



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services Children, Youth, & Family System of Care

Presentation to SF Health Commission,
Community & Public Health Committee
Behavioral Health Services and the Closure of Juvenile Hall



01.19.21

Farahnaz K. Farahmand, Ph.D., Interim Director & Assistant Director
Mona Tahsini, LMFT, Director SPY & AIIIM Higher
Laura Moyer, Interdepartmental Initiatives & Special Projects Manager



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

CYF Mission, Vision, & Values: Relationship-Based Organization

- **Racial Humility**



- **Reflective Leadership,
Supervision, & Practice**



- **Trauma Informed Systems**





San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Children Youth & Families Services System of Care Overview



Self

Community Providers

Systems Providers,
e.g. Schools, Juvenile
Probation & Child
Welfare

Primary Care

Residential

Hospitalization

Intensive Services

Behavioral Health / SUD Outpatient

Health Promotion, Prevention, Early Intervention

Level of Intensity

**Multiple Points of Entries
for Children, Youth &
Families; Access to
various Levels of Intensity
within the System of Care**



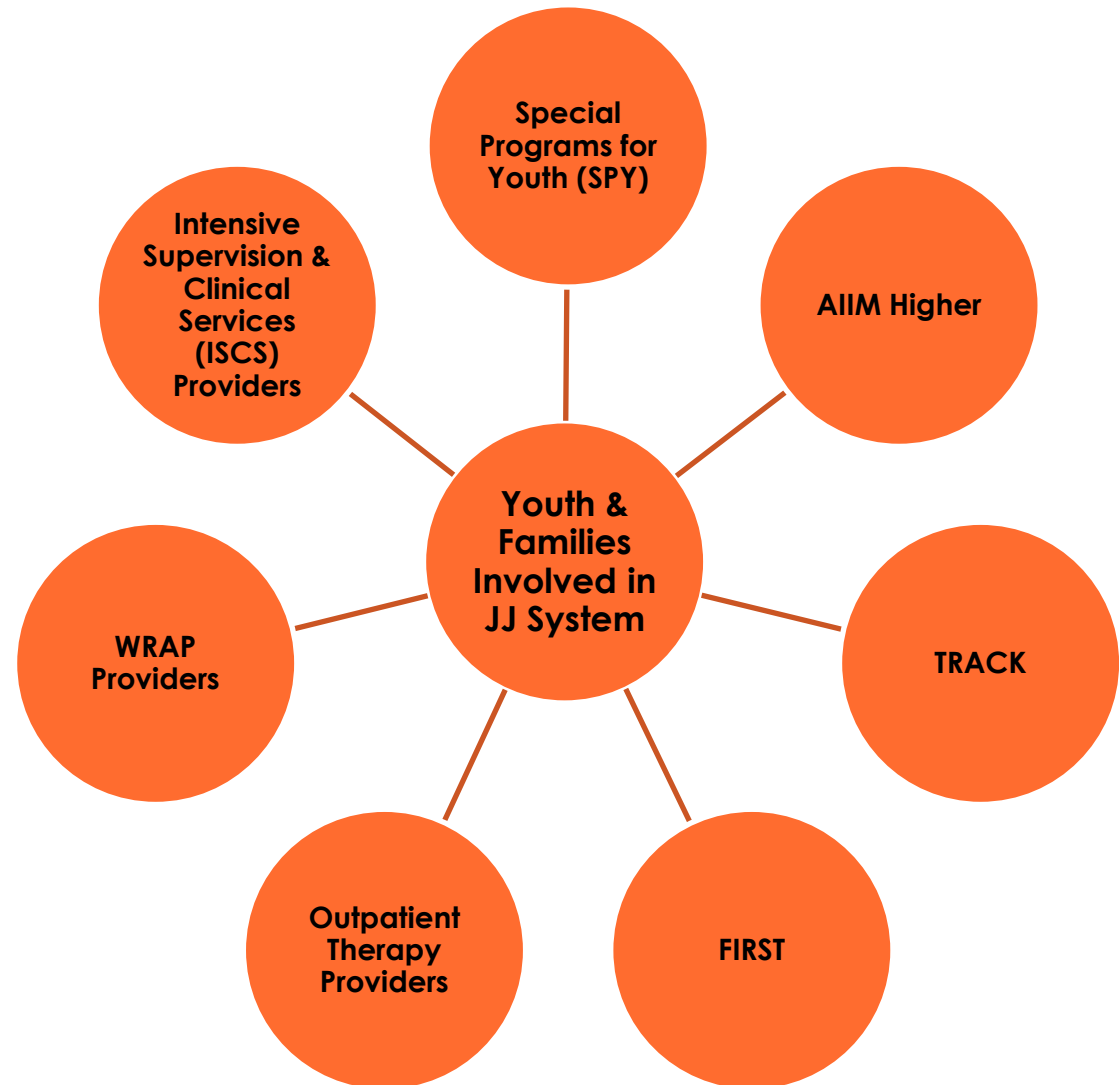
San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Juvenile Justice Services

