

Mentally Ill Offender Crime Reduction Grant Final Local Evaluation Report for San Francisco.

Executive Summary and Project Description

When the Board of State and Community Corrections announced the Mentally Ill Offender Crime Reduction Grants (MIOCRG) in February of 2015, the 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, the Sheriff's Department, the Public Defender, the District Attorney and UCSF Citywide Forensics had already been meeting to discuss the needs of misdemeanants with mental illness. Because of their limited jail exposure, the Behavioral Health Court had been struggling to engage these clients. The Sheriff's Department had agreed to leverage its existing intensive case management programs, Pretrial's Court Accountable Homeless Services and the No Violence Alliance or 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 count was at a record low of 1,142 and there was capacity within these programs. 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 2 weeks after notification of the MIOCRG award and several months before we were able to spend down grant funds.

Over the three-year period, the grant was targeted to serve 114 misdemeanor offenders with mental illness enrolled in the court. Originally, the vision was for MIOCR to fund direct housing services to support a total of 19 dedicated beds in group and SRO settings. The MIOCR funding also supported a full-time Peer Specialist hired through a subcontract to Westside Community Services who builds on the work of the leveraged Case Management teams. MIOCR also supported 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 was creating a strain on all of the partners, particularly the subject matter experts within the District Attorney and Public Defender's offices. In January of 2016, feeling that everyone was stretched to capacity, the Court stopped accepting new referrals. At the same time, all of the partners were dedicated 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 and 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 San Francisco 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, San Francisco Pretrial 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 role as a referral source.

The other main barrier and lesson learned during the course of the grant was the need for immediate access to residential treatment. The original vision was that by immediately providing transitional housing and out-patient services, that we could quickly transition misdemeanor clients from custody to the community. However, the client population was more disabled and low functioning than anticipated and many clients required residential treatment before accessing the transitional housing. This was addressed through two strategies:

1. Negotiating with the Department of Public Health to allow MBHC client access to Acute Diversion Unit beds, which was implemented in January of 2017.
2. Modifying the grant budget to secure five beds in a stabilization/detox program and to pay for the clinical staff needed to work on site with clients with such acute mental health needs. This was implemented in August of 2017.

The MIOCRG funding allowed San Francisco to demonstrate a measurable impact with a population of difficult to reach clients and to interrupt a cycle of repeated incarcerations. Progress on outcomes were reported quarterly to the San Francisco Reentry Council. In February of 2018, a preliminary draft of this evaluation examining client data from June of 2015 through September 30 of 2017, was shared with the Mayor's Office and County Board of Supervisors. That analysis along with the advocacy efforts of the Sheriff, District Attorney and Public Defender was compelling enough to ensure continuation funding for services to the clients of the Misdemeanor Behavioral Health Court.

The original grant objectives were to:

- **Increase engagement with mental health treatment providers**

Over half (51%) 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**

Twenty-six 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.

- **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 103 individuals had significant histories of criminal justice contact, yet only 23 active court participants have been arraigned for new offenses in San Francisco. For the twenty-six graduates, as of August 30, 2018, only two persons have returned to the San Francisco County Jail, and both had their matters resolved without new convictions.

