

1. Statement of the Problem / Description of the Problem

Need for the Program: The proposed BJA **Category 3** project will be implemented in the **City and County of San Francisco (SF)**, a uniquely concentrated region with high proportions of mental illness, substance use, and homelessness. SF is one of only three major US cities with identical city and county borders, and operates through a **merged government model** with an elected Mayor and Board of Supervisors but no City Council. According to the SF Department of Public Health, at least **32,000** adults with severe and persistent mental illness live in SF, while up to **37%** of the SF homeless population suffers from some form of mental illness. In 2015, fully **40.1%** of all unduplicated inmates were seen by SF Jail Behavioral Health Services (BHS), the mental health and psychiatric services provider within the SF jail system, (**5,580** of **13,905** total inmates), while **15.1%** of inmates were receiving psychiatric medications within the jails. Among persons charged with misdemeanors, these percentages are even higher, with **61.0%** having at least one contact with BHS, and **40.7%** becoming ongoing BHS clients. Because of the growing shortage of affordable rental units and the growing gap between rich and poor, the local problem of **housing and homelessness** has also reached crisis proportions. According to the National Low Income Housing Coalition, SF is the **least affordable county in the nation** in terms of the minimum hourly wage needed to rent a two-bedroom apartment, which currently stands at **\$44.02 per hour**. SF also has the **highest HUD-established Fair Market Rental rate in the nation** at **\$2,801** per month for a 2-bedroom apartment. Lack of stable housing for criminal justice-involved adults is associated with high rates of substance abuse relapse, failure to meet court-ordered community supervision requirements, and recidivism.^{1,2}

Decision-Making Process: In 2016, the SF Sheriff and the SF Director of Health co-convened a workgroup to begin to plan for the closure of the city's two seismically unsound jails

and to uphold public safety and better serve at-risk individuals. The 37-member **Workgroup to Re-envision the Jail Replacement Project (Jail Workgroup)** engaged in a 7-month collaborative process through which prioritized strategies were developed. **Several of the key priorities identified by the Jail Workgroup directly led to the current application.** These include: a) helping persons with complex behavioral health needs to receive treatment in the least restrictive environment; b) implementing women and gender-responsive strategies; and c) expanding housing capacity and access to wraparound services for persons in the system.

Existing Programs and Services: The SF Sheriff's Department supports a continuum of supervision levels for pretrial release. Since April 30, 2016, pretrial service staff assess defendants using the **Public Safety Assessment Tool (PSA)** developed by the Laura and John Arnold Foundation to help judges make decisions regarding who poses a significant risk for either failing to appear at scheduled court appearances or engaging in new criminal activity. The PSA includes a decision-making grid so that persons with the greatest likelihood of pretrial success have no or very few conditions placed while those with more risk factors have more conditions imposed. Persons released who are at highest risk are enrolled in the **Assertive Case Management (ACM)** program operated by the San Francisco Pretrial Diversion Project, Inc.

Needed Components and Need for Funding: Prior to the adoption of the Arnold Foundation PSA, pretrial assessments were conducted through a face-to-face interview and follow up discussions with identified community providers. While this process allowed for a more detailed understanding of MH conditions, the time involved in waiting for provider responses often led to longer detention. A lack of interviewer understanding of MH issues and an assumption that poor treatment compliance in the community was a reliable predictor of pretrial failure also often led to longer detention. While the new tool helps eliminate many of these

problems, these and other standardized tools have the disadvantage of not adequately recognizing persons with mental illness and not being able to link them to behavioral health assessment and services to ensure their success under pretrial supervision. To address this need, the SF Sheriff's Department is proposing to add and evaluate a new level of mental health assessment and support provided directly within the ACM system. Through this support, clients with MH conditions will undergo a detailed assessment by a certified MH specialist, and have new access to on-site counseling and behavioral health and referral services that increase their chances of pretrial success. At the same time, ACM staff will gain skills and resources that enable them to interact productively with mentally ill clients while having a better understanding of the symptoms and conditions that are likely to impact pretrial outcomes. The intervention will also create a critical opportunity for pretrial clients with untreated MH conditions to build a relationship with a mental health provider immediately following their release.

