

**CITY AND COUNTY OF SAN FRANCISCO
BOARD OF SUPERVISORS
BUDGET AND LEGISLATIVE ANALYST**

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Policy Analysis Report

To: Supervisor Campos
From: Budget and Legislative Analyst's Office
Re: Jail Population, Costs, and Alternatives
Date: May 25, 2016



Summary of Request

Your office requested that the Budget and Legislative Analyst research the following items regarding the construction of a new jail:

- (1) The real short-term and long-term costs of the new jail;
- (2) The current jail population (sentenced males and females, unsentenced males and females, inmates with a mental health diagnosis) and jail capacity (including beds rented to other jurisdictions);
- (3) Examination of the issue of mentally ill inmates in the current jail system, addressing questions such as: (i) Of the mentally ill inmates, how many have been in jail multiple times, (ii) How does the recidivism rate for mentally ill inmates compare to the recidivism rate for the other inmates, currently estimated at 70 percent, (iii) What is the average length of stay for mentally ill inmates;
- (4) Comparison of the outcomes and recidivism rates of mentally ill inmates in the jail system with those of mentally ill people who enter community-based residential treatment programs; and
- (5) Comparison of costs associated with a community-based mental health facility (providing 150-200 beds) with the costs associated with the new jail.

Your office asked additional questions regarding the mentally ill inmates who are homeless. This information is currently unavailable so is not reported here.

Summary of Report Findings

- According to the Sheriff's Department, on November 15, 2015, the total jail population was 1,270 inmates. 83 percent of the inmates (1,053 inmates) were unsentenced, which refers to all inmates awaiting adjudication of their charges in the courts—meaning, these inmates have not yet been convicted, having not yet been to trial, or entered a plea.
- Of the 1,270 inmates on November 15, 2015, 240 (or 17 percent) had received a Serious Mental Illness (SMI) diagnosis. Of these 240 SMI inmates, 127 (or 53

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percent) had been incarcerated at least once before. In FY 2014-15, there were a total of 839 (or 6.2 percent) unduplicated SMI inmates out of the total jail population of 13,510. Of these 839 SMI inmates, 391 (or 47 percent) had been incarcerated at least once before.

- The number of inmates who are unsentenced is higher for inmates with SMI than for the general inmate population. Currently, 89 percent of the SMI inmate population is unsentenced, compared to the 83 percent of the general jail population, as discussed above. Inmates with SMI are incarcerated for longer periods of time than the general inmate population: 65 days for inmates with SMI compared to 37 days for the general inmate population.
- Currently, there are no comparative studies on the outcomes for SMI clients treated in the jail system and in community-based residential treatment programs. However, two studies of San Francisco's Behavioral Health Court (BHC) found that: (1) at 18 months into the program 26 percent of BHC participants were less likely to be charged with a new offense and 55 percent were less likely to be charged with a new violent offense; and (2) jail nights were reduced by 36.7 for BHC participants.
- The estimated costs to construct the replacement jail are 27 percent more than the estimated costs to construct a residential community based program: \$1,402 per square foot to construct the replacement jail compared to \$1,100 per square foot to construct a residential community based program.
- The estimated annual operating costs of a 200-bed mental health facility are \$30.1 million compared to the estimated annual operating costs of a jail of \$19.7 million. The Department of Public Health's annual operating cost estimates for a mental health facility are higher than the Sheriff's annual operating cost estimates for operating a replacement jail due to the more intensive program and staffing resources allocated to mental health treatment.
- This report does not evaluate the need for new jail beds to replace County Jails #3 and #4. However, providing additional mental health services to individuals who would otherwise be incarcerated could impact jail capacity and operations.
- In order to determine the relative costs and benefits of constructing and operating a replacement jail compared to constructing and operating a mental health facility, the benefits of mental health treatment compared to incarceration need to be considered. Research has been done on the effectiveness of mental health diversion programs in other cities and counties across the country, which point to reductions in re-arrests or recidivism. As of the writing of this report, we do not have information on the types of crimes committed by inmates with serious mental illness or other mental health disorders, and whether these individuals are amenable to treatment and could be appropriately treated in community based treatment rather than incarcerated in jail.

Proposed Replacement Jail

The construction of the proposed 384-bed jail next to the Hall of Justice to replace County Jails #3 and #4 is currently on hold. The Board of Supervisors did not approve \$215 million in Certificates of Participation to fund the replacement jail and the Board of State and Community Corrections funding of \$80 million is no longer available to the City. 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 Jails #3 and #4 and for any corresponding investments in new mental health facilities and current jail retrofits.

Current Jail Population and Jail Capacity

From July 1, 2014 to June 30, 2015, the San Francisco County jails had a total of 13,510 unduplicated inmates. According to the most recent point in time count by the Sheriff's Department, on February 23, 2016, the total jail population was 1,310 inmates including Jail Wards 7D and 7L at Zuckerberg San Francisco General Hospital, as shown in Table 1 below.