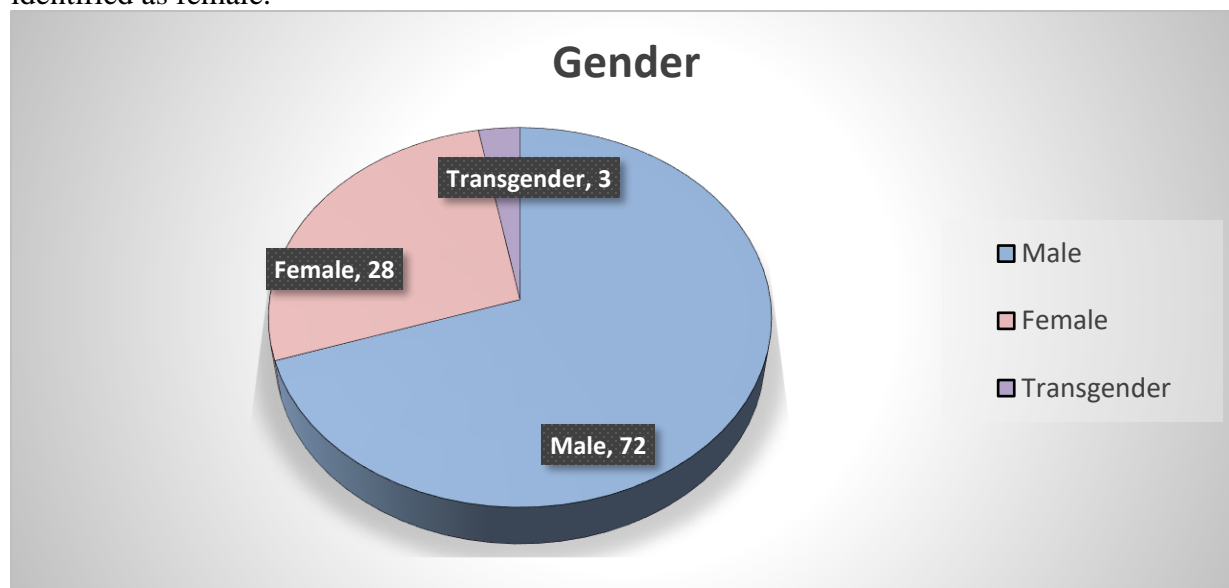
Data Collection

Throughout the grant, client information was entered in the NoVA Information Management System, a database maintained by Westside Community Services. Client profiles and regular progress reports were also entered into the San Francisco Superior Court's Collaborative Court database. Criminal Justice history for new clients and recidivism information for active and closed clients was collected by an assigned Sheriff's department deputy on a quarterly basis utilizing the SFSD Jail Management System. Our Clinical partner, UCSF Citywide, accessed client health records each quarter to complete an ongoing analysis of hospital emergency room visits and inpatient stays. In November of 2017, we expanded our analysis of jail bed days to include the number of days from legal acceptance in the Court to date of release to measure the impact of our budget modification. This analysis was conducted by the SFSD Director of Programs utilizing both the Jail Management System and the San Francisco Court Management System.

