



## **SAN FRANCISCO'S MISDEMEANOR BEHAVIORAL HEALTH COURT PRELIMINARY FINDINGS**

Created: February 2, 2018

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## **INTRODUCTION:**

When the Board of State and Community Corrections announced the Mentally Ill Offender Crime Reduction Grants (MIOCRG) in February of 2015, a Grant Steering Committee convened by the Sheriff's Department quickly decided to apply for money for housing to support clients of the newly-proposed Misdemeanor Behavioral Health Court. At that time, the Court, Sheriff's Department, Public Defender, District Attorney and Citywide Forensics had been meeting to discuss the needs of misdemeanor offenders with mental illness. The Behavioral Health Court was struggling to engage these clients due to their limited jail exposure. The Sheriff's Department agreed to leverage its existing intensive case management programs, Pretrial's Court Accountable Homeless Services and the No Violence Alliance (NoVA) program, which includes mental health services provided by Citywide, to provide case management services for the clients of this new Collaborative Court. In January of 2015, the average daily population in the jail was 1,142 and there was capacity within these programs to further reduce the jail population. The Behavioral Health Court Judge, Public Defender and District Attorney all agreed to carve out time from their busy schedules to staff the Court. Citywide had also successfully applied for a \$200,000 grant from the Battery Powered Foundation to help support housing for the clients. The Court started on June 23, 2015, just two weeks after notification of the Mentally Ill Offender Crime Reduction Grant (MIOCRG) award and several months before we were able to spend down grant funds.

Over the three-year period, which began on July 1, 2015, and concludes on June 30, 2018, the grant was targeted to serve 114 misdemeanor offenders with mental illness enrolled in the Court. Originally, the vision was for MIOCRG to fund direct housing services to support a total of 19 dedicated beds in group and Single Residency Occupancy (SRO) settings. In addition, MIOCRG funding supports a full-time Peer Specialist, hired through a subcontract to Westside Community Services, who builds on the work of the leveraged Case Management teams. MIOCRG also supports a flex fund created to provide incentives for consistent engagement in Court-ordered treatment plans and to assist clients with transportation, hygiene and food costs.

The Misdemeanor Behavioral Health Court started as a special calendar within San Francisco's Behavioral Health Court. After the initial six months of operation, the number of clients and length of both calendars were creating a strain on all of the partners, particularly the subject matter experts within the District Attorney and Public Defender's offices. In January 2016, the Court stopped accepting new referrals, feeling that everyone was stretched to capacity. All partners were committed to finding a solution, and with Judge Albers' leadership and much discussion, the Court identified a time within its busy calendar to devote to MBHC. The District Attorney and Public Defender's Offices agreed to divert their subject matter experts from other responsibilities and referrals were again accepted.

In addition to the Court team, the treatment team consisted of case managers from Westside Community Services, clinical staff from UCSF Citywide--both funded through the Sheriff's Department NoVA contracts--and case managers from the SFSD Pretrial Diversion Project. The NoVA clinicians worked with Jail Behavioral Health staff to determine clinical eligibility, developed treatment plans with the case managers and provided therapy and linkage to those clients not linked to a Community Behavioral Health provider. The case managers at

Westside and Pretrial provided hands-on, community-based support to the clients as they worked to achieve the objectives in their care plan and reported client progress back to the Court. Over the course of the grant, the SFSD Pretrial Diversion Project continuously faced capacity issues and was unable to sustain the time commitments of bi-weekly treatment team meetings and weekly Court appearances, though they continue to play a pivotal role as a referral source.

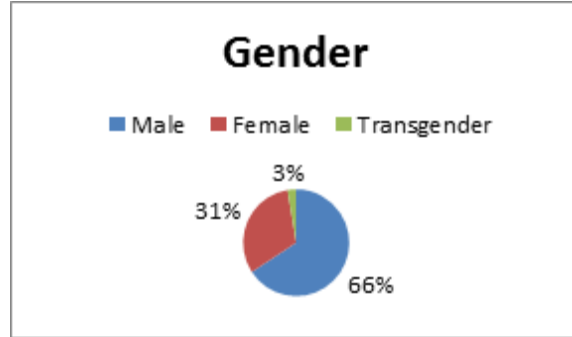
The grant objectives are to:

- Increase engagement with mental health treatment providers;
- Increase compliance with Court-ordered treatment plan and
- Reduce criminal justice system involvement as measured by arraignments for new offenses in San Francisco.

