

CITY AND COUNTY OF SAN FRANCISCO

BOARD OF SUPERVISORS

BUDGET AND LEGISLATIVE ANALYST

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POLICY ANALYSIS REPORT

To: Supervisor Safai
From: Budget and Legislative Analyst's Office 
Date: December 4, 2018
Re: Presence of Severe Mental Illness and/or History of Substance Use in San Francisco County Jails

SUMMARY OF REQUESTED ACTION

The Board of Supervisors approved Motion No. 17-036 directing the Budget and Legislative Analyst to audit the Department of Public Health's Community Behavioral Health Services, which included the Department's behavioral health services through Jail Health Services.

For further information about this report, contact Severin Campbell at the Budget and Legislative Analyst's Office.

Executive Summary

To determine the presence of severe mental illness and/or history of substance use for individuals booked into San Francisco County jails, the Budget and Legislative Analyst's Office collaborated with the Department of Public Health (DPH) and the Sheriff's Department to evaluate booking data over a three-year period from November 1, 2014 to October 31, 2017. Booking data refers to crime charges, length of stay, and other information collected by the Sheriff's Department on individuals who are arrested and held in County jails. Each jail booking event is attached to a specific individual on a specific day at a particular time, and can include more than one criminal charge.

In this report, severe mental illness is defined as one or more of four diagnoses including psychotic disorder, schizophrenia, bipolar disorder, and major depression. In addition to this definition of severe mental illness, the Budget and Legislative Analyst received data on an expanded definition of mental illness, which is detailed in Appendix II of this report.

In this report, a history of substance use is broadly defined as (1) self-reported by the individual during the DPH Jail Health's intake or behavioral health assessment process; (2) the individual is noted as high risk for alcohol withdrawal, opiate withdrawal, or benzodiazepine detox by a clinician; and/or (3) the individual has been prescribed any substance use withdrawal medications.¹ Substance use in this

¹ For this analysis, the substances reported during DPH Jail Health intake process at County jails include alcohol, cocaine or crack, methamphetamine, benzodiazepines, heroin, prescription medication, and an unidentified "other" option that individuals can select. Withdrawal medications included in this analysis are buprenorphine, lorazepam, methadone, and chlordiazepoxide.

report does not represent diagnoses of substance use disorder but rather an estimate of the presence of substance use at all levels among individuals booked into County jails. Marijuana use was not included in the definition of substance use. Since Jail Health's intake process includes a question to individuals booked into jail about which substances they use, and not specifically about excessive use or dependency, it is not possible to conclude that those who report use of substances exhibit problematic or criminal behavior associated with that use. Data on substance use disorder diagnoses in County jails were not available at the time of this report.

The majority of jail booking events involved individuals with a history of substance use or a history of substance use combined with severe mental illness

- Each jail booking event is a specific date and time that an individual is booked into jail. Between November 2014 and October 2017, 84.5 percent of 49,096 total booking events were for individuals with a history of substance use or with a combined history of substance use and severe mental illness. Booking events for individuals with severe mental illness only (not including a history of substance use) made up only 1.1 percent of all booking events.
- Because many individuals were booked more than once during the three-year period, the 49,096 booking events represent 21,465 individuals. Between November 2014 and October 2017, 73 percent of individuals in the County jails had a history of substance use or a combined history of substance use and severe mental illness. The fact that the percentage of booking events associated with individuals with a history of substance use or combined history of substance use and severe mental illness (84.5 percent) was higher than the percentage of unique individuals (73 percent) with the same status indicates that individuals with a history of substance use or combined history of substance use and severe mental illness are more likely to be rebooked into the County jails.

Individuals with severe mental illness and/or history of substance use often have a longer jail stay than individuals without these conditions

- Booking events for individuals with a history of substance use and/or severe mental illness resulted in longer average jail stays than for individuals without these conditions, regardless of crime category. Individuals with a history of substance use combined with severe mental illness had average jail stays of 35 days per booking event, compared to 24 days for individuals with severe mental illness only, 20 days for individuals with a history of substance use only, and 14 days for individuals with no history of substance use or severe mental illness.

Policy Considerations

The presence of individuals in the County jails between November 2014 and October 2017 that had a history of substance use and/or severe mental illness has policy implications for the City and County of San Francisco.

- The Justice Facilities Improvement Program provides for the closure of the Hall of Justice, including County Jail #3 (which is currently closed) and County Jail #4. The Board of Supervisors approved a resolution in January 2016, urging the Director of the Department of Public Health and the Sheriff to convene a working group to plan for the permanent closure of County Jail #3 and #4, and evaluate investments in new mental health facilities and current jail retrofits needed to uphold public safety and better serve at-risk individuals. Charges for crimes² that are not the most serious and violent (including quality of life violations) made up approximately 63 percent of booking events between November 2014 and October 2017; individuals with a history of substance use and/or severe mental illness made up a large portion of these booking events. The Work Group to Re-Envision the Jail should consider the large proportion of booking events associated with individuals with a history of substance use and/or severe mental illness (85.6 percent) in identifying the need for prevention and treatment services as an alternative to jail time.
- 57 percent of the individuals who were booked into the County jail between November 2014 and October 2017 had a history of substance use and another 16 percent had a history of substance use combined with a severe mental illness (totaling 73 percent of all unique individuals). Beginning in FY 2017-18 the Drug Medi-Cal Organized Delivery System pilot program authorizes the County to access reimbursements from the State for a broader range of substance use services already delivered by the County. This new source of funding for the County creates more opportunities to address substance use.
- Assembly Bill 1810 (AB 1810) signed into law by Governor Jerry Brown in June 2018 may result in more individuals being diverted from County jails and directed towards mental health and substance use disorder treatment. AB 1810 enables criminal courts to authorize pre-trial diversion for a period of up to two years for defendants with a mental disorder diagnosis. This option is available if the diagnosed mental disorder played a significant role in the defendant committing the offense (whether a misdemeanor or felony), if the defendant agrees to engage in mental health treatment, and if the defendant does not pose a significant risk to public safety. San Francisco Courts have

² A single booking event can involve multiple charges. For the purposes of this report, booking events are categorized according to the most severe charge in a booking event. For example, if a person was charged with a serious and violent crime and an “other crime” in the same booking event, the booking event falls in the “violent” category.

already begun accepting referrals for mental health diversion. Defendants who successfully participate in treatment for a period of time not to exceed two years will have their charges dismissed and their records cleared.

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Overview of Jail Health: Behavioral Health and Reentry Services

Behavioral health services include both mental health and substance use disorder services. The Department Public Health (DPH) is responsible for providing behavioral health services to individuals in the County's jails through Jail Health Services. Historically, DPH Jail Health Services, which is a section of ambulatory care of the San Francisco Health Network³, contracted with the community-based organization HealthRight360 to deliver behavioral health services in County jails through June 2017. Starting in July 2017, DPH transitioned the contracted positions for this function to civil service positions. The City now provides behavioral health and reentry services in jail directly through Jail Health Services. Services provided by Jail Health's Behavioral Health and Reentry programs include:

1. Behavioral health assessment;
2. Suicide risk assessment and prevention;
3. Psychiatric evaluations, initiation of psychotropic medications and ongoing medication management;
4. Crisis intervention and hospitalization pursuant to Welfare and Institutions Code 5150;
5. Individual therapy and group therapy;
6. Penal Code 4011.6 reports for the criminal courts;
7. Clinical eligibility evaluations for Behavioral Health Court and Misdemeanor Behavioral Health Court;
8. Development and implementation of community treatment plans for patients discharging from the jail;
9. Twice-weekly participation in Behavioral Health Court case conferencing and court;
10. Linkage to various level of care in the community including intensive case management and residential treatment;
11. Initiation of Lanterman-Petris-Short and Murphy conservatorships and facilitation of community placement;
12. Competency restoration and facilitation of community placement for patients deemed by the courts to be incompetent to stand trial on felony charges;
13. Provision of discharge psychiatric medications; and
14. 24/7 on-call psychiatric coverage.

³ Jail Health Services is separate and distinct from the DPH Behavioral Health Services unit, which was the focus of the Budget and Legislative Analyst's Office 2018 audit.

Presence of Severe Mental Illness and/or History of Substance Use in County Jails

To determine the presence of severe mental illness and history of substance use in San Francisco County jails, the Budget and Legislative Analyst's Office collaborated with DPH and the Sheriff's Department to analyze jail booking data on individuals in jail over a three-year period from November 1, 2014 to October 31, 2017. To identify individuals who are diagnosed with a severe mental illness and/or a history of substance use in San Francisco County jails during the study period, the Budget and Legislative Analyst facilitated a data sharing agreement between DPH and the Sheriff that would allow DPH to link Jail Health's electronic health records (known as JIM) with the Sheriff Department's jail booking data. Through this agreement, DPH was able to provide information from JIM on length of jail stays, rearrests, and demographic information stratified by the behavioral health status of individuals in the County jails during the study period. Further details about the data collection and analytical methodology are provided in Appendix I of this report.

Important Term Definitions

In this report, jail "booking data" refers to crime charges, length of stay, and other information collected and tracked by the Sheriff's Department on individuals who are arrested and held in County jails. Each jail booking event is attached to a specific individual on a specific day at a particular time, and can include more than one criminal charge. For example, an individual could be booked into County jail for both public intoxication and assault. Because these two violations occurred at the same time, they would both be recorded under one booking event. One individual can have several booking events, or rearrests within the study period.

The jail booking data used for this analysis only represents the penal code violations assigned to an individual when first booked in to County jails. However, some individuals may be subsequently released after booking if these charges are dropped or some charges may be downgraded or upgraded by the District Attorney's Office, while other individuals might be ultimately charged with the original penal code violations. These changes in charges are not captured in the jail booking data used for this analysis.

Definition of Severe Mental Illness

In this report, severe mental illness is defined as one or more of four diagnoses including psychotic disorder, schizophrenia, bipolar disorder, and major depression. In addition to this definition of severe mental illness, the Budget and Legislative Analyst received data on an expanded definition of mental illness, which is detailed in Appendix II of this report. The main body of this report does not discuss or reference this expanded definition.

Definition of Substance Use

In this report, history of substance use is broadly defined. Data on substance use does not represent a diagnosis of substance use disorder but rather represents an estimate of the presence of substance use among individuals in County jails. The methodology used to identify individuals with a history of substance use was designed to identify all levels of substance use for individuals booked into County jails. This estimate includes those individuals who (1) self-reported substance use during the DPH Jail Health's intake or behavioral health assessment process; (2) were noted as high risk for alcohol withdrawal, opiate withdrawal, or benzodiazepine detox by a clinician; and/or (3) have been prescribed any substance use withdrawal medications.⁴ Use of marijuana was not included in the definition of "history of substance use".

Data on substance use disorder diagnoses in County jails were not available at the time of this report. The self-reported data on substance use provides insight on the range of drugs that have been used by the individuals who were booked in the County jail during the study period; information which would be otherwise unavailable. However, self-reported use of substances can be underreported and over reported, depending on how sharing information could impact an individual.⁵

The majority of booking events involved individuals with severe mental illness and/or a history of substance use

The majority of booking events are associated with individuals with a history of substance use, severe mental illness, or a history of both substance use and severe mental illness. Of the total of 49,096 booking events that occurred between November 1, 2014 to October 31, 2017, 85.6 percent or 42,047 booking events involved individuals who were diagnosed with a severe mental illness, who had a history of substance use, or who had both a severe mental illness and a history of substance use, as shown in Exhibit 1 below.⁶ These 42,047 booking events are associated with individuals who break down into one of the three following categories based on their health records:

1. Severe mental illness and a history of substance use (12,700 or 25.9 percent of booking events);

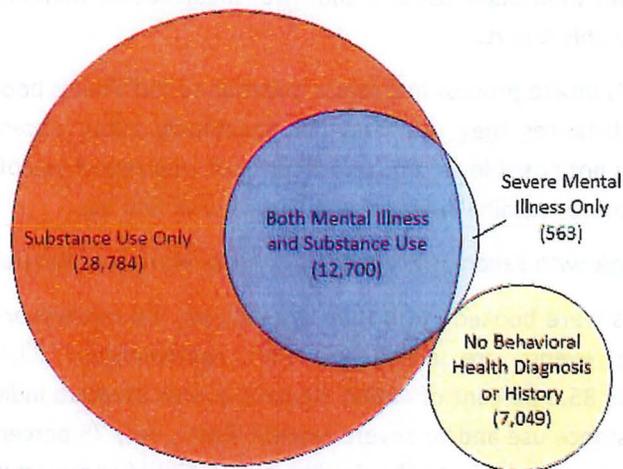
⁴ For this analysis, the substances reported during DPH Jail Health intake process at County jails include alcohol, cocaine or crack, methamphetamine, benzodiazepines, heroin, prescription medication, and an unidentified "other" option that individuals can select. Withdrawal medications included in this analysis are buprenorphine, lorazepam, methadone, and chlorthalidone.

⁵ Some individuals might be encouraged to report their drug use if they believe they are at risk of drug withdrawal, and might need prescription medication to cope. Others might underreport drug use if they believe sharing this information would reduce their chances of pre-trial release when incorporated into the jail's risk assessment tool, which estimates an individual's likelihood to re-offend.

⁶ There were 5,874 records from the Sheriff's Department that could not be identified in DPH JIM. These records were excluded from the analysis.

2. History of substance use but no severe mental illness diagnosis (28,784 or 58.6 percent of booking events);
3. Severe mental illness but no reported history of substance use (563 or 1.1 percent of booking events).

Exhibit 1. Jail Booking Events by Severe Mental Illness and/or History of Substance Use Status from November 2014 to October 2017



Source: Sheriff Department Booking Data and DPH JIM health records on individuals in San Francisco County jails.

Presence of Substance Use and of Combined Substance Use and Severe Mental Illness

84.5 percent of all booking events during the three-year period involved individuals with a history of substance use (including a history of substance use combined with severe mental illness). As shown in Exhibit 1 and discussed above, of the 49,096 total booking events, 41,484 involved individuals with a history of substance use or combined history of substance use and severe mental illness, including 28,784 events that involved individuals with a history of substance use only and 12,700 events that involved individuals with combined history of substance use and severe mental illness.

