

Work Group to Re-envision the Jail Replacement Project Issue Brief: Facility Options

A. Introduction

Several potential strategies discussed by the work group require the City and County of San Francisco (“the City”) to invest in facilities to serve people who would otherwise be incarcerated. The upcoming work group meeting on July 8, 2016 will focus in part on addressing these strategies. In preparation for the meeting, the Technical Support Team drafted this issue brief to answer important questions about the City’s current jail system and provide work group members with additional information on alternative facility options.

B. Background

The table below summarizes key information on San Francisco’s current jail facilities:

Jail	Current Use	Primary Limitations
County Jail #1	Reception and release	Holding cells only, no cells for housing
County Jail #2	Housing	Non-operational kitchen and laundry; limited recreation space; dependent on Hall of Justice infrastructure
County Jail #3	Closed	Seismically unsafe; linear design
County Jail #4	Housing	Seismically unsafe; linear design
County Jail #5	Housing	Located in San Bruno
County Jail #6	Closed	Designed to house those classified as minimum security (barracks style); located in San Bruno; lacks space for programs

Legend

Currently used for housing

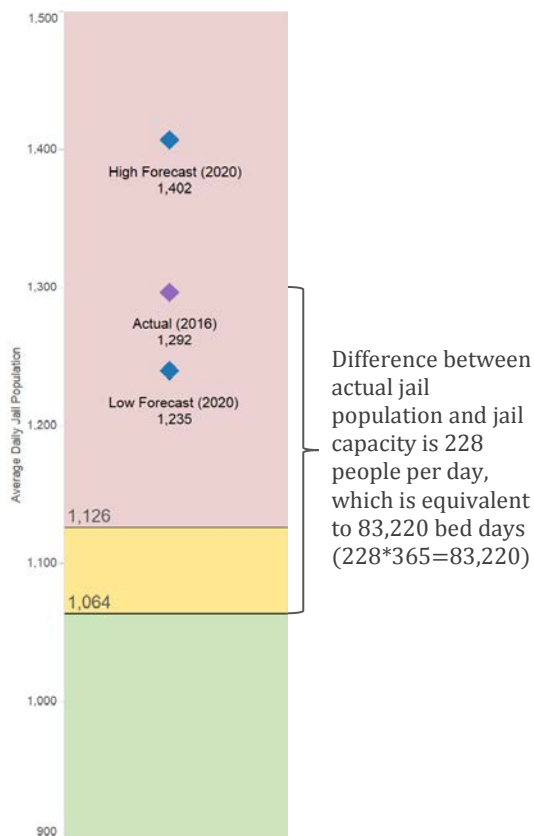
Not currently used for housing

In addition to the in-custody housing described above, the Sheriff’s Department administers various alternative sentencing and other community programs such as Supervised Pretrial Release. On July 1, 2016, 140 individuals were in alternative sentencing programs and 866 people were in community programs.

Two key questions related to San Francisco’s current jail facilities and identifying alternative facility options have repeatedly surfaced in work group conversations. These questions and their answers are summarized as follows:

1. By how many people must we reduce the jail population to permanently close the seismically deficient County Jails #3 and #4 without needing to build a replacement facility?

San Francisco’s average daily jail population in 2014 was the lowest it has been since 1982. Despite the historically low population, there are still too many prisoners to be housed in the current jail system if County Jails #3 and #4 are permanently closed and County Jail #6 remains closed.¹



Without County Jails #3, #4 and #6, the San Francisco jail system includes a total of 1,238 useable beds. However, due to peaking² and classification³ factors, standard concepts in jail design and management, those 1,238 beds can only accommodate an average daily population of between 1,064 and 1,126. By comparison, the average daily population for 2016 (through June) is 1,292, and the Controller's Office forecasts that the average daily population in 2020 will be between 1,235 and 1,402 absent any major policy changes.⁴ Based on these estimates, the current average daily population must drop by between 166 and 228 for the City to be able to close County Jail 4 without needing to construct a replacement facility.

