

Judicial Council of California - State Crisis Intervention Program RFP

A. Project Need

The Superior Court of California, County of San Francisco intends to use Byrne SCIP funding to address two significant issues: firearm relinquishment and reducing treatment gaps and barriers to access for Mental Health Diversion participants.

Firearm Relinquishment

On May 14, 2024, the San Francisco Sheriff's Office (SFSO) conducted a snapshot of the jail population in custody that day. Persons with the most serious charge of weapons comprised 4.1% of the population. This excludes those with weapons and more serious charges like 211 PC or 187 PC. Thirty-two of the individuals were charged with Possession of Firearm by a Felon and 28 of the individuals were charged with Assault with a Semiautomatic Firearm¹. Between 2015 and 2022, the use of guns in homicides in San Francisco increased by nearly 100%². There has been a 31% decline in homicides in San Francisco between April 6, 2023 and April 7, 2024, though the frequency with which a gun was used in the commission of homicides remains nearly doubled than in years prior³.

Charging decisions are made by the District Attorney's Office (SFDA) and the Court requests a P.C. 29810 Firearms Relinquishment Probation Report based on charges and order that the defendant relinquish their firearms. Upon conviction, an additional Prohibited Person Relinquishment Form (PPRF) is required within five days of conviction (up to 14 days if in custody). Judicial officers also sign off on Gun Violence Restraining Orders when serving as duty Judge. While all partners – SFDA, SFSO, San Francisco Adult Probation (APD), and the Court – are responsible for their agency's roles, tracking, reporting, and data-gathering have presented a challenge. The justice partner agencies lack a designated staff member to coordinate and report on this data in a manageable, shareable manner. While agencies may track their data, a clear, quarterly data set is critical in ensuring that guns are being relinquished as required, current practices function as intended (or can benefit from modifications), and that justice

¹ SFSO Jail Population Snapshot, May 14, 2024

² [Center for American Progress Action Fund](#) analysis of Gun Violence Archive data, October 16, 2023

³ <https://www.sanfranciscopolice.org/stay-safe/crime-data/crime-dashboard>

partners' data sets align. Current capacity at any one agency is not present. Further, 51% of the San Francisco jail population are between ages 18 – 34⁴ and this is the demographic where most gun relinquishment requirements and gun charges exist.

Service providers within the jail system are diligent in doing all they can to address gun prevention and anger management. Still, there remains a large portion of Transitional Age Young Adults (TAYA) and adults under 34 who do not engage with in-custody programming for a variety of reasons. Common reasons include language barriers, Administrative Segregation status (AdSeg), staffing shortages, and resources not available in specific units. Under existing grants there is no capacity to increase gun prevention activities. Grant funding would allow for gun prevention groups in both English and Spanish to begin for those in custody under age 34. The Hispanic San Francisco jail population has risen from 18% in 2017 to 31% in 2023⁵, creating a need for additional services in Spanish.

Treatment Gaps and Barriers to Access for MHD Participants

The Superior Court of California, County of San Francisco debuted Mental Health Diversion (MHD) in 2018, shortly after PC 1001.36 was established. In 2018, MHD cases were heard in the same department as Behavioral Health Court (BHC), with the legal and clinical partners who were assigned to BHC. Acceptances were low, as the judge had to see a direct nexus between the diagnosis and the alleged criminal behavioral. No official data exists prior to 2020. In 2020, MHD served 68 unduplicated individuals and had 33 people successfully graduate. The numbers were growing but remained manageable. In addition to the judicial officer having to establish a nexus, eligibility required San Francisco residency and benefits. The clinical team was not able to establish a treatment plan or track out-of-county participants due to capacity and rules of Medi-Cal. If an incarcerated person is able to show that they were in San Francisco for 30 days prior to their current arrest, their county of residence could be changed to San Francisco. With a significant amount of incarcerated people who were unable to demonstrate San Francisco residency, a significant group of people were excluded from participating in MHD. In February of

⁴ SFSO Jail Population Report, February 2024

⁵ SFSO Safety and Justice Challenge 2024 Report

2024, 51% of the jail population was comprised of individuals that live out of county or were unhoused/unsheltered⁶.