Combined severe mental illness and substance use are common among behavioral health clients. According to the Substance Abuse and Mental Health Services Administration *2014 National Survey on Drug Use and Health*, among the 20.2 million adults aged 18 or older in 2014 who had a substance use disorder in the past year, 2.3 million or 11.3 percent also had a severe mental illness during that year and 39.1 percent had a mental illness.⁷

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA), *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*.

As previously noted, this report represents an estimate of the number of booking events and individuals in the County jail population with a reported history of substance use rather than an estimate of a diagnosis of substance use disorder. Data on substance use disorder was not available at the time of this report. To estimate the presence of substance use, this report uses self-reported information about use of alcohol, cocaine or crack, methamphetamine, benzodiazepines, heroin, prescription medication, and an unidentified “other” option in addition to information about individuals using withdrawal medications. Marijuana use was not considered in this report.

Since Jail Health’s intake process includes a question to individuals booked into jail about which substances they use, and not specifically about excessive use or dependency, it is not possible to conclude that those who report use of substances exhibit problematic or criminal behavior associated with that use.

Unique Individuals with Severe Mental Illness and/or History of Substance Use

Many individuals were booked more than once during the three-year period; the 49,096 booking events are associated with approximately 21,465 unique individuals. While 85.6 percent of 49,096 booking events involved individuals with a history of substance use and/or severe mental illness, only 75 percent of unique individuals who were booked into the County jail (16,150 of approximately 21,465) had a history of substance use and/or severe mental illness, as shown in Exhibit 2 below, indicating that individuals with a history of substance use or and/or severe mental illness are more likely to be rebooked into the County jails. Of these 16,150 individuals, only 2 percent (563 of approximately 21,465) had severe mental illness only, and 73 percent (15,768 of approximately 21,465) had a history of substance use or of substance use combined with severe mental illness.

Severe Mental Illness and/or History of Substance Use by Gender and Ethnicity

Men accounted for more than three-quarters of the individuals booked during the three-year period.⁸

⁸ There were 6 records for which the gender of the individual could not be determined.

Exhibit 2. Unique Individuals Booked in County Jails by Gender from November 2014 to October 2017

Diagnosis Status	Male	Percent	Female	Percent	Total	Percent
Severe Mental illness Only	286	2%	96	2%	382	2%
Substance Use	10,377	59%	1,934	50%	12,311	57%
Substance Use & Severe Mental Illness	2,660	15%	797	20%	3,457	16%
Subtotal	13,323	76%	2,827	72%	16,150	75%
No Diagnosis or History	4,229	24%	1,080	28%	5,309	25%
Total*	17,552	100%	3,907	100%	21,459	100%

* Of 21,465 individuals, the gender was not available for 6.

Source: Sheriff Department Booking Data and DPH JIM health records on individuals in San Francisco County jails.

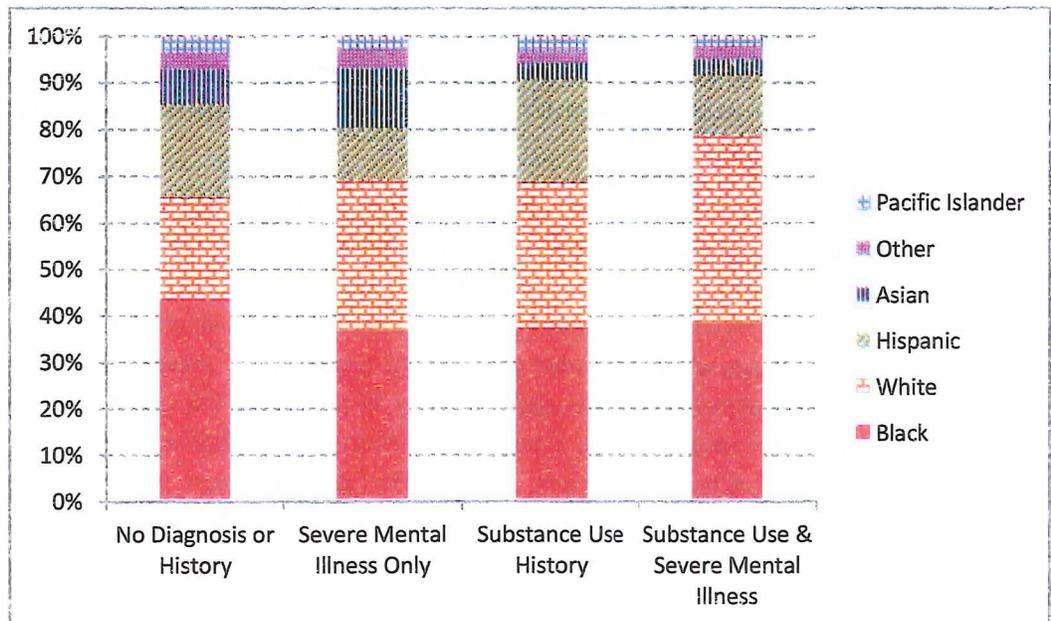
African Americans represent approximately 39 percent of individuals booked during the three-year period despite accounting for only 5.4 percent of the San Francisco County population according to 2016 American Community Survey five-year estimates, a decrease from 6.1 percent in 2011.⁹ White individuals make up approximately 30 percent of individuals booked during the three-year period. Exhibit 3 below shows the distribution of individuals booked over the study period by race/ethnicity.

As shown in Exhibits 2 above and 3 below, approximately three-quarters (75 percent) of individuals booked in jail between November 2014 and October 2017 had a severe mental illness and/or history of substance use. Approximately 82 percent of the white population in jail had a severe mental illness and/or history of substance use, which exceeded the average occurrence of these conditions in the overall jail population, while approximately 75 percent of the Hispanic population in jail had a severe mental illness and/or history of substance use, equal to the occurrence of these conditions in the overall jail population. Other racial/ethnic populations had lower occurrence of a severe mental illness and/or history of substance use than the overall jail population: Pacific Islanders (73 percent), African Americans (72 percent), Other (68 percent), and Asian (60 percent).

⁹ 2016 & 2011 American Community Survey five-year estimates, Table B02001.

Exhibit 3. Presence of Severe Mental Illness and/or History of Substance Use for Unique Individuals Booked in Jail by Race/Ethnicity from November 2014 to October 2017

Diagnosis Status	Asian	African-American	Hispanic	Pacific Islander	White	Other	Total
Severe Mental Illness Only	49	140	43	12	123	15	382
Substance Use	437	4,565	2,714	435	3,868	293	12,312
Substance Use & Severe Mental Illness	<u>120</u>	<u>1,323</u>	<u>445</u>	<u>86</u>	<u>1,398</u>	<u>90</u>	<u>3,462</u>
Subtotal with Substance Use and/or Severe Mental Illness	606	6,028	3,202	533	5,389	398	16,156
No Diagnosis or History	408	2,307	1,055	196	1,157	186	5,309
Total	1,014	8,335	4,257	729	6,546	584	21,465
Percent of Total Population	5%	39%	20%	3%	30%	3%	100%
Percent of Ethnic Group w/ Substance Use and/or Severe Mental Illness	60%	72%	75%	73%	82%	68%	75%



Source: Sheriff Department Booking Data and DPH JIM health records on individuals in San Francisco County jails.

Severity of Crimes and Presence of Severe Mental Illness and/or History of Substance Use

To evaluate whether individuals who have a severe mental illness and/or history of substance use spend more time in jail than those who are booked for similar types of crimes but do not have these conditions, the Budget and Legislative Analyst categorized each booking event during the three-year study period into one of four groups. As many people are routinely booked under multiple charges, the Budget and Legislative Analyst defined each of the four categories as follows:

1. **Quality of Life Law Violations:** booking under one or more of the 36 quality of life penal codes enforced in San Francisco, as identified by the San Francisco Police Department and detailed in Appendix I;
2. **Violent Crime:** booking under a penal code indicating at least one serious and violent crimes such as homicide, assault, domestic violence, weapon law violations, kidnapping, arson, and crimes against minors;
3. **Other Crimes:** penal codes that do not fall within either of the two previous categories;¹⁰ and
4. **Quality of Life Law Violations and Other Crimes:** booking under one or more of the 36 quality of life penal codes and one or more "other" crimes", and no Violent Crime charges. This category is intended as a comparison¹¹ point with the Quality of Life Violations Only category.

A single booking event can involve multiple charges. For the purposes of this report, booking events are categorized according to the most severe charge in a booking event. For example, if a person was charged with a violent crime and an "other" crime in the same booking event, the booking event falls in the "violent" category. The data presented in this report only includes the charges recorded when an individual is booked into jail. As previously mentioned, some individuals may be subsequently released after booking if these charges are dropped. Some charges may be downgraded or upgraded by the District Attorney's Office, while other individuals might be ultimately charged with the original penal code violations. These subsequent changes are not captured in the data of this report. Appendix I provides further information on categorization of crime by statute.

As discussed above and shown in Exhibit 4 below, 85.6 percent of all booking events were for individuals with a severe mental illness and/or history of substance use. Most booking events are for either violent crimes (36.7 percent) or "other"

¹⁰ The Budget and Legislative Analyst is unable to further break down this third category as the severity of the remaining crime statutes vary significantly.

¹¹ The Budget and Legislative Analyst recognizes that some individuals are booked in County jails on only quality of life laws, while other individuals are booked into jail for quality of life law violations as well as other crimes. This category is intended as a comparison point. To accomplish this, individual jail bookings in this category must (1) only include quality of life law violations and other crimes, and (2) belong to an individual who has only ever been booked for quality of life law violations and other crimes during the study period.

crimes (54.2 percent), as shown in Exhibit 4 below. Individuals with severe mental illness and/or history of substance use made up approximately 85 percent of booking events for other crimes and for violent crimes, consistent with booking events for all crime categories.

Quality of life violations only and quality of life violations and other crimes made up only 9.1 percent of all booking events, as shown in Exhibit 4 below. The highest proportion of booking events associated with individuals with severe mental illness and/or history of substance use was for quality of life violations and other crimes (91.8 percent), and the lowest proportion of booking events associated with individuals with severe mental illness and/or history of substance use was for quality of life violations only (80.4 percent).

Exhibit 4. Booking Events by Crime Category and Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017

Diagnosis Status	Quality of Life	Quality of Life & Other	Violent Crime	Other	Total (#)
Severe Mental Illness Only	7	19	259	278	563
Substance Use	591	2,011	9,595	16,587	28,784
Substance Use & Severe Mental Illness	159	1,209	5,465	5,867	12,700
Subtotal Substance Use and/or Severe Mental Illness	757	3,239	15,319	22,732	42,047
No Diagnosis or History	185	288	2,712	3,864	7,049
Total	942	3,527	18,031	26,596	49,096
Crime Category % Total Bookings	1.9%	7.2%	36.7%	54.2%	100%
Substance Use and/or Severe Mental Illness % Crime Category	80.4%	91.8%	85.0%	85.5%	85.6%

Source: DPH JIM, Sheriff booking data.

Drunkenness in public is the most common quality of life law violation for booking events including only quality of life law violations. For those booked into County jails for drunkenness in public, they are released when sober.

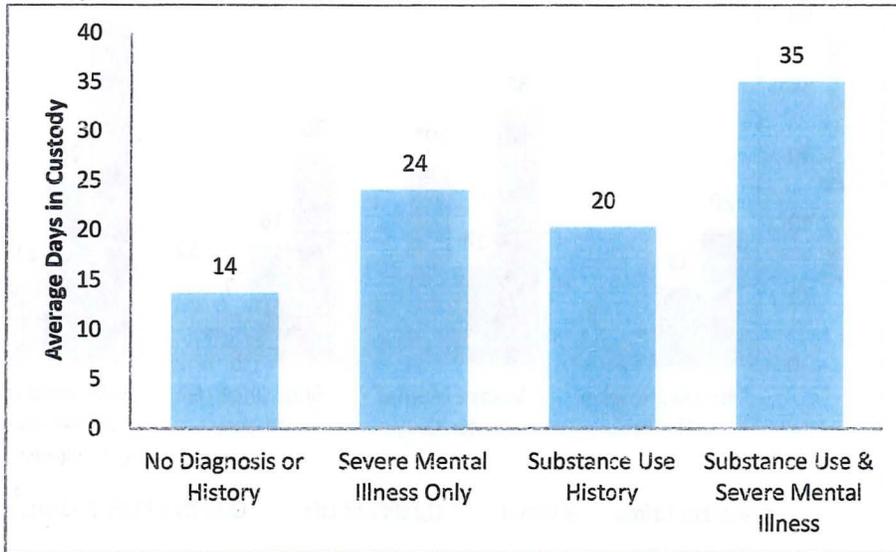
Length of Jail Stays by Crime Category and Presence of Severe Mental Illness and/or History of Substance Use

Individuals with severe mental illness and/or history of substance use often have a longer jail stay than individuals without these conditions

Booking events for individuals with a history of substance use and/or severe mental illness resulted in longer average jail stays than for individuals without these conditions, regardless of crime category. Booking events for individuals with combined severe mental illness and substance use history resulted in longer jail stays, averaging 35 days per booking event, compared to 20 days for substance use history only, 24 days for severe mental illness only, and 14 days for no behavioral

health history. Exhibit 5 below shows the average days in custody across all booking events and crime categories, by the behavioral health status of the individual booked.

