



San Francisco
Health Network

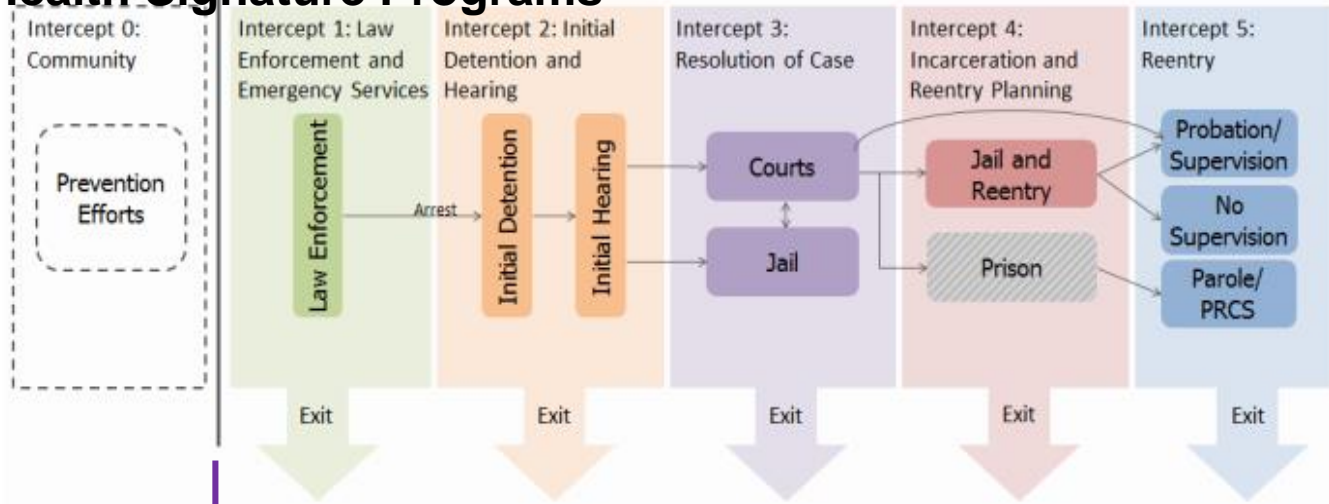
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Jail Health Behavioral Health Services: Interventions to Reduce Criminal Justice Involvement

January 2019



San Francisco Sequential Intercept Model: Department of Public Health Signature Programs



- Nurse Family Partnership
- HOPE SF
- Community-Based Outreach/Interventions
- Street Medicine
- CRS /SFSVIP

- LEAD/CASC
- EMS-6/ Sobering Center
- CIT

- Behavioral Health Court
- Drug Court
- CJC
- Jail Health Services
- AOT

- Behavioral Health Court
- Drug Court
- CJC
- Jail Health Services
- MHD

- CASC/ Offender Treatment Program
- MAP
- Jail Health Services

- CASC/ Offender Treatment Program
- PRSPR
- TCN



Incarceration: a Public Health Issue

- Social, economic and environmental determinants of health predict criminal justice involvement
- Criminalization of homelessness and poverty, substance use disorders and mental illness leads to incarceration
 - Physical or mental health issues can lead to unemployment and housing instability
 - Mental health crises can lead to arrest
 - Substance use disorders result in poor health outcomes, exacerbated by and contributing to housing instability, fractured social supports and employment instability



Determinants of Health Affect Criminal Justice Involvement

- Structural and institutional racism lead to over-policing of black communities and disproportionate involvement of people of color throughout the justice system
- Environmental toxins such as lead exposure in childhood leads to developmental delays, behavioral issues, and criminal behavior.
- Adverse Childhood Experiences, such as exposure to violence in the community, homelessness, or incarceration of a parent, can lead to behavioral issues in school and beyond, substance abuse, as well as mental health disorders.