Process for Revealing Need: The present application builds directly on the 2016 Jail Workgroup planning process that included a comprehensive review of local policies, practices, and procedures; training curriculum and practices; and criminal justice data. The process has been augmented by a review of pretrial outcomes since adoption of the PSA tool on 4/30/16.

Areas Needing Improvement: The proposed program addresses **two** key needs based on the Jail Workgroup process: **1)** the need to expand behavioral health services for pretrial clients and **2)** the need for increased housing for persons with mental illness in the pretrial system.

Community Buy-In / Agreements with Project Partners: Please see attached letters.

Analysis Supporting Expansion: As noted above, the application addresses priorities identified through the comprehensive Jail Workgroup planning process. According to the Justice

Center, while about **5%** of the general population has a severe mental illness (SMI), at least **17%** of persons entering jails has an SMI.³

Data Gathered: While a full summary of data collected for this application cannot be provided with the space available, between the time the Arnold Foundation PSA tool was adopted on 4/30/16 and 2/28/17, fully **47.0%** of all persons case managed through the ACM program were identified as “high needs”, meaning persons who are homeless and have mental health and substance abuse issues (**302** of **642** clients).

2. Program Design and Implementation

Efforts Made to Date: As noted above, the SF Sheriff’s Department, working with its project partners, utilized findings from the Jail Workgroup process and through the ongoing review of the Arnold Foundation PSA to identify key systemic enhancements for the BJA program that have the potential to significantly improve pretrial outcomes for persons with MH issues. This review led directly to the proposed programmatic enhancement.

Proposed Program and Purpose, Goals, and Objectives: The overarching goal of the BJA program is to **improve pretrial outcomes for clients with serious mental health issues**. Our primary approach involves hiring, training, and supporting a new, full-time Masters-level **Clinical Social Worker (CSW)** who will provide in-depth behavioral health assessments for mentally ill persons released pre-trial, along with ongoing counseling, support, referral, and placement advocacy services. These services will improve pretrial outcomes for clients with mental health issues. The CSW will be based directly at Pretrial Diversion, and will serve as an on-site trainer and TA provider for staff of the San Francisco Pretrial Diversion Project on issues related to mental health and substance use. The project will also identify, adopt, and provide training on the use of a practical **behavioral health assessment tool** to help non-professionals

identify pretrial clients in need of mental health services. Additionally, the project will create a small-scale **Emergency Housing Fund** for mentally ill clients in the pretrial system who require short-term housing support to preserve stability, maintain their course of behavioral health treatment, and support pretrial success.

Key **project objectives** include: **1)** Between 9/30/17 and 3/31/18, develop a **Comprehensive Planning and Implementation Guide** to serve as a strategic plan for the project, incorporating evidence-based programs, policies, and practices, and including identification of an MH assessment tool for non-professionals and design of project evaluation approaches; **2)** Between 9/30/17 and 9/29/19, implement and evaluate an **established mental health screening tool for non-professionals** which supports pretrial staff in identifying and referring pretrial clients with MH issues; **3)** Between 4/1/18 and 9/29/19, test the impact and effectiveness of a **full-time Clinical Social Worker** embedded within the pretrial system who provides in-depth, one-on-one assessments of pretrial clients' behavioral health conditions and needs, provides ongoing client counseling, and serves as a MH resource for pretrial staff; **4)** Between 4/1/18 and 9/29/19, test the impact of a small-scale **emergency housing fund** designed to enhance the stability and increase the success of pretrial clients with MH conditions; **5)** Between 4/1/18 and 9/29/19, continually collect, analyze, and report project data to ascertain the impact and effectiveness of proposed project services; and **6)** Between 4/1/18 and 9/29/19, disseminate project findings and work to identify continuation funding for elements of the project that prove successful in enhancing pretrial outcomes for clients with mental illness and behavioral health challenges.

Information for Programs Providing Direct Mental Health Services:

➤ **Description of Target Population:** The project target population will consist of an estimated **400** pretrial clients with identified behavioral health issues, many of whom are homeless. At least

62.3% of the project population will consist of **persons of color**, and an estimated **13.6%** of project clients will be women, for whom the proposed CSW will develop tailored, trauma-informed approaches to meeting pretrial women's needs.