Exhibit 5. Average Days in Custody by Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017



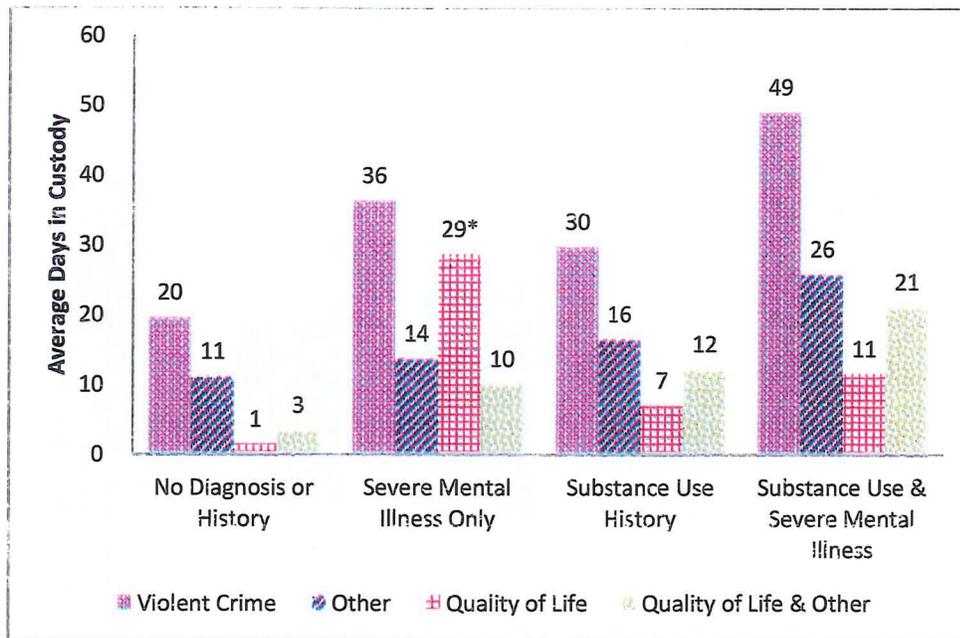
Source: DPH JIM, Sheriff booking data.

Jail Stays by Category of Crime

Individuals with combined history of substance use and severe mental illness generally had the longest average jail stays for all booking events - quality of life, violent crime, and other - as shown in Exhibit 6 below.¹² Individuals with either a history of substance use or a severe mental illness had longer average jail stays for all booking events than individuals with no behavioral health diagnosis, as shown in Exhibit 6 below.

¹² There is an exception for individuals with severe mental illness only booked on quality of life law violations because only one individual falls in this category.

Exhibit 6. Average Days in Custody by Crime Category and Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017



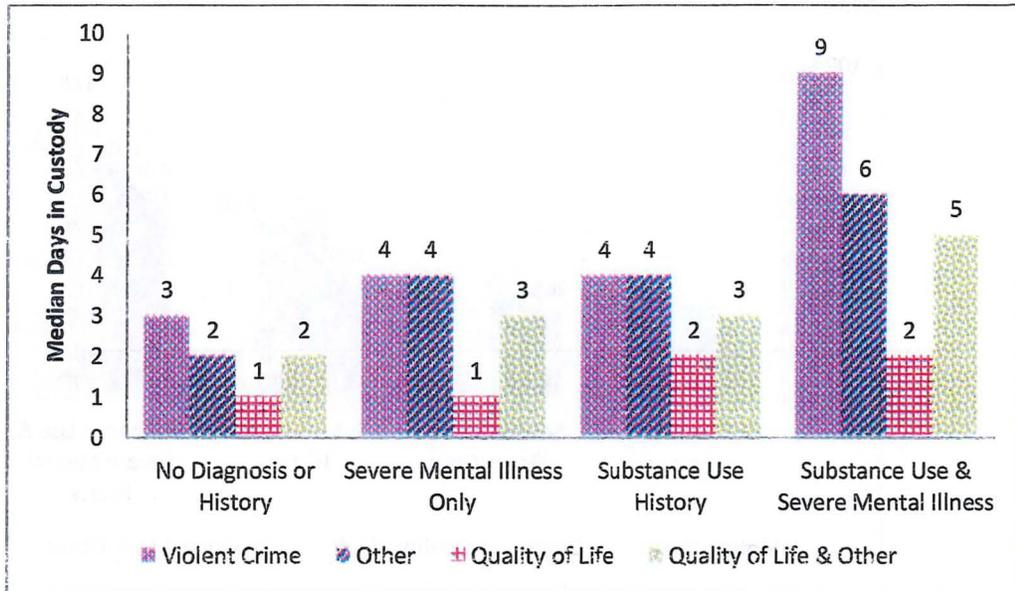
Source: DPH JIM, Sheriff booking data.

* As noted in Exhibit 4 above, only seven booking events fall in the category of quality of life violations associated with individuals with severe mental illness only, so a single booking event resulting in a long jail stay skews the average upward.

Some individuals have very long jail stays, resulting in higher average days for all jail stays. Measuring median jail stays (the midpoint for the number of days for all jail stays) shows shorter jail stays but a similar association between longer jail stays for individuals with a history of substance use and/or severe mental illness and individuals with no behavioral health diagnosis or history. However, quality of life booking events for individuals with a history of substance use and/or severe mental illness did not result in longer jail stays than for individuals without those conditions, as shown in Exhibit 7 below.

Some individuals with a severe mental illness and/or a history of substance use might experience longer jail stays while they wait for placement in a behavioral health facility. Examples of these cases could include Lanterman-Petris-Short or Murphy conservatorship clients, or those individuals deemed incompetent to stand trial on felony charges. Responsibility for placement of the latter lies with the Department of State Hospitals. The Budget and Legislative Analyst Office was not able to obtain information on these cases.

Exhibit 7. Median Days in Custody by Crime Category and Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017



Source: DPH JIM, Sheriff booking data.

Rearrests by Behavioral Health Status and Crime Category

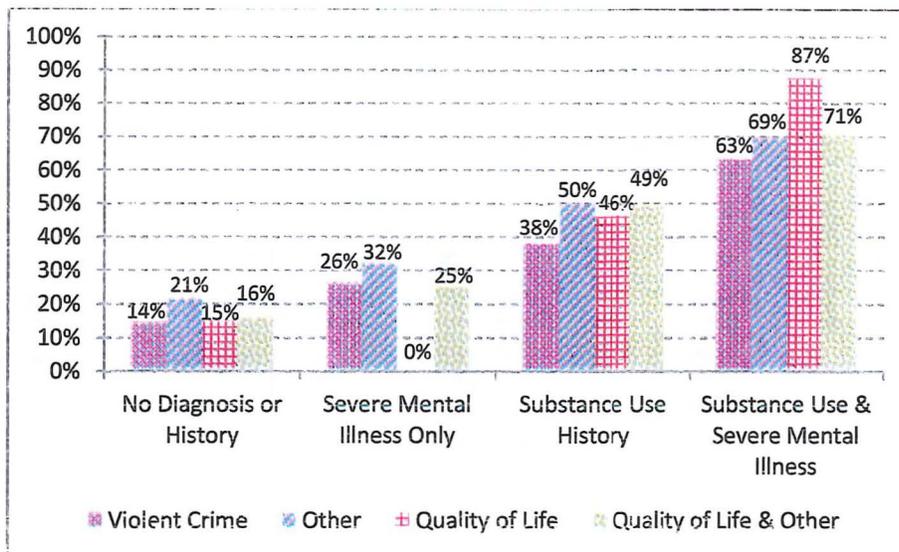
Individuals with severe mental illness and/or history of substance use are more likely to be rearrested

Individuals with a severe mental illness and/or history of substance use were more likely to be rearrested during the study period than individuals without these conditions. Individuals with combined severe mental illness and a history of substance use who are arrested for quality of life law violations were most likely to be rearrested during the study period (87 percent), followed by individuals with combined severe mental illness and a history of substance use arrested for quality of life and other crimes (71 percent), as shown in Exhibit 8 below. Individuals with no severe mental illness diagnosis or substance use history were least likely to be rearrested during the study period across crime categories.¹³

It is possible that individuals arrested for violent crimes spent more time in custody than individuals arrested for less serious crimes, and were therefore less likely to be rearrested during the study period.

¹³ Only one individual fell in the category of having a severe mental illness and only being booked for a quality of life law violation during the three-year study period. This individual was arrested once, so the rearrest rate for this category is 0 percent. As shown in Exhibit 4 above, although seven booking events fall under the category of quality of life law violation associated with an individual having a severe mental illness, six of the booking events are associated with individuals who had booking events that fell under other crime categories during the three-year study period.

Exhibit 8. Individuals Rearrested by Crime Category and Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017



Source: DPH JIM, Sheriff booking data.

Conclusion

Most booking events (84.5 percent) between November 2014 and October 2017 are associated with individuals with a history of substance use or a history of substance use combined with severe mental illness. Many individuals were booked more than once during the three-year period. That the percentage of booking events (84.5 percent) for individuals with a history of substance use, or combined history of substance use and severe mental illness, was higher than the percentage of unique individuals booked into County jails with these conditions (73 percent) indicates that individuals with a history of substance use, or combined history of substance use and severe mental illness, are more likely to be rearrested and booked into the County jails. In addition, individuals with a history of substance use and/or severe mental illness have longer jail stays on average than those with no documented history of substance use and/or severe mental illness.

Policy Considerations

The presence of individuals in the County jails between November 2014 and October 2017 that had a history of substance use and/or severe mental illness has policy implications for the City and County of San Francisco.

- The Justice Facilities Improvement Program provides for the closure of the Hall of Justice, including County Jail #3 (which is currently closed) and County Jail #4. The Board of Supervisors approved a resolution in January 2016, urging the Director of the Department of Public Health and the Sheriff to convene a working group to plan for the permanent closure of County Jail #3 and #4, and

evaluate investments in new mental health facilities and current jail retrofits needed to uphold public safety and better serve at-risk individuals. Charges for crimes¹⁴ that are not the most serious and violent (including quality of life violations) made up approximately 63 percent of booking events between November 2014 and October 2017; individuals with a history of substance use and/or severe mental illness made up a large portion of these booking events. The Work Group to Re-Envision the Jail should consider the large proportion of booking events associated with individuals with a history of substance use and/or severe mental illness (85.6 percent) in identifying the need for prevention and treatment services as an alternative to jail time.

- 57 percent of the individuals who were booked into the County jail between November 2014 and October 2017 had a history of substance use and another 16 percent had a history of substance use combined with a severe mental illness. Beginning in FY 2017-18 the Drug Medi-Cal Organized Delivery System pilot program authorizes the County to access reimbursements from the State for a broader range of substance use services already delivered by the County. This new source of funding for the County creates more opportunities to address substance use.
- Assembly Bill 1810 (AB 1810) signed into law by Governor Jerry Brown in June 2018 may result in more individuals being diverted from County jails and directed towards mental health and substance use disorder treatment. AB 1810 enables criminal courts to authorize pre-trial diversion for a period of up to two years for defendants with a mental disorder diagnosis. This option is available if a diagnosed mental disorder played a significant role in the defendant committing the offense (whether a misdemeanor or felony), if the defendant agrees to engage in mental health treatment, and if the defendant does not pose a significant risk to public safety. San Francisco Courts have already begun accepting referrals for mental health diversion. Defendants who successfully participate in treatment for a period of time not to exceed two years will have their charges dismissed and their records cleared.

¹⁴ A single booking event can involve multiple charges. For the purposes of this report, booking events are categorized according to the most severe charge in a booking event. For example, if a person was charged with a serious and violent crime and an "other crime" in the same booking event, the booking event falls in the "violent" category.

Appendix I. Methodology

DPH Methods for Estimating Severe Mental Illness and History of Substance Use

For this analysis, DPH used two methods to estimate the total number of individuals in jail diagnosed with a severe mental illness. The first method, “severe mental illness only,” is limited to those with one or more of four severe mental illness diagnoses: (1) psychotic disorder, (2) schizophrenia, (3) bipolar disorder, and (4) major depression.

The second method, “expanded mental health disorders,” includes the four severe mental illness diagnoses in the severe mental illness only category as well as six other mental health diagnoses and one data indicator, as follows:

1. Personality Disorder
2. Post-Traumatic Stress Disorder
3. Disruptive Conduct Disorder
4. Adjustment Disorder
5. Dissociative Disorder
6. Substance Abuse Dementia/Mood Disorder
7. Psychiatric Medication prescription

This report focuses on the “severe mental illness only” group. Data about the “expanded mental health disorders” group is presented in Appendix II of this report.

In this report, data on substance use does not represent diagnoses but rather an estimate of the presence of substance use among individuals in County jails. The methodology used to identify individuals with a history of substance use was designed to identify all levels of substance use for individuals booked into County jails. This estimate includes those individuals who (1) self-reported substance use during the DPH Jail Health’s intake or behavioral health assessment process; (2) were noted as high risk for alcohol withdrawal, opiate withdrawal, or benzodiazepine detox by a clinician; and/or (3) have been prescribed any substance use withdrawal medications.¹⁵ Data on substance use disorder diagnoses in County jails were not available at the time of this report.

To estimate substance use, this report uses self-reported information about use of alcohol, cocaine or crack, methamphetamine, benzodiazepines, heroin, prescription medication, and an unidentified “other” option in addition to

¹⁵ For this analysis, the substances reported during DPH Jail Health intake process at County jails include alcohol, cocaine or crack, methamphetamine, benzodiazepines, heroin, prescription medication, and an unidentified “other” option that individuals can select. Withdrawal medications included in this analysis are buprenorphine, lorazepam, methadone, and chlorthalidone.

information about individuals using withdrawal medications. Marijuana use was not included in the estimate of substance use.

Budget and Legislative Analyst's Method for Categorizing Booking Events by Crime Severity

A booking event refers to each time an individual was booked into San Francisco County jails during the study period from November 1, 2014 to October 31, 2017. One individual could have one or more booking events during the study period. However, each booking event refers to one individual on a specific day at a particular time.

The Budget and Legislative Analyst developed an index for all penal codes cited in booking events over the study period from November 1, 2014 to October 31, 2017 that grouped each penal code into one of four categories: (1) Quality of Life Law Violations; (2) Violent Crime; (3) Other Crimes; and (4) Quality of Life Law Violations and Other Crimes, as described below.

1. **Quality of Life Law Violations:** booking under one or more of the 36 quality of life penal codes enforced in San Francisco, as identified by the San Francisco Police Department and detailed in Exhibit A1.
2. **Violent Crime:** booking under a penal code indicating at least one serious and violent crimes such as homicide, assault, domestic violence, weapon law violations, kidnapping, arson, and crimes against minors. Weapon law violations were only included in the violent crime category if the crime resulted in assault or homicide, or intent to use the weapon was noted; weapon possessions and District Attorney special allegations were not included.
3. **Other Crimes:** penal codes that do not fall within either of the two previous categories. This crime category is broad in nature. The Budget and Legislative Analyst is unable to further break down "the other crime" category as the severity of these crime statutes varies significantly.
4. **Quality of Life Law Violations and Other Crimes:** booking under one or more of the 36 quality of life penal codes and one or more "other" crimes".

