



September 12, 2016

The Honorable John K. Stewart
Presiding Judge
Superior Court of California, County of San Francisco
400 McAllister Street
San Francisco, CA 94102

Dear Judge Stewart:

Pursuant to California Penal Code sections 933 and 933.05, the following is in reply to the 2015-16 Civil Grand Jury report, *San Francisco County Jails – Our Largest Mental Health Facility Needs Attention*. The Civil Grand Jury's evaluation of the Custody Operations and Mental Health/Psychiatric Services is an important contribution to the ongoing planning of the Jail Replacement Project and behavioral health needs of people in jail.

The response describes existing processes across the Sheriff's Department and the Department of Public Health (DPH), which includes Jail Health Services and Jail Behavioral Health Services, for the coordinated provision of safe conditions and appropriate services for jail inmates who may be mentally ill. DPH recently commissioned a forensic mental health consultant to review the operations, policies and standard work of Jail Behavioral Health Services, and is evaluating and implementing the recommendations.

The City has also convened a working group co-chaired by the Sheriff and the Director of Health, and including community members, criminal justice experts, and mental health experts, to plan for the permanent closure of County Jail Nos. 3 and 4 and any corresponding investments to uphold public safety and better serve at-risk individuals. Meeting regularly since March 2016, and using the Sequential Intercept Model as a framework, the Work Group to Re-Envision the Jail Replacement Project has sought to address the following:

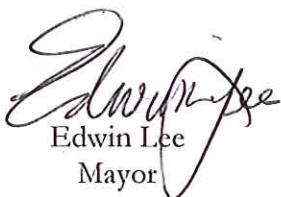
- Identifying strategies for reducing the jail population, including alternatives to incarceration and other programs or policies;
- Identifying effective and humane investments in behavioral health programs for those who may otherwise find themselves incarcerated; and
- Reviewing the current state of the City's facilities and identifying what new facility or facilities are needed.

Recommendations from this effort are expected to be finalized in November 2016.

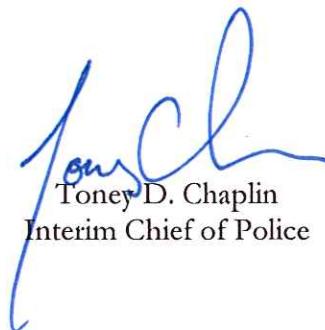
A detailed response from the Mayor’s Office, Police Department, Department of Human Resources, Department of Public Health, and City Administrator to the Civil Grand Jury’s findings and recommendations follows.

Thank you again for the opportunity to comment on this Civil Grand Jury report.

Sincerely,



Edwin Lee
Mayor



Toney D. Chaplin
Interim Chief of Police



Micki Callahan
Human Resources Director



Barbara A. Garcia, MPA
Director of Health



Naomi M. Kelly
City Administrator

Findings:

Finding F.A.1. There is currently no jail procedure that accounts for those arrestees referred for hospital care.

Disagree with finding, wholly.

Triage procedures identify those who are too acute or unstable (medically or psychiatrically) to be cared for in the jail. These patients are then referred to the emergency department or psychiatric emergency services at Zuckerberg San Francisco General Hospital (ZSFG) for care. A report is generated each day that identifies these patients in the electronic medical record. These referrals are reviewed daily by the Jail Health Services Director and the triage nurse manager of County Jail #1.

Finding F.A.2. Arrestees and their arresting officer may not always understand the importance of full disclosure of medical history.

Agree with finding.

Finding F.A.5. The results of a preliminary psychiatric evaluation conducted by Jail Behavioral Health at intake could be helpful to the arrestee's long term mental health care if shared with the arrestee's Case Manager, if any.

Agree with finding.

Finding F.A.6. Although there are several ways for family members and friends to contact custody staff regarding concerns about their loved ones who are in jail, models for improvement are available.

Agree with finding.