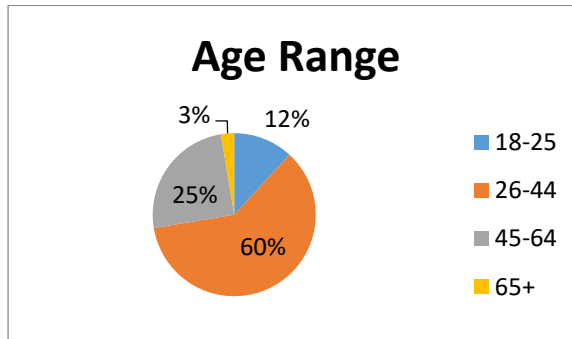
## STATISTICS:

From June 23, 2015, through September 30, 2017, 76 clients were enrolled in the Court. These 76 individuals demonstrate considerable demographic diversity as illustrated below:

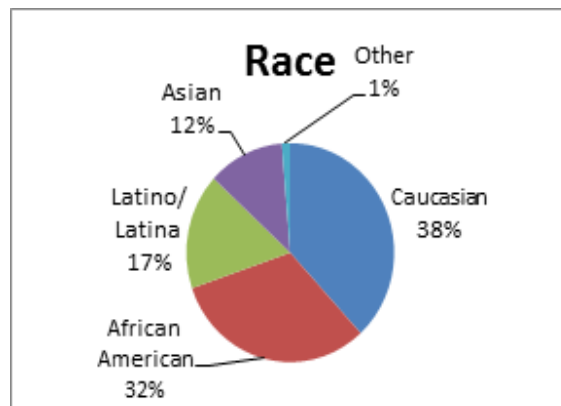
One-third of the participants in Misdemeanor Behavioral Health Court identified as female.



The majority of participants were between the ages of 26 and 44, while 12 percent were transitional age youth<sup>1</sup>.



The majority of the participants were Caucasian, which represented 38 percent of the participants while African Americans represented 32 percent of the participants.



<sup>1</sup> Transitional age youth include persons between the ages of 18-25.

## INDICATORS OF HIGH NEED:

Of the 76 client participants:

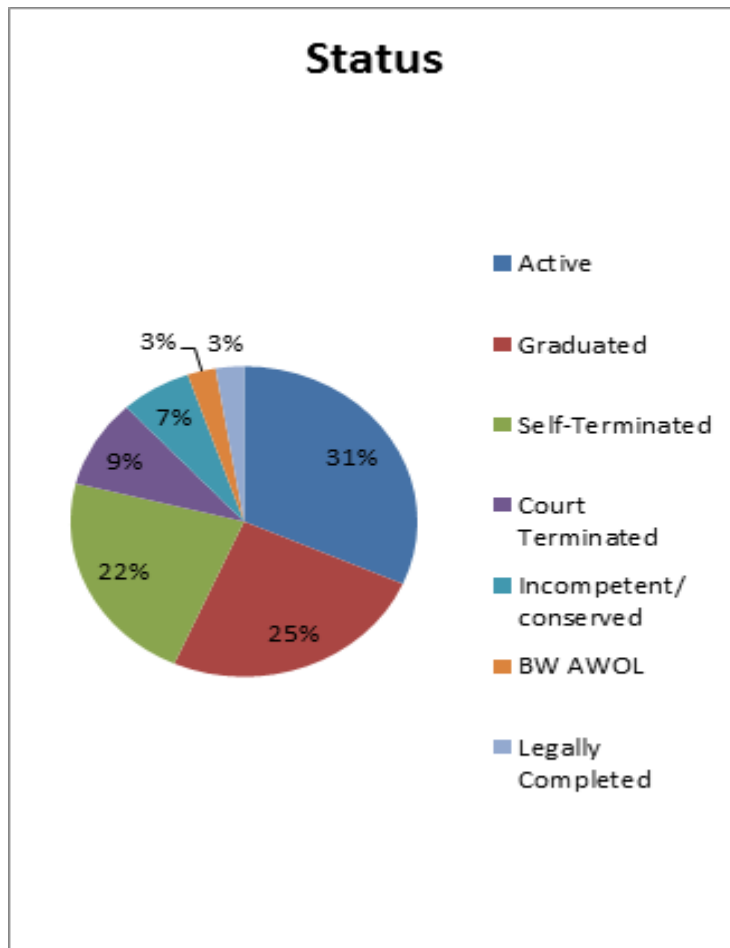
- 1) Forty-three clients or 57 percent reported being homeless at intake<sup>2</sup>.
- 2) Seventy clients or 92 percent were dually diagnosed. The predominant diagnosis of clients was a thought disorder such as schizophrenia or schizoaffective disorder.
- 3) Fifty-nine clients or 78 percent received psychiatric emergency services (PES) an average of 3.8 times in the 12 months prior to enrollment in MBHC, while 17 of these clients had been to PES five or more times.
  - Those same 59 clients utilized a total of 1,191 inpatient hospital bed days in the 12 months prior to enrollment in MBHC.
- 4) Almost half of all clients were not previously linked to mental health services.
- 5) Fifty-three out of 76 clients were receiving disability benefits prior to enrollment, while six clients received either veteran's benefits, general assistance or CalFresh (food assistance). Seventeen of the 76 clients were not linked to any benefits prior to enrollment.
- 6) The Department of Public Health maintains a list of high users of their medical, psychiatric and substance use systems, 24 were included in the top two to five percent of users at some time between 2015-2017. Of those 24, seven clients were in the top two to five percent over multiple years.
- 7) Thirty-nine clients or 51 percent were referred to the Court while on pretrial release, and all 76 clients combined utilized 7,282 jail bed days in the 12 months prior to their MBHC participation.
- 8) The California Policy Lab is doing an analysis of all San Francisco arrests made between November 5, 2014 and July 31, 2016, to better understand the frequent utilizers of the criminal justice system. They provided us with the status of where the MBHC clients fell in a ranking of high utilizers. Five MBHC Court participants were in the top one percent; another 17 participants were in the top five percent and another nine were in the top ten percent. In summary, almost half (36 clients or 47 percent of participants) had frequent contact with law enforcement.
- 9) These clients can also present challenges in the custody setting. A review of the Jail Management System records from July 1, 2015 shows that 51 clients or 67 percent had a history of placement in safety cells for danger to themselves or others, with an average number of safety cell placements of 4.5.