To categorize all offenses included in the Sheriff Department's jail booking data, the Budget and Legislative Analyst used the Sheriff Department's broad categories of crimes, entitled Uniform Crime Reporting (UCR) code. While these categories did not match the 2019 National Incident-Based Reporting System (NIBRS) handbook, most crime categories fell within identifiable themes. However, for UCR codes with mixed offenses (e.g., 00), penal codes were reviewed individually to identify the relevant crime category.

Quality of life penal codes were identified as the 36 penal codes shared by the San Francisco Police Department with the Budget and Legislative Analyst, listed below.

Exhibit AI. Quality of Life Laws in San Francisco

Penal Code	Description of Violation	Infraction or Misdemeanor
120.2(d)(1) MPC	Aggressively soliciting of the public	Infraction or Misdemeanor
120.2(d)(2) MPC	20 feet away from the ATM/Check cash	Infraction or Misdemeanor
120.2(d)(3) MPC	Median/motor vehicle	Infraction or Misdemeanor
120.2(d)(4) MPC	Muni or parking lot	Infraction or Misdemeanor
122 (a)MPC	Aggressive pursuit	Misdemeanor
153(a) PC	Urine or defecate in public	Infraction
168(b) MPC	Sit/Lie during 7:00 a.m. -11:00 p.m.	Infraction or Misdemeanor
168(d) MPC	Sit/Lie during 7:00 a.m. -11:00 p.m.	Warning
21 MPC	Drinking in Public	Infraction
22(a) MPC	Obstruct street or sidewalk	Infraction
23(a) MPC	22(a) within 24 hours	Misdemeanor
22520.5 CVC	Solicit near freeway ramp	Infraction
25(a) MPC	Trespass posted sign	Infraction
25620(a) BP	Possession of open container	Infraction
26(a) MPC	25(a) within 24 hours	Misdemeanor
290.011 (a) PC	Transient 290 to register (30 days)	Misdemeanor
3.02 Park Code	Signs to be obeyed	Infraction or Misdemeanor
3.10 Park Code	Peddling without a permit	Infraction or Misdemeanor
3.12 Park Code	Camping in park	Infraction or Misdemeanor
3.13 Park Code	Sleeping in park during 8:00 p.m. -8:00 a.m.	Infraction
3.21 Park Code	Hours of Operation	Infraction or Misdemeanor
33 MPC	Litter	Infraction
372 PC	Public Nuisance	Misdemeanor
374.3(a) PC	Unlawful dumping of waste	Infraction
4.10(a) Park Code	Consume alcohol in the park	Infraction or Misdemeanor
40a/b HC	Animal Nuisance	Infraction or Misdemeanor
41.15 HC	Dog License	Infraction or Misdemeanor
41.12a HC	Leash Law	Infraction or Misdemeanor
602(m) PC	Trespass	Misdemeanor
640(d)(3) PC	Urine/defecate (transit)	Infraction
647(c) PC	Willful and malicious 22(a)	Misdemeanor
647(e) PC	Illegal Lodging	Misdemeanor
869 MPC	Peddling without a permit	Misdemeanor
647(f) PC	Drunk in Public	Misdemeanor
97(a) & (b) MPC	Vehicles for Human Habitation	Misdemeanor
1009.81 HC	Prohibiting Smoking in City Park and Recreational Areas	Infraction

Source: San Francisco Police Department

Since individuals are often booked under multiple penal codes at a single booking event, the Budget and Legislative Analyst assigned a crime category to each booking event according to the most serious offense. As a result, a booking event

that included any of the violent crime penal codes was assigned to the violent crime category. If a booking event only included any one of the quality of life penal codes, the booking event was assigned to the quality of life category. If a booking event did not include a violent crime penal code and included any one of the quality of life penal codes and any other non-quality of life penal codes, the booking event was assigned to the quality of life and other category. All other booking events that did not include a violent crime or quality of life penal code were assigned to the all other crime category.

Method for Identifying Rearrests during Study Period

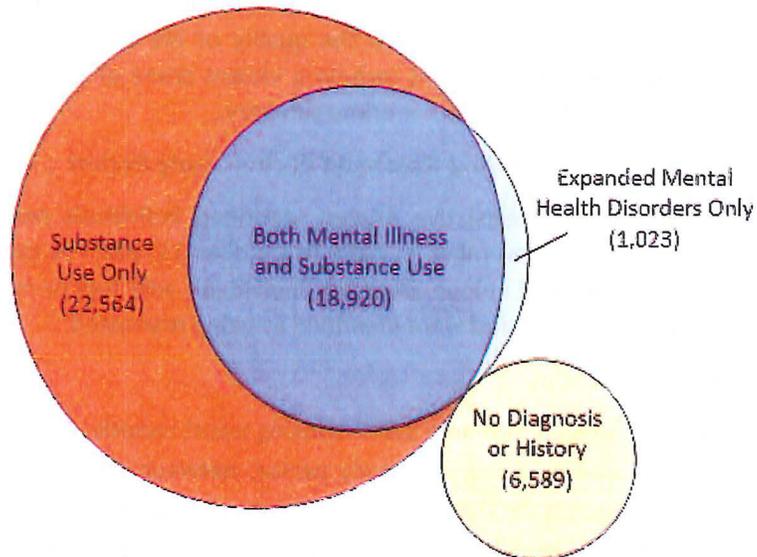
The Budget and Legislative Analyst identified individuals rearrested during the study period of November 1, 2014 to October 31, 2017 by tagging each booking event by individual unique identifier. Individuals with two or more booking events during the study period were identified as being rearrested.

Data Limitations

- DPH was unable to match 5,847 booking event records, or 10.6 percent of the 54,943 booking events during the study period, between JIM, which is the medical record charting system for DPH's Jail Health Services and the Jail Management System (JMS), which is the Sheriff's Department database. As a result, these records were excluded from the analysis.
- Although this study indicates that there is an association between severe mental illness and/or history of substance and time in custody and rearrests, we cannot conclude that a severe mental illness and/or history of substance use causes a person to reoffend or be held in custody longer. There could be other factors not addressed in this study that account for the association.
- The Sheriff's Department jail records used for this study include all bookings over the three-year period from November 1, 2014 to October 31, 2017. Not all individuals booked into jail are charged by the District Attorney with a crime, while some crimes are downgraded or upgraded. Some individuals exit County jails on pre-trial release. Therefore, the estimates of duration in custody in this report do not represent the total amount of time individuals spend in jail once charged for crimes.
- The reason for release is not indicated in the jail records available for this study.

Appendix II. Expanded Definition of Mental Health Disorders

Jail Booking Events by Severe Mental Illness and/or History of Substance Use Status from November 2014 to October 2017



Source: Sheriff Department Booking Data and DPH JIM health records on individuals in San Francisco County jails.

Unique Individuals Booked in County Jails by Gender from November 2014 to October 2017

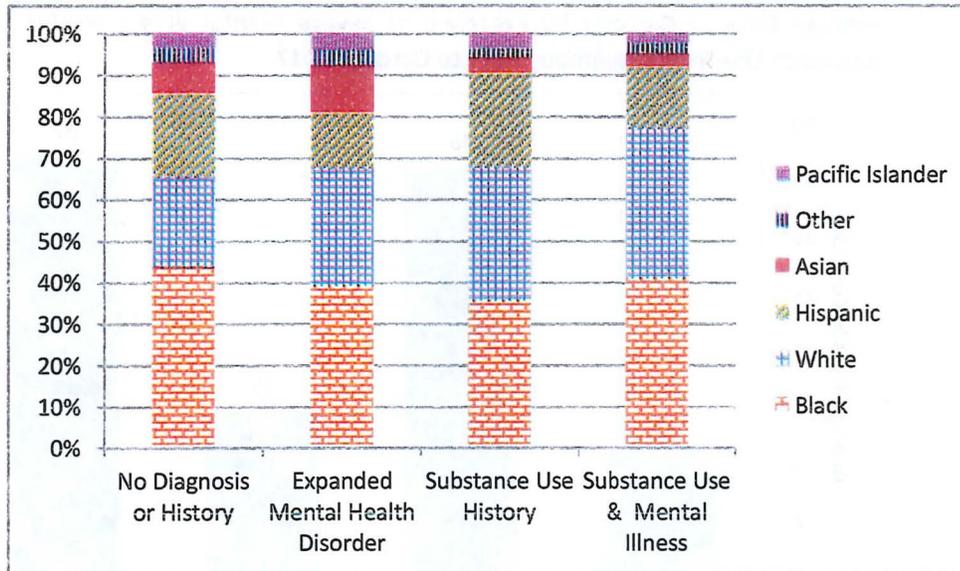
Diagnosis Status	Male	Percent	Female	Percent	Total	Percent
Expanded Mental Health Disorder	521	3%	180	5%	701	3%
Substance Use	8,730	50%	1,619	41%	10,349	48%
Substance Use & Mental Illness	4,307	24%	1,112	28%	5,419	25%
Subtotal	13,558	77%	2,911	74%	16,469	77%
No Diagnosis or History	3,994	23%	996	26%	4,990	23%
Total	17,552	100%	3,907	100%	21,459*	100%

Source: Sheriff Department Booking Data and DPH JIM health records on individuals in San Francisco County jails.

* There were 6 records for which the gender of the individual could not be determined.

Presence of Severe Mental Illness and/or History of Substance Use for Individuals Booked in Jail by Race/Ethnicity from November 2014 to October 2017

Diagnosis Status	Asian	African-American	Hispanic	Pacific Islander	White	Other	Total
Expanded Mental Health Disorder	80	274	94	29	198	26	701
Substance Use	381	3,671	2,355	389	3,312	242	10,350
Substance Use & Mental Illness	<u>176</u>	<u>2,217</u>	<u>804</u>	<u>132</u>	<u>1,954</u>	<u>141</u>	<u>5,424</u>
Subtotal with Substance Use and/or Mental Illness	637	6,162	3,253	550	5,464	409	16,475
No Diagnosis or History	377	2,173	1,004	179	1,082	175	4,990
Total	1,014	8,335	4,257	729	6,546	584	21,465
Percent of Total Population	5%	39%	20%	3%	3%	30%	100%
Percent of Ethnic Group w/ Substance Use and/or Mental Illness	63%	74%	76%	70%	75%	83%	77%



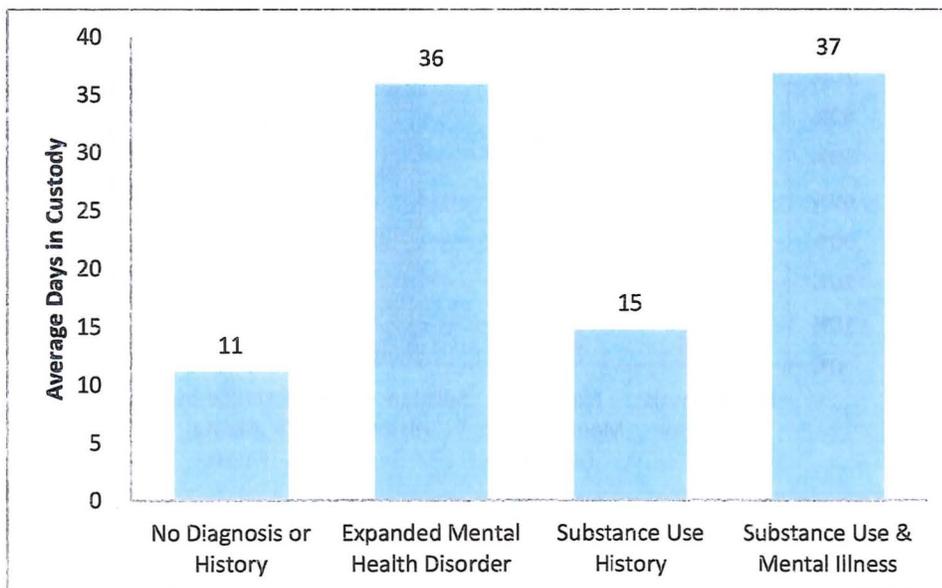
Source: Sheriff Department Booking Data and DPH JIM health records on individuals in San Francisco County jails.

Booking Events by Crime Category Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017

Diagnosis Status	Quality of Life	Quality of Life & Other	Violent Crime	Other	Total (#)
Expanded Mental Health Disorder	9	28	555	431	1,023
Substance Use	488	1,658	6,889	13,529	22,564
Substance Use & Mental Illness	262	1,562	8,171	8,925	18,920
Subtotal Substance Use and/or Mental Illness	759	3,248	15,615	22,885	42,507
No Diagnosis or History	183	279	2,416	3,711	6,589
Total	942	3,527	18,031	26,596	49,096
Crime Category % Total Bookings	2%	7%	37%	54%	100%
Substance Use and/or Mental Illness % Crime Category	81%	92%	87%	86%	

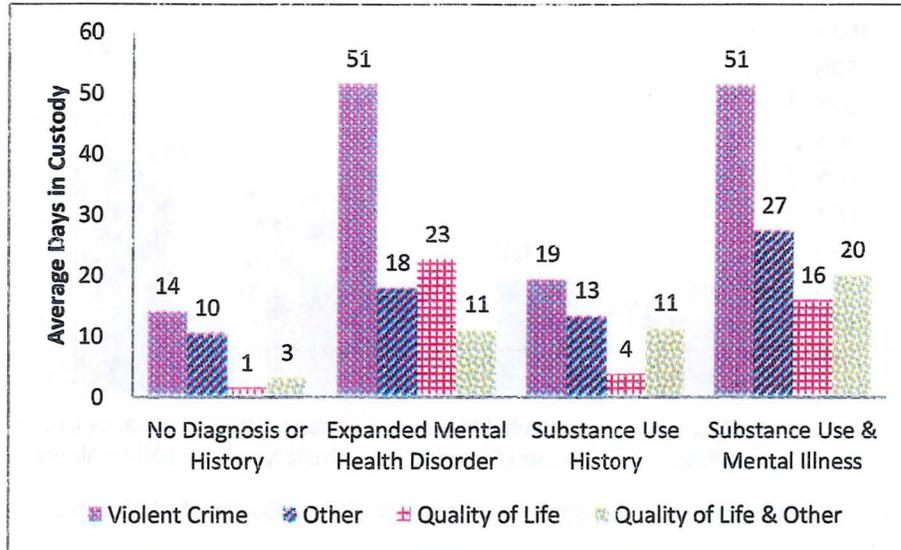
Source: DPH JIM, Sheriff booking data.

