



SAN DIEGO COUNTY SHERIFF'S OFFICE

Kelly A. Martinez, Sheriff

Rich Williams, Undersheriff

March 11, 2025

To: Supervisor Terra Lawson-Remer, Vice Chair
 Supervisor Joel Anderson
 Supervisor Monica Montgomery Steppe
 Supervisor Jim Desmond

From: Sheriff Kelly Martinez

SAN DIEGO SHERIFF'S OFFICE'S IMPACT ON INCREASING CLERB AUTHORITY

On December 10, 2024 (35), the San Diego County Board of Supervisors, at the request of Supervisor Montgomery-Steppe, passed a recommendation for County Counsel to amend an ordinance making changes to San Diego County Administrative Code §§ 340-340.15 relating to the Citizens Law Enforcement Review Board ("CLERB"), and to incorporate how such changes would also impact the San Diego Sheriff's Office. Among those changes was a recommendation that CLERB have jurisdiction and oversight that included contracted healthcare providers.

Over the past few months, I appreciated the opportunity to brief you all on how certain aspects of this proposal would be detrimental to maintaining a service provider without jeopardizing operations. However, as part of the County of San Diego's (County) report-back process, I would like to formally state such concerns and ramifications that can jeopardize the safety and well-being of incarcerated persons as a direct result of moving forward on the recommendation to give the CLERB oversight of contracted medical providers in the jail. To our knowledge, this proposal would be the first in the nation to allow a law enforcement oversight entity authority over medical providers.

Currently, the Sheriff's Office contracts for medical services for many of the needs of people in our custody. Approximately 50,000 individuals are booked into our jails annually.

The United States Constitution requires Sheriffs to provide people in jail with adequate medical care. The Supreme Court has held that deliberate indifference to the serious medical needs of incarcerated people – a population that is disproportionately sick, poor, and from marginalized racial and ethnic groups – violates the Eighth Amendment's prohibition against cruel and unusual punishment. I take this obligation seriously.

The current contracted medical and mental healthcare providers are NaphCare and Correctional Healthcare Partners (CHP). Below is a list of the services they provide.

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NaphCare

Electronic Health Record (TechCare)

Psychiatry Services

- Psychiatrists
- Psychiatric Nurse Practitioners
- Psychologists

Women's Health Services (nurse practitioner)

Dental Health

- Dentists
- Dental Hygienists
- Dental Assistants

Optometry

Pharmacy Services

Hemodialysis Services (UCSD)

Radiology Services (Radiologists, Radiology Technicians)

Laboratory Services

Medical Supplies

Biomedical Equipment Maintenance

Jail Based Competency Treatment Program

Medication Assisted Treatment Program

Outpatient Specialty Care Services (offsite)

StatCare (Remote Nurse Practitioners)

SureScripts

Ambulance Services

eConsultation Services

Inpatient Services (offsite)

Skilled Nursing Facility Services (offsite)

Long-Term Acute Care Facility Services (offsite)

Correctional Healthcare Partners (CHP)

Onsite Medical Services

- Physicians
- Nurse Practitioners
- Providers at Intake

CHP alone has over 85,000 patient interactions per year. We have recently begun to deploy doctors directly at intake to allow for early evaluation in mitigating undiagnosed conditions that pose risk to the incarcerated population.

Our current medical contract for NaphCare is \$61,965,324 annually. The contract with CHP is \$23,267,700. This does not include the costs for our own healthcare staff. The Sheriff employs nurses, mental health clinicians, and other staff to see to the needs of the incarcerated population Sheriff contracts with hospitals in the region, clinics, and other providers for community-based care when a higher level of care is needed.

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While correctional healthcare and medical providers in this space are limited, we believe the level of care provided by NaphCare and CHP is optimal, especially as we continue to enhance the care being provided to those in our custodial setting. Innovations and process improvements in our service delivery, over the past two years, have contributed to a 50% reduction in-custody deaths. We strive every day to ensure our level of care supports individuals in our facilities.