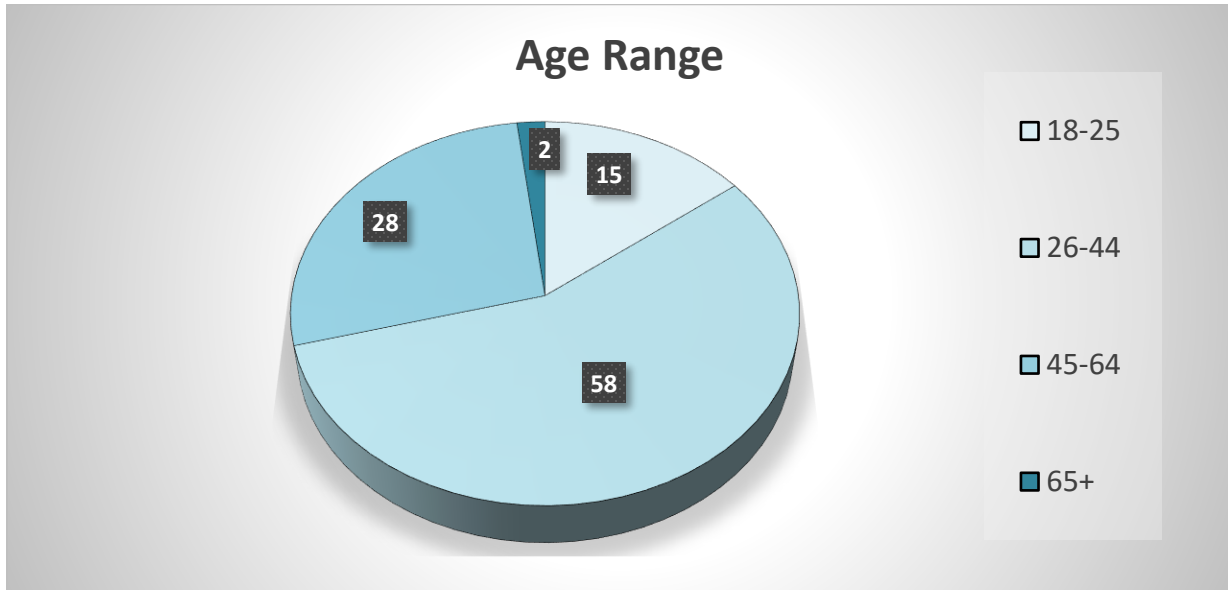
Client Demographics

From June 23 of 2015 through June 30, 2018, 103 clients were enrolled in the Court. These 103 individuals demonstrate considerable demographic diversity as illustrated below:

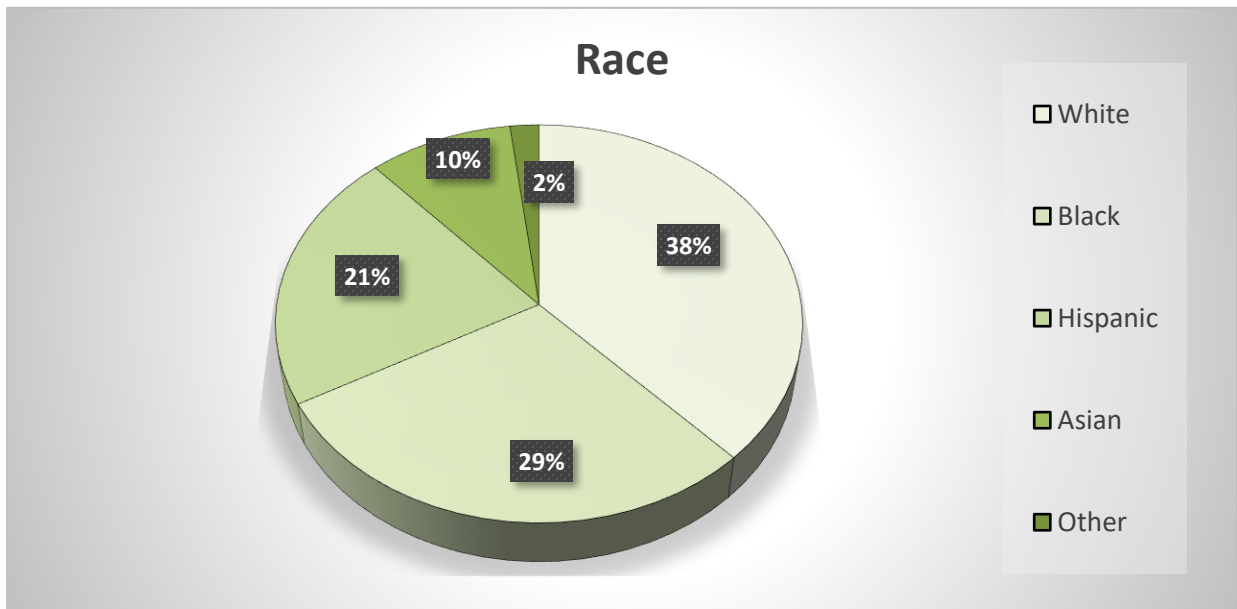
Though women generally comprise 10% of the jail population, almost a third of the participants identified as female.



The majority of participants were between the ages of 26 and 44, while 15% were transitional age youth.