*Structured interface
between behavioral
health service system and
juvenile justice system.*

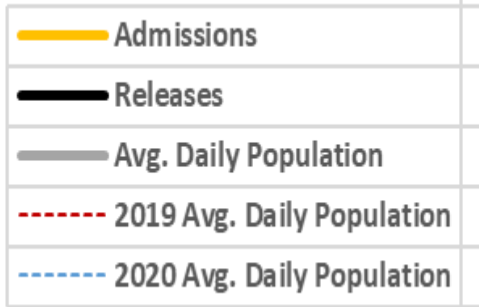
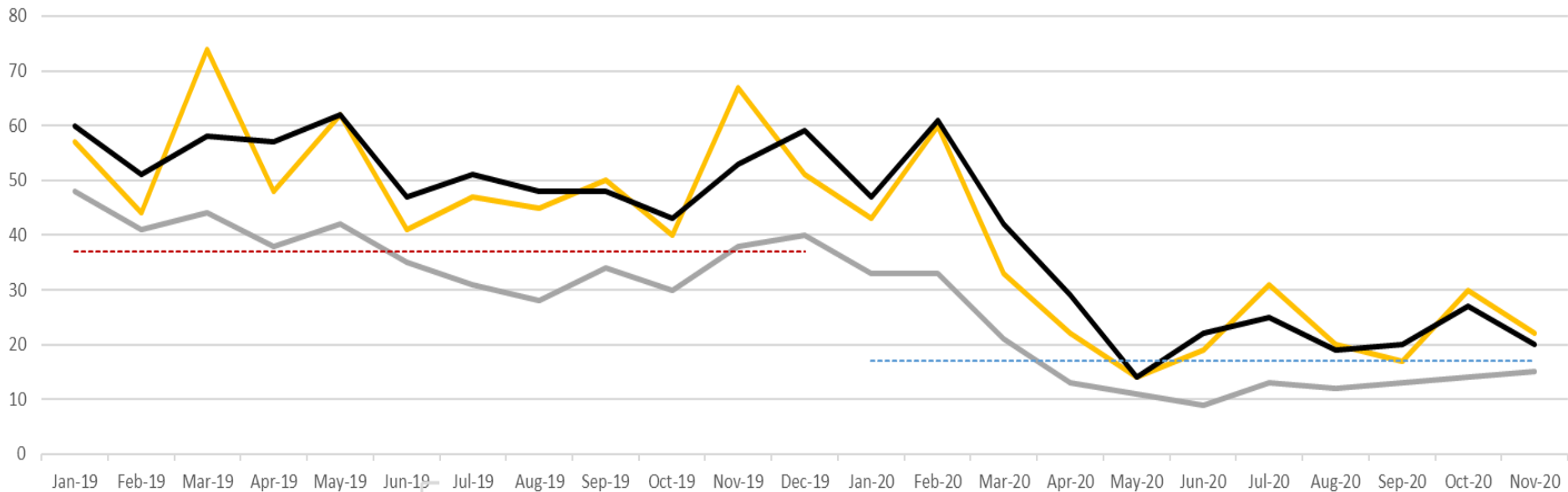
*Network of Civil Service &
Community Based
Contracted Providers*





Juvenile Hall Admissions, Releases, Average Daily Population

Admissions, Releases, Average Daily Population, by Month
January 2019-November 2020





San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Special Programs for Youth (SPY)

NURSING

- SPY Nursing services at JJC are provided 24 hours-a-day, 7-day-a week.
- Nursing services include clearance, assessment and triage of all incoming and outgoing detainees, as well as ongoing triage and assessment of acute complaints of youth.
- Nurses distribute medications, monitor vital signs, perform wound care, initiate standing orders for routine medical complaints, provide TB and STI screening, and perform pregnancy tests.