Table 1: Jail Population on February 23, 2016

	Number of Inmates	% of Total
Sentenced	186	14%
Unsentenced	1,124	86%
Total	1,310	100%

Source: SF Sheriff's Department

86 percent of inmates were unsentenced, which includes all people booked into jail who are awaiting a determination by the Court of probable cause for the arrest, those awaiting the District Attorney's decision to file criminal charges or not, those awaiting consideration by the Court for release on Bail or OR (Own Recognizance), those who cannot afford the Bail set by the Court, and those who state law or the Court has deemed not eligible for release on Bail. All unsentenced people are awaiting the resolution of their criminal case. Cases are considered resolved when the District Attorney drops criminal charges, or there is a legal disposition in the case (i.e., plea, finding of guilty/not guilty).

Of the unsentenced inmates, 987 (or 88 percent) had been arrested for crimes within the felony crime class, as shown in Table 2 below.

Table 2: Crime Class of Unsented Inmates on February 23, 2016

Crime Class	Number of Inmates	Percent of Total
Felony	987	88%
Administrative / Hold ¹	97	9%
Misdemeanor	40	4%
Total	1,124	100%

Source: SF Sheriff's Department

A person with more than one charge is counted in the highest crime class. Felony could include administrative/hold or misdemeanor. Administrative/hold would not include felony but could include misdemeanors. Misdemeanor would not include felony or administrative/hold.

The top ten crimes for unsentenced inmates are shown in Table 3 below.

Table 3: Unsented Inmates Crime Type Breakdown

Crime Type	Number of Unsented Inmate Charges
Administrative / Hold	683
Aggravated Assault	492
Burglary	304
Vagrancy	298
Robbery	293
Other	243
Stolen property: buy, receive, possess	200
Murder & non negligent manslaughter/justifiable	199
Other assault-simple, not aggravated	192
Weapons law violation	187

Source: SF Sheriff's Department

While the issue of the high percentage of unsentenced inmates in the jails falls outside of the scope of this report, we note that it is a critical part of the discussion regarding jail capacity and operations.

County Jail Beds

Currently, the County has a total jail bed capacity of 2,515 beds, including 2,234 "rated" beds, shown in Table 4 below. Rated beds refer to those that conform to State standards and requirements, and have not been designated for medical purposes.

¹ According to the Sherriff's Department, "Administrative Hold" is generally a safekeeping charge for federal prisoners and other felony charges.

Table 4: Current Capacity of SF County Jails

County Jail (CJ)	Location	Type of Housing	Rated Beds	Psychiatric Beds	Medical Beds	Below Standard Beds	Total Beds
CJ #1	Next to HOJ	Intake/ Release	0	0	0	0	0
CJ #2	Next to HOJ	Podular	394	35	37	0	466
CJ #3	6th Floor HOJ	Linear	426	0	0	40	466
CJ #4	7th Floor HOJ	Linear	370	32	0	37	439
CJ #5	San Bruno	Podular	672	96	4	0	772
CJ #6	San Bruno	Dormitory	372	0	0	0	372
			2234	163	41	77	2515

Source: SF Controller's Office

72 beds in CJ#2 (including 15 psychiatric observation beds) and 4 beds at CJ#5 were built to meet psychiatric/medical needs. However, individuals with a range of behavioral health needs are housed throughout the jail facilities. According to Department of Public Health staff, the San Francisco Sheriff's Department, and DPH's Jail Health/ Behavioral Health Services have worked together for an ongoing development of psychiatric housing areas to meet the needs of the population. .

County Jail #6 is currently closed to inmates and used for training purposes. With the upcoming closure of the Hall of Justice, the City will lose the jail beds in CJ #3 and CJ #4. Accounting for the loss of these beds, including the beds in CJ #6, the County's jail bed capacity will total 1,238.

Future Jail Population Projections and Jail Bed Needs

According to a recent report by the San Francisco Controller's Office, the average daily jail population is expected to level off at or slightly above current levels. The table below details the lower and upper boundaries of the forecasted County jail population through 2020.

Table 5: Estimated Jail Bed Needs through 2020

	Lower Bound	Upper Bound
Forecast Baseline	1,235	1,402
Peaking Factor ^a	4.7%	7.5%
Classification Factor ^b	5.0%	8.2%
Total	1,358	1,631
Available Beds	1,238	1,238
Estimated Need for Replacement Beds	120	393

Source: SF Controller's Office

^a Peaking factor accounts for higher than average census.

^b Classification factor accounts for separation of inmates into separate housing units based on risk.

The total estimated jail bed needs shown in the table above include two factors relevant to projecting a future jail population: peaking and classification. The peaking factor anticipates that there will be days with above average jail needs,

and estimates the number of additional beds needed to ensure sufficient bed availability during those times. The classification factor² accounts for the need to accommodate the different security classifications of inmates. The Controller's Office has incorporated these factors into its estimates of the County's jail bed needs through 2020.

This reduced jail bed capacity reflects a deficit ranging between 120 and 393 of beds necessary to accommodate the projected need shown above in Table 5, once County Jail #4 is closed. County Jail #3 has been closed since November 2013.

Mentally Ill Population in SF Health Care Institutions

San Francisco has numerous institutions that interact with the population suffering from mental illness. Of the 16 hospitals in the City, six hospitals have a total of 74 acute psychiatric licensed beds. Zuckerberg San Francisco General Hospital (ZSFG) has the most beds, with 44. St. Mary's Medical Center is the next largest with 35 beds, as shown in Table 6 below.