Average Days in Custody by Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017



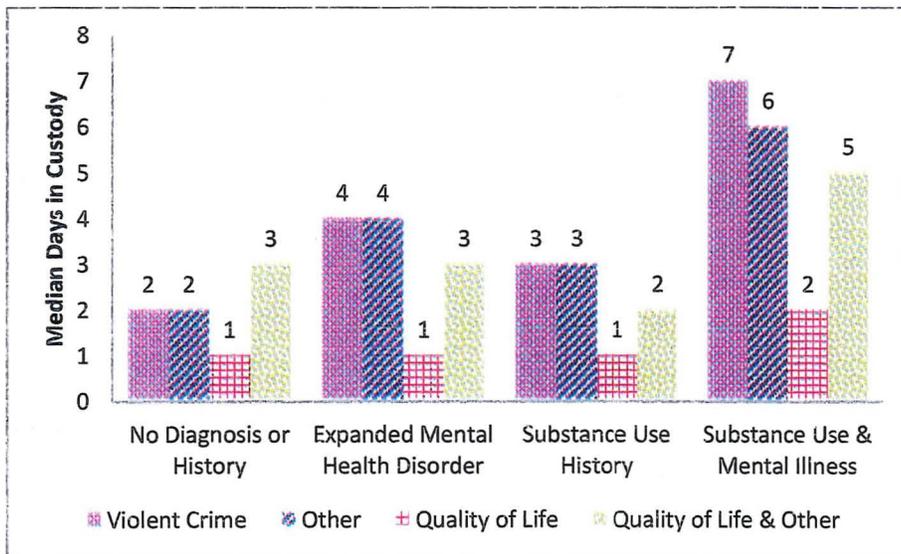
Source: DPH JIM, Sheriff booking data.

Average Days in Custody by Crime Category and Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017



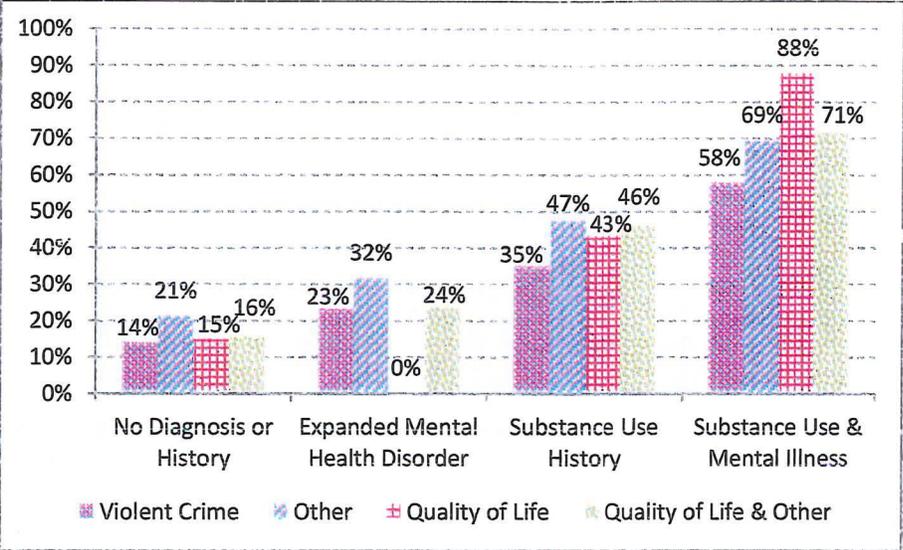
Source: DPH JIM, Sheriff Booking data.

Median Days in Custody by Crime Category and Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017



Source: DPH JIM, Sheriff booking data.

Individuals Rearrested by Crime Category and Presence of Severe Mental Illness and/or History of Substance Use from November 2014 to October 2017



Source: LPH JIM, Sheriff booking data.

BUDGET &
LEGISLATIVE
ANALYST'S OFFICE

1390 Market Street, No. 1150,
San Francisco, CA 94102

PERFORMANCE AUDIT:
DPH BEHAVIORAL HEALTH SERVICES

December 5, 2018

WHAT IS BEHAVIORAL HEALTH?

Behavioral health includes **mental health** and **substance use disorder services**



BEHAVIORAL HEALTH SERVICES OFFERED BY CITY AND COUNTY OF SAN FRANCISCO

Mental Health Services

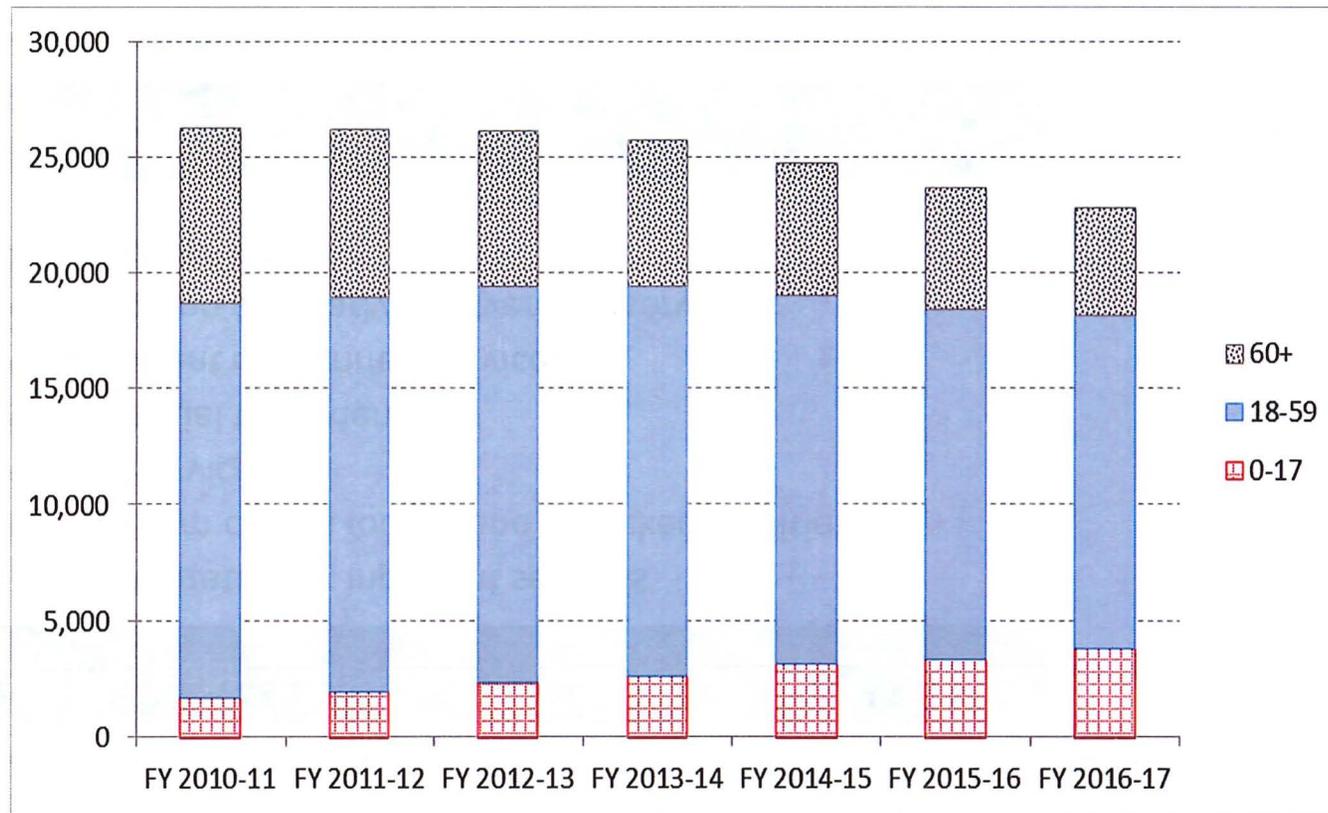
- Hospitalization or inpatient services
- Long-term care in locked and unlocked facilities
- Crisis services
- Residential treatment
- Outpatient or planned services
- Prevention and early intervention services
- Supportive housing

Substance User Disorder Services

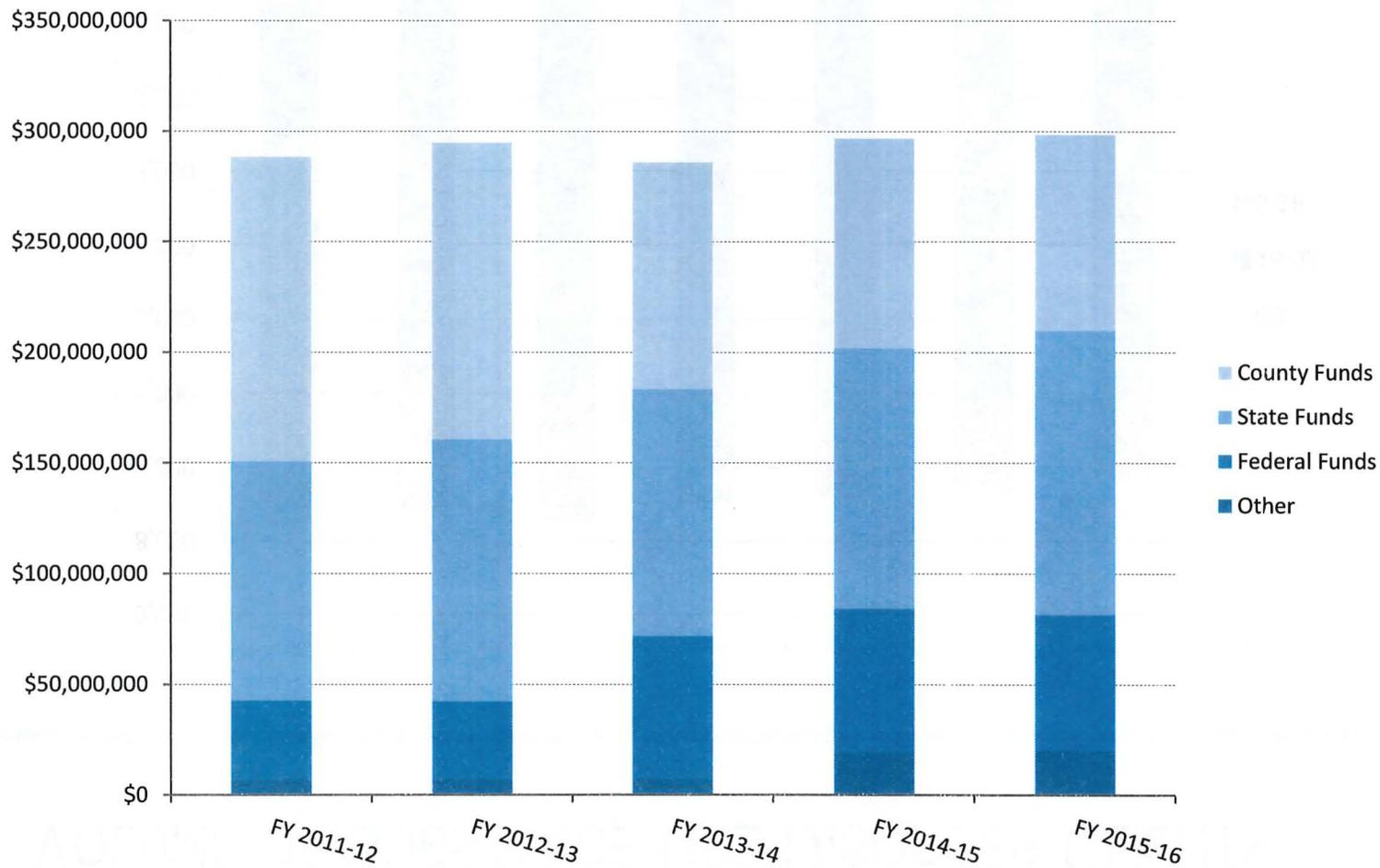
- Residential Treatment
- Residential Detox Services
- Opioid Treatment
- Outpatient or planned services
- Intensive outpatient services
- Prevention and early intervention services