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<sup>2</sup> Intake is defined as the initial enrollment with a case manager from either NoVA or Pretrial.

## CLIENT OUTCOMES:

The status of the 76 clients as of September 30, 2017, are as follows:



### Active:

Twenty-four clients were participating in the Court.

### Graduated:

Seventeen clients successfully graduated from MBHC. All had stable housing, were engaged in ongoing treatment and were linked to disability benefits, if eligible. None has returned to the San Francisco County Jail.

Note: Since September 30, 2017, two additional clients graduated the program while two other clients were arraigned on new misdemeanor offenses in San Francisco.

**Self-Terminated:**

Participation in the Court is very demanding. Clients must agree to be medication compliant, meet regularly with their therapist and case manager and adhere to their treatment plan goals, which include attendance at weekly Wellness Recovery Action Plan (WRAP) groups and substance abuse treatment. Seventeen clients could not make that commitment or grew frustrated with being re-incarcerated after failing to comply with the Court-ordered treatment and waiting in custody for a treatment placement, and opted out.

**Court Terminated:**

Once legal and clinical eligibility was established, the Court attempted to work with everyone; however, seven clients were returned to the Criminal Court for not following through on their treatment plans.

**Incompetent/Conserved:**

The needs of five of the clients were too acute for the Court and the treatment team to appropriately address. These five clients were either deemed incompetent or conserved by the Court.

**Bench Warrant Issued / Absent Without Leave (AWOL):**

Two clients were terminated after failing to appear for Court and months of unsuccessful outreach efforts. These clients were removed from MBHC and are required to reapply for acceptance upon re-arrest for the bench warrant.

**Legally Completed:**

Two clients who participated in the Court as conditions of their probation were engaged and participating at the end of their court mandates, but had not attained all of the treatment goals necessary to formally graduate.



## **SYSTEM ENHANCEMENTS:**

### **1) Access to Treatment**

Our original vision was to quickly transition misdemeanor clients from custody to the community by immediately providing transitional housing and out-patient services. However, the client population was more disabled and low-functioning than anticipated. Many clients required residential treatment before accessing the transitional housing. Over the initial 21 months of the Court, 37 clients were referred in custody and spent an average of 29 days in custody between legal acceptance into the Court and release to the community.