When determining the impact of potential work group recommendations on the jail population, it is important to measure impact in terms of reducing overall bed days (i.e., total days spent in jail by all prisoners) rather than reducing the number of people in jail for at least two reasons. First, individuals are in jail for different periods of time. Diverting an individual who would spend 180 days in jail has the same impact on the average daily population as diverting six people who would each be in jail for a month. Second, reducing

¹ It is the position of the San Francisco Sheriff’s Department (“Sheriff’s Department”) that County Jail #6 is not an appropriate replacement for County Jail #4 in large part because the facility’s dormitory design cannot safely house medium- and maximum-security inmates and other special needs populations (which made up 92 percent of the jail population in 2014). Other stakeholders have suggested that there are enough people in the jail population who could be safely housed in a dormitory-style facility to justify replacing County Jail #4 with County Jail #6. The City hired a consultant recommended by the Adult Probation Department and the District Attorney’s Office – Dr. James Austin – to provide an objective analysis. Dr. Austin’s report found that if County Jails #3 and #4 were closed permanently, “the remaining facilities that are available to house the current and projected jail population [would] not be sufficient to meet their programmatic and security needs.”

² A peaking factor provides a cushion of jail beds for “peak” days, when the actual jail population exceeds the average. The Controller’s Office recommends using a peaking factor range of 4.7%-7.5%.

³ The realities of managing a jail require that the number of beds in a jail exceeds the number of prisoners. This need arises because prisoners with different security classifications must be housed separately. The Controller’s Office recommends using a classification factor range of 5.0%-8.2%.

⁴ Efforts by this work group could have a downward impact on the jail population, while other events such as increased police staffing could have upward impacts.

a person's length of stay may not divert them from jail entirely, but would still result in a reduction in the average daily population.

An average daily population reduction of 166-228 people is equivalent to reducing the number of occupied bed days in a given year by between 60,590-83,220.⁵ Thus, to negate the need for a replacement facility, work group recommendations should strive to reduce the number of occupied bed days in a given year by 83,220.

2. What are the needs of San Francisco's jail population that we are not currently meeting and how could those needs be served in facilities outside of the Sheriff's custody?

Data currently collected by the City and the Courts provide insights into how many people in San Francisco's current jail population could serve their time outside of the Sheriff's custody. For example:

- **People may be held in jail while they await a bed in a behavioral health residential treatment program.** In many cases – both in and out of collaborative courts – individuals may enter into an agreement to participate in residential treatment or may be sentenced to a period of time, “to be served at a residential treatment program.” In addition, other individuals may be released to a treatment program from detention pre-plea (e.g. while their cases are still resolving). These people may remain in custody until a residential treatment bed becomes available. If a treatment bed does not become available, they may end up serving their entire sentence in custody.

On June 27, 2016, a total of 41 participants in the collaborative courts remained in custody while awaiting residential treatment beds.⁶ Of those participants, 21 were awaiting a substance use treatment bed and 20 were awaiting a mental health treatment bed. However, the number of individuals waiting for residential treatment is highly variable and this is a snapshot from a single day. On June 24, 2016, a total of nine individuals outside the collaborative court system were formally sentenced to time servable in a program and were awaiting residential treatment beds.⁷ These nine people had an average of 93 days left to serve their sentences. The typical wait for a residential treatment bed in San Francisco is two weeks to a month, with waits from custody being up to 4 months. People in custody have longer waits for several reasons: the nature of a person's charges may limit their placement options, the legal resolution of a case may be delayed, and individuals discharging from the hospital are prioritized for placements. Wait times vary due to demand and are generally longer in winter months and shorter in summer months.

- **People may be held in jail while they await a bed in a locked mental health facility.** Individuals may be waiting for placement at a locked mental health facility for multiple reasons, including: a finding that an individual is incompetent to stand trial on

⁵ 166 people per day on average * 365 days = 60,590 total bed days; 228*365=83,220 total bed days

⁶ This number includes participants in the collaborative courts who are currently in custody and on a waitlist for a residential treatment program contracted by the Department of Public Health. There are also residential treatment programs in the City that are independently operated and may accept individuals directly from custody.