Finding F.C.1 Jail #4 lacks suitable space for observation and treatment programs.

Agree with finding.

Finding F.C.2. Jails have Jail Behavioral Health Services during day shifts but not at night. Without more behavioral health services in the jails to prepare inmates for reentry, the community mental health model recommended by Dr. Kupers and other experts will not be feasible.

Disagree with finding, partially.

Jail Behavioral Health Services (JBHS) staff are available on site until 10pm on Fri/Sat and until 8pm Sun-Thurs. There is significant JBHS coverage throughout the jails and psychiatry coverage is available 24/7. There are indeed opportunities for more robust re-entry services to augment the existing services provided to those with serious mental illness, HIV and identified complex medical conditions to include other people leaving the jail.

Finding F.C.3. Drug diversion is a serious issue in the Jail.

Disagree with finding, partially.

Consistent with the larger community, the issue of prescription drug diversion has received increasing attention. The disproportionately high prevalence of substance use disorders in jails correlates with greater risk of diversion in this setting.

Finding F.C.4. The San Francisco Sheriff's website provides minimal information about mental health issues of those detained in the jail. As seen on Exhibit Figure 2, the link to "Behavioral Health and Reentry Programs" leads to a general discussion of these programs, and provides a phone number. A caller can only reach a human being at that number during regular business hours.

Agree with finding.

Finding F.C.5. The Sheriff's Department provides data to the Controller and the State Department of Corrections but does not make this data available to the public.

Agree with finding.

The Sheriff's Department provides monthly and quarterly reports to the Board of State and Community Corrections (BSCC). These reports are public and accessible on the BSCC website.

Finding F.D.1. The Sheriff's Department expenditure for overtime is increasing. Increased overtime results in fatigue and stress on the staff.

Agree with finding.

Over the past several years the Sheriff's Department has seen higher than anticipated retirements, coupled with a lower than anticipated ability to hire and train sufficient replacement staff. To reduce overtime usage and get the Sheriff Department back up to an appropriate level of staffing, the budget includes a one-time increase of \$2.5 million in FY 2016-17 to fund additional overtime while the Department plans to hold three classes next year. It is anticipated that in FY 2017-18, the Department's overtime levels will return to FY 2015-16 levels, adjusted for inflation, and the Department will be able to hold one class per year to backfill retirements as they occur.

Finding F.E.1. The Sheriff and the Director of Public Health staff could do more to plan for the critical first few hours after discharge of a person with mental illness.

Agree with finding.

Finding F.E.2. Jail Behavioral Health Services does not currently conduct "release assessments" on patients discharged from the San Francisco Jails.

Disagree with finding, partially.

Release assessments are provided to those with serious mental illness, HIV and identified complex medical conditions.

Finding F.E.3. Bay Area universities represent a source of impartial data reviewers of San Francisco Jail's mental health services.

Disagree with finding, partially.

While Bay Area universities can represent a source of impartial data reviewers, DPH relies on the consult of experts in designated fields for data review and analysis.

Finding F.E.4. Bay Area mental health organizations such as NAMI could provide useful recommendations on mental health services in San Francisco Jails.

Agree with finding.

Recommendations:

Recommendation R.A.1.a. Jail intake should develop a system to communicate and track cases where the triage nurse determines that the arrestee must be taken to a hospital for emergency medical or psychiatric care before admission to Jail.

Recommendation has been implemented.

Triage procedures identify those who are too acute or unstable (medically or psychiatrically) to be cared for in the jail. These patients are then referred to the emergency department or psychiatric emergency services at Zuckerberg San Francisco General Hospital (ZSFG) for care. A report is generated each day that identifies these patients in the electronic medical record. These referrals are reviewed daily by the Jail Health Services Director and the triage nurse manager of County Jail #1.

Recommendation R.A.1.b. The SF Police Chief and Sheriff should revisit their MOU regarding transport and custody transfer.