I have been open to all the suggestions of the CLERB and agree that we should build community trust in the healthcare we provide to people in our custody. To this end, my team has been exploring all options regarding that particular recommendation. That exploration has included conversations with both of our healthcare providers NaphCare and CHP. Both providers stated they could potentially end their contract to provide healthcare in our facilities if the County passed an ordinance where CLERB had oversight of their services, or if they moved forward, they would have to mitigate risk to their operations by substantially increasing their costs. There is currently medical board oversight of these providers which is a much more stringent, appropriate, and industry approved process of ensuring compliance with medical standards. Medical Boards have the authority to remove certifications and licenses of healthcare workers and as contractors, the Sheriff can remove individuals from working in the facilities immediately. These factors make the current model an effective and efficient process for ensuring quality care.

As the Sheriff, it is my duty to inform the County of the incredible risk we face of losing appropriate medical care for individuals I have a duty to protect. Compliance with an ordinance giving civilian investigative authority oversight in this area would result in a severe lack of appropriate medical care for a high-risk and vulnerable population.

At a time when we are making enormous improvements in our jails with a cohesive medical and mental health service delivery system, oversight of contracted medical providers in the jail could derail this operation.

Beyond the risks identified above, I do not currently have enough staff to manage the increased workload we anticipate will occur with approval of responding to the expansion of CLERB's authority. The Sheriff's Office's staffing resources dedicated to serve as a liaison to CLERB and associated media inquiries and public records act requests is consistently inundated with the demands of working with the existing CLERB requests for information, documents, meetings, coordination, and responses. Should expansion authority take effect, I would require a unit of staff who would be solely responsible for working with the CLERB. My staffing request would be for a manager, six full time investigators, an analyst, secretary, vehicles for staff, and office space. I do not currently have that cost estimate but will provide that to the Chief Administrative Officer.

I appreciate and share the Board's interest in oversight and transparency of jail operations and accountability as it relates to our responsibility to protect individuals who are in custody. I also believe that it is my duty to be transparent as it relates to risk to the County and to the population, I have a duty to protect.

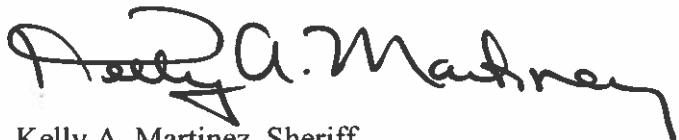
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I appreciate your consideration of my concerns.

Respectfully,

A handwritten signature in black ink, appearing to read "Kelly A. Martinez". The signature is fluid and cursive, with the first name "Kelly" and last name "Martinez" clearly legible.

Kelly A. Martinez, Sheriff

Cc: Ebony N. Shelton, Chief Administrative Officer
Caroline Smith, Assistant Chief Administrative Officer
Andrew Strong, Deputy Chief Administrative Officer, Public Safety Group
Claudia Silva, County Counsel
Brett Kalina, Executive Director, Citizens Law Enforcement Review Board

**SAN DIEGO COUNTY SHERIFF'S OFFICE*****Kelly A. Martinez, Sheriff****Rich Williams, Undersheriff*

August 5, 2025

TO: Supervisor Terra Lawson-Remer, Chair
Supervisor Monica Montgomery Steppe, Vice Chair
Supervisor Paloma Aguirre
Supervisor Joel Anderson
Supervisor Jim Desmond

FROM: Kelly A. Martinez, Sheriff

REQUEST FOR BOARD CONSIDERATION RE: EXPANDED CLERB OVERSIGHT

On December 10, 2024 (35), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer to propose amendments to the County of San Diego's (County) Code of Administrative Ordinances governing the Citizens Law Enforcement Review Board (CLERB). The amendments to the County Ordinance would expand CLERB's oversight authority to include medical staff and contracted providers, among other provisions.

Reforming and improving our detention facilities is a goal I share with the Board of Supervisors and the CLERB. Therefore, I understand the significance of this Board-initiated proposal that seeks to address deficiencies by understanding all the circumstances and parties involved when a death occurs in the Sheriff's custodial setting. With the ability to only investigate the actions of sworn staff, the CLERB is unable to investigate any actions, or inaction, of medical providers and staff which may have been a factor in the death. I share the CLERB's commitment to ensuring that everyone involved in the well-being of individuals in Sheriff's custody performs to the highest standards of care, adhering to policy, best practices, and the law. There should also be accountability and an emphasis on improvement and prevention.