MEDICAL AND DENTAL SERVICES

- The medical and dental team provides evaluation and triage of emergent and urgent medical and dental issues as well as routine adolescent medical and dental services.
- Within 72-hours a complete medical history and physical examination and dental screening are performed annually on each youth, and an interim medical visit is conducted each time a youth is detained.
- Comprehensive family planning services, STI screening, testing and treatment are also provided.

BEHAVIORAL HEALTH SERVICES

- On-site behavioral health support is available 12 hours-a-day, seven days-a-week. Services include individual and group therapy, crisis intervention and case management.
- Within 72 work-day hours of being detained, each youth meets with a Behavioral Health Clinician for a face-to-face, comprehensive mental health screening and identifies an individualized treatment and support plan based on the needs of the youth.
- Psychiatric Medication evaluation and management.



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Special Programs for Youth (SPY)

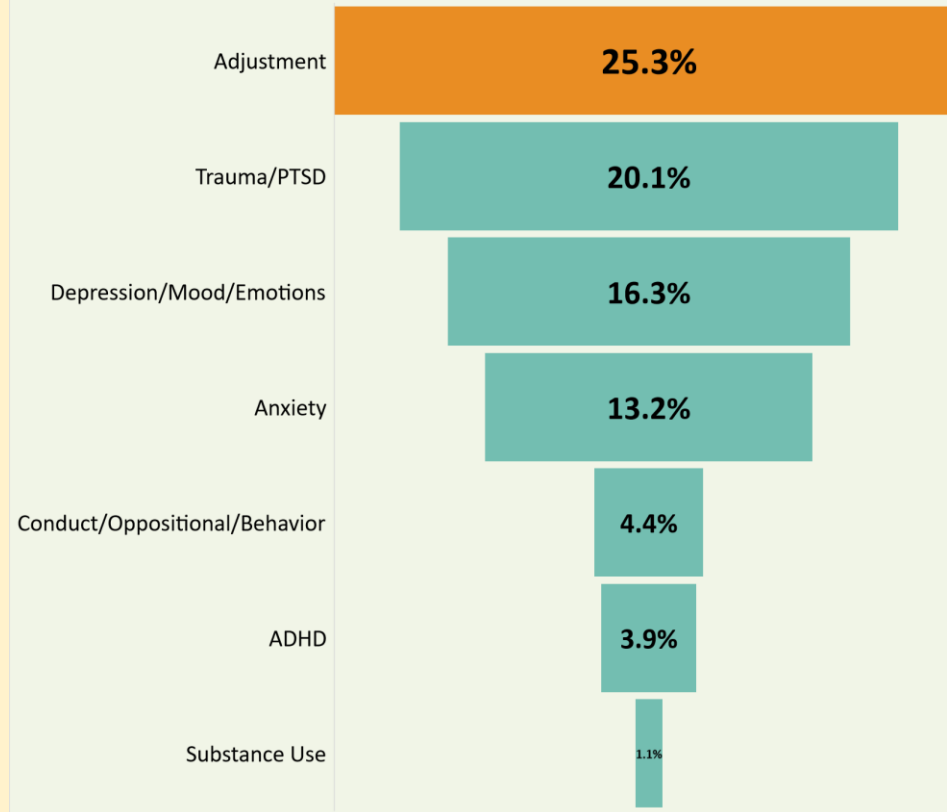
A two-year snapshot
(Oct 2018 to Sep 2020)

500 = Number of Episodes Opened in
Avatar (BHS electronic health record)