Recommendation requires further analysis.

The SFPD and SFSD conducted a 6-month pilot involving station transfers (Mission and Tenderloin). The Mayor's Budget Instructions are provided to departments in December of each year and the Mayor proposes a balanced two year budget the following June for consideration by the Board of Supervisors. The MOU regarding transport and custody transfer will be revisited in connection with the City's budget process for FY 2017-18 and FY 2018-19, as provided by the City Charter.

Recommendation R.A.2. In the interest of obtaining a more complete medical history, the Sheriff and the Director of Jail Health Services should update Intake policies and practices to seek informed consent to contact and receive records from the arrestee's Case Manager, primary provider, and family or friends who may have information about the arrestee's medical history and therapeutic medications.

Recommendation has been implemented.

It is the practice for the triage nurse at intake to inform patients of the importance of medical history, to attempt to obtain a complete medical history and to obtain collateral information from outside sources. At the time the patient is seen by a provider, additional records are requested. At any time during the period of incarceration, a patient may request a Release of Information form from medical staff to allow communication between the jail staff and any outside entity that is so designated.

Recommendation R.A.5. The Sheriff and Director of Public Health, in consultation with the City Attorney for issues related to HIPAA, should develop and implement a policy for sharing with an arrestee's Case Manager (if any), the results of a preliminary psychiatric evaluation conducted at Intake.

Recommendation has been implemented.

Jail Behavioral Health Services staff contact community providers to obtain collateral information, and verify medications. These contacts also include a discussion of how the patient is currently presenting in jail.

Communication with community providers while their patient is in jail is ongoing and community providers are encouraged to come in to the jail to provide ongoing care.

Recommendation R.A.6. The Sheriff should add to the inmate handbook a paragraph about the importance of contacting a family member or friend and should provide a 24/7 number that the inmate could give to this contact.

Recommendation has not been, but will be, implemented in the future.

The recommendation will be implemented within six months of this response. SFSD will provide this information in the inmate handbook and Jail Health Services will provide any assistance needed to achieve this.

Recommendation R.B.1.b. The Mayor should include in a supplemental budget request the Sheriff's request for funds to address the problems with old locks at Jail #4 and any other remaining serious maintenance issues.

Recommendation has been implemented.

Repairs to address acute critical maintenance at the Hall of Justice are coordinated with the Sheriff's Department and Real Estate Division of the City Administrator's Office. The FY 2016-17 and FY 2017-18 budget includes \$132,300 and \$138,915, respectively, for Jail #3 and Jail #4 lights and locks maintenance. In addition, the final report of the Work Group to Re-Envision the Jail, anticipated to be completed by November 2016, will provide recommendations for investments in mental health and/or new facilities to needed to close Jail #4.

Recommendation R.C.1. The Sheriff and the Director of Health should find a new replacement facility where Jail #4 inmates can be housed and receive appropriate treatment programs.

Requires further analysis.

The Director of Health and the Sheriff are co-chairing the Work Group to Re-Envision the Jail Replacement Project to plan for the permanent closure of County Jails #3 and #4 and any corresponding investments in new mental health facilities and current jail retrofits needed to uphold public safety and better serve at-risk individuals. Recommendations from this effort are expected to be finalized in November 2016.

Recommendation R.C.2.a. The City should staff Jail Behavioral Health Services 24/7. The Sheriff and the Director of Health should determine the amount to be included in the 2017-2018 budget request.

Requires further analysis.

Further analysis of the impact of staffing Jail Behavioral Health Services 24/7 is required. Such an analysis would include, but not be limited to, anticipated benefit, projected cost, and benchmarking of other jail health service systems.

Recommendation R.C.2.b. The Mayor should include the Sheriff's request for funds for this purpose in his proposed budget.

Requires further analysis.