Total unique patients: **11,964** (12,329)

Incarcerations: **18,667** (18,923)

FY 17-18: Average daily census: **1271**

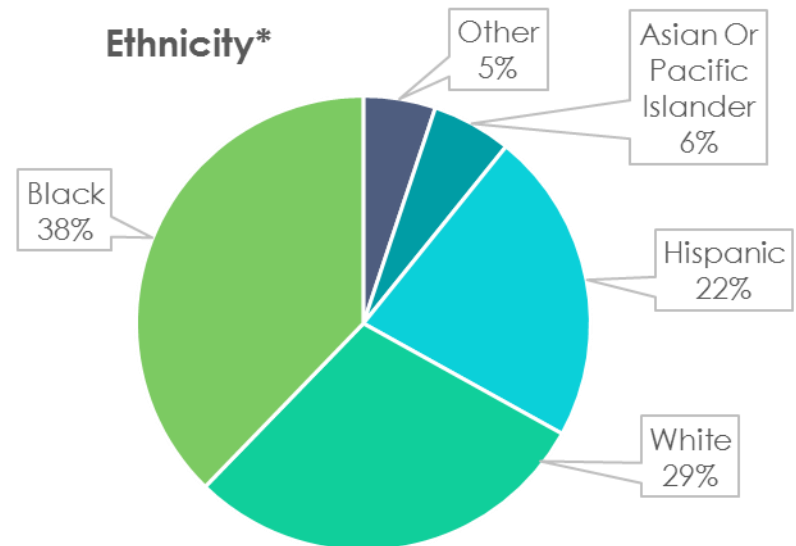
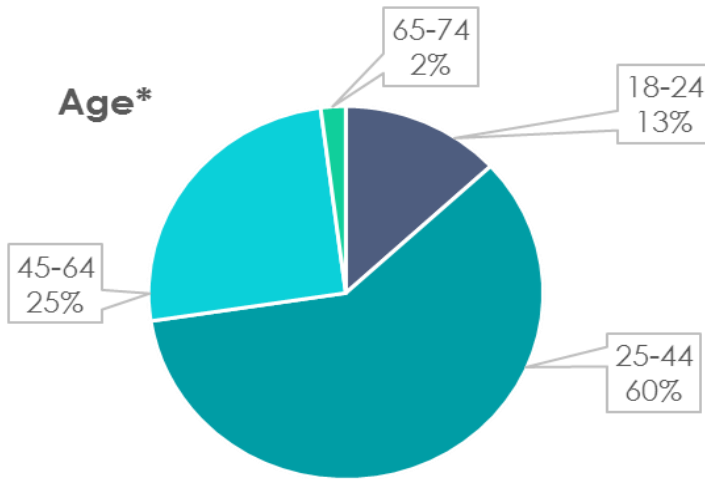
- ~7% of unique patients had SMI diagnosis
- ~11% of bookings were for those with SMI diagnosis
- ~22% of those in jail on any given day have SMI diagnosis

Length of incarceration: Average 53 days (range 0 days – 11 years)

- 55% (44%) up to 3 days
- 69% (59%) up to 7 days
- 81% (71%) up to 30 days
- 4% (6%) >1 year
- 58 people incarcerated > 5 years