➤ **Responsibilities of Collaborating Agencies:** Oversight, coordination, management, and fiscal services for the proposed program will be provided by the **SF Sheriff's Department**, which, among other tasks, will produce the Planning and Implementation Guide; oversee data collection and evaluation; produce project reports; disseminate findings; and seek continuation funds for successful program elements. The new CSW will be hired, trained, and supervised by **UCSF Citywide Forensics**. The CSW will be based within and will work closely with staff of the ACM Program operated by the **SF Pretrial Diversion Project**, which will also oversee the program's emergency housing fund. Citywide Forensics will identify, implement, and providing training and TA on the use of the MH screening tool for non-professionals.

➤ **Staffing Plan and Staff Training and Support:** Project management and administrative services will be provided on an in-kind basis by staff of the SF Sheriff's Department as a **non-federal match** to the BJA project, including a **10% time Project Director**; a **10% time Finance and Reporting Specialist** responsible for fiscal management and tracking; and a **5% time Deputy Sheriff** who will be responsible for project data collection, including collecting data on jail bed day usage for clients pre and post-intervention. The **100% time CSW** employed through a subcontract to Citywide Forensics will provide individual MH assessments to recognize symptoms that could impact pretrial success and to provide support and interventions to address them. The program will also support **5% time** of an **Assessment & Training Specialist** to identify, implement, and support utilization of the new MH assessment tool for non-professionals. **10%** of the time of an **Information Technology (IT) Specialist** at SF Pretrial

Diversion will support evaluation by modifying reporting systems to accommodate new indicator fields and providing data entry and collection TA. The Sheriff's Department will also contract with a skilled **Project Evaluation Consultant** who will provide a total of **16 8-hour days** of support to the program, including support to develop the evaluation plan during the 6-month planning phase and conducting data analysis and quality assurance activities during the 18-month implementation phase.

➤ **Consumer Role:** SF Jail Health Services is overseeing the SAMHSA-funded **Mentoring and Peer Support (MAPS) Project**, an ambitious peer support initiative of the SF Collaborative Courts system which has hired **five** half-time Peer Mentors to support collaborative court clients. The MAPS Project mentors will participate in at least **one** focus group related to the BJA project during the planning phase and provide ongoing input to the project team throughout the implementation phase.

➤ **Process for Linkage to Treatment and Evidence-Based Framework:** All clients released to ACM will be preliminarily screened for MH conditions using the project's new screening tool for non-professionals, with the new CSW providing further assessment, counseling, and support services for clients with identified MH conditions.

➤ **Mechanisms to Ensure Accountability:** SF ACM incorporates extensive controls to monitor success and track the activities and services of the project's case management and support staff. These systems will be extended to the contracted CSW, while the program as a whole will incorporate BJA activities into its existing data system.

3. Capabilities and Competencies

Capacity of Current and Proposed Staffing and Project Leadership: The in-kind Project Director will be **Alissa (Ali) Riker**, who serves as Director of Programs for the SF Sheriff's

Department. In this role, Ali oversees an array of programming, including alternatives to pretrial incarceration, in custody interventions that address inmate risks and needs, and post release community reentry support. Prior to joining the Department in October 2013, Ali spent 20 years developing and implementing alternatives to incarceration at the SF Pretrial Diversion Project and the Center on Juvenile and Criminal Justice. **Jane Mason**, a highly experienced accounting specialist, will serve as the in-kind Finance and Reporting Specialist while an in-kind **Sheriff's Deputy** will collect data on new criminal activity and jail bed day utilization. The new 1.0 FTE Clinical Social Worker to be hired through the program will be a trained and certified MH specialist skilled at working with low-income and homeless populations, preferably with criminal justice system experience. The role of .05 FTE Assessment and Training Specialist will be filled by **Yasaman Shirazi, MFT** while the .10 FTE IT Specialist will be **Matthew Miller**.