The Sheriff and the Director of Health are jointly reviewing staffing of Jail Behavioral Health Services 24/7. Additionally, the Mayor's Budget Instructions are provided to departments in December of each year and the Mayor proposes a balanced two year budget the following June for consideration by the Board of Supervisors. The anticipated benefit, projected cost, and benchmarking of other jail health service systems will be considered in connection with the City's budget process for FY 2017-18 and FY 2018-19, as provided by the City Charter.

Recommendation R.C.3. The Director of Public Health and the Sheriff need to develop better methods of informing custody staff which patients are being prescribed narcotic medications so that custody staff may pay extra attention to diversion risks to and from those getting "high-value" medications.

Recommendation will not be implemented.

Medication is protected health information. Under federal law, health care staff are prohibited from disclosing this information to individuals not directly treating a patient. Diverted drugs may or may not be prescribed medications and may or may not be prescribed to the patient in possession of the medication. There are clear policies with regard to the administration of medication (including opioids) and these policies are enforced both by nursing and custody staff.

Recommendation R.C.4.b. The Sheriff should also, in cooperation with the Department of Emergency Services and SF311, develop a mental health information script for use by 311 operators when the Jail Health's Administrative Office is closed. The script should include communication tips for family members and suggest how to provide jail staff with concerns about the potential of detainees to engage in self harm.

Recommendation will not be implemented.

311's Customer Service Representatives, who are responsible for answering incoming calls to 311, provide basic non-emergency information and/or handle the intake of non-emergency requests for general City services (e.g. potholes, street cleaning). To address the concern of lack of access stated on the report, SFSD is developing a process to enable family members who have concerns about detainees to contact trained jail staff directly. Jail Health Services will assist in this effort.

Recommendation R.C.5. The Sheriff's Department should provide jail data for inclusion on the SF OpenData website.

Recommendation has not been, but will be, implemented in the future.

The Sheriff's Department provides data and other information to the Board of State and Community Corrections (BSCC). The Mayor's Office supports including data provided to BSCC in SF OpenData. The Sheriff's Department will work with DataSF to publish their data on SF OpenData as well as complete their inventory and publishing plan per open data requirements. The expected timeframe for this effort is six months.

Recommendation R.D.1.a. To reduce the need for overtime, the Sheriff should, in coordination with the City and County Human Resources Department, put high priority on filling existing vacancies by redoubling recruiting efforts and expediting the hiring process, with the assistance of a dedicated Sheriff's Department recruitment staff.

Recommendation has been implemented.

To reduce overtime usage and get the Sheriff Department back up to an appropriate level of staffing, the budget includes a one-time increase of \$2.5 million in FY 2016-17 to fund additional overtime while the Department plans to hold three classes next year. It is anticipated that in FY 2017-18, the Department's overtime levels will return to FY 2015-16 levels, adjusted for inflation, and the Department will be able to hold one class per year to backfill retirements as they occur.

Deputy Sheriffs (job classification 8302) are civil service employees hired through a process governed by the City Charter and the Civil Service Commission. The Department of Human Resources (DHR) is responsible for administering the civil service examination for 8302 Deputy Sheriffs. DHR conducted a selection process for 8302 in 2015 and adopted a list of 297 eligible candidates in July of 2015, which has since expired. DHR conducted another selection process for 8302 Deputy Sheriffs in early 2016, and adopted a list of 305 eligible candidates in May of 2016. That list will expire on May 30, 2017.

Over the last several years the deputy sheriff exam has been given on an "as needed" basis. Beginning in fiscal year 16/17 DHR plans to dedicate the necessary resources to test and place new candidates on the eligible list approximately every four months. The exam announcement will be open continuously. Continuous testing, a process through which candidates are regularly added to the eligible list, is utilized by both the San Francisco Police and Fire Departments. Continuous testing improves the impact of recruitment and outreach efforts by significantly reducing the time between first contact with someone interested in the job and testing. It is anticipated that continuous testing will help meet departmental needs by ensuring the eligible list is regularly updated with qualified candidates.