Table 6: Number of Psychiatric Beds in San Francisco

Hospital	Number of Acute Psychiatric Licensed Beds
Zuckerberg San Francisco General Hospital	44
Langley Porter Psychiatric Institute	22
St. Francis Memorial Hospital	24
St. Mary's Medical Center, San Francisco	35
California Pacific Medical Center – Pacific Campus	16
Jewish Home	12
Total	74

Source: OSHPD, 2014

In 2014, 5,530 patients received psychiatric care in San Francisco hospitals, resulting in 40,571 psychiatric patient census days, as shown in Table 7 below.

² According to the Sheriff's Department, the classification factor is likely over 10 percent, given the architecture of the current jail facilities.

Table 7: Psychiatric Patient Data, City-wide

Patient Discharge Data	CY 2014 Data
Total number of all SF hospital patients	113,764
Number with psychosis & neurosis as the principal diagnosis	6,984 (6% of all patients)
Number of patients receiving psychiatric care	5,530 (5% of all patients)
Psychiatric patient census days	40,571

Source: OSHPD, 2014

Table 8 below, shows data related to the psychiatric services provided at ZSFG, which has the largest number of psychiatric beds in the City.

Table 8: Psychiatric Services at ZSFG (FY 2014-15)

Psychiatric Services	FY 2014-15 Data
Number of psychiatric admissions at ZSFG	1382
Average length of stay by psychiatric admission type (voluntary/involuntary) at ZSFG	10.6 days - Voluntary 9.5 days - Involuntary
Location and number of jail-referred psychiatric beds (Unit 7L- Locked facility at ZSFG)	12 beds total [8 beds in actuality due to classification status (clinically able to room share, etc.)]

Source: DPH

According to DPH, approximately 90 percent of the psychiatric admissions at ZSFG are involuntary.

Emergency Psychiatric Resources

In FY 2014-15, San Francisco had a total of 262,384 emergency department encounters City-wide. Mental disorder was determined to be the principal diagnosis for 17,273 (6.6 percent) of these visits, as shown in Table 9 below. Of emergency department visits, 1,608 (0.6 percent) of all patients were discharged to a psychiatric hospital or psychiatric distinct unit of a hospital. The average length of stay of patients receiving psychiatric care in 2014 was 7.88 days compared to 4.54 days for acute care.

Table 9: Emergency Department Psychiatric Encounters, City-wide

Psychiatric Emergency Data	FY 14-15 Data	Percent of Total
Total Emergency Department (ED) visits	262,384	
ED visits - Mental disorder as principal diagnosis	17,273	6.6%
Patients discharged to a psychiatric hospital, or psychiatric unit	1,608	0.6%
Average length of stay for patients receiving psychiatric care	7.88 days	

Source: OSHPD, SF Facilities Emergency Department Summary Reports

In addition to inpatient and emergency department psychiatric encounters, the City provides 18 psychiatric emergency beds at the Psychiatric Emergency Services (PES) department at ZSFG. PES patients are limited to a 23-hour stay.

Condition red, or saturated status, occurs when the PES census reaches 20, or when the safety of PES is compromised by extraordinary clinical acuity or staffing shortages. When this occurs, PES notifies the City's Emergency Medical Services (EMS) and San Francisco Police Department (SFPD) that additional psychiatric and 5150 patients³ should be diverted to the nearest hospital emergency room in San Francisco. Self-presented clients at ZSFG are transferred to the ZSFG Emergency Department. Table 10 below shows FY 2014-15 PES capacity and utilization data.

Table 10: Psychiatric Emergency Services (ZSFG) and Conservatorships

PES Patient Category	FY 2014-15 Data
Psychiatric emergency beds	18
PES admissions	3,776
Patients with repeat PES admissions	1208 (32% of total)
For patients with repeat PES admissions, average number of admissions	3.71
Days/hours where saturated status (condition red) was reached at PES	63 days or 1,526 total hours per year or 17% of total hours per year
Conservatorship Data	
Total conserved patients in San Francisco	784
Number of patients referred for Conservatorship from ZSFG	86
PES Discharge Data	
Number of patients discharged to home or shelter from PES and psychiatric inpatient units	7,533
Number of outpatient care slots in SF	32,157

Source: DPH

San Francisco additionally has 246 locked-facility beds for psychiatric patients, as shown in Table 11 below.

Table 11: Locked Facilities, City-wide

Locked Facility Data	FY 2014-15 Data
Number of civil commitment locked-facility beds	246
Average length of stay in locked facility	44.93 months (not incl. MHRC)* 15.5 months (MHRC)
Number of discharges from locked facility that result in crisis psychiatric visits in the first year post-release	40 of 123 (33%)

Source: DPH

*Mental Health Rehabilitation Center (MHRC) is a 47-bed program providing long-term mental health services to the severely and persistently mentally ill population in the City.

³ Section 5150 of the California Welfare and Institutions Code provides for involuntary psychiatric holds for individuals suspected to have a mental disorder that presents a danger to himself/herself or others.

Dore Urgent Care Clinic

The Dore Urgent Care Clinic (Dore Clinic) is a medically-staffed 12-bed short term psychiatric crisis residential clinic open 24/7 in the South of Market neighborhood. In FY 2014-15, Dore Clinic admitted 2,457 duplicated clients, with an average length of stay of 18.5 hours, as shown in Table 12 below.