⁷ A review of commitments on June 24 showed there were an additional 18 sentenced prisoners in custody who were deemed eligible by a judge for release to a treatment program, but were awaiting acceptance into a program and bed availability before they could be transferred.

misdemeanor charges (19 individuals in 2015),⁸ being returned from the Department of State Hospital and being placed on a conservatorship (5 individuals on June 23, 2016), and being otherwise assessed and placed on a conservatorship. These individuals are not eligible for release due to the nature of their case. Placements into locked facilities typically occur within 6-9 months. If an individual is found incompetent to stand trial on misdemeanor charges they must be placed outside of the jail within 60 days.

The remainder of this issue brief will focus on the facility options that Technical Support Team members and work group members have identified to address the needs discussed under question #2 above.

C. Facility Options

Existing Needs

Renovate County Jail #2. County Jail #2 is dependent on the Hall of Justice for infrastructure features such as the kitchen, laundry, loading dock and emergency power. When the Hall of Justice jails close, these features will need to be relocated to 425 7th Street. In addition, to safely accommodate the security level of the prisoners currently housed at County Jail #4, housing areas of County Jail #2 will require renovations including dividing existing dormitory space into single cells, and replacing commercial grade fixtures with detention grade versions. As these improvements are made, the jail will need to be brought into compliance with current Title 24 Minimum Standards for Detention Facilities and ADA requirements. The Department of Public Works' current estimate for this project, including construction, project management and oversight, ranges from \$188 million to \$216.5 million, depending on strategies for housing the current County Jail #2 population while the renovations are in progress.

Potential Strategies

Create a Behavioral Health Justice Center. The San Francisco District Attorney's Office collaborated on a recently released concept paper⁹ that proposes the creation of a Behavioral Health Justice Center (BHJC) to provide enhanced care coordination and service delivery in a centralized space. Inspired by plans for the Mental Health Diversion Facility currently under development in Miami-Dade County¹⁰ as well as the GAINS Center's Sequential Intercept Model, the idea behind the BHJC is to provide a purposeful, coordinated system of care in a centralized location with different levels of service and appropriate treatment options for individuals with mental illness in the justice system. The BHJC would be collaboratively and independently administered. The BHJC would have four tiers of service and treatment to address four distinct levels of need (participation at all four levels would be voluntary):

- **Level 1:** Emergency Mental Health Reception Center and respite beds. A 24-hour venue for police to bring individuals experiencing a mental health episode for an initial mental health

⁸ Individuals who are found incompetent to stand trial on felony charges are generally placed at the State Hospital and placement is not facilitated by the Department of Public Health. In 2015, 45 individuals were found incompetent to stand trial on felony charges, with an average wait for placement of 60 days. A recent case (Brooks Loveton et al., on Habeas Corpus) found that the Department of State Hospitals has 60 days to place an individual once there has been an order for placement at the State Hospital.

⁹ This paper can be found at <http://sfdistrictattorney.org/sites/default/files/BHJC%20Concept%20Paper.pdf>

¹⁰ For more information on Miami-Dade's Mental Health Diversion Facility, please see page 12 of the concept paper on the BHJC linked in footnote 9.

assessment. This level also would serve as a primary service site for the Law Enforcement Assisted Diversion model that San Francisco currently is implementing.

- **Level 2:** Short-term (2-3 week) transitional housing and on-site residential treatment beds.
- **Level 3:** Long-term residential dual diagnosis treatment beds. Longer-term intensive residential psychiatric care and substance abuse treatment in an unlocked setting.
- **Level 4:** Secure Inpatient Transitional Care Unit. Short-term, inpatient treatment for persons with mental illness transitioning to community-based residential treatment programs who prefer to be housed in this program rather than in jail while awaiting transition to a residential program.