The incarcerated population should receive high-quality, safe, and compassionate care, which includes timely identification and action in remedying issues of medical concern. The expertise and medical practice of healthcare professionals for patients in custody must encompass a range of qualities. These include empathy, integrity, respect, and accountability, with a high level of clinical competence. Medical and sworn professionals in San Diego County must be equipped with the necessary tools and support to deliver this high level of care.

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When discussing individuals who enter Sheriff's Office custody, it is essential to recognize that the San Diego County jail population reflects global trends. There is no other area that is suffering more in the post-pandemic era than the state of our collective medical and mental health. Medical and mental health across all demographics, coupled with increased homelessness, substance use disorder, and a lack of sufficient community-based facilities, have all contributed to unprecedented urgency in required care, not only in the public but more commonly with individuals who come to jail. The jails face proportional challenges with the state of medical and mental health of people in the community however we see such factors in statistically higher numbers in the incarcerated population. San Diego County jails are the largest provider of mental health care in the region, with approximately 50 percent of the population prescribed some form of psychotropic medication. With over 50,000 bookings per year, we see firsthand the healthcare need for a population that often has not been under a doctor's care for years and sometimes decades. While this is daunting, the Sheriff's Office is committed to providing a high standard of care.

The Sheriff's Office rises to meet the healthcare challenge of treating in a carceral setting every day. I do not want to turn away any possible solution or support from the CLERB; however, I do not believe oversight, particularly of our contracted providers, is the answer. I believe there is an alternative that will satisfy the universal desire to improve our system, support our medical providers, and ensure the best outcomes for people in our custody.

During my time as Sheriff, I have committed to making meaningful changes, and we are showing substantial progress in advancing jail reform. In-custody deaths, drug overdoses, and suicides in jails have reached record lows, reflecting substantive and sustainable changes to improve jail safety and the well-being of individuals in custody. These results demonstrate the effectiveness of the reforms already underway and the importance of maintaining a continued operational focus on medical and mental health care improvements. Examples of these improvements are listed in the data below:

Increases in staffing resources:

- The Sheriff's Office employs 282 nurses. 74 nurses have been hired since July 1, 2024;
- Since January 1, 2024, the Sheriff's Office has hired and assigned 133 deputies to our detention facilities;
- In 2022, the Sheriff's Office created a Certified Nursing assistant position (CNA). Currently the Sheriff's Office employs 17 CNA's;
- The Sheriff's Office has created and filled three Director of Nursing (DON) positions. Each DON supervises multiple facilities as well as Infectious Control, Training,

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Pharmacy, Quality Assurance, Policy and Procedures, Medicated Assisted Treatment, Case Management and several special projects;

- Increased supervision;
- In 2023, the Sheriff's Office created a Mental Health Case Manager position. There are currently 10 Mental Health Case Managers. Additionally, the Sheriff's Office has hired 4 Licensed Mental Health Clinicians since July 1, 2024;
- Addition of doctors and nurses at intake;
- More stringent acceptance guidelines for emergency rooms;
- MAT programs – 378 incarcerated persons currently receiving full MAT services (medication, mental health services and reentry services). There are 473 incarcerated individuals who are receiving buprenorphine (medication only). We have referred 120 incarcerated persons to community programs; and
- Facility Wellness Checks are conducted weekly in which mental health professionals, medical professionals, counselors and facility administration check on incarcerated people to identify needs and create open lines of communication with resources.

Enhanced medical interactions:

- 68,566 psychiatric encounters completed in the last year;
- Reduction in wait time for mental health clinician and psychiatry appointments
- Nearly 5,000 Nursing sick calls complete year to date;
- Utilization of Telepsychiatry which allows psychiatrists to provide services remotely making mental health care more accessible;
- In 2019, the Sheriff's Office implemented TechCare which is an electronic health records application. Since implementation, TechCare has enhanced healthcare services provided in the detentions facilities by streamlining patient data management and medication administration into a single application. It allows quick access to comprehensive patient history, thus, ensuring more accurate diagnoses and personalized treatment plans;
- Implementation of Continuous Glucose Monitoring in partnership with DEXCOM;
- Sharing of community medical data improvements;
- Jail-Based Competency Treatment (JBCT) Program;
- Early Access and Stabilization Services (EASS) Program;
- Expanded partnerships with community-based providers;
- More audits and reviews of medical staff; and
- Three-day fatality reviews and action plans are developed and implemented.