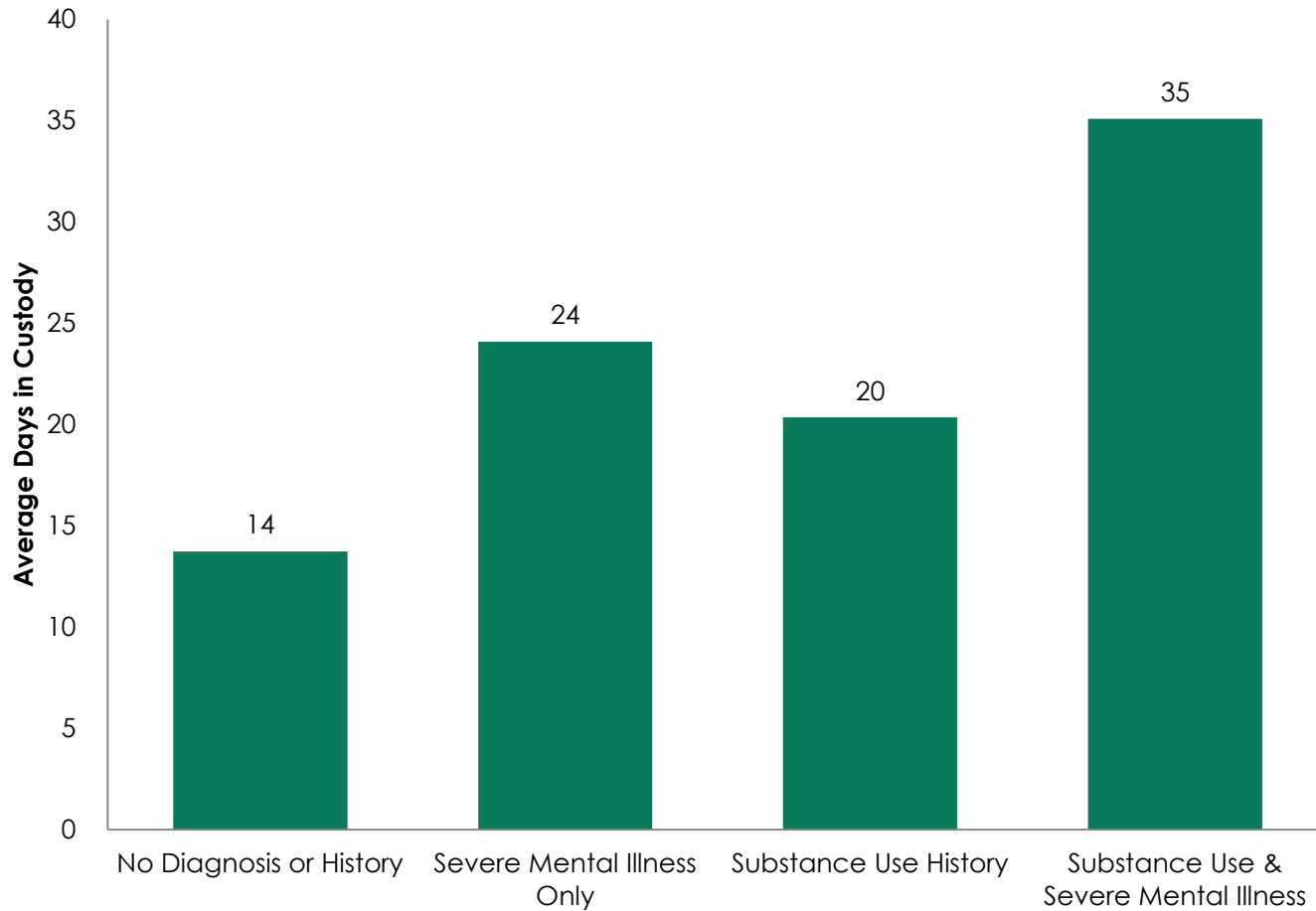
Race/Ethnicity



▪ *Ethnicity and age of individuals incarcerated, Source SFSD



Length of Incarceration: SMI vs non-SMI: 2014-2017



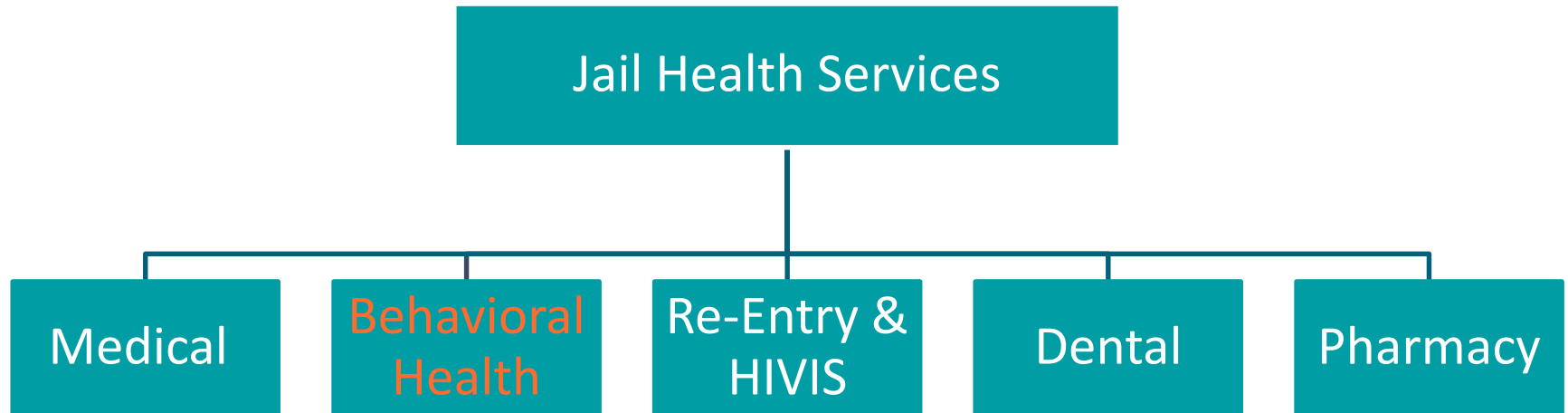


Substance Use Disorders

- All patients requiring support for withdrawal (alcohol, opioids, benzodiazepines) receive medication assisted treatment (MAT)
- All patients who receive MAT in the community (methadone, buprenorphine, naltrexone) continue this treatment when incarcerated