There has been a 536% increase in MHD unduplicated participants between 2020 and 2024, when 433 unduplicated individuals were served. Graduation rates remained similar, with 195 successful completions in 2023⁷. San Francisco's Court Mission Statement is "The purpose of the Superior Court is to assure equal access, fair treatment, and the just and efficient resolution of disputes for all people asserting their rights under the law." By sending people with similar circumstances and charges to criminal court over MHD for the sole reason of out-of-county residency, San Francisco was challenged to find solutions to assure *equal access*. With defense counsel asserting their defendants' rights pursuant to PC 1001.36, creative measures were necessary. Attorneys began to commission treatment plans and behavioral health evaluations for out of county petitioners who were justice-involved in San Francisco. The San Francisco Public Defender's Office (PD) began having their staff social workers complete suitability assessments and provide them to the Court. Conflict Counsel began engaging their network of social workers. Private counsel used private providers for suitability work. San Francisco's Department of Public Health (DPH) continues to be unable to provide clinical support and progress notes for non-San Francisco residents. Whereas the onus and final decision to accept a participant into MHD is at the discretion of the MHD judge, the Court always attempts to work collaboratively with justice partners. The SFDA's Office has raised concerns about treatment plans and status reports being presented to the Court by defense counsel. In San Francisco's Collaborative Courts, the clinical team – independent of professional oversight from both defense and prosecution – provides a recommended treatment plan and transparent progress notes to the team. The clinicians are a part of the collaborative, with reporting that is meant to be factual and objective. In MHD currently, treatment recommendations and notes are often provided by attorneys, originating from their service providers.

To successfully follow out of county MHD participants in their legal and clinical journeys, it is critical to add clinical staff to a third-party Community Based Organization (CBO). This person would fill the gap in

⁶ SFSO Jail Population Report, February 2024

⁷ Superior Court of California, San Francisco Citrix Data Draw, March 2024

assessment and reporting from a neutral, person-centered lens. This role would move the team closer to closing the access to MHD gap. The barriers to treatment that must also be resolved include predicaments that limit options and may not be the correct level of care or culturally competent and trauma informed. Scenarios include past 290 registrants being unable to access residential programs, English-language learners not having any Cantonese, Mandarin, or Vietnamese residential programs, and San Francisco having a total of 10 beds reserved for monolingual Spanish speakers. While treatment capacity for substance use disorders (SUD) has expanded over the past two years, additional beds for individuals with Serious Mental Illness (SMI) remain in limited supply⁸. Funds would allow for the clinical team to place amenable participants in the correct level of care, which may be in a neighboring county. Along with Mental Status Evaluations (MSE), evidence-based tools, including the American Society of Addiction Medicine (ASAM) and the Adverse Childhood Experience Screening (ACES) would be implemented to ensure that people are provided with the care they need to successfully reenter and address their behavioral health issues that lead to justice involvement. The ACES would further allow for trauma history to be incorporated thoughtfully into treatment planning, supporting participants in a trauma-informed manner.

B. Project Description

The Superior Court of California, County of San Francisco will utilize funds to expand and improve Gun Relinquishment and Gun Prevention and to close access gaps to MHD and increase opportunities for appropriate levels of treatment for MHD participants.

Key Components Proposed for Gun Relinquishment and Mental Health Diversion Access and Expansion

1. Data on charges, relinquishments, recidivism, and graduation will be collected and tracked throughout the life of the grant and shared among the MHD partners. During a monthly MHD Administration Meeting, the data will be discussed and potential modifications to program elements will be considered. A full-time MHD Analyst III data position will be based in the Research Division

⁸ <https://www.findtreatment-sf.org/>

at the Superior Court of California, County of San Francisco. Additional data will be collected by the MHD coordinator and reported to partners and grantors.

2. Referrals to MHD, acceptances, benefits, and correct level of care data will be kept, monitored, and shared among MHD partners. MHD procedure requires that a defendant qualifies under 1001.36, a behavioral health assessment is completed by a mental health professional, RAP and police report are on record and that a petition is filed. Once those items are complete, a hearing may be set in Department 15, where MHD is held on Mondays, Wednesdays, and Fridays. During the behavioral health assessment phase, a petitioner's county of residence and benefits will be determined. If the individual is eligible or has San Francisco benefits and is in custody, Jail Health Reentry Services/DPH will work with the individual on a comprehensive treatment plan and make initial referrals to treatment. If the above applies but the individual is out of custody, they will meet with the DPH ACCESS Team at 1380 Howard Street. A treatment plan will be developed, and referrals will be made.
3. Should it be determined that a potential participant who is eligible under PC 1001.36 and is diagnostically suitable, but has residence in another county, DPH will notify the Court who will then have an SF Pretrial Diversion (SFPTD) MHD case manager provide the assessment, create the treatment plan, and refer to services.
4. Once a petitioner has been accepted into MHD, they may remain in Department 15, where MHD is held, or may move to a collaborative court department that meets their needs, with an MHD disposition. An example of this is having a veteran seen in Veterans Justice Court (VJC) on a diversion track, with no plea. This participant would be able to create community and healing in VJC, while being able to pursue diversion. Similarly, a participant may be best served in Young Adult Court, where TAY-specific clinical teams are best able to support TAY on their journey. Each collaborative court has a unique culture and participant group. Participants would be tracked by the Court in the department best suited to their needs. The SFDA's Office will add a clinical staff position to collaborate with providers to create treatment plans that focus on public safety and

recovery, an insight that adds to the bigger picture of healing both the individual and the community.