In December of 2016, the Sheriff's Department and the Department of Public Health started meeting to develop strategies to reduce jail time for MBHC clients. In January of 2017, we implemented a process whereby the Sheriff's Department and its leveraged case managers at NoVA and Pretrial committed to making prioritized releases and transports of clients. If a bed at an Acute Diversion Unit suddenly became available, we would have the client brought from jail to the program within a matter of hours. This required a lot of planning by the Court's treatment team and collaboration with the Sheriff's Department Custody Operations Division and Jail Behavioral Health Services. As many of our MBHC clients are housed in the Psychiatric Sheltered Living Unit in San Bruno, it has been a challenge to ensure that clients--with the medical and legal clearance necessary to be released quickly--are re-housed downtown. Often, when we are notified of bed availability, we do not have a client ready to utilize it. Or when there is a ready client, we do not get a call. However, it has been a great accomplishment to implement this process and eight clients have benefitted from having faster access to treatment in the community.

On March 8, 2017, the San Francisco Sheriff's Department (SFSD) requested a grant modification from the Board of State and Community Corrections to divert funds to provide immediate access to residential beds. SFSD negotiated with the Salvation Army Harbor Lights Center (Harbor Lights), to secure five beds in its stabilization/detox unit at the Harbor Lights for MBHC clients. Since the Harbor Lights stabilization/detox unit was not set up to work with clients with such acute mental health needs, SFSD diverted additional funds to clinical staffing needs. SFSD added 3.2 full time employees (FTE) including: .2 FTE Psychiatrist/Nurse Practitioner who performs psychiatric evaluations, prescribes, dispenses and monitors medication, and provides clinical leadership; one FTE Peer Specialist who escorts clients to outside appointments such as court dates or any additional support necessary; two FTEs of Crisis Specialists who provide supportive intervention and targeted case management, develop and lead coping, educational and skills groups, and work with the Court Treatment Team to assist clients in developing the increased skills necessary for independent living on an ongoing basis.

These beds became available for clients in August of 2017 and have been consistently full. The Westside staff is on site from 8a.m. until 8p.m. Monday through Friday and are available all day/night when one of the MBHC clients is struggling. In addition to individual sessions with each of the MBHC clients, the Westside clinicians hold Seeking Safety, Anger Management and Relapse Prevention groups, which are open to other Harbor Lights clients. The expanded staffing allows Harbor Lights to extend eligibility to those who require medication monitoring and those with opioid addictions who need to be escorted to clinics for methadone or

buprenorphine. The MBHC clients have long histories of abandoning treatment or being discharged for inappropriate behaviors. Having the presence of staff who are able to take clients around the block on a stress release walk makes a significant difference in keeping them engaged in treatment. The Westside and Harbor Lights teams also meet weekly to discuss the clients and their treatment plans.

As these enhancements were being implemented between April 1 and September 30, 2017, nine clients were referred to MBHC in custody. The average time between legal acceptance into the Court and release to the community was reduced to 13 days.

## **2) Transitional Housing:**

The San Francisco Sheriff's Department initiated the program utilizing the established NoVA housing providers, which allowed for options depending on the clients' needs. Recovery Survival Network (RSN), a non-profit organization dedicated to assisting persons re-entering society from residential drug treatment programs and the criminal justice system, provided Single Resident Occupant (SRO) housing at the Ascot Hotel located at mid-Market and the Jerry Hotel located in the Mission. UCSF Citywide also had secured a separate grant, which has been used to pay for SRO rooms at the Broadway Hotel in Polk Gulch. SRO housing offers an option for clients who may not be prepared to live in group housing arrangements, or who need emergency housing for a shorter term.

Westside Community Services provided beds at their group housing sites in the Bayview. This option provides a home-like setting with more staff oversight and structure such as curfews and a commitment to staying sober. Clients who relapsed were escorted to detox and not at risk of losing their housing. This model worked well with many of our clients and we quickly saw a need to expand capacity. In January of 2017, the MIOCRG grant paved the way for Westside to convert a beautiful Edwardian in the Western Addition from an outpatient program and offices to 15 beds of transitional housing for clients.

## CONCLUSION:

The Criminal Justice system cannot be the primary responder to those in our community with serious mental illness, but a Court of interested and compassionate stakeholders can serve as an effective intervention point to offer treatment and services. For those charged with misdemeanors, the Court does not have much leverage due to minimal jail exposure. It is a missed opportunity if timely treatment and support is not offered. We had thought at the onset that the offer of transitional housing and wrap-around services would be sufficient to engage clients into treatment, but underestimated the acuity of the client population. The need for fast access to residential treatment for clients transitioning from the contained environment of the jail became quickly apparent. It is likely that if we had implemented the ADU transportation process and contract with Harbor Lights throughout our study, fewer clients would have opted out of participating. Sixteen of the 17 clients who self-terminated from the Court have since been released from custody. Of those 16, 11 have been booked in the San Francisco Jail and six of those 11 were back within 30 days.