Table 12: Dore Urgent Care

Dore Clinic Information	FY 2014-15
Number of admitted clients	2,457 (duplicated)
Average length of stay	18.5 hours
PES pre-booking diversion referrals from SFPD	442 (18 percent of total)

Source: Dore Clinic

The Dore Clinic maintains a close relationship with the SFPD, in particular the Northern and Central stations, which are geographically close to the clinic. As shown in Table 12 above, 18 percent of referrals came from SFPD for individuals who are diverted from PES. The program to divert individuals from PES to the Dore Clinic began as a pilot program with the SFPD when the Dore Clinic expanded admissions to 24 hours a day, 7 days a week, and has since been utilized by community providers and individual SFPD officers from all stations, although no official relationship with SFPD is currently in place.

First Response to Psychiatric Emergencies

The Fire Department did not respond to the Budget and Legislative Analyst's request for the number of ambulance calls in FY 2014-15 due to psychiatric emergencies. The Department of Emergency Management (DEM) and the SFPD collectively developed a protocol to dispatch officers when a person appears to be in a behavioral crisis. Three primary radio codes are used by DEM to indicate a mental health crisis situation:

- 800 – Person in Mental Health Crisis
- 801– Person Attempting Suicide
- 5150 – Detention for Mental Health Evaluation

DEM staff is trained to identify specific words and phrases indicating a person could be suffering from a mental illness or altered mental status. Staff then codes the above radio calls with a "CR" after the radio code number to indicate which calls require the response of a Crisis Intervention Team (CIT) officer. Dispatchers are also knowledgeable as to the mental health resources available to police officers in their districts including PES, Dore Urgent Care Clinic and the Mobile Crisis Treatment Team operated by DPH.

SFPD's Crisis Intervention Team

The San Francisco Police Department's (SFPD) 40-hour crisis intervention training is designed to train a team of law enforcement officers to effectively manage

behavioral crisis situations in the field. The training for Crisis Intervention Team (CIT) officers includes managing individuals in behavioral crisis using de-escalation techniques and safety protocols for approaching individuals in crisis. It also includes curriculum addressing the emotions of individuals experiencing a crisis, and a variety of other topics including: psychotropic drugs and side effects, juvenile mental health, suicide and suicide intervention among others.

The SFPD has numerous department bulletins related to protocols for responding to calls for service involving a person in behavioral crisis including “Response to Mental Health Calls with Armed Suspects” (DB-13-120), “Psychological Evaluation of Adults” (DGO 6.14) and “Response by Crisis Intervention Trained Officers” (DB 14-143), among others.

Commanding officers are required to select two sworn officers to participate in the CIT training course each quarter, or eight officers per year. Of the 1,719 current full-duty sworn SFPD officers, 414 officers (24 percent), including 299 active patrol officers, have gone through Crisis Intervention Training, as shown in Table 13 below.

Table 13: Current SFPD Officers with CIT Training

SFPD Rank	Number of Officers
Captain	1
Lieutenant	9
Sergeant	53
Police Officer	341
<i>Active Patrol Officer</i>	299
Police Officer Aide (Airport)	10
Total current employed officers with CIT training	414

Source: SFPD

The Police Department did not response to the Budget and Legislative Analyst’s request for data on the number of CIT incidents resulted in bookings.

Mental Illness in the Criminal Justice System

Nationally, the number of individuals who are mentally ill and incarcerated in local jails has been on the rise.⁴ According to national public health officials and researchers, the rise in mental illness in the jails may be associated with the closure of state psychiatric hospitals. While the closure of the state psychiatric hospitals was intended to allow patients to return to their families and live

⁴ The Urban Institute reported in a March 2015 report that, according to the Bureau of Justice Statistics, 64 percent of jail inmates have a mental health problem. The American Civil Liberties Union reported in a July 2014 report that 10 to 25 percent of inmates in local jails have a serious mental illness, such as schizophrenia.

independently, the federal government and states failed to provide sufficient funding for community-based mental health programs. As a result, men and women once housed in institutions found themselves arrested and incarcerated.⁵ This national trend of a growing mental health population cycling through the jails has also been seen here in San Francisco.

Jail Bookings

According to the Sheriff's Department, mental illness is not a subject of review for Supervised Pre-trial Release; therefore no data is available as the number of clients denied pretrial release due to mental illness. However, if mental illness is known or present, a higher level of supervision may be necessary while on Supervised Pre-trial Release.

Table 14 below provides data regarding the number of inmates and average length of stay in the Jail's safety cell and mental health pod.

Table 14: Mentally Ill Inmates in Safety Cells & Mental Health Pod

Mental Health Issues	FY 14-15
Unique individuals in Safety Cell	1,088
Total Safety Cell placements	2,564
Average stay in Safety Cell	15.5 hours
Average days in CJ#2 mental health pod	19 days
Inmates with an SMI diagnosis	1,974*

Source: SF Sheriff's Department

*Inmates with an SMI diagnosis 12/1/14 – 11/30/15

Incarcerated Population in Jail Psychiatric Housing

San Francisco County Jails have psychiatric housing units for inmates with a variety of behavioral health needs that are unable to function in a regular jail setting, as shown in Table 4 of this report. 77 inmates were placed in jail psychiatric housing between November 15, 2014 and November 15, 2015. Of these inmates, all 77 are charged with at least one felony, and 53 are also charged with at least one misdemeanor.