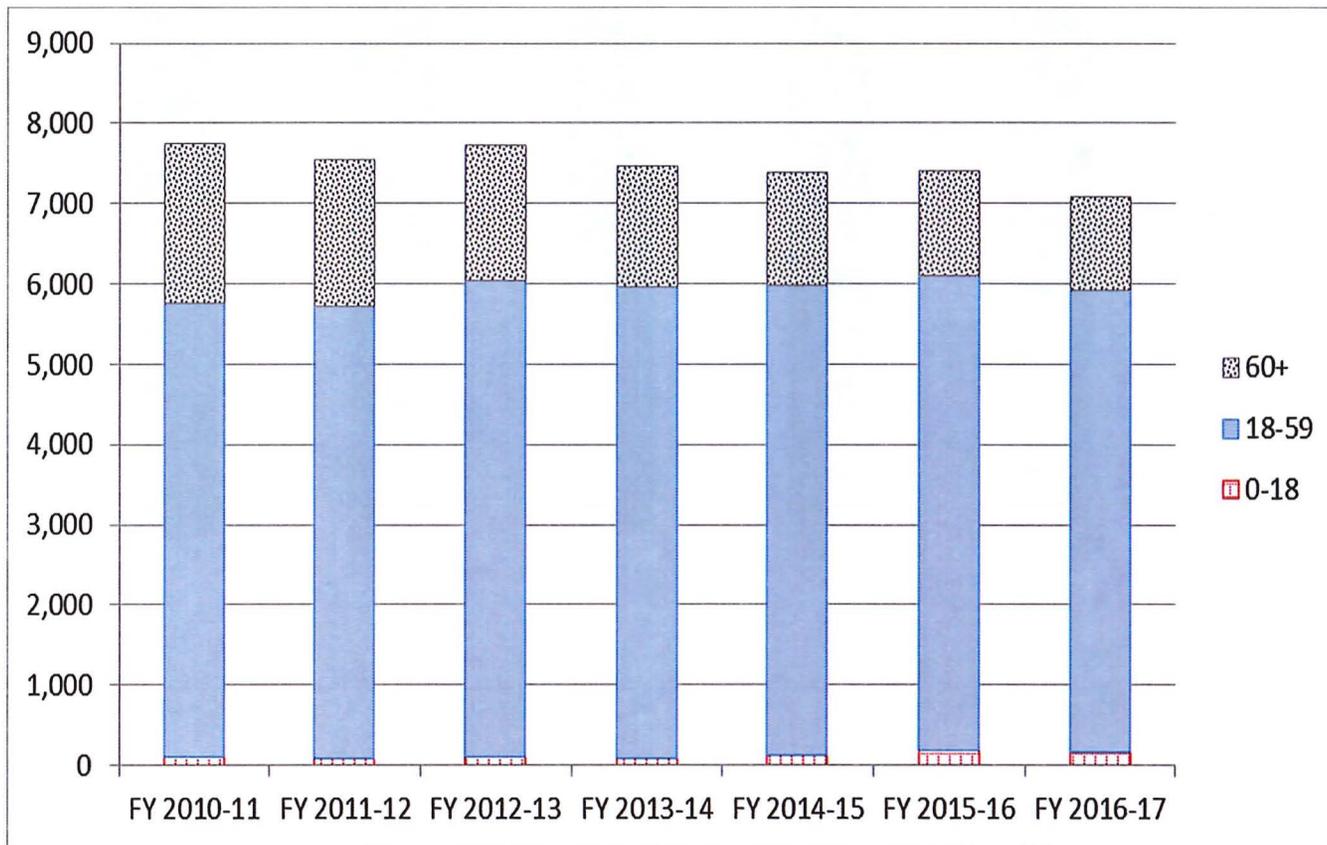
VOLUME OF MENTAL HEALTH SERVICE CLIENTS



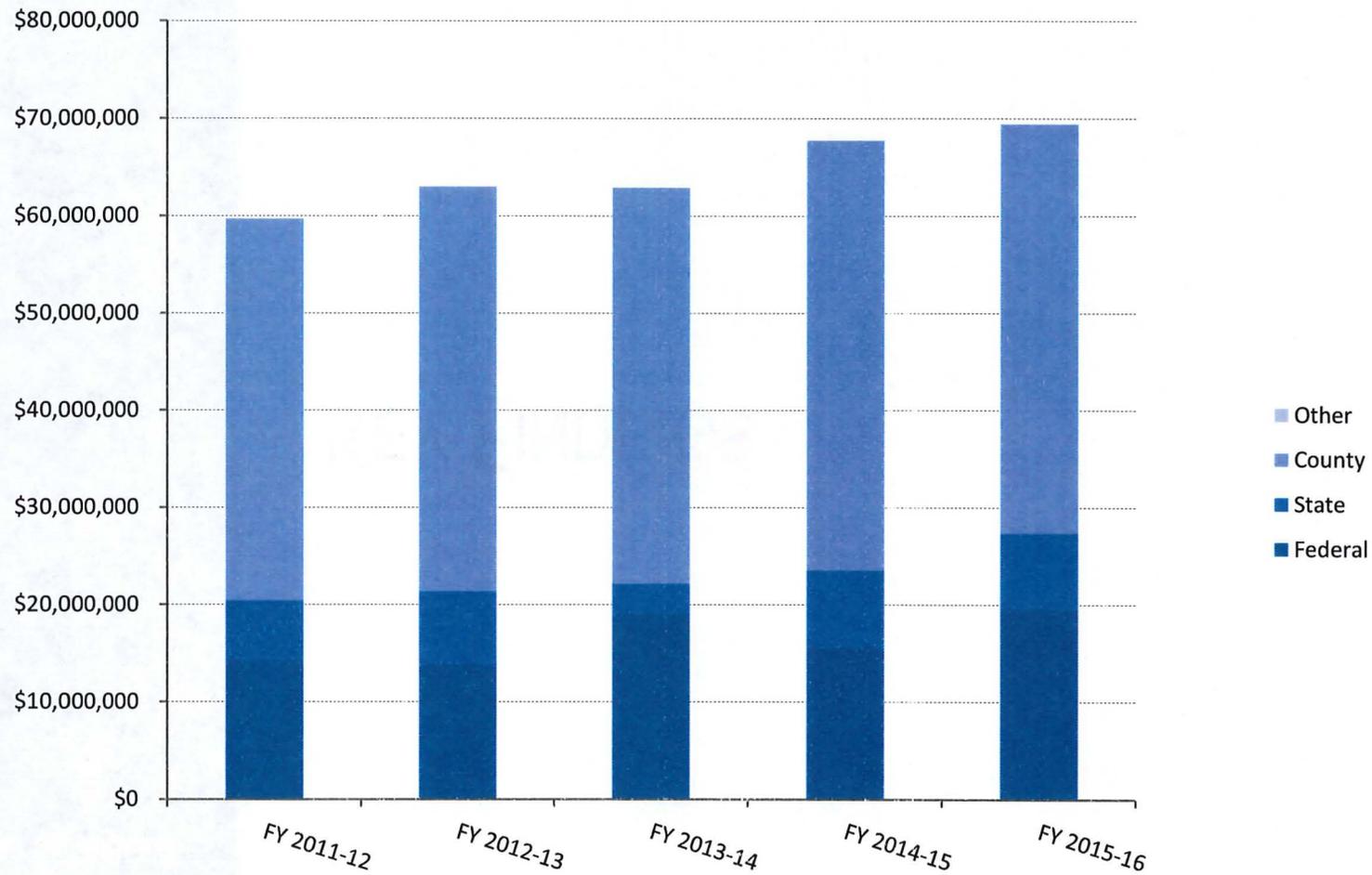
ACTUAL EXPENDITURES ON MENTAL HEALTH SERVICES



VOLUME OF SUBSTANCE USE DISORDER CLIENTS



ACTUAL EXPENDITURES ON SUBSTANCE USE DISORDER SERVICES



BUDGET &
LEGISLATIVE
ANALYST'S OFFICE

1390 Market Street, No. 1150,
San Francisco, CA 94102

KEY FINDINGS

1) CIVIL SERVICE CLINICS FALL SHORT OF PERFORMANCE GOALS

Performance Score Key:

- 1: Unacceptable
- 2: Improvement Needed
- 3: Satisfactory
- 4: Commendable or Exceeds Expectations

- Performance score categories:
 - 1) Compliance with laws & regulations
 - 2) Delivery of contracted services
 - 3) Performance objectives
 - 4) Client satisfaction

- All four sample civil service clinics earned scores of either 3 (“satisfactory”) or less, indicating a need for improvement

- Of the total sample of 20 CBO programs, all but two received a score of more than three

Provider (Sample Agencies)	Average Overall Performance Score by Fiscal Year			
	2013-14	2014-15	2015-16	3-yr Average
Substance Abuse & Mental Health				
Richmond Area Multi Services	4	4	4	4
Baker	4	3.8	4	3.9
HR360	3.6	3.9	3.8	3.8
Community Awareness and Treatment Services (CATS)				
Instituto Familiar de la Raza	3.7	3	3.2	3.7
UCSF	3.5	3.7	3.75	3.6
Bayview Hunters Point	3.6	3.1	3.8	3.5
Seneca Center	4	3.25	2.75	3.3
BAART	3.3	2.7	3.7	3.2
Westside	3	2.7	2.7	2.8
Substance Abuse Only				
Fort Help	3	3.5	3	3.2
Larkin Street Youth Services	3	2	2.5	2.5
Mental Health Only				
A Better Way	4	4	4	4
Alternative Family Services	4	4	4	4
Conard House	4	4	4	4
Hospitality House	4	4	4	4
Progress	3.9	4	3.9	3.9
Hyde Street	3	4	4	3.7
Oakes Children's Center	4	3	3	3.3
Edgewood Center	3.3	2.5	3.5	3.2
Civil Service Clinic - Chinatown NB	3	3	3	3
Civil Service Clinic - Mission	1	2	2	1.8
Civil Service Clinic - SOMA	3	2	2	2.3
Civil Service Clinic - Sunset	3	3	3	3

RECOMMENDATIONS:

Director of BHS should:

- 1) Identify which CBOs are underperforming and why
- 2) Assist CBOs in meeting performance standards
- 3) As appropriate, adjust contract budgets each FY to transfer services to CBOs who can deliver required services
- 4) Develop a corrective action plan for underperforming civil service clinics



2) NEED FOR ADDITIONAL INTENSIVE CASE MANAGERS (ICM)

- ICM programs are key resources that enable BHS to swiftly act on the needs of their most vulnerable clients
- The demand for ICMs far outpaces the supply
 - From FY 2012-13 to 2016-17, **for every adult discharged from ICM, more than two adults were referred for services**

Annual Adult Referrals to and Discharges from Intensive Case Management

	ICM Discharges	ICM Referrals	Net	ICM Referral-Discharge Ratio
FY 2012-13	179	424	(245)	2.37
FY 2013-14	197	432	(235)	2.19
FY 2014-15	208	448	(240)	2.15
FY 2015-16	217	421	(204)	1.94
FY 2016-17	236	472	(236)	2.00
Average	207	439	(232)	2.12

RECOMMENDATIONS

Director of BHS should:

- 1) Improve protocols that transition long-term ICM clients to lower levels of care
- 2) Use the improved tools on ICM waitlists to calculate unmet need for ICM services
- 3) Increase number of ICM program staff accordingly



3) POOR TRANSITIONS TO LOWER LEVELS OF CARE

a) Unsuccessful Discharges from ICM:

- Only 16% of clients discharged from intensive case management engaged in outpatient services within four months after discharge
- 38% of clients discharged from intensive case management do not access BHS outpatient services at all**

b) Discharges from Psychiatric Emergency Services (FY 2016-17)

Discharged to:	Visits by Homeless Clients**	Visits by Housed Clients	Total Visits	Percent of Total Visits
Self with an outpatient referral	1,862	548	2,410	35.90%
Self without an outpatient referral or service linkage	1,786	776	2,562	38.20%
Community Treatment Program of Facility	489	116	605	9.00%
Admitted to Zuckerberg San Francisco General (ZSFG)	277	329	606	9.00%
Jail	123	63	186	2.80%
ZSFGH ED	67	37	104	1.60%
Transferred to Non-ZSFGH Acute Care	33	134	167	2.50%
Admitted to Adult or Mental Health Residential Facility	29	35	64	1.00%
Total	4,666	2,038	6,704	100.00%



3) POOR TRANSITION TO LOWER LEVELS OF CARE (CONT'D)

Psychiatric Emergency Services Clients (FY 2016-17)

- Most PES clients during FY 2016-17 had co-occurring mental health and substance use diagnoses

Diagnosis of Psychiatric Emergency Services Clients	Total Clients	Percent Total Clients	Average Visits in FY 2016-17
Mental Health & Substance Use	2,114	65.5%	2.1
Mental Health Only	946	29.3%	1.2
Substance Use Only	86	2.7%	1.0
No Behavioral Health Diagnosis*	83	2.6%	Not available
Total	3,229	100%	1.8



RECOMMENDATIONS

Director of DPH should:

- 1) Direct the Director of BHS and SFGH Chief Executive Office to:
 - a) Update September 2016 protocols to incorporate referrals to services and notifications to BHS providers in advance of client discharges; and
 - b) Increase ICM staffing in accordance with DPH calculation of unmet need



4) COHORT OF ADULTS NOT STABILIZED

- Top 5% of individuals using the City's urgent and emergent services account for 52% of total costs
 - 90% of these high users had a behavioral health diagnosis
 - 60.3% were homeless within the last year

Users of City Urgent and Emergent Services (FY 2016-17)

Diagnoses	All Users	Homeless Within the Last Year (All Users)	High Users (Top 5% of Users)	Homeless Within the Last Year (Top 5% of Users)
Mental health diagnosis	8,569	11.8%	237	29.5%
Substance use disorder diagnosis	5,397	34.7%	268	63.1%
Co-occurring diagnoses	11,707	40.0%	1,516	71.3%
Any behavioral health diagnosis	57%		90%	
No behavioral health diagnosis	19,136	n/a	218	14.2%
Total	44,809	19.8%	2,239	60.3%



4) COHORT OF ADULTS NOT STABILIZED (CONT'D)

- For those who do not voluntarily seek or accept services, BHS has limited options as all City programs require voluntary participation
- DPH Whole Person Care team pilot program tailored for long-term homeless clients who are high users of urgent and emergent care services

Legal Status at Admission to Psychiatric Emergency Services (FY 2016-17)

Legal Status at Admission (Welfare and Institutions Code Section)	Number of Episodes	Percent of Total Episodes
1370 - Inquiry into competence pre-trial	17	0.3%
5150 - Involuntary detention (adults)	3,768	56.2%
5250 - Extra 14 days post-5150 hold	49	0.7%
5260 - Extra 14 days hold for suicidal patients	0	0.0%
5270 - Extra 30 days for intensive treatment post-5250 hold	1	0.0%
5358 - Conservatorship	108	1.6%
5585 - Involuntary detention (children)	4	0.1%
6000 - Voluntary Admission	2,753	41.1%
No data	4	0.1%
Total	6,704	100%



RECOMMENDATIONS

The Director of BHS should:

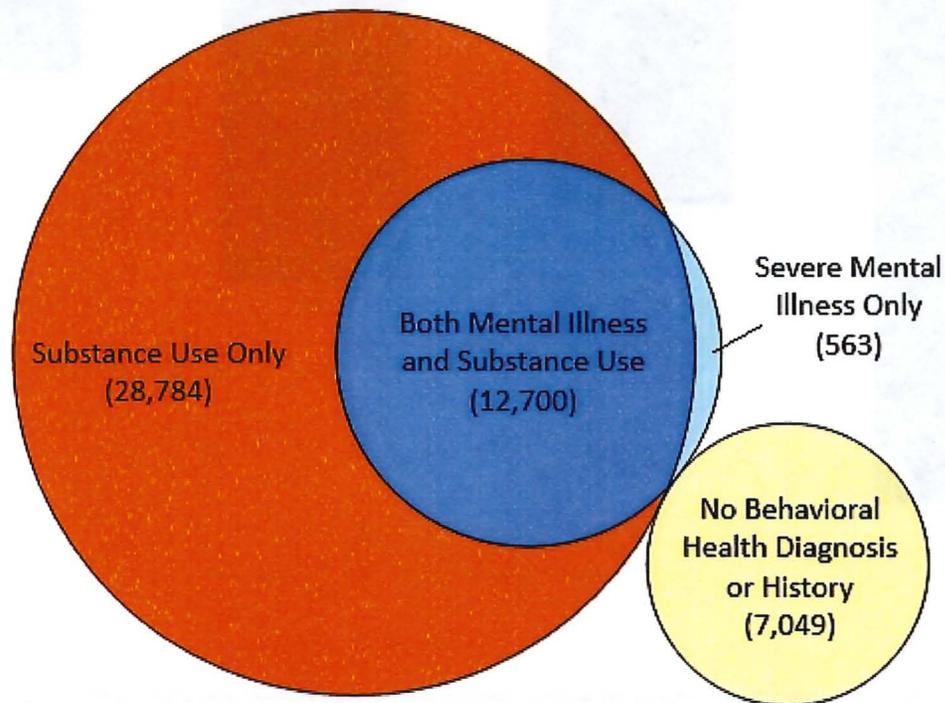
- 1) Appoint a BHS staff member as a liaison to the DPH Whole Person Care team to ensure BHS expertise is part of the California Medi-Cal Waiver Initiative
- 2) Allocate analytics staff to DPH Whole Person Care team for ongoing evaluation of behavioral health needs among high user group

The Director of DPH should:

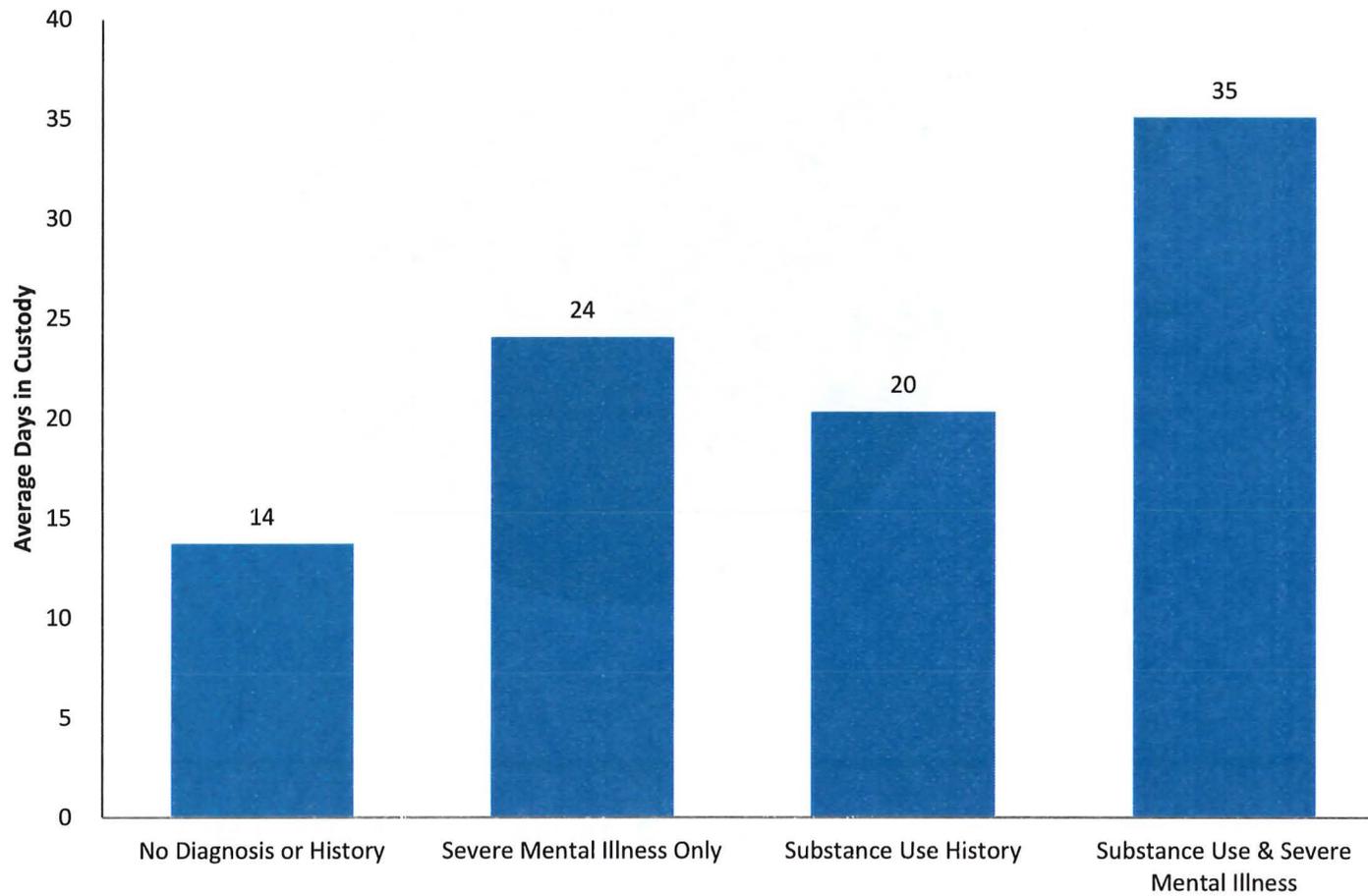
- 1) Continue to work with HSH to increase availability of medically-intensive supportive housing



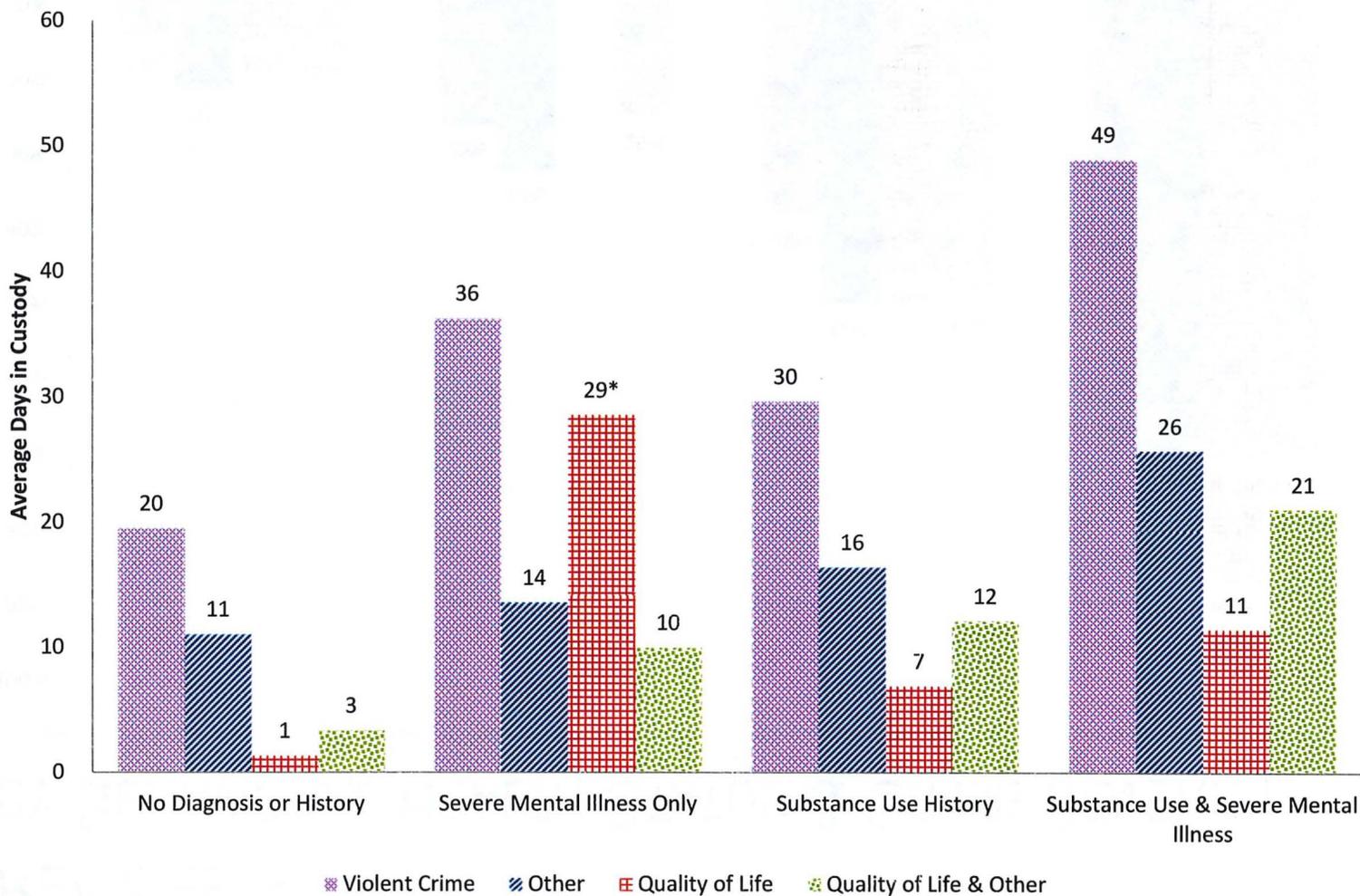
5) MOST JAIL BOOKING EVENTS INVOLVED PEOPLE WITH A HISTORY OF SUBSTANCE USE



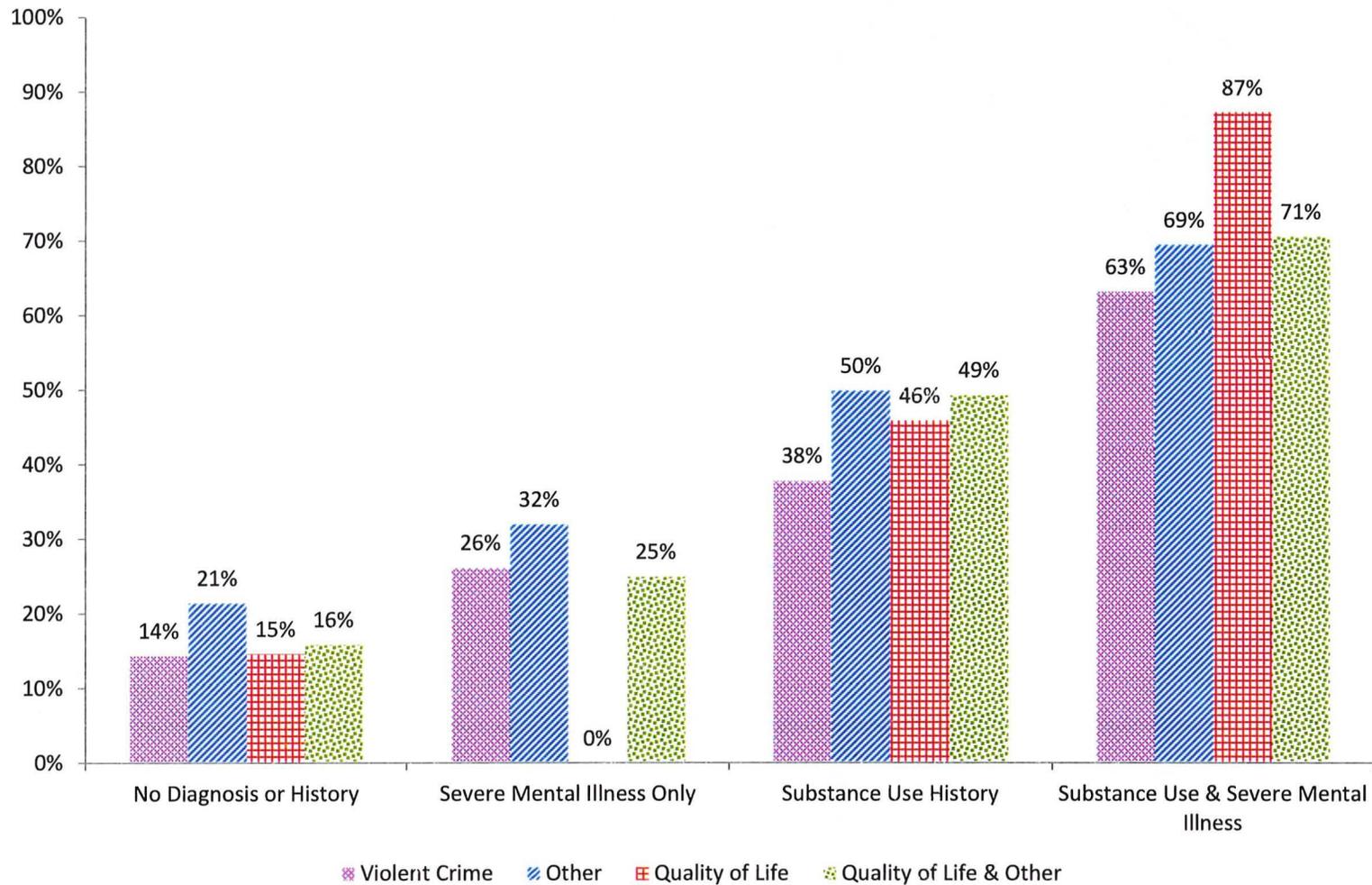
AVERAGE DAYS IN CUSTODY BY BEHAVIORAL HEALTH STATUS



AVERAGE DAYS IN CUSTODY BY BEHAVIORAL HEALTH STATUS & CRIME SEVERITY



REARRESTS BY BEHAVIORAL HEALTH STATUS & CRIME SEVERITY



POLICY RECOMMENDATIONS

- 1) The Work Group to Re-Envision Jail Replacement should consider the prevalence of substance use in County jails when identifying alternative programs and services;
- 2) New funding from the Drug Medi-Cal Organized Delivery System creates new opportunities to address substance use locally; and
- 3) State policy aims to divert people from jail and into behavioral health treatment.
 - a) Assembly Bill 1810 effective as of June 2018 diverts more individuals from jails to behavioral health treatment pre-plea for up to 2 years.