The MIOCRG grant financed progress to our original objectives:

- **Increase engagement with mental health treatment providers**  
Almost half of the Misdemeanor Behavioral Health Court participants were previously unlinked with mental health treatment. These clients were assessed and linked with the appropriate level of care, whether that was outpatient treatment, intensive case management or residential care.
- **Increase compliance with Court-ordered treatment plan**  
Nineteen clients have successfully graduated from MBHC. All had stable housing, were engaged in ongoing treatment and were linked to disability benefits, if eligible due to citizenship.

Note: Two clients were booked into the county jail for misdemeanor offenses after September 30, 2017.

- **Reduce criminal justice system involvement as measured by arraignments for new offenses in San Francisco**  
Prior to their involvement with the Misdemeanor Behavioral Health Court, these 76 individuals had significant histories of criminal justice contact. Only 11 Court participants have been arraigned for new offenses in San Francisco.

## **CLIENT VIGNETTES:**

### **1) “Jenny”**

At the time of enrollment, Jenny was a 30-year-old Guatemalan woman who had lived in San Francisco since she was three. She enrolled in MBHC in July of 2015. Jenny was diagnosed with schizophrenia, alcohol and marijuana dependency and had a 6-month old son involved with Child Protective Services. In the two months preceding her referral to the Misdemeanor Behavioral Health Court (MBHC), Jenny had been arrested three times for assault, threats and violating a stay-away order. Jenny had a long history of psychiatric hospitalizations: 22 Psychiatric Emergency Services Crisis contacts and multiple hospitalizations since 2005 as a result of not being able to manage her symptoms of paranoia and delusions. The NoVA therapist completed a full biopsychosocial evaluation of Jenny, assisted her with linkage to psychiatric services and secured a bed for her at Ashbury House, a residential, mental health program for mothers and children. When it became apparent that her complex clinical picture required ongoing, intensive services, the therapist successfully linked Jenny to ongoing services with the Citywide Forensic Intensive Case Management Program. With the structure of MBHC assisting her, Jenny stabilized on medications and had no new arrests or hospitalizations. With the positive feedback of the Judge and the support of the court clinical team, Jenny learned different coping skills to manage and deal with stressful situations and appreciated the motivational incentives, such as gift cards, which she received at her Court appearances. Jenny graduated from MBHC on June 16, 2016 and completed the Ashbury House program in April of 2017, making a smooth transition to family housing with her son. Jenny continues to engage in weekly therapy, is on time for her monthly injections and attends other treatment groups.

### **2) “Ashley”**

At the time of enrollment, Ashley was a 34-year-old Caucasian woman. She enrolled in MBHC in November of 2015. She had graduated from college with a Bachelor’s degree in Chemistry. Her mental illness became difficult for her to manage in her 20s and she cycled in and out of hospitals. This was her first serious arrest; charged with assault and threats to an executive officer after chasing a woman down the street with a knife when she was decompensated. Ashley was linked with a NoVA therapist and a case manager and housed at the Broadway Hotel. With a proper medication regimen that helped her remain stable, she was able to live independently, secured a restaurant job and reconnected with her parents who lived in San Mateo. The transitional housing component of MBHC made a huge difference in her maintaining stability and led to her successfully linking with services, attending court and obtaining employment. Before graduating in December of 2016, Ashley was linked to ongoing intensive case management with Citywide and obtained permanent housing. She is currently working as a drop-in center and is taking classes for a Community Mental Health certificate.

### 3) "Dave"

At the time of enrollment, Dave was a 50-year-old white male who was diagnosed with schizophrenia and had a history of substance use. He had a long history of homelessness and contact with mental health services, mostly in the form of crisis contacts and multiple past hospitalizations, with poor medication adherence and follow-up with outpatient treatment. He entered MBHC in February 2016 on a vandalism charge. He was linked to the Assisted Outpatient Treatment team after being referred by his father and was enrolled in Citywide Focus. Dave was released from custody to MBHC housing and outpatient treatment at Citywide, but disappeared and got picked up on the bench warrant. He reengaged with Citywide Focus while back in custody and tried again. This time he stayed successfully at the Ascot and engaged with services at Citywide, with some initial extra support from the AOT team. Dave engaged in services at the clinic, made all court appearances, maintained medication compliance, used money management services and linked with a primary care clinic. He also volunteered at the clinic and was linked with an employment specialist to pursue vocational goals. He was able to qualify for permanent supportive housing and was placed in October 2016. Since graduating in December of 2016, Dave continues to participate in treatment, is medication compliant and remains in his housing using money management services. Though still experiencing psychotic symptoms, Dave has not needed emergency services and is able to use coping skills to manage distress.

