff, local police departments, ICE, CPS, Homeless Outreach Teams, Code Enforcement, etc.)
- What resources and programs should our County fund to achieve a healthy and thriving Sacramento for all?