Race:	Count:
White	39
Black	30
Hispanic	22
Asian	10
Other	2



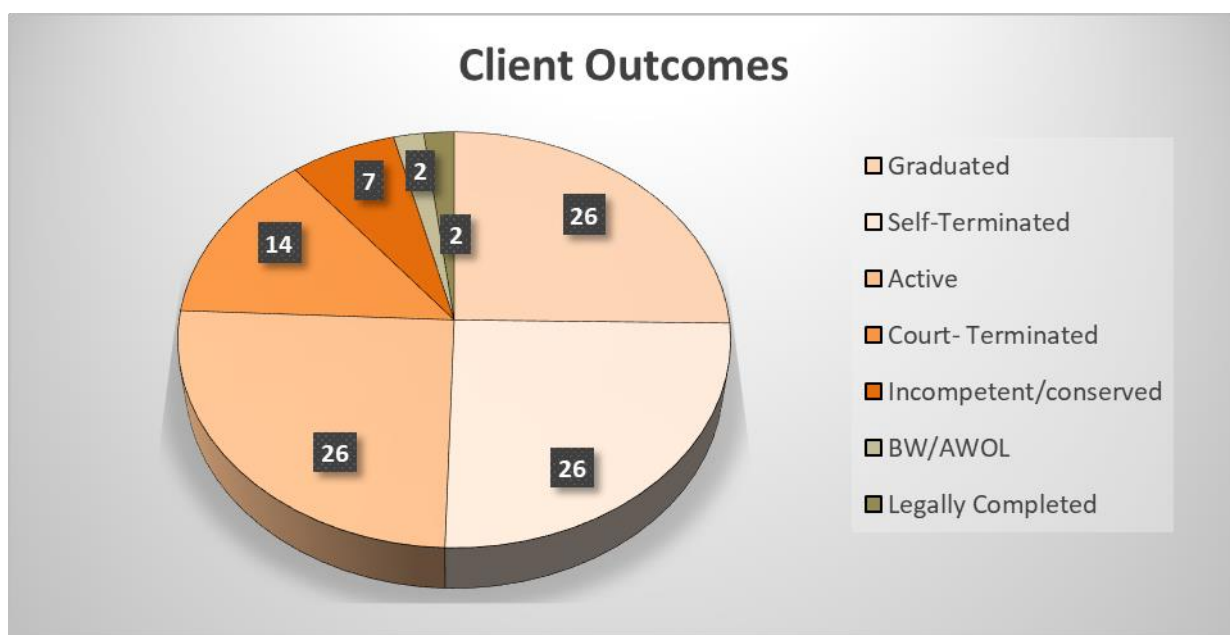
Indicators of High Need

- 58 or 56% of the clients reported being homeless at intake.
- 94 or 95% of clients were dually diagnosed and the predominant diagnosis of clients was a thought disorder (such as schizophrenia or schizoaffective disorder).
- 68 or 66% had received Psychiatric Emergency Services an average of 2.7 times in the 12 months prior to enrollment in MBHC, while 20 of these clients had been to PES 5 or more times.
- Those same 68 clients utilized a total of 1,612 inpatient hospital bed days times in the 12 months prior to enrollment in MBHC.
- Over half of all clients were not previously linked to mental health services and 25 were not receiving any income benefits such as SSI or General Assistance.
- The San Francisco Department of Public Health maintains a list of high users of multiple systems, 43 clients were included in the top 2-5% of users at some time between 2015-2018, of those 43, 9 clients were in the top 2-5% over multiple years.
- 38 or 37 % of clients were referred to the court while out of custody, yet these 103 clients utilized jail 7,979 bed days in the 12 months prior to their MBHC participation.

Client Outcomes

The status of the 103 clients at the end of June 2018

Status:	Count:
Graduated	26
Self-Terminated	26
Active	26
Court- Terminated	14
Incompetent/conserved	7
BW/AWOL	2
Legally Completed	2



Active: Twenty-six clients were participating in the Court as of June 30, 2018.

Graduated: Twenty-six 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. Only two persons have returned to the San Francisco County Jail, and both had their matters resolved without new convictions.

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. Twenty-six 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 were established, the Court attempted to work with everyone, however, fourteen clients were returned to the criminal court for not following through on their treatment plans.

Incompetent/Conserved: The needs of seven of the clients were too acute for the Court and the treatment team to appropriately address.

Bench Warrant/Lost to Follow up: Two clients were terminated after failing to appear for Court and months of unsuccessful outreach efforts.