Table 15: Charges Against Inmates in Jail Psychiatric Housing

Crime Classification	Number of Inmates	% of Total Inmates
Felony	77	100%
Misdemeanor	53	69%

Source: DPH

The most common charge among inmates in jail psychiatric housing (24 total) is assault with a non-firearm deadly weapon, as shown in Table 16 below.

⁵ *Mental Illness in America's Jails and Prisons: Toward a Public Safety/Public Health Model*; Dean Aufderheide, Health Affairs Blog, April 1, 2014

Table 16: Jail Psychiatric Housing Charges, representing 10 or more charges, in FY 14-15

Charge	Number of Charges	Felony or Misdemeanor
Assault With A Deadly Weapon-Not A Firearm	24	Misdemeanor
CMS Legacy Charge Value	23	Undetermined
Assault With Force Likely To Commit Great Bodily Injury	22	Felony
Court Ordered Return	20	Misdemeanor
Receiving Or Buying Stolen Property	19	Felony
Resisting, Obstructing, Delaying of a Peace Officer or EMT	19	Misdemeanor
Battery	16	Misdemeanor
Battery With Serious Bodily Injury	13	Felony
Murder	13	Felony
Traffic Warrant	12	Misdemeanor
False Imprisonment	11	Felony
Rearrest - Other	11	Undetermined
Second Degree Robbery	10	Felony
2nd Degree Burglary - Commercial	10	Felony
Resistance To Executive Officer	10	Felony
First Degree Burglary-Residential	10	Felony

Source: DPH, Jail Health Services

Most inmates in jail psychiatric housing face multiple charges, with one inmate facing 19 separate charges. While over 80 percent of these inmates face between one and nine charges, 20 percent face between 10 and 19 charges, as shown in Table 17 below.

Table 17: Number of Charges Against Inmates in Jail Psychiatric Housing

Number of Charges	Number of Inmates in Jail Psychiatric Housing	% of Total Inmates
15-19	6	7.8%
10-14	9	11.7%
5-9	39	50.6%
1-4	23	29.9%
Total	77	100.0%

Source: DPH, Jail Health Services

Mental Health Care for Incarcerated Population

Of the 13,510 total inmates incarcerated in FY 2014-2015, 1,955 or 14.5 percent, were diagnosed with a Serious Mental Illness (SMI) diagnosis.⁶ Of those inmates with a SMI diagnosis, 866 or 6.4 percent were seen by a psychiatrist, as shown in Table 18 below.⁷

Table 18: Inmates Receiving Jail Behavioral Health Services (BHS) FY 2014-15

Inmate Information	Number of Inmates	Percent of Total Inmates
Total Inmates in SF County Jails	13,510	100%
Inmates who have had contact with Jail Behavioral Health Services	4,918	36.4%
Inmates with SMI Diagnosis	1,955	14.5%
Inmates with SMI Diagnosis seen by a Psychiatrist	866	6.4%

Source: DPH, Jail Health Services

The number of inmates who are unsentenced is higher for inmates with SMI than for the general inmate population. Currently, 89 percent of the SMI inmate population is unsentenced, compared to the 83 percent of the general jail population, as discussed above.

Table 19: Jail Behavioral Health Services (11/14 – 11/15)

Jail Behavioral Health Services Contacts	Amount
Number of In-Custody Behavioral Health Contacts (duplicated)	74,923
Average number of contacts per SMI inmate	29.67
Clinical Behavioral Health Full Time Equivalent (FTE) Positions	29.31
Average number of contacts per BHS clinical staff FTE	2,556

Source: DPH, Jail Health Services

Between November 2014 and November 2015, there were 4,903 unique inmates that received Jail Behavioral Health Services (BHS). Behavioral Health Services is an overarching term to address the service delivery of integrated treatment for individuals with mental health and/or substance use disorders. While there are many ways to obtain an estimate of rate of prevalence, the federal Substance Abuse and Mental Health Services Administration estimates that 4-5% of the general population has a Serious Mental Illness (SMI) diagnosis, while 14-24% of individuals with criminal justice involvement have an SMI diagnosis. An individual may have contact with BHS for a number of reasons (e.g., reaction to jail, stress

⁶ "Serious Mental Illness" is defined by the federal Department of Health and Human Services as a "diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic Statistical Manual of Mental Disorders (DSM)", and "has resulted in functional impairment which substantially interferes with or limits one or more major life activities". SMI includes schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder, panic disorder, post-traumatic stress, and other disorders. Non-serious mental illness may include personality disorder, anxiety disorder, acute stress disorder, attention deficit disorder, and other disorders.

⁷ Reasons why inmates with an SMI might not see a psychiatrist include: leave custody before being seen by a psychiatrist, have a medication deferral because they are detoxing, or are not interested/refuse medication.

related to environment, crisis assessment, SMI). A majority of these inmates are men (78 percent). The most frequent ethnicity of BHS inmates is African American (38 percent) followed by White (32 percent). The median age of these inmates is 37 years old. Behavioral Health contacts (See Table 19) can range from a variety of services (both direct and indirect), including: crisis assessments, evaluations, ongoing individual treatment, group treatment, case management services, collateral contacts. Although some individuals who are initially assessed by Behavioral Health Services do not require ongoing services, approximately 65% of individuals are seen more than once.