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As we continue to improve healthcare delivery in the jail, I recognize that we must build upon the improvements we have already made and, to promote a comprehensive medical system, we must focus on industry standards to elevate our medical and mental health care delivery system. For these reasons, I recommend we shift our focus from a reactive oversight CLERB model to a medically based third-party administrator. Third Party Administrators (TPA) act as a neutral party between the employer (in this case, the Sheriff's Office) and the healthcare provider. In complex systems, like jail healthcare, TPAs bring specialization, accountability and efficiency to a process by ensuring services meet professional and regulatory standards. They have the tools and knowledge to monitor clinical quality, utilization, and compliance.

Further, a TPA could bring additional expertise in every job classification in the medical field. They are an unbiased entity with professional knowledge in standards of care. Experts skilled in risk analysis, fatality review, post-incident analysis, peer-to-peer reviews, and expertise in identifying and addressing system gaps. Medical industry standards utilize TPA reviewers (facilitated by a physician, acting as an independent reviewer), who consult with the treating physician (or other peer consultations) to discuss a patient's medical care and treatment plan. This process helps ensure that treatment is appropriate, evidence-based, and cost-effective. Independent review organizations provide reviewing physicians, who are typically specialists in the relevant field, ensuring expertise in the cases they review. The goal is to facilitate open communication between physicians, ensure appropriate treatment, and avoid unnecessary or ineffective medical care. This model lends itself to improved patient care and, in real-time, provides the feedback necessary to ensure the best outcomes.

Los Angeles County has implemented a TPA structure through the Office of Inspector General's Correctional Health Oversight Unit. This unit is tasked with reviewing medical and mental health care delivery within their county jails and has become a national example of independent, clinically informed correctional oversight.

Additionally, in the most recent San Diego County Grand Jury Report, one of the key recommendations was the creation of independent oversight of the jail medical system, specifically to ensure accountability, transparency, and quality of care. The adoption of a TPA model directly addresses that recommendation and aligns with the Grand Jury's call for action.

In speaking with industry experts, a civilian body such as the CLERB conducting this work could have a chilling effect on the jail healthcare system. Therefore, I recommend we shift our focus to better serve our jail population by instituting a recognized process with proven results. A TPA model will allow for a timely review and could prevent waiting until an in-custody death occurs to identify any gaps in service.

Request for Board Consideration RE: Expanded CLERB Oversight

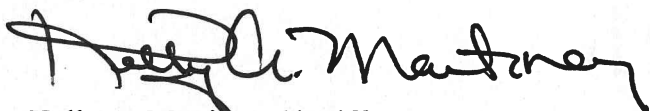
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I remain committed to collaborative partnership with the Board of Supervisors and the CLERB, therefore it is for these reasons I believe that if the Board is open to exploring a TPA, I would welcome the CLERB and representatives from the County of San Diego to identify the duties, required knowledge, skills, and abilities, as well as the minimum qualifications of the outside administrator. I would propose that the Board of Supervisors delay approval of an ordinance that would expand the CLERB oversight to include medical staff and contracted providers and instead approve the exploration and possible solicitation of a TPA review model. An industry experienced administrator, who would report findings to the Sheriff's Office and the CLERB, could meet the goal of supporting our medical providers, ensuring improvements continue and providing feedback to the CLERB with a focus on clinical best practices.

I appreciate your ongoing consideration of my concerns and hope you find this proposal a feasible option that would achieve everyone's goal to improve our jail system while implementing meaningful, personalized oversight.

Respectfully,

A handwritten signature in black ink, appearing to read "Kelly A. Martinez", with a stylized, cursive script.

Kelly A. Martinez, Sheriff

cc: Ebony N. Shelton, Chief Administrative Officer
Caroline Smith, Assistant Chief Administrative Officer
Andrew Strong, Deputy Chief Administrative Officer, Public Safety Group
Brian Albright, Deputy Chief Administrative Officer, Finance and General Government Group
David Smith, Interim County Counsel
Brett Kalina, Executive Director, Citizens Law Enforcement Review Board
Maryanne Pintar, Chair, Citizens Law Enforcement Review Board