BUDGET &
LEGISLATIVE
ANALYST'S OFFICE

1390 Market Street, No. 1150,
San Francisco, CA 94102

QUESTIONS

RECOMMENDATIONS

BEHAVIORAL HEALTH SERVICES

REVIEW OF BOS PERFORMANCE AUDIT

BOARD OF SUPERVISORS
GOVERNMENT AUDIT & OVERSIGHT COMMITTEE

DECEMBER 5TH, 2018



KAVOOS GHANE BASSIRI, LMFT, LPCC, CGP

DIRECTOR, BEHAVIORAL HEALTH SERVICES

SF DEPARTMENT OF PUBLIC HEALTH



BEHAVIORAL HEALTH SERVICES

MISSION

Maximize clients' recovery & wellness and potential for healthy and meaningful lives in their communities

VISION

A behavioral health systems of care that is

- welcoming,
- culturally and linguistically competent,
- gender responsive,
- integrated and comprehensive

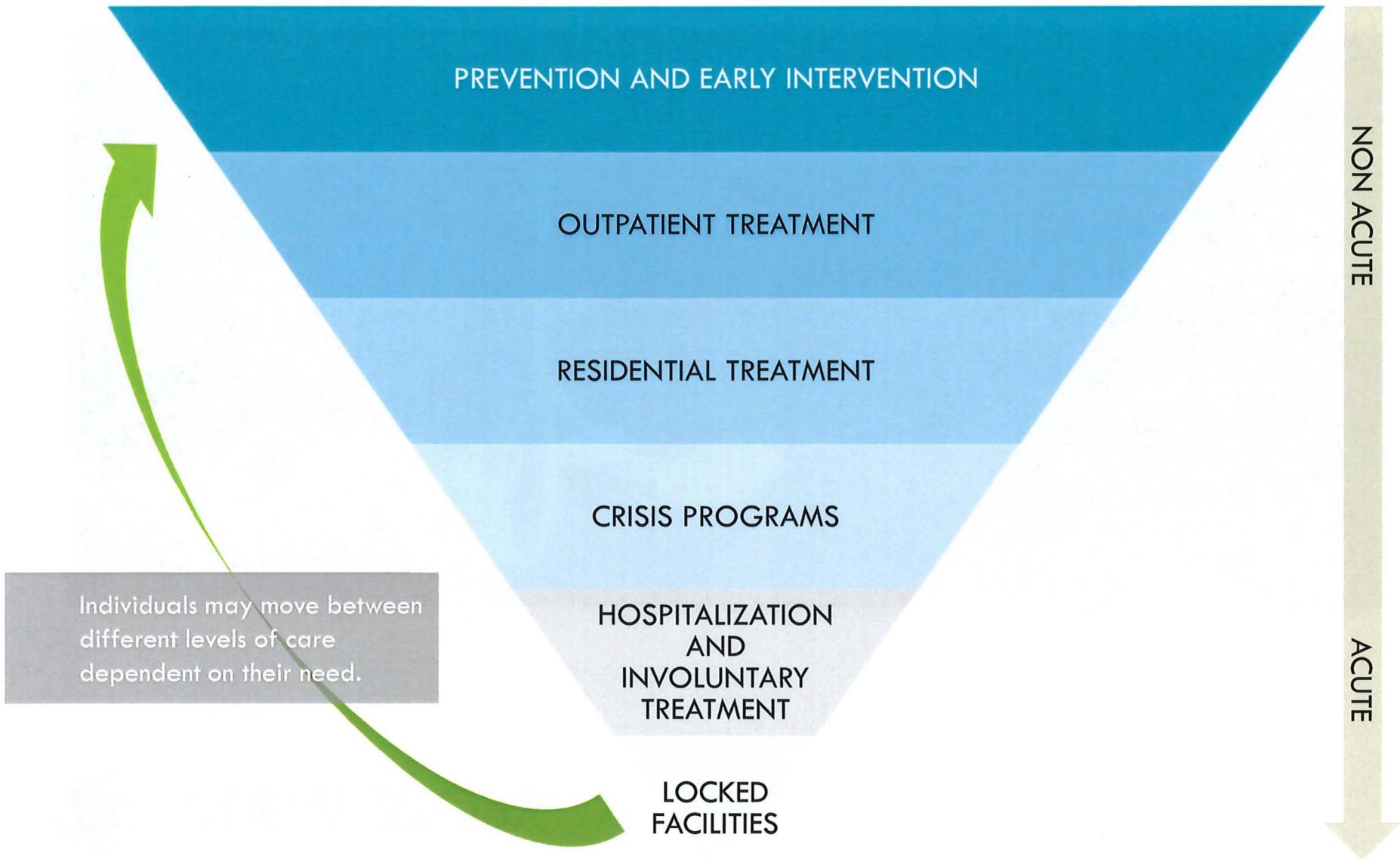
Timely access to treatment in which “Any Door is the Right Door” and individuals and families with behavioral health issues have medical homes.

OVERARCHING GOAL

Clients thriving in their natural environments



BEHAVIORAL HEALTH SERVICES





CLIENT STORY





BOS PERFORMANCE AUDIT OF BHS

- Conducted Aug 2017 - April 2018
- Covered fiscal years 2010-2011 to 2016-2017
- 15 recommendations
- SFDPH agrees with the recommendations in concept and for continuing improvement
- SFDPH does not agree with all of the conclusions in the report
- SFDPH has several quality improvement activities underway that address and precede the BOS audit findings



BOS AUDIT HIGHLIGHTS

1

BEHAVIORAL HEALTH SERVICE PROVIDER'S PERFORMANCE:

Community-Based Organization (CBO) and Civil Service documentation, productivity, and monitoring

2

INTENSIVE CASE MANAGEMENT: client flow and waitlist

3

TRANSITIONS TO LOWER LEVELS OF CARE: discharges and referrals from Psychiatric Emergency Services

4

ADULTS WHO DO NOT STABILIZE: Whole Person Care and access to medically supported housing



BEHAVIORAL HEALTH SERVICE PROVIDER'S PERFORMANCE

RECOMMENDATIONS 1 & 2

- **Community-Based Organization (CBO) performance:** Monitor and support to improve productivity and access
- **Civil Service performance:** Monitor performance and conduct documentation training

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

Monitoring

- ✓ Annual program reviews and random audits
- ✓ Real-time performance analysis, using Tableau (Business Intelligence Software)
- ✓ Civil Service productivity and performance monitoring have improved

Documentation

- ✓ Improved documentation through Documentation Specialist, new Documentation Manual & Reference Guides, Training (300+) and Technical Assistance
- ✓ New Evaluation of Quality Assurance plans for all CBOs, focused on chart reviews
- ✓ New audit tools and documentation monitoring program for all Civil Service Clinics



INTENSIVE CASE MANAGEMENT

RECOMMENDATION 3 & 4

- Intensive Case Management (ICM) waitlist and utilization management
- Assess unmet needs and increase staff
- Transition ICM clients to lower level of care

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

- ✓ Full review of current 1,400 ICM cases to identify areas for improvement and reform
- ✓ Launching a new Transition Age Youth (TAY) System of Care Full Service Partnership/ICM this year for up to 40 clients
- ✓ Opening more than 200 ICM slots this year and centralizing utilization
- ✓ New BHS Performance Improvement Project with State DHCS focused on flow of clients from ICM to outpatient and capacity of step-down services
- ✓ Secured MHSA Innovation Project funding to support transition from ICM to outpatient services with peer linkage team and peer engagement on the streets



TRANSITIONS TO LOWER LEVELS OF CARE

RECOMMENDATION 5

- **Psychiatric Emergency Services (PES) discharges:** referrals to outpatient care, access to care and advance notice to community providers before discharge

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

- ✓ Improving client linkages to other levels of care at PES
 - Linkage staff and coordination with Dore Urgent Care Clinic at PES
 - PES direct referrals to Hummingbird Place
- ✓ Community providers notified of discharge from PES and Inpatient Psychiatry
- ✓ Better documentation of discharge and communication that will improve more with implementation of Epic electronic health record



COHORT OF ADULTS WHO DO NOT STABILIZE

RECOMMENDATION 6 & 7

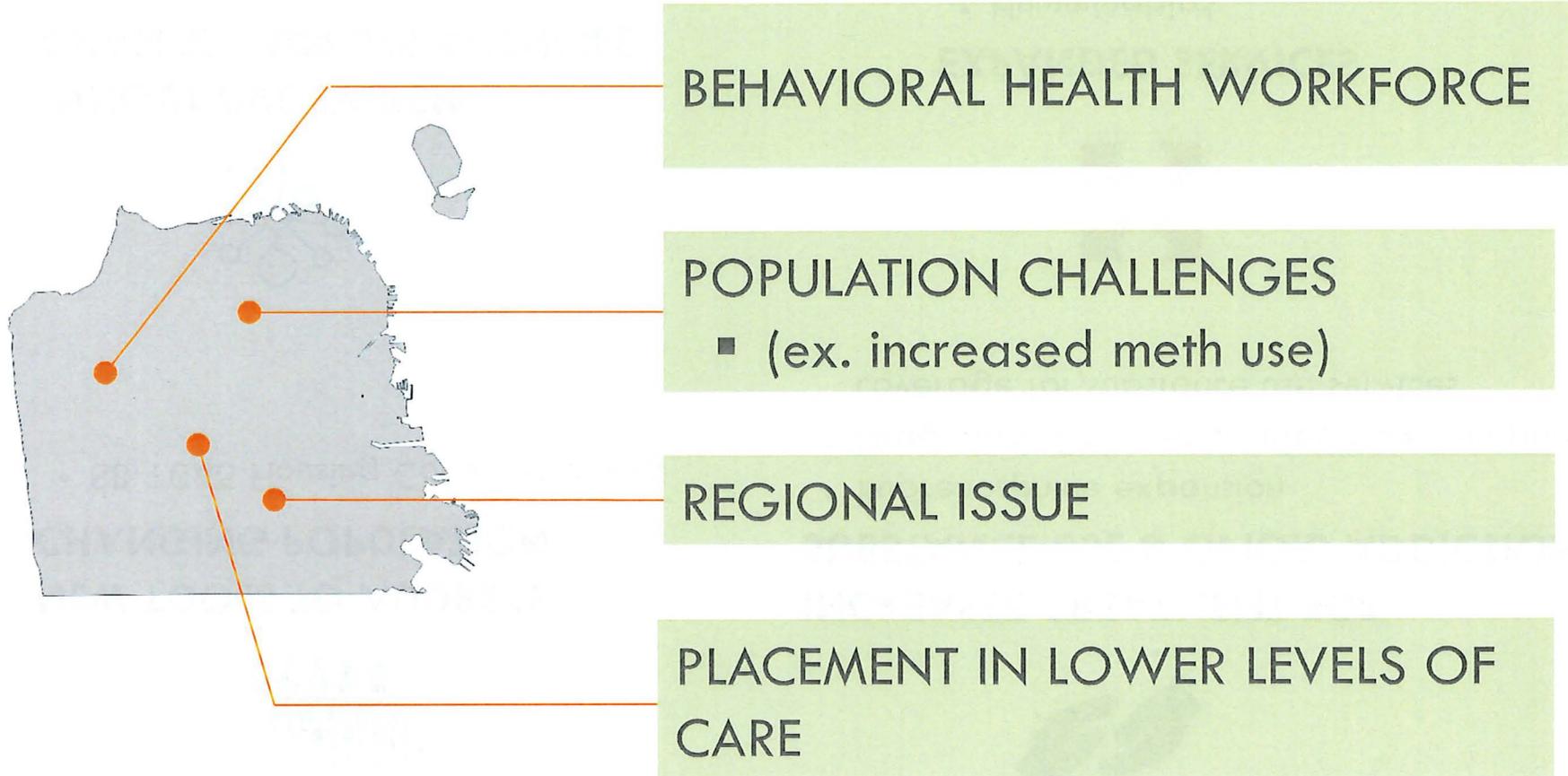
- **Whole Person Care:** collaboration and evaluation of high users
- **Medically Supported Housing:** collaborate with Department of Homelessness and Supportive Housing (HSH) to increase availability of housing

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

- ✓ BHS is integrated with Whole Person Care, a Medi-Cal funded interagency initiative focusing on high users of multiple systems
- ✓ DPH and HSH regularly meet and coordinate on several initiatives



CHANGING CONDITIONS





STRATEGIES & OPPORTUNITIES



NEW TOOLS TO ADDRESS CHANGING POPULATION

- SB 1045 Housing Conservatorship



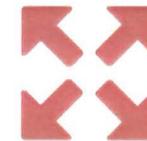
INCREASED TREATMENT FOR SUBSTANCE USE & OPIOID ADDICTION

- Buprenorphine expansion
- Drug Medi-Cal - expanded payment and coverage for substance use services



INNOVATIVE SYSTEM CHANGES ACROSS AGENCIES

- Whole Person Care
- Healthy Streets Operation Center
- Law Enforcement Assisted Diversion (LEAD)



EXPANDED SERVICES

- Hummingbird
- Healing Center
- Engagement Specialists



JAIL AND BEHAVIORAL HEALTH

- DPH is co-chair of the Jail Re-Envisioning Task Force
- Defining Substance Use vs. Substance Use Disorder
- Jail Health provides behavioral health services, including substance use treatment
 - Medication Assisted Therapy (MAT)
- Prevention and Diversion Efforts
 - Law Enforcement Assisted Diversion
 - Collaborative Courts
 - AB 1810 Pretrial Diversion