363 = Number of Unduplicated clients

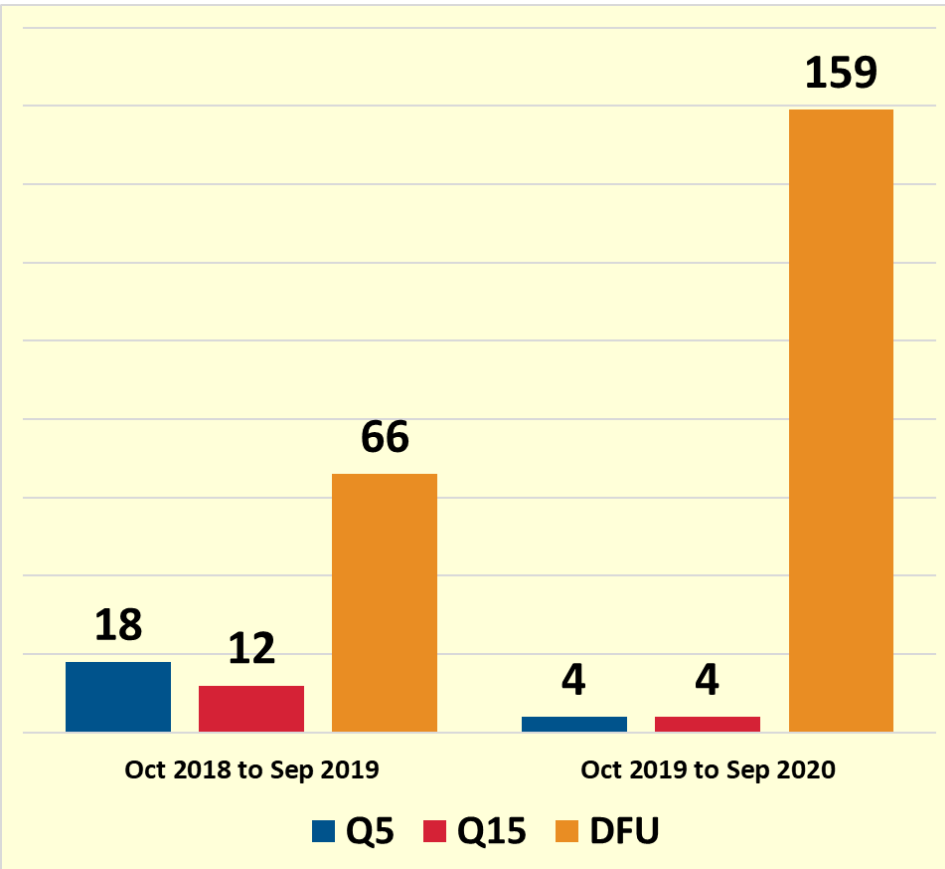
1. 353 *in-custody* clients involved in the Youth Guidance Center (YGC)
2. 10 *out-of-custody* clients involved in outpatient Competency Attainment Program (CAP) and Juvenile Sexual Risk (JSR) Program
3. Race/Ethnicity: 53% Black/African-American, 28% Latinx, 9% White

Primary Diagnosis at Intake (Unduplicated N = 363)





Special Programs for Youth (SPY) Safety Watches (Oct 2018 to Sep 2020)



Daily Follow Up (DFU)

- Youth who are experiencing distress and would benefit from daily BH support may be placed on daily follow up and receive daily BH contact 1 to 2 times a day.

Q15 (High Acuity Watch)

- Youth is placed on Q15 to alert unit staff that youth has acute behavioral health needs and would benefit from increased supervision/support.
- Youth placed on Q15 receive BH support twice daily.

Q5 Watch (Safety Watch)

- Can be initiated by BH staff for suicidality, danger to self or others, agitation, unusual behavior or other acute medical/behavioral health needs.
- Detention staff must check on youth every 5 minutes, even when sleeping.
- Youth is assessed at a minimum twice daily by BH staff and a Safety Plan is developed/updated daily.



Background: Ordinance 117-19, Juvenile Hall Closure

- Passed by BOS June 18, 2019
- Amends Administrative Code to require Juvenile Hall to close by 12/31/2021
- Expands community-based alternatives to detention
- Replaces JH with a rehabilitative, non-institutional place or places of detention approved by the Court [BOS and Board of State and Community Corrections (BSCC) must also approve]



Close Juvenile Hall Working Group (CJHWG)

- 15 member Working Group appointed by Board to develop plan for hall closure and expanded alternatives to detention
- Charged with submitting final plan to the BOS by 6/1/2021 detailing final steps to close Juvenile Hall by 12/31/2021
- Meets 3rd Wednesday of each month under the Brown Act Rules
- Two CYF SOC staff participated in former Mental Health and Reinvestment and Policy Subcommittees. Both will continue to participate in new subcommittees.



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Focus of Subcommittee 1, produced
by Haywood Burns Institute

Subcommittee #1: Expand Community Alternatives

Subcommittee Focus:

1. Shrink the footprint of legal processes that do not require judicial approval.
2. Expand and enhance pre-arrest and pre-referral diversion opportunities.
3. Explore strategies for reducing secure detention exposure for technical or non-new law violations (including but not limited to bench warrants and placement related detention).
4. Explore opportunities to expand access to youth-serving resources that serve as alternatives to formal legal processes that are founded on principles of youth development and are community centered.
5. Explore opportunities to coordinate and fund expanded youth-serving resources.