Table 20: Demographics of Jail BHS Inmates (11/14 – 11/15)

	Unique Number	Percent of Total
Total Jail Health Services Cohort	4,903	100%
Sex and Gender		
Male	3,828	78%
Female	953	19%
Transgender	18	0.4%
Unknown	104	2%
Ethnicity		
African American	1,855	38%
Asian / Pacific Islander	309	6%
Latino / Latina	651	13%
Native American / Indigenous people	38	1%
White	1,587	32%
Mixed / Multi-ethnic	119	2%
Unknown	344	7%

Source: DPH, Jail Health Services

Of these inmates, 2,883 (59 percent) had previously received behavioral health services from DPH at some point since July 1, 1992, the period of time for which information has been recorded (e.g., crisis contacts, case management services, residential treatment). Four percent currently had open mental health intensive case management, and ten percent currently had open mental health non-intensive case management (Behavioral Health Staff in the jail may have facilitated referrals to community based services after arrest). It should be noted that there are many complex factors that result in individuals with behavioral health needs being incarcerated. Further, all community-based services are voluntary and require an individual providing consent to participate in both residential and outpatient services.

Table 21: Jail BHS Inmates Already Linked to DPH System of Care (11/14 – 11/15)

	Unique Number	Percent of Total
Total Jail Health Services Cohort	4,903	100%
Service Linkage		
Previous mental health or substance abuse record with DPH at any point since July 1, 1992.	2,883	59%
Currently have open Mental Health Intensive Case Management	188	4%
Currently have open Mental Health Non-Intensive Case Management	510	10%

Source: DPH, Jail Health Services

Table 22 below shows the diagnosis history and other risk factors for the Jail BHS cohort. Many inmates have a history of psychosis or depression, alcohol or substance use disorders, medical disorders, or some combination of the three. In addition, 57 percent have been homeless at some point in their lives, and 31 percent have been homeless within the last year.

Table 22: Jail BHS Inmates Diagnosis History (11/14 – 11/15)

	Unique Number	Percent of Total
Total Jail Health Services Cohort	4,903	100%
Diagnosis History		
Psychosis or Depression predicting early death	1,963	40%
Alcohol or Drug Disorders predicting early death	2,031	41%
Medical Disorders predicting early death	1,465	30%
Overlap of both mental health and substance abuse	1,584	32%
Overlap of both mental health and medical	1,170	24%
Overlap of both substance abuse and medical	1,219	25%
Overlap of mental health, substance abuse and medical	1,033	21%
Other Risk Factors		
History of homelessness (anytime)	2,775	57%
History of homelessness (past 12 months)	1,497	31%
Among Top 1% of Urgent/Emergent Utilization (FY 14-15)	57	1%
Among Top 2-5% of Urgent/Emergent Utilization (FY 14-15)	231	5%
Any Urgent/Emergent Utilization known to DPH (FY 14-15)	1,975	40%

Source: DPH, Jail Health Services

Recidivism Among Mentally Ill Inmates

The recidivism⁸ rate for San Francisco inmates meeting SMI criteria is lower than the rate for the general inmate population. According to a 2013 report from the California Department of Corrections and Rehabilitation, the recidivism rate for all

⁸ As defined by the National Institute of Justice, recidivism refers to a relapse into criminal behavior, often after receiving sanctions or undergoing intervention for a previous crime.

offenders in San Francisco was 67.1 percent in FY 2011-12. Of the 839 SMI inmates, 47 percent had been previously incarcerated as of a point-in-time count on November 15, 2015.

Average Length of Stay for Mentally Ill Inmates

Inmates with SMI are incarcerated for longer periods of time than the general inmate population. According to the Department of Public Health (DPH), the average length of stay for inmates in San Francisco who met SMI criteria inmates is 65 days. By contrast, according to the Sheriff's Department, the average length of stay for the general inmate population is 37 days. SMI inmates have an average length of stay of 65 days, spending 76 percent more days in jail than the general population, as shown in Table 23 below. The average length of stay for individuals who have had contact with BHS, but do not have an SMI diagnosis is the same as the general inmate population, at 37 days.

Table 23: Average Length of Stay

Inmate Population	Average Length of Stay (Days)
General Inmate Population	37
BHS Inmates	37
BHS Inmates with SMI Diagnosis	65
BHS Inmates Receiving Psychiatric Medication	66

Source: SF Sheriff's Department, DPH Jail Health Services

Inmates Receiving Psychiatric Medication & Civil Conservatorships

5.89 percent (796) of the 13,510 total inmates in FY 2014-15 received psychiatric medication. DPH's Jail Health Services has two policies related to psychotropic medication evaluations, and evaluations for intoxicated prisoners and those who are withdrawing from substances.⁹

The first policy requires all patients referred to a Jail Behavioral Health psychiatrist to have their case reviewed, and receive an in-person evaluation to establish the presence of a mental disorder or other condition requiring a psychiatrist. Patients on medical detox are not referred until one day after the detox protocol is discontinued due to the increased likelihood of the patient accepting medications when no longer going through withdrawal and a decreased likelihood of negative interactions between substances and psychiatric medication.

The second policy permits Jail Health Services psychiatrists to delay a medical evaluation for inmates who are intoxicated or withdrawing from substances for up to one week to allow time for the patient to fully detox and to facilitate a more accurate psychiatric assessment.