5. San Francisco petitioners diagnosed with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder will be referred to UCSF/Citywide's MHD Team for fast linkage to Intensive Case Management (ICM) services and referrals. Citywide provides clinical case management, psychiatry, vocational training, evidence-based groups including Thinking for a Change, Seeking Safety, DBT Skills, and Anger Management. Participants can access these groups as a part of their treatment plan, as indicated. UCSF will also provide a TAY-specific clinician to support MHD participants in YAC. The MHD Team at UCSF/Citywide will operate under contract via SF Pretrial.
6. SFPTD will have access to same-day-housing at the Inn on Folsom, a former European-style hotel that is not in San Francisco's Tenderloin or 6th Street areas, where much drug and criminal activity takes place. Residents at the Inn on Folsom may stay as needed, while waiting for placement in a program, in the process of being referred, or stepping down. The organization will also assist with transport and step-down housing, which is in limited supply in San Francisco. Funds to support the correct level of housing for stepdown are critical to continued success and wellness.
7. Two peer navigators, one Spanish-speaking, from the Mental Health Association of San Francisco (MHASF) will be present for 40 hours weekly, ensuring that individuals have access to food, clothing, hygiene items, and are able to remain safe. MHASF peer navigators have lived experience and work well with justice-involved individuals with behavioral health needs. An MHASF peer navigator will support participants as they wait for services and support them while in temporary and step-down housing.
8. SF Adult Probation Department (APD) will make housing available at The Minna, a transitional housing program for justice-involved clients with co-occurring disorders. The Minna has a full-time clinician and on-site services. APD will also continue to support gun relinquishment activities, for convicted individuals and people on probation. They will provide relinquishment data to the MHD coordinator and the MHD researcher with the Court.

9. The San Francisco Sheriff's Office will continue to adhere to the provisions of the SFSO/Superior Court MOU on Gun Relinquishment. SFSO will share data on firearms relinquished and outstanding for defendants charged with relinquishable charges. SFSO will support the two Gun Prevention Groups for TAY that will be held in custody, including one for Spanish-speakers. SFSO will continue to support MHD participants by ensuring that behavioral health assessments take place in a timely manner.
10. Ongoing training will be provided to all partners during the grant. This will include Motivational Interviewing for judges and attorneys, Cognitive Behavioral Treatment for clinicians, moderated strategic planning semi-annual retreats, and introductions to resources.

Key partners for gun relinquishment and MHD expansion are as follows

1. The Superior Court of California, County of San Francisco will hire one full-time MHD Coordinator who will oversee daily administrative oversight of MHD, maintain updated operations manuals, have policies and procedures up to date and known to all partners, gather all information for grant reporting, suggest program modifications as needed, meet with partners, host MHD administrative meetings, order and track incentives (gift cards), review and forward invoicing, ensure that the courtroom is supplied and functioning, and assist with graduation planning. The Superior Court of California, County of San Francisco will hire one full-time MHD Analyst III oversee all data listed in Attachment C of the RFP. This person will review charging decisions and accompanying gun relinquishment requirements received via aggregate data received from the SFDA's Office and will report the data to the partners at the monthly administrative meeting. The data will be regularly reviewed for accuracy and program efficacy, which may result in updated policies and procedures to best ensure success in the grant's goals.
2. The San Francisco District Attorney's Office will hire one full-time master-level clinician to work alongside the MHD clinical team in ensuring that proposed treatment plans take public safety into account. The SFDA's Office will also provide aggregate data to the Court Analyst III researcher, on charging decisions around gun relinquishment.

3. San Francisco Sheriff's Office's court liaison will inform the Court when a relinquishment has taken place. SFSO will continue to provide demographic information and jail population data. SFSO will ensure that scheduled clinical interviews take place and that Gun Relinquishment group for TAY happens weekly.
4. San Francisco Adult Probation Department will provide data and LEO support for gun for post-conviction and probation required relinquishment. APD will also support participants with access to dual diagnosis transitional housing at The Minna. APD provides evidence-based groups at its CASC that MHD participants may attend and contracts UCSF Citywide for TAY clinical services. One full-time master-level clinician with a specialty in working with TAY will be paid for under this grant.
5. SF Pretrial will employ two case managers to work with out of county, suitable MHD participants. The case managers will transport people to treatment, follow their recovery journeys, provide progress reports to the partners, and work with clients on step-down. One of the case manager positions will be reserved for a Spanish speaker. SF Pretrial will also retain rooms at the Inn on Folsom, ensuring that participants have same-day housing on demand as needed. SF Pretrial will contract with a CBO to provide two one-hour Gun Prevention groups to TAY in custody weekly. One of the groups will be in Spanish. SF Pretrial will oversee the Citywide MHD Team's grant funding.
6. Mental Health Association of San Francisco will hire two peer navigators to support MHD participants. One navigator will be Spanish-speaking. One navigator will be at the Inn on Folsom to support participants with support and basic needs. Both navigators will provide reports on client progress and challenges to case management.