- All patients requiring MAT as condition of release or who request initiation of MAT undergo induction prior to release from the jail
- Both individual and group therapy provided JBHS as well as SFSD Programs



JHS Organizational Structure





Jail Health Behavioral Health Services

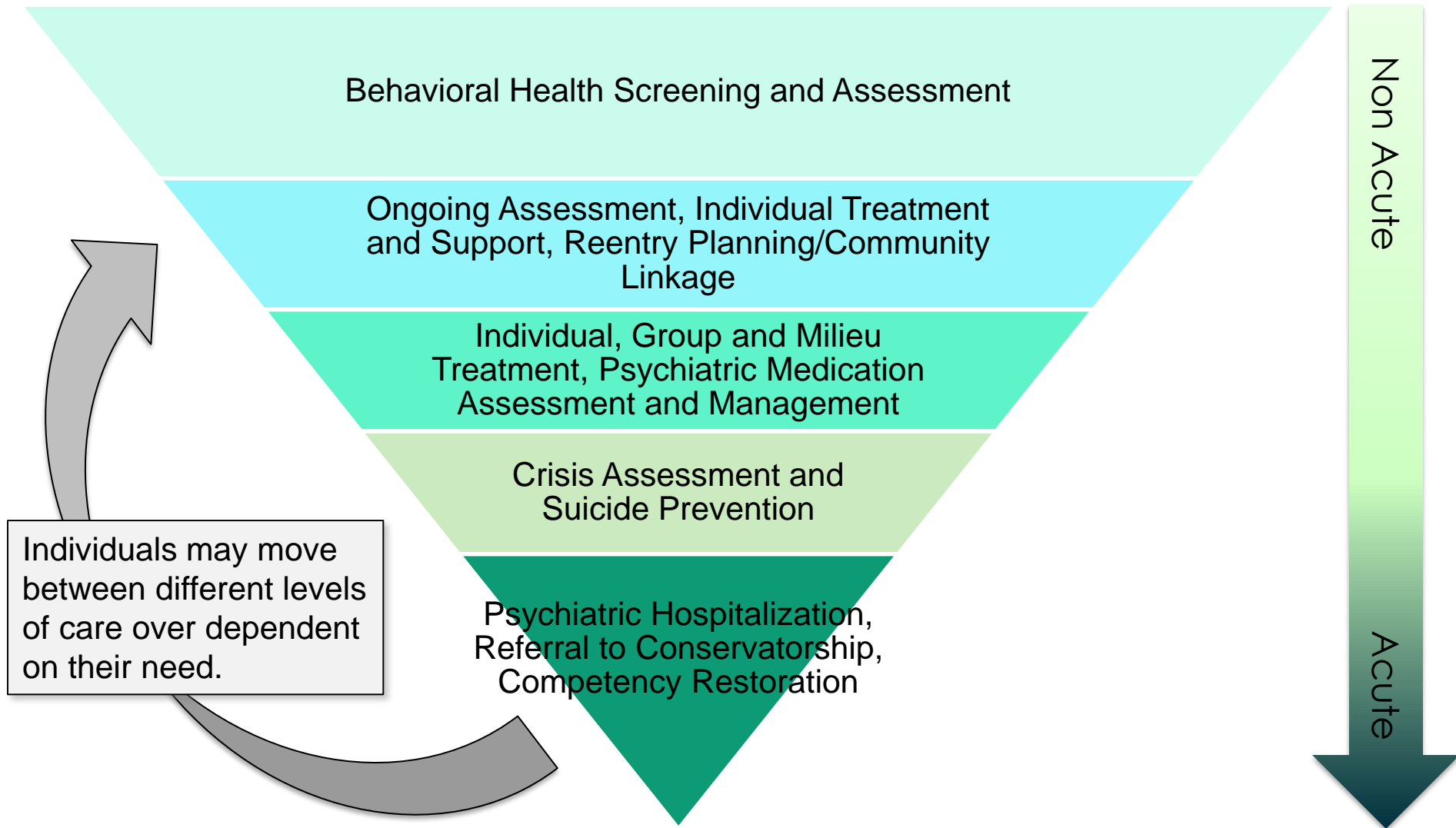
- **Mission:**
 - To provide comprehensive, strengths-based behavioral health treatment and linkage to community resources for individuals with mental illness incarcerated in the San Francisco City and County Jail