⁹ DPH Jail Health Services Policy And Procedure Nos. 707 and 714.

Table 24: Inmates Receiving Psychiatric Medication & Civil Conservatorships

Inmate Population	Number	% of Total Inmates
Inmates receiving psychiatric medication	796	5.89%
Inmates with repeat 5150s during one incarceration period	52	0.38%
Civil conservatorships filed on inmates in custody	16	0.12%
Civil conservatorships granted on inmates in custody	14	0.10%

Source: DPH, Jail Health Services

Currently, 28 inmates have been referred to a community-based in-patient treatment facility by DPH, and an additional six expect to be referred soon. While community based in-patient treatment placement might not be appropriate for all inmates, 28 inmates is only 3.5 percent of all inmates receiving psychiatric medication within the jails.

Proposed Replacement Jail and Expanded Mental Health Services

As previously reported by this office, the proposed replacement jail would be designed similar to County Jail #5 located in San Bruno, with a modern direct supervision layout including podular housing units, increased program space and increased space for the medical and mental health treatment services. Table 25 below compares square footage in the existing County Jails No. 3 and No. 4 to the jail that was proposed to replace County Jails No. 3 and No. 4.

Table 25: Comparison of Square Feet

Space Type	Current CJs #3 & #4	Replacement Jail	Percentage Change
Housing	41,300	15,000	-64%
Dayroom	22,200	50,000	125%
Classrooms- Program Areas	680	9,000	1224%
Exercise Yard ¹⁰	5,900	5,100	-14%
Medical/Health Services	1,200	7,000	483%
Total Square Feet	71,280	86,100	20.8%

Source: Presentation to November 16, 2015 Capital Planning Committee

As shown above, the replacement jail would provide a significantly increased amount of space to serve the medical and mental health needs of inmates. This includes 7,000 square feet, which is 483 percent more than the 1,200 square feet available for this purpose in CJs #3 and #4.

¹⁰ According to the Sheriff's Department, there would not be an actual loss in exercise area because each new pod would have its own gymnasium.

Proposed Program to Expand Service Capacity for Mentally Ill Inmates

The Department of Public Health proposed a program to expand services for mentally ill inmates by creating a Respite Reentry program as part of the discussion of the replacement jail.¹¹ With 47 beds, this program would serve mentally ill clients from jail or Behavioral Health Court, providing transitional housing (9-12 months, estimated) within a community treatment program.

According to the DPH Director of Policy and Planning, estimated annual program and staff costs for the Respite Reentry program are approximately \$4 million per year.

Collaborative Justice Programs: San Francisco Behavioral Health Court

The Behavioral Health Court (BHC) was established in 2003 to address the increasing number of mentally ill residents cycling through the jails. The BHC is a collaboration between the District Attorney, the Public Defender, the Superior Court, Department of Public Health, and various mental health providers. Participation in the program is voluntary and individuals must agree to follow a treatment plan, which will be monitored by the court, with the expectation of a reduced charge or sentencing. When BHC participants graduate, their charges could be reduced, records could be expunged, and fines and fees can be reduced or eliminated.

BHC takes place twice a week, and the number of times participants are required to attend depends on their individual personal treatment plan, and their progress as determined by the Court.

Table 26 below shows key statistics for FY 2014-15 Behavioral Health Court participants.

Table 26: Behavioral Health Court Statistics

Behavioral Health Court (FY 2014-15)	Number of People
Referred to BHC	313
Found suitable for BHC (felony & misdemeanor)	138
Felony BHC participants*	103
Misdemeanor BHC participants*	28
In-custody participants (at any given time during FY 2014-15)	137
Felony BHC completions	19
Average number of court appearances per BHC graduate	121

Source: Behavioral Health Court

* Includes those who entered in previous years

¹¹ An ordinance to appropriate \$1.5 million to relocate the existing Mental Health Rehabilitation Center from 888 Potrero Avenue to San Francisco General Hospital, in order to repurpose the Mental Health Rehabilitation Center space at 888 Potrero Avenue for use as the Respite Reentry program, is pending before the Board of Supervisors (File 15-1177).

The number of people referred to BHC is less than the number of people found suitable for a variety of reasons including: inappropriate diagnosis, not amenable, needs further assessment, etc. The breakdown of people denied BHC by reason is shown in Table 27 below.

Table 27: Behavioral Health Court Denials

BHC Reason for Denial	Number of People
Not diagnostically appropriate	115
Other	21
Not amenable	17
Declined participation	3
Needed further assessment	3
Out of county resident	3
Impairment level doesn't warrant BHC	2
Noncompliant with in-custody treatment plan	2
Too decompensated	2

Source: Behavioral Health Court

Comparison of Outcomes and Recidivism Rates: Jail versus Diversion through Community Based Treatment

While many individuals receive community based services upon their release from custody, currently, there are no comparative studies on the outcomes for SMI clients who receive treatment in jail prior to placement in a community based programs compared to individuals who are diverted from jail to community based treatment. However, there are a few relevant studies comparing outcomes for inmates who received routine Jail Behavioral Health services with those who participated in San Francisco's Behavioral Health Court.

In a 2007 study conducted by Dale McNiel and Renee Binder, outcome results showed that participation in San Francisco's BHC produced positive results, including a longer time to any new charge and a longer time to a new violent charge. The researchers reviewed outcomes for 170 inmates who entered the BHC between January 2003 and November 2004. At 18 months into the program:

- 26 percent of the BHC participants were less likely to be charged with a new offense; and
- 55 percent of the BHC participants were less likely to be charged with a new violent offense.