Project Collaborative Structure: Administrative representatives of the three key partner agencies – along with project staff – will meet on at least a **twice-monthly** basis during the 6-month planning phase to collect relevant data, review evidence-based practices, and design the overall project plan, including policies, procedures, and evaluation and data entry components. The project's evaluation consultant and the peer mentors associated with the MAPS program will participate in selected team meetings, and the team may convene one or more consumer and/or pretrial staff focus groups to gather additional information. The team will then meet on at least a **monthly** basis during the 18-month implementation phase.

Qualifications of Research Partner: The contracted Project Evaluator is **Katie Kramer, MSW, MPH**, who serves as co-principal of the Oakland-based Bridging Group, an organization specifically dedicated to conducting evaluation studies, training, technical assistance and capacity building services for agencies working in correctional facilities. Ms. Kramer has over

20 years of experience in designing and implementing evaluation and research studies on criminal justice-involved individuals that build on her experience as an agency manager and a clinical social worker. Ms. Kramer serves as Statewide Director for the California Reentry Council Network and sits on the Steering Committees for the SF Children of Incarcerated Parents Partnership and the Alameda County Children of Incarcerated Parents Partnership.

Project Timeline: Please see Timeline in Required Attachments

Potential Implementation Barriers: All potential barriers to project implementation will be addressed during the six-month planning phase, including issues related to integration of the CSW within the pretrial system. A key project objective will be to rapidly gather sufficient information to demonstrate the effectiveness of program components and secure continuation funding. This need will be directly addressed in the evaluation planning process.

4. Plan for Collecting Data Required for this Solicitation's Performance Measures

Data Collection Plan: The project data collection and evaluation process, led by the Project Director with the ongoing support of the Evaluation Consultant, Sheriff's Deputy, and IT Specialist, will continually collect data from project staff, particularly in regard to the provision of CSW mental health assessment and client support; enhancement of pretrial staff capacity to assess and identify client MH needs; and use of emergency housing funds to support client stability and pretrial success. The IT Specialist will work with the program to incorporate new data fields to track project indicators, while the Project Evaluator will conduct at least **quarterly** data reviews to ensure data quality, accuracy, and completeness. All findings will be continually reported to BJA as stipulated in the grant agreement.

Category 3 Data Collection Funding Set-Aside: As noted above, the BJA project sets aside funds to support **16 days** of time for a skilled evaluation consultant. The data collection plan

developed during the planning phase will include the process for data collection and reporting for the BJA performance measures; a list of outcome measures to be used by the program; a description of how measures will be used to show program effectiveness and inform implementation; and who is responsible for data collection and analysis.

5. Plan for Measuring Program Success to Inform Plans for Sustainment

Defining and Measuring Program Variables: The proposed program will place a high priority on obtaining accurate and reliable data that measures the success of the project in improving pretrial outcomes for persons with MH conditions. Examples of anticipated variables include failures to appear and new criminal activity among project clients; number and type of individuals who successfully complete pretrial conditions; and number who achieve behavioral health stabilization. Additional qualitative outcome indicators such as client and staff satisfaction will be identified during the planning phase.

Leveraging Evaluation and Collaborative Partnerships: The project planning and implementation team includes high-level program directors who have the capacity to implement program enhancements throughout the pretrial release system, and to utilize project findings to leverage long-term support for successful project elements. Project findings will be presented to the PSA Workgroup which includes the DA, Public Defender, Probation, and Bar Association who can assist with advocacy for long-term funding.

Required Policies, Statutes, and Regulations: No specific changes in policies, statutes, or regulations will be required to support and sustain the proposed service delivery elements.

¹ Kushel MB, Hahn JA, Evans JL, Bangsberg DR, Moss AR. Revolving doors: Imprisonment among the homeless and marginally housed population. *Am J Public Health.* 2005;95(10):1747-1752.

² Freudenberg N, Daniels J, Crum M, Perkins T, Richie BE. Coming home from jail: The social and health consequences of community reentry for women, male adolescents, and their families and communities. *Am J Public Health.* 2005;95(10):1725-1736.

³ The Justice Center, *Improving Responses to People with Mental Illness at the Pretrial Phase*, Washington, DC, 2015.