This concept paper inspires a series of important procedural questions:

- What legal and/or regulatory change would be needed to support the proposed center?
- Who would determine if a patient is ready to transition to a lower floor? How?
- How many beds should occupy each floor?
- What governance structure would need to be put in place to ensure that the BHJC is run by community-based treatment providers, rather than law enforcement?

Expand capacity of community behavioral health programs to address needs of justice-involved people living with a Serious Mental Illness. The Department of Public Health recently proposed a 47-bed Psychiatric Respite Program (PRP) located on the Zuckerberg San Francisco General (ZSFG) campus. Under this proposal, locked mental health beds currently located in one building on the ZSFG campus would be moved to another, freeing up space to cite the PRP. Capital expenditures would be required for renovation rather than for new construction. The 8- to 12-month program would provide voluntary mental health and substance use disorder treatment services for individuals released or diverted from the county jail, participating in a collaborative court program, and/or at risk for involvement in the criminal justice system. Homeless individuals leaving the program at the conclusion of their treatment would be prioritized for housing. Costs related to program management are to be determined.

Expand temporary and supportive housing capacity in the City. The City funds a variety of housing supports ranging from temporary rental subsidies to permanent supportive housing. For example, the City contracts with privately owned Single Room Occupancy (SRO) Hotels to provide emergency stabilization housing for homeless individuals, including some specifically for behavioral health clients exiting the hospital. Expanding this temporary subsidized housing could help reduce the jail population in at least three ways. An individual could be released from custody to temporary housing while also receiving outpatient treatment, could be released from custody to temporary housing while awaiting a residential treatment bed, or could be placed into temporary housing upon release from treatment, which may reduce recidivism rates.

The City also funds approximately 6,000 units of permanent supportive housing. Some research suggests that homeless individuals are less likely to spend time in jail after being placed in supportive housing; therefore, expanding the City's supportive housing capacity may impact the jail population. On average, a supportive housing unit in the City's portfolio costs around \$17,000 a year to operate, depending on the building and availability of external funding sources, such as federal housing vouchers. Additional capital funding may be needed to expand supportive housing capacity.

Create Behavioral Health Navigation Center. Co-located with the current Hummingbird Place, a peer psychiatric respite facility on the ZSFG campus, the Center would provide respite services for homeless individuals with mental illness and/or substance use disorders. The Center would have

some key functions: shelter, food, clothing, behavioral health care and linkages to treatment, benefits enrollment, case management, and housing placement.

Create Reentry Navigation Center open 24/7. The Center would serve homeless or unstably housed people exiting jail, and people participating in post release programs such as the Sheriff's Department's No Violence Alliance (NOVA) or Adult Probation's case management services. The Center would have some key functions: food, clothing, shelter, hygiene kits, pro-active collaboration with DPH, and post release case management programs. The Center could also provide case management for clients not receiving those services elsewhere. Finally, the Center site could house Pre-Trial Diversion, whose work is well-aligned with the Center's proposed functions.

Ideas from Work Group Member Interviews

The Technical Support Team interviewed members of the work group to discuss ideas that may aid in the closure of the jail facilities located within the Hall of Justice. Some relevant example ideas are listed below.

- Expand Navigation Center for individuals involved with the criminal justice system.
- Expand affordable or supportive housing as a prevention measure.
- Increase the number of residential treatment beds. Behavioral Health Court participants are waiting to get into a residential program.

D. Other Considerations

In the process of developing this issue brief, the Technical Support Team discovered several areas in which more data or information was needed but not available. Further research into these areas could yield additional promising information on alternative housing options.

- Would the Courts have any reservations about sentencing incarcerated people to alternative placements other than residential treatment programs or locked mental health facilities (e.g., Levels 2 of the Behavioral Health Justice Center as discussed on page 4)?
- How many incarcerated people on average are sentenced to time servable in a program through the traditional court system? How much time on average do these people spend in custody waiting for a bed in a program?