- **Principles of Service Delivery:**
 - **Integrated medical and mental health services** to meet complex patient needs
 - **Recovery and wellness**
 - **Trauma-informed** care
 - **Linkage** to community based services

- **Patients Served:**
 - 27% referred to JBHS with 71% of this group receiving on-going care

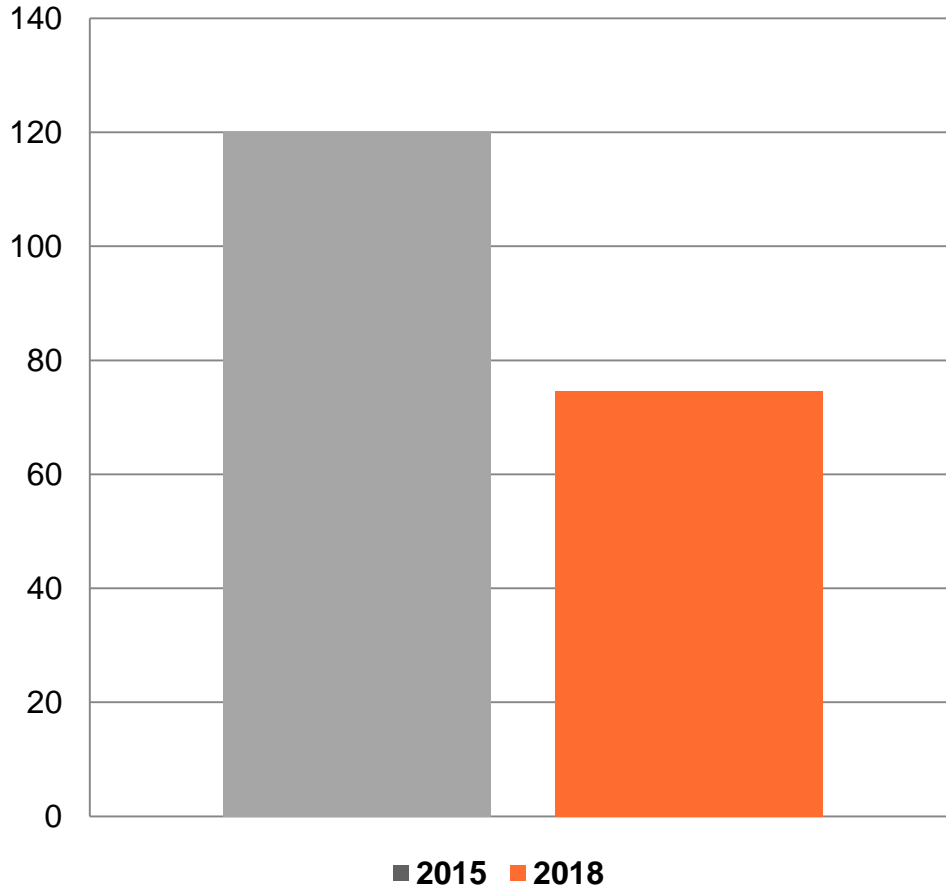


Jail Health Behavioral Health Services Levels of Care





Average Wait for Residential/Locked Treatment from Jail



39% reduction in wait time related to:

- Investment in SF Health Center
- Collaboration with ZSFG 7L to stabilize patients
- Collaboration with courts and community programs to decrease wait times for eligibility assessments



- Enhance collaboration between medical and behavioral health staff
 - Multidisciplinary treatment plans
 - Cross-discipline training
- Continue collaboration and training with deputized staff
 - Crisis Intervention Training (CIT)
 - Behavioral plan development
- Mental Health Diversion (Penal Code section 1001.36)
- Expand Reentry Services involving all JHS disciplines:
 - Peer Support
 - Community linkages
 - Inside/out models of care