Additionally, DHR's recruiter will continue to coordinate efforts with the Sheriff's Department to support recruitment.

Recommendation R.D.4.b. The Mayor should include the Sheriff's request for funds for this purpose (training all Deputies at County Jails on suicide prevention and crisis intervention) in the Mayor's proposed budget.

Recommendation has been implemented.

The FY 2017-18 budget includes training all Deputies at County Jails on suicide prevention and crisis intervention, including enough for a training float.

Recommendation R.E.1. The Sheriff and the Director of Public Health should update the San Francisco Jail's Discharge Planning Policies and Practices to add Wellness Recovery Plan Procedures, including:

- Provide a "warm handoff" to a Case Manager in the community who will arrange for a full continuum of care. (Note that this requires identification of receiving hands ready to accept the patient).

- Have case manager or designee accompany the patient to at least the first continuing care appointment and assess patient needs to assure future appointment compliance.
- Set up a meeting of the Community Case Manager with the patient prior to his release, in order to have a visual connection."
- "Recommendation R.E.1. The Sheriff and the Director of Public Health should update the San Francisco Jail's Discharge Planning Policies and Practices to add Wellness Recovery Plan Procedures, including:
- Provide a "warm handoff" to a Case Manager in the community who will arrange for a full continuum of care. (Note that this requires identification of receiving hands ready to accept the patient).
- Have case manager or designee accompany the patient to at least the first continuing care appointment and assess patient needs to assure future appointment compliance.
- Set up a meeting of the Community Case Manager with the patient prior to his release, in order to have a visual connection.

Recommendation has been implemented.

Community mental health providers may come into the jail to see their patients at any time during the period of incarceration. Patients enrolled in behavioral health court released to case management, those on LPS conservatorship are placed in treatment and transportation provided by SFSD, those released to community residential treatment programs are accompanied by a case manager. Patients who are found incompetent to stand trial on misdemeanor charges are provided a "warm handoff" to all designated community programs. Additionally, those released to the community who are not linked to case management (and are awaiting Intensive Case Management Services) receive an expedited appointment with outpatient case management within a week of discharge.

Recommendation R.E.2. The Sheriff and the Director of Public Health should request the Controller to conduct a benchmark survey of "release assessment" and other, performance measures for mental health services in county jails and suggest best practices for adoption at the San Francisco Jails.

Recommendation has not been, but will be, implemented in the future.

This recommendation will be implemented within two months of this response. We do not currently understand the full range of each patient's needs at discharge (beyond those with SMI, HIV and identified complex medical conditions) and thus this type of assessment could help us target current resources and build capacity for those services we do not provide.

Recommendation R.E.3. The Sheriff and the Director of Public Health should contact appropriate departments in Bay Area universities to determine potential interest in having graduate students analyze performance metrics and prepare reports on mental health services provided in San Francisco Jails.

Recommendation will not be implemented.

DPH relies on the consult of experts in the field for this kind of analysis. This recommendation will be implemented within two months of this response. In fiscal year 2015, DPH commissioned a forensic mental health consultant to review the operations, policies and standard work of Jail Behavioral Health

Services. DPH is currently evaluating and implementing the consultant's recommendations. In addition, DPH will explore opportunities to engage academic partners in defining, capturing and analyzing performance metrics for behavioral health services.

Recommendation R.E.4. The Sheriff and the Director of Public Health should seek out local mental health organizations, such as NAMI and MHB, for recommendations on mental health services provided in the San Francisco Jails and related reentry services.

Recommendation has been implemented.

Local mental health advocate organizations are deeply involved in the SF Workgroup to Re-envision the Jail Replacement Project efforts, including MHA the Mental Health Association of SF and the MHB Mental Health Board of SF. Formal recommendations about mental health services in the jail are under draft. In addition, DPH works closely with client advisory councils and interacts regularly with the Mental Health Board.