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Focus of Subcommittee 2, produced
by Haywood Burns Institute

Subcommittee #2: Rehabilitative Non-Institutional Place of Detention

Subcommittee Focus:

Build on findings from Data and Needs Assessment Report #1, regular data reports from SFJPD and forthcoming analysis and case file review from AIR to:

1. Establish criteria for selection of “Non-Institutional Place of Detention”
2. Explore “Non-Institutional Place of Detention” for these populations:
 1. Awaiting detention hearing (24-72 hrs, pending analysis)
 2. Awaiting adjudication (20 days, pending analysis)
 3. Awaiting disposition (10 days, pending analysis)
 4. Awaiting placement (wide range, pending analysis)
 5. Youth awaiting adult adjudication (1 year in)
3. Explore Policy that impacts detention length, e.g:
 - Hearing expedition
 - Location of hearings

****Note: Judicial Approval Required****





San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Listening Sessions, produced by Haywood Burns Institute

Goal:

Solicit input from a broad array of community and stakeholder partners to ensure diverse input is meaningfully reflected in final recommendations.

Planned Listening Sessions:

- Parents
- Youth on probation
- Youth in Juvenile Hall
 - 707b
- Juvenile Hall Probation staff
- School staff
- Health/Mental Health staff
- Prosecutors/Defense



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

CJHWG Project Timeline, produced by Haywood Burns Institute

Projected Timeline

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	December
System Mapping of Enhancements and Off Ramps <i>(See BRP Map)</i>	Learning Exchanges Criteria for Selection of New Location(s)	Identification of potential places Facility Tours Completed by the 15 th			Funding for Expanding Infrastructure				Recs Completed		Begin Phased Transition
Liaisons Established	Listening Sessions Completed	Diversion Program Infrastructure Recommendations									



Estimated JJ Investment for Mental Health

Prepared for CJHWG, August 2020

FY 19-20 CYF SOC Estimated funding for Juvenile Justice Youth	Est. Funding for JJ Population	Billable Drawdown Funds	Match Funding link to drawdown	DPH General Funds	Work Order Funding (DCYF/HSA/ JPD)
Special Programs for Youth (SPY)	3,591,000*			3,591,000	
AIIM (Seneca Contract)	649,224	99,862	97,374	352,645	99,343
Other Contracted Services	3,599,326	1,172,211	1,140,291	717,693	569,131
Estimated Total Investment	7,839,550	1,272,073	1,237,665	4,661,338	668,474

* Expenditures for SPY are closer to \$3.2



SPY Program & Staffing Adjustments

- SPY will continue providing services at JJC and provide input to CJHWG.
- With the reduction in the Juvenile Hall population, open permanent positions will not be filled.
- Manager of SPY is overseeing SPY and AIMM programs.
- SPY psychologist transferring full-time to Psychological Assessment Services (PAS) to support mandated psych testing for Child Welfare and JPD; previously was part-time with PAS.
- Vacant positions have been utilized in other parts of system (e.g., 2930 Behavioral Health Clinician to Shelter in Place SOC)
- Looking into cross training some Behavioral Health Clinicians to cover/support outpatient clinics in CYF SOC.
- Exploring shifts to program model in terms of coverage/shifts



SPY STAFFING

Position	FY 19-20 Positions	19-20 Actual Salary	FY 20-21 Positions	Estimated FY20-21 Salary	Adjustments
1406/Senior Clerk	1	12,056	1	98,874	Vacant part of FY19-20
2232-42 Sr Psych Physician	1	423,350	1	423,350	Supports SPY & CCDC
2305/Psychiatric Technician	1	-	-	-	Vacant, will not be replaced
2320/Registered Nurse	9	1,913,484	7	1,538,629	2 RNs retired (\$374,855)
2322/Nurse Manager	1	275,800	-	-	Retired (275,800)
2328/Nurse Practitioner	1	227,622	-	-	Adult system (227,622)
2585/Health Worker I	1	-	-	-	Moved to FCMH
2430/Medical Evaluations Assistant	1	115,935	1	115,935	
2574/Clinical Psychologist	1	178,241	-		PAS FT Jan '21
2593/Health Program Coordinator 3	1	176,980	1	176,980	Supports SPY & AIIM
2930-31/Behavioral Health Clinician	8	592,034	4	481,183	3 PT not w SPY; 1 FT to FMP 3/21, 1 FT to AIIM
2932/Sr. Behavioral Health Clinician	1	57,331	1	117,208	Transferred from AIIM
P103/Special Nurse (part-time)	9	351,942	9	351,942	
	36	4,324,774	25	3,244,223	



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Questions? Thoughts?