This MHD expansion will serve a minimum 40 unduplicated clients for each year of the grant, totaling 80 unduplicated participants. Additionally, the gun prevention groups will engage a minimum of 20 participants per grant year, totaling 40 individuals. Studied and verified tools, including the ASAM and ACES, will be used to assess certain clinical needs, in conjunction with MSEs. These evidence-based tools assist clinical staff in establishing a treatment plan at the correct level of care for participants. The ACES will seek to ensure that trauma needs are addressed during placement and MHD, and that services provided are

trauma-informed and culturally competent. A focus on Black/African American and Hispanic TAY and English Language Learners will significantly increase access to services and MHD. Addressing the gaps that exist in our systems of care will create a more equitable MHD and County. Case management and peer navigation services will be available in English and Spanish. Our history of sending English Language Learners to residential treatment programs that provide services in English creates disparity and impairs equitable outcomes. Through tailored treatment plans, our expansion seeks to address these gaps.

The Court focuses on reducing firearm risk from the first point of contact to the last. When law enforcement contacts the Court for an Emergency Protective Order at or before the moment of arrest, the judge ensures that the officer has (1) questioned the protected party and, if possible, the restrained party, about the presence of guns, (2) investigated the location of the incident, and (3) searched the gun registration database. When a domestic violence restraining order is issued, the judge orders firearm relinquishment and follows up to see whether the restrained party has complied. The family law court collaborates with the Sheriff's Department to ensure that the restrained party has surrendered any guns. In juvenile matters, the Court is implementing a new program for firearm relinquishment in protective order cases, and the supervising judge is working with the juvenile probation department, the district attorney, and community leaders to address juvenile gun violence. The Court has implemented protocols for ghost guns and gun violence restraining orders. As a condition of pre-trial release, the judge often imposes a warrantless search condition. After any conviction, the judge requires the defendant to submit to a firearm interview with the probation department, and the probation officer searches the gun registration database and ensures that the defendant has surrendered any firearms. The judge does not proceed with sentencing until probation submits the completed Prohibited Persons Relinquishment Form. The terms of probation regularly include search conditions which increases the likelihood that law enforcement will discover any prohibited weapons.

C. Organizational Capacity and Coordination

The Criminal Court COO, Mark Culkins, will work with Judicial Council staff to explain current San Francisco processes for gun relinquishment. The Court will use existing Finance Department staff, and the grant will be managed, initially, by Melanie Kushnir-Pappalardo, Director of Collaborative Justice

Programs. Under this grant, and MHD Coordinator will be hired to oversee the day-to-day operations of MHD and gun relinquishment and provide overall support to the MHD expansion. This new position will be in Collaborative Courts and will report to the director, who will also be the project manager. Current court analyst IIIs, Jennifer Pasinosky and Kristine King, will support data draws and reporting criteria. The Court will create an additional Analyst III position in research. This person will oversee the collection and interpretation of the data requirements listed in Attachment C of the RFP. The role will liaise with all partners to ascertain that aggregate, quantitative, and qualitative data is recorded and analyzed expediently and thoughtfully. Partner agencies will use their Finance and Human Resources Departments for purposes of hiring and invoicing. New positions will be introduced at the Court (one full-time MHD Coordinator and one full-time Analyst III in Data), SFDA's Office (one full-time master-level clinician), SF Pretrial (two full-time case managers, the oversight of the Citywide MHD Grant), San Francisco Adult Probation Department (one Citywide UCSF clinician for MHD TAY, one clinician for the Minna) and at the Mental Health Association of San Francisco (two full-time peer navigators). SF Pretrial will identify a CBO 501c3 or hire independently an additional part-time position, to provide gun prevention groups to in-custody TAY.

Timeline for executed MOUs would be September 15, 2024. Program activities may begin on September 2, at which time MOUs would be written. Effective September 15, 2024, program hiring may be confirmed and new staff can be onboarded. Goal to begin serving new MHD participants and hosting groups in custody is November 4, 2024.

D. Project Evaluation and Monitoring

Each partner's quarterly invoice would be sent to the MHD Coordinator, who will review it, ensure expenses are eligible, and forward it to the director of collaborative justice to sign and approve. It will then be transferred to the Court's Fiscal Division to be paid. The Court will bill against the grant. The quarterly program progress report will be submitted by the MHD Coordinator and the Analyst III under supervision of the director of collaborative justice. Ongoing program participant data collection and submission will be overseen by the data analyst III in the Court. Additional data will be collected by all partner programs and submitted to the MHD Coordinator, who will submit in the reports.