### 4) "Brandy"

At the time of enrollment, Brandy was a 31-year-old African American woman who was referred to MBHC after spending a year in custody. She was originally arrested for felony offenses, but pled to a misdemeanor. Prior to her arrest, Brandy had been alternating between homelessness and staying with her grandmother--and was using crack cocaine. She had a unit in a public housing complex, but had found her mother deceased in the apartment and had refused to return. Shortly after her mother died, she was linked to a mental health clinic and was briefly engaged in treatment, but dropped off and stopped taking medications. She was re-referred to the Clinic after a mental health hold and a brief inpatient stay in the hospital, but had not followed through. She was ordered to participate in MBHC in August of 2016 as a condition of her probation, quickly reconnected with her Clinic and was consistently medication compliant. The Clinic offered treatment groups to address her substance use history, which Brandy faithfully attended. Her case manager worked with her to reinstate her Social Security benefits. After multiple meetings with the Housing Authority, she was able to convince them to assign her to a new unit as she continued to refuse to return to her prior apartment. The case manager also assisted Brandy with negotiations with Alliance regarding past court fines and fees, which had ruined her credit report and barred her from getting a driver's license. Brandy is currently attending college classes and is focused on one day working in healthcare. The Court celebrated Brandy's graduation in November of 2017, but she continues to attend Court until her probation is completed.

## 5) “Jesus”

Jesus was a 27-year-old Mayan man from Mexico when he was accepted into MBHC in September of 2016. He first immigrated to the United States at the age of 18. He had many problems adjusting to life in the U.S. as he was from a small, rural, indigenous community. He had several deficits in independent living skills, having relied on his siblings for much of his care and decision making. These dynamics were further complicated by his gay identity--engendering fears of rejection that led to depression, isolation from his family and drug use. When his mother was diagnosed with cancer, Jesus was able to abstain from using so that he could spend time with her during her last months. Following his mother's death, he resumed use of stimulants, and this time became extremely aggressive toward his brothers and became homeless. In the year preceding his entry into MBHC, Jesus was arrested six times, spent 125 days in custody and had 10 psychiatric emergency visits and three inpatient hospital stays. Jesus was admitted into the Court following an arrest for threats, battery and exhibiting a weapon. He also had a bench warrant for vandalism and the District Attorney had filed a motion to revoke his probation for a previous conviction for unauthorized entry into a dwelling. The treatment team worked to get Jesus released to La Amistad, a 90-day residential treatment program. He remained sober during this period and kept his appointments regularly with his clinical provider at Citywide. When he realized that the Court would not allow him to return to the street after completing La Amistad, he was able to insightfully assess that he would not be able to remain sober if he stayed in San Francisco. He requested assistance from his case manager to return to his home in Mexico. His family had reconnected with him when he entered treatment and was very willing to support him in this decision. He transitioned from La Amistad to another residential treatment program while awaiting return to Mexico, and maintained his engagement through a process that turned out to be quite arduous. After months of working with the Department of Legal Affairs and Protection of the Mexican Consulate, Jesus was able to return home, having graduated from the Court in June of 2017 with his criminal matters resolved. At his last contact, he was living with his sister and linked to care at a nearby clinic.

## 6) “Frank”

In the four years prior to his participation in MBHC, “Frank” a 26-year-old Caucasian male, with a diagnosis of psychosis, had used psychiatric emergency services on six occasions and had had four different stays in urgent care. He had been homeless since his parents' divorce and at the time of his arrest, was experiencing a debilitating depression while plagued with suicidal thoughts. He was arrested and charged with assault in January of 2016 following a physical confrontation with his father. After spending five months in custody, Frank was allowed to enter a Deferred Entry of Judgement on misdemeanor assault charges and participate in MBHC in May of 2016. He initially struggled complying with his treatment plan, but following a remand in October, he made a commitment to his case manager to stay focused and graduate. He stayed in Our House, a sober living program supported by the grant funds, and attended weekly therapy and Seeking Safety and Wellness Recovery Action Plan (WRAP) groups. In June 2016, after several months of remaining medication compliant and following through on his treatment plan, Frank successfully graduated from MBHC. He currently has strong family support from both parents and has continued to engage in mental health treatment.