Legally Completed: Two clients, who were participating 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

Access to Treatment

Acute Diversion Units

The original vision was that by immediately providing transitional housing and out-patient services, that we could quickly transition misdemeanor clients from custody to the community. However, the client population was more disabled and low functioning than anticipated and

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 custody 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, so that 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 both a lot of planning by the court's treatment team and collaboration with the Sheriff's Department Custody Division and Jail Behavioral Health Services. As many of our MBHC clients are housed in the Psychiatric Sheltered Living unit in San Francisco County Jail 5, located out of county in San Bruno, it has been a challenge to ensure the clients with the medical and legal clearance necessary to be released quickly are housed downtown. Often when we are notified of bed availability, we don't have a client ready to utilize it, or when there is a ready client, we don't get a call. However, it has been a great accomplishment to implement this process and sixteen clients have benefitted from having faster access to treatment in the community. These sixteen clients had a total of twenty treatment episodes at an Acute Diversion Unit with an average length of stay of 8.6 days.

Harbor Lights Center Stabilization Beds

On March 8, 2017, the San Francisco Sheriff's Department (SFSFSD) requested a grant modification from the Board of State and Community Corrections to divert funds to provide immediate access to residential beds. SFSFSD 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, SFSFSD diverted additional funds to clinical staffing needs. 3.2 FTEs were added and comprise a .2 FTE Psychiatrist/Nurse Practitioner who performs psychiatric evaluations, prescribes, dispenses and monitors medication, and provide 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 8am until 8pm Monday through Friday and are available 24/7 when one of the MBHC clients is struggling. In addition to individual sessions with each of the MBHC clients, the Westside clinicians are also holding Seeking Safety, Anger Management and Relapse Prevention groups which are open to other Harbor Lights clients. The expanded staffing allows Harbor Lights to expand 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, and just having the staff who are able to take them around the block on a stress release walk makes a huge difference in keeping clients engaged in treatment. The Westside and Harbor Lights teams also meet weekly to discuss the clients and their treatment plans.

Between August 8, 2017 and June 30, 2018, 42 clients accessed these stabilization beds over 59 separate treatment episodes and had an average length of stay of 13 days. In addition, six of these clients transitioned from the stabilization beds into longer term residential substance abuse treatment programs.

Between April 1 and June 30, 2018, as these enhancements were being implemented, 28 clients were referred to MBHC in custody and the average time between legal acceptance into the Court and release to the community was reduced from 29 to 17 days.

Transitional Housing

The San Francisco Sheriff's Department initiated the program utilizing the established NoVA housing providers which allowed for options depending on the needs of the clients. 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 located mid-Market area and the Jerry 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 the Polk Gulch neighborhood. SRO housing offers an option for clients who may not be prepared to live in group housing arrangements, or who need emergency housing on a shorter term basis. Over the 3 years of the grant, 56 clients utilized SRO housing.

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, however 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 neighborhood from an outpatient program and offices to fifteen beds of transitional housing for clients. Over the 3 years of the grant, 42 clients utilized sober living housing.

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, but if timely treatment and support is not offered, it is a missed opportunity. We had thought at the onset that the offer of transitional housing and wrap around services would be sufficient to engage clients in treatment, but had 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's possible that if we had implemented the ADU transportation process and the contract with Harbor Lights sooner, fewer clients would have opted out of participating.

The MIOCRG grant financed progress to our original objectives of increasing engagement with mental health treatment providers, increasing compliance with treatment, and reducing criminal justice system involvement. These successes were communicated to County leadership and San Francisco's Fiscal Year 18/19 budget included \$650,000 dedicated to sustaining these efforts. The approved annual budget includes \$200,000 targeted for transitional housing, approximately \$200,000 to continue the five stabilization beds at the Harbor Lights center, and approximately \$250,000 for clinical staff and peers and a flex fund to address client immediate needs. The Sheriff's Department will also continue to support the program by providing approximately \$120,000 of staff costs for USF Citywide Clinicians, Westside Community Services case managers, and Sheriff's Department program staff. We were able to develop this budget because the MIOCRG funding allowed San Francisco the flexibility to test our assumptions about how to best engage and serve a challenging population.