In another study published in 2011 by Dale McNiel, Kevin Delucchi and Renee Binder, researchers assessed whether participation in the BHC produced more favorable criminal justice outcomes and higher rates of treatment participation, and whether higher treatment participation is associated with more favorable mental health and criminal justice outcomes. The study included 56 BHC participants and 55 treatment-as-usual participants, with results as follows:

- Jail nights reduced by 36.7 for BHC participants; and
- Increased use of outpatient treatment services for BHC participants.

These studies looked specifically at the effectiveness of the San Francisco Behavioral Health Court, and the findings indicate positive outcomes for mentally ill inmates receiving mental health services outside of the jails, but still within the custody of the Sheriff.

In addition, research has been done on the effectiveness of mental health diversion programs in other cities and counties across the country, which also point to positive trends. For example, a 2014 ACLU report points to results in New York City of a 70 percent reduction in arrests over a two-year period for participants in a diversion program. The Thresholds Program in Chicago reports an 89 percent reduction in arrests and an 86 percent reduction in jail time for diversion program participants. Similarly, Miami-Dade County's diversion program reported a reduction in recidivism among misdemeanants from 75 percent to 20 percent.

While these results are notable, they represent results from very limited studies on small populations of mentally ill offenders committing low-level crimes.

San Francisco utilizes multiple diversion programs. The San Francisco Sobering Center, a program of the Department of Public Health, diverts those with uncomplicated, acute alcohol intoxication away from the emergency department and criminal justice system (length of stay is 6-8 hours). According to DPH staff, since its inception in July 2003, sobering staff has cared for 10,000 individuals for over 44,000 encounters. In addition to sobering services, the center offers comprehensive care to clients, providing for basic hygiene and clothing requirements, identifying urgent care needs, and offering referrals to detoxification and shelter. I, In FY 2015-15, 3,635 individuals were served by the program (355 were referred by SFPD). Additionally, DPH has implemented Assistance Before Law Enforcement (ABLE) in which low level drug offenders with probable cause for arrest are redirected to community based services. ABLE is based on the LEAD program out of Seattle and will incorporate San Francisco's standards for harm reduction practice into program planning and implementation.

Comparison of Replacement Jail and Mental Health Facility Costs

As noted above, the Board of Supervisors did not approve funding for a new jail facility to replace County Jails 3 and 4 in the Hall of Justice. The Board is considering the alternative of constructing new mental health facilities instead of a replacement jail. Based on information provided by the Department of Public Works, the estimated costs to construct the replacement jail are more than the estimated costs to construct a mental health facility. Public Works' estimate to construct a replacement jail was \$1402 per square foot and to construct a mental health facility was \$1100 per square foot.

The costs to construct supportive housing are significantly less per square foot. The average new construction cost for four supportive housing developments (one in 2013 and three in 2015) was \$382 per square foot. The average rehabilitation construction cost for five supportive housing developments in 2015 was \$200 per square foot.¹² The actual cost per supportive housing unit is higher than for a jail bed or mental health bed because of the greater square footage of these supportive housing units, which are studio apartments rather than single beds.

Comparison of Jail and Mental Health Facility Operating Costs

According to the Sheriff's Department, the estimated annual cost of operating the replacement jail would be \$19.6 million. The replacement jail cost per bed for 384 beds is \$140. These estimates do not include behavioral health personnel and services.

According to the Department of Public Health, the estimated annual operating costs of a 200-bed mental health facility¹³ are \$30.1 million. The mental health facility cost per bed for 200 beds is \$412. DPH's operating cost estimates are higher than the Sheriff's Department's cost estimates due to more intensive staffing and the higher estimated costs for information systems (such as electronic medical records).

Comparison of Costs of Various Service Options for Mentally Ill Inmates

While treatment in an in-patient mental health facility would likely be an appropriate option for the most acutely mentally ill inmates, inmates with lower level diagnoses may be better suited by other care options. These include outpatient residential treatment and supportive housing, which have lower operating costs than an in-patient mental health facility.

The timeline for this report did not allow for sufficient opportunity for a full review of costs associated with these alternatives. However, based on interviews with non-profit service providers and research previously conducted by our office in 2014, the table below provides a rough comparison of how the costs of these alternatives compare.

Table 28: Annual Operating Cost Comparison of Mental Health Care Alternatives

	Inpatient Mental Health Facility	Outpatient Residential Treatment	Supportive Housing
Average cost per bed/day	\$412	\$200	\$62
Average cost per bed/year	\$150,391	\$73,000	\$22,472

¹² The four new supportive housing facilities were 1751 Carrol, Hunters Point, 990 Pacific (major seismic retrofit), and Alice Griffith. The five rehabilitated facilities were 1068 Oakdale and 798 Jerrold, O'Farrell Towers, Park Sunset, 666 Ellis and 255 Woodside.

¹³ According to the Department of Public Health, the recommended size of a mental health facility is approximately 50 beds, which they consider a more ideal capacity to ensure optimal care planning DPH. Therefore, to provide 200 beds, DPH recommends constructing at least four smaller facilities of no more than 50 beds.